Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Senate, Virginia State (100)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	4	50.0	425.80	0.00	425.80	100.0
10AM-11:59AM	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
2PM-3:59PM	2	25.0	0.00	0.00	0.00	0.0
	8		***$ 425.80***	***$ 0.00***	***$ 425.80***	
LENGTH OF SERVICE						
8-10	1	12.5	425.80	0.00	425.80	100.0
0-2	2	25.0	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
2-4	2	25.0	0.00	0.00	0.00	0.0
4-6	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 425.80***	***$ 0.00***	***$ 425.80***	
AGE OF CLAIMANT						
35-39	2	25.0	425.80	0.00	425.80	100.0
30-34	1	12.5	0.00	0.00	0.00	0.0
40-44	1	12.5	0.00	0.00	0.00	0.0
55-59	1	12.5	0.00	0.00	0.00	0.0
65-69	2	25.0	0.00	0.00	0.00	0.0
70-74	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 425.80***	***$ 0.00***	***$ 425.80***	
SEX OF CLAIMANT						
Female	7	87.5	425.80	0.00	425.80	100.0
Male	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 425.80***	***$ 0.00***	***$ 425.80***	
LOSS CAUSE						
Chair	1	12.5	425.80	0.00	425.80	100.0
Building parts / doors	1	12.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	12.5	0.00	0.00	0.00	0.0
Metal items	1	12.5	0.00	0.00	0.00	0.0
Stairs, steps	2	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	25.0	0.00	0.00	0.00	0.0
	8		***$ 425.80***	***$ 0.00***	***$ 425.80***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	3	37.5	425.80	0.00	425.80	100.0
Fall or Slip (On Same Level)	2	25.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	25.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 425.80***	***$ 0.00***	***$ 425.80***	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Ankle	1					
Buttocks	1					
Elbow	3					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Senate, Virginia State (100)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Facial, Other Soft Tissue	1					
Knee	3					
No Physical Problem	1					
Shoulder	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	6
Laceration	1
No Physical Injury	1
Sprain	1
Strain	3
	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Magistrate System (103)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	1	11.1	232.46	6,302.31	6,534.77	82.9
12AM-1:59AM	5	55.5	955.18	0.00	955.18	12.1
8AM-9:59AM	1	11.1	389.29	0.00	389.29	4.9
10AM-11:59AM	1	11.1	0.00	0.00	0.00	0.0
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,576.93***	***$ 6,302.31***	***$ 7,879.24***	
LENGTH OF SERVICE						
2-4	3	33.3	1,158.24	6,302.31	7,460.55	94.6
14-16	1	11.1	389.29	0.00	389.29	4.9
12-14	1	11.1	18.90	0.00	18.90	0.2
16-18	1	11.1	10.50	0.00	10.50	0.1
0-2	2	22.2	0.00	0.00	0.00	0.0
10-12	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,576.93***	***$ 6,302.31***	***$ 7,879.24***	
AGE OF CLAIMANT						
40-44	4	44.4	417.36	6,302.31	6,719.67	85.2
60-64	2	22.2	759.78	0.00	759.78	9.6
45-49	3	33.3	399.79	0.00	399.79	5.0
	9		***$ 1,576.93***	***$ 6,302.31***	***$ 7,879.24***	
SEX OF CLAIMANT						
Female	4	44.4	798.25	6,302.31	7,100.56	90.1
Male	5	55.5	778.68	0.00	778.68	9.8
	9		***$ 1,576.93***	***$ 6,302.31***	***$ 7,879.24***	
LOSS CAUSE						
Walking surface, outside, wet	1	11.1	232.46	6,302.31	6,534.77	82.9
Chair	1	11.1	759.78	0.00	759.78	9.6
Miscellaneous	1	11.1	389.29	0.00	389.29	4.9
Furniture / fixtures	1	11.1	166.00	0.00	166.00	2.1
Person	1	11.1	18.90	0.00	18.90	0.2
Environmental conditions	1	11.1	10.50	0.00	10.50	0.1
Infectious agent	1	11.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	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
	9		***$ 1,576.93***	***$ 6,302.31***	***$ 7,879.24***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	11.1	232.46	6,302.31	6,534.77	82.9
Fall or Slip (On Same Level)	2	22.2	759.78	0.00	759.78	9.6
Twisting, strain or injury by	1	11.1	389.29	0.00	389.29	4.9
Strike Against/Step on Stationary Object	1	11.1	166.00	0.00	166.00	2.1
Infectious Disease Exposure	2	22.2	29.40	0.00	29.40	0.3
Absorb, Ingest, Inhalation	2	22.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Magistrate System (103)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	9		***$ 1,576.93***	***$ 6,302.31***	***$ 7,879.24***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Knee	2					
Whole Body	1					
Mouth	1					
Trachea	2					
Ear(s)	1					
Eye(s)	1					
Lungs	2					
Nose	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					
Contusion	1					
Infection	7					
Contagious Disease	1					
Poisoning - Chemical	1					
Sprain	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Supreme Court Of Virginia (111)
SubAgency: General Courts (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	12.5	804.80	2,000.00	2,804.80	51.0
4PM-5:59PM	1	6.2	0.00	1,750.00	1,750.00	31.8
10AM-11:59AM	3	18.7	496.05	0.00	496.05	9.0
8AM-9:59AM	6	37.5	389.50	0.00	389.50	7.0
6PM-7:59PM	1	6.2	53.00	0.00	53.00	0.9
12PM-1:59PM	2	12.5	0.00	0.00	0.00	0.0
12AM-1:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 1,743.35***	***$ 3,750.00***	***$ 5,493.35***	
LENGTH OF SERVICE						
4-6	6	37.5	863.80	1,750.00	2,613.80	47.5
20-22	2	12.5	0.00	2,000.00	2,000.00	36.4
0-2	1	6.2	330.50	0.00	330.50	6.0
30-32	1	6.2	217.20	0.00	217.20	3.9
24-26	2	12.5	175.85	0.00	175.85	3.2
2-4	1	6.2	103.00	0.00	103.00	1.8
12-14	1	6.2	53.00	0.00	53.00	0.9
10-12	1	6.2	0.00	0.00	0.00	0.0
6-8	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 1,743.35***	***$ 3,750.00***	***$ 5,493.35***	
AGE OF CLAIMANT						
55-59	5	31.2	278.85	2,000.00	2,278.85	41.4
35-39	2	12.5	59.00	1,750.00	1,809.00	32.9
50-54	3	18.7	1,022.00	0.00	1,022.00	18.6
40-44	2	12.5	330.50	0.00	330.50	6.0
60-64	1	6.2	53.00	0.00	53.00	0.9
30-34	1	6.2	0.00	0.00	0.00	0.0
45-49	2	12.5	0.00	0.00	0.00	0.0
	16		***$ 1,743.35***	***$ 3,750.00***	***$ 5,493.35***	
SEX OF CLAIMANT						
Female	13	81.2	885.55	3,750.00	4,635.55	84.3
Male	3	18.7	857.80	0.00	857.80	15.6
	16		***$ 1,743.35***	***$ 3,750.00***	***$ 5,493.35***	
LOSS CAUSE						
Stairs, steps	2	12.5	330.50	1,750.00	2,080.50	37.8
Chemicals, not otherwise classified	1	6.2	0.00	2,000.00	2,000.00	36.4
Walking surface, inside, dry	3	18.7	1,022.00	0.00	1,022.00	18.6
Office equipment	2	12.5	175.85	0.00	175.85	3.2
Object on Floor	2	12.5	112.00	0.00	112.00	2.0
Building parts / doors	1	6.2	103.00	0.00	103.00	1.8
Furniture / fixtures	2	12.5	0.00	0.00	0.00	0.0
Person	1	6.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	6.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Supreme Court Of Virginia (111)
SubAgency: General Courts (114)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	16		***$ 1,743.35***	***$ 3,750.00***	***$ 5,493.35***	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	6.2	0.00	2,000.00	2,000.00	36.4
Fall or slip (on stairs)	1	6.2	0.00	1,750.00	1,750.00	31.8
Fall or Slip (On Same Level)	6	37.5	1,247.30	0.00	1,247.30	22.7
Twisting, strain or injury by	2	12.5	217.20	0.00	217.20	3.9
Object being lifted/handled (cut,punc.scrape,inj b	1	6.2	175.85	0.00	175.85	3.2
Struck/Injured by Object Handled By Other	1	6.2	103.00	0.00	103.00	1.8
Assault	1	6.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	6.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	6.2	0.00	0.00	0.00	0.0
Repetitive Motion	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 1,743.35***	***$ 3,750.00***	***$ 5,493.35***	

*****BODY PART***	
Lungs	1
Knee	4
Facial, Other Soft Tissue	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Foot	2
Hand	1
Toe(s)	1
No Physical Problem	1
Ankle	1
Skull	1
Buttocks	1
Hip	1
Lower Leg	1
Wrist	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	10
Inflamation	1
Contusion	6
No Physical Injury	1
Multiple Physical Injuries Only	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Supreme Court Of Virginia (111)
SubAgency: Juvenile & Domestic (115)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	50.0	4,486.80	3,437.60	7,924.40	82.9
12PM-1:59PM	3	50.0	1,632.15	0.00	1,632.15	17.0
	6		***$ 6,118.95***	***$ 3,437.60***	***$ 9,556.55***	
LENGTH OF SERVICE						
0-2	2	33.3	4,641.75	3,437.60	8,079.35	84.5
8-10	1	16.6	1,477.20	0.00	1,477.20	15.4
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
6-8	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 6,118.95***	***$ 3,437.60***	***$ 9,556.55***	
AGE OF CLAIMANT						
50-54	3	50.0	5,964.00	3,437.60	9,401.60	98.3
35-39	1	16.6	154.95	0.00	154.95	1.6
55-59	1	16.6	0.00	0.00	0.00	0.0
65-69	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 6,118.95***	***$ 3,437.60***	***$ 9,556.55***	
SEX OF CLAIMANT						
Female	6	100.0	6,118.95	3,437.60	9,556.55	100.0
	6		***$ 6,118.95***	***$ 3,437.60***	***$ 9,556.55***	
LOSS CAUSE						
Floor	1	16.6	4,486.80	3,437.60	7,924.40	82.9
Stairs, steps	1	16.6	1,477.20	0.00	1,477.20	15.4
Cart	1	16.6	154.95	0.00	154.95	1.6
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Stone / rock / brick	1	16.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 6,118.95***	***$ 3,437.60***	***$ 9,556.55***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	50.0	4,486.80	3,437.60	7,924.40	82.9
Fall or slip (on stairs)	1	16.6	1,477.20	0.00	1,477.20	15.4
Strike Against/Step On Obj. Being Lifted or Handle	1	16.6	154.95	0.00	154.95	1.6
Slipped, Did Not Fall	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 6,118.95***	***$ 3,437.60***	***$ 9,556.55***	
*****BODY PART***						
Skull	1					
Elbow	2					
Ankle	1					
Facial, Other Soft Tissue	1					
Hand	1					
Knee	1					
No Physical Problem	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Supreme Court Of Virginia (111)
SubAgency: Juvenile & Domestic (115)

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***

No Physical Injury	2
Laceration	4
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Supreme Court Of Virginia (111)
SubAgency: Combined District Courts (116)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	33.3	66.31	0.00	66.31	69.8
8AM-9:59AM	1	33.3	28.60	0.00	28.60	30.1
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 94.91***	***$ 0.00***	***$ 94.91***	
LENGTH OF SERVICE						
4-6	3	100.0	94.91	0.00	94.91	100.0
	3		***$ 94.91***	***$ 0.00***	***$ 94.91***	
AGE OF CLAIMANT						
40-44	1	33.3	66.31	0.00	66.31	69.8
50-54	1	33.3	28.60	0.00	28.60	30.1
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 94.91***	***$ 0.00***	***$ 94.91***	
SEX OF CLAIMANT						
Female	2	66.6	94.91	0.00	94.91	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 94.91***	***$ 0.00***	***$ 94.91***	
LOSS CAUSE						
Building parts / doors	1	33.3	66.31	0.00	66.31	69.8
Boxes / containers	1	33.3	28.60	0.00	28.60	30.1
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 94.91***	***$ 0.00***	***$ 94.91***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	33.3	66.31	0.00	66.31	69.8
Fall or Slip (On Same Level)	1	33.3	28.60	0.00	28.60	30.1
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 94.91***	***$ 0.00***	***$ 94.91***	
*****BODY PART***						
Hand	1					
Buttocks	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Circuit Courts (113)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	721.08	17,028.92	17,750.00	100.0
	1		***$ 721.08***	***$ 17,028.92***	***$ 17,750.00***	
LENGTH OF SERVICE						
28-30	1	100.0	721.08	17,028.92	17,750.00	100.0
	1		***$ 721.08***	***$ 17,028.92***	***$ 17,750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	721.08	17,028.92	17,750.00	100.0
	1		***$ 721.08***	***$ 17,028.92***	***$ 17,750.00***	
SEX OF CLAIMANT						
Female	1	100.0	721.08	17,028.92	17,750.00	100.0
	1		***$ 721.08***	***$ 17,028.92***	***$ 17,750.00***	
LOSS CAUSE						
Metal items	1	100.0	721.08	17,028.92	17,750.00	100.0
	1		***$ 721.08***	***$ 17,028.92***	***$ 17,750.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	721.08	17,028.92	17,750.00	100.0
	1		***$ 721.08***	***$ 17,028.92***	***$ 17,750.00***	
*****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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Governor's Office (121)
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						
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						
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						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Planning & Budget, Department Of (122)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	0.00	750.00	750.00	56.0
12PM-1:59PM	1	20.0	587.95	0.00	587.95	43.9
4PM-5:59PM	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 587.95***	***$ 750.00***	***$ 1,337.95***	
LENGTH OF SERVICE						
0-2	2	40.0	587.95	750.00	1,337.95	100.0
12-14	1	20.0	0.00	0.00	0.00	0.0
22-24	1	20.0	0.00	0.00	0.00	0.0
8-10	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 587.95***	***$ 750.00***	***$ 1,337.95***	
AGE OF CLAIMANT						
40-44	1	20.0	0.00	750.00	750.00	56.0
25-29	1	20.0	587.95	0.00	587.95	43.9
45-49	1	20.0	0.00	0.00	0.00	0.0
60-64	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 587.95***	***$ 750.00***	***$ 1,337.95***	
SEX OF CLAIMANT						
Female	3	60.0	587.95	750.00	1,337.95	100.0
Male	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 587.95***	***$ 750.00***	***$ 1,337.95***	
LOSS CAUSE						
Boxes / containers	1	20.0	0.00	750.00	750.00	56.0
Unknown	1	20.0	587.95	0.00	587.95	43.9
Vehicle, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 587.95***	***$ 750.00***	***$ 1,337.95***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	40.0	0.00	750.00	750.00	56.0
Fall or slip (on stairs)	1	20.0	587.95	0.00	587.95	43.9
Vehicle Upset	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 587.95***	***$ 750.00***	***$ 1,337.95***	
*****BODY PART**						
Hip	2					
Lower Leg	1					
Knee	1					
Soft Tissue - Neck	2					
Wrist(s) & Hand(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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Planning & Budget, Department Of (122)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	11	34.3	3,273.43	21,793.16	25,066.59	64.4
6PM-7:59PM	1	3.1	3,739.34	0.00	3,739.34	9.6
8AM-9:59AM	6	18.7	2,434.25	750.00	3,184.25	8.1
12PM-1:59PM	5	15.6	3,007.41	0.00	3,007.41	7.7
4PM-5:59PM	4	12.5	428.90	1,821.10	2,250.00	5.7
12AM-1:59AM	2	6.2	0.00	750.00	750.00	1.9
4AM-5:59AM	1	3.1	119.00	631.00	750.00	1.9
6AM-7:59AM	1	3.1	105.00	0.00	105.00	0.2
2PM-3:59PM	1	3.1	117.95	-47.60	70.35	0.1
	32		***$ 13,225.28***	***$ 25,697.66***	***$ 38,922.94***	
LENGTH OF SERVICE						
12-14	2	6.2	2,510.29	20,526.71	23,037.00	59.1
0-2	6	18.7	5,009.66	750.00	5,759.66	14.8
2-4	10	31.2	4,389.34	1,240.35	5,629.69	14.4
4-6	12	37.5	943.31	2,549.60	3,492.91	8.9
8-10	1	3.1	119.00	631.00	750.00	1.9
6-8	1	3.1	253.68	0.00	253.68	0.6
	32		***$ 13,225.28***	***$ 25,697.66***	***$ 38,922.94***	
AGE OF CLAIMANT						
30-34	4	12.5	2,625.34	21,064.66	23,690.00	60.8
45-49	3	9.3	3,858.34	1,381.00	5,239.34	13.4
35-39	5	15.6	3,311.26	1,283.15	4,594.41	11.8
55-59	4	12.5	2,123.21	0.00	2,123.21	5.4
20-24	3	9.3	388.68	750.00	1,138.68	2.9
50-54	6	18.7	446.50	580.45	1,026.95	2.6
40-44	4	12.5	236.95	638.40	875.35	2.2
65-69	1	3.1	130.00	0.00	130.00	0.3
25-29	2	6.2	105.00	0.00	105.00	0.2
	32		***$ 13,225.28***	***$ 25,697.66***	***$ 38,922.94***	
SEX OF CLAIMANT						
Male	24	75.0	12,708.23	24,409.71	37,117.94	95.3
Female	8	25.0	517.05	1,287.95	1,805.00	4.6
	32		***$ 13,225.28***	***$ 25,697.66***	***$ 38,922.94***	
LOSS CAUSE						
Tire	1	3.1	2,293.29	20,526.71	22,820.00	58.6
Stairs, steps	1	3.1	3,739.34	0.00	3,739.34	9.6
Vehicle, not otherwise classified	2	6.2	2,877.41	0.00	2,877.41	7.3
Vehicle/car/truck	2	6.2	2,027.25	750.00	2,777.25	7.1
Miscellaneous	3	9.3	557.80	533.15	1,090.95	2.8
Boxes / containers	2	6.2	336.00	631.00	967.00	2.4
Walking surface, outside, dry	2	6.2	342.05	537.95	880.00	2.2
Furniture / fixtures	3	9.3	169.00	686.00	855.00	2.2
Environmental conditions	1	3.1	0.00	750.00	750.00	1.9
Food	2	6.2	0.00	750.00	750.00	1.9
Wood Items	1	3.1	169.55	580.45	750.00	1.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Hand tool, not powered, NOC	1	3.1	253.68	0.00	253.68	0.6
Brush / tree / log	1	3.1	135.00	0.00	135.00	0.3
Chemicals, not otherwise classified	1	3.1	95.96	0.00	95.96	0.2
Light cord and reel	1	3.1	117.95	-47.60	70.35	0.1
Machine, not otherwise classified	1	3.1	56.00	0.00	56.00	0.1
Knife, NOC	2	6.2	55.00	0.00	55.00	0.1
Metal items	2	6.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	3.1	0.00	0.00	0.00	0.0
Pipe	1	3.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 13,225.28***	***$ 25,697.66***	***$ 38,922.94***	

ACCIDENT TYPE

Lifting (strain or Injury by)	5	15.6	2,907.24	20,526.71	23,433.95	60.2
Fall or slip (on stairs)	1	3.1	3,739.34	0.00	3,739.34	9.6
Object being lifted/handled (cut,punc.scrape,inj b	2	6.2	2,877.41	0.00	2,877.41	7.3
Fall or Slip (From Different Level)	1	3.1	2,027.25	0.00	2,027.25	5.2
Absorb, Ingest, Inhalation	4	12.5	95.96	1,500.00	1,595.96	4.1
Twisting, strain or injury by	3	9.3	331.05	1,168.95	1,500.00	3.8
Strike Against/Step on Stationary Object	3	9.3	199.00	686.00	885.00	2.2
Fall or Slip (On Same Level)	2	6.2	299.55	580.45	880.00	2.2
Object Handled (caught in or between)	2	6.2	321.85	533.15	855.00	2.2
Struck/Injured by Motor Vehicle	1	3.1	0.00	750.00	750.00	1.9
Struck/Injured by Object Being Lifted/Handled	1	3.1	253.68	0.00	253.68	0.6
Foreign Body In Eye	2	6.2	117.95	-47.60	70.35	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	6.2	55.00	0.00	55.00	0.1
Vehicle Upset	1	3.1	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	3.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 13,225.28***	***$ 25,697.66***	***$ 38,922.94***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Ankle	2
Facial, Other Soft Tissue	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Buttocks	1
Finger(s)	6
Abdomen including Groin	4
Knee	3
Trachea	2
Foot	2
Shoulder	2
Soft Tissue - Neck	2
Upper Back Area (Thoracic Area)	1
Hand	2
Eye(s)	2
Lower Arm	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	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
Laceration	9
Sprain	1
Infection	4
Fracture	1
Poisoning - Chemical	1
Foreign Body	2
Burn	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Emergency Services, Dept Of (127)
SubAgency: Special Contract (911)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	22.2	215.20	1,284.80	1,500.00	39.6
4AM-5:59AM	1	11.1	0.00	750.00	750.00	19.8
2PM-3:59PM	2	22.2	747.00	0.00	747.00	19.7
4PM-5:59PM	1	11.1	478.00	0.00	478.00	12.6
12PM-1:59PM	1	11.1	228.50	0.00	228.50	6.0
12AM-1:59AM	1	11.1	79.59	0.00	79.59	2.1
6PM-7:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,748.29***	***$ 2,034.80***	***$ 3,783.09***	
LENGTH OF SERVICE						
2-4	4	44.4	1,041.79	1,284.80	2,326.59	61.5
0-2	1	11.1	0.00	750.00	750.00	19.8
12-14	1	11.1	478.00	0.00	478.00	12.6
18-20	1	11.1	228.50	0.00	228.50	6.0
4-6	1	11.1	0.00	0.00	0.00	0.0
6-8	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,748.29***	***$ 2,034.80***	***$ 3,783.09***	
AGE OF CLAIMANT						
35-39	3	33.3	1,041.79	534.80	1,576.59	41.6
30-34	2	22.2	0.00	1,500.00	1,500.00	39.6
50-54	2	22.2	478.00	0.00	478.00	12.6
40-44	1	11.1	228.50	0.00	228.50	6.0
45-49	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,748.29***	***$ 2,034.80***	***$ 3,783.09***	
SEX OF CLAIMANT						
Male	8	88.8	1,270.29	2,034.80	3,305.09	87.3
Female	1	11.1	478.00	0.00	478.00	12.6
	9		***$ 1,748.29***	***$ 2,034.80***	***$ 3,783.09***	
LOSS CAUSE						
Animal, not otherwise classified	1	11.1	215.20	534.80	750.00	19.8
Environmental conditions	1	11.1	0.00	750.00	750.00	19.8
Furniture / fixtures	1	11.1	0.00	750.00	750.00	19.8
Walking surface, outside, wet	1	11.1	747.00	0.00	747.00	19.7
Walking surface, outside, dry	1	11.1	478.00	0.00	478.00	12.6
Animal / insect, not otherwise classified	1	11.1	228.50	0.00	228.50	6.0
Infectious agent	1	11.1	79.59	0.00	79.59	2.1
Sharp objects, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,748.29***	***$ 2,034.80***	***$ 3,783.09***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	22.2	1,225.00	0.00	1,225.00	32.3
Animal Or Insect	2	22.2	443.70	534.80	978.50	25.8
Absorb, Ingest, Inhalation	1	11.1	0.00	750.00	750.00	19.8
Lifting (strain or Injury by)	1	11.1	0.00	750.00	750.00	19.8
Infectious Disease Exposure	1	11.1	79.59	0.00	79.59	2.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Emergency Services, Dept Of (127)
SubAgency: Special Contract (911)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Liquid/Grease spills)	1	11.1	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,748.29***	***$ 2,034.80***	***$ 3,783.09***	

***BODY PART

Lower Leg	3
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Head Injury	1
Knee	1
Facial, Other Soft Tissue	1
Hand	1
Lower Arm	1
Soft Tissue - Neck	1
Finger(s)	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	5
Puncture	2
Multiple Physical Injuries Only	1
Dermatitis	4
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Human Resource Management, Dept Of (129)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	3	75.0	0.00	750.00	750.00	100.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
18-20	1	25.0	0.00	750.00	750.00	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
14-16	1	25.0	0.00	0.00	0.00	0.0
36-38	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	3	75.0	0.00	750.00	750.00	100.0
50-54	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	2	50.0	0.00	750.00	750.00	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Object on Floor	1	25.0	0.00	750.00	750.00	100.0
Furniture / fixtures	2	50.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	25.0	0.00	750.00	750.00	100.0
Fall or Slip (On Same Level)	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
Reaching (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Knee	2					
Foot	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
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	5
Contusion	1
Laceration	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Human Resource Management, Dept Of (129)
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Veteran's Affairs, Department Of (131)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	9.57	0.00	9.57	100.0
	1		***$ 9.57***	***$ 0.00***	***$ 9.57***	
LENGTH OF SERVICE						
2-4	1	100.0	9.57	0.00	9.57	100.0
	1		***$ 9.57***	***$ 0.00***	***$ 9.57***	
AGE OF CLAIMANT						
20-24	1	100.0	9.57	0.00	9.57	100.0
	1		***$ 9.57***	***$ 0.00***	***$ 9.57***	
SEX OF CLAIMANT						
Male	1	100.0	9.57	0.00	9.57	100.0
	1		***$ 9.57***	***$ 0.00***	***$ 9.57***	
LOSS CAUSE						
Hammer	1	100.0	9.57	0.00	9.57	100.0
	1		***$ 9.57***	***$ 0.00***	***$ 9.57***	
ACCIDENT TYPE						
Struck/Injured by Hand Tool/Machine In Use	1	100.0	9.57	0.00	9.57	100.0
	1		***$ 9.57***	***$ 0.00***	***$ 9.57***	
*****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***		
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Auditor Of Public Accounts (133)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	523.65	0.00	523.65	100.0
	1		***$ 523.65***	***$ 0.00***	***$ 523.65***	
LENGTH OF SERVICE						
2-4	1	100.0	523.65	0.00	523.65	100.0
	1		***$ 523.65***	***$ 0.00***	***$ 523.65***	
AGE OF CLAIMANT						
25-29	1	100.0	523.65	0.00	523.65	100.0
	1		***$ 523.65***	***$ 0.00***	***$ 523.65***	
SEX OF CLAIMANT						
Female	1	100.0	523.65	0.00	523.65	100.0
	1		***$ 523.65***	***$ 0.00***	***$ 523.65***	
LOSS CAUSE						
Stairs, steps	1	100.0	523.65	0.00	523.65	100.0
	1		***$ 523.65***	***$ 0.00***	***$ 523.65***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	523.65	0.00	523.65	100.0
	1		***$ 523.65***	***$ 0.00***	***$ 523.65***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Abdomen including Groin	1
Knee	1
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***	
Contusion	5
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Computer Services (2)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	1	25.0	0.00	11,750.00	11,750.00	93.9
2AM-3:59AM	1	25.0	459.15	0.00	459.15	3.6
4PM-5:59PM	1	25.0	294.05	0.00	294.05	2.3
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 753.20***	***$ 11,750.00***	***$ 12,503.20***	
LENGTH OF SERVICE						
16-18	1	25.0	0.00	11,750.00	11,750.00	93.9
18-20	1	25.0	459.15	0.00	459.15	3.6
4-6	1	25.0	294.05	0.00	294.05	2.3
26-28	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 753.20***	***$ 11,750.00***	***$ 12,503.20***	
AGE OF CLAIMANT						
50-54	3	75.0	459.15	11,750.00	12,209.15	97.6
20-24	1	25.0	294.05	0.00	294.05	2.3
	4		***$ 753.20***	***$ 11,750.00***	***$ 12,503.20***	
SEX OF CLAIMANT						
Male	1	25.0	0.00	11,750.00	11,750.00	93.9
Female	3	75.0	753.20	0.00	753.20	6.0
	4		***$ 753.20***	***$ 11,750.00***	***$ 12,503.20***	
LOSS CAUSE						
Furniture / fixtures	1	25.0	0.00	11,750.00	11,750.00	93.9
Walking surface, outside, dry	1	25.0	459.15	0.00	459.15	3.6
Walking surface, inside, wet	1	25.0	294.05	0.00	294.05	2.3
Object on Floor	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 753.20***	***$ 11,750.00***	***$ 12,503.20***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	25.0	0.00	11,750.00	11,750.00	93.9
Fall or Slip (On Same Level)	2	50.0	459.15	0.00	459.15	3.6
Fall or Slip (From Liquid/Grease spills)	1	25.0	294.05	0.00	294.05	2.3
	4		***$ 753.20***	***$ 11,750.00***	***$ 12,503.20***	
*****BODY PART***						
Knee	1					
Ankle	3					
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***	
Strain	4
Sprain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Computer Services (2)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Telecommunication (3)

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						
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***						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Criminal Justice Services (140)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	12.5	16,195.63	11,920.85	28,116.48	75.4
10AM-11:59AM	7	43.7	5,135.79	0.00	5,135.79	13.7
8AM-9:59AM	2	12.5	1,399.57	1,600.43	3,000.00	8.0
4PM-5:59PM	1	6.2	668.53	0.00	668.53	1.8
2PM-3:59PM	3	18.7	322.50	0.00	322.50	0.8
12AM-1:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 23,722.02***	***$ 13,521.28***	***$ 37,243.30***	
LENGTH OF SERVICE						
2-4	4	25.0	17,595.20	13,521.28	31,116.48	83.5
6-8	1	6.2	2,756.31	0.00	2,756.31	7.4
18-20	1	6.2	1,449.81	0.00	1,449.81	3.8
14-16	2	12.5	668.53	0.00	668.53	1.8
10-12	2	12.5	650.99	0.00	650.99	1.7
0-2	4	25.0	601.18	0.00	601.18	1.6
12-14	1	6.2	0.00	0.00	0.00	0.0
4-6	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 23,722.02***	***$ 13,521.28***	***$ 37,243.30***	
AGE OF CLAIMANT						
35-39	8	50.0	18,753.33	13,521.28	32,274.61	86.6
50-54	3	18.7	4,206.12	0.00	4,206.12	11.2
30-34	3	18.7	434.08	0.00	434.08	1.1
40-44	1	6.2	328.49	0.00	328.49	0.8
45-49	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 23,722.02***	***$ 13,521.28***	***$ 37,243.30***	
SEX OF CLAIMANT						
Female	12	75.0	20,798.61	13,521.28	34,319.89	92.1
Male	4	25.0	2,923.41	0.00	2,923.41	7.8
	16		***$ 23,722.02***	***$ 13,521.28***	***$ 37,243.30***	
LOSS CAUSE						
Walking surface, outside, wet	1	6.2	16,195.63	11,920.85	28,116.48	75.4
Furniture / fixtures	2	12.5	1,399.57	1,600.43	3,000.00	8.0
Walking surface, inside, wet	1	6.2	2,756.31	0.00	2,756.31	7.4
Metal items	1	6.2	1,449.81	0.00	1,449.81	3.8
Hand tool, not powered, NOC	3	18.7	762.57	0.00	762.57	2.0
Sharp objects, not otherwise classified	1	6.2	668.53	0.00	668.53	1.8
Razor blade	1	6.2	322.50	0.00	322.50	0.8
Chemicals, not otherwise classified	2	12.5	167.10	0.00	167.10	0.4
Office equipment	1	6.2	0.00	0.00	0.00	0.0
Chair	1	6.2	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	12.5	0.00	0.00	0.00	0.0
	16		***$ 23,722.02***	***$ 13,521.28***	***$ 37,243.30***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	6.2	16,195.63	11,920.85	28,116.48	75.4
Fall or Slip (On Same Level)	1	6.2	1,399.57	1,600.43	3,000.00	8.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Criminal Justice Services (140)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Liquid/Grease spills)	1	6.2	2,756.31	0.00	2,756.31	7.4
Struck/Injured by Falling or Flying Object	1	6.2	1,449.81	0.00	1,449.81	3.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	25.0	1,319.52	0.00	1,319.52	3.5
Object being lifted/handled (cut,punc.scrape,inj b	2	12.5	434.08	0.00	434.08	1.1
Allergic Reaction	1	6.2	167.10	0.00	167.10	0.4
Strike Against/Step on Stationary Object	2	12.5	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	6.2	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	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		***$ 23,722.02***	***$ 13,521.28***	***$ 37,243.30***	

