Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:49

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Senate, Virginia State (100)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
30-32	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Knee	1					
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	3					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:49

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Magistrate System (103)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	25.0	0.00	6,750.00	6,750.00	81.8
12AM-1:59AM	1	25.0	0.00	750.00	750.00	9.0
2PM-3:59PM	1	25.0	0.00	750.00	750.00	9.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 8,250.00**	**$ 8,250.00**	
LENGTH OF SERVICE						
2-4	2	50.0	0.00	6,750.00	6,750.00	81.8
14-16	1	25.0	0.00	750.00	750.00	9.0
4-6	1	25.0	0.00	750.00	750.00	9.0
	4		**$ 0.00**	**$ 8,250.00**	**$ 8,250.00**	
AGE OF CLAIMANT						
40-44	1	25.0	0.00	6,750.00	6,750.00	81.8
55-59	2	50.0	0.00	750.00	750.00	9.0
60-64	1	25.0	0.00	750.00	750.00	9.0
	4		**$ 0.00**	**$ 8,250.00**	**$ 8,250.00**	
SEX OF CLAIMANT						
Male	3	75.0	0.00	7,500.00	7,500.00	90.9
Female	1	25.0	0.00	750.00	750.00	9.0
	4		**$ 0.00**	**$ 8,250.00**	**$ 8,250.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	25.0	0.00	6,750.00	6,750.00	81.8
Environmental conditions	1	25.0	0.00	750.00	750.00	9.0
Walking surface, inside, dry	1	25.0	0.00	750.00	750.00	9.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 8,250.00**	**$ 8,250.00**	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	25.0	0.00	6,750.00	6,750.00	81.8
Allergic Reaction	1	25.0	0.00	750.00	750.00	9.0
Fall or Slip (On Same Level)	1	25.0	0.00	750.00	750.00	9.0
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 8,250.00**	**$ 8,250.00**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Hand	1					
Lower Leg	1					
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lungs	1					
Finger(s)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Magistrate System (103)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Laceration	3					
Strain	2					
Respiratory Disorders	1					
Puncture	1					
	4					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Legislative Services (107)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	33,918.68	33,918.68	100.0
	1		***$ 0.00***	***$ 33,918.68***	***$ 33,918.68***	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	33,918.68	33,918.68	100.0
	1		***$ 0.00***	***$ 33,918.68***	***$ 33,918.68***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	33,918.68	33,918.68	100.0
	1		***$ 0.00***	***$ 33,918.68***	***$ 33,918.68***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	33,918.68	33,918.68	100.0
	1		***$ 0.00***	***$ 33,918.68***	***$ 33,918.68***	
LOSS CAUSE						
Floor	1	100.0	0.00	33,918.68	33,918.68	100.0
	1		***$ 0.00***	***$ 33,918.68***	***$ 33,918.68***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	33,918.68	33,918.68	100.0
	1		***$ 0.00***	***$ 33,918.68***	***$ 33,918.68***	
*****BODY PART***						
Wrist	1					
	1					

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*****INJURY***						
Fracture	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Joint Legislative Audit & Review (110)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	998.20	9,196.08	10,194.28	100.0
	1		**$ 998.20**	**$ 9,196.08**	**$ 10,194.28**	
LENGTH OF SERVICE						
12-14	1	100.0	998.20	9,196.08	10,194.28	100.0
	1		**$ 998.20**	**$ 9,196.08**	**$ 10,194.28**	
AGE OF CLAIMANT						
50-54	1	100.0	998.20	9,196.08	10,194.28	100.0
	1		**$ 998.20**	**$ 9,196.08**	**$ 10,194.28**	
SEX OF CLAIMANT						
Female	1	100.0	998.20	9,196.08	10,194.28	100.0
	1		**$ 998.20**	**$ 9,196.08**	**$ 10,194.28**	
LOSS CAUSE						
Boxes / containers	1	100.0	998.20	9,196.08	10,194.28	100.0
	1		**$ 998.20**	**$ 9,196.08**	**$ 10,194.28**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	998.20	9,196.08	10,194.28	100.0
	1		**$ 998.20**	**$ 9,196.08**	**$ 10,194.28**	
****BODY PART**						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Supreme Court Of Virginia (111)
SubAgency: General Courts (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	11.1	23,416.66	10,715.33	34,131.99	66.6
10AM-11:59AM	2	22.2	4,558.41	11,040.47	15,598.88	30.4
12AM-1:59AM	1	11.1	0.00	750.00	750.00	1.4
8AM-9:59AM	2	22.2	0.00	750.00	750.00	1.4
4PM-5:59PM	1	11.1	0.00	0.00	0.00	0.0
6AM-7:59AM	1	11.1	0.00	0.00	0.00	0.0
2PM-3:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 27,975.07**	**$ 23,255.80**	**$ 51,230.87**	
LENGTH OF SERVICE						
20-22	1	11.1	23,416.66	10,715.33	34,131.99	66.6
2-4	1	11.1	4,110.01	10,738.87	14,848.88	28.9
0-2	2	22.2	0.00	750.00	750.00	1.4
18-20	1	11.1	0.00	750.00	750.00	1.4
36-38	1	11.1	448.40	301.60	750.00	1.4
28-30	1	11.1	0.00	0.00	0.00	0.0
30-32	1	11.1	0.00	0.00	0.00	0.0
8-10	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 27,975.07**	**$ 23,255.80**	**$ 51,230.87**	
AGE OF CLAIMANT						
60-64	1	11.1	23,416.66	10,715.33	34,131.99	66.6
40-44	1	11.1	4,110.01	10,738.87	14,848.88	28.9
55-59	3	33.3	448.40	1,801.60	2,250.00	4.3
35-39	1	11.1	0.00	0.00	0.00	0.0
50-54	3	33.3	0.00	0.00	0.00	0.0
	9		**$ 27,975.07**	**$ 23,255.80**	**$ 51,230.87**	
SEX OF CLAIMANT						
Male	2	22.2	23,865.06	11,016.93	34,881.99	68.0
Female	7	77.7	4,110.01	12,238.87	16,348.88	31.9
	9		**$ 27,975.07**	**$ 23,255.80**	**$ 51,230.87**	
LOSS CAUSE						
Vehicle/car/truck	1	11.1	23,416.66	10,715.33	34,131.99	66.6
Walking surface, inside, wet	1	11.1	4,110.01	10,738.87	14,848.88	28.9
Floor	1	11.1	0.00	750.00	750.00	1.4
Furniture / fixtures	1	11.1	448.40	301.60	750.00	1.4
Office equipment	2	22.2	0.00	750.00	750.00	1.4
Elevators, escalators	1	11.1	0.00	0.00	0.00	0.0
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
Object on Floor	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 27,975.07**	**$ 23,255.80**	**$ 51,230.87**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	11.1	23,416.66	10,715.33	34,131.99	66.6
Fall or Slip (From Liquid/Grease spills)	1	11.1	4,110.01	10,738.87	14,848.88	28.9
Fall or Slip (On Same Level)	2	22.2	0.00	750.00	750.00	1.4
Repetitive Motion	2	22.2	0.00	750.00	750.00	1.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Supreme Court Of Virginia (111)
SubAgency: General Courts (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Falling or Flying Object	1	11.1	448.40	301.60	750.00	1.4
Fall or slip (on stairs)	1	11.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 27,975.07**	**$ 23,255.80**	**$ 51,230.87**	

**BODY PART

Mouth	1
Facial Bones	1
Lower Arm	2
Ankle	1
Foot	1
Hand	1
Knee	1
Shoulder	1
Wrist(s) & Hand(s)	1
Lower Leg	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Laceration	1
Fracture	2
Contusion	2
Strain	5
Carpal Tunnel Syndrome	1
	9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Supreme Court Of Virginia (111)
SubAgency: Juvenile & Domestic (115)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	0.00	750.00	750.00	80.0
4PM-5:59PM	1	50.0	187.00	0.00	187.00	19.9
	2		**$ 187.00**	**$ 750.00**	**$ 937.00**	
LENGTH OF SERVICE						
14-16	1	50.0	0.00	750.00	750.00	80.0
4-6	1	50.0	187.00	0.00	187.00	19.9
	2		**$ 187.00**	**$ 750.00**	**$ 937.00**	
AGE OF CLAIMANT						
35-39	1	50.0	0.00	750.00	750.00	80.0
30-34	1	50.0	187.00	0.00	187.00	19.9
	2		**$ 187.00**	**$ 750.00**	**$ 937.00**	
SEX OF CLAIMANT						
Female	2	100.0	187.00	750.00	937.00	100.0
	2		**$ 187.00**	**$ 750.00**	**$ 937.00**	
LOSS CAUSE						
Stairs, steps	1	50.0	0.00	750.00	750.00	80.0
Walking surface, inside, wet	1	50.0	187.00	0.00	187.00	19.9
	2		**$ 187.00**	**$ 750.00**	**$ 937.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	0.00	750.00	750.00	80.0
Fall or Slip (From Liquid/Grease spills)	1	50.0	187.00	0.00	187.00	19.9
	2		**$ 187.00**	**$ 750.00**	**$ 937.00**	
****BODY PART**						
Toe(s)	1					
Knee	1					
	2					

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****INJURY**		
Fracture	1	
Sprain	1	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Planning & Budget, Department Of (122)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	750.00	750.00	50.0
8AM-9:59AM	1	33.3	0.00	750.00	750.00	50.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
12-14	1	33.3	0.00	750.00	750.00	50.0
24-26	1	33.3	0.00	750.00	750.00	50.0
16-18	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
35-39	1	33.3	0.00	750.00	750.00	50.0
45-49	1	33.3	0.00	750.00	750.00	50.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	3	100.0	0.00	1,500.00	1,500.00	100.0
	3		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
LOSS CAUSE						
Boxes / containers	1	33.3	0.00	750.00	750.00	50.0
Walking surface, inside, wet	1	33.3	0.00	750.00	750.00	50.0
Walking surface, inside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	100.0	0.00	1,500.00	1,500.00	100.0
	3		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
*****BODY PART***						
Knee	3					
Hip	1					
Abdomen including Groin	1					
Elbow	1					
	3					

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*****INJURY***	
Strain	5
Contusion	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	20.0	5,182.98	750.00	5,932.98	39.9
4PM-5:59PM	1	6.6	0.00	5,200.14	5,200.14	34.9
12PM-1:59PM	4	26.6	1,987.99	750.00	2,737.99	18.4
Unknown	1	6.6	142.05	607.95	750.00	5.0
10AM-11:59AM	4	26.6	240.20	0.00	240.20	1.6
2PM-3:59PM	2	13.3	0.00	0.00	0.00	0.0
	15		**$ 7,553.22**	**$ 7,308.09**	**$ 14,861.31**	
LENGTH OF SERVICE						
0-2	2	13.3	0.00	5,200.14	5,200.14	34.9
14-16	1	6.6	5,148.98	0.00	5,148.98	34.6
2-4	3	20.0	1,987.99	1,500.00	3,487.99	23.4
24-26	1	6.6	142.05	607.95	750.00	5.0
10-12	1	6.6	173.00	0.00	173.00	1.1
6-8	3	20.0	101.20	0.00	101.20	0.6
4-6	4	26.6	0.00	0.00	0.00	0.0
	15		**$ 7,553.22**	**$ 7,308.09**	**$ 14,861.31**	
AGE OF CLAIMANT						
30-34	1	6.6	0.00	5,200.14	5,200.14	34.9
25-29	1	6.6	5,148.98	0.00	5,148.98	34.6
20-24	1	6.6	1,987.99	0.00	1,987.99	13.3
35-39	4	26.6	173.00	750.00	923.00	6.2
45-49	1	6.6	142.05	607.95	750.00	5.0
65-69	1	6.6	0.00	750.00	750.00	5.0
50-54	1	6.6	67.20	0.00	67.20	0.4
55-59	3	20.0	34.00	0.00	34.00	0.2
40-44	2	13.3	0.00	0.00	0.00	0.0
	15		**$ 7,553.22**	**$ 7,308.09**	**$ 14,861.31**	
SEX OF CLAIMANT						
Male	9	60.0	5,325.03	2,107.95	7,432.98	50.0
Female	6	40.0	2,228.19	5,200.14	7,428.33	49.9
	15		**$ 7,553.22**	**$ 7,308.09**	**$ 14,861.31**	
LOSS CAUSE						
Environmental conditions	2	13.3	0.00	5,200.14	5,200.14	34.9
Stone / rock / brick	1	6.6	5,148.98	0.00	5,148.98	34.6
Walking surface, outside, dry	5	33.3	1,987.99	750.00	2,737.99	18.4
Insufficient data	1	6.6	0.00	750.00	750.00	5.0
Trailer Flap	1	6.6	142.05	607.95	750.00	5.0
Vehicle, not otherwise classified	1	6.6	173.00	0.00	173.00	1.1
Cleaning Products	1	6.6	67.20	0.00	67.20	0.4
Battery	1	6.6	34.00	0.00	34.00	0.2
Hand tool, not powered, NOC	1	6.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	15		**$ 7,553.22**	**$ 7,308.09**	**$ 14,861.31**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	26.6	5,291.03	607.95	5,898.98	39.6
Stress	1	6.6	0.00	5,200.14	5,200.14	34.9
Twisting, strain or injury by	2	13.3	1,987.99	0.00	1,987.99	13.3
Fall or Slip (On Same Level)	3	20.0	0.00	750.00	750.00	5.0
Other than physical cause of injury	1	6.6	0.00	750.00	750.00	5.0
Struck/Injured by Object Being Lifted/Handled	1	6.6	173.00	0.00	173.00	1.1
Foreign Body In Eye	1	6.6	67.20	0.00	67.20	0.4
Object being lifted/handled (cut,punc.scrape,inj b	1	6.6	34.00	0.00	34.00	0.2
Infectious Disease Exposure	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 7,553.22**	**$ 7,308.09**	**$ 14,861.31**	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Whole Body	2
Ankle	2
Wrist	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	2
Eye(s)	1
Lower Arm	1
Foot	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Strain	10
Mental Stress	1
Multiple Physical Injuries Only	1
Contusion	1
Foreign Body	1
All Other Occupational Disease	1
Laceration	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Emergency Services, Dept Of (127)
SubAgency: Special Contract (911)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	279.37	470.63	750.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 279.37**	**$ 470.63**	**$ 750.00**	
LENGTH OF SERVICE						
14-16	1	50.0	279.37	470.63	750.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 279.37**	**$ 470.63**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	50.0	279.37	470.63	750.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 279.37**	**$ 470.63**	**$ 750.00**	
SEX OF CLAIMANT						
Male	2	100.0	279.37	470.63	750.00	100.0
	2		**$ 279.37**	**$ 470.63**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	1	50.0	279.37	470.63	750.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 279.37**	**$ 470.63**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	279.37	470.63	750.00	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 279.37**	**$ 470.63**	**$ 750.00**	
****BODY PART**						
Ankle	2					
Foot	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	3	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Human Resource Management, Dept Of (129)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
10-12	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hip	1					
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Computer Services (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
15-19	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Animal / insect, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Facial, Other Soft Tissue	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Telecommunication (3)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	18.83	0.00	18.83	100.0
	1		***$ 18.83***	***$ 0.00***	***$ 18.83***	
LENGTH OF SERVICE						
22-24	1	100.0	18.83	0.00	18.83	100.0
	1		***$ 18.83***	***$ 0.00***	***$ 18.83***	
AGE OF CLAIMANT						
60-64	1	100.0	18.83	0.00	18.83	100.0
	1		***$ 18.83***	***$ 0.00***	***$ 18.83***	
SEX OF CLAIMANT						
Female	1	100.0	18.83	0.00	18.83	100.0
	1		***$ 18.83***	***$ 0.00***	***$ 18.83***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	18.83	0.00	18.83	100.0
	1		***$ 18.83***	***$ 0.00***	***$ 18.83***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	18.83	0.00	18.83	100.0
	1		***$ 18.83***	***$ 0.00***	***$ 18.83***	

*****BODY PART***

Lower Arm	1
Wrist	1
	1

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Fracture	1
Strain	1
	1

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Criminal Justice Services (140)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	14.2	1,650.42	0.00	1,650.42	62.1
2PM-3:59PM	1	14.2	0.00	750.00	750.00	28.2
10AM-11:59AM	3	42.8	257.35	0.00	257.35	9.6
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,907.77**	**$ 750.00**	**$ 2,657.77**	
LENGTH OF SERVICE						
0-2	1	14.2	1,650.42	0.00	1,650.42	62.1
12-14	1	14.2	0.00	750.00	750.00	28.2
4-6	1	14.2	197.95	0.00	197.95	7.4
10-12	1	14.2	59.40	0.00	59.40	2.2
8-10	1	14.2	0.00	0.00	0.00	0.0
16-18	1	14.2	0.00	0.00	0.00	0.0
2-4	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,907.77**	**$ 750.00**	**$ 2,657.77**	
AGE OF CLAIMANT						
25-29	2	28.5	1,848.37	0.00	1,848.37	69.5
50-54	1	14.2	0.00	750.00	750.00	28.2
45-49	2	28.5	59.40	0.00	59.40	2.2
55-59	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 1,907.77**	**$ 750.00**	**$ 2,657.77**	
SEX OF CLAIMANT						
Female	5	71.4	1,907.77	0.00	1,907.77	71.7
Male	2	28.5	0.00	750.00	750.00	28.2
	7		**$ 1,907.77**	**$ 750.00**	**$ 2,657.77**	
LOSS CAUSE						
Boxes / containers	2	28.5	1,650.42	0.00	1,650.42	62.1
Vehicle/car/truck	1	14.2	0.00	750.00	750.00	28.2
Hand tool, not powered, NOC	2	28.5	257.35	0.00	257.35	9.6
Glass bottle / sheet	1	14.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,907.77**	**$ 750.00**	**$ 2,657.77**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	28.5	1,650.42	0.00	1,650.42	62.1
Collision/sideswipe with Another Vehicle	1	14.2	0.00	750.00	750.00	28.2
Object being lifted/handled (cut,punc.scrape,inj b	3	42.8	257.35	0.00	257.35	9.6
Fall or Slip (From Liquid/Grease spills)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,907.77**	**$ 750.00**	**$ 2,657.77**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Knee	1					
Lower Leg	1					
Upper Leg	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Criminal Justice Services (140)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Finger(s)	2					
Hip	1					
Shoulder	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	3
Strain	5
Puncture	1
Laceration	2
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Attorney General's Office (141)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
6-8	1	50.0	0.00	0.00	0.00	0.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	50.0	0.00	0.00	0.00	0.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Boxes / containers	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Accounts, Department Of (151)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
28-30	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Whole Body	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Concussion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:50

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	23	39.6	28,031.37	48,993.69	77,025.06	54.8
8AM-9:59AM	9	15.5	2,133.92	27,250.00	29,383.92	20.9
2PM-3:59PM	9	15.5	6,740.82	20,997.12	27,737.94	19.7
10AM-11:59AM	8	13.7	0.00	3,250.00	3,250.00	2.3
4PM-5:59PM	5	8.6	658.40	210.60	869.00	0.6
6AM-7:59AM	1	1.7	0.00	750.00	750.00	0.5
6PM-7:59PM	1	1.7	0.00	750.00	750.00	0.5
Unknown	1	1.7	0.00	750.00	750.00	0.5
2AM-3:59AM	1	1.7	0.00	0.00	0.00	0.0
	58		**$ 37,564.51**	**$ 102,951.41**	**$ 140,515.92**	
LENGTH OF SERVICE						
34-36	1	1.7	12,152.30	29,150.70	41,303.00	29.3
6-8	5	8.6	0.00	27,250.00	27,250.00	19.3
32-34	1	1.7	6,134.88	19,615.12	25,750.00	18.3
16-18	2	3.4	7,246.13	18,097.77	25,343.90	18.0
8-10	1	1.7	7,661.76	0.00	7,661.76	5.4
4-6	12	20.6	807.07	3,087.82	3,894.89	2.7
2-4	12	20.6	107.68	3,250.00	3,357.68	2.3
0-2	8	13.7	2,708.35	294.00	3,002.35	2.1
26-28	2	3.4	163.00	706.00	869.00	0.6
22-24	3	5.1	0.00	750.00	750.00	0.5
24-26	2	3.4	0.00	750.00	750.00	0.5
10-12	3	5.1	326.19	0.00	326.19	0.2
14-16	3	5.1	257.15	0.00	257.15	0.1
12-14	1	1.7	0.00	0.00	0.00	0.0
18-20	1	1.7	0.00	0.00	0.00	0.0
20-22	1	1.7	0.00	0.00	0.00	0.0
	58		**$ 37,564.51**	**$ 102,951.41**	**$ 140,515.92**	
AGE OF CLAIMANT						
55-59	8	13.7	26,067.94	49,515.82	75,583.76	53.7
50-54	10	17.2	7,661.13	45,553.77	53,214.90	37.8
45-49	13	22.4	2,031.02	2,995.22	5,026.24	3.5
35-39	8	13.7	765.08	2,342.60	3,107.68	2.2
30-34	7	12.0	782.19	1,044.00	1,826.19	1.3
40-44	5	8.6	257.15	750.00	1,007.15	0.7
60-64	2	3.4	0.00	750.00	750.00	0.5
20-24	1	1.7	0.00	0.00	0.00	0.0
25-29	3	5.1	0.00	0.00	0.00	0.0
75-79	1	1.7	0.00	0.00	0.00	0.0
	58		**$ 37,564.51**	**$ 102,951.41**	**$ 140,515.92**	
SEX OF CLAIMANT						
Female	42	72.4	29,194.71	79,709.07	108,903.78	77.5
Male	16	27.5	8,369.80	23,242.34	31,612.14	22.5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	58		**$ 37,564.51**	**$ 102,951.41**	**$ 140,515.92**	
LOSS CAUSE						
Walking surface, inside, dry	3	5.1	12,271.30	29,150.70	41,422.00	29.4
Vehicle/car/truck	11	18.9	9,880.28	20,440.37	30,320.65	21.5
Object on Floor	1	1.7	6,134.88	19,615.12	25,750.00	18.3
Office equipment	1	1.7	0.00	25,750.00	25,750.00	18.3
Walking surface, outside, dry	2	3.4	7,661.76	750.00	8,411.76	5.9
Walking surface, outside, wet	4	6.8	0.00	2,250.00	2,250.00	1.6
Stairs, steps	2	3.4	0.00	1,750.00	1,750.00	1.2
Chemicals, not otherwise classified	15	25.8	827.00	294.00	1,121.00	0.8
Boxes / containers	4	6.8	338.47	750.00	1,088.47	0.7
Chair	4	6.8	44.00	706.00	750.00	0.5
Shelving	1	1.7	4.78	745.22	750.00	0.5
Walking surface, inside, wet	1	1.7	0.00	750.00	750.00	0.5
Furniture / fixtures	3	5.1	257.15	0.00	257.15	0.1
Water	1	1.7	144.89	0.00	144.89	0.1
Animal / insect, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
Person	1	1.7	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	1.7	0.00	0.00	0.00	0.0
Hand Truck (2w)	1	1.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
	58		**$ 37,564.51**	**$ 102,951.41**	**$ 140,515.92**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	9	15.5	12,152.30	29,150.70	41,303.00	29.3
Twisting, strain or injury by	5	8.6	13,959.64	21,071.12	35,030.76	24.9
Collision/sideswipe with Another Vehicle	9	15.5	7,903.53	19,690.37	27,593.90	19.6
Repetitive Motion	1	1.7	0.00	25,750.00	25,750.00	18.3
Vehicle Upset	3	5.1	1,976.75	750.00	2,726.75	1.9
Fall or slip (on ice or snow)	4	6.8	0.00	2,250.00	2,250.00	1.6
Fall or slip (on stairs)	2	3.4	0.00	1,750.00	1,750.00	1.2
Absorb, Ingest, Inhalation	15	25.8	827.00	294.00	1,121.00	0.8
Lifting (strain or Injury by)	2	3.4	230.79	750.00	980.79	0.7
Slipped, Did Not Fall	1	1.7	0.00	750.00	750.00	0.5
Strike Against/Step on Stationary Object	1	1.7	4.78	745.22	750.00	0.5
Struck/Injured by Falling or Flying Object	3	5.1	257.15	0.00	257.15	0.1
Steam Or Hot Fluids	1	1.7	144.89	0.00	144.89	0.1
Object Handled (caught in or between)	2	3.4	107.68	0.00	107.68	0.0
	58		**$ 37,564.51**	**$ 102,951.41**	**$ 140,515.92**	
*****BODY PART***						
Upper Arm (Inc: Clavicle and Scapula)	1					
Soft Tissue - Neck	7					
Knee	6					
Shoulder	4					
Hand	2					
Lower Arm	2					
Lower Leg	6					
Ankle	6					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	6					
Hip	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Multiple Head Injury	2					
Whole Body	16					
Abdomen including Groin	1					
Foot	3					
Wrist	2					
Finger(s)	2					
Elbow	1					
No Physical Problem	4					
	58					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	35
Fracture	1
Contusion	9
Laceration	5
Sprain	5
Poisoning - Chemical	15
Multiple Physical Injuries Only	1
Burn	1
No Physical Injury	4
	58

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	43	17.5	65,725.85	422,194.37	487,920.22	49.4
12PM-1:59PM	16	6.5	37,020.60	149,518.59	186,539.19	18.9
10AM-11:59AM	43	17.5	38,782.67	47,069.83	85,852.50	8.7
4AM-5:59AM	32	13.0	31,440.25	35,419.54	66,859.79	6.7
12AM-1:59AM	18	7.3	10,745.26	47,154.74	57,900.00	5.8
2AM-3:59AM	40	16.3	21,572.24	30,963.55	52,535.79	5.3
8AM-9:59AM	47	19.1	3,793.45	34,188.94	37,982.39	3.8
Unknown	5	2.0	9,164.88	1,990.69	11,155.57	1.1
4PM-5:59PM	1	0.4	0.00	0.00	0.00	0.0
	245		**$ 218,245.20**	**$ 768,500.25**	**$ 986,745.45**	
LENGTH OF SERVICE						
16-18	8	3.2	23,316.43	381,683.57	405,000.00	41.0
4-6	39	15.9	39,679.73	163,852.39	203,532.12	20.6
24-26	9	3.6	31,638.90	32,427.71	64,066.61	6.4
2-4	28	11.4	25,947.65	28,661.26	54,608.91	5.5
18-20	11	4.4	22,137.64	27,809.67	49,947.31	5.0
12-14	11	4.4	2,011.03	40,830.52	42,841.55	4.3
0-2	51	20.8	11,747.06	21,879.27	33,626.33	3.4
10-12	3	1.2	22,051.51	7,272.88	29,324.39	2.9
6-8	21	8.5	12,813.07	15,862.25	28,675.32	2.9
14-16	19	7.7	12,466.62	8,181.35	20,647.97	2.0
20-22	8	3.2	9,065.64	10,206.05	19,271.69	1.9
8-10	16	6.5	2,376.70	14,779.30	17,156.00	1.7
26-28	8	3.2	979.87	10,270.13	11,250.00	1.1
22-24	5	2.0	1,517.08	783.90	2,300.98	0.2
34-36	1	0.4	0.00	1,750.00	1,750.00	0.1
30-32	3	1.2	496.27	750.00	1,246.27	0.1
28-30	2	0.8	0.00	750.00	750.00	0.0
32-34	2	0.8	0.00	750.00	750.00	0.0
	245		**$ 218,245.20**	**$ 768,500.25**	**$ 986,745.45**	
AGE OF CLAIMANT						
40-44	43	17.5	73,722.45	543,906.50	617,628.95	62.5
35-39	37	15.1	69,844.60	78,085.67	147,930.27	14.9
30-34	44	17.9	32,840.81	23,695.97	56,536.78	5.7
25-29	41	16.7	16,814.15	34,966.37	51,780.52	5.2
55-59	9	3.6	1,768.91	38,246.46	40,015.37	4.0
45-49	29	11.8	8,798.55	21,628.21	30,426.76	3.0
50-54	14	5.7	10,972.89	10,363.35	21,336.24	2.1
20-24	22	8.9	2,621.85	15,107.72	17,729.57	1.8
65-69	4	1.6	0.00	2,500.00	2,500.00	0.2
60-64	2	0.8	860.99	0.00	860.99	0.0
	245		**$ 218,245.20**	**$ 768,500.25**	**$ 986,745.45**	
SEX OF CLAIMANT						
Male	220	89.7	209,521.75	764,750.25	974,272.00	98.7
Female	25	10.2	8,723.45	3,750.00	12,473.45	1.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	245		**$ 218,245.20**	**$ 768,500.25**	**$ 986,745.45**	
LOSS CAUSE						
Vehicle/car/truck	33	13.4	50,605.69	433,499.49	484,105.18	49.0
Gun / gunshot	3	1.2	4,177.17	122,072.83	126,250.00	12.7
Walking surface, outside, dry	40	16.3	37,371.75	46,386.66	83,758.41	8.4
Person	39	15.9	30,264.19	22,730.56	52,994.75	5.3
N/A	20	8.1	15,197.94	28,614.20	43,812.14	4.4
Fencing	7	2.8	23,844.54	13,405.46	37,250.00	3.7
Tire	2	0.8	15,614.41	16,013.59	31,628.00	3.2
Stairs, steps	4	1.6	16,227.08	15,022.92	31,250.00	3.1
Ladder - Portable	1	0.4	366.37	29,633.63	30,000.00	3.0
Wall	2	0.8	6,688.05	1,461.95	8,150.00	0.8
Walking surface, outside, wet	10	4.0	972.44	6,750.00	7,722.44	0.7
Vehicle, not otherwise classified	2	0.8	637.17	6,362.83	7,000.00	0.7
Door	6	2.4	2,715.84	3,004.16	5,720.00	0.5
Foreign Object	4	1.6	432.51	4,948.24	5,380.75	0.5
Uneven Surface	6	2.4	4,464.11	0.00	4,464.11	0.4
Cords	1	0.4	764.00	2,736.00	3,500.00	0.3
Patient / Inmate	3	1.2	583.69	2,166.31	2,750.00	0.2
Environmental conditions	2	0.8	2,683.46	0.00	2,683.46	0.2
Glass bottle / sheet	5	2.0	826.00	1,500.00	2,326.00	0.2
Animal, not otherwise classified	4	1.6	278.40	1,971.60	2,250.00	0.2
Walking surface, inside, dry	4	1.6	378.99	1,871.01	2,250.00	0.2
Clothing / jewelry	2	0.8	342.70	1,407.30	1,750.00	0.1
Floor	2	0.8	2.00	1,498.00	1,500.00	0.1
Brush / tree / log	6	2.4	176.00	750.00	926.00	0.0
Animal / tick, spider, etc.	4	1.6	0.00	750.00	750.00	0.0
Dust	1	0.4	0.00	750.00	750.00	0.0
Electricity	1	0.4	0.00	750.00	750.00	0.0
Metal items	3	1.2	0.00	750.00	750.00	0.0
Nail	1	0.4	447.49	302.51	750.00	0.0
Office equipment	2	0.8	0.00	750.00	750.00	0.0
Scrap, Debris, Waste Material	1	0.4	109.00	641.00	750.00	0.0
Walking surface, inside, wet	1	0.4	536.60	0.00	536.60	0.0
Unknown	1	0.4	508.25	0.00	508.25	0.0
Animal / bee type	1	0.4	324.39	0.00	324.39	0.0
Boxes / containers	1	0.4	276.92	0.00	276.92	0.0
Sharp objects, not otherwise classified	1	0.4	269.10	0.00	269.10	0.0
Portable air tank	1	0.4	158.95	0.00	158.95	0.0
Chemicals, not otherwise classified	9	3.6	0.00	0.00	0.00	0.0
Jack Stands	1	0.4	0.00	0.00	0.00	0.0
Object on Floor	1	0.4	0.00	0.00	0.00	0.0
Outside Surface	2	0.8	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.4	0.00	0.00	0.00	0.0
Ceiling	1	0.4	0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.4	0.00	0.00	0.00	0.0
Overhead Object	1	0.4	0.00	0.00	0.00	0.0
Pipe	1	0.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	245		**$ 218,245.20**	**$ 768,500.25**	**$ 986,745.45**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	25	10.2	49,717.42	415,136.43	464,853.85	47.1
Robbery or Criminal Assault	1	0.4	3,829.11	121,670.89	125,500.00	12.7
Repetitive Motion	29	11.8	35,219.73	37,797.34	73,017.07	7.4
Twisting, strain or injury by	22	8.9	17,282.80	46,210.07	63,492.87	6.4
Assault	14	5.7	23,820.28	18,862.18	42,682.46	4.3
Lifting (strain or Injury by)	5	2.0	16,540.80	19,587.20	36,128.00	3.6
Jumping (Strain or Injury by)	2	0.8	23,773.54	11,976.46	35,750.00	3.6
Other (Not Otherwise Classified)	9	3.6	12,722.13	18,647.56	31,369.69	3.1
Collision with a Fixed Object	8	3.2	6,712.16	12,937.84	19,650.00	1.9
Fall or Slip (On Same Level)	20	8.1	5,615.96	13,367.91	18,983.87	1.9
Vehicle Upset	5	2.0	1,166.78	14,000.00	15,166.78	1.5
Slipped, Did Not Fall	1	0.4	3,773.30	2,726.70	6,500.00	0.6
Reaching (Strain or Injury by)	3	1.2	2,492.65	3,129.44	5,622.09	0.5
Fall or slip (on ice or snow)	7	2.8	0.00	5,250.00	5,250.00	0.5
Stepping On Sharp Object	2	0.8	447.49	4,552.51	5,000.00	0.5
Object Handled (caught in or between)	5	2.0	2,767.60	2,202.40	4,970.00	0.5
Struck/Injured by Falling or Flying Object	7	2.8	1,708.12	2,736.00	4,444.12	0.4
Stuck, injured by fellow worker, patient	6	2.4	881.62	3,118.38	4,000.00	0.4
Stress	1	0.4	0.00	3,500.00	3,500.00	0.3
Animal Or Insect	8	3.2	602.79	2,721.60	3,324.39	0.3
Temperature Extremes	2	0.8	2,683.46	0.00	2,683.46	0.2
Foreign Body In Eye	3	1.2	327.45	1,391.00	1,718.45	0.1
Cut,puncture,scrape, injured by (Broken Glass)	2	0.8	826.00	750.00	1,576.00	0.1
Fall or Slip (From Liquid/Grease spills)	3	1.2	1,509.04	0.00	1,509.04	0.1
Object being lifted/handled (cut,punc.scrape,inj b	3	1.2	71.00	1,429.00	1,500.00	0.1
Human Bite	2	0.8	1,469.46	0.00	1,469.46	0.1
Infectious Disease Exposure	4	1.6	610.15	750.00	1,360.15	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	1.2	269.10	750.00	1,019.10	0.1
Contact with Electric Current	1	0.4	0.00	750.00	750.00	0.0
Fall or Slip (From Different Level)	4	1.6	102.60	647.40	750.00	0.0
Rubbed/Abraded not otherwise classified	1	0.4	0.00	750.00	750.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	0.8	0.00	750.00	750.00	0.0
Using Tool Or Machine (Strain or Injury by)	1	0.4	348.06	401.94	750.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	0.8	430.55	0.00	430.55	0.0
Other than physical cause of injury	1	0.4	224.00	0.00	224.00	0.0
Contact with Cold Objects or Substances	10	4.0	220.05	0.00	220.05	0.0
Struck/Injured by Motor Vehicle	1	0.4	80.00	0.00	80.00	0.0
Absorb, Ingest, Inhalation	9	3.6	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	3	1.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	0.8	0.00	0.00	0.00	0.0
Allergic Reaction	2	0.8	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.4	0.00	0.00	0.00	0.0
Rubbed/Abraded by repetitive motion	2	0.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	245		**$ 218,245.20**	**$ 768,500.25**	**$ 986,745.45**	
*****BODY PART***						
Whole Body	5					
Knee	47					
Lower Arm	16					
Abdomen including Groin	4					
Ear(s)	2					
Shoulder	22					
Lower Back Area (Lumbar and Lumbo-Sacral)	26					
Wrist	12					
Multiple Neck Injury	16					
Hand	28					
Upper Arm (Inc: Clavicle and Scapula)	5					
Finger(s)	17					
Ankle	22					
Lower Leg	15					
Buttocks	2					
Multiple Head Injury	10					
Elbow	12					
Chest (Inc: Ribs, Sternum and Soft Tissue)	7					
Hip	5					
Upper Leg	8					
Disc - Neck	1					
Upper Back Area (Thoracic Area)	7					
Heart	3					
Eye(s)	8					
Foot	8					
Brain	2					
Thumb	8					
Nose	2					
Wrist(s) & Hand(s)	2					
Facial, Other Soft Tissue	2					
Mouth	1					
Body System & Multiple Body Parts	2					
Multiple Trunk Injuries	1					
Lungs	6					
Multiple Body Parts	1					
Toe(s)	1					
	245					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	70
Puncture	13
Strain	118
Sprain	32
Crushing	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fracture	7					
Laceration	41					
Unknown	3					
N/A	2					
Concussion	2					
Multiple Physical Injuries Only	1					
Dislocation	2					
Mental Stress	1					
Myocardial Infarction (Heart Attack)	2					
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1					
Hernia	1					
Infection	3					
Vascular Loss	1					
Carpal Tunnel Syndrome	2					
Foreign Body	14					
Heat Prostration	1					
Burn	2					
Infectious Disease Exposure	2					
Mental Disorder	1					
Poisoning - Chemical	7					
All Other Occupational Disease	1					
Dermatitis	5					
	245					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Taxation, Department Of (161)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	4	33.3	2,010.40	6,629.16	8,639.56	69.0
12PM-1:59PM	2	16.6	108.00	1,392.00	1,500.00	11.9
10AM-11:59AM	1	8.3	476.71	273.29	750.00	5.9
4PM-5:59PM	1	8.3	169.00	581.00	750.00	5.9
8AM-9:59AM	3	25.0	0.00	750.00	750.00	5.9
12AM-1:59AM	1	8.3	132.28	0.00	132.28	1.0
	12		**$ 2,896.39**	**$ 9,625.45**	**$ 12,521.84**	
LENGTH OF SERVICE						
16-18	1	8.3	2,010.40	5,879.16	7,889.56	63.0
2-4	2	16.6	0.00	1,500.00	1,500.00	11.9
4-6	3	25.0	169.00	1,331.00	1,500.00	11.9
22-24	1	8.3	108.00	642.00	750.00	5.9
26-28	1	8.3	476.71	273.29	750.00	5.9
12-14	1	8.3	132.28	0.00	132.28	1.0
10-12	1	8.3	0.00	0.00	0.00	0.0
14-16	1	8.3	0.00	0.00	0.00	0.0
40-42	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,896.39**	**$ 9,625.45**	**$ 12,521.84**	
AGE OF CLAIMANT						
60-64	2	16.6	2,010.40	6,629.16	8,639.56	69.0
30-34	2	16.6	169.00	1,331.00	1,500.00	11.9
45-49	3	25.0	584.71	915.29	1,500.00	11.9
40-44	2	16.6	132.28	750.00	882.28	7.0
50-54	1	8.3	0.00	0.00	0.00	0.0
55-59	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 2,896.39**	**$ 9,625.45**	**$ 12,521.84**	
SEX OF CLAIMANT						
Female	7	58.3	2,788.39	7,483.45	10,271.84	82.0
Male	5	41.6	108.00	2,142.00	2,250.00	17.9
	12		**$ 2,896.39**	**$ 9,625.45**	**$ 12,521.84**	
LOSS CAUSE						
Elevators, escalators	1	8.3	2,010.40	5,879.16	7,889.56	63.0
Furniture / fixtures	2	16.6	584.71	915.29	1,500.00	11.9
Vehicle/car/truck	2	16.6	169.00	1,331.00	1,500.00	11.9
Chair	1	8.3	0.00	750.00	750.00	5.9
Walking surface, outside, wet	3	25.0	0.00	750.00	750.00	5.9
Infectious agent	1	8.3	132.28	0.00	132.28	1.0
Walking surface, outside, dry	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 2,896.39**	**$ 9,625.45**	**$ 12,521.84**	
ACCIDENT TYPE						
Repetitive Motion	1	8.3	2,010.40	5,879.16	7,889.56	63.0
Collision/sideswipe with Another Vehicle	1	8.3	0.00	750.00	750.00	5.9
Fall or Slip (On Same Level)	3	25.0	0.00	750.00	750.00	5.9
Fall or slip (on ice or snow)	2	16.6	0.00	750.00	750.00	5.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Taxation, Department Of (161)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	108.00	642.00	750.00	5.9
Struck/Injured by Falling or Flying Object	1	8.3	476.71	273.29	750.00	5.9
Struck/Injured by Motor Vehicle	1	8.3	169.00	581.00	750.00	5.9
Infectious Disease Exposure	1	8.3	132.28	0.00	132.28	1.0
Fall or Slip (From Liquid/Grease spills)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,896.39**	**$ 9,625.45**	**$ 12,521.84**	

**BODY PART

Knee	3
Foot	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Shoulder	3
Soft Tissue - Neck	3
Ear(s)	1
Facial, Other Soft Tissue	1
Lower Leg	1
Whole Body	1
Elbow	2
Finger(s)	1
Hip	1
Lower Arm	1
Multiple Head Injury	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	12
Contusion	5
Contagious Disease	1
Concussion	1
Laceration	4
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Corporation Commission (171)
SubAgency: State Corporation (171)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	0.00	0.00	0.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	50.0	0.00	0.00	0.00	0.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	1	50.0	0.00	0.00	0.00	0.0
Chair	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Lottery Department (172)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	14.2	1,059.11	0.00	1,059.11	41.3
12PM-1:59PM	6	42.8	156.00	594.00	750.00	29.3
2PM-3:59PM	2	14.2	266.80	483.20	750.00	29.3
10AM-11:59AM	2	14.2	0.00	0.00	0.00	0.0
4PM-5:59PM	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 1,481.91**	**$ 1,077.20**	**$ 2,559.11**	
LENGTH OF SERVICE						
6-8	1	7.1	1,059.11	0.00	1,059.11	41.3
0-2	1	7.1	266.80	483.20	750.00	29.3
4-6	6	42.8	156.00	594.00	750.00	29.3
14-16	3	21.4	0.00	0.00	0.00	0.0
10-12	1	7.1	0.00	0.00	0.00	0.0
2-4	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 1,481.91**	**$ 1,077.20**	**$ 2,559.11**	
AGE OF CLAIMANT						
65-69	1	7.1	1,059.11	0.00	1,059.11	41.3
35-39	6	42.8	156.00	594.00	750.00	29.3
55-59	1	7.1	266.80	483.20	750.00	29.3
45-49	2	14.2	0.00	0.00	0.00	0.0
30-34	1	7.1	0.00	0.00	0.00	0.0
40-44	2	14.2	0.00	0.00	0.00	0.0
70-74	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 1,481.91**	**$ 1,077.20**	**$ 2,559.11**	
SEX OF CLAIMANT						
Female	10	71.4	1,215.11	594.00	1,809.11	70.6
Male	4	28.5	266.80	483.20	750.00	29.3
	14		**$ 1,481.91**	**$ 1,077.20**	**$ 2,559.11**	
LOSS CAUSE						
Walking surface, inside, dry	2	14.2	1,325.91	483.20	1,809.11	70.6
Furniture / fixtures	1	7.1	156.00	594.00	750.00	29.3
N/A	2	14.2	0.00	0.00	0.00	0.0
Stairs, steps	1	7.1	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	7.1	0.00	0.00	0.00	0.0
Elevators, escalators	1	7.1	0.00	0.00	0.00	0.0
Fencing	1	7.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	7.1	0.00	0.00	0.00	0.0
Metal items	1	7.1	0.00	0.00	0.00	0.0
Pallet Jack	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 1,481.91**	**$ 1,077.20**	**$ 2,559.11**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	14.2	1,059.11	0.00	1,059.11	41.3
Lifting (strain or Injury by)	1	7.1	156.00	594.00	750.00	29.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Lottery Department (172)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	3	21.4	266.80	483.20	750.00	29.3
Fall or slip (on stairs)	1	7.1	0.00	0.00	0.00	0.0
Animal Or Insect	1	7.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	7.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	7.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	21.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,481.91***	***$ 1,077.20***	***$ 2,559.11***	

***BODY PART**

Whole Body	1
Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Foot	1
Lower Arm	2
Shoulder	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Multiple Head Injury	1
Skull	1
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Strain	9
Contusion	2
Laceration	2
Multiple Physical Injuries Only	1
Puncture	2
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Labor And Industry, Dept Of (181)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	25.0	312.24	0.00	312.24	69.0
12PM-1:59PM	1	25.0	140.25	0.00	140.25	31.0
12AM-1:59AM	1	25.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.49**	**$ 0.00**	**$ 452.49**	
LENGTH OF SERVICE						
0-2	2	50.0	312.24	0.00	312.24	69.0
16-18	1	25.0	140.25	0.00	140.25	31.0
22-24	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.49**	**$ 0.00**	**$ 452.49**	
AGE OF CLAIMANT						
20-24	1	25.0	312.24	0.00	312.24	69.0
50-54	1	25.0	140.25	0.00	140.25	31.0
30-34	1	25.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.49**	**$ 0.00**	**$ 452.49**	
SEX OF CLAIMANT						
Female	2	50.0	312.24	0.00	312.24	69.0
Male	2	50.0	140.25	0.00	140.25	31.0
	4		**$ 452.49**	**$ 0.00**	**$ 452.49**	
LOSS CAUSE						
Object on Floor	1	25.0	312.24	0.00	312.24	69.0
Furniture / fixtures	1	25.0	140.25	0.00	140.25	31.0
Office equipment	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 452.49**	**$ 0.00**	**$ 452.49**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	312.24	0.00	312.24	69.0
Struck/Injured by Falling or Flying Object	1	25.0	140.25	0.00	140.25	31.0
Repetitive Motion	1	25.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.49**	**$ 0.00**	**$ 452.49**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Leg	1					
Knee	1					
Soft Tissue - Neck	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Labor And Industry, Dept Of (181)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Employment Commission (182)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	21.0	15.83	33,541.45	33,557.28	59.8
10AM-11:59AM	6	31.5	2,730.58	11,022.77	13,753.35	24.5
2PM-3:59PM	1	5.2	3,378.35	2,070.88	5,449.23	9.7
4PM-5:59PM	6	31.5	3,047.66	0.00	3,047.66	5.4
12AM-1:59AM	1	5.2	291.00	0.00	291.00	0.5
12PM-1:59PM	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 9,463.42**	**$ 46,635.10**	**$ 56,098.52**	
LENGTH OF SERVICE						
0-2	5	26.3	2,730.58	38,192.69	40,923.27	72.9
2-4	4	21.0	5,858.52	7,692.41	13,550.93	24.1
4-6	4	21.0	435.80	750.00	1,185.80	2.1
10-12	2	10.5	438.52	0.00	438.52	0.7
28-30	3	15.7	0.00	0.00	0.00	0.0
34-36	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 9,463.42**	**$ 46,635.10**	**$ 56,098.52**	
AGE OF CLAIMANT						
55-59	2	10.5	0.00	27,169.92	27,169.92	48.4
60-64	3	15.7	1,457.47	11,022.77	12,480.24	22.2
40-44	3	15.7	3,753.28	5,621.53	9,374.81	16.7
30-34	2	10.5	3,523.15	2,070.88	5,594.03	9.9
45-49	5	26.3	291.00	750.00	1,041.00	1.8
35-39	1	5.2	438.52	0.00	438.52	0.7
25-29	1	5.2	0.00	0.00	0.00	0.0
50-54	2	10.5	0.00	0.00	0.00	0.0
	19		**$ 9,463.42**	**$ 46,635.10**	**$ 56,098.52**	
SEX OF CLAIMANT						
Female	17	89.4	8,090.31	46,635.10	54,725.41	97.5
Male	2	10.5	1,373.11	0.00	1,373.11	2.4
	19		**$ 9,463.42**	**$ 46,635.10**	**$ 56,098.52**	
LOSS CAUSE						
Stairs, steps	4	21.0	1,388.94	32,791.45	34,180.39	60.9
Paper / Pulp	1	5.2	1,357.47	11,022.77	12,380.24	22.0
Stone / rock / brick	1	5.2	3,378.35	2,070.88	5,449.23	9.7
Walking surface, outside, wet	2	10.5	2,364.34	0.00	2,364.34	4.2
Chemicals, not otherwise classified	1	5.2	0.00	750.00	750.00	1.3
Boxes / containers	1	5.2	438.52	0.00	438.52	0.7
Object on Floor	1	5.2	291.00	0.00	291.00	0.5
Chair	3	15.7	144.80	0.00	144.80	0.2
Overhead Object	1	5.2	100.00	0.00	100.00	0.1
Furniture / fixtures	1	5.2	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	5.2	0.00	0.00	0.00	0.0
Office equipment	1	5.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	5.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Employment Commission (182)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	19		**$ 9,463.42**	**$ 46,635.10**	**$ 56,098.52**	
ACCIDENT TYPE						
Fall or slip (on stairs)	4	21.0	1,388.94	32,791.45	34,180.39	60.9
Lifting (strain or Injury by)	1	5.2	1,357.47	11,022.77	12,380.24	22.0
Fall or Slip (On Same Level)	6	31.5	4,252.67	2,070.88	6,323.55	11.2
Fall or Slip (From Liquid/Grease spills)	2	10.5	2,364.34	0.00	2,364.34	4.2
Allergic Reaction	1	5.2	0.00	750.00	750.00	1.3
Struck/Injured by Falling or Flying Object	2	10.5	100.00	0.00	100.00	0.1
Cut,puncture,scrape, injured by (Broken Glass)	1	5.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	5.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 9,463.42**	**$ 46,635.10**	**$ 56,098.52**	

*****BODY PART***	
Hand	3
Hip	2
Multiple Head Injury	1
Lower Arm	1
Soft Tissue - Neck	1
Lower Leg	4
Elbow	1
Abdomen including Groin	1
Knee	4
Lungs	1
Foot	4
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	1
Facial, Other Soft Tissue	1
Mouth	1
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	13
Strain	8
Poisoning - Chemical	1
Sprain	1
Laceration	5
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Workers' Comp. Commission (191)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	25.0	1,664.37	0.00	1,664.37	85.1
12PM-1:59PM	1	12.5	289.34	0.00	289.34	14.8
10AM-11:59AM	3	37.5	0.00	0.00	0.00	0.0
2PM-3:59PM	1	12.5	0.00	0.00	0.00	0.0
4AM-5:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,953.71**	**$ 0.00**	**$ 1,953.71**	
LENGTH OF SERVICE						
4-6	2	25.0	1,664.37	0.00	1,664.37	85.1
18-20	1	12.5	289.34	0.00	289.34	14.8
0-2	4	50.0	0.00	0.00	0.00	0.0
2-4	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,953.71**	**$ 0.00**	**$ 1,953.71**	
AGE OF CLAIMANT						
35-39	4	50.0	1,953.71	0.00	1,953.71	100.0
20-24	1	12.5	0.00	0.00	0.00	0.0
30-34	2	25.0	0.00	0.00	0.00	0.0
45-49	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,953.71**	**$ 0.00**	**$ 1,953.71**	
SEX OF CLAIMANT						
Female	6	75.0	1,953.71	0.00	1,953.71	100.0
Male	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 1,953.71**	**$ 0.00**	**$ 1,953.71**	
LOSS CAUSE						
Walking surface, outside, dry	1	12.5	1,664.37	0.00	1,664.37	85.1
Paper / Pulp	1	12.5	289.34	0.00	289.34	14.8
Chair	1	12.5	0.00	0.00	0.00	0.0
Office equipment	2	25.0	0.00	0.00	0.00	0.0
Metal items	1	12.5	0.00	0.00	0.00	0.0
Screw driver	1	12.5	0.00	0.00	0.00	0.0
Step stool	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,953.71**	**$ 0.00**	**$ 1,953.71**	
ACCIDENT TYPE						
Twisting, strain or injury by	2	25.0	1,953.71	0.00	1,953.71	100.0
Fall or Slip (On Same Level)	2	25.0	0.00	0.00	0.00	0.0
Repetitive Motion	1	12.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	12.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,953.71**	**$ 0.00**	**$ 1,953.71**	
****BODY PART**						
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Wrist	1					
Buttocks	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:51

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Workers' Comp. Commission (191)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Finger(s)	2					
Foot	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	6					
Contusion	1					
Laceration	2					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	5	29.4	498.00	750.00	1,248.00	52.0
2PM-3:59PM	4	23.5	600.20	0.00	600.20	25.0
10AM-11:59AM	4	23.5	477.30	0.00	477.30	19.9
8AM-9:59AM	2	11.7	73.48	0.00	73.48	3.0
12AM-1:59AM	1	5.8	0.00	0.00	0.00	0.0
4PM-5:59PM	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,648.98**	**$ 750.00**	**$ 2,398.98**	
LENGTH OF SERVICE						
0-2	4	23.5	457.28	750.00	1,207.28	50.3
6-8	2	11.7	600.20	0.00	600.20	25.0
10-12	2	11.7	444.00	0.00	444.00	18.5
4-6	1	5.8	93.50	0.00	93.50	3.9
12-14	2	11.7	54.00	0.00	54.00	2.2
16-18	1	5.8	0.00	0.00	0.00	0.0
18-20	1	5.8	0.00	0.00	0.00	0.0
2-4	1	5.8	0.00	0.00	0.00	0.0
36-38	1	5.8	0.00	0.00	0.00	0.0
8-10	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 1,648.98**	**$ 750.00**	**$ 2,398.98**	
AGE OF CLAIMANT						
35-39	1	5.8	0.00	750.00	750.00	31.2
30-34	3	17.6	600.20	0.00	600.20	25.0
50-54	2	11.7	477.30	0.00	477.30	19.9
45-49	4	23.5	444.00	0.00	444.00	18.5
55-59	3	17.6	73.48	0.00	73.48	3.0
40-44	4	23.5	54.00	0.00	54.00	2.2
	17		**$ 1,648.98**	**$ 750.00**	**$ 2,398.98**	
SEX OF CLAIMANT						
Female	11	64.7	1,648.98	750.00	2,398.98	100.0
Male	6	35.2	0.00	0.00	0.00	0.0
	17		**$ 1,648.98**	**$ 750.00**	**$ 2,398.98**	
LOSS CAUSE						
N/A	1	5.8	0.00	750.00	750.00	31.2
Metal items	1	5.8	600.20	0.00	600.20	25.0
Hand tool, not powered, NOC	1	5.8	444.00	0.00	444.00	18.5
Glass bottle / sheet	3	17.6	383.80	0.00	383.80	16.0
Boxes / containers	2	11.7	93.50	0.00	93.50	3.9
Chair	1	5.8	73.48	0.00	73.48	3.0
Chemicals, not otherwise classified	2	11.7	54.00	0.00	54.00	2.2
Walking surface, outside, dry	1	5.8	0.00	0.00	0.00	0.0
Door	1	5.8	0.00	0.00	0.00	0.0
Furniture / fixtures	1	5.8	0.00	0.00	0.00	0.0
Knife, NOC	1	5.8	0.00	0.00	0.00	0.0
Trash receptacle	2	11.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17		**$ 1,648.98**	**$ 750.00**	**$ 2,398.98**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	5	29.4	984.00	0.00	984.00	41.0
Absorb, Ingest, Inhalation	2	11.7	54.00	750.00	804.00	33.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	444.00	0.00	444.00	18.5
Strike Against/Step on Stationary Object	3	17.6	93.50	0.00	93.50	3.9
Fall or Slip (From Different Level)	1	5.8	73.48	0.00	73.48	3.0
Fall or Slip (On Same Level)	2	11.7	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	5.8	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	5.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,648.98**	**$ 750.00**	**$ 2,398.98**	

****BODY PART**	
Finger(s)	6
Whole Body	1
Thumb	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	1
No Physical Problem	1
Hand	2
Ankle	1
Facial, Other Soft Tissue	1
Knee	2
Lower Arm	1
Soft Tissue - Neck	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Puncture	2
No Physical Injury	2
Laceration	5
Strain	3
Contusion	6
Burn	2
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of General Services (194)
SubAgency: 209 9th St. Office (194)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	2	66.6	0.00	0.00	0.00	0.0
10-12	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	2	66.6	0.00	0.00	0.00	0.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	33.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	33.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	

****BODY PART**	
Shoulder	1
Hand	1
Knee	1
Skull	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	1
Laceration	2
Puncture	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Division Of Natural Heritage (635)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Wrench	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr James River State Park (734)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	50.0	0.00	0.00	0.00	0.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Metal items	1	50.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	

****BODY PART**	
Ankle	1
Multiple Head Injury	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Bear Creek Lake State Park (750)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	50.0	0.00	0.00	0.00	0.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
15-19	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Environmental conditions	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
Lower Arm	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
Dermatitis	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Chippokes Plantation State Park (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	25.0	4,274.30	58,815.58	63,089.88	97.8
6AM-7:59AM	1	25.0	1,386.00	0.00	1,386.00	2.1
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 5,660.30**	**$ 58,815.58**	**$ 64,475.88**	
LENGTH OF SERVICE						
8-10	2	50.0	5,660.30	58,815.58	64,475.88	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,660.30**	**$ 58,815.58**	**$ 64,475.88**	
AGE OF CLAIMANT						
60-64	1	25.0	4,274.30	58,815.58	63,089.88	97.8
40-44	1	25.0	1,386.00	0.00	1,386.00	2.1
15-19	1	25.0	0.00	0.00	0.00	0.0
50-54	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,660.30**	**$ 58,815.58**	**$ 64,475.88**	
SEX OF CLAIMANT						
Male	1	25.0	4,274.30	58,815.58	63,089.88	97.8
Female	3	75.0	1,386.00	0.00	1,386.00	2.1
	4		**$ 5,660.30**	**$ 58,815.58**	**$ 64,475.88**	
LOSS CAUSE						
Walking surface, outside, dry	2	50.0	5,660.30	58,815.58	64,475.88	100.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Mowers	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,660.30**	**$ 58,815.58**	**$ 64,475.88**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	50.0	4,274.30	58,815.58	63,089.88	97.8
Slipped, Did Not Fall	1	25.0	1,386.00	0.00	1,386.00	2.1
Fall or Slip (From Liquid/Grease spills)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,660.30**	**$ 58,815.58**	**$ 64,475.88**	
****BODY PART**						
Knee	2					
Ankle	1					
Lower Leg	1					
Shoulder	1					
Soft Tissue - Neck	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	3
Sprain	1
Contusion	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Chippokes Plantation State Park (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Claytor Lake State Park (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	4,821.50	0.00	4,821.50	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 4,821.50**	**$ 0.00**	**$ 4,821.50**	
LENGTH OF SERVICE						
4-6	1	50.0	4,821.50	0.00	4,821.50	100.0
26-28	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 4,821.50**	**$ 0.00**	**$ 4,821.50**	
AGE OF CLAIMANT						
25-29	1	50.0	4,821.50	0.00	4,821.50	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 4,821.50**	**$ 0.00**	**$ 4,821.50**	
SEX OF CLAIMANT						
Male	2	100.0	4,821.50	0.00	4,821.50	100.0
	2		**$ 4,821.50**	**$ 0.00**	**$ 4,821.50**	
LOSS CAUSE						
Machine, not otherwise classified	1	50.0	4,821.50	0.00	4,821.50	100.0
N/A	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 4,821.50**	**$ 0.00**	**$ 4,821.50**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	4,821.50	0.00	4,821.50	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 4,821.50**	**$ 0.00**	**$ 4,821.50**	
****BODY PART**						
Finger(s)	1					
Toe(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
Fracture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Douthat State Park (755)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	33.3	50.00	700.00	750.00	56.8
2PM-3:59PM	5	55.5	569.60	0.00	569.60	43.1
2AM-3:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 619.60**	**$ 700.00**	**$ 1,319.60**	
LENGTH OF SERVICE						
0-2	4	44.4	447.08	700.00	1,147.08	86.9
2-4	2	22.2	96.02	0.00	96.02	7.2
4-6	2	22.2	76.50	0.00	76.50	5.8
6-8	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 619.60**	**$ 700.00**	**$ 1,319.60**	
AGE OF CLAIMANT						
20-24	6	66.6	619.60	700.00	1,319.60	100.0
25-29	1	11.1	0.00	0.00	0.00	0.0
30-34	1	11.1	0.00	0.00	0.00	0.0
60-64	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 619.60**	**$ 700.00**	**$ 1,319.60**	
SEX OF CLAIMANT						
Male	7	77.7	543.10	700.00	1,243.10	94.2
Female	2	22.2	76.50	0.00	76.50	5.8
	9		**$ 619.60**	**$ 700.00**	**$ 1,319.60**	
LOSS CAUSE						
Metal items	2	22.2	50.00	700.00	750.00	56.8
Furniture / fixtures	1	11.1	320.58	0.00	320.58	24.2
Infectious agent	2	22.2	153.00	0.00	153.00	11.5
Hand tool, not powered, NOC	1	11.1	96.02	0.00	96.02	7.2
Boxes / containers	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	11.1	0.00	0.00	0.00	0.0
Wrench	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 619.60**	**$ 700.00**	**$ 1,319.60**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	11.1	50.00	700.00	750.00	56.8
Struck/Injured by Object Being Lifted/Handled	1	11.1	320.58	0.00	320.58	24.2
Exposure to Poisonous Agent / Plant	2	22.2	153.00	0.00	153.00	11.5
Object being lifted/handled (cut,punc.scrape,inj b	2	22.2	96.02	0.00	96.02	7.2
Lifting (strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 619.60**	**$ 700.00**	**$ 1,319.60**	
****BODY PART**						
Hand	1					
Lower Leg	3					
Foot	1					
Finger(s)	2					
Eye(s)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Douthat State Park (755)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Arm	1					
Shoulder	1					
Skull	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	2
Strain	2
Dermatitis	2
Laceration	2
Foreign Body	1
Dislocation	1
Puncture	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Fairy Stone State Park (756)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
20-24	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Twin Lakes State Park (758)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LENGTH OF SERVICE						
0-2	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
AGE OF CLAIMANT						
20-24	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
SEX OF CLAIMANT						
Male	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LOSS CAUSE						
Minerals / dirt	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Foreign Body	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Hungry Mother State Park (763)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	66.6	826.06	1.22	827.28	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 826.06**	**$ 1.22**	**$ 827.28**	
LENGTH OF SERVICE						
2-4	1	33.3	748.78	1.22	750.00	90.6
0-2	2	66.6	77.28	0.00	77.28	9.3
	3		**$ 826.06**	**$ 1.22**	**$ 827.28**	
AGE OF CLAIMANT						
25-29	1	33.3	748.78	1.22	750.00	90.6
15-19	1	33.3	77.28	0.00	77.28	9.3
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 826.06**	**$ 1.22**	**$ 827.28**	
SEX OF CLAIMANT						
Male	2	66.6	826.06	1.22	827.28	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 826.06**	**$ 1.22**	**$ 827.28**	
LOSS CAUSE						
Wood Items	1	33.3	748.78	1.22	750.00	90.6
Animal / bee type	1	33.3	77.28	0.00	77.28	9.3
Metal items	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 826.06**	**$ 1.22**	**$ 827.28**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	33.3	748.78	1.22	750.00	90.6
Animal Or Insect	1	33.3	77.28	0.00	77.28	9.3
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 826.06**	**$ 1.22**	**$ 827.28**	
****BODY PART**						
Finger(s)	1					
Hand	1					
Thumb	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
Puncture	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Lake Anna State Park (764)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	779.61	0.00	779.61	100.0
	1		**$ 779.61**	**$ 0.00**	**$ 779.61**	
LENGTH OF SERVICE						
0-2	1	100.0	779.61	0.00	779.61	100.0
	1		**$ 779.61**	**$ 0.00**	**$ 779.61**	
AGE OF CLAIMANT						
35-39	1	100.0	779.61	0.00	779.61	100.0
	1		**$ 779.61**	**$ 0.00**	**$ 779.61**	
SEX OF CLAIMANT						
Female	1	100.0	779.61	0.00	779.61	100.0
	1		**$ 779.61**	**$ 0.00**	**$ 779.61**	
LOSS CAUSE						
Animal / bee type	1	100.0	779.61	0.00	779.61	100.0
	1		**$ 779.61**	**$ 0.00**	**$ 779.61**	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	779.61	0.00	779.61	100.0
	1		**$ 779.61**	**$ 0.00**	**$ 779.61**	
****BODY PART**						
Lower Arm	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Natural Tunnel State Park (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	33.3	4,291.50	19,308.74	23,600.24	68.2
4PM-5:59PM	1	33.3	8,489.38	2,326.65	10,816.03	31.2
2PM-3:59PM	1	33.3	160.25	0.00	160.25	0.4
	3		**$ 12,941.13**	**$ 21,635.39**	**$ 34,576.52**	
LENGTH OF SERVICE						
0-2	1	33.3	4,291.50	19,308.74	23,600.24	68.2
4-6	2	66.6	8,649.63	2,326.65	10,976.28	31.7
	3		**$ 12,941.13**	**$ 21,635.39**	**$ 34,576.52**	
AGE OF CLAIMANT						
50-54	1	33.3	4,291.50	19,308.74	23,600.24	68.2
20-24	2	66.6	8,649.63	2,326.65	10,976.28	31.7
	3		**$ 12,941.13**	**$ 21,635.39**	**$ 34,576.52**	
SEX OF CLAIMANT						
Male	3	100.0	12,941.13	21,635.39	34,576.52	100.0
	3		**$ 12,941.13**	**$ 21,635.39**	**$ 34,576.52**	
LOSS CAUSE						
Vehicle/car/truck	1	33.3	4,291.50	19,308.74	23,600.24	68.2
Walking surface, outside, dry	1	33.3	8,489.38	2,326.65	10,816.03	31.2
Animal / bee type	1	33.3	160.25	0.00	160.25	0.4
	3		**$ 12,941.13**	**$ 21,635.39**	**$ 34,576.52**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	4,291.50	19,308.74	23,600.24	68.2
Fall or Slip (From Different Level)	1	33.3	8,489.38	2,326.65	10,816.03	31.2
Animal Or Insect	1	33.3	160.25	0.00	160.25	0.4
	3		**$ 12,941.13**	**$ 21,635.39**	**$ 34,576.52**	
****BODY PART**						
Knee	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Multiple Head Injury	1					
Upper Back Area (Thoracic Area)	1					
Lower Arm	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	3
Laceration	1
Puncture	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Pocahontas State Park (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
15-19	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr First Landing State Park (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	833.07	3,216.93	4,050.00	74.6
8AM-9:59AM	1	50.0	376.80	1,000.00	1,376.80	25.3
	2		**$ 1,209.87**	**$ 4,216.93**	**$ 5,426.80**	
LENGTH OF SERVICE						
6-8	2	100.0	1,209.87	4,216.93	5,426.80	100.0
	2		**$ 1,209.87**	**$ 4,216.93**	**$ 5,426.80**	
AGE OF CLAIMANT						
60-64	1	50.0	833.07	3,216.93	4,050.00	74.6
40-44	1	50.0	376.80	1,000.00	1,376.80	25.3
	2		**$ 1,209.87**	**$ 4,216.93**	**$ 5,426.80**	
SEX OF CLAIMANT						
Male	2	100.0	1,209.87	4,216.93	5,426.80	100.0
	2		**$ 1,209.87**	**$ 4,216.93**	**$ 5,426.80**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	833.07	3,216.93	4,050.00	74.6
Vehicle, not otherwise classified	1	50.0	376.80	1,000.00	1,376.80	25.3
	2		**$ 1,209.87**	**$ 4,216.93**	**$ 5,426.80**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	833.07	3,216.93	4,050.00	74.6
Vehicle Upset	1	50.0	376.80	1,000.00	1,376.80	25.3
	2		**$ 1,209.87**	**$ 4,216.93**	**$ 5,426.80**	
****BODY PART**						
Finger(s)	1					
Foot	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Staunton River State Park (774)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	2,045.10	0.00	2,045.10	100.0
	1		***$ 2,045.10***	***$ 0.00***	***$ 2,045.10***	
LENGTH OF SERVICE						
6-8	1	100.0	2,045.10	0.00	2,045.10	100.0
	1		***$ 2,045.10***	***$ 0.00***	***$ 2,045.10***	
AGE OF CLAIMANT						
70-74	1	100.0	2,045.10	0.00	2,045.10	100.0
	1		***$ 2,045.10***	***$ 0.00***	***$ 2,045.10***	
SEX OF CLAIMANT						
Male	1	100.0	2,045.10	0.00	2,045.10	100.0
	1		***$ 2,045.10***	***$ 0.00***	***$ 2,045.10***	
LOSS CAUSE						
Mowers	1	100.0	2,045.10	0.00	2,045.10	100.0
	1		***$ 2,045.10***	***$ 0.00***	***$ 2,045.10***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	2,045.10	0.00	2,045.10	100.0
	1		***$ 2,045.10***	***$ 0.00***	***$ 2,045.10***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:50:52

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Westmoreland State Park (775)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	536.00	0.00	536.00	60.1
10AM-11:59AM	1	50.0	355.40	0.00	355.40	39.8
	2		**$ 891.40**	**$ 0.00**	**$ 891.40**	
LENGTH OF SERVICE						
0-2	1	50.0	536.00	0.00	536.00	60.1
8-10	1	50.0	355.40	0.00	355.40	39.8
	2		**$ 891.40**	**$ 0.00**	**$ 891.40**	
AGE OF CLAIMANT						
15-19	1	50.0	536.00	0.00	536.00	60.1
55-59	1	50.0	355.40	0.00	355.40	39.8
	2		**$ 891.40**	**$ 0.00**	**$ 891.40**	
SEX OF CLAIMANT						
Female	1	50.0	536.00	0.00	536.00	60.1
Male	1	50.0	355.40	0.00	355.40	39.8
	2		**$ 891.40**	**$ 0.00**	**$ 891.40**	
LOSS CAUSE						
Miscellaneous	1	50.0	536.00	0.00	536.00	60.1
Furniture / fixtures	1	50.0	355.40	0.00	355.40	39.8
	2		**$ 891.40**	**$ 0.00**	**$ 891.40**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	536.00	0.00	536.00	60.1
Struck/Injured by Object Being Lifted/Handled	1	50.0	355.40	0.00	355.40	39.8
	2		**$ 891.40**	**$ 0.00**	**$ 891.40**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Lower Leg	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
Contusion	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr New River Trail State Park & Shot To (780)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	165.60	0.00	165.60	100.0
	1		**$ 165.60**	**$ 0.00**	**$ 165.60**	
LENGTH OF SERVICE						
0-2	1	100.0	165.60	0.00	165.60	100.0
	1		**$ 165.60**	**$ 0.00**	**$ 165.60**	
AGE OF CLAIMANT						
15-19	1	100.0	165.60	0.00	165.60	100.0
	1		**$ 165.60**	**$ 0.00**	**$ 165.60**	
SEX OF CLAIMANT						
Male	1	100.0	165.60	0.00	165.60	100.0
	1		**$ 165.60**	**$ 0.00**	**$ 165.60**	
LOSS CAUSE						
Wood Items	1	100.0	165.60	0.00	165.60	100.0
	1		**$ 165.60**	**$ 0.00**	**$ 165.60**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	165.60	0.00	165.60	100.0
	1		**$ 165.60**	**$ 0.00**	**$ 165.60**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Foreign Body	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Belle Isle State Park (794)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	100.0	175.28	0.00	175.28	100.0
	2		**$ 175.28**	**$ 0.00**	**$ 175.28**	
LENGTH OF SERVICE						
4-6	2	100.0	175.28	0.00	175.28	100.0
	2		**$ 175.28**	**$ 0.00**	**$ 175.28**	
AGE OF CLAIMANT						
50-54	1	50.0	175.28	0.00	175.28	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 175.28**	**$ 0.00**	**$ 175.28**	
SEX OF CLAIMANT						
Female	1	50.0	175.28	0.00	175.28	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 175.28**	**$ 0.00**	**$ 175.28**	
LOSS CAUSE						
Animal / bee type	1	50.0	175.28	0.00	175.28	100.0
Oil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 175.28**	**$ 0.00**	**$ 175.28**	
ACCIDENT TYPE						
Animal Or Insect	1	50.0	175.28	0.00	175.28	100.0
Contact With Hot Object or Substances	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 175.28**	**$ 0.00**	**$ 175.28**	
****BODY PART**						
Wrist(s) & Hand(s)	1					
Lower Arm	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
Burn	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Education, State Department Of (201)
SubAgency: Education, Board Of (201)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
34-36	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Object on Floor	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va State Library & Archives (202)
SubAgency: Capital&11 St L (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	0.00	750.00	750.00	79.5
2PM-3:59PM	1	25.0	192.30	0.00	192.30	20.4
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 192.30**	**$ 750.00**	**$ 942.30**	
LENGTH OF SERVICE						
14-16	2	50.0	0.00	750.00	750.00	79.5
2-4	1	25.0	192.30	0.00	192.30	20.4
30-32	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.30**	**$ 750.00**	**$ 942.30**	
AGE OF CLAIMANT						
55-59	3	75.0	0.00	750.00	750.00	79.5
40-44	1	25.0	192.30	0.00	192.30	20.4
	4		**$ 192.30**	**$ 750.00**	**$ 942.30**	
SEX OF CLAIMANT						
Female	3	75.0	192.30	750.00	942.30	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.30**	**$ 750.00**	**$ 942.30**	
LOSS CAUSE						
Stairs	1	25.0	0.00	750.00	750.00	79.5
Glass bottle / sheet	1	25.0	192.30	0.00	192.30	20.4
Walking surface, inside, wet	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.30**	**$ 750.00**	**$ 942.30**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	25.0	0.00	750.00	750.00	79.5
Cut,puncture,scrape, injured by (Broken Glass)	1	25.0	192.30	0.00	192.30	20.4
Fall or Slip (From Liquid/Grease spills)	1	25.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.30**	**$ 750.00**	**$ 942.30**	
****BODY PART**						
Ankle	2					
Knee	2					
Lower Arm	1					
Hand	2					
Elbow	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	7
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va State Library & Archives (202)
SubAgency: Capital&11 St L (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	8	19.0	6,604.32	21,525.87	28,130.19	45.2
8AM-9:59AM	9	21.4	2,498.94	23,318.00	25,816.94	41.5
12PM-1:59PM	5	11.9	3,166.20	0.00	3,166.20	5.0
12AM-1:59AM	3	7.1	465.40	1,034.60	1,500.00	2.4
4PM-5:59PM	1	2.3	1,005.36	0.00	1,005.36	1.6
2AM-3:59AM	7	16.6	175.14	750.00	925.14	1.4
4AM-5:59AM	2	4.7	91.00	750.00	841.00	1.3
6AM-7:59AM	5	11.9	507.79	242.21	750.00	1.2
2PM-3:59PM	2	4.7	68.00	0.00	68.00	0.1
	42		**$ 14,582.15**	**$ 47,620.68**	**$ 62,202.83**	
LENGTH OF SERVICE						
12-14	2	4.7	6,133.13	20,316.87	26,450.00	42.5
0-2	7	16.6	2,307.00	20,590.00	22,897.00	36.8
2-4	12	28.5	1,812.44	2,728.00	4,540.44	7.3
6-8	5	11.9	2,178.29	1,034.60	3,212.89	5.1
10-12	4	9.5	349.14	1,209.00	1,558.14	2.5
4-6	3	7.1	1,005.36	0.00	1,005.36	1.6
22-24	3	7.1	136.00	750.00	886.00	1.4
20-22	1	2.3	0.00	750.00	750.00	1.2
26-28	1	2.3	507.79	242.21	750.00	1.2
8-10	2	4.7	153.00	0.00	153.00	0.2
18-20	2	4.7	0.00	0.00	0.00	0.0
	42		**$ 14,582.15**	**$ 47,620.68**	**$ 62,202.83**	
AGE OF CLAIMANT						
50-54	13	30.9	6,955.53	22,715.47	29,671.00	47.7
45-49	7	16.6	4,402.00	20,902.03	25,304.03	40.6
35-39	3	7.1	1,230.55	614.00	1,844.55	2.9
30-34	7	16.6	500.82	1,139.18	1,640.00	2.6
55-59	5	11.9	0.00	1,500.00	1,500.00	2.4
40-44	3	7.1	1,402.25	0.00	1,402.25	2.2
60-64	1	2.3	0.00	750.00	750.00	1.2
15-19	1	2.3	91.00	0.00	91.00	0.1
20-24	1	2.3	0.00	0.00	0.00	0.0
25-29	1	2.3	0.00	0.00	0.00	0.0
	42		**$ 14,582.15**	**$ 47,620.68**	**$ 62,202.83**	
SEX OF CLAIMANT						
Female	20	47.6	8,750.79	23,699.65	32,450.44	52.1
Male	22	52.3	5,831.36	23,921.03	29,752.39	47.8
	42		**$ 14,582.15**	**$ 47,620.68**	**$ 62,202.83**	
LOSS CAUSE						
Chair	1	2.3	6,133.13	20,316.87	26,450.00	42.5
Machine, not otherwise classified	1	2.3	1,764.18	20,200.82	21,965.00	35.3
Foreign Object	7	16.6	3,081.20	1,500.00	4,581.20	7.3
Stairs, steps	4	9.5	1,141.36	614.00	1,755.36	2.8
Door	3	7.1	598.79	992.21	1,591.00	2.5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	4	9.5	380.00	614.00	994.00	1.6
Computer Work Station	1	2.3	0.00	750.00	750.00	1.2
Metal items	2	4.7	0.00	750.00	750.00	1.2
Outside Surface	1	2.3	0.00	750.00	750.00	1.2
Walking surface, inside, wet	1	2.3	291.00	459.00	750.00	1.2
Walking surface, outside, dry	1	2.3	360.82	389.18	750.00	1.2
Window frame	1	2.3	465.40	284.60	750.00	1.2
Glass bottle / sheet	2	4.7	150.94	0.00	150.94	0.2
Brush / tree / log	1	2.3	89.19	0.00	89.19	0.1
Organic Material	1	2.3	68.00	0.00	68.00	0.1
Needle stick	1	2.3	58.14	0.00	58.14	0.0
Chemicals, not otherwise classified	3	7.1	0.00	0.00	0.00	0.0
Cone	1	2.3	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.3	0.00	0.00	0.00	0.0
Ladder - Portable	1	2.3	0.00	0.00	0.00	0.0
Mechanic Trucks	1	2.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.3	0.00	0.00	0.00	0.0
Animal / bee type	1	2.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 14,582.15***	***$ 47,620.68***	***$ 62,202.83***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	9	21.4	7,027.14	21,915.05	28,942.19	46.5
Object Handled (caught in or between)	3	7.1	2,229.58	21,235.42	23,465.00	37.7
Holding Or Carrying (Strain or Injury by)	1	2.3	1,712.89	0.00	1,712.89	2.7
Lifting (strain or Injury by)	7	16.6	295.00	1,364.00	1,659.00	2.6
Collision with a Fixed Object	1	2.3	1,300.31	0.00	1,300.31	2.0
Fall or slip (on stairs)	2	4.7	1,005.36	0.00	1,005.36	1.6
Repetitive Motion	4	9.5	68.00	750.00	818.00	1.3
Fall or Slip (From Different Level)	1	2.3	136.00	614.00	750.00	1.2
Object being lifted/handled (cut,punc.scrape,inj b	1	2.3	0.00	750.00	750.00	1.2
Pushing Or Pulling (Strain or Injury by)	2	4.7	0.00	750.00	750.00	1.2
Strike Against/Step on Stationary Object	1	2.3	507.79	242.21	750.00	1.2
Strike Against/Step on Sanding,Scraping,Cleaning	1	2.3	101.94	0.00	101.94	0.1
Struck/Injured by Object Being Lifted/Handled	1	2.3	91.00	0.00	91.00	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.3	58.14	0.00	58.14	0.0
Foreign Body In Eye	1	2.3	49.00	0.00	49.00	0.0
Allergic Reaction	1	2.3	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	2.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	2.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	2	4.7	0.00	0.00	0.00	0.0
Animal Or Insect	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 14,582.15***	***$ 47,620.68***	***$ 62,202.83***	

***BODY PART

Knee	8
Thumb	4
Shoulder	7
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Finger(s)	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Wrist(s) & Hand(s)	2					
Facial Bones	1					
Ankle	1					
Multiple Neck Injury	2					
Hand	2					
Hip	1					
Multiple Head Injury	1					
Foot	3					
Upper Back Area (Thoracic Area)	1					
Upper Leg	1					
Eye(s)	1					
Lower Arm	1					
Wrist	1					
Facial, Other Soft Tissue	1					
Lower Leg	1					
Lungs	1					
Whole Body	1					
	42					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	13
Fracture	1
Strain	19
Sprain	5
No Physical Injury	2
Laceration	4
Puncture	2
Carpal Tunnel Syndrome	1
Foreign Body	2
Dermatitis	1
All Other Cumulative	1
	42

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:53

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: College Of William & Mary (204)
SubAgency: Virginia Association Research (265)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	940.71	0.00	940.71	100.0
	1		***$ 940.71***	***$ 0.00***	***$ 940.71***	
LENGTH OF SERVICE						
22-24	1	100.0	940.71	0.00	940.71	100.0
	1		***$ 940.71***	***$ 0.00***	***$ 940.71***	
AGE OF CLAIMANT						
55-59	1	100.0	940.71	0.00	940.71	100.0
	1		***$ 940.71***	***$ 0.00***	***$ 940.71***	
SEX OF CLAIMANT						
Male	1	100.0	940.71	0.00	940.71	100.0
	1		***$ 940.71***	***$ 0.00***	***$ 940.71***	
LOSS CAUSE						
N/A	1	100.0	940.71	0.00	940.71	100.0
	1		***$ 940.71***	***$ 0.00***	***$ 940.71***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	940.71	0.00	940.71	100.0
	1		***$ 940.71***	***$ 0.00***	***$ 940.71***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	0.00	1,500.00	1,500.00	50.0
12AM-1:59AM	1	20.0	268.18	481.82	750.00	25.0
2AM-3:59AM	1	20.0	168.00	582.00	750.00	25.0
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 436.18**	**$ 2,563.82**	**$ 3,000.00**	
LENGTH OF SERVICE						
0-2	1	20.0	268.18	481.82	750.00	25.0
14-16	1	20.0	168.00	582.00	750.00	25.0
4-6	1	20.0	0.00	750.00	750.00	25.0
8-10	1	20.0	0.00	750.00	750.00	25.0
6-8	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 436.18**	**$ 2,563.82**	**$ 3,000.00**	
AGE OF CLAIMANT						
30-34	2	40.0	268.18	1,231.82	1,500.00	50.0
50-54	1	20.0	0.00	750.00	750.00	25.0
60-64	1	20.0	168.00	582.00	750.00	25.0
40-44	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 436.18**	**$ 2,563.82**	**$ 3,000.00**	
SEX OF CLAIMANT						
Male	4	80.0	436.18	1,813.82	2,250.00	75.0
Female	1	20.0	0.00	750.00	750.00	25.0
	5		**$ 436.18**	**$ 2,563.82**	**$ 3,000.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	20.0	0.00	750.00	750.00	25.0
Glass bottle / sheet	1	20.0	268.18	481.82	750.00	25.0
Walking surface, outside, dry	1	20.0	168.00	582.00	750.00	25.0
Walking surface, outside, wet	1	20.0	0.00	750.00	750.00	25.0
Foreign Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 436.18**	**$ 2,563.82**	**$ 3,000.00**	
ACCIDENT TYPE						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	20.0	0.00	750.00	750.00	25.0
Fall or Slip (From Different Level)	1	20.0	168.00	582.00	750.00	25.0
Fall or slip (on ice or snow)	1	20.0	0.00	750.00	750.00	25.0
Foreign Body In Eye	1	20.0	268.18	481.82	750.00	25.0
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 436.18**	**$ 2,563.82**	**$ 3,000.00**	
****BODY PART**						
Eye(s)	1					
Lower Arm	1					
Lower Leg	1					
Wrist	1					
Elbow	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Burn	1
Contusion	1
Foreign Body	1
Sprain	1
Laceration	1
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-alb Ald Lib-aquisitions (6)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
28-30	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-asd Astronomy Dept (29)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	130.00	620.00	750.00	100.0
	1		**$ 130.00**	**$ 620.00**	**$ 750.00**	
LENGTH OF SERVICE						
6-8	1	100.0	130.00	620.00	750.00	100.0
	1		**$ 130.00**	**$ 620.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	130.00	620.00	750.00	100.0
	1		**$ 130.00**	**$ 620.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	130.00	620.00	750.00	100.0
	1		**$ 130.00**	**$ 620.00**	**$ 750.00**	
LOSS CAUSE						
Cabinet	1	100.0	130.00	620.00	750.00	100.0
	1		**$ 130.00**	**$ 620.00**	**$ 750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	130.00	620.00	750.00	100.0
	1		**$ 130.00**	**$ 620.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-atd Athletic Dept (33)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	5,770.50	0.00	5,770.50	88.5
2AM-3:59AM	1	50.0	109.00	641.00	750.00	11.5
	2		**$ 5,879.50**	**$ 641.00**	**$ 6,520.50**	
LENGTH OF SERVICE						
2-4	2	100.0	5,879.50	641.00	6,520.50	100.0
	2		**$ 5,879.50**	**$ 641.00**	**$ 6,520.50**	
AGE OF CLAIMANT						
30-34	1	50.0	5,770.50	0.00	5,770.50	88.5
50-54	1	50.0	109.00	641.00	750.00	11.5
	2		**$ 5,879.50**	**$ 641.00**	**$ 6,520.50**	
SEX OF CLAIMANT						
Male	2	100.0	5,879.50	641.00	6,520.50	100.0
	2		**$ 5,879.50**	**$ 641.00**	**$ 6,520.50**	
LOSS CAUSE						
Recreational equipment	1	50.0	5,770.50	0.00	5,770.50	88.5
Foreign Object	1	50.0	109.00	641.00	750.00	11.5
	2		**$ 5,879.50**	**$ 641.00**	**$ 6,520.50**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	5,770.50	0.00	5,770.50	88.5
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	109.00	641.00	750.00	11.5
	2		**$ 5,879.50**	**$ 641.00**	**$ 6,520.50**	
****BODY PART**						
Upper Arm (Inc: Clavicle and Scapula)	1					
Foot	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
Contusion	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-atm Athletics-intramurals Dept (34)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Other (Not Otherwise Classified)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Toe(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bla Blandy Experimental Farm (41)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	45.00	0.00	45.00	100.0
	1		**$ 45.00**	**$ 0.00**	**$ 45.00**	
LENGTH OF SERVICE						
0-2	1	100.0	45.00	0.00	45.00	100.0
	1		**$ 45.00**	**$ 0.00**	**$ 45.00**	
AGE OF CLAIMANT						
25-29	1	100.0	45.00	0.00	45.00	100.0
	1		**$ 45.00**	**$ 0.00**	**$ 45.00**	
SEX OF CLAIMANT						
Female	1	100.0	45.00	0.00	45.00	100.0
	1		**$ 45.00**	**$ 0.00**	**$ 45.00**	
LOSS CAUSE						
Brush / tree / log	1	100.0	45.00	0.00	45.00	100.0
	1		**$ 45.00**	**$ 0.00**	**$ 45.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	45.00	0.00	45.00	100.0
	1		**$ 45.00**	**$ 0.00**	**$ 45.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Foreign Body	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bue Physical Plant-renovations (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	100.0	50.00	1,450.00	1,500.00	100.0
	2		**$ 50.00**	**$ 1,450.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	750.00	750.00	50.0
2-4	1	50.0	50.00	700.00	750.00	50.0
	2		**$ 50.00**	**$ 1,450.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
50-54	2	100.0	50.00	1,450.00	1,500.00	100.0
	2		**$ 50.00**	**$ 1,450.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Male	2	100.0	50.00	1,450.00	1,500.00	100.0
	2		**$ 50.00**	**$ 1,450.00**	**$ 1,500.00**	
LOSS CAUSE						
Foreign Object	1	50.0	50.00	700.00	750.00	50.0
Overhead Object	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 50.00**	**$ 1,450.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	0.00	750.00	750.00	50.0
Lifting (strain or Injury by)	1	50.0	50.00	700.00	750.00	50.0
	2		**$ 50.00**	**$ 1,450.00**	**$ 1,500.00**	
****BODY PART**						
Abdomen including Groin	1					
Eye(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Foreign Body	1	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buf Physical Plant-landscape (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	239.50	0.00	239.50	84.1
10AM-11:59AM	1	50.0	45.00	0.00	45.00	15.8
	2		**$ 284.50**	**$ 0.00**	**$ 284.50**	
LENGTH OF SERVICE						
2-4	1	50.0	239.50	0.00	239.50	84.1
22-24	1	50.0	45.00	0.00	45.00	15.8
	2		**$ 284.50**	**$ 0.00**	**$ 284.50**	
AGE OF CLAIMANT						
30-34	1	50.0	239.50	0.00	239.50	84.1
60-64	1	50.0	45.00	0.00	45.00	15.8
	2		**$ 284.50**	**$ 0.00**	**$ 284.50**	
SEX OF CLAIMANT						
Female	1	50.0	239.50	0.00	239.50	84.1
Male	1	50.0	45.00	0.00	45.00	15.8
	2		**$ 284.50**	**$ 0.00**	**$ 284.50**	
LOSS CAUSE						
Animal / bee type	1	50.0	239.50	0.00	239.50	84.1
Machine, not otherwise classified	1	50.0	45.00	0.00	45.00	15.8
	2		**$ 284.50**	**$ 0.00**	**$ 284.50**	
ACCIDENT TYPE						
Animal Or Insect	1	50.0	239.50	0.00	239.50	84.1
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	50.0	45.00	0.00	45.00	15.8
	2		**$ 284.50**	**$ 0.00**	**$ 284.50**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
Laceration	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bug Physical Plant-univ Maint (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	627.95	122.05	750.00	100.0
	1		**$ 627.95**	**$ 122.05**	**$ 750.00**	
LENGTH OF SERVICE						
8-10	1	100.0	627.95	122.05	750.00	100.0
	1		**$ 627.95**	**$ 122.05**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	627.95	122.05	750.00	100.0
	1		**$ 627.95**	**$ 122.05**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	627.95	122.05	750.00	100.0
	1		**$ 627.95**	**$ 122.05**	**$ 750.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	627.95	122.05	750.00	100.0
	1		**$ 627.95**	**$ 122.05**	**$ 750.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	627.95	122.05	750.00	100.0
	1		**$ 627.95**	**$ 122.05**	**$ 750.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buh Physical Plant-med Center (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	16.6	4,902.94	7,235.00	12,137.94	81.0
12AM-1:59AM	2	33.3	872.32	499.10	1,371.42	9.1
10AM-11:59AM	2	33.3	0.00	750.00	750.00	5.0
6AM-7:59AM	1	16.6	711.88	0.00	711.88	4.7
	6		**$ 6,487.14**	**$ 8,484.10**	**$ 14,971.24**	
LENGTH OF SERVICE						
16-18	1	16.6	4,902.94	7,235.00	12,137.94	81.0
0-2	2	33.3	962.78	499.10	1,461.88	9.7
38-40	1	16.6	0.00	750.00	750.00	5.0
8-10	1	16.6	621.42	0.00	621.42	4.1
6-8	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,487.14**	**$ 8,484.10**	**$ 14,971.24**	
AGE OF CLAIMANT						
35-39	1	16.6	4,902.94	7,235.00	12,137.94	81.0
40-44	2	33.3	872.32	499.10	1,371.42	9.1
60-64	1	16.6	0.00	750.00	750.00	5.0
45-49	1	16.6	711.88	0.00	711.88	4.7
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,487.14**	**$ 8,484.10**	**$ 14,971.24**	
SEX OF CLAIMANT						
Male	5	83.3	6,487.14	8,484.10	14,971.24	100.0
Female	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,487.14**	**$ 8,484.10**	**$ 14,971.24**	
LOSS CAUSE						
Boxes / containers	1	16.6	4,902.94	7,235.00	12,137.94	81.0
Foreign Object	1	16.6	250.90	499.10	750.00	5.0
Pike pole 10’	1	16.6	0.00	750.00	750.00	5.0
N/A	1	16.6	711.88	0.00	711.88	4.7
Machine, not otherwise classified	1	16.6	621.42	0.00	621.42	4.1
Dust	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,487.14**	**$ 8,484.10**	**$ 14,971.24**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	16.6	4,902.94	7,235.00	12,137.94	81.0
Collision with a Fixed Object	1	16.6	0.00	750.00	750.00	5.0
Lifting (strain or Injury by)	1	16.6	250.90	499.10	750.00	5.0
Other than physical cause of injury	1	16.6	711.88	0.00	711.88	4.7
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	621.42	0.00	621.42	4.1
Dust,gases,fumes,vapors	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,487.14**	**$ 8,484.10**	**$ 14,971.24**	
****BODY PART**						
Lower Arm	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Neck Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buh Physical Plant-med Center (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	1					
Thumb	1					
Lungs	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	2
Strain	3
Laceration	1
Respiratory Disorders	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	3	17.6	1,105.75	750.00	1,855.75	36.3
8AM-9:59AM	3	17.6	527.48	1,229.00	1,756.48	34.3
12AM-1:59AM	4	23.5	0.00	750.00	750.00	14.6
6AM-7:59AM	2	11.7	0.00	750.00	750.00	14.6
10AM-11:59AM	2	11.7	0.00	0.00	0.00	0.0
12PM-1:59PM	1	5.8	0.00	0.00	0.00	0.0
Unknown	1	5.8	0.00	0.00	0.00	0.0
2PM-3:59PM	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,633.23**	**$ 3,479.00**	**$ 5,112.23**	
LENGTH OF SERVICE						
4-6	3	17.6	527.48	1,229.00	1,756.48	34.3
8-10	3	17.6	0.00	1,500.00	1,500.00	29.3
0-2	1	5.8	1,105.75	0.00	1,105.75	21.6
6-8	3	17.6	0.00	750.00	750.00	14.6
14-16	1	5.8	0.00	0.00	0.00	0.0
2-4	4	23.5	0.00	0.00	0.00	0.0
20-22	1	5.8	0.00	0.00	0.00	0.0
22-24	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,633.23**	**$ 3,479.00**	**$ 5,112.23**	
AGE OF CLAIMANT						
40-44	4	23.5	527.48	1,979.00	2,506.48	49.0
35-39	2	11.7	1,105.75	0.00	1,105.75	21.6
50-54	1	5.8	0.00	750.00	750.00	14.6
60-64	2	11.7	0.00	750.00	750.00	14.6
45-49	2	11.7	0.00	0.00	0.00	0.0
55-59	5	29.4	0.00	0.00	0.00	0.0
70-74	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,633.23**	**$ 3,479.00**	**$ 5,112.23**	
SEX OF CLAIMANT						
Male	7	41.1	1,105.75	1,500.00	2,605.75	50.9
Female	10	58.8	527.48	1,979.00	2,506.48	49.0
	17		**$ 1,633.23**	**$ 3,479.00**	**$ 5,112.23**	
LOSS CAUSE						
Walking surface, outside, wet	1	5.8	527.48	1,229.00	1,756.48	34.3
Foreign Object	2	11.7	1,105.75	0.00	1,105.75	21.6
Cart	3	17.6	0.00	750.00	750.00	14.6
Chemicals, not otherwise classified	1	5.8	0.00	750.00	750.00	14.6
N/A	2	11.7	0.00	750.00	750.00	14.6
Animal / insect, not otherwise classified	3	17.6	0.00	0.00	0.00	0.0
Electric Drill	1	5.8	0.00	0.00	0.00	0.0
Floor	1	5.8	0.00	0.00	0.00	0.0
Razor blade	1	5.8	0.00	0.00	0.00	0.0
Stairs, steps	1	5.8	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17		**$ 1,633.23**	**$ 3,479.00**	**$ 5,112.23**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	3	17.6	1,105.75	750.00	1,855.75	36.3
Fall or Slip (On Same Level)	3	17.6	527.48	1,229.00	1,756.48	34.3
Absorb, Ingest, Inhalation	1	5.8	0.00	750.00	750.00	14.6
Other (Not Otherwise Classified)	1	5.8	0.00	750.00	750.00	14.6
Animal Or Insect	3	17.6	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	5.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	5.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	5.8	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	5.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	5.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,633.23**	**$ 3,479.00**	**$ 5,112.23**	

*****BODY PART***	
Knee	2
Shoulder	2
Lower Arm	4
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Back Area (Thoracic Area)	1
Brain	1
Eye(s)	2
Facial, Other Soft Tissue	2
Finger(s)	1
Lower Leg	1
Soft Tissue - Neck	1
Thumb	1
Wrist	1
No Physical Problem	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Strain	6
Contusion	4
Burn	2
Concussion	1
Laceration	1
Puncture	5
Sprain	2
Foreign Body	1
No Physical Injury	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:54

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buk Physical Plant-cust Area 2 (51)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Elbow	1					
Hip	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bul Physical Plant-cust Area 3 (52)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	66.6	63.00	7,737.00	7,800.00	100.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 63.00**	**$ 7,737.00**	**$ 7,800.00**	
LENGTH OF SERVICE						
0-2	2	66.6	63.00	6,987.00	7,050.00	90.3
6-8	1	33.3	0.00	750.00	750.00	9.6
	3		**$ 63.00**	**$ 7,737.00**	**$ 7,800.00**	
AGE OF CLAIMANT						
65-69	1	33.3	63.00	6,987.00	7,050.00	90.3
50-54	1	33.3	0.00	750.00	750.00	9.6
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 63.00**	**$ 7,737.00**	**$ 7,800.00**	
SEX OF CLAIMANT						
Female	2	66.6	63.00	6,987.00	7,050.00	90.3
Male	1	33.3	0.00	750.00	750.00	9.6
	3		**$ 63.00**	**$ 7,737.00**	**$ 7,800.00**	
LOSS CAUSE						
Uneven Surface	1	33.3	63.00	6,987.00	7,050.00	90.3
Walking surface, outside, dry	1	33.3	0.00	750.00	750.00	9.6
Door	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 63.00**	**$ 7,737.00**	**$ 7,800.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	2	66.6	63.00	7,737.00	7,800.00	100.0
Collision with a Fixed Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 63.00**	**$ 7,737.00**	**$ 7,800.00**	
****BODY PART**						
Knee	1					
Lower Leg	1					
Foot	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	3
Sprain	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bum Physical Plant-cust Area 4 (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	1,315.12	506.45	1,821.57	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,315.12**	**$ 506.45**	**$ 1,821.57**	
LENGTH OF SERVICE						
0-2	1	25.0	1,071.57	0.00	1,071.57	58.8
4-6	2	50.0	243.55	506.45	750.00	41.1
32-34	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,315.12**	**$ 506.45**	**$ 1,821.57**	
AGE OF CLAIMANT						
40-44	1	25.0	1,071.57	0.00	1,071.57	58.8
50-54	2	50.0	243.55	506.45	750.00	41.1
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,315.12**	**$ 506.45**	**$ 1,821.57**	
SEX OF CLAIMANT						
Female	3	75.0	1,315.12	506.45	1,821.57	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,315.12**	**$ 506.45**	**$ 1,821.57**	
LOSS CAUSE						
Boxes / containers	1	25.0	1,071.57	0.00	1,071.57	58.8
Trash receptacle	1	25.0	243.55	506.45	750.00	41.1
Door	1	25.0	0.00	0.00	0.00	0.0
Foreign Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,315.12**	**$ 506.45**	**$ 1,821.57**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	1,071.57	0.00	1,071.57	58.8
Collision with a Fixed Object	1	25.0	243.55	506.45	750.00	41.1
Object Handled (caught in or between)	1	25.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,315.12**	**$ 506.45**	**$ 1,821.57**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	2					
Thumb	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	1
Contusion	2
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bum Physical Plant-cust Area 4 (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bun Physical Plant-cust Area 5 (54)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Ladder, 8' step	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Sprain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-buo Facilities Mgt-blue Ridge Ho (55)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	363.00	0.00	363.00	100.0
	1		**$ 363.00**	**$ 0.00**	**$ 363.00**	
LENGTH OF SERVICE						
2-4	1	100.0	363.00	0.00	363.00	100.0
	1		**$ 363.00**	**$ 0.00**	**$ 363.00**	
AGE OF CLAIMANT						
35-39	1	100.0	363.00	0.00	363.00	100.0
	1		**$ 363.00**	**$ 0.00**	**$ 363.00**	
SEX OF CLAIMANT						
Male	1	100.0	363.00	0.00	363.00	100.0
	1		**$ 363.00**	**$ 0.00**	**$ 363.00**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	363.00	0.00	363.00	100.0
	1		**$ 363.00**	**$ 0.00**	**$ 363.00**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	363.00	0.00	363.00	100.0
	1		**$ 363.00**	**$ 0.00**	**$ 363.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bup Utilities Services Dept (56)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	397.00	0.00	397.00	65.9
8AM-9:59AM	1	33.3	205.00	0.00	205.00	34.0
	3		**$ 602.00**	**$ 0.00**	**$ 602.00**	
LENGTH OF SERVICE						
2-4	2	66.6	365.00	0.00	365.00	60.6
0-2	1	33.3	237.00	0.00	237.00	39.3
	3		**$ 602.00**	**$ 0.00**	**$ 602.00**	
AGE OF CLAIMANT						
40-44	1	33.3	237.00	0.00	237.00	39.3
15-19	1	33.3	205.00	0.00	205.00	34.0
20-24	1	33.3	160.00	0.00	160.00	26.5
	3		**$ 602.00**	**$ 0.00**	**$ 602.00**	
SEX OF CLAIMANT						
Male	2	66.6	442.00	0.00	442.00	73.4
Female	1	33.3	160.00	0.00	160.00	26.5
	3		**$ 602.00**	**$ 0.00**	**$ 602.00**	
LOSS CAUSE						
Grinder	1	33.3	237.00	0.00	237.00	39.3
Glass bottle / sheet	1	33.3	205.00	0.00	205.00	34.0
Trash receptacle	1	33.3	160.00	0.00	160.00	26.5
	3		**$ 602.00**	**$ 0.00**	**$ 602.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	33.3	237.00	0.00	237.00	39.3
Cut,puncture,scrape, injured by (Broken Glass)	1	33.3	205.00	0.00	205.00	34.0
Struck/Injured by Falling or Flying Object	1	33.3	160.00	0.00	160.00	26.5
	3		**$ 602.00**	**$ 0.00**	**$ 602.00**	
****BODY PART**						
Eye(s)	1					
Lower Arm	1					
Finger(s)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	2
Foreign Body	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-bur Bureau Of Educational Research (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LENGTH OF SERVICE						
20-22	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
AGE OF CLAIMANT						
45-49	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
SEX OF CLAIMANT						
Male	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LOSS CAUSE						
Steam / exhaust	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
ACCIDENT TYPE						
Contact With Hot Object or Substances	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Burn	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-clc Clinch Valley-classified Staff (73)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chair	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Elbow	1					
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	3	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-cpa Information Technology& Com (81)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Buttocks	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:55

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-cpc Information Technology & Com (82)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	227.00	0.00	227.00	100.0
	1		**$ 227.00**	**$ 0.00**	**$ 227.00**	
LENGTH OF SERVICE						
0-2	1	100.0	227.00	0.00	227.00	100.0
	1		**$ 227.00**	**$ 0.00**	**$ 227.00**	
AGE OF CLAIMANT						
30-34	1	100.0	227.00	0.00	227.00	100.0
	1		**$ 227.00**	**$ 0.00**	**$ 227.00**	
SEX OF CLAIMANT						
Male	1	100.0	227.00	0.00	227.00	100.0
	1		**$ 227.00**	**$ 0.00**	**$ 227.00**	
LOSS CAUSE						
Door	1	100.0	227.00	0.00	227.00	100.0
	1		**$ 227.00**	**$ 0.00**	**$ 227.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	227.00	0.00	227.00	100.0
	1		**$ 227.00**	**$ 0.00**	**$ 227.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-ctc Cont & Prof Studies-conf & Ins (86)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	628.76	3,371.24	4,000.00	100.0
	1		**$ 628.76**	**$ 3,371.24**	**$ 4,000.00**	
LENGTH OF SERVICE						
24-26	1	100.0	628.76	3,371.24	4,000.00	100.0
	1		**$ 628.76**	**$ 3,371.24**	**$ 4,000.00**	
AGE OF CLAIMANT						
40-44	1	100.0	628.76	3,371.24	4,000.00	100.0
	1		**$ 628.76**	**$ 3,371.24**	**$ 4,000.00**	
SEX OF CLAIMANT						
Male	1	100.0	628.76	3,371.24	4,000.00	100.0
	1		**$ 628.76**	**$ 3,371.24**	**$ 4,000.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	628.76	3,371.24	4,000.00	100.0
	1		**$ 628.76**	**$ 3,371.24**	**$ 4,000.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	628.76	3,371.24	4,000.00	100.0
	1		**$ 628.76**	**$ 3,371.24**	**$ 4,000.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-dev Development Office (107)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	472.00	21,278.00	21,750.00	91.6
Unknown	1	20.0	1,240.23	0.00	1,240.23	5.2
8AM-9:59AM	2	40.0	0.00	750.00	750.00	3.1
	5		**$ 1,712.23**	**$ 22,028.00**	**$ 23,740.23**	
LENGTH OF SERVICE						
6-8	1	20.0	472.00	21,278.00	21,750.00	91.6
2-4	2	40.0	1,240.23	0.00	1,240.23	5.2
26-28	1	20.0	0.00	750.00	750.00	3.1
0-2	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,712.23**	**$ 22,028.00**	**$ 23,740.23**	
AGE OF CLAIMANT						
60-64	3	60.0	472.00	21,278.00	21,750.00	91.6
40-44	1	20.0	1,240.23	0.00	1,240.23	5.2
55-59	1	20.0	0.00	750.00	750.00	3.1
	5		**$ 1,712.23**	**$ 22,028.00**	**$ 23,740.23**	
SEX OF CLAIMANT						
Female	4	80.0	472.00	22,028.00	22,500.00	94.7
Male	1	20.0	1,240.23	0.00	1,240.23	5.2
	5		**$ 1,712.23**	**$ 22,028.00**	**$ 23,740.23**	
LOSS CAUSE						
Foreign Object	1	20.0	472.00	21,278.00	21,750.00	91.6
Walking surface, inside, wet	1	20.0	1,240.23	0.00	1,240.23	5.2
Stairs	1	20.0	0.00	750.00	750.00	3.1
Floor	1	20.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,712.23**	**$ 22,028.00**	**$ 23,740.23**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	60.0	472.00	21,278.00	21,750.00	91.6
Fall or Slip (From Liquid/Grease spills)	1	20.0	1,240.23	0.00	1,240.23	5.2
Fall or slip (on stairs)	1	20.0	0.00	750.00	750.00	3.1
	5		**$ 1,712.23**	**$ 22,028.00**	**$ 23,740.23**	
****BODY PART**						
Wrist(s) & Hand(s)	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Foot	1					
Finger(s)	2					
Knee	2					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-dev Development Office (107)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
Strain	4					
Fracture	1					
Contusion	2					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-dms Financial Analysis & Plant Acc (109)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
22-24	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Computer Work Station	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Carpal Tunnel Syndrome	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-dra Drama Dept (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	133.40	616.60	750.00	100.0
	1		**$ 133.40**	**$ 616.60**	**$ 750.00**	
LENGTH OF SERVICE						
6-8	1	100.0	133.40	616.60	750.00	100.0
	1		**$ 133.40**	**$ 616.60**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	133.40	616.60	750.00	100.0
	1		**$ 133.40**	**$ 616.60**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	133.40	616.60	750.00	100.0
	1		**$ 133.40**	**$ 616.60**	**$ 750.00**	
LOSS CAUSE						
Beam	1	100.0	133.40	616.60	750.00	100.0
	1		**$ 133.40**	**$ 616.60**	**$ 750.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	133.40	616.60	750.00	100.0
	1		**$ 133.40**	**$ 616.60**	**$ 750.00**	
****BODY PART**						
Multiple Head Injury	1					
Multiple Neck Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Concussion	1	
Sprain	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-edf Education-educ Ldrship Fndtn (115)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	50.0	0.00	750.00	750.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
22-24	1	50.0	0.00	750.00	750.00	100.0
32-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
65-69	1	50.0	0.00	750.00	750.00	100.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Floor	1	50.0	0.00	750.00	750.00	100.0
Walking surface, inside, wet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	0.00	750.00	750.00	100.0
Fall or Slip (From Liquid/Grease spills)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hip	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Sprain	1
Dislocation	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-edj Education-inst Of Clinical Psych (118)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LENGTH OF SERVICE						
0-2	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
AGE OF CLAIMANT						
15-19	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
SEX OF CLAIMANT						
Female	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LOSS CAUSE						
Door	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
****BODY PART**						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-ehs Environmental Health & Safety (122)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LENGTH OF SERVICE						
26-28	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
AGE OF CLAIMANT						
45-49	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
SEX OF CLAIMANT						
Female	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LOSS CAUSE						
Stone / rock / brick	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
****BODY PART**						
Foot	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-end Engineering-computer Science (125)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	23.50	9,188.30	9,211.80	100.0
	1		**$ 23.50**	**$ 9,188.30**	**$ 9,211.80**	
LENGTH OF SERVICE						
4-6	1	100.0	23.50	9,188.30	9,211.80	100.0
	1		**$ 23.50**	**$ 9,188.30**	**$ 9,211.80**	
AGE OF CLAIMANT						
40-44	1	100.0	23.50	9,188.30	9,211.80	100.0
	1		**$ 23.50**	**$ 9,188.30**	**$ 9,211.80**	
SEX OF CLAIMANT						
Female	1	100.0	23.50	9,188.30	9,211.80	100.0
	1		**$ 23.50**	**$ 9,188.30**	**$ 9,211.80**	
LOSS CAUSE						
Boxes / containers	1	100.0	23.50	9,188.30	9,211.80	100.0
	1		**$ 23.50**	**$ 9,188.30**	**$ 9,211.80**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	23.50	9,188.30	9,211.80	100.0
	1		**$ 23.50**	**$ 9,188.30**	**$ 9,211.80**	
****BODY PART**						
Abdomen including Groin	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-ern Engineering-mechanical Dept (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	466.00	0.00	466.00	100.0
	1		**$ 466.00**	**$ 0.00**	**$ 466.00**	
LENGTH OF SERVICE						
0-2	1	100.0	466.00	0.00	466.00	100.0
	1		**$ 466.00**	**$ 0.00**	**$ 466.00**	
AGE OF CLAIMANT						
20-24	1	100.0	466.00	0.00	466.00	100.0
	1		**$ 466.00**	**$ 0.00**	**$ 466.00**	
SEX OF CLAIMANT						
Male	1	100.0	466.00	0.00	466.00	100.0
	1		**$ 466.00**	**$ 0.00**	**$ 466.00**	
LOSS CAUSE						
Metal items	1	100.0	466.00	0.00	466.00	100.0
	1		**$ 466.00**	**$ 0.00**	**$ 466.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	466.00	0.00	466.00	100.0
	1		**$ 466.00**	**$ 0.00**	**$ 466.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-fos Dining Services-administration (169)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Door	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-hea Medicine-health Sciences-vp (185)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
****BODY PART**						
Hand	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	33.3	3,180.15	0.00	3,180.15	54.8
8AM-9:59AM	3	50.0	1,117.04	1,500.00	2,617.04	45.1
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,297.19**	**$ 1,500.00**	**$ 5,797.19**	
LENGTH OF SERVICE						
2-4	3	50.0	3,779.34	1,500.00	5,279.34	91.0
12-14	1	16.6	284.85	0.00	284.85	4.9
0-2	1	16.6	233.00	0.00	233.00	4.0
10-12	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,297.19**	**$ 1,500.00**	**$ 5,797.19**	
AGE OF CLAIMANT						
45-49	2	33.3	2,895.30	0.00	2,895.30	49.9
40-44	2	33.3	1,117.04	1,500.00	2,617.04	45.1
55-59	1	16.6	284.85	0.00	284.85	4.9
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,297.19**	**$ 1,500.00**	**$ 5,797.19**	
SEX OF CLAIMANT						
Female	5	83.3	4,297.19	1,500.00	5,797.19	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,297.19**	**$ 1,500.00**	**$ 5,797.19**	
LOSS CAUSE						
Door	1	16.6	2,895.30	0.00	2,895.30	49.9
Stairs	1	16.6	884.04	1,500.00	2,384.04	41.1
Boxes / containers	1	16.6	284.85	0.00	284.85	4.9
Walking surface, outside, wet	1	16.6	233.00	0.00	233.00	4.0
Hand tool, powered, NOC	1	16.6	0.00	0.00	0.00	0.0
Uneven Surface	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,297.19**	**$ 1,500.00**	**$ 5,797.19**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	16.6	2,895.30	0.00	2,895.30	49.9
Fall or slip (on stairs)	1	16.6	884.04	1,500.00	2,384.04	41.1
Lifting (strain or Injury by)	1	16.6	284.85	0.00	284.85	4.9
Fall or Slip (From Liquid/Grease spills)	1	16.6	233.00	0.00	233.00	4.0
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,297.19**	**$ 1,500.00**	**$ 5,797.19**	
****BODY PART**						
Lower Arm	1					
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	1					
Ankle	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	3
Fracture	1
Sprain	2
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-itw ltc-wilson Hall (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	750.00	750.00	50.0
6AM-7:59AM	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	750.00	750.00	50.0
4-6	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
40-44	2	100.0	0.00	1,500.00	1,500.00	100.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	1,500.00	1,500.00	100.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LOSS CAUSE						
Floor	1	50.0	0.00	750.00	750.00	50.0
Foreign Object	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	0.00	750.00	750.00	50.0
Twisting, strain or injury by	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
****BODY PART**						
Knee	2					
Shoulder	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
Sprain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:56