***BODY PART**

Buttocks	1
Lower Leg	1
Knee	2
Elbow	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Hand	3
Finger(s)	6
Thumb	1
Teeth	1
No Physical Problem	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	4
Laceration	7
Strain	2
Sprain	1
Puncture	2
Dislocation	1
No Physical Injury	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Attorney General's Office (141)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	117.90	0.00	117.90	100.0
	2		***$ 117.90***	***$ 0.00***	***$ 117.90***	
LENGTH OF SERVICE						
16-18	1	50.0	117.90	0.00	117.90	100.0
26-28	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 117.90***	***$ 0.00***	***$ 117.90***	
AGE OF CLAIMANT						
60-64	1	50.0	117.90	0.00	117.90	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 117.90***	***$ 0.00***	***$ 117.90***	
SEX OF CLAIMANT						
Female	2	100.0	117.90	0.00	117.90	100.0
	2		***$ 117.90***	***$ 0.00***	***$ 117.90***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	117.90	0.00	117.90	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 117.90***	***$ 0.00***	***$ 117.90***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	117.90	0.00	117.90	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 117.90***	***$ 0.00***	***$ 117.90***	
*****BODY PART***						
Finger(s)	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	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Science Museum Of Virginia (146)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	22.2	2,360.25	11,720.47	14,080.72	92.1
8AM-9:59AM	2	22.2	34.40	750.00	784.40	5.1
6PM-7:59PM	1	11.1	234.00	0.00	234.00	1.5
2PM-3:59PM	2	22.2	174.40	0.00	174.40	1.1
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
12AM-1:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 2,803.05**	**$ 12,470.47**	**$ 15,273.52**	
LENGTH OF SERVICE						
2-4	4	44.4	2,469.25	12,470.47	14,939.72	97.8
0-2	2	22.2	299.40	0.00	299.40	1.9
14-16	1	11.1	34.40	0.00	34.40	0.2
12-14	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		**$ 2,803.05**	**$ 12,470.47**	**$ 15,273.52**	
AGE OF CLAIMANT						
35-39	2	22.2	2,394.65	11,720.47	14,115.12	92.4
25-29	1	11.1	0.00	750.00	750.00	4.9
30-34	1	11.1	234.00	0.00	234.00	1.5
20-24	2	22.2	174.40	0.00	174.40	1.1
50-54	2	22.2	0.00	0.00	0.00	0.0
55-59	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 2,803.05**	**$ 12,470.47**	**$ 15,273.52**	
SEX OF CLAIMANT						
Male	6	66.6	2,534.65	12,470.47	15,005.12	98.2
Female	3	33.3	268.40	0.00	268.40	1.7
	9		**$ 2,803.05**	**$ 12,470.47**	**$ 15,273.52**	
LOSS CAUSE						
Walking surface, outside, wet	1	11.1	2,360.25	11,720.47	14,080.72	92.1
Metal items	1	11.1	0.00	750.00	750.00	4.9
Chemicals, not otherwise classified	1	11.1	234.00	0.00	234.00	1.5
Minerals / dirt	1	11.1	109.00	0.00	109.00	0.7
Hand tool, not powered, NOC	1	11.1	65.40	0.00	65.40	0.4
Walking surface, outside, dry	1	11.1	34.40	0.00	34.40	0.2
Animal / bee type	1	11.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
Miscellaneous	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 2,803.05**	**$ 12,470.47**	**$ 15,273.52**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	22.2	2,394.65	11,720.47	14,115.12	92.4
Struck/Injured by Falling or Flying Object	2	22.2	0.00	750.00	750.00	4.9
Foreign Body In Eye	2	22.2	343.00	0.00	343.00	2.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	65.40	0.00	65.40	0.4
Animal Or Insect	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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Science Museum Of Virginia (146)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	9		***$ 2,803.05***	***$ 12,470.47***	***$ 15,273.52***	
*****BODY PART***						
Knee	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	2					
Facial, Other Soft Tissue	1					
Eye(s)	2					
Finger(s)	3					
Multiple Head 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.**

*****INJURY***						
Strain	3					
Laceration	2					
Foreign Body	2					
Contusion	1					
Puncture	1					
Sprain	2					
Multiple Physical Injuries Only	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Accounts, Department Of (151)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	7,802.86	3,910.76	11,713.62	100.0
	1		***$ 7,802.86***	***$ 3,910.76***	***$ 11,713.62***	
LENGTH OF SERVICE						
2-4	1	100.0	7,802.86	3,910.76	11,713.62	100.0
	1		***$ 7,802.86***	***$ 3,910.76***	***$ 11,713.62***	
AGE OF CLAIMANT						
55-59	1	100.0	7,802.86	3,910.76	11,713.62	100.0
	1		***$ 7,802.86***	***$ 3,910.76***	***$ 11,713.62***	
SEX OF CLAIMANT						
Male	1	100.0	7,802.86	3,910.76	11,713.62	100.0
	1		***$ 7,802.86***	***$ 3,910.76***	***$ 11,713.62***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	7,802.86	3,910.76	11,713.62	100.0
	1		***$ 7,802.86***	***$ 3,910.76***	***$ 11,713.62***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	7,802.86	3,910.76	11,713.62	100.0
	1		***$ 7,802.86***	***$ 3,910.76***	***$ 11,713.62***	
*****BODY PART***						
Ankle	1					
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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Treasury, Department Of (152)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	16,121.99	0.00	16,121.99	100.0
	1		***$ 16,121.99***	***$ 0.00***	***$ 16,121.99***	
LENGTH OF SERVICE						
0-2	1	100.0	16,121.99	0.00	16,121.99	100.0
	1		***$ 16,121.99***	***$ 0.00***	***$ 16,121.99***	
AGE OF CLAIMANT						
40-44	1	100.0	16,121.99	0.00	16,121.99	100.0
	1		***$ 16,121.99***	***$ 0.00***	***$ 16,121.99***	
SEX OF CLAIMANT						
Female	1	100.0	16,121.99	0.00	16,121.99	100.0
	1		***$ 16,121.99***	***$ 0.00***	***$ 16,121.99***	
LOSS CAUSE						
Office equipment	1	100.0	16,121.99	0.00	16,121.99	100.0
	1		***$ 16,121.99***	***$ 0.00***	***$ 16,121.99***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	16,121.99	0.00	16,121.99	100.0
	1		***$ 16,121.99***	***$ 0.00***	***$ 16,121.99***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	20	17.8	10,252.67	750.00	11,002.67	28.0
10AM-11:59AM	18	16.0	7,096.69	2,652.35	9,749.04	24.8
2PM-3:59PM	24	21.4	7,127.77	1,659.22	8,786.99	22.4
4PM-5:59PM	9	8.0	2,655.81	1,750.00	4,405.81	11.2
12PM-1:59PM	33	29.4	2,894.59	1,182.80	4,077.39	10.4
6PM-7:59PM	2	1.7	0.00	750.00	750.00	1.9
12AM-1:59AM	3	2.6	250.00	0.00	250.00	0.6
6AM-7:59AM	2	1.7	195.00	0.00	195.00	0.5
4AM-5:59AM	1	0.8	0.00	0.00	0.00	0.0
	112		***$ 30,472.53***	***$ 8,744.37***	***$ 39,216.90***	
LENGTH OF SERVICE						
12-14	8	7.1	10,001.92	1,806.95	11,808.87	30.1
2-4	30	26.7	6,799.82	1,659.22	8,459.04	21.5
32-34	2	1.7	3,944.89	0.00	3,944.89	10.0
16-18	3	2.6	2,619.47	750.00	3,369.47	8.5
0-2	20	17.8	2,878.59	432.80	3,311.39	8.4
22-24	3	2.6	0.00	1,750.00	1,750.00	4.4
18-20	4	3.5	893.13	649.78	1,542.91	3.9
10-12	3	2.6	545.70	620.90	1,166.60	2.9
6-8	9	8.0	848.96	0.00	848.96	2.1
8-10	5	4.4	825.97	0.00	825.97	2.1
14-16	5	4.4	0.00	750.00	750.00	1.9
26-28	4	3.5	425.28	324.72	750.00	1.9
4-6	6	5.3	688.80	0.00	688.80	1.7
20-22	2	1.7	0.00	0.00	0.00	0.0
28-30	3	2.6	0.00	0.00	0.00	0.0
30-32	1	0.8	0.00	0.00	0.00	0.0
34-36	1	0.8	0.00	0.00	0.00	0.0
24-26	3	2.6	0.00	0.00	0.00	0.0
	112		***$ 30,472.53***	***$ 8,744.37***	***$ 39,216.90***	
AGE OF CLAIMANT						
50-54	32	28.5	9,910.17	2,500.00	12,410.17	31.6
40-44	11	9.8	10,204.53	1,082.58	11,287.11	28.7
30-34	8	7.1	3,806.51	750.00	4,556.51	11.6
45-49	21	18.7	1,754.03	2,752.57	4,506.60	11.4
35-39	16	14.2	1,987.45	909.22	2,896.67	7.3
20-24	3	2.6	1,683.66	750.00	2,433.66	6.2
60-64	7	6.2	503.92	0.00	503.92	1.2
55-59	6	5.3	369.20	0.00	369.20	0.9
25-29	7	6.2	253.06	0.00	253.06	0.6
75-79	1	0.8	0.00	0.00	0.00	0.0
	112		***$ 30,472.53***	***$ 8,744.37***	***$ 39,216.90***	
SEX OF CLAIMANT						
Female	89	79.4	22,412.17	7,994.37	30,406.54	77.5
Male	23	20.5	8,060.36	750.00	8,810.36	22.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	112		***$ 30,472.53***	***$ 8,744.37***	***$ 39,216.90***	
LOSS CAUSE						
Vehicle/car/truck	16	14.2	5,499.68	3,964.25	9,463.93	24.1
Walking surface, inside, wet	4	3.5	8,737.95	0.00	8,737.95	22.2
Vehicle, not otherwise classified	20	17.8	7,530.89	159.22	7,690.11	19.6
Walking surface, outside, dry	6	5.3	2,373.12	1,750.00	4,123.12	10.5
Furniture / fixtures	10	8.9	3,401.60	0.00	3,401.60	8.6
Chair	2	1.7	260.00	750.00	1,010.00	2.5
Chemicals, not otherwise classified	22	19.6	918.77	0.00	918.77	2.3
Paper/Pulp items	1	0.8	0.00	750.00	750.00	1.9
Person	1	0.8	129.10	620.90	750.00	1.9
Uneven Surface	1	0.8	0.00	750.00	750.00	1.9
Object on Floor	5	4.4	307.80	0.00	307.80	0.7
Machine, not otherwise classified	1	0.8	291.05	0.00	291.05	0.7
Walking surface, outside, wet	1	0.8	250.00	0.00	250.00	0.6
Building parts / doors	2	1.7	187.20	0.00	187.20	0.4
Sharp objects, not otherwise classified	1	0.8	183.06	0.00	183.06	0.4
Floor	1	0.8	174.66	0.00	174.66	0.4
Miscellaneous	1	0.8	157.65	0.00	157.65	0.4
Paper / Pulp	1	0.8	70.00	0.00	70.00	0.1
Animal / tick, spider, etc.	1	0.8	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	0.8	0.00	0.00	0.00	0.0
Boxes / containers	4	3.5	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.8	0.00	0.00	0.00	0.0
Office equipment	1	0.8	0.00	0.00	0.00	0.0
Stairs, steps	1	0.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	4	3.5	0.00	0.00	0.00	0.0
Animal / bee type	1	0.8	0.00	0.00	0.00	0.0
Door	1	0.8	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.8	0.00	0.00	0.00	0.0
	112		***$ 30,472.53***	***$ 8,744.37***	***$ 39,216.90***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	16	14.2	10,352.77	1,750.00	12,102.77	30.8
Strike Against/Step on Stationary Object	7	6.2	6,115.43	0.00	6,115.43	15.5
Vehicle Upset	26	23.2	4,587.22	909.22	5,496.44	14.0
Collision/sideswipe with Another Vehicle	8	7.1	1,480.75	3,214.25	4,695.00	11.9
Lifting (strain or Injury by)	3	2.6	3,757.69	0.00	3,757.69	9.5
Twisting, strain or injury by	6	5.3	1,837.32	750.00	2,587.32	6.6
Absorb, Ingest, Inhalation	22	19.6	918.77	0.00	918.77	2.3
Assault	1	0.8	129.10	620.90	750.00	1.9
Pushing Or Pulling (Strain or Injury by)	1	0.8	0.00	750.00	750.00	1.9
Stepping On Sharp Object	1	0.8	0.00	750.00	750.00	1.9
Struck/Injured by Falling or Flying Object	3	2.6	600.12	0.00	600.12	1.5
Object Handled (caught in or between)	3	2.6	349.30	0.00	349.30	0.8
Object being lifted/handled (cut,punc.scrape,inj b	2	1.7	183.06	0.00	183.06	0.4
Fall or Slip (From Liquid/Grease spills)	3	2.6	91.00	0.00	91.00	0.2
Foreign Body In Eye	1	0.8	70.00	0.00	70.00	0.1
Animal Or Insect	3	2.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Different Level)	1	0.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	0.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	1.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	1.7	0.00	0.00	0.00	0.0
	112		***$ 30,472.53***	***$ 8,744.37***	***$ 39,216.90***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	20
Shoulder	14
Lower Arm	8
Lower Leg	4
Upper Arm (Inc: Clavicle and Scapula)	4
Hand	2
Ankle	6
Facial, Other Soft Tissue	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Soft Tissue - Neck	7
Foot	2
Knee	14
Finger(s)	5
Upper Leg	2
Whole Body	6
Hip	2
Nose	1
Teeth	2
No Physical Problem	12
Ear(s)	1
Buttocks	1
Multiple Head Injury	1
Trachea	1
Eye(s)	1
Wrist	1
Lungs	15
Toe(s)	2
	112

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	60
Contusion	28
Fracture	2
Laceration	7
Poisoning - Chemical	6
Burn	1
No Physical Injury	13
Unknown	1
Sprain	3
Puncture	4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Inflamation	1					
Dislocation	1					
Respiratory Disorders	15					
	112					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	26	7.0	325,865.53	479,085.67	804,951.20	41.7
6AM-7:59AM	47	12.7	226,484.47	192,726.28	419,210.75	21.7
8AM-9:59AM	61	16.5	124,954.10	101,626.53	226,580.63	11.7
10AM-11:59AM	75	20.3	84,817.87	65,454.17	150,272.04	7.7
2AM-3:59AM	57	15.4	64,549.06	34,688.65	99,237.71	5.1
4AM-5:59AM	56	15.1	48,038.91	46,801.38	94,840.29	4.9
4PM-5:59PM	6	1.6	52,170.73	38,768.68	90,939.41	4.7
12AM-1:59AM	32	8.6	28,812.32	6,927.33	35,739.65	1.8
2PM-3:59PM	5	1.3	1,009.37	4,897.65	5,907.02	0.3
6PM-7:59PM	1	0.2	147.00	603.00	750.00	0.0
Unknown	3	0.8	0.00	0.00	0.00	0.0
	369		***$ 956,849.36***	***$ 971,579.34***	***$ 1,928,428.70***	
LENGTH OF SERVICE						
12-14	25	6.7	201,672.30	400,266.34	601,938.64	31.2
6-8	31	8.4	182,313.18	197,344.34	379,657.52	19.6
0-2	81	21.9	236,243.46	113,901.70	350,145.16	18.1
4-6	50	13.5	114,678.34	136,646.67	251,325.01	13.0
2-4	61	16.5	93,946.23	48,930.23	142,876.46	7.4
8-10	37	10.0	24,056.92	23,407.82	47,464.74	2.4
14-16	16	4.3	28,101.72	12,742.87	40,844.59	2.1
20-22	3	0.8	27,184.08	243.60	27,427.68	1.4
16-18	9	2.4	7,646.37	15,969.88	23,616.25	1.2
22-24	6	1.6	8,395.26	12,966.00	21,361.26	1.1
18-20	11	2.9	14,359.60	1,188.54	15,548.14	0.8
10-12	13	3.5	8,318.65	5,146.60	13,465.25	0.7
24-26	8	2.1	8,368.04	751.75	9,119.79	0.4
26-28	9	2.4	891.69	2,073.00	2,964.69	0.1
28-30	5	1.3	472.78	0.00	472.78	0.0
30-32	4	1.0	200.74	0.00	200.74	0.0
	369		***$ 956,849.36***	***$ 971,579.34***	***$ 1,928,428.70***	
AGE OF CLAIMANT						
35-39	79	21.4	451,469.16	653,944.47	1,105,413.63	57.3
25-29	63	17.0	160,928.42	47,110.28	208,038.70	10.7
40-44	54	14.6	102,962.35	67,246.45	170,208.80	8.8
55-59	22	5.9	88,681.25	79,685.98	168,367.23	8.7
30-34	56	15.1	44,764.57	47,829.89	92,594.46	4.8
45-49	33	8.9	57,856.68	26,164.59	84,021.27	4.3
50-54	33	8.9	37,556.64	38,169.66	75,726.30	3.9
20-24	19	5.1	6,659.31	10,678.02	17,337.33	0.9
65-69	4	1.0	5,556.56	0.00	5,556.56	0.2
60-64	5	1.3	414.42	750.00	1,164.42	0.0
70-74	1	0.2	0.00	0.00	0.00	0.0
	369		***$ 956,849.36***	***$ 971,579.34***	***$ 1,928,428.70***	
SEX OF CLAIMANT						
Male	322	87.2	931,560.15	946,941.88	1,878,502.03	97.4
Female	47	12.7	25,289.21	24,637.46	49,926.67	2.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Police (156)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	369		***$ 956,849.36***	***$ 971,579.34***	***$ 1,928,428.70***	
LOSS CAUSE						
Vehicle, not otherwise classified	39	10.5	578,173.01	601,854.63	1,180,027.64	61.1
Vehicle/car/truck	31	8.4	48,609.85	64,592.22	113,202.07	5.8
Terrorism	1	0.2	52,511.21	59,798.79	112,310.00	5.8
Person	59	15.9	32,168.18	65,343.54	97,511.72	5.0
Boxes / containers	12	3.2	50,913.73	32,609.09	83,522.82	4.3
Walking surface, outside, dry	49	13.2	43,836.01	33,065.10	76,901.11	3.9
Foreign Object	5	1.3	31,510.70	35,558.30	67,069.00	3.4
Walking surface, outside, wet	11	2.9	33,116.76	4,259.52	37,376.28	1.9
Fire / Flame / Smoke	3	0.8	15,137.86	15,852.14	30,990.00	1.6
Gun / gunshot	10	2.7	9,336.52	8,899.58	18,236.10	0.9
Environmental conditions	10	2.7	1,141.58	12,183.55	13,325.13	0.6
Animal, not otherwise classified	9	2.4	12,147.20	1,069.20	13,216.40	0.6
Ladder, 10’ folding	1	0.2	11,747.78	0.00	11,747.78	0.6
Building parts / doors	1	0.2	0.00	9,750.00	9,750.00	0.5
Electricity	1	0.2	0.00	9,750.00	9,750.00	0.5
Stairs, steps	5	1.3	6,186.04	0.00	6,186.04	0.3
Office equipment	6	1.6	3,870.03	1,500.00	5,370.03	0.2
Animal / insect, not otherwise classified	4	1.0	3,633.05	0.00	3,633.05	0.1
Chair	2	0.5	3,086.17	438.54	3,524.71	0.1
Brush / tree / log	7	1.8	2,704.53	750.00	3,454.53	0.1
Patient / Inmate	3	0.8	2,492.12	0.00	2,492.12	0.1
Tire	2	0.5	1,833.53	603.00	2,436.53	0.1
Chemicals, not otherwise classified	21	5.6	116.91	2,250.00	2,366.91	0.1
Glass bottle / sheet	5	1.3	1,461.34	750.00	2,211.34	0.1
Infectious agent	2	0.5	1,647.17	0.00	1,647.17	0.0
Stone / rock / brick	2	0.5	235.80	1,264.20	1,500.00	0.0
Walking surface, inside, dry	5	1.3	0.00	1,500.00	1,500.00	0.0
Ladder - Portable	2	0.5	1,261.80	0.00	1,261.80	0.0
Fencing	5	1.3	1,140.89	0.00	1,140.89	0.0
Uneven Surface	3	0.8	301.59	750.00	1,051.59	0.0
Tractor trailer equipment	1	0.2	989.80	0.00	989.80	0.0
Furniture / fixtures	5	1.3	964.50	0.00	964.50	0.0
Food	1	0.2	0.00	750.00	750.00	0.0
Knife, NOC	1	0.2	0.00	750.00	750.00	0.0
Metal items	2	0.5	0.00	750.00	750.00	0.0
Miscellaneous	2	0.5	0.00	750.00	750.00	0.0
N/A	1	0.2	0.00	750.00	750.00	0.0
Nail	1	0.2	548.07	201.93	750.00	0.0
Object on Floor	2	0.5	280.10	469.90	750.00	0.0
Package	1	0.2	0.00	750.00	750.00	0.0
Platforms	1	0.2	117.90	632.10	750.00	0.0
Recreational equipment	2	0.5	0.00	750.00	750.00	0.0
Walking surface, inside, wet	2	0.5	115.99	634.01	750.00	0.0
Sharp objects, not otherwise classified	3	0.8	622.51	0.00	622.51	0.0
Overhead Object	1	0.2	458.00	0.00	458.00	0.0
Conveyor	1	0.2	354.30	0.00	354.30	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Police (156)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Knife, Utility	2	0.5	342.51	0.00	342.51	0.0
Electrical equipment	2	0.5	327.00	0.00	327.00	0.0
Cleaning Products	2	0.5	303.30	0.00	303.30	0.0
Hand tool, powered, NOC	1	0.2	283.86	0.00	283.86	0.0
Machine, not otherwise classified	2	0.5	257.40	0.00	257.40	0.0
Cabinet	1	0.2	237.10	0.00	237.10	0.0
Mechanical powered	1	0.2	157.02	0.00	157.02	0.0
Poisonous agent / plant	1	0.2	89.84	0.00	89.84	0.0
Floor	2	0.5	63.80	0.00	63.80	0.0
Baggage/Luggage	1	0.2	15.00	0.00	15.00	0.0
Animal / tick, spider, etc.	1	0.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	0.2	0.00	0.00	0.00	0.0
Pipe	1	0.2	0.00	0.00	0.00	0.0
Straps	1	0.2	0.00	0.00	0.00	0.0
Vice Grip Straight	1	0.2	0.00	0.00	0.00	0.0
Door	2	0.5	0.00	0.00	0.00	0.0
Needle stick	1	0.2	0.00	0.00	0.00	0.0
Scrap, Debris, Waste Material	1	0.2	0.00	0.00	0.00	0.0
Shelving	1	0.2	0.00	0.00	0.00	0.0
Tire tool/bar	1	0.2	0.00	0.00	0.00	0.0
	369		***$ 956,849.36***	***$ 971,579.34***	***$ 1,928,428.70***	
ACCIDENT TYPE						
Collision with a Fixed Object	6	1.6	357,450.06	546,327.80	903,777.86	46.8
Struck/Injured by Motor Vehicle	18	4.8	158,376.31	53,435.84	211,812.15	10.9
Collision/sideswipe with Another Vehicle	27	7.3	75,852.21	37,219.26	113,071.47	5.8
Dust,gases,fumes,vapors	1	0.2	52,511.21	59,798.79	112,310.00	5.8
Struck/Injured by Falling or Flying Object	8	2.1	46,581.13	29,686.13	76,267.26	3.9
Stuck, injured by fellow worker, patient	11	2.9	14,354.09	35,769.36	50,123.45	2.6
Repetitive Motion	32	8.6	25,095.83	17,142.60	42,238.43	2.1
Reaching (Strain or Injury by)	5	1.3	14,335.23	27,740.78	42,076.01	2.1
Strike Against/Step on Stationary Object	12	3.2	22,398.32	16,398.71	38,797.03	2.0
Fall or Slip (On Same Level)	26	7.0	17,596.26	17,921.08	35,517.34	1.8
Absorb, Ingest, Inhalation	17	4.6	15,457.70	16,602.14	32,059.84	1.6
Fall or slip (on ice or snow)	9	2.4	24,664.25	4,257.77	28,922.02	1.5
Fall or Slip (From Different Level)	7	1.8	17,328.07	9,409.56	26,737.63	1.3
Assault	25	6.7	7,176.60	19,006.71	26,183.31	1.3
Vehicle Upset	6	1.6	13,339.47	8,683.85	22,023.32	1.1
Pushing Or Pulling (Strain or Injury by)	8	2.1	8,794.02	11,186.00	19,980.02	1.0
Animal Or Insect	13	3.5	15,780.25	1,069.20	16,849.45	0.8
Lifting (strain or Injury by)	17	4.6	12,293.12	4,275.96	16,569.08	0.8
Twisting, strain or injury by	21	5.6	11,788.24	4,360.46	16,148.70	0.8
Robbery or Criminal Assault	1	0.2	9,035.23	5,714.77	14,750.00	0.7
Other (Not Otherwise Classified)	7	1.8	792.44	11,590.71	12,383.15	0.6
Abnormal Air Pressure	1	0.2	10,855.38	1,000.00	11,855.38	0.6
Fall or Slip (From Ladder/Scaffolding)	1	0.2	11,747.78	0.00	11,747.78	0.6
Contact with Electric Current	1	0.2	0.00	9,750.00	9,750.00	0.5
Holding Or Carrying (Strain or Injury by)	1	0.2	0.00	9,750.00	9,750.00	0.5
Fall or slip (into Openings)	10	2.7	3,492.80	4,021.82	7,514.62	0.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Police (156)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Other than physical cause of injury	4	1.0	227.97	2,500.00	2,727.97	0.1
Rubbed/Abraded not otherwise classified	2	0.5	65.19	2,434.81	2,500.00	0.1
Object being lifted/handled (cut,punc.scrape,inj b	10	2.7	2,243.02	0.00	2,243.02	0.1
Struck/Injured by Object Being Lifted/Handled	3	0.8	989.80	750.00	1,739.80	0.0
Stepping On Sharp Object	3	0.8	606.87	893.13	1,500.00	0.0
Contact with Cold Objects or Substances	6	1.6	633.32	750.00	1,383.32	0.0
Cut,puncture,scrape, injured by (Broken Glass)	2	0.5	1,109.29	0.00	1,109.29	0.0
Object Handled (caught in or between)	4	1.0	354.00	632.10	986.10	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	6	1.6	222.66	750.00	972.66	0.0
Temperature Extremes	2	0.5	832.66	0.00	832.66	0.0
Explosion / Flare Back	2	0.5	0.00	750.00	750.00	0.0
Jumping (Strain or Injury by)	3	0.8	588.09	0.00	588.09	0.0
Foreign Body In Eye	6	1.6	527.37	0.00	527.37	0.0
Allergic Reaction	5	1.3	499.21	0.00	499.21	0.0
Strike Against/Step On Moving Part Of Machine	1	0.2	354.30	0.00	354.30	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.2	257.40	0.00	257.40	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	0.2	227.71	0.00	227.71	0.0
Cumulative (Not Otherwise Classified)	1	0.2	14.50	0.00	14.50	0.0
Fall or Slip (From Liquid/Grease spills)	1	0.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	3	0.8	0.00	0.00	0.00	0.0
Infectious Disease Exposure	6	1.6	0.00	0.00	0.00	0.0
Noise, continual, strain or injury by	1	0.2	0.00	0.00	0.00	0.0
Stress	2	0.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	0.2	0.00	0.00	0.00	0.0
Human Bite	1	0.2	0.00	0.00	0.00	0.0
Using Tool Or Machine (Strain or Injury by)	1	0.2	0.00	0.00	0.00	0.0
	369		***$ 956,849.36***	***$ 971,579.34***	***$ 1,928,428.70***	

***BODY PART

Lungs	20
Shoulder	23
Chest (Inc: Ribs, Sternum and Soft Tissue)	20
Hand	43
Multiple Head Injury	13
Lumbar and/or Sacral Vertebrae	1
Lower Back Area (Lumbar and Lumbo-Sacral)	47
Foot	11
Knee	59
Upper Arm (Inc: Clavicle and Scapula)	8
Pelvis	2
Skull	1
Toe(s)	3
Ankle	26
Hip	10
Larynx	1
Lower Leg	18
Multiple Neck Injury	16
Finger(s)	26
Lower Arm	13

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Police (156)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Wrist	13					
Upper Back Area (Thoracic Area)	11					
Elbow	17					
Upper Leg	15					
Multiple Body Parts	1					
Heart	7					
Eye(s)	13					
Wrist(s) & Hand(s)	3					
Whole Body	2					
Facial, Other Soft Tissue	9					
Thumb	8					
Teeth	2					
Internal Organs	6					
Nose	2					
Mouth	2					
Sacrum And Coccyx	1					
Trachea	1					
Buttocks	3					
Insufficient Information	1					
Abdomen including Groin	1					
Brain	1					
Ear(s)	2					
	369					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	21
Crushing	4
Concussion	2
Strain	128
Unknown	1
Contusion	81
Sprain	78
Respiratory Disorders	2
Laceration	73
Dislocation	4
Puncture	17
Foreign Body	18
Electric Shock	1
Myocardial Infarction (Heart Attack)	1
Vascular Loss	4
Poisoning - Chemical	19
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
Burn	4
Carpal Tunnel Syndrome	2
Inflamation	8
Heat Prostration	2
Multiple Physical Injuries Only	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Police (156)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
No Physical Injury	2					
Dermatitis	1					
Contagious Disease	3					
Hearing Loss or Impairment (Traumatic only)	1					
Mental Stress	1					
All Other Cumulative	1					
Infection	1					
	369					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Retirement System (158)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	33.3	2,198.14	0.00	2,198.14	86.8
8AM-9:59AM	1	33.3	333.27	0.00	333.27	13.1
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 2,531.41***	***$ 0.00***	***$ 2,531.41***	
LENGTH OF SERVICE						
2-4	2	66.6	2,531.41	0.00	2,531.41	100.0
16-18	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 2,531.41***	***$ 0.00***	***$ 2,531.41***	
AGE OF CLAIMANT						
40-44	1	33.3	2,198.14	0.00	2,198.14	86.8
45-49	1	33.3	333.27	0.00	333.27	13.1
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 2,531.41***	***$ 0.00***	***$ 2,531.41***	
SEX OF CLAIMANT						
Male	1	33.3	2,198.14	0.00	2,198.14	86.8
Female	2	66.6	333.27	0.00	333.27	13.1
	3		***$ 2,531.41***	***$ 0.00***	***$ 2,531.41***	
LOSS CAUSE						
Metal items	1	33.3	2,198.14	0.00	2,198.14	86.8
Furniture / fixtures	1	33.3	333.27	0.00	333.27	13.1
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 2,531.41***	***$ 0.00***	***$ 2,531.41***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	66.6	2,198.14	0.00	2,198.14	86.8
Struck/Injured by Falling or Flying Object	1	33.3	333.27	0.00	333.27	13.1
	3		***$ 2,531.41***	***$ 0.00***	***$ 2,531.41***	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	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**	
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Taxation, Department Of (161)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	20.0	5,391.51	11,620.29	17,011.80	65.4
10AM-11:59AM	2	13.3	6,607.01	0.00	6,607.01	25.4
4PM-5:59PM	2	13.3	0.00	1,524.00	1,524.00	5.8
8AM-9:59AM	3	20.0	83.25	750.00	833.25	3.2
6PM-7:59PM	1	6.6	0.00	0.00	0.00	0.0
12AM-1:59AM	1	6.6	0.00	0.00	0.00	0.0
12PM-1:59PM	1	6.6	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.6	0.00	0.00	0.00	0.0
Unknown	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 12,081.77***	***$ 13,894.29***	***$ 25,976.06***	
LENGTH OF SERVICE						
10-12	1	6.6	5,119.71	11,620.29	16,740.00	64.4
2-4	4	26.6	6,376.26	0.00	6,376.26	24.5
34-36	1	6.6	0.00	1,524.00	1,524.00	5.8
14-16	3	20.0	271.80	750.00	1,021.80	3.9
16-18	2	13.3	230.75	0.00	230.75	0.8
24-26	1	6.6	83.25	0.00	83.25	0.3
6-8	1	6.6	0.00	0.00	0.00	0.0
0-2	1	6.6	0.00	0.00	0.00	0.0
18-20	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 12,081.77***	***$ 13,894.29***	***$ 25,976.06***	
AGE OF CLAIMANT						
65-69	2	13.3	5,350.46	11,620.29	16,970.75	65.3
25-29	2	13.3	6,376.26	0.00	6,376.26	24.5
55-59	1	6.6	0.00	1,524.00	1,524.00	5.8
50-54	2	13.3	0.00	750.00	750.00	2.8
40-44	2	13.3	271.80	0.00	271.80	1.0
45-49	3	20.0	83.25	0.00	83.25	0.3
35-39	1	6.6	0.00	0.00	0.00	0.0
15-19	1	6.6	0.00	0.00	0.00	0.0
30-34	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 12,081.77***	***$ 13,894.29***	***$ 25,976.06***	
SEX OF CLAIMANT						
Female	13	86.6	12,081.77	11,620.29	23,702.06	91.2
Male	2	13.3	0.00	2,274.00	2,274.00	8.7
	15		***$ 12,081.77***	***$ 13,894.29***	***$ 25,976.06***	
LOSS CAUSE						
Stairs, steps	2	13.3	5,119.71	11,620.29	16,740.00	64.4
Elevators, escalators	2	13.3	6,376.26	0.00	6,376.26	24.5
Vehicle/car/truck	1	6.6	0.00	1,524.00	1,524.00	5.8
Vehicle, not otherwise classified	1	6.6	0.00	750.00	750.00	2.8
Walking surface, inside, dry	2	13.3	502.55	0.00	502.55	1.9
Boxes / containers	2	13.3	83.25	0.00	83.25	0.3
Animal / bee type	1	6.6	0.00	0.00	0.00	0.0
Building parts / doors	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Taxation, Department Of (161)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object on Floor	1	6.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	13.3	0.00	0.00	0.00	0.0
	15		***$ 12,081.77***	***$ 13,894.29***	***$ 25,976.06***	

ACCIDENT TYPE

Fall or slip (on stairs)	1	6.6	5,119.71	11,620.29	16,740.00	64.4
Fall or Slip (On Same Level)	5	33.3	6,878.81	0.00	6,878.81	26.4
Vehicle Upset	1	6.6	0.00	1,524.00	1,524.00	5.8
Collision/sideswipe with Another Vehicle	1	6.6	0.00	750.00	750.00	2.8
Lifting (strain or Injury by)	2	13.3	83.25	0.00	83.25	0.3
Animal Or Insect	1	6.6	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	6.6	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	6.6	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		***$ 12,081.77***	***$ 13,894.29***	***$ 25,976.06***	

***BODY PART

Lower Leg	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Skull	1
Shoulder	2
Soft Tissue - Neck	2
Facial, Other Soft Tissue	1
Knee	3
Ankle	1
Foot	1
Hand	2
Lower Arm	1
Upper Leg	1
Wrist	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

Fracture	1
Contusion	6
Strain	11
Multiple Physical Injuries Only	1
Laceration	1
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Aging, Dept. Of (163)
SubAgency:

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						
12-14	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, 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***						
Hip	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***						
Laceration	1					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Housing & Community Development (165)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
TIME OF INJURY						
4PM-5:59PM	1	33.3	3,529.27	1,194.08	4,723.35	98.0
12PM-1:59PM	1	33.3	96.00	0.00	96.00	1.9
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,625.27***	***$ 1,194.08***	***$ 4,819.35***	
LENGTH OF SERVICE						
16-18	2	66.6	3,529.27	1,194.08	4,723.35	98.0
4-6	1	33.3	96.00	0.00	96.00	1.9
	3		***$ 3,625.27***	***$ 1,194.08***	***$ 4,819.35***	
AGE OF CLAIMANT						
40-44	2	66.6	3,625.27	1,194.08	4,819.35	100.0
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,625.27***	***$ 1,194.08***	***$ 4,819.35***	
SEX OF CLAIMANT						
Male	2	66.6	3,625.27	1,194.08	4,819.35	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,625.27***	***$ 1,194.08***	***$ 4,819.35***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	3,529.27	1,194.08	4,723.35	98.0
Building parts / doors	2	66.6	96.00	0.00	96.00	1.9
	3		***$ 3,625.27***	***$ 1,194.08***	***$ 4,819.35***	
ACCIDENT TYPE						
Vehicle Upset	1	33.3	3,529.27	1,194.08	4,723.35	98.0
Object Handled (caught in or between)	1	33.3	96.00	0.00	96.00	1.9
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,625.27***	***$ 1,194.08***	***$ 4,819.35***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	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***	
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Corporation Commission (171)
SubAgency: State Corporation (171)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	33.3	876.95	0.00	876.95	49.2
6PM-7:59PM	1	33.3	0.00	750.00	750.00	42.0
10AM-11:59AM	1	33.3	155.00	0.00	155.00	8.7
	3		***$ 1,031.95***	***$ 750.00***	***$ 1,781.95***	
LENGTH OF SERVICE						
6-8	1	33.3	876.95	0.00	876.95	49.2
4-6	1	33.3	0.00	750.00	750.00	42.0
0-2	1	33.3	155.00	0.00	155.00	8.7
	3		***$ 1,031.95***	***$ 750.00***	***$ 1,781.95***	
AGE OF CLAIMANT						
30-34	1	33.3	876.95	0.00	876.95	49.2
45-49	1	33.3	0.00	750.00	750.00	42.0
20-24	1	33.3	155.00	0.00	155.00	8.7
	3		***$ 1,031.95***	***$ 750.00***	***$ 1,781.95***	
SEX OF CLAIMANT						
Female	2	66.6	1,031.95	0.00	1,031.95	57.9
Male	1	33.3	0.00	750.00	750.00	42.0
	3		***$ 1,031.95***	***$ 750.00***	***$ 1,781.95***	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	33.3	876.95	0.00	876.95	49.2
Walking surface, outside, dry	1	33.3	0.00	750.00	750.00	42.0
Miscellaneous	1	33.3	155.00	0.00	155.00	8.7
	3		***$ 1,031.95***	***$ 750.00***	***$ 1,781.95***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	33.3	876.95	0.00	876.95	49.2
Fall or Slip (On Same Level)	1	33.3	0.00	750.00	750.00	42.0
Slipped, Did Not Fall	1	33.3	155.00	0.00	155.00	8.7
	3		***$ 1,031.95***	***$ 750.00***	***$ 1,781.95***	
*****BODY PART***						
Hand	1					
Ankle	1					
Toe(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	1
Sprain	1
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Corporation Commission (171)
SubAgency: State Corporation (171)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Corporation Commission (171)
SubAgency: Financial Institutions (221)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	325.77	0.00	325.77	100.0
	1		***$ 325.77***	***$ 0.00***	***$ 325.77***	
LENGTH OF SERVICE						
4-6	1	100.0	325.77	0.00	325.77	100.0
	1		***$ 325.77***	***$ 0.00***	***$ 325.77***	
AGE OF CLAIMANT						
35-39	1	100.0	325.77	0.00	325.77	100.0
	1		***$ 325.77***	***$ 0.00***	***$ 325.77***	
SEX OF CLAIMANT						
Female	1	100.0	325.77	0.00	325.77	100.0
	1		***$ 325.77***	***$ 0.00***	***$ 325.77***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	325.77	0.00	325.77	100.0
	1		***$ 325.77***	***$ 0.00***	***$ 325.77***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	325.77	0.00	325.77	100.0
	1		***$ 325.77***	***$ 0.00***	***$ 325.77***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Corporation Commission (171)
SubAgency: Office Communication Comptroller (362)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	876.10	0.00	876.10	100.0
	1		***$ 876.10***	***$ 0.00***	***$ 876.10***	
LENGTH OF SERVICE						
6-8	1	100.0	876.10	0.00	876.10	100.0
	1		***$ 876.10***	***$ 0.00***	***$ 876.10***	
AGE OF CLAIMANT						
30-34	1	100.0	876.10	0.00	876.10	100.0
	1		***$ 876.10***	***$ 0.00***	***$ 876.10***	
SEX OF CLAIMANT						
Female	1	100.0	876.10	0.00	876.10	100.0
	1		***$ 876.10***	***$ 0.00***	***$ 876.10***	
LOSS CAUSE						
Boxes / containers	1	100.0	876.10	0.00	876.10	100.0
	1		***$ 876.10***	***$ 0.00***	***$ 876.10***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	876.10	0.00	876.10	100.0
	1		***$ 876.10***	***$ 0.00***	***$ 876.10***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Lottery Department (172)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	25.0	667.00	0.00	667.00	36.1
Unknown	2	16.6	513.69	0.00	513.69	27.8
6PM-7:59PM	1	8.3	480.56	0.00	480.56	26.0
8AM-9:59AM	3	25.0	181.55	0.00	181.55	9.8
2PM-3:59PM	2	16.6	0.00	0.00	0.00	0.0
12AM-1:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,842.80**	**$ 0.00**	**$ 1,842.80**	
LENGTH OF SERVICE						
12-14	3	25.0	1,134.69	0.00	1,134.69	61.5
4-6	1	8.3	480.56	0.00	480.56	26.0
6-8	1	8.3	117.90	0.00	117.90	6.4
10-12	1	8.3	63.65	0.00	63.65	3.4
2-4	3	25.0	46.00	0.00	46.00	2.5
8-10	2	16.6	0.00	0.00	0.00	0.0
0-2	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,842.80**	**$ 0.00**	**$ 1,842.80**	
AGE OF CLAIMANT						
35-39	5	41.6	1,678.90	0.00	1,678.90	91.1
30-34	2	16.6	117.90	0.00	117.90	6.4
40-44	2	16.6	46.00	0.00	46.00	2.5
20-24	1	8.3	0.00	0.00	0.00	0.0
50-54	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 1,842.80**	**$ 0.00**	**$ 1,842.80**	
SEX OF CLAIMANT						
Male	7	58.3	1,219.46	0.00	1,219.46	66.1
Female	5	41.6	623.34	0.00	623.34	33.8
	12		**$ 1,842.80**	**$ 0.00**	**$ 1,842.80**	
LOSS CAUSE						
Hand tool, not powered, NOC	3	25.0	1,219.46	0.00	1,219.46	66.1
Walking surface, outside, dry	1	8.3	513.69	0.00	513.69	27.8
Boxes / containers	2	16.6	63.65	0.00	63.65	3.4
Miscellaneous	1	8.3	46.00	0.00	46.00	2.5
Metal items	1	8.3	0.00	0.00	0.00	0.0
Wood Items	1	8.3	0.00	0.00	0.00	0.0
Animal, not otherwise classified	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
Stairs, steps	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,842.80**	**$ 0.00**	**$ 1,842.80**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	16.6	1,101.56	0.00	1,101.56	59.7
Slipped, Did Not Fall	1	8.3	513.69	0.00	513.69	27.8
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	117.90	0.00	117.90	6.4
Lifting (strain or Injury by)	2	16.6	63.65	0.00	63.65	3.4
Object Handled (caught in or between)	2	16.6	46.00	0.00	46.00	2.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Lottery Department (172)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Foreign Body In Eye	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
Animal Or Insect	1	8.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,842.80***	***$ 0.00***	***$ 1,842.80***	

***BODY PART

Finger(s)	4
Lower Arm	2
Knee	2
Shoulder	1
Eye(s)	1
Wrist	1
Elbow	1
Nose	1
Upper Arm (Inc: Clavicle and Scapula)	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

Laceration	6
Strain	4
Contusion	2
Foreign Body	1
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Labor And Industry, Dept Of (181)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	16.6	45,206.83	37,611.29	82,818.12	99.8
12PM-1:59PM	2	33.3	139.30	0.00	139.30	0.1
10AM-11:59AM	1	16.6	0.00	0.00	0.00	0.0
4PM-5:59PM	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		***$ 45,346.13***	***$ 37,611.29***	***$ 82,957.42***	
LENGTH OF SERVICE						
0-2	1	16.6	45,206.83	37,611.29	82,818.12	99.8
2-4	1	16.6	79.00	0.00	79.00	0.1
8-10	1	16.6	60.30	0.00	60.30	0.0
12-14	1	16.6	0.00	0.00	0.00	0.0
6-8	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 45,346.13***	***$ 37,611.29***	***$ 82,957.42***	
AGE OF CLAIMANT						
35-39	1	16.6	45,206.83	37,611.29	82,818.12	99.8
30-34	1	16.6	79.00	0.00	79.00	0.1
45-49	1	16.6	60.30	0.00	60.30	0.0
50-54	1	16.6	0.00	0.00	0.00	0.0
55-59	1	16.6	0.00	0.00	0.00	0.0
65-69	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 45,346.13***	***$ 37,611.29***	***$ 82,957.42***	
SEX OF CLAIMANT						
Male	3	50.0	45,206.83	37,611.29	82,818.12	99.8
Female	3	50.0	139.30	0.00	139.30	0.1
	6		***$ 45,346.13***	***$ 37,611.29***	***$ 82,957.42***	
LOSS CAUSE						
Vehicle/car/truck	1	16.6	45,206.83	37,611.29	82,818.12	99.8
Animal / insect, not otherwise classified	1	16.6	79.00	0.00	79.00	0.1
Miscellaneous	1	16.6	60.30	0.00	60.30	0.0
Forklift	1	16.6	0.00	0.00	0.00	0.0
Office equipment	1	16.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 45,346.13***	***$ 37,611.29***	***$ 82,957.42***	
ACCIDENT TYPE						
Vehicle Upset	1	16.6	45,206.83	37,611.29	82,818.12	99.8
Animal Or Insect	1	16.6	79.00	0.00	79.00	0.1
Foreign Body In Eye	1	16.6	60.30	0.00	60.30	0.0
Repetitive Motion	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
Strike Against/Step on Stationary Object	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 45,346.13***	***$ 37,611.29***	***$ 82,957.42***	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Foot	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Labor And Industry, Dept Of (181)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Upper Leg	1					
Eye(s)	1					
Knee	1					
Thumb	1					
Wrist	1					
Multiple Head Injury	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					
Puncture	2					
Foreign Body	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Employment Commission (182)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	7	21.8	13,489.09	16,162.43	29,651.52	45.6
10AM-11:59AM	5	15.6	1,559.25	15,286.39	16,845.64	25.9
12PM-1:59PM	6	18.7	7,807.95	7,938.26	15,746.21	24.2
12AM-1:59AM	5	15.6	0.00	1,750.00	1,750.00	2.7
8AM-9:59AM	5	15.6	0.00	750.00	750.00	1.1
4PM-5:59PM	3	9.3	186.39	0.00	186.39	0.2
6AM-7:59AM	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 23,042.68***	***$ 41,887.08***	***$ 64,929.76***	
LENGTH OF SERVICE						
2-4	7	21.8	13,489.09	16,162.43	29,651.52	45.6
0-2	12	37.5	5,856.35	23,224.65	29,081.00	44.7
18-20	3	9.3	3,145.75	0.00	3,145.75	4.8
4-6	2	6.2	0.00	1,750.00	1,750.00	2.7
30-32	1	3.1	0.00	750.00	750.00	1.1
24-26	3	9.3	365.10	0.00	365.10	0.5
26-28	2	6.2	186.39	0.00	186.39	0.2
6-8	1	3.1	0.00	0.00	0.00	0.0
Unknown	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 23,042.68***	***$ 41,887.08***	***$ 64,929.76***	
AGE OF CLAIMANT						
45-49	9	28.1	9,437.44	24,440.34	33,877.78	52.1
40-44	8	25.0	13,240.14	15,946.74	29,186.88	44.9
55-59	7	21.8	365.10	750.00	1,115.10	1.7
80-84	1	3.1	0.00	750.00	750.00	1.1
35-39	4	12.5	0.00	0.00	0.00	0.0
50-54	2	6.2	0.00	0.00	0.00	0.0
Unknown	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 23,042.68***	***$ 41,887.08***	***$ 64,929.76***	
SEX OF CLAIMANT						
Female	28	87.5	23,042.68	41,887.08	64,929.76	100.0
Male	4	12.5	0.00	0.00	0.00	0.0
	32		***$ 23,042.68***	***$ 41,887.08***	***$ 64,929.76***	
LOSS CAUSE						
Stairs, steps	3	9.3	1,559.25	14,536.39	16,095.64	24.7
Chair	4	12.5	4,546.05	10,653.95	15,200.00	23.4
Walking surface, inside, wet	1	3.1	8,943.04	5,508.48	14,451.52	22.2
Vehicle/car/truck	2	6.2	4,297.10	7,938.26	12,235.36	18.8
Walking surface, outside, dry	2	6.2	3,510.85	0.00	3,510.85	5.4
Office equipment	2	6.2	0.00	1,750.00	1,750.00	2.7
Walking surface, inside, dry	2	6.2	0.00	1,500.00	1,500.00	2.3
Boxes / containers	3	9.3	186.39	0.00	186.39	0.2
Animal / insect, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Building parts / doors	2	6.2	0.00	0.00	0.00	0.0
Environmental conditions	1	3.1	0.00	0.00	0.00	0.0
Furniture / fixtures	4	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Employment Commission (182)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Person	1	3.1	0.00	0.00	0.00	0.0
Floor	1	3.1	0.00	0.00	0.00	0.0
Metal items	2	6.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 23,042.68***	***$ 41,887.08***	***$ 64,929.76***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	10	31.2	16,999.94	17,662.43	34,662.37	53.3
Fall or slip (on stairs)	3	9.3	1,559.25	14,536.39	16,095.64	24.7
Collision/sideswipe with Another Vehicle	2	6.2	4,297.10	7,938.26	12,235.36	18.8
Repetitive Motion	2	6.2	0.00	1,750.00	1,750.00	2.7
Lifting (strain or Injury by)	3	9.3	186.39	0.00	186.39	0.2
Animal Or Insect	1	3.1	0.00	0.00	0.00	0.0
Contact with Electric Current	1	3.1	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	3.1	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	3	9.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	6.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	3.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	6.2	0.00	0.00	0.00	0.0
	32		***$ 23,042.68***	***$ 41,887.08***	***$ 64,929.76***	

***BODY PART**

Lower Leg	3
Shoulder	2
Abdomen including Groin	1
Buttocks	2
Hip	4
Soft Tissue - Neck	3
Wrist	2
Knee	5
Ankle	2
Elbow	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Nose	1
Lower Arm	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Foot	2
Heart	1
Upper Leg	2
Wrist(s) & Hand(s)	1
Hand	1
No Physical Problem	2
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Employment Commission (182)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	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	20
Fracture	1
Carpal Tunnel Syndrome	2
Sprain	4
Contusion	10
Multiple Physical Injuries Only	1
Puncture	2
Laceration	2
No Physical Injury	3
	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Workers' Comp. Commission (191)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	12.5	290.80	0.00	290.80	58.2
8AM-9:59AM	2	25.0	208.84	0.00	208.84	41.8
10AM-11:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM-1:59PM	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
	8		***$ 499.64***	***$ 0.00***	***$ 499.64***	
LENGTH OF SERVICE						
0-2	1	12.5	290.80	0.00	290.80	58.2
4-6	1	12.5	208.84	0.00	208.84	41.8
12-14	1	12.5	0.00	0.00	0.00	0.0
2-4	4	50.0	0.00	0.00	0.00	0.0
6-8	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 499.64***	***$ 0.00***	***$ 499.64***	
AGE OF CLAIMANT						
15-19	1	12.5	290.80	0.00	290.80	58.2
70-74	2	25.0	208.84	0.00	208.84	41.8
20-24	2	25.0	0.00	0.00	0.00	0.0
25-29	2	25.0	0.00	0.00	0.00	0.0
35-39	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 499.64***	***$ 0.00***	***$ 499.64***	
SEX OF CLAIMANT						
Male	3	37.5	499.64	0.00	499.64	100.0
Female	5	62.5	0.00	0.00	0.00	0.0
	8		***$ 499.64***	***$ 0.00***	***$ 499.64***	
LOSS CAUSE						
Electrical equipment	1	12.5	290.80	0.00	290.80	58.2
Boxes / containers	2	25.0	208.84	0.00	208.84	41.8
Building parts / doors	1	12.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	12.5	0.00	0.00	0.00	0.0
Metal items	1	12.5	0.00	0.00	0.00	0.0
Office equipment	1	12.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 499.64***	***$ 0.00***	***$ 499.64***	
ACCIDENT TYPE						
Contact with Electric Current	1	12.5	290.80	0.00	290.80	58.2
Lifting (strain or Injury by)	2	25.0	208.84	0.00	208.84	41.8
Fall or Slip (On Same Level)	1	12.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	25.0	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
Strike Against/Step On Obj. Being Lifted or Handle	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 499.64***	***$ 0.00***	***$ 499.64***	
****BODY PART**						
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Workers' Comp. Commission (191)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Facial, Other Soft Tissue	1					
Hand	2					
Hip	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	5					
Contusion	2					
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	5.5	0.00	14,010.56	14,010.56	84.6
8AM-9:59AM	4	22.2	1,970.01	0.00	1,970.01	11.9
4PM-5:59PM	1	5.5	317.39	0.00	317.39	1.9
10AM-11:59AM	2	11.1	256.50	0.00	256.50	1.5
2PM-3:59PM	5	27.7	0.00	0.00	0.00	0.0
Unknown	1	5.5	0.00	0.00	0.00	0.0
12PM-1:59PM	3	16.6	0.00	0.00	0.00	0.0
6PM-7:59PM	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 2,543.90**	**$ 14,010.56**	**$ 16,554.46**	
LENGTH OF SERVICE						
0-2	3	16.6	1,012.12	14,010.56	15,022.68	90.7
2-4	6	33.3	1,275.28	0.00	1,275.28	7.7
8-10	1	5.5	172.50	0.00	172.50	1.0
12-14	1	5.5	84.00	0.00	84.00	0.5
30-32	1	5.5	0.00	0.00	0.00	0.0
4-6	2	11.1	0.00	0.00	0.00	0.0
6-8	1	5.5	0.00	0.00	0.00	0.0
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
22-24	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 2,543.90**	**$ 14,010.56**	**$ 16,554.46**	
AGE OF CLAIMANT						
25-29	4	22.2	172.50	14,010.56	14,183.06	85.6
70-74	1	5.5	1,012.12	0.00	1,012.12	6.1
40-44	3	16.6	957.89	0.00	957.89	5.7
45-49	4	22.2	317.39	0.00	317.39	1.9
35-39	2	11.1	84.00	0.00	84.00	0.5
30-34	2	11.1	0.00	0.00	0.00	0.0
50-54	1	5.5	0.00	0.00	0.00	0.0
55-59	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 2,543.90**	**$ 14,010.56**	**$ 16,554.46**	
SEX OF CLAIMANT						
Male	11	61.1	2,399.60	14,010.56	16,410.16	99.1
Female	7	38.8	144.30	0.00	144.30	0.8
	18		**$ 2,543.90**	**$ 14,010.56**	**$ 16,554.46**	
LOSS CAUSE						
Furniture / fixtures	1	5.5	0.00	14,010.56	14,010.56	84.6
Walking surface, inside, dry	2	11.1	1,012.12	0.00	1,012.12	6.1
Environmental conditions	1	5.5	897.59	0.00	897.59	5.4
Hand tool, not powered, NOC	3	16.6	401.39	0.00	401.39	2.4
Boxes / containers	1	5.5	172.50	0.00	172.50	1.0
Chemicals, not otherwise classified	1	5.5	60.30	0.00	60.30	0.3
Animal / insect, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Trash receptacle	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Vehicle, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Minerals / dirt	2	11.1	0.00	0.00	0.00	0.0
Razor blade	1	5.5	0.00	0.00	0.00	0.0
Shelving	1	5.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 2,543.90***	***$ 14,010.56***	***$ 16,554.46***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	11.1	0.00	14,010.56	14,010.56	84.6
Fall or Slip (On Same Level)	4	22.2	1,184.62	0.00	1,184.62	7.1
Absorb, Ingest, Inhalation	2	11.1	957.89	0.00	957.89	5.7
Struck/Injured by Hand Tool/Machine In Use	1	5.5	317.39	0.00	317.39	1.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	11.1	84.00	0.00	84.00	0.5
Animal Or Insect	1	5.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	11.1	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	5.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	11.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 2,543.90***	***$ 14,010.56***	***$ 16,554.46***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Hand	1
Skull	1
Lower Arm	2
Shoulder	1
Thumb	2
Eye(s)	3
Upper Leg	2
Ankle	1
Finger(s)	3
Wrist(s) & Hand(s)	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	4
Contusion	5
No Physical Injury	1
Puncture	4
Foreign Body	2
Inflamation	1
Laceration	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: 209 9th St. Office (194)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	18.5	4,627.78	2,912.56	7,540.34	61.5
12PM-1:59PM	6	22.2	1,828.84	0.00	1,828.84	14.9
10AM-11:59AM	7	25.9	464.00	1,235.40	1,699.40	13.8
6AM-7:59AM	2	7.4	839.75	0.00	839.75	6.8
6PM-7:59PM	1	3.7	190.80	0.00	190.80	1.5
2PM-3:59PM	3	11.1	140.87	0.00	140.87	1.1
Unknown	1	3.7	19.20	0.00	19.20	0.1
12AM-1:59AM	2	7.4	0.00	0.00	0.00	0.0
	27		***$ 8,111.24***	***$ 4,147.96***	***$ 12,259.20***	
LENGTH OF SERVICE						
2-4	6	22.2	2,171.38	2,643.40	4,814.78	39.2
24-26	2	7.4	4,040.34	0.00	4,040.34	32.9
8-10	5	18.5	886.31	754.56	1,640.87	13.3
0-2	5	18.5	145.74	750.00	895.74	7.3
4-6	4	14.8	850.97	0.00	850.97	6.9
36-38	1	3.7	16.50	0.00	16.50	0.1
12-14	1	3.7	0.00	0.00	0.00	0.0
18-20	1	3.7	0.00	0.00	0.00	0.0
10-12	1	3.7	0.00	0.00	0.00	0.0
22-24	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 8,111.24***	***$ 4,147.96***	***$ 12,259.20***	
AGE OF CLAIMANT						
50-54	5	18.5	4,880.09	750.00	5,630.09	45.9
40-44	3	11.1	1,121.63	2,643.40	3,765.03	30.7
60-64	2	7.4	1,061.91	485.40	1,547.31	12.6
45-49	4	14.8	480.84	269.16	750.00	6.1
25-29	4	14.8	336.54	0.00	336.54	2.7
35-39	4	14.8	194.53	0.00	194.53	1.5
75-79	1	3.7	19.20	0.00	19.20	0.1
55-59	2	7.4	16.50	0.00	16.50	0.1
30-34	1	3.7	0.00	0.00	0.00	0.0
70-74	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 8,111.24***	***$ 4,147.96***	***$ 12,259.20***	
SEX OF CLAIMANT						
Male	12	44.4	5,745.20	3,128.80	8,874.00	72.3
Female	15	55.5	2,366.04	1,019.16	3,385.20	27.6
	27		***$ 8,111.24***	***$ 4,147.96***	***$ 12,259.20***	
LOSS CAUSE						
Miscellaneous	1	3.7	4,040.34	0.00	4,040.34	32.9
Hand tool, powered, NOC	1	3.7	106.60	2,643.40	2,750.00	22.4
Walking surface, outside, dry	2	7.4	1,278.15	269.16	1,547.31	12.6
Chemicals, not otherwise classified	5	18.5	1,177.27	0.00	1,177.27	9.6
Stairs, steps	1	3.7	839.75	0.00	839.75	6.8
Metal items	3	11.1	0.00	750.00	750.00	6.1
Walking surface, inside, wet	1	3.7	264.60	485.40	750.00	6.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: 209 9th St. Office (194)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Furniture / fixtures	3	11.1	190.80	0.00	190.80	1.5
Minerals / dirt	1	3.7	140.87	0.00	140.87	1.1
Vehicle/car/truck	1	3.7	53.66	0.00	53.66	0.4
Door	1	3.7	19.20	0.00	19.20	0.1
Animal / insect, not otherwise classified	1	3.7	0.00	0.00	0.00	0.0
Environmental conditions	1	3.7	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	3.7	0.00	0.00	0.00	0.0
Cart	2	7.4	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	3.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 8,111.24***	***$ 4,147.96***	***$ 12,259.20***	