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mec Medicine-anesthesiology Dept (221)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	100.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	750.00	750.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	750.00	750.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	0.00	750.00	750.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	0.00	750.00	750.00	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Shoulder	1					
Wrist	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mha Medicine-deans Office (223)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	225.00	525.00	750.00	100.0
	1		**$ 225.00**	**$ 525.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	225.00	525.00	750.00	100.0
	1		**$ 225.00**	**$ 525.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	225.00	525.00	750.00	100.0
	1		**$ 225.00**	**$ 525.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	225.00	525.00	750.00	100.0
	1		**$ 225.00**	**$ 525.00**	**$ 750.00**	
LOSS CAUSE						
Razor blade	1	100.0	225.00	525.00	750.00	100.0
	1		**$ 225.00**	**$ 525.00**	**$ 750.00**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	225.00	525.00	750.00	100.0
	1		**$ 225.00**	**$ 525.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mhb Medicine-dentistry (224)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
26-28	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Human Bite	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mhr Medicine-neurology Dept (230)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	60.00	0.00	60.00	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
4PM-5:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 60.00**	**$ 0.00**	**$ 60.00**	
LENGTH OF SERVICE						
0-2	3	100.0	60.00	0.00	60.00	100.0
	3		**$ 60.00**	**$ 0.00**	**$ 60.00**	
AGE OF CLAIMANT						
30-34	3	100.0	60.00	0.00	60.00	100.0
	3		**$ 60.00**	**$ 0.00**	**$ 60.00**	
SEX OF CLAIMANT						
Female	3	100.0	60.00	0.00	60.00	100.0
	3		**$ 60.00**	**$ 0.00**	**$ 60.00**	
LOSS CAUSE						
Needle stick	2	66.6	60.00	0.00	60.00	100.0
Person	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 60.00**	**$ 0.00**	**$ 60.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	66.6	60.00	0.00	60.00	100.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 60.00**	**$ 0.00**	**$ 60.00**	
****BODY PART**						
Hand	2					
Whole Body	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	2	
No Physical Injury	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mhs Medicine-neurosurgery Dept (231)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	50.0	0.00	750.00	750.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	50.0	0.00	750.00	750.00	100.0
20-24	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs	1	50.0	0.00	750.00	750.00	100.0
Chair	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	0.00	750.00	750.00	100.0
Fall or Slip (From Different Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Ankle	1					
Multiple Head Injury	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Sprain	1	
Concussion	1	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mmb Medicine-cardiovascular Med (234)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LENGTH OF SERVICE						
2-4	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
AGE OF CLAIMANT						
30-34	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
SEX OF CLAIMANT						
Female	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	103.00	0.00	103.00	100.0
	1		**$ 103.00**	**$ 0.00**	**$ 103.00**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mmg Medicine-general Medicine (238)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mml Medicine-nephrology (241)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Upper Arm (Inc: Clavicle and Scapula)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-moa Medicine-opthalmology Dept (242)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	66.6	495.00	1,005.00	1,500.00	100.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 495.00**	**$ 1,005.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
12-14	1	33.3	312.00	438.00	750.00	50.0
6-8	2	66.6	183.00	567.00	750.00	50.0
	3		**$ 495.00**	**$ 1,005.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
45-49	2	66.6	183.00	567.00	750.00	50.0
60-64	1	33.3	312.00	438.00	750.00	50.0
	3		**$ 495.00**	**$ 1,005.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	1	33.3	312.00	438.00	750.00	50.0
Male	2	66.6	183.00	567.00	750.00	50.0
	3		**$ 495.00**	**$ 1,005.00**	**$ 1,500.00**	
LOSS CAUSE						
Foreign Object	1	33.3	183.00	567.00	750.00	50.0
Walking surface, inside, dry	1	33.3	312.00	438.00	750.00	50.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 495.00**	**$ 1,005.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	66.6	183.00	567.00	750.00	50.0
Fall or Slip (On Same Level)	1	33.3	312.00	438.00	750.00	50.0
	3		**$ 495.00**	**$ 1,005.00**	**$ 1,500.00**	

****BODY PART**	
Finger(s)	1
Mouth	1
Nose	1
Wrist	1
Thumb	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	3
Puncture	2
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-moc Medicine-ortho Phys Admin Office

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Thumb	1					
Wrist(s) & Hand(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-moe Medicine-otolaryncology Dept (244)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	750.00	750.00	100.0
18-20	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Foreign Object	1	50.0	0.00	750.00	750.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	750.00	750.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mof Medicine-general Orthopedics (245)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
24-26	1	50.0	0.00	0.00	0.00	0.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	50.0	0.00	0.00	0.00	0.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Fiberglass	1	50.0	0.00	0.00	0.00	0.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Infection	1
Laceration	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mol Medicine-clinical Pathology (246)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	3,907.37	1,000.00	4,907.37	83.0
6AM-7:59AM	1	50.0	170.96	829.04	1,000.00	16.9
	2		**$ 4,078.33**	**$ 1,829.04**	**$ 5,907.37**	
LENGTH OF SERVICE						
12-14	1	50.0	3,907.37	1,000.00	4,907.37	83.0
0-2	1	50.0	170.96	829.04	1,000.00	16.9
	2		**$ 4,078.33**	**$ 1,829.04**	**$ 5,907.37**	
AGE OF CLAIMANT						
45-49	1	50.0	3,907.37	1,000.00	4,907.37	83.0
30-34	1	50.0	170.96	829.04	1,000.00	16.9
	2		**$ 4,078.33**	**$ 1,829.04**	**$ 5,907.37**	
SEX OF CLAIMANT						
Female	1	50.0	3,907.37	1,000.00	4,907.37	83.0
Male	1	50.0	170.96	829.04	1,000.00	16.9
	2		**$ 4,078.33**	**$ 1,829.04**	**$ 5,907.37**	
LOSS CAUSE						
Walking surface, inside, wet	1	50.0	3,907.37	1,000.00	4,907.37	83.0
Stairs, steps	1	50.0	170.96	829.04	1,000.00	16.9
	2		**$ 4,078.33**	**$ 1,829.04**	**$ 5,907.37**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	50.0	3,907.37	1,000.00	4,907.37	83.0
Fall or slip (on stairs)	1	50.0	170.96	829.04	1,000.00	16.9
	2		**$ 4,078.33**	**$ 1,829.04**	**$ 5,907.37**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Multiple Upper Extremities	1					
Wrist	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Fracture	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mov Medicine-plastic Surgery Dept (249)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
8-10	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	0.00	0.00	0.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Needle stick	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mow Medicine-prosth & Ortho Div (250)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mps Medicine-surgery Dept (253)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	0.00	750.00	750.00	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	2	66.6	0.00	750.00	750.00	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	33.3	0.00	750.00	750.00	100.0
30-34	1	33.3	0.00	0.00	0.00	0.0
65-69	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	33.3	0.00	750.00	750.00	100.0
Male	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	0.00	750.00	750.00	100.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	0.00	750.00	750.00	100.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Eye(s)	1					
Finger(s)	2					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	1
Multiple Physical Injuries Only	1
Puncture	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-mpu Medicine-urology (254)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	168.00	582.00	750.00	100.0
	1		**$ 168.00**	**$ 582.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	168.00	582.00	750.00	100.0
	1		**$ 168.00**	**$ 582.00**	**$ 750.00**	
AGE OF CLAIMANT						
65-69	1	100.0	168.00	582.00	750.00	100.0
	1		**$ 168.00**	**$ 582.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	168.00	582.00	750.00	100.0
	1		**$ 168.00**	**$ 582.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	168.00	582.00	750.00	100.0
	1		**$ 168.00**	**$ 582.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	168.00	582.00	750.00	100.0
	1		**$ 168.00**	**$ 582.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-nec Newcomb Hall-bookstore (261)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
65-69	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Dislocation	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-ons Ofc Of Orientation & New Student

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	480.75	0.00	480.75	100.0
	1		**$ 480.75**	**$ 0.00**	**$ 480.75**	
LENGTH OF SERVICE						
0-2	1	100.0	480.75	0.00	480.75	100.0
	1		**$ 480.75**	**$ 0.00**	**$ 480.75**	
AGE OF CLAIMANT						
20-24	1	100.0	480.75	0.00	480.75	100.0
	1		**$ 480.75**	**$ 0.00**	**$ 480.75**	
SEX OF CLAIMANT						
Female	1	100.0	480.75	0.00	480.75	100.0
	1		**$ 480.75**	**$ 0.00**	**$ 480.75**	
LOSS CAUSE						
Person	1	100.0	480.75	0.00	480.75	100.0
	1		**$ 480.75**	**$ 0.00**	**$ 480.75**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	480.75	0.00	480.75	100.0
	1		**$ 480.75**	**$ 0.00**	**$ 480.75**	
****BODY PART**						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Fracture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-paa Parking & Transportation-admin (269)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	1,116.50	7,633.50	8,750.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,116.50**	**$ 7,633.50**	**$ 8,750.00**	
LENGTH OF SERVICE						
18-20	1	50.0	1,116.50	7,633.50	8,750.00	100.0
10-12	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,116.50**	**$ 7,633.50**	**$ 8,750.00**	
AGE OF CLAIMANT						
40-44	2	100.0	1,116.50	7,633.50	8,750.00	100.0
	2		**$ 1,116.50**	**$ 7,633.50**	**$ 8,750.00**	
SEX OF CLAIMANT						
Male	1	50.0	1,116.50	7,633.50	8,750.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,116.50**	**$ 7,633.50**	**$ 8,750.00**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	1,116.50	7,633.50	8,750.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,116.50**	**$ 7,633.50**	**$ 8,750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	1,116.50	7,633.50	8,750.00	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,116.50**	**$ 7,633.50**	**$ 8,750.00**	
****BODY PART**						
Finger(s)	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
Contusion	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	50.0	4,416.80	647.00	5,063.80	45.3
6PM-7:59PM	1	10.0	662.00	2,088.00	2,750.00	24.6
8AM-9:59AM	1	10.0	2,432.99	0.00	2,432.99	21.8
4AM-5:59AM	1	10.0	382.26	0.00	382.26	3.4
Unknown	1	10.0	273.00	0.00	273.00	2.4
2PM-3:59PM	1	10.0	261.00	0.00	261.00	2.3
	10		**$ 8,428.05**	**$ 2,735.00**	**$ 11,163.05**	
LENGTH OF SERVICE						
2-4	3	30.0	3,367.99	2,088.00	5,455.99	48.8
0-2	3	30.0	4,210.80	0.00	4,210.80	37.7
12-14	1	10.0	103.00	647.00	750.00	6.7
10-12	1	10.0	382.26	0.00	382.26	3.4
16-18	1	10.0	261.00	0.00	261.00	2.3
8-10	1	10.0	103.00	0.00	103.00	0.9
	10		**$ 8,428.05**	**$ 2,735.00**	**$ 11,163.05**	
AGE OF CLAIMANT						
50-54	2	20.0	5,827.69	0.00	5,827.69	52.2
45-49	2	20.0	923.00	2,088.00	3,011.00	26.9
60-64	2	20.0	206.00	647.00	853.00	7.6
25-29	1	10.0	466.00	0.00	466.00	4.1
35-39	1	10.0	382.26	0.00	382.26	3.4
20-24	1	10.0	350.10	0.00	350.10	3.1
30-34	1	10.0	273.00	0.00	273.00	2.4
	10		**$ 8,428.05**	**$ 2,735.00**	**$ 11,163.05**	
SEX OF CLAIMANT						
Male	8	80.0	5,892.06	2,088.00	7,980.06	71.4
Female	2	20.0	2,535.99	647.00	3,182.99	28.5
	10		**$ 8,428.05**	**$ 2,735.00**	**$ 11,163.05**	
LOSS CAUSE						
Patient / Inmate	2	20.0	3,655.70	0.00	3,655.70	32.7
Walking surface, outside, dry	1	10.0	662.00	2,088.00	2,750.00	24.6
Walking surface, inside, wet	1	10.0	2,432.99	0.00	2,432.99	21.8
Chair	2	20.0	376.00	647.00	1,023.00	9.1
Vehicle, not otherwise classified	1	10.0	466.00	0.00	466.00	4.1
N/A	1	10.0	382.26	0.00	382.26	3.4
Person	1	10.0	350.10	0.00	350.10	3.1
Foreign Object	1	10.0	103.00	0.00	103.00	0.9
	10		**$ 8,428.05**	**$ 2,735.00**	**$ 11,163.05**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	10.0	3,394.70	0.00	3,394.70	30.4
Slipped, Did Not Fall	1	10.0	662.00	2,088.00	2,750.00	24.6
Fall or Slip (On Same Level)	2	20.0	2,693.99	0.00	2,693.99	24.1
Fall or Slip (From Different Level)	2	20.0	569.00	647.00	1,216.00	10.8
Other than physical cause of injury	1	10.0	382.26	0.00	382.26	3.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contact with Cold Objects or Substances	1	10.0	350.10	0.00	350.10	3.1
Struck/Injured by Falling or Flying Object	1	10.0	273.00	0.00	273.00	2.4
Struck/Injured by Object Handled By Other	1	10.0	103.00	0.00	103.00	0.9
	10		**$ 8,428.05**	**$ 2,735.00**	**$ 11,163.05**	

**BODY PART

Multiple Neck Injury	2
Ankle	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Buttocks	1
Elbow	1
Knee	2
Hand	1
Lower Arm	1
Wrist	1
Insufficient Information	1
Upper Leg	1
Shoulder	1
Soft Tissue - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	10
Contusion	7
Foreign Body	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-pro Provost-vice-president (284)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	205.00	0.00	205.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 205.00**	**$ 0.00**	**$ 205.00**	
LENGTH OF SERVICE						
2-4	1	50.0	205.00	0.00	205.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 205.00**	**$ 0.00**	**$ 205.00**	
AGE OF CLAIMANT						
30-34	1	50.0	205.00	0.00	205.00	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 205.00**	**$ 0.00**	**$ 205.00**	
SEX OF CLAIMANT						
Male	1	50.0	205.00	0.00	205.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 205.00**	**$ 0.00**	**$ 205.00**	
LOSS CAUSE						
Glass bottle / sheet	2	100.0	205.00	0.00	205.00	100.0
	2		**$ 205.00**	**$ 0.00**	**$ 205.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	205.00	0.00	205.00	100.0
Cut,puncture,scrape, injured by (Broken Glass)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 205.00**	**$ 0.00**	**$ 205.00**	
****BODY PART**						
Thumb	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-psy Psychology Dept (286)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	833.00	0.00	833.00	100.0
	1		**$ 833.00**	**$ 0.00**	**$ 833.00**	
LENGTH OF SERVICE						
0-2	1	100.0	833.00	0.00	833.00	100.0
	1		**$ 833.00**	**$ 0.00**	**$ 833.00**	
AGE OF CLAIMANT						
20-24	1	100.0	833.00	0.00	833.00	100.0
	1		**$ 833.00**	**$ 0.00**	**$ 833.00**	
SEX OF CLAIMANT						
Female	1	100.0	833.00	0.00	833.00	100.0
	1		**$ 833.00**	**$ 0.00**	**$ 833.00**	
LOSS CAUSE						
Knife, NOC	1	100.0	833.00	0.00	833.00	100.0
	1		**$ 833.00**	**$ 0.00**	**$ 833.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	833.00	0.00	833.00	100.0
	1		**$ 833.00**	**$ 0.00**	**$ 833.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-spr Sponsored Programs Office (307)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
****BODY PART**						
Elbow	1					
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Unknown	1
Contusion	1
	1

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-sth Student Health (310)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	864.00	0.00	864.00	100.0
	1		**$ 864.00**	**$ 0.00**	**$ 864.00**	
LENGTH OF SERVICE						
0-2	1	100.0	864.00	0.00	864.00	100.0
	1		**$ 864.00**	**$ 0.00**	**$ 864.00**	
AGE OF CLAIMANT						
45-49	1	100.0	864.00	0.00	864.00	100.0
	1		**$ 864.00**	**$ 0.00**	**$ 864.00**	
SEX OF CLAIMANT						
Female	1	100.0	864.00	0.00	864.00	100.0
	1		**$ 864.00**	**$ 0.00**	**$ 864.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	864.00	0.00	864.00	100.0
	1		**$ 864.00**	**$ 0.00**	**$ 864.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	864.00	0.00	864.00	100.0
	1		**$ 864.00**	**$ 0.00**	**$ 864.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:57

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-tfm Temp Svc-facilities Mgt (312)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	1,203.00	0.00	1,203.00	100.0
	1		**$ 1,203.00**	**$ 0.00**	**$ 1,203.00**	
LENGTH OF SERVICE						
0-2	1	100.0	1,203.00	0.00	1,203.00	100.0
	1		**$ 1,203.00**	**$ 0.00**	**$ 1,203.00**	
AGE OF CLAIMANT						
20-24	1	100.0	1,203.00	0.00	1,203.00	100.0
	1		**$ 1,203.00**	**$ 0.00**	**$ 1,203.00**	
SEX OF CLAIMANT						
Male	1	100.0	1,203.00	0.00	1,203.00	100.0
	1		**$ 1,203.00**	**$ 0.00**	**$ 1,203.00**	
LOSS CAUSE						
Electricity	1	100.0	1,203.00	0.00	1,203.00	100.0
	1		**$ 1,203.00**	**$ 0.00**	**$ 1,203.00**	
ACCIDENT TYPE						
Contact with Electric Current	1	100.0	1,203.00	0.00	1,203.00	100.0
	1		**$ 1,203.00**	**$ 0.00**	**$ 1,203.00**	
****BODY PART**						
Whole Body	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Electric Shock	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-thr Temp Svc-human Resources (313)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
15-19	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Uva-woc Womens Center (327)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		***$ 0.00***	***$ 2,000.00***	***$ 2,000.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		***$ 0.00***	***$ 2,000.00***	***$ 2,000.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		***$ 0.00***	***$ 2,000.00***	***$ 2,000.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		***$ 0.00***	***$ 2,000.00***	***$ 2,000.00***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		***$ 0.00***	***$ 2,000.00***	***$ 2,000.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		***$ 0.00***	***$ 2,000.00***	***$ 2,000.00***	
*****BODY PART***						
Hand	1					
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Mea-medicine-cell Biology (333)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LENGTH OF SERVICE						
0-2	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
AGE OF CLAIMANT						
50-54	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
SEX OF CLAIMANT						
Male	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LOSS CAUSE						
Overhead Object	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
*****BODY PART***						
Multiple Head Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Mpv-animal Resource Facility (337)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	42.8	81.50	3,668.50	3,750.00	87.0
2AM-3:59AM	1	14.2	457.00	0.00	457.00	10.6
12PM-1:59PM	2	28.5	103.00	0.00	103.00	2.3
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 641.50**	**$ 3,668.50**	**$ 4,310.00**	
LENGTH OF SERVICE						
6-8	1	14.2	12.50	2,987.50	3,000.00	69.6
0-2	4	57.1	526.00	681.00	1,207.00	28.0
4-6	1	14.2	103.00	0.00	103.00	2.3
28-30	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 641.50**	**$ 3,668.50**	**$ 4,310.00**	
AGE OF CLAIMANT						
30-34	1	14.2	12.50	2,987.50	3,000.00	69.6
50-54	2	28.5	69.00	681.00	750.00	17.4
55-59	2	28.5	457.00	0.00	457.00	10.6
25-29	1	14.2	103.00	0.00	103.00	2.3
15-19	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 641.50**	**$ 3,668.50**	**$ 4,310.00**	
SEX OF CLAIMANT						
Female	6	85.7	641.50	3,668.50	4,310.00	100.0
Male	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 641.50**	**$ 3,668.50**	**$ 4,310.00**	
LOSS CAUSE						
Floor	1	14.2	12.50	2,987.50	3,000.00	69.6
Foreign Object	1	14.2	69.00	681.00	750.00	17.4
Door	1	14.2	457.00	0.00	457.00	10.6
Walking surface, inside, wet	1	14.2	103.00	0.00	103.00	2.3
Chemicals, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Environmental conditions	1	14.2	0.00	0.00	0.00	0.0
Needle stick	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 641.50**	**$ 3,668.50**	**$ 4,310.00**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	14.2	12.50	2,987.50	3,000.00	69.6
Fall or Slip (On Same Level)	1	14.2	69.00	681.00	750.00	17.4
Object Handled (caught in or between)	1	14.2	457.00	0.00	457.00	10.6
Fall or Slip (From Liquid/Grease spills)	1	14.2	103.00	0.00	103.00	2.3
Abnormal Air Pressure	1	14.2	0.00	0.00	0.00	0.0
Allergic Reaction	1	14.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 641.50**	**$ 3,668.50**	**$ 4,310.00**	
****BODY PART**						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Elbow	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Mpv-animal Resource Facility (337)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Wrist	1					
Finger(s)	1					
Hand	1					
Multiple Body Parts	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	1					
Contusion	2					
Strain	2					
Dermatitis	1					
Heat Prostration	1					
Puncture	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fch - Fm - Maint-electrical (348)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	0.00	750.00	750.00	75.3
12AM-1:59AM	1	50.0	246.00	0.00	246.00	24.7
	2		**$ 246.00**	**$ 750.00**	**$ 996.00**	
LENGTH OF SERVICE						
4-6	1	50.0	0.00	750.00	750.00	75.3
2-4	1	50.0	246.00	0.00	246.00	24.7
	2		**$ 246.00**	**$ 750.00**	**$ 996.00**	
AGE OF CLAIMANT						
50-54	1	50.0	0.00	750.00	750.00	75.3
30-34	1	50.0	246.00	0.00	246.00	24.7
	2		**$ 246.00**	**$ 750.00**	**$ 996.00**	
SEX OF CLAIMANT						
Male	2	100.0	246.00	750.00	996.00	100.0
	2		**$ 246.00**	**$ 750.00**	**$ 996.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	0.00	750.00	750.00	75.3
Hammer	1	50.0	246.00	0.00	246.00	24.7
	2		**$ 246.00**	**$ 750.00**	**$ 996.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	50.0	0.00	750.00	750.00	75.3
Struck/Injured by Hand Tool/Machine In Use	1	50.0	246.00	0.00	246.00	24.7
	2		**$ 246.00**	**$ 750.00**	**$ 996.00**	
****BODY PART**						
Multiple Head Injury	1					
Thumb	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
Contusion	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fci - Fm - Roofing Shop (349)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	385.00	365.00	750.00	100.0
	1		**$ 385.00**	**$ 365.00**	**$ 750.00**	
LENGTH OF SERVICE						
28-30	1	100.0	385.00	365.00	750.00	100.0
	1		**$ 385.00**	**$ 365.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	385.00	365.00	750.00	100.0
	1		**$ 385.00**	**$ 365.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	385.00	365.00	750.00	100.0
	1		**$ 385.00**	**$ 365.00**	**$ 750.00**	
LOSS CAUSE						
Door	1	100.0	385.00	365.00	750.00	100.0
	1		**$ 385.00**	**$ 365.00**	**$ 750.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	385.00	365.00	750.00	100.0
	1		**$ 385.00**	**$ 365.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fcl - Fm - N Grds Custodial (351)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		**$ 0.00**	**$ 2,000.00**	**$ 2,000.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		**$ 0.00**	**$ 2,000.00**	**$ 2,000.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		**$ 0.00**	**$ 2,000.00**	**$ 2,000.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		**$ 0.00**	**$ 2,000.00**	**$ 2,000.00**	
LOSS CAUSE						
Hand tool, powered, NOC	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		**$ 0.00**	**$ 2,000.00**	**$ 2,000.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	2,000.00	2,000.00	100.0
	1		**$ 0.00**	**$ 2,000.00**	**$ 2,000.00**	
****BODY PART**						
Upper Back Area (Thoracic Area)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fcm - Fm - Piping Distribution (352)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	603.00	147.00	750.00	76.3
8AM-9:59AM	1	50.0	233.00	0.00	233.00	23.7
	2		**$ 836.00**	**$ 147.00**	**$ 983.00**	
LENGTH OF SERVICE						
24-26	1	50.0	603.00	147.00	750.00	76.3
2-4	1	50.0	233.00	0.00	233.00	23.7
	2		**$ 836.00**	**$ 147.00**	**$ 983.00**	
AGE OF CLAIMANT						
60-64	1	50.0	603.00	147.00	750.00	76.3
40-44	1	50.0	233.00	0.00	233.00	23.7
	2		**$ 836.00**	**$ 147.00**	**$ 983.00**	
SEX OF CLAIMANT						
Female	1	50.0	603.00	147.00	750.00	76.3
Male	1	50.0	233.00	0.00	233.00	23.7
	2		**$ 836.00**	**$ 147.00**	**$ 983.00**	
LOSS CAUSE						
Elevators, escalators	1	50.0	603.00	147.00	750.00	76.3
Steam / exhaust	1	50.0	233.00	0.00	233.00	23.7
	2		**$ 836.00**	**$ 147.00**	**$ 983.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	603.00	147.00	750.00	76.3
Contact With Hot Object or Substances	1	50.0	233.00	0.00	233.00	23.7
	2		**$ 836.00**	**$ 147.00**	**$ 983.00**	
****BODY PART**						
Hand	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Ear(s)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
Burn	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fme - Fm - Hsc Architects (366)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	388.50	361.50	750.00	100.0
	1		**$ 388.50**	**$ 361.50**	**$ 750.00**	
LENGTH OF SERVICE						
8-10	1	100.0	388.50	361.50	750.00	100.0
	1		**$ 388.50**	**$ 361.50**	**$ 750.00**	
AGE OF CLAIMANT						
70-74	1	100.0	388.50	361.50	750.00	100.0
	1		**$ 388.50**	**$ 361.50**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	388.50	361.50	750.00	100.0
	1		**$ 388.50**	**$ 361.50**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	388.50	361.50	750.00	100.0
	1		**$ 388.50**	**$ 361.50**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	388.50	361.50	750.00	100.0
	1		**$ 388.50**	**$ 361.50**	**$ 750.00**	
****BODY PART**						
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fmh - Fm - Capital Prgms (369)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fmk - Fm - Bms Materials Div (372)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	311.00	0.00	311.00	100.0
	1		**$ 311.00**	**$ 0.00**	**$ 311.00**	
LENGTH OF SERVICE						
2-4	1	100.0	311.00	0.00	311.00	100.0
	1		**$ 311.00**	**$ 0.00**	**$ 311.00**	
AGE OF CLAIMANT						
60-64	1	100.0	311.00	0.00	311.00	100.0
	1		**$ 311.00**	**$ 0.00**	**$ 311.00**	
SEX OF CLAIMANT						
Male	1	100.0	311.00	0.00	311.00	100.0
	1		**$ 311.00**	**$ 0.00**	**$ 311.00**	
LOSS CAUSE						
Fencing	1	100.0	311.00	0.00	311.00	100.0
	1		**$ 311.00**	**$ 0.00**	**$ 311.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	311.00	0.00	311.00	100.0
	1		**$ 311.00**	**$ 0.00**	**$ 311.00**	
****BODY PART**						
Finger(s)	1					
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:58

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fmq - Fm - Renov Carpentry (378)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	874.01	0.00	874.01	100.0
	1		**$ 874.01**	**$ 0.00**	**$ 874.01**	
LENGTH OF SERVICE						
18-20	1	100.0	874.01	0.00	874.01	100.0
	1		**$ 874.01**	**$ 0.00**	**$ 874.01**	
AGE OF CLAIMANT						
35-39	1	100.0	874.01	0.00	874.01	100.0
	1		**$ 874.01**	**$ 0.00**	**$ 874.01**	
SEX OF CLAIMANT						
Male	1	100.0	874.01	0.00	874.01	100.0
	1		**$ 874.01**	**$ 0.00**	**$ 874.01**	
LOSS CAUSE						
Metal items	1	100.0	874.01	0.00	874.01	100.0
	1		**$ 874.01**	**$ 0.00**	**$ 874.01**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	874.01	0.00	874.01	100.0
	1		**$ 874.01**	**$ 0.00**	**$ 874.01**	
****BODY PART**						
Lower Arm	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Fms - Fm - Renov-plumbing (380)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	700.81	49.19	750.00	100.0
	1		**$ 700.81**	**$ 49.19**	**$ 750.00**	
LENGTH OF SERVICE						
20-22	1	100.0	700.81	49.19	750.00	100.0
	1		**$ 700.81**	**$ 49.19**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	700.81	49.19	750.00	100.0
	1		**$ 700.81**	**$ 49.19**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	700.81	49.19	750.00	100.0
	1		**$ 700.81**	**$ 49.19**	**$ 750.00**	
LOSS CAUSE						
Wall	1	100.0	700.81	49.19	750.00	100.0
	1		**$ 700.81**	**$ 49.19**	**$ 750.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	700.81	49.19	750.00	100.0
	1		**$ 700.81**	**$ 49.19**	**$ 750.00**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: University Of Virginia (207)
SubAgency: Md - Micr - Microbiology (389)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Burn	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	63	20.9	52,341.96	52,957.62	105,299.58	32.6
12AM-1:59AM	7	2.3	3,652.11	75,141.17	78,793.28	24.4
4PM-5:59PM	19	6.3	16,844.43	24,991.47	41,835.90	12.9
8AM-9:59AM	66	21.9	17,044.09	22,534.15	39,578.24	12.2
12PM-1:59PM	51	16.9	11,942.43	8,934.58	20,877.01	6.4
6AM-7:59AM	37	12.2	5,144.30	9,246.71	14,391.01	4.4
2PM-3:59PM	36	11.9	6,243.13	7,181.27	13,424.40	4.1
2AM-3:59AM	2	0.6	126.00	4,624.00	4,750.00	1.4
6PM-7:59PM	9	2.9	652.61	1,221.84	1,874.45	0.5
4AM-5:59AM	8	2.6	1,026.88	520.34	1,547.22	0.4
Unknown	3	0.9	616.66	0.00	616.66	0.1
	301		**$ 115,634.60**	**$ 207,353.15**	**$ 322,987.75**	
LENGTH OF SERVICE						
0-2	107	35.5	44,665.69	125,036.28	169,701.97	52.5
2-4	65	21.5	29,467.79	29,916.83	59,384.62	18.3
4-6	35	11.6	15,015.64	23,807.61	38,823.25	12.0
6-8	15	4.9	15,273.51	15,691.72	30,965.23	9.5
10-12	7	2.3	984.38	4,922.02	5,906.40	1.8
14-16	15	4.9	2,932.15	1,766.22	4,698.37	1.4
16-18	8	2.6	2,645.53	0.00	2,645.53	0.8
12-14	9	2.9	892.28	1,007.60	1,899.88	0.5
30-32	5	1.6	740.24	1,074.76	1,815.00	0.5
26-28	6	1.9	234.00	1,500.00	1,734.00	0.5
24-26	6	1.9	471.38	750.00	1,221.38	0.3
18-20	5	1.6	831.78	389.27	1,221.05	0.3
8-10	3	0.9	670.46	270.84	941.30	0.2
28-30	5	1.6	185.41	750.00	935.41	0.2
36-38	1	0.3	280.00	470.00	750.00	0.2
22-24	8	2.6	344.36	0.00	344.36	0.1
20-22	1	0.3	0.00	0.00	0.00	0.0
	301		**$ 115,634.60**	**$ 207,353.15**	**$ 322,987.75**	
AGE OF CLAIMANT						
35-39	33	10.9	10,347.78	76,678.96	87,026.74	26.9
20-24	50	16.6	26,551.05	35,121.34	61,672.39	19.0
45-49	35	11.6	28,445.33	31,095.76	59,541.09	18.4
40-44	32	10.6	20,785.85	15,680.37	36,466.22	11.2
25-29	38	12.6	4,637.40	17,755.11	22,392.51	6.9
60-64	18	5.9	10,886.91	9,231.85	20,118.76	6.2
55-59	23	7.6	3,762.08	9,772.37	13,534.45	4.1
30-34	37	12.2	6,572.60	6,417.99	12,990.59	4.0
50-54	17	5.6	1,892.29	2,832.36	4,724.65	1.4
15-19	14	4.6	1,653.31	2,017.04	3,670.35	1.1
65-69	4	1.3	100.00	750.00	850.00	0.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	301		**$ 115,634.60**	**$ 207,353.15**	**$ 322,987.75**	
SEX OF CLAIMANT						
Male	123	40.8	64,084.06	141,451.26	205,535.32	63.6
Female	178	59.1	51,550.54	65,901.89	117,452.43	36.3
	301		**$ 115,634.60**	**$ 207,353.15**	**$ 322,987.75**	
LOSS CAUSE						
Vehicle/car/truck	6	1.9	5,101.76	83,298.24	88,400.00	27.3
Door	15	4.9	16,297.30	23,588.89	39,886.19	12.3
Boxes / containers	16	5.3	16,478.33	17,125.61	33,603.94	10.4
Stairs, steps	8	2.6	17,133.68	9,772.50	26,906.18	8.3
Walking surface, inside, wet	15	4.9	10,234.32	8,331.00	18,565.32	5.7
Ladder - Fixed	1	0.3	10,288.15	7,261.85	17,550.00	5.4
Machine, not otherwise classified	12	3.9	8,552.49	8,164.57	16,717.06	5.1
Furniture / fixtures	33	10.9	3,712.39	10,643.96	14,356.35	4.4
Walking surface, outside, wet	12	3.9	802.14	8,197.86	9,000.00	2.7
Trash receptacle	7	2.3	705.01	7,879.87	8,584.88	2.6
Walking surface, outside, dry	11	3.6	2,399.43	1,773.76	4,173.19	1.2
Pots/pans	8	2.6	483.87	3,266.13	3,750.00	1.1
Chemicals, not otherwise classified	8	2.6	1,561.64	1,703.68	3,265.32	1.0
Knife, NOC	9	2.9	1,572.75	1,500.00	3,072.75	0.9
Walking surface, inside, dry	7	2.3	1,234.02	1,765.98	3,000.00	0.9
Animal, not otherwise classified	13	4.3	2,597.59	0.00	2,597.59	0.8
Glass bottle / sheet	6	1.9	860.02	1,562.14	2,422.16	0.7
Wood Items	7	2.3	1,693.66	715.59	2,409.25	0.7
Miscellaneous	6	1.9	321.30	1,500.00	1,821.30	0.5
Metal items	9	2.9	1,088.34	671.00	1,759.34	0.5
Water	2	0.6	1,756.21	0.00	1,756.21	0.5
Dust	1	0.3	0.00	1,750.00	1,750.00	0.5
Office equipment	3	0.9	968.41	750.00	1,718.41	0.5
Stone / rock / brick	5	1.6	1,584.63	0.00	1,584.63	0.4
Hammer	2	0.6	923.53	490.55	1,414.08	0.4
Fencing	2	0.6	1,251.88	0.00	1,251.88	0.3
Hand tool, not powered, NOC	12	3.9	1,134.07	0.00	1,134.07	0.3
Pipe	4	1.3	369.19	624.00	993.19	0.3
Mowers	3	0.9	228.00	750.00	978.00	0.3
Food	4	1.3	337.00	470.00	807.00	0.2
Unknown	1	0.3	93.11	656.89	750.00	0.2
Cart	3	0.9	103.10	646.90	750.00	0.2
Cords	1	0.3	0.00	750.00	750.00	0.2
Floor	1	0.3	229.66	520.34	750.00	0.2
Object on Floor	4	1.3	0.00	750.00	750.00	0.2
Person	2	0.6	278.16	471.84	750.00	0.2
Chair	1	0.3	716.98	0.00	716.98	0.2
Building parts / doors	4	1.3	673.92	0.00	673.92	0.2
Animal / bee type	4	1.3	413.91	0.00	413.91	0.1
Welding equipment	1	0.3	339.92	0.00	339.92	0.1
Brush / tree / log	2	0.6	279.36	0.00	279.36	0.0
Sharp objects, not otherwise classified	3	0.9	231.51	0.00	231.51	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Razor blade	3	0.9	149.41	0.00	149.41	0.0
Cabinet	1	0.3	132.00	0.00	132.00	0.0
Minerals / dirt	1	0.3	108.59	0.00	108.59	0.0
Steam / exhaust	5	1.6	93.28	0.00	93.28	0.0
Wires	1	0.3	65.00	0.00	65.00	0.0
Poisonous agent / plant	1	0.3	36.00	0.00	36.00	0.0
Grease	3	0.9	19.58	0.00	19.58	0.0
Stairs	4	1.3	0.00	0.00	0.00	0.0
Chainsaw	1	0.3	0.00	0.00	0.00	0.0
Dishes	1	0.3	0.00	0.00	0.00	0.0
Hose (indicator # carried)	1	0.3	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.3	0.00	0.00	0.00	0.0
N/A	1	0.3	0.00	0.00	0.00	0.0
Needle stick	1	0.3	0.00	0.00	0.00	0.0
Shelving	1	0.3	0.00	0.00	0.00	0.0
Wrench	1	0.3	0.00	0.00	0.00	0.0
	301		***$ 115,634.60***	***$ 207,353.15***	***$ 322,987.75***	

ACCIDENT TYPE

Vehicle Upset	2	0.6	3,558.83	73,641.17	77,200.00	23.9
Lifting (strain or Injury by)	40	13.2	21,984.37	31,289.72	53,274.09	16.4
Strike Against/Step on Stationary Object	22	7.3	17,617.85	24,172.06	41,789.91	12.9
Twisting, strain or injury by	20	6.6	14,870.27	17,498.08	32,368.35	10.0
Fall or slip (on stairs)	10	3.3	17,133.68	9,772.50	26,906.18	8.3
Fall or Slip (From Liquid/Grease spills)	13	4.3	10,651.85	14,581.04	25,232.89	7.8
Fall or Slip (On Same Level)	22	7.3	6,390.11	8,975.73	15,365.84	4.7
Object Handled (caught in or between)	24	7.9	6,560.56	3,793.72	10,354.28	3.2
Pushing Or Pulling (Strain or Injury by)	6	1.9	869.43	7,421.00	8,290.43	2.5
Object being lifted/handled (cut,punc.scrape,inj b	25	8.3	2,569.29	1,159.55	3,728.84	1.1
Absorb, Ingest, Inhalation	5	1.6	625.32	2,703.68	3,329.00	1.0
Struck/Injured by Falling or Flying Object	19	6.3	1,587.93	1,526.99	3,114.92	0.9
Struck/Injured by Object Being Lifted/Handled	8	2.6	1,762.32	1,118.74	2,881.06	0.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	2.3	1,052.06	1,500.00	2,552.06	0.7
Animal Or Insect	13	4.3	2,490.62	0.00	2,490.62	0.7
Slipped, Did Not Fall	6	1.9	757.67	1,074.76	1,832.43	0.5
Collapsing materials (Slides of Earth)	1	0.3	0.00	1,750.00	1,750.00	0.5
Foreign Body In Eye	8	2.6	1,559.99	0.00	1,559.99	0.4
Cut,puncture,scrape, injured by (Broken Glass)	2	0.6	606.86	893.14	1,500.00	0.4
Fall or slip (on ice or snow)	8	2.6	0.00	1,500.00	1,500.00	0.4
Struck/Injured by Object Handled By Other	3	0.9	768.73	731.27	1,500.00	0.4
Allergic Reaction	3	0.9	304.26	750.00	1,054.26	0.3
Collision/sideswipe with Another Vehicle	1	0.3	0.00	750.00	750.00	0.2
Repetitive Motion	4	1.3	0.00	750.00	750.00	0.2
Jumping (Strain or Injury by)	1	0.3	606.18	0.00	606.18	0.1
Contact With Hot Object or Substances	17	5.6	467.36	0.00	467.36	0.1
Exposure to Poisonous Agent / Plant	1	0.3	279.36	0.00	279.36	0.0
Fall or Slip (From Different Level)	1	0.3	215.10	0.00	215.10	0.0
Reaching (Strain or Injury by)	3	0.9	130.00	0.00	130.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	0.3	109.00	0.00	109.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Infectious Disease Exposure	2	0.6	105.60	0.00	105.60	0.0
Steam Or Hot Fluids	1	0.3	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	0.3	0.00	0.00	0.00	0.0
	301		**$ 115,634.60**	**$ 207,353.15**	**$ 322,987.75**	

**BODY PART

Multiple Body Parts	4
Knee	25
Multiple Head Injury	12
Wrist	13
Abdomen including Groin	5
Lower Arm	31
Lower Back Area (Lumbar and Lumbo-Sacral)	44
Shoulder	19
Ankle	8
Chest (Inc: Ribs, Sternum and Soft Tissue)	10
Lower Leg	11
Finger(s)	30
Foot	10
Soft Tissue - Neck	5
Hand	28
Thumb	19
Elbow	8
Eye(s)	10
Hip	9
Whole Body	6
Nose	3
Facial, Other Soft Tissue	8
Upper Leg	6
Buttocks	5
Ear(s)	2
Teeth	1
Toe(s)	2
Skull	2
Wrist(s) & Hand(s)	1
Mouth	1
No Physical Problem	2
	301

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	123
Multiple Physical Injuries Only	6
Contusion	82
Laceration	49
Sprain	9
Fracture	6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hernia	2					
Burn	25					
Multiple Injuries, Physical and/or Mental	2					
Poisoning - Chemical	3					
Crushing	3					
Puncture	13					
Dermatitis	3					
Dislocation	1					
Foreign Body	5					
Inflamation	1					
Contagious Disease	3					
All Other Occupational Disease	1					
No Physical Injury	3					
	301					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 3 Central / Bmtu (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	2,547.44	0.00	2,547.44	49.2
12PM-1:59PM	1	25.0	2,438.38	0.00	2,438.38	47.1
Unknown	1	25.0	183.00	0.00	183.00	3.5
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,168.82**	**$ 0.00**	**$ 5,168.82**	
LENGTH OF SERVICE						
0-2	2	50.0	2,730.44	0.00	2,730.44	52.8
4-6	1	25.0	2,438.38	0.00	2,438.38	47.1
6-8	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,168.82**	**$ 0.00**	**$ 5,168.82**	
AGE OF CLAIMANT						
20-24	2	50.0	2,730.44	0.00	2,730.44	52.8
40-44	2	50.0	2,438.38	0.00	2,438.38	47.1
	4		**$ 5,168.82**	**$ 0.00**	**$ 5,168.82**	
SEX OF CLAIMANT						
Female	4	100.0	5,168.82	0.00	5,168.82	100.0
	4		**$ 5,168.82**	**$ 0.00**	**$ 5,168.82**	
LOSS CAUSE						
Patient / Inmate	2	50.0	4,985.82	0.00	4,985.82	96.4
N/A	1	25.0	183.00	0.00	183.00	3.5
Needle stick	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,168.82**	**$ 0.00**	**$ 5,168.82**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	25.0	2,547.44	0.00	2,547.44	49.2
Struck/Injured by Falling or Flying Object	1	25.0	2,438.38	0.00	2,438.38	47.1
Foreign Body In Eye	1	25.0	183.00	0.00	183.00	3.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 5,168.82**	**$ 0.00**	**$ 5,168.82**	

****BODY PART**	
Wrist	2
Eye(s)	1
Finger(s)	1
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Foreign Body	1
Puncture	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 3 Central / Bmtu (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 3 East (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	65.00	0.00	65.00	100.0
6PM-7:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LENGTH OF SERVICE						
18-20	1	50.0	65.00	0.00	65.00	100.0
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
AGE OF CLAIMANT						
45-49	2	100.0	65.00	0.00	65.00	100.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
SEX OF CLAIMANT						
Female	2	100.0	65.00	0.00	65.00	100.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	65.00	0.00	65.00	100.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	65.00	0.00	65.00	100.0
Assault	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
****BODY PART**						
Elbow	1					
Knee	1					
Soft Tissue - Neck	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
Strain	2	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 3 West (3)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	22.2	0.00	750.00	750.00	48.8
8AM-9:59AM	2	22.2	0.00	750.00	750.00	48.8
10AM-11:59AM	1	11.1	35.00	0.00	35.00	2.2
2AM-3:59AM	2	22.2	0.00	0.00	0.00	0.0
4AM-5:59AM	1	11.1	0.00	0.00	0.00	0.0
6AM-7:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 35.00**	**$ 1,500.00**	**$ 1,535.00**	
LENGTH OF SERVICE						
0-2	4	44.4	35.00	750.00	785.00	51.1
6-8	3	33.3	0.00	750.00	750.00	48.8
2-4	1	11.1	0.00	0.00	0.00	0.0
4-6	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 35.00**	**$ 1,500.00**	**$ 1,535.00**	
AGE OF CLAIMANT						
30-34	2	22.2	0.00	750.00	750.00	48.8
35-39	1	11.1	0.00	750.00	750.00	48.8
20-24	4	44.4	35.00	0.00	35.00	2.2
40-44	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 35.00**	**$ 1,500.00**	**$ 1,535.00**	
SEX OF CLAIMANT						
Female	7	77.7	35.00	1,500.00	1,535.00	100.0
Male	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 35.00**	**$ 1,500.00**	**$ 1,535.00**	
LOSS CAUSE						
Office equipment	1	11.1	0.00	750.00	750.00	48.8
Patient / Inmate	5	55.5	0.00	750.00	750.00	48.8
Sharp objects, not otherwise classified	1	11.1	35.00	0.00	35.00	2.2
Foreign Object	1	11.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 35.00**	**$ 1,500.00**	**$ 1,535.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	33.3	0.00	750.00	750.00	48.8
Repetitive Motion	1	11.1	0.00	750.00	750.00	48.8
Struck/Injured by Object Being Lifted/Handled	1	11.1	35.00	0.00	35.00	2.2
Assault	2	22.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	11.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 35.00**	**$ 1,500.00**	**$ 1,535.00**	
****BODY PART**						
Hand	2					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Thumb	1					
Eye(s)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 3 West (3)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Arm	2					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	5
Puncture	1
Contusion	3
Foreign Body	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 4 Central (4)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	50.0	203.00	547.00	750.00	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 547.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	2	100.0	203.00	547.00	750.00	100.0
	2		**$ 203.00**	**$ 547.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	50.0	203.00	547.00	750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 547.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	203.00	547.00	750.00	100.0
	2		**$ 203.00**	**$ 547.00**	**$ 750.00**	
LOSS CAUSE						
Patient / Inmate	1	50.0	203.00	547.00	750.00	100.0
Foreign Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 547.00**	**$ 750.00**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	50.0	203.00	547.00	750.00	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 547.00**	**$ 750.00**	
****BODY PART**						
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
Sprain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 4 East (5)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	27.2	604.00	13,950.00	14,554.00	96.2
10AM-11:59AM	1	9.0	300.60	0.00	300.60	1.9
4AM-5:59AM	1	9.0	168.00	0.00	168.00	1.1
12PM-1:59PM	2	18.1	103.00	0.00	103.00	0.6
4PM-5:59PM	1	9.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	9.0	0.00	0.00	0.00	0.0
Unknown	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 1,175.60**	**$ 13,950.00**	**$ 15,125.60**	
LENGTH OF SERVICE						
4-6	3	27.2	168.00	13,950.00	14,118.00	93.3
2-4	4	36.3	707.00	0.00	707.00	4.6
0-2	4	36.3	300.60	0.00	300.60	1.9
	11		**$ 1,175.60**	**$ 13,950.00**	**$ 15,125.60**	
AGE OF CLAIMANT						
45-49	3	27.2	168.00	13,950.00	14,118.00	93.3
30-34	5	45.4	707.00	0.00	707.00	4.6
40-44	2	18.1	300.60	0.00	300.60	1.9
50-54	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 1,175.60**	**$ 13,950.00**	**$ 15,125.60**	
SEX OF CLAIMANT						
Female	10	90.9	1,175.60	13,950.00	15,125.60	100.0
Male	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 1,175.60**	**$ 13,950.00**	**$ 15,125.60**	
LOSS CAUSE						
Walking surface, outside, wet	1	9.0	0.00	13,950.00	13,950.00	92.2
Patient / Inmate	8	72.7	875.00	0.00	875.00	5.7
Needle stick	1	9.0	300.60	0.00	300.60	1.9
Miscellaneous	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 1,175.60**	**$ 13,950.00**	**$ 15,125.60**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	9.0	0.00	13,950.00	13,950.00	92.2
Human Bite	1	9.0	604.00	0.00	604.00	3.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	300.60	0.00	300.60	1.9
Lifting (strain or Injury by)	5	45.4	271.00	0.00	271.00	1.7
Pushing Or Pulling (Strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
Assault	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 1,175.60**	**$ 13,950.00**	**$ 15,125.60**	
****BODY PART**						
Knee	1					
Lower Arm	1					
Finger(s)	1					
Elbow	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Hand	2					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 4 East (5)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Shoulder	1					
	11					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	7
Laceration	1
Puncture	1
Contusion	2
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 4 West (6)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	30.0	168.00	2,082.00	2,250.00	50.1
12PM-1:59PM	1	10.0	248.85	501.15	750.00	16.7
4PM-5:59PM	1	10.0	168.00	582.00	750.00	16.7
2AM-3:59AM	3	30.0	486.00	0.00	486.00	10.8
2PM-3:59PM	1	10.0	248.65	0.00	248.65	5.5
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,319.50**	**$ 3,165.15**	**$ 4,484.65**	
LENGTH OF SERVICE						
4-6	2	20.0	248.65	750.00	998.65	22.2
0-2	3	30.0	203.00	750.00	953.00	21.2
20-22	1	10.0	168.00	582.00	750.00	16.7
22-24	1	10.0	168.00	582.00	750.00	16.7
8-10	1	10.0	248.85	501.15	750.00	16.7
2-4	2	20.0	283.00	0.00	283.00	6.3
	10		**$ 1,319.50**	**$ 3,165.15**	**$ 4,484.65**	
AGE OF CLAIMANT						
45-49	3	30.0	416.00	1,164.00	1,580.00	35.2
35-39	4	40.0	406.00	750.00	1,156.00	25.7
30-34	1	10.0	0.00	750.00	750.00	16.7
55-59	1	10.0	248.85	501.15	750.00	16.7
40-44	1	10.0	248.65	0.00	248.65	5.5
	10		**$ 1,319.50**	**$ 3,165.15**	**$ 4,484.65**	
SEX OF CLAIMANT						
Female	10	100.0	1,319.50	3,165.15	4,484.65	100.0
	10		**$ 1,319.50**	**$ 3,165.15**	**$ 4,484.65**	
LOSS CAUSE						
Patient / Inmate	6	60.0	822.65	2,082.00	2,904.65	64.7
Cabinet	1	10.0	248.85	501.15	750.00	16.7
Wheelchair	1	10.0	168.00	582.00	750.00	16.7
Walking surface, inside, dry	1	10.0	80.00	0.00	80.00	1.7
Unknown	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,319.50**	**$ 3,165.15**	**$ 4,484.65**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	20.0	168.00	1,332.00	1,500.00	33.4
Pushing Or Pulling (Strain or Injury by)	1	10.0	0.00	750.00	750.00	16.7
Slipped, Did Not Fall	1	10.0	168.00	582.00	750.00	16.7
Struck/Injured by Falling or Flying Object	1	10.0	248.85	501.15	750.00	16.7
Assault	2	20.0	406.00	0.00	406.00	9.0
Twisting, strain or injury by	1	10.0	248.65	0.00	248.65	5.5
Fall or Slip (On Same Level)	1	10.0	80.00	0.00	80.00	1.7
Stuck, injured by fellow worker, patient	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 4 West (6)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 1,319.50**	**$ 3,165.15**	**$ 4,484.65**	

**BODY PART

Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Ankle	1
Lower Arm	1
Multiple Neck Injury	1
Soft Tissue - Neck	1
Hand	1
Knee	1
Upper Leg	1
Abdomen including Groin	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	7
Sprain	1
Laceration	1
Puncture	1
Contusion	3
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 5 Central (7)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	1,212.99	0.00	1,212.99	41.2
2AM-3:59AM	1	33.3	972.96	0.00	972.96	33.0
6AM-7:59AM	1	33.3	758.00	0.00	758.00	25.7
	3		**$ 2,943.95**	**$ 0.00**	**$ 2,943.95**	
LENGTH OF SERVICE						
2-4	2	66.6	2,185.95	0.00	2,185.95	74.2
0-2	1	33.3	758.00	0.00	758.00	25.7
	3		**$ 2,943.95**	**$ 0.00**	**$ 2,943.95**	
AGE OF CLAIMANT						
20-24	2	66.6	1,730.96	0.00	1,730.96	58.8
50-54	1	33.3	1,212.99	0.00	1,212.99	41.2
	3		**$ 2,943.95**	**$ 0.00**	**$ 2,943.95**	
SEX OF CLAIMANT						
Female	2	66.6	1,970.99	0.00	1,970.99	66.9
Male	1	33.3	972.96	0.00	972.96	33.0
	3		**$ 2,943.95**	**$ 0.00**	**$ 2,943.95**	
LOSS CAUSE						
Patient / Inmate	3	100.0	2,943.95	0.00	2,943.95	100.0
	3		**$ 2,943.95**	**$ 0.00**	**$ 2,943.95**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	66.6	1,730.96	0.00	1,730.96	58.8
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	1,212.99	0.00	1,212.99	41.2
	3		**$ 2,943.95**	**$ 0.00**	**$ 2,943.95**	
****BODY PART**						
Finger(s)	1					
Upper Back Area (Thoracic Area)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Dislocation	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 5 East - Psych (8)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	12.5	160.00	590.00	750.00	61.7
4PM-5:59PM	1	12.5	262.00	0.00	262.00	21.5
4AM-5:59AM	1	12.5	203.00	0.00	203.00	16.7
8AM-9:59AM	1	12.5	0.00	0.00	0.00	0.0
10AM-11:59AM	2	25.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	12.5	0.00	0.00	0.00	0.0
2AM-3:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 625.00**	**$ 590.00**	**$ 1,215.00**	
LENGTH OF SERVICE						
0-2	2	25.0	160.00	590.00	750.00	61.7
2-4	3	37.5	465.00	0.00	465.00	38.2
8-10	1	12.5	0.00	0.00	0.00	0.0
14-16	1	12.5	0.00	0.00	0.00	0.0
6-8	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 625.00**	**$ 590.00**	**$ 1,215.00**	
AGE OF CLAIMANT						
35-39	2	25.0	160.00	590.00	750.00	61.7
50-54	2	25.0	465.00	0.00	465.00	38.2
40-44	1	12.5	0.00	0.00	0.00	0.0
30-34	2	25.0	0.00	0.00	0.00	0.0
45-49	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 625.00**	**$ 590.00**	**$ 1,215.00**	
SEX OF CLAIMANT						
Female	6	75.0	625.00	590.00	1,215.00	100.0
Male	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 625.00**	**$ 590.00**	**$ 1,215.00**	
LOSS CAUSE						
Cart	1	12.5	160.00	590.00	750.00	61.7
Needle stick	2	25.0	465.00	0.00	465.00	38.2
Patient / Inmate	4	50.0	0.00	0.00	0.00	0.0
Foreign Object	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 625.00**	**$ 590.00**	**$ 1,215.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	25.0	160.00	590.00	750.00	61.7
Object being lifted/handled (cut,punc.scrape,inj b	3	37.5	262.00	0.00	262.00	21.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	203.00	0.00	203.00	16.7
Assault	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 625.00**	**$ 590.00**	**$ 1,215.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	1					
Thumb	1					
Multiple Body Parts	1					
Hand	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 5 East - Psych (8)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	1					
Puncture	2					
Contusion	2					
Strain	4					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 5 West (9)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	56,879.75	56,879.75	100.0
	1		**$ 0.00**	**$ 56,879.75**	**$ 56,879.75**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	56,879.75	56,879.75	100.0
	1		**$ 0.00**	**$ 56,879.75**	**$ 56,879.75**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	56,879.75	56,879.75	100.0
	1		**$ 0.00**	**$ 56,879.75**	**$ 56,879.75**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	56,879.75	56,879.75	100.0
	1		**$ 0.00**	**$ 56,879.75**	**$ 56,879.75**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	56,879.75	56,879.75	100.0
	1		**$ 0.00**	**$ 56,879.75**	**$ 56,879.75**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	56,879.75	56,879.75	100.0
	1		**$ 0.00**	**$ 56,879.75**	**$ 56,879.75**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Fracture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 6 Central (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	33.3	2,430.39	669.40	3,099.79	94.4
2PM-3:59PM	1	33.3	182.00	0.00	182.00	5.5
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 2,612.39**	**$ 669.40**	**$ 3,281.79**	
LENGTH OF SERVICE						
0-2	1	33.3	2,430.39	669.40	3,099.79	94.4
4-6	1	33.3	182.00	0.00	182.00	5.5
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 2,612.39**	**$ 669.40**	**$ 3,281.79**	
AGE OF CLAIMANT						
25-29	1	33.3	2,430.39	669.40	3,099.79	94.4
20-24	1	33.3	182.00	0.00	182.00	5.5
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 2,612.39**	**$ 669.40**	**$ 3,281.79**	
SEX OF CLAIMANT						
Female	3	100.0	2,612.39	669.40	3,281.79	100.0
	3		**$ 2,612.39**	**$ 669.40**	**$ 3,281.79**	
LOSS CAUSE						
Patient / Inmate	1	33.3	2,430.39	669.40	3,099.79	94.4
Glass bottle / sheet	1	33.3	182.00	0.00	182.00	5.5
Needle stick	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 2,612.39**	**$ 669.40**	**$ 3,281.79**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	2,430.39	669.40	3,099.79	94.4
Cut,puncture,scrape, injured by (Broken Glass)	1	33.3	182.00	0.00	182.00	5.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 2,612.39**	**$ 669.40**	**$ 3,281.79**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Back Area (Thoracic Area)	1					
Thumb	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	1
Laceration	1
Puncture	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 6 East (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	750.00	750.00	81.7
8AM-9:59AM	1	33.3	168.00	0.00	168.00	18.3
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 168.00**	**$ 750.00**	**$ 918.00**	
LENGTH OF SERVICE						
6-8	2	66.6	168.00	750.00	918.00	100.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 168.00**	**$ 750.00**	**$ 918.00**	
AGE OF CLAIMANT						
45-49	1	33.3	0.00	750.00	750.00	81.7
30-34	1	33.3	168.00	0.00	168.00	18.3
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 168.00**	**$ 750.00**	**$ 918.00**	
SEX OF CLAIMANT						
Female	3	100.0	168.00	750.00	918.00	100.0
	3		**$ 168.00**	**$ 750.00**	**$ 918.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	33.3	0.00	750.00	750.00	81.7
Patient / Inmate	2	66.6	168.00	0.00	168.00	18.3
	3		**$ 168.00**	**$ 750.00**	**$ 918.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	0.00	750.00	750.00	81.7
Lifting (strain or Injury by)	1	33.3	168.00	0.00	168.00	18.3
Assault	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 168.00**	**$ 750.00**	**$ 918.00**	
****BODY PART**						
Hand	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	3	
Strain	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 6 West (12)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	66.6	536.18	576.00	1,112.18	69.5
Unknown	1	33.3	487.60	0.00	487.60	30.4
	3		**$ 1,023.78**	**$ 576.00**	**$ 1,599.78**	
LENGTH OF SERVICE						
0-2	2	66.6	849.78	0.00	849.78	53.1
4-6	1	33.3	174.00	576.00	750.00	46.8
	3		**$ 1,023.78**	**$ 576.00**	**$ 1,599.78**	
AGE OF CLAIMANT						
30-34	2	66.6	536.18	576.00	1,112.18	69.5
45-49	1	33.3	487.60	0.00	487.60	30.4
	3		**$ 1,023.78**	**$ 576.00**	**$ 1,599.78**	
SEX OF CLAIMANT						
Female	3	100.0	1,023.78	576.00	1,599.78	100.0
	3		**$ 1,023.78**	**$ 576.00**	**$ 1,599.78**	
LOSS CAUSE						
Patient / Inmate	2	66.6	661.60	576.00	1,237.60	77.3
N/A	1	33.3	362.18	0.00	362.18	22.6
	3		**$ 1,023.78**	**$ 576.00**	**$ 1,599.78**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	33.3	174.00	576.00	750.00	46.8
Contact with Cold Objects or Substances	1	33.3	487.60	0.00	487.60	30.4
Foreign Body In Eye	1	33.3	362.18	0.00	362.18	22.6
	3		**$ 1,023.78**	**$ 576.00**	**$ 1,599.78**	
****BODY PART**						
Multiple Head Injury	1					
Facial, Other Soft Tissue	1					
Eye(s)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Foreign Body	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 7 Central (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	100.0	183.00	0.00	183.00	100.0
	2		**$ 183.00**	**$ 0.00**	**$ 183.00**	
LENGTH OF SERVICE						
8-10	1	50.0	183.00	0.00	183.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 183.00**	**$ 0.00**	**$ 183.00**	
AGE OF CLAIMANT						
40-44	1	50.0	183.00	0.00	183.00	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 183.00**	**$ 0.00**	**$ 183.00**	
SEX OF CLAIMANT						
Female	2	100.0	183.00	0.00	183.00	100.0
	2		**$ 183.00**	**$ 0.00**	**$ 183.00**	
LOSS CAUSE						
Needle stick	1	50.0	183.00	0.00	183.00	100.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 183.00**	**$ 0.00**	**$ 183.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	183.00	0.00	183.00	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 183.00**	**$ 0.00**	**$ 183.00**	
****BODY PART**						
Finger(s)	1					
Multiple Neck Injury	1					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Puncture	1
Strain	3
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:50:59

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 7 West (14)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	233.00	0.00	233.00	100.0
	1		**$ 233.00**	**$ 0.00**	**$ 233.00**	
LENGTH OF SERVICE						
12-14	1	100.0	233.00	0.00	233.00	100.0
	1		**$ 233.00**	**$ 0.00**	**$ 233.00**	
AGE OF CLAIMANT						
40-44	1	100.0	233.00	0.00	233.00	100.0
	1		**$ 233.00**	**$ 0.00**	**$ 233.00**	
SEX OF CLAIMANT						
Female	1	100.0	233.00	0.00	233.00	100.0
	1		**$ 233.00**	**$ 0.00**	**$ 233.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	233.00	0.00	233.00	100.0
	1		**$ 233.00**	**$ 0.00**	**$ 233.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	233.00	0.00	233.00	100.0
	1		**$ 233.00**	**$ 0.00**	**$ 233.00**	
****BODY PART**						
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 8 Central (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	50.0	328.00	1,172.00	1,500.00	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 328.00**	**$ 1,172.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
2-4	4	100.0	328.00	1,172.00	1,500.00	100.0
	4		**$ 328.00**	**$ 1,172.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
40-44	1	25.0	233.00	517.00	750.00	50.0
55-59	1	25.0	95.00	655.00	750.00	50.0
45-49	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 328.00**	**$ 1,172.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	4	100.0	328.00	1,172.00	1,500.00	100.0
	4		**$ 328.00**	**$ 1,172.00**	**$ 1,500.00**	
LOSS CAUSE						
Foreign Object	1	25.0	95.00	655.00	750.00	50.0
Patient / Inmate	2	50.0	233.00	517.00	750.00	50.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 328.00**	**$ 1,172.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	50.0	233.00	517.00	750.00	50.0
Struck/Injured by Falling or Flying Object	1	25.0	95.00	655.00	750.00	50.0
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 328.00**	**$ 1,172.00**	**$ 1,500.00**	
****BODY PART**						
Multiple Head Injury	1					
Shoulder	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Strain	2
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 8 East / L&d Or (16)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	33.3	416.00	0.00	416.00	62.7
12AM-1:59AM	1	33.3	247.00	0.00	247.00	37.2
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 663.00**	**$ 0.00**	**$ 663.00**	
LENGTH OF SERVICE						
0-2	3	100.0	663.00	0.00	663.00	100.0
	3		**$ 663.00**	**$ 0.00**	**$ 663.00**	
AGE OF CLAIMANT						
45-49	1	33.3	416.00	0.00	416.00	62.7
25-29	1	33.3	247.00	0.00	247.00	37.2
30-34	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 663.00**	**$ 0.00**	**$ 663.00**	
SEX OF CLAIMANT						
Female	3	100.0	663.00	0.00	663.00	100.0
	3		**$ 663.00**	**$ 0.00**	**$ 663.00**	
LOSS CAUSE						
Patient / Inmate	1	33.3	416.00	0.00	416.00	62.7
Wires	1	33.3	247.00	0.00	247.00	37.2
Needle stick	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 663.00**	**$ 0.00**	**$ 663.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	416.00	0.00	416.00	62.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	247.00	0.00	247.00	37.2
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 663.00**	**$ 0.00**	**$ 663.00**	

****BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	2
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**

Strain	1
Puncture	2
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 8 West (17)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	28.5	2,344.11	637.25	2,981.36	62.5
2AM-3:59AM	1	14.2	148.00	602.00	750.00	15.7
4AM-5:59AM	1	14.2	204.75	545.25	750.00	15.7
Unknown	2	28.5	163.20	0.00	163.20	3.4
10AM-11:59AM	1	14.2	123.00	0.00	123.00	2.5
	7		**$ 2,983.06**	**$ 1,784.50**	**$ 4,767.56**	
LENGTH OF SERVICE						
8-10	1	14.2	2,231.36	0.00	2,231.36	46.8
10-12	2	28.5	260.75	1,239.25	1,500.00	31.4
6-8	1	14.2	204.75	545.25	750.00	15.7
4-6	1	14.2	163.20	0.00	163.20	3.4
2-4	1	14.2	123.00	0.00	123.00	2.5
36-38	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,983.06**	**$ 1,784.50**	**$ 4,767.56**	
AGE OF CLAIMANT						
45-49	1	14.2	2,231.36	0.00	2,231.36	46.8
60-64	2	28.5	260.75	1,239.25	1,500.00	31.4
30-34	1	14.2	204.75	545.25	750.00	15.7
35-39	1	14.2	163.20	0.00	163.20	3.4
20-24	1	14.2	123.00	0.00	123.00	2.5
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,983.06**	**$ 1,784.50**	**$ 4,767.56**	
SEX OF CLAIMANT						
Female	7	100.0	2,983.06	1,784.50	4,767.56	100.0
	7		**$ 2,983.06**	**$ 1,784.50**	**$ 4,767.56**	
LOSS CAUSE						
Patient / Inmate	5	71.4	2,615.11	1,239.25	3,854.36	80.8
Door	1	14.2	204.75	545.25	750.00	15.7
Needle stick	1	14.2	163.20	0.00	163.20	3.4
	7		**$ 2,983.06**	**$ 1,784.50**	**$ 4,767.56**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	42.8	2,344.11	637.25	2,981.36	62.5
Object Handled (caught in or between)	1	14.2	204.75	545.25	750.00	15.7
Stuck, injured by fellow worker, patient	1	14.2	148.00	602.00	750.00	15.7
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	163.20	0.00	163.20	3.4
Pushing Or Pulling (Strain or Injury by)	1	14.2	123.00	0.00	123.00	2.5
	7		**$ 2,983.06**	**$ 1,784.50**	**$ 4,767.56**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Multiple Neck Injury	1					
Shoulder	1					
Wrist	1					
Finger(s)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: 8 West (17)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	6
Contusion	1
Puncture	1
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Administrative Services (18)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Door	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Toe(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Anesthesiology (23)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	25.0	183.00	0.00	183.00	69.5
2AM-3:59AM	1	25.0	80.00	0.00	80.00	30.4
8AM-9:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 263.00***	***$ 0.00***	***$ 263.00***	
LENGTH OF SERVICE						
0-2	2	50.0	183.00	0.00	183.00	69.5
2-4	2	50.0	80.00	0.00	80.00	30.4
	4		***$ 263.00***	***$ 0.00***	***$ 263.00***	
AGE OF CLAIMANT						
30-34	1	25.0	183.00	0.00	183.00	69.5
35-39	3	75.0	80.00	0.00	80.00	30.4
	4		***$ 263.00***	***$ 0.00***	***$ 263.00***	
SEX OF CLAIMANT						
Male	4	100.0	263.00	0.00	263.00	100.0
	4		***$ 263.00***	***$ 0.00***	***$ 263.00***	
LOSS CAUSE						
Needle stick	4	100.0	263.00	0.00	263.00	100.0
	4		***$ 263.00***	***$ 0.00***	***$ 263.00***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	100.0	263.00	0.00	263.00	100.0
	4		***$ 263.00***	***$ 0.00***	***$ 263.00***	
*****BODY PART***						
Finger(s)	2					
Thumb	2					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Puncture	4	
	4	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Augusta Dialysis Center (25)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Blue Ridge Child Care Cntr (29)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	0.00	750.00	750.00	50.0
4AM-5:59AM	1	33.3	34.00	716.00	750.00	50.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 34.00**	**$ 1,466.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
2-4	2	66.6	34.00	1,466.00	1,500.00	100.0
16-18	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 34.00**	**$ 1,466.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
25-29	1	33.3	0.00	750.00	750.00	50.0
55-59	2	66.6	34.00	716.00	750.00	50.0
	3		**$ 34.00**	**$ 1,466.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	3	100.0	34.00	1,466.00	1,500.00	100.0
	3		**$ 34.00**	**$ 1,466.00**	**$ 1,500.00**	
LOSS CAUSE						
Floor	1	33.3	0.00	750.00	750.00	50.0
Walking surface, outside, wet	1	33.3	34.00	716.00	750.00	50.0
Foreign Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 34.00**	**$ 1,466.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	0.00	750.00	750.00	50.0
Fall or slip (on ice or snow)	1	33.3	34.00	716.00	750.00	50.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 34.00**	**$ 1,466.00**	**$ 1,500.00**	
****BODY PART**						
Hip	1					
Knee	2					
Wrist	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	3	
Strain	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Blue Ridge Psychiatric Medicine (35)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Contact with Cold Objects or Substances	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Foreign Body	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Bone Marrow Transplant Program (36)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
LENGTH OF SERVICE						
4-6	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
AGE OF CLAIMANT						
45-49	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
SEX OF CLAIMANT						
Female	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
LOSS CAUSE						
Needle stick	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Burn Center (37)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	25.0	0.00	750.00	750.00	43.2
12AM-1:59AM	1	25.0	298.00	452.00	750.00	43.2
12PM-1:59PM	1	25.0	233.00	0.00	233.00	13.4
6PM-7:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 531.00***	***$ 1,202.00***	***$ 1,733.00***	
LENGTH OF SERVICE						
2-4	3	75.0	298.00	1,202.00	1,500.00	86.5
4-6	1	25.0	233.00	0.00	233.00	13.4
	4		***$ 531.00***	***$ 1,202.00***	***$ 1,733.00***	
AGE OF CLAIMANT						
30-34	1	25.0	298.00	452.00	750.00	43.2
60-64	1	25.0	0.00	750.00	750.00	43.2
45-49	1	25.0	233.00	0.00	233.00	13.4
35-39	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 531.00***	***$ 1,202.00***	***$ 1,733.00***	
SEX OF CLAIMANT						
Male	2	50.0	233.00	750.00	983.00	56.7
Female	2	50.0	298.00	452.00	750.00	43.2
	4		***$ 531.00***	***$ 1,202.00***	***$ 1,733.00***	
LOSS CAUSE						
Patient / Inmate	4	100.0	531.00	1,202.00	1,733.00	100.0
	4		***$ 531.00***	***$ 1,202.00***	***$ 1,733.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	75.0	531.00	1,202.00	1,733.00	100.0
Assault	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 531.00***	***$ 1,202.00***	***$ 1,733.00***	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Thumb	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**

Strain	4	
	4	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Cancer Center Clinic (38)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Cart	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Hip	1					
Shoulder	1					
Wrist(s) & Hand(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	3					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Cardiac Lab (40)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	60.0	1,499.00	750.00	2,249.00	52.3
2AM-3:59AM	1	20.0	1,940.53	0.00	1,940.53	45.2
4AM-5:59AM	1	20.0	103.00	0.00	103.00	2.4
	5		**$ 3,542.53**	**$ 750.00**	**$ 4,292.53**	
LENGTH OF SERVICE						
2-4	1	20.0	1,940.53	0.00	1,940.53	45.2
6-8	1	20.0	1,499.00	0.00	1,499.00	34.9
4-6	2	40.0	103.00	750.00	853.00	19.8
16-18	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,542.53**	**$ 750.00**	**$ 4,292.53**	
AGE OF CLAIMANT						
35-39	2	40.0	1,940.53	750.00	2,690.53	62.6
40-44	1	20.0	1,499.00	0.00	1,499.00	34.9
45-49	2	40.0	103.00	0.00	103.00	2.4
	5		**$ 3,542.53**	**$ 750.00**	**$ 4,292.53**	
SEX OF CLAIMANT						
Female	5	100.0	3,542.53	750.00	4,292.53	100.0
	5		**$ 3,542.53**	**$ 750.00**	**$ 4,292.53**	
LOSS CAUSE						
Walking surface, inside, wet	1	20.0	1,940.53	0.00	1,940.53	45.2
Foreign Object	1	20.0	1,499.00	0.00	1,499.00	34.9
Metal items	1	20.0	0.00	750.00	750.00	17.4
Patient / Inmate	1	20.0	103.00	0.00	103.00	2.4
Smoke Ejector	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,542.53**	**$ 750.00**	**$ 4,292.53**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	1,940.53	0.00	1,940.53	45.2
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	1,499.00	0.00	1,499.00	34.9
Collision with a Fixed Object	1	20.0	0.00	750.00	750.00	17.4
Pushing Or Pulling (Strain or Injury by)	1	20.0	103.00	0.00	103.00	2.4
Noise, continual, strain or injury by	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,542.53**	**$ 750.00**	**$ 4,292.53**	
****BODY PART**						
Wrist	1					
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Knee	1					
Elbow	1					
Ear(s)	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Cardiac Lab (40)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	2					
Fracture	1					
Contusion	1					
Sprain	1					
Hearing Loss or Impairment (Traumatic only)	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Ccu (43)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	80.00	0.00	80.00	100.0
	1		**$ 80.00**	**$ 0.00**	**$ 80.00**	
LENGTH OF SERVICE						
2-4	1	100.0	80.00	0.00	80.00	100.0
	1		**$ 80.00**	**$ 0.00**	**$ 80.00**	
AGE OF CLAIMANT						
45-49	1	100.0	80.00	0.00	80.00	100.0
	1		**$ 80.00**	**$ 0.00**	**$ 80.00**	
SEX OF CLAIMANT						
Female	1	100.0	80.00	0.00	80.00	100.0
	1		**$ 80.00**	**$ 0.00**	**$ 80.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	80.00	0.00	80.00	100.0
	1		**$ 80.00**	**$ 0.00**	**$ 80.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	80.00	0.00	80.00	100.0
	1		**$ 80.00**	**$ 0.00**	**$ 80.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Foreign Body	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Cntr For Organizational Dev (44)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Central Sterile Supply (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	2,841.57	3,108.43	5,950.00	78.7
8AM-9:59AM	2	33.3	137.00	716.00	853.00	11.2
12AM-1:59AM	2	33.3	103.00	647.00	750.00	9.9
	6		**$ 3,081.57**	**$ 4,471.43**	**$ 7,553.00**	
LENGTH OF SERVICE						
4-6	1	16.6	2,841.57	3,108.43	5,950.00	78.7
2-4	2	33.3	137.00	1,363.00	1,500.00	19.8
0-2	1	16.6	103.00	0.00	103.00	1.3
20-22	1	16.6	0.00	0.00	0.00	0.0
12-14	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,081.57**	**$ 4,471.43**	**$ 7,553.00**	
AGE OF CLAIMANT						
40-44	2	33.3	2,875.57	3,824.43	6,700.00	88.7
50-54	2	33.3	206.00	647.00	853.00	11.2
45-49	1	16.6	0.00	0.00	0.00	0.0
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,081.57**	**$ 4,471.43**	**$ 7,553.00**	
SEX OF CLAIMANT						
Female	6	100.0	3,081.57	4,471.43	7,553.00	100.0
	6		**$ 3,081.57**	**$ 4,471.43**	**$ 7,553.00**	
LOSS CAUSE						
Furniture / fixtures	1	16.6	2,841.57	3,108.43	5,950.00	78.7
Broom	1	16.6	34.00	716.00	750.00	9.9
Foreign Object	2	33.3	103.00	647.00	750.00	9.9
Sharp objects, not otherwise classified	1	16.6	103.00	0.00	103.00	1.3
Boxes / containers	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,081.57**	**$ 4,471.43**	**$ 7,553.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	66.6	2,944.57	3,755.43	6,700.00	88.7
Struck/Injured by Falling or Flying Object	1	16.6	34.00	716.00	750.00	9.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	16.6	103.00	0.00	103.00	1.3
	6		**$ 3,081.57**	**$ 4,471.43**	**$ 7,553.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	2					
Wrist	1					
Hand	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Central Sterile Supply (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	4					
Contusion	1					
Laceration	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Clinical Engineering & Equipment (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	1,040.75	0.00	1,040.75	58.1
2AM-3:59AM	1	50.0	0.00	750.00	750.00	41.8
	2		**$ 1,040.75**	**$ 750.00**	**$ 1,790.75**	
LENGTH OF SERVICE						
24-26	1	50.0	1,040.75	0.00	1,040.75	58.1
14-16	1	50.0	0.00	750.00	750.00	41.8
	2		**$ 1,040.75**	**$ 750.00**	**$ 1,790.75**	
AGE OF CLAIMANT						
50-54	1	50.0	1,040.75	0.00	1,040.75	58.1
55-59	1	50.0	0.00	750.00	750.00	41.8
	2		**$ 1,040.75**	**$ 750.00**	**$ 1,790.75**	
SEX OF CLAIMANT						
Male	2	100.0	1,040.75	750.00	1,790.75	100.0
	2		**$ 1,040.75**	**$ 750.00**	**$ 1,790.75**	
LOSS CAUSE						
Machine, not otherwise classified	1	50.0	1,040.75	0.00	1,040.75	58.1
Uneven Surface	1	50.0	0.00	750.00	750.00	41.8
	2		**$ 1,040.75**	**$ 750.00**	**$ 1,790.75**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	1,040.75	0.00	1,040.75	58.1
Fall or Slip (From Different Level)	1	50.0	0.00	750.00	750.00	41.8
	2		**$ 1,040.75**	**$ 750.00**	**$ 1,790.75**	
****BODY PART**						
Shoulder	1					
Ankle	1					
Knee	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	3
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Clinical Laboratories (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	23.0	2,490.54	494.00	2,984.54	52.2
10AM-11:59AM	5	38.4	1,801.65	0.00	1,801.65	31.5
6AM-7:59AM	3	23.0	647.00	0.00	647.00	11.3
4AM-5:59AM	1	7.6	277.00	0.00	277.00	4.8
2AM-3:59AM	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 5,216.19**	**$ 494.00**	**$ 5,710.19**	
LENGTH OF SERVICE						
12-14	2	15.3	3,763.19	0.00	3,763.19	65.9
18-20	1	7.6	256.00	494.00	750.00	13.1
4-6	2	15.3	333.00	0.00	333.00	5.8
22-24	1	7.6	277.00	0.00	277.00	4.8
10-12	3	23.0	273.00	0.00	273.00	4.7
0-2	2	15.3	234.00	0.00	234.00	4.1
2-4	1	7.6	80.00	0.00	80.00	1.4
14-16	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 5,216.19**	**$ 494.00**	**$ 5,710.19**	
AGE OF CLAIMANT						
40-44	6	46.1	4,372.19	494.00	4,866.19	85.2
30-34	1	7.6	333.00	0.00	333.00	5.8
50-54	2	15.3	277.00	0.00	277.00	4.8
20-24	2	15.3	234.00	0.00	234.00	4.1
45-49	1	7.6	0.00	0.00	0.00	0.0
60-64	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 5,216.19**	**$ 494.00**	**$ 5,710.19**	
SEX OF CLAIMANT						
Female	9	69.2	4,610.19	494.00	5,104.19	89.3
Male	4	30.7	606.00	0.00	606.00	10.6
	13		**$ 5,216.19**	**$ 494.00**	**$ 5,710.19**	
LOSS CAUSE						
Chair	1	7.6	2,234.54	0.00	2,234.54	39.1
Machine, not otherwise classified	1	7.6	1,528.65	0.00	1,528.65	26.7
Foreign Object	4	30.7	336.00	494.00	830.00	14.5
Water	1	7.6	333.00	0.00	333.00	5.8
Needle stick	1	7.6	277.00	0.00	277.00	4.8
Sharp objects, not otherwise classified	1	7.6	273.00	0.00	273.00	4.7
N/A	1	7.6	234.00	0.00	234.00	4.1
Door	1	7.6	0.00	0.00	0.00	0.0
Knife, NOC	1	7.6	0.00	0.00	0.00	0.0
Patient / Inmate	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 5,216.19**	**$ 494.00**	**$ 5,710.19**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	7.6	2,234.54	0.00	2,234.54	39.1
Reaching (Strain or Injury by)	1	7.6	1,528.65	0.00	1,528.65	26.7
Collision with a Fixed Object	1	7.6	256.00	494.00	750.00	13.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Clinical Laboratories (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body In Eye	2	15.3	567.00	0.00	567.00	9.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	23.0	550.00	0.00	550.00	9.6
Object being lifted/handled (cut,punc.scrape,inj b	1	7.6	80.00	0.00	80.00	1.4
Absorb, Ingest, Inhalation	1	7.6	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	7.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	7.6	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 5,216.19***	***$ 494.00***	***$ 5,710.19***	

**BODY PART

Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Foot	1
Eye(s)	3
Finger(s)	2
Hand	1
Facial, Other Soft Tissue	2
Multiple Head Injury	1
Nose	1
Thumb	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	2
Contusion	3
Foreign Body	5
Puncture	1
Laceration	3
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Clinical Support / New Team (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	4,590.51	26.00	4,616.51	75.4
2AM-3:59AM	1	25.0	0.00	750.00	750.00	12.2
4PM-5:59PM	1	25.0	262.00	488.00	750.00	12.2
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 4,852.51**	**$ 1,264.00**	**$ 6,116.51**	
LENGTH OF SERVICE						
10-12	1	25.0	4,590.51	26.00	4,616.51	75.4
2-4	1	25.0	262.00	488.00	750.00	12.2
20-22	1	25.0	0.00	750.00	750.00	12.2
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 4,852.51**	**$ 1,264.00**	**$ 6,116.51**	
AGE OF CLAIMANT						
30-34	1	25.0	4,590.51	26.00	4,616.51	75.4
40-44	2	50.0	262.00	488.00	750.00	12.2
45-49	1	25.0	0.00	750.00	750.00	12.2
	4		**$ 4,852.51**	**$ 1,264.00**	**$ 6,116.51**	
SEX OF CLAIMANT						
Female	3	75.0	4,852.51	1,264.00	6,116.51	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 4,852.51**	**$ 1,264.00**	**$ 6,116.51**	
LOSS CAUSE						
Patient / Inmate	1	25.0	4,590.51	26.00	4,616.51	75.4
Hand tool, not powered, NOC	1	25.0	262.00	488.00	750.00	12.2
Walking surface, inside, wet	2	50.0	0.00	750.00	750.00	12.2
	4		**$ 4,852.51**	**$ 1,264.00**	**$ 6,116.51**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	25.0	4,590.51	26.00	4,616.51	75.4
Fall or Slip (On Same Level)	2	50.0	0.00	750.00	750.00	12.2
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	262.00	488.00	750.00	12.2
	4		**$ 4,852.51**	**$ 1,264.00**	**$ 6,116.51**	
****BODY PART**						
Shoulder	2					
Finger(s)	1					
Knee	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	1
Contusion	4
Laceration	1

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Clinical Support / New Team (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Dentistry (52)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	412.00	0.00	412.00	100.0
	1		***$ 412.00***	***$ 0.00***	***$ 412.00***	
LENGTH OF SERVICE						
0-2	1	100.0	412.00	0.00	412.00	100.0
	1		***$ 412.00***	***$ 0.00***	***$ 412.00***	
AGE OF CLAIMANT						
45-49	1	100.0	412.00	0.00	412.00	100.0
	1		***$ 412.00***	***$ 0.00***	***$ 412.00***	
SEX OF CLAIMANT						
Female	1	100.0	412.00	0.00	412.00	100.0
	1		***$ 412.00***	***$ 0.00***	***$ 412.00***	
LOSS CAUSE						
Person	1	100.0	412.00	0.00	412.00	100.0
	1		***$ 412.00***	***$ 0.00***	***$ 412.00***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	100.0	412.00	0.00	412.00	100.0
	1		***$ 412.00***	***$ 0.00***	***$ 412.00***	
*****BODY PART***						
Whole Body	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contagious Disease	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	5	25.0	963.00	750.00	1,713.00	34.1
12AM-1:59AM	2	10.0	354.00	610.00	964.00	19.2
8AM-9:59AM	3	15.0	154.00	750.00	904.00	18.0
10AM-11:59AM	4	20.0	233.00	517.00	750.00	14.9
2AM-3:59AM	3	15.0	203.00	0.00	203.00	4.0
4PM-5:59PM	1	5.0	174.00	0.00	174.00	3.4
12PM-1:59PM	1	5.0	160.00	0.00	160.00	3.1
6PM-7:59PM	1	5.0	154.00	0.00	154.00	3.0
	20		**$ 2,395.00**	**$ 2,627.00**	**$ 5,022.00**	
LENGTH OF SERVICE						
10-12	2	10.0	393.00	517.00	910.00	18.1
0-2	8	40.0	899.00	0.00	899.00	17.9
14-16	2	10.0	780.00	0.00	780.00	15.5
2-4	2	10.0	140.00	610.00	750.00	14.9
4-6	2	10.0	0.00	750.00	750.00	14.9
6-8	1	5.0	0.00	750.00	750.00	14.9
16-18	1	5.0	183.00	0.00	183.00	3.6
20-22	2	10.0	0.00	0.00	0.00	0.0
	20		**$ 2,395.00**	**$ 2,627.00**	**$ 5,022.00**	
AGE OF CLAIMANT						
25-29	5	25.0	671.00	610.00	1,281.00	25.5
45-49	5	25.0	1,177.00	0.00	1,177.00	23.4
50-54	5	25.0	160.00	750.00	910.00	18.1
35-39	1	5.0	0.00	750.00	750.00	14.9
40-44	1	5.0	233.00	517.00	750.00	14.9
30-34	2	10.0	154.00	0.00	154.00	3.0
20-24	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 2,395.00**	**$ 2,627.00**	**$ 5,022.00**	
SEX OF CLAIMANT						
Female	10	50.0	1,408.00	1,360.00	2,768.00	55.1
Male	10	50.0	987.00	1,267.00	2,254.00	44.8
	20		**$ 2,395.00**	**$ 2,627.00**	**$ 5,022.00**	
LOSS CAUSE						
Chair	1	5.0	780.00	0.00	780.00	15.5
Boxes / containers	1	5.0	233.00	517.00	750.00	14.9
Foreign Object	3	15.0	140.00	610.00	750.00	14.9
Patient / Inmate	3	15.0	0.00	750.00	750.00	14.9
Walking surface, outside, wet	1	5.0	0.00	750.00	750.00	14.9
Needle stick	7	35.0	694.00	0.00	694.00	13.8
Person	3	15.0	388.00	0.00	388.00	7.7
Walking surface, inside, wet	1	5.0	160.00	0.00	160.00	3.1
	20		**$ 2,395.00**	**$ 2,627.00**	**$ 5,022.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	20.0	373.00	1,877.00	2,250.00	44.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	1	5.0	780.00	0.00	780.00	15.5
Fall or slip (on ice or snow)	1	5.0	0.00	750.00	750.00	14.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	6	30.0	540.00	0.00	540.00	10.7
Infectious Disease Exposure	2	10.0	388.00	0.00	388.00	7.7
Fall or Slip (On Same Level)	1	5.0	160.00	0.00	160.00	3.1
Object being lifted/handled (cut,punc.scrape,inj b	1	5.0	154.00	0.00	154.00	3.0
Absorb, Ingest, Inhalation	1	5.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	5.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	10.0	0.00	0.00	0.00	0.0
	20		***$ 2,395.00***	***$ 2,627.00***	***$ 5,022.00***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hand	3
Ankle	1
Shoulder	1
Thumb	1
Finger(s)	7
Knee	2
Whole Body	1
Lower Arm	1
Lower Leg	1
Eye(s)	1
Facial, Other Soft Tissue	1
	20

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	7
Puncture	7
Contusion	4
Contagious Disease	1
Multiple Physical Injuries Only	1
Foreign Body	2
Laceration	1
	20

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Endoscopy / Bronchoscopy (61)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	33.3	103.00	647.00	750.00	68.6
10AM-11:59AM	1	33.3	343.00	0.00	343.00	31.3
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 446.00**	**$ 647.00**	**$ 1,093.00**	
LENGTH OF SERVICE						
10-12	2	66.6	103.00	647.00	750.00	68.6
30-32	1	33.3	343.00	0.00	343.00	31.3
	3		**$ 446.00**	**$ 647.00**	**$ 1,093.00**	
AGE OF CLAIMANT						
30-34	1	33.3	103.00	647.00	750.00	68.6
40-44	1	33.3	343.00	0.00	343.00	31.3
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 446.00**	**$ 647.00**	**$ 1,093.00**	
SEX OF CLAIMANT						
Female	3	100.0	446.00	647.00	1,093.00	100.0
	3		**$ 446.00**	**$ 647.00**	**$ 1,093.00**	
LOSS CAUSE						
Foreign Object	1	33.3	103.00	647.00	750.00	68.6
Vehicle, not otherwise classified	1	33.3	343.00	0.00	343.00	31.3
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 446.00**	**$ 647.00**	**$ 1,093.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	66.6	446.00	647.00	1,093.00	100.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 446.00**	**$ 647.00**	**$ 1,093.00**	

****BODY PART**	
Finger(s)	1
Toe(s)	1
Knee	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	1
Contusion	2
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Environmental Services (64)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	100.0	60.00	750.00	810.00	100.0
	2		**$ 60.00**	**$ 750.00**	**$ 810.00**	
LENGTH OF SERVICE						
18-20	1	50.0	0.00	750.00	750.00	92.5
26-28	1	50.0	60.00	0.00	60.00	7.4
	2		**$ 60.00**	**$ 750.00**	**$ 810.00**	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	750.00	750.00	92.5
50-54	1	50.0	60.00	0.00	60.00	7.4
	2		**$ 60.00**	**$ 750.00**	**$ 810.00**	
SEX OF CLAIMANT						
Female	2	100.0	60.00	750.00	810.00	100.0
	2		**$ 60.00**	**$ 750.00**	**$ 810.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	750.00	750.00	92.5
Dust	1	50.0	60.00	0.00	60.00	7.4
	2		**$ 60.00**	**$ 750.00**	**$ 810.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	50.0	0.00	750.00	750.00	92.5
Foreign Body In Eye	1	50.0	60.00	0.00	60.00	7.4
	2		**$ 60.00**	**$ 750.00**	**$ 810.00**	
****BODY PART**						
Hand	1					
Lower Arm	1					
Eye(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Burn	2	
Foreign Body	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Finance (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
20-24	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Gastroenterology (70)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	154.00	0.00	154.00	100.0
	1		**$ 154.00**	**$ 0.00**	**$ 154.00**	
LENGTH OF SERVICE						
2-4	1	100.0	154.00	0.00	154.00	100.0
	1		**$ 154.00**	**$ 0.00**	**$ 154.00**	
AGE OF CLAIMANT						
30-34	1	100.0	154.00	0.00	154.00	100.0
	1		**$ 154.00**	**$ 0.00**	**$ 154.00**	
SEX OF CLAIMANT						
Male	1	100.0	154.00	0.00	154.00	100.0
	1		**$ 154.00**	**$ 0.00**	**$ 154.00**	
LOSS CAUSE						
Patient / Inmate	1	100.0	154.00	0.00	154.00	100.0
	1		**$ 154.00**	**$ 0.00**	**$ 154.00**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	100.0	154.00	0.00	154.00	100.0
	1		**$ 154.00**	**$ 0.00**	**$ 154.00**	
****BODY PART**						
Thumb	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
No Physical Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: General Orthopedics (72)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	203.00	0.00	203.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 0.00**	**$ 203.00**	
LENGTH OF SERVICE						
0-2	1	50.0	203.00	0.00	203.00	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 0.00**	**$ 203.00**	
AGE OF CLAIMANT						
30-34	2	100.0	203.00	0.00	203.00	100.0
	2		**$ 203.00**	**$ 0.00**	**$ 203.00**	
SEX OF CLAIMANT						
Male	2	100.0	203.00	0.00	203.00	100.0
	2		**$ 203.00**	**$ 0.00**	**$ 203.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	203.00	0.00	203.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 203.00**	**$ 0.00**	**$ 203.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	100.0	203.00	0.00	203.00	100.0
	2		**$ 203.00**	**$ 0.00**	**$ 203.00**	
****BODY PART**						
Hand	1					
Thumb	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	2	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	13.3	240.75	8,800.00	9,040.75	61.1
6AM-7:59AM	1	6.6	0.00	2,000.00	2,000.00	13.5
10AM-11:59AM	4	26.6	577.00	1,332.00	1,909.00	12.9
2AM-3:59AM	3	20.0	168.00	750.00	918.00	6.2
8AM-9:59AM	3	20.0	113.00	637.00	750.00	5.0
12PM-1:59PM	1	6.6	103.00	0.00	103.00	0.7
6PM-7:59PM	1	6.6	74.75	0.00	74.75	0.5
	15		**$ 1,276.50**	**$ 13,519.00**	**$ 14,795.50**	
LENGTH OF SERVICE						
14-16	1	6.6	0.00	8,800.00	8,800.00	59.4
2-4	7	46.6	651.50	3,332.00	3,983.50	26.9
0-2	4	26.6	103.00	750.00	853.00	5.7
22-24	1	6.6	113.00	637.00	750.00	5.0
6-8	1	6.6	409.00	0.00	409.00	2.7
18-20	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,276.50**	**$ 13,519.00**	**$ 14,795.50**	
AGE OF CLAIMANT						
55-59	3	20.0	242.75	8,800.00	9,042.75	61.1
35-39	1	6.6	0.00	2,000.00	2,000.00	13.5
40-44	3	20.0	113.00	1,387.00	1,500.00	10.1
25-29	2	13.3	577.00	582.00	1,159.00	7.8
50-54	2	13.3	103.00	750.00	853.00	5.7
30-34	1	6.6	240.75	0.00	240.75	1.6
45-49	3	20.0	0.00	0.00	0.00	0.0
	15		**$ 1,276.50**	**$ 13,519.00**	**$ 14,795.50**	
SEX OF CLAIMANT						
Male	5	33.3	522.00	11,437.00	11,959.00	80.8
Female	10	66.6	754.50	2,082.00	2,836.50	19.1
	15		**$ 1,276.50**	**$ 13,519.00**	**$ 14,795.50**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	20.0	409.00	8,800.00	9,209.00	62.2
Patient / Inmate	5	33.3	242.75	3,500.00	3,742.75	25.3
Person	1	6.6	168.00	582.00	750.00	5.0
Walking surface, outside, wet	1	6.6	113.00	637.00	750.00	5.0
Baggage/Luggage	1	6.6	240.75	0.00	240.75	1.6
Furniture / fixtures	1	6.6	103.00	0.00	103.00	0.7
Foreign Object	1	6.6	0.00	0.00	0.00	0.0
N/A	1	6.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,276.50**	**$ 13,519.00**	**$ 14,795.50**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	6.6	0.00	8,800.00	8,800.00	59.4
Lifting (strain or Injury by)	5	33.3	336.00	4,082.00	4,418.00	29.8
Fall or slip (on ice or snow)	1	6.6	113.00	637.00	750.00	5.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	1	6.6	409.00	0.00	409.00	2.7
Struck/Injured by Falling or Flying Object	1	6.6	240.75	0.00	240.75	1.6
Strike Against/Step on Stationary Object	1	6.6	103.00	0.00	103.00	0.7
Pushing Or Pulling (Strain or Injury by)	1	6.6	74.75	0.00	74.75	0.5
Collision with a Fixed Object	1	6.6	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	6.6	0.00	0.00	0.00	0.0
Assault	1	6.6	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 1,276.50***	***$ 13,519.00***	***$ 14,795.50***	

***BODY PART**

Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Lower Arm	1
Soft Tissue - Neck	1
Foot	2
Lower Leg	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	1
Finger(s)	2
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Strain	10
Contusion	3
Sprain	1
Laceration	2
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Heart Center Laboratories (77)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	1,751.30	0.00	1,751.30	100.0
	1		**$ 1,751.30**	**$ 0.00**	**$ 1,751.30**	
LENGTH OF SERVICE						
4-6	1	100.0	1,751.30	0.00	1,751.30	100.0
	1		**$ 1,751.30**	**$ 0.00**	**$ 1,751.30**	
AGE OF CLAIMANT						
50-54	1	100.0	1,751.30	0.00	1,751.30	100.0
	1		**$ 1,751.30**	**$ 0.00**	**$ 1,751.30**	
SEX OF CLAIMANT						
Male	1	100.0	1,751.30	0.00	1,751.30	100.0
	1		**$ 1,751.30**	**$ 0.00**	**$ 1,751.30**	
LOSS CAUSE						
Patient / Inmate	1	100.0	1,751.30	0.00	1,751.30	100.0
	1		**$ 1,751.30**	**$ 0.00**	**$ 1,751.30**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	1,751.30	0.00	1,751.30	100.0
	1		**$ 1,751.30**	**$ 0.00**	**$ 1,751.30**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Home Health (78)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	365.00	385.00	750.00	50.0
8AM-9:59AM	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 365.00**	**$ 1,135.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
2-4	1	50.0	365.00	385.00	750.00	50.0
4-6	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 365.00**	**$ 1,135.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
50-54	2	100.0	365.00	1,135.00	1,500.00	100.0
	2		**$ 365.00**	**$ 1,135.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	50.0
Male	1	50.0	365.00	385.00	750.00	50.0
	2		**$ 365.00**	**$ 1,135.00**	**$ 1,500.00**	
LOSS CAUSE						
Patient / Inmate	1	50.0	0.00	750.00	750.00	50.0
Vehicle/car/truck	1	50.0	365.00	385.00	750.00	50.0
	2		**$ 365.00**	**$ 1,135.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	50.0	365.00	385.00	750.00	50.0
Lifting (strain or Injury by)	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 365.00**	**$ 1,135.00**	**$ 1,500.00**	
****BODY PART**						
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
Multiple Neck Injury	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	3					
Laceration	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Hospitality Houses (79)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Internal Medicine Dept (82)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	40.0	575.00	0.00	575.00	49.0
Unknown	1	20.0	472.60	0.00	472.60	40.3
10AM-11:59AM	1	20.0	125.00	0.00	125.00	10.6
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,172.60**	**$ 0.00**	**$ 1,172.60**	
LENGTH OF SERVICE						
0-2	4	80.0	989.60	0.00	989.60	84.3
2-4	1	20.0	183.00	0.00	183.00	15.6
	5		**$ 1,172.60**	**$ 0.00**	**$ 1,172.60**	
AGE OF CLAIMANT						
30-34	2	40.0	575.00	0.00	575.00	49.0
35-39	2	40.0	472.60	0.00	472.60	40.3
25-29	1	20.0	125.00	0.00	125.00	10.6
	5		**$ 1,172.60**	**$ 0.00**	**$ 1,172.60**	
SEX OF CLAIMANT						
Male	4	80.0	780.60	0.00	780.60	66.5
Female	1	20.0	392.00	0.00	392.00	33.4
	5		**$ 1,172.60**	**$ 0.00**	**$ 1,172.60**	
LOSS CAUSE						
Sharp objects, not otherwise classified	2	40.0	472.60	0.00	472.60	40.3
Needle stick	1	20.0	392.00	0.00	392.00	33.4
Knife, NOC	1	20.0	183.00	0.00	183.00	15.6
Foreign Object	1	20.0	125.00	0.00	125.00	10.6
	5		**$ 1,172.60**	**$ 0.00**	**$ 1,172.60**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	80.0	1,047.60	0.00	1,047.60	89.3
Foreign Body In Eye	1	20.0	125.00	0.00	125.00	10.6
	5		**$ 1,172.60**	**$ 0.00**	**$ 1,172.60**	
****BODY PART**						
Finger(s)	3					
Eye(s)	1					
Thumb	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Foreign Body	2
Laceration	2
Puncture	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:00

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Internal Medicine Dept (82)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Kcrc (84)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	44.4	173.00	3,150.00	3,323.00	76.9
12AM-1:59AM	2	22.2	257.75	492.25	750.00	17.3
2PM-3:59PM	1	11.1	243.15	0.00	243.15	5.6
6AM-7:59AM	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 673.90**	**$ 3,642.25**	**$ 4,316.15**	
LENGTH OF SERVICE						
0-2	2	22.2	0.00	2,400.00	2,400.00	55.6
2-4	2	22.2	0.00	750.00	750.00	17.3
6-8	1	11.1	257.75	492.25	750.00	17.3
14-16	1	11.1	243.15	0.00	243.15	5.6
8-10	1	11.1	128.00	0.00	128.00	2.9
12-14	1	11.1	45.00	0.00	45.00	1.0
10-12	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 673.90**	**$ 3,642.25**	**$ 4,316.15**	
AGE OF CLAIMANT						
40-44	5	55.5	500.90	2,892.25	3,393.15	78.6
30-34	1	11.1	0.00	750.00	750.00	17.3
35-39	1	11.1	128.00	0.00	128.00	2.9
50-54	1	11.1	45.00	0.00	45.00	1.0
20-24	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 673.90**	**$ 3,642.25**	**$ 4,316.15**	
SEX OF CLAIMANT						
Male	5	55.5	673.90	2,892.25	3,566.15	82.6
Female	4	44.4	0.00	750.00	750.00	17.3
	9		**$ 673.90**	**$ 3,642.25**	**$ 4,316.15**	
LOSS CAUSE						
Patient / Inmate	3	33.3	0.00	3,150.00	3,150.00	72.9
Electrical equipment	1	11.1	257.75	492.25	750.00	17.3
Furniture / fixtures	1	11.1	243.15	0.00	243.15	5.6
Minerals / dirt	1	11.1	128.00	0.00	128.00	2.9
Knife, NOC	1	11.1	45.00	0.00	45.00	1.0
Computer Work Station	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 673.90**	**$ 3,642.25**	**$ 4,316.15**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	33.3	0.00	3,150.00	3,150.00	72.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	257.75	492.25	750.00	17.3
Strike Against/Step on Stationary Object	1	11.1	243.15	0.00	243.15	5.6
Foreign Body In Eye	1	11.1	128.00	0.00	128.00	2.9
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	45.00	0.00	45.00	1.0
Repetitive Motion	1	11.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Kcrc (84)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		$ 673.90	$ 3,642.25	$ 4,316.15	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Insufficient Information	1					
Multiple Head Injury	1					
Hand	1					
Eye(s)	1					
Thumb	1					
Wrist	1					
Hip	1					
Upper Leg	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	4					
Laceration	3					
Foreign Body	2					
Contusion	2					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Linen Services Department (86)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	148.00	0.00	148.00	58.9
6AM-7:59AM	1	50.0	103.00	0.00	103.00	41.0
	2		**$ 251.00**	**$ 0.00**	**$ 251.00**	
LENGTH OF SERVICE						
20-22	1	50.0	148.00	0.00	148.00	58.9
22-24	1	50.0	103.00	0.00	103.00	41.0
	2		**$ 251.00**	**$ 0.00**	**$ 251.00**	
AGE OF CLAIMANT						
60-64	1	50.0	148.00	0.00	148.00	58.9
55-59	1	50.0	103.00	0.00	103.00	41.0
	2		**$ 251.00**	**$ 0.00**	**$ 251.00**	
SEX OF CLAIMANT						
Female	2	100.0	251.00	0.00	251.00	100.0
	2		**$ 251.00**	**$ 0.00**	**$ 251.00**	
LOSS CAUSE						
Cart	1	50.0	148.00	0.00	148.00	58.9
Foreign Object	1	50.0	103.00	0.00	103.00	41.0
	2		**$ 251.00**	**$ 0.00**	**$ 251.00**	
ACCIDENT TYPE						
Struck/Injured by Hand Tool/Machine In Use	1	50.0	148.00	0.00	148.00	58.9
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	103.00	0.00	103.00	41.0
	2		**$ 251.00**	**$ 0.00**	**$ 251.00**	
****BODY PART**						
Foot	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Crushing	1	
Laceration	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medical Affairs (88)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
LENGTH OF SERVICE						
0-2	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
AGE OF CLAIMANT						
20-24	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
SEX OF CLAIMANT						
Female	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Puncture	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medical Center Admin (89)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Multiple Head Injury	1					
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medical Computing (90)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	878.00	34,415.75	35,293.75	100.0
	1		**$ 878.00**	**$ 34,415.75**	**$ 35,293.75**	
LENGTH OF SERVICE						
4-6	1	100.0	878.00	34,415.75	35,293.75	100.0
	1		**$ 878.00**	**$ 34,415.75**	**$ 35,293.75**	
AGE OF CLAIMANT						
45-49	1	100.0	878.00	34,415.75	35,293.75	100.0
	1		**$ 878.00**	**$ 34,415.75**	**$ 35,293.75**	
SEX OF CLAIMANT						
Female	1	100.0	878.00	34,415.75	35,293.75	100.0
	1		**$ 878.00**	**$ 34,415.75**	**$ 35,293.75**	
LOSS CAUSE						
Uneven Surface	1	100.0	878.00	34,415.75	35,293.75	100.0
	1		**$ 878.00**	**$ 34,415.75**	**$ 35,293.75**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	878.00	34,415.75	35,293.75	100.0
	1		**$ 878.00**	**$ 34,415.75**	**$ 35,293.75**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medical Intensive Care Unit / Micu (91)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	606.00	750.00	1,356.00	47.3
4PM-5:59PM	1	20.0	1,302.85	0.00	1,302.85	45.5
12PM-1:59PM	1	20.0	203.00	0.00	203.00	7.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,111.85**	**$ 750.00**	**$ 2,861.85**	
LENGTH OF SERVICE						
0-2	4	80.0	2,111.85	0.00	2,111.85	73.7
10-12	1	20.0	0.00	750.00	750.00	26.2
	5		**$ 2,111.85**	**$ 750.00**	**$ 2,861.85**	
AGE OF CLAIMANT						
35-39	2	40.0	606.00	750.00	1,356.00	47.3
25-29	1	20.0	1,302.85	0.00	1,302.85	45.5
30-34	1	20.0	203.00	0.00	203.00	7.0
20-24	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,111.85**	**$ 750.00**	**$ 2,861.85**	
SEX OF CLAIMANT						
Female	5	100.0	2,111.85	750.00	2,861.85	100.0
	5		**$ 2,111.85**	**$ 750.00**	**$ 2,861.85**	
LOSS CAUSE						
Patient / Inmate	1	20.0	1,302.85	0.00	1,302.85	45.5
Glass bottle / sheet	1	20.0	0.00	750.00	750.00	26.2
N/A	1	20.0	606.00	0.00	606.00	21.1
Hand tool, not powered, NOC	1	20.0	203.00	0.00	203.00	7.0
Foreign Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,111.85**	**$ 750.00**	**$ 2,861.85**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	20.0	1,302.85	0.00	1,302.85	45.5
Cut,puncture,scrape, injured by (Broken Glass)	1	20.0	0.00	750.00	750.00	26.2
Foreign Body In Eye	1	20.0	606.00	0.00	606.00	21.1
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	203.00	0.00	203.00	7.0
Absorb, Ingest, Inhalation	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,111.85**	**$ 750.00**	**$ 2,861.85**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					
Thumb	1					
Eye(s)	2					
Finger(s)	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medical Intensive Care Unit / Micu (91)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	2					
Laceration	1					
Foreign Body	2					
Puncture	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medical Record Department (92)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	1,193.50	0.00	1,193.50	100.0
	1		***$ 1,193.50***	***$ 0.00***	***$ 1,193.50***	
LENGTH OF SERVICE						
0-2	1	100.0	1,193.50	0.00	1,193.50	100.0
	1		***$ 1,193.50***	***$ 0.00***	***$ 1,193.50***	
AGE OF CLAIMANT						
25-29	1	100.0	1,193.50	0.00	1,193.50	100.0
	1		***$ 1,193.50***	***$ 0.00***	***$ 1,193.50***	
SEX OF CLAIMANT						
Female	1	100.0	1,193.50	0.00	1,193.50	100.0
	1		***$ 1,193.50***	***$ 0.00***	***$ 1,193.50***	
LOSS CAUSE						
Door	1	100.0	1,193.50	0.00	1,193.50	100.0
	1		***$ 1,193.50***	***$ 0.00***	***$ 1,193.50***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	1,193.50	0.00	1,193.50	100.0
	1		***$ 1,193.50***	***$ 0.00***	***$ 1,193.50***	
*****BODY PART***						
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	1	
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:01

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Medicine - Health Sciences - Vp (94)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Computer Work Station	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Mjh Psychiatry - Rucker 3 (95)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
6AM-7:59AM	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	25.0	0.00	0.00	0.00	0.0
0-2	2	50.0	0.00	0.00	0.00	0.0
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	2	50.0	0.00	0.00	0.00	0.0
45-49	1	25.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	3	75.0	0.00	0.00	0.00	0.0
Overhead Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Human Bite	1	25.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Arm	2					
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
Laceration	2	
Strain	1	
	4	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Nephrology (97)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	103.00	0.00	103.00	63.1
4AM-5:59AM	1	50.0	60.00	0.00	60.00	36.8
	2		**$ 163.00**	**$ 0.00**	**$ 163.00**	
LENGTH OF SERVICE						
0-2	2	100.0	163.00	0.00	163.00	100.0
	2		**$ 163.00**	**$ 0.00**	**$ 163.00**	
AGE OF CLAIMANT						
35-39	1	50.0	103.00	0.00	103.00	63.1
25-29	1	50.0	60.00	0.00	60.00	36.8
	2		**$ 163.00**	**$ 0.00**	**$ 163.00**	
SEX OF CLAIMANT						
Male	2	100.0	163.00	0.00	163.00	100.0
	2		**$ 163.00**	**$ 0.00**	**$ 163.00**	
LOSS CAUSE						
Needle stick	2	100.0	163.00	0.00	163.00	100.0
	2		**$ 163.00**	**$ 0.00**	**$ 163.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	100.0	163.00	0.00	163.00	100.0
	2		**$ 163.00**	**$ 0.00**	**$ 163.00**	
****BODY PART**						
Finger(s)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	2	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Neuro Icu Nnicu (98)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	0.00	750.00	750.00	83.5
4AM-5:59AM	2	66.6	148.00	0.00	148.00	16.4
	3		**$ 148.00**	**$ 750.00**	**$ 898.00**	
LENGTH OF SERVICE						
2-4	2	66.6	148.00	750.00	898.00	100.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.00**	**$ 750.00**	**$ 898.00**	
AGE OF CLAIMANT						
35-39	2	66.6	0.00	750.00	750.00	83.5
25-29	1	33.3	148.00	0.00	148.00	16.4
	3		**$ 148.00**	**$ 750.00**	**$ 898.00**	
SEX OF CLAIMANT						
Male	1	33.3	0.00	750.00	750.00	83.5
Female	2	66.6	148.00	0.00	148.00	16.4
	3		**$ 148.00**	**$ 750.00**	**$ 898.00**	
LOSS CAUSE						
Patient / Inmate	3	100.0	148.00	750.00	898.00	100.0
	3		**$ 148.00**	**$ 750.00**	**$ 898.00**	
ACCIDENT TYPE						
Assault	2	66.6	0.00	750.00	750.00	83.5
Stuck, injured by fellow worker, patient	1	33.3	148.00	0.00	148.00	16.4
	3		**$ 148.00**	**$ 750.00**	**$ 898.00**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
Strain	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Neurosurgery Department (101)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	391.10	0.00	391.10	49.3
4AM-5:59AM	1	25.0	307.00	0.00	307.00	38.7
10AM-11:59AM	2	50.0	94.00	0.00	94.00	11.8
	4		**$ 792.10**	**$ 0.00**	**$ 792.10**	
LENGTH OF SERVICE						
2-4	2	50.0	391.10	0.00	391.10	49.3
6-8	1	25.0	307.00	0.00	307.00	38.7
0-2	1	25.0	94.00	0.00	94.00	11.8
	4		**$ 792.10**	**$ 0.00**	**$ 792.10**	
AGE OF CLAIMANT						
25-29	3	75.0	485.10	0.00	485.10	61.2
30-34	1	25.0	307.00	0.00	307.00	38.7
	4		**$ 792.10**	**$ 0.00**	**$ 792.10**	
SEX OF CLAIMANT						
Male	4	100.0	792.10	0.00	792.10	100.0
	4		**$ 792.10**	**$ 0.00**	**$ 792.10**	
LOSS CAUSE						
Needle stick	3	75.0	698.10	0.00	698.10	88.1
Sharp objects, not otherwise classified	1	25.0	94.00	0.00	94.00	11.8
	4		**$ 792.10**	**$ 0.00**	**$ 792.10**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	100.0	792.10	0.00	792.10	100.0
	4		**$ 792.10**	**$ 0.00**	**$ 792.10**	
****BODY PART**						
Finger(s)	3					
Hand	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Puncture	4
	4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Newborn Icu / Ecmo / Nicu (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	25.0	1,801.16	8,648.84	10,450.00	61.0
10AM-11:59AM	1	25.0	4,731.11	1,735.17	6,466.28	37.7
12PM-1:59PM	1	25.0	130.00	0.00	130.00	0.7
4AM-5:59AM	1	25.0	80.00	0.00	80.00	0.4
	4		***$ 6,742.27***	***$ 10,384.01***	***$ 17,126.28***	
LENGTH OF SERVICE						
16-18	1	25.0	1,801.16	8,648.84	10,450.00	61.0
10-12	2	50.0	4,811.11	1,735.17	6,546.28	38.2
0-2	1	25.0	130.00	0.00	130.00	0.7
	4		***$ 6,742.27***	***$ 10,384.01***	***$ 17,126.28***	
AGE OF CLAIMANT						
35-39	2	50.0	1,881.16	8,648.84	10,530.00	61.4
45-49	1	25.0	4,731.11	1,735.17	6,466.28	37.7
40-44	1	25.0	130.00	0.00	130.00	0.7
	4		***$ 6,742.27***	***$ 10,384.01***	***$ 17,126.28***	
SEX OF CLAIMANT						
Female	4	100.0	6,742.27	10,384.01	17,126.28	100.0
	4		***$ 6,742.27***	***$ 10,384.01***	***$ 17,126.28***	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	25.0	1,801.16	8,648.84	10,450.00	61.0
Walking surface, outside, dry	1	25.0	4,731.11	1,735.17	6,466.28	37.7
Gloves	1	25.0	130.00	0.00	130.00	0.7
Foreign Object	1	25.0	80.00	0.00	80.00	0.4
	4		***$ 6,742.27***	***$ 10,384.01***	***$ 17,126.28***	
ACCIDENT TYPE						
Stepping On Sharp Object	1	25.0	1,801.16	8,648.84	10,450.00	61.0
Fall or slip (into Openings)	1	25.0	4,731.11	1,735.17	6,466.28	37.7
Allergic Reaction	1	25.0	130.00	0.00	130.00	0.7
Absorb, Ingest, Inhalation	1	25.0	80.00	0.00	80.00	0.4
	4		***$ 6,742.27***	***$ 10,384.01***	***$ 17,126.28***	
****BODY PART**						
Ankle	1					
Foot	1					
Facial, Other Soft Tissue	1					
Finger(s)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Fracture	1
Strain	1
Dermatitis	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Newborn Icu / Ecmo / Nicu (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Northridge Internal Medicine (104)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
******BODY PART***						
Whole Body	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