ACCIDENT TYPE

Lifting (strain or Injury by)	2	7.4	4,231.14	0.00	4,231.14	34.5
Fall or Slip (On Same Level)	1	3.7	106.60	2,643.40	2,750.00	22.4
Twisting, strain or injury by	3	11.1	1,331.81	269.16	1,600.97	13.0
Foreign Body In Eye	3	11.1	1,155.90	0.00	1,155.90	9.4
Fall or slip (on stairs)	1	3.7	839.75	0.00	839.75	6.8
Fall or Slip (From Liquid/Grease spills)	1	3.7	264.60	485.40	750.00	6.1
Object being lifted/handled (cut,punc.scrape,inj b	2	7.4	0.00	750.00	750.00	6.1
Acid Chemicals Burn or Scald - Heat or Cold Exp.	2	7.4	145.74	0.00	145.74	1.1
Object Handled (caught in or between)	1	3.7	19.20	0.00	19.20	0.1
Stress	1	3.7	16.50	0.00	16.50	0.1
Animal Or Insect	1	3.7	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	2	7.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	5	18.5	0.00	0.00	0.00	0.0
Temperature Extremes	1	3.7	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 8,111.24***	***$ 4,147.96***	***$ 12,259.20***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hip	2
Knee	2
Eye(s)	3
Lower Leg	5
Facial, Other Soft Tissue	3
Ankle	1
Thumb	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Arm	2
Whole Body	1
Abdomen including Groin	1
Finger(s)	2
Hand	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: 209 9th St. Office (194)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
*****INJURY***						
Strain	11					
Foreign Body	3					
Contusion	4					
Burn	4					
Laceration	4					
No Physical Injury	1					
Puncture	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: Consolidated Labs (602)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	66.6	373.29	0.00	373.29	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 373.29***	***$ 0.00***	***$ 373.29***	
LENGTH OF SERVICE						
26-28	1	33.3	373.29	0.00	373.29	100.0
4-6	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		***$ 373.29***	***$ 0.00***	***$ 373.29***	
AGE OF CLAIMANT						
60-64	1	33.3	373.29	0.00	373.29	100.0
30-34	1	33.3	0.00	0.00	0.00	0.0
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 373.29***	***$ 0.00***	***$ 373.29***	
SEX OF CLAIMANT						
Female	2	66.6	373.29	0.00	373.29	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 373.29***	***$ 0.00***	***$ 373.29***	
LOSS CAUSE						
Boxes / containers	1	33.3	373.29	0.00	373.29	100.0
Chemicals, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Door	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 373.29***	***$ 0.00***	***$ 373.29***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	33.3	373.29	0.00	373.29	100.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 373.29***	***$ 0.00***	***$ 373.29***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Facial, Other Soft Tissue	1
Hand	1
Mouth	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
Contusion	1
Dermatitis	1
Laceration	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of General Services (194)
SubAgency: Consolidated Labs (602)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Soil & Water (15)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	33.3	449.23	0.00	449.23	55.4
10AM-11:59AM	1	33.3	222.34	0.00	222.34	27.4
8AM-9:59AM	1	33.3	138.76	0.00	138.76	17.1
	3		***$ 810.33***	***$ 0.00***	***$ 810.33***	
LENGTH OF SERVICE						
2-4	1	33.3	449.23	0.00	449.23	55.4
0-2	1	33.3	222.34	0.00	222.34	27.4
4-6	1	33.3	138.76	0.00	138.76	17.1
	3		***$ 810.33***	***$ 0.00***	***$ 810.33***	
AGE OF CLAIMANT						
25-29	2	66.6	671.57	0.00	671.57	82.8
35-39	1	33.3	138.76	0.00	138.76	17.1
	3		***$ 810.33***	***$ 0.00***	***$ 810.33***	
SEX OF CLAIMANT						
Female	3	100.0	810.33	0.00	810.33	100.0
	3		***$ 810.33***	***$ 0.00***	***$ 810.33***	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	449.23	0.00	449.23	55.4
Metal items	1	33.3	222.34	0.00	222.34	27.4
Boxes / containers	1	33.3	138.76	0.00	138.76	17.1
	3		***$ 810.33***	***$ 0.00***	***$ 810.33***	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	33.3	449.23	0.00	449.23	55.4
Strike Against/Step on Stationary Object	1	33.3	222.34	0.00	222.34	27.4
Lifting (strain or Injury by)	1	33.3	138.76	0.00	138.76	17.1
	3		***$ 810.33***	***$ 0.00***	***$ 810.33***	
*****BODY PART***						
Foot	1					
Finger(s)	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***	
Fracture	1
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Staunton River Battlefield State Par (730)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	45.00	0.00	45.00	100.0
	1		***$ 45.00***	***$ 0.00***	***$ 45.00***	
LENGTH OF SERVICE						
16-18	1	100.0	45.00	0.00	45.00	100.0
	1		***$ 45.00***	***$ 0.00***	***$ 45.00***	
AGE OF CLAIMANT						
50-54	1	100.0	45.00	0.00	45.00	100.0
	1		***$ 45.00***	***$ 0.00***	***$ 45.00***	
SEX OF CLAIMANT						
Male	1	100.0	45.00	0.00	45.00	100.0
	1		***$ 45.00***	***$ 0.00***	***$ 45.00***	
LOSS CAUSE						
Miscellaneous	1	100.0	45.00	0.00	45.00	100.0
	1		***$ 45.00***	***$ 0.00***	***$ 45.00***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	45.00	0.00	45.00	100.0
	1		***$ 45.00***	***$ 0.00***	***$ 45.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Wilderness Road State Park (732)

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						
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						
Metal items	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***						
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Andy Guest / Shenandoah State Park (733)

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						
75-79	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***		
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr James River State Park (734)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	2	50.0	343.18	417.62	760.80	84.1
10AM-11:59AM	2	50.0	143.86	0.00	143.86	15.9
	4		***$ 487.04***	***$ 417.62***	***$ 904.66***	
LENGTH OF SERVICE						
2-4	1	25.0	343.18	417.62	760.80	84.1
0-2	3	75.0	143.86	0.00	143.86	15.9
	4		***$ 487.04***	***$ 417.62***	***$ 904.66***	
AGE OF CLAIMANT						
20-24	1	25.0	343.18	417.62	760.80	84.1
25-29	1	25.0	143.86	0.00	143.86	15.9
15-19	1	25.0	0.00	0.00	0.00	0.0
35-39	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 487.04***	***$ 417.62***	***$ 904.66***	
SEX OF CLAIMANT						
Male	3	75.0	487.04	417.62	904.66	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 487.04***	***$ 417.62***	***$ 904.66***	
LOSS CAUSE						
Machine, not otherwise classified	1	25.0	343.18	417.62	760.80	84.1
Boxes / containers	1	25.0	143.86	0.00	143.86	15.9
Infectious agent	1	25.0	0.00	0.00	0.00	0.0
Metal items	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 487.04***	***$ 417.62***	***$ 904.66***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	343.18	417.62	760.80	84.1
Pushing Or Pulling (Strain or Injury by)	1	25.0	143.86	0.00	143.86	15.9
Exposure to Poisonous Agent / Plant	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
	4		***$ 487.04***	***$ 417.62***	***$ 904.66***	
*****BODY PART***						
Foot	1					
Wrist	2					
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***	
Contusion	1
Sprain	1
Dermatitis	2
Laceration	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr James River State Park (734)

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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Bear Creek Lake State Park (750)

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						
4-6	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						
Vehicle, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	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***						
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Caledon Natural Area (751)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	2,800.28	0.00	2,800.28	100.0
	1		***$ 2,800.28***	***$ 0.00***	***$ 2,800.28***	
LENGTH OF SERVICE						
4-6	1	100.0	2,800.28	0.00	2,800.28	100.0
	1		***$ 2,800.28***	***$ 0.00***	***$ 2,800.28***	
AGE OF CLAIMANT						
50-54	1	100.0	2,800.28	0.00	2,800.28	100.0
	1		***$ 2,800.28***	***$ 0.00***	***$ 2,800.28***	
SEX OF CLAIMANT						
Male	1	100.0	2,800.28	0.00	2,800.28	100.0
	1		***$ 2,800.28***	***$ 0.00***	***$ 2,800.28***	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	2,800.28	0.00	2,800.28	100.0
	1		***$ 2,800.28***	***$ 0.00***	***$ 2,800.28***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	2,800.28	0.00	2,800.28	100.0
	1		***$ 2,800.28***	***$ 0.00***	***$ 2,800.28***	
*****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	

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

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Chippokes Plantation State Park (752)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	2	40.0	5.99	744.01	750.00	56.9
12PM-1:59PM	2	40.0	567.78	0.00	567.78	43.0
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 573.77***	***$ 744.01***	***$ 1,317.78***	
LENGTH OF SERVICE						
0-2	3	60.0	573.77	744.01	1,317.78	100.0
2-4	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		***$ 573.77***	***$ 744.01***	***$ 1,317.78***	
AGE OF CLAIMANT						
55-59	2	40.0	5.99	744.01	750.00	56.9
25-29	1	20.0	567.78	0.00	567.78	43.0
15-19	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		***$ 573.77***	***$ 744.01***	***$ 1,317.78***	
SEX OF CLAIMANT						
Male	2	40.0	573.77	744.01	1,317.78	100.0
Female	3	60.0	0.00	0.00	0.00	0.0
	5		***$ 573.77***	***$ 744.01***	***$ 1,317.78***	
LOSS CAUSE						
Brush / tree / log	1	20.0	5.99	744.01	750.00	56.9
Person	1	20.0	567.78	0.00	567.78	43.0
Chair	1	20.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 573.77***	***$ 744.01***	***$ 1,317.78***	
ACCIDENT TYPE						
Foreign Body In Eye	1	20.0	5.99	744.01	750.00	56.9
Stuck, injured by fellow worker, patient	1	20.0	567.78	0.00	567.78	43.0
Contact With Hot Object or Substances	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
Fall or slip (on stairs)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 573.77***	***$ 744.01***	***$ 1,317.78***	
*****BODY PART***						
Eye(s)	1					
Shoulder	1					
Soft Tissue - Neck	1					
Ankle	1					
Buttocks	1					
Hand	1					
Lower Arm	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Chippokes Plantation State Park (752)

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	3
Foreign Body	1
Burn	1
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Claytor Lake State Park (753)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	44.4	1,636.59	0.00	1,636.59	49.0
12PM-1:59PM	3	33.3	1,600.35	0.00	1,600.35	47.9
4PM-5:59PM	1	11.1	97.60	0.00	97.60	2.9
2PM-3:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,334.54***	***$ 0.00***	***$ 3,334.54***	
LENGTH OF SERVICE						
0-2	5	55.5	2,233.59	0.00	2,233.59	66.9
2-4	2	22.2	1,003.35	0.00	1,003.35	30.0
26-28	1	11.1	97.60	0.00	97.60	2.9
30-32	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,334.54***	***$ 0.00***	***$ 3,334.54***	
AGE OF CLAIMANT						
20-24	2	22.2	1,600.35	0.00	1,600.35	47.9
25-29	2	22.2	1,309.59	0.00	1,309.59	39.2
15-19	1	11.1	327.00	0.00	327.00	9.8
45-49	2	22.2	97.60	0.00	97.60	2.9
55-59	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		***$ 3,334.54***	***$ 0.00***	***$ 3,334.54***	
SEX OF CLAIMANT						
Male	8	88.8	3,334.54	0.00	3,334.54	100.0
Female	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,334.54***	***$ 0.00***	***$ 3,334.54***	
LOSS CAUSE						
Walking surface, outside, dry	2	22.2	1,309.59	0.00	1,309.59	39.2
Vehicle/car/truck	1	11.1	1,003.35	0.00	1,003.35	30.0
Animal / bee type	1	11.1	597.00	0.00	597.00	17.9
Minerals / dirt	1	11.1	327.00	0.00	327.00	9.8
Wood Items	1	11.1	97.60	0.00	97.60	2.9
Floor	1	11.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
Knife, NOC	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,334.54***	***$ 0.00***	***$ 3,334.54***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	33.3	1,309.59	0.00	1,309.59	39.2
Twisting, strain or injury by	1	11.1	1,003.35	0.00	1,003.35	30.0
Animal Or Insect	1	11.1	597.00	0.00	597.00	17.9
Foreign Body In Eye	1	11.1	327.00	0.00	327.00	9.8
Struck/Injured by Falling or Flying Object	1	11.1	97.60	0.00	97.60	2.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Claytor Lake State Park (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 3,334.54**	**$ 0.00**	**$ 3,334.54**	
***BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Leg	1					
Eye(s)	1					
Toe(s)	1					
Facial, Other Soft Tissue	1					
Thumb	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	2					
Sprain	1					
Puncture	1					
Contusion	1					
Foreign Body	1					
Crushing	1					
Laceration	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Douthat State Park (755)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	3	25.0	316.55	0.00	316.55	40.7
12PM-1:59PM	3	25.0	287.09	0.00	287.09	36.9
8AM-9:59AM	2	16.6	173.10	0.00	173.10	22.2
10AM-11:59AM	2	16.6	0.00	0.00	0.00	0.0
4PM-5:59PM	1	8.3	0.00	0.00	0.00	0.0
6PM-7:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 776.74***	***$ 0.00***	***$ 776.74***	
LENGTH OF SERVICE						
0-2	6	50.0	642.74	0.00	642.74	82.7
2-4	3	25.0	90.00	0.00	90.00	11.5
4-6	1	8.3	44.00	0.00	44.00	5.6
22-24	1	8.3	0.00	0.00	0.00	0.0
6-8	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 776.74***	***$ 0.00***	***$ 776.74***	
AGE OF CLAIMANT						
20-24	5	41.6	399.65	0.00	399.65	51.4
15-19	1	8.3	243.09	0.00	243.09	31.3
40-44	2	16.6	90.00	0.00	90.00	11.5
55-59	1	8.3	44.00	0.00	44.00	5.6
25-29	1	8.3	0.00	0.00	0.00	0.0
35-39	1	8.3	0.00	0.00	0.00	0.0
60-64	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 776.74***	***$ 0.00***	***$ 776.74***	
SEX OF CLAIMANT						
Male	8	66.6	686.74	0.00	686.74	88.4
Female	4	33.3	90.00	0.00	90.00	11.5
	12		***$ 776.74***	***$ 0.00***	***$ 776.74***	
LOSS CAUSE						
Vehicle/car/truck	1	8.3	316.55	0.00	316.55	40.7
Machine, not otherwise classified	1	8.3	243.09	0.00	243.09	31.3
Ladder, 10’ folding	1	8.3	90.00	0.00	90.00	11.5
Hand tool, not powered, NOC	1	8.3	83.10	0.00	83.10	10.7
Infectious agent	1	8.3	44.00	0.00	44.00	5.6
Miscellaneous	1	8.3	0.00	0.00	0.00	0.0
Brush / tree / log	1	8.3	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	8.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Stone / rock / brick	1	8.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	16.6	0.00	0.00	0.00	0.0
	12		***$ 776.74***	***$ 0.00***	***$ 776.74***	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	8.3	316.55	0.00	316.55	40.7
Lifting (strain or Injury by)	1	8.3	243.09	0.00	243.09	31.3
Twisting, strain or injury by	3	25.0	90.00	0.00	90.00	11.5

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Douthat State Park (755)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	83.10	0.00	83.10	10.7
Exposure to Poisonous Agent / Plant	1	8.3	44.00	0.00	44.00	5.6
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	8.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	16.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	16.6	0.00	0.00	0.00	0.0
	12		***$ 776.74***	***$ 0.00***	***$ 776.74***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Upper Leg	1
Lower Arm	1
Hand	3
Knee	1
Ankle	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.**

*****INJURY***

Strain	6
Contusion	3
Laceration	1
Dermatitis	1
Puncture	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Fairy Stone State Park (756)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	3	75.0	515.15	343.60	858.75	100.0
4PM-5:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 515.15***	***$ 343.60***	***$ 858.75***	
LENGTH OF SERVICE						
0-2	2	50.0	406.40	343.60	750.00	87.3
2-4	1	25.0	108.75	0.00	108.75	12.6
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 515.15***	***$ 343.60***	***$ 858.75***	
AGE OF CLAIMANT						
25-29	1	25.0	406.40	343.60	750.00	87.3
40-44	1	25.0	108.75	0.00	108.75	12.6
20-24	1	25.0	0.00	0.00	0.00	0.0
60-64	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 515.15***	***$ 343.60***	***$ 858.75***	
SEX OF CLAIMANT						
Female	2	50.0	515.15	343.60	858.75	100.0
Male	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 515.15***	***$ 343.60***	***$ 858.75***	
LOSS CAUSE						
Walking surface, outside, dry	1	25.0	406.40	343.60	750.00	87.3
Door	1	25.0	108.75	0.00	108.75	12.6
Minerals / dirt	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		***$ 515.15***	***$ 343.60***	***$ 858.75***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	25.0	406.40	343.60	750.00	87.3
Strike Against/Step on Stationary Object	1	25.0	108.75	0.00	108.75	12.6
Fall or Slip (From Different Level)	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		***$ 515.15***	***$ 343.60***	***$ 858.75***	
*****BODY PART***						
Foot	1					
Elbow	1					
Eye(s)	1					
Shoulder	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***	
Sprain	2
Strain	1
Contusion	1

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Fairy Stone State Park (756)

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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Twin Lakes State Park (758)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	50.0	85.89	664.11	750.00	100.0
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
Unknown	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 85.89***	***$ 664.11***	***$ 750.00***	
LENGTH OF SERVICE						
8-10	2	50.0	85.89	664.11	750.00	100.0
0-2	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 85.89***	***$ 664.11***	***$ 750.00***	
AGE OF CLAIMANT						
30-34	2	50.0	85.89	664.11	750.00	100.0
20-24	1	25.0	0.00	0.00	0.00	0.0
25-29	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 85.89***	***$ 664.11***	***$ 750.00***	
SEX OF CLAIMANT						
Female	2	50.0	85.89	664.11	750.00	100.0
Male	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 85.89***	***$ 664.11***	***$ 750.00***	
LOSS CAUSE						
Person	1	25.0	85.89	664.11	750.00	100.0
Minerals / dirt	1	25.0	0.00	0.00	0.00	0.0
Stairs, steps	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		***$ 85.89***	***$ 664.11***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	85.89	664.11	750.00	100.0
Foreign Body In Eye	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
Twisting, strain or injury by	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 85.89***	***$ 664.11***	***$ 750.00***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Eye(s)	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***	
Contusion	1
Foreign Body	1
Strain	2

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Twin Lakes State Park (758)

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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Grayson Highlands State Park (760)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	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						
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						
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
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Contact With Hot Object or Substances	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***						
Ankle	1					
Finger(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***	
Burn	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Hungry Mother State Park (763)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6PM-7:59PM	3	12.0	916.40	15,137.00	16,053.40	84.0
2PM-3:59PM	7	28.0	1,573.87	561.51	2,135.38	11.1
12PM-1:59PM	4	16.0	666.28	0.00	666.28	3.4
10AM-11:59AM	5	20.0	129.45	0.00	129.45	0.6
4PM-5:59PM	2	8.0	115.13	0.00	115.13	0.6
6AM-7:59AM	1	4.0	0.00	0.00	0.00	0.0
8AM-9:59AM	2	8.0	0.00	0.00	0.00	0.0
Unknown	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 3,401.13***	***$ 15,698.51***	***$ 19,099.64***	
LENGTH OF SERVICE						
2-4	5	20.0	1,453.51	15,137.00	16,590.51	86.8
0-2	18	72.0	1,621.94	561.51	2,183.45	11.4
28-30	1	4.0	262.44	0.00	262.44	1.3
4-6	1	4.0	63.24	0.00	63.24	0.3
	25		***$ 3,401.13***	***$ 15,698.51***	***$ 19,099.64***	
AGE OF CLAIMANT						
45-49	2	8.0	580.72	15,137.00	15,717.72	82.2
20-24	6	24.0	1,076.62	561.51	1,638.13	8.5
35-39	1	4.0	844.17	0.00	844.17	4.4
15-19	11	44.0	573.94	0.00	573.94	3.0
40-44	2	8.0	325.68	0.00	325.68	1.7
25-29	1	4.0	0.00	0.00	0.00	0.0
30-34	1	4.0	0.00	0.00	0.00	0.0
50-54	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 3,401.13***	***$ 15,698.51***	***$ 19,099.64***	
SEX OF CLAIMANT						
Male	20	80.0	2,493.72	15,698.51	18,192.23	95.2
Female	5	20.0	907.41	0.00	907.41	4.7
	25		***$ 3,401.13***	***$ 15,698.51***	***$ 19,099.64***	
LOSS CAUSE						
Dishes	1	4.0	580.72	15,137.00	15,717.72	82.2
Knife, NOC	2	8.0	619.82	561.51	1,181.33	6.1
Building parts / doors	1	4.0	844.17	0.00	844.17	4.4
Infectious agent	9	36.0	516.04	0.00	516.04	2.7
Hand tool, not powered, NOC	2	8.0	441.46	0.00	441.46	2.3
Animal / insect, not otherwise classified	2	8.0	335.68	0.00	335.68	1.7
Fire / Flame / Smoke	1	4.0	63.24	0.00	63.24	0.3
Miscellaneous	1	4.0	0.00	0.00	0.00	0.0
Furniture / fixtures	2	8.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	8.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	4.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Hungry Mother State Park (763)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	25		***$ 3,401.13***	***$ 15,698.51***	***$ 19,099.64***	
ACCIDENT TYPE						
Cut,puncture,scrape, injured by (Broken Glass)	1	4.0	580.72	15,137.00	15,717.72	82.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	12.0	1,061.28	561.51	1,622.79	8.5
Strike Against/Step on Stationary Object	1	4.0	844.17	0.00	844.17	4.4
Exposure to Poisonous Agent / Plant	8	32.0	516.04	0.00	516.04	2.7
Animal Or Insect	2	8.0	335.68	0.00	335.68	1.7
Contact With Hot Object or Substances	1	4.0	63.24	0.00	63.24	0.3
Other (Not Otherwise Classified)	1	4.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	4.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	4.0	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	4.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	8.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	3	12.0	0.00	0.00	0.00	0.0
	25		***$ 3,401.13***	***$ 15,698.51***	***$ 19,099.64***	

*****BODY PART***	
Finger(s)	5
Hand	6
Lower Arm	8
Thumb	1
Facial, Other Soft Tissue	3
Soft Tissue - Neck	2
Elbow	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Heart	1
Buttocks	1
Foot	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***	
Laceration	6
Puncture	4
Dermatitis	14
Burn	2
Inflamation	1
Myocardial Infarction (Heart Attack)	1
Contusion	4
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Lake Anna State Park (764)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	934.72	0.00	934.72	100.0
12AM-1:59AM	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		***$ 934.72***	***$ 0.00***	***$ 934.72***	
LENGTH OF SERVICE						
2-4	1	33.3	934.72	0.00	934.72	100.0
0-2	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 934.72***	***$ 0.00***	***$ 934.72***	
AGE OF CLAIMANT						
25-29	2	66.6	934.72	0.00	934.72	100.0
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 934.72***	***$ 0.00***	***$ 934.72***	
SEX OF CLAIMANT						
Male	2	66.6	934.72	0.00	934.72	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 934.72***	***$ 0.00***	***$ 934.72***	
LOSS CAUSE						
Animal, not otherwise classified	1	33.3	934.72	0.00	934.72	100.0
Animal / bee type	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		***$ 934.72***	***$ 0.00***	***$ 934.72***	
ACCIDENT TYPE						
Animal Or Insect	2	66.6	934.72	0.00	934.72	100.0
Allergic Reaction	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 934.72***	***$ 0.00***	***$ 934.72***	

*****BODY PART***	
Wrist(s) & Hand(s)	1
Facial, Other Soft Tissue	1
Lower Arm	1
Soft Tissue - Neck	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***	
Puncture	1
Dermatitis	3
Inflamation	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Leesylvania State Park (765)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	100.0	1,364.87	0.00	1,364.87	100.0
	1		***$ 1,364.87***	***$ 0.00***	***$ 1,364.87***	
LENGTH OF SERVICE						
16-18	1	100.0	1,364.87	0.00	1,364.87	100.0
	1		***$ 1,364.87***	***$ 0.00***	***$ 1,364.87***	
AGE OF CLAIMANT						
40-44	1	100.0	1,364.87	0.00	1,364.87	100.0
	1		***$ 1,364.87***	***$ 0.00***	***$ 1,364.87***	
SEX OF CLAIMANT						
Male	1	100.0	1,364.87	0.00	1,364.87	100.0
	1		***$ 1,364.87***	***$ 0.00***	***$ 1,364.87***	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	1,364.87	0.00	1,364.87	100.0
	1		***$ 1,364.87***	***$ 0.00***	***$ 1,364.87***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	1,364.87	0.00	1,364.87	100.0
	1		***$ 1,364.87***	***$ 0.00***	***$ 1,364.87***	
*****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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Mason Neck State Park (766)

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						
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						
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						
Hand tool, not powered, NOC	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						
Struck/Injured by Object Being Lifted/Handled	1	50.0	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	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					
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***						
Contusion	1					
Heat Prostration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Natural Tunnel State Park (767)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	16.6	1,307.98	0.00	1,307.98	100.0
10AM-11:59AM	3	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	16.6	0.00	0.00	0.00	0.0
4PM-5:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,307.98***	***$ 0.00***	***$ 1,307.98***	
LENGTH OF SERVICE						
2-4	2	33.3	1,307.98	0.00	1,307.98	100.0
0-2	2	33.3	0.00	0.00	0.00	0.0
14-16	1	16.6	0.00	0.00	0.00	0.0
16-18	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,307.98***	***$ 0.00***	***$ 1,307.98***	
AGE OF CLAIMANT						
50-54	1	16.6	1,307.98	0.00	1,307.98	100.0
15-19	1	16.6	0.00	0.00	0.00	0.0
20-24	1	16.6	0.00	0.00	0.00	0.0
40-44	1	16.6	0.00	0.00	0.00	0.0
55-59	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 1,307.98***	***$ 0.00***	***$ 1,307.98***	
SEX OF CLAIMANT						
Female	3	50.0	1,307.98	0.00	1,307.98	100.0
Male	3	50.0	0.00	0.00	0.00	0.0
	6		***$ 1,307.98***	***$ 0.00***	***$ 1,307.98***	
LOSS CAUSE						
Fencing	1	16.6	1,307.98	0.00	1,307.98	100.0
Brush / tree / log	1	16.6	0.00	0.00	0.00	0.0
Infectious agent	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
Walking surface, outside, dry	1	16.6	0.00	0.00	0.00	0.0
Wrench	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,307.98***	***$ 0.00***	***$ 1,307.98***	
ACCIDENT TYPE						
Unknown	1	16.6	1,307.98	0.00	1,307.98	100.0
Exposure to Poisonous Agent / Plant	1	16.6	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,307.98***	***$ 0.00***	***$ 1,307.98***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Finger(s)	1					
Foot	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Natural Tunnel State Park (767)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Shoulder	1					
Soft Tissue - Neck	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					
Dermatitis	3					
Laceration	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Occoneechee State Park (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	179.50	0.00	179.50	100.0
	1		***$ 179.50***	***$ 0.00***	***$ 179.50***	
LENGTH OF SERVICE						
2-4	1	100.0	179.50	0.00	179.50	100.0
	1		***$ 179.50***	***$ 0.00***	***$ 179.50***	
AGE OF CLAIMANT						
15-19	1	100.0	179.50	0.00	179.50	100.0
	1		***$ 179.50***	***$ 0.00***	***$ 179.50***	
SEX OF CLAIMANT						
Male	1	100.0	179.50	0.00	179.50	100.0
	1		***$ 179.50***	***$ 0.00***	***$ 179.50***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	100.0	179.50	0.00	179.50	100.0
	1		***$ 179.50***	***$ 0.00***	***$ 179.50***	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	100.0	179.50	0.00	179.50	100.0
	1		***$ 179.50***	***$ 0.00***	***$ 179.50***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Pocahontas State Park (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	180.65	0.00	180.65	51.9
2PM-3:59PM	1	50.0	167.40	0.00	167.40	48.1
	2		***$ 348.05***	***$ 0.00***	***$ 348.05***	
LENGTH OF SERVICE						
0-2	2	100.0	348.05	0.00	348.05	100.0
	2		***$ 348.05***	***$ 0.00***	***$ 348.05***	
AGE OF CLAIMANT						
15-19	1	50.0	180.65	0.00	180.65	51.9
20-24	1	50.0	167.40	0.00	167.40	48.1
	2		***$ 348.05***	***$ 0.00***	***$ 348.05***	
SEX OF CLAIMANT						
Female	2	100.0	348.05	0.00	348.05	100.0
	2		***$ 348.05***	***$ 0.00***	***$ 348.05***	
LOSS CAUSE						
Hose (indicator # carried)	1	50.0	180.65	0.00	180.65	51.9
Furniture / fixtures	1	50.0	167.40	0.00	167.40	48.1
	2		***$ 348.05***	***$ 0.00***	***$ 348.05***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	100.0	348.05	0.00	348.05	100.0
	2		***$ 348.05***	***$ 0.00***	***$ 348.05***	
****BODY PART**						
Toe(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**						
Fracture	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr First Landing State Park (770)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	1	11.1	2,070.12	0.00	2,070.12	48.7
2PM-3:59PM	4	44.4	526.65	750.00	1,276.65	30.0
8AM-9:59AM	1	11.1	600.87	149.13	750.00	17.6
12AM-1:59AM	1	11.1	147.00	0.00	147.00	3.4
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
10AM-11:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,344.64***	***$ 899.13***	***$ 4,243.77***	
LENGTH OF SERVICE						
4-6	1	11.1	2,070.12	0.00	2,070.12	48.7
0-2	4	44.4	321.65	750.00	1,071.65	25.2
28-30	1	11.1	600.87	149.13	750.00	17.6
14-16	1	11.1	205.00	0.00	205.00	4.8
2-4	1	11.1	147.00	0.00	147.00	3.4
8-10	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,344.64***	***$ 899.13***	***$ 4,243.77***	
AGE OF CLAIMANT						
25-29	1	11.1	2,070.12	0.00	2,070.12	48.7
20-24	2	22.2	0.00	750.00	750.00	17.6
50-54	2	22.2	600.87	149.13	750.00	17.6
15-19	2	22.2	321.65	0.00	321.65	7.5
45-49	1	11.1	205.00	0.00	205.00	4.8
30-34	1	11.1	147.00	0.00	147.00	3.4
	9		***$ 3,344.64***	***$ 899.13***	***$ 4,243.77***	
SEX OF CLAIMANT						
Male	9	100.0	3,344.64	899.13	4,243.77	100.0
	9		***$ 3,344.64***	***$ 899.13***	***$ 4,243.77***	
LOSS CAUSE						
Animal, not otherwise classified	1	11.1	2,070.12	0.00	2,070.12	48.7
Furniture / fixtures	2	22.2	0.00	750.00	750.00	17.6
Machine, not otherwise classified	2	22.2	600.87	149.13	750.00	17.6
Hand tool, not powered, NOC	1	11.1	321.65	0.00	321.65	7.5
Miscellaneous	1	11.1	205.00	0.00	205.00	4.8
Animal / tick, spider, etc.	1	11.1	147.00	0.00	147.00	3.4
Gas / Fumes	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,344.64***	***$ 899.13***	***$ 4,243.77***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	11.1	2,070.12	0.00	2,070.12	48.7
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	600.87	149.13	750.00	17.6
Struck/Injured by Falling or Flying Object	1	11.1	0.00	750.00	750.00	17.6
Struck/Injured by Hand Tool/Machine In Use	2	22.2	321.65	0.00	321.65	7.5
Twisting, strain or injury by	1	11.1	205.00	0.00	205.00	4.8
Animal Or Insect	1	11.1	147.00	0.00	147.00	3.4
Lifting (strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr First Landing State Park (770)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	9		***$ 3,344.64***	***$ 899.13***	***$ 4,243.77***	
*****BODY PART***						
Whole Body	1					
Finger(s)	1					
Teeth	1					
Facial, Other Soft Tissue	1					
Elbow	2					
Upper Leg	1					
Shoulder	1					
Eye(s)	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***						
No Physical Injury	1					
Dislocation	1					
Laceration	1					
Contusion	1					
Strain	3					
Puncture	1					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Sky Meadows State Park (772)

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						
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						
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***						
Facial, Other Soft Tissue	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Staunton River State Park (774)

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						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Building parts / doors	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***						
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***		
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Westmoreland State Park (775)