******INJURY***		
Contagious Disease	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Nutrition Services (106)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
32-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Knife, NOC	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Thumb	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***						
Laceration	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Obstetrics & Gynecology Dept (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	295.20	0.00	295.20	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 295.20**	**$ 0.00**	**$ 295.20**	
LENGTH OF SERVICE						
0-2	1	50.0	295.20	0.00	295.20	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 295.20**	**$ 0.00**	**$ 295.20**	
AGE OF CLAIMANT						
25-29	2	100.0	295.20	0.00	295.20	100.0
	2		**$ 295.20**	**$ 0.00**	**$ 295.20**	
SEX OF CLAIMANT						
Male	1	50.0	295.20	0.00	295.20	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 295.20**	**$ 0.00**	**$ 295.20**	
LOSS CAUSE						
Needle stick	2	100.0	295.20	0.00	295.20	100.0
	2		**$ 295.20**	**$ 0.00**	**$ 295.20**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	100.0	295.20	0.00	295.20	100.0
	2		**$ 295.20**	**$ 0.00**	**$ 295.20**	
****BODY PART**						
Thumb	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	10.5	60.00	2,000.00	2,060.00	32.1
6AM-7:59AM	2	10.5	0.00	1,750.00	1,750.00	27.3
8AM-9:59AM	8	42.1	407.00	647.00	1,054.00	16.4
10AM-11:59AM	3	15.7	103.00	750.00	853.00	13.3
12AM-1:59AM	2	10.5	682.65	0.00	682.65	10.6
12PM-1:59PM	2	10.5	0.00	0.00	0.00	0.0
	19		**$ 1,252.65**	**$ 5,147.00**	**$ 6,399.65**	
LENGTH OF SERVICE						
0-2	5	26.3	0.00	2,500.00	2,500.00	39.0
2-4	3	15.7	163.00	2,000.00	2,163.00	33.8
18-20	2	10.5	883.65	0.00	883.65	13.8
12-14	2	10.5	103.00	647.00	750.00	11.7
22-24	1	5.2	103.00	0.00	103.00	1.6
20-22	1	5.2	0.00	0.00	0.00	0.0
14-16	1	5.2	0.00	0.00	0.00	0.0
24-26	1	5.2	0.00	0.00	0.00	0.0
28-30	1	5.2	0.00	0.00	0.00	0.0
4-6	1	5.2	0.00	0.00	0.00	0.0
6-8	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 1,252.65**	**$ 5,147.00**	**$ 6,399.65**	
AGE OF CLAIMANT						
50-54	6	31.5	261.00	2,750.00	3,011.00	47.0
45-49	5	26.3	206.00	1,750.00	1,956.00	30.5
55-59	4	21.0	103.00	647.00	750.00	11.7
40-44	3	15.7	682.65	0.00	682.65	10.6
30-34	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 1,252.65**	**$ 5,147.00**	**$ 6,399.65**	
SEX OF CLAIMANT						
Female	17	89.4	467.00	4,500.00	4,967.00	77.6
Male	2	10.5	785.65	647.00	1,432.65	22.3
	19		**$ 1,252.65**	**$ 5,147.00**	**$ 6,399.65**	
LOSS CAUSE						
Door	2	10.5	0.00	2,000.00	2,000.00	31.2
Foreign Object	2	10.5	0.00	1,750.00	1,750.00	27.3
Sharp objects, not otherwise classified	1	5.2	103.00	647.00	750.00	11.7
Walking surface, outside, dry	1	5.2	0.00	750.00	750.00	11.7
Miscellaneous	1	5.2	682.65	0.00	682.65	10.6
Vehicle, not otherwise classified	1	5.2	201.00	0.00	201.00	3.1
Overhead Object	3	15.7	103.00	0.00	103.00	1.6
Stone / rock / brick	1	5.2	103.00	0.00	103.00	1.6
Needle stick	3	15.7	60.00	0.00	60.00	0.9
N/A	1	5.2	0.00	0.00	0.00	0.0
Cart	1	5.2	0.00	0.00	0.00	0.0
Floor	1	5.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	5.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	19		**$ 1,252.65**	**$ 5,147.00**	**$ 6,399.65**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	5.2	0.00	2,000.00	2,000.00	31.2
Collision with a Fixed Object	3	15.7	103.00	1,750.00	1,853.00	28.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	26.3	163.00	647.00	810.00	12.6
Fall or slip (into Openings)	1	5.2	0.00	750.00	750.00	11.7
Twisting, strain or injury by	2	10.5	682.65	0.00	682.65	10.6
Struck/Injured by Object Being Lifted/Handled	1	5.2	201.00	0.00	201.00	3.1
Struck/Injured by Falling or Flying Object	1	5.2	103.00	0.00	103.00	1.6
Strike Against/Step on Stationary Object	1	5.2	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	5.2	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	5.2	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	5.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 1,252.65**	**$ 5,147.00**	**$ 6,399.65**	

*****BODY PART***	
Knee	5
Lower Arm	2
Upper Arm (Inc: Clavicle and Scapula)	1
Finger(s)	3
Elbow	1
Wrist	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Foot	1
Multiple Head Injury	3
Shoulder	1
Buttocks	1
Hand	1
Lower Leg	1
Thumb	1
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	13
Sprain	1
Laceration	2
Strain	2
Puncture	3
Burn	1
Foreign Body	1
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Ophthalmology Department (113)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	103.00	1,397.00	1,500.00	42.6
2AM-3:59AM	2	33.3	517.50	750.00	1,267.50	36.0
8AM-9:59AM	1	16.6	0.00	750.00	750.00	21.3
6AM-7:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 620.50**	**$ 2,897.00**	**$ 3,517.50**	
LENGTH OF SERVICE						
12-14	2	33.3	620.50	647.00	1,267.50	36.0
0-2	2	33.3	0.00	750.00	750.00	21.3
14-16	1	16.6	0.00	750.00	750.00	21.3
2-4	1	16.6	0.00	750.00	750.00	21.3
	6		**$ 620.50**	**$ 2,897.00**	**$ 3,517.50**	
AGE OF CLAIMANT						
20-24	1	16.6	0.00	750.00	750.00	21.3
30-34	2	33.3	0.00	750.00	750.00	21.3
40-44	1	16.6	0.00	750.00	750.00	21.3
45-49	1	16.6	103.00	647.00	750.00	21.3
50-54	1	16.6	517.50	0.00	517.50	14.7
	6		**$ 620.50**	**$ 2,897.00**	**$ 3,517.50**	
SEX OF CLAIMANT						
Female	5	83.3	620.50	2,897.00	3,517.50	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 620.50**	**$ 2,897.00**	**$ 3,517.50**	
LOSS CAUSE						
Foreign Object	2	33.3	103.00	1,397.00	1,500.00	42.6
Unknown	1	16.6	0.00	750.00	750.00	21.3
Office equipment	1	16.6	0.00	750.00	750.00	21.3
Patient / Inmate	1	16.6	517.50	0.00	517.50	14.7
Walking surface, inside, wet	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 620.50**	**$ 2,897.00**	**$ 3,517.50**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	33.3	517.50	750.00	1,267.50	36.0
Contact With Hot Object or Substances	1	16.6	103.00	647.00	750.00	21.3
Repetitive Motion	1	16.6	0.00	750.00	750.00	21.3
Twisting, strain or injury by	1	16.6	0.00	750.00	750.00	21.3
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 620.50**	**$ 2,897.00**	**$ 3,517.50**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Hand	1					
Hip	1					
Wrist	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Ophthalmology Department (113)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	5
Burn	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Otolaryngology (117)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Chair	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pathology Clinical Laboratories (118)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	66.6	103.00	647.00	750.00	100.0
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 647.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	3	100.0	103.00	647.00	750.00	100.0
	3		**$ 103.00**	**$ 647.00**	**$ 750.00**	
AGE OF CLAIMANT						
60-64	1	33.3	103.00	647.00	750.00	100.0
30-34	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 647.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	3	100.0	103.00	647.00	750.00	100.0
	3		**$ 103.00**	**$ 647.00**	**$ 750.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	33.3	103.00	647.00	750.00	100.0
Sharp objects, not otherwise classified	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 647.00**	**$ 750.00**	
ACCIDENT TYPE						
Allergic Reaction	1	33.3	103.00	647.00	750.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 647.00**	**$ 750.00**	
****BODY PART**						
Hand	1					
Finger(s)	2					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Dermatitis	1	
Laceration	2	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pcs Admin (124)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
12-14	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pediatrics Department (126)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:02

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pharmacy (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	1,680.71	0.00	1,680.71	52.8
4AM-5:59AM	1	25.0	0.00	750.00	750.00	23.5
6AM-7:59AM	1	25.0	0.00	750.00	750.00	23.5
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,680.71**	**$ 1,500.00**	**$ 3,180.71**	
LENGTH OF SERVICE						
4-6	1	25.0	1,680.71	0.00	1,680.71	52.8
12-14	1	25.0	0.00	750.00	750.00	23.5
40-42	1	25.0	0.00	750.00	750.00	23.5
0-2	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,680.71**	**$ 1,500.00**	**$ 3,180.71**	
AGE OF CLAIMANT						
40-44	1	25.0	1,680.71	0.00	1,680.71	52.8
50-54	1	25.0	0.00	750.00	750.00	23.5
60-64	1	25.0	0.00	750.00	750.00	23.5
35-39	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,680.71**	**$ 1,500.00**	**$ 3,180.71**	
SEX OF CLAIMANT						
Female	2	50.0	1,680.71	750.00	2,430.71	76.4
Male	2	50.0	0.00	750.00	750.00	23.5
	4		**$ 1,680.71**	**$ 1,500.00**	**$ 3,180.71**	
LOSS CAUSE						
Boxes / containers	1	25.0	1,680.71	0.00	1,680.71	52.8
Glass bottle / sheet	1	25.0	0.00	750.00	750.00	23.5
Walking surface, outside, wet	1	25.0	0.00	750.00	750.00	23.5
Needle stick	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,680.71**	**$ 1,500.00**	**$ 3,180.71**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	1,680.71	0.00	1,680.71	52.8
Cut,puncture,scrape, injured by (Broken Glass)	1	25.0	0.00	750.00	750.00	23.5
Fall or slip (on ice or snow)	1	25.0	0.00	750.00	750.00	23.5
Stuck, injured by fellow worker, patient	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,680.71**	**$ 1,500.00**	**$ 3,180.71**	
****BODY PART**						
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Finger(s)	2					
Multiple Neck Injury	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pharmacy (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	3					
Laceration	1					
Strain	1					
Puncture	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Plastic Surgery (128)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	80.00	0.00	80.00	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 80.00**	**$ 0.00**	**$ 80.00**	
LENGTH OF SERVICE						
0-2	2	100.0	80.00	0.00	80.00	100.0
	2		**$ 80.00**	**$ 0.00**	**$ 80.00**	
AGE OF CLAIMANT						
30-34	1	50.0	80.00	0.00	80.00	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 80.00**	**$ 0.00**	**$ 80.00**	
SEX OF CLAIMANT						
Male	2	100.0	80.00	0.00	80.00	100.0
	2		**$ 80.00**	**$ 0.00**	**$ 80.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	80.00	0.00	80.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 80.00**	**$ 0.00**	**$ 80.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	100.0	80.00	0.00	80.00	100.0
	2		**$ 80.00**	**$ 0.00**	**$ 80.00**	
****BODY PART**						
Finger(s)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pacu / Sas / Pac (129)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	50.0	920.20	769.80	1,690.00	90.2
10AM-11:59AM	1	16.6	182.37	0.00	182.37	9.7
2AM-3:59AM	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 1,102.57**	**$ 769.80**	**$ 1,872.37**	
LENGTH OF SERVICE						
10-12	2	33.3	730.20	769.80	1,500.00	80.1
0-2	1	16.6	190.00	0.00	190.00	10.1
2-4	1	16.6	182.37	0.00	182.37	9.7
18-20	1	16.6	0.00	0.00	0.00	0.0
8-10	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,102.57**	**$ 769.80**	**$ 1,872.37**	
AGE OF CLAIMANT						
30-34	2	33.3	730.20	769.80	1,500.00	80.1
50-54	2	33.3	190.00	0.00	190.00	10.1
45-49	1	16.6	182.37	0.00	182.37	9.7
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,102.57**	**$ 769.80**	**$ 1,872.37**	
SEX OF CLAIMANT						
Female	5	83.3	1,102.57	769.80	1,872.37	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,102.57**	**$ 769.80**	**$ 1,872.37**	
LOSS CAUSE						
Furniture / fixtures	1	16.6	339.20	410.80	750.00	40.0
Vehicle, not otherwise classified	1	16.6	391.00	359.00	750.00	40.0
Patient / Inmate	2	33.3	190.00	0.00	190.00	10.1
Cabinet	1	16.6	182.37	0.00	182.37	9.7
Needle stick	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,102.57**	**$ 769.80**	**$ 1,872.37**	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	33.3	573.37	359.00	932.37	49.8
Struck/Injured by Falling or Flying Object	1	16.6	339.20	410.80	750.00	40.0
Human Bite	1	16.6	190.00	0.00	190.00	10.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	16.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,102.57**	**$ 769.80**	**$ 1,872.37**	
****BODY PART**						
Finger(s)	5					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pacu / Sas / Pac (129)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	1					
Crushing	1					
Puncture	2					
Laceration	1					
Strain	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Pre-cert / Pre-auth (130)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Chair	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hip	1					
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Radiation Oncology (134)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	0.00	750.00	750.00	94.3
12PM-1:59PM	1	50.0	45.00	0.00	45.00	5.6
	2		**$ 45.00**	**$ 750.00**	**$ 795.00**	
LENGTH OF SERVICE						
14-16	1	50.0	0.00	750.00	750.00	94.3
2-4	1	50.0	45.00	0.00	45.00	5.6
	2		**$ 45.00**	**$ 750.00**	**$ 795.00**	
AGE OF CLAIMANT						
50-54	2	100.0	45.00	750.00	795.00	100.0
	2		**$ 45.00**	**$ 750.00**	**$ 795.00**	
SEX OF CLAIMANT						
Male	1	50.0	0.00	750.00	750.00	94.3
Female	1	50.0	45.00	0.00	45.00	5.6
	2		**$ 45.00**	**$ 750.00**	**$ 795.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	0.00	750.00	750.00	94.3
Hand tool, not powered, NOC	1	50.0	45.00	0.00	45.00	5.6
	2		**$ 45.00**	**$ 750.00**	**$ 795.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	0.00	750.00	750.00	94.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	45.00	0.00	45.00	5.6
	2		**$ 45.00**	**$ 750.00**	**$ 795.00**	
****BODY PART**						
Knee	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
Laceration	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	18.7	2,929.00	0.00	2,929.00	32.5
12AM-1:59AM	2	12.5	741.45	758.55	1,500.00	16.6
4AM-5:59AM	2	12.5	103.00	1,397.00	1,500.00	16.6
12PM-1:59PM	3	18.7	771.22	480.15	1,251.37	13.9
6AM-7:59AM	1	6.2	168.00	582.00	750.00	8.3
8AM-9:59AM	3	18.7	65.00	685.00	750.00	8.3
4PM-5:59PM	1	6.2	313.00	0.00	313.00	3.4
2AM-3:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 5,090.67**	**$ 3,902.70**	**$ 8,993.37**	
LENGTH OF SERVICE						
2-4	5	31.2	2,929.00	750.00	3,679.00	40.9
0-2	4	25.0	538.22	480.15	1,018.37	11.3
10-12	2	12.5	336.00	647.00	983.00	10.9
12-14	1	6.2	65.00	685.00	750.00	8.3
22-24	1	6.2	168.00	582.00	750.00	8.3
26-28	1	6.2	741.45	8.55	750.00	8.3
6-8	1	6.2	0.00	750.00	750.00	8.3
4-6	1	6.2	313.00	0.00	313.00	3.4
	16		**$ 5,090.67**	**$ 3,902.70**	**$ 8,993.37**	
AGE OF CLAIMANT						
35-39	6	37.5	3,265.00	1,397.00	4,662.00	51.8
55-59	2	12.5	168.00	1,332.00	1,500.00	16.6
20-24	3	18.7	582.85	480.15	1,063.00	11.8
40-44	3	18.7	333.37	685.00	1,018.37	11.3
50-54	1	6.2	741.45	8.55	750.00	8.3
45-49	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 5,090.67**	**$ 3,902.70**	**$ 8,993.37**	
SEX OF CLAIMANT						
Male	6	37.5	3,032.00	2,147.00	5,179.00	57.5
Female	10	62.5	2,058.67	1,755.70	3,814.37	42.4
	16		**$ 5,090.67**	**$ 3,902.70**	**$ 8,993.37**	
LOSS CAUSE						
Patient / Inmate	7	43.7	1,427.30	1,885.70	3,313.00	36.8
Ladder - Fixed	1	6.2	2,194.00	0.00	2,194.00	24.4
Radiation / X-Ray	2	12.5	233.00	1,267.00	1,500.00	16.6
Foreign Object	3	18.7	0.00	750.00	750.00	8.3
Cart	1	6.2	735.00	0.00	735.00	8.1
Furniture / fixtures	2	12.5	501.37	0.00	501.37	5.5
	16		**$ 5,090.67**	**$ 3,902.70**	**$ 8,993.37**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	8	50.0	1,695.67	2,635.70	4,331.37	48.1
Fall or Slip (On Same Level)	1	6.2	2,194.00	0.00	2,194.00	24.4
Strike Against/Step on Stationary Object	2	12.5	968.00	0.00	968.00	10.7
Collapsing materials (Slides of Earth)	1	6.2	65.00	685.00	750.00	8.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	2	12.5	168.00	582.00	750.00	8.3
Contact with Cold Objects or Substances	1	6.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 5,090.67**	**$ 3,902.70**	**$ 8,993.37**	

**BODY PART

Lower Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Abdomen including Groin	2
Ankle	1
Shoulder	1
Wrist	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Skull	1
Finger(s)	1
Eye(s)	1
Facial, Other Soft Tissue	1
Hand	1
	16

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	9
Sprain	3
Contusion	1
Puncture	1
Foreign Body	2
Laceration	1
	16

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Regional Pool (136)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	33.3	353.00	0.00	353.00	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 353.00**	**$ 0.00**	**$ 353.00**	
LENGTH OF SERVICE						
0-2	1	33.3	353.00	0.00	353.00	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 353.00**	**$ 0.00**	**$ 353.00**	
AGE OF CLAIMANT						
40-44	3	100.0	353.00	0.00	353.00	100.0
	3		**$ 353.00**	**$ 0.00**	**$ 353.00**	
SEX OF CLAIMANT						
Female	3	100.0	353.00	0.00	353.00	100.0
	3		**$ 353.00**	**$ 0.00**	**$ 353.00**	
LOSS CAUSE						
Gloves	1	33.3	353.00	0.00	353.00	100.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 353.00**	**$ 0.00**	**$ 353.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	33.3	353.00	0.00	353.00	100.0
Assault	1	33.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 353.00**	**$ 0.00**	**$ 353.00**	

****BODY PART**	
Eye(s)	1
Finger(s)	1
Soft Tissue - Neck	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Foreign Body	1
Contusion	1
Puncture	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Renal Unit (137)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
14-16	1	33.3	0.00	0.00	0.00	0.0
26-28	1	33.3	0.00	0.00	0.00	0.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	33.3	0.00	0.00	0.00	0.0
50-54	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Needle stick	1	33.3	0.00	0.00	0.00	0.0
Patient / Inmate	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
Strain	2	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Respiratory Therapy (138)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	80.00	670.00	750.00	100.0
	1		**$ 80.00**	**$ 670.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	80.00	670.00	750.00	100.0
	1		**$ 80.00**	**$ 670.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	80.00	670.00	750.00	100.0
	1		**$ 80.00**	**$ 670.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	80.00	670.00	750.00	100.0
	1		**$ 80.00**	**$ 670.00**	**$ 750.00**	
LOSS CAUSE						
Computer Work Station	1	100.0	80.00	670.00	750.00	100.0
	1		**$ 80.00**	**$ 670.00**	**$ 750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	80.00	670.00	750.00	100.0
	1		**$ 80.00**	**$ 670.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Staff Administration (141)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LENGTH OF SERVICE						
14-16	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
AGE OF CLAIMANT						
40-44	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
SEX OF CLAIMANT						
Male	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
ACCIDENT TYPE						
Assault	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
****BODY PART***						
Facial, Other Soft Tissue	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Storeroom (142)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	57.1	168.00	2,500.00	2,668.00	72.8
2AM-3:59AM	1	14.2	140.75	609.25	750.00	20.4
8AM-9:59AM	2	28.5	245.00	0.00	245.00	6.6
	7		**$ 553.75**	**$ 3,109.25**	**$ 3,663.00**	
LENGTH OF SERVICE						
2-4	3	42.8	140.75	3,109.25	3,250.00	88.7
4-6	1	14.2	148.00	0.00	148.00	4.0
12-14	1	14.2	103.00	0.00	103.00	2.8
8-10	1	14.2	97.00	0.00	97.00	2.6
26-28	1	14.2	65.00	0.00	65.00	1.7
	7		**$ 553.75**	**$ 3,109.25**	**$ 3,663.00**	
AGE OF CLAIMANT						
55-59	1	14.2	0.00	1,750.00	1,750.00	47.7
50-54	2	28.5	205.75	609.25	815.00	22.2
65-69	1	14.2	0.00	750.00	750.00	20.4
25-29	1	14.2	148.00	0.00	148.00	4.0
35-39	1	14.2	103.00	0.00	103.00	2.8
40-44	1	14.2	97.00	0.00	97.00	2.6
	7		**$ 553.75**	**$ 3,109.25**	**$ 3,663.00**	
SEX OF CLAIMANT						
Female	4	57.1	237.75	3,109.25	3,347.00	91.3
Male	3	42.8	316.00	0.00	316.00	8.6
	7		**$ 553.75**	**$ 3,109.25**	**$ 3,663.00**	
LOSS CAUSE						
Person	1	14.2	0.00	1,750.00	1,750.00	47.7
Foreign Object	2	28.5	140.75	1,359.25	1,500.00	40.9
Boxes / containers	2	28.5	245.00	0.00	245.00	6.6
Metal items	1	14.2	103.00	0.00	103.00	2.8
Hand tool, not powered, NOC	1	14.2	65.00	0.00	65.00	1.7
	7		**$ 553.75**	**$ 3,109.25**	**$ 3,663.00**	
ACCIDENT TYPE						
Assault	1	14.2	0.00	1,750.00	1,750.00	47.7
Collision with a Fixed Object	1	14.2	0.00	750.00	750.00	20.4
Pushing Or Pulling (Strain or Injury by)	1	14.2	140.75	609.25	750.00	20.4
Lifting (strain or Injury by)	2	28.5	245.00	0.00	245.00	6.6
Strike Against/Step on Stationary Object	1	14.2	103.00	0.00	103.00	2.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	14.2	65.00	0.00	65.00	1.7
	7		**$ 553.75**	**$ 3,109.25**	**$ 3,663.00**	
****BODY PART**						
Shoulder	1					
Ankle	1					
Lower Leg	1					
Lower Arm	1					
Multiple Head Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Storeroom (142)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	2					
Strain	3					
Laceration	2					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Surgery Department (143)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	20.0	203.00	0.00	203.00	45.5
12AM-1:59AM	1	20.0	183.00	0.00	183.00	41.0
2AM-3:59AM	2	40.0	60.00	0.00	60.00	13.4
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 446.00**	**$ 0.00**	**$ 446.00**	
LENGTH OF SERVICE						
2-4	1	20.0	203.00	0.00	203.00	45.5
0-2	3	60.0	183.00	0.00	183.00	41.0
4-6	1	20.0	60.00	0.00	60.00	13.4
	5		**$ 446.00**	**$ 0.00**	**$ 446.00**	
AGE OF CLAIMANT						
30-34	4	80.0	263.00	0.00	263.00	58.9
25-29	1	20.0	183.00	0.00	183.00	41.0
	5		**$ 446.00**	**$ 0.00**	**$ 446.00**	
SEX OF CLAIMANT						
Male	3	60.0	263.00	0.00	263.00	58.9
Female	2	40.0	183.00	0.00	183.00	41.0
	5		**$ 446.00**	**$ 0.00**	**$ 446.00**	
LOSS CAUSE						
Needle stick	3	60.0	243.00	0.00	243.00	54.4
Patient / Inmate	1	20.0	203.00	0.00	203.00	45.5
Door	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 446.00**	**$ 0.00**	**$ 446.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	60.0	243.00	0.00	243.00	54.4
Contact with Cold Objects or Substances	1	20.0	203.00	0.00	203.00	45.5
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 446.00**	**$ 0.00**	**$ 446.00**	
****BODY PART**						
Lower Arm	1					
Thumb	2					
Hand	2					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Puncture	3
Foreign Body	1
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Surgery Department (143)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Surgical Clinical Pool (144)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	50.0	2,112.00	5,082.00	7,194.00	94.5
10AM-11:59AM	2	33.3	413.00	0.00	413.00	5.4
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,525.00**	**$ 5,082.00**	**$ 7,607.00**	
LENGTH OF SERVICE						
0-2	1	16.6	1,656.00	4,628.00	6,284.00	82.6
2-4	3	50.0	709.00	454.00	1,163.00	15.2
8-10	1	16.6	160.00	0.00	160.00	2.1
16-18	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,525.00**	**$ 5,082.00**	**$ 7,607.00**	
AGE OF CLAIMANT						
35-39	1	16.6	1,656.00	4,628.00	6,284.00	82.6
55-59	1	16.6	296.00	454.00	750.00	9.8
40-44	1	16.6	413.00	0.00	413.00	5.4
60-64	1	16.6	160.00	0.00	160.00	2.1
25-29	1	16.6	0.00	0.00	0.00	0.0
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,525.00**	**$ 5,082.00**	**$ 7,607.00**	
SEX OF CLAIMANT						
Male	2	33.3	1,656.00	4,628.00	6,284.00	82.6
Female	4	66.6	869.00	454.00	1,323.00	17.3
	6		**$ 2,525.00**	**$ 5,082.00**	**$ 7,607.00**	
LOSS CAUSE						
Door	1	16.6	1,656.00	4,628.00	6,284.00	82.6
Walking surface, outside, wet	1	16.6	296.00	454.00	750.00	9.8
Patient / Inmate	2	33.3	413.00	0.00	413.00	5.4
Walking surface, inside, dry	1	16.6	160.00	0.00	160.00	2.1
Infectious agent	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,525.00**	**$ 5,082.00**	**$ 7,607.00**	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	16.6	1,656.00	4,628.00	6,284.00	82.6
Fall or slip (on ice or snow)	1	16.6	296.00	454.00	750.00	9.8
Contact with Cold Objects or Substances	1	16.6	413.00	0.00	413.00	5.4
Fall or Slip (On Same Level)	1	16.6	160.00	0.00	160.00	2.1
Absorb, Ingest, Inhalation	1	16.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,525.00**	**$ 5,082.00**	**$ 7,607.00**	
****BODY PART**						
Knee	1					
Multiple Head Injury	1					
Hand	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Surgical Clinical Pool (144)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Body System & Multiple Body Parts	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	2
Strain	3
Foreign Body	3
All Other Cumulative	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Surgical Icu (145)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	36.3	4,721.35	4,131.65	8,853.00	83.6
4AM-5:59AM	1	9.0	683.00	67.00	750.00	7.0
6AM-7:59AM	2	18.1	356.00	394.00	750.00	7.0
8AM-9:59AM	2	18.1	177.30	0.00	177.30	1.6
12PM-1:59PM	1	9.0	60.00	0.00	60.00	0.5
2PM-3:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 5,997.65**	**$ 4,592.65**	**$ 10,590.30**	
LENGTH OF SERVICE						
6-8	1	9.0	4,290.35	2,959.65	7,250.00	68.4
10-12	2	18.1	328.00	1,172.00	1,500.00	14.1
0-2	5	45.4	696.30	394.00	1,090.30	10.3
2-4	2	18.1	683.00	67.00	750.00	7.0
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 5,997.65**	**$ 4,592.65**	**$ 10,590.30**	
AGE OF CLAIMANT						
45-49	1	9.0	4,290.35	2,959.65	7,250.00	68.4
25-29	2	18.1	1,039.00	461.00	1,500.00	14.1
40-44	3	27.2	206.00	647.00	853.00	8.0
35-39	2	18.1	225.00	525.00	750.00	7.0
30-34	2	18.1	177.30	0.00	177.30	1.6
20-24	1	9.0	60.00	0.00	60.00	0.5
	11		**$ 5,997.65**	**$ 4,592.65**	**$ 10,590.30**	
SEX OF CLAIMANT						
Male	2	18.1	4,515.35	3,484.65	8,000.00	75.5
Female	9	81.8	1,482.30	1,108.00	2,590.30	24.4
	11		**$ 5,997.65**	**$ 4,592.65**	**$ 10,590.30**	
LOSS CAUSE						
Patient / Inmate	8	72.7	5,894.65	4,592.65	10,487.30	99.0
Furniture / fixtures	2	18.1	103.00	0.00	103.00	0.9
Walking surface, inside, wet	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 5,997.65**	**$ 4,592.65**	**$ 10,590.30**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	6	54.5	5,760.35	4,592.65	10,353.00	97.7
Pushing Or Pulling (Strain or Injury by)	1	9.0	177.30	0.00	177.30	1.6
Infectious Disease Exposure	2	18.1	60.00	0.00	60.00	0.5
Fall or Slip (On Same Level)	1	9.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 5,997.65**	**$ 4,592.65**	**$ 10,590.30**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Upper Back Area (Thoracic Area)	1					
Whole Body	2					
Multiple Head Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Surgical Icu (145)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Wrist	1					
	11					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	6
Sprain	1
Contagious Disease	2
Contusion	2
	11

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Tcv - Perfusion Dept (148)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	40.0	123.00	0.00	123.00	43.0
2AM-3:59AM	1	20.0	103.00	0.00	103.00	36.0
6PM-7:59PM	1	20.0	60.00	0.00	60.00	20.9
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 286.00**	**$ 0.00**	**$ 286.00**	
LENGTH OF SERVICE						
0-2	2	40.0	183.00	0.00	183.00	63.9
22-24	1	20.0	103.00	0.00	103.00	36.0
2-4	1	20.0	0.00	0.00	0.00	0.0
6-8	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 286.00**	**$ 0.00**	**$ 286.00**	
AGE OF CLAIMANT						
30-34	2	40.0	123.00	0.00	123.00	43.0
45-49	1	20.0	103.00	0.00	103.00	36.0
25-29	2	40.0	60.00	0.00	60.00	20.9
	5		**$ 286.00**	**$ 0.00**	**$ 286.00**	
SEX OF CLAIMANT						
Female	5	100.0	286.00	0.00	286.00	100.0
	5		**$ 286.00**	**$ 0.00**	**$ 286.00**	
LOSS CAUSE						
Patient / Inmate	2	40.0	163.00	0.00	163.00	56.9
Person	1	20.0	123.00	0.00	123.00	43.0
N/A	1	20.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 286.00**	**$ 0.00**	**$ 286.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	20.0	123.00	0.00	123.00	43.0
Stuck, injured by fellow worker, patient	1	20.0	103.00	0.00	103.00	36.0
Struck/Injured by Falling or Flying Object	1	20.0	60.00	0.00	60.00	20.9
Contact with Cold Objects or Substances	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 286.00**	**$ 0.00**	**$ 286.00**	
****BODY PART**						
Eye(s)	1					
Facial, Other Soft Tissue	1					
Whole Body	1					
Multiple Body Parts	1					
Thumb	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Tcv - Perfusion Dept (148)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	2					
Contusion	1					
Contagious Disease	1					
Puncture	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Urology (153)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	154.00	0.00	154.00	100.0
	1		***$ 154.00***	***$ 0.00***	***$ 154.00***	
LENGTH OF SERVICE						
2-4	1	100.0	154.00	0.00	154.00	100.0
	1		***$ 154.00***	***$ 0.00***	***$ 154.00***	
AGE OF CLAIMANT						
30-34	1	100.0	154.00	0.00	154.00	100.0
	1		***$ 154.00***	***$ 0.00***	***$ 154.00***	
SEX OF CLAIMANT						
Female	1	100.0	154.00	0.00	154.00	100.0
	1		***$ 154.00***	***$ 0.00***	***$ 154.00***	
LOSS CAUSE						
Needle stick	1	100.0	154.00	0.00	154.00	100.0
	1		***$ 154.00***	***$ 0.00***	***$ 154.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	154.00	0.00	154.00	100.0
	1		***$ 154.00***	***$ 0.00***	***$ 154.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Puncture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Vascular In-patient / Vascular Lab (155)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	246.00	0.00	246.00	70.4
4PM-5:59PM	1	50.0	103.00	0.00	103.00	29.5
	2		**$ 349.00**	**$ 0.00**	**$ 349.00**	
LENGTH OF SERVICE						
2-4	2	100.0	349.00	0.00	349.00	100.0
	2		**$ 349.00**	**$ 0.00**	**$ 349.00**	
AGE OF CLAIMANT						
25-29	1	50.0	246.00	0.00	246.00	70.4
40-44	1	50.0	103.00	0.00	103.00	29.5
	2		**$ 349.00**	**$ 0.00**	**$ 349.00**	
SEX OF CLAIMANT						
Female	2	100.0	349.00	0.00	349.00	100.0
	2		**$ 349.00**	**$ 0.00**	**$ 349.00**	
LOSS CAUSE						
Patient / Inmate	1	50.0	246.00	0.00	246.00	70.4
Machine, not otherwise classified	1	50.0	103.00	0.00	103.00	29.5
	2		**$ 349.00**	**$ 0.00**	**$ 349.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	246.00	0.00	246.00	70.4
Pushing Or Pulling (Strain or Injury by)	1	50.0	103.00	0.00	103.00	29.5
	2		**$ 349.00**	**$ 0.00**	**$ 349.00**	
****BODY PART**						
Shoulder	1					
Knee	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Uva Medical Center (209)
SubAgency: Interns And Residents (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Military Institute (211)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	16.6	0.00	2,500.00	2,500.00	31.4
2AM-3:59AM	3	16.6	40.00	1,750.00	1,790.00	22.4
8AM-9:59AM	3	16.6	0.00	1,500.00	1,500.00	18.8
10AM-11:59AM	3	16.6	448.94	750.00	1,198.94	15.0
4AM-5:59AM	2	11.1	0.00	750.00	750.00	9.4
12PM-1:59PM	1	5.5	223.76	0.00	223.76	2.8
12AM-1:59AM	1	5.5	0.00	0.00	0.00	0.0
2PM-3:59PM	1	5.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 712.70**	**$ 7,250.00**	**$ 7,962.70**	
LENGTH OF SERVICE						
6-8	3	16.6	0.00	2,500.00	2,500.00	31.4
0-2	6	33.3	223.76	2,250.00	2,473.76	31.0
14-16	1	5.5	0.00	1,750.00	1,750.00	21.9
12-14	1	5.5	0.00	750.00	750.00	9.4
2-4	2	11.1	352.70	0.00	352.70	4.4
8-10	2	11.1	136.24	0.00	136.24	1.7
20-22	1	5.5	0.00	0.00	0.00	0.0
4-6	2	11.1	0.00	0.00	0.00	0.0
	18		**$ 712.70**	**$ 7,250.00**	**$ 7,962.70**	
AGE OF CLAIMANT						
35-39	4	22.2	40.00	2,500.00	2,540.00	31.9
50-54	4	22.2	0.00	2,500.00	2,500.00	31.4
65-69	3	16.6	223.76	1,500.00	1,723.76	21.6
45-49	3	16.6	0.00	750.00	750.00	9.4
25-29	2	11.1	352.70	0.00	352.70	4.4
40-44	1	5.5	96.24	0.00	96.24	1.2
30-34	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 712.70**	**$ 7,250.00**	**$ 7,962.70**	
SEX OF CLAIMANT						
Female	9	50.0	96.24	5,000.00	5,096.24	64.0
Male	9	50.0	616.46	2,250.00	2,866.46	36.0
	18		**$ 712.70**	**$ 7,250.00**	**$ 7,962.70**	
LOSS CAUSE						
Foreign Object	5	27.7	0.00	5,000.00	5,000.00	62.7
Unknown	1	5.5	0.00	750.00	750.00	9.4
Machine, not otherwise classified	2	11.1	0.00	750.00	750.00	9.4
Walking surface, outside, wet	1	5.5	0.00	750.00	750.00	9.4
Stairs, steps	1	5.5	352.70	0.00	352.70	4.4
Door	1	5.5	223.76	0.00	223.76	2.8
Hand tool, not powered, NOC	1	5.5	96.24	0.00	96.24	1.2
Mechanical powered	1	5.5	40.00	0.00	40.00	0.5
Chemicals, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Clothing / jewelry	1	5.5	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Military Institute (211)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Water	1	5.5	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 712.70**	**$ 7,250.00**	**$ 7,962.70**	

ACCIDENT TYPE

Lifting (strain or Injury by)	5	27.7	0.00	4,250.00	4,250.00	53.3
Fall or slip (on ice or snow)	2	11.1	0.00	1,500.00	1,500.00	18.8
Object being lifted/handled (cut,punc.scrape,inj b	1	5.5	0.00	750.00	750.00	9.4
Pushing Or Pulling (Strain or Injury by)	1	5.5	0.00	750.00	750.00	9.4
Fall or slip (on stairs)	1	5.5	352.70	0.00	352.70	4.4
Strike Against/Step on Stationary Object	1	5.5	223.76	0.00	223.76	2.8
Struck/Injured by Hand Tool/Machine In Use	1	5.5	96.24	0.00	96.24	1.2
Struck/Injured by Falling or Flying Object	1	5.5	40.00	0.00	40.00	0.5
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	5.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	5.5	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	5.5	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	2	11.1	0.00	0.00	0.00	0.0
	18		**$ 712.70**	**$ 7,250.00**	**$ 7,962.70**	

**BODY PART

Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Shoulder	2
Lower Arm	4
Hand	1
Hip	1
Knee	1
Finger(s)	2
Foot	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	1
Upper Leg	1
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	10
Contusion	6
Burn	4
Crushing	1
Laceration	1
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va State University (212)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	25.0	228.00	3,022.00	3,250.00	53.7
10AM-11:59AM	5	41.6	934.00	1,029.18	1,963.18	32.4
12PM-1:59PM	2	16.6	0.00	750.00	750.00	12.4
12AM-1:59AM	1	8.3	85.03	0.00	85.03	1.4
2AM-3:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,247.03**	**$ 4,801.18**	**$ 6,048.21**	
LENGTH OF SERVICE						
2-4	2	16.6	85.03	1,750.00	1,835.03	30.3
6-8	2	16.6	581.18	632.00	1,213.18	20.0
0-2	4	33.3	6.32	743.68	750.00	12.4
20-22	1	8.3	110.00	640.00	750.00	12.4
22-24	1	8.3	464.50	285.50	750.00	12.4
8-10	1	8.3	0.00	750.00	750.00	12.4
24-26	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,247.03**	**$ 4,801.18**	**$ 6,048.21**	
AGE OF CLAIMANT						
55-59	3	25.0	692.50	1,557.50	2,250.00	37.2
45-49	1	8.3	0.00	1,750.00	1,750.00	28.9
40-44	2	16.6	463.18	750.00	1,213.18	20.0
50-54	3	25.0	6.32	743.68	750.00	12.4
30-34	3	25.0	85.03	0.00	85.03	1.4
	12		**$ 1,247.03**	**$ 4,801.18**	**$ 6,048.21**	
SEX OF CLAIMANT						
Female	9	75.0	209.35	3,875.68	4,085.03	67.5
Male	3	25.0	1,037.68	925.50	1,963.18	32.4
	12		**$ 1,247.03**	**$ 4,801.18**	**$ 6,048.21**	
LOSS CAUSE						
Stairs, steps	2	16.6	0.00	1,750.00	1,750.00	28.9
Animal / tick, spider, etc.	1	8.3	6.32	743.68	750.00	12.4
Elevators, escalators	2	16.6	118.00	632.00	750.00	12.4
Glass bottle / sheet	1	8.3	464.50	285.50	750.00	12.4
Poisonous agent / plant	1	8.3	110.00	640.00	750.00	12.4
Uneven Surface	1	8.3	0.00	750.00	750.00	12.4
Boxes / containers	2	16.6	548.21	0.00	548.21	9.0
Object on Floor	1	8.3	0.00	0.00	0.00	0.0
Person	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,247.03**	**$ 4,801.18**	**$ 6,048.21**	
ACCIDENT TYPE						
Fall or slip (on stairs)	2	16.6	0.00	1,750.00	1,750.00	28.9
Absorb, Ingest, Inhalation	1	8.3	110.00	640.00	750.00	12.4
Animal Or Insect	1	8.3	6.32	743.68	750.00	12.4
Cut,puncture,scrape, injured by (Broken Glass)	1	8.3	464.50	285.50	750.00	12.4
Fall or Slip (From Different Level)	2	16.6	118.00	632.00	750.00	12.4
Fall or Slip (On Same Level)	2	16.6	0.00	750.00	750.00	12.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va State University (212)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lifting (strain or Injury by)	2	16.6	548.21	0.00	548.21	9.0
Pushing Or Pulling (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,247.03**	**$ 4,801.18**	**$ 6,048.21**	

**BODY PART

Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Leg	1
Hand	2
Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Shoulder	2
Upper Back Area (Thoracic Area)	2
Facial, Other Soft Tissue	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	1
Multiple Neck Injury	1
Upper Leg	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	7
Sprain	3
Inflamation	3
Dermatitis	2
Laceration	1
Strain	6
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Norfolk State University (213)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	23.5	3,127.90	14,122.10	17,250.00	67.0
8AM-9:59AM	4	23.5	362.10	3,090.20	3,452.30	13.4
12PM-1:59PM	3	17.6	294.62	2,486.40	2,781.02	10.8
4AM-5:59AM	3	17.6	0.00	1,500.00	1,500.00	5.8
2AM-3:59AM	1	5.8	0.00	750.00	750.00	2.9
6AM-7:59AM	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 3,784.62**	**$ 21,948.70**	**$ 25,733.32**	
LENGTH OF SERVICE						
6-8	2	11.7	2,552.22	13,947.78	16,500.00	64.1
10-12	2	11.7	173.40	2,326.60	2,500.00	9.7
2-4	3	17.6	0.00	2,250.00	2,250.00	8.7
0-2	4	23.5	856.70	924.32	1,781.02	6.9
14-16	1	5.8	0.00	1,750.00	1,750.00	6.8
16-18	1	5.8	0.00	750.00	750.00	2.9
26-28	2	11.7	202.30	0.00	202.30	0.7
20-22	1	5.8	0.00	0.00	0.00	0.0
22-24	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 3,784.62**	**$ 21,948.70**	**$ 25,733.32**	
AGE OF CLAIMANT						
25-29	1	5.8	2,552.22	13,197.78	15,750.00	61.2
50-54	4	23.5	202.30	3,250.00	3,452.30	13.4
60-64	1	5.8	13.60	1,736.40	1,750.00	6.8
45-49	2	11.7	537.48	962.52	1,500.00	5.8
40-44	2	11.7	281.02	750.00	1,031.02	4.0
20-24	1	5.8	198.00	552.00	750.00	2.9
35-39	1	5.8	0.00	750.00	750.00	2.9
55-59	5	29.4	0.00	750.00	750.00	2.9
	17		**$ 3,784.62**	**$ 21,948.70**	**$ 25,733.32**	
SEX OF CLAIMANT						
Male	8	47.0	2,910.02	16,589.98	19,500.00	75.7
Female	9	52.9	874.60	5,358.72	6,233.32	24.2
	17		**$ 3,784.62**	**$ 21,948.70**	**$ 25,733.32**	
LOSS CAUSE						
Vehicle/car/truck	1	5.8	2,552.22	13,197.78	15,750.00	61.2
Stairs, steps	1	5.8	0.00	1,750.00	1,750.00	6.8
Uneven Surface	1	5.8	13.60	1,736.40	1,750.00	6.8
Foreign Object	3	17.6	198.00	1,302.00	1,500.00	5.8
Walking surface, inside, wet	2	11.7	202.30	750.00	952.30	3.7
Door	1	5.8	0.00	750.00	750.00	2.9
Hacksaw	1	5.8	159.80	590.20	750.00	2.9
Ladder - Fixed	1	5.8	377.68	372.32	750.00	2.9
Office equipment	1	5.8	0.00	750.00	750.00	2.9
Person	1	5.8	0.00	750.00	750.00	2.9
Furniture / fixtures	1	5.8	281.02	0.00	281.02	1.0
Chair	2	11.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Norfolk State University (213)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Machine, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 3,784.62**	**$ 21,948.70**	**$ 25,733.32**	
ACCIDENT TYPE						
Collision with a Fixed Object	4	23.5	2,750.22	15,249.78	18,000.00	69.9
Fall or Slip (On Same Level)	4	23.5	215.90	2,486.40	2,702.30	10.5
Fall or slip (on stairs)	1	5.8	0.00	1,750.00	1,750.00	6.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	159.80	590.20	750.00	2.9
Fall or Slip (From Different Level)	2	11.7	377.68	372.32	750.00	2.9
Lifting (strain or Injury by)	2	11.7	0.00	750.00	750.00	2.9
Stuck, injured by fellow worker, patient	1	5.8	0.00	750.00	750.00	2.9
Strike Against/Step on Stationary Object	1	5.8	281.02	0.00	281.02	1.0
Slipped, Did Not Fall	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 3,784.62**	**$ 21,948.70**	**$ 25,733.32**	

*****BODY PART***

Finger(s)	4
Multiple Neck Injury	2
Elbow	3
Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Lower Arm	2
Mouth	1
Teeth	1
Upper Arm (Inc: Clavicle and Scapula)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Head Injury	1
Whole Body	1
Ankle	1
No Physical Problem	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	3
Contusion	16
Strain	4
Crushing	1
Fracture	1
Laceration	1
Puncture	1
No Physical Injury	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Longwood College (214)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	5.8	4,648.60	7,101.40	11,750.00	38.7
10AM-11:59AM	5	29.4	853.42	9,896.58	10,750.00	35.4
8AM-9:59AM	4	23.5	961.00	3,029.00	3,990.00	13.1
12AM-1:59AM	4	23.5	1,820.91	750.00	2,570.91	8.4
Unknown	1	5.8	1,034.18	0.00	1,034.18	3.4
12PM-1:59PM	1	5.8	109.00	0.00	109.00	0.3
2AM-3:59AM	1	5.8	87.89	0.00	87.89	0.2
	17		**$ 9,515.00**	**$ 20,776.98**	**$ 30,291.98**	
LENGTH OF SERVICE						
14-16	1	5.8	4,648.60	7,101.40	11,750.00	38.7
16-18	1	5.8	0.00	7,750.00	7,750.00	25.5
4-6	2	11.7	1,051.53	3,448.47	4,500.00	14.8
2-4	4	23.5	1,798.14	977.11	2,775.25	9.1
0-2	5	29.4	1,856.73	0.00	1,856.73	6.1
18-20	2	11.7	0.00	1,500.00	1,500.00	4.9
12-14	1	5.8	80.00	0.00	80.00	0.2
24-26	1	5.8	80.00	0.00	80.00	0.2
	17		**$ 9,515.00**	**$ 20,776.98**	**$ 30,291.98**	
AGE OF CLAIMANT						
40-44	5	29.4	1,455.66	10,779.00	12,234.66	40.3
65-69	1	5.8	4,648.60	7,101.40	11,750.00	38.7
55-59	3	17.6	330.53	1,919.47	2,250.00	7.4
60-64	2	11.7	1,275.25	0.00	1,275.25	4.2
20-24	1	5.8	1,034.18	0.00	1,034.18	3.4
45-49	2	11.7	80.00	750.00	830.00	2.7
35-39	1	5.8	522.89	227.11	750.00	2.4
25-29	1	5.8	87.89	0.00	87.89	0.2
50-54	1	5.8	80.00	0.00	80.00	0.2
	17		**$ 9,515.00**	**$ 20,776.98**	**$ 30,291.98**	
SEX OF CLAIMANT						
Male	14	82.3	7,489.75	17,747.98	25,237.73	83.3
Female	3	17.6	2,025.25	3,029.00	5,054.25	16.6
	17		**$ 9,515.00**	**$ 20,776.98**	**$ 30,291.98**	
LOSS CAUSE						
Walking surface, inside, wet	1	5.8	4,648.60	7,101.40	11,750.00	38.7
Walking surface, inside, dry	1	5.8	0.00	7,750.00	7,750.00	25.5
Stone / rock / brick	1	5.8	721.00	3,029.00	3,750.00	12.3
Pallet,Skid,Flat	1	5.8	1,195.25	0.00	1,195.25	3.9
Paper/Pulp items	1	5.8	1,034.18	0.00	1,034.18	3.4
Foreign Object	2	11.7	80.00	750.00	830.00	2.7
Battery	1	5.8	330.53	419.47	750.00	2.4
Cords	1	5.8	0.00	750.00	750.00	2.4
Pliers	1	5.8	0.00	750.00	750.00	2.4
Vehicle/car/truck	1	5.8	522.89	227.11	750.00	2.4
Person	1	5.8	625.66	0.00	625.66	2.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Longwood College (214)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Glass bottle / sheet	2	11.7	160.00	0.00	160.00	0.5
Furniture / fixtures	1	5.8	109.00	0.00	109.00	0.3
Boxes / containers	1	5.8	87.89	0.00	87.89	0.2
Miscellaneous	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 9,515.00**	**$ 20,776.98**	**$ 30,291.98**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	17.6	5,843.85	14,851.40	20,695.25	68.3
Twisting, strain or injury by	1	5.8	721.00	3,029.00	3,750.00	12.3
Object being lifted/handled (cut,punc.scrape,inj b	2	11.7	0.00	1,500.00	1,500.00	4.9
Struck/Injured by Falling or Flying Object	1	5.8	1,034.18	0.00	1,034.18	3.4
Lifting (strain or Injury by)	2	11.7	87.89	750.00	837.89	2.7
Contact With Hot Object or Substances	1	5.8	330.53	419.47	750.00	2.4
Fall or Slip (From Different Level)	1	5.8	522.89	227.11	750.00	2.4
Stuck, injured by fellow worker, patient	1	5.8	625.66	0.00	625.66	2.0
Foreign Body In Eye	3	17.6	240.00	0.00	240.00	0.7
Strike Against/Step on Stationary Object	1	5.8	109.00	0.00	109.00	0.3
Repetitive Motion	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 9,515.00**	**$ 20,776.98**	**$ 30,291.98**	

**BODY PART

Whole Body	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Ankle	1
Elbow	1
Shoulder	1
Foot	1
Lower Arm	2
Abdomen including Groin	1
Ear(s)	1
Finger(s)	1
Teeth	1
Hand	1
Eye(s)	3
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	5
Multiple Physical Injuries Only	1
Fracture	1
Burn	3
Strain	4
Crushing	1
Laceration	1
Foreign Body	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:03

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Longwood College (214)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mary Washington College (215)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	3	17.6	337.72	15,362.28	15,700.00	82.2
12PM-1:59PM	5	29.4	656.80	750.00	1,406.80	7.3
6AM-7:59AM	3	17.6	511.19	730.46	1,241.65	6.5
8AM-9:59AM	1	5.8	224.00	526.00	750.00	3.9
4AM-5:59AM	3	17.6	0.00	0.00	0.00	0.0
10AM-11:59AM	1	5.8	0.00	0.00	0.00	0.0
Unknown	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,729.71**	**$ 17,368.74**	**$ 19,098.45**	
LENGTH OF SERVICE						
2-4	4	23.5	526.52	14,612.28	15,138.80	79.2
0-2	5	29.4	468.00	750.00	1,218.00	6.3
12-14	1	5.8	224.00	526.00	750.00	3.9
16-18	1	5.8	19.54	730.46	750.00	3.9
8-10	2	11.7	0.00	750.00	750.00	3.9
10-12	2	11.7	491.65	0.00	491.65	2.5
30-32	1	5.8	0.00	0.00	0.00	0.0
4-6	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,729.71**	**$ 17,368.74**	**$ 19,098.45**	
AGE OF CLAIMANT						
50-54	3	17.6	561.72	15,888.28	16,450.00	86.1
40-44	3	17.6	491.65	750.00	1,241.65	6.5
45-49	3	17.6	208.34	730.46	938.80	4.9
25-29	1	5.8	403.00	0.00	403.00	2.1
20-24	2	11.7	65.00	0.00	65.00	0.3
55-59	2	11.7	0.00	0.00	0.00	0.0
60-64	1	5.8	0.00	0.00	0.00	0.0
35-39	1	5.8	0.00	0.00	0.00	0.0
65-69	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,729.71**	**$ 17,368.74**	**$ 19,098.45**	
SEX OF CLAIMANT						
Female	10	58.8	1,664.71	16,618.74	18,283.45	95.7
Male	7	41.1	65.00	750.00	815.00	4.2
	17		**$ 1,729.71**	**$ 17,368.74**	**$ 19,098.45**	
LOSS CAUSE						
Cleaning Products	2	11.7	829.37	14,612.28	15,441.65	80.8
Unknown	1	5.8	0.00	750.00	750.00	3.9
Stairs	1	5.8	224.00	526.00	750.00	3.9
Uneven Surface	1	5.8	0.00	750.00	750.00	3.9
Walking surface, outside, wet	2	11.7	19.54	730.46	750.00	3.9
Stairs, steps	1	5.8	403.00	0.00	403.00	2.1
Walking surface, inside, wet	2	11.7	188.80	0.00	188.80	0.9
Organic Material	1	5.8	65.00	0.00	65.00	0.3
Animal / bee type	2	11.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	5.8	0.00	0.00	0.00	0.0
Cart	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mary Washington College (215)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	1	5.8	0.00	0.00	0.00	0.0
Knife, NOC	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,729.71**	**$ 17,368.74**	**$ 19,098.45**	

ACCIDENT TYPE

Struck/Injured by Falling or Flying Object	1	5.8	337.72	14,612.28	14,950.00	78.2
Fall or slip (on stairs)	2	11.7	627.00	526.00	1,153.00	6.0
Fall or Slip (On Same Level)	2	11.7	0.00	750.00	750.00	3.9
Fall or slip (on ice or snow)	1	5.8	19.54	730.46	750.00	3.9
Twisting, strain or injury by	3	17.6	0.00	750.00	750.00	3.9
Foreign Body In Eye	1	5.8	491.65	0.00	491.65	2.5
Slipped, Did Not Fall	1	5.8	188.80	0.00	188.80	0.9
Pushing Or Pulling (Strain or Injury by)	1	5.8	65.00	0.00	65.00	0.3
Animal Or Insect	2	11.7	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	5.8	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,729.71**	**$ 17,368.74**	**$ 19,098.45**	

**BODY PART

Toe(s)	1
Ankle	4
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Foot	2
Knee	3
Eye(s)	1
Lower Leg	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Hand	2
Finger(s)	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Fracture	1
Sprain	6
Strain	6
Contusion	3
Foreign Body	1
Puncture	2
Laceration	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	23	24.7	9,944.01	13,121.83	23,065.84	42.2
2PM-3:59PM	16	17.2	6,107.92	10,557.73	16,665.65	30.5
Unknown	2	2.1	2,891.77	2,108.23	5,000.00	9.1
12PM-1:59PM	16	17.2	4,840.75	0.00	4,840.75	8.8
10AM-11:59AM	19	20.4	1,329.95	1,341.80	2,671.75	4.8
4PM-5:59PM	4	4.3	749.27	475.20	1,224.47	2.2
12AM-1:59AM	4	4.3	619.17	336.74	955.91	1.7
6PM-7:59PM	2	2.1	182.33	0.00	182.33	0.3
2AM-3:59AM	1	1.0	0.00	0.00	0.00	0.0
4AM-5:59AM	2	2.1	0.00	0.00	0.00	0.0
6AM-7:59AM	4	4.3	0.00	0.00	0.00	0.0
	93		**$ 26,665.17**	**$ 27,941.53**	**$ 54,606.70**	
LENGTH OF SERVICE						
0-2	38	40.8	12,272.59	22,472.36	34,744.95	63.6
4-6	8	8.6	5,952.18	2,152.17	8,104.35	14.8
8-10	7	7.5	3,363.68	0.00	3,363.68	6.1
2-4	11	11.8	1,949.15	591.80	2,540.95	4.6
6-8	7	7.5	20.00	2,250.00	2,270.00	4.1
10-12	4	4.3	1,372.65	0.00	1,372.65	2.5
24-26	4	4.3	1,249.83	0.00	1,249.83	2.2
18-20	2	2.1	274.80	475.20	750.00	1.3
12-14	3	3.2	210.29	0.00	210.29	0.3
14-16	3	3.2	0.00	0.00	0.00	0.0
20-22	2	2.1	0.00	0.00	0.00	0.0
22-24	3	3.2	0.00	0.00	0.00	0.0
30-32	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 26,665.17**	**$ 27,941.53**	**$ 54,606.70**	
AGE OF CLAIMANT						
35-39	13	13.9	8,811.48	19,630.25	28,441.73	52.0
50-54	16	17.2	5,167.48	2,858.23	8,025.71	14.7
25-29	9	9.6	3,452.63	1,799.31	5,251.94	9.6
30-34	10	10.7	3,143.18	750.00	3,893.18	7.1
45-49	10	10.7	853.46	2,091.80	2,945.26	5.3
20-24	11	11.8	2,408.09	336.74	2,744.83	5.0
40-44	11	11.8	2,067.01	475.20	2,542.21	4.6
55-59	6	6.4	430.34	0.00	430.34	0.7
60-64	4	4.3	331.50	0.00	331.50	0.6
15-19	2	2.1	0.00	0.00	0.00	0.0
10-14	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 26,665.17**	**$ 27,941.53**	**$ 54,606.70**	
SEX OF CLAIMANT						
Female	57	61.2	12,059.37	16,377.37	28,436.74	52.0
Male	36	38.7	14,605.80	11,564.16	26,169.96	47.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	93		**$ 26,665.17**	**$ 27,941.53**	**$ 54,606.70**	
LOSS CAUSE						
Boxes / containers	3	3.2	6,119.75	9,630.25	15,750.00	28.8
Furniture / fixtures	14	15.0	3,874.04	10,591.80	14,465.84	26.4
Walking surface, outside, wet	6	6.4	2,891.77	2,858.23	5,750.00	10.5
Walking surface, inside, wet	7	7.5	2,344.41	1,225.20	3,569.61	6.5
Rope, cord	1	1.0	2,785.71	0.00	2,785.71	5.1
Wood Items	2	2.1	1,363.31	0.00	1,363.31	2.5
Metal items	2	2.1	995.16	336.74	1,331.90	2.4
Knife, NOC	3	3.2	1,107.18	0.00	1,107.18	2.0
Machine, not otherwise classified	6	6.4	331.50	750.00	1,081.50	1.9
Hand tool, not powered, NOC	4	4.3	20.00	750.00	770.00	1.4
Object on Floor	1	1.0	706.06	43.94	750.00	1.3
Stone / rock / brick	1	1.0	236.21	513.79	750.00	1.3
Walking surface, inside, dry	4	4.3	0.00	750.00	750.00	1.3
Walking surface, outside, dry	1	1.0	258.42	491.58	750.00	1.3
Door	5	5.3	539.90	0.00	539.90	0.9
Building parts / doors	2	2.1	537.49	0.00	537.49	0.9
Chemicals, not otherwise classified	3	3.2	525.55	0.00	525.55	0.9
Minerals / dirt	4	4.3	446.51	0.00	446.51	0.8
Vehicle/car/truck	1	1.0	430.34	0.00	430.34	0.7
Stairs, steps	4	4.3	342.51	0.00	342.51	0.6
Food	1	1.0	312.00	0.00	312.00	0.5
Vehicle, not otherwise classified	1	1.0	182.33	0.00	182.33	0.3
Ladder - Portable	1	1.0	172.68	0.00	172.68	0.3
Office equipment	1	1.0	113.00	0.00	113.00	0.2
Chair	1	1.0	20.00	0.00	20.00	0.0
Brush / tree / log	2	2.1	9.34	0.00	9.34	0.0
Environmental conditions	2	2.1	0.00	0.00	0.00	0.0
Foreign Object	1	1.0	0.00	0.00	0.00	0.0
Cart	2	2.1	0.00	0.00	0.00	0.0
Cleaning Products	2	2.1	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	1.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.0	0.00	0.00	0.00	0.0
Infectious agent	1	1.0	0.00	0.00	0.00	0.0
Miscellaneous	1	1.0	0.00	0.00	0.00	0.0
Trash receptacle	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 26,665.17**	**$ 27,941.53**	**$ 54,606.70**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	11	11.8	10,521.29	20,222.05	30,743.34	56.3
Fall or Slip (From Liquid/Grease spills)	7	7.5	5,236.18	3,333.43	8,569.61	15.6
Pushing Or Pulling (Strain or Injury by)	3	3.2	3,216.05	0.00	3,216.05	5.8
Strike Against/Step on Stationary Object	12	12.9	2,221.20	0.00	2,221.20	4.0
Object being lifted/handled (cut,punc.scrape,inj b	8	8.6	1,372.70	336.74	1,709.44	3.1
Repetitive Motion	6	6.4	0.00	1,500.00	1,500.00	2.7
Twisting, strain or injury by	4	4.3	342.51	750.00	1,092.51	2.0
Fall or Slip (From Different Level)	4	4.3	438.54	513.79	952.33	1.7
Fall or Slip (On Same Level)	4	4.3	258.42	491.58	750.00	1.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on ice or snow)	3	3.2	0.00	750.00	750.00	1.3
Slipped, Did Not Fall	2	2.1	706.06	43.94	750.00	1.3
Object Handled (caught in or between)	2	2.1	581.90	0.00	581.90	1.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	1.0	525.55	0.00	525.55	0.9
Foreign Body In Eye	3	3.2	446.51	0.00	446.51	0.8
Struck/Injured by Object Being Lifted/Handled	4	4.3	331.50	0.00	331.50	0.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	1.0	284.74	0.00	284.74	0.5
Struck/Injured by Falling or Flying Object	3	3.2	172.68	0.00	172.68	0.3
Exposure to Poisonous Agent / Plant	3	3.2	9.34	0.00	9.34	0.0
Absorb, Ingest, Inhalation	5	5.3	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	3	3.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	2.1	0.00	0.00	0.00	0.0
Allergic Reaction	1	1.0	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 26,665.17**	**$ 27,941.53**	**$ 54,606.70**	

**BODY PART

Abdomen including Groin	2
Elbow	6
Shoulder	5
Wrist	5
Knee	9
Hip	3
Lower Back Area (Lumbar and Lumbo-Sacral)	19
Lower Arm	8
Ankle	4
Thumb	2
Finger(s)	5
Soft Tissue - Neck	3
Hand	8
Buttocks	2
Lower Leg	5
Toe(s)	4
Foot	5
Eye(s)	3
Facial, Other Soft Tissue	5
Upper Leg	2
Ear(s)	3
Upper Back Area (Thoracic Area)	1
Whole Body	7
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Multiple Head Injury	1
	93

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	40
Contusion	41

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	11					
Burn	7					
Sprain	2					
Foreign Body	3					
Fracture	2					
Dermatitis	6					
Hearing Loss or Impairment (Traumatic only)	1					
Heat Prostration	2					
Poisoning - Chemical	4					
Puncture	1					
	93					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	8	18.1	2,920.62	6,431.58	9,352.20	49.9
8AM-9:59AM	11	25.0	372.93	3,943.00	4,315.93	23.0
10AM-11:59AM	8	18.1	1,689.54	51.00	1,740.54	9.2
Unknown	5	11.3	703.19	696.00	1,399.19	7.4
12PM-1:59PM	5	11.3	0.00	750.00	750.00	4.0
2AM-3:59AM	1	2.2	0.00	750.00	750.00	4.0
2PM-3:59PM	2	4.5	196.00	0.00	196.00	1.0
6PM-7:59PM	1	2.2	143.00	0.00	143.00	0.7
6AM-7:59AM	1	2.2	80.74	0.00	80.74	0.4
12AM-1:59AM	2	4.5	0.00	0.00	0.00	0.0
	44		**$ 6,106.02**	**$ 12,621.58**	**$ 18,727.60**	
LENGTH OF SERVICE						
18-20	4	9.0	3,404.07	7,181.58	10,585.65	56.5
14-16	2	4.5	781.43	1,051.00	1,832.43	9.7
0-2	9	20.4	639.48	696.00	1,335.48	7.1
2-4	7	15.9	175.27	750.00	925.27	4.9
16-18	2	4.5	0.00	750.00	750.00	4.0
20-22	1	2.2	0.00	750.00	750.00	4.0
6-8	6	13.6	57.00	693.00	750.00	4.0
8-10	3	6.8	0.00	750.00	750.00	4.0
4-6	4	9.0	437.00	0.00	437.00	2.3
12-14	1	2.2	349.77	0.00	349.77	1.8
24-26	1	2.2	197.00	0.00	197.00	1.0
22-24	2	4.5	65.00	0.00	65.00	0.3
10-12	2	4.5	0.00	0.00	0.00	0.0
	44		**$ 6,106.02**	**$ 12,621.58**	**$ 18,727.60**	
AGE OF CLAIMANT						
45-49	6	13.6	3,470.07	6,431.58	9,901.65	52.8
30-34	6	13.6	1,105.77	744.00	1,849.77	9.8
55-59	3	6.8	0.00	1,500.00	1,500.00	8.0
40-44	5	11.3	258.93	1,000.00	1,258.93	6.7
35-39	5	11.3	378.77	750.00	1,128.77	6.0
50-54	5	11.3	250.00	696.00	946.00	5.0
60-64	2	4.5	0.00	750.00	750.00	4.0
75-79	1	2.2	0.00	750.00	750.00	4.0
25-29	3	6.8	361.74	0.00	361.74	1.9
15-19	1	2.2	143.00	0.00	143.00	0.7
20-24	7	15.9	137.74	0.00	137.74	0.7
	44		**$ 6,106.02**	**$ 12,621.58**	**$ 18,727.60**	
SEX OF CLAIMANT						
Male	26	59.0	5,787.75	10,371.58	16,159.33	86.2
Female	18	40.9	318.27	2,250.00	2,568.27	13.7
	44		**$ 6,106.02**	**$ 12,621.58**	**$ 18,727.60**	
LOSS CAUSE						
Stone / rock / brick	1	2.2	2,920.62	6,431.58	9,352.20	49.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	4	9.0	57.00	1,443.00	1,500.00	8.0
Chair	1	2.2	82.43	1,000.00	1,082.43	5.7
Ladder - Fixed	1	2.2	54.00	696.00	750.00	4.0
Metal items	3	6.8	699.00	51.00	750.00	4.0
Person	1	2.2	0.00	750.00	750.00	4.0
Pipe	1	2.2	0.00	750.00	750.00	4.0
Walking surface, outside, dry	2	4.5	0.00	750.00	750.00	4.0
Walking surface, outside, wet	1	2.2	0.00	750.00	750.00	4.0
Furniture / fixtures	5	11.3	507.48	0.00	507.48	2.7
Glass bottle / sheet	2	4.5	406.77	0.00	406.77	2.1
Pike pole 10’	1	2.2	287.45	0.00	287.45	1.5
Animal / bee type	2	4.5	260.50	0.00	260.50	1.3
Vehicle/car/truck	1	2.2	197.00	0.00	197.00	1.0
Machine, not otherwise classified	3	6.8	196.00	0.00	196.00	1.0
Minerals / dirt	1	2.2	176.50	0.00	176.50	0.9
Stairs, steps	5	11.3	143.00	0.00	143.00	0.7
Hand tool, not powered, NOC	1	2.2	118.27	0.00	118.27	0.6
Office equipment	1	2.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.2	0.00	0.00	0.00	0.0
Door	1	2.2	0.00	0.00	0.00	0.0
Hammer	1	2.2	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	2.2	0.00	0.00	0.00	0.0
N/A	1	2.2	0.00	0.00	0.00	0.0
Step stool	1	2.2	0.00	0.00	0.00	0.0
Water	1	2.2	0.00	0.00	0.00	0.0
	44		**$ 6,106.02**	**$ 12,621.58**	**$ 18,727.60**	

ACCIDENT TYPE

Lifting (strain or Injury by)	8	18.1	3,265.07	7,874.58	11,139.65	59.4
Struck/Injured by Falling or Flying Object	5	11.3	846.43	1,051.00	1,897.43	10.1
Assault	1	2.2	0.00	750.00	750.00	4.0
Fall or Slip (From Ladder/Scaffolding)	1	2.2	54.00	696.00	750.00	4.0
Fall or Slip (On Same Level)	2	4.5	0.00	750.00	750.00	4.0
Fall or slip (on ice or snow)	1	2.2	0.00	750.00	750.00	4.0
Struck/Injured by Object Being Lifted/Handled	1	2.2	0.00	750.00	750.00	4.0
Foreign Body In Eye	3	6.8	526.27	0.00	526.27	2.8
Object Handled (caught in or between)	4	9.0	442.48	0.00	442.48	2.3
Animal Or Insect	2	4.5	260.50	0.00	260.50	1.3
Fall or Slip (From Different Level)	2	4.5	197.00	0.00	197.00	1.0
Strike Against/Step on Stationary Object	2	4.5	196.00	0.00	196.00	1.0
Fall or slip (on stairs)	4	9.0	143.00	0.00	143.00	0.7
Repetitive Motion	3	6.8	118.27	0.00	118.27	0.6
Cut,puncture,scrape, injured by (Broken Glass)	1	2.2	57.00	0.00	57.00	0.3
Contact With Hot Object or Substances	2	4.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	2.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	44		**$ 6,106.02**	**$ 12,621.58**	**$ 18,727.60**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	9					
Hand	8					
Facial, Other Soft Tissue	4					
Shoulder	4					
Lower Arm	4					
Lower Leg	1					
Knee	4					
Elbow	2					
Hip	2					
Soft Tissue - Neck	1					
Wrist	1					
Eye(s)	3					
Finger(s)	7					
Toe(s)	1					
Ankle	1					
Foot	2					
Upper Back Area (Thoracic Area)	1					
No Physical Problem	2					
	44					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	22					
Contusion	17					
Laceration	8					
Foreign Body	2					
Puncture	2					
Burn	3					
No Physical Injury	2					
Sprain	1					
	44					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	30.0	350.77	399.23	750.00	50.0
8AM-9:59AM	1	10.0	0.00	750.00	750.00	50.0
10AM-11:59AM	3	30.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	10.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	10.0	0.00	0.00	0.00	0.0
Unknown	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 350.77**	**$ 1,149.23**	**$ 1,500.00**	
LENGTH OF SERVICE						
26-28	1	10.0	350.77	399.23	750.00	50.0
4-6	2	20.0	0.00	750.00	750.00	50.0
0-2	4	40.0	0.00	0.00	0.00	0.0
2-4	2	20.0	0.00	0.00	0.00	0.0
8-10	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 350.77**	**$ 1,149.23**	**$ 1,500.00**	
AGE OF CLAIMANT						
45-49	3	30.0	350.77	1,149.23	1,500.00	100.0
15-19	1	10.0	0.00	0.00	0.00	0.0
20-24	2	20.0	0.00	0.00	0.00	0.0
30-34	1	10.0	0.00	0.00	0.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
55-59	1	10.0	0.00	0.00	0.00	0.0
70-74	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 350.77**	**$ 1,149.23**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	7	70.0	0.00	750.00	750.00	50.0
Male	3	30.0	350.77	399.23	750.00	50.0
	10		**$ 350.77**	**$ 1,149.23**	**$ 1,500.00**	
LOSS CAUSE						
Brush / tree / log	1	10.0	350.77	399.23	750.00	50.0
Walking surface, outside, dry	1	10.0	0.00	750.00	750.00	50.0
Door	1	10.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	10.0	0.00	0.00	0.00	0.0
Metal items	1	10.0	0.00	0.00	0.00	0.0
Minerals / dirt	1	10.0	0.00	0.00	0.00	0.0
Person	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	10.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 350.77**	**$ 1,149.23**	**$ 1,500.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	20.0	0.00	750.00	750.00	50.0
Struck/Injured by Object Being Lifted/Handled	1	10.0	350.77	399.23	750.00	50.0
Fall or Slip (From Ladder/Scaffolding)	1	10.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	10.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Human Bite	1	10.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	10.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	10.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 350.77**	**$ 1,149.23**	**$ 1,500.00**	

**BODY PART

Knee	1
Nose	1
Eye(s)	1
Finger(s)	2
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Multiple Head Injury	1
No Physical Problem	2
Wrist	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	3
Fracture	1
Foreign Body	1
No Physical Injury	2
Puncture	2
Strain	2
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	6	22.2	0.00	11,790.68	11,790.68	49.5
Unknown	5	18.5	4,322.19	4,177.81	8,500.00	35.7
6PM-7:59PM	3	11.1	723.64	921.76	1,645.40	6.9
10AM-11:59AM	4	14.8	447.32	511.78	959.10	4.0
4PM-5:59PM	4	14.8	699.75	0.00	699.75	2.9
8AM-9:59AM	5	18.5	190.90	0.00	190.90	0.8
	27		**$ 6,383.80**	**$ 17,402.03**	**$ 23,785.83**	
LENGTH OF SERVICE						
14-16	1	3.7	0.00	11,790.68	11,790.68	49.5
2-4	6	22.2	4,867.59	4,177.81	9,045.40	38.0
0-2	9	33.3	937.97	511.78	1,449.75	6.1
10-12	1	3.7	578.24	171.76	750.00	3.1
20-22	1	3.7	0.00	750.00	750.00	3.1
12-14	2	7.4	0.00	0.00	0.00	0.0
18-20	3	11.1	0.00	0.00	0.00	0.0
22-24	1	3.7	0.00	0.00	0.00	0.0
24-26	2	7.4	0.00	0.00	0.00	0.0
4-6	1	3.7	0.00	0.00	0.00	0.0
	27		**$ 6,383.80**	**$ 17,402.03**	**$ 23,785.83**	
AGE OF CLAIMANT						
60-64	1	3.7	0.00	11,790.68	11,790.68	49.5
35-39	4	14.8	5,138.65	3,111.35	8,250.00	34.6
50-54	7	25.9	209.10	1,750.00	1,959.10	8.2
55-59	3	11.1	0.00	750.00	750.00	3.1
45-49	2	7.4	699.75	0.00	699.75	2.9
30-34	4	14.8	336.30	0.00	336.30	1.4
25-29	1	3.7	0.00	0.00	0.00	0.0
40-44	5	18.5	0.00	0.00	0.00	0.0
	27		**$ 6,383.80**	**$ 17,402.03**	**$ 23,785.83**	
SEX OF CLAIMANT						
Male	10	37.0	5,329.55	14,902.03	20,231.58	85.0
Female	17	62.9	1,054.25	2,500.00	3,554.25	14.9
	27		**$ 6,383.80**	**$ 17,402.03**	**$ 23,785.83**	
LOSS CAUSE						
Vehicle, not otherwise classified	4	14.8	0.00	11,790.68	11,790.68	49.5
Miscellaneous	1	3.7	4,322.19	2,427.81	6,750.00	28.3
Stairs, steps	1	3.7	0.00	1,750.00	1,750.00	7.3
Food	2	7.4	0.00	750.00	750.00	3.1
Walking surface, inside, wet	2	7.4	578.24	171.76	750.00	3.1
Wires	1	3.7	238.22	511.78	750.00	3.1
Chair	2	7.4	699.75	0.00	699.75	2.9
Person	3	11.1	209.10	0.00	209.10	0.8
Mowers	1	3.7	190.90	0.00	190.90	0.8
Door	2	7.4	145.40	0.00	145.40	0.6
Animal / insect, not otherwise classified	1	3.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Metal items	1	3.7	0.00	0.00	0.00	0.0
Patient / Inmate	1	3.7	0.00	0.00	0.00	0.0
Pike pole 10’	1	3.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	7.4	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 6,383.80***	***$ 17,402.03***	***$ 23,785.83***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	1	3.7	0.00	11,790.68	11,790.68	49.5
Struck/Injured by Falling or Flying Object	3	11.1	5,021.94	2,427.81	7,449.75	31.3
Fall or slip (on stairs)	1	3.7	0.00	1,750.00	1,750.00	7.3
Contact With Hot Object or Substances	2	7.4	238.22	1,261.78	1,500.00	6.3
Fall or Slip (From Liquid/Grease spills)	3	11.1	578.24	171.76	750.00	3.1
Human Bite	1	3.7	209.10	0.00	209.10	0.8
Strike Against/Step On Obj. Being Lifted or Handle	1	3.7	190.90	0.00	190.90	0.8
Object Handled (caught in or between)	1	3.7	145.40	0.00	145.40	0.6
Animal Or Insect	1	3.7	0.00	0.00	0.00	0.0
Assault	2	7.4	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	7.4	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	3.7	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	3.7	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	3.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	7.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	7.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	3.7	0.00	0.00	0.00	0.0
Vehicle Upset	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 6,383.80***	***$ 17,402.03***	***$ 23,785.83***	

***BODY PART

Lower Leg	4
Hip	3
Finger(s)	2
Knee	3
Hand	5
Wrist	2
Thumb	2
Eye(s)	1
Facial, Other Soft Tissue	1
Lower Arm	3
Multiple Head Injury	1
No Physical Problem	2
	27

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY

Strain	6
Dislocation	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	12					
Burn	2					
Laceration	5					
No Physical Injury	2					
Puncture	1					
	27					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:04

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	5	13.5	4,449.58	22,492.82	26,942.40	35.5
8AM-9:59AM	13	35.1	12,929.10	8,781.99	21,711.09	28.6
12AM-1:59AM	4	10.8	2,487.80	18,750.00	21,237.80	28.0
10AM-11:59AM	6	16.2	1,473.38	1,006.28	2,479.66	3.2
12PM-1:59PM	3	8.1	2,112.27	0.00	2,112.27	2.7
6AM-7:59AM	3	8.1	0.00	750.00	750.00	0.9
2AM-3:59AM	2	5.4	614.38	0.00	614.38	0.8
4PM-5:59PM	1	2.7	0.00	0.00	0.00	0.0
	37		**$ 24,066.51**	**$ 51,781.09**	**$ 75,847.60**	
LENGTH OF SERVICE						
0-2	10	27.0	4,323.15	23,141.82	27,464.97	36.2
6-8	7	18.9	3,572.97	18,484.60	22,057.57	29.0
16-18	1	2.7	5,341.18	6,897.46	12,238.64	16.1
10-12	3	8.1	3,133.50	597.90	3,731.40	4.9
2-4	4	10.8	2,934.06	750.00	3,684.06	4.8
4-6	5	13.5	2,690.47	750.00	3,440.47	4.5
22-24	2	5.4	340.69	1,159.31	1,500.00	1.9
8-10	2	5.4	779.98	0.00	779.98	1.0
12-14	2	5.4	702.12	0.00	702.12	0.9
14-16	1	2.7	248.39	0.00	248.39	0.3
	37		**$ 24,066.51**	**$ 51,781.09**	**$ 75,847.60**	
AGE OF CLAIMANT						
45-49	7	18.9	5,795.55	19,234.60	25,030.15	33.0
60-64	3	8.1	3,257.18	21,742.82	25,000.00	32.9
65-69	2	5.4	5,341.18	6,897.46	12,238.64	16.1
40-44	6	16.2	3,891.34	1,235.53	5,126.87	6.7
55-59	3	8.1	2,777.95	0.00	2,777.95	3.6
35-39	3	8.1	982.70	750.00	1,732.70	2.2
25-29	4	10.8	614.38	750.00	1,364.38	1.8
20-24	3	8.1	350.29	649.00	999.29	1.3
50-54	3	8.1	340.26	521.68	861.94	1.1
15-19	1	2.7	529.23	0.00	529.23	0.7
30-34	2	5.4	186.45	0.00	186.45	0.2
	37		**$ 24,066.51**	**$ 51,781.09**	**$ 75,847.60**	
SEX OF CLAIMANT						
Male	19	51.3	13,300.24	43,014.05	56,314.29	74.2
Female	18	48.6	10,766.27	8,767.04	19,533.31	25.7
	37		**$ 24,066.51**	**$ 51,781.09**	**$ 75,847.60**	
LOSS CAUSE						
Sharp objects, not otherwise classified	2	5.4	3,959.30	21,742.82	25,702.12	33.8
Pike pole 10’	1	2.7	1,958.57	18,000.00	19,958.57	26.3
Walking surface, inside, wet	4	10.8	5,735.10	8,169.14	13,904.24	18.3
Foreign Object	5	13.5	3,058.79	1,500.00	4,558.79	6.0
Chemicals, not otherwise classified	4	10.8	3,852.16	0.00	3,852.16	5.0
Furniture / fixtures	3	8.1	2,473.50	0.00	2,473.50	3.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Door	4	10.8	501.49	1,246.90	1,748.39	2.3
Machine, not otherwise classified	2	5.4	1,378.85	0.00	1,378.85	1.8
Glass bottle / sheet	1	2.7	265.40	484.60	750.00	0.9
Load covers	1	2.7	112.37	637.63	750.00	0.9
Recreational equipment	1	2.7	614.38	0.00	614.38	0.8
Hand tool, not powered, NOC	1	2.7	156.60	0.00	156.60	0.2
Person	3	8.1	0.00	0.00	0.00	0.0
Boxes / containers	1	2.7	0.00	0.00	0.00	0.0
Food	1	2.7	0.00	0.00	0.00	0.0
Overhead Object	1	2.7	0.00	0.00	0.00	0.0
Stairs	1	2.7	0.00	0.00	0.00	0.0
Stairs, steps	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 24,066.51***	***$ 51,781.09***	***$ 75,847.60***	

ACCIDENT TYPE

Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	5.4	3,413.78	21,742.82	25,156.60	33.1
Lifting (strain or Injury by)	4	10.8	4,488.13	18,000.00	22,488.13	29.6
Fall or Slip (From Liquid/Grease spills)	2	5.4	5,341.18	7,647.46	12,988.64	17.1
Absorb, Ingest, Inhalation	4	10.8	3,852.16	0.00	3,852.16	5.0
Object being lifted/handled (cut,punc.scrape,inj b	4	10.8	2,159.92	484.60	2,644.52	3.4
Pushing Or Pulling (Strain or Injury by)	2	5.4	2,112.27	0.00	2,112.27	2.7
Collision with a Fixed Object	2	5.4	213.37	1,286.63	1,500.00	1.9
Object Handled (caught in or between)	3	8.1	512.43	597.90	1,110.33	1.4
Fall or slip (on stairs)	3	8.1	228.32	521.68	750.00	0.9
Noise, continual, strain or injury by	1	2.7	0.00	750.00	750.00	0.9
Twisting, strain or injury by	2	5.4	0.00	750.00	750.00	0.9
Strike Against/Step on Stationary Object	1	2.7	614.38	0.00	614.38	0.8
Struck/Injured by Falling or Flying Object	1	2.7	529.23	0.00	529.23	0.7
Fall or Slip (From Different Level)	1	2.7	249.29	0.00	249.29	0.3
Contact With Hot Object or Substances	1	2.7	186.45	0.00	186.45	0.2
Fall or Slip (On Same Level)	2	5.4	165.60	0.00	165.60	0.2
Repetitive Motion	1	2.7	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 24,066.51***	***$ 51,781.09***	***$ 75,847.60***	

***BODY PART*

Finger(s)	8
Elbow	1
Hip	3
Foot	3
Lower Arm	3
Toe(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Whole Body	3
Knee	3
Facial, Other Soft Tissue	2
Buttocks	1
Lower Leg	4
Ankle	2
Ear(s)	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Head Injury	1					
Hand	1					
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Multiple Body Parts	1					
Eye(s)	1					
Insufficient Information	2					
Wrist	1					
	37					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	18
Puncture	3
Contusion	20
Poisoning - Chemical	4
Laceration	2
Inflamation	1
Sprain	1
Burn	1
No Physical Injury	1
	37

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Prof & Occup. Reg., Dept. (222)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	12.57	21,500.00	21,512.57	100.0
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 12.57**	**$ 21,500.00**	**$ 21,512.57**	
LENGTH OF SERVICE						
10-12	1	25.0	12.57	20,750.00	20,762.57	96.5
0-2	1	25.0	0.00	750.00	750.00	3.4
6-8	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 12.57**	**$ 21,500.00**	**$ 21,512.57**	
AGE OF CLAIMANT						
45-49	2	50.0	12.57	20,750.00	20,762.57	96.5
40-44	2	50.0	0.00	750.00	750.00	3.4
	4		**$ 12.57**	**$ 21,500.00**	**$ 21,512.57**	
SEX OF CLAIMANT						
Male	2	50.0	12.57	20,750.00	20,762.57	96.5
Female	2	50.0	0.00	750.00	750.00	3.4
	4		**$ 12.57**	**$ 21,500.00**	**$ 21,512.57**	
LOSS CAUSE						
Door	1	25.0	12.57	20,750.00	20,762.57	96.5
Walking surface, inside, wet	1	25.0	0.00	750.00	750.00	3.4
Office equipment	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 12.57**	**$ 21,500.00**	**$ 21,512.57**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	25.0	12.57	20,750.00	20,762.57	96.5
Fall or Slip (On Same Level)	1	25.0	0.00	750.00	750.00	3.4
Twisting, strain or injury by	1	25.0	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 12.57**	**$ 21,500.00**	**$ 21,512.57**	
****BODY PART**						
Elbow	1					
Ankle	1					
Foot	1					
Knee	1					
Shoulder	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Buttocks	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Prof & Occup. Reg., Dept. (222)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	2					
Strain	4					
Sprain	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Minority Bus Ent, Dept Of (232)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	0.00	0.00	0.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	0.00	0.00	0.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Object on Floor	1	50.0	0.00	0.00	0.00	0.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hip	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	1	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Purchasing (18)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Uneven Surface	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu President's Office (26)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	25.12	0.00	25.12	100.0
	1		**$ 25.12**	**$ 0.00**	**$ 25.12**	
LENGTH OF SERVICE						
8-10	1	100.0	25.12	0.00	25.12	100.0
	1		**$ 25.12**	**$ 0.00**	**$ 25.12**	
AGE OF CLAIMANT						
45-49	1	100.0	25.12	0.00	25.12	100.0
	1		**$ 25.12**	**$ 0.00**	**$ 25.12**	
SEX OF CLAIMANT						
Female	1	100.0	25.12	0.00	25.12	100.0
	1		**$ 25.12**	**$ 0.00**	**$ 25.12**	
LOSS CAUSE						
Stairs, steps	1	100.0	25.12	0.00	25.12	100.0
	1		**$ 25.12**	**$ 0.00**	**$ 25.12**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	25.12	0.00	25.12	100.0
	1		**$ 25.12**	**$ 0.00**	**$ 25.12**	
****BODY PART**						
Elbow	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Director Of Athletics (36)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	3,573.87	13,926.13	17,500.00	100.0
	1		**$ 3,573.87**	**$ 13,926.13**	**$ 17,500.00**	
LENGTH OF SERVICE						
2-4	1	100.0	3,573.87	13,926.13	17,500.00	100.0
	1		**$ 3,573.87**	**$ 13,926.13**	**$ 17,500.00**	
AGE OF CLAIMANT						
30-34	1	100.0	3,573.87	13,926.13	17,500.00	100.0
	1		**$ 3,573.87**	**$ 13,926.13**	**$ 17,500.00**	
SEX OF CLAIMANT						
Male	1	100.0	3,573.87	13,926.13	17,500.00	100.0
	1		**$ 3,573.87**	**$ 13,926.13**	**$ 17,500.00**	
LOSS CAUSE						
Rope, cord	1	100.0	3,573.87	13,926.13	17,500.00	100.0
	1		**$ 3,573.87**	**$ 13,926.13**	**$ 17,500.00**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	3,573.87	13,926.13	17,500.00	100.0
	1		**$ 3,573.87**	**$ 13,926.13**	**$ 17,500.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Office Of Academic Support (62)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
22-24	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Other than physical cause of injury	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Multiple Head Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Afro-american Studies (64)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	331.24	0.00	331.24	100.0
	1		**$ 331.24**	**$ 0.00**	**$ 331.24**	
LENGTH OF SERVICE						
22-24	1	100.0	331.24	0.00	331.24	100.0
	1		**$ 331.24**	**$ 0.00**	**$ 331.24**	
AGE OF CLAIMANT						
45-49	1	100.0	331.24	0.00	331.24	100.0
	1		**$ 331.24**	**$ 0.00**	**$ 331.24**	
SEX OF CLAIMANT						
Female	1	100.0	331.24	0.00	331.24	100.0
	1		**$ 331.24**	**$ 0.00**	**$ 331.24**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	331.24	0.00	331.24	100.0
	1		**$ 331.24**	**$ 0.00**	**$ 331.24**	
ACCIDENT TYPE						
Cut,puncture,scrape, injured by (Broken Glass)	1	100.0	331.24	0.00	331.24	100.0
	1		**$ 331.24**	**$ 0.00**	**$ 331.24**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Biology (66)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
8-10	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Chemistry (67)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
2AM-3:59AM	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
Unknown	1	33.3	0.00	0.00	0.00	0.0
22-24	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	33.3	0.00	0.00	0.00	0.0
70-74	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
N/A	1	33.3	0.00	0.00	0.00	0.0
Recreational equipment	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Noise, continual, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ear(s)	1					
Lower Arm	2					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Hearing Loss or Impairment (Traumatic only)	1	
Contusion	2	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu English (70)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Insufficient Information	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Foreign Languages (71)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	412.32	0.00	412.32	100.0
	1		**$ 412.32**	**$ 0.00**	**$ 412.32**	
LENGTH OF SERVICE						
8-10	1	100.0	412.32	0.00	412.32	100.0
	1		**$ 412.32**	**$ 0.00**	**$ 412.32**	
AGE OF CLAIMANT						
50-54	1	100.0	412.32	0.00	412.32	100.0
	1		**$ 412.32**	**$ 0.00**	**$ 412.32**	
SEX OF CLAIMANT						
Female	1	100.0	412.32	0.00	412.32	100.0
	1		**$ 412.32**	**$ 0.00**	**$ 412.32**	
LOSS CAUSE						
Cords	1	100.0	412.32	0.00	412.32	100.0
	1		**$ 412.32**	**$ 0.00**	**$ 412.32**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	412.32	0.00	412.32	100.0
	1		**$ 412.32**	**$ 0.00**	**$ 412.32**	
****BODY PART**						
Thumb	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Philosophy (77)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	388.36	0.00	388.36	100.0
	1		***$ 388.36***	***$ 0.00***	***$ 388.36***	
LENGTH OF SERVICE						
0-2	1	100.0	388.36	0.00	388.36	100.0
	1		***$ 388.36***	***$ 0.00***	***$ 388.36***	
AGE OF CLAIMANT						
35-39	1	100.0	388.36	0.00	388.36	100.0
	1		***$ 388.36***	***$ 0.00***	***$ 388.36***	
SEX OF CLAIMANT						
Male	1	100.0	388.36	0.00	388.36	100.0
	1		***$ 388.36***	***$ 0.00***	***$ 388.36***	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	388.36	0.00	388.36	100.0
	1		***$ 388.36***	***$ 0.00***	***$ 388.36***	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	388.36	0.00	388.36	100.0
	1		***$ 388.36***	***$ 0.00***	***$ 388.36***	
****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Phil & Religious Studies (78)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Nail	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stepping On Sharp Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Foot	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Business (93)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Foot	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Child Study Center (125)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Cabinet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ues/records & Registration (137)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	750.00	750.00	96.4
4AM-5:59AM	1	50.0	28.00	0.00	28.00	3.6
	2		**$ 28.00**	**$ 750.00**	**$ 778.00**	
LENGTH OF SERVICE						
2-4	2	100.0	28.00	750.00	778.00	100.0
	2		**$ 28.00**	**$ 750.00**	**$ 778.00**	
AGE OF CLAIMANT						
25-29	2	100.0	28.00	750.00	778.00	100.0
	2		**$ 28.00**	**$ 750.00**	**$ 778.00**	
SEX OF CLAIMANT						
Female	2	100.0	28.00	750.00	778.00	100.0
	2		**$ 28.00**	**$ 750.00**	**$ 778.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	0.00	750.00	750.00	96.4
Walking surface, inside, wet	1	50.0	28.00	0.00	28.00	3.6
	2		**$ 28.00**	**$ 750.00**	**$ 778.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	0.00	750.00	750.00	96.4
Fall or Slip (On Same Level)	1	50.0	28.00	0.00	28.00	3.6
	2		**$ 28.00**	**$ 750.00**	**$ 778.00**	
****BODY PART**						
Ankle	1					
Knee	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
Contusion	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Library Services (140)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	14.2	0.00	750.00	750.00	51.8
2AM-3:59AM	2	28.5	382.41	0.00	382.41	26.4
10AM-11:59AM	3	42.8	312.95	0.00	312.95	21.6
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 695.36**	**$ 750.00**	**$ 1,445.36**	
LENGTH OF SERVICE						
10-12	1	14.2	0.00	750.00	750.00	51.8
22-24	1	14.2	363.21	0.00	363.21	25.1
0-2	3	42.8	312.95	0.00	312.95	21.6
28-30	1	14.2	19.20	0.00	19.20	1.3
18-20	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 695.36**	**$ 750.00**	**$ 1,445.36**	
AGE OF CLAIMANT						
55-59	1	14.2	0.00	750.00	750.00	51.8
40-44	1	14.2	363.21	0.00	363.21	25.1
15-19	1	14.2	312.95	0.00	312.95	21.6
60-64	2	28.5	19.20	0.00	19.20	1.3
35-39	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 695.36**	**$ 750.00**	**$ 1,445.36**	
SEX OF CLAIMANT						
Female	7	100.0	695.36	750.00	1,445.36	100.0
	7		**$ 695.36**	**$ 750.00**	**$ 1,445.36**	
LOSS CAUSE						
Office equipment	1	14.2	0.00	750.00	750.00	51.8
Overhead Object	2	28.5	676.16	0.00	676.16	46.7
Foreign Object	2	28.5	19.20	0.00	19.20	1.3
Nail	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 695.36**	**$ 750.00**	**$ 1,445.36**	
ACCIDENT TYPE						
Repetitive Motion	1	14.2	0.00	750.00	750.00	51.8
Reaching (Strain or Injury by)	1	14.2	363.21	0.00	363.21	25.1
Struck/Injured by Falling or Flying Object	1	14.2	312.95	0.00	312.95	21.6
Twisting, strain or injury by	1	14.2	19.20	0.00	19.20	1.3
Lifting (strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Stepping On Sharp Object	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 695.36**	**$ 750.00**	**$ 1,445.36**	
****BODY PART**						
Wrist	2					
Shoulder	1					
Foot	3					
Thumb	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Library Services (140)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Carpal Tunnel Syndrome	1
Strain	3
Sprain	1
Puncture	2
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Lic: Tlrs Dist East (162)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
24-26	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:05

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	3	27.2	283.68	750.00	1,033.68	57.1
6AM-7:59AM	1	9.0	239.61	510.39	750.00	41.4
8AM-9:59AM	4	36.3	24.00	0.00	24.00	1.3
10AM-11:59AM	1	9.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	9.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 547.29**	**$ 1,260.39**	**$ 1,807.68**	
LENGTH OF SERVICE						
16-18	1	9.0	0.00	750.00	750.00	41.4
4-6	1	9.0	239.61	510.39	750.00	41.4
8-10	1	9.0	283.68	0.00	283.68	15.6
0-2	2	18.1	24.00	0.00	24.00	1.3
22-24	1	9.0	0.00	0.00	0.00	0.0
14-16	1	9.0	0.00	0.00	0.00	0.0
2-4	3	27.2	0.00	0.00	0.00	0.0
6-8	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 547.29**	**$ 1,260.39**	**$ 1,807.68**	
AGE OF CLAIMANT						
35-39	3	27.2	283.68	750.00	1,033.68	57.1
25-29	4	36.3	263.61	510.39	774.00	42.8
45-49	1	9.0	0.00	0.00	0.00	0.0
15-19	1	9.0	0.00	0.00	0.00	0.0
30-34	1	9.0	0.00	0.00	0.00	0.0
50-54	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 547.29**	**$ 1,260.39**	**$ 1,807.68**	
SEX OF CLAIMANT						
Female	7	63.6	547.29	510.39	1,057.68	58.5
Male	4	36.3	0.00	750.00	750.00	41.4
	11		**$ 547.29**	**$ 1,260.39**	**$ 1,807.68**	
LOSS CAUSE						
Chemicals, not otherwise classified	2	18.1	239.61	510.39	750.00	41.4
N/A	1	9.0	0.00	750.00	750.00	41.4
Patient / Inmate	3	27.2	283.68	0.00	283.68	15.6
Person	3	27.2	24.00	0.00	24.00	1.3
Object on Floor	1	9.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 547.29**	**$ 1,260.39**	**$ 1,807.68**	
ACCIDENT TYPE						
Foreign Body In Eye	3	27.2	239.61	510.39	750.00	41.4
Other (Not Otherwise Classified)	1	9.0	0.00	750.00	750.00	41.4
Human Bite	1	9.0	283.68	0.00	283.68	15.6
Assault	1	9.0	24.00	0.00	24.00	1.3
Stepping On Sharp Object	1	9.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	1	9.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 547.29**	**$ 1,260.39**	**$ 1,807.68**	

**BODY PART

Eye(s)	3
Foot	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Knee	1
Finger(s)	1
Lower Leg	1
No Physical Problem	1
Shoulder	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Puncture	2
Foreign Body	3
Strain	1
Contusion	2
Laceration	1
No Physical Injury	1
Sprain	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Parking Office (166)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	273.87	2,976.13	3,250.00	100.0
	1		***$ 273.87***	***$ 2,976.13***	***$ 3,250.00***	
LENGTH OF SERVICE						
22-24	1	100.0	273.87	2,976.13	3,250.00	100.0
	1		***$ 273.87***	***$ 2,976.13***	***$ 3,250.00***	
AGE OF CLAIMANT						
45-49	1	100.0	273.87	2,976.13	3,250.00	100.0
	1		***$ 273.87***	***$ 2,976.13***	***$ 3,250.00***	
SEX OF CLAIMANT						
Male	1	100.0	273.87	2,976.13	3,250.00	100.0
	1		***$ 273.87***	***$ 2,976.13***	***$ 3,250.00***	
LOSS CAUSE						
Pike pole 10’	1	100.0	273.87	2,976.13	3,250.00	100.0
	1		***$ 273.87***	***$ 2,976.13***	***$ 3,250.00***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	273.87	2,976.13	3,250.00	100.0
	1		***$ 273.87***	***$ 2,976.13***	***$ 3,250.00***	
*****BODY PART***						
Multiple Neck Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Capital Plng & Real Estate (179)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Elevators, escalators	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Elbow	1					
Lower Arm	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	2	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Highway Equipment (191)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Labor (201)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	161.15	0.00	161.15	100.0
	1		**$ 161.15**	**$ 0.00**	**$ 161.15**	
LENGTH OF SERVICE						
0-2	1	100.0	161.15	0.00	161.15	100.0
	1		**$ 161.15**	**$ 0.00**	**$ 161.15**	
AGE OF CLAIMANT						
45-49	1	100.0	161.15	0.00	161.15	100.0
	1		**$ 161.15**	**$ 0.00**	**$ 161.15**	
SEX OF CLAIMANT						
Male	1	100.0	161.15	0.00	161.15	100.0
	1		**$ 161.15**	**$ 0.00**	**$ 161.15**	
LOSS CAUSE						
Cart	1	100.0	161.15	0.00	161.15	100.0
	1		**$ 161.15**	**$ 0.00**	**$ 161.15**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	161.15	0.00	161.15	100.0
	1		**$ 161.15**	**$ 0.00**	**$ 161.15**	
****BODY PART**						
Foot	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Grounds (205)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	750.00	750.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Environmental conditions	1	50.0	0.00	750.00	750.00	100.0
Machine, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Allergic Reaction	1	50.0	0.00	750.00	750.00	100.0
Struck/Injured by Moving Part Of Machine	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Hand	1					
Wrist	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Dermatitis	1	
Sprain	1	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Construction Carpenters (206)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
LOSS CAUSE						
Door	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Budsgeting & Resource (222)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	989.45	4,760.55	5,750.00	100.0
	1		**$ 989.45**	**$ 4,760.55**	**$ 5,750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	989.45	4,760.55	5,750.00	100.0
	1		**$ 989.45**	**$ 4,760.55**	**$ 5,750.00**	
AGE OF CLAIMANT						
25-29	1	100.0	989.45	4,760.55	5,750.00	100.0
	1		**$ 989.45**	**$ 4,760.55**	**$ 5,750.00**	
SEX OF CLAIMANT						
Female	1	100.0	989.45	4,760.55	5,750.00	100.0
	1		**$ 989.45**	**$ 4,760.55**	**$ 5,750.00**	
LOSS CAUSE						
Uneven Surface	1	100.0	989.45	4,760.55	5,750.00	100.0
	1		**$ 989.45**	**$ 4,760.55**	**$ 5,750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	989.45	4,760.55	5,750.00	100.0
	1		**$ 989.45**	**$ 4,760.55**	**$ 5,750.00**	
****BODY PART**						
Foot	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Fracture	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:06

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dean Of Student Affairs (228)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
16-18	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
65-69	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Miscellaneous	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univeristy Housing (229)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	0.00	3,000.00	3,000.00	63.1
6AM-7:59AM	1	25.0	146.35	1,603.65	1,750.00	36.8
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 146.35**	**$ 4,603.65**	**$ 4,750.00**	
LENGTH OF SERVICE						
2-4	1	25.0	0.00	3,000.00	3,000.00	63.1
4-6	1	25.0	146.35	1,603.65	1,750.00	36.8
0-2	1	25.0	0.00	0.00	0.00	0.0
16-18	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 146.35**	**$ 4,603.65**	**$ 4,750.00**	
AGE OF CLAIMANT						
45-49	1	25.0	0.00	3,000.00	3,000.00	63.1
40-44	1	25.0	146.35	1,603.65	1,750.00	36.8
30-34	1	25.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 146.35**	**$ 4,603.65**	**$ 4,750.00**	
SEX OF CLAIMANT						
Female	3	75.0	146.35	4,603.65	4,750.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 146.35**	**$ 4,603.65**	**$ 4,750.00**	
LOSS CAUSE						
Trash receptacle	2	50.0	0.00	3,000.00	3,000.00	63.1
Door	1	25.0	146.35	1,603.65	1,750.00	36.8
Fencing	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 146.35**	**$ 4,603.65**	**$ 4,750.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	0.00	3,000.00	3,000.00	63.1
Strike Against/Step on Stationary Object	1	25.0	146.35	1,603.65	1,750.00	36.8
Holding Or Carrying (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 146.35**	**$ 4,603.65**	**$ 4,750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
Knee	1					
Lower Leg	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	1
Contusion	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univeristy Housing (229)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Off Campus Program (237)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
20-24	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cancer Center (248)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	25.0	19.20	0.00	19.20	50.0
8AM-9:59AM	1	25.0	19.20	0.00	19.20	50.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 38.40**	**$ 0.00**	**$ 38.40**	
LENGTH OF SERVICE						
12-14	1	25.0	19.20	0.00	19.20	50.0
2-4	1	25.0	19.20	0.00	19.20	50.0
0-2	1	25.0	0.00	0.00	0.00	0.0
6-8	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 38.40**	**$ 0.00**	**$ 38.40**	
AGE OF CLAIMANT						
30-34	2	50.0	38.40	0.00	38.40	100.0
25-29	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 38.40**	**$ 0.00**	**$ 38.40**	
SEX OF CLAIMANT						
Female	3	75.0	38.40	0.00	38.40	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 38.40**	**$ 0.00**	**$ 38.40**	
LOSS CAUSE						
Chair	1	25.0	19.20	0.00	19.20	50.0
Vehicle, not otherwise classified	1	25.0	19.20	0.00	19.20	50.0
Glass bottle / sheet	1	25.0	0.00	0.00	0.00	0.0
Steam / exhaust	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 38.40**	**$ 0.00**	**$ 38.40**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	19.20	0.00	19.20	50.0
Fall or slip (on stairs)	1	25.0	19.20	0.00	19.20	50.0
Steam Or Hot Fluids	1	25.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 38.40**	**$ 0.00**	**$ 38.40**	
****BODY PART**						
Ankle	1					
Knee	1					
No Physical Problem	1					
Elbow	1					
Nose	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cancer Center (248)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
No Physical Injury	1					
Burn	1					
Laceration	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Intramural Athletics (249)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Ceiling	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Physical Therapy (256)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	16.80	0.00	16.80	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 16.80**	**$ 0.00**	**$ 16.80**	
LENGTH OF SERVICE						
8-10	1	50.0	16.80	0.00	16.80	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 16.80**	**$ 0.00**	**$ 16.80**	
AGE OF CLAIMANT						
35-39	1	50.0	16.80	0.00	16.80	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 16.80**	**$ 0.00**	**$ 16.80**	
SEX OF CLAIMANT						
Male	1	50.0	16.80	0.00	16.80	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 16.80**	**$ 0.00**	**$ 16.80**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	16.80	0.00	16.80	100.0
Glass bottle / sheet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 16.80**	**$ 0.00**	**$ 16.80**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	50.0	16.80	0.00	16.80	100.0
Cut,puncture,scrape, injured by (Broken Glass)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 16.80**	**$ 0.00**	**$ 16.80**	
****BODY PART**						
Knee	1					
No Physical Problem	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Sprain	1	
No Physical Injury	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Biochemistry & Molecular (263)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	313.39	0.00	313.39	100.0
	1		**$ 313.39**	**$ 0.00**	**$ 313.39**	
LENGTH OF SERVICE						
0-2	1	100.0	313.39	0.00	313.39	100.0
	1		**$ 313.39**	**$ 0.00**	**$ 313.39**	
AGE OF CLAIMANT						
30-34	1	100.0	313.39	0.00	313.39	100.0
	1		**$ 313.39**	**$ 0.00**	**$ 313.39**	
SEX OF CLAIMANT						
Male	1	100.0	313.39	0.00	313.39	100.0
	1		**$ 313.39**	**$ 0.00**	**$ 313.39**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	313.39	0.00	313.39	100.0
	1		**$ 313.39**	**$ 0.00**	**$ 313.39**	
ACCIDENT TYPE						
Cut,puncture,scrape, injured by (Broken Glass)	1	100.0	313.39	0.00	313.39	100.0
	1		**$ 313.39**	**$ 0.00**	**$ 313.39**	
****BODY PART**						
Thumb	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Genetics (265)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	0.00	0.00	0.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	0.00	0.00	0.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Door	1	50.0	0.00	0.00	0.00	0.0
Shears	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	

*****BODY PART***	
Finger(s)	1
Lower Arm	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	1
Puncture	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:07

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Microbiology & Immunology (266)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	50.0	0.00	0.00	0.00	0.0
24-26	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
20-24	1	50.0	0.00	0.00	0.00	0.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Eye(s)	1					
Thumb	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Foreign Body	1	
Laceration	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacology & Toxicology (267)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	25.0	0.00	0.00	0.00	0.0
0-2	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
20-24	3	75.0	0.00	0.00	0.00	0.0
25-29	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	25.0	0.00	0.00	0.00	0.0
Female	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Recreational equipment	1	25.0	0.00	0.00	0.00	0.0
Animal, not otherwise classified	2	50.0	0.00	0.00	0.00	0.0
Office equipment	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
Animal Or Insect	2	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	3					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	1
Contusion	2
Puncture	1
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic (276)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	222.08	527.92	750.00	100.0
	1		**$ 222.08**	**$ 527.92**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	222.08	527.92	750.00	100.0
	1		**$ 222.08**	**$ 527.92**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	100.0	222.08	527.92	750.00	100.0
	1		**$ 222.08**	**$ 527.92**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	222.08	527.92	750.00	100.0
	1		**$ 222.08**	**$ 527.92**	**$ 750.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	222.08	527.92	750.00	100.0
	1		**$ 222.08**	**$ 527.92**	**$ 750.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	222.08	527.92	750.00	100.0
	1		**$ 222.08**	**$ 527.92**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic/oral Surgery (280)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,457.09	888.66	2,345.75	100.0
	1		**$ 1,457.09**	**$ 888.66**	**$ 2,345.75**	
LENGTH OF SERVICE						
14-16	1	100.0	1,457.09	888.66	2,345.75	100.0
	1		**$ 1,457.09**	**$ 888.66**	**$ 2,345.75**	
AGE OF CLAIMANT						
45-49	1	100.0	1,457.09	888.66	2,345.75	100.0
	1		**$ 1,457.09**	**$ 888.66**	**$ 2,345.75**	
SEX OF CLAIMANT						
Female	1	100.0	1,457.09	888.66	2,345.75	100.0
	1		**$ 1,457.09**	**$ 888.66**	**$ 2,345.75**	
LOSS CAUSE						
Cart	1	100.0	1,457.09	888.66	2,345.75	100.0
	1		**$ 1,457.09**	**$ 888.66**	**$ 2,345.75**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	1,457.09	888.66	2,345.75	100.0
	1		**$ 1,457.09**	**$ 888.66**	**$ 2,345.75**	
****BODY PART**						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Periodontic (288)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	8,680.44	16,319.56	25,000.00	100.0
	1		**$ 8,680.44**	**$ 16,319.56**	**$ 25,000.00**	
LENGTH OF SERVICE						
8-10	1	100.0	8,680.44	16,319.56	25,000.00	100.0
	1		**$ 8,680.44**	**$ 16,319.56**	**$ 25,000.00**	
AGE OF CLAIMANT						
50-54	1	100.0	8,680.44	16,319.56	25,000.00	100.0
	1		**$ 8,680.44**	**$ 16,319.56**	**$ 25,000.00**	
SEX OF CLAIMANT						
Female	1	100.0	8,680.44	16,319.56	25,000.00	100.0
	1		**$ 8,680.44**	**$ 16,319.56**	**$ 25,000.00**	
LOSS CAUSE						
Elevators, escalators	1	100.0	8,680.44	16,319.56	25,000.00	100.0
	1		**$ 8,680.44**	**$ 16,319.56**	**$ 25,000.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	8,680.44	16,319.56	25,000.00	100.0
	1		**$ 8,680.44**	**$ 16,319.56**	**$ 25,000.00**	
****BODY PART**						
Hand	1					
Knee	1					
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Prosthodontics (289)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
8-10	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Medicine-deans Office (296)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
	1

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Internal Medicine (302)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	6,750.00	6,750.00	100.0
	1		**$ 0.00**	**$ 6,750.00**	**$ 6,750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	6,750.00	6,750.00	100.0
	1		**$ 0.00**	**$ 6,750.00**	**$ 6,750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	6,750.00	6,750.00	100.0
	1		**$ 0.00**	**$ 6,750.00**	**$ 6,750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	6,750.00	6,750.00	100.0
	1		**$ 0.00**	**$ 6,750.00**	**$ 6,750.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	6,750.00	6,750.00	100.0
	1		**$ 0.00**	**$ 6,750.00**	**$ 6,750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	6,750.00	6,750.00	100.0
	1		**$ 0.00**	**$ 6,750.00**	**$ 6,750.00**	
****BODY PART**						
Upper Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Fracture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Infectious Diseases (303)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	43.20	0.00	43.20	100.0
	1		**$ 43.20**	**$ 0.00**	**$ 43.20**	
LENGTH OF SERVICE						
0-2	1	100.0	43.20	0.00	43.20	100.0
	1		**$ 43.20**	**$ 0.00**	**$ 43.20**	
AGE OF CLAIMANT						
55-59	1	100.0	43.20	0.00	43.20	100.0
	1		**$ 43.20**	**$ 0.00**	**$ 43.20**	
SEX OF CLAIMANT						
Female	1	100.0	43.20	0.00	43.20	100.0
	1		**$ 43.20**	**$ 0.00**	**$ 43.20**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	43.20	0.00	43.20	100.0
	1		**$ 43.20**	**$ 0.00**	**$ 43.20**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	43.20	0.00	43.20	100.0
	1		**$ 43.20**	**$ 0.00**	**$ 43.20**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Fracture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cardiology (315)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
LENGTH OF SERVICE						
24-26	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	100.0	16.80	733.20	750.00	100.0
	1		**$ 16.80**	**$ 733.20**	**$ 750.00**	
****BODY PART**						
Toe(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Hematology (321)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Animal / tick, spider, etc.	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Neurology (323)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	66.6	347.39	0.00	347.39	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 347.39**	**$ 0.00**	**$ 347.39**	
LENGTH OF SERVICE						
0-2	3	100.0	347.39	0.00	347.39	100.0
	3		**$ 347.39**	**$ 0.00**	**$ 347.39**	
AGE OF CLAIMANT						
20-24	3	100.0	347.39	0.00	347.39	100.0
	3		**$ 347.39**	**$ 0.00**	**$ 347.39**	
SEX OF CLAIMANT						
Male	2	66.6	347.39	0.00	347.39	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 347.39**	**$ 0.00**	**$ 347.39**	
LOSS CAUSE						
Glass bottle / sheet	2	66.6	347.39	0.00	347.39	100.0
Sharp objects, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 347.39**	**$ 0.00**	**$ 347.39**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	66.6	347.39	0.00	347.39	100.0
Cut,puncture,scrape, injured by (Broken Glass)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 347.39**	**$ 0.00**	**$ 347.39**	
****BODY PART**						
Thumb	3					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	2
Puncture	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pediatrics (327)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
28-30	1	50.0	0.00	750.00	750.00	100.0
16-18	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	50.0	0.00	750.00	750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Uneven Surface	1	50.0	0.00	750.00	750.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	0.00	750.00	750.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Knee	1					
Toe(s)	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pathology (335)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	20.0	180.20	0.00	180.20	100.0
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 180.20**	**$ 0.00**	**$ 180.20**	
LENGTH OF SERVICE						
0-2	2	40.0	180.20	0.00	180.20	100.0
4-6	1	20.0	0.00	0.00	0.00	0.0
2-4	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 180.20**	**$ 0.00**	**$ 180.20**	
AGE OF CLAIMANT						
25-29	3	60.0	180.20	0.00	180.20	100.0
15-19	1	20.0	0.00	0.00	0.00	0.0
20-24	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 180.20**	**$ 0.00**	**$ 180.20**	
SEX OF CLAIMANT						
Female	5	100.0	180.20	0.00	180.20	100.0
	5		**$ 180.20**	**$ 0.00**	**$ 180.20**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	20.0	180.20	0.00	180.20	100.0
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	20.0	0.00	0.00	0.00	0.0
Metal items	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 180.20**	**$ 0.00**	**$ 180.20**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	40.0	180.20	0.00	180.20	100.0
Fall or Slip (From Liquid/Grease spills)	1	20.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 180.20**	**$ 0.00**	**$ 180.20**	
****BODY PART**						
Finger(s)	2					
Ankle	1					
Multiple Neck Injury	1					
Shoulder	1					
Lower Arm	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pathology (335)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
Strain	2					
Contusion	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Nursing-dean's Office (346)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Maternal Child Nursing (348)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Medical Surgical Nursing (349)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Nail	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stepping On Sharp Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
******BODY PART***						
No Physical Problem	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

******INJURY***		
No Physical Injury	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Parking Office (356)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Foreign Body	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Housekeeping-east (366)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
12-14	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Animal Resources (377)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Lungs	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Poisoning - Chemical	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Chemical Safety (395)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
25-29	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Battery	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Knee	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Sprain	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cardiac & Thoracic (427)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Upper Back Area (Thoracic Area)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Neuro Surgery (429)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
20-24	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Insufficient Information	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Surgery Lab (437)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
16-18	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Private Clinic (438)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Animal / insect, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
No Physical Problem	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
No Physical Injury	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Geriatric Medicine (444)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
26-28	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
Nose	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	1
Laceration	1
	1

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Physical Plant (564)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Hip	1					
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
Sprain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:08

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-engineering Services (568)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Contact with Cold Objects or Substances	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Hand	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-capital Plng & Infor Mngmnt (569)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Elevators, escalators	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Elbow	1					
Lower Arm	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-cashier Operations (583)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-ues/fin Aid Cnsl Info Srvctr (588)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-power Plant East (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Other (Not Otherwise Classified)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-vp Information Technology (597)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
10-12	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-franklin Street Corrider (598)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	365.24	0.00	365.24	100.0
	1		**$ 365.24**	**$ 0.00**	**$ 365.24**	
LENGTH OF SERVICE						
14-16	1	100.0	365.24	0.00	365.24	100.0
	1		**$ 365.24**	**$ 0.00**	**$ 365.24**	
AGE OF CLAIMANT						
60-64	1	100.0	365.24	0.00	365.24	100.0
	1		**$ 365.24**	**$ 0.00**	**$ 365.24**	
SEX OF CLAIMANT						
Male	1	100.0	365.24	0.00	365.24	100.0
	1		**$ 365.24**	**$ 0.00**	**$ 365.24**	
LOSS CAUSE						
Wall	1	100.0	365.24	0.00	365.24	100.0
	1		**$ 365.24**	**$ 0.00**	**$ 365.24**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	365.24	0.00	365.24	100.0
	1		**$ 365.24**	**$ 0.00**	**$ 365.24**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-floyd/main Street Corridor (599)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	0.00	750.00	750.00	50.0
8AM-9:59AM	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
0-2	2	100.0	0.00	1,500.00	1,500.00	100.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	750.00	750.00	50.0
35-39	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	1,500.00	1,500.00	100.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	50.0	0.00	750.00	750.00	50.0
Wires	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	0.00	750.00	750.00	50.0
Struck/Injured by Object Being Lifted/Handled	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
****BODY PART**						
Upper Leg	1					
Wrist	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Sprain	1	
Strain	1	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-clay Street Corrider (600)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
16-18	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Hand tool, powered, NOC	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Thumb	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-central Mechanic/electric (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	750.00	750.00	100.0
12AM-1:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	750.00	750.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	50.0	0.00	750.00	750.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Splinter/Burr	1	50.0	0.00	750.00	750.00	100.0
Electric Drill	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	50.0	0.00	750.00	750.00	100.0
Struck/Injured by Hand Tool/Machine In Use	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Finger(s)	1					
Eye(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Sprain	1	
Foreign Body	1	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-human & Sci Off Of Athl Adv (620)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	793.05	0.00	793.05	100.0
	1		**$ 793.05**	**$ 0.00**	**$ 793.05**	
LENGTH OF SERVICE						
6-8	1	100.0	793.05	0.00	793.05	100.0
	1		**$ 793.05**	**$ 0.00**	**$ 793.05**	
AGE OF CLAIMANT						
40-44	1	100.0	793.05	0.00	793.05	100.0
	1		**$ 793.05**	**$ 0.00**	**$ 793.05**	
SEX OF CLAIMANT						
Female	1	100.0	793.05	0.00	793.05	100.0
	1		**$ 793.05**	**$ 0.00**	**$ 793.05**	
LOSS CAUSE						
Floor	1	100.0	793.05	0.00	793.05	100.0
	1		**$ 793.05**	**$ 0.00**	**$ 793.05**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	793.05	0.00	793.05	100.0
	1		**$ 793.05**	**$ 0.00**	**$ 793.05**	
****BODY PART**						
Facial, Other Soft Tissue	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Museum Of Fine Arts (238)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	3	42.8	8,380.62	1,750.00	10,130.62	91.7
8AM-9:59AM	2	28.5	547.55	202.45	750.00	6.7
10AM-11:59AM	2	28.5	167.40	0.00	167.40	1.5
	7		**$ 9,095.57**	**$ 1,952.45**	**$ 11,048.02**	
LENGTH OF SERVICE						
40-42	1	14.2	8,380.62	0.00	8,380.62	75.8
20-22	1	14.2	0.00	1,750.00	1,750.00	15.8
4-6	4	57.1	714.95	202.45	917.40	8.3
2-4	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 9,095.57**	**$ 1,952.45**	**$ 11,048.02**	
AGE OF CLAIMANT						
60-64	1	14.2	8,380.62	0.00	8,380.62	75.8
40-44	2	28.5	0.00	1,750.00	1,750.00	15.8
50-54	2	28.5	714.95	202.45	917.40	8.3
45-49	1	14.2	0.00	0.00	0.00	0.0
75-79	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 9,095.57**	**$ 1,952.45**	**$ 11,048.02**	
SEX OF CLAIMANT						
Male	1	14.2	8,380.62	0.00	8,380.62	75.8
Female	6	85.7	714.95	1,952.45	2,667.40	24.1
	7		**$ 9,095.57**	**$ 1,952.45**	**$ 11,048.02**	
LOSS CAUSE						
Foreign Object	1	14.2	8,380.62	0.00	8,380.62	75.8
Stairs, steps	2	28.5	0.00	1,750.00	1,750.00	15.8
Walking surface, outside, wet	1	14.2	547.55	202.45	750.00	6.7
Furniture / fixtures	1	14.2	167.40	0.00	167.40	1.5
Chair	1	14.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 9,095.57**	**$ 1,952.45**	**$ 11,048.02**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	14.2	8,380.62	0.00	8,380.62	75.8
Fall or slip (on stairs)	2	28.5	0.00	1,750.00	1,750.00	15.8
Fall or slip (on ice or snow)	1	14.2	547.55	202.45	750.00	6.7
Struck/Injured by Object Being Lifted/Handled	1	14.2	167.40	0.00	167.40	1.5
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 9,095.57**	**$ 1,952.45**	**$ 11,048.02**	
****BODY PART**						
Hip	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	3					
Ankle	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
Wrist(s) & Hand(s)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Museum Of Fine Arts (238)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	1					
Multiple Head Injury	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	7					
Sprain	1					
Contusion	4					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	20.0	0.00	750.00	750.00	45.9
12AM-1:59AM	1	10.0	666.00	0.00	666.00	40.7
12PM-1:59PM	1	10.0	218.16	0.00	218.16	13.3
10AM-11:59AM	4	40.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	10.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 884.16**	**$ 750.00**	**$ 1,634.16**	
LENGTH OF SERVICE						
0-2	4	40.0	218.16	750.00	968.16	59.2
2-4	3	30.0	666.00	0.00	666.00	40.7
16-18	1	10.0	0.00	0.00	0.00	0.0
14-16	1	10.0	0.00	0.00	0.00	0.0
6-8	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 884.16**	**$ 750.00**	**$ 1,634.16**	
AGE OF CLAIMANT						
45-49	4	40.0	884.16	750.00	1,634.16	100.0
50-54	3	30.0	0.00	0.00	0.00	0.0
20-24	1	10.0	0.00	0.00	0.00	0.0
55-59	1	10.0	0.00	0.00	0.00	0.0
70-74	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 884.16**	**$ 750.00**	**$ 1,634.16**	
SEX OF CLAIMANT						
Female	8	80.0	218.16	750.00	968.16	59.2
Male	2	20.0	666.00	0.00	666.00	40.7
	10		**$ 884.16**	**$ 750.00**	**$ 1,634.16**	
LOSS CAUSE						
Animal, not otherwise classified	3	30.0	884.16	0.00	884.16	54.1
Door	1	10.0	0.00	750.00	750.00	45.9
Environmental conditions	2	20.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Ladder - Fixed	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 884.16**	**$ 750.00**	**$ 1,634.16**	
ACCIDENT TYPE						
Animal Or Insect	3	30.0	884.16	0.00	884.16	54.1
Strike Against/Step on Stationary Object	1	10.0	0.00	750.00	750.00	45.9
Allergic Reaction	2	20.0	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	10.0	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	10.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	10.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		$ 884.16	$ 750.00	$ 1,634.16	

**BODY PART

Hand	2
Multiple Head Injury	1
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	2
Lower Leg	2
Eye(s)	1
Hip	3
No Physical Problem	1
Nose	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	5
Strain	7
Dermatitis	1
Inflamation	2
No Physical Injury	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Richard Bland College (241)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	16.6	0.00	1,750.00	1,750.00	62.2
4AM-5:59AM	1	16.6	0.00	750.00	750.00	26.6
2AM-3:59AM	1	16.6	311.00	0.00	311.00	11.0
10AM-11:59AM	1	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 311.00**	**$ 2,500.00**	**$ 2,811.00**	
LENGTH OF SERVICE						
4-6	1	16.6	0.00	1,750.00	1,750.00	62.2
34-36	1	16.6	0.00	750.00	750.00	26.6
2-4	1	16.6	311.00	0.00	311.00	11.0
0-2	1	16.6	0.00	0.00	0.00	0.0
6-8	1	16.6	0.00	0.00	0.00	0.0
24-26	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 311.00**	**$ 2,500.00**	**$ 2,811.00**	
AGE OF CLAIMANT						
35-39	1	16.6	0.00	1,750.00	1,750.00	62.2
50-54	2	33.3	311.00	750.00	1,061.00	37.7
25-29	1	16.6	0.00	0.00	0.00	0.0
40-44	1	16.6	0.00	0.00	0.00	0.0
45-49	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 311.00**	**$ 2,500.00**	**$ 2,811.00**	
SEX OF CLAIMANT						
Female	4	66.6	0.00	2,500.00	2,500.00	88.9
Male	2	33.3	311.00	0.00	311.00	11.0
	6		**$ 311.00**	**$ 2,500.00**	**$ 2,811.00**	
LOSS CAUSE						
Foreign Object	1	16.6	0.00	1,750.00	1,750.00	62.2
Cabinet	1	16.6	0.00	750.00	750.00	26.6
Ladder - Portable	1	16.6	311.00	0.00	311.00	11.0
Object on Floor	1	16.6	0.00	0.00	0.00	0.0
Stairs, steps	1	16.6	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 311.00**	**$ 2,500.00**	**$ 2,811.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	16.6	0.00	1,750.00	1,750.00	62.2
Object Handled (caught in or between)	1	16.6	0.00	750.00	750.00	26.6
Struck/Injured by Object Being Lifted/Handled	2	33.3	311.00	0.00	311.00	11.0
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 311.00**	**$ 2,500.00**	**$ 2,811.00**	
****BODY PART**						
Multiple Neck Injury	1					
Hand	1					
Lower Leg	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Richard Bland College (241)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ankle	2					
Foot	1					
Knee	1					
Nose	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	3					
Laceration	2					
Contusion	3					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	33.3	70.55	2,429.45	2,500.00	41.5
6AM-7:59AM	2	16.6	70.55	1,429.45	1,500.00	24.9
12PM-1:59PM	2	16.6	76.95	750.00	826.95	13.7
2AM-3:59AM	2	16.6	72.25	750.00	822.25	13.6
12AM-1:59AM	1	8.3	263.50	0.00	263.50	4.3
4PM-5:59PM	1	8.3	109.80	0.00	109.80	1.8
	12		**$ 663.60**	**$ 5,358.90**	**$ 6,022.50**	
LENGTH OF SERVICE						
0-2	5	41.6	219.75	2,429.45	2,649.20	43.9
10-12	3	25.0	70.55	1,429.45	1,500.00	24.9
4-6	3	25.0	373.30	750.00	1,123.30	18.6
8-10	1	8.3	0.00	750.00	750.00	12.4
	12		**$ 663.60**	**$ 5,358.90**	**$ 6,022.50**	
AGE OF CLAIMANT						
40-44	4	33.3	263.50	2,250.00	2,513.50	41.7
45-49	2	16.6	76.95	1,750.00	1,826.95	30.3
35-39	1	8.3	70.55	679.45	750.00	12.4
55-59	2	16.6	70.55	679.45	750.00	12.4
20-24	2	16.6	182.05	0.00	182.05	3.0
15-19	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 663.60**	**$ 5,358.90**	**$ 6,022.50**	
SEX OF CLAIMANT						
Female	8	66.6	252.60	4,679.45	4,932.05	81.8
Male	4	33.3	411.00	679.45	1,090.45	18.1
	12		**$ 663.60**	**$ 5,358.90**	**$ 6,022.50**	
LOSS CAUSE						
Walking surface, outside, dry	1	8.3	0.00	1,750.00	1,750.00	29.0
Foreign Object	2	16.6	142.80	679.45	822.25	13.6
Animal / insect, not otherwise classified	1	8.3	0.00	750.00	750.00	12.4
Hand tool, not powered, NOC	1	8.3	0.00	750.00	750.00	12.4
Recreational equipment	1	8.3	70.55	679.45	750.00	12.4
Stone / rock / brick	1	8.3	0.00	750.00	750.00	12.4
Docks,Ramps,Loading Platforms	1	8.3	263.50	0.00	263.50	4.3
Walking surface, inside, wet	1	8.3	109.80	0.00	109.80	1.8
Pike pole 10’	1	8.3	76.95	0.00	76.95	1.2
Unknown	1	8.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 663.60**	**$ 5,358.90**	**$ 6,022.50**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	8.3	0.00	1,750.00	1,750.00	29.0
Fall or Slip (From Different Level)	2	16.6	263.50	750.00	1,013.50	16.8
Animal Or Insect	1	8.3	0.00	750.00	750.00	12.4
Collision with a Fixed Object	1	8.3	70.55	679.45	750.00	12.4
Foreign Body In Eye	1	8.3	70.55	679.45	750.00	12.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Repetitive Motion	1	8.3	0.00	750.00	750.00	12.4
Fall or Slip (From Liquid/Grease spills)	1	8.3	109.80	0.00	109.80	1.8
Struck/Injured by Falling or Flying Object	1	8.3	76.95	0.00	76.95	1.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	72.25	0.00	72.25	1.2
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 663.60**	**$ 5,358.90**	**$ 6,022.50**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Knee	2
Hand	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Eye(s)	1
Lower Arm	1
Shoulder	1
Foot	1
Soft Tissue - Neck	1
Finger(s)	2
Thumb	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	4
Strain	7
Sprain	2
Puncture	1
Laceration	3
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: State Council Higher Education (245)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	329.91	0.00	329.91	100.0
	1		**$ 329.91**	**$ 0.00**	**$ 329.91**	
LENGTH OF SERVICE						
4-6	1	100.0	329.91	0.00	329.91	100.0
	1		**$ 329.91**	**$ 0.00**	**$ 329.91**	
AGE OF CLAIMANT						
40-44	1	100.0	329.91	0.00	329.91	100.0
	1		**$ 329.91**	**$ 0.00**	**$ 329.91**	
SEX OF CLAIMANT						
Female	1	100.0	329.91	0.00	329.91	100.0
	1		**$ 329.91**	**$ 0.00**	**$ 329.91**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	329.91	0.00	329.91	100.0
	1		**$ 329.91**	**$ 0.00**	**$ 329.91**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	329.91	0.00	329.91	100.0
	1		**$ 329.91**	**$ 0.00**	**$ 329.91**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Clinch Valley College (246)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	836.20	0.00	836.20	100.0
	1		**$ 836.20**	**$ 0.00**	**$ 836.20**	
LENGTH OF SERVICE						
10-12	1	100.0	836.20	0.00	836.20	100.0
	1		**$ 836.20**	**$ 0.00**	**$ 836.20**	
AGE OF CLAIMANT						
50-54	1	100.0	836.20	0.00	836.20	100.0
	1		**$ 836.20**	**$ 0.00**	**$ 836.20**	
SEX OF CLAIMANT						
Female	1	100.0	836.20	0.00	836.20	100.0
	1		**$ 836.20**	**$ 0.00**	**$ 836.20**	
LOSS CAUSE						
Object on Floor	1	100.0	836.20	0.00	836.20	100.0
	1		**$ 836.20**	**$ 0.00**	**$ 836.20**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	836.20	0.00	836.20	100.0
	1		**$ 836.20**	**$ 0.00**	**$ 836.20**	
****BODY PART**						
Knee	1					
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	2.8	11,286.86	40,463.14	51,750.00	50.2
6AM-7:59AM	5	14.2	1,268.06	14,823.94	16,092.00	15.6
10AM-11:59AM	5	14.2	3,822.85	10,314.25	14,137.10	13.7
4AM-5:59AM	3	8.5	408.35	8,250.00	8,658.35	8.4
8AM-9:59AM	12	34.2	1,009.38	3,371.00	4,380.38	4.2
2AM-3:59AM	5	14.2	680.23	3,088.90	3,769.13	3.6
12AM-1:59AM	3	8.5	1,538.09	1,849.40	3,387.49	3.2
12PM-1:59PM	1	2.8	0.00	750.00	750.00	0.7
	35		**$ 20,013.82**	**$ 82,910.63**	**$ 102,924.45**	
LENGTH OF SERVICE						
8-10	3	8.5	11,286.86	41,213.14	52,500.00	51.0
2-4	12	34.2	1,840.87	14,250.00	16,090.87	15.6
0-2	10	28.5	4,170.39	8,912.84	13,083.23	12.7
6-8	4	11.4	2,215.35	8,784.65	11,000.00	10.6
12-14	1	2.8	0.00	8,250.00	8,250.00	8.0
4-6	2	5.7	408.35	750.00	1,158.35	1.1
34-36	1	2.8	0.00	750.00	750.00	0.7
18-20	1	2.8	92.00	0.00	92.00	0.0
14-16	1	2.8	0.00	0.00	0.00	0.0
	35		**$ 20,013.82**	**$ 82,910.63**	**$ 102,924.45**	
AGE OF CLAIMANT						
40-44	7	20.0	14,263.80	49,465.69	63,729.49	61.9
60-64	2	5.7	0.00	10,000.00	10,000.00	9.7
50-54	3	8.5	2,573.06	6,265.84	8,838.90	8.5
55-59	1	2.8	0.00	8,250.00	8,250.00	8.0
25-29	9	25.7	1,341.41	3,808.10	5,149.51	5.0
30-34	4	11.4	725.20	2,500.00	3,225.20	3.1
45-49	4	11.4	379.00	1,871.00	2,250.00	2.1
35-39	2	5.7	408.35	750.00	1,158.35	1.1
20-24	2	5.7	323.00	0.00	323.00	0.3
15-19	1	2.8	0.00	0.00	0.00	0.0
	35		**$ 20,013.82**	**$ 82,910.63**	**$ 102,924.45**	
SEX OF CLAIMANT						
Male	23	65.7	18,804.52	71,071.73	89,876.25	87.3
Female	12	34.2	1,209.30	11,838.90	13,048.20	12.6
	35		**$ 20,013.82**	**$ 82,910.63**	**$ 102,924.45**	
LOSS CAUSE						
Ladder, 12' roof	1	2.8	11,286.86	40,463.14	51,750.00	50.2
Foreign Object	4	11.4	0.00	9,250.00	9,250.00	8.9
Docks,Ramps,Loading Platforms	2	5.7	630.38	8,250.00	8,880.38	8.6
Tire	1	2.8	1,185.75	7,564.25	8,750.00	8.5
Hammer	1	2.8	984.16	4,265.84	5,250.00	5.1
Wheel	1	2.8	1,588.90	2,000.00	3,588.90	3.4
Insufficient data	2	5.7	0.00	2,500.00	2,500.00	2.4
Unknown	1	2.8	0.00	1,750.00	1,750.00	1.7

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:09

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Platforms	1	2.8	887.49	0.00	887.49	0.8
Brush / tree / log	1	2.8	0.00	750.00	750.00	0.7
Cart	2	5.7	0.00	750.00	750.00	0.7
Chair	1	2.8	161.10	588.90	750.00	0.7
Electric Drill	1	2.8	650.60	99.40	750.00	0.7
Glass bottle / sheet	1	2.8	379.00	371.00	750.00	0.7
Hand tool, not powered, NOC	1	2.8	0.00	750.00	750.00	0.7
Office equipment	1	2.8	0.00	750.00	750.00	0.7
Overhead Object	1	2.8	0.00	750.00	750.00	0.7
Scrap, Debris, Waste Material	1	2.8	191.90	558.10	750.00	0.7
Sledge hammer	1	2.8	0.00	750.00	750.00	0.7
Vehicle, not otherwise classified	1	2.8	0.00	750.00	750.00	0.7
Racking	1	2.8	725.20	0.00	725.20	0.7
Shears	2	5.7	519.13	0.00	519.13	0.5
Vehicle/car/truck	1	2.8	408.35	0.00	408.35	0.4
Recreational equipment	1	2.8	323.00	0.00	323.00	0.3
Animal / bee type	1	2.8	92.00	0.00	92.00	0.0
Boxes / containers	1	2.8	0.00	0.00	0.00	0.0
Hazardous Material	1	2.8	0.00	0.00	0.00	0.0
Stairs, steps	1	2.8	0.00	0.00	0.00	0.0
	35		**$ 20,013.82**	**$ 82,910.63**	**$ 102,924.45**	

ACCIDENT TYPE

Fall or Slip (From Ladder/Scaffolding)	1	2.8	11,286.86	40,463.14	51,750.00	50.2
Collision with a Fixed Object	2	5.7	0.00	10,000.00	10,000.00	9.7
Fall or Slip (From Different Level)	3	8.5	1,517.87	8,250.00	9,767.87	9.4
Lifting (strain or Injury by)	2	5.7	1,185.75	7,564.25	8,750.00	8.5
Using Tool Or Machine (Strain or Injury by)	1	2.8	984.16	4,265.84	5,250.00	5.1
Strike Against/Step on Stationary Object	1	2.8	1,588.90	2,000.00	3,588.90	3.4
Twisting, strain or injury by	2	5.7	0.00	3,500.00	3,500.00	3.4
Object Handled (caught in or between)	4	11.4	569.45	1,338.90	1,908.35	1.8
Pushing Or Pulling (Strain or Injury by)	2	5.7	0.00	1,500.00	1,500.00	1.4
Repetitive Motion	2	5.7	0.00	1,500.00	1,500.00	1.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	8.5	1,169.73	99.40	1,269.13	1.2
Cut,puncture,scrape, injured by (Broken Glass)	1	2.8	379.00	371.00	750.00	0.7
Fall or Slip (On Same Level)	1	2.8	0.00	750.00	750.00	0.7
Foreign Body In Eye	1	2.8	191.90	558.10	750.00	0.7
Rubbed/Abraded not otherwise classified	1	2.8	0.00	750.00	750.00	0.7
Struck/Injured by Falling or Flying Object	1	2.8	725.20	0.00	725.20	0.7
Struck/Injured by Object Handled By Other	1	2.8	323.00	0.00	323.00	0.3
Animal Or Insect	1	2.8	92.00	0.00	92.00	0.0
Absorb, Ingest, Inhalation	4	11.4	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	2.8	0.00	0.00	0.00	0.0
	35		**$ 20,013.82**	**$ 82,910.63**	**$ 102,924.45**	

**BODY PART

Wrist	3
Elbow	3
Shoulder	2
Foot	5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Thumb	2					
Knee	2					
Multiple Head Injury	3					
Finger(s)	3					
Body System & Multiple Body Parts	1					
Eye(s)	1					
Hand	1					
Mouth	1					
Multiple Neck Injury	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Teeth	1					
Multiple Body Parts	1					
Internal Organs	4					
	35					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Fracture	4
Contusion	16
Strain	6
Crushing	2
Laceration	4
Foreign Body	1
Dislocation	1
Puncture	1
All Other Cumulative	4
Concussion	1
	35

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: New River Community College (275)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	0.00	1,750.00	1,750.00	52.0
8AM-9:59AM	1	33.3	862.50	0.00	862.50	25.6
12AM-1:59AM	1	33.3	81.00	669.00	750.00	22.3
	3		**$ 943.50**	**$ 2,419.00**	**$ 3,362.50**	
LENGTH OF SERVICE						
4-6	1	33.3	0.00	1,750.00	1,750.00	52.0
8-10	1	33.3	862.50	0.00	862.50	25.6
10-12	1	33.3	81.00	669.00	750.00	22.3
	3		**$ 943.50**	**$ 2,419.00**	**$ 3,362.50**	
AGE OF CLAIMANT						
45-49	1	33.3	0.00	1,750.00	1,750.00	52.0
50-54	1	33.3	862.50	0.00	862.50	25.6
40-44	1	33.3	81.00	669.00	750.00	22.3
	3		**$ 943.50**	**$ 2,419.00**	**$ 3,362.50**	
SEX OF CLAIMANT						
Female	2	66.6	81.00	2,419.00	2,500.00	74.3
Male	1	33.3	862.50	0.00	862.50	25.6
	3		**$ 943.50**	**$ 2,419.00**	**$ 3,362.50**	
LOSS CAUSE						
Cleaning Products	1	33.3	0.00	1,750.00	1,750.00	52.0
Glass bottle / sheet	1	33.3	862.50	0.00	862.50	25.6
Chair	1	33.3	81.00	669.00	750.00	22.3
	3		**$ 943.50**	**$ 2,419.00**	**$ 3,362.50**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	33.3	0.00	1,750.00	1,750.00	52.0
Cut,puncture,scrape, injured by (Broken Glass)	1	33.3	862.50	0.00	862.50	25.6
Fall or Slip (From Different Level)	1	33.3	81.00	669.00	750.00	22.3
	3		**$ 943.50**	**$ 2,419.00**	**$ 3,362.50**	
****BODY PART**						
Body System & Multiple Body Parts	1					
Wrist	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Neck Injury	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
All Other Cumulative	1
Laceration	1
Contusion	1
Strain	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: New River Community College (275)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Southside Va. Community College (276)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LENGTH OF SERVICE						
0-2	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
AGE OF CLAIMANT						
50-54	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
SEX OF CLAIMANT						
Female	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LOSS CAUSE						
Cleaning Products	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
****BODY PART**						
Body System & Multiple Body Parts	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
All Other Cumulative	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Rappannock Community College (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	25.0	23,453.40	1,880.12	25,333.52	81.5
6AM-7:59AM	3	25.0	0.00	2,250.00	2,250.00	7.2
2PM-3:59PM	1	8.3	1,232.80	0.00	1,232.80	3.9
12PM-1:59PM	2	16.6	0.00	750.00	750.00	2.4
2AM-3:59AM	1	8.3	91.00	659.00	750.00	2.4
8AM-9:59AM	2	16.6	137.65	612.35	750.00	2.4
	12		**$ 24,914.85**	**$ 6,151.47**	**$ 31,066.32**	
LENGTH OF SERVICE						
4-6	1	8.3	23,453.40	130.12	23,583.52	75.9
0-2	1	8.3	0.00	1,750.00	1,750.00	5.6
2-4	3	25.0	91.00	1,409.00	1,500.00	4.8
12-14	1	8.3	1,232.80	0.00	1,232.80	3.9
10-12	2	16.6	0.00	750.00	750.00	2.4
20-22	1	8.3	137.65	612.35	750.00	2.4
26-28	1	8.3	0.00	750.00	750.00	2.4
6-8	2	16.6	0.00	750.00	750.00	2.4
	12		**$ 24,914.85**	**$ 6,151.47**	**$ 31,066.32**	
AGE OF CLAIMANT						
40-44	3	25.0	24,686.20	880.12	25,566.32	82.3
50-54	3	25.0	0.00	1,750.00	1,750.00	5.6
45-49	2	16.6	137.65	1,362.35	1,500.00	4.8
25-29	1	8.3	91.00	659.00	750.00	2.4
35-39	1	8.3	0.00	750.00	750.00	2.4
55-59	1	8.3	0.00	750.00	750.00	2.4
30-34	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 24,914.85**	**$ 6,151.47**	**$ 31,066.32**	
SEX OF CLAIMANT						
Male	5	41.6	23,544.40	2,289.12	25,833.52	83.1
Female	7	58.3	1,370.45	3,862.35	5,232.80	16.8
	12		**$ 24,914.85**	**$ 6,151.47**	**$ 31,066.32**	
LOSS CAUSE						
Ladder, 10’ folding	1	8.3	23,453.40	130.12	23,583.52	75.9
Walking surface, inside, dry	1	8.3	0.00	1,750.00	1,750.00	5.6
Boxes / containers	2	16.6	228.65	1,271.35	1,500.00	4.8
Walking surface, outside, wet	2	16.6	0.00	1,500.00	1,500.00	4.8
Furniture / fixtures	1	8.3	1,232.80	0.00	1,232.80	3.9
Office equipment	1	8.3	0.00	750.00	750.00	2.4
Vehicle, not otherwise classified	1	8.3	0.00	750.00	750.00	2.4
Electric Drill	1	8.3	0.00	0.00	0.00	0.0
Environmental conditions	1	8.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 24,914.85**	**$ 6,151.47**	**$ 31,066.32**	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	1	8.3	23,453.40	130.12	23,583.52	75.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	2	16.6	0.00	1,750.00	1,750.00	5.6
Fall or slip (on ice or snow)	2	16.6	0.00	1,500.00	1,500.00	4.8
Lifting (strain or Injury by)	2	16.6	228.65	1,271.35	1,500.00	4.8
Strike Against/Step on Stationary Object	1	8.3	1,232.80	0.00	1,232.80	3.9
Collision/sideswipe with Another Vehicle	1	8.3	0.00	750.00	750.00	2.4
Pushing Or Pulling (Strain or Injury by)	1	8.3	0.00	750.00	750.00	2.4
Stress	1	8.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 24,914.85***	***$ 6,151.47***	***$ 31,066.32***	

**BODY PART

Lower Arm	1
Lower Leg	1
Multiple Head Injury	2
Shoulder	1
Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Thumb	1
Abdomen including Groin	1
Hip	1
Nose	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	1
Wrist(s) & Hand(s)	1
Brain	1
Elbow	1
Foot	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	7
Dislocation	2
Laceration	2
Strain	5
Sprain	2
Fracture	2
Mental Stress	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: J Sargeant Reynolds (283)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	33.3	3,214.02	1,377.98	4,592.00	52.6
12PM-1:59PM	1	11.1	1,588.38	0.00	1,588.38	18.2
10AM-11:59AM	2	22.2	17.00	1,483.00	1,500.00	17.2
8AM-9:59AM	1	11.1	434.59	315.41	750.00	8.6
12AM-1:59AM	2	22.2	287.89	0.00	287.89	3.3
	9		**$ 5,541.88**	**$ 3,176.39**	**$ 8,718.27**	
LENGTH OF SERVICE						
8-10	1	11.1	3,092.00	0.00	3,092.00	35.4
4-6	2	22.2	1,710.40	627.98	2,338.38	26.8
2-4	2	22.2	17.00	1,483.00	1,500.00	17.2
26-28	1	11.1	434.59	315.41	750.00	8.6
28-30	1	11.1	0.00	750.00	750.00	8.6
0-2	2	22.2	287.89	0.00	287.89	3.3
	9		**$ 5,541.88**	**$ 3,176.39**	**$ 8,718.27**	
AGE OF CLAIMANT						
40-44	1	11.1	3,092.00	0.00	3,092.00	35.4
45-49	1	11.1	1,588.38	0.00	1,588.38	18.2
50-54	3	33.3	451.59	1,048.41	1,500.00	17.2
35-39	1	11.1	0.00	750.00	750.00	8.6
55-59	1	11.1	122.02	627.98	750.00	8.6
60-64	1	11.1	0.00	750.00	750.00	8.6
25-29	1	11.1	287.89	0.00	287.89	3.3
	9		**$ 5,541.88**	**$ 3,176.39**	**$ 8,718.27**	
SEX OF CLAIMANT						
Female	6	66.6	3,936.50	2,443.39	6,379.89	73.1
Male	3	33.3	1,605.38	733.00	2,338.38	26.8
	9		**$ 5,541.88**	**$ 3,176.39**	**$ 8,718.27**	
LOSS CAUSE						
Door	1	11.1	3,092.00	0.00	3,092.00	35.4
Knife, NOC	1	11.1	1,588.38	0.00	1,588.38	18.2
Walking surface, inside, wet	2	22.2	556.61	943.39	1,500.00	17.2
Foreign Object	1	11.1	17.00	733.00	750.00	8.6
Walking surface, outside, wet	1	11.1	0.00	750.00	750.00	8.6
Wood Items	1	11.1	0.00	750.00	750.00	8.6
Chemicals, not otherwise classified	1	11.1	287.89	0.00	287.89	3.3
Chair	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,541.88**	**$ 3,176.39**	**$ 8,718.27**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	11.1	3,092.00	0.00	3,092.00	35.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	1,588.38	0.00	1,588.38	18.2
Fall or Slip (On Same Level)	1	11.1	434.59	315.41	750.00	8.6
Fall or slip (on ice or snow)	1	11.1	0.00	750.00	750.00	8.6
Object Handled (caught in or between)	1	11.1	17.00	733.00	750.00	8.6
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	0.00	750.00	750.00	8.6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: J Sargeant Reynolds (283)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Slipped, Did Not Fall	1	11.1	122.02	627.98	750.00	8.6
Contact with Cold Objects or Substances	1	11.1	287.89	0.00	287.89	3.3
Fall or Slip (From Different Level)	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,541.88**	**$ 3,176.39**	**$ 8,718.27**	

**BODY PART

Knee	1
Finger(s)	3
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Shoulder	2
Foot	1
Multiple Neck Injury	1
Upper Back Area (Thoracic Area)	1
Facial, Other Soft Tissue	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	5
Laceration	2
Strain	2
Foreign Body	1
Sprain	1
Burn	2
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Eastrn Shore Community College (284)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
16-18	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Animal / insect, not otherwise classified	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Body System & Multiple Body Parts	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Inflamation	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Patrick Henry Community College (285)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	3,095.77	0.00	3,095.77	69.2
10AM-11:59AM	2	66.6	680.20	696.00	1,376.20	30.7
	3		**$ 3,775.97**	**$ 696.00**	**$ 4,471.97**	
LENGTH OF SERVICE						
6-8	1	33.3	3,095.77	0.00	3,095.77	69.2
16-18	1	33.3	54.00	696.00	750.00	16.7
0-2	1	33.3	626.20	0.00	626.20	14.0
	3		**$ 3,775.97**	**$ 696.00**	**$ 4,471.97**	
AGE OF CLAIMANT						
40-44	1	33.3	3,095.77	0.00	3,095.77	69.2
50-54	1	33.3	54.00	696.00	750.00	16.7
15-19	1	33.3	626.20	0.00	626.20	14.0
	3		**$ 3,775.97**	**$ 696.00**	**$ 4,471.97**	
SEX OF CLAIMANT						
Male	2	66.6	3,721.97	0.00	3,721.97	83.2
Female	1	33.3	54.00	696.00	750.00	16.7
	3		**$ 3,775.97**	**$ 696.00**	**$ 4,471.97**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	3,095.77	0.00	3,095.77	69.2
Walking surface, outside, wet	1	33.3	54.00	696.00	750.00	16.7
Minerals / dirt	1	33.3	626.20	0.00	626.20	14.0
	3		**$ 3,775.97**	**$ 696.00**	**$ 4,471.97**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	3,095.77	0.00	3,095.77	69.2
Fall or Slip (On Same Level)	1	33.3	54.00	696.00	750.00	16.7
Foreign Body In Eye	1	33.3	626.20	0.00	626.20	14.0
	3		**$ 3,775.97**	**$ 696.00**	**$ 4,471.97**	
****BODY PART**						
Upper Back Area (Thoracic Area)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Foreign Body	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:10

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Va Western Community College (286)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	16.6	2,298.24	1,537.78	3,836.02	59.5
10AM-11:59AM	1	16.6	0.00	750.00	750.00	11.6
2AM-3:59AM	1	16.6	195.86	554.14	750.00	11.6
4AM-5:59AM	1	16.6	0.00	750.00	750.00	11.6
8AM-9:59AM	2	33.3	353.25	0.00	353.25	5.4
	6		**$ 2,847.35**	**$ 3,591.92**	**$ 6,439.27**	
LENGTH OF SERVICE						
24-26	1	16.6	2,298.24	1,537.78	3,836.02	59.5
12-14	1	16.6	0.00	750.00	750.00	11.6
20-22	1	16.6	195.86	554.14	750.00	11.6
8-10	1	16.6	0.00	750.00	750.00	11.6
6-8	1	16.6	353.25	0.00	353.25	5.4
2-4	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,847.35**	**$ 3,591.92**	**$ 6,439.27**	
AGE OF CLAIMANT						
60-64	1	16.6	2,298.24	1,537.78	3,836.02	59.5
45-49	2	33.3	195.86	1,304.14	1,500.00	23.2
50-54	2	33.3	0.00	750.00	750.00	11.6
30-34	1	16.6	353.25	0.00	353.25	5.4
	6		**$ 2,847.35**	**$ 3,591.92**	**$ 6,439.27**	
SEX OF CLAIMANT						
Male	4	66.6	2,847.35	2,841.92	5,689.27	88.3
Female	2	33.3	0.00	750.00	750.00	11.6
	6		**$ 2,847.35**	**$ 3,591.92**	**$ 6,439.27**	
LOSS CAUSE						
Ladder, 12' roof	1	16.6	2,298.24	1,537.78	3,836.02	59.5
Unknown	1	16.6	0.00	750.00	750.00	11.6
Stairs	1	16.6	0.00	750.00	750.00	11.6
Welding equipment	1	16.6	195.86	554.14	750.00	11.6
Walking surface, inside, wet	1	16.6	353.25	0.00	353.25	5.4
Office equipment	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,847.35**	**$ 3,591.92**	**$ 6,439.27**	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	1	16.6	2,298.24	1,537.78	3,836.02	59.5
Fall or slip (on stairs)	1	16.6	0.00	750.00	750.00	11.6
Fire Or Flame	1	16.6	195.86	554.14	750.00	11.6
Twisting, strain or injury by	1	16.6	0.00	750.00	750.00	11.6
Fall or Slip (On Same Level)	1	16.6	353.25	0.00	353.25	5.4
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,847.35**	**$ 3,591.92**	**$ 6,439.27**	
****BODY PART**						
Wrist	2					
Elbow	1					
Hand	2					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Va Western Community College (286)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	2					
Lower Arm	2					
Upper Leg	1					
Ankle	1					
Foot	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	4					
Contusion	3					
Burn	2					
Sprain	2					
Puncture	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Wytheville Community College (288)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	392.45	0.00	392.45	100.0
	1		**$ 392.45**	**$ 0.00**	**$ 392.45**	
LENGTH OF SERVICE						
0-2	1	100.0	392.45	0.00	392.45	100.0
	1		**$ 392.45**	**$ 0.00**	**$ 392.45**	
AGE OF CLAIMANT						
55-59	1	100.0	392.45	0.00	392.45	100.0
	1		**$ 392.45**	**$ 0.00**	**$ 392.45**	
SEX OF CLAIMANT						
Male	1	100.0	392.45	0.00	392.45	100.0
	1		**$ 392.45**	**$ 0.00**	**$ 392.45**	
LOSS CAUSE						
Metal items	1	100.0	392.45	0.00	392.45	100.0
	1		**$ 392.45**	**$ 0.00**	**$ 392.45**	
ACCIDENT TYPE						
Contact With Hot Object or Substances	1	100.0	392.45	0.00	392.45	100.0
	1		**$ 392.45**	**$ 0.00**	**$ 392.45**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Burn	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: John Tyler Community College (290)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	0.00	1,500.00	1,500.00	38.8
2AM-3:59AM	2	33.3	110.21	750.00	860.21	22.2
4AM-5:59AM	1	16.6	0.00	750.00	750.00	19.4
6AM-7:59AM	1	16.6	0.00	750.00	750.00	19.4
	6		**$ 110.21**	**$ 3,750.00**	**$ 3,860.21**	
LENGTH OF SERVICE						
0-2	4	66.6	110.21	2,250.00	2,360.21	61.1
4-6	1	16.6	0.00	750.00	750.00	19.4
8-10	1	16.6	0.00	750.00	750.00	19.4
	6		**$ 110.21**	**$ 3,750.00**	**$ 3,860.21**	
AGE OF CLAIMANT						
25-29	2	33.3	0.00	1,500.00	1,500.00	38.8
40-44	1	16.6	0.00	750.00	750.00	19.4
45-49	1	16.6	0.00	750.00	750.00	19.4
50-54	1	16.6	0.00	750.00	750.00	19.4
30-34	1	16.6	110.21	0.00	110.21	2.8
	6		**$ 110.21**	**$ 3,750.00**	**$ 3,860.21**	
SEX OF CLAIMANT						
Female	6	100.0	110.21	3,750.00	3,860.21	100.0
	6		**$ 110.21**	**$ 3,750.00**	**$ 3,860.21**	
LOSS CAUSE						
Cart	1	16.6	0.00	750.00	750.00	19.4
Chair	1	16.6	0.00	750.00	750.00	19.4
Foreign Object	1	16.6	0.00	750.00	750.00	19.4
Walking surface, inside, wet	1	16.6	0.00	750.00	750.00	19.4
Walking surface, outside, wet	1	16.6	0.00	750.00	750.00	19.4
Boxes / containers	1	16.6	110.21	0.00	110.21	2.8
	6		**$ 110.21**	**$ 3,750.00**	**$ 3,860.21**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	33.3	0.00	1,500.00	1,500.00	38.8
Lifting (strain or Injury by)	2	33.3	110.21	750.00	860.21	22.2
Fall or slip (on ice or snow)	1	16.6	0.00	750.00	750.00	19.4
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	0.00	750.00	750.00	19.4
	6		**$ 110.21**	**$ 3,750.00**	**$ 3,860.21**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Finger(s)	2					
Ankle	1					
Lower Leg	1					
Multiple Neck Injury	1					
Shoulder	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: John Tyler Community College (290)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	5
Strain	3
Puncture	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Blue Ridge Community College (291)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	750.00	750.00	100.0
24-26	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	50.0	0.00	750.00	750.00	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	0.00	750.00	750.00	100.0
Door	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	0.00	750.00	750.00	100.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	1
Contusion	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Thomas Nelson Community College (293)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	50.0	359.68	1,140.32	1,500.00	66.6
12AM-1:59AM	1	25.0	0.00	750.00	750.00	33.3
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 359.68**	**$ 1,890.32**	**$ 2,250.00**	
LENGTH OF SERVICE						
0-2	1	25.0	238.50	511.50	750.00	33.3
22-24	1	25.0	0.00	750.00	750.00	33.3
6-8	1	25.0	121.18	628.82	750.00	33.3
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 359.68**	**$ 1,890.32**	**$ 2,250.00**	
AGE OF CLAIMANT						
50-54	4	100.0	359.68	1,890.32	2,250.00	100.0
	4		**$ 359.68**	**$ 1,890.32**	**$ 2,250.00**	
SEX OF CLAIMANT						
Female	3	75.0	121.18	1,378.82	1,500.00	66.6
Male	1	25.0	238.50	511.50	750.00	33.3
	4		**$ 359.68**	**$ 1,890.32**	**$ 2,250.00**	
LOSS CAUSE						
Walking surface, inside, wet	2	50.0	359.68	1,140.32	1,500.00	66.6
Computer Work Station	1	25.0	0.00	750.00	750.00	33.3
Office equipment	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 359.68**	**$ 1,890.32**	**$ 2,250.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	2	50.0	359.68	1,140.32	1,500.00	66.6
Repetitive Motion	2	50.0	0.00	750.00	750.00	33.3
	4		**$ 359.68**	**$ 1,890.32**	**$ 2,250.00**	
****BODY PART**						
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Wrist	1					
Elbow	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Carpal Tunnel Syndrome	2
Sprain	1
Strain	1
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Southwest Va. Community College (294)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	0.00	750.00	750.00	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	750.00	750.00	100.0
10-12	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
20-24	1	50.0	0.00	750.00	750.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Chair	1	50.0	0.00	750.00	750.00	100.0
Vehicle, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	50.0	0.00	750.00	750.00	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Teeth	1					
Shoulder	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Dislocation	1	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	5.5	5,737.00	14,513.00	20,250.00	79.3
10AM-11:59AM	6	33.3	304.36	2,005.35	2,309.71	9.0
2AM-3:59AM	3	16.6	568.90	750.00	1,318.90	5.1
4AM-5:59AM	2	11.1	242.60	655.00	897.60	3.5
6AM-7:59AM	3	16.6	285.00	0.00	285.00	1.1
8AM-9:59AM	2	11.1	228.71	0.00	228.71	0.9
2PM-3:59PM	1	5.5	222.22	0.00	222.22	0.8
	18		**$ 7,588.79**	**$ 17,923.35**	**$ 25,512.14**	
LENGTH OF SERVICE						
16-18	1	5.5	5,737.00	14,513.00	20,250.00	79.3
0-2	4	22.2	918.26	570.35	1,488.61	5.8
22-24	2	11.1	293.71	685.00	978.71	3.8
14-16	2	11.1	175.00	750.00	925.00	3.6
2-4	3	16.6	147.60	750.00	897.60	3.5
12-14	1	5.5	95.00	655.00	750.00	2.9
6-8	1	5.5	222.22	0.00	222.22	0.8
4-6	1	5.5	0.00	0.00	0.00	0.0
10-12	1	5.5	0.00	0.00	0.00	0.0
8-10	2	11.1	0.00	0.00	0.00	0.0
	18		**$ 7,588.79**	**$ 17,923.35**	**$ 25,512.14**	
AGE OF CLAIMANT						
60-64	4	22.2	5,737.00	15,263.00	21,000.00	82.3
55-59	4	22.2	583.36	1,255.35	1,838.71	7.2
35-39	2	11.1	95.00	1,405.00	1,500.00	5.8
40-44	2	11.1	716.50	0.00	716.50	2.8
50-54	3	16.6	397.22	0.00	397.22	1.5
45-49	2	11.1	59.71	0.00	59.71	0.2
25-29	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 7,588.79**	**$ 17,923.35**	**$ 25,512.14**	
SEX OF CLAIMANT						
Female	10	55.5	6,501.53	16,603.00	23,104.53	90.5
Male	8	44.4	1,087.26	1,320.35	2,407.61	9.4
	18		**$ 7,588.79**	**$ 17,923.35**	**$ 25,512.14**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	5.5	5,737.00	14,513.00	20,250.00	79.3
Foreign Object	4	22.2	843.55	1,225.35	2,068.90	8.1
Chair	1	5.5	65.00	685.00	750.00	2.9
Computer Work Station	1	5.5	0.00	750.00	750.00	2.9
Patient / Inmate	1	5.5	0.00	750.00	750.00	2.9
Boxes / containers	1	5.5	228.71	0.00	228.71	0.9
Miscellaneous	1	5.5	222.22	0.00	222.22	0.8
Floor	1	5.5	175.00	0.00	175.00	0.6
Office equipment	1	5.5	147.60	0.00	147.60	0.5
Hacksaw Blades	1	5.5	110.00	0.00	110.00	0.4
Overhead Object	1	5.5	59.71	0.00	59.71	0.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Food	1	5.5	0.00	0.00	0.00	0.0
Tire	1	5.5	0.00	0.00	0.00	0.0
Uneven Surface	2	11.1	0.00	0.00	0.00	0.0
	18		***$ 7,588.79***	***$ 17,923.35***	***$ 25,512.14***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	2	11.1	5,802.00	15,198.00	21,000.00	82.3
Lifting (strain or Injury by)	5	27.7	797.61	1,500.00	2,297.61	9.0
Collision with a Fixed Object	1	5.5	95.00	655.00	750.00	2.9
Object being lifted/handled (cut,punc.scrape,inj b	1	5.5	179.65	570.35	750.00	2.9
Struck/Injured by Falling or Flying Object	2	11.1	281.93	0.00	281.93	1.1
Fall or Slip (From Liquid/Grease spills)	1	5.5	175.00	0.00	175.00	0.6
Twisting, strain or injury by	3	16.6	147.60	0.00	147.60	0.5
Using Tool Or Machine (Strain or Injury by)	1	5.5	110.00	0.00	110.00	0.4
Absorb, Ingest, Inhalation	1	5.5	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 7,588.79***	***$ 17,923.35***	***$ 25,512.14***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Hip	3
Upper Leg	1
Elbow	1
Finger(s)	1
Wrist	1
Knee	1
Multiple Head Injury	2
Facial, Other Soft Tissue	1
Buttocks	1
Abdomen including Groin	1
Hand	1
Whole Body	1
Ankle	2
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY*

Strain	14
Laceration	2
Contusion	5
Concussion	1
Poisoning	1
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Va Highlands Community College (296)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	175.40	574.60	750.00	69.6
4PM-5:59PM	1	33.3	234.00	0.00	234.00	21.7
4AM-5:59AM	1	33.3	92.65	0.00	92.65	8.6
	3		**$ 502.05**	**$ 574.60**	**$ 1,076.65**	
LENGTH OF SERVICE						
10-12	1	33.3	175.40	574.60	750.00	69.6
0-2	1	33.3	234.00	0.00	234.00	21.7
30-32	1	33.3	92.65	0.00	92.65	8.6
	3		**$ 502.05**	**$ 574.60**	**$ 1,076.65**	
AGE OF CLAIMANT						
45-49	1	33.3	175.40	574.60	750.00	69.6
35-39	1	33.3	234.00	0.00	234.00	21.7
60-64	1	33.3	92.65	0.00	92.65	8.6
	3		**$ 502.05**	**$ 574.60**	**$ 1,076.65**	
SEX OF CLAIMANT						
Female	2	66.6	409.40	574.60	984.00	91.3
Male	1	33.3	92.65	0.00	92.65	8.6
	3		**$ 502.05**	**$ 574.60**	**$ 1,076.65**	
LOSS CAUSE						
Boxes / containers	1	33.3	175.40	574.60	750.00	69.6
Animal / bee type	1	33.3	234.00	0.00	234.00	21.7
Wires	1	33.3	92.65	0.00	92.65	8.6
	3		**$ 502.05**	**$ 574.60**	**$ 1,076.65**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	175.40	574.60	750.00	69.6
Animal Or Insect	1	33.3	234.00	0.00	234.00	21.7
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	92.65	0.00	92.65	8.6
	3		**$ 502.05**	**$ 574.60**	**$ 1,076.65**	
****BODY PART**						
Ankle	1					
Shoulder	1					
Finger(s)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Sprain	1	
Puncture	2	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:11

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Lord Fairfax Community College (298)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	3,296.75	0.00	3,296.75	93.9
10AM-11:59AM	1	50.0	213.00	0.00	213.00	6.0
	2		**$ 3,509.75**	**$ 0.00**	**$ 3,509.75**	
LENGTH OF SERVICE						
8-10	1	50.0	3,296.75	0.00	3,296.75	93.9
0-2	1	50.0	213.00	0.00	213.00	6.0
	2		**$ 3,509.75**	**$ 0.00**	**$ 3,509.75**	
AGE OF CLAIMANT						
45-49	1	50.0	3,296.75	0.00	3,296.75	93.9
15-19	1	50.0	213.00	0.00	213.00	6.0
	2		**$ 3,509.75**	**$ 0.00**	**$ 3,509.75**	
SEX OF CLAIMANT						
Male	2	100.0	3,509.75	0.00	3,509.75	100.0
	2		**$ 3,509.75**	**$ 0.00**	**$ 3,509.75**	
LOSS CAUSE						
Furniture / fixtures	2	100.0	3,509.75	0.00	3,509.75	100.0
	2		**$ 3,509.75**	**$ 0.00**	**$ 3,509.75**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	3,296.75	0.00	3,296.75	93.9
Object Handled (caught in or between)	1	50.0	213.00	0.00	213.00	6.0
	2		**$ 3,509.75**	**$ 0.00**	**$ 3,509.75**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					
Soft Tissue - Neck	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	3	
Contusion	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Community College System (261)
SubAgency: Mountain Empire (299)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Abdomen including Groin	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	13.0	226.00	524.00	750.00	21.4
8AM-9:59AM	2	8.6	0.00	750.00	750.00	21.4
Unknown	4	17.3	0.00	750.00	750.00	21.4
10AM-11:59AM	6	26.0	725.80	0.00	725.80	20.7
4PM-5:59PM	4	17.3	517.13	0.00	517.13	14.8
6PM-7:59PM	1	4.3	0.00	0.00	0.00	0.0
12AM-1:59AM	1	4.3	0.00	0.00	0.00	0.0
12PM-1:59PM	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 1,468.93***	***$ 2,024.00***	***$ 3,492.93***	
LENGTH OF SERVICE						
24-26	3	13.0	69.00	750.00	819.00	23.4
4-6	3	13.0	0.00	750.00	750.00	21.4
8-10	2	8.6	226.00	524.00	750.00	21.4
6-8	2	8.6	517.13	0.00	517.13	14.8
26-28	1	4.3	248.00	0.00	248.00	7.1
0-2	1	4.3	202.80	0.00	202.80	5.8
16-18	1	4.3	124.00	0.00	124.00	3.5
32-34	1	4.3	82.00	0.00	82.00	2.3
10-12	2	8.6	0.00	0.00	0.00	0.0
2-4	4	17.3	0.00	0.00	0.00	0.0
12-14	1	4.3	0.00	0.00	0.00	0.0
22-24	1	4.3	0.00	0.00	0.00	0.0
36-38	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 1,468.93***	***$ 2,024.00***	***$ 3,492.93***	
AGE OF CLAIMANT						
55-59	6	26.0	206.00	1,500.00	1,706.00	48.8
75-79	1	4.3	226.00	524.00	750.00	21.4
30-34	2	8.6	517.13	0.00	517.13	14.8
20-24	3	13.0	271.80	0.00	271.80	7.7
50-54	1	4.3	248.00	0.00	248.00	7.1
25-29	2	8.6	0.00	0.00	0.00	0.0
45-49	3	13.0	0.00	0.00	0.00	0.0
35-39	1	4.3	0.00	0.00	0.00	0.0
40-44	2	8.6	0.00	0.00	0.00	0.0
65-69	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 1,468.93***	***$ 2,024.00***	***$ 3,492.93***	
SEX OF CLAIMANT						
Female	20	86.9	1,242.93	1,500.00	2,742.93	78.5
Male	3	13.0	226.00	524.00	750.00	21.4
	23		***$ 1,468.93***	***$ 2,024.00***	***$ 3,492.93***	
LOSS CAUSE						
Object on Floor	2	8.6	0.00	750.00	750.00	21.4
Vehicle/car/truck	1	4.3	226.00	524.00	750.00	21.4
Walking surface, outside, wet	2	8.6	0.00	750.00	750.00	21.4
Needle stick	1	4.3	517.13	0.00	517.13	14.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Brush / tree / log	1	4.3	248.00	0.00	248.00	7.1
Trash receptacle	1	4.3	202.80	0.00	202.80	5.8
Walking surface, outside, dry	3	13.0	124.00	0.00	124.00	3.5
Furniture / fixtures	3	13.0	82.00	0.00	82.00	2.3
Boxes / containers	1	4.3	69.00	0.00	69.00	1.9
Miscellaneous	1	4.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	4.3	0.00	0.00	0.00	0.0
Environmental conditions	1	4.3	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	4.3	0.00	0.00	0.00	0.0
Paper / Pulp	1	4.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	4.3	0.00	0.00	0.00	0.0
Stairs	1	4.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 1,468.93**	**$ 2,024.00**	**$ 3,492.93**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	13.0	124.00	750.00	874.00	25.0
Object being lifted/handled (cut,punc.scrape,inj b	3	13.0	765.13	0.00	765.13	21.9
Fall or slip (on ice or snow)	2	8.6	0.00	750.00	750.00	21.4
Slipped, Did Not Fall	2	8.6	226.00	524.00	750.00	21.4
Reaching (Strain or Injury by)	2	8.6	202.80	0.00	202.80	5.8
Struck/Injured by Falling or Flying Object	1	4.3	82.00	0.00	82.00	2.3
Lifting (strain or Injury by)	1	4.3	69.00	0.00	69.00	1.9
Strike Against/Step on Stationary Object	2	8.6	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	2	8.6	0.00	0.00	0.00	0.0
Assault	1	4.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	4.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.3	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	4.3	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 1,468.93**	**$ 2,024.00**	**$ 3,492.93**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	6
Hip	2
Hand	2
Elbow	2
Finger(s)	5
Thumb	2
Upper Arm (Inc: Clavicle and Scapula)	1
Ankle	2
Multiple Head Injury	1
Upper Leg	1
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Foot	2
Whole Body	1
Wrist	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	23					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	12
Strain	12
Puncture	2
Laceration	7
Poisoning - Chemical	2
	23

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	18.1	0.00	1,500.00	1,500.00	50.0
10AM-11:59AM	3	27.2	0.00	750.00	750.00	25.0
8AM-9:59AM	2	18.1	155.95	594.05	750.00	25.0
6PM-7:59PM	1	9.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	18.1	0.00	0.00	0.00	0.0
4PM-5:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 155.95**	**$ 2,844.05**	**$ 3,000.00**	
LENGTH OF SERVICE						
12-14	2	18.1	155.95	1,344.05	1,500.00	50.0
10-12	1	9.0	0.00	750.00	750.00	25.0
30-32	1	9.0	0.00	750.00	750.00	25.0
0-2	1	9.0	0.00	0.00	0.00	0.0
14-16	2	18.1	0.00	0.00	0.00	0.0
22-24	1	9.0	0.00	0.00	0.00	0.0
2-4	1	9.0	0.00	0.00	0.00	0.0
24-26	1	9.0	0.00	0.00	0.00	0.0
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 155.95**	**$ 2,844.05**	**$ 3,000.00**	
AGE OF CLAIMANT						
55-59	2	18.1	155.95	1,344.05	1,500.00	50.0
30-34	2	18.1	0.00	750.00	750.00	25.0
50-54	3	27.2	0.00	750.00	750.00	25.0
40-44	2	18.1	0.00	0.00	0.00	0.0
45-49	1	9.0	0.00	0.00	0.00	0.0
25-29	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 155.95**	**$ 2,844.05**	**$ 3,000.00**	
SEX OF CLAIMANT						
Female	11	100.0	155.95	2,844.05	3,000.00	100.0
	11		**$ 155.95**	**$ 2,844.05**	**$ 3,000.00**	
LOSS CAUSE						
Cords	1	9.0	0.00	750.00	750.00	25.0
Office equipment	1	9.0	0.00	750.00	750.00	25.0
Vehicle/car/truck	1	9.0	0.00	750.00	750.00	25.0
Walking surface, inside, dry	1	9.0	155.95	594.05	750.00	25.0
Chair	1	9.0	0.00	0.00	0.00	0.0
Object on Floor	2	18.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	9.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	9.0	0.00	0.00	0.00	0.0
Knife, NOC	1	9.0	0.00	0.00	0.00	0.0
Person	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 155.95**	**$ 2,844.05**	**$ 3,000.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	18.1	155.95	1,344.05	1,500.00	50.0
Collision/sideswipe with Another Vehicle	1	9.0	0.00	750.00	750.00	25.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Repetitive Motion	2	18.1	0.00	750.00	750.00	25.0
Fall or slip (on ice or snow)	1	9.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	18.1	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	9.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	9.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 155.95**	**$ 2,844.05**	**$ 3,000.00**	

**BODY PART

Knee	5
Hand	1
Hip	1
Soft Tissue - Neck	1
Wrist(s) & Hand(s)	1
Facial, Other Soft Tissue	1
Finger(s)	3
Mouth	1
Shoulder	1
Multiple Head Injury	1
Whole Body	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	5
Laceration	5
Contusion	5
Sprain	1
Contagious Disease	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	10	27.7	3,523.27	51,607.19	55,130.46	96.3
10AM-11:59AM	8	22.2	59.18	750.00	809.18	1.4
2PM-3:59PM	7	19.4	632.71	0.00	632.71	1.1
6AM-7:59AM	3	8.3	376.95	0.00	376.95	0.6
12PM-1:59PM	6	16.6	254.57	0.00	254.57	0.4
12AM-1:59AM	1	2.7	0.00	0.00	0.00	0.0
4PM-5:59PM	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 4,846.68**	**$ 52,357.19**	**$ 57,203.87**	
LENGTH OF SERVICE						
4-6	3	8.3	3,064.44	51,607.19	54,671.63	95.5
0-2	10	27.7	662.70	750.00	1,412.70	2.4
2-4	9	25.0	587.14	0.00	587.14	1.0
26-28	2	5.5	270.64	0.00	270.64	0.4
6-8	5	13.8	261.76	0.00	261.76	0.4
14-16	2	5.5	0.00	0.00	0.00	0.0
10-12	1	2.7	0.00	0.00	0.00	0.0
16-18	1	2.7	0.00	0.00	0.00	0.0
18-20	1	2.7	0.00	0.00	0.00	0.0
28-30	1	2.7	0.00	0.00	0.00	0.0
36-38	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 4,846.68**	**$ 52,357.19**	**$ 57,203.87**	
AGE OF CLAIMANT						
30-34	3	8.3	3,064.44	51,607.19	54,671.63	95.5
25-29	6	16.6	328.97	750.00	1,078.97	1.8
20-24	4	11.1	603.52	0.00	603.52	1.0
50-54	4	11.1	317.35	0.00	317.35	0.5
45-49	3	8.3	270.64	0.00	270.64	0.4
40-44	7	19.4	193.76	0.00	193.76	0.3
55-59	5	13.8	68.00	0.00	68.00	0.1
65-69	1	2.7	0.00	0.00	0.00	0.0
15-19	1	2.7	0.00	0.00	0.00	0.0
35-39	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 4,846.68**	**$ 52,357.19**	**$ 57,203.87**	
SEX OF CLAIMANT						
Male	19	52.7	3,886.41	52,357.19	56,243.60	98.3
Female	17	47.2	960.27	0.00	960.27	1.6
	36		**$ 4,846.68**	**$ 52,357.19**	**$ 57,203.87**	
LOSS CAUSE						
Furniture / fixtures	1	2.7	3,064.44	51,607.19	54,671.63	95.5
Machine, not otherwise classified	2	5.5	270.64	750.00	1,020.64	1.7
Miscellaneous	1	2.7	376.95	0.00	376.95	0.6
Object on Floor	1	2.7	317.35	0.00	317.35	0.5
Fencing	1	2.7	193.76	0.00	193.76	0.3
Animal, not otherwise classified	1	2.7	148.19	0.00	148.19	0.2
Knife, NOC	1	2.7	121.60	0.00	121.60	0.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand tool, not powered, NOC	1	2.7	120.19	0.00	120.19	0.2
Electricity	1	2.7	106.38	0.00	106.38	0.1
Building parts / doors	1	2.7	68.00	0.00	68.00	0.1
Water	2	5.5	59.18	0.00	59.18	0.1
Stairs, steps	2	5.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	5.5	0.00	0.00	0.00	0.0
Animal / bee type	2	5.5	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	2.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	4	11.1	0.00	0.00	0.00	0.0
Boxes / containers	1	2.7	0.00	0.00	0.00	0.0
Brush / tree / log	2	5.5	0.00	0.00	0.00	0.0
Chair	1	2.7	0.00	0.00	0.00	0.0
Door	1	2.7	0.00	0.00	0.00	0.0
N/A	1	2.7	0.00	0.00	0.00	0.0
Paper / Pulp	1	2.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	3	8.3	0.00	0.00	0.00	0.0
Wood Items	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 4,846.68**	**$ 52,357.19**	**$ 57,203.87**	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	1	2.7	3,064.44	51,607.19	54,671.63	95.5
Repetitive Motion	1	2.7	0.00	750.00	750.00	1.3
Object being lifted/handled (cut,punc.scrape,inj b	5	13.8	389.98	0.00	389.98	0.6
Foreign Body In Eye	2	5.5	376.95	0.00	376.95	0.6
Strike Against/Step on Stationary Object	6	16.6	338.64	0.00	338.64	0.5
Fall or Slip (On Same Level)	2	5.5	317.35	0.00	317.35	0.5
Object Handled (caught in or between)	1	2.7	193.76	0.00	193.76	0.3
Contact with Electric Current	1	2.7	106.38	0.00	106.38	0.1
Absorb, Ingest, Inhalation	1	2.7	59.18	0.00	59.18	0.1
Fall or Slip (From Liquid/Grease spills)	2	5.5	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	5.5	0.00	0.00	0.00	0.0
Animal Or Insect	7	19.4	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.7	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	2.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	2.7	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 4,846.68**	**$ 52,357.19**	**$ 57,203.87**	

**BODY PART

Shoulder	2
Upper Back Area (Thoracic Area)	1
Wrist	1
Finger(s)	7
Facial, Other Soft Tissue	2
Lower Arm	4
Eye(s)	2
Knee	4
Nose	1
Hand	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ear(s)	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Ankle	3					
Buttocks	1					
Hip	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	1					
Multiple Head Injury	2					
Thumb	1					
Toe(s)	1					
Upper Leg	1					
	36					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	11
Contusion	11
Laceration	5
Foreign Body	2
Infection	3
Puncture	9
Multiple Physical Injuries Only	1
Dermatitis	1
	36

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	36.3	5,315.38	0.00	5,315.38	78.5
12AM-1:59AM	2	18.1	0.00	750.00	750.00	11.0
2PM-3:59PM	2	18.1	428.59	0.00	428.59	6.3
12PM-1:59PM	1	9.0	272.49	0.00	272.49	4.0
10AM-11:59AM	1	9.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 6,016.46**	**$ 750.00**	**$ 6,766.46**	
LENGTH OF SERVICE						
30-32	1	9.0	4,405.70	0.00	4,405.70	65.1
26-28	1	9.0	909.68	0.00	909.68	13.4
8-10	1	9.0	0.00	750.00	750.00	11.0
22-24	2	18.1	407.78	0.00	407.78	6.0
18-20	1	9.0	293.30	0.00	293.30	4.3
4-6	1	9.0	0.00	0.00	0.00	0.0
10-12	2	18.1	0.00	0.00	0.00	0.0
2-4	1	9.0	0.00	0.00	0.00	0.0
28-30	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 6,016.46**	**$ 750.00**	**$ 6,766.46**	
AGE OF CLAIMANT						
55-59	1	9.0	4,405.70	0.00	4,405.70	65.1
45-49	2	18.1	909.68	0.00	909.68	13.4
35-39	1	9.0	0.00	750.00	750.00	11.0
60-64	3	27.2	407.78	0.00	407.78	6.0
40-44	2	18.1	293.30	0.00	293.30	4.3
30-34	1	9.0	0.00	0.00	0.00	0.0
25-29	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 6,016.46**	**$ 750.00**	**$ 6,766.46**	
SEX OF CLAIMANT						
Male	4	36.3	5,608.68	0.00	5,608.68	82.8
Female	7	63.6	407.78	750.00	1,157.78	17.1
	11		**$ 6,016.46**	**$ 750.00**	**$ 6,766.46**	
LOSS CAUSE						
Vehicle/car/truck	2	18.1	4,699.00	0.00	4,699.00	69.4
Walking surface, outside, dry	2	18.1	909.68	0.00	909.68	13.4
Office equipment	1	9.0	0.00	750.00	750.00	11.0
Dust	1	9.0	272.49	0.00	272.49	4.0
Hand tool, not powered, NOC	1	9.0	135.29	0.00	135.29	2.0
Boxes / containers	2	18.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 6,016.46**	**$ 750.00**	**$ 6,766.46**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	9.0	4,405.70	0.00	4,405.70	65.1
Fall or Slip (From Different Level)	1	9.0	909.68	0.00	909.68	13.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:12

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Repetitive Motion	1	9.0	0.00	750.00	750.00	11.0
Object Handled (caught in or between)	1	9.0	293.30	0.00	293.30	4.3
Foreign Body In Eye	1	9.0	272.49	0.00	272.49	4.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	135.29	0.00	135.29	2.0
Fall or Slip (On Same Level)	1	9.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	9.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 6,016.46***	***$ 750.00***	***$ 6,766.46***	

**BODY PART

Hip	1
Shoulder	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Soft Tissue - Neck	1
Wrist	1
Finger(s)	3
Eye(s)	1
Hand	1
Knee	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	9
Contusion	7
Foreign Body	1
Laceration	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Marine Resources Commission (402)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	16.6	0.00	95,498.36	95,498.36	98.2
10AM-11:59AM	3	50.0	591.56	338.63	930.19	0.9
4PM-5:59PM	1	16.6	0.00	750.00	750.00	0.7
12PM-1:59PM	1	16.6	57.00	0.00	57.00	0.0
	6		**$ 648.56**	**$ 96,586.99**	**$ 97,235.55**	
LENGTH OF SERVICE						
30-32	1	16.6	0.00	95,498.36	95,498.36	98.2
20-22	1	16.6	0.00	750.00	750.00	0.7
26-28	1	16.6	411.37	338.63	750.00	0.7
12-14	1	16.6	99.90	0.00	99.90	0.1
8-10	1	16.6	80.29	0.00	80.29	0.0
16-18	1	16.6	57.00	0.00	57.00	0.0
	6		**$ 648.56**	**$ 96,586.99**	**$ 97,235.55**	
AGE OF CLAIMANT						
60-64	2	33.3	0.00	96,248.36	96,248.36	98.9
45-49	2	33.3	468.37	338.63	807.00	0.8
55-59	1	16.6	99.90	0.00	99.90	0.1
50-54	1	16.6	80.29	0.00	80.29	0.0
	6		**$ 648.56**	**$ 96,586.99**	**$ 97,235.55**	
SEX OF CLAIMANT						
Male	6	100.0	648.56	96,586.99	97,235.55	100.0
	6		**$ 648.56**	**$ 96,586.99**	**$ 97,235.55**	
LOSS CAUSE						
Environmental conditions	1	16.6	0.00	95,498.36	95,498.36	98.2
Knife, NOC	1	16.6	411.37	338.63	750.00	0.7
Stairs	1	16.6	0.00	750.00	750.00	0.7
Sharp objects, not otherwise classified	1	16.6	99.90	0.00	99.90	0.1
Animal / tick, spider, etc.	1	16.6	80.29	0.00	80.29	0.0
Boxes / containers	1	16.6	57.00	0.00	57.00	0.0
	6		**$ 648.56**	**$ 96,586.99**	**$ 97,235.55**	
ACCIDENT TYPE						
Stress	1	16.6	0.00	95,498.36	95,498.36	98.2
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	511.27	338.63	849.90	0.8
Slipped, Did Not Fall	1	16.6	0.00	750.00	750.00	0.7
Animal Or Insect	1	16.6	80.29	0.00	80.29	0.0
Lifting (strain or Injury by)	1	16.6	57.00	0.00	57.00	0.0
	6		**$ 648.56**	**$ 96,586.99**	**$ 97,235.55**	
****BODY PART**						
Heart	1					
Lower Leg	1					
Thumb	1					
Finger(s)	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Marine Resources Commission (402)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Myocardial Infarction (Heart Attack)	1
Contusion	1
Laceration	1
Puncture	2
Strain	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	14.8	2,387.45	38,773.92	41,161.37	48.0
12PM-1:59PM	4	14.8	12,726.33	25,519.87	38,246.20	44.6
2AM-3:59AM	3	11.1	1,547.27	427.32	1,974.59	2.3
8AM-9:59AM	4	14.8	433.95	1,228.60	1,662.55	1.9
4AM-5:59AM	2	7.4	0.00	750.00	750.00	0.8
4PM-5:59PM	2	7.4	0.00	750.00	750.00	0.8
6AM-7:59AM	1	3.7	74.10	675.90	750.00	0.8
10AM-11:59AM	4	14.8	346.00	0.00	346.00	0.4
12AM-1:59AM	2	7.4	0.00	0.00	0.00	0.0
Unknown	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 17,515.10***	***$ 68,125.61***	***$ 85,640.71***	
LENGTH OF SERVICE						
4-6	5	18.5	1,694.09	38,773.92	40,468.01	47.2
10-12	2	7.4	12,062.38	24,769.87	36,832.25	43.0
12-14	5	18.5	826.50	1,500.00	2,326.50	2.7
28-30	1	3.7	1,224.59	0.00	1,224.59	1.4
0-2	2	7.4	535.50	658.00	1,193.50	1.3
14-16	3	11.1	315.40	570.60	886.00	1.0
22-24	1	3.7	322.68	427.32	750.00	0.8
26-28	1	3.7	0.00	750.00	750.00	0.8
6-8	3	11.1	74.10	675.90	750.00	0.8
2-4	1	3.7	459.86	0.00	459.86	0.5
16-18	2	7.4	0.00	0.00	0.00	0.0
30-32	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 17,515.10***	***$ 68,125.61***	***$ 85,640.71***	
AGE OF CLAIMANT						
45-49	5	18.5	12,927.78	64,201.79	77,129.57	90.0
50-54	7	25.9	1,683.27	1,927.32	3,610.59	4.2
35-39	8	29.6	1,554.04	1,320.60	2,874.64	3.3
40-44	4	14.8	236.65	675.90	912.55	1.0
30-34	2	7.4	903.36	0.00	903.36	1.0
25-29	1	3.7	210.00	0.00	210.00	0.2
	27		***$ 17,515.10***	***$ 68,125.61***	***$ 85,640.71***	
SEX OF CLAIMANT						
Male	21	77.7	15,721.97	66,469.69	82,191.66	95.9
Female	6	22.2	1,793.13	1,655.92	3,449.05	4.0
	27		***$ 17,515.10***	***$ 68,125.61***	***$ 85,640.71***	
LOSS CAUSE						
Metal items	1	3.7	935.95	38,773.92	39,709.87	46.3
Vehicle/car/truck	3	11.1	12,726.33	24,769.87	37,496.20	43.7
Wires	1	3.7	1,224.59	0.00	1,224.59	1.4
Machine, not otherwise classified	2	7.4	622.90	570.60	1,193.50	1.3
Boxes / containers	1	3.7	0.00	750.00	750.00	0.8
Door	1	3.7	322.68	427.32	750.00	0.8
Electrical equipment	1	3.7	74.10	675.90	750.00	0.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand tool, not powered, NOC	1	3.7	0.00	750.00	750.00	0.8
Stairs, steps	1	3.7	0.00	750.00	750.00	0.8
Walking surface, outside, wet	1	3.7	92.00	658.00	750.00	0.8
Vehicle, not otherwise classified	2	7.4	548.14	0.00	548.14	0.6
Animal / bee type	1	3.7	459.86	0.00	459.86	0.5
Walking surface, outside, dry	2	7.4	210.00	0.00	210.00	0.2
Person	1	3.7	162.55	0.00	162.55	0.1
Furniture / fixtures	1	3.7	136.00	0.00	136.00	0.1
Animal / insect, not otherwise classified	2	7.4	0.00	0.00	0.00	0.0
Animal, not otherwise classified	3	11.1	0.00	0.00	0.00	0.0
Brush / tree / log	1	3.7	0.00	0.00	0.00	0.0
Fencing	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 17,515.10***	***$ 68,125.61***	***$ 85,640.71***	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	3	11.1	935.95	38,773.92	39,709.87	46.3
Struck/Injured by Motor Vehicle	2	7.4	12,447.97	24,769.87	37,217.84	43.4
Pushing Or Pulling (Strain or Injury by)	2	7.4	502.08	997.92	1,500.00	1.7
Fall or Slip (On Same Level)	2	7.4	1,224.59	0.00	1,224.59	1.4
Vehicle Upset	1	3.7	826.50	0.00	826.50	0.9
Fall or slip (on ice or snow)	1	3.7	92.00	658.00	750.00	0.8
Fall or slip (on stairs)	1	3.7	0.00	750.00	750.00	0.8
Lifting (strain or Injury by)	1	3.7	0.00	750.00	750.00	0.8
Reaching (Strain or Injury by)	1	3.7	74.10	675.90	750.00	0.8
Repetitive Motion	1	3.7	0.00	750.00	750.00	0.8
Allergic Reaction	2	7.4	459.86	0.00	459.86	0.5
Object Handled (caught in or between)	1	3.7	443.50	0.00	443.50	0.5
Twisting, strain or injury by	1	3.7	210.00	0.00	210.00	0.2
Exposure to Poisonous Agent / Plant	1	3.7	162.55	0.00	162.55	0.1
Strike Against/Step On Moving Part Of Machine	1	3.7	136.00	0.00	136.00	0.1
Animal Or Insect	4	14.8	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.7	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 17,515.10***	***$ 68,125.61***	***$ 85,640.71***	

***BODY PART**

Lower Arm	4
Knee	4
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Soft Tissue - Neck	2
Finger(s)	3
Shoulder	2
Upper Arm (Inc: Clavicle and Scapula)	2
Wrist(s) & Hand(s)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Whole Body	1
Thumb	2
Facial, Other Soft Tissue	1
Hand	1
Lower Leg	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Leg	1					
	27					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	17
Laceration	3
Contusion	5
Fracture	1
Multiple Physical Injuries Only	1
No Physical Injury	1
Dermatitis	1
Puncture	5
	27

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Mined, Land, Reclamation, Div Of (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	5,116.78	14,553.86	19,670.64	96.3
4PM-5:59PM	1	33.3	629.06	120.94	750.00	3.6
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 5,745.84**	**$ 14,674.80**	**$ 20,420.64**	
LENGTH OF SERVICE						
18-20	1	33.3	5,116.78	14,553.86	19,670.64	96.3
12-14	1	33.3	629.06	120.94	750.00	3.6
10-12	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 5,745.84**	**$ 14,674.80**	**$ 20,420.64**	
AGE OF CLAIMANT						
50-54	2	66.6	5,745.84	14,674.80	20,420.64	100.0
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 5,745.84**	**$ 14,674.80**	**$ 20,420.64**	
SEX OF CLAIMANT						
Male	3	100.0	5,745.84	14,674.80	20,420.64	100.0
	3		**$ 5,745.84**	**$ 14,674.80**	**$ 20,420.64**	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	5,116.78	14,553.86	19,670.64	96.3
Stone / rock / brick	1	33.3	629.06	120.94	750.00	3.6
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 5,745.84**	**$ 14,674.80**	**$ 20,420.64**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	5,116.78	14,553.86	19,670.64	96.3
Struck/Injured by Falling or Flying Object	2	66.6	629.06	120.94	750.00	3.6
	3		**$ 5,745.84**	**$ 14,674.80**	**$ 20,420.64**	
****BODY PART**						
Foot	1					
Multiple Head Injury	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
Contusion	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Mineral Resources, Division Of (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
36-38	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY***		
Puncture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Administration, Division Of (24)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	13.1	748.80	51,700.20	52,449.00	49.3
12AM-1:59AM	1	2.6	3,247.00	25,947.68	29,194.68	27.4
2PM-3:59PM	11	28.9	5,802.09	15,342.91	21,145.00	19.8
10AM-11:59AM	9	23.6	1,917.76	0.00	1,917.76	1.8
12PM-1:59PM	5	13.1	690.96	472.26	1,163.22	1.0
Unknown	1	2.6	466.75	0.00	466.75	0.4
2AM-3:59AM	1	2.6	0.00	0.00	0.00	0.0
4PM-5:59PM	5	13.1	0.00	0.00	0.00	0.0
	38		**$ 12,873.36**	**$ 93,463.05**	**$ 106,336.41**	
LENGTH OF SERVICE						
12-14	2	5.2	1,010.40	50,950.20	51,960.60	48.8
22-24	4	10.5	3,419.32	25,947.68	29,367.00	27.6
10-12	2	5.2	4,695.84	14,520.91	19,216.75	18.0
24-26	6	15.7	2,124.51	0.00	2,124.51	2.0
2-4	5	13.1	353.74	1,222.26	1,576.00	1.4
4-6	8	21.0	829.62	72.00	901.62	0.8
18-20	2	5.2	0.00	750.00	750.00	0.7
30-32	1	2.6	439.93	0.00	439.93	0.4
8-10	1	2.6	0.00	0.00	0.00	0.0
16-18	2	5.2	0.00	0.00	0.00	0.0
20-22	1	2.6	0.00	0.00	0.00	0.0
32-34	1	2.6	0.00	0.00	0.00	0.0
34-36	2	5.2	0.00	0.00	0.00	0.0
38-40	1	2.6	0.00	0.00	0.00	0.0
	38		**$ 12,873.36**	**$ 93,463.05**	**$ 106,336.41**	
AGE OF CLAIMANT						
35-39	2	5.2	748.80	50,950.20	51,699.00	48.6
55-59	3	7.8	3,247.00	25,947.68	29,194.68	27.4
45-49	17	44.7	7,694.20	16,020.91	23,715.11	22.3
30-34	8	21.0	1,107.36	544.26	1,651.62	1.5
25-29	3	7.8	76.00	0.00	76.00	0.0
20-24	1	2.6	0.00	0.00	0.00	0.0
40-44	2	5.2	0.00	0.00	0.00	0.0
50-54	1	2.6	0.00	0.00	0.00	0.0
60-64	1	2.6	0.00	0.00	0.00	0.0
	38		**$ 12,873.36**	**$ 93,463.05**	**$ 106,336.41**	
SEX OF CLAIMANT						
Male	29	76.3	11,967.74	91,891.05	103,858.79	97.6
Female	9	23.6	905.62	1,572.00	2,477.62	2.3
	38		**$ 12,873.36**	**$ 93,463.05**	**$ 106,336.41**	
LOSS CAUSE						
Boxes / containers	2	5.2	900.42	50,950.20	51,850.62	48.7
Brush / tree / log	4	10.5	3,524.74	26,419.94	29,944.68	28.1
Walking surface, outside, dry	6	15.7	4,490.69	14,520.91	19,011.60	17.8
Minerals / dirt	1	2.6	1,477.83	0.00	1,477.83	1.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Door	1	2.6	0.00	750.00	750.00	0.7
Floor Jack	1	2.6	678.00	72.00	750.00	0.7
Walking surface, inside, wet	1	2.6	0.00	750.00	750.00	0.7
Vehicle/car/truck	1	2.6	646.68	0.00	646.68	0.6
Fencing	1	2.6	466.75	0.00	466.75	0.4
Wires	1	2.6	439.93	0.00	439.93	0.4
Cleaning Products	1	2.6	172.32	0.00	172.32	0.1
Infectious agent	1	2.6	76.00	0.00	76.00	0.0
Animal / tick, spider, etc.	8	21.0	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.6	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	2.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.6	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	2.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	2.6	0.00	0.00	0.00	0.0
Trailer Dolly	1	2.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	3	7.8	0.00	0.00	0.00	0.0
	38		***$ 12,873.36***	***$ 93,463.05***	***$ 106,336.41***	

ACCIDENT TYPE

Lifting (strain or Injury by)	5	13.1	2,225.10	51,022.20	53,247.30	50.0
Twisting, strain or injury by	7	18.4	3,508.60	25,947.68	29,456.28	27.7
Slipped, Did Not Fall	1	2.6	4,229.09	14,520.91	18,750.00	17.6
Fall or Slip (On Same Level)	3	7.8	1,477.83	0.00	1,477.83	1.3
Struck/Injured by Falling or Flying Object	3	7.8	906.68	0.00	906.68	0.8
Fall or Slip (From Liquid/Grease spills)	1	2.6	0.00	750.00	750.00	0.7
Object being lifted/handled (cut,punc.scrape,inj b	2	5.2	277.74	472.26	750.00	0.7
Pushing Or Pulling (Strain or Injury by)	3	7.8	0.00	750.00	750.00	0.7
Absorb, Ingest, Inhalation	1	2.6	172.32	0.00	172.32	0.1
Exposure to Poisonous Agent / Plant	1	2.6	76.00	0.00	76.00	0.0
Animal Or Insect	9	23.6	0.00	0.00	0.00	0.0
Repetitive Motion	1	2.6	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	2.6	0.00	0.00	0.00	0.0
	38		***$ 12,873.36***	***$ 93,463.05***	***$ 106,336.41***	

**BODY PART

Shoulder	6
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Knee	7
Hand	3
Lower Arm	3
Finger(s)	1
Multiple Head Injury	2
Foot	2
No Physical Problem	1
Ankle	5
Whole Body	1
Lower Leg	3
Abdomen including Groin	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Body Parts	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Soft Tissue - Neck	1					
Toe(s)	1					
Upper Leg	2					
	38					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	20
Contusion	6
Laceration	2
Puncture	14
No Physical Injury	1
Dermatitis	3
Poisoning - Chemical	1
Sprain	2
	38

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Gunston Hall (417)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	50.0	0.00	750.00	750.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
10-12	1	50.0	0.00	750.00	750.00	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	50.0	0.00	750.00	750.00	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Office equipment	1	50.0	0.00	750.00	750.00	100.0
Brush / tree / log	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Repetitive Motion	1	50.0	0.00	750.00	750.00	100.0
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Hand	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	3					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Historic Resource, Department Of (423)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:13

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	28.5	265.00	485.00	750.00	100.0
8AM-9:59AM	2	28.5	0.00	0.00	0.00	0.0
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
4PM-5:59PM	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 265.00**	**$ 485.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	2	28.5	265.00	485.00	750.00	100.0
2-4	2	28.5	0.00	0.00	0.00	0.0
0-2	2	28.5	0.00	0.00	0.00	0.0
8-10	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 265.00**	**$ 485.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	14.2	265.00	485.00	750.00	100.0
50-54	2	28.5	0.00	0.00	0.00	0.0
30-34	1	14.2	0.00	0.00	0.00	0.0
35-39	1	14.2	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 265.00**	**$ 485.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	3	42.8	265.00	485.00	750.00	100.0
Female	4	57.1	0.00	0.00	0.00	0.0
	7		**$ 265.00**	**$ 485.00**	**$ 750.00**	
LOSS CAUSE						
Knife, NOC	2	28.5	265.00	485.00	750.00	100.0
Brush / tree / log	1	14.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	14.2	0.00	0.00	0.00	0.0
Ladder - Fixed	1	14.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 265.00**	**$ 485.00**	**$ 750.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	14.2	265.00	485.00	750.00	100.0
Object being lifted/handled (cut,punc.scrape,inj b	2	28.5	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Repetitive Motion	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 265.00**	**$ 485.00**	**$ 750.00**	
***BODY PART**						
Knee	2					
Finger(s)	4					
Ankle	1					
Foot	1					
Hand	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Laceration	4
Puncture	1
Burn	2
Strain	2
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	30.0	208.27	541.73	750.00	100.0
10AM-11:59AM	4	40.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	10.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	10.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 208.27**	**$ 541.73**	**$ 750.00**	
LENGTH OF SERVICE						
10-12	1	10.0	208.27	541.73	750.00	100.0
0-2	5	50.0	0.00	0.00	0.00	0.0
14-16	1	10.0	0.00	0.00	0.00	0.0
12-14	2	20.0	0.00	0.00	0.00	0.0
2-4	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 208.27**	**$ 541.73**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	2	20.0	208.27	541.73	750.00	100.0
60-64	2	20.0	0.00	0.00	0.00	0.0
20-24	1	10.0	0.00	0.00	0.00	0.0
30-34	1	10.0	0.00	0.00	0.00	0.0
35-39	1	10.0	0.00	0.00	0.00	0.0
45-49	1	10.0	0.00	0.00	0.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
55-59	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 208.27**	**$ 541.73**	**$ 750.00**	
SEX OF CLAIMANT						
Male	6	60.0	208.27	541.73	750.00	100.0
Female	4	40.0	0.00	0.00	0.00	0.0
	10		**$ 208.27**	**$ 541.73**	**$ 750.00**	
LOSS CAUSE						
Vehicle/car/truck	3	30.0	208.27	541.73	750.00	100.0
Boxes / containers	1	10.0	0.00	0.00	0.00	0.0
Animal / bee type	1	10.0	0.00	0.00	0.00	0.0
Paper/Pulp items	1	10.0	0.00	0.00	0.00	0.0
Rope, cord	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 208.27**	**$ 541.73**	**$ 750.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	2	20.0	208.27	541.73	750.00	100.0
Lifting (strain or Injury by)	1	10.0	0.00	0.00	0.00	0.0
Vehicle Upset	1	10.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	10.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	10.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Being Lifted/Handled	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 208.27**	**$ 541.73**	**$ 750.00**	

**BODY PART

Wrist	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	1
Soft Tissue - Neck	2
Ankle	2
Elbow	1
Eye(s)	1
Knee	1
Lower Arm	2
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	6
Contusion	4
Laceration	1
Puncture	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Admin S (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	1,516.80	0.00	1,516.80	98.3
6AM-7:59AM	1	25.0	26.00	0.00	26.00	1.6
8AM-9:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 1,542.80**	**$ 0.00**	**$ 1,542.80**	
LENGTH OF SERVICE						
12-14	1	25.0	1,516.80	0.00	1,516.80	98.3
14-16	1	25.0	26.00	0.00	26.00	1.6
16-18	1	25.0	0.00	0.00	0.00	0.0
0-2	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,542.80**	**$ 0.00**	**$ 1,542.80**	
AGE OF CLAIMANT						
35-39	1	25.0	1,516.80	0.00	1,516.80	98.3
50-54	2	50.0	26.00	0.00	26.00	1.6
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,542.80**	**$ 0.00**	**$ 1,542.80**	
SEX OF CLAIMANT						
Female	3	75.0	1,542.80	0.00	1,542.80	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,542.80**	**$ 0.00**	**$ 1,542.80**	
LOSS CAUSE						
Machine, not otherwise classified	2	50.0	1,542.80	0.00	1,542.80	100.0
Cart	1	25.0	0.00	0.00	0.00	0.0
Pike pole 8’	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,542.80**	**$ 0.00**	**$ 1,542.80**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	25.0	1,516.80	0.00	1,516.80	98.3
Lifting (strain or Injury by)	2	50.0	26.00	0.00	26.00	1.6
Struck/Injured by Object Handled By Other	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,542.80**	**$ 0.00**	**$ 1,542.80**	
****BODY PART**						
Multiple Head Injury	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Foot	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Strain	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Admin S (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Human Resources (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Chair	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Strike Against/Step On Moving Part Of Machine	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hip	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Maintenance (18)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
10-12	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
******BODY PART***						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

******INJURY***						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -materials (20)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	30.00	720.00	750.00	100.0
12PM-1:59PM	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 30.00**	**$ 720.00**	**$ 750.00**	
LENGTH OF SERVICE						
8-10	1	33.3	30.00	720.00	750.00	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 30.00**	**$ 720.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	33.3	30.00	720.00	750.00	100.0
25-29	1	33.3	0.00	0.00	0.00	0.0
30-34	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 30.00**	**$ 720.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	3	100.0	30.00	720.00	750.00	100.0
	3		**$ 30.00**	**$ 720.00**	**$ 750.00**	
LOSS CAUSE						
Organic Material	1	33.3	30.00	720.00	750.00	100.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
Rope, cord	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 30.00**	**$ 720.00**	**$ 750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	66.6	30.00	720.00	750.00	100.0
Struck/Injured by Falling or Flying Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 30.00**	**$ 720.00**	**$ 750.00**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Foot	1
Wrist	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Contusion	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-eeo (59)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Body System & Multiple Body Parts	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Poisoning - Chemical	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Equipment (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	8,261.86	11,524.58	19,786.44	100.0
	1		***$ 8,261.86***	***$ 11,524.58***	***$ 19,786.44***	
LENGTH OF SERVICE						
2-4	1	100.0	8,261.86	11,524.58	19,786.44	100.0
	1		***$ 8,261.86***	***$ 11,524.58***	***$ 19,786.44***	
AGE OF CLAIMANT						
35-39	1	100.0	8,261.86	11,524.58	19,786.44	100.0
	1		***$ 8,261.86***	***$ 11,524.58***	***$ 19,786.44***	
SEX OF CLAIMANT						
Male	1	100.0	8,261.86	11,524.58	19,786.44	100.0
	1		***$ 8,261.86***	***$ 11,524.58***	***$ 19,786.44***	
LOSS CAUSE						
Ladder, 12' roof	1	100.0	8,261.86	11,524.58	19,786.44	100.0
	1		***$ 8,261.86***	***$ 11,524.58***	***$ 19,786.44***	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	1	100.0	8,261.86	11,524.58	19,786.44	100.0
	1		***$ 8,261.86***	***$ 11,524.58***	***$ 19,786.44***	
*****BODY PART***						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Strain	2
Contusion	1
	1

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Trans Pl (75)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	888.00	0.00	888.00	100.0
	1		**$ 888.00**	**$ 0.00**	**$ 888.00**	
LENGTH OF SERVICE						
4-6	1	100.0	888.00	0.00	888.00	100.0
	1		**$ 888.00**	**$ 0.00**	**$ 888.00**	
AGE OF CLAIMANT						
50-54	1	100.0	888.00	0.00	888.00	100.0
	1		**$ 888.00**	**$ 0.00**	**$ 888.00**	
SEX OF CLAIMANT						
Female	1	100.0	888.00	0.00	888.00	100.0
	1		**$ 888.00**	**$ 0.00**	**$ 888.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	888.00	0.00	888.00	100.0
	1		**$ 888.00**	**$ 0.00**	**$ 888.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	888.00	0.00	888.00	100.0
	1		**$ 888.00**	**$ 0.00**	**$ 888.00**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Sprain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wise (101)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	75.0	7,297.13	21,262.87	28,560.00	97.4
2PM-3:59PM	1	25.0	709.95	40.05	750.00	2.5
	4		**$ 8,007.08**	**$ 21,302.92**	**$ 29,310.00**	
LENGTH OF SERVICE						
24-26	1	25.0	6,828.15	20,921.85	27,750.00	94.6
14-16	1	25.0	408.98	341.02	750.00	2.5
8-10	1	25.0	709.95	40.05	750.00	2.5
0-2	1	25.0	60.00	0.00	60.00	0.2
	4		**$ 8,007.08**	**$ 21,302.92**	**$ 29,310.00**	
AGE OF CLAIMANT						
45-49	2	50.0	6,888.15	20,921.85	27,810.00	94.8
40-44	1	25.0	709.95	40.05	750.00	2.5
50-54	1	25.0	408.98	341.02	750.00	2.5
	4		**$ 8,007.08**	**$ 21,302.92**	**$ 29,310.00**	
SEX OF CLAIMANT						
Male	3	75.0	7,297.13	21,262.87	28,560.00	97.4
Female	1	25.0	709.95	40.05	750.00	2.5
	4		**$ 8,007.08**	**$ 21,302.92**	**$ 29,310.00**	
LOSS CAUSE						
Pipe	1	25.0	6,828.15	20,921.85	27,750.00	94.6
Office equipment	1	25.0	709.95	40.05	750.00	2.5
Vehicle/car/truck	1	25.0	408.98	341.02	750.00	2.5
Machine, not otherwise classified	1	25.0	60.00	0.00	60.00	0.2
	4		**$ 8,007.08**	**$ 21,302.92**	**$ 29,310.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	50.0	7,538.10	20,961.90	28,500.00	97.2
Pushing Or Pulling (Strain or Injury by)	1	25.0	408.98	341.02	750.00	2.5
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	60.00	0.00	60.00	0.2
	4		**$ 8,007.08**	**$ 21,302.92**	**$ 29,310.00**	
****BODY PART**						
Abdomen including Groin	1					
Lower Arm	1					
Shoulder	1					
Thumb	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Hernia	1
Strain	2
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wise (101)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	25.0	0.00	750.00	750.00	100.0
10AM-11:59AM	2	25.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	12.5	0.00	0.00	0.00	0.0
6AM-7:59AM	1	12.5	0.00	0.00	0.00	0.0
8AM-9:59AM	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
12-14	1	12.5	0.00	750.00	750.00	100.0
24-26	2	25.0	0.00	0.00	0.00	0.0
10-12	1	12.5	0.00	0.00	0.00	0.0
16-18	1	12.5	0.00	0.00	0.00	0.0
2-4	1	12.5	0.00	0.00	0.00	0.0
28-30	1	12.5	0.00	0.00	0.00	0.0
32-34	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	12.5	0.00	750.00	750.00	100.0
55-59	1	12.5	0.00	0.00	0.00	0.0
20-24	1	12.5	0.00	0.00	0.00	0.0
35-39	2	25.0	0.00	0.00	0.00	0.0
40-44	2	25.0	0.00	0.00	0.00	0.0
50-54	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	12.5	0.00	750.00	750.00	100.0
Male	7	87.5	0.00	0.00	0.00	0.0
	8		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, dry	2	25.0	0.00	750.00	750.00	100.0
Brush / tree / log	1	12.5	0.00	0.00	0.00	0.0
Chair	1	12.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
Pipe	1	12.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	25.0	0.00	750.00	750.00	100.0
Contact With Hot Object or Substances	1	12.5	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	12.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	12.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	12.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	25.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		$ 0.00	$ 750.00	$ 750.00	
****BODY PART**						
Ankle	1					
Lower Arm	2					
Multiple Head Injury	1					
Hand	1					
Knee	2					
Lower Leg	1					
Multiple Body Parts	1					
Soft Tissue - Neck	1					
Thumb	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	4					
Contusion	5					
Burn	1					
Dermatitis	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Abingdon (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	14.2	8,929.53	4,320.47	13,250.00	87.4
8AM-9:59AM	2	28.5	527.62	531.00	1,058.62	6.9
10AM-11:59AM	1	14.2	465.30	0.00	465.30	3.0
2PM-3:59PM	2	28.5	385.10	0.00	385.10	2.5
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 10,307.55**	**$ 4,851.47**	**$ 15,159.02**	
LENGTH OF SERVICE						
18-20	2	28.5	9,238.15	4,320.47	13,558.62	89.4
10-12	2	28.5	219.00	531.00	750.00	4.9
22-24	1	14.2	465.30	0.00	465.30	3.0
30-32	1	14.2	385.10	0.00	385.10	2.5
4-6	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 10,307.55**	**$ 4,851.47**	**$ 15,159.02**	
AGE OF CLAIMANT						
45-49	2	28.5	8,929.53	4,320.47	13,250.00	87.4
30-34	1	14.2	219.00	531.00	750.00	4.9
60-64	1	14.2	465.30	0.00	465.30	3.0
55-59	1	14.2	385.10	0.00	385.10	2.5
35-39	1	14.2	308.62	0.00	308.62	2.0
25-29	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 10,307.55**	**$ 4,851.47**	**$ 15,159.02**	
SEX OF CLAIMANT						
Male	7	100.0	10,307.55	4,851.47	15,159.02	100.0
	7		**$ 10,307.55**	**$ 4,851.47**	**$ 15,159.02**	
LOSS CAUSE						
Tire	2	28.5	9,238.15	4,320.47	13,558.62	89.4
Tractor	2	28.5	850.40	0.00	850.40	5.6
Metal items	1	14.2	219.00	531.00	750.00	4.9
Infectious agent	1	14.2	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 10,307.55**	**$ 4,851.47**	**$ 15,159.02**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	14.2	8,929.53	4,320.47	13,250.00	87.4
Foreign Body In Eye	1	14.2	219.00	531.00	750.00	4.9
Vehicle Upset	1	14.2	465.30	0.00	465.30	3.0
Twisting, strain or injury by	1	14.2	385.10	0.00	385.10	2.5
Object Handled (caught in or between)	1	14.2	308.62	0.00	308.62	2.0
Exposure to Poisonous Agent / Plant	1	14.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 10,307.55**	**$ 4,851.47**	**$ 15,159.02**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
Elbow	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:14

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Abingdon (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Finger(s)	1					
Facial, Other Soft Tissue	1					
Hand	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	2
Contusion	3
Foreign Body	1
Dermatitis	1
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lebanon (104)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Infectious agent	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Exposure to Poisonous Agent / Plant	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Dermatitis	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Tazewell (106)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	16.6	2,813.32	4,186.68	7,000.00	82.3
10AM-11:59AM	3	50.0	1,310.74	0.00	1,310.74	15.4
12AM-1:59AM	1	16.6	192.20	0.00	192.20	2.2
8AM-9:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,316.26**	**$ 4,186.68**	**$ 8,502.94**	
LENGTH OF SERVICE						
0-2	1	16.6	2,813.32	4,186.68	7,000.00	82.3
14-16	2	33.3	1,045.42	0.00	1,045.42	12.2
2-4	1	16.6	457.52	0.00	457.52	5.3
16-18	1	16.6	0.00	0.00	0.00	0.0
20-22	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,316.26**	**$ 4,186.68**	**$ 8,502.94**	
AGE OF CLAIMANT						
25-29	1	16.6	2,813.32	4,186.68	7,000.00	82.3
50-54	2	33.3	853.22	0.00	853.22	10.0
30-34	1	16.6	457.52	0.00	457.52	5.3
40-44	1	16.6	192.20	0.00	192.20	2.2
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,316.26**	**$ 4,186.68**	**$ 8,502.94**	
SEX OF CLAIMANT						
Male	6	100.0	4,316.26	4,186.68	8,502.94	100.0
	6		**$ 4,316.26**	**$ 4,186.68**	**$ 8,502.94**	
LOSS CAUSE						
Metal items	2	33.3	3,270.84	4,186.68	7,457.52	87.7
Hand tool, not powered, NOC	2	33.3	1,045.42	0.00	1,045.42	12.2
Machine, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,316.26**	**$ 4,186.68**	**$ 8,502.94**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	16.6	2,813.32	4,186.68	7,000.00	82.3
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	853.22	0.00	853.22	10.0
Strike Against/Step on Stationary Object	2	33.3	649.72	0.00	649.72	7.6
Noise, continual, strain or injury by	1	16.6	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 4,316.26**	**$ 4,186.68**	**$ 8,502.94**	
****BODY PART**						
Hand	2					
Finger(s)	1					
Wrist	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	1					
Ear(s)	1					
Shoulder	1					
Soft Tissue - Neck	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Tazewell (106)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	3
Strain	3
Laceration	2
Loss Of Hearing	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wytheville (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	42.8	2,434.48	0.00	2,434.48	86.5
8AM-9:59AM	3	42.8	377.20	0.00	377.20	13.4
6AM-7:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,811.68**	**$ 0.00**	**$ 2,811.68**	
LENGTH OF SERVICE						
8-10	1	14.2	2,434.48	0.00	2,434.48	86.5
32-34	1	14.2	377.20	0.00	377.20	13.4
30-32	2	28.5	0.00	0.00	0.00	0.0
10-12	1	14.2	0.00	0.00	0.00	0.0
12-14	1	14.2	0.00	0.00	0.00	0.0
4-6	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,811.68**	**$ 0.00**	**$ 2,811.68**	
AGE OF CLAIMANT						
60-64	3	42.8	2,434.48	0.00	2,434.48	86.5
50-54	1	14.2	377.20	0.00	377.20	13.4
30-34	1	14.2	0.00	0.00	0.00	0.0
35-39	1	14.2	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,811.68**	**$ 0.00**	**$ 2,811.68**	
SEX OF CLAIMANT						
Male	7	100.0	2,811.68	0.00	2,811.68	100.0
	7		**$ 2,811.68**	**$ 0.00**	**$ 2,811.68**	
LOSS CAUSE						
Metal items	4	57.1	2,811.68	0.00	2,811.68	100.0
Minerals / dirt	1	14.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Tractor	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,811.68**	**$ 0.00**	**$ 2,811.68**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	14.2	2,434.48	0.00	2,434.48	86.5
Pushing Or Pulling (Strain or Injury by)	1	14.2	377.20	0.00	377.20	13.4
Twisting, strain or injury by	2	28.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	14.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,811.68**	**$ 0.00**	**$ 2,811.68**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Shoulder	1					
Eye(s)	1					
Foot	1					
Hand	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wytheville (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	4
Contusion	1
Foreign Body	1
Laceration	1
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Jonesville (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	14.2	12,279.04	5,042.82	17,321.86	34.2
10AM-11:59AM	3	42.8	12,513.70	3,921.35	16,435.05	32.5
12AM-1:59AM	1	14.2	13,425.37	82.00	13,507.37	26.7
2AM-3:59AM	1	14.2	3,123.74	0.00	3,123.74	6.1
12PM-1:59PM	1	14.2	148.00	0.00	148.00	0.2
	7		**$ 41,489.85**	**$ 9,046.17**	**$ 50,536.02**	
LENGTH OF SERVICE						
4-6	3	42.8	26,129.41	5,124.82	31,254.23	61.8
12-14	1	14.2	11,990.91	3,921.35	15,912.26	31.4
2-4	2	28.5	3,221.53	0.00	3,221.53	6.3
10-12	1	14.2	148.00	0.00	148.00	0.2
	7		**$ 41,489.85**	**$ 9,046.17**	**$ 50,536.02**	
AGE OF CLAIMANT						
45-49	3	42.8	15,262.65	3,921.35	19,184.00	37.9
40-44	1	14.2	12,279.04	5,042.82	17,321.86	34.2
35-39	3	42.8	13,948.16	82.00	14,030.16	27.7
	7		**$ 41,489.85**	**$ 9,046.17**	**$ 50,536.02**	
SEX OF CLAIMANT						
Male	7	100.0	41,489.85	9,046.17	50,536.02	100.0
	7		**$ 41,489.85**	**$ 9,046.17**	**$ 50,536.02**	
LOSS CAUSE						
Vehicle/car/truck	1	14.2	12,279.04	5,042.82	17,321.86	34.2
Tire	1	14.2	11,990.91	3,921.35	15,912.26	31.4
Tractor	1	14.2	13,425.37	82.00	13,507.37	26.7
Pipe	1	14.2	3,123.74	0.00	3,123.74	6.1
Metal items	1	14.2	425.00	0.00	425.00	0.8
Chainsaw	1	14.2	148.00	0.00	148.00	0.2
Hand tool, not powered, NOC	1	14.2	97.79	0.00	97.79	0.1
	7		**$ 41,489.85**	**$ 9,046.17**	**$ 50,536.02**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	14.2	12,279.04	5,042.82	17,321.86	34.2
Object being lifted/handled (cut,punc.scrape,inj b	2	28.5	12,088.70	3,921.35	16,010.05	31.6
Vehicle Upset	1	14.2	13,425.37	82.00	13,507.37	26.7
Lifting (strain or Injury by)	1	14.2	3,123.74	0.00	3,123.74	6.1
Foreign Body In Eye	1	14.2	425.00	0.00	425.00	0.8
Strike Against/Step on Stationary Object	1	14.2	148.00	0.00	148.00	0.2
	7		**$ 41,489.85**	**$ 9,046.17**	**$ 50,536.02**	
****BODY PART**						
Lower Arm	2					
Lower Leg	2					
Elbow	1					
Multiple Head Injury	1					
Hand	1					
Soft Tissue - Neck	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Jonesville (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	8
Contusion	1
Foreign Body	1
Laceration	1
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	342.90	0.00	342.90	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 342.90**	**$ 0.00**	**$ 342.90**	
LENGTH OF SERVICE						
2-4	1	50.0	342.90	0.00	342.90	100.0
16-18	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 342.90**	**$ 0.00**	**$ 342.90**	
AGE OF CLAIMANT						
55-59	1	50.0	342.90	0.00	342.90	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 342.90**	**$ 0.00**	**$ 342.90**	
SEX OF CLAIMANT						
Female	1	50.0	342.90	0.00	342.90	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 342.90**	**$ 0.00**	**$ 342.90**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	342.90	0.00	342.90	100.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 342.90**	**$ 0.00**	**$ 342.90**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	342.90	0.00	342.90	100.0
Collision/sideswipe with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 342.90**	**$ 0.00**	**$ 342.90**	
****BODY PART**						
Knee	1					
Soft Tissue - Neck	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	1
Strain	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Hillsville (209)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	40.0	5,507.89	6,352.86	11,860.75	73.5
10AM-11:59AM	4	40.0	1,673.18	2,260.96	3,934.14	24.4
2AM-3:59AM	1	10.0	328.24	0.00	328.24	2.0
2PM-3:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 7,509.31**	**$ 8,613.82**	**$ 16,123.13**	
LENGTH OF SERVICE						
16-18	2	20.0	458.85	5,060.29	5,519.14	34.2
26-28	1	10.0	3,068.08	1,181.92	4,250.00	26.3
2-4	2	20.0	1,655.55	2,344.45	4,000.00	24.8
4-6	2	20.0	1,678.59	27.16	1,705.75	10.5
24-26	2	20.0	648.24	0.00	648.24	4.0
10-12	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 7,509.31**	**$ 8,613.82**	**$ 16,123.13**	
AGE OF CLAIMANT						
60-64	3	30.0	4,076.26	3,442.88	7,519.14	46.6
35-39	2	20.0	1,106.22	5,143.78	6,250.00	38.7
30-34	2	20.0	1,678.59	27.16	1,705.75	10.5
40-44	2	20.0	328.24	0.00	328.24	2.0
45-49	1	10.0	320.00	0.00	320.00	1.9
	10		**$ 7,509.31**	**$ 8,613.82**	**$ 16,123.13**	
SEX OF CLAIMANT						
Male	9	90.0	7,509.31	8,613.82	16,123.13	100.0
Female	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 7,509.31**	**$ 8,613.82**	**$ 16,123.13**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	20.0	1,428.75	7,321.25	8,750.00	54.2
Mowers	1	10.0	3,068.08	1,181.92	4,250.00	26.3
Vehicle/car/truck	2	20.0	2,000.10	110.65	2,110.75	13.0
Electric Drill	1	10.0	345.00	0.00	345.00	2.1
Environmental conditions	1	10.0	328.24	0.00	328.24	2.0
Animal / bee type	1	10.0	320.00	0.00	320.00	1.9
Furniture / fixtures	1	10.0	19.14	0.00	19.14	0.1
Nail	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 7,509.31**	**$ 8,613.82**	**$ 16,123.13**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	20.0	458.85	5,060.29	5,519.14	34.2
Object Handled (caught in or between)	1	10.0	3,068.08	1,181.92	4,250.00	26.3
Twisting, strain or injury by	2	20.0	1,334.04	2,260.96	3,595.00	22.3
Vehicle Upset	1	10.0	1,333.59	27.16	1,360.75	8.4
Collision/sideswipe with Another Vehicle	1	10.0	666.51	83.49	750.00	4.6
Contact with Electric Current	1	10.0	328.24	0.00	328.24	2.0
Animal Or Insect	1	10.0	320.00	0.00	320.00	1.9
Strike Against/Step on Stationary Object	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Hillsville (209)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 7,509.31**	**$ 8,613.82**	**$ 16,123.13**	
*****BODY PART***						
Lower Leg	2					
Abdomen including Groin	1					
Lower Arm	1					
Shoulder	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					
Hand	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Multiple Body Parts	1					
	10					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Strain	8
Laceration	2
Fracture	1
Puncture	2
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	50.0	1,350.43	0.00	1,350.43	59.6
8AM-9:59AM	2	25.0	72.36	750.00	822.36	36.3
12AM-1:59AM	1	12.5	90.00	0.00	90.00	3.9
12PM-1:59PM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,512.79**	**$ 750.00**	**$ 2,262.79**	
LENGTH OF SERVICE						
4-6	2	25.0	1,187.00	0.00	1,187.00	52.4
22-24	1	12.5	0.00	750.00	750.00	33.1
24-26	1	12.5	90.00	0.00	90.00	3.9
10-12	1	12.5	87.00	0.00	87.00	3.8
0-2	1	12.5	76.43	0.00	76.43	3.3
6-8	2	25.0	72.36	0.00	72.36	3.2
	8		**$ 1,512.79**	**$ 750.00**	**$ 2,262.79**	
AGE OF CLAIMANT						
45-49	2	25.0	1,277.00	0.00	1,277.00	56.4
50-54	1	12.5	0.00	750.00	750.00	33.1
40-44	2	25.0	159.36	0.00	159.36	7.0
55-59	1	12.5	76.43	0.00	76.43	3.3
30-34	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 1,512.79**	**$ 750.00**	**$ 2,262.79**	
SEX OF CLAIMANT						
Male	8	100.0	1,512.79	750.00	2,262.79	100.0
	8		**$ 1,512.79**	**$ 750.00**	**$ 2,262.79**	
LOSS CAUSE						
Brush / tree / log	4	50.0	1,335.79	0.00	1,335.79	59.0
Furniture / fixtures	1	12.5	0.00	750.00	750.00	33.1
Roller	1	12.5	90.00	0.00	90.00	3.9
Walking surface, outside, dry	1	12.5	87.00	0.00	87.00	3.8
Chemicals, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,512.79**	**$ 750.00**	**$ 2,262.79**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	12.5	1,187.00	0.00	1,187.00	52.4
Lifting (strain or Injury by)	1	12.5	0.00	750.00	750.00	33.1
Exposure to Poisonous Agent / Plant	3	37.5	148.79	0.00	148.79	6.5
Struck/Injured by Object Being Lifted/Handled	1	12.5	90.00	0.00	90.00	3.9
Fall or Slip (On Same Level)	1	12.5	87.00	0.00	87.00	3.8
Absorb, Ingest, Inhalation	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,512.79**	**$ 750.00**	**$ 2,262.79**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hip	1					
Facial, Other Soft Tissue	3					
Lower Arm	3					
Lower Leg	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Mouth	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hand	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	2
Strain	1
Dermatitis	6
Laceration	2
Burn	1
	8

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Martinsville (212)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	1,329.57	0.00	1,329.57	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,329.57**	**$ 0.00**	**$ 1,329.57**	
LENGTH OF SERVICE						
4-6	1	50.0	1,329.57	0.00	1,329.57	100.0
18-20	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,329.57**	**$ 0.00**	**$ 1,329.57**	
AGE OF CLAIMANT						
20-24	1	50.0	1,329.57	0.00	1,329.57	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,329.57**	**$ 0.00**	**$ 1,329.57**	
SEX OF CLAIMANT						
Male	1	50.0	1,329.57	0.00	1,329.57	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,329.57**	**$ 0.00**	**$ 1,329.57**	
LOSS CAUSE						
Vehicle/car/truck	2	100.0	1,329.57	0.00	1,329.57	100.0
	2		**$ 1,329.57**	**$ 0.00**	**$ 1,329.57**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	1,329.57	0.00	1,329.57	100.0
Collision/sideswipe with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,329.57**	**$ 0.00**	**$ 1,329.57**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
Strain	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Rocky Mount (213)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	33.3	729.52	25,067.48	25,797.00	56.1
8AM-9:59AM	1	11.1	6,023.14	4,726.86	10,750.00	23.3
12PM-1:59PM	4	44.4	854.75	8,500.00	9,354.75	20.3
6AM-7:59AM	1	11.1	65.00	0.00	65.00	0.1
	9		***$ 7,672.41***	***$ 38,294.34***	***$ 45,966.75***	
LENGTH OF SERVICE						
24-26	1	11.1	682.52	25,067.48	25,750.00	56.0
4-6	2	22.2	6,070.14	4,726.86	10,797.00	23.4
6-8	2	22.2	65.00	8,500.00	8,565.00	18.6
0-2	1	11.1	725.51	0.00	725.51	1.5
8-10	1	11.1	129.24	0.00	129.24	0.2
16-18	1	11.1	0.00	0.00	0.00	0.0
2-4	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 7,672.41***	***$ 38,294.34***	***$ 45,966.75***	
AGE OF CLAIMANT						
60-64	1	11.1	682.52	25,067.48	25,750.00	56.0
40-44	1	11.1	6,023.14	4,726.86	10,750.00	23.3
35-39	2	22.2	0.00	8,500.00	8,500.00	18.4
55-59	1	11.1	725.51	0.00	725.51	1.5
25-29	4	44.4	241.24	0.00	241.24	0.5
	9		***$ 7,672.41***	***$ 38,294.34***	***$ 45,966.75***	
SEX OF CLAIMANT						
Male	8	88.8	7,672.41	29,794.34	37,466.75	81.5
Female	1	11.1	0.00	8,500.00	8,500.00	18.4
	9		***$ 7,672.41***	***$ 38,294.34***	***$ 45,966.75***	
LOSS CAUSE						
Metal items	3	33.3	747.52	33,567.48	34,315.00	74.6
Vehicle/car/truck	3	33.3	6,070.14	4,726.86	10,797.00	23.4
Ladder - Fixed	1	11.1	725.51	0.00	725.51	1.5
Animal / bee type	1	11.1	129.24	0.00	129.24	0.2
Door	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 7,672.41***	***$ 38,294.34***	***$ 45,966.75***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	11.1	682.52	25,067.48	25,750.00	56.0
Collision/sideswipe with Another Vehicle	1	11.1	6,023.14	4,726.86	10,750.00	23.3
Struck/Injured by Falling or Flying Object	1	11.1	0.00	8,500.00	8,500.00	18.4
Fall or Slip (From Ladder/Scaffolding)	2	22.2	772.51	0.00	772.51	1.6
Animal Or Insect	1	11.1	129.24	0.00	129.24	0.2
Strike Against/Step on Stationary Object	1	11.1	65.00	0.00	65.00	0.1
Contact With Hot Object or Substances	1	11.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Rocky Mount (213)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 7,672.41**	**$ 38,294.34**	**$ 45,966.75**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					
Lower Arm	4					
Skull	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Finger(s)	2					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	2					
Puncture	5					
Burn	2					
Laceration	1					
Contusion	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:15