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						
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 Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****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***		
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr York River State Park (776)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	2,517.25	0.00	2,517.25	100.0
	1		***$ 2,517.25***	***$ 0.00***	***$ 2,517.25***	
LENGTH OF SERVICE						
10-12	1	100.0	2,517.25	0.00	2,517.25	100.0
	1		***$ 2,517.25***	***$ 0.00***	***$ 2,517.25***	
AGE OF CLAIMANT						
45-49	1	100.0	2,517.25	0.00	2,517.25	100.0
	1		***$ 2,517.25***	***$ 0.00***	***$ 2,517.25***	
SEX OF CLAIMANT						
Male	1	100.0	2,517.25	0.00	2,517.25	100.0
	1		***$ 2,517.25***	***$ 0.00***	***$ 2,517.25***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	2,517.25	0.00	2,517.25	100.0
	1		***$ 2,517.25***	***$ 0.00***	***$ 2,517.25***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	2,517.25	0.00	2,517.25	100.0
	1		***$ 2,517.25***	***$ 0.00***	***$ 2,517.25***	
*****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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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						
10AM-11:59AM	3	33.3	240.19	14,155.61	14,395.80	86.6
12PM-1:59PM	2	22.2	1,090.18	0.00	1,090.18	6.5
4PM-5:59PM	2	22.2	86.30	750.00	836.30	5.0
Unknown	1	11.1	289.00	0.00	289.00	1.7
2PM-3:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,705.67***	***$ 14,905.61***	***$ 16,611.28***	
LENGTH OF SERVICE						
2-4	2	22.2	517.18	13,645.80	14,162.98	85.2
0-2	5	55.5	948.30	750.00	1,698.30	10.2
4-6	2	22.2	240.19	509.81	750.00	4.5
	9		***$ 1,705.67***	***$ 14,905.61***	***$ 16,611.28***	
AGE OF CLAIMANT						
35-39	3	33.3	240.19	14,155.61	14,395.80	86.6
15-19	2	22.2	289.00	750.00	1,039.00	6.2
25-29	2	22.2	659.30	0.00	659.30	3.9
55-59	1	11.1	517.18	0.00	517.18	3.1
20-24	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,705.67***	***$ 14,905.61***	***$ 16,611.28***	
SEX OF CLAIMANT						
Male	9	100.0	1,705.67	14,905.61	16,611.28	100.0
	9		***$ 1,705.67***	***$ 14,905.61***	***$ 16,611.28***	
LOSS CAUSE						
Tire	1	11.1	0.00	13,645.80	13,645.80	82.1
Hand tool, powered, NOC	1	11.1	0.00	750.00	750.00	4.5
Knife, NOC	1	11.1	240.19	509.81	750.00	4.5
Sharp objects, not otherwise classified	1	11.1	573.00	0.00	573.00	3.4
Brush / tree / log	1	11.1	517.18	0.00	517.18	3.1
Minerals / dirt	1	11.1	289.00	0.00	289.00	1.7
Infectious agent	1	11.1	86.30	0.00	86.30	0.5
Hand tool, not powered, NOC	1	11.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,705.67***	***$ 14,905.61***	***$ 16,611.28***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	11.1	0.00	13,645.80	13,645.80	82.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	240.19	509.81	750.00	4.5
Object Handled (caught in or between)	1	11.1	0.00	750.00	750.00	4.5
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	573.00	0.00	573.00	3.4
Struck/Injured by Falling or Flying Object	1	11.1	517.18	0.00	517.18	3.1
Foreign Body In Eye	1	11.1	289.00	0.00	289.00	1.7
Exposure to Poisonous Agent / Plant	1	11.1	86.30	0.00	86.30	0.5
Repetitive Motion	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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr New River Trail State Park & Shot To (780)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	9		***$ 1,705.67***	***$ 14,905.61***	***$ 16,611.28***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	2					
Upper Leg	1					
Wrist	1					
Eye(s)	1					
Hand	1					
Lower Arm	1					
Elbow	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					
Puncture	1					
Laceration	1					
Fracture	1					
Foreign Body	1					
Dermatitis	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Belle Isle State Park (794)

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						
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						
Brush / tree / log	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Education, State Department Of (201)
SubAgency: Education, Board Of (201)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	66.6	752.19	0.00	752.19	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 752.19***	***$ 0.00***	***$ 752.19***	
LENGTH OF SERVICE						
0-2	1	33.3	725.60	0.00	725.60	96.4
14-16	1	33.3	26.59	0.00	26.59	3.5
10-12	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 752.19***	***$ 0.00***	***$ 752.19***	
AGE OF CLAIMANT						
45-49	2	66.6	725.60	0.00	725.60	96.4
55-59	1	33.3	26.59	0.00	26.59	3.5
	3		***$ 752.19***	***$ 0.00***	***$ 752.19***	
SEX OF CLAIMANT						
Female	1	33.3	725.60	0.00	725.60	96.4
Male	2	66.6	26.59	0.00	26.59	3.5
	3		***$ 752.19***	***$ 0.00***	***$ 752.19***	
LOSS CAUSE						
Boxes / containers	2	66.6	725.60	0.00	725.60	96.4
Building parts / doors	1	33.3	26.59	0.00	26.59	3.5
	3		***$ 752.19***	***$ 0.00***	***$ 752.19***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	66.6	725.60	0.00	725.60	96.4
Strike Against/Step on Stationary Object	1	33.3	26.59	0.00	26.59	3.5
	3		***$ 752.19***	***$ 0.00***	***$ 752.19***	
*****BODY PART***						
Upper Back Area (Thoracic Area)	1					
Finger(s)	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					
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va State Library & Archives (202)
SubAgency: Capital&11 St L (202)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	16.6	120.00	0.00	120.00	66.5
8AM-9:59AM	2	33.3	60.30	0.00	60.30	33.4
12AM-1:59AM	1	16.6	0.00	0.00	0.00	0.0
12PM-1:59PM	1	16.6	0.00	0.00	0.00	0.0
6PM-7:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 180.30***	***$ 0.00***	***$ 180.30***	
LENGTH OF SERVICE						
16-18	1	16.6	120.00	0.00	120.00	66.5
2-4	2	33.3	60.30	0.00	60.30	33.4
0-2	1	16.6	0.00	0.00	0.00	0.0
12-14	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		***$ 180.30***	***$ 0.00***	***$ 180.30***	
AGE OF CLAIMANT						
45-49	1	16.6	120.00	0.00	120.00	66.5
35-39	2	33.3	60.30	0.00	60.30	33.4
40-44	2	33.3	0.00	0.00	0.00	0.0
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 180.30***	***$ 0.00***	***$ 180.30***	
SEX OF CLAIMANT						
Female	6	100.0	180.30	0.00	180.30	100.0
	6		***$ 180.30***	***$ 0.00***	***$ 180.30***	
LOSS CAUSE						
Furniture / fixtures	1	16.6	120.00	0.00	120.00	66.5
Sharp objects, not otherwise classified	1	16.6	60.30	0.00	60.30	33.4
Elevators, escalators	1	16.6	0.00	0.00	0.00	0.0
Ground control unit/aerial	1	16.6	0.00	0.00	0.00	0.0
Office equipment	1	16.6	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 180.30***	***$ 0.00***	***$ 180.30***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	50.0	120.00	0.00	120.00	66.5
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	60.30	0.00	60.30	33.4
Repetitive Motion	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		***$ 180.30***	***$ 0.00***	***$ 180.30***	
*****BODY PART***						
Knee	1					
Mouth	1					
Finger(s)	1					
Ankle	1					
Elbow	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va State Library & Archives (202)
SubAgency: Capital&11 St L (202)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Lower Leg	1					
Thumb	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***						
Laceration	2					
Contusion	4					
Sprain	1					
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	1.4	16,623.50	0.00	16,623.50	26.8
8AM-9:59AM	14	20.0	11,197.56	1,803.86	13,001.42	20.9
12PM-1:59PM	13	18.5	5,284.53	6,022.85	11,307.38	18.2
2PM-3:59PM	13	18.5	7,602.93	2,127.19	9,730.12	15.7
10AM-11:59AM	16	22.8	3,283.26	3,206.88	6,490.14	10.4
6AM-7:59AM	6	8.5	2,472.96	317.21	2,790.17	4.5
4AM-5:59AM	4	5.7	978.61	842.00	1,820.61	2.9
Unknown	2	2.8	173.43	0.00	173.43	0.2
2AM-3:59AM	1	1.4	0.00	0.00	0.00	0.0
	70		***$ 47,616.78***	***$ 14,319.99***	***$ 61,936.77***	
LENGTH OF SERVICE						
0-2	21	30.0	22,457.18	4,392.05	26,849.23	43.3
2-4	16	22.8	7,264.98	6,345.21	13,610.19	21.9
6-8	2	2.8	9,335.26	750.00	10,085.26	16.2
10-12	7	10.0	5,227.17	0.00	5,227.17	8.4
4-6	5	7.1	1,112.81	638.00	1,750.81	2.8
12-14	5	7.1	364.72	602.73	967.45	1.5
8-10	3	4.2	175.38	750.00	925.38	1.4
14-16	1	1.4	658.00	92.00	750.00	1.2
32-34	1	1.4	0.00	750.00	750.00	1.2
22-24	2	2.8	304.65	0.00	304.65	0.4
18-20	1	1.4	281.26	0.00	281.26	0.4
28-30	1	1.4	209.38	0.00	209.38	0.3
26-28	1	1.4	150.99	0.00	150.99	0.2
34-36	1	1.4	75.00	0.00	75.00	0.1
16-18	2	2.8	0.00	0.00	0.00	0.0
30-32	1	1.4	0.00	0.00	0.00	0.0
	70		***$ 47,616.78***	***$ 14,319.99***	***$ 61,936.77***	
AGE OF CLAIMANT						
30-34	8	11.4	12,431.80	7,095.21	19,527.01	31.5
50-54	8	11.4	17,857.79	1,274.09	19,131.88	30.8
55-59	8	11.4	5,707.89	602.73	6,310.62	10.1
40-44	14	20.0	4,567.88	842.00	5,409.88	8.7
45-49	11	15.7	3,460.14	1,524.46	4,984.60	8.0
20-24	7	10.0	1,706.65	596.00	2,302.65	3.7
35-39	9	12.8	1,230.11	885.50	2,115.61	3.4
25-29	2	2.8	125.83	750.00	875.83	1.4
60-64	1	1.4	0.00	750.00	750.00	1.2
15-19	1	1.4	528.69	0.00	528.69	0.8
65-69	1	1.4	0.00	0.00	0.00	0.0
	70		***$ 47,616.78***	***$ 14,319.99***	***$ 61,936.77***	
SEX OF CLAIMANT						
Male	35	50.0	37,862.70	4,288.09	42,150.79	68.0
Female	35	50.0	9,754.08	10,031.90	19,785.98	31.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	70		***$ 47,616.78***	***$ 14,319.99***	***$ 61,936.77***	
LOSS CAUSE						
Walking surface, inside, wet	5	7.1	19,021.87	774.46	19,796.33	31.9
Building parts / doors	3	4.2	9,633.52	602.73	10,236.25	16.5
Stairs, steps	5	7.1	2,707.39	6,073.87	8,781.26	14.1
Hand tool, not powered, NOC	5	7.1	4,743.05	0.00	4,743.05	7.6
Metal items	5	7.1	1,479.95	842.00	2,321.95	3.7
Furniture / fixtures	7	10.0	2,297.83	0.00	2,297.83	3.7
Hand tool, powered, NOC	2	2.8	1,874.68	317.21	2,191.89	3.5
Floor	2	2.8	1,842.46	0.00	1,842.46	2.9
Chemicals, not otherwise classified	6	8.5	637.73	1,201.48	1,839.21	2.9
Recreational equipment	2	2.8	173.43	750.00	923.43	1.4
Electrical equipment	1	1.4	292.14	457.86	750.00	1.2
Mechanical powered	1	1.4	0.00	750.00	750.00	1.2
Office equipment	1	1.4	431.12	318.88	750.00	1.2
Pipe	2	2.8	0.00	750.00	750.00	1.2
Vehicle, not otherwise classified	1	1.4	154.00	596.00	750.00	1.2
Walking surface, inside, dry	1	1.4	0.00	750.00	750.00	1.2
Walking surface, outside, dry	2	2.8	614.50	135.50	750.00	1.2
Ladders, scaffolding	1	1.4	528.69	0.00	528.69	0.8
Person	1	1.4	320.61	0.00	320.61	0.5
Animal / bee type	1	1.4	185.39	0.00	185.39	0.3
Breaker/Cheetah bar	1	1.4	160.38	0.00	160.38	0.2
Boxes / containers	3	4.2	125.83	0.00	125.83	0.2
Dust	1	1.4	106.25	0.00	106.25	0.1
Poisonous agent / plant	1	1.4	85.50	0.00	85.50	0.1
Walking surface, outside, wet	1	1.4	78.00	0.00	78.00	0.1
Nail	1	1.4	73.46	0.00	73.46	0.1
Vehicle, fork truck	1	1.4	49.00	0.00	49.00	0.0
Animal / insect, not otherwise classified	1	1.4	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	1.4	0.00	0.00	0.00	0.0
Insufficient data	1	1.4	0.00	0.00	0.00	0.0
Trash receptacle	1	1.4	0.00	0.00	0.00	0.0
Excavations	1	1.4	0.00	0.00	0.00	0.0
Infectious agent	1	1.4	0.00	0.00	0.00	0.0
Paper/Pulp items	1	1.4	0.00	0.00	0.00	0.0
	70		***$ 47,616.78***	***$ 14,319.99***	***$ 61,936.77***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	9	12.8	20,942.33	1,524.46	22,466.79	36.2
Fall or Slip (From Different Level)	6	8.5	10,651.88	135.50	10,787.38	17.4
Fall or slip (on stairs)	4	5.7	2,707.39	6,073.87	8,781.26	14.1
Object being lifted/handled (cut,punc.scrape,inj b	9	12.8	4,902.54	1,386.09	6,288.63	10.1
Lifting (strain or Injury by)	6	8.5	1,721.72	1,346.00	3,067.72	4.9
Pushing Or Pulling (Strain or Injury by)	4	5.7	2,093.86	0.00	2,093.86	3.3
Holding Or Carrying (Strain or Injury by)	3	4.2	1,009.73	750.00	1,759.73	2.8
Strike Against/Step on Stationary Object	5	7.1	880.27	694.73	1,575.00	2.5
Foreign Body In Eye	4	5.7	921.74	563.48	1,485.22	2.4
Object Handled (caught in or between)	2	2.8	150.99	750.00	900.99	1.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Absorb, Ingest, Inhalation	5	7.1	253.38	638.00	891.38	1.4
Reaching (Strain or Injury by)	1	1.4	292.14	457.86	750.00	1.2
Struck/Injured by Falling or Flying Object	2	2.8	390.81	0.00	390.81	0.6
Cumulative (Not Otherwise Classified)	1	1.4	304.65	0.00	304.65	0.4
Animal Or Insect	2	2.8	185.39	0.00	185.39	0.3
Allergic Reaction	2	2.8	85.50	0.00	85.50	0.1
Struck or injured by misc.	1	1.4	73.46	0.00	73.46	0.1
Struck/Injured by Object Being Lifted/Handled	1	1.4	49.00	0.00	49.00	0.0
Fall or slip (into Openings)	1	1.4	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.4	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	1.4	0.00	0.00	0.00	0.0
	70		***$ 47,616.78***	***$ 14,319.99***	***$ 61,936.77***	

***BODY PART

Knee	7
Lower Leg	4
Ankle	4
Lower Back Area (Lumbar and Lumbo-Sacral)	10
Hand	10
Wrist	8
Upper Leg	2
Finger(s)	8
Abdomen including Groin	1
Eye(s)	8
Hip	2
Multiple Head Injury	2
Upper Back Area (Thoracic Area)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Soft Tissue - Neck	4
Foot	3
Facial, Other Soft Tissue	4
Thumb	1
Toe(s)	1
Shoulder	4
Lower Arm	7
Multiple Upper Extremities	1
Elbow	1
Upper Arm (Inc: Clavicle and Scapula)	1
Buttocks	1
Lungs	2
	70

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	13
Strain	23
Contusion	29
Laceration	15

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Inflamation	15					
Foreign Body	4					
Dermatitis	1					
Fracture	1					
Burn	1					
Puncture	1					
	70					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: College Of William & Mary (204)
SubAgency: Virginia Association Research (265)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	2,697.13	0.00	2,697.13	100.0
	1		***$ 2,697.13***	***$ 0.00***	***$ 2,697.13***	
LENGTH OF SERVICE						
12-14	1	100.0	2,697.13	0.00	2,697.13	100.0
	1		***$ 2,697.13***	***$ 0.00***	***$ 2,697.13***	
AGE OF CLAIMANT						
40-44	1	100.0	2,697.13	0.00	2,697.13	100.0
	1		***$ 2,697.13***	***$ 0.00***	***$ 2,697.13***	
SEX OF CLAIMANT						
Male	1	100.0	2,697.13	0.00	2,697.13	100.0
	1		***$ 2,697.13***	***$ 0.00***	***$ 2,697.13***	
LOSS CAUSE						
Brush / tree / log	1	100.0	2,697.13	0.00	2,697.13	100.0
	1		***$ 2,697.13***	***$ 0.00***	***$ 2,697.13***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	2,697.13	0.00	2,697.13	100.0
	1		***$ 2,697.13***	***$ 0.00***	***$ 2,697.13***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-adm-admissions Office-university (2)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	11.74	0.00	11.74	100.0
	1		***$ 11.74***	***$ 0.00***	***$ 11.74***	
LENGTH OF SERVICE						
32-34	1	100.0	11.74	0.00	11.74	100.0
	1		***$ 11.74***	***$ 0.00***	***$ 11.74***	
AGE OF CLAIMANT						
75-79	1	100.0	11.74	0.00	11.74	100.0
	1		***$ 11.74***	***$ 0.00***	***$ 11.74***	
SEX OF CLAIMANT						
Female	1	100.0	11.74	0.00	11.74	100.0
	1		***$ 11.74***	***$ 0.00***	***$ 11.74***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	11.74	0.00	11.74	100.0
	1		***$ 11.74***	***$ 0.00***	***$ 11.74***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	11.74	0.00	11.74	100.0
	1		***$ 11.74***	***$ 0.00***	***$ 11.74***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-alb Ald Lib-aquisitions (6)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	750.00	750.00	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
20-22	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						
40-44	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	2	100.0	0.00	750.00	750.00	100.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Walking surface, outside, dry	2	100.0	0.00	750.00	750.00	100.0
	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
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Lower Leg	1					
Facial, Other Soft Tissue	2					
Hand	1					
Lower Arm	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
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-alh Clemons Library (10)

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						
34-36	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						
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						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-ali Ald Lib-interlibrary Services (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	25.0	0.00	750.00	750.00	76.3
12PM-1:59PM	1	25.0	233.00	0.00	233.00	23.7
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		***$ 233.00***	***$ 750.00***	***$ 983.00***	
LENGTH OF SERVICE						
22-24	1	25.0	0.00	750.00	750.00	76.3
0-2	2	50.0	233.00	0.00	233.00	23.7
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 233.00***	***$ 750.00***	***$ 983.00***	
AGE OF CLAIMANT						
50-54	2	50.0	0.00	750.00	750.00	76.3
20-24	1	25.0	233.00	0.00	233.00	23.7
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 233.00***	***$ 750.00***	***$ 983.00***	
SEX OF CLAIMANT						
Male	4	100.0	233.00	750.00	983.00	100.0
	4		***$ 233.00***	***$ 750.00***	***$ 983.00***	
LOSS CAUSE						
Boxes / containers	2	50.0	0.00	750.00	750.00	76.3
Stairs, steps	1	25.0	233.00	0.00	233.00	23.7
Unknown	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 233.00***	***$ 750.00***	***$ 983.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	25.0	0.00	750.00	750.00	76.3
Fall or slip (on stairs)	1	25.0	233.00	0.00	233.00	23.7
Cumulative (Not Otherwise Classified)	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
	4		***$ 233.00***	***$ 750.00***	***$ 983.00***	
*****BODY PART***						
Hand	1					
Ankle	1					
Knee	1					
Abdomen including Groin	1					
Brain	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
No Physical Injury	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-ali Ald Lib-interlibrary Services (11)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-alm Ald Lib-spec Collections-man (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
LENGTH OF SERVICE						
0-2	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
AGE OF CLAIMANT						
20-24	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
SEX OF CLAIMANT						
Female	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
Teeth	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-als Ald Lib-research & Info Svcs (16)

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						
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						
Needle stick	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-atd Athletic Dept (33)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	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	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						
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						
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						
Office equipment	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	

*****BODY PART***	
Knee	1
Soft Tissue - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-atm Athletics-intramurals Dept (34)

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						
Male	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						
Cumulative (Not Otherwise Classified)	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-atu Athletics-university Hall (36)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	50.0	2,780.61	0.00	2,780.61	100.0
6AM-7:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 2,780.61***	***$ 0.00***	***$ 2,780.61***	
LENGTH OF SERVICE						
6-8	1	50.0	2,780.61	0.00	2,780.61	100.0
12-14	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 2,780.61***	***$ 0.00***	***$ 2,780.61***	
AGE OF CLAIMANT						
45-49	1	50.0	2,780.61	0.00	2,780.61	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 2,780.61***	***$ 0.00***	***$ 2,780.61***	
SEX OF CLAIMANT						
Male	1	50.0	2,780.61	0.00	2,780.61	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 2,780.61***	***$ 0.00***	***$ 2,780.61***	
LOSS CAUSE						
Recreational equipment	1	50.0	2,780.61	0.00	2,780.61	100.0
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 2,780.61***	***$ 0.00***	***$ 2,780.61***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	2,780.61	0.00	2,780.61	100.0
Absorb, Ingest, Inhalation	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 2,780.61***	***$ 0.00***	***$ 2,780.61***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
Strain	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bio Biology Dept (40)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	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						
40-44	1	100.0	65.00	0.00	65.00	100.0
	1		***$ 65.00***	***$ 0.00***	***$ 65.00***	
SEX OF CLAIMANT						
Female	1	100.0	65.00	0.00	65.00	100.0
	1		***$ 65.00***	***$ 0.00***	***$ 65.00***	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	65.00	0.00	65.00	100.0
	1		***$ 65.00***	***$ 0.00***	***$ 65.00***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	65.00	0.00	65.00	100.0
	1		***$ 65.00***	***$ 0.00***	***$ 65.00***	
*****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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bla Blandy Experimental Farm (41)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	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						
0-2	2	100.0	0.00	750.00	750.00	100.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
45-49	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						
Stairs, steps	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						
Fall or slip (on stairs)	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***						
Ankle	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	
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-brv Blue Ridge-phys Med & Rehab (43)

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	267.00	483.00	750.00	50.0
	2		***$ 267.00***	***$ 1,233.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
12-14	1	50.0	267.00	483.00	750.00	50.0
6-8	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 267.00***	***$ 1,233.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	750.00	750.00	50.0
75-79	1	50.0	267.00	483.00	750.00	50.0
	2		***$ 267.00***	***$ 1,233.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	2	100.0	267.00	1,233.00	1,500.00	100.0
	2		***$ 267.00***	***$ 1,233.00***	***$ 1,500.00***	
LOSS CAUSE						
Electrical equipment	1	50.0	267.00	483.00	750.00	50.0
Stairs, steps	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 267.00***	***$ 1,233.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	267.00	483.00	750.00	50.0
Fall or slip (on stairs)	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 267.00***	***$ 1,233.00***	***$ 1,500.00***	
*****BODY PART***						
Wrist	2					
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***		
Contusion	2	
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bue Physical Plant-renovations (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	759.50	0.00	759.50	100.0
	1		***$ 759.50***	***$ 0.00***	***$ 759.50***	
LENGTH OF SERVICE						
26-28	1	100.0	759.50	0.00	759.50	100.0
	1		***$ 759.50***	***$ 0.00***	***$ 759.50***	
AGE OF CLAIMANT						
45-49	1	100.0	759.50	0.00	759.50	100.0
	1		***$ 759.50***	***$ 0.00***	***$ 759.50***	
SEX OF CLAIMANT						
Male	1	100.0	759.50	0.00	759.50	100.0
	1		***$ 759.50***	***$ 0.00***	***$ 759.50***	
LOSS CAUSE						
Unknown	1	100.0	759.50	0.00	759.50	100.0
	1		***$ 759.50***	***$ 0.00***	***$ 759.50***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	100.0	759.50	0.00	759.50	100.0
	1		***$ 759.50***	***$ 0.00***	***$ 759.50***	
*****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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buf Physical Plant-landscape (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	37.5	16,237.60	4,549.12	20,786.72	88.3
6AM-7:59AM	2	25.0	1,074.98	1,680.60	2,755.58	11.7
10AM-11:59AM	2	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 17,312.58***	***$ 6,229.72***	***$ 23,542.30***	
LENGTH OF SERVICE						
8-10	1	12.5	16,237.60	2,799.12	19,036.72	80.8
0-2	2	25.0	569.40	1,680.60	2,250.00	9.5
2-4	2	25.0	0.00	1,750.00	1,750.00	7.4
22-24	1	12.5	505.58	0.00	505.58	2.1
10-12	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		***$ 17,312.58***	***$ 6,229.72***	***$ 23,542.30***	
AGE OF CLAIMANT						
55-59	2	25.0	16,743.18	2,799.12	19,542.30	83.0
20-24	2	25.0	569.40	1,680.60	2,250.00	9.5
30-34	3	37.5	0.00	1,750.00	1,750.00	7.4
45-49	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 17,312.58***	***$ 6,229.72***	***$ 23,542.30***	
SEX OF CLAIMANT						
Male	7	87.5	17,312.58	4,479.72	21,792.30	92.5
Female	1	12.5	0.00	1,750.00	1,750.00	7.4
	8		***$ 17,312.58***	***$ 6,229.72***	***$ 23,542.30***	
LOSS CAUSE						
Vehicle/car/truck	1	12.5	16,237.60	2,799.12	19,036.72	80.8
Wood Items	1	12.5	569.40	1,680.60	2,250.00	9.5
Brush / tree / log	2	25.0	0.00	1,750.00	1,750.00	7.4
Pike pole 12’	1	12.5	505.58	0.00	505.58	2.1
Animal / bee type	1	12.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	12.5	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 17,312.58***	***$ 6,229.72***	***$ 23,542.30***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	12.5	16,237.60	2,799.12	19,036.72	80.8
Foreign Body In Eye	1	12.5	569.40	1,680.60	2,250.00	9.5
Struck/Injured by Falling or Flying Object	1	12.5	0.00	1,750.00	1,750.00	7.4
Strike Against/Step on Stationary Object	1	12.5	505.58	0.00	505.58	2.1
Animal Or Insect	1	12.5	0.00	0.00	0.00	0.0
Holding Or Carrying (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
Pushing Or Pulling (Strain or Injury by)	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buf Physical Plant-landscape (46)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	8		***$ 17,312.58***	***$ 6,229.72***	***$ 23,542.30***	
*****BODY PART***						
Upper Back Area (Thoracic Area)	2					
Shoulder	1					
Soft Tissue - Neck	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Eye(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Finger(s)	1					
Hand	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	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	2					
Laceration	2					
Fracture	1					
Inflamation	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	6	75.0	1,992.00	647.00	2,639.00	81.7
2PM-3:59PM	1	12.5	339.00	0.00	339.00	10.5
12AM-1:59AM	1	12.5	248.58	0.00	248.58	7.7
	8		***$ 2,579.58***	***$ 647.00***	***$ 3,226.58***	
LENGTH OF SERVICE						
6-8	2	25.0	1,140.00	0.00	1,140.00	35.3
16-18	1	12.5	103.00	647.00	750.00	23.2
10-12	1	12.5	399.20	0.00	399.20	12.3
12-14	1	12.5	339.00	0.00	339.00	10.5
4-6	1	12.5	248.58	0.00	248.58	7.7
28-30	1	12.5	197.40	0.00	197.40	6.1
0-2	1	12.5	152.40	0.00	152.40	4.7
	8		***$ 2,579.58***	***$ 647.00***	***$ 3,226.58***	
AGE OF CLAIMANT						
45-49	2	25.0	1,137.00	647.00	1,784.00	55.2
55-59	1	12.5	399.20	0.00	399.20	12.3
25-29	2	25.0	354.58	0.00	354.58	10.9
30-34	1	12.5	339.00	0.00	339.00	10.5
40-44	1	12.5	197.40	0.00	197.40	6.1
35-39	1	12.5	152.40	0.00	152.40	4.7
	8		***$ 2,579.58***	***$ 647.00***	***$ 3,226.58***	
SEX OF CLAIMANT						
Male	7	87.5	2,331.00	647.00	2,978.00	92.3
Female	1	12.5	248.58	0.00	248.58	7.7
	8		***$ 2,579.58***	***$ 647.00***	***$ 3,226.58***	
LOSS CAUSE						
Ladder - Portable	1	12.5	1,034.00	0.00	1,034.00	32.0
Metal items	1	12.5	103.00	647.00	750.00	23.2
Stone / rock / brick	1	12.5	399.20	0.00	399.20	12.3
Furniture / fixtures	2	25.0	349.80	0.00	349.80	10.8
Electrical equipment	1	12.5	339.00	0.00	339.00	10.5
Glass bottle / sheet	1	12.5	248.58	0.00	248.58	7.7
Chemicals, not otherwise classified	1	12.5	106.00	0.00	106.00	3.2
	8		***$ 2,579.58***	***$ 647.00***	***$ 3,226.58***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	12.5	1,034.00	0.00	1,034.00	32.0
Object being lifted/handled (cut,punc.scrape,inj b	2	25.0	351.58	647.00	998.58	30.9
Fall or Slip (From Different Level)	1	12.5	399.20	0.00	399.20	12.3
Strike Against/Step on Stationary Object	2	25.0	349.80	0.00	349.80	10.8
Contact with Electric Current	1	12.5	339.00	0.00	339.00	10.5
Absorb, Ingest, Inhalation	1	12.5	106.00	0.00	106.00	3.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bug Physical Plant-univ Maint (47)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	8		***$ 2,579.58***	***$ 647.00***	***$ 3,226.58***	
*****BODY PART***						
Shoulder	1					
Facial, Other Soft Tissue	2					
Knee	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Finger(s)	1					
Lower Arm	1					
Eye(s)	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	4					
Contusion	1					
Burn	2					
Strain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buh Physical Plant-med Center (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	20.0	1,330.66	3,919.34	5,250.00	59.0
2PM-3:59PM	4	26.6	661.40	1,435.00	2,096.40	23.5
4PM-5:59PM	1	6.6	168.00	582.00	750.00	8.4
12PM-1:59PM	3	20.0	281.00	0.00	281.00	3.1
12AM-1:59AM	1	6.6	179.00	0.00	179.00	2.0
6PM-7:59PM	1	6.6	177.30	0.00	177.30	1.9
6AM-7:59AM	1	6.6	81.80	0.00	81.80	0.9
8AM-9:59AM	1	6.6	81.80	0.00	81.80	0.9
	15		**$ 2,960.96**	**$ 5,936.34**	**$ 8,897.30**	
LENGTH OF SERVICE						
8-10	2	13.3	631.46	3,121.54	3,753.00	42.1
0-2	6	40.0	1,200.20	582.00	1,782.20	20.0
16-18	1	6.6	0.00	750.00	750.00	8.4
28-30	1	6.6	65.00	685.00	750.00	8.4
4-6	1	6.6	702.20	47.80	750.00	8.4
6-8	1	6.6	0.00	750.00	750.00	8.4
2-4	2	13.3	184.80	0.00	184.80	2.0
14-16	1	6.6	177.30	0.00	177.30	1.9
	15		**$ 2,960.96**	**$ 5,936.34**	**$ 8,897.30**	
AGE OF CLAIMANT						
40-44	8	53.3	1,339.56	3,703.54	5,043.10	56.6
35-39	3	20.0	81.80	1,500.00	1,581.80	17.7
50-54	2	13.3	767.20	732.80	1,500.00	16.8
15-19	1	6.6	593.40	0.00	593.40	6.6
20-24	1	6.6	179.00	0.00	179.00	2.0
	15		**$ 2,960.96**	**$ 5,936.34**	**$ 8,897.30**	
SEX OF CLAIMANT						
Male	13	86.6	2,090.76	5,306.54	7,397.30	83.1
Female	2	13.3	870.20	629.80	1,500.00	16.8
	15		**$ 2,960.96**	**$ 5,936.34**	**$ 8,897.30**	
LOSS CAUSE						
Furniture / fixtures	3	20.0	796.46	4,453.54	5,250.00	59.0
Electrical equipment	2	13.3	168.00	685.00	853.00	9.5
Minerals / dirt	4	26.6	753.20	0.00	753.20	8.4
Stairs, steps	1	6.6	0.00	750.00	750.00	8.4
Stone / rock / brick	1	6.6	702.20	47.80	750.00	8.4
Boxes / containers	1	6.6	179.00	0.00	179.00	2.0
Ladder, 10’ folding	1	6.6	177.30	0.00	177.30	1.9
Metal items	1	6.6	103.00	0.00	103.00	1.1
Clothing / jewelry	1	6.6	81.80	0.00	81.80	0.9
	15		**$ 2,960.96**	**$ 5,936.34**	**$ 8,897.30**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	2	13.3	796.46	3,703.54	4,500.00	50.5
Lifting (strain or Injury by)	3	20.0	421.30	685.00	1,106.30	12.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buh Physical Plant-med Center (48)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object being lifted/handled (cut,punc.scrape,inj b	2	13.3	103.00	750.00	853.00	9.5
Fall or slip (on stairs)	1	6.6	0.00	750.00	750.00	8.4
Slipped, Did Not Fall	1	6.6	702.20	47.80	750.00	8.4
Fall or Slip (On Same Level)	1	6.6	593.40	0.00	593.40	6.6
Foreign Body In Eye	4	26.6	241.60	0.00	241.60	2.7
Struck/Injured by Falling or Flying Object	1	6.6	103.00	0.00	103.00	1.1
	15		***$ 2,960.96***	***$ 5,936.34***	***$ 8,897.30***	