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	6	26.0	10,296.85	13,040.70	23,337.55	47.1
12PM-1:59PM	4	17.3	13,765.15	1,750.00	15,515.15	31.3
8AM-9:59AM	6	26.0	2,258.13	6,837.56	9,095.69	18.3
2AM-3:59AM	3	13.0	579.02	170.98	750.00	1.5
12AM-1:59AM	2	8.6	682.73	0.00	682.73	1.3
2PM-3:59PM	1	4.3	114.76	0.00	114.76	0.2
6AM-7:59AM	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 27,696.64**	**$ 21,799.24**	**$ 49,495.88**	
LENGTH OF SERVICE						
22-24	2	8.6	14,344.17	170.98	14,515.15	29.3
16-18	2	8.6	6,640.38	4,109.62	10,750.00	21.7
6-8	2	8.6	1,662.44	6,837.56	8,500.00	17.1
0-2	3	13.0	466.58	6,750.00	7,216.58	14.5
26-28	2	8.6	3,124.52	1,625.48	4,750.00	9.6
30-32	1	4.3	0.00	1,750.00	1,750.00	3.5
24-26	2	8.6	434.54	555.60	990.14	2.0
28-30	1	4.3	682.73	0.00	682.73	1.3
2-4	3	13.0	136.77	0.00	136.77	0.2
14-16	1	4.3	107.10	0.00	107.10	0.2
8-10	2	8.6	97.41	0.00	97.41	0.2
10-12	2	8.6	0.00	0.00	0.00	0.0
	23		**$ 27,696.64**	**$ 21,799.24**	**$ 49,495.88**	
AGE OF CLAIMANT						
60-64	1	4.3	13,765.15	0.00	13,765.15	27.8
35-39	4	17.3	6,755.14	4,109.62	10,864.76	21.9
45-49	4	17.3	1,013.56	7,476.58	8,490.14	17.1
30-34	5	21.7	1,240.51	5,998.08	7,238.59	14.6
50-54	4	17.3	3,807.25	3,375.48	7,182.73	14.5
25-29	3	13.0	1,007.93	839.48	1,847.41	3.7
40-44	2	8.6	107.10	0.00	107.10	0.2
	23		**$ 27,696.64**	**$ 21,799.24**	**$ 49,495.88**	
SEX OF CLAIMANT						
Male	22	95.6	27,559.87	21,799.24	49,359.11	99.7
Female	1	4.3	136.77	0.00	136.77	0.2
	23		**$ 27,696.64**	**$ 21,799.24**	**$ 49,495.88**	
LOSS CAUSE						
Machine, not otherwise classified	2	8.6	9,764.90	5,735.10	15,500.00	31.3
Vehicle/car/truck	3	13.0	13,959.55	555.60	14,515.15	29.3
Walking surface, outside, dry	3	13.0	1,017.62	7,589.48	8,607.10	17.3
Nail	1	4.3	751.92	5,998.08	6,750.00	13.6
Sharp objects, not otherwise classified	1	4.3	0.00	1,750.00	1,750.00	3.5
Stairs, steps	1	4.3	579.02	170.98	750.00	1.5
Animal / bee type	1	4.3	682.73	0.00	682.73	1.3
Animal, not otherwise classified	1	4.3	351.82	0.00	351.82	0.7
Animal / insect, not otherwise classified	1	4.3	240.14	0.00	240.14	0.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Infectious agent	3	13.0	234.18	0.00	234.18	0.4
Brush / tree / log	2	8.6	114.76	0.00	114.76	0.2
Environmental conditions	1	4.3	0.00	0.00	0.00	0.0
Cords	1	4.3	0.00	0.00	0.00	0.0
Miscellaneous	2	8.6	0.00	0.00	0.00	0.0
	23		**$ 27,696.64**	**$ 21,799.24**	**$ 49,495.88**	

ACCIDENT TYPE

Slipped, Did Not Fall	1	4.3	13,765.15	0.00	13,765.15	27.8
Twisting, strain or injury by	5	21.7	3,703.54	8,546.46	12,250.00	24.7
Strike Against/Step on Stationary Object	1	4.3	6,640.38	4,109.62	10,750.00	21.7
Object being lifted/handled (cut,punc.scrape,inj b	1	4.3	751.92	5,998.08	6,750.00	13.6
Fall or Slip (On Same Level)	3	13.0	1,017.62	839.48	1,857.10	3.7
Object Handled (caught in or between)	1	4.3	0.00	1,750.00	1,750.00	3.5
Animal Or Insect	2	8.6	922.87	0.00	922.87	1.8
Struck/Injured by Motor Vehicle	1	4.3	194.40	555.60	750.00	1.5
Lifting (strain or Injury by)	1	4.3	351.82	0.00	351.82	0.7
Exposure to Poisonous Agent / Plant	5	21.7	348.94	0.00	348.94	0.7
Absorb, Ingest, Inhalation	1	4.3	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 27,696.64**	**$ 21,799.24**	**$ 49,495.88**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Elbow	1
Foot	1
Wrist	1
Ankle	2
Finger(s)	2
Lower Arm	5
Knee	1
Lower Leg	1
Whole Body	2
Buttocks	2
Facial, Other Soft Tissue	3
Hand	1
Shoulder	1
Soft Tissue - Neck	2
	23

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	10
Puncture	4
Fracture	1
Contusion	3
Laceration	1
Sprain	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Dermatitis	8					
Heat Prostration	1					
Burn	1					
	23					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -bedford (216)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	911.94	710.93	1,622.87	50.6
10AM-11:59AM	2	33.3	1,370.38	0.00	1,370.38	42.7
2AM-3:59AM	1	16.6	210.54	0.00	210.54	6.5
4AM-5:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,492.86**	**$ 710.93**	**$ 3,203.79**	
LENGTH OF SERVICE						
4-6	3	50.0	1,580.92	0.00	1,580.92	49.3
10-12	1	16.6	872.87	0.00	872.87	27.2
0-2	1	16.6	39.07	710.93	750.00	23.4
2-4	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,492.86**	**$ 710.93**	**$ 3,203.79**	
AGE OF CLAIMANT						
30-34	1	16.6	1,370.38	0.00	1,370.38	42.7
50-54	1	16.6	872.87	0.00	872.87	27.2
35-39	1	16.6	39.07	710.93	750.00	23.4
25-29	1	16.6	210.54	0.00	210.54	6.5
20-24	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 2,492.86**	**$ 710.93**	**$ 3,203.79**	
SEX OF CLAIMANT						
Male	4	66.6	911.94	710.93	1,622.87	50.6
Female	2	33.3	1,580.92	0.00	1,580.92	49.3
	6		**$ 2,492.86**	**$ 710.93**	**$ 3,203.79**	
LOSS CAUSE						
Metal items	2	33.3	911.94	710.93	1,622.87	50.6
Vehicle/car/truck	1	16.6	1,370.38	0.00	1,370.38	42.7
Sharp objects, not otherwise classified	1	16.6	210.54	0.00	210.54	6.5
Animal, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,492.86**	**$ 710.93**	**$ 3,203.79**	
ACCIDENT TYPE						
Twisting, strain or injury by	2	33.3	1,370.38	0.00	1,370.38	42.7
Struck/Injured by Object Being Lifted/Handled	1	16.6	872.87	0.00	872.87	27.2
Radiation	1	16.6	39.07	710.93	750.00	23.4
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	210.54	0.00	210.54	6.5
Lifting (strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,492.86**	**$ 710.93**	**$ 3,203.79**	
****BODY PART**						
Knee	2					
Eye(s)	1					
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -bedford (216)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	3
Contusion	1
Burn	1
Laceration	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	10.0	13,994.07	129,384.25	143,378.32	98.2
10AM-11:59AM	2	20.0	0.00	1,500.00	1,500.00	1.0
8AM-9:59AM	1	10.0	0.00	750.00	750.00	0.5
12PM-1:59PM	3	30.0	283.68	0.00	283.68	0.1
4PM-5:59PM	1	10.0	0.00	0.00	0.00	0.0
6AM-7:59AM	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 14,277.75**	**$ 131,634.25**	**$ 145,912.00**	
LENGTH OF SERVICE						
18-20	1	10.0	13,994.07	129,384.25	143,378.32	98.2
14-16	2	20.0	0.00	1,500.00	1,500.00	1.0
4-6	1	10.0	0.00	750.00	750.00	0.5
12-14	2	20.0	283.68	0.00	283.68	0.1
10-12	1	10.0	0.00	0.00	0.00	0.0
16-18	1	10.0	0.00	0.00	0.00	0.0
38-40	1	10.0	0.00	0.00	0.00	0.0
6-8	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 14,277.75**	**$ 131,634.25**	**$ 145,912.00**	
AGE OF CLAIMANT						
70-74	1	10.0	13,994.07	129,384.25	143,378.32	98.2
40-44	2	20.0	0.00	1,500.00	1,500.00	1.0
55-59	2	20.0	0.00	750.00	750.00	0.5
35-39	2	20.0	283.68	0.00	283.68	0.1
45-49	1	10.0	0.00	0.00	0.00	0.0
50-54	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 14,277.75**	**$ 131,634.25**	**$ 145,912.00**	
SEX OF CLAIMANT						
Male	9	90.0	14,277.75	131,634.25	145,912.00	100.0
Female	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 14,277.75**	**$ 131,634.25**	**$ 145,912.00**	
LOSS CAUSE						
Brush / tree / log	1	10.0	13,994.07	129,384.25	143,378.32	98.2
Office equipment	2	20.0	0.00	1,500.00	1,500.00	1.0
Metal items	2	20.0	0.00	750.00	750.00	0.5
Walking surface, outside, wet	1	10.0	247.41	0.00	247.41	0.1
Walking surface, inside, dry	1	10.0	36.27	0.00	36.27	0.0
Machine, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 14,277.75**	**$ 131,634.25**	**$ 145,912.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	10.0	13,994.07	129,384.25	143,378.32	98.2
Lifting (strain or Injury by)	3	30.0	0.00	750.00	750.00	0.5
Repetitive Motion	1	10.0	0.00	750.00	750.00	0.5
Struck/Injured by Falling or Flying Object	1	10.0	0.00	750.00	750.00	0.5
Slipped, Did Not Fall	1	10.0	247.41	0.00	247.41	0.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	2	20.0	36.27	0.00	36.27	0.0
Twisting, strain or injury by	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 14,277.75**	**$ 131,634.25**	**$ 145,912.00**	

**BODY PART

Whole Body	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	1
Hand	2
Lower Arm	1
Teeth	1
Upper Back Area (Thoracic Area)	1
Shoulder	1
Elbow	1
Knee	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Multiple Physical Injuries Only	1
Strain	11
Contusion	2
Dislocation	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chatham (317)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	22.2	4,224.88	15,379.88	19,604.76	63.6
12PM-1:59PM	2	22.2	1,177.49	7,673.49	8,850.98	28.7
10AM-11:59AM	2	22.2	420.19	1,750.00	2,170.19	7.0
8AM-9:59AM	2	22.2	175.00	0.00	175.00	0.5
2AM-3:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,997.56**	**$ 24,803.37**	**$ 30,800.93**	
LENGTH OF SERVICE						
2-4	2	22.2	107.00	12,643.00	12,750.00	41.3
24-26	2	22.2	1,177.49	7,673.49	8,850.98	28.7
16-18	1	11.1	4,117.88	2,736.88	6,854.76	22.2
22-24	1	11.1	0.00	1,750.00	1,750.00	5.6
6-8	1	11.1	420.19	0.00	420.19	1.3
4-6	2	22.2	175.00	0.00	175.00	0.5
	9		**$ 5,997.56**	**$ 24,803.37**	**$ 30,800.93**	
AGE OF CLAIMANT						
45-49	3	33.3	107.00	14,393.00	14,500.00	47.0
55-59	1	11.1	1,177.49	7,673.49	8,850.98	28.7
50-54	1	11.1	4,117.88	2,736.88	6,854.76	22.2
35-39	2	22.2	420.19	0.00	420.19	1.3
60-64	1	11.1	175.00	0.00	175.00	0.5
30-34	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,997.56**	**$ 24,803.37**	**$ 30,800.93**	
SEX OF CLAIMANT						
Male	9	100.0	5,997.56	24,803.37	30,800.93	100.0
	9		**$ 5,997.56**	**$ 24,803.37**	**$ 30,800.93**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	11.1	107.00	12,643.00	12,750.00	41.3
Tractor	1	11.1	1,177.49	7,673.49	8,850.98	28.7
Vehicle/car/truck	2	22.2	4,538.07	2,736.88	7,274.95	23.6
Environmental conditions	1	11.1	0.00	1,750.00	1,750.00	5.6
Metal items	2	22.2	175.00	0.00	175.00	0.5
Brush / tree / log	1	11.1	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,997.56**	**$ 24,803.37**	**$ 30,800.93**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	107.00	12,643.00	12,750.00	41.3
Fall or slip (on stairs)	1	11.1	1,177.49	7,673.49	8,850.98	28.7
Strike Against/Step on Stationary Object	2	22.2	4,117.88	2,736.88	6,854.76	22.2
Other (Not Otherwise Classified)	1	11.1	0.00	1,750.00	1,750.00	5.6
Contact With Hot Object or Substances	1	11.1	420.19	0.00	420.19	1.3
Struck/Injured by Falling or Flying Object	1	11.1	175.00	0.00	175.00	0.5
Lifting (strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chatham (317)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		$ 5,997.56	$ 24,803.37	$ 30,800.93	
****BODY PART**						
Finger(s)	2					
Hip	1					
Elbow	1					
Heart	1					
Lower Arm	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Laceration	3					
Strain	2					
Contusion	2					
Myocardial Infarction (Heart Attack)	1					
Burn	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:16

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	23.0	1,753.74	0.00	1,753.74	100.0
10AM-11:59AM	3	23.0	0.00	0.00	0.00	0.0
12PM-1:59PM	4	30.7	0.00	0.00	0.00	0.0
2PM-3:59PM	2	15.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,753.74**	**$ 0.00**	**$ 1,753.74**	
LENGTH OF SERVICE						
34-36	2	15.3	1,753.74	0.00	1,753.74	100.0
14-16	3	23.0	0.00	0.00	0.00	0.0
16-18	1	7.6	0.00	0.00	0.00	0.0
18-20	1	7.6	0.00	0.00	0.00	0.0
2-4	1	7.6	0.00	0.00	0.00	0.0
20-22	1	7.6	0.00	0.00	0.00	0.0
30-32	1	7.6	0.00	0.00	0.00	0.0
32-34	1	7.6	0.00	0.00	0.00	0.0
4-6	1	7.6	0.00	0.00	0.00	0.0
8-10	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,753.74**	**$ 0.00**	**$ 1,753.74**	
AGE OF CLAIMANT						
55-59	1	7.6	1,753.74	0.00	1,753.74	100.0
35-39	5	38.4	0.00	0.00	0.00	0.0
40-44	3	23.0	0.00	0.00	0.00	0.0
45-49	2	15.3	0.00	0.00	0.00	0.0
50-54	1	7.6	0.00	0.00	0.00	0.0
60-64	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,753.74**	**$ 0.00**	**$ 1,753.74**	
SEX OF CLAIMANT						
Male	13	100.0	1,753.74	0.00	1,753.74	100.0
	13		**$ 1,753.74**	**$ 0.00**	**$ 1,753.74**	
LOSS CAUSE						
Hand tool, powered, NOC	2	15.3	1,753.74	0.00	1,753.74	100.0
Brush / tree / log	2	15.3	0.00	0.00	0.00	0.0
Door	1	7.6	0.00	0.00	0.00	0.0
Hammer	1	7.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	3	23.0	0.00	0.00	0.00	0.0
Metal items	1	7.6	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	15.3	0.00	0.00	0.00	0.0
Wood Items	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,753.74**	**$ 0.00**	**$ 1,753.74**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	7.6	1,753.74	0.00	1,753.74	100.0
Exposure to Poisonous Agent / Plant	1	7.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	15.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	15.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	1	7.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	7.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	15.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	15.3	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,753.74**	**$ 0.00**	**$ 1,753.74**	

**BODY PART

Elbow	1
Knee	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	2
Facial, Other Soft Tissue	1
Finger(s)	2
Hand	1
Lower Arm	1
Nose	1
Shoulder	1
Thumb	1
Upper Arm (Inc: Clavicle and Scapula)	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Laceration	3
Strain	3
Contusion	6
Dermatitis	1
Foreign Body	2
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	826.57	9,923.43	10,750.00	100.0
2PM-3:59PM	2	40.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 826.57**	**$ 9,923.43**	**$ 10,750.00**	
LENGTH OF SERVICE						
0-2	1	20.0	826.57	9,923.43	10,750.00	100.0
10-12	1	20.0	0.00	0.00	0.00	0.0
2-4	2	40.0	0.00	0.00	0.00	0.0
4-6	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 826.57**	**$ 9,923.43**	**$ 10,750.00**	
AGE OF CLAIMANT						
35-39	3	60.0	826.57	9,923.43	10,750.00	100.0
25-29	1	20.0	0.00	0.00	0.00	0.0
40-44	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 826.57**	**$ 9,923.43**	**$ 10,750.00**	
SEX OF CLAIMANT						
Male	5	100.0	826.57	9,923.43	10,750.00	100.0
	5		**$ 826.57**	**$ 9,923.43**	**$ 10,750.00**	
LOSS CAUSE						
Brush / tree / log	1	20.0	826.57	9,923.43	10,750.00	100.0
Furniture / fixtures	1	20.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	20.0	0.00	0.00	0.00	0.0
Ladder - Fixed	1	20.0	0.00	0.00	0.00	0.0
Trailer Landing Gear	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 826.57**	**$ 9,923.43**	**$ 10,750.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	826.57	9,923.43	10,750.00	100.0
Lifting (strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	20.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 826.57**	**$ 9,923.43**	**$ 10,750.00**	
****BODY PART**						
Ear(s)	1					
Hand	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Rupture	1

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	1					
Laceration	1					
Strain	2					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	36.3	8,263.61	17,314.95	25,578.56	98.0
12PM-1:59PM	4	36.3	507.32	0.00	507.32	1.9
10AM-11:59AM	1	9.0	0.00	0.00	0.00	0.0
12AM-1:59AM	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 8,770.93**	**$ 17,314.95**	**$ 26,085.88**	
LENGTH OF SERVICE						
16-18	2	18.1	8,263.61	17,314.95	25,578.56	98.0
14-16	3	27.2	295.87	0.00	295.87	1.1
12-14	1	9.0	211.45	0.00	211.45	0.8
2-4	1	9.0	0.00	0.00	0.00	0.0
24-26	1	9.0	0.00	0.00	0.00	0.0
26-28	1	9.0	0.00	0.00	0.00	0.0
4-6	1	9.0	0.00	0.00	0.00	0.0
8-10	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 8,770.93**	**$ 17,314.95**	**$ 26,085.88**	
AGE OF CLAIMANT						
50-54	2	18.1	8,263.61	17,314.95	25,578.56	98.0
55-59	2	18.1	507.32	0.00	507.32	1.9
30-34	1	9.0	0.00	0.00	0.00	0.0
40-44	3	27.2	0.00	0.00	0.00	0.0
45-49	3	27.2	0.00	0.00	0.00	0.0
	11		**$ 8,770.93**	**$ 17,314.95**	**$ 26,085.88**	
SEX OF CLAIMANT						
Male	9	81.8	8,475.06	17,314.95	25,790.01	98.8
Female	2	18.1	295.87	0.00	295.87	1.1
	11		**$ 8,770.93**	**$ 17,314.95**	**$ 26,085.88**	
LOSS CAUSE						
Brush / tree / log	5	45.4	8,263.61	17,314.95	25,578.56	98.0
Walking surface, outside, dry	2	18.1	295.87	0.00	295.87	1.1
Knife, NOC	1	9.0	211.45	0.00	211.45	0.8
Hand tool, powered, NOC	1	9.0	0.00	0.00	0.00	0.0
Stairs, steps	1	9.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 8,770.93**	**$ 17,314.95**	**$ 26,085.88**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	18.1	8,263.61	17,314.95	25,578.56	98.0
Twisting, strain or injury by	2	18.1	295.87	0.00	295.87	1.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	211.45	0.00	211.45	0.8
Exposure to Poisonous Agent / Plant	2	18.1	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	9.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	9.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 8,770.93**	**$ 17,314.95**	**$ 26,085.88**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Knee	1					
Finger(s)	1					
Ankle	1					
Lower Arm	1					
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Whole Body	1					
Wrist	2					
	11					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	6					
Laceration	1					
Contusion	3					
Dermatitis	2					
	11					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amherst (322)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	98.33	750.00	848.33	53.0
8AM-9:59AM	1	16.6	0.00	750.00	750.00	46.9
12PM-1:59PM	3	50.0	0.00	0.00	0.00	0.0
	6		**$ 98.33**	**$ 1,500.00**	**$ 1,598.33**	
LENGTH OF SERVICE						
18-20	2	33.3	0.00	750.00	750.00	46.9
6-8	1	16.6	0.00	750.00	750.00	46.9
26-28	1	16.6	98.33	0.00	98.33	6.1
16-18	1	16.6	0.00	0.00	0.00	0.0
20-22	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 98.33**	**$ 1,500.00**	**$ 1,598.33**	
AGE OF CLAIMANT						
25-29	1	16.6	0.00	750.00	750.00	46.9
40-44	3	50.0	0.00	750.00	750.00	46.9
50-54	1	16.6	98.33	0.00	98.33	6.1
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 98.33**	**$ 1,500.00**	**$ 1,598.33**	
SEX OF CLAIMANT						
Male	6	100.0	98.33	1,500.00	1,598.33	100.0
	6		**$ 98.33**	**$ 1,500.00**	**$ 1,598.33**	
LOSS CAUSE						
Hand tool, powered, NOC	1	16.6	0.00	750.00	750.00	46.9
Vehicle/car/truck	1	16.6	0.00	750.00	750.00	46.9
Brush / tree / log	1	16.6	98.33	0.00	98.33	6.1
Fencing	1	16.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	16.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 98.33**	**$ 1,500.00**	**$ 1,598.33**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	33.3	0.00	750.00	750.00	46.9
Repetitive Motion	1	16.6	0.00	750.00	750.00	46.9
Exposure to Poisonous Agent / Plant	1	16.6	98.33	0.00	98.33	6.1
Object Handled (caught in or between)	1	16.6	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 98.33**	**$ 1,500.00**	**$ 1,598.33**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Hand	1					
Lower Arm	1					
Finger(s)	1					
Knee	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amherst (322)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	5
Dermatitis	2
Contusion	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Richmond (402)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	25.0	10,823.84	11,451.64	22,275.48	93.0
10AM-11:59AM	1	8.3	72.12	677.88	750.00	3.1
2PM-3:59PM	3	25.0	635.61	0.00	635.61	2.6
2AM-3:59AM	1	8.3	272.84	0.00	272.84	1.1
12PM-1:59PM	1	8.3	0.00	0.00	0.00	0.0
4AM-5:59AM	1	8.3	0.00	0.00	0.00	0.0
4PM-5:59PM	1	8.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 11,804.41**	**$ 12,129.52**	**$ 23,933.93**	
LENGTH OF SERVICE						
2-4	5	41.6	11,156.00	11,379.52	22,535.52	94.1
30-32	2	16.6	0.00	750.00	750.00	3.1
4-6	2	16.6	648.41	0.00	648.41	2.7
0-2	2	16.6	0.00	0.00	0.00	0.0
24-26	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 11,804.41**	**$ 12,129.52**	**$ 23,933.93**	
AGE OF CLAIMANT						
40-44	2	16.6	10,823.84	10,701.64	21,525.48	89.9
45-49	2	16.6	72.12	677.88	750.00	3.1
50-54	3	25.0	0.00	750.00	750.00	3.1
30-34	3	25.0	635.61	0.00	635.61	2.6
35-39	1	8.3	272.84	0.00	272.84	1.1
65-69	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 11,804.41**	**$ 12,129.52**	**$ 23,933.93**	
SEX OF CLAIMANT						
Male	8	66.6	11,732.29	11,451.64	23,183.93	96.8
Female	4	33.3	72.12	677.88	750.00	3.1
	12		**$ 11,804.41**	**$ 12,129.52**	**$ 23,933.93**	
LOSS CAUSE						
Pipe	1	8.3	10,823.84	10,701.64	21,525.48	89.9
Walking surface, outside, dry	3	25.0	720.53	677.88	1,398.41	5.8
Paper / Pulp	1	8.3	0.00	750.00	750.00	3.1
Miscellaneous	1	8.3	260.04	0.00	260.04	1.0
Animal / bee type	1	8.3	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	3	25.0	0.00	0.00	0.00	0.0
Brush / tree / log	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 11,804.41**	**$ 12,129.52**	**$ 23,933.93**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	8.3	10,823.84	10,701.64	21,525.48	89.9
Twisting, strain or injury by	2	16.6	72.12	1,427.88	1,500.00	6.2
Fall or Slip (On Same Level)	2	16.6	375.57	0.00	375.57	1.5
Slipped, Did Not Fall	1	8.3	272.84	0.00	272.84	1.1
Struck/Injured by Object Being Lifted/Handled	1	8.3	260.04	0.00	260.04	1.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Richmond (402)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal Or Insect	5	41.6	0.00	0.00	0.00	0.0
	12		**$ 11,804.41**	**$ 12,129.52**	**$ 23,933.93**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	3
Wrist	1
Ankle	1
Eye(s)	1
Facial, Other Soft Tissue	1
Hip	1
Lower Leg	1
Soft Tissue - Neck	1
Whole Body	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	4
Fracture	1
Contusion	2
Puncture	6
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot South Hill (423)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	40.0	15,422.32	4,735.88	20,158.20	65.0
Unknown	1	10.0	0.00	10,750.00	10,750.00	34.6
2PM-3:59PM	1	10.0	95.34	0.00	95.34	0.3
8AM-9:59AM	4	40.0	0.00	0.00	0.00	0.0
	10		**$ 15,517.66**	**$ 15,485.88**	**$ 31,003.54**	
LENGTH OF SERVICE						
14-16	2	20.0	15,014.12	4,735.88	19,750.00	63.7
16-18	2	20.0	95.34	10,750.00	10,845.34	34.9
40-42	1	10.0	252.45	0.00	252.45	0.8
4-6	2	20.0	155.75	0.00	155.75	0.5
10-12	1	10.0	0.00	0.00	0.00	0.0
28-30	1	10.0	0.00	0.00	0.00	0.0
8-10	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,517.66**	**$ 15,485.88**	**$ 31,003.54**	
AGE OF CLAIMANT						
55-59	3	30.0	15,109.46	4,735.88	19,845.34	64.0
65-69	2	20.0	0.00	10,750.00	10,750.00	34.6
60-64	1	10.0	252.45	0.00	252.45	0.8
20-24	1	10.0	155.75	0.00	155.75	0.5
40-44	1	10.0	0.00	0.00	0.00	0.0
45-49	1	10.0	0.00	0.00	0.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,517.66**	**$ 15,485.88**	**$ 31,003.54**	
SEX OF CLAIMANT						
Male	10	100.0	15,517.66	15,485.88	31,003.54	100.0
	10		**$ 15,517.66**	**$ 15,485.88**	**$ 31,003.54**	
LOSS CAUSE						
Fencing	1	10.0	15,014.12	4,735.88	19,750.00	63.7
Ladder - Fixed	1	10.0	0.00	10,750.00	10,750.00	34.6
Furniture / fixtures	1	10.0	252.45	0.00	252.45	0.8
Walking surface, outside, wet	1	10.0	155.75	0.00	155.75	0.5
Metal items	3	30.0	95.34	0.00	95.34	0.3
Pike pole 6’	1	10.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Stairs, steps	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,517.66**	**$ 15,485.88**	**$ 31,003.54**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	10.0	15,014.12	4,735.88	19,750.00	63.7
Fall or slip (on ice or snow)	1	10.0	0.00	10,750.00	10,750.00	34.6
Pushing Or Pulling (Strain or Injury by)	1	10.0	252.45	0.00	252.45	0.8
Fall or Slip (From Different Level)	1	10.0	155.75	0.00	155.75	0.5
Object being lifted/handled (cut,punc.scrape,inj b	2	20.0	95.34	0.00	95.34	0.3
Lifting (strain or Injury by)	1	10.0	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot South Hill (423)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Being Lifted/Handled	1	10.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,517.66**	**$ 15,485.88**	**$ 31,003.54**	

**BODY PART

Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Multiple Head Injury	1
Lower Arm	1
Finger(s)	1
Hand	2
Upper Leg	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	6
Laceration	3
Burn	1
Puncture	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amelia (424)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	37.5	0.00	750.00	750.00	74.7
2PM-3:59PM	2	25.0	158.20	0.00	158.20	15.7
10AM-11:59AM	3	37.5	95.00	0.00	95.00	9.4
	8		**$ 253.20**	**$ 750.00**	**$ 1,003.20**	
LENGTH OF SERVICE						
6-8	3	37.5	158.20	750.00	908.20	90.5
10-12	1	12.5	95.00	0.00	95.00	9.4
0-2	1	12.5	0.00	0.00	0.00	0.0
12-14	1	12.5	0.00	0.00	0.00	0.0
14-16	1	12.5	0.00	0.00	0.00	0.0
38-40	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 253.20**	**$ 750.00**	**$ 1,003.20**	
AGE OF CLAIMANT						
30-34	2	25.0	0.00	750.00	750.00	74.7
35-39	2	25.0	158.20	0.00	158.20	15.7
50-54	1	12.5	95.00	0.00	95.00	9.4
15-19	1	12.5	0.00	0.00	0.00	0.0
20-24	1	12.5	0.00	0.00	0.00	0.0
55-59	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 253.20**	**$ 750.00**	**$ 1,003.20**	
SEX OF CLAIMANT						
Female	1	12.5	0.00	750.00	750.00	74.7
Male	7	87.5	253.20	0.00	253.20	25.2
	8		**$ 253.20**	**$ 750.00**	**$ 1,003.20**	
LOSS CAUSE						
Walking surface, outside, wet	1	12.5	0.00	750.00	750.00	74.7
Sledge hammer	1	12.5	158.20	0.00	158.20	15.7
Minerals / dirt	1	12.5	95.00	0.00	95.00	9.4
Animal / tick, spider, etc.	1	12.5	0.00	0.00	0.00	0.0
Boxes / containers	1	12.5	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	12.5	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	12.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 253.20**	**$ 750.00**	**$ 1,003.20**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	12.5	0.00	750.00	750.00	74.7
Object being lifted/handled (cut,punc.scrape,inj b	2	25.0	158.20	0.00	158.20	15.7
Foreign Body In Eye	2	25.0	95.00	0.00	95.00	9.4
Animal Or Insect	1	12.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	12.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amelia (424)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 253.20**	**$ 750.00**	**$ 1,003.20**	
*****BODY PART***						
Foot	1					
Finger(s)	2					
Eye(s)	2					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	3					
Laceration	2					
Inflamation	1					
Foreign Body	1					
Puncture	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Petersburg (425)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	33.3	0.00	750.00	750.00	56.9
2PM-3:59PM	1	11.1	242.00	0.00	242.00	18.3
8AM-9:59AM	2	22.2	185.03	0.00	185.03	14.0
10AM-11:59AM	3	33.3	138.93	0.00	138.93	10.5
	9		**$ 565.96**	**$ 750.00**	**$ 1,315.96**	
LENGTH OF SERVICE						
28-30	1	11.1	0.00	750.00	750.00	56.9
10-12	1	11.1	242.00	0.00	242.00	18.3
8-10	1	11.1	185.03	0.00	185.03	14.0
0-2	2	22.2	138.93	0.00	138.93	10.5
2-4	2	22.2	0.00	0.00	0.00	0.0
22-24	1	11.1	0.00	0.00	0.00	0.0
26-28	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 565.96**	**$ 750.00**	**$ 1,315.96**	
AGE OF CLAIMANT						
55-59	2	22.2	185.03	750.00	935.03	71.0
40-44	1	11.1	242.00	0.00	242.00	18.3
45-49	1	11.1	138.93	0.00	138.93	10.5
30-34	2	22.2	0.00	0.00	0.00	0.0
50-54	2	22.2	0.00	0.00	0.00	0.0
25-29	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 565.96**	**$ 750.00**	**$ 1,315.96**	
SEX OF CLAIMANT						
Male	9	100.0	565.96	750.00	1,315.96	100.0
	9		**$ 565.96**	**$ 750.00**	**$ 1,315.96**	
LOSS CAUSE						
Walking surface, outside, dry	1	11.1	0.00	750.00	750.00	56.9
Glass bottle / sheet	1	11.1	242.00	0.00	242.00	18.3
Animal / bee type	2	22.2	185.03	0.00	185.03	14.0
Infectious agent	1	11.1	138.93	0.00	138.93	10.5
Brush / tree / log	1	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	11.1	0.00	0.00	0.00	0.0
Wrench	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 565.96**	**$ 750.00**	**$ 1,315.96**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	11.1	0.00	750.00	750.00	56.9
Object being lifted/handled (cut,punc.scrape,inj b	2	22.2	242.00	0.00	242.00	18.3
Animal Or Insect	2	22.2	185.03	0.00	185.03	14.0
Exposure to Poisonous Agent / Plant	2	22.2	138.93	0.00	138.93	10.5
Twisting, strain or injury by	1	11.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Petersburg (425)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		$ 565.96	$ 750.00	$ 1,315.96	
****BODY PART**						
Shoulder	2					
Facial, Other Soft Tissue	2					
Upper Leg	1					
Hand	3					
Lower Arm	3					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Elbow	1					
Wrist	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	3					
Dermatitis	4					
Laceration	3					
Puncture	3					
Contusion	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:17

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chesterfield (426)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	30.0	456.34	0.00	456.34	33.8
2PM-3:59PM	1	10.0	335.22	0.00	335.22	24.8
4PM-5:59PM	1	10.0	306.99	0.00	306.99	22.7
12PM-1:59PM	3	30.0	251.10	0.00	251.10	18.6
10AM-11:59AM	1	10.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,349.65**	**$ 0.00**	**$ 1,349.65**	
LENGTH OF SERVICE						
14-16	3	30.0	558.09	0.00	558.09	41.3
10-12	1	10.0	335.22	0.00	335.22	24.8
16-18	2	20.0	246.64	0.00	246.64	18.2
0-2	1	10.0	209.70	0.00	209.70	15.5
18-20	2	20.0	0.00	0.00	0.00	0.0
4-6	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,349.65**	**$ 0.00**	**$ 1,349.65**	
AGE OF CLAIMANT						
40-44	3	30.0	581.86	0.00	581.86	43.1
55-59	1	10.0	306.99	0.00	306.99	22.7
60-64	2	20.0	251.10	0.00	251.10	18.6
35-39	1	10.0	209.70	0.00	209.70	15.5
45-49	1	10.0	0.00	0.00	0.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
65-69	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,349.65**	**$ 0.00**	**$ 1,349.65**	
SEX OF CLAIMANT						
Male	9	90.0	1,349.65	0.00	1,349.65	100.0
Female	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,349.65**	**$ 0.00**	**$ 1,349.65**	
LOSS CAUSE						
Hot/Cold Object, Liquid, Substance	1	10.0	335.22	0.00	335.22	24.8
Walking surface, outside, dry	1	10.0	306.99	0.00	306.99	22.7
Wood Items	1	10.0	251.10	0.00	251.10	18.6
Vehicle, not otherwise classified	1	10.0	246.64	0.00	246.64	18.2
Mowers	1	10.0	209.70	0.00	209.70	15.5
Vehicle/car/truck	2	20.0	0.00	0.00	0.00	0.0
Jack Stands	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	10.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,349.65**	**$ 0.00**	**$ 1,349.65**	
ACCIDENT TYPE						
Foreign Body In Eye	1	10.0	335.22	0.00	335.22	24.8
Fall or Slip (On Same Level)	1	10.0	306.99	0.00	306.99	22.7
Struck/Injured by Object Being Lifted/Handled	1	10.0	251.10	0.00	251.10	18.6
Vehicle Upset	2	20.0	246.64	0.00	246.64	18.2

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Industrial Claims for Plan Year 2003

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FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chesterfield (426)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contact With Hot Object or Substances	1	10.0	209.70	0.00	209.70	15.5
Fall or Slip (From Liquid/Grease spills)	1	10.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	10.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	10.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,349.65**	**$ 0.00**	**$ 1,349.65**	

**BODY PART

Soft Tissue - Neck	3
Eye(s)	1
Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Ear(s)	1
Hand	2
Hip	1
Shoulder	1
Wrist	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	5
Burn	2
Laceration	1
Sprain	2
Contusion	3
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	13.3	5,829.11	28,920.89	34,750.00	51.3
10AM-11:59AM	7	46.6	19,068.10	3,622.73	22,690.83	33.5
2AM-3:59AM	1	6.6	0.00	9,750.00	9,750.00	14.4
12PM-1:59PM	3	20.0	449.09	0.00	449.09	0.6
4PM-5:59PM	2	13.3	0.00	0.00	0.00	0.0
	15		**$ 25,346.30**	**$ 42,293.62**	**$ 67,639.92**	
LENGTH OF SERVICE						
6-8	1	6.6	5,829.11	28,920.89	34,750.00	51.3
8-10	3	20.0	16,942.52	9,750.00	26,692.52	39.4
4-6	4	26.6	364.51	1,639.64	2,004.15	2.9
20-22	2	13.3	612.70	1,233.09	1,845.79	2.7
22-24	1	6.6	1,353.31	0.00	1,353.31	2.0
0-2	2	13.3	0.00	750.00	750.00	1.1
26-28	1	6.6	145.00	0.00	145.00	0.2
10-12	1	6.6	99.15	0.00	99.15	0.1
	15		**$ 25,346.30**	**$ 42,293.62**	**$ 67,639.92**	
AGE OF CLAIMANT						
40-44	4	26.6	7,278.21	28,920.89	36,199.10	53.5
30-34	5	33.3	209.51	12,139.64	12,349.15	18.2
25-29	1	6.6	10,034.92	0.00	10,034.92	14.8
50-54	1	6.6	6,907.60	0.00	6,907.60	10.2
35-39	2	13.3	516.91	1,233.09	1,750.00	2.5
60-64	1	6.6	254.15	0.00	254.15	0.3
55-59	1	6.6	145.00	0.00	145.00	0.2
	15		**$ 25,346.30**	**$ 42,293.62**	**$ 67,639.92**	
SEX OF CLAIMANT						
Female	2	13.3	5,924.90	28,920.89	34,845.79	51.5
Male	13	86.6	19,421.40	13,372.73	32,794.13	48.4
	15		**$ 25,346.30**	**$ 42,293.62**	**$ 67,639.92**	
LOSS CAUSE						
Walking surface, outside, dry	2	13.3	7,182.42	28,920.89	36,103.31	53.3
Vehicle/car/truck	4	26.6	612.70	10,983.09	11,595.79	17.1
Hand tool, powered, NOC	1	6.6	10,034.92	0.00	10,034.92	14.8
Stone / rock / brick	1	6.6	6,907.60	0.00	6,907.60	10.2
Pipe	1	6.6	110.36	1,639.64	1,750.00	2.5
Wood Items	2	13.3	145.00	750.00	895.00	1.3
Chair	1	6.6	254.15	0.00	254.15	0.3
Metal items	1	6.6	99.15	0.00	99.15	0.1
Brush / tree / log	1	6.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 25,346.30**	**$ 42,293.62**	**$ 67,639.92**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	4	26.6	6,179.05	28,920.89	35,099.94	51.8
Object being lifted/handled (cut,punc.scrape,inj b	1	6.6	10,034.92	0.00	10,034.92	14.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Collision/sideswipe with Another Vehicle	1	6.6	0.00	9,750.00	9,750.00	14.4
Object Handled (caught in or between)	1	6.6	6,907.60	0.00	6,907.60	10.2
Twisting, strain or injury by	3	20.0	1,980.58	2,872.73	4,853.31	7.1
Lifting (strain or Injury by)	4	26.6	244.15	750.00	994.15	1.4
Strike Against/Step on Stationary Object	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 25,346.30**	**$ 42,293.62**	**$ 67,639.92**	

**BODY PART

Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Wrist	2
Ankle	2
Hip	1
Lower Leg	1
Shoulder	1
Soft Tissue - Neck	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Arm	1
Finger(s)	1
Hand	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	4
Strain	15
Laceration	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Ashland (428)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	42.8	440.19	0.00	440.19	42.7
8AM-9:59AM	2	28.5	238.73	0.00	238.73	23.2
2PM-3:59PM	1	14.2	212.80	0.00	212.80	20.6
12AM-1:59AM	1	14.2	137.20	0.00	137.20	13.3
	7		**$ 1,028.92**	**$ 0.00**	**$ 1,028.92**	
LENGTH OF SERVICE						
8-10	1	14.2	342.59	0.00	342.59	33.3
2-4	2	28.5	310.40	0.00	310.40	30.1
6-8	1	14.2	137.20	0.00	137.20	13.3
12-14	1	14.2	130.00	0.00	130.00	12.6
4-6	1	14.2	108.73	0.00	108.73	10.5
0-2	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,028.92**	**$ 0.00**	**$ 1,028.92**	
AGE OF CLAIMANT						
35-39	1	14.2	342.59	0.00	342.59	33.3
40-44	2	28.5	227.60	0.00	227.60	22.1
55-59	1	14.2	212.80	0.00	212.80	20.6
25-29	1	14.2	137.20	0.00	137.20	13.3
45-49	1	14.2	108.73	0.00	108.73	10.5
30-34	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,028.92**	**$ 0.00**	**$ 1,028.92**	
SEX OF CLAIMANT						
Male	7	100.0	1,028.92	0.00	1,028.92	100.0
	7		**$ 1,028.92**	**$ 0.00**	**$ 1,028.92**	
LOSS CAUSE						
Metal items	1	14.2	342.59	0.00	342.59	33.3
Machine, not otherwise classified	2	28.5	212.80	0.00	212.80	20.6
Vehicle/car/truck	1	14.2	137.20	0.00	137.20	13.3
Minerals / dirt	1	14.2	130.00	0.00	130.00	12.6
Tractor	1	14.2	108.73	0.00	108.73	10.5
Tire	1	14.2	97.60	0.00	97.60	9.4
	7		**$ 1,028.92**	**$ 0.00**	**$ 1,028.92**	
ACCIDENT TYPE						
Foreign Body In Eye	2	28.5	472.59	0.00	472.59	45.9
Struck/Injured by Moving Part Of Machine	1	14.2	212.80	0.00	212.80	20.6
Object Handled (caught in or between)	1	14.2	137.20	0.00	137.20	13.3
Pushing Or Pulling (Strain or Injury by)	1	14.2	108.73	0.00	108.73	10.5
Lifting (strain or Injury by)	1	14.2	97.60	0.00	97.60	9.4
Struck/Injured by Falling or Flying Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,028.92**	**$ 0.00**	**$ 1,028.92**	
****BODY PART**						
Eye(s)	2					
Foot	1					
Knee	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Ashland (428)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Leg	1					
Hand	2					
Abdomen including Groin	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	4					
Foreign Body	2					
Strain	3					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-powhite Parkway (498)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	90.27	0.00	90.27	100.0
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 90.27**	**$ 0.00**	**$ 90.27**	
LENGTH OF SERVICE						
18-20	1	33.3	90.27	0.00	90.27	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
28-30	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 90.27**	**$ 0.00**	**$ 90.27**	
AGE OF CLAIMANT						
50-54	1	33.3	90.27	0.00	90.27	100.0
25-29	1	33.3	0.00	0.00	0.00	0.0
70-74	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 90.27**	**$ 0.00**	**$ 90.27**	
SEX OF CLAIMANT						
Male	2	66.6	90.27	0.00	90.27	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 90.27**	**$ 0.00**	**$ 90.27**	
LOSS CAUSE						
Metal items	1	33.3	90.27	0.00	90.27	100.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 90.27**	**$ 0.00**	**$ 90.27**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	33.3	90.27	0.00	90.27	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 90.27**	**$ 0.00**	**$ 90.27**	
****BODY PART**						
Finger(s)	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	2	
Strain	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	26.6	424.89	26,163.00	26,587.89	71.6
2PM-3:59PM	2	13.3	1,343.08	6,753.89	8,096.97	21.8
12PM-1:59PM	4	26.6	959.20	0.00	959.20	2.5
6AM-7:59AM	2	13.3	331.76	565.84	897.60	2.4
8AM-9:59AM	2	13.3	572.04	1.30	573.34	1.5
12AM-1:59AM	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,630.97**	**$ 33,484.03**	**$ 37,115.00**	
LENGTH OF SERVICE						
4-6	2	13.3	337.00	25,413.00	25,750.00	69.3
0-2	2	13.3	1,343.08	6,753.89	8,096.97	21.8
2-4	4	26.6	427.08	567.14	994.22	2.6
8-10	2	13.3	797.79	0.00	797.79	2.1
10-12	1	6.6	0.00	750.00	750.00	2.0
16-18	1	6.6	329.12	0.00	329.12	0.8
24-26	1	6.6	249.30	0.00	249.30	0.6
34-36	1	6.6	147.60	0.00	147.60	0.4
26-28	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,630.97**	**$ 33,484.03**	**$ 37,115.00**	
AGE OF CLAIMANT						
50-54	6	40.0	2,164.87	32,166.89	34,331.76	92.5
40-44	4	26.6	1,039.02	750.00	1,789.02	4.8
35-39	1	6.6	184.16	565.84	750.00	2.0
25-29	1	6.6	242.92	1.30	244.22	0.6
20-24	1	6.6	0.00	0.00	0.00	0.0
30-34	1	6.6	0.00	0.00	0.00	0.0
45-49	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,630.97**	**$ 33,484.03**	**$ 37,115.00**	
SEX OF CLAIMANT						
Male	12	80.0	3,388.05	32,732.73	36,120.78	97.3
Female	3	20.0	242.92	751.30	994.22	2.6
	15		**$ 3,630.97**	**$ 33,484.03**	**$ 37,115.00**	
LOSS CAUSE						
Boxes / containers	2	13.3	337.00	25,413.00	25,750.00	69.3
Vehicle/car/truck	2	13.3	1,315.93	6,753.89	8,069.82	21.7
Stairs, steps	2	13.3	242.92	751.30	994.22	2.6
Office equipment	1	6.6	184.16	565.84	750.00	2.0
Machine, not otherwise classified	1	6.6	709.90	0.00	709.90	1.9
Fencing	1	6.6	329.12	0.00	329.12	0.8
Stone / rock / brick	1	6.6	249.30	0.00	249.30	0.6
Foreign Object	1	6.6	174.75	0.00	174.75	0.4
Metal items	1	6.6	87.89	0.00	87.89	0.2
Hand tool, not powered, NOC	2	13.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	15		**$ 3,630.97**	**$ 33,484.03**	**$ 37,115.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	5	33.3	850.28	25,978.84	26,829.12	72.2
Collision/sideswipe with Another Vehicle	1	6.6	1,168.33	6,753.89	7,922.22	21.3
Fall or Slip (On Same Level)	1	6.6	0.00	750.00	750.00	2.0
Object Handled (caught in or between)	1	6.6	709.90	0.00	709.90	1.9
Foreign Body In Eye	2	13.3	424.05	0.00	424.05	1.1
Fall or slip (on stairs)	1	6.6	242.92	1.30	244.22	0.6
Twisting, strain or injury by	2	13.3	147.60	0.00	147.60	0.4
Pushing Or Pulling (Strain or Injury by)	1	6.6	87.89	0.00	87.89	0.2
Cumulative (Not Otherwise Classified)	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,630.97**	**$ 33,484.03**	**$ 37,115.00**	

**BODY PART

Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	2
Lower Arm	1
Ankle	3
Soft Tissue - Neck	1
Finger(s)	1
Eye(s)	2
Wrist	1
Foot	1
Thumb	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	13
Crushing	1
Foreign Body	1
Contusion	1
Sprain	1
Laceration	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol District (511)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					
Soft Tissue - Neck	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	3	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpepper District (517)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	40.0	2,398.84	1,000.00	3,398.84	100.0
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,398.84**	**$ 1,000.00**	**$ 3,398.84**	
LENGTH OF SERVICE						
0-2	1	20.0	2,398.84	1,000.00	3,398.84	100.0
12-14	1	20.0	0.00	0.00	0.00	0.0
2-4	1	20.0	0.00	0.00	0.00	0.0
30-32	1	20.0	0.00	0.00	0.00	0.0
36-38	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,398.84**	**$ 1,000.00**	**$ 3,398.84**	
AGE OF CLAIMANT						
40-44	2	40.0	2,398.84	1,000.00	3,398.84	100.0
25-29	1	20.0	0.00	0.00	0.00	0.0
50-54	1	20.0	0.00	0.00	0.00	0.0
55-59	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,398.84**	**$ 1,000.00**	**$ 3,398.84**	
SEX OF CLAIMANT						
Female	1	20.0	2,398.84	1,000.00	3,398.84	100.0
Male	4	80.0	0.00	0.00	0.00	0.0
	5		**$ 2,398.84**	**$ 1,000.00**	**$ 3,398.84**	
LOSS CAUSE						
Vehicle/car/truck	1	20.0	2,398.84	1,000.00	3,398.84	100.0
Brush / tree / log	2	40.0	0.00	0.00	0.00	0.0
Ladder - Portable	1	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,398.84**	**$ 1,000.00**	**$ 3,398.84**	
ACCIDENT TYPE						
Vehicle Upset	1	20.0	2,398.84	1,000.00	3,398.84	100.0
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	20.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,398.84**	**$ 1,000.00**	**$ 3,398.84**	
****BODY PART**						
Multiple Body Parts	1					
Abdomen including Groin	1					
Ankle	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Foot	1					
Knee	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpepper District (517)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Multiple Physical Injuries Only	1
Contusion	2
Strain	3
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Franklin (531)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	20.0	85.78	664.22	750.00	44.5
4PM-5:59PM	1	20.0	500.25	0.00	500.25	29.7
6AM-7:59AM	1	20.0	378.81	0.00	378.81	22.5
12AM-1:59AM	1	20.0	53.00	0.00	53.00	3.1
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,017.84**	**$ 664.22**	**$ 1,682.06**	
LENGTH OF SERVICE						
10-12	2	40.0	138.78	664.22	803.00	47.7
12-14	1	20.0	500.25	0.00	500.25	29.7
4-6	1	20.0	378.81	0.00	378.81	22.5
26-28	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,017.84**	**$ 664.22**	**$ 1,682.06**	
AGE OF CLAIMANT						
30-34	2	40.0	138.78	664.22	803.00	47.7
35-39	1	20.0	500.25	0.00	500.25	29.7
50-54	1	20.0	378.81	0.00	378.81	22.5
45-49	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,017.84**	**$ 664.22**	**$ 1,682.06**	
SEX OF CLAIMANT						
Female	2	40.0	879.06	0.00	879.06	52.2
Male	3	60.0	138.78	664.22	803.00	47.7
	5		**$ 1,017.84**	**$ 664.22**	**$ 1,682.06**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	20.0	85.78	664.22	750.00	44.5
Chemicals, not otherwise classified	1	20.0	500.25	0.00	500.25	29.7
Metal items	1	20.0	378.81	0.00	378.81	22.5
Animal / tick, spider, etc.	1	20.0	53.00	0.00	53.00	3.1
Object on Floor	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,017.84**	**$ 664.22**	**$ 1,682.06**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	20.0	85.78	664.22	750.00	44.5
Absorb, Ingest, Inhalation	1	20.0	500.25	0.00	500.25	29.7
Strike Against/Step on Stationary Object	1	20.0	378.81	0.00	378.81	22.5
Animal Or Insect	1	20.0	53.00	0.00	53.00	3.1
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,017.84**	**$ 664.22**	**$ 1,682.06**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Elbow	1					
Whole Body	1					
Hip	1					
Teeth	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Franklin (531)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	2
Poisoning - Chemical	1
Puncture	1
Contusion	1
Dislocation	1
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Waverly (532)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	0.00	1,750.00	1,750.00	94.0
8AM-9:59AM	2	50.0	111.00	0.00	111.00	5.9
	4		**$ 111.00**	**$ 1,750.00**	**$ 1,861.00**	
LENGTH OF SERVICE						
22-24	1	25.0	0.00	1,750.00	1,750.00	94.0
16-18	2	50.0	111.00	0.00	111.00	5.9
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 111.00**	**$ 1,750.00**	**$ 1,861.00**	
AGE OF CLAIMANT						
40-44	1	25.0	0.00	1,750.00	1,750.00	94.0
60-64	1	25.0	111.00	0.00	111.00	5.9
50-54	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 111.00**	**$ 1,750.00**	**$ 1,861.00**	
SEX OF CLAIMANT						
Male	4	100.0	111.00	1,750.00	1,861.00	100.0
	4		**$ 111.00**	**$ 1,750.00**	**$ 1,861.00**	
LOSS CAUSE						
Tire	1	25.0	0.00	1,750.00	1,750.00	94.0
Animal / insect, not otherwise classified	1	25.0	111.00	0.00	111.00	5.9
Hose (indicator # carried)	1	25.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 111.00**	**$ 1,750.00**	**$ 1,861.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	0.00	1,750.00	1,750.00	94.0
Animal Or Insect	1	25.0	111.00	0.00	111.00	5.9
Pushing Or Pulling (Strain or Injury by)	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 111.00**	**$ 1,750.00**	**$ 1,861.00**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Abdomen including Groin	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Soft Tissue - Neck	1					
Shoulder	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Hernia	1
Puncture	4
Strain	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Waverly (532)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (533)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	80.0	2,158.04	2,681.33	4,839.37	100.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,158.04**	**$ 2,681.33**	**$ 4,839.37**	
LENGTH OF SERVICE						
6-8	1	20.0	1,170.51	1,931.33	3,101.84	64.1
26-28	1	20.0	0.00	750.00	750.00	15.5
20-22	1	20.0	717.14	0.00	717.14	14.8
8-10	1	20.0	270.39	0.00	270.39	5.5
2-4	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,158.04**	**$ 2,681.33**	**$ 4,839.37**	
AGE OF CLAIMANT						
40-44	1	20.0	1,170.51	1,931.33	3,101.84	64.1
50-54	2	40.0	717.14	750.00	1,467.14	30.3
45-49	1	20.0	270.39	0.00	270.39	5.5
65-69	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,158.04**	**$ 2,681.33**	**$ 4,839.37**	
SEX OF CLAIMANT						
Male	4	80.0	1,887.65	2,681.33	4,568.98	94.4
Female	1	20.0	270.39	0.00	270.39	5.5
	5		**$ 2,158.04**	**$ 2,681.33**	**$ 4,839.37**	
LOSS CAUSE						
Vehicle/car/truck	1	20.0	1,170.51	1,931.33	3,101.84	64.1
Animal, not otherwise classified	1	20.0	0.00	750.00	750.00	15.5
Animal / bee type	1	20.0	717.14	0.00	717.14	14.8
Office equipment	1	20.0	270.39	0.00	270.39	5.5
Chair	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,158.04**	**$ 2,681.33**	**$ 4,839.37**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	20.0	1,170.51	1,931.33	3,101.84	64.1
Animal Or Insect	2	40.0	717.14	750.00	1,467.14	30.3
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	270.39	0.00	270.39	5.5
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,158.04**	**$ 2,681.33**	**$ 4,839.37**	
****BODY PART**						
Finger(s)	2					
Lower Leg	1					
Ear(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (533)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fracture	1					
Puncture	2					
Contusion	1					
Strain	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	248.50	1,251.50	1,500.00	50.0
12PM-1:59PM	1	16.6	0.00	750.00	750.00	25.0
6AM-7:59AM	1	16.6	155.90	594.10	750.00	25.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 404.40**	**$ 2,595.60**	**$ 3,000.00**	
LENGTH OF SERVICE						
22-24	2	33.3	404.40	1,095.60	1,500.00	50.0
28-30	1	16.6	0.00	750.00	750.00	25.0
6-8	1	16.6	0.00	750.00	750.00	25.0
2-4	1	16.6	0.00	0.00	0.00	0.0
4-6	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 404.40**	**$ 2,595.60**	**$ 3,000.00**	
AGE OF CLAIMANT						
40-44	3	50.0	248.50	1,251.50	1,500.00	50.0
45-49	1	16.6	155.90	594.10	750.00	25.0
60-64	1	16.6	0.00	750.00	750.00	25.0
30-34	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 404.40**	**$ 2,595.60**	**$ 3,000.00**	
SEX OF CLAIMANT						
Male	5	83.3	155.90	2,094.10	2,250.00	75.0
Female	1	16.6	248.50	501.50	750.00	25.0
	6		**$ 404.40**	**$ 2,595.60**	**$ 3,000.00**	
LOSS CAUSE						
Vehicle/car/truck	2	33.3	155.90	1,344.10	1,500.00	50.0
Furniture / fixtures	1	16.6	248.50	501.50	750.00	25.0
Walking surface, outside, dry	1	16.6	0.00	750.00	750.00	25.0
Foreign Object	1	16.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 404.40**	**$ 2,595.60**	**$ 3,000.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	16.6	0.00	750.00	750.00	25.0
Struck/Injured by Falling or Flying Object	1	16.6	248.50	501.50	750.00	25.0
Struck/Injured by Motor Vehicle	1	16.6	155.90	594.10	750.00	25.0
Twisting, strain or injury by	1	16.6	0.00	750.00	750.00	25.0
Lifting (strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 404.40**	**$ 2,595.60**	**$ 3,000.00**	
****BODY PART**						
Soft Tissue - Neck	2					
Upper Back Area (Thoracic Area)	2					
Knee	1					
Shoulder	1					
Whole Body	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	6					
Respiratory Disorders	1					
Sprain	1					
Contusion	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:18

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Accomac (536)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	50.0	138.00	6,660.00	6,798.00	89.1
10AM-11:59AM	2	50.0	155.24	668.30	823.54	10.8
	4		**$ 293.24**	**$ 7,328.30**	**$ 7,621.54**	
LENGTH OF SERVICE						
2-4	1	25.0	90.00	6,660.00	6,750.00	88.5
16-18	1	25.0	81.70	668.30	750.00	9.8
8-10	1	25.0	73.54	0.00	73.54	0.9
4-6	1	25.0	48.00	0.00	48.00	0.6
	4		**$ 293.24**	**$ 7,328.30**	**$ 7,621.54**	
AGE OF CLAIMANT						
25-29	2	50.0	138.00	6,660.00	6,798.00	89.1
50-54	1	25.0	81.70	668.30	750.00	9.8
30-34	1	25.0	73.54	0.00	73.54	0.9
	4		**$ 293.24**	**$ 7,328.30**	**$ 7,621.54**	
SEX OF CLAIMANT						
Male	3	75.0	211.54	6,660.00	6,871.54	90.1
Female	1	25.0	81.70	668.30	750.00	9.8
	4		**$ 293.24**	**$ 7,328.30**	**$ 7,621.54**	
LOSS CAUSE						
Stone / rock / brick	1	25.0	90.00	6,660.00	6,750.00	88.5
Walking surface, outside, dry	1	25.0	81.70	668.30	750.00	9.8
Fencing	1	25.0	73.54	0.00	73.54	0.9
Animal / tick, spider, etc.	1	25.0	48.00	0.00	48.00	0.6
	4		**$ 293.24**	**$ 7,328.30**	**$ 7,621.54**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	90.00	6,660.00	6,750.00	88.5
Twisting, strain or injury by	1	25.0	81.70	668.30	750.00	9.8
Pushing Or Pulling (Strain or Injury by)	1	25.0	73.54	0.00	73.54	0.9
Animal Or Insect	1	25.0	48.00	0.00	48.00	0.6
	4		**$ 293.24**	**$ 7,328.30**	**$ 7,621.54**	
****BODY PART**						
Shoulder	1					
Soft Tissue - Neck	1					
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	4
Puncture	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Accomac (536)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-monitor Merrimac Mem Brg Tl (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	140.00	610.00	750.00	45.7
8AM-9:59AM	1	16.6	529.55	220.45	750.00	45.7
2PM-3:59PM	2	33.3	138.75	0.00	138.75	8.4
4AM-5:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 808.30**	**$ 830.45**	**$ 1,638.75**	
LENGTH OF SERVICE						
10-12	2	33.3	529.55	220.45	750.00	45.7
4-6	1	16.6	140.00	610.00	750.00	45.7
0-2	1	16.6	138.75	0.00	138.75	8.4
2-4	1	16.6	0.00	0.00	0.00	0.0
6-8	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 808.30**	**$ 830.45**	**$ 1,638.75**	
AGE OF CLAIMANT						
45-49	1	16.6	140.00	610.00	750.00	45.7
65-69	1	16.6	529.55	220.45	750.00	45.7
15-19	1	16.6	138.75	0.00	138.75	8.4
35-39	1	16.6	0.00	0.00	0.00	0.0
40-44	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 808.30**	**$ 830.45**	**$ 1,638.75**	
SEX OF CLAIMANT						
Male	5	83.3	808.30	830.45	1,638.75	100.0
Female	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 808.30**	**$ 830.45**	**$ 1,638.75**	
LOSS CAUSE						
Door	1	16.6	529.55	220.45	750.00	45.7
Walking surface, outside, dry	2	33.3	140.00	610.00	750.00	45.7
Stairs, steps	1	16.6	138.75	0.00	138.75	8.4
Animal / insect, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 808.30**	**$ 830.45**	**$ 1,638.75**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	529.55	220.45	750.00	45.7
Twisting, strain or injury by	2	33.3	140.00	610.00	750.00	45.7
Strike Against/Step on Stationary Object	2	33.3	138.75	0.00	138.75	8.4
Animal Or Insect	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 808.30**	**$ 830.45**	**$ 1,638.75**	
****BODY PART**						
Knee	3					
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Leg	1					
Multiple Head Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-monitor Merrimac Mem Brg Tl (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	2
Strain	1
Contusion	2
Puncture	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-hrbt (594)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	673.22	11,286.94	11,960.16	74.6
6AM-7:59AM	1	33.3	3,801.64	0.00	3,801.64	23.7
12AM-1:59AM	1	33.3	256.25	0.00	256.25	1.6
	3		**$ 4,731.11**	**$ 11,286.94**	**$ 16,018.05**	
LENGTH OF SERVICE						
6-8	1	33.3	673.22	11,286.94	11,960.16	74.6
20-22	1	33.3	3,801.64	0.00	3,801.64	23.7
8-10	1	33.3	256.25	0.00	256.25	1.6
	3		**$ 4,731.11**	**$ 11,286.94**	**$ 16,018.05**	
AGE OF CLAIMANT						
30-34	1	33.3	673.22	11,286.94	11,960.16	74.6
55-59	1	33.3	3,801.64	0.00	3,801.64	23.7
45-49	1	33.3	256.25	0.00	256.25	1.6
	3		**$ 4,731.11**	**$ 11,286.94**	**$ 16,018.05**	
SEX OF CLAIMANT						
Male	2	66.6	929.47	11,286.94	12,216.41	76.2
Female	1	33.3	3,801.64	0.00	3,801.64	23.7
	3		**$ 4,731.11**	**$ 11,286.94**	**$ 16,018.05**	
LOSS CAUSE						
Vehicle/car/truck	1	33.3	673.22	11,286.94	11,960.16	74.6
Walking surface, outside, dry	1	33.3	3,801.64	0.00	3,801.64	23.7
Boxes / containers	1	33.3	256.25	0.00	256.25	1.6
	3		**$ 4,731.11**	**$ 11,286.94**	**$ 16,018.05**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	33.3	673.22	11,286.94	11,960.16	74.6
Twisting, strain or injury by	1	33.3	3,801.64	0.00	3,801.64	23.7
Pushing Or Pulling (Strain or Injury by)	1	33.3	256.25	0.00	256.25	1.6
	3		**$ 4,731.11**	**$ 11,286.94**	**$ 16,018.05**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	1					
Multiple Neck Injury	1					
Shoulder	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Sprain	1
Strain	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-hrbt (594)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	8.3	0.00	20,000.00	20,000.00	51.1
4AM-5:59AM	1	8.3	2,438.24	7,311.76	9,750.00	24.9
2PM-3:59PM	4	33.3	1,987.17	7,176.76	9,163.93	23.4
12PM-1:59PM	3	25.0	200.00	0.00	200.00	0.5
10AM-11:59AM	1	8.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,625.41**	**$ 34,488.52**	**$ 39,113.93**	
LENGTH OF SERVICE						
4-6	2	16.6	0.00	20,000.00	20,000.00	51.1
12-14	2	16.6	2,438.24	7,311.76	9,750.00	24.9
6-8	2	16.6	573.24	7,176.76	7,750.00	19.8
10-12	1	8.3	1,021.93	0.00	1,021.93	2.6
24-26	1	8.3	392.00	0.00	392.00	1.0
2-4	2	16.6	200.00	0.00	200.00	0.5
0-2	1	8.3	0.00	0.00	0.00	0.0
14-16	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,625.41**	**$ 34,488.52**	**$ 39,113.93**	
AGE OF CLAIMANT						
30-34	2	16.6	0.00	20,000.00	20,000.00	51.1
65-69	1	8.3	2,438.24	7,311.76	9,750.00	24.9
60-64	3	25.0	573.24	7,176.76	7,750.00	19.8
45-49	3	25.0	1,221.93	0.00	1,221.93	3.1
50-54	1	8.3	392.00	0.00	392.00	1.0
20-24	1	8.3	0.00	0.00	0.00	0.0
35-39	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,625.41**	**$ 34,488.52**	**$ 39,113.93**	
SEX OF CLAIMANT						
Female	7	58.3	4,052.17	27,311.76	31,363.93	80.1
Male	5	41.6	573.24	7,176.76	7,750.00	19.8
	12		**$ 4,625.41**	**$ 34,488.52**	**$ 39,113.93**	
LOSS CAUSE						
Walking surface, outside, dry	1	8.3	0.00	20,000.00	20,000.00	51.1
Metal items	3	25.0	2,438.24	7,311.76	9,750.00	24.9
Vehicle/car/truck	2	16.6	573.24	7,176.76	7,750.00	19.8
Object on Floor	1	8.3	1,021.93	0.00	1,021.93	2.6
Furniture / fixtures	1	8.3	392.00	0.00	392.00	1.0
Chemicals, not otherwise classified	1	8.3	200.00	0.00	200.00	0.5
Door	1	8.3	0.00	0.00	0.00	0.0
Jack Stands	1	8.3	0.00	0.00	0.00	0.0
Work surface	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,625.41**	**$ 34,488.52**	**$ 39,113.93**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	8.3	0.00	20,000.00	20,000.00	51.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object Handled (caught in or between)	1	8.3	2,438.24	7,311.76	9,750.00	24.9
Strike Against/Step on Stationary Object	2	16.6	573.24	7,176.76	7,750.00	19.8
Fall or Slip (On Same Level)	1	8.3	1,021.93	0.00	1,021.93	2.6
Struck/Injured by Object Being Lifted/Handled	3	25.0	392.00	0.00	392.00	1.0
Absorb, Ingest, Inhalation	1	8.3	200.00	0.00	200.00	0.5
Lifting (strain or Injury by)	2	16.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,625.41**	**$ 34,488.52**	**$ 39,113.93**	

**BODY PART

Finger(s)	4
Ankle	1
Elbow	1
Knee	1
Hand	2
Nose	1
Trachea	1
Facial, Other Soft Tissue	1
Hip	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Upper Leg	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Sprain	1
Crushing	2
Fracture	1
Strain	6
Contusion	3
Inflamation	2
Laceration	2
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-coleman Bridge (599)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	116.00	0.00	116.00	100.0
	1		**$ 116.00**	**$ 0.00**	**$ 116.00**	
LENGTH OF SERVICE						
12-14	1	100.0	116.00	0.00	116.00	100.0
	1		**$ 116.00**	**$ 0.00**	**$ 116.00**	
AGE OF CLAIMANT						
40-44	1	100.0	116.00	0.00	116.00	100.0
	1		**$ 116.00**	**$ 0.00**	**$ 116.00**	
SEX OF CLAIMANT						
Female	1	100.0	116.00	0.00	116.00	100.0
	1		**$ 116.00**	**$ 0.00**	**$ 116.00**	
LOSS CAUSE						
Chair	1	100.0	116.00	0.00	116.00	100.0
	1		**$ 116.00**	**$ 0.00**	**$ 116.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	116.00	0.00	116.00	100.0
	1		**$ 116.00**	**$ 0.00**	**$ 116.00**	
****BODY PART**						
Toe(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Fracture	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Saluda (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	25.0	0.00	750.00	750.00	50.0
12PM-1:59PM	2	50.0	76.00	674.00	750.00	50.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 76.00**	**$ 1,424.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
4-6	1	25.0	76.00	674.00	750.00	50.0
42-44	1	25.0	0.00	750.00	750.00	50.0
2-4	1	25.0	0.00	0.00	0.00	0.0
22-24	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 76.00**	**$ 1,424.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
35-39	1	25.0	76.00	674.00	750.00	50.0
60-64	2	50.0	0.00	750.00	750.00	50.0
25-29	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 76.00**	**$ 1,424.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Male	4	100.0	76.00	1,424.00	1,500.00	100.0
	4		**$ 76.00**	**$ 1,424.00**	**$ 1,500.00**	
LOSS CAUSE						
Vehicle/car/truck	3	75.0	76.00	1,424.00	1,500.00	100.0
Animal / insect, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 76.00**	**$ 1,424.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	25.0	76.00	674.00	750.00	50.0
Vehicle Upset	1	25.0	0.00	750.00	750.00	50.0
Foreign Body In Eye	1	25.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 76.00**	**$ 1,424.00**	**$ 1,500.00**	

****BODY PART**	
Whole Body	2
Eye(s)	1
Hip	1
Lower Arm	1
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Multiple Physical Injuries Only	1
Strain	1
Foreign Body	1
Contusion	1
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Saluda (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Warsaw (639)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	210.31	0.00	210.31	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 210.31**	**$ 0.00**	**$ 210.31**	
LENGTH OF SERVICE						
24-26	1	25.0	210.31	0.00	210.31	100.0
2-4	1	25.0	0.00	0.00	0.00	0.0
4-6	1	25.0	0.00	0.00	0.00	0.0
16-18	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 210.31**	**$ 0.00**	**$ 210.31**	
AGE OF CLAIMANT						
55-59	1	25.0	210.31	0.00	210.31	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
45-49	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 210.31**	**$ 0.00**	**$ 210.31**	
SEX OF CLAIMANT						
Male	4	100.0	210.31	0.00	210.31	100.0
	4		**$ 210.31**	**$ 0.00**	**$ 210.31**	
LOSS CAUSE						
Furniture / fixtures	1	25.0	210.31	0.00	210.31	100.0
Pipe	1	25.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
Brush / tree / log	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 210.31**	**$ 0.00**	**$ 210.31**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	25.0	210.31	0.00	210.31	100.0
Lifting (strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	25.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 210.31**	**$ 0.00**	**$ 210.31**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Abdomen including Groin	1					
Finger(s)	1					
Eye(s)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	1
Fracture	1
Strain	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Warsaw (639)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fredericksburg (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	17.6	9,636.16	5,913.85	15,550.01	54.6
10AM-11:59AM	6	35.2	1,259.20	8,396.10	9,655.30	33.9
4PM-5:59PM	2	11.7	0.00	1,750.00	1,750.00	6.1
8AM-9:59AM	2	11.7	366.32	406.00	772.32	2.7
2AM-3:59AM	2	11.7	558.00	192.00	750.00	2.6
Unknown	1	5.8	0.00	0.00	0.00	0.0
2PM-3:59PM	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 11,819.68**	**$ 16,657.95**	**$ 28,477.63**	
LENGTH OF SERVICE						
8-10	1	5.8	5,836.15	5,913.85	11,750.00	41.2
4-6	4	23.5	3,822.33	7,750.00	11,572.33	40.6
0-2	3	17.6	0.00	1,750.00	1,750.00	6.1
24-26	1	5.8	970.00	0.00	970.00	3.4
16-18	1	5.8	344.00	406.00	750.00	2.6
18-20	1	5.8	103.90	646.10	750.00	2.6
2-4	1	5.8	558.00	192.00	750.00	2.6
6-8	1	5.8	106.00	0.00	106.00	0.3
22-24	1	5.8	79.30	0.00	79.30	0.2
10-12	1	5.8	0.00	0.00	0.00	0.0
12-14	1	5.8	0.00	0.00	0.00	0.0
14-16	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 11,819.68**	**$ 16,657.95**	**$ 28,477.63**	
AGE OF CLAIMANT						
45-49	5	29.4	6,828.47	5,913.85	12,742.32	44.7
50-54	4	23.5	79.30	7,750.00	7,829.30	27.4
30-34	2	11.7	3,800.01	0.00	3,800.01	13.3
25-29	1	5.8	0.00	1,750.00	1,750.00	6.1
35-39	3	17.6	450.00	406.00	856.00	3.0
55-59	1	5.8	103.90	646.10	750.00	2.6
65-69	1	5.8	558.00	192.00	750.00	2.6
	17		**$ 11,819.68**	**$ 16,657.95**	**$ 28,477.63**	
SEX OF CLAIMANT						
Male	14	82.3	11,691.36	16,657.95	28,349.31	99.5
Female	3	17.6	128.32	0.00	128.32	0.4
	17		**$ 11,819.68**	**$ 16,657.95**	**$ 28,477.63**	
LOSS CAUSE						
Vehicle/car/truck	5	29.4	6,842.05	8,907.95	15,750.00	55.3
Walking surface, outside, dry	3	17.6	970.00	7,750.00	8,720.00	30.6
Boxes / containers	2	11.7	3,822.33	0.00	3,822.33	13.4
Brush / tree / log	1	5.8	106.00	0.00	106.00	0.3
Animal / insect, not otherwise classified	1	5.8	79.30	0.00	79.30	0.2
Vehicle, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
Animal / bee type	1	5.8	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
Metal items	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:19

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fredericksburg (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Office equipment	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 11,819.68**	**$ 16,657.95**	**$ 28,477.63**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	2	11.7	5,836.15	7,663.85	13,500.00	47.4
Twisting, strain or injury by	3	17.6	970.00	7,750.00	8,720.00	30.6
Lifting (strain or Injury by)	3	17.6	3,822.33	0.00	3,822.33	13.4
Fall or Slip (From Different Level)	1	5.8	103.90	646.10	750.00	2.6
Fall or Slip (On Same Level)	1	5.8	558.00	192.00	750.00	2.6
Strike Against/Step on Stationary Object	1	5.8	344.00	406.00	750.00	2.6
Exposure to Poisonous Agent / Plant	1	5.8	106.00	0.00	106.00	0.3
Animal Or Insect	2	11.7	79.30	0.00	79.30	0.2
Contact With Hot Object or Substances	1	5.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	5.8	0.00	0.00	0.00	0.0
Repetitive Motion	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 11,819.68**	**$ 16,657.95**	**$ 28,477.63**	

*****BODY PART***

Soft Tissue - Neck	2
Lower Arm	1
Skull	1
Knee	4
Elbow	1
Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Whole Body	1
Eye(s)	1
Finger(s)	1
Lower Leg	1
Thumb	1
Wrist	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	13
Multiple Physical Injuries Only	1
Dermatitis	1
Puncture	2
Burn	2
Foreign Body	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bowling Green (641)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	100.0	258.00	0.00	258.00	100.0
	2		**$ 258.00**	**$ 0.00**	**$ 258.00**	
LENGTH OF SERVICE						
6-8	1	50.0	236.30	0.00	236.30	91.5
4-6	1	50.0	21.70	0.00	21.70	8.4
	2		**$ 258.00**	**$ 0.00**	**$ 258.00**	
AGE OF CLAIMANT						
35-39	2	100.0	258.00	0.00	258.00	100.0
	2		**$ 258.00**	**$ 0.00**	**$ 258.00**	
SEX OF CLAIMANT						
Male	2	100.0	258.00	0.00	258.00	100.0
	2		**$ 258.00**	**$ 0.00**	**$ 258.00**	
LOSS CAUSE						
Fencing	1	50.0	236.30	0.00	236.30	91.5
Walking surface, outside, dry	1	50.0	21.70	0.00	21.70	8.4
	2		**$ 258.00**	**$ 0.00**	**$ 258.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	236.30	0.00	236.30	91.5
Twisting, strain or injury by	1	50.0	21.70	0.00	21.70	8.4
	2		**$ 258.00**	**$ 0.00**	**$ 258.00**	
****BODY PART**						
Finger(s)	1					
Foot	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	572.04	0.00	572.04	74.9
10AM-11:59AM	1	25.0	141.80	0.00	141.80	18.5
12PM-1:59PM	2	50.0	49.00	0.00	49.00	6.4
	4		**$ 762.84**	**$ 0.00**	**$ 762.84**	
LENGTH OF SERVICE						
24-26	2	50.0	572.04	0.00	572.04	74.9
14-16	1	25.0	141.80	0.00	141.80	18.5
12-14	1	25.0	49.00	0.00	49.00	6.4
	4		**$ 762.84**	**$ 0.00**	**$ 762.84**	
AGE OF CLAIMANT						
50-54	1	25.0	572.04	0.00	572.04	74.9
55-59	1	25.0	141.80	0.00	141.80	18.5
60-64	1	25.0	49.00	0.00	49.00	6.4
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 762.84**	**$ 0.00**	**$ 762.84**	
SEX OF CLAIMANT						
Male	3	75.0	621.04	0.00	621.04	81.4
Female	1	25.0	141.80	0.00	141.80	18.5
	4		**$ 762.84**	**$ 0.00**	**$ 762.84**	
LOSS CAUSE						
Metal items	1	25.0	572.04	0.00	572.04	74.9
Chemicals, not otherwise classified	1	25.0	141.80	0.00	141.80	18.5
Wood Items	1	25.0	49.00	0.00	49.00	6.4
Hose / hydair H2O	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 762.84**	**$ 0.00**	**$ 762.84**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	572.04	0.00	572.04	74.9
Absorb, Ingest, Inhalation	1	25.0	141.80	0.00	141.80	18.5
Lifting (strain or Injury by)	2	50.0	49.00	0.00	49.00	6.4
	4		**$ 762.84**	**$ 0.00**	**$ 762.84**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Whole Body	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	1
Poisoning - Chemical	1
Strain	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:20

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Louisa (742)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
16-18	1	50.0	0.00	0.00	0.00	0.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	0.00	0.00	0.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	50.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Shoulder	1					
Whole Body	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Respiratory Disorders	1	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	8	32.0	1,030.58	4,983.76	6,014.34	28.3
8AM-9:59AM	4	16.0	0.00	5,500.00	5,500.00	25.9
10AM-11:59AM	4	16.0	4,924.00	0.00	4,924.00	23.2
2PM-3:59PM	1	4.0	1,946.69	0.00	1,946.69	9.1
2AM-3:59AM	3	12.0	869.00	750.00	1,619.00	7.6
12AM-1:59AM	3	12.0	0.00	750.00	750.00	3.5
6AM-7:59AM	2	8.0	467.00	0.00	467.00	2.2
	25		**$ 9,237.27**	**$ 11,983.76**	**$ 21,221.03**	
LENGTH OF SERVICE						
32-34	2	8.0	5,465.92	1,958.08	7,424.00	34.9
10-12	4	16.0	0.00	4,750.00	4,750.00	22.3
18-20	6	24.0	264.34	2,250.00	2,514.34	11.8
28-30	2	8.0	2,329.69	0.00	2,329.69	10.9
2-4	2	8.0	224.32	1,525.68	1,750.00	8.2
24-26	1	4.0	869.00	0.00	869.00	4.0
4-6	3	12.0	84.00	750.00	834.00	3.9
14-16	1	4.0	0.00	750.00	750.00	3.5
12-14	1	4.0	0.00	0.00	0.00	0.0
30-32	1	4.0	0.00	0.00	0.00	0.0
38-40	1	4.0	0.00	0.00	0.00	0.0
8-10	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 9,237.27**	**$ 11,983.76**	**$ 21,221.03**	
AGE OF CLAIMANT						
50-54	7	28.0	3,740.61	7,458.08	11,198.69	52.7
55-59	3	12.0	4,924.00	0.00	4,924.00	23.2
40-44	7	28.0	80.00	2,250.00	2,330.00	10.9
60-64	1	4.0	224.32	1,525.68	1,750.00	8.2
30-34	4	16.0	0.00	750.00	750.00	3.5
45-49	2	8.0	268.34	0.00	268.34	1.2
35-39	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 9,237.27**	**$ 11,983.76**	**$ 21,221.03**	
SEX OF CLAIMANT						
Male	24	96.0	9,237.27	11,233.76	20,471.03	96.4
Female	1	4.0	0.00	750.00	750.00	3.5
	25		**$ 9,237.27**	**$ 11,983.76**	**$ 21,221.03**	
LOSS CAUSE						
Vehicle/car/truck	7	28.0	869.00	7,750.00	8,619.00	40.6
Brush / tree / log	3	12.0	5,008.00	0.00	5,008.00	23.6
Door	2	8.0	541.92	1,958.08	2,500.00	11.7
Stone / rock / brick	1	4.0	1,946.69	0.00	1,946.69	9.1
Stairs, steps	1	4.0	224.32	1,525.68	1,750.00	8.2
Cone	1	4.0	0.00	750.00	750.00	3.5
Animal / bee type	2	8.0	383.00	0.00	383.00	1.8
Tire	1	4.0	184.34	0.00	184.34	0.8
Animal, not otherwise classified	1	4.0	80.00	0.00	80.00	0.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:20

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Cart	1	4.0	0.00	0.00	0.00	0.0
Nail	1	4.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	8.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.0	0.00	0.00	0.00	0.0
Wires	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 9,237.27***	***$ 11,983.76***	***$ 21,221.03***	

ACCIDENT TYPE

Object Handled (caught in or between)	4	16.0	726.26	6,708.08	7,434.34	35.0
Struck/Injured by Falling or Flying Object	2	8.0	4,924.00	0.00	4,924.00	23.2
Collision/sideswipe with Another Vehicle	3	12.0	0.00	2,250.00	2,250.00	10.6
Slipped, Did Not Fall	1	4.0	1,946.69	0.00	1,946.69	9.1
Fall or slip (on stairs)	1	4.0	224.32	1,525.68	1,750.00	8.2
Strike Against/Step on Stationary Object	3	12.0	869.00	0.00	869.00	4.0
Lifting (strain or Injury by)	3	12.0	80.00	750.00	830.00	3.9
Vehicle Upset	1	4.0	0.00	750.00	750.00	3.5
Animal Or Insect	2	8.0	383.00	0.00	383.00	1.8
Exposure to Poisonous Agent / Plant	1	4.0	84.00	0.00	84.00	0.4
Fall or Slip (From Different Level)	1	4.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	4.0	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	4.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 9,237.27***	***$ 11,983.76***	***$ 21,221.03***	

***BODY PART

Finger(s)	5
Ankle	1
Knee	4
Soft Tissue - Neck	3
Sacrum And Coccyx	1
Shoulder	2
Multiple Head Injury	1
Lower Arm	2
Facial, Other Soft Tissue	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Eye(s)	1
Whole Body	1
Foot	1
Hand	1
Hip	1
Nose	1
Toe(s)	1
	25

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY

Strain	11
Contusion	10

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:20

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fracture	1					
Crushing	1					
Sprain	1					
Laceration	2					
Puncture	3					
Dermatitis	1					
	25					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:20

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	50.0	554.52	5,195.48	5,750.00	91.9
8AM-9:59AM	1	25.0	419.67	0.00	419.67	6.7
10AM-11:59AM	1	25.0	85.90	0.00	85.90	1.3
	4		**$ 1,060.09**	**$ 5,195.48**	**$ 6,255.57**	
LENGTH OF SERVICE						
12-14	1	25.0	554.52	5,195.48	5,750.00	91.9
36-38	1	25.0	419.67	0.00	419.67	6.7
8-10	1	25.0	85.90	0.00	85.90	1.3
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,060.09**	**$ 5,195.48**	**$ 6,255.57**	
AGE OF CLAIMANT						
40-44	1	25.0	554.52	5,195.48	5,750.00	91.9
55-59	1	25.0	419.67	0.00	419.67	6.7
30-34	1	25.0	85.90	0.00	85.90	1.3
45-49	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,060.09**	**$ 5,195.48**	**$ 6,255.57**	
SEX OF CLAIMANT						
Male	4	100.0	1,060.09	5,195.48	6,255.57	100.0
	4		**$ 1,060.09**	**$ 5,195.48**	**$ 6,255.57**	
LOSS CAUSE						
Machine, not otherwise classified	2	50.0	974.19	5,195.48	6,169.67	98.6
Walking surface, outside, dry	1	25.0	85.90	0.00	85.90	1.3
Pipe	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,060.09**	**$ 5,195.48**	**$ 6,255.57**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	25.0	554.52	5,195.48	5,750.00	91.9
Lifting (strain or Injury by)	1	25.0	419.67	0.00	419.67	6.7
Twisting, strain or injury by	1	25.0	85.90	0.00	85.90	1.3
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,060.09**	**$ 5,195.48**	**$ 6,255.57**	
****BODY PART**						
Upper Arm (Inc: Clavicle and Scapula)	1					
Abdomen including Groin	1					
Upper Leg	1					
Lower Leg	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Sprain	1
Contusion	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:20

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:20

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Warrenton (746)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	234.10	0.00	234.10	51.9
2AM-3:59AM	1	25.0	216.70	0.00	216.70	48.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 450.80**	**$ 0.00**	**$ 450.80**	
LENGTH OF SERVICE						
0-2	2	50.0	234.10	0.00	234.10	51.9
12-14	1	25.0	216.70	0.00	216.70	48.0
8-10	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 450.80**	**$ 0.00**	**$ 450.80**	
AGE OF CLAIMANT						
20-24	1	25.0	234.10	0.00	234.10	51.9
35-39	2	50.0	216.70	0.00	216.70	48.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 450.80**	**$ 0.00**	**$ 450.80**	
SEX OF CLAIMANT						
Male	4	100.0	450.80	0.00	450.80	100.0
	4		**$ 450.80**	**$ 0.00**	**$ 450.80**	
LOSS CAUSE						
Metal items	1	25.0	234.10	0.00	234.10	51.9
Pipe	1	25.0	216.70	0.00	216.70	48.0
Brush / tree / log	1	25.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 450.80**	**$ 0.00**	**$ 450.80**	
ACCIDENT TYPE						
Foreign Body In Eye	1	25.0	234.10	0.00	234.10	51.9
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	216.70	0.00	216.70	48.0
Pushing Or Pulling (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 450.80**	**$ 0.00**	**$ 450.80**	
****BODY PART**						
Eye(s)	1					
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Foreign Body	1
Laceration	1
Strain	1
Contusion	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Warrenton (746)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -staunton (802)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	28.5	0.00	750.00	750.00	55.0
12PM-1:59PM	2	28.5	550.41	0.00	550.41	40.4
4AM-5:59AM	1	14.2	62.02	0.00	62.02	4.5
6AM-7:59AM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 612.43**	**$ 750.00**	**$ 1,362.43**	
LENGTH OF SERVICE						
4-6	4	57.1	0.00	750.00	750.00	55.0
26-28	1	14.2	550.41	0.00	550.41	40.4
2-4	1	14.2	62.02	0.00	62.02	4.5
16-18	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 612.43**	**$ 750.00**	**$ 1,362.43**	
AGE OF CLAIMANT						
45-49	4	57.1	612.43	750.00	1,362.43	100.0
30-34	2	28.5	0.00	0.00	0.00	0.0
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 612.43**	**$ 750.00**	**$ 1,362.43**	
SEX OF CLAIMANT						
Female	4	57.1	0.00	750.00	750.00	55.0
Male	3	42.8	612.43	0.00	612.43	44.9
	7		**$ 612.43**	**$ 750.00**	**$ 1,362.43**	
LOSS CAUSE						
Walking surface, outside, wet	4	57.1	0.00	750.00	750.00	55.0
Sharp objects, not otherwise classified	1	14.2	550.41	0.00	550.41	40.4
Wrench	1	14.2	62.02	0.00	62.02	4.5
Metal items	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 612.43**	**$ 750.00**	**$ 1,362.43**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	3	42.8	0.00	750.00	750.00	55.0
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	550.41	0.00	550.41	40.4
Twisting, strain or injury by	1	14.2	62.02	0.00	62.02	4.5
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 612.43**	**$ 750.00**	**$ 1,362.43**	
****BODY PART**						
Hip	1					
Finger(s)	1					
Foot	1					
Multiple Head Injury	1					
Elbow	1					
Knee	2					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -staunton (802)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	7
Laceration	1
Strain	1
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	7.1	2,509.43	8,240.57	10,750.00	49.2
2PM-3:59PM	6	42.8	4,476.65	4,226.95	8,703.60	39.8
12AM-1:59AM	1	7.1	1,287.05	0.00	1,287.05	5.8
10AM-11:59AM	4	28.5	1,109.22	0.00	1,109.22	5.0
8AM-9:59AM	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 9,382.35**	**$ 12,467.52**	**$ 21,849.87**	
LENGTH OF SERVICE						
12-14	3	21.4	2,509.43	8,240.57	10,750.00	49.2
4-6	3	21.4	5,560.10	4,226.95	9,787.05	44.7
30-32	1	7.1	924.00	0.00	924.00	4.2
14-16	1	7.1	203.60	0.00	203.60	0.9
24-26	2	14.2	185.22	0.00	185.22	0.8
16-18	2	14.2	0.00	0.00	0.00	0.0
0-2	1	7.1	0.00	0.00	0.00	0.0
10-12	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 9,382.35**	**$ 12,467.52**	**$ 21,849.87**	
AGE OF CLAIMANT						
55-59	3	21.4	2,694.65	8,240.57	10,935.22	50.0
25-29	1	7.1	4,273.05	4,226.95	8,500.00	38.9
35-39	2	14.2	1,287.05	0.00	1,287.05	5.8
50-54	2	14.2	924.00	0.00	924.00	4.2
45-49	3	21.4	203.60	0.00	203.60	0.9
30-34	2	14.2	0.00	0.00	0.00	0.0
40-44	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 9,382.35**	**$ 12,467.52**	**$ 21,849.87**	
SEX OF CLAIMANT						
Male	14	100.0	9,382.35	12,467.52	21,849.87	100.0
	14		**$ 9,382.35**	**$ 12,467.52**	**$ 21,849.87**	
LOSS CAUSE						
Walking surface, outside, dry	2	14.2	2,509.43	8,240.57	10,750.00	49.2
Vehicle/car/truck	4	28.5	4,273.05	4,226.95	8,500.00	38.9
Animal / snake	1	7.1	1,287.05	0.00	1,287.05	5.8
Metal items	3	21.4	924.00	0.00	924.00	4.2
Minerals / dirt	1	7.1	203.60	0.00	203.60	0.9
Water	1	7.1	185.22	0.00	185.22	0.8
Animal, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 9,382.35**	**$ 12,467.52**	**$ 21,849.87**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	7.1	2,509.43	8,240.57	10,750.00	49.2
Collision/sideswipe with Another Vehicle	3	21.4	4,273.05	4,226.95	8,500.00	38.9
Animal Or Insect	1	7.1	1,287.05	0.00	1,287.05	5.8
Struck/Injured by Falling or Flying Object	2	14.2	924.00	0.00	924.00	4.2
Foreign Body In Eye	1	7.1	203.60	0.00	203.60	0.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Absorb, Ingest, Inhalation	1	7.1	185.22	0.00	185.22	0.8
Reaching (Strain or Injury by)	1	7.1	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	7.1	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	14.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 9,382.35***	***$ 12,467.52***	***$ 21,849.87***	

***BODY PART

Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower Arm	2
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	2
Eye(s)	1
Trachea	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ankle	1
Foot	2
Hip	1
Soft Tissue - Neck	1
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY

Contusion	2
Strain	10
Puncture	1
Dislocation	1
Foreign Body	1
Inflamation	1
Burn	1
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Staunton (853)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	260.47	0.00	260.47	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 260.47**	**$ 0.00**	**$ 260.47**	
LENGTH OF SERVICE						
2-4	2	50.0	162.40	0.00	162.40	62.3
22-24	1	25.0	98.07	0.00	98.07	37.6
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 260.47**	**$ 0.00**	**$ 260.47**	
AGE OF CLAIMANT						
40-44	3	75.0	260.47	0.00	260.47	100.0
25-29	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 260.47**	**$ 0.00**	**$ 260.47**	
SEX OF CLAIMANT						
Male	4	100.0	260.47	0.00	260.47	100.0
	4		**$ 260.47**	**$ 0.00**	**$ 260.47**	
LOSS CAUSE						
Brush / tree / log	2	50.0	162.40	0.00	162.40	62.3
Clothing / jewelry	1	25.0	98.07	0.00	98.07	37.6
Machine, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 260.47**	**$ 0.00**	**$ 260.47**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	25.0	162.40	0.00	162.40	62.3
Fall or Slip (From Liquid/Grease spills)	1	25.0	98.07	0.00	98.07	37.6
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 260.47**	**$ 0.00**	**$ 260.47**	

****BODY PART**	
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Wrist	1
Elbow	1
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Foreign Body	1
Strain	1
Contusion	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Staunton (853)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Harrisonburg (854)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	25.0	47.00	0.00	47.00	50.5
12PM-1:59PM	2	25.0	46.06	0.00	46.06	49.4
10AM-11:59AM	3	37.5	0.00	0.00	0.00	0.0
8AM-9:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 93.06**	**$ 0.00**	**$ 93.06**	
LENGTH OF SERVICE						
2-4	6	75.0	47.00	0.00	47.00	50.5
16-18	1	12.5	46.06	0.00	46.06	49.4
10-12	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 93.06**	**$ 0.00**	**$ 93.06**	
AGE OF CLAIMANT						
20-24	1	12.5	47.00	0.00	47.00	50.5
35-39	3	37.5	46.06	0.00	46.06	49.4
40-44	1	12.5	0.00	0.00	0.00	0.0
45-49	3	37.5	0.00	0.00	0.00	0.0
	8		**$ 93.06**	**$ 0.00**	**$ 93.06**	
SEX OF CLAIMANT						
Male	7	87.5	47.00	0.00	47.00	50.5
Female	1	12.5	46.06	0.00	46.06	49.4
	8		**$ 93.06**	**$ 0.00**	**$ 93.06**	
LOSS CAUSE						
Wood Items	1	12.5	47.00	0.00	47.00	50.5
Fencing	1	12.5	46.06	0.00	46.06	49.4
Animal / insect, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
Building parts / doors	1	12.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	25.0	0.00	0.00	0.00	0.0
Wires	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 93.06**	**$ 0.00**	**$ 93.06**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	25.0	47.00	0.00	47.00	50.5
Strike Against/Step on Stationary Object	1	12.5	46.06	0.00	46.06	49.4
Animal Or Insect	1	12.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	25.0	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 93.06**	**$ 0.00**	**$ 93.06**	
****BODY PART**						
Shoulder	1					
Upper Leg	1					
Abdomen including Groin	1					
Elbow	2					
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Harrisonburg (854)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Head Injury	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	4
Puncture	2
Inflamation	1
Laceration	1
	8

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Edinburg (855)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	20.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
26-28	1	20.0	0.00	0.00	0.00	0.0
14-16	1	20.0	0.00	0.00	0.00	0.0
16-18	1	20.0	0.00	0.00	0.00	0.0
22-24	1	20.0	0.00	0.00	0.00	0.0
30-32	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	2	40.0	0.00	0.00	0.00	0.0
35-39	1	20.0	0.00	0.00	0.00	0.0
40-44	1	20.0	0.00	0.00	0.00	0.0
45-49	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Metal items	2	40.0	0.00	0.00	0.00	0.0
Pliers	1	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	20.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	40.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Foot	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					
Thumb	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Edinburg (855)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Laceration	1					
Contusion	2					
Strain	2					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Luray (856)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	80.0	6,827.46	16,298.64	23,126.10	96.8
4AM-5:59AM	1	20.0	0.00	750.00	750.00	3.1
	5		**$ 6,827.46**	**$ 17,048.64**	**$ 23,876.10**	
LENGTH OF SERVICE						
18-20	1	20.0	6,201.36	9,548.64	15,750.00	65.9
16-18	1	20.0	0.00	6,750.00	6,750.00	28.2
28-30	1	20.0	0.00	750.00	750.00	3.1
24-26	1	20.0	318.25	0.00	318.25	1.3
4-6	1	20.0	307.85	0.00	307.85	1.2
	5		**$ 6,827.46**	**$ 17,048.64**	**$ 23,876.10**	
AGE OF CLAIMANT						
50-54	2	40.0	6,519.61	9,548.64	16,068.25	67.3
40-44	1	20.0	0.00	6,750.00	6,750.00	28.2
45-49	1	20.0	0.00	750.00	750.00	3.1
25-29	1	20.0	307.85	0.00	307.85	1.2
	5		**$ 6,827.46**	**$ 17,048.64**	**$ 23,876.10**	
SEX OF CLAIMANT						
Male	5	100.0	6,827.46	17,048.64	23,876.10	100.0
	5		**$ 6,827.46**	**$ 17,048.64**	**$ 23,876.10**	
LOSS CAUSE						
Walking surface, outside, dry	2	40.0	6,201.36	16,298.64	22,500.00	94.2
Machine, not otherwise classified	1	20.0	0.00	750.00	750.00	3.1
Vehicle, not otherwise classified	1	20.0	318.25	0.00	318.25	1.3
Vehicle/car/truck	1	20.0	307.85	0.00	307.85	1.2
	5		**$ 6,827.46**	**$ 17,048.64**	**$ 23,876.10**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	6,201.36	9,548.64	15,750.00	65.9
Slipped, Did Not Fall	1	20.0	0.00	6,750.00	6,750.00	28.2
Struck/Injured by Falling or Flying Object	1	20.0	0.00	750.00	750.00	3.1
Strike Against/Step on Stationary Object	2	40.0	626.10	0.00	626.10	2.6
	5		**$ 6,827.46**	**$ 17,048.64**	**$ 23,876.10**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Foot	1					
Toe(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Elbow	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Luray (856)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	4					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:21

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	11	35.4	9,052.81	48,357.34	57,410.15	44.4
6AM-7:59AM	3	9.6	9,120.75	39,166.45	48,287.20	37.3
8AM-9:59AM	7	22.5	2,365.44	12,081.00	14,446.44	11.1
2PM-3:59PM	4	12.9	1,746.26	2,840.14	4,586.40	3.5
Unknown	2	6.4	3,750.77	0.00	3,750.77	2.9
6PM-7:59PM	1	3.2	0.00	750.00	750.00	0.5
12PM-1:59PM	3	9.6	0.00	0.00	0.00	0.0
	31		**$ 26,036.03**	**$ 103,194.93**	**$ 129,230.96**	
LENGTH OF SERVICE						
10-12	3	9.6	12,032.00	29,559.03	41,591.03	32.1
4-6	7	22.5	7,563.17	32,920.47	40,483.64	31.3
12-14	5	16.1	3,750.77	20,750.00	24,500.77	18.9
0-2	3	9.6	86.40	11,500.00	11,586.40	8.9
8-10	1	3.2	943.83	4,875.29	5,819.12	4.5
2-4	4	12.9	1,477.86	2,272.14	3,750.00	2.9
14-16	1	3.2	0.00	750.00	750.00	0.5
18-20	2	6.4	182.00	568.00	750.00	0.5
16-18	3	9.6	0.00	0.00	0.00	0.0
26-28	1	3.2	0.00	0.00	0.00	0.0
38-40	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 26,036.03**	**$ 103,194.93**	**$ 129,230.96**	
AGE OF CLAIMANT						
35-39	5	16.1	12,215.68	55,071.52	67,287.20	52.0
55-59	6	19.3	2,568.89	23,022.14	25,591.03	19.8
50-54	5	16.1	7,465.19	6,826.98	14,292.17	11.0
60-64	2	6.4	182.00	11,318.00	11,500.00	8.9
40-44	7	22.5	3,140.27	5,625.29	8,765.56	6.7
45-49	5	16.1	295.00	750.00	1,045.00	0.8
30-34	1	3.2	169.00	581.00	750.00	0.5
	31		**$ 26,036.03**	**$ 103,194.93**	**$ 129,230.96**	
SEX OF CLAIMANT						
Male	22	70.9	19,274.04	68,583.32	87,857.36	67.9
Female	9	29.0	6,761.99	34,611.61	41,373.60	32.0
	31		**$ 26,036.03**	**$ 103,194.93**	**$ 129,230.96**	
LOSS CAUSE						
Furniture / fixtures	4	12.9	6,761.99	34,611.61	41,373.60	32.0
Metal items	2	6.4	7,017.95	22,732.05	29,750.00	23.0
Machine, not otherwise classified	2	6.4	943.83	25,625.29	26,569.12	20.5
Vehicle/car/truck	8	25.8	4,387.02	8,157.98	12,545.00	9.7
Walking surface, outside, dry	3	9.6	0.00	10,750.00	10,750.00	8.3
Pike pole 6’	1	3.2	3,455.77	0.00	3,455.77	2.6
Stairs	2	6.4	2,196.44	0.00	2,196.44	1.7
Fencing	1	3.2	1,091.03	0.00	1,091.03	0.8
Tool Holder	1	3.2	0.00	750.00	750.00	0.5
Wood Items	1	3.2	182.00	568.00	750.00	0.5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stone / rock / brick	1	3.2	0.00	0.00	0.00	0.0
Tire	1	3.2	0.00	0.00	0.00	0.0
Boxes / containers	1	3.2	0.00	0.00	0.00	0.0
Pike pole 12'	1	3.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.2	0.00	0.00	0.00	0.0
	31		***$ 26,036.03***	***$ 103,194.93***	***$ 129,230.96***	

ACCIDENT TYPE

Lifting (strain or Injury by)	4	12.9	5,197.73	32,339.47	37,537.20	29.0
Pushing Or Pulling (Strain or Injury by)	1	3.2	7,017.95	22,732.05	29,750.00	23.0
Object Handled (caught in or between)	4	12.9	1,177.43	21,500.00	22,677.43	17.5
Collision/sideswipe with Another Vehicle	5	16.1	4,387.02	8,157.98	12,545.00	9.7
Jumping (Strain or Injury by)	1	3.2	0.00	10,750.00	10,750.00	8.3
Object being lifted/handled (cut,punc.scrape,inj b	2	6.4	1,125.83	5,443.29	6,569.12	5.0
Strike Against/Step on Stationary Object	4	12.9	1,477.86	2,272.14	3,750.00	2.9
Struck/Injured by Object Being Lifted/Handled	2	6.4	3,455.77	0.00	3,455.77	2.6
Fall or slip (on stairs)	2	6.4	2,196.44	0.00	2,196.44	1.7
Vehicle Upset	1	3.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	3.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	6.4	0.00	0.00	0.00	0.0
	31		***$ 26,036.03***	***$ 103,194.93***	***$ 129,230.96***	

*****BODY PART***

Knee	7
Abdomen including Groin	1
Thumb	1
Finger(s)	4
Multiple Body Parts	1
Upper Leg	1
Hand	2
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Shoulder	1
Soft Tissue - Neck	1
Whole Body	1
Elbow	2
Facial, Other Soft Tissue	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	2
	31

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	16
Laceration	6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Injuries, Physical and/or Mental	1					
Contusion	9					
Inflamation	1					
Mental Stress	1					
	31					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	23.0	10,002.39	22,589.60	32,591.99	47.8
8AM-9:59AM	3	23.0	16,059.49	16,348.46	32,407.95	47.5
10AM-11:59AM	6	46.1	1,498.85	876.15	2,375.00	3.4
2PM-3:59PM	1	7.6	163.50	586.50	750.00	1.1
	13		**$ 27,724.23**	**$ 40,400.71**	**$ 68,124.94**	
LENGTH OF SERVICE						
14-16	3	23.0	16,059.49	15,598.46	31,657.95	46.4
0-2	2	15.3	1,847.51	20,586.50	22,434.01	32.9
2-4	1	7.6	8,259.88	2,589.60	10,849.48	15.9
20-22	2	15.3	539.75	268.75	808.50	1.1
22-24	1	7.6	559.25	190.75	750.00	1.1
4-6	1	7.6	333.35	416.65	750.00	1.1
6-8	1	7.6	0.00	750.00	750.00	1.1
24-26	1	7.6	125.00	0.00	125.00	0.1
12-14	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 27,724.23**	**$ 40,400.71**	**$ 68,124.94**	
AGE OF CLAIMANT						
40-44	4	30.7	16,330.79	15,452.16	31,782.95	46.6
65-69	2	15.3	2,096.96	20,337.05	22,434.01	32.9
25-29	1	7.6	8,259.88	2,589.60	10,849.48	15.9
45-49	4	30.7	873.10	1,435.40	2,308.50	3.3
20-24	1	7.6	163.50	586.50	750.00	1.1
35-39	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 27,724.23**	**$ 40,400.71**	**$ 68,124.94**	
SEX OF CLAIMANT						
Male	13	100.0	27,724.23	40,400.71	68,124.94	100.0
	13		**$ 27,724.23**	**$ 40,400.71**	**$ 68,124.94**	
LOSS CAUSE						
Walking surface, inside, dry	1	7.6	15,646.54	15,261.41	30,907.95	45.3
Machine, not otherwise classified	3	23.0	2,017.36	20,416.65	22,434.01	32.9
Furniture / fixtures	1	7.6	8,259.88	2,589.60	10,849.48	15.9
Glass bottle / sheet	2	15.3	1,040.50	459.50	1,500.00	2.2
Vehicle/car/truck	2	15.3	412.95	1,087.05	1,500.00	2.2
Miscellaneous	1	7.6	163.50	586.50	750.00	1.1
Boxes / containers	1	7.6	125.00	0.00	125.00	0.1
Walking surface, outside, dry	1	7.6	58.50	0.00	58.50	0.0
Office equipment	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 27,724.23**	**$ 40,400.71**	**$ 68,124.94**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	23.0	10,068.89	22,589.60	32,658.49	47.9
Fall or Slip (On Same Level)	1	7.6	15,646.54	15,261.41	30,907.95	45.3
Foreign Body In Eye	3	23.0	1,204.00	1,046.00	2,250.00	3.3
Twisting, strain or injury by	2	15.3	58.50	750.00	808.50	1.1
Collision/sideswipe with Another Vehicle	1	7.6	412.95	337.05	750.00	1.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	2	15.3	333.35	416.65	750.00	1.1
Repetitive Motion	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 27,724.23**	**$ 40,400.71**	**$ 68,124.94**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Lower Arm	2
Hand	2
Lower Leg	1
Knee	1
Eye(s)	3
Ankle	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Upper Back Area (Thoracic Area)	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	12
Foreign Body	3
Burn	1
Contusion	2
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Manassas (948)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	20.0	4,552.22	6,197.78	10,750.00	71.3
10AM-11:59AM	1	20.0	0.00	1,750.00	1,750.00	11.6
6AM-7:59AM	1	20.0	1,558.21	0.00	1,558.21	10.3
12PM-1:59PM	2	40.0	253.44	750.00	1,003.44	6.6
	5		**$ 6,363.87**	**$ 8,697.78**	**$ 15,061.65**	
LENGTH OF SERVICE						
18-20	2	40.0	4,552.22	7,947.78	12,500.00	82.9
2-4	1	20.0	1,558.21	0.00	1,558.21	10.3
32-34	1	20.0	0.00	750.00	750.00	4.9
14-16	1	20.0	253.44	0.00	253.44	1.6
	5		**$ 6,363.87**	**$ 8,697.78**	**$ 15,061.65**	
AGE OF CLAIMANT						
40-44	1	20.0	4,552.22	6,197.78	10,750.00	71.3
55-59	2	40.0	1,558.21	750.00	2,308.21	15.3
45-49	2	40.0	253.44	1,750.00	2,003.44	13.3
	5		**$ 6,363.87**	**$ 8,697.78**	**$ 15,061.65**	
SEX OF CLAIMANT						
Male	5	100.0	6,363.87	8,697.78	15,061.65	100.0
	5		**$ 6,363.87**	**$ 8,697.78**	**$ 15,061.65**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	20.0	4,552.22	6,197.78	10,750.00	71.3
Fencing	1	20.0	0.00	1,750.00	1,750.00	11.6
Furniture / fixtures	1	20.0	1,558.21	0.00	1,558.21	10.3
Vehicle/car/truck	1	20.0	0.00	750.00	750.00	4.9
Hand tool, not powered, NOC	1	20.0	253.44	0.00	253.44	1.6
	5		**$ 6,363.87**	**$ 8,697.78**	**$ 15,061.65**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	20.0	4,552.22	6,197.78	10,750.00	71.3
Slipped, Did Not Fall	1	20.0	0.00	1,750.00	1,750.00	11.6
Strike Against/Step on Stationary Object	1	20.0	1,558.21	0.00	1,558.21	10.3
Fall or Slip (From Different Level)	1	20.0	0.00	750.00	750.00	4.9
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	253.44	0.00	253.44	1.6
	5		**$ 6,363.87**	**$ 8,697.78**	**$ 15,061.65**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Foot	1					
Knee	1					
Hip	1					
Lower Leg	1					
Lower Arm	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Manassas (948)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	5
Contusion	1
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Leesburg (949)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	61.75	0.00	61.75	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 61.75**	**$ 0.00**	**$ 61.75**	
LENGTH OF SERVICE						
6-8	1	33.3	61.75	0.00	61.75	100.0
16-18	1	33.3	0.00	0.00	0.00	0.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 61.75**	**$ 0.00**	**$ 61.75**	
AGE OF CLAIMANT						
40-44	2	66.6	61.75	0.00	61.75	100.0
50-54	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 61.75**	**$ 0.00**	**$ 61.75**	
SEX OF CLAIMANT						
Male	3	100.0	61.75	0.00	61.75	100.0
	3		**$ 61.75**	**$ 0.00**	**$ 61.75**	
LOSS CAUSE						
Pipe	1	33.3	61.75	0.00	61.75	100.0
Animal, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 61.75**	**$ 0.00**	**$ 61.75**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	33.3	61.75	0.00	61.75	100.0
Lifting (strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 61.75**	**$ 0.00**	**$ 61.75**	
****BODY PART**						
Hand	1					
Abdomen including Groin	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	3	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dulles (997)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	0.00	4,750.00	4,750.00	49.3
4PM-5:59PM	1	20.0	4,131.74	0.00	4,131.74	42.9
4AM-5:59AM	1	20.0	0.00	750.00	750.00	7.7
12AM-1:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,131.74**	**$ 5,500.00**	**$ 9,631.74**	
LENGTH OF SERVICE						
10-12	4	80.0	4,131.74	4,750.00	8,881.74	92.2
2-4	1	20.0	0.00	750.00	750.00	7.7
	5		**$ 4,131.74**	**$ 5,500.00**	**$ 9,631.74**	
AGE OF CLAIMANT						
40-44	4	80.0	4,131.74	5,500.00	9,631.74	100.0
50-54	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,131.74**	**$ 5,500.00**	**$ 9,631.74**	
SEX OF CLAIMANT						
Male	4	80.0	4,131.74	4,750.00	8,881.74	92.2
Female	1	20.0	0.00	750.00	750.00	7.7
	5		**$ 4,131.74**	**$ 5,500.00**	**$ 9,631.74**	
LOSS CAUSE						
Boxes / containers	1	20.0	0.00	4,750.00	4,750.00	49.3
Furniture / fixtures	1	20.0	4,131.74	0.00	4,131.74	42.9
Stairs, steps	1	20.0	0.00	750.00	750.00	7.7
Metal items	1	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,131.74**	**$ 5,500.00**	**$ 9,631.74**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	40.0	0.00	4,750.00	4,750.00	49.3
Pushing Or Pulling (Strain or Injury by)	1	20.0	4,131.74	0.00	4,131.74	42.9
Fall or slip (on stairs)	1	20.0	0.00	750.00	750.00	7.7
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,131.74**	**$ 5,500.00**	**$ 9,631.74**	
****BODY PART**						
Abdomen including Groin	1					
Knee	1					
Hand	1					
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	3
Contusion	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dulles (997)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Accomack County Health Dept. (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	50.0	0.00	750.00	750.00	50.0
8AM-9:59AM	1	25.0	0.00	750.00	750.00	50.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
0-2	1	25.0	0.00	750.00	750.00	50.0
12-14	1	25.0	0.00	750.00	750.00	50.0
10-12	1	25.0	0.00	0.00	0.00	0.0
14-16	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
AGE OF CLAIMANT						
35-39	1	25.0	0.00	750.00	750.00	50.0
55-59	1	25.0	0.00	750.00	750.00	50.0
40-44	1	25.0	0.00	0.00	0.00	0.0
50-54	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	4	100.0	0.00	1,500.00	1,500.00	100.0
	4		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LOSS CAUSE						
Vehicle/car/truck	1	25.0	0.00	750.00	750.00	50.0
Walking surface, outside, dry	1	25.0	0.00	750.00	750.00	50.0
Chair	1	25.0	0.00	0.00	0.00	0.0
Object on Floor	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	25.0	0.00	750.00	750.00	50.0
Fall or Slip (On Same Level)	1	25.0	0.00	750.00	750.00	50.0
Collision with a Fixed Object	1	25.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
****BODY PART**						
Hand	1					
Hip	1					
Knee	3					
Multiple Neck Injury	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	3
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Accomack County Health Dept. (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	2					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Amelia County Health Dept. (7)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Eye(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Foreign Body	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Augusta Health Department (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	1,940.02	10,059.98	12,000.00	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,940.02**	**$ 10,059.98**	**$ 12,000.00**	
LENGTH OF SERVICE						
0-2	2	66.6	1,940.02	10,059.98	12,000.00	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,940.02**	**$ 10,059.98**	**$ 12,000.00**	
AGE OF CLAIMANT						
45-49	1	33.3	1,940.02	10,059.98	12,000.00	100.0
65-69	1	33.3	0.00	0.00	0.00	0.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,940.02**	**$ 10,059.98**	**$ 12,000.00**	
SEX OF CLAIMANT						
Female	3	100.0	1,940.02	10,059.98	12,000.00	100.0
	3		**$ 1,940.02**	**$ 10,059.98**	**$ 12,000.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	33.3	1,940.02	10,059.98	12,000.00	100.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,940.02**	**$ 10,059.98**	**$ 12,000.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	1,940.02	10,059.98	12,000.00	100.0
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
Vehicle Upset	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,940.02**	**$ 10,059.98**	**$ 12,000.00**	

****BODY PART**	
Ankle	1
Facial, Other Soft Tissue	1
Knee	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	3
Sprain	1
Strain	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Augusta Health Department (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Bedford County Health Dept. (19)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Shears	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Laceration	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Bland Health Department (21)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	126.45	0.00	126.45	100.0
	1		**$ 126.45**	**$ 0.00**	**$ 126.45**	
LENGTH OF SERVICE						
12-14	1	100.0	126.45	0.00	126.45	100.0
	1		**$ 126.45**	**$ 0.00**	**$ 126.45**	
AGE OF CLAIMANT						
55-59	1	100.0	126.45	0.00	126.45	100.0
	1		**$ 126.45**	**$ 0.00**	**$ 126.45**	
SEX OF CLAIMANT						
Female	1	100.0	126.45	0.00	126.45	100.0
	1		**$ 126.45**	**$ 0.00**	**$ 126.45**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	126.45	0.00	126.45	100.0
	1		**$ 126.45**	**$ 0.00**	**$ 126.45**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	126.45	0.00	126.45	100.0
	1		**$ 126.45**	**$ 0.00**	**$ 126.45**	
****BODY PART**						
Knee	1					
Thumb	1					
Wrist	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	3					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Buchanan County Health Dept. (27)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	228.60	0.00	228.60	100.0
	1		***$ 228.60***	***$ 0.00***	***$ 228.60***	
LENGTH OF SERVICE						
8-10	1	100.0	228.60	0.00	228.60	100.0
	1		***$ 228.60***	***$ 0.00***	***$ 228.60***	
AGE OF CLAIMANT						
40-44	1	100.0	228.60	0.00	228.60	100.0
	1		***$ 228.60***	***$ 0.00***	***$ 228.60***	
SEX OF CLAIMANT						
Female	1	100.0	228.60	0.00	228.60	100.0
	1		***$ 228.60***	***$ 0.00***	***$ 228.60***	
LOSS CAUSE						
Cabinet	1	100.0	228.60	0.00	228.60	100.0
	1		***$ 228.60***	***$ 0.00***	***$ 228.60***	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	228.60	0.00	228.60	100.0
	1		***$ 228.60***	***$ 0.00***	***$ 228.60***	
*****BODY PART***						
Toe(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Buckingham Health Department (29)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Strain	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Caroline Health Department (33)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	0.00	0.00	0.0
20-22	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	50.0	0.00	0.00	0.00	0.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Knife, NOC	1	50.0	0.00	0.00	0.00	0.0
Cabinet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
Multiple Head Injury	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	2
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Chesterfield County Health Dept. (41)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	130.90	0.00	130.90	100.0
	1		**$ 130.90**	**$ 0.00**	**$ 130.90**	
LENGTH OF SERVICE						
0-2	1	100.0	130.90	0.00	130.90	100.0
	1		**$ 130.90**	**$ 0.00**	**$ 130.90**	
AGE OF CLAIMANT						
40-44	1	100.0	130.90	0.00	130.90	100.0
	1		**$ 130.90**	**$ 0.00**	**$ 130.90**	
SEX OF CLAIMANT						
Female	1	100.0	130.90	0.00	130.90	100.0
	1		**$ 130.90**	**$ 0.00**	**$ 130.90**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	130.90	0.00	130.90	100.0
	1		**$ 130.90**	**$ 0.00**	**$ 130.90**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	130.90	0.00	130.90	100.0
	1		**$ 130.90**	**$ 0.00**	**$ 130.90**	
****BODY PART**						
Ankle	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Clarke County Health Dept. (43)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	0.00	0.00	0.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	50.0	0.00	0.00	0.00	0.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Foreign Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	50.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	1
Foreign Body	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:22

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Culpeper County Health Dept. (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	83.00	0.00	83.00	100.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 83.00**	**$ 0.00**	**$ 83.00**	
LENGTH OF SERVICE						
22-24	1	33.3	83.00	0.00	83.00	100.0
10-12	1	33.3	0.00	0.00	0.00	0.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 83.00**	**$ 0.00**	**$ 83.00**	
AGE OF CLAIMANT						
40-44	2	66.6	83.00	0.00	83.00	100.0
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 83.00**	**$ 0.00**	**$ 83.00**	
SEX OF CLAIMANT						
Female	3	100.0	83.00	0.00	83.00	100.0
	3		**$ 83.00**	**$ 0.00**	**$ 83.00**	
LOSS CAUSE						
Outside Surface	1	33.3	83.00	0.00	83.00	100.0
Cabinet	1	33.3	0.00	0.00	0.00	0.0
Foreign Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 83.00**	**$ 0.00**	**$ 83.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	66.6	83.00	0.00	83.00	100.0
Contact with Cold Objects or Substances	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 83.00**	**$ 0.00**	**$ 83.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Thumb	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Foreign Body	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Cumberland County Health Dept. (49)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
10-12	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Buttocks	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Dickenson County Health Dept. (51)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Essex County Health Dept. (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
12-14	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Overhead Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Multiple Head Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Fairfax Health Department (59)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	50.0	601.72	0.00	601.72	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 601.72**	**$ 0.00**	**$ 601.72**	
LENGTH OF SERVICE						
6-8	1	25.0	601.72	0.00	601.72	100.0
2-4	1	25.0	0.00	0.00	0.00	0.0
0-2	1	25.0	0.00	0.00	0.00	0.0
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 601.72**	**$ 0.00**	**$ 601.72**	
AGE OF CLAIMANT						
40-44	2	50.0	601.72	0.00	601.72	100.0
25-29	1	25.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 601.72**	**$ 0.00**	**$ 601.72**	
SEX OF CLAIMANT						
Female	4	100.0	601.72	0.00	601.72	100.0
	4		**$ 601.72**	**$ 0.00**	**$ 601.72**	
LOSS CAUSE						
Vehicle/car/truck	2	50.0	601.72	0.00	601.72	100.0
Chair	1	25.0	0.00	0.00	0.00	0.0
Knife, NOC	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 601.72**	**$ 0.00**	**$ 601.72**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	2	50.0	601.72	0.00	601.72	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 601.72**	**$ 0.00**	**$ 601.72**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Elbow	1					
Finger(s)	1					
Hip	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Contusion	2
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Fairfax Health Department (59)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Frederick Health Department (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Stone / rock / brick	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Gloucester County Health Dept. (73)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	66.6	1,058.82	366.00	1,424.82	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,058.82**	**$ 366.00**	**$ 1,424.82**	
LENGTH OF SERVICE						
22-24	1	33.3	384.00	366.00	750.00	52.6
30-32	1	33.3	674.82	0.00	674.82	47.3
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,058.82**	**$ 366.00**	**$ 1,424.82**	
AGE OF CLAIMANT						
45-49	1	33.3	384.00	366.00	750.00	52.6
50-54	1	33.3	674.82	0.00	674.82	47.3
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,058.82**	**$ 366.00**	**$ 1,424.82**	
SEX OF CLAIMANT						
Female	1	33.3	384.00	366.00	750.00	52.6
Male	2	66.6	674.82	0.00	674.82	47.3
	3		**$ 1,058.82**	**$ 366.00**	**$ 1,424.82**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	384.00	366.00	750.00	52.6
Animal, not otherwise classified	1	33.3	674.82	0.00	674.82	47.3
Animal / insect, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,058.82**	**$ 366.00**	**$ 1,424.82**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	33.3	384.00	366.00	750.00	52.6
Animal Or Insect	2	66.6	674.82	0.00	674.82	47.3
	3		**$ 1,058.82**	**$ 366.00**	**$ 1,424.82**	
****BODY PART**						
Multiple Head Injury	1					
Multiple Neck Injury	1					
Upper Back Area (Thoracic Area)	1					
Hand	1					
Shoulder	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Contusion	1
Laceration	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Gloucester County Health Dept. (73)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Halifax County Health Department (83)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	460.81	0.00	460.81	88.3
10AM-11:59AM	1	33.3	61.00	0.00	61.00	11.6
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 521.81**	**$ 0.00**	**$ 521.81**	
LENGTH OF SERVICE						
20-22	1	33.3	460.81	0.00	460.81	88.3
18-20	2	66.6	61.00	0.00	61.00	11.6
	3		**$ 521.81**	**$ 0.00**	**$ 521.81**	
AGE OF CLAIMANT						
30-34	1	33.3	460.81	0.00	460.81	88.3
50-54	2	66.6	61.00	0.00	61.00	11.6
	3		**$ 521.81**	**$ 0.00**	**$ 521.81**	
SEX OF CLAIMANT						
Female	3	100.0	521.81	0.00	521.81	100.0
	3		**$ 521.81**	**$ 0.00**	**$ 521.81**	
LOSS CAUSE						
Dust	1	33.3	460.81	0.00	460.81	88.3
Needle stick	1	33.3	61.00	0.00	61.00	11.6
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 521.81**	**$ 0.00**	**$ 521.81**	
ACCIDENT TYPE						
Allergic Reaction	1	33.3	460.81	0.00	460.81	88.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	61.00	0.00	61.00	11.6
Contact with Cold Objects or Substances	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 521.81**	**$ 0.00**	**$ 521.81**	
****BODY PART**						
Lungs	1					
Finger(s)	1					
Foot	1					
Lower Leg	1					
Shoulder	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Respiratory Disorders	1
Puncture	1
Foreign Body	3
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Hanover Health Department (85)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Cabinet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Henrico County Health Dept. (87)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	33.3	5,318.25	24,681.75	30,000.00	99.0
10AM-11:59AM	3	50.0	303.65	0.00	303.65	1.0
12AM-1:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,621.90**	**$ 24,681.75**	**$ 30,303.65**	
LENGTH OF SERVICE						
18-20	1	16.6	5,318.25	24,681.75	30,000.00	99.0
8-10	3	50.0	303.65	0.00	303.65	1.0
0-2	1	16.6	0.00	0.00	0.00	0.0
14-16	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,621.90**	**$ 24,681.75**	**$ 30,303.65**	
AGE OF CLAIMANT						
50-54	1	16.6	5,318.25	24,681.75	30,000.00	99.0
55-59	2	33.3	166.23	0.00	166.23	0.5
45-49	2	33.3	137.42	0.00	137.42	0.4
20-24	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,621.90**	**$ 24,681.75**	**$ 30,303.65**	
SEX OF CLAIMANT						
Female	6	100.0	5,621.90	24,681.75	30,303.65	100.0
	6		**$ 5,621.90**	**$ 24,681.75**	**$ 30,303.65**	
LOSS CAUSE						
Trash receptacle	1	16.6	5,318.25	24,681.75	30,000.00	99.0
Chair	1	16.6	166.23	0.00	166.23	0.5
Boxes / containers	1	16.6	137.42	0.00	137.42	0.4
Metal items	1	16.6	0.00	0.00	0.00	0.0
Uneven Surface	1	16.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,621.90**	**$ 24,681.75**	**$ 30,303.65**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	16.6	5,318.25	24,681.75	30,000.00	99.0
Struck/Injured by Falling or Flying Object	1	16.6	166.23	0.00	166.23	0.5
Twisting, strain or injury by	1	16.6	137.42	0.00	137.42	0.4
Fall or Slip (From Different Level)	1	16.6	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	16.6	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,621.90**	**$ 24,681.75**	**$ 30,303.65**	
****BODY PART**						
Knee	2					
Multiple Neck Injury	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	1					
Multiple Head Injury	2					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Henrico County Health Dept. (87)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	6
Strain	1
Laceration	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Loudoun County Health Dept. (107)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Lousia County Health Dept. (109)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	20.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
14-16	2	40.0	0.00	0.00	0.00	0.0
10-12	1	20.0	0.00	0.00	0.00	0.0
30-32	1	20.0	0.00	0.00	0.00	0.0
4-6	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	20.0	0.00	0.00	0.00	0.0
35-39	1	20.0	0.00	0.00	0.00	0.0
50-54	2	40.0	0.00	0.00	0.00	0.0
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
Door	2	40.0	0.00	0.00	0.00	0.0
N/A	1	20.0	0.00	0.00	0.00	0.0
Needle stick	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	20.0	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	20.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Knee	1					
Wrist	2					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Lousia County Health Dept. (109)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
***INJURY**						
Contusion	4					
Puncture	1					
Strain	1					
	5					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Mecklenburg County Health Dept. (117)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Uneven Surface	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
	1					

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****INJURY**						
Strain	1					
	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Northampton County Health Dept. (131)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
10-12	1	50.0	0.00	0.00	0.00	0.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	50.0	0.00	0.00	0.00	0.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	2	
	2	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Nottaway County Health Dept. (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
22-24	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
******BODY PART***						
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

******INJURY***						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:23

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Pittsylvania County Hth.dept. (143)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
8-10	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Prince William County Hth.dept. (153)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	0.00	0.00	0.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chair	1	50.0	0.00	0.00	0.00	0.0
Door	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Toe(s)	1					
Elbow	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Pulaski County Health Dept. (155)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	140.25	1,609.75	1,750.00	59.3
2AM-3:59AM	1	50.0	1,198.71	0.00	1,198.71	40.6
	2		**$ 1,338.96**	**$ 1,609.75**	**$ 2,948.71**	
LENGTH OF SERVICE						
0-2	1	50.0	140.25	1,609.75	1,750.00	59.3
16-18	1	50.0	1,198.71	0.00	1,198.71	40.6
	2		**$ 1,338.96**	**$ 1,609.75**	**$ 2,948.71**	
AGE OF CLAIMANT						
25-29	1	50.0	140.25	1,609.75	1,750.00	59.3
40-44	1	50.0	1,198.71	0.00	1,198.71	40.6
	2		**$ 1,338.96**	**$ 1,609.75**	**$ 2,948.71**	
SEX OF CLAIMANT						
Male	1	50.0	140.25	1,609.75	1,750.00	59.3
Female	1	50.0	1,198.71	0.00	1,198.71	40.6
	2		**$ 1,338.96**	**$ 1,609.75**	**$ 2,948.71**	
LOSS CAUSE						
Animal, not otherwise classified	1	50.0	140.25	1,609.75	1,750.00	59.3
Uneven Surface	1	50.0	1,198.71	0.00	1,198.71	40.6
	2		**$ 1,338.96**	**$ 1,609.75**	**$ 2,948.71**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	140.25	1,609.75	1,750.00	59.3
Fall or Slip (On Same Level)	1	50.0	1,198.71	0.00	1,198.71	40.6
	2		**$ 1,338.96**	**$ 1,609.75**	**$ 2,948.71**	
****BODY PART**						
Finger(s)	1					
Knee	1					
Mouth	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Laceration	2
Contusion	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Richmond County Health Dept. (159)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Roanoke County/vinton Hlth Dept. (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	2	50.0	0.00	0.00	0.00	0.0
14-16	1	25.0	0.00	0.00	0.00	0.0
6-8	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	25.0	0.00	0.00	0.00	0.0
45-49	2	50.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	75.0	0.00	0.00	0.00	0.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Person	1	25.0	0.00	0.00	0.00	0.0
Knife, NOC	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Assault	1	25.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	25.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Elbow	2					
Knee	2					
Buttocks	1					
Finger(s)	1					
Hand	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	6
Puncture	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Roanoke County/vinton Hlth Dept. (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Rockingham Health Department (165)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,831.88	0.00	1,831.88	100.0
	1		**$ 1,831.88**	**$ 0.00**	**$ 1,831.88**	
LENGTH OF SERVICE						
4-6	1	100.0	1,831.88	0.00	1,831.88	100.0
	1		**$ 1,831.88**	**$ 0.00**	**$ 1,831.88**	
AGE OF CLAIMANT						
35-39	1	100.0	1,831.88	0.00	1,831.88	100.0
	1		**$ 1,831.88**	**$ 0.00**	**$ 1,831.88**	
SEX OF CLAIMANT						
Male	1	100.0	1,831.88	0.00	1,831.88	100.0
	1		**$ 1,831.88**	**$ 0.00**	**$ 1,831.88**	
LOSS CAUSE						
Boxes / containers	1	100.0	1,831.88	0.00	1,831.88	100.0
	1		**$ 1,831.88**	**$ 0.00**	**$ 1,831.88**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	1,831.88	0.00	1,831.88	100.0
	1		**$ 1,831.88**	**$ 0.00**	**$ 1,831.88**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Scott County Health Dept. (169)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
24-26	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
No Physical Problem	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
No Physical Injury	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Shenandoah County Health Dept. (171)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
12-14	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Object on Floor	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Laceration	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Spotsylvania County Health Dept. (177)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Object on Floor	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Foot	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Warren County Health Dept. (187)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Cabinet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Inflamation	1	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Wise/norton Health Department (195)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	0.00	750.00	750.00	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	33.3	0.00	750.00	750.00	100.0
6-8	1	33.3	0.00	0.00	0.00	0.0
8-10	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	33.3	0.00	750.00	750.00	100.0
30-34	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	66.6	0.00	750.00	750.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Vehicle/car/truck	2	66.6	0.00	750.00	750.00	100.0
Animal, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	33.3	0.00	750.00	750.00	100.0
Animal Or Insect	1	33.3	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	

****BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	1
No Physical Problem	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**

Strain	1
No Physical Injury	1
Puncture	1
	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Alexandria City Health Dept. (510)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	148.75	0.00	148.75	100.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.75**	**$ 0.00**	**$ 148.75**	
LENGTH OF SERVICE						
18-20	2	66.6	148.75	0.00	148.75	100.0
8-10	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.75**	**$ 0.00**	**$ 148.75**	
AGE OF CLAIMANT						
55-59	1	33.3	148.75	0.00	148.75	100.0
50-54	1	33.3	0.00	0.00	0.00	0.0
60-64	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.75**	**$ 0.00**	**$ 148.75**	
SEX OF CLAIMANT						
Female	2	66.6	148.75	0.00	148.75	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.75**	**$ 0.00**	**$ 148.75**	
LOSS CAUSE						
Walking surface, inside, dry	1	33.3	148.75	0.00	148.75	100.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.75**	**$ 0.00**	**$ 148.75**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	148.75	0.00	148.75	100.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 148.75**	**$ 0.00**	**$ 148.75**	

****BODY PART**

Ankle	1
Knee	2
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**

Strain	3
Laceration	2
	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Albermarle/charltesvl Hlth Dept. (540)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	22.19	9,727.81	9,750.00	91.3
10AM-11:59AM	2	66.6	169.00	750.00	919.00	8.6
	3		**$ 191.19**	**$ 10,477.81**	**$ 10,669.00**	
LENGTH OF SERVICE						
0-2	1	33.3	22.19	9,727.81	9,750.00	91.3
18-20	1	33.3	0.00	750.00	750.00	7.0
12-14	1	33.3	169.00	0.00	169.00	1.5
	3		**$ 191.19**	**$ 10,477.81**	**$ 10,669.00**	
AGE OF CLAIMANT						
55-59	1	33.3	22.19	9,727.81	9,750.00	91.3
40-44	1	33.3	0.00	750.00	750.00	7.0
80-84	1	33.3	169.00	0.00	169.00	1.5
	3		**$ 191.19**	**$ 10,477.81**	**$ 10,669.00**	
SEX OF CLAIMANT						
Female	3	100.0	191.19	10,477.81	10,669.00	100.0
	3		**$ 191.19**	**$ 10,477.81**	**$ 10,669.00**	
LOSS CAUSE						
Vehicle/car/truck	1	33.3	22.19	9,727.81	9,750.00	91.3
Chemicals, not otherwise classified	1	33.3	0.00	750.00	750.00	7.0
Walking surface, inside, dry	1	33.3	169.00	0.00	169.00	1.5
	3		**$ 191.19**	**$ 10,477.81**	**$ 10,669.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	33.3	22.19	9,727.81	9,750.00	91.3
Absorb, Ingest, Inhalation	1	33.3	0.00	750.00	750.00	7.0
Fall or Slip (On Same Level)	1	33.3	169.00	0.00	169.00	1.5
	3		**$ 191.19**	**$ 10,477.81**	**$ 10,669.00**	

****BODY PART**	
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Leg	1
Eye(s)	1
Nose	1
Facial, Other Soft Tissue	1
Hand	1
Knee	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Sprain	2
Inflamation	1
Poisoning - Chemical	1
Contusion	3

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Industrial Claims for Plan Year 2003

FrankGates

By Agencies,SubAgencies

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Albermarle/charltesvl Hlth Dept. (540)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Chesapeake Health Department (550)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	750.00	750.00	100.0
22-24	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
60-64	1	50.0	0.00	750.00	750.00	100.0
65-69	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	0.00	750.00	750.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	50.0	0.00	750.00	750.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	

****BODY PART**	
Elbow	1
Hip	1
Finger(s)	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Puncture	1
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Colonial Heights City H.dept. (570)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
Shoulder	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Concussion	1	
Contusion	2	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:24

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Danville City Health Dept. (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	155.02	0.00	155.02	100.0
	1		***$ 155.02***	***$ 0.00***	***$ 155.02***	
LENGTH OF SERVICE						
14-16	1	100.0	155.02	0.00	155.02	100.0
	1		***$ 155.02***	***$ 0.00***	***$ 155.02***	
AGE OF CLAIMANT						
70-74	1	100.0	155.02	0.00	155.02	100.0
	1		***$ 155.02***	***$ 0.00***	***$ 155.02***	
SEX OF CLAIMANT						
Female	1	100.0	155.02	0.00	155.02	100.0
	1		***$ 155.02***	***$ 0.00***	***$ 155.02***	
LOSS CAUSE						
Floor	1	100.0	155.02	0.00	155.02	100.0
	1		***$ 155.02***	***$ 0.00***	***$ 155.02***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	155.02	0.00	155.02	100.0
	1		***$ 155.02***	***$ 0.00***	***$ 155.02***	
*****BODY PART***						
Hip	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Fredericksburg City Hth.dept. (630)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
16-18	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Elbow	1					
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	2					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Hampton City Health Dept. (650)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	0.00	750.00	750.00	60.2
8AM-9:59AM	1	25.0	495.90	0.00	495.90	39.8
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 495.90**	**$ 750.00**	**$ 1,245.90**	
LENGTH OF SERVICE						
10-12	3	75.0	495.90	750.00	1,245.90	100.0
36-38	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 495.90**	**$ 750.00**	**$ 1,245.90**	
AGE OF CLAIMANT						
40-44	1	25.0	0.00	750.00	750.00	60.2
45-49	1	25.0	495.90	0.00	495.90	39.8
55-59	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 495.90**	**$ 750.00**	**$ 1,245.90**	
SEX OF CLAIMANT						
Female	4	100.0	495.90	750.00	1,245.90	100.0
	4		**$ 495.90**	**$ 750.00**	**$ 1,245.90**	
LOSS CAUSE						
Cabinet	1	25.0	0.00	750.00	750.00	60.2
Sharp objects, not otherwise classified	1	25.0	495.90	0.00	495.90	39.8
Chair	1	25.0	0.00	0.00	0.00	0.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 495.90**	**$ 750.00**	**$ 1,245.90**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	25.0	0.00	750.00	750.00	60.2
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	495.90	0.00	495.90	39.8
Fall or Slip (From Different Level)	1	25.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 495.90**	**$ 750.00**	**$ 1,245.90**	

****BODY PART**	
Knee	1
Hand	2
Buttocks	1
	4

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Laceration	1
Puncture	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Hampton City Health Dept. (650)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Rockingham/harrisonburg Hlthdept (660)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	0.00	0.00	0.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	0.00	0.00	0.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Contact with Cold Objects or Substances	1	50.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Foreign Body	1
Puncture	1
	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Hopewell City Health Dept. (670)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	581.60	0.00	581.60	79.5
12AM-1:59AM	1	50.0	149.60	0.00	149.60	20.4
	2		**$ 731.20**	**$ 0.00**	**$ 731.20**	
LENGTH OF SERVICE						
16-18	1	50.0	581.60	0.00	581.60	79.5
8-10	1	50.0	149.60	0.00	149.60	20.4
	2		**$ 731.20**	**$ 0.00**	**$ 731.20**	
AGE OF CLAIMANT						
50-54	1	50.0	581.60	0.00	581.60	79.5
45-49	1	50.0	149.60	0.00	149.60	20.4
	2		**$ 731.20**	**$ 0.00**	**$ 731.20**	
SEX OF CLAIMANT						
Female	2	100.0	731.20	0.00	731.20	100.0
	2		**$ 731.20**	**$ 0.00**	**$ 731.20**	
LOSS CAUSE						
Water	1	50.0	581.60	0.00	581.60	79.5
Door	1	50.0	149.60	0.00	149.60	20.4
	2		**$ 731.20**	**$ 0.00**	**$ 731.20**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	50.0	581.60	0.00	581.60	79.5
Struck/Injured by Object Being Lifted/Handled	1	50.0	149.60	0.00	149.60	20.4
	2		**$ 731.20**	**$ 0.00**	**$ 731.20**	
****BODY PART**						
Knee	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Lynchburg City Health Dept. (680)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	20.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
10-12	1	20.0	0.00	0.00	0.00	0.0
14-16	1	20.0	0.00	0.00	0.00	0.0
30-32	1	20.0	0.00	0.00	0.00	0.0
4-6	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	20.0	0.00	0.00	0.00	0.0
55-59	1	20.0	0.00	0.00	0.00	0.0
60-64	1	20.0	0.00	0.00	0.00	0.0
65-69	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chair	1	20.0	0.00	0.00	0.00	0.0
N/A	1	20.0	0.00	0.00	0.00	0.0
Needle stick	2	40.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	40.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	20.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Buttocks	2					
Finger(s)	1					
Thumb	1					
Toe(s)	1					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Lynchburg City Health Dept. (680)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	2					
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Henry/martinsville Health Dept. (690)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	0.00	750.00	750.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
14-16	1	50.0	0.00	750.00	750.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	50.0	0.00	750.00	750.00	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	750.00	750.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	50.0	0.00	750.00	750.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Whole Body	1					
Finger(s)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Poisoning - Chemical	1	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Newport News City Hth.dept. (700)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	333.24	0.00	333.24	100.0
2AM-3:59AM	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 333.24**	**$ 0.00**	**$ 333.24**	
LENGTH OF SERVICE						
2-4	1	33.3	333.24	0.00	333.24	100.0
14-16	1	33.3	0.00	0.00	0.00	0.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 333.24**	**$ 0.00**	**$ 333.24**	
AGE OF CLAIMANT						
45-49	1	33.3	333.24	0.00	333.24	100.0
60-64	1	33.3	0.00	0.00	0.00	0.0
30-34	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 333.24**	**$ 0.00**	**$ 333.24**	
SEX OF CLAIMANT						
Male	1	33.3	333.24	0.00	333.24	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 333.24**	**$ 0.00**	**$ 333.24**	
LOSS CAUSE						
Boxes / containers	1	33.3	333.24	0.00	333.24	100.0
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
Infectious agent	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 333.24**	**$ 0.00**	**$ 333.24**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	333.24	0.00	333.24	100.0
Fall or Slip (From Liquid/Grease spills)	1	33.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 333.24**	**$ 0.00**	**$ 333.24**	
****BODY PART**						
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	1					
Eye(s)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
Sprain	1	
Foreign Body	1	
	3	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	9.0	214.67	0.00	214.67	50.6
10AM-11:59AM	2	18.1	149.00	0.00	149.00	35.1
12PM-1:59PM	2	18.1	60.30	0.00	60.30	14.2
2AM-3:59AM	1	9.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	9.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	9.0	0.00	0.00	0.00	0.0
8AM-9:59AM	3	27.2	0.00	0.00	0.00	0.0
	11		**$ 423.97**	**$ 0.00**	**$ 423.97**	
LENGTH OF SERVICE						
24-26	2	18.1	214.67	0.00	214.67	50.6
28-30	2	18.1	149.00	0.00	149.00	35.1
26-28	1	9.0	60.30	0.00	60.30	14.2
0-2	1	9.0	0.00	0.00	0.00	0.0
12-14	1	9.0	0.00	0.00	0.00	0.0
18-20	2	18.1	0.00	0.00	0.00	0.0
20-22	1	9.0	0.00	0.00	0.00	0.0
6-8	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 423.97**	**$ 0.00**	**$ 423.97**	
AGE OF CLAIMANT						
55-59	4	36.3	363.67	0.00	363.67	85.7
50-54	2	18.1	60.30	0.00	60.30	14.2
35-39	1	9.0	0.00	0.00	0.00	0.0
40-44	1	9.0	0.00	0.00	0.00	0.0
45-49	2	18.1	0.00	0.00	0.00	0.0
60-64	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 423.97**	**$ 0.00**	**$ 423.97**	
SEX OF CLAIMANT						
Female	9	81.8	363.67	0.00	363.67	85.7
Male	2	18.1	60.30	0.00	60.30	14.2
	11		**$ 423.97**	**$ 0.00**	**$ 423.97**	
LOSS CAUSE						
Boxes / containers	1	9.0	214.67	0.00	214.67	50.6
Patient / Inmate	1	9.0	149.00	0.00	149.00	35.1
Walking surface, outside, dry	1	9.0	60.30	0.00	60.30	14.2
Animal / insect, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Cabinet	1	9.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Cleaning Products	1	9.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	9.0	0.00	0.00	0.00	0.0
Needle stick	1	9.0	0.00	0.00	0.00	0.0
Shelving	1	9.0	0.00	0.00	0.00	0.0
Uneven Surface	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 423.97**	**$ 0.00**	**$ 423.97**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	9.0	214.67	0.00	214.67	50.6
Fall or Slip (On Same Level)	2	18.1	209.30	0.00	209.30	49.3
Allergic Reaction	1	9.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	9.0	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	9.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	9.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	9.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 423.97**	**$ 0.00**	**$ 423.97**	

****BODY PART**	
Hand	2
Facial, Other Soft Tissue	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Arm	1
Finger(s)	1
Foot	2
Knee	1
Lower Leg	1
Lungs	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	4
Laceration	2
Foreign Body	1
Poisoning - Chemical	1
Puncture	3
Strain	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Petersburg City Health Dept. (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
8-10	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Abdomen including Groin	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	22.2	169.49	2,830.51	3,000.00	39.2
6AM-7:59AM	1	11.1	1,777.56	0.00	1,777.56	23.2
8AM-9:59AM	2	22.2	1,161.25	0.00	1,161.25	15.2
12AM-1:59AM	1	11.1	947.00	0.00	947.00	12.4
2AM-3:59AM	2	22.2	0.00	750.00	750.00	9.8
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,055.30***	***$ 3,580.51***	***$ 7,635.81***	
LENGTH OF SERVICE						
4-6	1	11.1	169.49	2,830.51	3,000.00	39.2
18-20	2	22.2	1,777.56	750.00	2,527.56	33.1
0-2	1	11.1	963.65	0.00	963.65	12.6
22-24	1	11.1	947.00	0.00	947.00	12.4
8-10	1	11.1	197.60	0.00	197.60	2.5
20-22	1	11.1	0.00	0.00	0.00	0.0
6-8	1	11.1	0.00	0.00	0.00	0.0
2-4	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,055.30***	***$ 3,580.51***	***$ 7,635.81***	
AGE OF CLAIMANT						
45-49	3	33.3	169.49	3,580.51	3,750.00	49.1
60-64	1	11.1	1,777.56	0.00	1,777.56	23.2
20-24	1	11.1	963.65	0.00	963.65	12.6
50-54	1	11.1	947.00	0.00	947.00	12.4
35-39	1	11.1	197.60	0.00	197.60	2.5
65-69	1	11.1	0.00	0.00	0.00	0.0
55-59	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,055.30***	***$ 3,580.51***	***$ 7,635.81***	
SEX OF CLAIMANT						
Male	2	22.2	1,116.49	2,830.51	3,947.00	51.6
Female	7	77.7	2,938.81	750.00	3,688.81	48.3
	9		***$ 4,055.30***	***$ 3,580.51***	***$ 7,635.81***	
LOSS CAUSE						
Person	2	22.2	1,116.49	2,830.51	3,947.00	51.6
Walking surface, outside, wet	1	11.1	1,777.56	0.00	1,777.56	23.2
Sharp objects, not otherwise classified	1	11.1	963.65	0.00	963.65	12.6
Needle stick	1	11.1	0.00	750.00	750.00	9.8
Cabinet	1	11.1	197.60	0.00	197.60	2.5
Ladder, 10’ folding	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	11.1	0.00	0.00	0.00	0.0
Socket Extension	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,055.30***	***$ 3,580.51***	***$ 7,635.81***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	11.1	169.49	2,830.51	3,000.00	39.2
Fall or Slip (On Same Level)	3	33.3	1,777.56	0.00	1,777.56	23.2
Strike Against/Step on Sanding,Scraping,Cleaning	1	11.1	963.65	0.00	963.65	12.6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lifting (strain or Injury by)	1	11.1	947.00	0.00	947.00	12.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	0.00	750.00	750.00	9.8
Pushing Or Pulling (Strain or Injury by)	1	11.1	197.60	0.00	197.60	2.5
Fall or Slip (From Ladder/Scaffolding)	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 4,055.30**	**$ 3,580.51**	**$ 7,635.81**	

**BODY PART

Upper Leg	1
Finger(s)	2
Elbow	1
Eye(s)	1
Facial, Other Soft Tissue	1
Knee	3
Mouth	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Thumb	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Neck Injury	1
Hand	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Laceration	4
Contusion	8
Infection	1
Sprain	2
Strain	2
Puncture	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Roanoke County/salem Hlth Dept. (775)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	66.6	324.00	0.00	324.00	61.9
10AM-11:59AM	1	33.3	198.90	0.00	198.90	38.0
	3		**$ 522.90**	**$ 0.00**	**$ 522.90**	
LENGTH OF SERVICE						
14-16	1	33.3	324.00	0.00	324.00	61.9
10-12	1	33.3	198.90	0.00	198.90	38.0
8-10	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 522.90**	**$ 0.00**	**$ 522.90**	
AGE OF CLAIMANT						
50-54	2	66.6	324.00	0.00	324.00	61.9
60-64	1	33.3	198.90	0.00	198.90	38.0
	3		**$ 522.90**	**$ 0.00**	**$ 522.90**	
SEX OF CLAIMANT						
Female	3	100.0	522.90	0.00	522.90	100.0
	3		**$ 522.90**	**$ 0.00**	**$ 522.90**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	324.00	0.00	324.00	61.9
Uneven Surface	1	33.3	198.90	0.00	198.90	38.0
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 522.90**	**$ 0.00**	**$ 522.90**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	324.00	0.00	324.00	61.9
Fall or Slip (On Same Level)	2	66.6	198.90	0.00	198.90	38.0
	3		**$ 522.90**	**$ 0.00**	**$ 522.90**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Hand	1
Knee	2
Hip	1
Lower Arm	1
Thumb	1
Upper Leg	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	4
Laceration	4
Contusion	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Roanoke County/salem Hlth Dept. (775)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Augusta/staunton Health Dept. (790)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	66.6	0.00	0.00	0.00	0.0
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	33.3	0.00	0.00	0.00	0.0
22-24	1	33.3	0.00	0.00	0.00	0.0
28-30	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	33.3	0.00	0.00	0.00	0.0
50-54	1	33.3	0.00	0.00	0.00	0.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Chair	1	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	33.3	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	33.3	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	1
Sprain	1
Strain	2
	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Virginia Beach Ciyt H.dept. (810)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	204.00	546.00	750.00	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
12AM-1:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 204.00**	**$ 546.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	2	50.0	204.00	546.00	750.00	100.0
14-16	1	25.0	0.00	0.00	0.00	0.0
20-22	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 204.00**	**$ 546.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	2	50.0	204.00	546.00	750.00	100.0
25-29	1	25.0	0.00	0.00	0.00	0.0
45-49	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 204.00**	**$ 546.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	50.0	204.00	546.00	750.00	100.0
Male	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 204.00**	**$ 546.00**	**$ 750.00**	
LOSS CAUSE						
Chair	1	25.0	204.00	546.00	750.00	100.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Wall	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 204.00**	**$ 546.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	204.00	546.00	750.00	100.0
Fall or slip (on stairs)	1	25.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 204.00**	**$ 546.00**	**$ 750.00**	
****BODY PART**						
Buttocks	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	1					
Multiple Head Injury	1					
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Virginia Beach Ciyt H.dept. (810)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	3					
Strain	3					
Laceration	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Health, Department Of (601)
SubAgency: Frederick/winchester Hlth Dept. (840)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	258.00	0.00	258.00	100.0
	1		**$ 258.00**	**$ 0.00**	**$ 258.00**	
LENGTH OF SERVICE						
0-2	1	100.0	258.00	0.00	258.00	100.0
	1		**$ 258.00**	**$ 0.00**	**$ 258.00**	
AGE OF CLAIMANT						
30-34	1	100.0	258.00	0.00	258.00	100.0
	1		**$ 258.00**	**$ 0.00**	**$ 258.00**	
SEX OF CLAIMANT						
Female	1	100.0	258.00	0.00	258.00	100.0
	1		**$ 258.00**	**$ 0.00**	**$ 258.00**	
LOSS CAUSE						
Needle stick	1	100.0	258.00	0.00	258.00	100.0
	1		**$ 258.00**	**$ 0.00**	**$ 258.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	258.00	0.00	258.00	100.0
	1		**$ 258.00**	**$ 0.00**	**$ 258.00**	
****BODY PART**						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Puncture	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Pulaski Correctional Unit #1 (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	44.4	0.00	3,000.00	3,000.00	41.1
10AM-11:59AM	1	11.1	11.37	1,738.63	1,750.00	23.9
12AM-1:59AM	1	11.1	1,044.98	0.00	1,044.98	14.3
6AM-7:59AM	2	22.2	0.00	750.00	750.00	10.2
8AM-9:59AM	1	11.1	0.00	750.00	750.00	10.2
	9		**$ 1,056.35**	**$ 6,238.63**	**$ 7,294.98**	
LENGTH OF SERVICE						
12-14	3	33.3	11.37	2,488.63	2,500.00	34.2
2-4	3	33.3	0.00	2,250.00	2,250.00	30.8
0-2	1	11.1	1,044.98	0.00	1,044.98	14.3
4-6	1	11.1	0.00	750.00	750.00	10.2
6-8	1	11.1	0.00	750.00	750.00	10.2
	9		**$ 1,056.35**	**$ 6,238.63**	**$ 7,294.98**	
AGE OF CLAIMANT						
30-34	3	33.3	0.00	2,250.00	2,250.00	30.8
45-49	3	33.3	1,044.98	750.00	1,794.98	24.6
35-39	1	11.1	11.37	1,738.63	1,750.00	23.9
25-29	1	11.1	0.00	750.00	750.00	10.2
40-44	1	11.1	0.00	750.00	750.00	10.2
	9		**$ 1,056.35**	**$ 6,238.63**	**$ 7,294.98**	
SEX OF CLAIMANT						
Male	8	88.8	1,056.35	5,488.63	6,544.98	89.7
Female	1	11.1	0.00	750.00	750.00	10.2
	9		**$ 1,056.35**	**$ 6,238.63**	**$ 7,294.98**	
LOSS CAUSE						
Patient / Inmate	3	33.3	0.00	2,250.00	2,250.00	30.8
Stairs, steps	1	11.1	11.37	1,738.63	1,750.00	23.9
Walking surface, outside, wet	3	33.3	0.00	1,500.00	1,500.00	20.5
Gun / gunshot	1	11.1	1,044.98	0.00	1,044.98	14.3
Paper / Pulp	1	11.1	0.00	750.00	750.00	10.2
	9		**$ 1,056.35**	**$ 6,238.63**	**$ 7,294.98**	
ACCIDENT TYPE						
Assault	3	33.3	0.00	2,250.00	2,250.00	30.8
Fall or slip (on stairs)	1	11.1	11.37	1,738.63	1,750.00	23.9
Fall or slip (on ice or snow)	2	22.2	0.00	1,500.00	1,500.00	20.5
Struck/Injured by Hand Tool/Machine In Use	1	11.1	1,044.98	0.00	1,044.98	14.3
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	0.00	750.00	750.00	10.2
Fall or Slip (On Same Level)	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 1,056.35**	**$ 6,238.63**	**$ 7,294.98**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Knee	2					
Shoulder	2					
Multiple Head Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Pulaski Correctional Unit #1 (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Finger(s)	1					
Multiple Body Parts	1					
No Physical Problem	1					
Wrist	1					
Hip	1					
	9					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	11
Contusion	3
Laceration	1
No Physical Injury	1
	9

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Baskerville Correctional Unit (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	186.51	0.00	186.51	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 186.51**	**$ 0.00**	**$ 186.51**	
LENGTH OF SERVICE						
12-14	2	100.0	186.51	0.00	186.51	100.0
	2		**$ 186.51**	**$ 0.00**	**$ 186.51**	
AGE OF CLAIMANT						
45-49	2	100.0	186.51	0.00	186.51	100.0
	2		**$ 186.51**	**$ 0.00**	**$ 186.51**	
SEX OF CLAIMANT						
Male	2	100.0	186.51	0.00	186.51	100.0
	2		**$ 186.51**	**$ 0.00**	**$ 186.51**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	186.51	0.00	186.51	100.0
Animal / bee type	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 186.51**	**$ 0.00**	**$ 186.51**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	186.51	0.00	186.51	100.0
Animal Or Insect	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 186.51**	**$ 0.00**	**$ 186.51**	
****BODY PART**						
Ankle	1					
Hand	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Strain	1	
Puncture	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Caroline Correctional Unit #2 (159)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	750.00	750.00	93.2
12PM-1:59PM	1	33.3	54.40	0.00	54.40	6.7
4PM-5:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 54.40**	**$ 750.00**	**$ 804.40**	
LENGTH OF SERVICE						
36-38	1	33.3	0.00	750.00	750.00	93.2
8-10	1	33.3	54.40	0.00	54.40	6.7
18-20	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 54.40**	**$ 750.00**	**$ 804.40**	
AGE OF CLAIMANT						
55-59	1	33.3	0.00	750.00	750.00	93.2
45-49	1	33.3	54.40	0.00	54.40	6.7
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 54.40**	**$ 750.00**	**$ 804.40**	
SEX OF CLAIMANT						
Male	3	100.0	54.40	750.00	804.40	100.0
	3		**$ 54.40**	**$ 750.00**	**$ 804.40**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	0.00	750.00	750.00	93.2
Animal / bee type	1	33.3	54.40	0.00	54.40	6.7
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 54.40**	**$ 750.00**	**$ 804.40**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	33.3	0.00	750.00	750.00	93.2
Animal Or Insect	1	33.3	54.40	0.00	54.40	6.7
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 54.40**	**$ 750.00**	**$ 804.40**	
****BODY PART**						
Hip	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
Puncture	1					
Strain	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:25

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Correctional Unit #13 (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	334.85	0.00	334.85	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 334.85**	**$ 0.00**	**$ 334.85**	
LENGTH OF SERVICE						
2-4	3	75.0	334.85	0.00	334.85	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 334.85**	**$ 0.00**	**$ 334.85**	
AGE OF CLAIMANT						
40-44	1	25.0	334.85	0.00	334.85	100.0
35-39	2	50.0	0.00	0.00	0.00	0.0
45-49	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 334.85**	**$ 0.00**	**$ 334.85**	
SEX OF CLAIMANT						
Female	4	100.0	334.85	0.00	334.85	100.0
	4		**$ 334.85**	**$ 0.00**	**$ 334.85**	
LOSS CAUSE						
Stairs, steps	1	25.0	334.85	0.00	334.85	100.0
Door	1	25.0	0.00	0.00	0.00	0.0
Foreign Object	1	25.0	0.00	0.00	0.00	0.0
Ladder - Portable	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 334.85**	**$ 0.00**	**$ 334.85**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	25.0	334.85	0.00	334.85	100.0
Stuck, injured by fellow worker, patient	1	25.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 334.85**	**$ 0.00**	**$ 334.85**	
****BODY PART**						
Ankle	1					
Knee	1					
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Eye(s)	1					
Foot	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	2
Strain	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Correctional Unit #13 (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	1					
	4					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Rustburg Correctional Unit #9 (257)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	0.00	750.00	750.00	86.1
10AM-11:59AM	2	66.6	120.62	0.00	120.62	13.8
	3		**$ 120.62**	**$ 750.00**	**$ 870.62**	
LENGTH OF SERVICE						
16-18	1	33.3	0.00	750.00	750.00	86.1
10-12	1	33.3	120.62	0.00	120.62	13.8
24-26	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 120.62**	**$ 750.00**	**$ 870.62**	
AGE OF CLAIMANT						
35-39	1	33.3	0.00	750.00	750.00	86.1
45-49	1	33.3	120.62	0.00	120.62	13.8
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 120.62**	**$ 750.00**	**$ 870.62**	
SEX OF CLAIMANT						
Male	2	66.6	0.00	750.00	750.00	86.1
Female	1	33.3	120.62	0.00	120.62	13.8
	3		**$ 120.62**	**$ 750.00**	**$ 870.62**	
LOSS CAUSE						
Walking surface, inside, wet	1	33.3	0.00	750.00	750.00	86.1
Animal / tick, spider, etc.	1	33.3	120.62	0.00	120.62	13.8
Chair	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 120.62**	**$ 750.00**	**$ 870.62**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	0.00	750.00	750.00	86.1
Animal Or Insect	1	33.3	120.62	0.00	120.62	13.8
Collision with a Fixed Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 120.62**	**$ 750.00**	**$ 870.62**	
****BODY PART**						
Ankle	1					
Knee	1					
Lower Leg	1					
Multiple Head Injury	1					
Upper Back Area (Thoracic Area)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Puncture	1
No Physical Injury	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Rustburg Correctional Unit #9 (257)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: White Post Detention Center (259)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	9.0	283.00	4,467.00	4,750.00	52.6
8AM-9:59AM	4	36.3	171.00	2,079.00	2,250.00	24.9
10AM-11:59AM	3	27.2	0.00	750.00	750.00	8.3
6AM-7:59AM	1	9.0	0.00	750.00	750.00	8.3
2AM-3:59AM	2	18.1	516.65	0.00	516.65	5.7
	11		**$ 970.65**	**$ 8,046.00**	**$ 9,016.65**	
LENGTH OF SERVICE						
8-10	3	27.2	283.00	5,217.00	5,500.00	61.0
4-6	4	36.3	0.00	2,250.00	2,250.00	24.9
2-4	1	9.0	171.00	579.00	750.00	8.3
20-22	2	18.1	516.65	0.00	516.65	5.7
6-8	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 970.65**	**$ 8,046.00**	**$ 9,016.65**	
AGE OF CLAIMANT						
55-59	1	9.0	283.00	4,467.00	4,750.00	52.6
35-39	3	27.2	0.00	1,500.00	1,500.00	16.6
25-29	1	9.0	0.00	750.00	750.00	8.3
30-34	3	27.2	171.00	579.00	750.00	8.3
45-49	1	9.0	0.00	750.00	750.00	8.3
40-44	1	9.0	516.65	0.00	516.65	5.7
50-54	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 970.65**	**$ 8,046.00**	**$ 9,016.65**	
SEX OF CLAIMANT						
Female	5	45.4	799.65	5,967.00	6,766.65	75.0
Male	6	54.5	171.00	2,079.00	2,250.00	24.9
	11		**$ 970.65**	**$ 8,046.00**	**$ 9,016.65**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	9.0	283.00	4,467.00	4,750.00	52.6
Floor	1	9.0	0.00	750.00	750.00	8.3
Furniture / fixtures	1	9.0	0.00	750.00	750.00	8.3
Overhead Object	1	9.0	0.00	750.00	750.00	8.3
Stairs, steps	1	9.0	0.00	750.00	750.00	8.3
Vehicle/car/truck	1	9.0	171.00	579.00	750.00	8.3
Chair	1	9.0	516.65	0.00	516.65	5.7
Brush / tree / log	1	9.0	0.00	0.00	0.00	0.0
Hammer	1	9.0	0.00	0.00	0.00	0.0
Metal items	1	9.0	0.00	0.00	0.00	0.0
Needle stick	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 970.65**	**$ 8,046.00**	**$ 9,016.65**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	9.0	283.00	4,467.00	4,750.00	52.6
Collision with a Fixed Object	2	18.1	0.00	1,500.00	1,500.00	16.6
Fall or Slip (From Different Level)	2	18.1	687.65	579.00	1,266.65	14.0
Fall or Slip (On Same Level)	1	9.0	0.00	750.00	750.00	8.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: White Post Detention Center (259)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	1	9.0	0.00	750.00	750.00	8.3
Contact With Hot Object or Substances	1	9.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	18.1	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 970.65**	**$ 8,046.00**	**$ 9,016.65**	

**BODY PART

Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	2
Elbow	1
Knee	1
Multiple Head Injury	1
Thumb	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	1
Unknown	1
Finger(s)	4
Multiple Body Parts	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	5
Contusion	6
Unknown	1
Burn	2
Dermatitis	1
Puncture	1
	11

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Cold Springs County Crctnl Unit (357)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Brush / tree / log	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Elbow	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Harrisonburg Diversion Center (359)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	66.6	8,552.05	51,998.60	60,550.65	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,552.05**	**$ 51,998.60**	**$ 60,550.65**	
LENGTH OF SERVICE						
32-34	1	33.3	4,774.68	43,657.67	48,432.35	79.9
16-18	1	33.3	3,777.37	8,340.93	12,118.30	20.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,552.05**	**$ 51,998.60**	**$ 60,550.65**	
AGE OF CLAIMANT						
50-54	2	66.6	8,552.05	51,998.60	60,550.65	100.0
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,552.05**	**$ 51,998.60**	**$ 60,550.65**	
SEX OF CLAIMANT						
Female	1	33.3	4,774.68	43,657.67	48,432.35	79.9
Male	2	66.6	3,777.37	8,340.93	12,118.30	20.0
	3		**$ 8,552.05**	**$ 51,998.60**	**$ 60,550.65**	
LOSS CAUSE						
Patient / Inmate	1	33.3	4,774.68	43,657.67	48,432.35	79.9
Floor	1	33.3	3,777.37	8,340.93	12,118.30	20.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,552.05**	**$ 51,998.60**	**$ 60,550.65**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	33.3	4,774.68	43,657.67	48,432.35	79.9
Fall or Slip (On Same Level)	1	33.3	3,777.37	8,340.93	12,118.30	20.0
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,552.05**	**$ 51,998.60**	**$ 60,550.65**	
****BODY PART**						
Lower Leg	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Contusion	3					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Halifax Correctional Unit #23 (458)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	270.40	479.60	750.00	100.0
	2		***$ 270.40***	***$ 479.60***	***$ 750.00***	
LENGTH OF SERVICE						
10-12	1	50.0	270.40	479.60	750.00	100.0
16-18	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 270.40***	***$ 479.60***	***$ 750.00***	
AGE OF CLAIMANT						
50-54	1	50.0	270.40	479.60	750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 270.40***	***$ 479.60***	***$ 750.00***	
SEX OF CLAIMANT						
Male	2	100.0	270.40	479.60	750.00	100.0
	2		***$ 270.40***	***$ 479.60***	***$ 750.00***	
LOSS CAUSE						
Object on Floor	1	50.0	270.40	479.60	750.00	100.0
Door	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 270.40***	***$ 479.60***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	270.40	479.60	750.00	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 270.40***	***$ 479.60***	***$ 750.00***	
*****BODY PART***						
Hand	1					
Hip	1					
Shoulder	2					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***		
Contusion	3	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	23.0	1,469.23	0.00	1,469.23	38.8
12AM-1:59AM	2	15.3	0.00	750.00	750.00	19.8
2AM-3:59AM	1	7.6	0.00	750.00	750.00	19.8
4AM-5:59AM	3	23.0	0.00	750.00	750.00	19.8
10AM-11:59AM	1	7.6	60.30	0.00	60.30	1.6
6AM-7:59AM	3	23.0	0.00	0.00	0.00	0.0
	13		**$ 1,529.53**	**$ 2,250.00**	**$ 3,779.53**	
LENGTH OF SERVICE						
0-2	3	23.0	1,529.53	750.00	2,279.53	60.3
12-14	4	30.7	0.00	1,500.00	1,500.00	39.6
16-18	1	7.6	0.00	0.00	0.00	0.0
4-6	1	7.6	0.00	0.00	0.00	0.0
6-8	2	15.3	0.00	0.00	0.00	0.0
10-12	1	7.6	0.00	0.00	0.00	0.0
8-10	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,529.53**	**$ 2,250.00**	**$ 3,779.53**	
AGE OF CLAIMANT						
35-39	5	38.4	1,469.23	750.00	2,219.23	58.7
25-29	2	15.3	0.00	750.00	750.00	19.8
50-54	1	7.6	0.00	750.00	750.00	19.8
40-44	3	23.0	60.30	0.00	60.30	1.6
30-34	1	7.6	0.00	0.00	0.00	0.0
45-49	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,529.53**	**$ 2,250.00**	**$ 3,779.53**	
SEX OF CLAIMANT						
Male	11	84.6	0.00	2,250.00	2,250.00	59.5
Female	2	15.3	1,529.53	0.00	1,529.53	40.4
	13		**$ 1,529.53**	**$ 2,250.00**	**$ 3,779.53**	
LOSS CAUSE						
Metal items	1	7.6	1,469.23	0.00	1,469.23	38.8
N/A	2	15.3	0.00	750.00	750.00	19.8
Stairs	1	7.6	0.00	750.00	750.00	19.8
Walking surface, inside, wet	1	7.6	0.00	750.00	750.00	19.8
Stairs, steps	1	7.6	60.30	0.00	60.30	1.6
Chair	3	23.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	7.6	0.00	0.00	0.00	0.0
Door	1	7.6	0.00	0.00	0.00	0.0
Foreign Object	1	7.6	0.00	0.00	0.00	0.0
Razor blade	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,529.53**	**$ 2,250.00**	**$ 3,779.53**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	15.3	1,469.23	0.00	1,469.23	38.8
Fall or Slip (From Liquid/Grease spills)	1	7.6	0.00	750.00	750.00	19.8
Fall or slip (on stairs)	1	7.6	0.00	750.00	750.00	19.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Repetitive Motion	1	7.6	0.00	750.00	750.00	19.8
Slipped, Did Not Fall	1	7.6	60.30	0.00	60.30	1.6
Fall or Slip (From Different Level)	3	23.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	7.6	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	7.6	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	7.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 1,529.53***	***$ 2,250.00***	***$ 3,779.53***	

***BODY PART**

Knee	2
Multiple Head Injury	2
Elbow	4
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Upper Back Area (Thoracic Area)	1
Shoulder	1
Buttocks	1
Finger(s)	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Contusion	6
Strain	3
Laceration	4
Sprain	1
No Physical Injury	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Corrections Administration (701)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	16.6	3,851.85	14,698.15	18,550.00	79.6
10AM-11:59AM	1	16.6	987.39	2,262.61	3,250.00	13.9
6AM-7:59AM	1	16.6	0.00	750.00	750.00	3.2
8AM-9:59AM	2	33.3	0.00	750.00	750.00	3.2
4PM-5:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 4,839.24***	***$ 18,460.76***	***$ 23,300.00***	
LENGTH OF SERVICE						
4-6	2	33.3	3,851.85	15,448.15	19,300.00	82.8
10-12	1	16.6	987.39	2,262.61	3,250.00	13.9
2-4	1	16.6	0.00	750.00	750.00	3.2
0-2	1	16.6	0.00	0.00	0.00	0.0
26-28	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 4,839.24***	***$ 18,460.76***	***$ 23,300.00***	
AGE OF CLAIMANT						
60-64	1	16.6	3,851.85	14,698.15	18,550.00	79.6
45-49	1	16.6	987.39	2,262.61	3,250.00	13.9
50-54	2	33.3	0.00	1,500.00	1,500.00	6.4
40-44	1	16.6	0.00	0.00	0.00	0.0
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 4,839.24***	***$ 18,460.76***	***$ 23,300.00***	
SEX OF CLAIMANT						
Male	3	50.0	4,839.24	16,960.76	21,800.00	93.5
Female	3	50.0	0.00	1,500.00	1,500.00	6.4
	6		***$ 4,839.24***	***$ 18,460.76***	***$ 23,300.00***	
LOSS CAUSE						
Furniture / fixtures	2	33.3	3,851.85	14,698.15	18,550.00	79.6
Wood Items	1	16.6	987.39	2,262.61	3,250.00	13.9
Boxes / containers	1	16.6	0.00	750.00	750.00	3.2
Walking surface, inside, dry	1	16.6	0.00	750.00	750.00	3.2
Foreign Object	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 4,839.24***	***$ 18,460.76***	***$ 23,300.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	33.3	4,839.24	16,960.76	21,800.00	93.5
Fall or Slip (On Same Level)	1	16.6	0.00	750.00	750.00	3.2
Repetitive Motion	1	16.6	0.00	750.00	750.00	3.2
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 4,839.24***	***$ 18,460.76***	***$ 23,300.00***	
****BODY PART**						
Shoulder	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Ankle	1					
Multiple Head Injury	1					
Multiple Neck Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Corrections Administration (701)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Leg	1					
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Dislocation	1
Strain	4
Contusion	3
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	7	35.0	13,151.14	63,250.68	76,401.82	88.2
10AM-11:59AM	5	25.0	254.40	3,745.60	4,000.00	4.6
12PM-1:59PM	3	15.0	505.12	1,744.88	2,250.00	2.6
Unknown	1	5.0	1,662.25	0.00	1,662.25	1.9
6AM-7:59AM	2	10.0	0.00	1,500.00	1,500.00	1.7
2AM-3:59AM	1	5.0	0.00	750.00	750.00	0.8
6PM-7:59PM	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 15,572.91**	**$ 70,991.16**	**$ 86,564.07**	
LENGTH OF SERVICE						
4-6	2	10.0	11,935.09	30,301.93	42,237.02	48.7
22-24	1	5.0	301.25	32,948.75	33,250.00	38.4
6-8	5	25.0	2,208.77	1,221.28	3,430.05	3.9
0-2	3	15.0	254.40	1,995.60	2,250.00	2.6
8-10	4	20.0	647.00	1,500.00	2,147.00	2.4
14-16	2	10.0	0.00	1,750.00	1,750.00	2.0
12-14	1	5.0	226.40	523.60	750.00	0.8
2-4	1	5.0	0.00	750.00	750.00	0.8
26-28	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 15,572.91**	**$ 70,991.16**	**$ 86,564.07**	
AGE OF CLAIMANT						
45-49	2	10.0	11,456.53	30,780.49	42,237.02	48.7
55-59	1	5.0	301.25	32,948.75	33,250.00	38.4
30-34	3	15.0	2,309.25	750.00	3,059.25	3.5
40-44	3	15.0	546.52	2,221.28	2,767.80	3.2
25-29	3	15.0	0.00	1,500.00	1,500.00	1.7
35-39	4	20.0	478.56	1,021.44	1,500.00	1.7
20-24	1	5.0	254.40	495.60	750.00	0.8
50-54	1	5.0	0.00	750.00	750.00	0.8
60-64	1	5.0	226.40	523.60	750.00	0.8
70-74	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 15,572.91**	**$ 70,991.16**	**$ 86,564.07**	
SEX OF CLAIMANT						
Male	14	70.0	14,826.55	68,469.72	83,296.27	96.2
Female	6	30.0	746.36	2,521.44	3,267.80	3.7
	20		**$ 15,572.91**	**$ 70,991.16**	**$ 86,564.07**	
LOSS CAUSE						
Floor	1	5.0	11,456.53	30,030.49	41,487.02	47.9
Trailer Dolly	1	5.0	301.25	32,948.75	33,250.00	38.4
Chair	1	5.0	0.00	1,750.00	1,750.00	2.0
Furniture / fixtures	1	5.0	1,662.25	0.00	1,662.25	1.9
Unknown	1	5.0	0.00	750.00	750.00	0.8
Animal / bee type	1	5.0	0.00	750.00	750.00	0.8
Door	1	5.0	0.00	750.00	750.00	0.8
Fencing	1	5.0	478.56	271.44	750.00	0.8
Overhead Object	1	5.0	254.40	495.60	750.00	0.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pallet,Skid,Flat	1	5.0	226.40	523.60	750.00	0.8
Patient / Inmate	2	10.0	278.72	471.28	750.00	0.8
Stairs, steps	2	10.0	0.00	750.00	750.00	0.8
Walking surface, outside, dry	1	5.0	0.00	750.00	750.00	0.8
Walking surface, outside, wet	1	5.0	0.00	750.00	750.00	0.8
Chemicals, not otherwise classified	2	10.0	647.00	0.00	647.00	0.7
Foreign Object	1	5.0	267.80	0.00	267.80	0.3
Walking surface, inside, wet	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 15,572.91***	***$ 70,991.16***	***$ 86,564.07***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	2	10.0	11,682.93	30,554.09	42,237.02	48.7
Collision with a Fixed Object	3	15.0	555.65	35,194.35	35,750.00	41.3
Strike Against/Step on Stationary Object	1	5.0	1,662.25	0.00	1,662.25	1.9
Assault	2	10.0	546.52	471.28	1,017.80	1.1
Allergic Reaction	1	5.0	0.00	750.00	750.00	0.8
Fall or slip (on ice or snow)	1	5.0	0.00	750.00	750.00	0.8
Fall or slip (on stairs)	2	10.0	0.00	750.00	750.00	0.8
Object Handled (caught in or between)	1	5.0	478.56	271.44	750.00	0.8
Other than physical cause of injury	1	5.0	0.00	750.00	750.00	0.8
Struck/Injured by Object Being Lifted/Handled	1	5.0	0.00	750.00	750.00	0.8
Twisting, strain or injury by	1	5.0	0.00	750.00	750.00	0.8
Absorb, Ingest, Inhalation	1	5.0	647.00	0.00	647.00	0.7
Fall or Slip (From Liquid/Grease spills)	1	5.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	5.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 15,572.91***	***$ 70,991.16***	***$ 86,564.07***	

***BODY PART*

Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Knee	3
Multiple Head Injury	3
Hand	3
Body System & Multiple Body Parts	2
Ankle	1
Elbow	2
Mouth	1
Whole Body	1
Eye(s)	2
Facial, Other Soft Tissue	1
Shoulder	1
Wrist	1
	20

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY*

Contusion	9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
Strain	4					
Laceration	4					
All Other	1					
No Physical Injury	1					
All Other Cumulative	1					
Foreign Body	2					
	20					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Enterprises (711)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	20.0	18,031.19	64,132.34	82,163.53	98.8
2PM-3:59PM	1	20.0	659.80	90.20	750.00	0.9
12PM-1:59PM	2	40.0	169.00	0.00	169.00	0.2
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18,859.99**	**$ 64,222.54**	**$ 83,082.53**	
LENGTH OF SERVICE						
12-14	1	20.0	18,031.19	64,132.34	82,163.53	98.8
2-4	1	20.0	659.80	90.20	750.00	0.9
0-2	2	40.0	169.00	0.00	169.00	0.2
10-12	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18,859.99**	**$ 64,222.54**	**$ 83,082.53**	
AGE OF CLAIMANT						
55-59	2	40.0	18,200.19	64,132.34	82,332.53	99.1
25-29	1	20.0	659.80	90.20	750.00	0.9
30-34	1	20.0	0.00	0.00	0.00	0.0
45-49	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18,859.99**	**$ 64,222.54**	**$ 83,082.53**	
SEX OF CLAIMANT						
Male	1	20.0	18,031.19	64,132.34	82,163.53	98.8
Female	4	80.0	828.80	90.20	919.00	1.1
	5		**$ 18,859.99**	**$ 64,222.54**	**$ 83,082.53**	
LOSS CAUSE						
Object on Floor	1	20.0	18,031.19	64,132.34	82,163.53	98.8
Stairs, steps	1	20.0	659.80	90.20	750.00	0.9
Hand tool, not powered, NOC	1	20.0	169.00	0.00	169.00	0.2
Office equipment	1	20.0	0.00	0.00	0.00	0.0
Person	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18,859.99**	**$ 64,222.54**	**$ 83,082.53**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	18,031.19	64,132.34	82,163.53	98.8
Fall or slip (on stairs)	1	20.0	659.80	90.20	750.00	0.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	169.00	0.00	169.00	0.2
Repetitive Motion	1	20.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18,859.99**	**$ 64,222.54**	**$ 83,082.53**	
****BODY PART**						
Shoulder	1					
Thumb	1					
Finger(s)	1					
Hand	1					
Wrist(s) & Hand(s)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Enterprises (711)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	1
Sprain	1
Laceration	1
Carpal Tunnel Syndrome	1
Fracture	1
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:26

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	21.4	3,696.97	20,633.42	24,330.39	69.8
6AM-7:59AM	1	7.1	778.08	4,121.92	4,900.00	14.0
12PM-1:59PM	4	28.5	311.20	2,188.80	2,500.00	7.1
2AM-3:59AM	2	14.2	204.00	750.00	954.00	2.7
12AM-1:59AM	1	7.1	101.60	648.40	750.00	2.1
2PM-3:59PM	1	7.1	706.16	0.00	706.16	2.0
8AM-9:59AM	1	7.1	681.10	0.00	681.10	1.9
4PM-5:59PM	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,479.11**	**$ 28,342.54**	**$ 34,821.65**	
LENGTH OF SERVICE						
14-16	1	7.1	3,676.58	19,883.42	23,560.00	67.6
4-6	2	14.2	778.08	4,871.92	5,650.00	16.2
0-2	4	28.5	311.20	2,188.80	2,500.00	7.1
10-12	1	7.1	101.60	648.40	750.00	2.1
28-30	1	7.1	0.00	750.00	750.00	2.1
22-24	1	7.1	706.16	0.00	706.16	2.0
20-22	1	7.1	681.10	0.00	681.10	1.9
12-14	1	7.1	204.00	0.00	204.00	0.5
6-8	1	7.1	20.39	0.00	20.39	0.0
2-4	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,479.11**	**$ 28,342.54**	**$ 34,821.65**	
AGE OF CLAIMANT						
55-59	2	14.2	4,382.74	19,883.42	24,266.16	69.6
35-39	3	21.4	879.68	5,520.32	6,400.00	18.3
20-24	2	14.2	311.20	1,438.80	1,750.00	5.0
45-49	3	21.4	701.49	750.00	1,451.49	4.1
50-54	1	7.1	0.00	750.00	750.00	2.1
40-44	2	14.2	204.00	0.00	204.00	0.5
25-29	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,479.11**	**$ 28,342.54**	**$ 34,821.65**	
SEX OF CLAIMANT						
Male	5	35.7	4,561.68	20,633.42	25,195.10	72.3
Female	9	64.2	1,917.43	7,709.12	9,626.55	27.6
	14		**$ 6,479.11**	**$ 28,342.54**	**$ 34,821.65**	
LOSS CAUSE						
Steam / exhaust	1	7.1	3,676.58	19,883.42	23,560.00	67.6
Walking surface, outside, wet	1	7.1	778.08	4,121.92	4,900.00	14.0
Stairs	2	14.2	311.20	2,188.80	2,500.00	7.1
Chair	1	7.1	0.00	750.00	750.00	2.1
Uneven Surface	1	7.1	0.00	750.00	750.00	2.1
Window frame	1	7.1	101.60	648.40	750.00	2.1
Walking surface, outside, dry	1	7.1	706.16	0.00	706.16	2.0
Vehicle/car/truck	1	7.1	681.10	0.00	681.10	1.9
Furniture / fixtures	2	14.2	224.39	0.00	224.39	0.6
Environmental conditions	1	7.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Patient / Inmate	1	7.1	0.00	0.00	0.00	0.0
Splinter/Burr	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,479.11**	**$ 28,342.54**	**$ 34,821.65**	

ACCIDENT TYPE

Contact With Hot Object or Substances	1	7.1	3,676.58	19,883.42	23,560.00	67.6
Slipped, Did Not Fall	2	14.2	778.08	4,871.92	5,650.00	16.2
Fall or slip (on stairs)	1	7.1	311.20	1,438.80	1,750.00	5.0
Fall or Slip (From Different Level)	1	7.1	0.00	750.00	750.00	2.1
Object Handled (caught in or between)	1	7.1	101.60	648.40	750.00	2.1
Twisting, strain or injury by	1	7.1	0.00	750.00	750.00	2.1
Fall or Slip (On Same Level)	1	7.1	706.16	0.00	706.16	2.0
Jumping (Strain or Injury by)	1	7.1	681.10	0.00	681.10	1.9
Struck/Injured by Falling or Flying Object	1	7.1	204.00	0.00	204.00	0.5
Strike Against/Step on Stationary Object	1	7.1	20.39	0.00	20.39	0.0
Lifting (strain or Injury by)	1	7.1	0.00	0.00	0.00	0.0
Repetitive Motion	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,479.11**	**$ 28,342.54**	**$ 34,821.65**	

**BODY PART

Lower Leg	2
Ankle	3
Upper Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	3
Multiple Head Injury	2
Foot	1
Hip	1
Shoulder	1
Facial, Other Soft Tissue	1
Lower Arm	1
Whole Body	1
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Burn	3
Strain	6
Contusion	6
Laceration	2
Multiple Injuries, Physical and/or Mental	1
Sprain	1
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	25.0	3,594.49	40,169.10	43,763.59	47.3
12AM-1:59AM	5	31.2	15,616.55	7,499.45	23,116.00	24.9
8AM-9:59AM	3	18.7	15,117.07	6,855.49	21,972.56	23.7
4AM-5:59AM	1	6.2	135.00	3,315.00	3,450.00	3.7
2PM-3:59PM	1	6.2	188.55	0.00	188.55	0.2
12PM-1:59PM	1	6.2	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 34,651.66**	**$ 57,839.04**	**$ 92,490.70**	
LENGTH OF SERVICE						
4-6	5	31.2	5,433.21	44,866.79	50,300.00	54.3
0-2	2	12.5	9,552.50	7,169.06	16,721.56	18.0
20-22	2	12.5	11,425.30	379.25	11,804.55	12.7
8-10	1	6.2	5,598.57	3,001.43	8,600.00	9.3
2-4	4	25.0	2,428.49	2,422.51	4,851.00	5.2
10-12	1	6.2	213.59	0.00	213.59	0.2
18-20	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 34,651.66**	**$ 57,839.04**	**$ 92,490.70**	
AGE OF CLAIMANT						
50-54	2	12.5	3,380.90	38,669.10	42,050.00	45.4
35-39	3	18.7	15,016.07	6,855.49	21,871.56	23.6
45-49	2	12.5	11,425.30	379.25	11,804.55	12.7
25-29	3	18.7	2,223.31	6,026.69	8,250.00	8.9
30-34	3	18.7	2,471.08	1,843.51	4,314.59	4.6
40-44	2	12.5	135.00	3,315.00	3,450.00	3.7
60-64	1	6.2	0.00	750.00	750.00	0.8
	16		**$ 34,651.66**	**$ 57,839.04**	**$ 92,490.70**	
SEX OF CLAIMANT						
Male	12	75.0	31,034.76	15,854.94	46,889.70	50.7
Female	4	25.0	3,616.90	41,984.10	45,601.00	49.3
	16		**$ 34,651.66**	**$ 57,839.04**	**$ 92,490.70**	
LOSS CAUSE						
Door	3	18.7	3,481.90	39,419.10	42,901.00	46.3
Patient / Inmate	5	31.2	28,476.13	12,511.43	40,987.56	44.3
Unknown	2	12.5	135.00	4,065.00	4,200.00	4.5
Fencing	1	6.2	2,156.49	1,843.51	4,000.00	4.3
Chemicals, not otherwise classified	1	6.2	213.59	0.00	213.59	0.2
Person	1	6.2	188.55	0.00	188.55	0.2
Machine, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 34,651.66**	**$ 57,839.04**	**$ 92,490.70**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	12.5	3,380.90	38,669.10	42,050.00	45.4
Assault	5	31.2	28,476.13	12,511.43	40,987.56	44.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Collision with a Fixed Object	1	6.2	2,156.49	1,843.51	4,000.00	4.3
Temperature Extremes	1	6.2	135.00	3,315.00	3,450.00	3.7
Object Handled (caught in or between)	2	12.5	101.00	750.00	851.00	0.9
Twisting, strain or injury by	1	6.2	0.00	750.00	750.00	0.8
Foreign Body In Eye	1	6.2	213.59	0.00	213.59	0.2
Stuck, injured by fellow worker, patient	1	6.2	188.55	0.00	188.55	0.2
Collision/sideswipe with Another Vehicle	1	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 34,651.66***	***$ 57,839.04***	***$ 92,490.70***	

***BODY PART**

Knee	2
Hand	2
Mouth	1
Lower Arm	3
Multiple Head Injury	1
Multiple Neck Injury	1
Soft Tissue - Neck	1
Lower Leg	2
Finger(s)	3
Upper Leg	2
Upper Arm (Inc: Clavicle and Scapula)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
No Physical Problem	3
	16

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Laceration	8
Contusion	5
Fracture	1
Concussion	1
Strain	3
Foreign Body	2
No Physical Injury	4
Sprain	1
	16

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	7.1	4,259.80	43,300.20	47,560.00	55.5
10AM-11:59AM	4	28.5	2,020.02	33,979.98	36,000.00	42.0
4AM-5:59AM	2	14.2	0.00	750.00	750.00	0.8
6AM-7:59AM	2	14.2	0.00	750.00	750.00	0.8
8AM-9:59AM	4	28.5	567.47	0.00	567.47	0.6
6PM-7:59PM	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,847.29**	**$ 78,780.18**	**$ 85,627.47**	
LENGTH OF SERVICE						
2-4	4	28.5	4,259.80	44,800.20	49,060.00	57.2
6-8	3	21.4	2,020.02	33,229.98	35,250.00	41.1
8-10	1	7.1	0.00	750.00	750.00	0.8
22-24	1	7.1	334.47	0.00	334.47	0.3
20-22	1	7.1	233.00	0.00	233.00	0.2
0-2	1	7.1	0.00	0.00	0.00	0.0
4-6	2	14.2	0.00	0.00	0.00	0.0
28-30	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,847.29**	**$ 78,780.18**	**$ 85,627.47**	
AGE OF CLAIMANT						
35-39	2	14.2	4,259.80	43,300.20	47,560.00	55.5
55-59	3	21.4	2,020.02	33,229.98	35,250.00	41.1
45-49	2	14.2	233.00	750.00	983.00	1.1
25-29	2	14.2	0.00	750.00	750.00	0.8
40-44	1	7.1	0.00	750.00	750.00	0.8
50-54	2	14.2	334.47	0.00	334.47	0.3
30-34	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 6,847.29**	**$ 78,780.18**	**$ 85,627.47**	
SEX OF CLAIMANT						
Male	10	71.4	6,512.82	77,280.18	83,793.00	97.8
Female	4	28.5	334.47	1,500.00	1,834.47	2.1
	14		**$ 6,847.29**	**$ 78,780.18**	**$ 85,627.47**	
LOSS CAUSE						
Stairs	1	7.1	4,259.80	43,300.20	47,560.00	55.5
Foreign Object	2	14.2	2,020.02	33,979.98	36,000.00	42.0
Pallet,Skid,Flat	1	7.1	0.00	750.00	750.00	0.8
Walking surface, inside, wet	1	7.1	0.00	750.00	750.00	0.8
Fencing	1	7.1	334.47	0.00	334.47	0.3
Hand tool, powered, NOC	1	7.1	233.00	0.00	233.00	0.2
Animal / bee type	2	14.2	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
Cart	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	7.1	0.00	0.00	0.00	0.0
Needle stick	1	7.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	14		**$ 6,847.29**	**$ 78,780.18**	**$ 85,627.47**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	7.1	4,259.80	43,300.20	47,560.00	55.5
Lifting (strain or Injury by)	2	14.2	2,253.02	33,229.98	35,483.00	41.4
Fall or Slip (From Different Level)	1	7.1	0.00	750.00	750.00	0.8
Fall or Slip (From Liquid/Grease spills)	1	7.1	0.00	750.00	750.00	0.8
Struck/Injured by Falling or Flying Object	1	7.1	0.00	750.00	750.00	0.8
Object being lifted/handled (cut,punc.scrape,inj b	2	14.2	334.47	0.00	334.47	0.3
Animal Or Insect	3	21.4	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	7.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	7.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 6,847.29**	**$ 78,780.18**	**$ 85,627.47**	

*****BODY PART***	
Knee	4
Shoulder	2
Hand	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Multiple Head Injury	1
Soft Tissue - Neck	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	1
Facial, Other Soft Tissue	1
Foot	1
Lower Leg	1
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	5
Strain	8
Inflamation	1
Laceration	1
Foreign Body	1
Puncture	3
	14

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	15.3	8,663.23	6,668.60	15,331.83	90.6
6AM-7:59AM	4	30.7	76.62	750.00	826.62	4.8
12AM-1:59AM	2	15.3	0.00	750.00	750.00	4.4
10AM-11:59AM	1	7.6	0.00	0.00	0.00	0.0
2PM-3:59PM	1	7.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	7.6	0.00	0.00	0.00	0.0
4AM-5:59AM	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 8,739.85**	**$ 8,168.60**	**$ 16,908.45**	
LENGTH OF SERVICE						
0-2	2	15.3	8,663.23	6,668.60	15,331.83	90.6
4-6	3	23.0	76.62	750.00	826.62	4.8
6-8	1	7.6	0.00	750.00	750.00	4.4
14-16	1	7.6	0.00	0.00	0.00	0.0
8-10	2	15.3	0.00	0.00	0.00	0.0
18-20	1	7.6	0.00	0.00	0.00	0.0
2-4	1	7.6	0.00	0.00	0.00	0.0
20-22	1	7.6	0.00	0.00	0.00	0.0
22-24	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 8,739.85**	**$ 8,168.60**	**$ 16,908.45**	
AGE OF CLAIMANT						
40-44	1	7.6	8,663.23	6,668.60	15,331.83	90.6
55-59	4	30.7	76.62	750.00	826.62	4.8
25-29	1	7.6	0.00	750.00	750.00	4.4
30-34	1	7.6	0.00	0.00	0.00	0.0
20-24	1	7.6	0.00	0.00	0.00	0.0
35-39	2	15.3	0.00	0.00	0.00	0.0
45-49	2	15.3	0.00	0.00	0.00	0.0
50-54	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 8,739.85**	**$ 8,168.60**	**$ 16,908.45**	
SEX OF CLAIMANT						
Female	8	61.5	8,739.85	7,418.60	16,158.45	95.5
Male	5	38.4	0.00	750.00	750.00	4.4
	13		**$ 8,739.85**	**$ 8,168.60**	**$ 16,908.45**	
LOSS CAUSE						
Person	1	7.6	8,663.23	6,668.60	15,331.83	90.6
Unknown	1	7.6	0.00	750.00	750.00	4.4
Walking surface, outside, wet	3	23.0	0.00	750.00	750.00	4.4
Stairs, steps	1	7.6	76.62	0.00	76.62	0.4
Furniture / fixtures	1	7.6	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	7.6	0.00	0.00	0.00	0.0
Foreign Object	1	7.6	0.00	0.00	0.00	0.0
Stairs	1	7.6	0.00	0.00	0.00	0.0
Uneven Surface	1	7.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	15.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	13		**$ 8,739.85**	**$ 8,168.60**	**$ 16,908.45**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	7.6	8,663.23	6,668.60	15,331.83	90.6
Fall or slip (on ice or snow)	2	15.3	0.00	750.00	750.00	4.4
Other than physical cause of injury	1	7.6	0.00	750.00	750.00	4.4
Fall or slip (on stairs)	1	7.6	76.62	0.00	76.62	0.4
Fall or Slip (On Same Level)	2	15.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	7.6	0.00	0.00	0.00	0.0
Animal Or Insect	1	7.6	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	7.6	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	7.6	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 8,739.85**	**$ 8,168.60**	**$ 16,908.45**	

*****BODY PART***

Knee	2
Ankle	4
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Buttocks	1
Hand	2
Lower Arm	1
Wrist	2
Multiple Head Injury	1
Finger(s)	1
Multiple Body Parts	1
Multiple Neck Injury	1
No Physical Problem	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	5
Sprain	2
Contusion	8
Laceration	1
No Physical Injury	1
Puncture	1
	13

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Powatan Reception & Classification Ctr (721)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	28.5	1,141.35	625.20	1,766.55	54.0
6AM-7:59AM	2	28.5	759.89	525.45	1,285.34	39.3
10AM-11:59AM	1	14.2	178.08	0.00	178.08	5.4
12AM-1:59AM	1	14.2	39.20	0.00	39.20	1.2
4AM-5:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,118.52**	**$ 1,150.65**	**$ 3,269.17**	
LENGTH OF SERVICE						
4-6	2	28.5	1,141.35	625.20	1,766.55	54.0
10-12	1	14.2	224.55	525.45	750.00	22.9
2-4	2	28.5	535.34	0.00	535.34	16.3
6-8	1	14.2	178.08	0.00	178.08	5.4
8-10	1	14.2	39.20	0.00	39.20	1.2
	7		**$ 2,118.52**	**$ 1,150.65**	**$ 3,269.17**	
AGE OF CLAIMANT						
40-44	1	14.2	1,016.55	0.00	1,016.55	31.1
25-29	1	14.2	124.80	625.20	750.00	22.9
45-49	1	14.2	224.55	525.45	750.00	22.9
20-24	1	14.2	535.34	0.00	535.34	16.3
35-39	3	42.8	217.28	0.00	217.28	6.6
	7		**$ 2,118.52**	**$ 1,150.65**	**$ 3,269.17**	
SEX OF CLAIMANT						
Male	5	71.4	1,543.98	1,150.65	2,694.63	82.4
Female	2	28.5	574.54	0.00	574.54	17.5
	7		**$ 2,118.52**	**$ 1,150.65**	**$ 3,269.17**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	14.2	1,016.55	0.00	1,016.55	31.1
Overhead Object	1	14.2	124.80	625.20	750.00	22.9
Patient / Inmate	2	28.5	224.55	525.45	750.00	22.9
Walking surface, inside, wet	1	14.2	535.34	0.00	535.34	16.3
Hot/Cold Object, Liquid, Substance	1	14.2	178.08	0.00	178.08	5.4
Foreign Object	1	14.2	39.20	0.00	39.20	1.2
	7		**$ 2,118.52**	**$ 1,150.65**	**$ 3,269.17**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	14.2	1,016.55	0.00	1,016.55	31.1
Assault	1	14.2	224.55	525.45	750.00	22.9
Collision with a Fixed Object	1	14.2	124.80	625.20	750.00	22.9
Fall or Slip (From Liquid/Grease spills)	2	28.5	713.42	0.00	713.42	21.8
Contact with Cold Objects or Substances	1	14.2	39.20	0.00	39.20	1.2
Stuck, injured by fellow worker, patient	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,118.52**	**$ 1,150.65**	**$ 3,269.17**	
****BODY PART**						
Multiple Head Injury	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Multiple Neck Injury	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Powatan Reception & Classification Ctr (721)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	2					
Lower Arm	1					
Facial, Other Soft Tissue	1					
Thumb	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	6					
Laceration	2					
Strain	1					
Foreign Body	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	8	50.0	1,332.14	2,250.00	3,582.14	38.6
4PM-5:59PM	1	6.2	1,200.48	911.39	2,111.87	22.7
8AM-9:59AM	2	12.5	0.00	1,750.00	1,750.00	18.8
12AM-1:59AM	2	12.5	135.00	750.00	885.00	9.5
2AM-3:59AM	1	6.2	0.00	750.00	750.00	8.0
4AM-5:59AM	1	6.2	125.00	0.00	125.00	1.3
12PM-1:59PM	1	6.2	62.00	0.00	62.00	0.6
	16		**$ 2,854.62**	**$ 6,411.39**	**$ 9,266.01**	
LENGTH OF SERVICE						
12-14	2	12.5	1,200.48	1,661.39	2,861.87	30.8
20-22	2	12.5	0.00	2,500.00	2,500.00	26.9
6-8	6	37.5	1,420.66	750.00	2,170.66	23.4
0-2	1	6.2	0.00	750.00	750.00	8.0
14-16	2	12.5	0.00	750.00	750.00	8.0
2-4	1	6.2	233.48	0.00	233.48	2.5
10-12	1	6.2	0.00	0.00	0.00	0.0
18-20	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 2,854.62**	**$ 6,411.39**	**$ 9,266.01**	
AGE OF CLAIMANT						
40-44	3	18.7	1,200.48	3,411.39	4,611.87	49.7
25-29	5	31.2	430.48	750.00	1,180.48	12.7
30-34	1	6.2	1,098.66	0.00	1,098.66	11.8
35-39	1	6.2	0.00	750.00	750.00	8.0
50-54	2	12.5	0.00	750.00	750.00	8.0
55-59	2	12.5	0.00	750.00	750.00	8.0
45-49	2	12.5	125.00	0.00	125.00	1.3
	16		**$ 2,854.62**	**$ 6,411.39**	**$ 9,266.01**	
SEX OF CLAIMANT						
Male	6	37.5	2,657.62	2,411.39	5,069.01	54.7
Female	10	62.5	197.00	4,000.00	4,197.00	45.2
	16		**$ 2,854.62**	**$ 6,411.39**	**$ 9,266.01**	
LOSS CAUSE						
Door	2	12.5	0.00	2,500.00	2,500.00	26.9
Patient / Inmate	1	6.2	1,200.48	911.39	2,111.87	22.7
Water	1	6.2	1,098.66	0.00	1,098.66	11.8
Boxes / containers	1	6.2	0.00	750.00	750.00	8.0
Floor	1	6.2	0.00	750.00	750.00	8.0
Foreign Object	1	6.2	0.00	750.00	750.00	8.0
Walking surface, inside, dry	1	6.2	0.00	750.00	750.00	8.0
Person	2	12.5	368.48	0.00	368.48	3.9
Walking surface, outside, wet	2	12.5	125.00	0.00	125.00	1.3
Gloves	1	6.2	62.00	0.00	62.00	0.6
Walking surface, inside, wet	1	6.2	0.00	0.00	0.00	0.0
Object on Floor	1	6.2	0.00	0.00	0.00	0.0
Overhead Object	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	16		**$ 2,854.62**	**$ 6,411.39**	**$ 9,266.01**	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	12.5	0.00	2,500.00	2,500.00	26.9
Assault	2	12.5	1,433.96	911.39	2,345.35	25.3
Fall or Slip (From Liquid/Grease spills)	2	12.5	1,098.66	0.00	1,098.66	11.8
Pushing Or Pulling (Strain or Injury by)	2	12.5	135.00	750.00	885.00	9.5
Fall or Slip (On Same Level)	1	6.2	0.00	750.00	750.00	8.0
Lifting (strain or Injury by)	1	6.2	0.00	750.00	750.00	8.0
Other than physical cause of injury	1	6.2	0.00	750.00	750.00	8.0
Fall or slip (on ice or snow)	2	12.5	125.00	0.00	125.00	1.3
Allergic Reaction	1	6.2	62.00	0.00	62.00	0.6
Reaching (Strain or Injury by)	1	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 2,854.62**	**$ 6,411.39**	**$ 9,266.01**	

*****BODY PART***	
Eye(s)	2
Ear(s)	1
Facial, Other Soft Tissue	1
Finger(s)	1
Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Hip	2
Hand	1
No Physical Problem	1
Thumb	1
Mouth	1
Foot	1
Lower Leg	1
Shoulder	1
	16

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	12
Laceration	1
Strain	3
No Physical Injury	2
Foreign Body	1
	16

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	33.3	8,383.84	6,616.16	15,000.00	93.7
10AM-11:59AM	1	16.6	205.00	545.00	750.00	4.6
8AM-9:59AM	2	33.3	148.00	0.00	148.00	0.9
12PM-1:59PM	1	16.6	104.20	0.00	104.20	0.6
	6		**$ 8,841.04**	**$ 7,161.16**	**$ 16,002.20**	
LENGTH OF SERVICE						
18-20	1	16.6	8,370.24	4,879.76	13,250.00	82.8
0-2	1	16.6	13.60	1,736.40	1,750.00	10.9
2-4	1	16.6	205.00	545.00	750.00	4.6
8-10	1	16.6	148.00	0.00	148.00	0.9
4-6	1	16.6	104.20	0.00	104.20	0.6
14-16	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 8,841.04**	**$ 7,161.16**	**$ 16,002.20**	
AGE OF CLAIMANT						
55-59	1	16.6	8,370.24	4,879.76	13,250.00	82.8
15-19	1	16.6	13.60	1,736.40	1,750.00	10.9
25-29	2	33.3	309.20	545.00	854.20	5.3
40-44	1	16.6	148.00	0.00	148.00	0.9
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 8,841.04**	**$ 7,161.16**	**$ 16,002.20**	
SEX OF CLAIMANT						
Female	4	66.6	8,636.04	6,616.16	15,252.20	95.3
Male	2	33.3	205.00	545.00	750.00	4.6
	6		**$ 8,841.04**	**$ 7,161.16**	**$ 16,002.20**	
LOSS CAUSE						
Stairs, steps	1	16.6	8,370.24	4,879.76	13,250.00	82.8
Boxes / containers	2	33.3	218.60	2,281.40	2,500.00	15.6
Razor blade	1	16.6	148.00	0.00	148.00	0.9
Animal / bee type	2	33.3	104.20	0.00	104.20	0.6
	6		**$ 8,841.04**	**$ 7,161.16**	**$ 16,002.20**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	16.6	8,370.24	4,879.76	13,250.00	82.8
Lifting (strain or Injury by)	2	33.3	218.60	2,281.40	2,500.00	15.6
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	148.00	0.00	148.00	0.9
Animal Or Insect	2	33.3	104.20	0.00	104.20	0.6
	6		**$ 8,841.04**	**$ 7,161.16**	**$ 16,002.20**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Finger(s)	1					
Ankle	1					
Lower Arm	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	6					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	3
Laceration	1
Sprain	1
Puncture	1
	6

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	20.0	0.00	13,173.53	13,173.53	65.7
4AM-5:59AM	2	20.0	1,957.88	2,641.02	4,598.90	22.9
10AM-11:59AM	3	30.0	118.90	1,381.10	1,500.00	7.4
8AM-9:59AM	2	20.0	0.00	750.00	750.00	3.7
2PM-3:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 2,076.78**	**$ 17,945.65**	**$ 20,022.43**	
LENGTH OF SERVICE						
4-6	7	70.0	727.88	17,195.65	17,923.53	89.5
0-2	2	20.0	1,348.90	0.00	1,348.90	6.7
2-4	1	10.0	0.00	750.00	750.00	3.7
	10		**$ 2,076.78**	**$ 17,945.65**	**$ 20,022.43**	
AGE OF CLAIMANT						
50-54	1	10.0	0.00	8,650.00	8,650.00	43.2
40-44	4	40.0	2,076.78	3,272.12	5,348.90	26.7
25-29	1	10.0	0.00	4,523.53	4,523.53	22.5
35-39	2	20.0	0.00	1,500.00	1,500.00	7.4
30-34	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 2,076.78**	**$ 17,945.65**	**$ 20,022.43**	
SEX OF CLAIMANT						
Male	4	40.0	0.00	13,173.53	13,173.53	65.7
Female	6	60.0	2,076.78	4,772.12	6,848.90	34.2
	10		**$ 2,076.78**	**$ 17,945.65**	**$ 20,022.43**	
LOSS CAUSE						
Walking surface, outside, wet	2	20.0	0.00	8,650.00	8,650.00	43.2
Boxes / containers	1	10.0	0.00	4,523.53	4,523.53	22.5
Vehicle/car/truck	1	10.0	608.98	2,641.02	3,250.00	16.2
Walking surface, inside, wet	2	20.0	1,467.80	631.10	2,098.90	10.4
Chair	1	10.0	0.00	750.00	750.00	3.7
Object on Floor	1	10.0	0.00	750.00	750.00	3.7
Patient / Inmate	1	10.0	0.00	0.00	0.00	0.0
Wrench	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 2,076.78**	**$ 17,945.65**	**$ 20,022.43**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	10.0	0.00	8,650.00	8,650.00	43.2
Lifting (strain or Injury by)	1	10.0	0.00	4,523.53	4,523.53	22.5
Struck/Injured by Motor Vehicle	1	10.0	608.98	2,641.02	3,250.00	16.2
Fall or Slip (From Liquid/Grease spills)	3	30.0	1,467.80	631.10	2,098.90	10.4
Fall or Slip (On Same Level)	1	10.0	0.00	750.00	750.00	3.7
Slipped, Did Not Fall	1	10.0	0.00	750.00	750.00	3.7
Assault	1	10.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		$ 2,076.78	$ 17,945.65	$ 20,022.43	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Abdomen including Groin	2
Upper Leg	2
Knee	2
Multiple Head Injury	1
Hip	2
Ankle	1
Buttocks	1
Wrist	1
Shoulder	1
Finger(s)	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	7
Strain	6
Concussion	1
No Physical Injury	1
Laceration	1
	10

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	10.5	2,938.63	6,437.38	9,376.01	34.1
12AM-1:59AM	2	10.5	1,741.20	7,569.00	9,310.20	33.8
8AM-9:59AM	4	21.0	630.40	2,798.60	3,429.00	12.4
10AM-11:59AM	5	26.3	292.25	2,500.00	2,792.25	10.1
6AM-7:59AM	3	15.7	542.50	1,279.00	1,821.50	6.6
12PM-1:59PM	1	5.2	0.00	750.00	750.00	2.7
2AM-3:59AM	1	5.2	0.00	0.00	0.00	0.0
2PM-3:59PM	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 6,144.98**	**$ 21,333.98**	**$ 27,478.96**	
LENGTH OF SERVICE						
4-6	8	42.1	1,542.15	10,276.60	11,818.75	43.0
2-4	4	21.0	4,198.83	7,187.38	11,386.21	41.4
6-8	2	10.5	225.00	1,620.00	1,845.00	6.7
0-2	3	15.7	179.00	750.00	929.00	3.3
10-12	1	5.2	0.00	750.00	750.00	2.7
12-14	1	5.2	0.00	750.00	750.00	2.7
	19		**$ 6,144.98**	**$ 21,333.98**	**$ 27,478.96**	
AGE OF CLAIMANT						
30-34	5	26.3	2,938.63	8,187.38	11,126.01	40.4
40-44	4	21.0	999.65	8,747.60	9,747.25	35.4
35-39	2	10.5	130.00	2,370.00	2,500.00	9.1
50-54	2	10.5	1,260.20	750.00	2,010.20	7.3
25-29	3	15.7	542.50	1,279.00	1,821.50	6.6
45-49	1	5.2	179.00	0.00	179.00	0.6
60-64	1	5.2	95.00	0.00	95.00	0.3
20-24	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 6,144.98**	**$ 21,333.98**	**$ 27,478.96**	
SEX OF CLAIMANT						
Female	7	36.8	3,360.88	10,557.38	13,918.26	50.6
Male	12	63.1	2,784.10	10,776.60	13,560.70	49.3
	19		**$ 6,144.98**	**$ 21,333.98**	**$ 27,478.96**	
LOSS CAUSE						
Stone / rock / brick	1	5.2	2,938.63	5,687.38	8,626.01	31.3
Fencing	1	5.2	481.00	7,569.00	8,050.00	29.3
Stairs	2	10.5	0.00	2,500.00	2,500.00	9.1
Walking surface, inside, wet	1	5.2	130.00	1,620.00	1,750.00	6.3
Door	3	15.7	542.40	957.60	1,500.00	5.4
N/A	1	5.2	1,260.20	0.00	1,260.20	4.5
Unknown	1	5.2	0.00	750.00	750.00	2.7
Foreign Object	2	10.5	0.00	750.00	750.00	2.7
Walking surface, inside, dry	1	5.2	0.00	750.00	750.00	2.7
Wires	1	5.2	0.00	750.00	750.00	2.7
Patient / Inmate	1	5.2	321.50	0.00	321.50	1.1
Machine, not otherwise classified	1	5.2	197.25	0.00	197.25	0.7
Stairs, steps	1	5.2	179.00	0.00	179.00	0.6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object on Floor	1	5.2	95.00	0.00	95.00	0.3
Cart	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 6,144.98**	**$ 21,333.98**	**$ 27,478.96**	

ACCIDENT TYPE

Fall or Slip (From Liquid/Grease spills)	1	5.2	2,938.63	5,687.38	8,626.01	31.3
Collision with a Fixed Object	2	10.5	678.25	7,569.00	8,247.25	30.0
Fall or slip (on stairs)	3	15.7	179.00	2,500.00	2,679.00	9.7
Fall or Slip (On Same Level)	3	15.7	225.00	2,370.00	2,595.00	9.4
Object Handled (caught in or between)	4	21.0	542.40	957.60	1,500.00	5.4
Other (Not Otherwise Classified)	1	5.2	1,260.20	0.00	1,260.20	4.5
Foreign Body In Eye	1	5.2	0.00	750.00	750.00	2.7
Pushing Or Pulling (Strain or Injury by)	1	5.2	0.00	750.00	750.00	2.7
Repetitive Motion	1	5.2	0.00	750.00	750.00	2.7
Assault	2	10.5	321.50	0.00	321.50	1.1
	19		**$ 6,144.98**	**$ 21,333.98**	**$ 27,478.96**	

**BODY PART

Hand	5
Ankle	3
Shoulder	3
Elbow	3
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hip	1
Knee	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Eye(s)	2
Upper Arm (Inc: Clavicle and Scapula)	1
Finger(s)	1
Thumb	1
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Contusion	17
Strain	6
Laceration	1
Puncture	1
Foreign Body	2
No Physical Injury	1
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:27

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	9.3	23,703.66	3,169.12	26,872.78	28.8
10AM-11:59AM	8	25.0	17,368.96	6,940.51	24,309.47	26.0
8AM-9:59AM	8	25.0	1,564.63	16,546.44	18,111.07	19.4
4AM-5:59AM	3	9.3	4,544.00	12,169.85	16,713.85	17.9
2PM-3:59PM	2	6.2	940.50	1,750.00	2,690.50	2.8
6AM-7:59AM	4	12.5	517.26	1,534.00	2,051.26	2.2
2AM-3:59AM	1	3.1	1,026.35	0.00	1,026.35	1.1
12AM-1:59AM	1	3.1	0.00	750.00	750.00	0.8
4PM-5:59PM	2	6.2	712.35	37.65	750.00	0.8
	32		**$ 50,377.71**	**$ 42,897.57**	**$ 93,275.28**	
LENGTH OF SERVICE						
4-6	12	37.5	42,688.96	12,431.28	55,120.24	59.0
0-2	9	28.1	5,493.43	12,169.85	17,663.28	18.9
26-28	1	3.1	953.56	15,796.44	16,750.00	17.9
2-4	8	25.0	1,241.76	2,500.00	3,741.76	4.0
28-30	1	3.1	0.00	0.00	0.00	0.0
6-8	1	3.1	0.00	0.00	0.00	0.0
	32		**$ 50,377.71**	**$ 42,897.57**	**$ 93,275.28**	
AGE OF CLAIMANT						
40-44	5	15.6	32,243.37	8,696.58	40,939.95	43.8
25-29	5	15.6	13,235.58	6,190.51	19,426.09	20.8
45-49	3	9.3	953.56	15,796.44	16,750.00	17.9
20-24	3	9.3	857.61	6,642.39	7,500.00	8.0
30-34	13	40.6	1,666.97	3,821.65	5,488.62	5.8
50-54	1	3.1	940.50	1,750.00	2,690.50	2.8
35-39	2	6.2	480.12	0.00	480.12	0.5
	32		**$ 50,377.71**	**$ 42,897.57**	**$ 93,275.28**	
SEX OF CLAIMANT						
Male	23	71.8	43,630.33	24,601.13	68,231.46	73.1
Female	9	28.1	6,747.38	18,296.44	25,043.82	26.8
	32		**$ 50,377.71**	**$ 42,897.57**	**$ 93,275.28**	
LOSS CAUSE						
Water	1	3.1	23,703.66	3,169.12	26,872.78	28.8
Walking surface, inside, wet	2	6.2	13,066.84	12,832.90	25,899.74	27.7
Floor	1	3.1	953.56	15,796.44	16,750.00	17.9
Needle stick	3	9.3	3,817.34	5,527.46	9,344.80	10.0
Boxes / containers	1	3.1	4,722.37	0.00	4,722.37	5.0
Cabinet	2	6.2	1,966.85	1,750.00	3,716.85	3.9
Door	3	9.3	216.00	1,534.00	1,750.00	1.8
Unknown	2	6.2	0.00	750.00	750.00	0.8
Overhead Object	1	3.1	0.00	750.00	750.00	0.8
Person	2	6.2	0.00	750.00	750.00	0.8
Walking surface, outside, wet	1	3.1	712.35	37.65	750.00	0.8
Metal items	1	3.1	480.12	0.00	480.12	0.5
Miscellaneous	1	3.1	338.36	0.00	338.36	0.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, dry	1	3.1	301.26	0.00	301.26	0.3
Animal / bee type	1	3.1	99.00	0.00	99.00	0.1
Walking surface, inside, dry	1	3.1	0.00	0.00	0.00	0.0
Dishes	1	3.1	0.00	0.00	0.00	0.0
Foreign Object	5	15.6	0.00	0.00	0.00	0.0
Patient / Inmate	2	6.2	0.00	0.00	0.00	0.0
	32		***$ 50,377.71***	***$ 42,897.57***	***$ 93,275.28***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	9.3	13,875.14	22,024.60	35,899.74	38.4
Fall or Slip (From Liquid/Grease spills)	1	3.1	23,703.66	3,169.12	26,872.78	28.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	9.3	3,817.34	5,527.46	9,344.80	10.0
Slipped, Did Not Fall	1	3.1	857.61	6,642.39	7,500.00	8.0
Lifting (strain or Injury by)	1	3.1	4,722.37	0.00	4,722.37	5.0
Pushing Or Pulling (Strain or Injury by)	2	6.2	1,156.50	3,284.00	4,440.50	4.7
Object being lifted/handled (cut,punc.scrape,inj b	4	12.5	1,506.47	750.00	2,256.47	2.4
Stuck, injured by fellow worker, patient	2	6.2	0.00	750.00	750.00	0.8
Twisting, strain or injury by	2	6.2	0.00	750.00	750.00	0.8
Foreign Body In Eye	1	3.1	338.36	0.00	338.36	0.3
Repetitive Motion	1	3.1	301.26	0.00	301.26	0.3
Animal Or Insect	1	3.1	99.00	0.00	99.00	0.1
Cumulative (Not Otherwise Classified)	1	3.1	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.1	0.00	0.00	0.00	0.0
Assault	3	9.3	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	3.1	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	3	9.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 50,377.71***	***$ 42,897.57***	***$ 93,275.28***	

***BODY PART

Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Upper Back Area (Thoracic Area)	1
Eye(s)	1
Lower Arm	2
Finger(s)	4
Shoulder	2
Multiple Neck Injury	2
Upper Arm (Inc: Clavicle and Scapula)	6
Toe(s)	1
Abdomen including Groin	1
Ear(s)	1
Facial, Other Soft Tissue	1
Wrist	1
Elbow	2
Hand	1
Ankle	1
Lower Leg	1
Mouth	1
Multiple Head Injury	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Thumb	1					
	32					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	16
Contusion	8
Foreign Body	4
Puncture	4
Dislocation	1
Dermatitis	1
Laceration	3
No Physical Injury	2
	32

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	3	25.0	607.14	1,500.00	2,107.14	25.8
6AM-7:59AM	2	16.6	682.26	1,355.63	2,037.89	24.9
10AM-11:59AM	3	25.0	430.45	1,336.85	1,767.30	21.6
2AM-3:59AM	1	8.3	0.00	750.00	750.00	9.1
4AM-5:59AM	1	8.3	317.16	432.84	750.00	9.1
6PM-7:59PM	1	8.3	448.87	301.13	750.00	9.1
12PM-1:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,485.88**	**$ 5,676.45**	**$ 8,162.33**	
LENGTH OF SERVICE						
4-6	5	41.6	1,196.48	2,070.82	3,267.30	40.0
2-4	1	8.3	394.37	1,355.63	1,750.00	21.4
24-26	2	16.6	607.14	750.00	1,357.14	16.6
12-14	1	8.3	0.00	750.00	750.00	9.1
6-8	1	8.3	0.00	750.00	750.00	9.1
28-30	1	8.3	287.89	0.00	287.89	3.5
0-2	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,485.88**	**$ 5,676.45**	**$ 8,162.33**	
AGE OF CLAIMANT						
35-39	3	25.0	661.67	2,105.63	2,767.30	33.9
45-49	4	33.3	895.03	1,500.00	2,395.03	29.3
30-34	1	8.3	163.15	586.85	750.00	9.1
50-54	1	8.3	448.87	301.13	750.00	9.1
55-59	1	8.3	0.00	750.00	750.00	9.1
60-64	1	8.3	317.16	432.84	750.00	9.1
40-44	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,485.88**	**$ 5,676.45**	**$ 8,162.33**	
SEX OF CLAIMANT						
Male	6	50.0	1,373.17	2,983.97	4,357.14	53.3
Female	6	50.0	1,112.71	2,692.48	3,805.19	46.6
	12		**$ 2,485.88**	**$ 5,676.45**	**$ 8,162.33**	
LOSS CAUSE						
Uneven Surface	1	8.3	394.37	1,355.63	1,750.00	21.4
Chair	2	16.6	924.30	432.84	1,357.14	16.6
Boxes / containers	1	8.3	163.15	586.85	750.00	9.1
Fencing	1	8.3	0.00	750.00	750.00	9.1
Foreign Object	1	8.3	0.00	750.00	750.00	9.1
Patient / Inmate	1	8.3	448.87	301.13	750.00	9.1
Walking surface, inside, dry	1	8.3	0.00	750.00	750.00	9.1
Walking surface, outside, wet	1	8.3	0.00	750.00	750.00	9.1
Stone / rock / brick	1	8.3	287.89	0.00	287.89	3.5
Knife, NOC	1	8.3	267.30	0.00	267.30	3.2
Door	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12		**$ 2,485.88**	**$ 5,676.45**	**$ 8,162.33**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	8.3	394.37	1,355.63	1,750.00	21.4
Twisting, strain or injury by	2	16.6	448.87	1,051.13	1,500.00	18.3
Fall or Slip (From Different Level)	2	16.6	924.30	432.84	1,357.14	16.6
Fall or Slip (On Same Level)	2	16.6	451.04	586.85	1,037.89	12.7
Collision with a Fixed Object	1	8.3	0.00	750.00	750.00	9.1
Fall or slip (on ice or snow)	1	8.3	0.00	750.00	750.00	9.1
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	0.00	750.00	750.00	9.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	267.30	0.00	267.30	3.2
Object Handled (caught in or between)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,485.88**	**$ 5,676.45**	**$ 8,162.33**	

*****BODY PART***

Ankle	1
Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	3
Foot	1
Wrist(s) & Hand(s)	1
Buttocks	1
Hand	1
Lower Arm	1
Thumb	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	6
Strain	4
Contusion	4
Laceration	2
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Southampton Recpt. & Class Ctr (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	28.5	109.00	1,391.00	1,500.00	40.0
2AM-3:59AM	1	14.2	135.00	615.00	750.00	20.0
2PM-3:59PM	1	14.2	544.40	205.60	750.00	20.0
6AM-7:59AM	1	14.2	0.00	750.00	750.00	20.0
8AM-9:59AM	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 788.40***	***$ 2,961.60***	***$ 3,750.00***	
LENGTH OF SERVICE						
0-2	2	28.5	0.00	1,500.00	1,500.00	40.0
24-26	2	28.5	544.40	205.60	750.00	20.0
28-30	1	14.2	135.00	615.00	750.00	20.0
4-6	1	14.2	109.00	641.00	750.00	20.0
12-14	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 788.40***	***$ 2,961.60***	***$ 3,750.00***	
AGE OF CLAIMANT						
45-49	2	28.5	679.40	820.60	1,500.00	40.0
20-24	1	14.2	109.00	641.00	750.00	20.0
25-29	1	14.2	0.00	750.00	750.00	20.0
50-54	1	14.2	0.00	750.00	750.00	20.0
40-44	1	14.2	0.00	0.00	0.00	0.0
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 788.40***	***$ 2,961.60***	***$ 3,750.00***	
SEX OF CLAIMANT						
Female	5	71.4	679.40	1,570.60	2,250.00	60.0
Male	2	28.5	109.00	1,391.00	1,500.00	40.0
	7		***$ 788.40***	***$ 2,961.60***	***$ 3,750.00***	
LOSS CAUSE						
Patient / Inmate	2	28.5	109.00	1,391.00	1,500.00	40.0
Gloves	1	14.2	544.40	205.60	750.00	20.0
Person	1	14.2	135.00	615.00	750.00	20.0
Walking surface, outside, wet	1	14.2	0.00	750.00	750.00	20.0
Animal / insect, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Overhead Object	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 788.40***	***$ 2,961.60***	***$ 3,750.00***	
ACCIDENT TYPE						
Assault	2	28.5	109.00	1,391.00	1,500.00	40.0
Allergic Reaction	1	14.2	544.40	205.60	750.00	20.0
Fall or slip (on ice or snow)	1	14.2	0.00	750.00	750.00	20.0
Stuck, injured by fellow worker, patient	1	14.2	135.00	615.00	750.00	20.0
Animal Or Insect	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 788.40***	***$ 2,961.60***	***$ 3,750.00***	
****BODY PART**						
Upper Leg	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Southampton Recpt. & Class Ctr (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Eye(s)	1					
Facial, Other Soft Tissue	1					
Shoulder	1					
Soft Tissue - Neck	1					
Hand	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	5
Inflamation	2
Strain	3
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	15	18.2	18,202.93	43,361.57	61,564.50	85.8
12AM-1:59AM	9	10.9	0.00	3,250.00	3,250.00	4.5
2AM-3:59AM	14	17.0	349.90	2,000.40	2,350.30	3.2
12PM-1:59PM	6	7.3	1,808.33	0.00	1,808.33	2.5
8AM-9:59AM	12	14.6	221.88	1,528.12	1,750.00	2.4
10AM-11:59AM	16	19.5	201.33	750.00	951.33	1.3
6AM-7:59AM	9	10.9	0.00	0.00	0.00	0.0
Unknown	1	1.2	0.00	0.00	0.00	0.0
	82		**$ 20,784.37**	**$ 50,890.09**	**$ 71,674.46**	
LENGTH OF SERVICE						
4-6	49	59.7	19,839.57	38,611.97	58,451.54	81.5
2-4	18	21.9	944.80	12,278.12	13,222.92	18.4
0-2	6	7.3	0.00	0.00	0.00	0.0
10-12	1	1.2	0.00	0.00	0.00	0.0
6-8	5	6.0	0.00	0.00	0.00	0.0
8-10	3	3.6	0.00	0.00	0.00	0.0
	82		**$ 20,784.37**	**$ 50,890.09**	**$ 71,674.46**	
AGE OF CLAIMANT						
25-29	27	32.9	18,551.46	33,361.57	51,913.03	72.4
30-34	21	25.6	217.60	12,132.70	12,350.30	17.2
40-44	6	7.3	1,539.89	2,145.82	3,685.71	5.1
45-49	6	7.3	475.42	1,750.00	2,225.42	3.1
35-39	9	10.9	0.00	750.00	750.00	1.0
50-54	3	3.6	0.00	750.00	750.00	1.0
20-24	5	6.0	0.00	0.00	0.00	0.0
60-64	1	1.2	0.00	0.00	0.00	0.0
55-59	4	4.8	0.00	0.00	0.00	0.0
	82		**$ 20,784.37**	**$ 50,890.09**	**$ 71,674.46**	
SEX OF CLAIMANT						
Male	75	91.4	20,699.18	38,390.09	59,089.27	82.4
Female	7	8.5	85.19	12,500.00	12,585.19	17.5
	82		**$ 20,784.37**	**$ 50,890.09**	**$ 71,674.46**	
LOSS CAUSE						
Walking surface, inside, dry	1	1.2	17,720.53	31,111.57	48,832.10	68.1
Patient / Inmate	33	40.2	1,582.51	14,250.40	15,832.91	22.0
N/A	1	1.2	0.00	1,750.00	1,750.00	2.4
Walking surface, inside, wet	1	1.2	221.88	1,528.12	1,750.00	2.4
Metal items	2	2.4	0.00	750.00	750.00	1.0
Stairs, steps	2	2.4	0.00	750.00	750.00	1.0
Wires	2	2.4	0.00	750.00	750.00	1.0
Door	7	8.5	575.72	0.00	575.72	0.8
Sharp objects, not otherwise classified	1	1.2	482.40	0.00	482.40	0.6
Boxes / containers	1	1.2	116.14	0.00	116.14	0.1
Cart	1	1.2	85.19	0.00	85.19	0.1
Unknown	1	1.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stairs	1	1.2	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	1.2	0.00	0.00	0.00	0.0
Building parts / doors	1	1.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	3	3.6	0.00	0.00	0.00	0.0
Dishes	1	1.2	0.00	0.00	0.00	0.0
Fencing	1	1.2	0.00	0.00	0.00	0.0
Floor	1	1.2	0.00	0.00	0.00	0.0
Food	1	1.2	0.00	0.00	0.00	0.0
Foreign Object	9	10.9	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	2	2.4	0.00	0.00	0.00	0.0
Infectious agent	1	1.2	0.00	0.00	0.00	0.0
Miscellaneous	2	2.4	0.00	0.00	0.00	0.0
Person	4	4.8	0.00	0.00	0.00	0.0
Water	1	1.2	0.00	0.00	0.00	0.0
	82		***$ 20,784.37***	***$ 50,890.09***	***$ 71,674.46***	

ACCIDENT TYPE

Twisting, strain or injury by	4	4.8	17,720.53	31,861.57	49,582.10	69.1
Assault	42	51.2	1,332.91	13,000.00	14,332.91	20.0
Other than physical cause of injury	1	1.2	0.00	1,750.00	1,750.00	2.4
Slipped, Did Not Fall	1	1.2	221.88	1,528.12	1,750.00	2.4
Object Handled (caught in or between)	5	6.0	708.02	617.70	1,325.72	1.8
Lifting (strain or Injury by)	2	2.4	116.14	750.00	866.14	1.2
Fall or Slip (On Same Level)	3	3.6	202.49	632.70	835.19	1.1
Collision with a Fixed Object	2	2.4	0.00	750.00	750.00	1.0
Object being lifted/handled (cut,punc.scrape,inj b	2	2.4	482.40	0.00	482.40	0.6
Reaching (Strain or Injury by)	1	1.2	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	4	4.8	0.00	0.00	0.00	0.0
Animal Or Insect	1	1.2	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	1.2	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	2	2.4	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	1.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	3.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	5	6.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	1.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.2	0.00	0.00	0.00	0.0
	82		***$ 20,784.37***	***$ 50,890.09***	***$ 71,674.46***	

***BODY PART*

Knee	9
Facial, Other Soft Tissue	10
Ear(s)	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Whole Body	7
Lower Leg	9
Elbow	2
Finger(s)	5
Hand	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Wrist	1					
Body System & Multiple Body Parts	2					
Foot	2					
Hip	1					
Insufficient Information	1					
Lower Arm	11					
Multiple Head Injury	1					
No Physical Problem	9					
Thumb	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
Upper Leg	4					
	82					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	13
Burn	4
Contusion	15
No Physical Injury	18
Laceration	9
Mental Stress	1
Puncture	1
Fracture	1
Foreign Body	28
Dislocation	1
Multiple Physical Injuries Only	1
N/A	1
Poisoning - Chemical	2
	82