***BODY PART**

Upper Leg	1
Shoulder	5
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hand	1
Eye(s)	4
Lower Arm	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	8
Laceration	3
Contusion	2
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	40.0	168.00	14,782.00	14,950.00	89.7
8AM-9:59AM	2	20.0	208.33	750.00	958.33	5.7
Unknown	1	10.0	674.50	75.50	750.00	4.5
4PM-5:59PM	1	10.0	0.00	0.00	0.00	0.0
6AM-7:59AM	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		***$ 1,050.83***	***$ 15,607.50***	***$ 16,658.33***	
LENGTH OF SERVICE						
2-4	1	10.0	0.00	13,450.00	13,450.00	80.7
6-8	2	20.0	168.00	1,332.00	1,500.00	9.0
0-2	4	40.0	882.83	75.50	958.33	5.7
4-6	1	10.0	0.00	750.00	750.00	4.5
22-24	1	10.0	0.00	0.00	0.00	0.0
20-22	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,050.83***	***$ 15,607.50***	***$ 16,658.33***	
AGE OF CLAIMANT						
55-59	2	20.0	0.00	13,450.00	13,450.00	80.7
45-49	3	30.0	168.00	1,332.00	1,500.00	9.0
35-39	2	20.0	674.50	75.50	750.00	4.5
50-54	1	10.0	0.00	750.00	750.00	4.5
40-44	1	10.0	208.33	0.00	208.33	1.2
20-24	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,050.83***	***$ 15,607.50***	***$ 16,658.33***	
SEX OF CLAIMANT						
Male	5	50.0	842.50	14,857.50	15,700.00	94.2
Female	5	50.0	208.33	750.00	958.33	5.7
	10		***$ 1,050.83***	***$ 15,607.50***	***$ 16,658.33***	
LOSS CAUSE						
Hand tool, powered, NOC	2	20.0	168.00	14,032.00	14,200.00	85.2
Boxes / containers	5	50.0	882.83	825.50	1,708.33	10.2
Person	1	10.0	0.00	750.00	750.00	4.5
Chemicals, not otherwise classified	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		***$ 1,050.83***	***$ 15,607.50***	***$ 16,658.33***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	40.0	1,050.83	14,107.50	15,158.33	91.0
Cumulative (Not Otherwise Classified)	1	10.0	0.00	750.00	750.00	4.5
Object being lifted/handled (cut,punc.scrape,inj b	2	20.0	0.00	750.00	750.00	4.5
Allergic Reaction	1	10.0	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	10		***$ 1,050.83***	***$ 15,607.50***	***$ 16,658.33***	
*****BODY PART***						
Shoulder	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	1					
Upper Back Area (Thoracic Area)	1					
Hand	1					
Thumb	1					
Soft Tissue - Neck	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***						
Sprain	1					
Strain	4					
Contusion	3					
Laceration	1					
Dermatitis	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bum Physical Plant-cust Area 4 (53)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	50.0	7.65	0.00	7.65	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 7.65***	***$ 0.00***	***$ 7.65***	
LENGTH OF SERVICE						
4-6	1	50.0	7.65	0.00	7.65	100.0
30-32	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 7.65***	***$ 0.00***	***$ 7.65***	
AGE OF CLAIMANT						
35-39	1	50.0	7.65	0.00	7.65	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 7.65***	***$ 0.00***	***$ 7.65***	
SEX OF CLAIMANT						
Female	2	100.0	7.65	0.00	7.65	100.0
	2		***$ 7.65***	***$ 0.00***	***$ 7.65***	
LOSS CAUSE						
Clothing / jewelry	1	50.0	7.65	0.00	7.65	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 7.65***	***$ 0.00***	***$ 7.65***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	7.65	0.00	7.65	100.0
Strike Against/Step On Obj. Being Lifted or Handle	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 7.65***	***$ 0.00***	***$ 7.65***	
*****BODY PART***						
Eye(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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bun Physical Plant-cust Area 5 (54)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	50.0	16,426.79	19,323.21	35,750.00	100.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 16,426.79***	***$ 19,323.21***	***$ 35,750.00***	
LENGTH OF SERVICE						
2-4	1	50.0	16,426.79	19,323.21	35,750.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 16,426.79***	***$ 19,323.21***	***$ 35,750.00***	
AGE OF CLAIMANT						
50-54	1	50.0	16,426.79	19,323.21	35,750.00	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 16,426.79***	***$ 19,323.21***	***$ 35,750.00***	
SEX OF CLAIMANT						
Female	1	50.0	16,426.79	19,323.21	35,750.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 16,426.79***	***$ 19,323.21***	***$ 35,750.00***	
LOSS CAUSE						
Boxes / containers	1	50.0	16,426.79	19,323.21	35,750.00	100.0
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 16,426.79***	***$ 19,323.21***	***$ 35,750.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	16,426.79	19,323.21	35,750.00	100.0
Allergic Reaction	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 16,426.79***	***$ 19,323.21***	***$ 35,750.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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					
Inflamation	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buo Facilities Mgt-blue Ridge Ho (55)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	50.0	724.48	25.52	750.00	100.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 724.48***	***$ 25.52***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	50.0	724.48	25.52	750.00	100.0
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 724.48***	***$ 25.52***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	50.0	724.48	25.52	750.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 724.48***	***$ 25.52***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	50.0	724.48	25.52	750.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 724.48***	***$ 25.52***	***$ 750.00***	
LOSS CAUSE						
Pipe	1	50.0	724.48	25.52	750.00	100.0
Office equipment	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 724.48***	***$ 25.52***	***$ 750.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	724.48	25.52	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		***$ 724.48***	***$ 25.52***	***$ 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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	50.0	1,233.07	0.00	1,233.07	62.1
12PM-1:59PM	1	25.0	201.96	548.04	750.00	37.8
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,435.03***	***$ 548.04***	***$ 1,983.07***	
LENGTH OF SERVICE						
2-4	4	100.0	1,435.03	548.04	1,983.07	100.0
	4		***$ 1,435.03***	***$ 548.04***	***$ 1,983.07***	
AGE OF CLAIMANT						
30-34	1	25.0	1,233.07	0.00	1,233.07	62.1
40-44	2	50.0	201.96	548.04	750.00	37.8
20-24	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,435.03***	***$ 548.04***	***$ 1,983.07***	
SEX OF CLAIMANT						
Male	4	100.0	1,435.03	548.04	1,983.07	100.0
	4		***$ 1,435.03***	***$ 548.04***	***$ 1,983.07***	
LOSS CAUSE						
Pressure vessels	1	25.0	1,233.07	0.00	1,233.07	62.1
Boxes / containers	2	50.0	201.96	548.04	750.00	37.8
Stone / rock / brick	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,435.03***	***$ 548.04***	***$ 1,983.07***	
ACCIDENT TYPE						
Steam Or Hot Fluids	1	25.0	1,233.07	0.00	1,233.07	62.1
Strike Against/Step on Stationary Object	1	25.0	201.96	548.04	750.00	37.8
Object Handled (caught in or between)	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		***$ 1,435.03***	***$ 548.04***	***$ 1,983.07***	

*****BODY PART***	
Lower Arm	1
Lower Leg	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Leg	1
Facial, Other Soft Tissue	1
Finger(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***	
Burn	4
Laceration	2
Sprain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-bup Utilities Services Dept (56)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-buu Blue Ridge-pyschiatric Medicine (59)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	100.0	0.00	750.00	750.00	100.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
8-10	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, outside, dry	1	50.0	0.00	750.00	750.00	100.0
Boxes / containers	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
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***	
Knee	1
Lower Arm	1
Mouth	1
Nose	1
Buttocks	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
Laceration	2
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-clc Clinch Valley-classified Staff (73)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6AM-7:59AM	2	100.0	298.44	696.00	994.44	100.0
	2		***$ 298.44***	***$ 696.00***	***$ 994.44***	
LENGTH OF SERVICE						
16-18	1	50.0	195.44	696.00	891.44	89.6
8-10	1	50.0	103.00	0.00	103.00	10.3
	2		***$ 298.44***	***$ 696.00***	***$ 994.44***	
AGE OF CLAIMANT						
75-79	1	50.0	195.44	696.00	891.44	89.6
50-54	1	50.0	103.00	0.00	103.00	10.3
	2		***$ 298.44***	***$ 696.00***	***$ 994.44***	
SEX OF CLAIMANT						
Female	2	100.0	298.44	696.00	994.44	100.0
	2		***$ 298.44***	***$ 696.00***	***$ 994.44***	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	195.44	696.00	891.44	89.6
Walking surface, outside, dry	1	50.0	103.00	0.00	103.00	10.3
	2		***$ 298.44***	***$ 696.00***	***$ 994.44***	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	195.44	696.00	891.44	89.6
Slipped, Did Not Fall	1	50.0	103.00	0.00	103.00	10.3
	2		***$ 298.44***	***$ 696.00***	***$ 994.44***	
*****BODY PART***						
Eye(s)	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***						
Infection	1					
Inflamation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-cld Clinch Valley-students (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	293.30	456.70	750.00	100.0
	1		***$ 293.30***	***$ 456.70***	***$ 750.00***	
LENGTH OF SERVICE						
2-4	1	100.0	293.30	456.70	750.00	100.0
	1		***$ 293.30***	***$ 456.70***	***$ 750.00***	
AGE OF CLAIMANT						
25-29	1	100.0	293.30	456.70	750.00	100.0
	1		***$ 293.30***	***$ 456.70***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	293.30	456.70	750.00	100.0
	1		***$ 293.30***	***$ 456.70***	***$ 750.00***	
LOSS CAUSE						
Stairs, steps	1	100.0	293.30	456.70	750.00	100.0
	1		***$ 293.30***	***$ 456.70***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	293.30	456.70	750.00	100.0
	1		***$ 293.30***	***$ 456.70***	***$ 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***		
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-ctb Cont & Prof Studies-central Va (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						
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						
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***						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-cyc Uva Counseling Center (103)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	248.30	0.00	248.30	100.0
	1		***$ 248.30***	***$ 0.00***	***$ 248.30***	
LENGTH OF SERVICE						
2-4	1	100.0	248.30	0.00	248.30	100.0
	1		***$ 248.30***	***$ 0.00***	***$ 248.30***	
AGE OF CLAIMANT						
35-39	1	100.0	248.30	0.00	248.30	100.0
	1		***$ 248.30***	***$ 0.00***	***$ 248.30***	
SEX OF CLAIMANT						
Female	1	100.0	248.30	0.00	248.30	100.0
	1		***$ 248.30***	***$ 0.00***	***$ 248.30***	
LOSS CAUSE						
Boxes / containers	1	100.0	248.30	0.00	248.30	100.0
	1		***$ 248.30***	***$ 0.00***	***$ 248.30***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	248.30	0.00	248.30	100.0
	1		***$ 248.30***	***$ 0.00***	***$ 248.30***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-daa Darden School (104)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	3,554.20	0.00	3,554.20	100.0
	1		***$ 3,554.20***	***$ 0.00***	***$ 3,554.20***	
LENGTH OF SERVICE						
6-8	1	100.0	3,554.20	0.00	3,554.20	100.0
	1		***$ 3,554.20***	***$ 0.00***	***$ 3,554.20***	
AGE OF CLAIMANT						
45-49	1	100.0	3,554.20	0.00	3,554.20	100.0
	1		***$ 3,554.20***	***$ 0.00***	***$ 3,554.20***	
SEX OF CLAIMANT						
Female	1	100.0	3,554.20	0.00	3,554.20	100.0
	1		***$ 3,554.20***	***$ 0.00***	***$ 3,554.20***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	3,554.20	0.00	3,554.20	100.0
	1		***$ 3,554.20***	***$ 0.00***	***$ 3,554.20***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	3,554.20	0.00	3,554.20	100.0
	1		***$ 3,554.20***	***$ 0.00***	***$ 3,554.20***	
*****BODY PART***						
Elbow	1					
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***		
Fracture	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-des Dean Of Students (106)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	400.85	0.00	400.85	100.0
	1		***$ 400.85***	***$ 0.00***	***$ 400.85***	
LENGTH OF SERVICE						
34-36	1	100.0	400.85	0.00	400.85	100.0
	1		***$ 400.85***	***$ 0.00***	***$ 400.85***	
AGE OF CLAIMANT						
50-54	1	100.0	400.85	0.00	400.85	100.0
	1		***$ 400.85***	***$ 0.00***	***$ 400.85***	
SEX OF CLAIMANT						
Female	1	100.0	400.85	0.00	400.85	100.0
	1		***$ 400.85***	***$ 0.00***	***$ 400.85***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	400.85	0.00	400.85	100.0
	1		***$ 400.85***	***$ 0.00***	***$ 400.85***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	100.0	400.85	0.00	400.85	100.0
	1		***$ 400.85***	***$ 0.00***	***$ 400.85***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	259.30	0.00	259.30	100.0
	1		***$ 259.30***	***$ 0.00***	***$ 259.30***	
LENGTH OF SERVICE						
12-14	1	100.0	259.30	0.00	259.30	100.0
	1		***$ 259.30***	***$ 0.00***	***$ 259.30***	
AGE OF CLAIMANT						
45-49	1	100.0	259.30	0.00	259.30	100.0
	1		***$ 259.30***	***$ 0.00***	***$ 259.30***	
SEX OF CLAIMANT						
Male	1	100.0	259.30	0.00	259.30	100.0
	1		***$ 259.30***	***$ 0.00***	***$ 259.30***	
LOSS CAUSE						
Electrical equipment	1	100.0	259.30	0.00	259.30	100.0
	1		***$ 259.30***	***$ 0.00***	***$ 259.30***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	259.30	0.00	259.30	100.0
	1		***$ 259.30***	***$ 0.00***	***$ 259.30***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-dra Drama Dept (111)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	20.0	0.00	750.00	750.00	28.8
6PM-7:59PM	1	20.0	0.00	750.00	750.00	28.8
4PM-5:59PM	1	20.0	589.05	0.00	589.05	22.6
12AM-1:59AM	1	20.0	510.00	0.00	510.00	19.6
Unknown	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 1,099.05***	***$ 1,500.00***	***$ 2,599.05***	
LENGTH OF SERVICE						
0-2	4	80.0	510.00	1,500.00	2,010.00	77.3
4-6	1	20.0	589.05	0.00	589.05	22.6
	5		***$ 1,099.05***	***$ 1,500.00***	***$ 2,599.05***	
AGE OF CLAIMANT						
20-24	2	40.0	0.00	1,500.00	1,500.00	57.7
35-39	1	20.0	589.05	0.00	589.05	22.6
25-29	2	40.0	510.00	0.00	510.00	19.6
	5		***$ 1,099.05***	***$ 1,500.00***	***$ 2,599.05***	
SEX OF CLAIMANT						
Female	2	40.0	0.00	1,500.00	1,500.00	57.7
Male	3	60.0	1,099.05	0.00	1,099.05	42.2
	5		***$ 1,099.05***	***$ 1,500.00***	***$ 2,599.05***	
LOSS CAUSE						
Welding equipment	1	20.0	0.00	750.00	750.00	28.8
Wood Items	1	20.0	0.00	750.00	750.00	28.8
Hand tool, powered, NOC	1	20.0	589.05	0.00	589.05	22.6
Hand tool, not powered, NOC	1	20.0	510.00	0.00	510.00	19.6
Platforms	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 1,099.05***	***$ 1,500.00***	***$ 2,599.05***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	40.0	1,099.05	0.00	1,099.05	42.2
Contact With Hot Object or Substances	1	20.0	0.00	750.00	750.00	28.8
Object Handled (caught in or between)	1	20.0	0.00	750.00	750.00	28.8
Fall or Slip (From Different Level)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 1,099.05***	***$ 1,500.00***	***$ 2,599.05***	
*****BODY PART***						
Hand	1					
Knee	2					
Thumb	1					
Upper Leg	1					
Elbow	2					
Hip	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-dra Drama Dept (111)

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
Strain	2
Puncture	1
Laceration	2
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-edf Education-educ Ldrship Fndtn (115)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	53.00	697.00	750.00	100.0
	1		***$ 53.00***	***$ 697.00***	***$ 750.00***	
LENGTH OF SERVICE						
16-18	1	100.0	53.00	697.00	750.00	100.0
	1		***$ 53.00***	***$ 697.00***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	53.00	697.00	750.00	100.0
	1		***$ 53.00***	***$ 697.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	53.00	697.00	750.00	100.0
	1		***$ 53.00***	***$ 697.00***	***$ 750.00***	
LOSS CAUSE						
Door	1	100.0	53.00	697.00	750.00	100.0
	1		***$ 53.00***	***$ 697.00***	***$ 750.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	53.00	697.00	750.00	100.0
	1		***$ 53.00***	***$ 697.00***	***$ 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-edt Education-summer Enrichment (121)

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						
Unknown	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						
Walking surface, inside, 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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-ehs Environmental Health & Safety (122)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
LENGTH OF SERVICE						
4-6	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
AGE OF CLAIMANT						
30-34	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
SEX OF CLAIMANT						
Male	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
LOSS CAUSE						
Unknown	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-enm Engineering-chemical Dept (128)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	50.0	197.40	0.00	197.40	54.4
12AM-1:59AM	1	50.0	165.00	0.00	165.00	45.5
	2		***$ 362.40***	***$ 0.00***	***$ 362.40***	
LENGTH OF SERVICE						
24-26	1	50.0	197.40	0.00	197.40	54.4
2-4	1	50.0	165.00	0.00	165.00	45.5
	2		***$ 362.40***	***$ 0.00***	***$ 362.40***	
AGE OF CLAIMANT						
60-64	1	50.0	197.40	0.00	197.40	54.4
30-34	1	50.0	165.00	0.00	165.00	45.5
	2		***$ 362.40***	***$ 0.00***	***$ 362.40***	
SEX OF CLAIMANT						
Male	2	100.0	362.40	0.00	362.40	100.0
	2		***$ 362.40***	***$ 0.00***	***$ 362.40***	
LOSS CAUSE						
Metal items	1	50.0	197.40	0.00	197.40	54.4
Chemicals, not otherwise classified	1	50.0	165.00	0.00	165.00	45.5
	2		***$ 362.40***	***$ 0.00***	***$ 362.40***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	197.40	0.00	197.40	54.4
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	50.0	165.00	0.00	165.00	45.5
	2		***$ 362.40***	***$ 0.00***	***$ 362.40***	
*****BODY PART***						
Thumb	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***		
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-enq Engineering-civil Dept (129)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,430.81	0.00	1,430.81	100.0
	1		***$ 1,430.81***	***$ 0.00***	***$ 1,430.81***	
LENGTH OF SERVICE						
0-2	1	100.0	1,430.81	0.00	1,430.81	100.0
	1		***$ 1,430.81***	***$ 0.00***	***$ 1,430.81***	
AGE OF CLAIMANT						
25-29	1	100.0	1,430.81	0.00	1,430.81	100.0
	1		***$ 1,430.81***	***$ 0.00***	***$ 1,430.81***	
SEX OF CLAIMANT						
Female	1	100.0	1,430.81	0.00	1,430.81	100.0
	1		***$ 1,430.81***	***$ 0.00***	***$ 1,430.81***	
LOSS CAUSE						
Water	1	100.0	1,430.81	0.00	1,430.81	100.0
	1		***$ 1,430.81***	***$ 0.00***	***$ 1,430.81***	
ACCIDENT TYPE						
Contact With Hot Object or Substances	1	100.0	1,430.81	0.00	1,430.81	100.0
	1		***$ 1,430.81***	***$ 0.00***	***$ 1,430.81***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-etd English Language & Lit Dept (141)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	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						
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
35-39	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						
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	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
Strike Against/Step on Stationary Object	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-fac Faculty Of Arts & Sci-dean (143)

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						
2-4	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						
Furniture / fixtures	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***						
Soft Tissue - Neck	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-grp Printing Services (183)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	100.0	3,239.85	0.00	3,239.85	100.0
	1		***$ 3,239.85***	***$ 0.00***	***$ 3,239.85***	
LENGTH OF SERVICE						
8-10	1	100.0	3,239.85	0.00	3,239.85	100.0
	1		***$ 3,239.85***	***$ 0.00***	***$ 3,239.85***	
AGE OF CLAIMANT						
50-54	1	100.0	3,239.85	0.00	3,239.85	100.0
	1		***$ 3,239.85***	***$ 0.00***	***$ 3,239.85***	
SEX OF CLAIMANT						
Male	1	100.0	3,239.85	0.00	3,239.85	100.0
	1		***$ 3,239.85***	***$ 0.00***	***$ 3,239.85***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	3,239.85	0.00	3,239.85	100.0
	1		***$ 3,239.85***	***$ 0.00***	***$ 3,239.85***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	3,239.85	0.00	3,239.85	100.0
	1		***$ 3,239.85***	***$ 0.00***	***$ 3,239.85***	
*****BODY PART***						
Elbow	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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-het Heating Plant (186)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	165.00	750.00	915.00	100.0
	2		***$ 165.00***	***$ 750.00***	***$ 915.00***	
LENGTH OF SERVICE						
22-24	1	50.0	0.00	750.00	750.00	81.9
16-18	1	50.0	165.00	0.00	165.00	18.0
	2		***$ 165.00***	***$ 750.00***	***$ 915.00***	
AGE OF CLAIMANT						
45-49	2	100.0	165.00	750.00	915.00	100.0
	2		***$ 165.00***	***$ 750.00***	***$ 915.00***	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	81.9
Male	1	50.0	165.00	0.00	165.00	18.0
	2		***$ 165.00***	***$ 750.00***	***$ 915.00***	
LOSS CAUSE						
Pipe	1	50.0	0.00	750.00	750.00	81.9
Minerals / dirt	1	50.0	165.00	0.00	165.00	18.0
	2		***$ 165.00***	***$ 750.00***	***$ 915.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	0.00	750.00	750.00	81.9
Foreign Body In Eye	1	50.0	165.00	0.00	165.00	18.0
	2		***$ 165.00***	***$ 750.00***	***$ 915.00***	
*****BODY PART***						
Facial, Other Soft Tissue	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***		
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	6	28.5	2,670.74	1,278.04	3,948.78	32.8
2PM-3:59PM	4	19.0	3,100.22	750.00	3,850.22	32.0
10AM-11:59AM	6	28.5	103.00	2,250.00	2,353.00	19.5
8AM-9:59AM	2	9.5	148.00	750.00	898.00	7.4
6PM-7:59PM	1	4.7	693.00	57.00	750.00	6.2
4PM-5:59PM	1	4.7	233.00	0.00	233.00	1.9
12AM-1:59AM	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 6,947.96***	***$ 5,085.04***	***$ 12,033.00***	
LENGTH OF SERVICE						
18-20	3	14.2	3,100.22	1,500.00	4,600.22	38.2
0-2	5	23.8	2,066.83	0.00	2,066.83	17.1
12-14	2	9.5	0.00	1,500.00	1,500.00	12.4
24-26	2	9.5	366.55	750.00	1,116.55	9.2
2-4	3	14.2	470.36	528.04	998.40	8.3
4-6	1	4.7	0.00	750.00	750.00	6.2
6-8	1	4.7	693.00	57.00	750.00	6.2
16-18	1	4.7	148.00	0.00	148.00	1.2
14-16	2	9.5	103.00	0.00	103.00	0.8
28-30	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 6,947.96***	***$ 5,085.04***	***$ 12,033.00***	
AGE OF CLAIMANT						
45-49	4	19.0	4,869.05	750.00	5,619.05	46.7
55-59	4	19.0	65.00	2,250.00	2,315.00	19.2
40-44	4	19.0	841.00	807.00	1,648.00	13.7
50-54	3	14.2	366.55	750.00	1,116.55	9.2
35-39	5	23.8	573.36	528.04	1,101.40	9.1
30-34	1	4.7	233.00	0.00	233.00	1.9
	21		***$ 6,947.96***	***$ 5,085.04***	***$ 12,033.00***	
SEX OF CLAIMANT						
Male	15	71.4	4,930.73	4,335.04	9,265.77	77.0
Female	6	28.5	2,017.23	750.00	2,767.23	23.0
	21		***$ 6,947.96***	***$ 5,085.04***	***$ 12,033.00***	
LOSS CAUSE						
Furniture / fixtures	3	14.2	3,100.22	1,500.00	4,600.22	38.2
Building parts / doors	1	4.7	1,768.83	0.00	1,768.83	14.7
Stairs, steps	2	9.5	148.00	750.00	898.00	7.4
Electrical equipment	2	9.5	0.00	750.00	750.00	6.2
Excavations	1	4.7	0.00	750.00	750.00	6.2
Glass bottle / sheet	1	4.7	221.96	528.04	750.00	6.2
Vehicle/car/truck	2	9.5	693.00	57.00	750.00	6.2
Walking surface, inside, wet	1	4.7	0.00	750.00	750.00	6.2
Boxes / containers	1	4.7	366.55	0.00	366.55	3.0
Hose / hydair H2O	1	4.7	248.40	0.00	248.40	2.0
Vehicle, not otherwise classified	1	4.7	233.00	0.00	233.00	1.9
Ladder - Portable	1	4.7	103.00	0.00	103.00	0.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, outside, dry	1	4.7	65.00	0.00	65.00	0.5
Unknown	1	4.7	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 6,947.96***	***$ 5,085.04***	***$ 12,033.00***	

ACCIDENT TYPE

Struck/Injured by Falling or Flying Object	2	9.5	3,203.22	0.00	3,203.22	26.6
Strike Against/Step on Stationary Object	1	4.7	1,768.83	0.00	1,768.83	14.7
Object being lifted/handled (cut,punc.scrape,inj b	2	9.5	221.96	1,278.04	1,500.00	12.4
Fall or slip (on stairs)	2	9.5	148.00	750.00	898.00	7.4
Fall or Slip (On Same Level)	2	9.5	65.00	750.00	815.00	6.7
Fall or Slip (From Different Level)	1	4.7	0.00	750.00	750.00	6.2
Lifting (strain or Injury by)	1	4.7	0.00	750.00	750.00	6.2
Pushing Or Pulling (Strain or Injury by)	3	14.2	0.00	750.00	750.00	6.2
Slipped, Did Not Fall	1	4.7	693.00	57.00	750.00	6.2
Reaching (Strain or Injury by)	2	9.5	614.95	0.00	614.95	5.1
Fall or Slip (From Ladder/Scaffolding)	1	4.7	233.00	0.00	233.00	1.9
Animal Or Insect	1	4.7	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	1	4.7	0.00	0.00	0.00	0.0
Allergic Reaction	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 6,947.96***	***$ 5,085.04***	***$ 12,033.00***	

***BODY PART

Lower Arm	4
Knee	5
Hand	4
Ankle	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Finger(s)	1
Lower Leg	2
Upper Back Area (Thoracic Area)	2
Upper Arm (Inc: Clavicle and Scapula)	1
Foot	2
Shoulder	2
Soft Tissue - Neck	1
	21

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	8
Laceration	4
Strain	13
Sprain	4
Dermatitis	1

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Industrial Claims for Plan Year 2002

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By Agencies,SubAgencies

01/17/2003 11:56:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	21					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-itc Itc-curruthers (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	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						
16-18	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
65-69	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						
Office equipment	1	50.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	50.0	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
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***

Upper Arm (Inc: Clavicle and Scapula)	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***

Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-itw Itc-wilson Hall (208)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	1	50.0	145.00	0.00	145.00	100.0
12AM-1:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 145.00***	***$ 0.00***	***$ 145.00***	
LENGTH OF SERVICE						
0-2	1	50.0	145.00	0.00	145.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 145.00***	***$ 0.00***	***$ 145.00***	
AGE OF CLAIMANT						
20-24	1	50.0	145.00	0.00	145.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 145.00***	***$ 0.00***	***$ 145.00***	
SEX OF CLAIMANT						
Male	2	100.0	145.00	0.00	145.00	100.0
	2		***$ 145.00***	***$ 0.00***	***$ 145.00***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	145.00	0.00	145.00	100.0
Electrical equipment	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 145.00***	***$ 0.00***	***$ 145.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	145.00	0.00	145.00	100.0
Reaching (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 145.00***	***$ 0.00***	***$ 145.00***	
*****BODY PART***						
Soft Tissue - Neck	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***		
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-las Law School (213)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
LENGTH OF SERVICE						
12-14	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
AGE OF CLAIMANT						
55-59	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
SEX OF CLAIMANT						
Female	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	

*****BODY PART***

Hand	1
Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mec Medicine-anesthesiology Dept (221)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	60.00	0.00	60.00	100.0
	1		***$ 60.00***	***$ 0.00***	***$ 60.00***	
LENGTH OF SERVICE						
12-14	1	100.0	60.00	0.00	60.00	100.0
	1		***$ 60.00***	***$ 0.00***	***$ 60.00***	
AGE OF CLAIMANT						
45-49	1	100.0	60.00	0.00	60.00	100.0
	1		***$ 60.00***	***$ 0.00***	***$ 60.00***	
SEX OF CLAIMANT						
Male	1	100.0	60.00	0.00	60.00	100.0
	1		***$ 60.00***	***$ 0.00***	***$ 60.00***	
LOSS CAUSE						
Needle stick	1	100.0	60.00	0.00	60.00	100.0
	1		***$ 60.00***	***$ 0.00***	***$ 60.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	60.00	0.00	60.00	100.0
	1		***$ 60.00***	***$ 0.00***	***$ 60.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mha Medicine-deans Office (223)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	25.0	3,024.98	0.00	3,024.98	65.4
12AM-1:59AM	2	50.0	0.00	1,500.00	1,500.00	32.4
10AM-11:59AM	1	25.0	94.00	0.00	94.00	2.0
	4		***$ 3,118.98***	***$ 1,500.00***	***$ 4,618.98***	
LENGTH OF SERVICE						
10-12	1	25.0	3,024.98	0.00	3,024.98	65.4
0-2	1	25.0	0.00	750.00	750.00	16.2
8-10	1	25.0	0.00	750.00	750.00	16.2
24-26	1	25.0	94.00	0.00	94.00	2.0
	4		***$ 3,118.98***	***$ 1,500.00***	***$ 4,618.98***	
AGE OF CLAIMANT						
40-44	1	25.0	3,024.98	0.00	3,024.98	65.4
45-49	1	25.0	0.00	750.00	750.00	16.2
50-54	1	25.0	0.00	750.00	750.00	16.2
55-59	1	25.0	94.00	0.00	94.00	2.0
	4		***$ 3,118.98***	***$ 1,500.00***	***$ 4,618.98***	
SEX OF CLAIMANT						
Female	4	100.0	3,118.98	1,500.00	4,618.98	100.0
	4		***$ 3,118.98***	***$ 1,500.00***	***$ 4,618.98***	
LOSS CAUSE						
Furniture / fixtures	1	25.0	3,024.98	0.00	3,024.98	65.4
Paper/Pulp items	1	25.0	0.00	750.00	750.00	16.2
Walking surface, inside, wet	1	25.0	0.00	750.00	750.00	16.2
Walking surface, inside, dry	1	25.0	94.00	0.00	94.00	2.0
	4		***$ 3,118.98***	***$ 1,500.00***	***$ 4,618.98***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	3,024.98	0.00	3,024.98	65.4
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	750.00	750.00	16.2
Slipped, Did Not Fall	1	25.0	0.00	750.00	750.00	16.2
Fall or Slip (On Same Level)	1	25.0	94.00	0.00	94.00	2.0
	4		***$ 3,118.98***	***$ 1,500.00***	***$ 4,618.98***	
*****BODY PART***						
Knee	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	1					
Upper Leg	1					
Lower Arm	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***

Strain	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mha Medicine-deans Office (223)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Contusion	3					
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mhg Mc-general Clin Research Ctr (227)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	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
2PM-3:59PM	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
16-18	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		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	1	33.3	0.00	750.00	750.00	100.0
60-64	1	33.3	0.00	0.00	0.00	0.0
40-44	1	33.3	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						
Furniture / fixtures	2	66.6	0.00	750.00	750.00	100.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	33.3	0.00	750.00	750.00	100.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Thumb	2					
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	1
Fracture	1
Puncture	1
	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mhi Medicine-internal Med Dept (228)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	75.00	675.00	750.00	82.4
12PM-1:59PM	1	33.3	160.00	0.00	160.00	17.5
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 235.00***	***$ 675.00***	***$ 910.00***	
LENGTH OF SERVICE						
14-16	1	33.3	75.00	675.00	750.00	82.4
12-14	1	33.3	160.00	0.00	160.00	17.5
10-12	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 235.00***	***$ 675.00***	***$ 910.00***	
AGE OF CLAIMANT						
35-39	1	33.3	75.00	675.00	750.00	82.4
45-49	1	33.3	160.00	0.00	160.00	17.5
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 235.00***	***$ 675.00***	***$ 910.00***	
SEX OF CLAIMANT						
Female	3	100.0	235.00	675.00	910.00	100.0
	3		***$ 235.00***	***$ 675.00***	***$ 910.00***	
LOSS CAUSE						
Needle stick	1	33.3	75.00	675.00	750.00	82.4
Stairs, steps	2	66.6	160.00	0.00	160.00	17.5
	3		***$ 235.00***	***$ 675.00***	***$ 910.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	75.00	675.00	750.00	82.4
Fall or slip (on stairs)	2	66.6	160.00	0.00	160.00	17.5
	3		***$ 235.00***	***$ 675.00***	***$ 910.00***	

*****BODY PART***	
Finger(s)	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	1
Hip	1
Knee	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	5
Puncture	1
Strain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mhi Medicine-internal Med Dept (228)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mhr Medicine-neurology Dept (230)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	66.6	0.00	750.00	750.00	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
4-6	1	33.3	0.00	750.00	750.00	100.0
16-18	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						
50-54	1	33.3	0.00	750.00	750.00	100.0
40-44	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						
Animal, not otherwise classified	1	33.3	0.00	750.00	750.00	100.0
Computer Work Station	1	33.3	0.00	0.00	0.00	0.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Animal Or Insect	1	33.3	0.00	750.00	750.00	100.0
Cumulative (Not Otherwise Classified)	1	33.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	

*****BODY PART***	
Finger(s)	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***	
Puncture	2
Inflamation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mht Medicine-obstetrics & Gyn Dept (232)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	100.0	65.00	685.00	750.00	100.0
	1		***$ 65.00***	***$ 685.00***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	100.0	65.00	685.00	750.00	100.0
	1		***$ 65.00***	***$ 685.00***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	65.00	685.00	750.00	100.0
	1		***$ 65.00***	***$ 685.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	65.00	685.00	750.00	100.0
	1		***$ 65.00***	***$ 685.00***	***$ 750.00***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	65.00	685.00	750.00	100.0
	1		***$ 65.00***	***$ 685.00***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	65.00	685.00	750.00	100.0
	1		***$ 65.00***	***$ 685.00***	***$ 750.00***	
*****BODY PART***						
Ankle	1					
Foot	1					
Knee	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	4					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mmb Medicine-cardiovascular Med (234)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
LENGTH OF SERVICE						
2-4	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
AGE OF CLAIMANT						
40-44	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
SEX OF CLAIMANT						
Female	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	156.96	0.00	156.96	100.0
	1		***$ 156.96***	***$ 0.00***	***$ 156.96***	
*****BODY PART***						
Ankle	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mmd Medicine-endocrinology & Metab

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
AGE OF CLAIMANT						
30-34	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LOSS CAUSE						
Door	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
*****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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mmf Medicine-gastroenterology (237)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	168.58	0.00	168.58	100.0
	1		***$ 168.58***	***$ 0.00***	***$ 168.58***	
LENGTH OF SERVICE						
0-2	1	100.0	168.58	0.00	168.58	100.0
	1		***$ 168.58***	***$ 0.00***	***$ 168.58***	
AGE OF CLAIMANT						
15-19	1	100.0	168.58	0.00	168.58	100.0
	1		***$ 168.58***	***$ 0.00***	***$ 168.58***	
SEX OF CLAIMANT						
Male	1	100.0	168.58	0.00	168.58	100.0
	1		***$ 168.58***	***$ 0.00***	***$ 168.58***	
LOSS CAUSE						
Hand tool, not powered, NOC	1	100.0	168.58	0.00	168.58	100.0
	1		***$ 168.58***	***$ 0.00***	***$ 168.58***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	168.58	0.00	168.58	100.0
	1		***$ 168.58***	***$ 0.00***	***$ 168.58***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mml Medicine-nephrology (241)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	165.00	0.00	165.00	100.0
	1		***$ 165.00***	***$ 0.00***	***$ 165.00***	
LENGTH OF SERVICE						
8-10	1	100.0	165.00	0.00	165.00	100.0
	1		***$ 165.00***	***$ 0.00***	***$ 165.00***	
AGE OF CLAIMANT						
40-44	1	100.0	165.00	0.00	165.00	100.0
	1		***$ 165.00***	***$ 0.00***	***$ 165.00***	
SEX OF CLAIMANT						
Female	1	100.0	165.00	0.00	165.00	100.0
	1		***$ 165.00***	***$ 0.00***	***$ 165.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	165.00	0.00	165.00	100.0
	1		***$ 165.00***	***$ 0.00***	***$ 165.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	165.00	0.00	165.00	100.0
	1		***$ 165.00***	***$ 0.00***	***$ 165.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
24-26	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						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-moe Medicine-otolaryncology Dept (244)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	89.18	660.82	750.00	100.0
	1		***$ 89.18***	***$ 660.82***	***$ 750.00***	
LENGTH OF SERVICE						
Unknown	1	100.0	89.18	660.82	750.00	100.0
	1		***$ 89.18***	***$ 660.82***	***$ 750.00***	
AGE OF CLAIMANT						
25-29	1	100.0	89.18	660.82	750.00	100.0
	1		***$ 89.18***	***$ 660.82***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	89.18	660.82	750.00	100.0
	1		***$ 89.18***	***$ 660.82***	***$ 750.00***	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	89.18	660.82	750.00	100.0
	1		***$ 89.18***	***$ 660.82***	***$ 750.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	89.18	660.82	750.00	100.0
	1		***$ 89.18***	***$ 660.82***	***$ 750.00***	
*****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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mof Medicine-general Orthopedics (245)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	171.00	0.00	171.00	100.0
	1		***$ 171.00***	***$ 0.00***	***$ 171.00***	
LENGTH OF SERVICE						
20-22	1	100.0	171.00	0.00	171.00	100.0
	1		***$ 171.00***	***$ 0.00***	***$ 171.00***	
AGE OF CLAIMANT						
55-59	1	100.0	171.00	0.00	171.00	100.0
	1		***$ 171.00***	***$ 0.00***	***$ 171.00***	
SEX OF CLAIMANT						
Female	1	100.0	171.00	0.00	171.00	100.0
	1		***$ 171.00***	***$ 0.00***	***$ 171.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	171.00	0.00	171.00	100.0
	1		***$ 171.00***	***$ 0.00***	***$ 171.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	171.00	0.00	171.00	100.0
	1		***$ 171.00***	***$ 0.00***	***$ 171.00***	
*****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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mol Medicine-clinical Pathology (246)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	50.0	103.00	647.00	750.00	50.0
2PM-3:59PM	1	50.0	168.00	582.00	750.00	50.0
	2		***$ 271.00***	***$ 1,229.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
0-2	2	100.0	271.00	1,229.00	1,500.00	100.0
	2		***$ 271.00***	***$ 1,229.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
20-24	1	50.0	103.00	647.00	750.00	50.0
25-29	1	50.0	168.00	582.00	750.00	50.0
	2		***$ 271.00***	***$ 1,229.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	2	100.0	271.00	1,229.00	1,500.00	100.0
	2		***$ 271.00***	***$ 1,229.00***	***$ 1,500.00***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	168.00	582.00	750.00	50.0
Hand tool, not powered, NOC	1	50.0	103.00	647.00	750.00	50.0
	2		***$ 271.00***	***$ 1,229.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	168.00	582.00	750.00	50.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	103.00	647.00	750.00	50.0
	2		***$ 271.00***	***$ 1,229.00***	***$ 1,500.00***	

*****BODY PART***	
Finger(s)	1
Hand	1
Knee	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
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mop Medicine-pediatrics Dept (248)

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						
2-4	1	50.0	0.00	0.00	0.00	0.0
38-40	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
70-74	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						
Hand tool, not powered, NOC	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	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***	
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mpf Medicine-radiology (251)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	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						
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						
30-34	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						
Stairs, steps	1	50.0	0.00	750.00	750.00	100.0
Infectious agent	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
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Knee	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***						
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mps Medicine-surgery Dept (253)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	22.2	0.00	750.00	750.00	70.8
12PM-1:59PM	1	11.1	239.00	0.00	239.00	22.5
8AM-9:59AM	3	33.3	70.00	0.00	70.00	6.6
10AM-11:59AM	1	11.1	0.00	0.00	0.00	0.0
4PM-5:59PM	1	11.1	0.00	0.00	0.00	0.0
Unknown	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 309.00**	**$ 750.00**	**$ 1,059.00**	
LENGTH OF SERVICE						
18-20	2	22.2	0.00	750.00	750.00	70.8
2-4	2	22.2	239.00	0.00	239.00	22.5
4-6	1	11.1	70.00	0.00	70.00	6.6
0-2	1	11.1	0.00	0.00	0.00	0.0
10-12	1	11.1	0.00	0.00	0.00	0.0
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
	9		**$ 309.00**	**$ 750.00**	**$ 1,059.00**	
AGE OF CLAIMANT						
40-44	4	44.4	70.00	750.00	820.00	77.4
45-49	2	22.2	239.00	0.00	239.00	22.5
35-39	1	11.1	0.00	0.00	0.00	0.0
50-54	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		**$ 309.00**	**$ 750.00**	**$ 1,059.00**	
SEX OF CLAIMANT						
Female	2	22.2	239.00	750.00	989.00	93.3
Male	7	77.7	70.00	0.00	70.00	6.6
	9		**$ 309.00**	**$ 750.00**	**$ 1,059.00**	
LOSS CAUSE						
Paper/Pulp items	1	11.1	0.00	750.00	750.00	70.8
Boxes / containers	1	11.1	239.00	0.00	239.00	22.5
Needle stick	6	66.6	70.00	0.00	70.00	6.6
Infectious agent	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 309.00**	**$ 750.00**	**$ 1,059.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	6	66.6	70.00	750.00	820.00	77.4
Holding Or Carrying (Strain or Injury by)	1	11.1	239.00	0.00	239.00	22.5
Absorb, Ingest, Inhalation	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		**$ 309.00**	**$ 750.00**	**$ 1,059.00**	
****BODY PART**						
Eye(s)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	2					
Finger(s)	4					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mps Medicine-surgery Dept (253)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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
Strain	1
Puncture	6
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-mpu Medicine-urology (254)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	3,327.95	9,503.05	12,831.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,327.95***	***$ 9,503.05***	***$ 12,831.00***	
LENGTH OF SERVICE						
0-2	2	100.0	3,327.95	9,503.05	12,831.00	100.0
	2		***$ 3,327.95***	***$ 9,503.05***	***$ 12,831.00***	
AGE OF CLAIMANT						
30-34	1	50.0	3,327.95	9,503.05	12,831.00	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,327.95***	***$ 9,503.05***	***$ 12,831.00***	
SEX OF CLAIMANT						
Female	1	50.0	3,327.95	9,503.05	12,831.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,327.95***	***$ 9,503.05***	***$ 12,831.00***	
LOSS CAUSE						
Boxes / containers	1	50.0	3,327.95	9,503.05	12,831.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,327.95***	***$ 9,503.05***	***$ 12,831.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	50.0	3,327.95	9,503.05	12,831.00	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,327.95***	***$ 9,503.05***	***$ 12,831.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-nec Newcomb Hall-bookstore (261)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	50.0	326.30	0.00	326.30	76.0
8AM-9:59AM	1	50.0	103.00	0.00	103.00	23.9
	2		***$ 429.30***	***$ 0.00***	***$ 429.30***	
LENGTH OF SERVICE						
0-2	1	50.0	326.30	0.00	326.30	76.0
6-8	1	50.0	103.00	0.00	103.00	23.9
	2		***$ 429.30***	***$ 0.00***	***$ 429.30***	
AGE OF CLAIMANT						
40-44	1	50.0	326.30	0.00	326.30	76.0
50-54	1	50.0	103.00	0.00	103.00	23.9
	2		***$ 429.30***	***$ 0.00***	***$ 429.30***	
SEX OF CLAIMANT						
Female	2	100.0	429.30	0.00	429.30	100.0
	2		***$ 429.30***	***$ 0.00***	***$ 429.30***	
LOSS CAUSE						
Furniture / fixtures	2	100.0	429.30	0.00	429.30	100.0
	2		***$ 429.30***	***$ 0.00***	***$ 429.30***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	326.30	0.00	326.30	76.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	103.00	0.00	103.00	23.9
	2		***$ 429.30***	***$ 0.00***	***$ 429.30***	

*****BODY PART***	
Great Toe	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:37

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-ned Newcomb Hall-directors Office (262)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	3	60.0	815.60	942.10	1,757.70	70.0
2PM-3:59PM	2	40.0	94.42	655.58	750.00	29.9
	5		***$ 910.02***	***$ 1,597.68***	***$ 2,507.70***	
LENGTH OF SERVICE						
8-10	2	40.0	485.40	522.30	1,007.70	40.1
0-2	1	20.0	330.20	419.80	750.00	29.9
2-4	1	20.0	94.42	655.58	750.00	29.9
Unknown	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 910.02***	***$ 1,597.68***	***$ 2,507.70***	
AGE OF CLAIMANT						
35-39	2	40.0	322.12	1,177.88	1,500.00	59.8
20-24	1	20.0	330.20	419.80	750.00	29.9
50-54	1	20.0	257.70	0.00	257.70	10.2
Unknown	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 910.02***	***$ 1,597.68***	***$ 2,507.70***	
SEX OF CLAIMANT						
Female	3	60.0	557.90	942.10	1,500.00	59.8
Male	2	40.0	352.12	655.58	1,007.70	40.1
	5		***$ 910.02***	***$ 1,597.68***	***$ 2,507.70***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	40.0	587.90	419.80	1,007.70	40.1
Metal items	1	20.0	94.42	655.58	750.00	29.9
Walking surface, inside, wet	1	20.0	227.70	522.30	750.00	29.9
Walking surface, outside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 910.02***	***$ 1,597.68***	***$ 2,507.70***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	40.0	227.70	522.30	750.00	29.9
Fall or slip (on stairs)	1	20.0	330.20	419.80	750.00	29.9
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	94.42	655.58	750.00	29.9
Pushing Or Pulling (Strain or Injury by)	1	20.0	257.70	0.00	257.70	10.2
	5		***$ 910.02***	***$ 1,597.68***	***$ 2,507.70***	
*****BODY PART***						
Ankle	1					
Finger(s)	1					
Hand	1					
Knee	2					
Lower Arm	1					
Shoulder	1					
Soft Tissue - Neck	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-ned Newcomb Hall-directors Office (262)

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
Sprain	4
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-paa Parking & Transportation-admin (269)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	20.0	687.00	0.00	687.00	82.2
6AM-7:59AM	1	20.0	148.00	0.00	148.00	17.7
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 835.00***	***$ 0.00***	***$ 835.00***	
LENGTH OF SERVICE						
6-8	2	40.0	687.00	0.00	687.00	82.2
0-2	2	40.0	148.00	0.00	148.00	17.7
4-6	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 835.00***	***$ 0.00***	***$ 835.00***	
AGE OF CLAIMANT						
40-44	3	60.0	687.00	0.00	687.00	82.2
55-59	1	20.0	148.00	0.00	148.00	17.7
20-24	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 835.00***	***$ 0.00***	***$ 835.00***	
SEX OF CLAIMANT						
Female	3	60.0	687.00	0.00	687.00	82.2
Male	2	40.0	148.00	0.00	148.00	17.7
	5		***$ 835.00***	***$ 0.00***	***$ 835.00***	
LOSS CAUSE						
Machine, not otherwise classified	1	20.0	687.00	0.00	687.00	82.2
Metal items	1	20.0	148.00	0.00	148.00	17.7
Person	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
Animal / bee type	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 835.00***	***$ 0.00***	***$ 835.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	687.00	0.00	687.00	82.2
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	148.00	0.00	148.00	17.7
Assault	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
Animal Or Insect	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 835.00***	***$ 0.00***	***$ 835.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	1					
Facial, Other Soft Tissue	1					
Lower Arm	1					
Lower Leg	1					
Thumb	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-paa Parking & Transportation-admin (269)

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
Laceration	2
Contusion	2
Inflamation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6AM-7:59AM	1	3.7	634.45	4,515.55	5,150.00	27.9
4PM-5:59PM	11	40.7	3,082.94	1,576.64	4,659.58	25.2
6PM-7:59PM	4	14.8	1,630.75	1,602.00	3,232.75	17.5
2AM-3:59AM	2	7.4	2,094.14	0.00	2,094.14	11.3
Unknown	5	18.5	474.50	750.00	1,224.50	6.6
12PM-1:59PM	2	7.4	180.00	750.00	930.00	5.0
10AM-11:59AM	1	3.7	244.00	506.00	750.00	4.0
4AM-5:59AM	1	3.7	384.80	0.00	384.80	2.0
	27		***$ 8,725.58***	***$ 9,700.19***	***$ 18,425.77***	
LENGTH OF SERVICE						
0-2	10	37.0	4,639.00	1,576.64	6,215.64	33.7
14-16	2	7.4	794.45	4,515.55	5,310.00	28.8
8-10	3	11.1	1,226.75	1,256.00	2,482.75	13.4
20-22	3	11.1	144.00	1,500.00	1,644.00	8.9
2-4	2	7.4	514.00	426.00	940.00	5.1
6-8	2	7.4	324.00	426.00	750.00	4.0
10-12	1	3.7	384.80	0.00	384.80	2.0
4-6	2	7.4	320.00	0.00	320.00	1.7
18-20	1	3.7	218.58	0.00	218.58	1.1
24-26	1	3.7	160.00	0.00	160.00	0.8
	27		***$ 8,725.58***	***$ 9,700.19***	***$ 18,425.77***	
AGE OF CLAIMANT						
50-54	2	7.4	958.45	4,941.55	5,900.00	32.0
25-29	7	25.9	3,577.39	1,176.00	4,753.39	25.8
30-34	3	11.1	2,261.80	1,000.00	3,261.80	17.7
20-24	4	14.8	591.36	576.64	1,168.00	6.3
35-39	3	11.1	584.00	506.00	1,090.00	5.9
40-44	2	7.4	218.58	750.00	968.58	5.2
45-49	2	7.4	144.00	750.00	894.00	4.8
55-59	3	11.1	390.00	0.00	390.00	2.1
60-64	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 8,725.58***	***$ 9,700.19***	***$ 18,425.77***	
SEX OF CLAIMANT						
Male	19	70.3	7,136.20	8,018.19	15,154.39	82.2
Female	8	29.6	1,589.38	1,682.00	3,271.38	17.7
	27		***$ 8,725.58***	***$ 9,700.19***	***$ 18,425.77***	
LOSS CAUSE						
Patient / Inmate	12	44.4	3,436.94	3,178.64	6,615.58	35.9
Walking surface, outside, wet	1	3.7	634.45	4,515.55	5,150.00	27.9
Vehicle, not otherwise classified	1	3.7	2,094.14	0.00	2,094.14	11.3
Animal, not otherwise classified	2	7.4	982.75	750.00	1,732.75	9.4
Chemicals, not otherwise classified	4	14.8	738.00	506.00	1,244.00	6.7
Vehicle/car/truck	1	3.7	0.00	750.00	750.00	4.0
Infectious agent	2	7.4	528.80	0.00	528.80	2.8
Person	2	7.4	206.50	0.00	206.50	1.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Stairs, steps	2	7.4	104.00	0.00	104.00	0.5
	27		***$ 8,725.58***	***$ 9,700.19***	***$ 18,425.77***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	3.7	634.45	4,515.55	5,150.00	27.9
Holding Or Carrying (Strain or Injury by)	8	29.6	2,939.58	1,426.00	4,365.58	23.6
Struck/Injured by Motor Vehicle	1	3.7	2,094.14	0.00	2,094.14	11.3
Absorb, Ingest, Inhalation	6	22.2	1,266.80	506.00	1,772.80	9.6
Animal Or Insect	2	7.4	982.75	750.00	1,732.75	9.4
Stuck, injured by fellow worker, patient	4	14.8	687.36	1,002.64	1,690.00	9.1
Object being lifted/handled (cut,punc.scrape,inj b	1	3.7	0.00	750.00	750.00	4.0
Vehicle Upset	1	3.7	0.00	750.00	750.00	4.0
Fall or slip (on stairs)	2	7.4	104.00	0.00	104.00	0.5
Assault	1	3.7	16.50	0.00	16.50	0.0
	27		***$ 8,725.58***	***$ 9,700.19***	***$ 18,425.77***	

*****BODY PART***	
Lower Leg	1
Elbow	1
Shoulder	1
Lower Arm	8
Upper Arm (Inc: Clavicle and Scapula)	2
Hand	4
Thumb	1
Finger(s)	3
Facial, Other Soft Tissue	2
Lungs	1
Soft Tissue - Neck	1
Wrist	1
Mouth	1
Internal Organs	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Upper Back Area (Thoracic Area)	2
Knee	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	4
Contusion	7
Laceration	13
Dislocation	1
Foreign Body	5
Puncture	1
Respiratory Disorders	1
Poisoning - Chemical	1
Sprain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-psy Psychology Dept (286)

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						
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						
Furniture / fixtures	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-rlp Residence Life Program (293)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	192.70	0.00	192.70	100.0
	1		***$ 192.70***	***$ 0.00***	***$ 192.70***	
LENGTH OF SERVICE						
18-20	1	100.0	192.70	0.00	192.70	100.0
	1		***$ 192.70***	***$ 0.00***	***$ 192.70***	
AGE OF CLAIMANT						
45-49	1	100.0	192.70	0.00	192.70	100.0
	1		***$ 192.70***	***$ 0.00***	***$ 192.70***	
SEX OF CLAIMANT						
Male	1	100.0	192.70	0.00	192.70	100.0
	1		***$ 192.70***	***$ 0.00***	***$ 192.70***	
LOSS CAUSE						
Welding equipment	1	100.0	192.70	0.00	192.70	100.0
	1		***$ 192.70***	***$ 0.00***	***$ 192.70***	
ACCIDENT TYPE						
Strike Against/Step On Moving Part Of Machine	1	100.0	192.70	0.00	192.70	100.0
	1		***$ 192.70***	***$ 0.00***	***$ 192.70***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
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
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-rms Risk Management Office (295)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	5,439.47	2,385.50	7,824.97	77.0
6PM-7:59PM	1	50.0	2,324.75	0.12	2,324.87	22.9
	2		***$ 7,764.22***	***$ 2,385.62***	***$ 10,149.84***	
LENGTH OF SERVICE						
22-24	1	50.0	5,439.47	2,385.50	7,824.97	77.0
0-2	1	50.0	2,324.75	0.12	2,324.87	22.9
	2		***$ 7,764.22***	***$ 2,385.62***	***$ 10,149.84***	
AGE OF CLAIMANT						
45-49	1	50.0	5,439.47	2,385.50	7,824.97	77.0
20-24	1	50.0	2,324.75	0.12	2,324.87	22.9
	2		***$ 7,764.22***	***$ 2,385.62***	***$ 10,149.84***	
SEX OF CLAIMANT						
Male	2	100.0	7,764.22	2,385.62	10,149.84	100.0
	2		***$ 7,764.22***	***$ 2,385.62***	***$ 10,149.84***	
LOSS CAUSE						
Patient / Inmate	1	50.0	5,439.47	2,385.50	7,824.97	77.0
Hand tool, not powered, NOC	1	50.0	2,324.75	0.12	2,324.87	22.9
	2		***$ 7,764.22***	***$ 2,385.62***	***$ 10,149.84***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	5,439.47	2,385.50	7,824.97	77.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	2,324.75	0.12	2,324.87	22.9
	2		***$ 7,764.22***	***$ 2,385.62***	***$ 10,149.84***	
*****BODY PART***						
Knee	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	
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-spr Sponsored Programs Office (307)

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						
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						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	50.0	0.00	750.00	750.00	50.0
4PM-5:59PM	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
20-22	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						
45-49	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						
Female	2	100.0	0.00	1,500.00	1,500.00	100.0
	2		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	0.00	750.00	750.00	50.0
Walking surface, outside, wet	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
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 0.00***	***$ 1,500.00***	***$ 1,500.00***	
*****BODY PART***						
Knee	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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Uva-tfm Temp Svc-facilities Mgt (312)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	1,900.90	0.00	1,900.90	90.4
12PM-1:59PM	1	50.0	201.96	0.00	201.96	9.6
	2		***$ 2,102.86***	***$ 0.00***	***$ 2,102.86***	
LENGTH OF SERVICE						
0-2	1	50.0	1,900.90	0.00	1,900.90	90.4
26-28	1	50.0	201.96	0.00	201.96	9.6
	2		***$ 2,102.86***	***$ 0.00***	***$ 2,102.86***	
AGE OF CLAIMANT						
35-39	1	50.0	1,900.90	0.00	1,900.90	90.4
45-49	1	50.0	201.96	0.00	201.96	9.6
	2		***$ 2,102.86***	***$ 0.00***	***$ 2,102.86***	
SEX OF CLAIMANT						
Male	2	100.0	2,102.86	0.00	2,102.86	100.0
	2		***$ 2,102.86***	***$ 0.00***	***$ 2,102.86***	
LOSS CAUSE						
Building parts / doors	1	50.0	1,900.90	0.00	1,900.90	90.4
Hand tool, powered, NOC	1	50.0	201.96	0.00	201.96	9.6
	2		***$ 2,102.86***	***$ 0.00***	***$ 2,102.86***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	1,900.90	0.00	1,900.90	90.4
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	201.96	0.00	201.96	9.6
	2		***$ 2,102.86***	***$ 0.00***	***$ 2,102.86***	
*****BODY PART***						
Lower Arm	1					
Ankle	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
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	20.0	3,780.22	22,969.78	26,750.00	98.1
12AM-1:59AM	2	40.0	222.20	0.00	222.20	0.8
10AM-11:59AM	1	20.0	198.00	0.00	198.00	0.7
2PM-3:59PM	1	20.0	86.30	0.00	86.30	0.3
	5		***$ 4,286.72***	***$ 22,969.78***	***$ 27,256.50***	
LENGTH OF SERVICE						
24-26	1	20.0	3,780.22	22,969.78	26,750.00	98.1
12-14	2	40.0	255.50	0.00	255.50	0.9
0-2	1	20.0	198.00	0.00	198.00	0.7
28-30	1	20.0	53.00	0.00	53.00	0.1
	5		***$ 4,286.72***	***$ 22,969.78***	***$ 27,256.50***	
AGE OF CLAIMANT						
40-44	2	40.0	3,949.42	22,969.78	26,919.20	98.7
50-54	2	40.0	284.30	0.00	284.30	1.0
45-49	1	20.0	53.00	0.00	53.00	0.1
	5		***$ 4,286.72***	***$ 22,969.78***	***$ 27,256.50***	
SEX OF CLAIMANT						
Female	3	60.0	3,919.52	22,969.78	26,889.30	98.6
Male	2	40.0	367.20	0.00	367.20	1.3
	5		***$ 4,286.72***	***$ 22,969.78***	***$ 27,256.50***	
LOSS CAUSE						
Docks,Ramps,Loading Platforms	1	20.0	3,780.22	22,969.78	26,750.00	98.1
Machine, not otherwise classified	1	20.0	198.00	0.00	198.00	0.7
Furniture / fixtures	1	20.0	169.20	0.00	169.20	0.6
Animal, not otherwise classified	1	20.0	86.30	0.00	86.30	0.3
Chemicals, not otherwise classified	1	20.0	53.00	0.00	53.00	0.1
	5		***$ 4,286.72***	***$ 22,969.78***	***$ 27,256.50***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	20.0	3,780.22	22,969.78	26,750.00	98.1
Struck/Injured by Falling or Flying Object	1	20.0	198.00	0.00	198.00	0.7
Holding Or Carrying (Strain or Injury by)	1	20.0	169.20	0.00	169.20	0.6
Animal Or Insect	1	20.0	86.30	0.00	86.30	0.3
Allergic Reaction	1	20.0	53.00	0.00	53.00	0.1
	5		***$ 4,286.72***	***$ 22,969.78***	***$ 27,256.50***	
****BODY PART**						
Hip	1					
Shoulder	1					
Upper Leg	1					
Finger(s)	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lungs	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Mea-medicine-cell Biology (333)

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***

Dislocation	3
Fracture	1
Strain	1
Laceration	1
Respiratory Disorders	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	27.2	1,821.00	1,294.00	3,115.00	60.6
8AM-9:59AM	4	36.3	168.00	1,500.00	1,668.00	32.4
12AM-1:59AM	1	9.0	148.00	0.00	148.00	2.8
12PM-1:59PM	1	9.0	103.00	0.00	103.00	2.0
2PM-3:59PM	2	18.1	103.00	0.00	103.00	2.0
	11		***$ 2,343.00***	***$ 2,794.00***	***$ 5,137.00***	
LENGTH OF SERVICE						
2-4	3	27.2	1,886.00	647.00	2,533.00	49.3
0-2	5	45.4	354.00	2,147.00	2,501.00	48.6
4-6	1	9.0	103.00	0.00	103.00	2.0
14-16	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		***$ 2,343.00***	***$ 2,794.00***	***$ 5,137.00***	
AGE OF CLAIMANT						
50-54	3	27.2	1,783.00	0.00	1,783.00	34.7
15-19	2	18.1	103.00	1,397.00	1,500.00	29.2
25-29	2	18.1	103.00	1,397.00	1,500.00	29.2
20-24	1	9.0	148.00	0.00	148.00	2.8
30-34	1	9.0	103.00	0.00	103.00	2.0
45-49	2	18.1	103.00	0.00	103.00	2.0
	11		***$ 2,343.00***	***$ 2,794.00***	***$ 5,137.00***	
SEX OF CLAIMANT						
Female	9	81.8	2,195.00	2,794.00	4,989.00	97.1
Male	2	18.1	148.00	0.00	148.00	2.8
	11		***$ 2,343.00***	***$ 2,794.00***	***$ 5,137.00***	
LOSS CAUSE						
Boxes / containers	3	27.2	1,866.00	0.00	1,866.00	36.3
Animal, not otherwise classified	4	36.3	206.00	647.00	853.00	16.6
Environmental conditions	1	9.0	0.00	750.00	750.00	14.6
Hand tool, not powered, NOC	1	9.0	103.00	647.00	750.00	14.6
Minerals / dirt	1	9.0	0.00	750.00	750.00	14.6
Vehicle, not otherwise classified	1	9.0	168.00	0.00	168.00	3.2
	11		***$ 2,343.00***	***$ 2,794.00***	***$ 5,137.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	9.0	1,615.00	0.00	1,615.00	31.4
Animal Or Insect	4	36.3	206.00	647.00	853.00	16.6
Object being lifted/handled (cut,punc.scrape,inj b	2	18.1	206.00	647.00	853.00	16.6
Cumulative (Not Otherwise Classified)	1	9.0	0.00	750.00	750.00	14.6
Foreign Body In Eye	1	9.0	0.00	750.00	750.00	14.6
Object Handled (caught in or between)	1	9.0	168.00	0.00	168.00	3.2
Lifting (strain or Injury by)	1	9.0	148.00	0.00	148.00	2.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:38