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Academy For Staff Development (742)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	20.0	0.00	43,875.00	43,875.00	56.9
6AM-7:59AM	1	20.0	20,624.74	11,589.26	32,214.00	41.8
4AM-5:59AM	1	20.0	0.00	750.00	750.00	0.9
2PM-3:59PM	1	20.0	197.42	0.00	197.42	0.2
12AM-1:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 20,822.16**	**$ 56,214.26**	**$ 77,036.42**	
LENGTH OF SERVICE						
0-2	2	40.0	0.00	44,625.00	44,625.00	57.9
2-4	1	20.0	20,624.74	11,589.26	32,214.00	41.8
4-6	1	20.0	197.42	0.00	197.42	0.2
16-18	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 20,822.16**	**$ 56,214.26**	**$ 77,036.42**	
AGE OF CLAIMANT						
45-49	2	40.0	0.00	43,875.00	43,875.00	56.9
50-54	1	20.0	20,624.74	11,589.26	32,214.00	41.8
25-29	1	20.0	0.00	750.00	750.00	0.9
40-44	1	20.0	197.42	0.00	197.42	0.2
	5		**$ 20,822.16**	**$ 56,214.26**	**$ 77,036.42**	
SEX OF CLAIMANT						
Female	3	60.0	20,624.74	55,464.26	76,089.00	98.7
Male	2	40.0	197.42	750.00	947.42	1.2
	5		**$ 20,822.16**	**$ 56,214.26**	**$ 77,036.42**	
LOSS CAUSE						
Person	1	20.0	0.00	43,875.00	43,875.00	56.9
Uneven Surface	1	20.0	20,624.74	11,589.26	32,214.00	41.8
Unknown	1	20.0	0.00	750.00	750.00	0.9
Miscellaneous	1	20.0	197.42	0.00	197.42	0.2
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 20,822.16**	**$ 56,214.26**	**$ 77,036.42**	
ACCIDENT TYPE						
Struck or injured by misc.	1	20.0	0.00	43,875.00	43,875.00	56.9
Fall or Slip (On Same Level)	1	20.0	20,624.74	11,589.26	32,214.00	41.8
Twisting, strain or injury by	3	60.0	197.42	750.00	947.42	1.2
	5		**$ 20,822.16**	**$ 56,214.26**	**$ 77,036.42**	
****BODY PART**						
Knee	2					
Lower Leg	1					
Lower Arm	1					
Upper Leg	1					
Hip	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Academy For Staff Development (742)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Sprain	3
Fracture	1
Strain	2
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	2	9.0	8,942.69	4,557.31	13,500.00	38.8
12AM-1:59AM	3	13.6	1,090.68	6,250.00	7,340.68	21.1
10AM-11:59AM	3	13.6	1,022.09	2,750.00	3,772.09	10.8
8AM-9:59AM	5	22.7	876.50	2,846.25	3,722.75	10.7
4AM-5:59AM	1	4.5	3,502.75	0.00	3,502.75	10.0
6AM-7:59AM	3	13.6	97.00	2,500.00	2,597.00	7.4
2AM-3:59AM	2	9.0	205.00	0.00	205.00	0.5
2PM-3:59PM	1	4.5	78.00	0.00	78.00	0.2
12PM-1:59PM	2	9.0	68.00	0.00	68.00	0.2
	22		**$ 15,882.71**	**$ 18,903.56**	**$ 34,786.27**	
LENGTH OF SERVICE						
0-2	3	13.6	12,136.69	4,866.06	17,002.75	48.8
2-4	9	40.9	1,699.43	10,846.25	12,545.68	36.0
4-6	8	36.3	1,737.84	2,750.00	4,487.84	12.9
6-8	2	9.0	308.75	441.25	750.00	2.1
	22		**$ 15,882.71**	**$ 18,903.56**	**$ 34,786.27**	
AGE OF CLAIMANT						
20-24	4	18.1	8,746.94	7,253.06	16,000.00	46.0
30-34	3	13.6	290.75	6,709.25	7,000.00	20.1
40-44	5	22.7	4,844.59	1,441.25	6,285.84	18.0
35-39	3	13.6	1,187.68	1,750.00	2,937.68	8.4
45-49	3	13.6	375.75	1,750.00	2,125.75	6.1
25-29	3	13.6	359.00	0.00	359.00	1.0
55-59	1	4.5	78.00	0.00	78.00	0.2
	22		**$ 15,882.71**	**$ 18,903.56**	**$ 34,786.27**	
SEX OF CLAIMANT						
Female	12	54.5	9,864.44	13,016.56	22,881.00	65.7
Male	10	45.4	6,018.27	5,887.00	11,905.27	34.2
	22		**$ 15,882.71**	**$ 18,903.56**	**$ 34,786.27**	
LOSS CAUSE						
Patient / Inmate	6	27.2	9,481.44	5,212.31	14,693.75	42.2
Stairs	1	4.5	0.00	5,500.00	5,500.00	15.8
Stairs, steps	1	4.5	3,502.75	0.00	3,502.75	10.0
Floor	3	13.6	78.00	2,500.00	2,578.00	7.4
Clothing / jewelry	1	4.5	858.09	1,000.00	1,858.09	5.3
Outside Surface	2	9.0	97.00	1,750.00	1,847.00	5.3
Object on Floor	1	4.5	0.00	1,750.00	1,750.00	5.0
Boxes / containers	2	9.0	1,217.68	0.00	1,217.68	3.5
Walking surface, inside, wet	2	9.0	405.75	441.25	847.00	2.4
Person	1	4.5	0.00	750.00	750.00	2.1
Foreign Object	1	4.5	164.00	0.00	164.00	0.4
Door	1	4.5	78.00	0.00	78.00	0.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	22		**$ 15,882.71**	**$ 18,903.56**	**$ 34,786.27**	
ACCIDENT TYPE						
Assault	6	27.2	9,481.44	5,212.31	14,693.75	42.2
Fall or slip (on stairs)	1	4.5	0.00	5,500.00	5,500.00	15.8
Slipped, Did Not Fall	2	9.0	3,502.75	1,750.00	5,252.75	15.1
Fall or Slip (On Same Level)	6	27.2	321.00	3,250.00	3,571.00	10.2
Lifting (strain or Injury by)	2	9.0	1,948.77	1,000.00	2,948.77	8.4
Fall or slip (into Openings)	1	4.5	0.00	1,750.00	1,750.00	5.0
Fall or Slip (From Liquid/Grease spills)	1	4.5	308.75	441.25	750.00	2.1
Struck/Injured by Falling or Flying Object	1	4.5	164.00	0.00	164.00	0.4
Fall or Slip (From Ladder/Scaffolding)	1	4.5	78.00	0.00	78.00	0.2
Strike Against/Step on Stationary Object	1	4.5	78.00	0.00	78.00	0.2
	22		**$ 15,882.71**	**$ 18,903.56**	**$ 34,786.27**	

****BODY PART**	
Facial, Other Soft Tissue	4
Knee	5
Hand	3
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Upper Back Area (Thoracic Area)	1
Wrist	1
Finger(s)	3
Multiple Head Injury	2
Toe(s)	1
Ankle	1
	22

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Contusion	13
Strain	4
Sprain	2
Fracture	1
Laceration	4
Foreign Body	1
	22

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	33.3	1,061.79	5,938.21	7,000.00	68.6
8AM-9:59AM	4	26.6	476.89	1,773.11	2,250.00	22.0
2AM-3:59AM	1	6.6	0.00	750.00	750.00	7.3
4AM-5:59AM	1	6.6	194.32	0.00	194.32	1.9
12AM-1:59AM	1	6.6	0.00	0.00	0.00	0.0
6AM-7:59AM	3	20.0	0.00	0.00	0.00	0.0
	15		**$ 1,733.00**	**$ 8,461.32**	**$ 10,194.32**	
LENGTH OF SERVICE						
20-22	3	20.0	1,061.79	5,938.21	7,000.00	68.6
6-8	3	20.0	476.89	1,773.11	2,250.00	22.0
2-4	2	13.3	0.00	750.00	750.00	7.3
0-2	1	6.6	194.32	0.00	194.32	1.9
12-14	3	20.0	0.00	0.00	0.00	0.0
26-28	2	13.3	0.00	0.00	0.00	0.0
16-18	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,733.00**	**$ 8,461.32**	**$ 10,194.32**	
AGE OF CLAIMANT						
50-54	3	20.0	1,061.79	5,188.21	6,250.00	61.3
30-34	2	13.3	0.00	750.00	750.00	7.3
35-39	3	20.0	0.00	750.00	750.00	7.3
40-44	2	13.3	0.00	750.00	750.00	7.3
45-49	2	13.3	0.00	750.00	750.00	7.3
60-64	2	13.3	476.89	273.11	750.00	7.3
55-59	1	6.6	194.32	0.00	194.32	1.9
	15		**$ 1,733.00**	**$ 8,461.32**	**$ 10,194.32**	
SEX OF CLAIMANT						
Female	8	53.3	1,538.68	7,711.32	9,250.00	90.7
Male	7	46.6	194.32	750.00	944.32	9.2
	15		**$ 1,733.00**	**$ 8,461.32**	**$ 10,194.32**	
LOSS CAUSE						
Fencing	2	13.3	1,061.79	5,188.21	6,250.00	61.3
Foreign Object	3	20.0	0.00	750.00	750.00	7.3
Object on Floor	1	6.6	476.89	273.11	750.00	7.3
Uneven Surface	1	6.6	0.00	750.00	750.00	7.3
Walking surface, inside, dry	1	6.6	0.00	750.00	750.00	7.3
Walking surface, inside, wet	1	6.6	0.00	750.00	750.00	7.3
Wall	1	6.6	194.32	0.00	194.32	1.9
Cart	1	6.6	0.00	0.00	0.00	0.0
Door	2	13.3	0.00	0.00	0.00	0.0
Package	1	6.6	0.00	0.00	0.00	0.0
Needle stick	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,733.00**	**$ 8,461.32**	**$ 10,194.32**	
ACCIDENT TYPE						
Object Handled (caught in or between)	3	20.0	1,061.79	5,188.21	6,250.00	61.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	2	13.3	476.89	1,023.11	1,500.00	14.7
Fall or Slip (From Liquid/Grease spills)	1	6.6	0.00	750.00	750.00	7.3
Object being lifted/handled (cut,punc.scrape,inj b	2	13.3	0.00	750.00	750.00	7.3
Twisting, strain or injury by	1	6.6	0.00	750.00	750.00	7.3
Strike Against/Step on Stationary Object	2	13.3	194.32	0.00	194.32	1.9
Holding Or Carrying (Strain or Injury by)	1	6.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	6.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	6.6	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 1,733.00***	***$ 8,461.32***	***$ 10,194.32***	

***BODY PART**

Thumb	1
Foot	1
Knee	1
Lower Arm	1
Multiple Body Parts	1
Teeth	1
Toe(s)	1
Hand	3
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	1
Wrist(s) & Hand(s)	1
Finger(s)	2
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Contusion	6
Strain	4
Crushing	1
Sprain	1
Puncture	3
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:28

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	10.5	7,263.97	37,986.03	45,250.00	74.0
2AM-3:59AM	3	15.7	1,707.68	3,441.22	5,148.90	8.4
2PM-3:59PM	2	10.5	3,689.18	0.00	3,689.18	6.0
10AM-11:59AM	4	21.0	238.00	3,012.00	3,250.00	5.3
4AM-5:59AM	4	21.0	224.60	2,081.40	2,306.00	3.7
6AM-7:59AM	2	10.5	120.00	1,380.00	1,500.00	2.4
12PM-1:59PM	1	5.2	0.00	0.00	0.00	0.0
4PM-5:59PM	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 13,243.43**	**$ 47,900.65**	**$ 61,144.08**	
LENGTH OF SERVICE						
2-4	5	26.3	7,612.97	40,137.03	47,750.00	78.0
14-16	3	15.7	1,707.68	4,941.22	6,648.90	10.8
6-8	2	10.5	3,689.18	0.00	3,689.18	6.0
4-6	3	15.7	176.00	630.00	806.00	1.3
10-12	1	5.2	0.00	750.00	750.00	1.2
18-20	1	5.2	57.60	692.40	750.00	1.2
8-10	3	15.7	0.00	750.00	750.00	1.2
0-2	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 13,243.43**	**$ 47,900.65**	**$ 61,144.08**	
AGE OF CLAIMANT						
20-24	1	5.2	7,263.97	37,236.03	44,500.00	72.7
45-49	3	15.7	5,454.46	4,133.62	9,588.08	15.6
25-29	3	15.7	238.00	2,262.00	2,500.00	4.0
40-44	3	15.7	120.00	1,380.00	1,500.00	2.4
55-59	2	10.5	111.00	1,389.00	1,500.00	2.4
30-34	3	15.7	56.00	750.00	806.00	1.3
60-64	1	5.2	0.00	750.00	750.00	1.2
35-39	3	15.7	0.00	0.00	0.00	0.0
	19		**$ 13,243.43**	**$ 47,900.65**	**$ 61,144.08**	
SEX OF CLAIMANT						
Male	12	63.1	11,412.15	42,333.03	53,745.18	87.9
Female	7	36.8	1,831.28	5,567.62	7,398.90	12.1
	19		**$ 13,243.43**	**$ 47,900.65**	**$ 61,144.08**	
LOSS CAUSE						
Tractor trailer equipment	1	5.2	7,263.97	37,236.03	44,500.00	72.7
Walking surface, outside, wet	2	10.5	1,765.28	4,133.62	5,898.90	9.6
Walking surface, inside, dry	1	5.2	3,689.18	0.00	3,689.18	6.0
Stairs	1	5.2	172.00	1,578.00	1,750.00	2.8
Chair	1	5.2	0.00	750.00	750.00	1.2
Glass bottle / sheet	1	5.2	111.00	639.00	750.00	1.2
Metal items	1	5.2	0.00	750.00	750.00	1.2
Patient / Inmate	1	5.2	0.00	750.00	750.00	1.2
Stairs, steps	2	10.5	66.00	684.00	750.00	1.2
Uneven Surface	1	5.2	0.00	750.00	750.00	1.2
Walking surface, outside, dry	1	5.2	120.00	630.00	750.00	1.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pipe	1	5.2	56.00	0.00	56.00	0.0
Animal / insect, not otherwise classified	2	10.5	0.00	0.00	0.00	0.0
Wood Items	1	5.2	0.00	0.00	0.00	0.0
Door	1	5.2	0.00	0.00	0.00	0.0
Water	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 13,243.43**	**$ 47,900.65**	**$ 61,144.08**	

ACCIDENT TYPE

Vehicle Upset	1	5.2	7,263.97	37,236.03	44,500.00	72.7
Fall or slip (on ice or snow)	2	10.5	1,765.28	4,133.62	5,898.90	9.6
Fall or Slip (On Same Level)	1	5.2	3,689.18	0.00	3,689.18	6.0
Fall or slip (on stairs)	3	15.7	238.00	2,262.00	2,500.00	4.0
Fall or Slip (From Different Level)	3	15.7	0.00	1,500.00	1,500.00	2.4
Collision with a Fixed Object	1	5.2	0.00	750.00	750.00	1.2
Collision/sideswipe with Another Vehicle	1	5.2	111.00	639.00	750.00	1.2
Lifting (strain or Injury by)	1	5.2	0.00	750.00	750.00	1.2
Repetitive Motion	1	5.2	120.00	630.00	750.00	1.2
Steam Or Hot Fluids	1	5.2	56.00	0.00	56.00	0.0
Animal Or Insect	2	10.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 13,243.43**	**$ 47,900.65**	**$ 61,144.08**	

**BODY PART

Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Hip	1
Wrist	1
Hand	2
Knee	4
Buttocks	1
Facial, Other Soft Tissue	1
Foot	1
Multiple Head Injury	1
Lower Arm	3
Ankle	2
Finger(s)	1
	19

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Fracture	1
Contusion	11
Strain	5
Laceration	2
Sprain	2
Burn	1
Puncture	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	19					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	9	60.0	12,693.11	35,458.02	48,151.13	92.2
8AM-9:59AM	3	20.0	3,824.32	0.00	3,824.32	7.3
12PM-1:59PM	1	6.6	216.70	0.00	216.70	0.4
12AM-1:59AM	1	6.6	0.00	0.00	0.00	0.0
4PM-5:59PM	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 16,734.13**	**$ 35,458.02**	**$ 52,192.15**	
LENGTH OF SERVICE						
20-22	1	6.6	11,409.41	32,458.02	43,867.43	84.0
8-10	4	26.6	2,033.62	750.00	2,783.62	5.3
28-30	1	6.6	2,007.40	0.00	2,007.40	3.8
10-12	3	20.0	1,283.70	0.00	1,283.70	2.4
14-16	1	6.6	0.00	750.00	750.00	1.4
18-20	1	6.6	0.00	750.00	750.00	1.4
2-4	1	6.6	0.00	750.00	750.00	1.4
0-2	1	6.6	0.00	0.00	0.00	0.0
34-36	1	6.6	0.00	0.00	0.00	0.0
4-6	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 16,734.13**	**$ 35,458.02**	**$ 52,192.15**	
AGE OF CLAIMANT						
50-54	1	6.6	11,409.41	32,458.02	43,867.43	84.0
25-29	3	20.0	1,749.64	750.00	2,499.64	4.7
55-59	2	13.3	2,007.40	0.00	2,007.40	3.8
30-34	4	26.6	1,567.68	0.00	1,567.68	3.0
35-39	2	13.3	0.00	1,500.00	1,500.00	2.8
45-49	2	13.3	0.00	750.00	750.00	1.4
40-44	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 16,734.13**	**$ 35,458.02**	**$ 52,192.15**	
SEX OF CLAIMANT						
Female	4	26.6	12,693.11	32,458.02	45,151.13	86.5
Male	11	73.3	4,041.02	3,000.00	7,041.02	13.4
	15		**$ 16,734.13**	**$ 35,458.02**	**$ 52,192.15**	
LOSS CAUSE						
Patient / Inmate	6	40.0	11,476.69	34,708.02	46,184.71	88.4
Walking surface, inside, wet	1	6.6	2,007.40	0.00	2,007.40	3.8
N/A	1	6.6	1,749.64	0.00	1,749.64	3.3
Door	1	6.6	1,283.70	0.00	1,283.70	2.4
Walking surface, outside, wet	1	6.6	0.00	750.00	750.00	1.4
Glass bottle / sheet	1	6.6	216.70	0.00	216.70	0.4
Chair	1	6.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.6	0.00	0.00	0.00	0.0
Ladder - Portable	1	6.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	15		**$ 16,734.13**	**$ 35,458.02**	**$ 52,192.15**	
ACCIDENT TYPE						
Assault	6	40.0	11,476.69	34,708.02	46,184.71	88.4
Fall or Slip (From Liquid/Grease spills)	1	6.6	2,007.40	0.00	2,007.40	3.8
Other (Not Otherwise Classified)	1	6.6	1,749.64	0.00	1,749.64	3.3
Struck/Injured by Falling or Flying Object	2	13.3	1,500.40	0.00	1,500.40	2.8
Fall or Slip (On Same Level)	1	6.6	0.00	750.00	750.00	1.4
Fall or Slip (From Different Level)	2	13.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	6.6	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 16,734.13**	**$ 35,458.02**	**$ 52,192.15**	

*****BODY PART***	
Multiple Head Injury	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Arm	1
Multiple Neck Injury	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Leg	1
Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Buttocks	1
Hand	2
Facial, Other Soft Tissue	2
Finger(s)	2
Lower Leg	1
Eye(s)	1
Ankle	1
Elbow	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Contusion	13
Asphyxiation/Drowning / strangulation	1
Strain	5
Laceration	4
Sprain	1
	15

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	12.0	13,778.69	13,921.31	27,700.00	35.1
8AM-9:59AM	3	12.0	4,527.38	21,811.30	26,338.68	33.4
4AM-5:59AM	4	16.0	4,398.46	14,938.39	19,336.85	24.5
2AM-3:59AM	6	24.0	172.00	2,828.00	3,000.00	3.8
6AM-7:59AM	2	8.0	1,367.26	0.00	1,367.26	1.7
12PM-1:59PM	6	24.0	256.43	750.00	1,006.43	1.2
6PM-7:59PM	1	4.0	38.58	0.00	38.58	0.0
	25		**$ 24,538.80**	**$ 54,249.00**	**$ 78,787.80**	
LENGTH OF SERVICE						
4-6	9	36.0	10,011.25	36,749.69	46,760.94	59.3
2-4	7	28.0	14,207.12	15,249.31	29,456.43	37.3
0-2	5	20.0	320.43	750.00	1,070.43	1.3
12-14	1	4.0	0.00	750.00	750.00	0.9
6-8	1	4.0	0.00	750.00	750.00	0.9
20-22	2	8.0	0.00	0.00	0.00	0.0
	25		**$ 24,538.80**	**$ 54,249.00**	**$ 78,787.80**	
AGE OF CLAIMANT						
25-29	3	12.0	13,778.69	15,421.31	29,200.00	37.0
60-64	2	8.0	5,375.59	15,929.41	21,305.00	27.0
35-39	3	12.0	2,021.09	17,960.76	19,981.85	25.3
20-24	4	16.0	1,701.16	2,687.52	4,388.68	5.5
30-34	7	28.0	1,662.27	1,500.00	3,162.27	4.0
40-44	3	12.0	0.00	750.00	750.00	0.9
50-54	3	12.0	0.00	0.00	0.00	0.0
	25		**$ 24,538.80**	**$ 54,249.00**	**$ 78,787.80**	
SEX OF CLAIMANT						
Male	15	60.0	21,592.13	50,257.98	71,850.11	91.1
Female	10	40.0	2,946.67	3,991.02	6,937.69	8.8
	25		**$ 24,538.80**	**$ 54,249.00**	**$ 78,787.80**	
LOSS CAUSE						
Walking surface, inside, wet	4	16.0	7,396.68	33,140.17	40,536.85	51.4
Person	1	4.0	13,778.69	13,921.31	27,700.00	35.1
Stairs, steps	1	4.0	1,529.16	2,109.52	3,638.68	4.6
Walking surface, outside, wet	3	12.0	0.00	2,250.00	2,250.00	2.8
Building parts / doors	1	4.0	1,367.26	0.00	1,367.26	1.7
Metal items	2	8.0	38.58	750.00	788.58	1.0
Unknown	1	4.0	172.00	578.00	750.00	0.9
Radiation / X-Ray	1	4.0	0.00	750.00	750.00	0.9
Uneven Surface	1	4.0	0.00	750.00	750.00	0.9
Patient / Inmate	1	4.0	256.43	0.00	256.43	0.3
Clothing / jewelry	1	4.0	0.00	0.00	0.00	0.0
N/A	1	4.0	0.00	0.00	0.00	0.0
Animal / bee type	1	4.0	0.00	0.00	0.00	0.0
Door	1	4.0	0.00	0.00	0.00	0.0
Fencing	1	4.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Object	1	4.0	0.00	0.00	0.00	0.0
Stairs	1	4.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	4.0	0.00	0.00	0.00	0.0
Window frame	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 24,538.80***	***$ 54,249.00***	***$ 78,787.80***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	1	4.0	13,778.69	13,921.31	27,700.00	35.1
Fall or Slip (From Liquid/Grease spills)	3	12.0	5,657.44	15,929.41	21,586.85	27.4
Fall or Slip (On Same Level)	4	16.0	3,278.50	17,788.76	21,067.26	26.7
Slipped, Did Not Fall	1	4.0	1,529.16	2,109.52	3,638.68	4.6
Fall or slip (on ice or snow)	3	12.0	0.00	2,250.00	2,250.00	2.8
Object Handled (caught in or between)	5	20.0	38.58	750.00	788.58	1.0
Collision with a Fixed Object	1	4.0	0.00	750.00	750.00	0.9
Fall or slip (into Openings)	1	4.0	0.00	750.00	750.00	0.9
Assault	1	4.0	256.43	0.00	256.43	0.3
Twisting, strain or injury by	1	4.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	4.0	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	4.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	4.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 24,538.80***	***$ 54,249.00***	***$ 78,787.80***	

***BODY PART*

Ankle	4
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lumbar and/or Sacral Vertebrae	1
Multiple Head Injury	2
Shoulder	2
Knee	5
Hand	3
Sacrum And Coccyx	1
Abdomen including Groin	2
Thumb	4
Upper Arm (Inc: Clavicle and Scapula)	1
Lower Arm	1
Finger(s)	3
	25

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY*

Strain	9
Contusion	12
Fracture	1
Dislocation	1
Puncture	3
Laceration	5
Sprain	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	25					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	13.6	1,391.45	13,837.84	15,229.29	63.0
8AM-9:59AM	7	31.8	4,834.17	0.00	4,834.17	20.0
12AM-1:59AM	2	9.0	1,648.93	750.00	2,398.93	9.9
6AM-7:59AM	3	13.6	196.19	750.00	946.19	3.9
12PM-1:59PM	1	4.5	0.00	750.00	750.00	3.1
2AM-3:59AM	1	4.5	0.00	0.00	0.00	0.0
2PM-3:59PM	1	4.5	0.00	0.00	0.00	0.0
4AM-5:59AM	2	9.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	4.5	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 8,070.74***	***$ 16,087.84***	***$ 24,158.58***	
LENGTH OF SERVICE						
20-22	1	4.5	1,391.45	13,837.84	15,229.29	63.0
0-2	5	22.7	1,937.50	750.00	2,687.50	11.1
14-16	1	4.5	1,707.08	0.00	1,707.08	7.0
8-10	3	13.6	1,648.93	0.00	1,648.93	6.8
12-14	2	9.0	386.00	750.00	1,136.00	4.7
6-8	2	9.0	999.78	0.00	999.78	4.1
4-6	4	18.1	0.00	750.00	750.00	3.1
2-4	1	4.5	0.00	0.00	0.00	0.0
30-32	1	4.5	0.00	0.00	0.00	0.0
16-18	1	4.5	0.00	0.00	0.00	0.0
26-28	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 8,070.74***	***$ 16,087.84***	***$ 24,158.58***	
AGE OF CLAIMANT						
50-54	2	9.0	1,391.45	14,587.84	15,979.29	66.1
40-44	4	18.1	2,345.49	750.00	3,095.49	12.8
30-34	3	13.6	2,751.83	0.00	2,751.83	11.3
35-39	3	13.6	999.78	0.00	999.78	4.1
25-29	4	18.1	0.00	750.00	750.00	3.1
45-49	3	13.6	386.00	0.00	386.00	1.6
55-59	2	9.0	196.19	0.00	196.19	0.8
60-64	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 8,070.74***	***$ 16,087.84***	***$ 24,158.58***	
SEX OF CLAIMANT						
Female	12	54.5	6,850.14	16,087.84	22,937.98	94.9
Male	10	45.4	1,220.60	0.00	1,220.60	5.0
	22		***$ 8,070.74***	***$ 16,087.84***	***$ 24,158.58***	
LOSS CAUSE						
Machine, not otherwise classified	1	4.5	1,391.45	13,837.84	15,229.29	63.0
Person	1	4.5	1,707.08	0.00	1,707.08	7.0
Gun / gunshot	1	4.5	1,648.93	0.00	1,648.93	6.8
N/A	1	4.5	1,102.90	0.00	1,102.90	4.5
Foreign Object	3	13.6	999.78	0.00	999.78	4.1
Animal / insect, not otherwise classified	1	4.5	0.00	750.00	750.00	3.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, dry	1	4.5	0.00	750.00	750.00	3.1
Walking surface, outside, wet	1	4.5	0.00	750.00	750.00	3.1
Sharp objects, not otherwise classified	1	4.5	386.00	0.00	386.00	1.6
Fiberglass	1	4.5	350.21	0.00	350.21	1.4
Vehicle/car/truck	1	4.5	288.20	0.00	288.20	1.1
Floor	1	4.5	196.19	0.00	196.19	0.8
Unknown	1	4.5	0.00	0.00	0.00	0.0
Animal / bee type	1	4.5	0.00	0.00	0.00	0.0
Chair	1	4.5	0.00	0.00	0.00	0.0
Object on Floor	2	9.0	0.00	0.00	0.00	0.0
Stairs, steps	1	4.5	0.00	0.00	0.00	0.0
Door	1	4.5	0.00	0.00	0.00	0.0
Nail	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 8,070.74***	***$ 16,087.84***	***$ 24,158.58***	

ACCIDENT TYPE

Object Handled (caught in or between)	2	9.0	1,391.45	13,837.84	15,229.29	63.0
Assault	2	9.0	1,707.08	0.00	1,707.08	7.0
Struck/Injured by Hand Tool/Machine In Use	2	9.0	1,648.93	0.00	1,648.93	6.8
Repetitive Motion	2	9.0	1,299.09	0.00	1,299.09	5.3
Collision with a Fixed Object	1	4.5	999.78	0.00	999.78	4.1
Animal Or Insect	2	9.0	0.00	750.00	750.00	3.1
Fall or slip (on ice or snow)	1	4.5	0.00	750.00	750.00	3.1
Other than physical cause of injury	1	4.5	0.00	750.00	750.00	3.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.5	386.00	0.00	386.00	1.6
Struck/Injured by Object Handled By Other	1	4.5	350.21	0.00	350.21	1.4
Collision/sideswipe with Another Vehicle	1	4.5	288.20	0.00	288.20	1.1
Fall or Slip (On Same Level)	1	4.5	0.00	0.00	0.00	0.0
Rubbed/Abraded by repetitive motion	1	4.5	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	4.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	4.5	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	4.5	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 8,070.74***	***$ 16,087.84***	***$ 24,158.58***	

***BODY PART

Finger(s)	4
Hand	2
Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Multiple Head Injury	1
Soft Tissue - Neck	1
Shoulder	1
Upper Back Area (Thoracic Area)	1
Ankle	2
No Physical Problem	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Hip	1
Lower Leg	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Toe(s)	1					
Eye(s)	2					
Foot	1					
	22					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	6
Strain	9
Burn	1
Unknown	1
Puncture	5
N/A	1
Foreign Body	2
Laceration	1
	22

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:29

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Deerfield Correctional Center (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	25.0	3,653.55	8,448.01	12,101.56	60.6
10AM-11:59AM	1	12.5	96.29	6,653.71	6,750.00	33.8
8AM-9:59AM	1	12.5	1,090.76	0.00	1,090.76	5.4
2AM-3:59AM	1	12.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	12.5	0.00	0.00	0.00	0.0
12PM-1:59PM	1	12.5	0.00	0.00	0.00	0.0
6PM-7:59PM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 4,840.60**	**$ 15,101.72**	**$ 19,942.32**	
LENGTH OF SERVICE						
8-10	4	50.0	4,744.31	8,448.01	13,192.32	66.1
0-2	2	25.0	96.29	6,653.71	6,750.00	33.8
2-4	1	12.5	0.00	0.00	0.00	0.0
4-6	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 4,840.60**	**$ 15,101.72**	**$ 19,942.32**	
AGE OF CLAIMANT						
35-39	2	25.0	4,744.31	8,448.01	13,192.32	66.1
45-49	2	25.0	96.29	6,653.71	6,750.00	33.8
30-34	2	25.0	0.00	0.00	0.00	0.0
60-64	1	12.5	0.00	0.00	0.00	0.0
40-44	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 4,840.60**	**$ 15,101.72**	**$ 19,942.32**	
SEX OF CLAIMANT						
Female	5	62.5	3,749.84	15,101.72	18,851.56	94.5
Male	3	37.5	1,090.76	0.00	1,090.76	5.4
	8		**$ 4,840.60**	**$ 15,101.72**	**$ 19,942.32**	
LOSS CAUSE						
Walking surface, inside, wet	1	12.5	3,653.55	8,448.01	12,101.56	60.6
Step stool	1	12.5	96.29	6,653.71	6,750.00	33.8
Door	2	25.0	1,090.76	0.00	1,090.76	5.4
Pike pole 10’	1	12.5	0.00	0.00	0.00	0.0
Stairs, steps	2	25.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 4,840.60**	**$ 15,101.72**	**$ 19,942.32**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	12.5	3,653.55	8,448.01	12,101.56	60.6
Fall or Slip (From Different Level)	1	12.5	96.29	6,653.71	6,750.00	33.8
Object Handled (caught in or between)	1	12.5	1,090.76	0.00	1,090.76	5.4
Collision with a Fixed Object	1	12.5	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	25.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Deerfield Correctional Center (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 4,840.60**	**$ 15,101.72**	**$ 19,942.32**	
*****BODY PART***						
Hand	1					
Knee	2					
Shoulder	1					
Finger(s)	1					
Lower Arm	1					
Thumb	1					
Eye(s)	1					
Toe(s)	2					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Contusion	6					
Sprain	1					
Strain	2					
Foreign Body	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	10	28.5	1,169.50	70,258.00	71,427.50	45.9
8AM-9:59AM	11	31.4	16,356.22	40,627.69	56,983.91	36.6
2PM-3:59PM	1	2.8	4,576.18	14,323.82	18,900.00	12.1
6PM-7:59PM	1	2.8	484.67	3,515.33	4,000.00	2.5
10AM-11:59AM	2	5.7	0.00	1,500.00	1,500.00	0.9
4AM-5:59AM	2	5.7	0.00	1,500.00	1,500.00	0.9
12PM-1:59PM	2	5.7	0.00	750.00	750.00	0.4
12AM-1:59AM	2	5.7	431.64	0.00	431.64	0.2
2AM-3:59AM	3	8.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	2.8	0.00	0.00	0.00	0.0
	35		**$ 23,018.21**	**$ 132,474.84**	**$ 155,493.05**	
LENGTH OF SERVICE						
14-16	3	8.5	520.00	35,692.50	36,212.50	23.2
8-10	6	17.1	5,356.47	29,893.53	35,250.00	22.6
0-2	5	14.2	385.00	34,770.00	35,155.00	22.6
2-4	4	11.4	4,576.18	15,073.82	19,650.00	12.6
18-20	1	2.8	8,933.44	10,529.66	19,463.10	12.5
10-12	1	2.8	484.67	3,515.33	4,000.00	2.5
4-6	9	25.7	371.64	2,250.00	2,621.64	1.6
16-18	3	8.5	2,390.81	0.00	2,390.81	1.5
12-14	1	2.8	0.00	750.00	750.00	0.4
6-8	2	5.7	0.00	0.00	0.00	0.0
	35		**$ 23,018.21**	**$ 132,474.84**	**$ 155,493.05**	
AGE OF CLAIMANT						
35-39	6	17.1	810.00	69,712.50	70,522.50	45.3
25-29	10	28.5	5,883.11	29,893.53	35,776.64	23.0
20-24	3	8.5	4,576.18	15,073.82	19,650.00	12.6
50-54	1	2.8	8,933.44	10,529.66	19,463.10	12.5
60-64	2	5.7	484.67	4,265.33	4,750.00	3.0
55-59	4	11.4	2,270.81	1,500.00	3,770.81	2.4
30-34	3	8.5	0.00	1,500.00	1,500.00	0.9
40-44	4	11.4	60.00	0.00	60.00	0.0
45-49	2	5.7	0.00	0.00	0.00	0.0
	35		**$ 23,018.21**	**$ 132,474.84**	**$ 155,493.05**	
SEX OF CLAIMANT						
Male	23	65.7	15,354.58	82,631.02	97,985.60	63.0
Female	12	34.2	7,663.63	49,843.82	57,507.45	36.9
	35		**$ 23,018.21**	**$ 132,474.84**	**$ 155,493.05**	
LOSS CAUSE						
Walking surface, inside, wet	7	20.0	21,452.40	89,144.01	110,596.41	71.1
Walking surface, outside, wet	3	8.5	230.00	33,270.00	33,500.00	21.5
Stairs, steps	1	2.8	484.67	3,515.33	4,000.00	2.5
Door	2	5.7	0.00	1,500.00	1,500.00	0.9
Boxes / containers	3	8.5	60.00	750.00	810.00	0.5
Foreign Object	1	2.8	144.50	605.50	750.00	0.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pipe	1	2.8	0.00	750.00	750.00	0.4
Razor blade	1	2.8	60.00	690.00	750.00	0.4
Stairs	1	2.8	0.00	750.00	750.00	0.4
Tool Holder	1	2.8	0.00	750.00	750.00	0.4
Uneven Surface	1	2.8	0.00	750.00	750.00	0.4
Metal items	3	8.5	371.64	0.00	371.64	0.2
Chemicals, not otherwise classified	1	2.8	155.00	0.00	155.00	0.1
Furniture / fixtures	1	2.8	60.00	0.00	60.00	0.0
Cart	1	2.8	0.00	0.00	0.00	0.0
Chair	1	2.8	0.00	0.00	0.00	0.0
Fencing	1	2.8	0.00	0.00	0.00	0.0
N/A	2	5.7	0.00	0.00	0.00	0.0
Building parts / doors	1	2.8	0.00	0.00	0.00	0.0
Overhead Object	1	2.8	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 23,018.21***	***$ 132,474.84***	***$ 155,493.05***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	8.5	5,671.97	63,540.53	69,212.50	44.5
Fall or Slip (From Liquid/Grease spills)	4	11.4	15,780.43	25,603.48	41,383.91	26.6
Fall or slip (on ice or snow)	3	8.5	230.00	33,270.00	33,500.00	21.5
Slipped, Did Not Fall	2	5.7	484.67	4,265.33	4,750.00	3.0
Object Handled (caught in or between)	3	8.5	144.50	2,105.50	2,250.00	1.4
Collision with a Fixed Object	3	8.5	0.00	1,500.00	1,500.00	0.9
Lifting (strain or Injury by)	2	5.7	60.00	750.00	810.00	0.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.8	60.00	690.00	750.00	0.4
Fall or slip (on stairs)	1	2.8	0.00	750.00	750.00	0.4
Strike Against/Step on Stationary Object	3	8.5	431.64	0.00	431.64	0.2
Absorb, Ingest, Inhalation	1	2.8	155.00	0.00	155.00	0.1
Fall or Slip (From Different Level)	1	2.8	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	2	5.7	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	2.8	0.00	0.00	0.00	0.0
Assault	1	2.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	5.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	5.7	0.00	0.00	0.00	0.0
	35		***$ 23,018.21***	***$ 132,474.84***	***$ 155,493.05***	

***BODY PART

Shoulder	4
Knee	7
Hip	2
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Elbow	4
Finger(s)	7
Hand	2
Wrist	3
Thumb	1
Lungs	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Back Area (Thoracic Area)	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Leg	1					
Multiple Head Injury	1					
Facial, Other Soft Tissue	1					
Lower Arm	1					
	35					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	27
Strain	10
Laceration	4
Poisoning - Chemical	1
Puncture	1
Vascular Loss	1
Inflamation	1
	35

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Institutions Administration (756)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Whole Body	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Patrick Henry Corrction Unit #28 (757)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	0.00	1,750.00	1,750.00	99.2
8AM-9:59AM	1	33.3	13.84	0.00	13.84	0.7
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 13.84**	**$ 1,750.00**	**$ 1,763.84**	
LENGTH OF SERVICE						
20-22	1	33.3	0.00	1,750.00	1,750.00	99.2
10-12	1	33.3	13.84	0.00	13.84	0.7
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 13.84**	**$ 1,750.00**	**$ 1,763.84**	
AGE OF CLAIMANT						
50-54	1	33.3	0.00	1,750.00	1,750.00	99.2
45-49	1	33.3	13.84	0.00	13.84	0.7
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 13.84**	**$ 1,750.00**	**$ 1,763.84**	
SEX OF CLAIMANT						
Male	3	100.0	13.84	1,750.00	1,763.84	100.0
	3		**$ 13.84**	**$ 1,750.00**	**$ 1,763.84**	
LOSS CAUSE						
Boxes / containers	1	33.3	0.00	1,750.00	1,750.00	99.2
Walking surface, outside, dry	1	33.3	13.84	0.00	13.84	0.7
Foreign Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 13.84**	**$ 1,750.00**	**$ 1,763.84**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	0.00	1,750.00	1,750.00	99.2
Twisting, strain or injury by	1	33.3	13.84	0.00	13.84	0.7
Collision with a Fixed Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 13.84**	**$ 1,750.00**	**$ 1,763.84**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Ankle	1					
Knee	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Contusion	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Corectional Unit #13 (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	139.15	0.00	139.15	100.0
	1		**$ 139.15**	**$ 0.00**	**$ 139.15**	
LENGTH OF SERVICE						
0-2	1	100.0	139.15	0.00	139.15	100.0
	1		**$ 139.15**	**$ 0.00**	**$ 139.15**	
AGE OF CLAIMANT						
20-24	1	100.0	139.15	0.00	139.15	100.0
	1		**$ 139.15**	**$ 0.00**	**$ 139.15**	
SEX OF CLAIMANT						
Male	1	100.0	139.15	0.00	139.15	100.0
	1		**$ 139.15**	**$ 0.00**	**$ 139.15**	
LOSS CAUSE						
Recreational equipment	1	100.0	139.15	0.00	139.15	100.0
	1		**$ 139.15**	**$ 0.00**	**$ 139.15**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	139.15	0.00	139.15	100.0
	1		**$ 139.15**	**$ 0.00**	**$ 139.15**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	22.2	442.20	2,807.80	3,250.00	48.8
8AM-9:59AM	6	33.3	122.02	1,500.00	1,622.02	24.4
4AM-5:59AM	2	11.1	169.00	581.00	750.00	11.2
2PM-3:59PM	2	11.1	647.66	0.00	647.66	9.7
12PM-1:59PM	1	5.5	378.56	0.00	378.56	5.6
12AM-1:59AM	1	5.5	0.00	0.00	0.00	0.0
2AM-3:59AM	1	5.5	0.00	0.00	0.00	0.0
6AM-7:59AM	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 1,759.44**	**$ 4,888.80**	**$ 6,648.24**	
LENGTH OF SERVICE						
0-2	7	38.8	347.02	3,025.00	3,372.02	50.7
4-6	4	22.2	386.20	1,113.80	1,500.00	22.5
6-8	1	5.5	0.00	750.00	750.00	11.2
2-4	1	5.5	647.66	0.00	647.66	9.7
8-10	1	5.5	378.56	0.00	378.56	5.6
14-16	1	5.5	0.00	0.00	0.00	0.0
16-18	1	5.5	0.00	0.00	0.00	0.0
24-26	1	5.5	0.00	0.00	0.00	0.0
20-22	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 1,759.44**	**$ 4,888.80**	**$ 6,648.24**	
AGE OF CLAIMANT						
35-39	5	27.7	1,026.22	1,500.00	2,526.22	38.0
55-59	2	11.1	56.00	1,694.00	1,750.00	26.3
40-44	5	27.7	555.20	944.80	1,500.00	22.5
30-34	3	16.6	122.02	750.00	872.02	13.1
45-49	1	5.5	0.00	0.00	0.00	0.0
50-54	2	11.1	0.00	0.00	0.00	0.0
	18		**$ 1,759.44**	**$ 4,888.80**	**$ 6,648.24**	
SEX OF CLAIMANT						
Female	10	55.5	933.76	3,194.80	4,128.56	62.1
Male	8	44.4	825.68	1,694.00	2,519.68	37.9
	18		**$ 1,759.44**	**$ 4,888.80**	**$ 6,648.24**	
LOSS CAUSE						
Uneven Surface	2	11.1	56.00	1,694.00	1,750.00	26.3
Walking surface, inside, dry	4	22.2	508.22	363.80	872.02	13.1
Door	1	5.5	0.00	750.00	750.00	11.2
Stairs	1	5.5	0.00	750.00	750.00	11.2
Vehicle/car/truck	1	5.5	169.00	581.00	750.00	11.2
Walking surface, outside, wet	2	11.1	0.00	750.00	750.00	11.2
Walking surface, outside, dry	2	11.1	647.66	0.00	647.66	9.7
Electrical equipment	1	5.5	378.56	0.00	378.56	5.6
Chair	1	5.5	0.00	0.00	0.00	0.0
Foreign Object	2	11.1	0.00	0.00	0.00	0.0
Wood Items	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:30

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	18		**$ 1,759.44**	**$ 4,888.80**	**$ 6,648.24**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	6	33.3	442.20	2,057.80	2,500.00	37.6
Twisting, strain or injury by	3	16.6	769.68	0.00	769.68	11.5
Collision/sideswipe with Another Vehicle	1	5.5	169.00	581.00	750.00	11.2
Fall or slip (on ice or snow)	2	11.1	0.00	750.00	750.00	11.2
Fall or slip (on stairs)	1	5.5	0.00	750.00	750.00	11.2
Object Handled (caught in or between)	1	5.5	0.00	750.00	750.00	11.2
Contact with Electric Current	1	5.5	378.56	0.00	378.56	5.6
Fall or Slip (From Different Level)	1	5.5	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	5.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 1,759.44**	**$ 4,888.80**	**$ 6,648.24**	

**BODY PART	
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Arm	4
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Knee	4
Buttocks	1
Finger(s)	1
Hand	1
Hip	1
Shoulder	2
Soft Tissue - Neck	1
Foot	1
Multiple Neck Injury	3
Thumb	1
Upper Arm (Inc: Clavicle and Scapula)	1
Lower Leg	1
Multiple Head Injury	1
Elbow	1
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY	
Contusion	14
Strain	9
Fracture	1
Burn	3
Crushing	1
Sprain	2
Laceration	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	18					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	17.3	706.60	1,793.40	2,500.00	49.2
6AM-7:59AM	5	21.7	781.69	750.00	1,531.69	30.1
4AM-5:59AM	2	8.6	0.00	750.00	750.00	14.7
Unknown	1	4.3	297.73	0.00	297.73	5.8
10AM-11:59AM	1	4.3	0.00	0.00	0.00	0.0
12AM-1:59AM	1	4.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	4.3	0.00	0.00	0.00	0.0
2AM-3:59AM	7	30.4	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 1,786.02**	**$ 3,293.40**	**$ 5,079.42**	
LENGTH OF SERVICE						
4-6	4	17.3	165.61	2,334.39	2,500.00	49.2
12-14	7	30.4	838.72	959.01	1,797.73	35.3
6-8	3	13.0	781.69	0.00	781.69	15.3
0-2	3	13.0	0.00	0.00	0.00	0.0
10-12	1	4.3	0.00	0.00	0.00	0.0
8-10	3	13.0	0.00	0.00	0.00	0.0
2-4	2	8.6	0.00	0.00	0.00	0.0
	23		**$ 1,786.02**	**$ 3,293.40**	**$ 5,079.42**	
AGE OF CLAIMANT						
50-54	2	8.6	165.61	1,584.39	1,750.00	34.4
35-39	3	13.0	1,322.68	209.01	1,531.69	30.1
25-29	3	13.0	0.00	750.00	750.00	14.7
45-49	2	8.6	0.00	750.00	750.00	14.7
40-44	5	21.7	297.73	0.00	297.73	5.8
20-24	2	8.6	0.00	0.00	0.00	0.0
30-34	5	21.7	0.00	0.00	0.00	0.0
55-59	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 1,786.02**	**$ 3,293.40**	**$ 5,079.42**	
SEX OF CLAIMANT						
Male	20	86.9	1,620.41	1,709.01	3,329.42	65.5
Female	3	13.0	165.61	1,584.39	1,750.00	34.4
	23		**$ 1,786.02**	**$ 3,293.40**	**$ 5,079.42**	
LOSS CAUSE						
Boxes / containers	1	4.3	165.61	1,584.39	1,750.00	34.4
Walking surface, outside, wet	2	8.6	540.99	959.01	1,500.00	29.5
Cart	3	13.0	781.69	0.00	781.69	15.3
Foreign Object	5	21.7	0.00	750.00	750.00	14.7
N/A	2	8.6	297.73	0.00	297.73	5.8
Animal / tick, spider, etc.	1	4.3	0.00	0.00	0.00	0.0
Dishes	1	4.3	0.00	0.00	0.00	0.0
Door	3	13.0	0.00	0.00	0.00	0.0
Elevators, escalators	1	4.3	0.00	0.00	0.00	0.0
Patient / Inmate	3	13.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	4.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	23		**$ 1,786.02**	**$ 3,293.40**	**$ 5,079.42**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	4.3	165.61	1,584.39	1,750.00	34.4
Fall or slip (on ice or snow)	2	8.6	540.99	959.01	1,500.00	29.5
Struck/Injured by Object Handled By Other	1	4.3	781.69	0.00	781.69	15.3
Assault	5	21.7	0.00	750.00	750.00	14.7
Foreign Body In Eye	2	8.6	297.73	0.00	297.73	5.8
Animal Or Insect	1	4.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	8.6	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	4	17.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	4.3	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	4.3	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	4.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	4.3	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 1,786.02**	**$ 3,293.40**	**$ 5,079.42**	

*****BODY PART***	
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Upper Leg	1
Ankle	1
Hand	3
Knee	1
Multiple Head Injury	2
Eye(s)	3
Abdomen including Groin	1
Body System & Multiple Body Parts	1
Finger(s)	5
Lower Arm	1
Multiple Body Parts	1
Upper Arm (Inc: Clavicle and Scapula)	2
Facial, Other Soft Tissue	1
	23

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Strain	4
Contusion	11
Foreign Body	7
All Other Cumulative	2
Dermatitis	1
Laceration	1
	23

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	7	9.8	2,318.69	33,366.70	35,685.39	40.5
Unknown	4	5.6	20,938.55	7,798.88	28,737.43	32.6
8AM-9:59AM	16	22.5	1,698.43	6,276.09	7,974.52	9.0
4AM-5:59AM	7	9.8	4,813.84	2,390.16	7,204.00	8.1
6AM-7:59AM	9	12.6	1,992.31	2,879.00	4,871.31	5.5
12AM-1:59AM	5	7.0	265.10	1,736.90	2,002.00	2.2
2AM-3:59AM	7	9.8	131.30	750.00	881.30	1.0
10AM-11:59AM	11	15.4	653.84	0.00	653.84	0.7
2PM-3:59PM	4	5.6	0.00	0.00	0.00	0.0
6PM-7:59PM	1	1.4	0.00	0.00	0.00	0.0
	71		**$ 32,812.06**	**$ 55,197.73**	**$ 88,009.79**	
LENGTH OF SERVICE						
6-8	12	16.9	17,723.02	18,702.48	36,425.50	41.3
12-14	5	7.0	2,288.39	24,200.00	26,488.39	30.1
0-2	13	18.3	8,859.24	2,500.00	11,359.24	12.9
4-6	15	21.1	2,445.16	3,572.16	6,017.32	6.8
2-4	12	16.9	1,260.25	2,026.09	3,286.34	3.7
8-10	4	5.6	0.00	2,750.00	2,750.00	3.1
10-12	6	8.4	236.00	1,447.00	1,683.00	1.9
14-16	3	4.2	0.00	0.00	0.00	0.0
28-30	1	1.4	0.00	0.00	0.00	0.0
	71		**$ 32,812.06**	**$ 55,197.73**	**$ 88,009.79**	
AGE OF CLAIMANT						
45-49	9	12.6	2,419.69	24,200.00	26,619.69	30.2
20-24	5	7.0	16,676.46	7,798.88	24,475.34	27.8
30-34	13	18.3	1,952.91	10,971.40	12,924.31	14.6
40-44	11	15.4	5,806.04	3,129.00	8,935.04	10.1
35-39	16	22.5	1,888.55	5,348.45	7,237.00	8.2
25-29	13	18.3	4,068.41	3,000.00	7,068.41	8.0
60-64	1	1.4	0.00	750.00	750.00	0.8
50-54	2	2.8	0.00	0.00	0.00	0.0
55-59	1	1.4	0.00	0.00	0.00	0.0
	71		**$ 32,812.06**	**$ 55,197.73**	**$ 88,009.79**	
SEX OF CLAIMANT						
Female	46	64.7	15,259.05	34,414.35	49,673.40	56.4
Male	25	35.2	17,553.01	20,783.38	38,336.39	43.5
	71		**$ 32,812.06**	**$ 55,197.73**	**$ 88,009.79**	
LOSS CAUSE						
Door	9	12.6	4,230.21	24,950.00	29,180.21	33.1
Water	2	2.8	16,591.62	7,798.88	24,390.50	27.7
Foreign Object	5	7.0	252.51	9,997.49	10,250.00	11.6
Stairs, steps	5	7.0	4,704.00	3,750.00	8,454.00	9.6
Walking surface, inside, wet	7	9.8	3,747.89	2,250.00	5,997.89	6.8
Patient / Inmate	11	15.4	1,146.18	1,390.16	2,536.34	2.8
Stairs	2	2.8	0.00	1,500.00	1,500.00	1.7

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, wet	2	2.8	135.80	1,364.20	1,500.00	1.7
Chemicals, not otherwise classified	2	2.8	1,181.00	0.00	1,181.00	1.3
Floor	3	4.2	283.84	750.00	1,033.84	1.1
Chair	1	1.4	53.00	697.00	750.00	0.8
Sharp objects, not otherwise classified	1	1.4	0.00	750.00	750.00	0.8
Furniture / fixtures	2	2.8	183.00	0.00	183.00	0.2
Miscellaneous	3	4.2	134.00	0.00	134.00	0.1
Walking surface, outside, dry	2	2.8	116.01	0.00	116.01	0.1
Overhead Object	2	2.8	53.00	0.00	53.00	0.0
Unknown	1	1.4	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	2	2.8	0.00	0.00	0.00	0.0
Animal / snake	1	1.4	0.00	0.00	0.00	0.0
Environmental conditions	1	1.4	0.00	0.00	0.00	0.0
Object on Floor	1	1.4	0.00	0.00	0.00	0.0
Recreational equipment	1	1.4	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.4	0.00	0.00	0.00	0.0
N/A	2	2.8	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	2.8	0.00	0.00	0.00	0.0
	71		***$ 32,812.06***	***$ 55,197.73***	***$ 88,009.79***	

ACCIDENT TYPE

Fall or slip (on stairs)	6	8.4	21,096.62	12,298.88	33,395.50	37.9
Object Handled (caught in or between)	7	9.8	4,106.70	24,950.00	29,056.70	33.0
Collision with a Fixed Object	4	5.6	239.41	8,260.59	8,500.00	9.6
Fall or Slip (On Same Level)	6	8.4	13.10	3,986.90	4,000.00	4.5
Fall or Slip (From Liquid/Grease spills)	6	8.4	3,946.89	0.00	3,946.89	4.4
Fall or Slip (From Different Level)	4	5.6	336.84	1,447.00	1,783.84	2.0
Slipped, Did Not Fall	2	2.8	67.80	1,432.20	1,500.00	1.7
Foreign Body In Eye	1	1.4	1,181.00	0.00	1,181.00	1.3
Assault	7	9.8	905.04	0.00	905.04	1.0
Struck/Injured by Object Being Lifted/Handled	3	4.2	123.51	750.00	873.51	0.9
Fall or slip (on ice or snow)	1	1.4	68.00	682.00	750.00	0.8
Lifting (strain or Injury by)	1	1.4	109.84	640.16	750.00	0.8
Reaching (Strain or Injury by)	1	1.4	0.00	750.00	750.00	0.8
Strike Against/Step on Stationary Object	6	8.4	236.00	0.00	236.00	0.2
Struck/Injured by Falling or Flying Object	2	2.8	134.00	0.00	134.00	0.1
Absorb, Ingest, Inhalation	1	1.4	131.30	0.00	131.30	0.1
Twisting, strain or injury by	5	7.0	116.01	0.00	116.01	0.1
Animal Or Insect	2	2.8	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	2	2.8	0.00	0.00	0.00	0.0
Repetitive Motion	3	4.2	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	1.4	0.00	0.00	0.00	0.0
	71		***$ 32,812.06***	***$ 55,197.73***	***$ 88,009.79***	

***BODY PART**

Finger(s)	7
Multiple Head Injury	4
Upper Back Area (Thoracic Area)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Ankle	4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Leg	1					
Knee	11					
Eye(s)	2					
Lower Leg	5					
Upper Arm (Inc: Clavicle and Scapula)	3					
Elbow	1					
Foot	1					
Multiple Neck Injury	3					
Shoulder	1					
Thumb	2					
Soft Tissue - Neck	1					
Skull	2					
Body System & Multiple Body Parts	1					
Abdomen including Groin	1					
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	4					
Hand	5					
Lower Arm	2					
Whole Body	1					
Wrist(s) & Hand(s)	1					
Facial, Other Soft Tissue	3					
No Physical Problem	2					
	71					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	30
Strain	21
Sprain	3
Laceration	5
Foreign Body	7
Inflamation	1
Puncture	4
Multiple Physical Injuries Only	2
All Other Cumulative	1
Heat Prostration	1
No Physical Injury	3
	71

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	8.3	6,820.82	42,410.74	49,231.56	68.6
8AM-9:59AM	5	41.6	6,514.11	15,574.35	22,088.46	30.7
10AM-11:59AM	2	16.6	425.96	0.00	425.96	0.5
2AM-3:59AM	2	16.6	0.00	0.00	0.00	0.0
4AM-5:59AM	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 13,760.89**	**$ 57,985.09**	**$ 71,745.98**	
LENGTH OF SERVICE						
8-10	4	33.3	13,134.47	57,985.09	71,119.56	99.1
4-6	2	16.6	425.96	0.00	425.96	0.5
2-4	4	33.3	200.46	0.00	200.46	0.2
10-12	1	8.3	0.00	0.00	0.00	0.0
0-2	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,760.89**	**$ 57,985.09**	**$ 71,745.98**	
AGE OF CLAIMANT						
30-34	5	41.6	13,334.93	57,985.09	71,320.02	99.4
20-24	1	8.3	425.96	0.00	425.96	0.5
35-39	2	16.6	0.00	0.00	0.00	0.0
45-49	1	8.3	0.00	0.00	0.00	0.0
50-54	1	8.3	0.00	0.00	0.00	0.0
55-59	1	8.3	0.00	0.00	0.00	0.0
25-29	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,760.89**	**$ 57,985.09**	**$ 71,745.98**	
SEX OF CLAIMANT						
Male	5	41.6	13,760.89	57,985.09	71,745.98	100.0
Female	7	58.3	0.00	0.00	0.00	0.0
	12		**$ 13,760.89**	**$ 57,985.09**	**$ 71,745.98**	
LOSS CAUSE						
Floor	2	16.6	6,820.82	42,410.74	49,231.56	68.6
Boxes / containers	1	8.3	6,313.65	15,574.35	21,888.00	30.5
Patient / Inmate	2	16.6	626.42	0.00	626.42	0.8
Chair	1	8.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Furniture / fixtures	2	16.6	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	8.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	8.3	0.00	0.00	0.00	0.0
Outside Surface	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,760.89**	**$ 57,985.09**	**$ 71,745.98**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	4	33.3	6,820.82	42,410.74	49,231.56	68.6
Lifting (strain or Injury by)	2	16.6	6,739.61	15,574.35	22,313.96	31.1
Contact with Cold Objects or Substances	1	8.3	200.46	0.00	200.46	0.2
Collision with a Fixed Object	1	8.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	16.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	16.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12		$ 13,760.89	$ 57,985.09	$ 71,745.98	
****BODY PART**						
Elbow	1					
Shoulder	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other Soft Tissue	2					
Eye(s)	3					
Hand	2					
Knee	1					
Lower Leg	1					
Wrist	1					
Hip	1					
Upper Leg	1					
	12					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Fracture	1					
Strain	2					
Foreign Body	4					
Contusion	7					
Vision Loss	1					
	12					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	5.8	5,134.32	13,446.05	18,580.37	68.5
6AM-7:59AM	5	29.4	3,927.46	1,122.50	5,049.96	18.6
2AM-3:59AM	4	23.5	451.69	1,500.00	1,951.69	7.2
8AM-9:59AM	3	17.6	0.00	750.00	750.00	2.7
12AM-1:59AM	1	5.8	571.22	0.00	571.22	2.1
4AM-5:59AM	2	11.7	207.00	0.00	207.00	0.7
2PM-3:59PM	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 10,291.69**	**$ 16,818.55**	**$ 27,110.24**	
LENGTH OF SERVICE						
4-6	6	35.2	5,672.21	15,696.05	21,368.26	78.8
8-10	2	11.7	3,084.44	0.00	3,084.44	11.3
6-8	3	17.6	1,198.72	1,122.50	2,321.22	8.5
0-2	2	11.7	207.00	0.00	207.00	0.7
2-4	2	11.7	129.32	0.00	129.32	0.4
10-12	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 10,291.69**	**$ 16,818.55**	**$ 27,110.24**	
AGE OF CLAIMANT						
45-49	6	35.2	5,586.01	14,946.05	20,532.06	75.7
55-59	1	5.8	3,084.44	0.00	3,084.44	11.3
30-34	4	23.5	843.02	1,122.50	1,965.52	7.2
35-39	2	11.7	0.00	750.00	750.00	2.7
60-64	1	5.8	571.22	0.00	571.22	2.1
25-29	1	5.8	207.00	0.00	207.00	0.7
50-54	1	5.8	0.00	0.00	0.00	0.0
65-69	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 10,291.69**	**$ 16,818.55**	**$ 27,110.24**	
SEX OF CLAIMANT						
Female	10	58.8	6,364.23	14,196.05	20,560.28	75.8
Male	7	41.1	3,927.46	2,622.50	6,549.96	24.1
	17		**$ 10,291.69**	**$ 16,818.55**	**$ 27,110.24**	
LOSS CAUSE						
Walking surface, outside, dry	2	11.7	5,134.32	13,446.05	18,580.37	68.5
Fencing	1	5.8	3,084.44	0.00	3,084.44	11.3
Patient / Inmate	2	11.7	627.50	1,122.50	1,750.00	6.4
Walking surface, inside, wet	3	17.6	207.00	750.00	957.00	3.5
Metal items	2	11.7	0.00	750.00	750.00	2.7
Wires	1	5.8	0.00	750.00	750.00	2.7
Chemicals, not otherwise classified	1	5.8	571.22	0.00	571.22	2.1
Door	2	11.7	451.69	0.00	451.69	1.6
Nail	1	5.8	215.52	0.00	215.52	0.7
Boxes / containers	1	5.8	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17		**$ 10,291.69**	**$ 16,818.55**	**$ 27,110.24**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	6	35.2	5,341.32	14,946.05	20,287.37	74.8
Pushing Or Pulling (Strain or Injury by)	1	5.8	3,084.44	0.00	3,084.44	11.3
Struck/Injured by Falling or Flying Object	1	5.8	627.50	1,122.50	1,750.00	6.4
Object Handled (caught in or between)	3	17.6	451.69	750.00	1,201.69	4.4
Allergic Reaction	1	5.8	571.22	0.00	571.22	2.1
Strike Against/Step on Stationary Object	1	5.8	215.52	0.00	215.52	0.7
Object being lifted/handled (cut,punc.scrape,inj b	1	5.8	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	11.7	0.00	0.00	0.00	0.0
Assault	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 10,291.69**	**$ 16,818.55**	**$ 27,110.24**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	3
Lower Leg	2
Hand	3
Trachea	1
Finger(s)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	2
Hip	2
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	7
Contusion	10
Laceration	2
Inflamation	1
Fracture	1
Puncture	1
	17

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	8.3	3,783.51	14,726.31	18,509.82	76.1
6AM-7:59AM	2	16.6	1,694.31	1,357.57	3,051.88	12.5
12AM-1:59AM	2	16.6	1,262.73	0.00	1,262.73	5.1
12PM-1:59PM	1	8.3	75.00	675.00	750.00	3.0
4AM-5:59AM	2	16.6	487.46	262.54	750.00	3.0
8AM-9:59AM	2	16.6	0.00	0.00	0.00	0.0
10AM-11:59AM	1	8.3	0.00	0.00	0.00	0.0
2AM-3:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 7,303.01**	**$ 17,021.42**	**$ 24,324.43**	
LENGTH OF SERVICE						
6-8	2	16.6	4,322.37	14,937.45	19,259.82	79.1
2-4	3	25.0	2,905.64	1,408.97	4,314.61	17.7
8-10	4	33.3	75.00	675.00	750.00	3.0
4-6	3	25.0	0.00	0.00	0.00	0.0
	12		**$ 7,303.01**	**$ 17,021.42**	**$ 24,324.43**	
AGE OF CLAIMANT						
25-29	4	33.3	5,046.24	14,726.31	19,772.55	81.2
55-59	1	8.3	1,155.45	1,146.43	2,301.88	9.4
30-34	3	25.0	1,026.32	473.68	1,500.00	6.1
40-44	3	25.0	75.00	675.00	750.00	3.0
35-39	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 7,303.01**	**$ 17,021.42**	**$ 24,324.43**	
SEX OF CLAIMANT						
Male	4	33.3	4,809.83	15,199.99	20,009.82	82.2
Female	8	66.6	2,493.18	1,821.43	4,314.61	17.7
	12		**$ 7,303.01**	**$ 17,021.42**	**$ 24,324.43**	
LOSS CAUSE						
Door	1	8.3	3,783.51	14,726.31	18,509.82	76.1
Furniture / fixtures	1	8.3	1,155.45	1,146.43	2,301.88	9.4
Cart	2	16.6	1,337.73	675.00	2,012.73	8.2
Fencing	1	8.3	487.46	262.54	750.00	3.0
Foreign Object	2	16.6	538.86	211.14	750.00	3.0
Metal items	1	8.3	0.00	0.00	0.00	0.0
Chair	1	8.3	0.00	0.00	0.00	0.0
Overhead Object	1	8.3	0.00	0.00	0.00	0.0
Stairs	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 7,303.01**	**$ 17,021.42**	**$ 24,324.43**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	8.3	3,783.51	14,726.31	18,509.82	76.1
Strike Against/Step on Stationary Object	1	8.3	1,155.45	1,146.43	2,301.88	9.4
Struck/Injured by Object Handled By Other	1	8.3	1,262.73	0.00	1,262.73	5.1
Foreign Body In Eye	1	8.3	538.86	211.14	750.00	3.0
Object Handled (caught in or between)	1	8.3	487.46	262.54	750.00	3.0
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	75.00	675.00	750.00	3.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Being Lifted/Handled	1	8.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	8.3	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	8.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 7,303.01***	***$ 17,021.42***	***$ 24,324.43***	

***BODY PART**

Shoulder	2
Lower Leg	2
Eye(s)	1
Knee	2
Finger(s)	1
Ankle	1
Buttocks	1
Multiple Head Injury	2
Thumb	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Strain	3
Contusion	6
Laceration	3
Foreign Body	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	25.0	4,154.51	7,046.40	11,200.91	85.0
8AM-9:59AM	4	50.0	933.01	113.91	1,046.92	7.9
10AM-11:59AM	1	12.5	779.56	0.00	779.56	5.9
12PM-1:59PM	1	12.5	136.00	0.00	136.00	1.0
	8		**$ 6,003.08**	**$ 7,160.31**	**$ 13,163.39**	
LENGTH OF SERVICE						
0-2	6	75.0	5,223.52	7,160.31	12,383.83	94.0
2-4	1	12.5	779.56	0.00	779.56	5.9
4-6	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 6,003.08**	**$ 7,160.31**	**$ 13,163.39**	
AGE OF CLAIMANT						
30-34	5	62.5	4,587.43	7,046.40	11,633.83	88.3
35-39	1	12.5	779.56	0.00	779.56	5.9
45-49	1	12.5	636.09	113.91	750.00	5.7
40-44	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 6,003.08**	**$ 7,160.31**	**$ 13,163.39**	
SEX OF CLAIMANT						
Male	6	75.0	5,034.60	7,160.31	12,194.91	92.6
Female	2	25.0	968.48	0.00	968.48	7.3
	8		**$ 6,003.08**	**$ 7,160.31**	**$ 13,163.39**	
LOSS CAUSE						
Center Post	1	12.5	3,203.60	7,046.40	10,250.00	77.8
Uneven Surface	1	12.5	950.91	0.00	950.91	7.2
Sharp objects, not otherwise classified	1	12.5	779.56	0.00	779.56	5.9
Door	1	12.5	636.09	113.91	750.00	5.7
Floor	1	12.5	188.92	0.00	188.92	1.4
Miscellaneous	1	12.5	136.00	0.00	136.00	1.0
N/A	2	25.0	108.00	0.00	108.00	0.8
	8		**$ 6,003.08**	**$ 7,160.31**	**$ 13,163.39**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	12.5	3,203.60	7,046.40	10,250.00	77.8
Twisting, strain or injury by	2	25.0	1,086.91	0.00	1,086.91	8.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	779.56	0.00	779.56	5.9
Object Handled (caught in or between)	1	12.5	636.09	113.91	750.00	5.7
Fall or Slip (On Same Level)	1	12.5	188.92	0.00	188.92	1.4
Repetitive Motion	1	12.5	108.00	0.00	108.00	0.8
Other (Not Otherwise Classified)	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 6,003.08**	**$ 7,160.31**	**$ 13,163.39**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Spinal Cord - Neck	1					
Ankle	1					
Finger(s)	1					
Hand	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	1					
Multiple Lower Extremities	1					
Multiple Head Injury	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	4					
Contusion	4					
Laceration	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Lunenberg Correctional Center (774)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	12.5	831.60	0.00	831.60	100.0
10AM-11:59AM	5	62.5	0.00	0.00	0.00	0.0
12PM-1:59PM	1	12.5	0.00	0.00	0.00	0.0
6AM-7:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 831.60**	**$ 0.00**	**$ 831.60**	
LENGTH OF SERVICE						
0-2	1	12.5	831.60	0.00	831.60	100.0
12-14	1	12.5	0.00	0.00	0.00	0.0
8-10	2	25.0	0.00	0.00	0.00	0.0
2-4	1	12.5	0.00	0.00	0.00	0.0
4-6	3	37.5	0.00	0.00	0.00	0.0
	8		**$ 831.60**	**$ 0.00**	**$ 831.60**	
AGE OF CLAIMANT						
35-39	2	25.0	831.60	0.00	831.60	100.0
40-44	1	12.5	0.00	0.00	0.00	0.0
45-49	2	25.0	0.00	0.00	0.00	0.0
25-29	2	25.0	0.00	0.00	0.00	0.0
55-59	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 831.60**	**$ 0.00**	**$ 831.60**	
SEX OF CLAIMANT						
Male	6	75.0	831.60	0.00	831.60	100.0
Female	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 831.60**	**$ 0.00**	**$ 831.60**	
LOSS CAUSE						
Building parts / doors	1	12.5	831.60	0.00	831.60	100.0
N/A	1	12.5	0.00	0.00	0.00	0.0
Stairs, steps	1	12.5	0.00	0.00	0.00	0.0
Brush / tree / log	1	12.5	0.00	0.00	0.00	0.0
Patient / Inmate	3	37.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 831.60**	**$ 0.00**	**$ 831.60**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	12.5	831.60	0.00	831.60	100.0
Other than physical cause of injury	1	12.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	12.5	0.00	0.00	0.00	0.0
Allergic Reaction	1	12.5	0.00	0.00	0.00	0.0
Assault	3	37.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 831.60**	**$ 0.00**	**$ 831.60**	
****BODY PART**						
Lower Arm	2					
Ankle	1					
Insufficient Information	1					
Facial, Other Soft Tissue	2					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Lunenberg Correctional Center (774)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	1					
No Physical Problem	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Laceration	1					
All Other	1					
Strain	1					
Contusion	3					
Dermatitis	1					
No Physical Injury	1					
	8					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Department Of Corrections (701)
SubAgency: Tazewell Correctional Unit #31 (857)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	40.00	9,210.00	9,250.00	99.3
6AM-7:59AM	1	33.3	65.00	0.00	65.00	0.7
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 105.00**	**$ 9,210.00**	**$ 9,315.00**	
LENGTH OF SERVICE						
12-14	2	66.6	105.00	9,210.00	9,315.00	100.0
20-22	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 105.00**	**$ 9,210.00**	**$ 9,315.00**	
AGE OF CLAIMANT						
35-39	2	66.6	105.00	9,210.00	9,315.00	100.0
60-64	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 105.00**	**$ 9,210.00**	**$ 9,315.00**	
SEX OF CLAIMANT						
Male	3	100.0	105.00	9,210.00	9,315.00	100.0
	3		**$ 105.00**	**$ 9,210.00**	**$ 9,315.00**	
LOSS CAUSE						
Stairs	1	33.3	40.00	9,210.00	9,250.00	99.3
Fencing	1	33.3	65.00	0.00	65.00	0.7
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 105.00**	**$ 9,210.00**	**$ 9,315.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	33.3	40.00	9,210.00	9,250.00	99.3
Strike Against/Step on Stationary Object	1	33.3	65.00	0.00	65.00	0.7
Slipped, Did Not Fall	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 105.00**	**$ 9,210.00**	**$ 9,315.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	1					
Hip	1					
	3					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
Contusion	1
	3

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	33.3	1,603.69	0.00	1,603.69	47.7
8AM-9:59AM	2	16.6	350.07	653.00	1,003.07	29.8
4AM-5:59AM	1	8.3	416.73	0.00	416.73	12.4
12AM-1:59AM	1	8.3	223.96	0.00	223.96	6.6
4PM-5:59PM	3	25.0	113.60	0.00	113.60	3.3
2AM-3:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,708.05**	**$ 653.00**	**$ 3,361.05**	
LENGTH OF SERVICE						
2-4	1	8.3	1,382.99	0.00	1,382.99	41.1
4-6	2	16.6	165.00	653.00	818.00	24.3
16-18	1	8.3	416.73	0.00	416.73	12.4
0-2	2	16.6	337.56	0.00	337.56	10.0
10-12	1	8.3	253.07	0.00	253.07	7.5
20-22	1	8.3	152.70	0.00	152.70	4.5
6-8	2	16.6	0.00	0.00	0.00	0.0
30-32	1	8.3	0.00	0.00	0.00	0.0
8-10	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,708.05**	**$ 653.00**	**$ 3,361.05**	
AGE OF CLAIMANT						
30-34	1	8.3	1,382.99	0.00	1,382.99	41.1
45-49	1	8.3	97.00	653.00	750.00	22.3
55-59	2	16.6	416.73	0.00	416.73	12.4
60-64	3	25.0	376.66	0.00	376.66	11.2
65-69	1	8.3	253.07	0.00	253.07	7.5
40-44	1	8.3	113.60	0.00	113.60	3.3
35-39	1	8.3	68.00	0.00	68.00	2.0
70-74	1	8.3	0.00	0.00	0.00	0.0
50-54	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,708.05**	**$ 653.00**	**$ 3,361.05**	
SEX OF CLAIMANT						
Female	5	41.6	2,052.79	0.00	2,052.79	61.0
Male	7	58.3	655.26	653.00	1,308.26	38.9
	12		**$ 2,708.05**	**$ 653.00**	**$ 3,361.05**	
LOSS CAUSE						
Miscellaneous	2	16.6	1,496.59	0.00	1,496.59	44.5
Boxes / containers	1	8.3	97.00	653.00	750.00	22.3
Needle stick	2	16.6	484.73	0.00	484.73	14.4
Stairs	1	8.3	253.07	0.00	253.07	7.5
Gloves	1	8.3	223.96	0.00	223.96	6.6
Sharp objects, not otherwise classified	1	8.3	152.70	0.00	152.70	4.5
Walking surface, outside, dry	1	8.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Object on Floor	1	8.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12		**$ 2,708.05**	**$ 653.00**	**$ 3,361.05**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	8.3	1,382.99	0.00	1,382.99	41.1
Lifting (strain or Injury by)	2	16.6	97.00	653.00	750.00	22.3
Object being lifted/handled (cut,punc.scrape,inj b	3	25.0	637.43	0.00	637.43	18.9
Fall or slip (on stairs)	1	8.3	253.07	0.00	253.07	7.5
Allergic Reaction	1	8.3	223.96	0.00	223.96	6.6
Struck/Injured by Object Being Lifted/Handled	1	8.3	113.60	0.00	113.60	3.3
Fall or Slip (On Same Level)	2	16.6	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,708.05**	**$ 653.00**	**$ 3,361.05**	

**BODY PART	
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Thumb	1
Hand	2
Shoulder	1
Finger(s)	2
Ankle	2
Lower Leg	1
Knee	1
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY	
Strain	6
Puncture	2
Dermatitis	1
Inflamation	1
Contusion	3
Sprain	2
	12

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	8	6.8	33,169.48	11,688.72	44,858.20	37.4
2AM-3:59AM	10	8.5	12,097.39	7,368.83	19,466.22	16.2
4PM-5:59PM	11	9.4	4,639.78	8,750.00	13,389.78	11.1
6AM-7:59AM	10	8.5	2,289.95	8,778.23	11,068.18	9.2
12PM-1:59PM	9	7.6	3,464.45	7,000.00	10,464.45	8.7
10AM-11:59AM	13	11.1	1,308.16	6,000.00	7,308.16	6.1
8AM-9:59AM	29	24.7	1,758.54	4,372.98	6,131.52	5.1
12AM-1:59AM	8	6.8	2,520.35	636.98	3,157.33	2.6
4AM-5:59AM	11	9.4	670.33	1,998.65	2,668.98	2.2
6PM-7:59PM	6	5.1	840.81	451.66	1,292.47	1.0
Unknown	2	1.7	0.00	0.00	0.00	0.0
	117		**$ 62,759.24**	**$ 57,046.05**	**$ 119,805.29**	
LENGTH OF SERVICE						
4-6	26	22.2	27,423.17	16,493.58	43,916.75	36.6
0-2	30	25.6	14,083.34	12,699.98	26,783.32	22.3
2-4	23	19.6	14,257.61	11,407.35	25,664.96	21.4
6-8	12	10.2	2,842.85	8,750.00	11,592.85	9.6
12-14	5	4.2	183.47	5,816.53	6,000.00	5.0
8-10	3	2.5	1,799.43	622.98	2,422.41	2.0
30-32	5	4.2	251.35	1,248.65	1,500.00	1.2
16-18	2	1.7	1,175.00	0.00	1,175.00	0.9
20-22	2	1.7	743.02	6.98	750.00	0.6
10-12	3	2.5	0.00	0.00	0.00	0.0
14-16	2	1.7	0.00	0.00	0.00	0.0
24-26	2	1.7	0.00	0.00	0.00	0.0
26-28	1	0.8	0.00	0.00	0.00	0.0
32-34	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 62,759.24**	**$ 57,046.05**	**$ 119,805.29**	
AGE OF CLAIMANT						
40-44	13	11.1	25,800.35	27,799.56	53,599.91	44.7
35-39	18	15.3	15,922.15	3,718.91	19,641.06	16.3
30-34	9	7.6	1,110.35	10,074.45	11,184.80	9.3
25-29	22	18.8	3,276.00	7,380.55	10,656.55	8.8
45-49	21	17.9	5,477.29	5,103.38	10,580.67	8.8
50-54	10	8.5	6,269.08	1,480.92	7,750.00	6.4
20-24	18	15.3	4,904.02	738.28	5,642.30	4.7
60-64	1	0.8	0.00	750.00	750.00	0.6
55-59	4	3.4	0.00	0.00	0.00	0.0
65-69	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 62,759.24**	**$ 57,046.05**	**$ 119,805.29**	
SEX OF CLAIMANT						
Female	92	78.6	54,591.81	43,046.05	97,637.86	81.5
Male	25	21.3	8,167.43	14,000.00	22,167.43	18.5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:31

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	117		**$ 62,759.24**	**$ 57,046.05**	**$ 119,805.29**	
LOSS CAUSE						
Patient / Inmate	90	76.9	57,792.09	47,296.05	105,088.14	87.7
Walking surface, inside, dry	2	1.7	0.00	6,000.00	6,000.00	5.0
Door	6	5.1	980.51	750.00	1,730.51	1.4
Chair	2	1.7	1,672.41	0.00	1,672.41	1.4
Foreign Object	1	0.8	1,254.00	0.00	1,254.00	1.0
Cabinet	2	1.7	216.14	750.00	966.14	0.8
Cart	1	0.8	0.00	750.00	750.00	0.6
Floor	1	0.8	0.00	750.00	750.00	0.6
Person	1	0.8	0.00	750.00	750.00	0.6
Wall	2	1.7	708.95	0.00	708.95	0.5
Animal / insect, not otherwise classified	2	1.7	117.31	0.00	117.31	0.1
Outside Surface	1	0.8	17.83	0.00	17.83	0.0
Furniture / fixtures	2	1.7	0.00	0.00	0.00	0.0
N/A	1	0.8	0.00	0.00	0.00	0.0
Object on Floor	1	0.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	0.8	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 62,759.24**	**$ 57,046.05**	**$ 119,805.29**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	83	70.9	53,789.57	39,558.11	93,347.68	77.9
Lifting (strain or Injury by)	2	1.7	120.00	7,630.00	7,750.00	6.4
Pushing Or Pulling (Strain or Injury by)	2	1.7	6,153.25	857.94	7,011.19	5.8
Misc. (Strain or Injury by)	1	0.8	0.00	6,000.00	6,000.00	5.0
Object Handled (caught in or between)	7	5.9	306.90	1,500.00	1,806.90	1.5
Fall or Slip (From Different Level)	2	1.7	1,672.41	0.00	1,672.41	1.4
Fall or Slip (On Same Level)	6	5.1	17.83	750.00	767.83	0.6
Collision with a Fixed Object	1	0.8	0.00	750.00	750.00	0.6
Human Bite	3	2.5	365.83	0.00	365.83	0.3
Strike Against/Step on Stationary Object	3	2.5	216.14	0.00	216.14	0.1
Animal Or Insect	2	1.7	117.31	0.00	117.31	0.1
Holding Or Carrying (Strain or Injury by)	2	1.7	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	0.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	0.8	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 62,759.24**	**$ 57,046.05**	**$ 119,805.29**	
*****BODY PART***						
Multiple Body Parts	17					
Lower Back Area (Lumbar and Lumbo-Sacral)	13					
Nose	4					
Knee	9					
Eye(s)	4					
Wrist(s) & Hand(s)	1					
Upper Back Area (Thoracic Area)	5					
Abdomen including Groin	2					
Lower Leg	5					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:32

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	10					
Multiple Neck Injury	4					
Facial, Other Soft Tissue	12					
Multiple Head Injury	7					
Finger(s)	6					
Foot	2					
Hand	9					
Wrist	5					
Upper Arm (Inc: Clavicle and Scapula)	6					
Mouth	3					
Buttocks	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	4					
Ear(s)	2					
Lower Arm	2					
Teeth	1					
Ankle	2					
Elbow	2					
Hip	1					
Multiple Trunk Injuries	1					
Thumb	1					
Upper Leg	1					
	117					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Contusion	80
Strain	37
Fracture	1
Unknown	1
Crushing	1
Puncture	5
Laceration	10
Foreign Body	3
Dislocation	2
All Other	2
Sprain	1
	117

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:32

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	9	10.3	4,505.39	27,909.00	32,414.39	16.7
4AM-5:59AM	3	3.4	5,439.54	22,411.46	27,851.00	14.3
10AM-11:59AM	9	10.3	14,179.96	13,120.76	27,300.72	14.1
2PM-3:59PM	12	13.7	17,879.47	4,006.66	21,886.13	11.3
4PM-5:59PM	8	9.1	7,627.14	14,038.92	21,666.06	11.2
8AM-9:59AM	16	18.3	15,011.70	5,076.73	20,088.43	10.3
Unknown	6	6.8	1,070.28	15,910.74	16,981.02	8.7
2AM-3:59AM	4	4.5	6,780.86	3,000.00	9,780.86	5.0
6PM-7:59PM	11	12.6	3,449.45	4,913.66	8,363.11	4.3
12PM-1:59PM	7	8.0	4,157.06	2,918.94	7,076.00	3.6
12AM-1:59AM	2	2.2	101.00	0.00	101.00	0.0
	87		**$ 80,201.85**	**$ 113,306.87**	**$ 193,508.72**	
LENGTH OF SERVICE						
0-2	24	27.5	16,516.39	27,766.92	44,283.31	22.8
4-6	12	13.7	16,404.02	26,100.47	42,504.49	21.9
12-14	4	4.5	1,751.18	32,204.04	33,955.22	17.5
22-24	3	3.4	15,505.96	8,726.64	24,232.60	12.5
2-4	14	16.0	10,211.62	10,273.59	20,485.21	10.5
6-8	5	5.7	7,929.72	3,444.20	11,373.92	5.8
10-12	7	8.0	4,811.56	1,878.10	6,689.66	3.4
14-16	6	6.8	3,762.00	0.00	3,762.00	1.9
24-26	4	4.5	323.78	2,149.00	2,472.78	1.2
16-18	4	4.5	1,615.49	233.89	1,849.38	0.9
26-28	2	2.2	741.06	530.02	1,271.08	0.6
8-10	1	1.1	512.07	0.00	512.07	0.2
20-22	1	1.1	117.00	0.00	117.00	0.0
	87		**$ 80,201.85**	**$ 113,306.87**	**$ 193,508.72**	
AGE OF CLAIMANT						
45-49	18	20.6	28,507.69	27,397.21	55,904.90	28.8
50-54	10	11.4	3,084.14	35,969.46	39,053.60	20.1
60-64	5	5.7	15,978.53	8,832.25	24,810.78	12.8
35-39	8	9.1	14,214.76	9,631.64	23,846.40	12.3
55-59	11	12.6	6,445.07	14,044.79	20,489.86	10.5
40-44	20	22.9	8,585.76	9,105.12	17,690.88	9.1
25-29	7	8.0	379.10	6,041.00	6,420.10	3.3
65-69	2	2.2	2,085.11	233.89	2,319.00	1.2
20-24	3	3.4	234.40	1,399.00	1,633.40	0.8
30-34	3	3.4	687.29	652.51	1,339.80	0.6
	87		**$ 80,201.85**	**$ 113,306.87**	**$ 193,508.72**	
SEX OF CLAIMANT						
Female	68	78.1	65,562.58	105,353.41	170,915.99	88.3
Male	19	21.8	14,639.27	7,953.46	22,592.73	11.6
	87		**$ 80,201.85**	**$ 113,306.87**	**$ 193,508.72**	
LOSS CAUSE						
Patient / Inmate	49	56.3	49,642.45	68,723.47	118,365.92	61.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:32

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Object	1	1.1	795.96	17,204.04	18,000.00	9.3
Boxes / containers	3	3.4	9,125.94	1,226.64	10,352.58	5.3
Cart	2	2.2	3,284.78	4,215.22	7,500.00	3.8
Laundry	1	1.1	5,211.86	1,500.00	6,711.86	3.4
Lift	1	1.1	979.93	4,920.07	5,900.00	3.0
Object on Floor	1	1.1	799.31	3,450.69	4,250.00	2.2
Floor	1	1.1	0.00	4,000.00	4,000.00	2.0
Trash receptacle	2	2.2	3,364.86	0.00	3,364.86	1.7
Wall	3	3.4	1,653.01	649.00	2,302.01	1.1
Door	4	4.5	1,261.63	667.74	1,929.37	1.0
N/A	2	2.2	0.00	1,500.00	1,500.00	0.7
Stairs, steps	2	2.2	1,128.36	0.00	1,128.36	0.5
Person	1	1.1	1,029.61	0.00	1,029.61	0.5
Walking surface, inside, dry	1	1.1	769.42	0.00	769.42	0.4
Chemicals, not otherwise classified	1	1.1	0.00	750.00	750.00	0.3
Docks,Ramps,Loading Platforms	1	1.1	0.00	750.00	750.00	0.3
Mechanical powered	1	1.1	0.00	750.00	750.00	0.3
Needle stick	1	1.1	0.00	750.00	750.00	0.3
Step stool	1	1.1	0.00	750.00	750.00	0.3
Uneven Surface	1	1.1	0.00	750.00	750.00	0.3
Vehicle/car/truck	1	1.1	0.00	750.00	750.00	0.3
Salvage cover (heavy/plastic)	1	1.1	612.60	0.00	612.60	0.3
Paper / Pulp	1	1.1	256.68	0.00	256.68	0.1
Water	1	1.1	182.85	0.00	182.85	0.0
Metal items	1	1.1	102.60	0.00	102.60	0.0
Furniture / fixtures	2	2.2	0.00	0.00	0.00	0.0
	87		***$ 80,201.85***	***$ 113,306.87***	***$ 193,508.72***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	35	40.2	28,831.35	33,068.79	61,900.14	31.9
Pushing Or Pulling (Strain or Injury by)	10	11.4	7,184.67	48,541.33	55,726.00	28.8
Lifting (strain or Injury by)	9	10.3	18,013.15	3,476.64	21,489.79	11.1
Twisting, strain or injury by	4	4.5	12,484.55	3,250.00	15,734.55	8.1
Fall or Slip (On Same Level)	5	5.7	4,866.17	8,200.69	13,066.86	6.7
Holding Or Carrying (Strain or Injury by)	3	3.4	2,478.43	9,771.57	12,250.00	6.3
Object Handled (caught in or between)	4	4.5	3,489.35	1,956.85	5,446.20	2.8
Strike Against/Step on Stationary Object	4	4.5	942.43	750.00	1,692.43	0.8
Other (Not Otherwise Classified)	2	2.2	0.00	1,500.00	1,500.00	0.7
Allergic Reaction	1	1.1	0.00	750.00	750.00	0.3
Collision with a Fixed Object	1	1.1	209.00	541.00	750.00	0.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	1.1	0.00	750.00	750.00	0.3
Fall or Slip (From Different Level)	2	2.2	0.00	750.00	750.00	0.3
Fall or slip (on stairs)	1	1.1	698.00	0.00	698.00	0.3
Assault	1	1.1	342.62	0.00	342.62	0.1
Object being lifted/handled (cut,punc.scrape,inj b	1	1.1	256.68	0.00	256.68	0.1
Contact With Hot Object or Substances	1	1.1	182.85	0.00	182.85	0.0
Human Bite	1	1.1	120.00	0.00	120.00	0.0
Struck/Injured by Falling or Flying Object	1	1.1	102.60	0.00	102.60	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:32

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	87		**$ 80,201.85**	**$ 113,306.87**	**$ 193,508.72**	

**BODY PART

Shoulder	12
Lower Back Area (Lumbar and Lumbo-Sacral)	17
Wrist	7
Upper Back Area (Thoracic Area)	7
Knee	10
Hip	2
Upper Arm (Inc: Clavicle and Scapula)	3
Lower Arm	4
Multiple Head Injury	8
Thumb	2
Multiple Neck Injury	5
Disc - Neck	1
Elbow	4
Eye(s)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Finger(s)	2
Facial, Other Soft Tissue	3
Ankle	1
Teeth	1
Hand	4
Nose	2
Toe(s)	1
Foot	1
Mouth	1
	87

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	42
Contusion	42
Sprain	7
Unknown	1
Rupture	1
Laceration	3
Fracture	2
Puncture	3
Dislocation	1
Inflamation	1
Burn	1
	87

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:32

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	6.8	10,362.50	14,637.50	25,000.00	46.3
10AM-11:59AM	6	6.8	612.71	10,137.29	10,750.00	19.9
2AM-3:59AM	6	6.8	3,649.32	4,783.59	8,432.91	15.6
Unknown	11	12.6	2,990.74	750.00	3,740.74	6.9
12AM-1:59AM	14	16.0	885.45	925.35	1,810.80	3.3
8AM-9:59AM	7	8.0	843.36	772.92	1,616.28	3.0
6PM-7:59PM	11	12.6	1,221.90	388.20	1,610.10	2.9
12PM-1:59PM	9	10.3	435.90	314.10	750.00	1.3
4PM-5:59PM	5	5.7	204.81	0.00	204.81	0.3
4AM-5:59AM	2	2.2	0.00	0.00	0.00	0.0
6AM-7:59AM	10	11.4	0.00	0.00	0.00	0.0
	87		**$ 21,206.69**	**$ 32,708.95**	**$ 53,915.64**	
LENGTH OF SERVICE						
0-2	25	28.7	12,641.35	16,312.85	28,954.20	53.7
8-10	7	8.0	612.71	10,137.29	10,750.00	19.9
6-8	11	12.6	3,873.01	5,847.69	9,720.70	18.0
2-4	16	18.3	2,990.74	0.00	2,990.74	5.5
30-32	3	3.4	727.08	22.92	750.00	1.3
4-6	8	9.1	361.80	388.20	750.00	1.3
10-12	7	8.0	0.00	0.00	0.00	0.0
12-14	1	1.1	0.00	0.00	0.00	0.0
14-16	3	3.4	0.00	0.00	0.00	0.0
16-18	1	1.1	0.00	0.00	0.00	0.0
20-22	1	1.1	0.00	0.00	0.00	0.0
26-28	1	1.1	0.00	0.00	0.00	0.0
28-30	2	2.2	0.00	0.00	0.00	0.0
34-36	1	1.1	0.00	0.00	0.00	0.0
	87		**$ 21,206.69**	**$ 32,708.95**	**$ 53,915.64**	
AGE OF CLAIMANT						
45-49	21	24.1	11,543.39	25,162.99	36,706.38	68.0
35-39	6	6.8	3,437.11	5,533.59	8,970.70	16.6
20-24	3	3.4	3,850.84	0.00	3,850.84	7.1
40-44	10	11.4	435.90	1,064.10	1,500.00	2.7
25-29	12	13.7	1,212.37	175.35	1,387.72	2.5
50-54	9	10.3	0.00	750.00	750.00	1.3
55-59	10	11.4	727.08	22.92	750.00	1.3
30-34	14	16.0	0.00	0.00	0.00	0.0
60-64	2	2.2	0.00	0.00	0.00	0.0
	87		**$ 21,206.69**	**$ 32,708.95**	**$ 53,915.64**	
SEX OF CLAIMANT						
Male	28	32.1	16,280.95	25,547.71	41,828.66	77.5
Female	59	67.8	4,925.74	7,161.24	12,086.98	22.4
	87		**$ 21,206.69**	**$ 32,708.95**	**$ 53,915.64**	
LOSS CAUSE						
Patient / Inmate	58	66.6	12,158.94	15,201.05	27,359.99	50.7

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:32

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Machine, not otherwise classified	1	1.1	612.71	10,137.29	10,750.00	19.9
Foreign Object	1	1.1	3,216.41	4,783.59	8,000.00	14.8
Recreational equipment	3	3.4	3,850.84	0.00	3,850.84	7.1
Chair	1	1.1	0.00	750.00	750.00	1.3
Multi-purpose saw	1	1.1	727.08	22.92	750.00	1.3
Needle stick	3	3.4	435.90	314.10	750.00	1.3
Splinter/Burr	1	1.1	0.00	750.00	750.00	1.3
Stairs, steps	1	1.1	0.00	750.00	750.00	1.3
Sharp objects, not otherwise classified	2	2.2	204.81	0.00	204.81	0.3
Animal / bee type	2	2.2	0.00	0.00	0.00	0.0
Door	2	2.2	0.00	0.00	0.00	0.0
Fencing	1	1.1	0.00	0.00	0.00	0.0
Floor	3	3.4	0.00	0.00	0.00	0.0
Object on Floor	1	1.1	0.00	0.00	0.00	0.0
Office equipment	1	1.1	0.00	0.00	0.00	0.0
Socket Extension	1	1.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	1.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.1	0.00	0.00	0.00	0.0
Wall	1	1.1	0.00	0.00	0.00	0.0
	87		***$ 21,206.69***	***$ 32,708.95***	***$ 53,915.64***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	5	5.7	10,362.50	14,637.50	25,000.00	46.3
Machinery (caught in or between)	1	1.1	612.71	10,137.29	10,750.00	19.9
Struck/Injured by Falling or Flying Object	1	1.1	3,216.41	4,783.59	8,000.00	14.8
Jumping (Strain or Injury by)	1	1.1	2,990.74	0.00	2,990.74	5.5
Stuck, injured by fellow worker, patient	52	59.7	1,418.75	175.35	1,594.10	2.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	4.5	1,162.98	337.02	1,500.00	2.7
Twisting, strain or injury by	3	3.4	1,080.80	0.00	1,080.80	2.0
Fall or Slip (From Different Level)	1	1.1	0.00	750.00	750.00	1.3
Fall or slip (on stairs)	1	1.1	0.00	750.00	750.00	1.3
Holding Or Carrying (Strain or Injury by)	1	1.1	361.80	388.20	750.00	1.3
Struck/Injured by Object Being Lifted/Handled	1	1.1	0.00	750.00	750.00	1.3
Animal Or Insect	2	2.2	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	1.1	0.00	0.00	0.00	0.0
Contact with Electric Current	1	1.1	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	2	2.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	2.2	0.00	0.00	0.00	0.0
Human Bite	1	1.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	3.4	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	1.1	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	1.1	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	1.1	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.1	0.00	0.00	0.00	0.0
	87		***$ 21,206.69***	***$ 32,708.95***	***$ 53,915.64***	

***BODY PART*

Knee	8
Finger(s)	10

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:33

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chest (Inc: Ribs, Sternum and Soft Tissue)	5					
Multiple Neck Injury	12					
Facial, Other Soft Tissue	11					
Ankle	2					
Thumb	2					
Lower Arm	13					
Vertebrae - Neck	1					
Abdomen including Groin	1					
Buttocks	1					
Ear(s)	1					
Eye(s)	1					
Hand	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Mouth	1					
Multiple Body Parts	1					
Multiple Lower Extremities	1					
Nose	1					
Skull	3					
Upper Arm (Inc: Clavicle and Scapula)	2					
Upper Back Area (Thoracic Area)	1					
Wrist	3					
Wrist(s) & Hand(s)	1					
	87					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Fracture	1
Contusion	14
All Other	46
Puncture	4
Sprain	1
Foreign Body	2
Laceration	6
Crushing	1
Strain	8
Burn	1
Inflamation	2
Mental Disorder	3
	87

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:33

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	27	13.7	10,833.00	20,263.54	31,096.54	35.3
Unknown	19	9.6	2,366.70	18,146.90	20,513.60	23.3
6PM-7:59PM	16	8.1	7,096.81	7,172.02	14,268.83	16.2
2AM-3:59AM	4	2.0	3,886.99	3,525.01	7,412.00	8.4
6AM-7:59AM	11	5.5	3,986.71	1,886.23	5,872.94	6.6
4PM-5:59PM	18	9.1	3,795.70	0.00	3,795.70	4.3
2PM-3:59PM	35	17.7	857.57	1,856.83	2,714.40	3.0
12PM-1:59PM	33	16.7	1,265.03	167.08	1,432.11	1.6
10AM-11:59AM	24	12.1	216.41	619.59	836.00	0.9
12AM-1:59AM	5	2.5	0.00	0.00	0.00	0.0
4AM-5:59AM	5	2.5	0.00	0.00	0.00	0.0
	197		***$ 34,304.92***	***$ 53,637.20***	***$ 87,942.12***	
LENGTH OF SERVICE						
2-4	36	18.2	11,672.04	12,723.73	24,395.77	27.7
0-2	45	22.8	9,154.17	12,381.38	21,535.55	24.4
28-30	2	1.0	7,844.55	10,073.85	17,918.40	20.3
18-20	10	5.0	1,987.80	14,000.00	15,987.80	18.1
4-6	9	4.5	443.17	1,856.83	2,300.00	2.6
16-18	14	7.1	1,002.80	738.20	1,741.00	1.9
20-22	15	7.6	864.06	444.54	1,308.60	1.4
10-12	7	3.5	195.41	619.59	815.00	0.9
26-28	12	6.0	582.92	167.08	750.00	0.8
8-10	4	2.0	118.00	632.00	750.00	0.8
14-16	11	5.5	292.00	0.00	292.00	0.3
12-14	5	2.5	148.00	0.00	148.00	0.1
6-8	9	4.5	0.00	0.00	0.00	0.0
22-24	5	2.5	0.00	0.00	0.00	0.0
24-26	5	2.5	0.00	0.00	0.00	0.0
30-32	4	2.0	0.00	0.00	0.00	0.0
32-34	1	0.5	0.00	0.00	0.00	0.0
34-36	3	1.5	0.00	0.00	0.00	0.0
	197		***$ 34,304.92***	***$ 53,637.20***	***$ 87,942.12***	
AGE OF CLAIMANT						
55-59	27	13.7	12,369.00	23,947.03	36,316.03	41.3
60-64	8	4.0	8,012.75	10,073.85	18,086.60	20.5
40-44	46	23.3	5,178.62	10,809.28	15,987.90	18.1
50-54	32	16.2	4,614.65	1,886.23	6,500.88	7.3
30-34	10	5.0	1,385.10	2,864.90	4,250.00	4.8
45-49	37	18.7	1,346.09	2,655.91	4,002.00	4.5
35-39	12	6.0	392.00	1,400.00	1,792.00	2.0
25-29	11	5.5	794.71	0.00	794.71	0.9
65-69	3	1.5	212.00	0.00	212.00	0.2
20-24	11	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:33

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	197		**$ 34,304.92**	**$ 53,637.20**	**$ 87,942.12**	
SEX OF CLAIMANT						
Female	149	75.6	29,753.89	42,560.23	72,314.12	82.2
Male	48	24.3	4,551.03	11,076.97	15,628.00	17.7
	197		**$ 34,304.92**	**$ 53,637.20**	**$ 87,942.12**	
LOSS CAUSE						
Patient / Inmate	134	68.0	13,869.58	9,959.37	23,828.95	27.1
Walking surface, inside, dry	1	0.5	7,676.15	10,073.85	17,750.00	20.1
Walking surface, outside, dry	2	1.0	124.00	14,000.00	14,124.00	16.0
Uneven Surface	3	1.5	6,238.41	6,333.82	12,572.23	14.3
Siping Machine	1	0.5	2,254.85	9,745.15	12,000.00	13.6
Person	1	0.5	3,674.99	3,525.01	7,200.00	8.1
Door	10	5.0	168.40	0.00	168.40	0.1
Chair	4	2.0	137.00	0.00	137.00	0.1
Foreign Object	1	0.5	98.00	0.00	98.00	0.1
Needle stick	2	1.0	63.54	0.00	63.54	0.0
Environmental conditions	1	0.5	0.00	0.00	0.00	0.0
Animal / bee type	1	0.5	0.00	0.00	0.00	0.0
Boxes / containers	1	0.5	0.00	0.00	0.00	0.0
Cabinet	2	1.0	0.00	0.00	0.00	0.0
Cart	1	0.5	0.00	0.00	0.00	0.0
Ceiling	1	0.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.5	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	5	2.5	0.00	0.00	0.00	0.0
Floor	1	0.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.5	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.5	0.00	0.00	0.00	0.0
Metal items	1	0.5	0.00	0.00	0.00	0.0
N/A	1	0.5	0.00	0.00	0.00	0.0
Outside Surface	1	0.5	0.00	0.00	0.00	0.0
Overhead Object	1	0.5	0.00	0.00	0.00	0.0
Pipe	2	1.0	0.00	0.00	0.00	0.0
Razor blade	1	0.5	0.00	0.00	0.00	0.0
Recreational equipment	2	1.0	0.00	0.00	0.00	0.0
Shelving	2	1.0	0.00	0.00	0.00	0.0
Stairs, steps	1	0.5	0.00	0.00	0.00	0.0
Step stool	1	0.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	1.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	3	1.5	0.00	0.00	0.00	0.0
Wall	1	0.5	0.00	0.00	0.00	0.0
Wood Items	1	0.5	0.00	0.00	0.00	0.0
Wrench	1	0.5	0.00	0.00	0.00	0.0
	197		**$ 34,304.92**	**$ 53,637.20**	**$ 87,942.12**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	121	61.4	12,014.42	6,649.93	18,664.35	21.2
Fall, slip or trip NOC	1	0.5	7,676.15	10,073.85	17,750.00	20.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:33

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (into Openings)	2	1.0	124.00	14,000.00	14,124.00	16.0
Twisting, strain or injury by	2	1.0	6,011.41	6,333.82	12,345.23	14.0
Struck/Injured by Object Handled By Other	3	1.5	2,254.85	9,745.15	12,000.00	13.6
Lifting (strain or Injury by)	7	3.5	5,296.69	6,389.91	11,686.60	13.2
Holding Or Carrying (Strain or Injury by)	1	0.5	305.46	444.54	750.00	0.8
Fall or Slip (From Different Level)	4	2.0	292.00	0.00	292.00	0.3
Object Handled (caught in or between)	7	3.5	168.40	0.00	168.40	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	2.0	161.54	0.00	161.54	0.1
Absorb, Ingest, Inhalation	7	3.5	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	1.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	0.5	0.00	0.00	0.00	0.0
Assault	1	0.5	0.00	0.00	0.00	0.0
Contact with Electric Current	1	0.5	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	3	1.5	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	4	2.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	3	1.5	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	0.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	3	1.5	0.00	0.00	0.00	0.0
Human Bite	1	0.5	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	0.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	1.0	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	1.0	0.00	0.00	0.00	0.0
Rubbed/Abraded by repetitive motion	1	0.5	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	2	1.0	0.00	0.00	0.00	0.0
Strain or injury by, not otherwise classified	1	0.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	1.5	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	0.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	1.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	1.0	0.00	0.00	0.00	0.0
	197		***$ 34,304.92***	***$ 53,637.20***	***$ 87,942.12***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	16
Knee	6
Multiple Lower Extremities	1
Foot	3
Hip	3
Skull	22
Upper Back Area (Thoracic Area)	6
Shoulder	11
Lungs	1
Hand	30
Multiple Neck Injury	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	13
Lower Arm	12
Wrist	5
Eye(s)	9
Facial, Other Soft Tissue	14

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:33

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Mouth	1					
Lower Leg	6					
Teeth	1					
Finger(s)	7					
Abdomen including Groin	1					
Buttocks	1					
Ear(s)	4					
Elbow	3					
Facial Bones	1					
Multiple Body Parts	3					
Multiple Head Injury	1					
Nose	1					
Soft Tissue - Neck	1					
Thumb	4					
Trachea	1					
Upper Arm (Inc: Clavicle and Scapula)	11					
Upper Leg	1					
Wrist(s) & Hand(s)	1					
	197					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	30
Fracture	4
Contusion	89
Unknown	4
Laceration	11
All Other	54
Sprain	4
Dislocation	1
Burn	2
Electric Shock	1
Puncture	2
Vision Loss	1
	197

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:33

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	26	11.2	4,147.60	33,973.02	38,120.62	26.1
12AM-1:59AM	15	6.4	411.89	23,750.00	24,161.89	16.5
8AM-9:59AM	51	21.9	5,426.86	8,726.52	14,153.38	9.6
6PM-7:59PM	11	4.7	958.85	12,819.75	13,778.60	9.4
Unknown	21	9.0	3,376.23	7,437.95	10,814.18	7.4
2AM-3:59AM	9	3.8	7,804.00	2,613.47	10,417.47	7.1
4AM-5:59AM	5	2.1	1,154.14	8,491.23	9,645.37	6.6
4PM-5:59PM	25	10.7	3,148.03	5,231.04	8,379.07	5.7
10AM-11:59AM	29	12.5	953.61	5,425.18	6,378.79	4.3
2PM-3:59PM	17	7.3	282.68	5,755.79	6,038.47	4.1
12PM-1:59PM	23	9.9	586.44	3,559.92	4,146.36	2.8
	232		**$ 28,250.33**	**$ 117,783.87**	**$ 146,034.20**	
LENGTH OF SERVICE						
0-2	92	39.6	19,379.05	49,268.87	68,647.92	47.0
20-22	10	4.3	2,990.08	21,500.00	24,490.08	16.7
16-18	11	4.7	209.02	20,559.92	20,768.94	14.2
6-8	5	2.1	44.17	7,500.00	7,544.17	5.1
2-4	24	10.3	913.09	5,120.58	6,033.67	4.1
14-16	13	5.6	29.33	3,000.00	3,029.33	2.0
24-26	11	4.7	421.49	2,584.50	3,005.99	2.0
36-38	2	0.8	2,413.76	0.00	2,413.76	1.6
18-20	4	1.7	583.35	1,500.00	2,083.35	1.4
4-6	5	2.1	375.29	1,500.00	1,875.29	1.2
28-30	11	4.7	307.33	1,500.00	1,807.33	1.2
22-24	11	4.7	101.91	1,500.00	1,601.91	1.1
8-10	6	2.5	17.47	1,500.00	1,517.47	1.0
30-32	8	3.4	7.56	750.00	757.56	0.5
12-14	7	3.0	355.51	0.00	355.51	0.2
48-50	1	0.4	79.00	0.00	79.00	0.0
26-28	5	2.1	17.79	0.00	17.79	0.0
32-34	1	0.4	5.13	0.00	5.13	0.0
10-12	4	1.7	0.00	0.00	0.00	0.0
34-36	1	0.4	0.00	0.00	0.00	0.0
	232		**$ 28,250.33**	**$ 117,783.87**	**$ 146,034.20**	
AGE OF CLAIMANT						
45-49	40	17.2	4,094.89	56,569.75	60,664.64	41.5
25-29	20	8.6	5,480.69	12,393.25	17,873.94	12.2
35-39	22	9.4	915.12	15,395.33	16,310.45	11.1
50-54	39	16.8	4,262.43	11,467.48	15,729.91	10.7
20-24	26	11.2	6,796.51	4,863.47	11,659.98	7.9
40-44	41	17.6	1,340.47	9,152.02	10,492.49	7.1
15-19	9	3.8	2,074.15	3,192.57	5,266.72	3.6
55-59	15	6.4	2,436.07	1,500.00	3,936.07	2.7
30-34	13	5.6	837.36	2,500.00	3,337.36	2.2
60-64	7	3.0	12.64	750.00	762.64	0.5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	232		**$ 28,250.33**	**$ 117,783.87**	**$ 146,034.20**	
SEX OF CLAIMANT						
Female	193	83.1	23,858.88	102,104.69	125,963.57	86.2
Male	39	16.8	4,391.45	15,679.18	20,070.63	13.7
	232		**$ 28,250.33**	**$ 117,783.87**	**$ 146,034.20**	
LOSS CAUSE						
Patient / Inmate	105	45.2	21,557.79	62,212.03	83,769.82	57.3
Chemicals, not otherwise classified	2	0.8	0.00	20,000.00	20,000.00	13.7
Elevators, escalators	1	0.4	491.46	8,782.09	9,273.55	6.3
Furniture / fixtures	11	4.7	982.28	4,389.54	5,371.82	3.6
Walking surface, outside, wet	9	3.8	190.08	3,559.92	3,750.00	2.5
Stairs, steps	4	1.7	2,420.84	750.00	3,170.84	2.1
Walking surface, outside, dry	2	0.8	249.34	2,755.79	3,005.13	2.0
Foreign Object	11	4.7	1,013.10	1,500.00	2,513.10	1.7
N/A	7	3.0	0.00	2,250.00	2,250.00	1.5
Boxes / containers	4	1.7	5.58	1,500.00	1,505.58	1.0
Floor	2	0.8	0.00	1,500.00	1,500.00	1.0
Wheelchair	5	2.1	109.81	657.98	767.79	0.5
Door	8	3.4	11.48	750.00	761.48	0.5
Metal items	3	1.2	328.66	426.52	755.18	0.5
Chair	4	1.7	5.17	750.00	755.17	0.5
Belt Loaders	1	0.4	0.00	750.00	750.00	0.5
Cabinet	2	0.8	0.00	750.00	750.00	0.5
Clothing / jewelry	1	0.4	0.00	750.00	750.00	0.5
Docks,Ramps,Loading Platforms	1	0.4	0.00	750.00	750.00	0.5
Environmental conditions	2	0.8	0.00	750.00	750.00	0.5
Gloves	2	0.8	0.00	750.00	750.00	0.5
Recreational equipment	2	0.8	0.00	750.00	750.00	0.5
Sharp objects, not otherwise classified	1	0.4	0.00	750.00	750.00	0.5
Outside Surface	1	0.4	315.81	0.00	315.81	0.2
Office equipment	1	0.4	307.33	0.00	307.33	0.2
Glass bottle / sheet	2	0.8	132.96	0.00	132.96	0.0
Dust	1	0.4	71.00	0.00	71.00	0.0
Animal / bee type	5	2.1	27.47	0.00	27.47	0.0
Steam / exhaust	1	0.4	10.05	0.00	10.05	0.0
Animal / insect, not otherwise classified	3	1.2	7.66	0.00	7.66	0.0
Uneven Surface	2	0.8	6.97	0.00	6.97	0.0
Walking surface, inside, wet	3	1.2	5.44	0.00	5.44	0.0
Lift	1	0.4	0.05	0.00	0.05	0.0
Animal / tick, spider, etc.	1	0.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	0.8	0.00	0.00	0.00	0.0
Insufficient data	1	0.4	0.00	0.00	0.00	0.0
Knife, NOC	1	0.4	0.00	0.00	0.00	0.0
Laundry	1	0.4	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.4	0.00	0.00	0.00	0.0
Object on Floor	2	0.8	0.00	0.00	0.00	0.0
Stairs	1	0.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	0.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal, not otherwise classified	1	0.4	0.00	0.00	0.00	0.0
Cleaning Products	2	0.8	0.00	0.00	0.00	0.0
Infectious agent	1	0.4	0.00	0.00	0.00	0.0
Needle stick	1	0.4	0.00	0.00	0.00	0.0
Overhead Object	2	0.8	0.00	0.00	0.00	0.0
Shears	1	0.4	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	0.8	0.00	0.00	0.00	0.0
	232		***$ 28,250.33***	***$ 117,783.87***	***$ 146,034.20***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	55	23.7	8,210.72	39,911.95	48,122.67	32.9
Allergic Reaction	10	4.3	0.00	20,750.00	20,750.00	14.2
Pushing Or Pulling (Strain or Injury by)	17	7.3	3,391.39	16,619.09	20,010.48	13.7
Lifting (strain or Injury by)	19	8.1	7,588.66	9,253.01	16,841.67	11.5
Fall or Slip (On Same Level)	17	7.3	498.43	12,532.09	13,030.52	8.9
Reaching (Strain or Injury by)	4	1.7	3,011.08	3,473.02	6,484.10	4.4
Fall or slip (on stairs)	4	1.7	2,420.84	750.00	3,170.84	2.1
Fall or slip (into Openings)	1	0.4	244.21	2,755.79	3,000.00	2.0
Fall or slip (on ice or snow)	6	2.5	190.08	2,809.92	3,000.00	2.0
Foreign Body In Eye	7	3.0	799.42	679.00	1,478.42	1.0
Struck/Injured by Falling or Flying Object	5	2.1	477.36	750.00	1,227.36	0.8
Twisting, strain or injury by	6	2.5	315.81	750.00	1,065.81	0.7
Repetitive Motion	2	0.8	307.33	750.00	1,057.33	0.7
Object Handled (caught in or between)	11	4.7	103.33	750.00	853.33	0.5
Struck/Injured by Object Being Lifted/Handled	8	3.4	27.13	750.00	777.13	0.5
Fall or Slip (From Liquid/Grease spills)	3	1.2	5.44	750.00	755.44	0.5
Fall or Slip (From Different Level)	3	1.2	0.00	750.00	750.00	0.5
Object being lifted/handled (cut,punc.scrape,inj b	2	0.8	0.00	750.00	750.00	0.5
Other than physical cause of injury	1	0.4	0.00	750.00	750.00	0.5
Rubbed/Abraded not otherwise classified	1	0.4	0.00	750.00	750.00	0.5
Stress	1	0.4	0.00	750.00	750.00	0.5
Human Bite	10	4.3	328.69	0.00	328.69	0.2
Strike Against/Step on Stationary Object	8	3.4	280.10	0.00	280.10	0.1
Animal Or Insect	10	4.3	35.13	0.00	35.13	0.0
Machinery (caught in or between)	1	0.4	10.05	0.00	10.05	0.0
Slipped, Did Not Fall	1	0.4	5.13	0.00	5.13	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	0.8	0.00	0.00	0.00	0.0
Fall, slip or trip NOC	1	0.4	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	0.4	0.00	0.00	0.00	0.0
Infectious Disease Exposure	3	1.2	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.4	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	5	2.1	0.00	0.00	0.00	0.0
Cut, puncture, scrape, NOC	1	0.4	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.4	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step on Sanding,Scraping,Cleaning	1	0.4	0.00	0.00	0.00	0.0
Wielding or throwing, strain or injury by	1	0.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	232		**$ 28,250.33**	**$ 117,783.87**	**$ 146,034.20**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	26					
Multiple Body Parts	6					
Thumb	10					
Knee	17					
Ankle	8					
Wrist	8					
Shoulder	12					
Hand	16					
Lower Arm	18					
Finger(s)	18					
Multiple Head Injury	3					
Eye(s)	22					
Chest (Inc: Ribs, Sternum and Soft Tissue)	4					
Upper Back Area (Thoracic Area)	6					
Upper Arm (Inc: Clavicle and Scapula)	6					
Skull	6					
Multiple Neck Injury	5					
Elbow	3					
No Physical Problem	1					
Upper Leg	4					
Facial, Other Soft Tissue	6					
Lumbar and/or Sacral Vertebrae	1					
Multiple Upper Extremities	1					
Lower Leg	13					
Great Toe	1					
Abdomen including Groin	4					
Foot	4					
Toe(s)	1					
Buttocks	2					
Hip	1					
Mouth	2					
Nose	1					
Soft Tissue - Neck	2					
	232					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***	
Sprain	33
Strain	37
Dermatitis	7
All Other	65
Laceration	19
Contusion	47
Foreign Body	10
Inflamation	8

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Industrial Claims for Plan Year 2003

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FrankGates

01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fracture	1					
Mental Stress	1					
Multiple Physical Injuries Only	1					
Carpal Tunnel Syndrome	1					
Puncture	5					
Burn	1					
All Other Cumulative	1					
Respiratory Disorders	1					
	232					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	10	15.1	1,142.10	0.00	1,142.10	37.4
10AM-11:59AM	9	13.6	227.00	523.00	750.00	24.6
12AM-1:59AM	6	9.0	0.00	750.00	750.00	24.6
8AM-9:59AM	17	25.7	406.83	0.00	406.83	13.3
12PM-1:59PM	4	6.0	0.00	0.00	0.00	0.0
4AM-5:59AM	8	12.1	0.00	0.00	0.00	0.0
6AM-7:59AM	12	18.1	0.00	0.00	0.00	0.0
	66		**$ 1,775.93**	**$ 1,273.00**	**$ 3,048.93**	
LENGTH OF SERVICE						
0-2	37	56.0	1,142.10	750.00	1,892.10	62.0
2-4	18	27.2	227.00	523.00	750.00	24.6
4-6	5	7.5	406.83	0.00	406.83	13.3
26-28	1	1.5	0.00	0.00	0.00	0.0
28-30	3	4.5	0.00	0.00	0.00	0.0
6-8	1	1.5	0.00	0.00	0.00	0.0
8-10	1	1.5	0.00	0.00	0.00	0.0
	66		**$ 1,775.93**	**$ 1,273.00**	**$ 3,048.93**	
AGE OF CLAIMANT						
20-24	34	51.5	1,120.10	1,273.00	2,393.10	78.4
25-29	9	13.6	249.00	0.00	249.00	8.1
30-34	4	6.0	205.49	0.00	205.49	6.7
35-39	6	9.0	201.34	0.00	201.34	6.6
15-19	2	3.0	0.00	0.00	0.00	0.0
40-44	2	3.0	0.00	0.00	0.00	0.0
45-49	6	9.0	0.00	0.00	0.00	0.0
50-54	2	3.0	0.00	0.00	0.00	0.0
60-64	1	1.5	0.00	0.00	0.00	0.0
	66		**$ 1,775.93**	**$ 1,273.00**	**$ 3,048.93**	
SEX OF CLAIMANT						
Female	46	69.6	1,382.93	1,273.00	2,655.93	87.1
Male	20	30.3	393.00	0.00	393.00	12.8
	66		**$ 1,775.93**	**$ 1,273.00**	**$ 3,048.93**	
LOSS CAUSE						
Patient / Inmate	55	83.3	1,343.44	750.00	2,093.44	68.6
Door	4	6.0	227.00	523.00	750.00	24.6
Splinter/Burr	1	1.5	205.49	0.00	205.49	6.7
Person	1	1.5	0.00	0.00	0.00	0.0
Recreational equipment	3	4.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.5	0.00	0.00	0.00	0.0
	66		**$ 1,775.93**	**$ 1,273.00**	**$ 3,048.93**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	41	62.1	1,142.10	750.00	1,892.10	62.0
Collision with a Fixed Object	1	1.5	227.00	523.00	750.00	24.6

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	2	3.0	205.49	0.00	205.49	6.7
Pushing Or Pulling (Strain or Injury by)	5	7.5	201.34	0.00	201.34	6.6
Contact with Cold Objects or Substances	2	3.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	3.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	3.0	0.00	0.00	0.00	0.0
Human Bite	6	9.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	1.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.5	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	1.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	1.5	0.00	0.00	0.00	0.0
	66		***$ 1,775.93***	***$ 1,273.00***	***$ 3,048.93***	

***BODY PART**

Multiple Neck Injury	3
Elbow	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Shoulder	3
Upper Arm (Inc: Clavicle and Scapula)	3
Hand	11
Knee	7
No Physical Problem	1
Abdomen including Groin	1
Ankle	2
Ear(s)	2
Eye(s)	6
Facial, Other Soft Tissue	3
Finger(s)	4
Foot	1
Hip	1
Insufficient Information	1
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Lower Leg	3
Mouth	2
Multiple Head Injury	1
Nose	1
Upper Back Area (Thoracic Area)	2
Upper Leg	1
Wrist	5
	66

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Contusion	32
Strain	14
Foreign Body	10
No Physical Injury	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	8					
Puncture	7					
Sprain	3					
	66					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Mental Hlth/ret-admin, Dept Of (720)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	42.8	4,143.53	5,356.47	9,500.00	92.6
Unknown	1	14.2	0.00	750.00	750.00	7.3
4AM-5:59AM	1	14.2	0.00	0.00	0.00	0.0
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,143.53**	**$ 6,106.47**	**$ 10,250.00**	
LENGTH OF SERVICE						
4-6	3	42.8	3,899.63	1,850.37	5,750.00	56.1
2-4	1	14.2	243.90	4,256.10	4,500.00	43.9
14-16	2	28.5	0.00	0.00	0.00	0.0
0-2	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,143.53**	**$ 6,106.47**	**$ 10,250.00**	
AGE OF CLAIMANT						
35-39	1	14.2	3,899.63	1,100.37	5,000.00	48.7
25-29	1	14.2	243.90	4,256.10	4,500.00	43.9
40-44	2	28.5	0.00	750.00	750.00	7.3
50-54	1	14.2	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,143.53**	**$ 6,106.47**	**$ 10,250.00**	
SEX OF CLAIMANT						
Female	5	71.4	4,143.53	6,106.47	10,250.00	100.0
Male	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 4,143.53**	**$ 6,106.47**	**$ 10,250.00**	
LOSS CAUSE						
Vehicle/car/truck	2	28.5	3,899.63	1,850.37	5,750.00	56.1
Walking surface, outside, dry	1	14.2	243.90	4,256.10	4,500.00	43.9
Chair	2	28.5	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	14.2	0.00	0.00	0.00	0.0
Patient / Inmate	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,143.53**	**$ 6,106.47**	**$ 10,250.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	2	28.5	3,899.63	1,850.37	5,750.00	56.1
Fall or slip (into Openings)	1	14.2	243.90	4,256.10	4,500.00	43.9
Fall or Slip (From Different Level)	2	28.5	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	14.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,143.53**	**$ 6,106.47**	**$ 10,250.00**	
****BODY PART**						
Multiple Neck Injury	2					
Ankle	1					
Facial, Other Soft Tissue	1					
Multiple Head Injury	1					
Eye(s)	1					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Mental Hlth/ret-admin, Dept Of (720)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
No Physical Problem	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	2
Sprain	1
Burn	1
Contusion	1
Foreign Body	1
No Physical Injury	1
	7

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:34

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	15	16.3	14,534.19	8,742.18	23,276.37	43.4
2PM-3:59PM	14	15.2	9,019.57	1,804.74	10,824.31	20.1
10AM-11:59AM	14	15.2	4,491.58	0.00	4,491.58	8.3
Unknown	6	6.5	2,606.07	767.51	3,373.58	6.2
12PM-1:59PM	11	11.9	2,501.00	0.00	2,501.00	4.6
4AM-5:59AM	7	7.6	757.94	1,492.06	2,250.00	4.2
6PM-7:59PM	5	5.4	56.95	2,193.05	2,250.00	4.2
2AM-3:59AM	4	4.3	66.93	1,500.00	1,566.93	2.9
4PM-5:59PM	4	4.3	0.00	1,500.00	1,500.00	2.8
6AM-7:59AM	6	6.5	701.79	750.00	1,451.79	2.7
12AM-1:59AM	6	6.5	121.18	0.00	121.18	0.2
	92		**$ 34,857.20**	**$ 18,749.54**	**$ 53,606.74**	
LENGTH OF SERVICE						
8-10	4	4.3	12,420.87	9,327.80	21,748.67	40.5
0-2	36	39.1	12,073.43	3,852.41	15,925.84	29.7
12-14	5	5.4	2,764.59	528.37	3,292.96	6.1
6-8	7	7.6	2,312.46	0.00	2,312.46	4.3
4-6	10	10.8	1,502.97	750.00	2,252.97	4.2
14-16	3	3.2	536.29	1,713.71	2,250.00	4.2
26-28	5	5.4	815.72	1,278.35	2,094.07	3.9
2-4	13	14.1	1,228.87	548.90	1,777.77	3.3
10-12	1	1.0	1,000.87	0.00	1,000.87	1.8
24-26	3	3.2	0.00	750.00	750.00	1.4
16-18	3	3.2	201.13	0.00	201.13	0.3
22-24	1	1.0	0.00	0.00	0.00	0.0
28-30	1	1.0	0.00	0.00	0.00	0.0
	92		**$ 34,857.20**	**$ 18,749.54**	**$ 53,606.74**	
AGE OF CLAIMANT						
40-44	19	20.6	21,300.15	9,298.35	30,598.50	57.0
30-34	20	21.7	5,868.44	2,240.08	8,108.52	15.1
35-39	8	8.6	2,223.69	1,827.27	4,050.96	7.5
55-59	6	6.5	1,211.99	2,240.01	3,452.00	6.4
45-49	18	19.5	1,272.86	1,865.48	3,138.34	5.8
50-54	8	8.6	987.39	1,278.35	2,265.74	4.2
25-29	9	9.7	1,050.87	0.00	1,050.87	1.9
60-64	3	3.2	941.81	0.00	941.81	1.7
20-24	1	1.0	0.00	0.00	0.00	0.0
	92		**$ 34,857.20**	**$ 18,749.54**	**$ 53,606.74**	
SEX OF CLAIMANT						
Female	68	73.9	24,827.39	14,868.42	39,695.81	74.0
Male	24	26.0	10,029.81	3,881.12	13,910.93	25.9
	92		**$ 34,857.20**	**$ 18,749.54**	**$ 53,606.74**	
LOSS CAUSE						
Patient / Inmate	57	61.9	14,573.17	7,574.19	22,147.36	41.3
Animal / insect, not otherwise classified	4	4.3	12,729.90	7,827.80	20,557.70	38.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Environmental conditions	2	2.1	3,836.45	0.00	3,836.45	7.1
Boxes / containers	2	2.1	221.65	1,278.35	1,500.00	2.8
Vehicle/car/truck	1	1.0	0.00	750.00	750.00	1.4
Walking surface, inside, wet	2	2.1	536.29	213.71	750.00	1.4
Walking surface, outside, wet	1	1.0	384.52	365.48	750.00	1.4
Water	1	1.0	9.99	740.01	750.00	1.4
Object on Floor	3	3.2	644.88	0.00	644.88	1.2
Door	4	4.3	541.84	0.00	541.84	1.0
Hand tool, not powered, NOC	1	1.0	417.87	0.00	417.87	0.7
Paratech battering ram	1	1.0	389.87	0.00	389.87	0.7
Uneven Surface	2	2.1	369.64	0.00	369.64	0.6
Shelving	1	1.0	201.13	0.00	201.13	0.3
Animal / bee type	3	3.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Foreign Object	1	1.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Trash receptacle	1	1.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.0	0.00	0.00	0.00	0.0
	92		***$ 34,857.20***	***$ 18,749.54***	***$ 53,606.74***	

ACCIDENT TYPE

Animal Or Insect	7	7.6	12,729.90	7,827.80	20,557.70	38.3
Stuck, injured by fellow worker, patient	45	48.9	9,981.80	6,131.14	16,112.94	30.0
Temperature Extremes	2	2.1	3,836.45	0.00	3,836.45	7.1
Lifting (strain or Injury by)	5	5.4	1,412.31	1,221.40	2,633.71	4.9
Pushing Or Pulling (Strain or Injury by)	3	3.2	2,369.86	0.00	2,369.86	4.4
Fall or Slip (From Liquid/Grease spills)	3	3.2	546.28	953.72	1,500.00	2.8
Human Bite	3	3.2	661.00	750.00	1,411.00	2.6
Fall or slip (into Openings)	2	2.1	754.16	365.48	1,119.64	2.0
Object Handled (caught in or between)	3	3.2	755.62	0.00	755.62	1.4
Collision/sideswipe with Another Vehicle	1	1.0	0.00	750.00	750.00	1.4
Object being lifted/handled (cut,punc.scrape,inj b	3	3.2	0.00	750.00	750.00	1.4
Repetitive Motion	1	1.0	417.87	0.00	417.87	0.7
Fall or Slip (From Different Level)	1	1.0	417.70	0.00	417.70	0.7
Reaching (Strain or Injury by)	1	1.0	248.67	0.00	248.67	0.4
Fall or Slip (On Same Level)	5	5.4	227.18	0.00	227.18	0.4
Strike Against/Step on Stationary Object	1	1.0	201.13	0.00	201.13	0.3
Collision with a Fixed Object	2	2.1	176.09	0.00	176.09	0.3
Infectious Disease Exposure	1	1.0	121.18	0.00	121.18	0.2
Allergic Reaction	1	1.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	1.0	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	1.0	0.00	0.00	0.00	0.0
	92		***$ 34,857.20***	***$ 18,749.54***	***$ 53,606.74***	

***BODY PART*

Upper Leg	1
Shoulder	10
Multiple Neck Injury	6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	7					
Wrist	7					
Foot	4					
Lower Arm	10					
Facial, Other Soft Tissue	4					
Knee	6					
Finger(s)	6					
Facial Bones	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Upper Back Area (Thoracic Area)	2					
Elbow	4					
Eye(s)	3					
Mouth	2					
Whole Body	1					
Thumb	2					
Upper Arm (Inc: Clavicle and Scapula)	3					
Ankle	2					
Hand	5					
Multiple Body Parts	2					
Internal Organs	1					
Lower Leg	2					
Abdomen including Groin	1					
Ear(s)	1					
Great Toe	1					
Multiple Head Injury	1					
Nose	1					
Soft Tissue - Neck	2					
	92					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Puncture	5
Strain	22
Contusion	32
Sprain	10
Heat Prostration	2
Laceration	15
No Physical Injury	3
All Other	4
Fracture	1
Infection	1
Contagious Disease	1
Dermatitis	1
Foreign Body	2
Inflamation	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	92					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	5	12.5	5,578.95	9,265.29	14,844.24	41.8
10AM-11:59AM	3	7.5	4,147.38	4,969.32	9,116.70	25.6
12AM-1:59AM	5	12.5	3,520.01	194.30	3,714.31	10.4
6AM-7:59AM	8	20.0	723.11	2,789.35	3,512.46	9.8
8AM-9:59AM	5	12.5	229.61	1,500.00	1,729.61	4.8
2PM-3:59PM	3	7.5	0.00	750.00	750.00	2.1
4PM-5:59PM	2	5.0	0.00	750.00	750.00	2.1
Unknown	4	10.0	0.00	750.00	750.00	2.1
6PM-7:59PM	2	5.0	345.60	0.00	345.60	0.9
12PM-1:59PM	3	7.5	0.00	0.00	0.00	0.0
	40		**$ 14,544.66**	**$ 20,968.26**	**$ 35,512.92**	
LENGTH OF SERVICE						
0-2	20	50.0	11,184.49	9,178.91	20,363.40	57.3
2-4	4	10.0	107.10	9,000.00	9,107.10	25.6
4-6	6	15.0	2,790.92	2,039.35	4,830.27	13.6
10-12	1	2.5	0.00	750.00	750.00	2.1
6-8	5	12.5	462.15	0.00	462.15	1.3
20-22	1	2.5	0.00	0.00	0.00	0.0
28-30	1	2.5	0.00	0.00	0.00	0.0
44-46	1	2.5	0.00	0.00	0.00	0.0
8-10	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 14,544.66**	**$ 20,968.26**	**$ 35,512.92**	
AGE OF CLAIMANT						
40-44	10	25.0	7,454.40	10,765.29	18,219.69	51.3
35-39	5	12.5	3,387.78	4,969.32	8,357.10	23.5
55-59	5	12.5	1,946.11	1,500.00	3,446.11	9.7
30-34	6	15.0	961.06	1,694.30	2,655.36	7.4
45-49	6	15.0	210.65	1,289.35	1,500.00	4.2
20-24	2	5.0	107.10	750.00	857.10	2.4
60-64	1	2.5	355.05	0.00	355.05	1.0
50-54	4	10.0	122.51	0.00	122.51	0.3
65-69	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 14,544.66**	**$ 20,968.26**	**$ 35,512.92**	
SEX OF CLAIMANT						
Male	13	32.5	12,184.04	7,758.67	19,942.71	56.1
Female	27	67.5	2,360.62	13,209.59	15,570.21	43.8
	40		**$ 14,544.66**	**$ 20,968.26**	**$ 35,512.92**	
LOSS CAUSE						
Patient / Inmate	24	60.0	9,026.44	8,234.61	17,261.05	48.6
Environmental conditions	1	2.5	0.00	9,000.00	9,000.00	25.3
Floor	1	2.5	3,417.06	0.00	3,417.06	9.6
Walking surface, outside, wet	2	5.0	0.00	1,500.00	1,500.00	4.2
Hand tool, not powered, NOC	1	2.5	0.00	750.00	750.00	2.1
Hot/Cold Object, Liquid, Substance	1	2.5	210.65	539.35	750.00	2.1
Walking surface, outside, dry	1	2.5	0.00	750.00	750.00	2.1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Wall	1	2.5	555.70	194.30	750.00	2.1
Person	1	2.5	511.65	0.00	511.65	1.4
Walking surface, inside, dry	1	2.5	355.05	0.00	355.05	1.0
Door	2	5.0	345.60	0.00	345.60	0.9
Foreign Object	1	2.5	122.51	0.00	122.51	0.3
Stairs, steps	1	2.5	0.00	0.00	0.00	0.0
Cabinet	1	2.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	2.5	0.00	0.00	0.00	0.0
	40		***$ 14,544.66***	***$ 20,968.26***	***$ 35,512.92***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	26	65.0	7,281.22	3,459.59	10,740.81	30.2
Dust,gases,fumes,vapors	1	2.5	0.00	9,000.00	9,000.00	25.3
Lifting (strain or Injury by)	1	2.5	3,280.68	4,969.32	8,250.00	23.2
Strike Against/Step on Stationary Object	1	2.5	3,417.06	0.00	3,417.06	9.6
Fall or slip (on ice or snow)	2	5.0	0.00	1,500.00	1,500.00	4.2
Fall or Slip (On Same Level)	1	2.5	0.00	750.00	750.00	2.1
Pushing Or Pulling (Strain or Injury by)	1	2.5	0.00	750.00	750.00	2.1
Steam Or Hot Fluids	1	2.5	210.65	539.35	750.00	2.1
Twisting, strain or injury by	1	2.5	355.05	0.00	355.05	1.0
Fall or slip (on stairs)	1	2.5	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	2.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	5.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	2.5	0.00	0.00	0.00	0.0
	40		***$ 14,544.66***	***$ 20,968.26***	***$ 35,512.92***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Lungs	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Facial, Other Soft Tissue	6
Multiple Neck Injury	4
Ankle	3
Upper Back Area (Thoracic Area)	2
Abdomen including Groin	1
Foot	1
Great Toe	1
Hand	2
Knee	1
Lower Arm	2
Lower Leg	1
Nose	1
Skull	2
Upper Arm (Inc: Clavicle and Scapula)	5
Upper Leg	1
Multiple Head Injury	3
Shoulder	1
Soft Tissue - Neck	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	40					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	14
Respiratory Disorders	1
Contusion	17
Laceration	7
Burn	2
Sprain	3
Inflamation	2
	40

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	19	22.3	19,759.05	4,545.92	24,304.97	58.7
4PM-5:59PM	10	11.7	2,827.97	7,828.82	10,656.79	25.7
10AM-11:59AM	12	14.1	854.05	1,174.25	2,028.30	4.9
12PM-1:59PM	11	12.9	1,333.28	619.76	1,953.04	4.7
6AM-7:59AM	7	8.2	1,619.46	0.00	1,619.46	3.9
Unknown	6	7.0	671.65	78.35	750.00	1.8
6PM-7:59PM	6	7.0	92.00	0.00	92.00	0.2
12AM-1:59AM	4	4.7	0.00	0.00	0.00	0.0
8AM-9:59AM	9	10.5	0.00	0.00	0.00	0.0
4AM-5:59AM	1	1.1	0.00	0.00	0.00	0.0
	85		**$ 27,157.46**	**$ 14,247.10**	**$ 41,404.56**	
LENGTH OF SERVICE						
8-10	4	4.7	18,100.54	3,301.92	21,402.46	51.6
0-2	32	37.6	4,837.35	7,578.35	12,415.70	29.9
4-6	13	15.2	1,002.93	1,247.07	2,250.00	5.4
2-4	10	11.7	1,136.34	750.00	1,886.34	4.5
16-18	5	5.8	394.93	750.00	1,144.93	2.7
14-16	2	2.3	375.00	375.00	750.00	1.8
26-28	2	2.3	505.24	244.76	750.00	1.8
10-12	5	5.8	541.23	0.00	541.23	1.3
22-24	2	2.3	263.90	0.00	263.90	0.6
12-14	3	3.5	0.00	0.00	0.00	0.0
24-26	1	1.1	0.00	0.00	0.00	0.0
6-8	6	7.0	0.00	0.00	0.00	0.0
	85		**$ 27,157.46**	**$ 14,247.10**	**$ 41,404.56**	
AGE OF CLAIMANT						
45-49	18	21.1	19,147.01	3,546.68	22,693.69	54.8
40-44	10	11.7	1,058.98	7,924.25	8,983.23	21.7
25-29	7	8.2	2,941.45	0.00	2,941.45	7.1
50-54	16	18.8	935.55	828.35	1,763.90	4.2
30-34	7	8.2	1,549.25	0.00	1,549.25	3.7
55-59	4	4.7	631.00	869.00	1,500.00	3.6
35-39	12	14.1	894.22	328.82	1,223.04	2.9
65-69	3	3.5	0.00	750.00	750.00	1.8
20-24	4	4.7	0.00	0.00	0.00	0.0
60-64	3	3.5	0.00	0.00	0.00	0.0
70-74	1	1.1	0.00	0.00	0.00	0.0
	85		**$ 27,157.46**	**$ 14,247.10**	**$ 41,404.56**	
SEX OF CLAIMANT						
Female	66	77.6	24,025.88	14,247.10	38,272.98	92.4
Male	19	22.3	3,131.58	0.00	3,131.58	7.5
	85		**$ 27,157.46**	**$ 14,247.10**	**$ 41,404.56**	
LOSS CAUSE						
Patient / Inmate	46	54.1	19,181.05	11,880.74	31,061.79	75.0
Wheelchair	2	2.3	2,025.75	750.00	2,775.75	6.7

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chair	3	3.5	866.98	424.25	1,291.23	3.1
Stone / rock / brick	1	1.1	831.81	0.00	831.81	2.0
Food	1	1.1	256.00	494.00	750.00	1.8
Object on Floor	4	4.7	671.65	78.35	750.00	1.8
Sharp objects, not otherwise classified	2	2.3	505.24	244.76	750.00	1.8
Walking surface, inside, wet	2	2.3	375.00	375.00	750.00	1.8
Chemicals, not otherwise classified	2	2.3	685.44	0.00	685.44	1.6
Stairs, steps	2	2.3	683.30	0.00	683.30	1.6
Needle stick	4	4.7	430.30	0.00	430.30	1.0
Cart	1	1.1	381.04	0.00	381.04	0.9
Lift	1	1.1	263.90	0.00	263.90	0.6
Animal / insect, not otherwise classified	1	1.1	0.00	0.00	0.00	0.0
Boxes / containers	2	2.3	0.00	0.00	0.00	0.0
Door	2	2.3	0.00	0.00	0.00	0.0
Foreign Object	1	1.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.1	0.00	0.00	0.00	0.0
Metal items	1	1.1	0.00	0.00	0.00	0.0
Overhead Object	1	1.1	0.00	0.00	0.00	0.0
Shears	1	1.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.1	0.00	0.00	0.00	0.0
Water	2	2.3	0.00	0.00	0.00	0.0
	85		***$ 27,157.46***	***$ 14,247.10***	***$ 41,404.56***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	30	35.2	19,111.87	11,554.99	30,666.86	74.0
Object Handled (caught in or between)	1	1.1	2,025.75	0.00	2,025.75	4.8
Fall or Slip (On Same Level)	4	4.7	1,046.65	453.35	1,500.00	3.6
Struck/Injured by Object Being Lifted/Handled	3	3.5	541.23	750.00	1,291.23	3.1
Stepping On Sharp Object	1	1.1	831.81	0.00	831.81	2.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	3.5	505.24	244.76	750.00	1.8
Human Bite	3	3.5	0.00	750.00	750.00	1.8
Steam Or Hot Fluids	1	1.1	256.00	494.00	750.00	1.8
Fall or slip (on stairs)	2	2.3	683.30	0.00	683.30	1.6
Foreign Body In Eye	4	4.7	453.04	0.00	453.04	1.0
Other (Not Otherwise Classified)	3	3.5	430.30	0.00	430.30	1.0
Pushing Or Pulling (Strain or Injury by)	3	3.5	394.93	0.00	394.93	0.9
Struck/Injured by Object Handled By Other	2	2.3	381.04	0.00	381.04	0.9
Lifting (strain or Injury by)	2	2.3	263.90	0.00	263.90	0.6
Contact with Cold Objects or Substances	1	1.1	232.40	0.00	232.40	0.5
Allergic Reaction	2	2.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	5	5.8	0.00	0.00	0.00	0.0
Stress	1	1.1	0.00	0.00	0.00	0.0
Animal Or Insect	1	1.1	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	1.1	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	1.1	0.00	0.00	0.00	0.0
Fall, slip or trip NOC	1	1.1	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	2	2.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Slipped, Did Not Fall	4	4.7	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	2.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	1.1	0.00	0.00	0.00	0.0
	85		***$ 27,157.46***	***$ 14,247.10***	***$ 41,404.56***	

***BODY PART**

Elbow	3
Multiple Neck Injury	4
Ankle	4
Wrist	4
Lower Arm	9
Great Toe	2
Facial, Other Soft Tissue	2
Hand	4
Multiple Head Injury	6
Eye(s)	6
Upper Back Area (Thoracic Area)	1
Finger(s)	4
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Brain	1
Knee	2
Mouth	1
Multiple Body Parts	11
No Physical Problem	1
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Ear(s)	1
Foot	3
Hip	1
Insufficient Information	1
Lower Leg	2
Multiple Upper Extremities	1
Thumb	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist(s) & Hand(s)	1
	85

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

***INJURY**

Contusion	12
Sprain	6
All Other	41
Fracture	1
Inflamation	7
Laceration	4
Multiple Physical Injuries Only	1
Puncture	2
Strain	2

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Industrial Claims for Plan Year 2003

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contagious Disease	5					
Foreign Body	1					
Mental Stress	1					
No Physical Injury	1					
Burn	1					
Dermatitis	1					
	85					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:35

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	59	25.9	20,673.61	41,012.81	61,686.42	36.7
10AM-11:59AM	52	22.9	7,920.26	33,228.69	41,148.95	24.5
6AM-7:59AM	31	13.6	7,397.95	11,276.71	18,674.66	11.1
12AM-1:59AM	16	7.0	2,298.79	13,263.78	15,562.57	9.2
2AM-3:59AM	28	12.3	5,495.07	8,715.95	14,211.02	8.4
4AM-5:59AM	26	11.4	2,040.13	9,500.00	11,540.13	6.8
12PM-1:59PM	11	4.8	3,455.14	1,288.02	4,743.16	2.8
Unknown	3	1.3	273.20	0.00	273.20	0.1
2PM-3:59PM	1	0.4	0.00	0.00	0.00	0.0
	227		***$ 49,554.15***	***$ 118,285.96***	***$ 167,840.11***	
LENGTH OF SERVICE						
2-4	44	19.3	9,215.91	36,306.28	45,522.19	27.1
0-2	52	22.9	7,858.89	27,971.29	35,830.18	21.3
26-28	8	3.5	1,395.30	30,497.10	31,892.40	19.0
24-26	15	6.6	8,772.62	7,678.69	16,451.31	9.8
14-16	9	3.9	5,508.04	750.00	6,258.04	3.7
12-14	10	4.4	0.00	6,000.00	6,000.00	3.5
20-22	7	3.0	4,594.78	1,231.59	5,826.37	3.4
4-6	22	9.6	3,014.53	2,219.71	5,234.24	3.1
6-8	9	3.9	3,016.73	1,092.47	4,109.20	2.4
22-24	6	2.6	2,497.67	474.33	2,972.00	1.7
8-10	7	3.0	1,632.55	513.50	2,146.05	1.2
10-12	10	4.4	362.47	1,500.00	1,862.47	1.1
28-30	13	5.7	525.16	1,301.00	1,826.16	1.0
30-32	2	0.8	847.21	0.00	847.21	0.5
Unknown	2	0.8	0.00	750.00	750.00	0.4
16-18	8	3.5	202.29	0.00	202.29	0.1
32-34	2	0.8	110.00	0.00	110.00	0.0
18-20	1	0.4	0.00	0.00	0.00	0.0
	227		***$ 49,554.15***	***$ 118,285.96***	***$ 167,840.11***	
AGE OF CLAIMANT						
45-49	53	23.3	17,470.50	67,394.51	84,865.01	50.5
50-54	32	14.0	10,152.44	14,344.69	24,497.13	14.6
20-24	32	14.0	3,584.98	12,847.62	16,432.60	9.7
35-39	21	9.2	6,414.26	6,580.11	12,994.37	7.7
25-29	18	7.9	1,131.18	8,831.01	9,962.19	5.9
60-64	7	3.0	4,495.54	1,500.00	5,995.54	3.5
55-59	16	7.0	4,391.20	1,500.00	5,891.20	3.5
30-34	19	8.3	542.52	2,326.68	2,869.20	1.7
40-44	22	9.6	1,332.87	1,500.00	2,832.87	1.6
15-19	4	1.7	38.66	711.34	750.00	0.4
70-74	2	0.8	0.00	750.00	750.00	0.4
65-69	1	0.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	227		**$ 49,554.15**	**$ 118,285.96**	**$ 167,840.11**	
SEX OF CLAIMANT						
Female	193	85.0	41,858.73	100,420.40	142,279.13	84.7
Male	34	14.9	7,695.42	17,865.56	25,560.98	15.2
	227		**$ 49,554.15**	**$ 118,285.96**	**$ 167,840.11**	
LOSS CAUSE						
Patient / Inmate	95	41.8	26,439.66	84,368.42	110,808.08	66.0
Office equipment	1	0.4	6,345.78	15,654.22	22,000.00	13.1
Stairs, steps	8	3.5	895.84	8,020.39	8,916.23	5.3
Boxes / containers	8	3.5	1,548.18	2,692.93	4,241.11	2.5
Door	10	4.4	3,084.03	1,029.29	4,113.32	2.4
Furniture / fixtures	12	5.2	2,279.81	750.00	3,029.81	1.8
Wheelchair	9	3.9	2,857.77	0.00	2,857.77	1.7
Vehicle/car/truck	2	0.8	1,201.14	750.00	1,951.14	1.1
N/A	4	1.7	0.00	1,750.00	1,750.00	1.0
Uneven Surface	3	1.3	1,468.67	0.00	1,468.67	0.8
Sharp objects, not otherwise classified	2	0.8	425.00	750.00	1,175.00	0.7
Floor	7	3.0	588.69	469.71	1,058.40	0.6
Walking surface, outside, wet	3	1.3	1,028.30	0.00	1,028.30	0.6
Recreational equipment	2	0.8	309.00	551.00	860.00	0.5
Overhead Object	5	2.2	25.29	750.00	775.29	0.4
Window frame	1	0.4	0.00	750.00	750.00	0.4
Nail	1	0.4	232.21	0.00	232.21	0.1
Chair	5	2.2	201.66	0.00	201.66	0.1
Clothing / jewelry	2	0.8	125.12	0.00	125.12	0.0
Animal / bee type	3	1.3	110.00	0.00	110.00	0.0
Walking surface, inside, dry	3	1.3	110.00	0.00	110.00	0.0
Walking surface, inside, wet	2	0.8	110.00	0.00	110.00	0.0
Hammer	1	0.4	84.00	0.00	84.00	0.0
Wheel	1	0.4	84.00	0.00	84.00	0.0
Animal / insect, not otherwise classified	1	0.4	0.00	0.00	0.00	0.0
Cabinet	2	0.8	0.00	0.00	0.00	0.0
Environmental conditions	1	0.4	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	0.4	0.00	0.00	0.00	0.0
Foreign Object	6	2.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	0.8	0.00	0.00	0.00	0.0
Unknown	1	0.4	0.00	0.00	0.00	0.0
Cart	4	1.7	0.00	0.00	0.00	0.0
Cleaning Products	1	0.4	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	3	1.3	0.00	0.00	0.00	0.0
Laundry	1	0.4	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	0.8	0.00	0.00	0.00	0.0
Mechanical powered	1	0.4	0.00	0.00	0.00	0.0
Needle stick	1	0.4	0.00	0.00	0.00	0.0
Object on Floor	1	0.4	0.00	0.00	0.00	0.0
Paper / Pulp	1	0.4	0.00	0.00	0.00	0.0
Person	1	0.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pots/pans	1	0.4	0.00	0.00	0.00	0.0
Steam / exhaust	1	0.4	0.00	0.00	0.00	0.0
Stone / rock / brick	2	0.8	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	0.4	0.00	0.00	0.00	0.0
Water	1	0.4	0.00	0.00	0.00	0.0
	227		***$ 49,554.15***	***$ 118,285.96***	***$ 167,840.11***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	63	27.7	13,626.34	48,865.73	62,492.07	37.2
Lifting (strain or Injury by)	13	5.7	10,589.94	16,171.73	26,761.67	15.9
Struck/Injured by Object Being Lifted/Handled	11	4.8	8,136.14	15,654.22	23,790.36	14.1
Holding Or Carrying (Strain or Injury by)	4	1.7	224.04	9,275.96	9,500.00	5.6
Pushing Or Pulling (Strain or Injury by)	14	6.1	2,991.56	4,731.59	7,723.15	4.6
Reaching (Strain or Injury by)	5	2.2	1,046.11	5,314.32	6,360.43	3.7
Fall or slip (on stairs)	6	2.6	666.23	5,250.00	5,916.23	3.5
Strike Against/Step on Stationary Object	9	3.9	5,082.63	0.00	5,082.63	3.0
Fall or Slip (From Different Level)	4	1.7	229.61	3,520.39	3,750.00	2.2
Human Bite	9	3.9	826.03	2,702.02	3,528.05	2.1
Fall or Slip (On Same Level)	12	5.2	1,248.30	1,750.00	2,998.30	1.7
Struck/Injured by Falling or Flying Object	13	5.7	618.09	1,301.00	1,919.09	1.1
Object Handled (caught in or between)	11	4.8	865.05	1,029.29	1,894.34	1.1
Fall or slip (into Openings)	2	0.8	1,468.67	0.00	1,468.67	0.8
Object being lifted/handled (cut,punc.scrape,inj b	4	1.7	201.66	750.00	951.66	0.5
Cut,puncture,scrape, injured by (Broken Glass)	1	0.4	0.00	750.00	750.00	0.4
Fall or Slip (From Liquid/Grease spills)	7	3.0	280.29	469.71	750.00	0.4
Other than physical cause of injury	1	0.4	0.00	750.00	750.00	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	0.8	425.00	0.00	425.00	0.2
Twisting, strain or injury by	6	2.6	357.15	0.00	357.15	0.2
Stepping On Sharp Object	4	1.7	232.21	0.00	232.21	0.1
Allergic Reaction	1	0.4	125.12	0.00	125.12	0.0
Repetitive Motion	2	0.8	119.98	0.00	119.98	0.0
Animal Or Insect	4	1.7	110.00	0.00	110.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	0.4	84.00	0.00	84.00	0.0
Assault	1	0.4	0.00	0.00	0.00	0.0
Collision with a Fixed Object	3	1.3	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	2	0.8	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	0.8	0.00	0.00	0.00	0.0
Temperature Extremes	1	0.4	0.00	0.00	0.00	0.0
Abnormal Air Pressure	1	0.4	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	0.4	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	0.4	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.4	0.00	0.00	0.00	0.0
Rubbed/Abraded not otherwise classified	1	0.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	4	1.7	0.00	0.00	0.00	0.0
	227		***$ 49,554.15***	***$ 118,285.96***	***$ 167,840.11***	

***BODY PART

Shoulder	19
Knee	18
Multiple Neck Injury	8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Arm	34					
Hip	10					
Lower Back Area (Lumbar and Lumbo-Sacral)	20					
Upper Back Area (Thoracic Area)	7					
Finger(s)	17					
Upper Arm (Inc: Clavicle and Scapula)	5					
Hand	35					
Ankle	14					
Wrist	7					
Lower Leg	12					
Lungs	1					
Facial, Other Soft Tissue	9					
Chest (Inc: Ribs, Sternum and Soft Tissue)	5					
Thumb	7					
Abdomen including Groin	5					
No Physical Problem	3					
Multiple Head Injury	7					
Eye(s)	11					
Foot	6					
Elbow	3					
Mouth	1					
Multiple Body Parts	3					
Whole Body	1					
Buttocks	1					
Ear(s)	1					
Toe(s)	6					
	227					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	74
Contusion	116
Sprain	19
Puncture	17
Laceration	38
Respiratory Disorders	1
No Physical Injury	3
Unknown	1
Dermatitis	2
Burn	3
Heat Prostration	1
Foreign Body	1
	227

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	8	17.0	892.10	1,357.90	2,250.00	30.4
8AM-9:59AM	12	25.5	1,696.15	0.82	1,696.97	22.9
4PM-5:59PM	5	10.6	1,195.99	0.00	1,195.99	16.1
12AM-1:59AM	5	10.6	0.00	750.00	750.00	10.1
12PM-1:59PM	8	17.0	0.00	750.00	750.00	10.1
2PM-3:59PM	5	10.6	0.00	750.00	750.00	10.1
6AM-7:59AM	1	2.1	0.00	0.00	0.00	0.0
Unknown	3	6.3	0.00	0.00	0.00	0.0
	47		**$ 3,784.24**	**$ 3,608.72**	**$ 7,392.96**	
LENGTH OF SERVICE						
4-6	17	36.1	1,374.74	1,321.25	2,695.99	36.4
0-2	13	27.6	586.97	750.00	1,336.97	18.0
6-8	3	6.3	597.40	610.60	1,208.00	16.3
10-12	2	4.2	573.95	176.05	750.00	10.1
8-10	3	6.3	0.00	750.00	750.00	10.1
2-4	4	8.5	458.00	0.00	458.00	6.2
20-22	1	2.1	193.18	0.82	194.00	2.6
12-14	2	4.2	0.00	0.00	0.00	0.0
22-24	1	2.1	0.00	0.00	0.00	0.0
34-36	1	2.1	0.00	0.00	0.00	0.0
	47		**$ 3,784.24**	**$ 3,608.72**	**$ 7,392.96**	
AGE OF CLAIMANT						
50-54	9	19.1	2,025.92	572.07	2,597.99	35.1
35-39	9	19.1	139.40	2,110.60	2,250.00	30.4
40-44	12	25.5	1,160.92	176.05	1,336.97	18.0
45-49	3	6.3	0.00	750.00	750.00	10.1
25-29	3	6.3	458.00	0.00	458.00	6.2
30-34	3	6.3	0.00	0.00	0.00	0.0
55-59	7	14.8	0.00	0.00	0.00	0.0
60-64	1	2.1	0.00	0.00	0.00	0.0
	47		**$ 3,784.24**	**$ 3,608.72**	**$ 7,392.96**	
SEX OF CLAIMANT						
Female	35	74.4	3,451.66	2,247.30	5,698.96	77.0
Male	12	25.5	332.58	1,361.42	1,694.00	22.9
	47		**$ 3,784.24**	**$ 3,608.72**	**$ 7,392.96**	
LOSS CAUSE						
Patient / Inmate	25	53.1	2,380.36	1,360.60	3,740.96	50.6
Chemicals, not otherwise classified	2	4.2	0.00	750.00	750.00	10.1
Computer Work Station	1	2.1	0.00	750.00	750.00	10.1
Door	3	6.3	178.75	571.25	750.00	10.1
Machine, not otherwise classified	1	2.1	573.95	176.05	750.00	10.1
Needle stick	1	2.1	458.00	0.00	458.00	6.2
Dust	1	2.1	193.18	0.82	194.00	2.6
Hot/Cold Object, Liquid, Substance	2	4.2	0.00	0.00	0.00	0.0
N/A	1	2.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, dry	1	2.1	0.00	0.00	0.00	0.0
Boxes / containers	1	2.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.1	0.00	0.00	0.00	0.0
Metal items	1	2.1	0.00	0.00	0.00	0.0
Office equipment	1	2.1	0.00	0.00	0.00	0.0
Person	1	2.1	0.00	0.00	0.00	0.0
Razor blade	1	2.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.1	0.00	0.00	0.00	0.0
Wall	1	2.1	0.00	0.00	0.00	0.0
	47		***$ 3,784.24***	***$ 3,608.72***	***$ 7,392.96***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	25	53.1	1,922.36	1,360.60	3,282.96	44.4
Foreign Body In Eye	3	6.3	193.18	750.82	944.00	12.7
Pushing Or Pulling (Strain or Injury by)	1	2.1	178.75	571.25	750.00	10.1
Repetitive Motion	1	2.1	0.00	750.00	750.00	10.1
Struck/Injured by Falling or Flying Object	1	2.1	573.95	176.05	750.00	10.1
Contact with Cold Objects or Substances	1	2.1	458.00	0.00	458.00	6.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	4.2	458.00	0.00	458.00	6.2
Fall or Slip (On Same Level)	1	2.1	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	2.1	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	2	4.2	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	2.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	2.1	0.00	0.00	0.00	0.0
Human Bite	1	2.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	2.1	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	2.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	3	6.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.1	0.00	0.00	0.00	0.0
	47		***$ 3,784.24***	***$ 3,608.72***	***$ 7,392.96***	

***BODY PART

Eye(s)	5
Multiple Neck Injury	5
Facial Bones	1
Hand	6
Shoulder	3
Toe(s)	1
Wrist	3
Ear(s)	1
Finger(s)	1
Facial, Other Soft Tissue	5
Knee	3
Buttocks	1
Insufficient Information	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	2
Mouth	2
Multiple Head Injury	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pelvis	1					
Soft Tissue - Neck	1					
Thumb	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
	47					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	5
Contusion	21
All Other	5
Fracture	1
Inflamation	1
All Other Cumulative	8
Laceration	2
Foreign Body	2
Burn	1
Multiple Physical Injuries Only	1
	47

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	6	7.3	7,008.05	38,741.95	45,750.00	57.2
10AM-11:59AM	18	21.9	14,074.97	7,401.88	21,476.85	26.9
6AM-7:59AM	12	14.6	3,701.00	1,306.50	5,007.50	6.2
12PM-1:59PM	8	9.7	2,594.76	1,263.57	3,858.33	4.8
8AM-9:59AM	19	23.1	1,228.17	1,032.60	2,260.77	2.8
2PM-3:59PM	5	6.0	0.00	750.00	750.00	0.9
6PM-7:59PM	3	3.6	0.00	750.00	750.00	0.9
12AM-1:59AM	2	2.4	0.00	0.00	0.00	0.0
2AM-3:59AM	1	1.2	0.00	0.00	0.00	0.0
4AM-5:59AM	6	7.3	0.00	0.00	0.00	0.0
Unknown	2	2.4	0.00	0.00	0.00	0.0
	82		**$ 28,606.95**	**$ 51,246.50**	**$ 79,853.45**	
LENGTH OF SERVICE						
16-18	9	10.9	9,542.81	40,005.52	49,548.33	62.0
2-4	11	13.4	10,019.68	530.58	10,550.26	13.2
0-2	28	34.1	8,411.51	1,903.90	10,315.41	12.9
8-10	2	2.4	0.00	5,250.00	5,250.00	6.5
4-6	8	9.7	193.50	1,306.50	1,500.00	1.8
12-14	1	1.2	0.00	750.00	750.00	0.9
14-16	2	2.4	0.00	750.00	750.00	0.9
6-8	9	10.9	0.00	750.00	750.00	0.9
30-32	1	1.2	310.64	0.00	310.64	0.3
18-20	2	2.4	128.81	0.00	128.81	0.1
10-12	4	4.8	0.00	0.00	0.00	0.0
36-38	2	2.4	0.00	0.00	0.00	0.0
26-28	1	1.2	0.00	0.00	0.00	0.0
28-30	2	2.4	0.00	0.00	0.00	0.0
	82		**$ 28,606.95**	**$ 51,246.50**	**$ 79,853.45**	
AGE OF CLAIMANT						
55-59	13	15.8	18,591.94	41,003.50	59,595.44	74.6
40-44	11	13.4	4,139.46	6,750.00	10,889.46	13.6
30-34	8	9.7	4,844.01	403.90	5,247.91	6.5
45-49	18	21.9	467.40	1,032.60	1,500.00	1.8
50-54	11	13.4	504.14	556.50	1,060.64	1.3
20-24	2	2.4	0.00	750.00	750.00	0.9
35-39	6	7.3	0.00	750.00	750.00	0.9
60-64	7	8.5	60.00	0.00	60.00	0.0
25-29	5	6.0	0.00	0.00	0.00	0.0
65-69	1	1.2	0.00	0.00	0.00	0.0
	82		**$ 28,606.95**	**$ 51,246.50**	**$ 79,853.45**	
SEX OF CLAIMANT						
Female	70	85.3	22,691.53	49,342.60	72,034.13	90.2
Male	12	14.6	5,915.42	1,903.90	7,819.32	9.7

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	82		**$ 28,606.95**	**$ 51,246.50**	**$ 79,853.45**	
LOSS CAUSE						
Floor	3	3.6	7,008.05	37,991.95	45,000.00	56.3
Patient / Inmate	41	50.0	6,295.76	8,570.07	14,865.83	18.6
Cart	2	2.4	8,920.32	247.98	9,168.30	11.4
Elevators, escalators	3	3.6	4,844.01	403.90	5,247.91	6.5
Walking surface, outside, wet	4	4.8	0.00	1,500.00	1,500.00	1.8
Walking surface, inside, wet	4	4.8	631.96	750.00	1,381.96	1.7
Door	2	2.4	0.00	750.00	750.00	0.9
Laundry	3	3.6	467.40	282.60	750.00	0.9
Stairs, steps	2	2.4	0.00	750.00	750.00	0.9
Furniture / fixtures	1	1.2	310.64	0.00	310.64	0.3
Boxes / containers	2	2.4	128.81	0.00	128.81	0.1
Animal / bee type	1	1.2	0.00	0.00	0.00	0.0
N/A	3	3.6	0.00	0.00	0.00	0.0
Stone / rock / brick	1	1.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.2	0.00	0.00	0.00	0.0
Brush / tree / log	1	1.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	1.2	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	1.2	0.00	0.00	0.00	0.0
Object on Floor	1	1.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.2	0.00	0.00	0.00	0.0
Wheelchair	4	4.8	0.00	0.00	0.00	0.0
	82		**$ 28,606.95**	**$ 51,246.50**	**$ 79,853.45**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	3	3.6	7,008.05	38,741.95	45,750.00	57.2
Fall or Slip (On Same Level)	8	9.7	9,552.28	247.98	9,800.26	12.2
Stuck, injured by fellow worker, patient	29	35.3	193.50	7,306.50	7,500.00	9.3
Struck/Injured by Falling or Flying Object	2	2.4	4,844.01	403.90	5,247.91	6.5
Twisting, strain or injury by	2	2.4	3,507.50	0.00	3,507.50	4.3
Infectious Disease Exposure	2	2.4	2,534.76	513.57	3,048.33	3.8
Fall or slip (on ice or snow)	4	4.8	0.00	1,500.00	1,500.00	1.8
Strike Against/Step on Stationary Object	3	3.6	310.64	750.00	1,060.64	1.3
Fall or slip (on stairs)	2	2.4	0.00	750.00	750.00	0.9
Human Bite	4	4.8	0.00	750.00	750.00	0.9
Lifting (strain or Injury by)	5	6.0	467.40	282.60	750.00	0.9
Struck/Injured by Object Being Lifted/Handled	2	2.4	128.81	0.00	128.81	0.1
Reaching (Strain or Injury by)	1	1.2	60.00	0.00	60.00	0.0
Animal Or Insect	1	1.2	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	1.2	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	1.2	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	1.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	1.2	0.00	0.00	0.00	0.0
Fall, slip or trip NOC	1	1.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.2	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	3	3.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	2.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Hand Tool/Machine In Use	1	1.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.2	0.00	0.00	0.00	0.0
	82		**$ 28,606.95**	**$ 51,246.50**	**$ 79,853.45**	

**BODY PART

Multiple Upper Extremities	1
Lower Back Area (Lumbar and Lumbo-Sacral)	10
Lower Leg	5
Lower Arm	9
Insufficient Information	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Knee	7
Multiple Body Parts	2
Thumb	4
Hand	3
Upper Leg	2
Shoulder	3
Ankle	1
Elbow	2
Eye(s)	2
Finger(s)	4
Mouth	2
Nose	1
Wrist	2
Abdomen including Groin	2
Buttocks	1
Facial Bones	1
Facial, Other Soft Tissue	4
Foot	1
Great Toe	1
Hip	1
Multiple Head Injury	1
Multiple Neck Injury	1
No Physical Problem	1
Toe(s)	1
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Back Area (Thoracic Area)	1
	82

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

All Other	38
Strain	15
Contusion	20
Sprain	2
Crushing	1
Foreign Body	1
Laceration	4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
No Physical Injury	1					
Puncture	5					
	82					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	16	21.3	9,092.13	20,321.72	29,413.85	57.8
10AM-11:59AM	10	13.3	4,516.09	3,928.66	8,444.75	16.5
4PM-5:59PM	8	10.6	3,045.31	1,890.82	4,936.13	9.7
Unknown	9	12.0	275.51	2,974.49	3,250.00	6.3
2PM-3:59PM	9	12.0	194.40	1,305.60	1,500.00	2.9
6AM-7:59AM	5	6.6	1,012.72	467.00	1,479.72	2.9
12AM-1:59AM	10	13.3	210.94	750.00	960.94	1.8
2AM-3:59AM	1	1.3	129.00	621.00	750.00	1.4
12PM-1:59PM	3	4.0	156.60	0.00	156.60	0.3
6PM-7:59PM	4	5.3	0.00	0.00	0.00	0.0
	75		***$ 18,632.70***	***$ 32,259.29***	***$ 50,891.99***	
LENGTH OF SERVICE						
16-18	5	6.6	6,077.14	20,976.06	27,053.20	53.1
0-2	21	28.0	4,863.25	5,342.75	10,206.00	20.0
4-6	7	9.3	3,415.97	2,271.76	5,687.73	11.1
10-12	3	4.0	2,452.28	797.72	3,250.00	6.3
6-8	4	5.3	682.51	1,371.00	2,053.51	4.0
18-20	1	1.3	979.15	0.00	979.15	1.9
24-26	6	8.0	0.00	750.00	750.00	1.4
8-10	5	6.6	0.00	750.00	750.00	1.4
14-16	2	2.6	162.40	0.00	162.40	0.3
12-14	3	4.0	0.00	0.00	0.00	0.0
2-4	12	16.0	0.00	0.00	0.00	0.0
22-24	2	2.6	0.00	0.00	0.00	0.0
26-28	1	1.3	0.00	0.00	0.00	0.0
Unknown	3	4.0	0.00	0.00	0.00	0.0
	75		***$ 18,632.70***	***$ 32,259.29***	***$ 50,891.99***	
AGE OF CLAIMANT						
45-49	11	14.6	5,046.54	19,953.46	25,000.00	49.1
40-44	10	13.3	3,606.22	2,640.82	6,247.04	12.2
50-54	11	14.6	3,929.60	1,353.32	5,282.92	10.3
25-29	10	13.3	984.51	3,976.43	4,960.94	9.7
60-64	4	5.3	3,492.08	368.26	3,860.34	7.5
20-24	5	6.6	0.00	2,750.00	2,750.00	5.4
55-59	11	14.6	1,134.15	750.00	1,884.15	3.7
65-69	3	4.0	283.00	467.00	750.00	1.4
35-39	8	10.6	156.60	0.00	156.60	0.3
30-34	1	1.3	0.00	0.00	0.00	0.0
Unknown	1	1.3	0.00	0.00	0.00	0.0
	75		***$ 18,632.70***	***$ 32,259.29***	***$ 50,891.99***	
SEX OF CLAIMANT						
Female	64	85.3	14,055.65	31,510.09	45,565.74	89.5
Male	11	14.6	4,577.05	749.20	5,326.25	10.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	75		**$ 18,632.70**	**$ 32,259.29**	**$ 50,891.99**	
LOSS CAUSE						
Patient / Inmate	53	70.6	10,595.34	26,287.71	36,883.05	72.4
Cart	2	2.6	3,647.08	368.26	4,015.34	7.8
Gloves	2	2.6	0.00	3,500.00	3,500.00	6.8
Foreign Object	3	4.0	2,452.28	797.72	3,250.00	6.3
Food	1	1.3	979.15	0.00	979.15	1.9
Hot/Cold Object, Liquid, Substance	1	1.3	0.00	750.00	750.00	1.4
Object on Floor	1	1.3	194.40	555.60	750.00	1.4
Metal items	1	1.3	553.51	0.00	553.51	1.0
Vehicle/car/truck	1	1.3	210.94	0.00	210.94	0.4
Chair	1	1.3	0.00	0.00	0.00	0.0
Cleaning Products	1	1.3	0.00	0.00	0.00	0.0
Clothing / jewelry	1	1.3	0.00	0.00	0.00	0.0
Door	3	4.0	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	1.3	0.00	0.00	0.00	0.0
Floor	1	1.3	0.00	0.00	0.00	0.0
Needle stick	1	1.3	0.00	0.00	0.00	0.0
Razor blade	1	1.3	0.00	0.00	0.00	0.0
	75		**$ 18,632.70**	**$ 32,259.29**	**$ 50,891.99**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	32	42.6	6,458.46	20,574.46	27,032.92	53.1
Lifting (strain or Injury by)	9	12.0	6,913.85	2,640.02	9,553.87	18.7
Allergic Reaction	2	2.6	0.00	3,500.00	3,500.00	6.8
Reaching (Strain or Injury by)	3	4.0	2,452.28	797.72	3,250.00	6.3
Pushing Or Pulling (Strain or Injury by)	2	2.6	275.51	2,224.49	2,500.00	4.9
Human Bite	5	6.6	283.00	1,217.00	1,500.00	2.9
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	1.3	979.15	0.00	979.15	1.9
Contact With Hot Object or Substances	1	1.3	0.00	750.00	750.00	1.4
Fall or Slip (On Same Level)	1	1.3	194.40	555.60	750.00	1.4
Struck/Injured by Object Being Lifted/Handled	3	4.0	708.51	0.00	708.51	1.3
Fall or Slip (From Different Level)	1	1.3	210.94	0.00	210.94	0.4
Struck or injured by misc.	2	2.6	156.60	0.00	156.60	0.3
Struck/Injured by Falling or Flying Object	1	1.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	1.3	0.00	0.00	0.00	0.0
Cut, puncture, scrape, NOC	1	1.3	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	1.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.3	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	4	5.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	4.0	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	1.3	0.00	0.00	0.00	0.0
	75		**$ 18,632.70**	**$ 32,259.29**	**$ 50,891.99**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	11					
Upper Arm (Inc: Clavicle and Scapula)	4					
Hand	9					
Chest (Inc: Ribs, Sternum and Soft Tissue)	5					

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	3					
Vertebrae - Neck	2					
Foot	5					
Finger(s)	6					
Eye(s)	3					
Lower Arm	7					
Skull	2					
Upper Leg	1					
Facial, Other Soft Tissue	3					
Thumb	2					
Toe(s)	2					
Elbow	1					
Facial Bones	1					
Knee	1					
Larynx	1					
Lower Leg	2					
Multiple Head Injury	1					
Nose	1					
Soft Tissue - Neck	1					
Upper Back Area (Thoracic Area)	1					
Wrist	1					
	75					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	19
Contusion	29
Dermatitis	2
Unknown	1
Rupture	1
Laceration	14
Burn	2
Sprain	2
Dislocation	2
All Other	2
Foreign Body	1
Puncture	1
	75

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:36

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	10.0	319.87	0.00	319.87	35.3
4PM-5:59PM	2	20.0	251.00	0.00	251.00	27.7
Unknown	2	20.0	205.36	0.00	205.36	22.6
8AM-9:59AM	1	10.0	130.00	0.00	130.00	14.3
6AM-7:59AM	1	10.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	10.0	0.00	0.00	0.00	0.0
12PM-1:59PM	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 906.23**	**$ 0.00**	**$ 906.23**	
LENGTH OF SERVICE						
18-20	2	20.0	319.87	0.00	319.87	35.3
4-6	1	10.0	251.00	0.00	251.00	27.7
0-2	1	10.0	205.36	0.00	205.36	22.6
26-28	1	10.0	130.00	0.00	130.00	14.3
2-4	3	30.0	0.00	0.00	0.00	0.0
12-14	1	10.0	0.00	0.00	0.00	0.0
14-16	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 906.23**	**$ 0.00**	**$ 906.23**	
AGE OF CLAIMANT						
45-49	4	40.0	570.87	0.00	570.87	62.9
20-24	2	20.0	205.36	0.00	205.36	22.6
60-64	1	10.0	130.00	0.00	130.00	14.3
25-29	2	20.0	0.00	0.00	0.00	0.0
30-34	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 906.23**	**$ 0.00**	**$ 906.23**	
SEX OF CLAIMANT						
Female	8	80.0	586.36	0.00	586.36	64.7
Male	2	20.0	319.87	0.00	319.87	35.3
	10		**$ 906.23**	**$ 0.00**	**$ 906.23**	
LOSS CAUSE						
Patient / Inmate	6	60.0	776.23	0.00	776.23	85.6
Object on Floor	1	10.0	130.00	0.00	130.00	14.3
Floor	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	10.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 906.23**	**$ 0.00**	**$ 906.23**	
ACCIDENT TYPE						
Human Bite	1	10.0	319.87	0.00	319.87	35.3
Stuck, injured by fellow worker, patient	2	20.0	251.00	0.00	251.00	27.7
Lifting (strain or Injury by)	1	10.0	205.36	0.00	205.36	22.6
Struck/Injured by Object Being Lifted/Handled	1	10.0	130.00	0.00	130.00	14.3
Holding Or Carrying (Strain or Injury by)	2	20.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	10.0	0.00	0.00	0.00	0.0
Fall, slip or trip NOC	1	10.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		$ 906.23	$ 0.00	$ 906.23	
****BODY PART**						
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Back Area (Thoracic Area)	2					
Knee	2					
Multiple Neck Injury	1					
Ankle	1					
Facial, Other Soft Tissue	1					
Wrist	1					
	10					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	5					
Contusion	4					
Sprain	1					
	10					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\ Hiram Davis Medical Center (748)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	13	36.1	1,363.26	10,731.70	12,094.96	49.4
4AM-5:59AM	4	11.1	904.50	6,095.50	7,000.00	28.5
10AM-11:59AM	8	22.2	2,826.89	811.93	3,638.82	14.8
6AM-7:59AM	4	11.1	1,747.57	0.00	1,747.57	7.1
Unknown	1	2.7	0.00	0.00	0.00	0.0
12PM-1:59PM	1	2.7	0.00	0.00	0.00	0.0
2AM-3:59AM	3	8.3	0.00	0.00	0.00	0.0
6PM-7:59PM	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 6,842.22**	**$ 17,639.13**	**$ 24,481.35**	
LENGTH OF SERVICE						
0-2	20	55.5	6,163.26	9,389.13	15,552.39	63.5
30-32	1	2.7	0.00	7,500.00	7,500.00	30.6
16-18	2	5.5	334.00	750.00	1,084.00	4.4
8-10	1	2.7	199.96	0.00	199.96	0.8
12-14	1	2.7	145.00	0.00	145.00	0.5
2-4	3	8.3	0.00	0.00	0.00	0.0
10-12	1	2.7	0.00	0.00	0.00	0.0
20-22	1	2.7	0.00	0.00	0.00	0.0
22-24	1	2.7	0.00	0.00	0.00	0.0
4-6	5	13.8	0.00	0.00	0.00	0.0
	36		**$ 6,842.22**	**$ 17,639.13**	**$ 24,481.35**	
AGE OF CLAIMANT						
50-54	3	8.3	0.00	7,500.00	7,500.00	30.6
35-39	6	16.6	1,337.56	6,095.50	7,433.06	30.3
45-49	7	19.4	2,404.79	1,561.93	3,966.72	16.2
30-34	3	8.3	1,018.30	2,481.70	3,500.00	14.3
40-44	7	19.4	1,747.57	0.00	1,747.57	7.1
55-59	4	11.1	334.00	0.00	334.00	1.3
70-74	1	2.7	0.00	0.00	0.00	0.0
20-24	3	8.3	0.00	0.00	0.00	0.0
25-29	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 6,842.22**	**$ 17,639.13**	**$ 24,481.35**	
SEX OF CLAIMANT						
Female	34	94.4	6,842.22	17,639.13	24,481.35	100.0
Male	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 6,842.22**	**$ 17,639.13**	**$ 24,481.35**	
LOSS CAUSE						
Walking surface, outside, wet	1	2.7	0.00	7,500.00	7,500.00	30.6
Furniture / fixtures	2	5.5	904.50	6,095.50	7,000.00	28.5
Patient / Inmate	18	50.0	1,352.30	2,481.70	3,834.00	15.6
Cart	1	2.7	2,259.79	811.93	3,071.72	12.5
Vehicle/car/truck	1	2.7	1,747.57	0.00	1,747.57	7.1
Stairs, steps	1	2.7	0.00	750.00	750.00	3.0
Step stool	1	2.7	233.10	0.00	233.10	0.9
Load covers	1	2.7	199.96	0.00	199.96	0.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Hiram Davis Medical Center (748)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Metal items	3	8.3	145.00	0.00	145.00	0.5
Foreign Object	1	2.7	0.00	0.00	0.00	0.0
N/A	1	2.7	0.00	0.00	0.00	0.0
Needle stick	1	2.7	0.00	0.00	0.00	0.0
Razor blade	1	2.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.7	0.00	0.00	0.00	0.0
Wheelchair	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 6,842.22**	**$ 17,639.13**	**$ 24,481.35**	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	4	11.1	1,922.80	8,577.20	10,500.00	42.8
Fall or slip (on ice or snow)	1	2.7	0.00	7,500.00	7,500.00	30.6
Twisting, strain or injury by	4	11.1	4,007.36	1,561.93	5,569.29	22.7
Human Bite	1	2.7	334.00	0.00	334.00	1.3
Slipped, Did Not Fall	1	2.7	233.10	0.00	233.10	0.9
Foreign Body In Eye	2	5.5	199.96	0.00	199.96	0.8
Object being lifted/handled (cut,punc.scrape,inj b	3	8.3	145.00	0.00	145.00	0.5
Struck/Injured by Object Being Lifted/Handled	1	2.7	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	12	33.3	0.00	0.00	0.00	0.0
Allergic Reaction	2	5.5	0.00	0.00	0.00	0.0
Assault	2	5.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.7	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	2.7	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 6,842.22**	**$ 17,639.13**	**$ 24,481.35**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	2
Multiple Neck Injury	1
Shoulder	1
Ankle	3
Buttocks	1
Eye(s)	4
Finger(s)	4
Hand	2
Upper Arm (Inc: Clavicle and Scapula)	4
Facial, Other Soft Tissue	1
Foot	1
Lower Arm	4
Lower Leg	2
Mouth	1
Multiple Head Injury	1
No Physical Problem	1
Upper Back Area (Thoracic Area)	1
Upper Leg	2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Hiram Davis Medical Center (748)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	36					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	8
Laceration	11
Sprain	2
Puncture	2
Contusion	12
Dermatitis	1
Foreign Body	1
No Physical Injury	1
	36

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	6	24.0	5,802.70	30,453.80	36,256.50	45.4
12PM-1:59PM	3	12.0	9,280.86	18,048.14	27,329.00	34.2
2AM-3:59AM	6	24.0	301.82	5,558.68	5,860.50	7.3
2PM-3:59PM	1	4.0	3,205.86	2,352.06	5,557.92	6.9
12AM-1:59AM	2	8.0	0.00	1,500.00	1,500.00	1.8
8AM-9:59AM	4	16.0	0.00	1,500.00	1,500.00	1.8
6AM-7:59AM	2	8.0	346.15	690.00	1,036.15	1.3
4AM-5:59AM	1	4.0	364.45	385.55	750.00	0.9
	25		**$ 19,301.84**	**$ 60,488.23**	**$ 79,790.07**	
LENGTH OF SERVICE						
6-8	2	8.0	5,802.70	29,703.80	35,506.50	44.5
4-6	10	40.0	9,991.46	20,623.69	30,615.15	38.3
2-4	6	24.0	3,316.36	4,602.06	7,918.42	9.9
0-2	2	8.0	191.32	1,558.68	1,750.00	2.1
10-12	1	4.0	0.00	1,750.00	1,750.00	2.1
12-14	1	4.0	0.00	750.00	750.00	0.9
26-28	1	4.0	0.00	750.00	750.00	0.9
8-10	1	4.0	0.00	750.00	750.00	0.9
18-20	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 19,301.84**	**$ 60,488.23**	**$ 79,790.07**	
AGE OF CLAIMANT						
50-54	6	24.0	5,863.62	33,142.88	39,006.50	48.8
25-29	2	8.0	9,280.86	13,848.14	23,129.00	28.9
40-44	5	20.0	650.60	6,085.55	6,736.15	8.4
35-39	3	12.0	3,205.86	3,102.06	6,307.92	7.9
30-34	3	12.0	60.00	2,190.00	2,250.00	2.8
60-64	4	16.0	0.00	1,500.00	1,500.00	1.8
55-59	1	4.0	130.40	619.60	750.00	0.9
45-49	1	4.0	110.50	0.00	110.50	0.1
	25		**$ 19,301.84**	**$ 60,488.23**	**$ 79,790.07**	
SEX OF CLAIMANT						
Female	11	44.0	9,274.81	39,636.26	48,911.07	61.3
Male	14	56.0	10,027.03	20,851.97	30,879.00	38.7
	25		**$ 19,301.84**	**$ 60,488.23**	**$ 79,790.07**	
LOSS CAUSE						
Outside Surface	1	4.0	5,672.30	29,084.20	34,756.50	43.5
Patient / Inmate	1	4.0	9,280.86	13,098.14	22,379.00	28.0
Furniture / fixtures	2	8.0	3,205.86	2,352.06	5,557.92	6.9
Chair	1	4.0	0.00	4,950.00	4,950.00	6.2
Person	4	16.0	321.72	2,928.28	3,250.00	4.0
Foreign Object	3	12.0	0.00	2,250.00	2,250.00	2.8
Stairs	1	4.0	0.00	1,750.00	1,750.00	2.1
Boxes / containers	1	4.0	0.00	750.00	750.00	0.9
Door	2	8.0	364.45	385.55	750.00	0.9
Power tool (not hand)	1	4.0	0.00	750.00	750.00	0.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Uneven Surface	1	4.0	60.00	690.00	750.00	0.9
Walking surface, inside, wet	1	4.0	0.00	750.00	750.00	0.9
Water	1	4.0	0.00	750.00	750.00	0.9
Stone / rock / brick	1	4.0	286.15	0.00	286.15	0.3
Metal items	1	4.0	110.50	0.00	110.50	0.1
Office equipment	2	8.0	0.00	0.00	0.00	0.0
Infectious agent	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 19,301.84**	**$ 60,488.23**	**$ 79,790.07**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	12.0	6,018.45	29,774.20	35,792.65	44.8
Twisting, strain or injury by	1	4.0	9,280.86	13,098.14	22,379.00	28.0
Struck/Injured by Falling or Flying Object	2	8.0	3,205.86	3,102.06	6,307.92	7.9
Fall or Slip (From Different Level)	1	4.0	0.00	4,950.00	4,950.00	6.2
Fall or slip (on stairs)	1	4.0	0.00	1,750.00	1,750.00	2.1
Holding Or Carrying (Strain or Injury by)	1	4.0	191.32	1,558.68	1,750.00	2.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	8.0	0.00	1,500.00	1,500.00	1.8
Object Handled (caught in or between)	4	16.0	364.45	1,135.55	1,500.00	1.8
Assault	2	8.0	130.40	619.60	750.00	0.9
Contact With Hot Object or Substances	1	4.0	0.00	750.00	750.00	0.9
Fall or Slip (From Liquid/Grease spills)	1	4.0	0.00	750.00	750.00	0.9
Infectious Disease Exposure	1	4.0	0.00	750.00	750.00	0.9
Lifting (strain or Injury by)	2	8.0	0.00	750.00	750.00	0.9
Strike Against/Step on Stationary Object	1	4.0	110.50	0.00	110.50	0.1
Repetitive Motion	1	4.0	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 19,301.84**	**$ 60,488.23**	**$ 79,790.07**	

**BODY PART

Ankle	5
Shoulder	2
Knee	2
Lower Leg	1
Foot	2
Multiple Head Injury	2
Lower Arm	2
Hand	1
Finger(s)	4
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Thumb	1
Toe(s)	1
Disc - Neck	1
Facial, Other Soft Tissue	1
Body System & Multiple Body Parts	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	25					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	13
Sprain	2
Contusion	9
Multiple Physical Injuries Only	1
Laceration	4
Burn	1
Dermatitis	1
Dislocation	1
All Other Cumulative	1
	25

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	24.0	2,062.11	14,557.98	16,620.09	48.8
2PM-3:59PM	1	4.0	2,151.49	8,118.45	10,269.94	30.1
10AM-11:59AM	9	36.0	69.00	3,250.00	3,319.00	9.7
12AM-1:59AM	3	12.0	305.67	1,194.33	1,500.00	4.4
4PM-5:59PM	2	8.0	0.00	1,500.00	1,500.00	4.4
12PM-1:59PM	4	16.0	82.80	750.00	832.80	2.4
	25		**$ 4,671.07**	**$ 29,370.76**	**$ 34,041.83**	
LENGTH OF SERVICE						
0-2	6	24.0	1,642.26	14,557.98	16,200.24	47.5
12-14	1	4.0	2,151.49	8,118.45	10,269.94	30.1
2-4	5	20.0	305.67	3,694.33	4,000.00	11.7
26-28	3	12.0	82.80	750.00	832.80	2.4
14-16	2	8.0	0.00	750.00	750.00	2.2
16-18	1	4.0	0.00	750.00	750.00	2.2
18-20	2	8.0	0.00	750.00	750.00	2.2
4-6	2	8.0	419.85	0.00	419.85	1.2
30-32	1	4.0	69.00	0.00	69.00	0.2
8-10	2	8.0	0.00	0.00	0.00	0.0
	25		**$ 4,671.07**	**$ 29,370.76**	**$ 34,041.83**	
AGE OF CLAIMANT						
20-24	2	8.0	1,642.26	14,557.98	16,200.24	47.5
45-49	5	20.0	2,220.49	9,618.45	11,838.94	34.7
35-39	3	12.0	725.52	2,194.33	2,919.85	8.5
55-59	3	12.0	0.00	1,500.00	1,500.00	4.4
50-54	6	24.0	82.80	750.00	832.80	2.4
40-44	2	8.0	0.00	750.00	750.00	2.2
25-29	1	4.0	0.00	0.00	0.00	0.0
60-64	2	8.0	0.00	0.00	0.00	0.0
30-34	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 4,671.07**	**$ 29,370.76**	**$ 34,041.83**	
SEX OF CLAIMANT						
Female	18	72.0	3,945.55	27,176.43	31,121.98	91.4
Male	7	28.0	725.52	2,194.33	2,919.85	8.5
	25		**$ 4,671.07**	**$ 29,370.76**	**$ 34,041.83**	
LOSS CAUSE						
Walking surface, inside, wet	1	4.0	1,642.26	14,557.98	16,200.24	47.5
Boxes / containers	3	12.0	2,151.49	8,868.45	11,019.94	32.3
Environmental conditions	2	8.0	0.00	2,500.00	2,500.00	7.3
Chair	3	12.0	305.67	1,194.33	1,500.00	4.4
Office equipment	1	4.0	0.00	750.00	750.00	2.2
Walking surface, inside, dry	1	4.0	0.00	750.00	750.00	2.2
Walking surface, outside, wet	1	4.0	0.00	750.00	750.00	2.2
Chemicals, not otherwise classified	1	4.0	419.85	0.00	419.85	1.2
Metal items	1	4.0	82.80	0.00	82.80	0.2
Person	2	8.0	69.00	0.00	69.00	0.2

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / bee type	1	4.0	0.00	0.00	0.00	0.0
Door	2	8.0	0.00	0.00	0.00	0.0
Stairs	1	4.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.0	0.00	0.00	0.00	0.0
Water	1	4.0	0.00	0.00	0.00	0.0
Furniture / fixtures	2	8.0	0.00	0.00	0.00	0.0
Paper/Pulp items	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 4,671.07**	**$ 29,370.76**	**$ 34,041.83**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	5	20.0	1,947.93	15,752.31	17,700.24	52.0
Lifting (strain or Injury by)	3	12.0	2,151.49	8,868.45	11,019.94	32.3
Stress	2	8.0	0.00	2,500.00	2,500.00	7.3
Fall or Slip (From Different Level)	2	8.0	0.00	750.00	750.00	2.2
Fall or Slip (From Liquid/Grease spills)	2	8.0	0.00	750.00	750.00	2.2
Repetitive Motion	1	4.0	0.00	750.00	750.00	2.2
Allergic Reaction	1	4.0	419.85	0.00	419.85	1.2
Object Handled (caught in or between)	2	8.0	82.80	0.00	82.80	0.2
Infectious Disease Exposure	1	4.0	69.00	0.00	69.00	0.2
Animal Or Insect	1	4.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	4.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	4.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	4.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	4.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 4,671.07**	**$ 29,370.76**	**$ 34,041.83**	

**BODY PART

Nose	2
Facial, Other Soft Tissue	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Abdomen including Groin	1
Whole Body	3
Hand	5
Knee	6
Elbow	1
Lower Arm	2
Soft Tissue - Neck	1
Eye(s)	1
Lungs	1
Finger(s)	2
Mouth	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	1
	25

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	11					
Laceration	4					
Fracture	1					
Mental Stress	2					
Contusion	13					
Poisoning - Chemical	2					
Inflamation	1					
Contagious Disease	1					
Puncture	1					
	25					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	11	26.8	41,552.43	76,768.73	118,321.16	75.8
8AM-9:59AM	6	14.6	17,835.59	15,850.28	33,685.87	21.6
12PM-1:59PM	2	4.8	1,016.50	0.00	1,016.50	0.6
4PM-5:59PM	3	7.3	877.72	0.00	877.72	0.5
10AM-11:59AM	9	21.9	651.48	206.52	858.00	0.5
2PM-3:59PM	4	9.7	302.30	554.70	857.00	0.5
6PM-7:59PM	4	9.7	360.95	0.00	360.95	0.2
6AM-7:59AM	2	4.8	0.00	0.00	0.00	0.0
	41		**$ 62,596.97**	**$ 93,380.23**	**$ 155,977.20**	
LENGTH OF SERVICE						
4-6	28	68.2	31,913.91	47,220.57	79,134.48	50.7
6-8	1	2.4	13,151.24	29,348.76	42,500.00	27.2
2-4	5	12.1	17,531.82	15,952.90	33,484.72	21.4
0-2	7	17.0	0.00	858.00	858.00	0.5
	41		**$ 62,596.97**	**$ 93,380.23**	**$ 155,977.20**	
AGE OF CLAIMANT						
45-49	5	12.1	27,567.81	49,373.35	76,941.16	49.3
60-64	2	4.8	13,151.24	29,348.76	42,500.00	27.2
35-39	6	14.6	17,333.17	13,794.28	31,127.45	19.9
55-59	2	4.8	1,935.87	0.00	1,935.87	1.2
20-24	3	7.3	1,525.10	102.62	1,627.72	1.0
25-29	10	24.3	651.48	98.52	750.00	0.4
50-54	3	7.3	195.30	554.70	750.00	0.4
40-44	6	14.6	237.00	108.00	345.00	0.2
30-34	4	9.7	0.00	0.00	0.00	0.0
	41		**$ 62,596.97**	**$ 93,380.23**	**$ 155,977.20**	
SEX OF CLAIMANT						
Male	24	58.5	26,617.31	62,328.35	88,945.66	57.0
Female	17	41.4	35,979.66	31,051.88	67,031.54	42.9
	41		**$ 62,596.97**	**$ 93,380.23**	**$ 155,977.20**	
LOSS CAUSE						
Patient / Inmate	16	39.0	29,950.33	47,122.05	77,072.38	49.4
Walking surface, outside, dry	3	7.3	15,087.11	29,348.76	44,435.87	28.4
Boxes / containers	2	4.8	15,899.72	15,850.28	31,750.00	20.3
Floor	3	7.3	1,298.86	201.14	1,500.00	0.9
Walking surface, inside, dry	4	9.7	0.00	858.00	858.00	0.5
Door	4	9.7	360.95	0.00	360.95	0.2
Building parts / doors	1	2.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.4	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.4	0.00	0.00	0.00	0.0
Metal items	1	2.4	0.00	0.00	0.00	0.0
Office equipment	1	2.4	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	4.8	0.00	0.00	0.00	0.0
Water	1	2.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	41		**$ 62,596.97**	**$ 93,380.23**	**$ 155,977.20**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	7	17.0	14,902.82	32,974.21	47,877.03	30.6
Twisting, strain or injury by	8	19.5	13,151.24	30,206.76	43,358.00	27.8
Assault	9	21.9	18,175.24	14,348.98	32,524.22	20.8
Lifting (strain or Injury by)	2	4.8	15,899.72	15,850.28	31,750.00	20.3
Struck/Injured by Falling or Flying Object	3	7.3	360.95	0.00	360.95	0.2
Human Bite	2	4.8	107.00	0.00	107.00	0.0
Fall or Slip (From Liquid/Grease spills)	2	4.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	4.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	4.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	2.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	7.3	0.00	0.00	0.00	0.0
	41		**$ 62,596.97**	**$ 93,380.23**	**$ 155,977.20**	

*****BODY PART***

Hip	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	7
Shoulder	5
Lower Leg	2
Multiple Head Injury	1
Hand	5
Facial, Other Soft Tissue	4
Foot	1
Elbow	3
Lower Arm	3
Abdomen including Groin	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	2
Finger(s)	3
Thumb	2
Upper Back Area (Thoracic Area)	1
Wrist	2
	41

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	24
Contusion	16
Puncture	3
Foreign Body	2
Laceration	6

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	41					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:37

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	8	20.0	6,977.17	1,500.00	8,477.17	19.3
4AM-5:59AM	2	5.0	712.76	6,787.24	7,500.00	17.1
2PM-3:59PM	4	10.0	4,867.97	1,223.17	6,091.14	13.9
Unknown	3	7.5	5,083.82	49.66	5,133.48	11.7
10AM-11:59AM	4	10.0	2,751.66	1,010.32	3,761.98	8.5
4PM-5:59PM	3	7.5	3,377.72	0.00	3,377.72	7.7
2AM-3:59AM	4	10.0	2,551.45	274.00	2,825.45	6.4
12PM-1:59PM	4	10.0	1,747.62	649.68	2,397.30	5.4
6PM-7:59PM	2	5.0	17.60	1,482.40	1,500.00	3.4
6AM-7:59AM	4	10.0	1,478.19	0.00	1,478.19	3.3
12AM-1:59AM	2	5.0	541.03	750.00	1,291.03	2.9
	40		***$ 30,106.99***	***$ 13,726.47***	***$ 43,833.46***	
LENGTH OF SERVICE						
0-2	14	35.0	14,308.84	2,633.60	16,942.44	38.6
4-6	13	32.5	10,422.52	2,210.79	12,633.31	28.8
2-4	8	20.0	3,105.17	8,628.35	11,733.52	26.7
6-8	3	7.5	1,233.16	0.00	1,233.16	2.8
8-10	1	2.5	496.27	253.73	750.00	1.7
10-12	1	2.5	541.03	0.00	541.03	1.2
	40		***$ 30,106.99***	***$ 13,726.47***	***$ 43,833.46***	
AGE OF CLAIMANT						
30-34	11	27.5	9,252.91	2,233.49	11,486.40	26.2
35-39	9	22.5	7,680.78	2,186.92	9,867.70	22.5
45-49	3	7.5	1,302.75	6,750.00	8,052.75	18.3
40-44	7	17.5	5,692.69	1,073.66	6,766.35	15.4
25-29	3	7.5	2,724.52	750.00	3,474.52	7.9
50-54	3	7.5	2,041.96	0.00	2,041.96	4.6
20-24	3	7.5	758.18	732.40	1,490.58	3.4
55-59	1	2.5	653.20	0.00	653.20	1.4
	40		***$ 30,106.99***	***$ 13,726.47***	***$ 43,833.46***	
SEX OF CLAIMANT						
Female	19	47.5	15,582.19	11,025.19	26,607.38	60.7
Male	21	52.5	14,524.80	2,701.28	17,226.08	39.3
	40		***$ 30,106.99***	***$ 13,726.47***	***$ 43,833.46***	
LOSS CAUSE						
Patient / Inmate	17	42.5	14,165.74	3,443.61	17,609.35	40.1
Walking surface, outside, wet	1	2.5	0.00	6,750.00	6,750.00	15.4
Stone / rock / brick	1	2.5	3,870.32	109.60	3,979.92	9.0
Floor	3	7.5	3,838.09	49.66	3,887.75	8.8
Door	5	12.5	3,116.07	253.73	3,369.80	7.6
Walking surface, inside, dry	4	10.0	2,631.27	0.00	2,631.27	6.0
Furniture / fixtures	3	7.5	354.05	1,895.95	2,250.00	5.1
Walking surface, outside, dry	2	5.0	887.30	473.92	1,361.22	3.1
Object on Floor	1	2.5	0.00	750.00	750.00	1.7
Environmental conditions	1	2.5	653.20	0.00	653.20	1.4

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chair	2	5.0	590.95	0.00	590.95	1.3
	40		**$ 30,106.99**	**$ 13,726.47**	**$ 43,833.46**	

ACCIDENT TYPE

Twisting, strain or injury by	11	27.5	12,324.61	1,906.37	14,230.98	32.4
Fall or Slip (On Same Level)	6	15.0	6,481.61	1,586.90	8,068.51	18.4
Fall or slip (on ice or snow)	1	2.5	0.00	6,750.00	6,750.00	15.4
Stepping On Sharp Object	1	2.5	3,870.32	109.60	3,979.92	9.0
Object Handled (caught in or between)	5	12.5	3,116.07	253.73	3,369.80	7.6
Assault	6	15.0	2,340.10	750.00	3,090.10	7.0
Strike Against/Step on Stationary Object	6	15.0	945.00	1,895.95	2,840.95	6.4
Slipped, Did Not Fall	1	2.5	276.08	473.92	750.00	1.7
Stress	1	2.5	653.20	0.00	653.20	1.4
Repetitive Motion	1	2.5	100.00	0.00	100.00	0.2
Struck/Injured by Falling or Flying Object	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 30,106.99**	**$ 13,726.47**	**$ 43,833.46**	

**BODY PART

Ankle	6
Knee	8
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Thumb	3
Finger(s)	5
Elbow	4
Hand	3
Buttocks	2
Lower Arm	2
Soft Tissue - Neck	2
Upper Leg	2
Facial, Other Soft Tissue	1
Foot	1
Hip	2
Shoulder	2
Wrist	1
Whole Body	1
Lower Leg	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Abdomen including Groin	1
Multiple Head Injury	1
	40

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	31
Contusion	16
Laceration	5
Sprain	1
Mental Stress	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	40					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	6	13.9	1,688.24	11,561.76	13,250.00	33.6
8AM-9:59AM	7	16.2	4,748.25	4,394.51	9,142.76	23.2
Unknown	9	20.9	1,893.48	4,750.00	6,643.48	16.8
2PM-3:59PM	6	13.9	1,327.25	2,773.35	4,100.60	10.4
10AM-11:59AM	5	11.6	3,033.04	0.00	3,033.04	7.7
12AM-1:59AM	2	4.6	0.00	1,500.00	1,500.00	3.8
6AM-7:59AM	2	4.6	407.20	556.40	963.60	2.4
12PM-1:59PM	3	6.9	0.00	750.00	750.00	1.9
6PM-7:59PM	3	6.9	0.00	0.00	0.00	0.0
	43		**$ 13,097.46**	**$ 26,286.02**	**$ 39,383.48**	
LENGTH OF SERVICE						
0-2	8	18.6	4,437.08	10,491.57	14,928.65	37.9
2-4	15	34.8	3,466.09	8,927.19	12,393.28	31.4
4-6	13	30.2	2,823.44	3,624.15	6,447.59	16.3
14-16	1	2.3	840.53	2,493.11	3,333.64	8.4
6-8	3	6.9	615.38	750.00	1,365.38	3.4
8-10	1	2.3	914.94	0.00	914.94	2.3
12-14	2	4.6	0.00	0.00	0.00	0.0
	43		**$ 13,097.46**	**$ 26,286.02**	**$ 39,383.48**	
AGE OF CLAIMANT						
35-39	13	30.2	7,347.41	14,054.87	21,402.28	54.3
30-34	12	27.9	1,097.18	7,556.40	8,653.58	21.9
25-29	5	11.6	1,308.58	1,764.64	3,073.22	7.8
20-24	1	2.3	976.65	2,023.35	3,000.00	7.6
45-49	6	13.9	363.20	582.80	946.00	2.4
50-54	1	2.3	914.94	0.00	914.94	2.3
40-44	1	2.3	446.04	303.96	750.00	1.9
55-59	4	9.3	643.46	0.00	643.46	1.6
	43		**$ 13,097.46**	**$ 26,286.02**	**$ 39,383.48**	
SEX OF CLAIMANT						
Male	32	74.4	10,248.43	24,953.22	35,201.65	89.3
Female	11	25.5	2,849.03	1,332.80	4,181.83	10.6
	43		**$ 13,097.46**	**$ 26,286.02**	**$ 39,383.48**	
LOSS CAUSE						
Patient / Inmate	11	25.5	5,805.41	15,991.57	21,796.98	55.3
Walking surface, inside, dry	3	6.9	976.65	2,773.35	3,750.00	9.5
Trash receptacle	1	2.3	840.53	2,493.11	3,333.64	8.4
Door	3	6.9	1,786.96	264.64	2,051.60	5.2
Miscellaneous	4	9.3	1,907.45	0.00	1,907.45	4.8
Walking surface, outside, wet	2	4.6	193.60	1,306.40	1,500.00	3.8
Walking surface, outside, dry	3	6.9	632.31	624.15	1,256.46	3.1
Person	5	11.6	454.35	750.00	1,204.35	3.0
Floor	1	2.3	0.00	750.00	750.00	1.9
Food	1	2.3	167.20	582.80	750.00	1.9
Stairs, steps	1	2.3	0.00	750.00	750.00	1.9

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	3	6.9	196.00	0.00	196.00	0.5
Hand Truck (2w)	1	2.3	137.00	0.00	137.00	0.3
Building parts / doors	2	4.6	0.00	0.00	0.00	0.0
Pike pole 6'	1	2.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	2.3	0.00	0.00	0.00	0.0
	43		**$ 13,097.46**	**$ 26,286.02**	**$ 39,383.48**	

ACCIDENT TYPE

Twisting, strain or injury by	8	18.6	6,270.68	10,187.61	16,458.29	41.7
Struck/Injured by Falling or Flying Object	8	18.6	1,067.59	5,636.76	6,704.35	17.0
Fall or Slip (On Same Level)	7	16.2	1,512.10	4,147.50	5,659.60	14.3
Lifting (strain or Injury by)	1	2.3	840.53	2,493.11	3,333.64	8.4
Strike Against/Step on Stationary Object	6	13.9	1,308.58	264.64	1,573.22	3.9
Assault	4	9.3	782.54	750.00	1,532.54	3.8
Fall or slip (on ice or snow)	2	4.6	193.60	1,306.40	1,500.00	3.8
Fall or slip (on stairs)	1	2.3	0.00	750.00	750.00	1.9
Object being lifted/handled (cut,punc.scrape,inj b	1	2.3	0.00	750.00	750.00	1.9
Slipped, Did Not Fall	1	2.3	506.46	0.00	506.46	1.2
Object Handled (caught in or between)	2	4.6	478.38	0.00	478.38	1.2
Pushing Or Pulling (Strain or Injury by)	1	2.3	137.00	0.00	137.00	0.3
Struck/Injured by Object Handled By Other	1	2.3	0.00	0.00	0.00	0.0
	43		**$ 13,097.46**	**$ 26,286.02**	**$ 39,383.48**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	10
Knee	9
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	6
Hip	3
Finger(s)	4
Thumb	2
Shoulder	7
Upper Arm (Inc: Clavicle and Scapula)	1
Mouth	2
Nose	2
Facial, Other Soft Tissue	3
Ankle	2
Foot	3
Soft Tissue - Neck	1
Multiple Head Injury	3
Wrist	1
Hand	1
	43

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	36
Contusion	19

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fracture	1					
Laceration	3					
Sprain	1					
Inflamation	1					
	43					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Barrett Learning Center (714)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	14.2	835.10	1,000.00	1,835.10	52.9
6AM-7:59AM	3	42.8	558.16	648.40	1,206.56	34.8
8AM-9:59AM	2	28.5	424.01	0.00	424.01	12.2
2PM-3:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,817.27**	**$ 1,648.40**	**$ 3,465.67**	
LENGTH OF SERVICE						
0-2	5	71.4	1,118.12	1,648.40	2,766.52	79.8
4-6	2	28.5	699.15	0.00	699.15	20.1
	7		**$ 1,817.27**	**$ 1,648.40**	**$ 3,465.67**	
AGE OF CLAIMANT						
40-44	4	57.1	1,291.66	1,000.00	2,291.66	66.1
35-39	1	14.2	101.60	648.40	750.00	21.6
25-29	1	14.2	242.59	0.00	242.59	7.0
30-34	1	14.2	181.42	0.00	181.42	5.2
	7		**$ 1,817.27**	**$ 1,648.40**	**$ 3,465.67**	
SEX OF CLAIMANT						
Female	2	28.5	1,291.66	1,000.00	2,291.66	66.1
Male	5	71.4	525.61	648.40	1,174.01	33.8
	7		**$ 1,817.27**	**$ 1,648.40**	**$ 3,465.67**	
LOSS CAUSE						
Walking surface, outside, dry	1	14.2	835.10	1,000.00	1,835.10	52.9
Patient / Inmate	5	71.4	525.61	648.40	1,174.01	33.8
Door	1	14.2	456.56	0.00	456.56	13.1
	7		**$ 1,817.27**	**$ 1,648.40**	**$ 3,465.67**	
ACCIDENT TYPE						
Twisting, strain or injury by	4	57.1	1,259.11	1,000.00	2,259.11	65.1
Assault	2	28.5	101.60	648.40	750.00	21.6
Object Handled (caught in or between)	1	14.2	456.56	0.00	456.56	13.1
	7		**$ 1,817.27**	**$ 1,648.40**	**$ 3,465.67**	
****BODY PART**						
Ankle	1					
Upper Leg	1					
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Elbow	1					
Knee	1					
Lower Leg	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Sprain	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Barrett Learning Center (714)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	3					
Strain	2					
Laceration	1					
	7					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	20.0	11,689.57	23,810.43	35,500.00	85.5
6AM-7:59AM	6	30.0	0.00	2,250.00	2,250.00	5.4
4PM-5:59PM	1	5.0	0.00	1,750.00	1,750.00	4.2
2PM-3:59PM	1	5.0	1,255.17	0.00	1,255.17	3.0
4AM-5:59AM	2	10.0	0.00	750.00	750.00	1.8
12AM-1:59AM	1	5.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	5.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	5.0	0.00	0.00	0.00	0.0
6PM-7:59PM	2	10.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 12,944.74**	**$ 28,560.43**	**$ 41,505.17**	
LENGTH OF SERVICE						
2-4	3	15.0	11,299.43	22,450.57	33,750.00	81.3
4-6	4	20.0	0.00	3,250.00	3,250.00	7.8
0-2	7	35.0	390.14	2,109.86	2,500.00	6.0
26-28	2	10.0	1,255.17	750.00	2,005.17	4.8
6-8	3	15.0	0.00	0.00	0.00	0.0
8-10	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 12,944.74**	**$ 28,560.43**	**$ 41,505.17**	
AGE OF CLAIMANT						
50-54	2	10.0	11,299.43	23,200.57	34,500.00	83.1
40-44	3	15.0	390.14	3,109.86	3,500.00	8.4
30-34	4	20.0	0.00	1,500.00	1,500.00	3.6
55-59	1	5.0	1,255.17	0.00	1,255.17	3.0
45-49	5	25.0	0.00	750.00	750.00	1.8
25-29	4	20.0	0.00	0.00	0.00	0.0
35-39	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 12,944.74**	**$ 28,560.43**	**$ 41,505.17**	
SEX OF CLAIMANT						
Male	13	65.0	12,554.60	24,950.57	37,505.17	90.3
Female	7	35.0	390.14	3,609.86	4,000.00	9.6
	20		**$ 12,944.74**	**$ 28,560.43**	**$ 41,505.17**	
LOSS CAUSE						
Clothing / jewelry	2	10.0	11,299.43	22,450.57	33,750.00	81.3
Stone / rock / brick	1	5.0	0.00	1,750.00	1,750.00	4.2
Water	1	5.0	390.14	1,359.86	1,750.00	4.2
Walking surface, outside, wet	3	15.0	0.00	1,500.00	1,500.00	3.6
Walking surface, inside, wet	1	5.0	1,255.17	0.00	1,255.17	3.0
Floor	1	5.0	0.00	750.00	750.00	1.8
Walking surface, inside, dry	2	10.0	0.00	750.00	750.00	1.8
Foreign Object	1	5.0	0.00	0.00	0.00	0.0
Building parts / doors	1	5.0	0.00	0.00	0.00	0.0
Door	3	15.0	0.00	0.00	0.00	0.0
Patient / Inmate	4	20.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	20		**$ 12,944.74**	**$ 28,560.43**	**$ 41,505.17**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	10.0	11,689.57	23,810.43	35,500.00	85.5
Fall or Slip (On Same Level)	6	30.0	0.00	3,250.00	3,250.00	7.8
Fall or Slip (From Liquid/Grease spills)	2	10.0	1,255.17	750.00	2,005.17	4.8
Fall or slip (on ice or snow)	1	5.0	0.00	750.00	750.00	1.8
Struck/Injured by Falling or Flying Object	2	10.0	0.00	0.00	0.00	0.0
Assault	2	10.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	5.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	10.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 12,944.74**	**$ 28,560.43**	**$ 41,505.17**	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Knee	6
Lower Arm	2
Wrist	3
Elbow	4
Thumb	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	1
Hand	2
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Leg	1
	20

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

*****INJURY***

Strain	8
Contusion	12
Inflamation	2
Laceration	3
Puncture	1
	20

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Abraxus Halfway House (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Environmental conditions	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Stress	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Heart	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Multiple Physical Injuries Only	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Natural Bridge Learning Center (732)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	40.0	18.84	10,750.00	10,768.84	100.0
12PM-1:59PM	2	40.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18.84**	**$ 10,750.00**	**$ 10,768.84**	
LENGTH OF SERVICE						
2-4	2	40.0	18.84	10,750.00	10,768.84	100.0
4-6	2	40.0	0.00	0.00	0.00	0.0
0-2	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18.84**	**$ 10,750.00**	**$ 10,768.84**	
AGE OF CLAIMANT						
35-39	3	60.0	0.00	10,750.00	10,750.00	99.8
45-49	2	40.0	18.84	0.00	18.84	0.1
	5		**$ 18.84**	**$ 10,750.00**	**$ 10,768.84**	
SEX OF CLAIMANT						
Male	4	80.0	18.84	10,750.00	10,768.84	100.0
Female	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18.84**	**$ 10,750.00**	**$ 10,768.84**	
LOSS CAUSE						
Patient / Inmate	1	20.0	0.00	10,750.00	10,750.00	99.8
Person	1	20.0	18.84	0.00	18.84	0.1
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
Chair	1	20.0	0.00	0.00	0.00	0.0
Shelving	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 18.84**	**$ 10,750.00**	**$ 10,768.84**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	20.0	0.00	10,750.00	10,750.00	99.8
Fall or Slip (On Same Level)	1	20.0	18.84	0.00	18.84	0.1
Fall or slip (on stairs)	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 18.84**	**$ 10,750.00**	**$ 10,768.84**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	1
Hip	1
Knee	2
Foot	1
	5

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	5
Contusion	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Natural Bridge Learning Center (732)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	5					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	4	22.2	26,634.34	23,865.66	50,500.00	91.4
12PM-1:59PM	3	16.6	934.02	0.00	934.02	1.6
6PM-7:59PM	2	11.1	804.64	0.00	804.64	1.4
10AM-11:59AM	2	11.1	0.00	750.00	750.00	1.3
12AM-1:59AM	2	11.1	140.00	610.00	750.00	1.3
2PM-3:59PM	1	5.5	0.00	750.00	750.00	1.3
4PM-5:59PM	1	5.5	238.60	511.40	750.00	1.3
8AM-9:59AM	3	16.6	0.00	0.00	0.00	0.0
	18		**$ 28,751.60**	**$ 26,487.06**	**$ 55,238.66**	
LENGTH OF SERVICE						
4-6	4	22.2	26,872.94	24,377.06	51,250.00	92.7
20-22	2	11.1	1,165.44	0.00	1,165.44	2.1
0-2	5	27.7	0.00	750.00	750.00	1.3
10-12	1	5.5	140.00	610.00	750.00	1.3
22-24	1	5.5	0.00	750.00	750.00	1.3
8-10	2	11.1	573.22	0.00	573.22	1.0
18-20	1	5.5	0.00	0.00	0.00	0.0
2-4	1	5.5	0.00	0.00	0.00	0.0
24-26	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 28,751.60**	**$ 26,487.06**	**$ 55,238.66**	
AGE OF CLAIMANT						
35-39	4	22.2	26,498.01	23,251.99	49,750.00	90.0
45-49	4	22.2	944.64	610.00	1,554.64	2.8
55-59	3	16.6	136.33	1,363.67	1,500.00	2.7
50-54	3	16.6	934.02	0.00	934.02	1.6
20-24	1	5.5	0.00	750.00	750.00	1.3
25-29	3	16.6	238.60	511.40	750.00	1.3
	18		**$ 28,751.60**	**$ 26,487.06**	**$ 55,238.66**	
SEX OF CLAIMANT						
Male	12	66.6	28,390.80	26,487.06	54,877.86	99.3
Female	6	33.3	360.80	0.00	360.80	0.6
	18		**$ 28,751.60**	**$ 26,487.06**	**$ 55,238.66**	
LOSS CAUSE						
Patient / Inmate	9	50.0	27,677.58	25,127.06	52,804.64	95.5
Chair	3	16.6	140.00	610.00	750.00	1.3
Walking surface, outside, dry	1	5.5	0.00	750.00	750.00	1.3
Boxes / containers	1	5.5	573.22	0.00	573.22	1.0
Dolly	1	5.5	360.80	0.00	360.80	0.6
Door	1	5.5	0.00	0.00	0.00	0.0
Floor	1	5.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 28,751.60**	**$ 26,487.06**	**$ 55,238.66**	
ACCIDENT TYPE						
Assault	5	27.7	27,302.65	24,001.99	51,304.64	92.8

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	4	22.2	374.93	1,875.07	2,250.00	4.0
Strike Against/Step on Stationary Object	1	5.5	140.00	610.00	750.00	1.3
Lifting (strain or Injury by)	1	5.5	573.22	0.00	573.22	1.0
Fall or Slip (On Same Level)	3	16.6	360.80	0.00	360.80	0.6
Struck/Injured by Falling or Flying Object	1	5.5	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	5.5	0.00	0.00	0.00	0.0
Human Bite	1	5.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 28,751.60***	***$ 26,487.06***	***$ 55,238.66***	

**BODY PART

Wrist	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Mouth	2
Upper Back Area (Thoracic Area)	1
Whole Body	1
Buttocks	1
Lower Leg	2
Shoulder	1
Soft Tissue - Neck	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	1
Knee	2
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Sprain	1
Strain	13
Contusion	6
Burn	1
Laceration	1
	18

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:38

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Oakridge Learning Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	100.0	516.89	0.00	516.89	100.0
	2		**$ 516.89**	**$ 0.00**	**$ 516.89**	
LENGTH OF SERVICE						
10-12	1	50.0	516.89	0.00	516.89	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 516.89**	**$ 0.00**	**$ 516.89**	
AGE OF CLAIMANT						
50-54	1	50.0	516.89	0.00	516.89	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 516.89**	**$ 0.00**	**$ 516.89**	
SEX OF CLAIMANT						
Male	1	50.0	516.89	0.00	516.89	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 516.89**	**$ 0.00**	**$ 516.89**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	516.89	0.00	516.89	100.0
Miscellaneous	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 516.89**	**$ 0.00**	**$ 516.89**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	516.89	0.00	516.89	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 516.89**	**$ 0.00**	**$ 516.89**	
****BODY PART**						
Knee	1					
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
Strain	2	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 6th Judicial Dist Csu-hopewell (855)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
8AM-9:59AM	9	90.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	20.0	0.00	0.00	0.00	0.0
2-4	8	80.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	3	30.0	0.00	0.00	0.00	0.0
45-49	2	20.0	0.00	0.00	0.00	0.0
50-54	4	40.0	0.00	0.00	0.00	0.0
60-64	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	8	80.0	0.00	0.00	0.00	0.0
Male	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Person	10	100.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Infectious Disease Exposure	10	100.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Whole Body	10					
	10					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contagious Disease	10	
	10	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 9th Csu-providence Forge (856)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	527.15	222.85	750.00	100.0
	1		**$ 527.15**	**$ 222.85**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	527.15	222.85	750.00	100.0
	1		**$ 527.15**	**$ 222.85**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	527.15	222.85	750.00	100.0
	1		**$ 527.15**	**$ 222.85**	**$ 750.00**	
SEX OF CLAIMANT						
Male	1	100.0	527.15	222.85	750.00	100.0
	1		**$ 527.15**	**$ 222.85**	**$ 750.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	527.15	222.85	750.00	100.0
	1		**$ 527.15**	**$ 222.85**	**$ 750.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	527.15	222.85	750.00	100.0
	1		**$ 527.15**	**$ 222.85**	**$ 750.00**	
****BODY PART**						
Multiple Head Injury	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Contusion	1	
	1	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 29th Jud Dist Csu-pearisburg (872)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	1,110.81	1,321.25	2,432.06	100.0
	1		**$ 1,110.81**	**$ 1,321.25**	**$ 2,432.06**	
LENGTH OF SERVICE						
18-20	1	100.0	1,110.81	1,321.25	2,432.06	100.0
	1		**$ 1,110.81**	**$ 1,321.25**	**$ 2,432.06**	
AGE OF CLAIMANT						
40-44	1	100.0	1,110.81	1,321.25	2,432.06	100.0
	1		**$ 1,110.81**	**$ 1,321.25**	**$ 2,432.06**	
SEX OF CLAIMANT						
Female	1	100.0	1,110.81	1,321.25	2,432.06	100.0
	1		**$ 1,110.81**	**$ 1,321.25**	**$ 2,432.06**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	1,110.81	1,321.25	2,432.06	100.0
	1		**$ 1,110.81**	**$ 1,321.25**	**$ 2,432.06**	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	1,110.81	1,321.25	2,432.06	100.0
	1		**$ 1,110.81**	**$ 1,321.25**	**$ 2,432.06**	
****BODY PART**						
Lower Arm	1					
Lower Leg	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	2	
	1	

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 30th Judicial Dist Csu-gate City (873)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	567.40	0.00	567.40	100.0
	1		**$ 567.40**	**$ 0.00**	**$ 567.40**	
LENGTH OF SERVICE						
14-16	1	100.0	567.40	0.00	567.40	100.0
	1		**$ 567.40**	**$ 0.00**	**$ 567.40**	
AGE OF CLAIMANT						
35-39	1	100.0	567.40	0.00	567.40	100.0
	1		**$ 567.40**	**$ 0.00**	**$ 567.40**	
SEX OF CLAIMANT						
Female	1	100.0	567.40	0.00	567.40	100.0
	1		**$ 567.40**	**$ 0.00**	**$ 567.40**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	567.40	0.00	567.40	100.0
	1		**$ 567.40**	**$ 0.00**	**$ 567.40**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	567.40	0.00	567.40	100.0
	1		**$ 567.40**	**$ 0.00**	**$ 567.40**	
****BODY PART**						
Knee	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Va Museum Of Natural History (942)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	390.15	0.00	390.15	64.0
12PM-1:59PM	1	50.0	219.00	0.00	219.00	35.9
	2		**$ 609.15**	**$ 0.00**	**$ 609.15**	
LENGTH OF SERVICE						
0-2	1	50.0	390.15	0.00	390.15	64.0
4-6	1	50.0	219.00	0.00	219.00	35.9
	2		**$ 609.15**	**$ 0.00**	**$ 609.15**	
AGE OF CLAIMANT						
15-19	1	50.0	390.15	0.00	390.15	64.0
35-39	1	50.0	219.00	0.00	219.00	35.9
	2		**$ 609.15**	**$ 0.00**	**$ 609.15**	
SEX OF CLAIMANT						
Male	1	50.0	390.15	0.00	390.15	64.0
Female	1	50.0	219.00	0.00	219.00	35.9
	2		**$ 609.15**	**$ 0.00**	**$ 609.15**	
LOSS CAUSE						
Animal, not otherwise classified	1	50.0	390.15	0.00	390.15	64.0
Walking surface, outside, dry	1	50.0	219.00	0.00	219.00	35.9
	2		**$ 609.15**	**$ 0.00**	**$ 609.15**	
ACCIDENT TYPE						
Animal Or Insect	1	50.0	390.15	0.00	390.15	64.0
Twisting, strain or injury by	1	50.0	219.00	0.00	219.00	35.9
	2		**$ 609.15**	**$ 0.00**	**$ 609.15**	
****BODY PART**						
Lower Arm	1					
Knee	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**		
Puncture	1	
Strain	1	
	2	

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Fire Programs, Dept. Of (960)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	750.00	750.00	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	750.00	750.00	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	50.0	0.00	750.00	750.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	0.00	750.00	750.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	0.00	750.00	750.00	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	1					
	2					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**	
Strain	2
	2

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Capital Police (961)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
20-24	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

****INJURY**						
Strain	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	17	21.5	3,215.02	70,844.49	74,059.51	33.3
10AM-11:59AM	18	22.7	10,808.58	35,376.41	46,184.99	20.7
6PM-7:59PM	4	5.0	5,236.92	27,703.48	32,940.40	14.8
8AM-9:59AM	9	11.3	9,504.23	9,139.43	18,643.66	8.3
2PM-3:59PM	10	12.6	7,111.17	9,481.06	16,592.23	7.4
2AM-3:59AM	1	1.2	7,332.40	7,384.20	14,716.60	6.6
4PM-5:59PM	4	5.0	3,071.08	9,178.92	12,250.00	5.5
6AM-7:59AM	7	8.8	336.92	2,663.08	3,000.00	1.3
12AM-1:59AM	4	5.0	934.53	750.00	1,684.53	0.7
Unknown	3	3.7	0.00	1,500.00	1,500.00	0.6
4AM-5:59AM	2	2.5	0.00	750.00	750.00	0.3
	79		**$ 47,550.85**	**$ 174,771.07**	**$ 222,321.92**	
LENGTH OF SERVICE						
0-2	25	31.6	26,579.78	49,257.88	75,837.66	34.1
24-26	5	6.3	0.00	41,682.88	41,682.88	18.7
14-16	5	6.3	2,792.65	20,707.35	23,500.00	10.5
4-6	7	8.8	1,921.94	18,928.06	20,850.00	9.3
2-4	20	25.3	8,617.64	11,329.14	19,946.78	8.9
20-22	1	1.2	2,984.50	16,765.50	19,750.00	8.8
8-10	1	1.2	1,833.56	10,606.84	12,440.40	5.6
16-18	4	5.0	494.32	2,505.68	3,000.00	1.3
6-8	5	6.3	1,616.06	1,081.14	2,697.20	1.2
12-14	4	5.0	593.40	1,906.60	2,500.00	1.1
10-12	1	1.2	117.00	0.00	117.00	0.0
28-30	1	1.2	0.00	0.00	0.00	0.0
	79		**$ 47,550.85**	**$ 174,771.07**	**$ 222,321.92**	
AGE OF CLAIMANT						
50-54	13	16.4	1,238.08	43,663.56	44,901.64	20.2
25-29	18	22.7	12,273.90	31,627.65	43,901.55	19.7
55-59	7	8.8	12,687.18	26,289.79	38,976.97	17.5
40-44	14	17.7	1,898.56	27,291.84	29,190.40	13.1
35-39	5	6.3	11,608.36	17,358.24	28,966.60	13.0
65-69	2	2.5	332.40	13,417.60	13,750.00	6.1
30-34	6	7.5	3,206.04	8,431.16	11,637.20	5.2
15-19	1	1.2	1,203.79	3,546.21	4,750.00	2.1
20-24	5	6.3	1,000.06	2,221.57	3,221.63	1.4
45-49	4	5.0	1,633.93	525.00	2,158.93	0.9
70-74	1	1.2	351.55	398.45	750.00	0.3
60-64	3	3.7	117.00	0.00	117.00	0.0
	79		**$ 47,550.85**	**$ 174,771.07**	**$ 222,321.92**	
SEX OF CLAIMANT						
Male	44	55.6	24,292.34	103,365.72	127,658.06	57.4
Female	35	44.3	23,258.51	71,405.35	94,663.86	42.5

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

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01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	79		**$ 47,550.85**	**$ 174,771.07**	**$ 222,321.92**	
LOSS CAUSE						
Boxes / containers	36	45.5	40,322.57	119,301.19	159,623.76	71.8
Docks,Ramps,Loading Platforms	1	1.2	0.00	36,750.00	36,750.00	16.5
Pallet Jack	5	6.3	2,463.52	3,546.21	6,009.73	2.7
Person	3	3.7	418.86	4,514.02	4,932.88	2.2
Vehicle/car/truck	3	3.7	615.35	2,634.65	3,250.00	1.4
Glass bottle / sheet	4	5.0	117.00	1,500.00	1,617.00	0.7
Machine, not otherwise classified	2	2.5	0.00	1,500.00	1,500.00	0.6
Building parts / doors	1	1.2	1,408.93	0.00	1,408.93	0.6
Object on Floor	2	2.5	495.70	750.00	1,245.70	0.5
Animal / insect, not otherwise classified	1	1.2	0.00	750.00	750.00	0.3
Furniture / fixtures	3	3.7	0.00	750.00	750.00	0.3
Trash receptacle	1	1.2	0.00	750.00	750.00	0.3
Vehicle, not otherwise classified	1	1.2	225.00	525.00	750.00	0.3
Walking surface, inside, wet	2	2.5	0.00	750.00	750.00	0.3
Walking surface, outside, dry	2	2.5	0.00	750.00	750.00	0.3
Hand tool, not powered, NOC	3	3.7	678.88	0.00	678.88	0.3
Pallet,Skid,Flat	1	1.2	468.29	0.00	468.29	0.2
Razor blade	1	1.2	190.00	0.00	190.00	0.0
Knife, NOC	1	1.2	146.75	0.00	146.75	0.0
Chair	1	1.2	0.00	0.00	0.00	0.0
Forklift	1	1.2	0.00	0.00	0.00	0.0
Miscellaneous	1	1.2	0.00	0.00	0.00	0.0
Office equipment	1	1.2	0.00	0.00	0.00	0.0
Patient / Inmate	1	1.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.2	0.00	0.00	0.00	0.0
	79		**$ 47,550.85**	**$ 174,771.07**	**$ 222,321.92**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	27	34.1	27,064.88	77,444.31	104,509.19	47.0
Fall or Slip (From Different Level)	3	3.7	468.29	36,750.00	37,218.29	16.7
Struck/Injured by Falling or Flying Object	7	8.8	4,181.70	17,515.50	21,697.20	9.7
Pushing Or Pulling (Strain or Injury by)	3	3.7	8,150.19	11,267.18	19,417.37	8.7
Twisting, strain or injury by	1	1.2	332.40	13,417.60	13,750.00	6.1
Struck/Injured by Hand Tool/Machine In Use	1	1.2	1,203.79	3,546.21	4,750.00	2.1
Stress	1	1.2	0.00	3,432.88	3,432.88	1.5
Collision/sideswipe with Another Vehicle	3	3.7	615.35	2,634.65	3,250.00	1.4
Strike Against/Step on Stationary Object	3	3.7	2,002.33	1,156.60	3,158.93	1.4
Fall or Slip (On Same Level)	5	6.3	495.70	2,250.00	2,745.70	1.2
Cut,puncture,scrape, injured by (Broken Glass)	3	3.7	117.00	1,500.00	1,617.00	0.7
Object being lifted/handled (cut,punc.scrape,inj b	4	5.0	250.75	750.00	1,000.75	0.4
Struck/Injured by Object Being Lifted/Handled	2	2.5	934.53	0.00	934.53	0.4
Vehicle Upset	2	2.5	394.20	525.00	919.20	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	2.5	764.88	0.00	764.88	0.3
Animal Or Insect	1	1.2	0.00	750.00	750.00	0.3
Assault	2	2.5	418.86	331.14	750.00	0.3
Fall or Slip (From Liquid/Grease spills)	1	1.2	0.00	750.00	750.00	0.3
Repetitive Motion	2	2.5	0.00	750.00	750.00	0.3

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object Handled (caught in or between)	2	2.5	156.00	0.00	156.00	0.0
Slipped, Did Not Fall	1	1.2	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	1.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.2	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	1.2	0.00	0.00	0.00	0.0
	79		**$ 47,550.85**	**$ 174,771.07**	**$ 222,321.92**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	24
Shoulder	11
Knee	8
Hand	7
Soft Tissue - Neck	6
Foot	4
Whole Body	1
Thumb	2
Upper Leg	3
Finger(s)	6
Lower Arm	2
Wrist	6
Abdomen including Groin	2
Ankle	1
Elbow	2
Eye(s)	2
Lower Leg	2
Multiple Head Injury	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist(s) & Hand(s)	1
Hip	2
Nose	1
	79

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

**INJURY

Strain	52
Laceration	14
Contusion	15
Fracture	2
Sprain	6
Mental Stress	1
Carpal Tunnel Syndrome	1
Dislocation	1
Inflamation	1
Multiple Physical Injuries Only	1
Foreign Body	1

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Industrial Claims for Plan Year 2003

By Agencies,SubAgencies

FrankGates

01/17/2003 11:51:39

Company: Commonwealth Of Virginia
Period: 07/01/2002 to 01/17/2003
Calculations As Of: 01/17/2003
Agency: Alcoholic Bev Control, Dept. Of (999)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	79					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar amounts shown in this case, because the dollar amounts are associated at the claim level, not for each body part or injury.**

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