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Mpv-animal Resource Facility (337)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	11		***$ 2,343.00***	***$ 2,794.00***	***$ 5,137.00***	
*****BODY PART***						
Knee	1					
Brain	1					
Eye(s)	1					
Nose	1					
Wrist	1					
Hand	2					
Shoulder	1					
Finger(s)	2					
Thumb	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***						
Sprain	1					
Laceration	3					
Foreign Body	1					
Syncope	1					
Strain	2					
Contusion	1					
Puncture	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:39

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Tmc - The Markey Center For Cell Sgn (341)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	40.0	427.20	0.00	427.20	51.6
10AM-11:59AM	2	40.0	240.00	0.00	240.00	29.0
8AM-9:59AM	1	20.0	160.00	0.00	160.00	19.3
	5		***$ 827.20***	***$ 0.00***	***$ 827.20***	
LENGTH OF SERVICE						
0-2	5	100.0	827.20	0.00	827.20	100.0
	5		***$ 827.20***	***$ 0.00***	***$ 827.20***	
AGE OF CLAIMANT						
35-39	2	40.0	427.20	0.00	427.20	51.6
20-24	3	60.0	400.00	0.00	400.00	48.3
	5		***$ 827.20***	***$ 0.00***	***$ 827.20***	
SEX OF CLAIMANT						
Female	4	80.0	667.20	0.00	667.20	80.6
Male	1	20.0	160.00	0.00	160.00	19.3
	5		***$ 827.20***	***$ 0.00***	***$ 827.20***	
LOSS CAUSE						
Boxes / containers	2	40.0	427.20	0.00	427.20	51.6
Chemicals, not otherwise classified	1	20.0	240.00	0.00	240.00	29.0
Hand tool, not powered, NOC	2	40.0	160.00	0.00	160.00	19.3
	5		***$ 827.20***	***$ 0.00***	***$ 827.20***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	40.0	427.20	0.00	427.20	51.6
Struck/Injured by Object Being Lifted/Handled	1	20.0	240.00	0.00	240.00	29.0
Object being lifted/handled (cut,punc.scrape,inj b	2	40.0	160.00	0.00	160.00	19.3
	5		***$ 827.20***	***$ 0.00***	***$ 827.20***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Eye(s)	1					
Hand	1					
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***						
Strain	2					
Inflamation	1					
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:39

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcb - Fm - Svc Call Crew (342)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LENGTH OF SERVICE						
4-6	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
AGE OF CLAIMANT						
35-39	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LOSS CAUSE						
Building parts / doors	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:39

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcc - Fm - Maint-carpentry (343)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	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						
20-24	1	100.0	80.00	0.00	80.00	100.0
	1		***$ 80.00***	***$ 0.00***	***$ 80.00***	
SEX OF CLAIMANT						
Male	1	100.0	80.00	0.00	80.00	100.0
	1		***$ 80.00***	***$ 0.00***	***$ 80.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	80.00	0.00	80.00	100.0
	1		***$ 80.00***	***$ 0.00***	***$ 80.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	80.00	0.00	80.00	100.0
	1		***$ 80.00***	***$ 0.00***	***$ 80.00***	
*****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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:39

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcd - Fm - Maint-plumbing (344)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	181.80	0.00	181.80	100.0
	1		***$ 181.80***	***$ 0.00***	***$ 181.80***	
LENGTH OF SERVICE						
8-10	1	100.0	181.80	0.00	181.80	100.0
	1		***$ 181.80***	***$ 0.00***	***$ 181.80***	
AGE OF CLAIMANT						
45-49	1	100.0	181.80	0.00	181.80	100.0
	1		***$ 181.80***	***$ 0.00***	***$ 181.80***	
SEX OF CLAIMANT						
Male	1	100.0	181.80	0.00	181.80	100.0
	1		***$ 181.80***	***$ 0.00***	***$ 181.80***	
LOSS CAUSE						
Minerals / dirt	1	100.0	181.80	0.00	181.80	100.0
	1		***$ 181.80***	***$ 0.00***	***$ 181.80***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	181.80	0.00	181.80	100.0
	1		***$ 181.80***	***$ 0.00***	***$ 181.80***	
*****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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:39

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcg - Fm - Fire Protection (347)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	100.0	973.79	0.00	973.79	100.0
	1		***$ 973.79***	***$ 0.00***	***$ 973.79***	
LENGTH OF SERVICE						
26-28	1	100.0	973.79	0.00	973.79	100.0
	1		***$ 973.79***	***$ 0.00***	***$ 973.79***	
AGE OF CLAIMANT						
45-49	1	100.0	973.79	0.00	973.79	100.0
	1		***$ 973.79***	***$ 0.00***	***$ 973.79***	
SEX OF CLAIMANT						
Male	1	100.0	973.79	0.00	973.79	100.0
	1		***$ 973.79***	***$ 0.00***	***$ 973.79***	
LOSS CAUSE						
Object on Floor	1	100.0	973.79	0.00	973.79	100.0
	1		***$ 973.79***	***$ 0.00***	***$ 973.79***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	973.79	0.00	973.79	100.0
	1		***$ 973.79***	***$ 0.00***	***$ 973.79***	
*****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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:39

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fch - Fm - Maint-electrical (348)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	201.96	548.04	750.00	100.0
	1		***$ 201.96***	***$ 548.04***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	100.0	201.96	548.04	750.00	100.0
	1		***$ 201.96***	***$ 548.04***	***$ 750.00***	
AGE OF CLAIMANT						
20-24	1	100.0	201.96	548.04	750.00	100.0
	1		***$ 201.96***	***$ 548.04***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	201.96	548.04	750.00	100.0
	1		***$ 201.96***	***$ 548.04***	***$ 750.00***	
LOSS CAUSE						
Metal items	1	100.0	201.96	548.04	750.00	100.0
	1		***$ 201.96***	***$ 548.04***	***$ 750.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	201.96	548.04	750.00	100.0
	1		***$ 201.96***	***$ 548.04***	***$ 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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcj - Fm - Elevator Shop (350)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	100.0	3,754.00	0.00	3,754.00	100.0
	1		***$ 3,754.00***	***$ 0.00***	***$ 3,754.00***	
LENGTH OF SERVICE						
32-34	1	100.0	3,754.00	0.00	3,754.00	100.0
	1		***$ 3,754.00***	***$ 0.00***	***$ 3,754.00***	
AGE OF CLAIMANT						
50-54	1	100.0	3,754.00	0.00	3,754.00	100.0
	1		***$ 3,754.00***	***$ 0.00***	***$ 3,754.00***	
SEX OF CLAIMANT						
Male	1	100.0	3,754.00	0.00	3,754.00	100.0
	1		***$ 3,754.00***	***$ 0.00***	***$ 3,754.00***	
LOSS CAUSE						
Stairs, steps	1	100.0	3,754.00	0.00	3,754.00	100.0
	1		***$ 3,754.00***	***$ 0.00***	***$ 3,754.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	3,754.00	0.00	3,754.00	100.0
	1		***$ 3,754.00***	***$ 0.00***	***$ 3,754.00***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcl - Fm - N Grds Custodial (351)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
LENGTH OF SERVICE						
4-6	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
AGE OF CLAIMANT						
60-64	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fcv - Fm - Hs Renovations (359)

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						
2-4	1	100.0	168.00	582.00	750.00	100.0
	1		***$ 168.00***	***$ 582.00***	***$ 750.00***	
AGE OF CLAIMANT						
45-49	1	100.0	168.00	582.00	750.00	100.0
	1		***$ 168.00***	***$ 582.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	168.00	582.00	750.00	100.0
	1		***$ 168.00***	***$ 582.00***	***$ 750.00***	
LOSS CAUSE						
Ladder - Portable	1	100.0	168.00	582.00	750.00	100.0
	1		***$ 168.00***	***$ 582.00***	***$ 750.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	168.00	582.00	750.00	100.0
	1		***$ 168.00***	***$ 582.00***	***$ 750.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fmo - Fm - Bms Contract Mgmt (376)

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						
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						
Strike Against/Step On Obj. Being Lifted or Handle	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hand	1					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Fmz - Fm - N Grds Maint (387)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,158.10	0.00	1,158.10	100.0
	1		***$ 1,158.10***	***$ 0.00***	***$ 1,158.10***	
LENGTH OF SERVICE						
20-22	1	100.0	1,158.10	0.00	1,158.10	100.0
	1		***$ 1,158.10***	***$ 0.00***	***$ 1,158.10***	
AGE OF CLAIMANT						
45-49	1	100.0	1,158.10	0.00	1,158.10	100.0
	1		***$ 1,158.10***	***$ 0.00***	***$ 1,158.10***	
SEX OF CLAIMANT						
Male	1	100.0	1,158.10	0.00	1,158.10	100.0
	1		***$ 1,158.10***	***$ 0.00***	***$ 1,158.10***	
LOSS CAUSE						
Boxes / containers	1	100.0	1,158.10	0.00	1,158.10	100.0
	1		***$ 1,158.10***	***$ 0.00***	***$ 1,158.10***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	1,158.10	0.00	1,158.10	100.0
	1		***$ 1,158.10***	***$ 0.00***	***$ 1,158.10***	
*****BODY PART***						
Shoulder	1					
	1					

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*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: University Of Virginia (207)
SubAgency: Md - Micr - Microbiology (389)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	703.58	0.00	703.58	100.0
	1		***$ 703.58***	***$ 0.00***	***$ 703.58***	
LENGTH OF SERVICE						
14-16	1	100.0	703.58	0.00	703.58	100.0
	1		***$ 703.58***	***$ 0.00***	***$ 703.58***	
AGE OF CLAIMANT						
50-54	1	100.0	703.58	0.00	703.58	100.0
	1		***$ 703.58***	***$ 0.00***	***$ 703.58***	
SEX OF CLAIMANT						
Female	1	100.0	703.58	0.00	703.58	100.0
	1		***$ 703.58***	***$ 0.00***	***$ 703.58***	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	703.58	0.00	703.58	100.0
	1		***$ 703.58***	***$ 0.00***	***$ 703.58***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	703.58	0.00	703.58	100.0
	1		***$ 703.58***	***$ 0.00***	***$ 703.58***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Boilogical Systems Engineering (200)

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						
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						
Ladder - Fixed	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:40

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	99	19.8	90,028.72	108,994.37	199,023.09	27.7
10AM-11:59AM	117	23.4	89,340.93	48,704.75	138,045.68	19.2
12PM-1:59PM	85	17.0	52,749.48	26,953.81	79,703.29	11.1
6AM-7:59AM	34	6.8	42,372.86	16,850.13	59,222.99	8.2
2PM-3:59PM	71	14.2	39,533.85	18,676.23	58,210.08	8.1
12AM-1:59AM	21	4.2	8,299.51	46,600.20	54,899.71	7.6
4PM-5:59PM	18	3.6	12,013.44	30,147.62	42,161.06	5.8
4AM-5:59AM	11	2.2	27,601.56	13,221.64	40,823.20	5.6
Unknown	15	3.0	17,349.13	13,378.32	30,727.45	4.2
2AM-3:59AM	16	3.2	5,954.08	5,913.44	11,867.52	1.6
6PM-7:59PM	13	2.6	1,789.89	1,619.00	3,408.89	0.4
	500		***$ 387,033.45***	***$ 331,059.51***	***$ 718,092.96***	
LENGTH OF SERVICE						
0-2	171	34.2	84,140.63	60,968.25	145,108.88	20.2
4-6	55	11.0	71,145.85	73,200.01	144,345.86	20.1
2-4	103	20.6	74,061.66	61,020.17	135,081.83	18.8
24-26	11	2.2	25,438.31	32,822.26	58,260.57	8.1
22-24	12	2.4	38,854.47	11,672.99	50,527.46	7.0
26-28	10	2.0	3,677.36	45,423.52	49,100.88	6.8
10-12	13	2.6	24,577.71	9,558.68	34,136.39	4.7
6-8	15	3.0	18,570.57	7,673.80	26,244.37	3.6
12-14	24	4.8	4,815.45	18,828.72	23,644.17	3.2
30-32	2	0.4	14,584.71	1,449.27	16,033.98	2.2
8-10	14	2.8	9,442.59	2,118.00	11,560.59	1.6
14-16	13	2.6	5,174.68	1,687.50	6,862.18	0.9
16-18	17	3.4	3,183.05	817.00	4,000.05	0.5
18-20	5	1.0	3,532.20	0.00	3,532.20	0.4
32-34	5	1.0	134.31	2,465.34	2,599.65	0.3
28-30	10	2.0	2,037.80	0.00	2,037.80	0.2
20-22	16	3.2	2,015.41	0.00	2,015.41	0.2
36-38	1	0.2	869.00	869.00	1,738.00	0.2
Unknown	1	0.2	265.00	485.00	750.00	0.1
34-36	2	0.4	512.69	0.00	512.69	0.0
	500		***$ 387,033.45***	***$ 331,059.51***	***$ 718,092.96***	
AGE OF CLAIMANT						
45-49	68	13.6	66,154.24	74,444.13	140,598.37	19.5
40-44	60	12.0	70,883.82	63,739.16	134,622.98	18.7
50-54	52	10.4	77,968.80	53,755.62	131,724.42	18.3
35-39	62	12.4	45,882.67	34,911.34	80,794.01	11.2
30-34	54	10.8	35,254.80	18,683.78	53,938.58	7.5
25-29	48	9.6	26,662.87	22,919.06	49,581.93	6.9
55-59	19	3.8	18,686.22	24,383.57	43,069.79	6.0
20-24	73	14.6	19,808.08	19,950.64	39,758.72	5.5
15-19	28	5.6	20,051.89	10,877.11	30,929.00	4.3
60-64	25	5.0	4,638.90	6,526.10	11,165.00	1.5
65-69	10	2.0	1,041.16	869.00	1,910.16	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
70-74	1	0.2	0.00	0.00	0.00	0.0
	500		***$ 387,033.45***	***$ 331,059.51***	***$ 718,092.96***	
SEX OF CLAIMANT						
Male	253	50.6	218,057.39	199,021.71	417,079.10	58.0
Female	247	49.4	168,976.06	132,037.80	301,013.86	41.9
	500		***$ 387,033.45***	***$ 331,059.51***	***$ 718,092.96***	
LOSS CAUSE						
Walking surface, inside, dry	11	2.2	53,140.68	24,301.31	77,441.99	10.7
Stone / rock / brick	8	1.6	33,922.80	35,230.33	69,153.13	9.6
Boxes / containers	38	7.6	31,370.04	27,990.80	59,360.84	8.2
Walking surface, outside, dry	16	3.2	5,792.08	47,916.85	53,708.93	7.4
Animal, not otherwise classified	28	5.6	18,517.89	33,190.27	51,708.16	7.2
Stairs, steps	20	4.0	38,045.87	11,245.10	49,290.97	6.8
Furniture / fixtures	36	7.2	27,329.39	16,242.73	43,572.12	6.0
Walking surface, inside, wet	28	5.6	18,888.78	13,555.68	32,444.46	4.5
Vehicle/car/truck	11	2.2	26,826.07	3,200.72	30,026.79	4.1
Miscellaneous	18	3.6	9,060.11	20,838.52	29,898.63	4.1
Chemicals, not otherwise classified	21	4.2	4,058.12	20,002.75	24,060.87	3.3
Wood Items	2	0.4	12,688.31	8,198.47	20,886.78	2.9
Door	7	1.4	1,665.32	15,234.96	16,900.28	2.3
Light cord and reel	1	0.2	14,404.71	1,449.27	15,853.98	2.2
Building parts / doors	10	2.0	8,466.27	6,789.52	15,255.79	2.1
Ladder - Portable	2	0.4	7,755.93	4,475.92	12,231.85	1.7
Heating equipment	1	0.2	11,200.03	473.26	11,673.29	1.6
Walking surface, outside, wet	4	0.8	2,130.74	7,700.10	9,830.84	1.3
Hand tool, not powered, NOC	18	3.6	3,332.73	5,736.35	9,069.08	1.2
Metal items	20	4.0	7,241.99	1,390.00	8,631.99	1.2
Pipe	3	0.6	7,862.03	567.25	8,429.28	1.1
Machine, not otherwise classified	18	3.6	5,688.73	2,390.00	8,078.73	1.1
Unknown	6	1.2	2,109.44	4,115.73	6,225.17	0.8
Breaker/Cheetah bar	1	0.2	2,354.18	3,495.82	5,850.00	0.8
Object on Floor	10	2.0	3,782.96	1,338.96	5,121.92	0.7
Vehicle, not otherwise classified	6	1.2	4,611.30	316.88	4,928.18	0.6
Sharp objects, not otherwise classified	13	2.6	3,722.71	486.37	4,209.08	0.5
Knife, NOC	18	3.6	3,075.70	1,043.61	4,119.31	0.5
Food	10	2.0	1,102.42	1,916.52	3,018.94	0.4
Animal / tick, spider, etc.	1	0.2	2,722.29	0.00	2,722.29	0.3
Hand tool, powered, NOC	3	0.6	2,549.81	0.00	2,549.81	0.3
Glass bottle / sheet	10	2.0	1,755.01	750.00	2,505.01	0.3
Cart	5	1.0	0.00	1,750.00	1,750.00	0.2
Hammer	4	0.8	250.00	1,250.00	1,500.00	0.2
Brush / tree / log	4	0.8	719.81	515.00	1,234.81	0.1
Office equipment	8	1.6	435.20	750.00	1,185.20	0.1
Water	4	0.8	1,053.22	0.00	1,053.22	0.1
Pots/pans	6	1.2	968.95	0.00	968.95	0.1
Trash receptacle	3	0.6	348.79	610.21	959.00	0.1
Minerals / dirt	7	1.4	950.26	0.00	950.26	0.1
Infectious agent	5	1.0	900.62	0.00	900.62	0.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chair	4	0.8	189.00	640.00	829.00	0.1
Floor	2	0.4	1.84	750.00	751.84	0.1
Dolly	1	0.2	34.66	715.34	750.00	0.1
Elevators, escalators	1	0.2	132.00	618.00	750.00	0.1
Ladder, 10' folding	1	0.2	0.00	750.00	750.00	0.1
Paper / Pulp	1	0.2	0.00	750.00	750.00	0.1
Wrench	1	0.2	373.09	376.91	750.00	0.1
Shelving	3	0.6	670.44	0.00	670.44	0.0
Animal / bee type	5	1.0	577.60	0.00	577.60	0.0
Mowers	1	0.2	576.57	0.00	576.57	0.0
Outside Surface	2	0.4	530.01	0.00	530.01	0.0
Cleaning Products	3	0.6	245.95	0.00	245.95	0.0
Hot/Cold Object, Liquid, Substance	5	1.0	224.81	0.00	224.81	0.0
Tire	1	0.2	180.00	0.00	180.00	0.0
Oil	1	0.2	150.00	0.00	150.00	0.0
Dishes	2	0.4	123.33	0.00	123.33	0.0
Nail	2	0.4	61.72	0.00	61.72	0.0
Steam / exhaust	7	1.4	60.00	0.00	60.00	0.0
Paper/Pulp items	1	0.2	55.00	0.00	55.00	0.0
Person	3	0.6	46.14	0.00	46.14	0.0
Animal / insect, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Chainsaw	1	0.2	0.00	0.00	0.00	0.0
Environmental conditions	1	0.2	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	0.2	0.00	0.00	0.00	0.0
Fencing	2	0.4	0.00	0.00	0.00	0.0
Gloves	1	0.2	0.00	0.00	0.00	0.0
Razor blade	1	0.2	0.00	0.00	0.00	0.0
	500		***$ 387,033.45***	***$ 331,059.51***	***$ 718,092.96***	

ACCIDENT TYPE

Lifting (strain or Injury by)	61	12.2	108,156.36	44,987.74	153,144.10	21.3
Fall or Slip (On Same Level)	44	8.8	60,169.48	71,669.87	131,839.35	18.3
Twisting, strain or injury by	29	5.8	25,850.27	33,341.67	59,191.94	8.2
Fall or slip (on stairs)	16	3.2	37,346.59	13,914.70	51,261.29	7.1
Pushing Or Pulling (Strain or Injury by)	15	3.0	30,303.24	17,606.61	47,909.85	6.6
Animal Or Insect	26	5.2	11,202.44	29,755.27	40,957.71	5.7
Fall or Slip (From Different Level)	5	1.0	5,555.43	29,652.62	35,208.05	4.9
Strike Against/Step on Stationary Object	41	8.2	11,866.71	9,287.43	21,154.14	2.9
Jumping (Strain or Injury by)	2	0.4	1,326.48	19,423.52	20,750.00	2.8
Contact With Hot Object or Substances	25	5.0	1,704.47	18,458.53	20,163.00	2.8
Collision/sideswipe with Another Vehicle	2	0.4	17,290.99	1,698.16	18,989.15	2.6
Object Handled (caught in or between)	24	4.8	8,874.78	7,173.16	16,047.94	2.2
Struck/Injured by Object Being Lifted/Handled	11	2.2	11,381.63	2,836.54	14,218.17	1.9
Fall or Slip (From Liquid/Grease spills)	20	4.0	4,240.56	9,136.12	13,376.68	1.8
Slipped, Did Not Fall	12	2.4	8,916.56	2,763.33	11,679.89	1.6
Fall or Slip (From Ladder/Scaffolding)	2	0.4	6,889.08	4,610.92	11,500.00	1.6
Object being lifted/handled (cut,punc.scrape,inj b	35	7.0	6,072.14	3,501.41	9,573.55	1.3
Vehicle Upset	3	0.6	8,596.48	0.00	8,596.48	1.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	27	5.4	5,172.61	1,073.61	6,246.22	0.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Foreign Body In Eye	22	4.4	4,291.89	0.00	4,291.89	0.6
Struck/Injured by Falling or Flying Object	20	4.0	2,168.58	1,968.40	4,136.98	0.5
Allergic Reaction	15	3.0	1,424.73	1,960.74	3,385.47	0.4
Struck/Injured by Object Handled By Other	4	0.8	2,858.78	0.00	2,858.78	0.4
Assault	1	0.2	826.08	1,000.00	1,826.08	0.2
Infectious Disease Exposure	1	0.2	0.00	1,750.00	1,750.00	0.2
Struck/Injured by Hand Tool/Machine In Use	6	1.2	718.40	635.00	1,353.40	0.1
Cut,puncture,scrape, injured by (Broken Glass)	5	1.0	1,213.01	0.00	1,213.01	0.1
Absorb, Ingest, Inhalation	4	0.8	453.92	750.00	1,203.92	0.1
Reaching (Strain or Injury by)	3	0.6	364.05	750.00	1,114.05	0.1
Fall or slip (on ice or snow)	2	0.4	161.68	669.16	830.84	0.1
Struck/Injured by Motor Vehicle	1	0.2	65.00	685.00	750.00	0.1
Repetitive Motion	4	0.8	666.76	0.00	666.76	0.0
Machinery (caught in or between)	1	0.2	351.39	0.00	351.39	0.0
Steam Or Hot Fluids	2	0.4	210.00	0.00	210.00	0.0
Exposure to Poisonous Agent / Plant	3	0.6	100.84	0.00	100.84	0.0
Strike Against/Step On Moving Part Of Machine	1	0.2	79.00	0.00	79.00	0.0
Stepping On Sharp Object	1	0.2	61.72	0.00	61.72	0.0
Unknown	1	0.2	61.18	0.00	61.18	0.0
Stress	1	0.2	40.14	0.00	40.14	0.0
Noise, continual, strain or injury by	1	0.2	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	0.2	0.00	0.00	0.00	0.0
	500		***$ 387,033.45***	***$ 331,059.51***	***$ 718,092.96***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	81
Shoulder	37
Knee	53
Lower Arm	51
Ankle	20
Wrist	30
Soft Tissue - Neck	14
Lower Leg	21
Hip	17
Elbow	9
Facial, Other Soft Tissue	19
Upper Leg	7
Whole Body	8
Abdomen including Groin	7
Buttocks	6
Hand	52
Finger(s)	58
Thumb	27
Skull	7
Upper Back Area (Thoracic Area)	4
Foot	13
Internal Organs	1
Eye(s)	26
Upper Arm (Inc: Clavicle and Scapula)	6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Teeth	5					
Toe(s)	6					
Lungs	2					
Multiple Head Injury	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	6					
Mouth	3					
Wrist(s) & Hand(s)	1					
Lumbar and/or Sacral Vertebrae	1					
Heart	1					
Ear(s)	1					
Multiple Body Parts	1					
No Physical Problem	2					
	500					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	251
Contusion	115
Fracture	16
Burn	34
Laceration	88
Sprain	7
Multiple Physical Injuries Only	2
Hernia	2
Dislocation	9
No Physical Injury	4
Puncture	27
Foreign Body	19
Dermatitis	17
All Other Occupational Disease	1
Poisoning - Chemical	3
Concussion	1
Inflamation	3
Respiratory Disorders	2
Myocardial Infarction (Heart Attack)	1
Loss Of Hearing	1
Multiple Injuries, Physical and/or Mental	1
Crushing	1
	500

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/extension (231)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	33.3	18,150.04	7,746.62	25,896.66	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 18,150.04***	***$ 7,746.62***	***$ 25,896.66***	
LENGTH OF SERVICE						
16-18	1	33.3	18,150.04	7,746.62	25,896.66	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 18,150.04***	***$ 7,746.62***	***$ 25,896.66***	
AGE OF CLAIMANT						
50-54	1	33.3	18,150.04	7,746.62	25,896.66	100.0
20-24	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		***$ 18,150.04***	***$ 7,746.62***	***$ 25,896.66***	
SEX OF CLAIMANT						
Male	2	66.6	18,150.04	7,746.62	25,896.66	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 18,150.04***	***$ 7,746.62***	***$ 25,896.66***	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	18,150.04	7,746.62	25,896.66	100.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
Wall	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 18,150.04***	***$ 7,746.62***	***$ 25,896.66***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	18,150.04	7,746.62	25,896.66	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 18,150.04***	***$ 7,746.62***	***$ 25,896.66***	
*****BODY PART***						
Knee	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***	
Sprain	1
Contusion	1
Laceration	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Vpi/state University (208)
SubAgency: Vpi/extension (231)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 3 Central / Bmtu (1)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	1	14.2	11,828.61	2,829.50	14,658.11	80.6
8AM-9:59AM	2	28.5	251.00	1,249.00	1,500.00	8.2
12AM-1:59AM	1	14.2	999.73	0.00	999.73	5.5
2PM-3:59PM	1	14.2	0.00	750.00	750.00	4.1
2AM-3:59AM	1	14.2	169.00	0.00	169.00	0.9
Unknown	1	14.2	90.00	0.00	90.00	0.5
	7		***$ 13,338.34***	***$ 4,828.50***	***$ 18,166.84***	
LENGTH OF SERVICE						
0-2	3	42.8	12,997.34	2,829.50	15,826.84	87.1
20-22	1	14.2	0.00	750.00	750.00	4.1
22-24	1	14.2	148.00	602.00	750.00	4.1
6-8	1	14.2	103.00	647.00	750.00	4.1
2-4	1	14.2	90.00	0.00	90.00	0.5
	7		***$ 13,338.34***	***$ 4,828.50***	***$ 18,166.84***	
AGE OF CLAIMANT						
25-29	3	42.8	12,997.34	2,829.50	15,826.84	87.1
45-49	1	14.2	103.00	647.00	750.00	4.1
50-54	1	14.2	0.00	750.00	750.00	4.1
55-59	1	14.2	148.00	602.00	750.00	4.1
30-34	1	14.2	90.00	0.00	90.00	0.5
	7		***$ 13,338.34***	***$ 4,828.50***	***$ 18,166.84***	
SEX OF CLAIMANT						
Female	7	100.0	13,338.34	4,828.50	18,166.84	100.0
	7		***$ 13,338.34***	***$ 4,828.50***	***$ 18,166.84***	
LOSS CAUSE						
Patient / Inmate	3	42.8	12,828.34	3,579.50	16,407.84	90.3
Office equipment	1	14.2	148.00	602.00	750.00	4.1
Walking surface, inside, wet	1	14.2	103.00	647.00	750.00	4.1
Infectious agent	1	14.2	169.00	0.00	169.00	0.9
Hand tool, not powered, NOC	1	14.2	90.00	0.00	90.00	0.5
	7		***$ 13,338.34***	***$ 4,828.50***	***$ 18,166.84***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	28.5	12,828.34	2,829.50	15,657.84	86.1
Fall or Slip (On Same Level)	2	28.5	251.00	1,249.00	1,500.00	8.2
Stuck, injured by fellow worker, patient	1	14.2	0.00	750.00	750.00	4.1
Absorb, Ingest, Inhalation	1	14.2	169.00	0.00	169.00	0.9
Struck/Injured by Falling or Flying Object	1	14.2	90.00	0.00	90.00	0.5
	7		***$ 13,338.34***	***$ 4,828.50***	***$ 18,166.84***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	2					
Knee	1					
Lower Arm	1					
Lower Leg	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 3 Central / Bmtu (1)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Shoulder	1					
Facial, Other Soft Tissue	1					
Teeth	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	4					
Contusion	2					
Laceration	1					
Foreign Body	2					
Dislocation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 3 East (2)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	25.0	422.00	328.00	750.00	68.8
10AM-11:59AM	1	25.0	340.00	0.00	340.00	31.1
2AM-3:59AM	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		***$ 762.00***	***$ 328.00***	***$ 1,090.00***	
LENGTH OF SERVICE						
12-14	2	50.0	762.00	328.00	1,090.00	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
26-28	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 762.00***	***$ 328.00***	***$ 1,090.00***	
AGE OF CLAIMANT						
40-44	2	50.0	762.00	328.00	1,090.00	100.0
20-24	1	25.0	0.00	0.00	0.00	0.0
60-64	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 762.00***	***$ 328.00***	***$ 1,090.00***	
SEX OF CLAIMANT						
Male	2	50.0	762.00	328.00	1,090.00	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 762.00***	***$ 328.00***	***$ 1,090.00***	
LOSS CAUSE						
Patient / Inmate	4	100.0	762.00	328.00	1,090.00	100.0
	4		***$ 762.00***	***$ 328.00***	***$ 1,090.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	75.0	762.00	328.00	1,090.00	100.0
Assault	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 762.00***	***$ 328.00***	***$ 1,090.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	2					
Abdomen including Groin	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	
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 3 West (3)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	6.6	2,401.91	0.00	2,401.91	29.3
4AM-5:59AM	2	13.3	339.00	1,161.00	1,500.00	18.3
6PM-7:59PM	3	20.0	213.00	1,287.00	1,500.00	18.3
4PM-5:59PM	2	13.3	462.00	582.00	1,044.00	12.7
10AM-11:59AM	1	6.6	0.00	750.00	750.00	9.1
6AM-7:59AM	1	6.6	168.00	582.00	750.00	9.1
Unknown	2	13.3	144.00	0.00	144.00	1.7
12PM-1:59PM	1	6.6	103.00	0.00	103.00	1.2
8AM-9:59AM	2	13.3	0.00	0.00	0.00	0.0
	15		***$ 3,830.91***	***$ 4,362.00***	***$ 8,192.91***	
LENGTH OF SERVICE						
4-6	2	13.3	2,526.91	625.00	3,151.91	38.4
0-2	4	26.6	507.00	1,287.00	1,794.00	21.9
12-14	1	6.6	168.00	582.00	750.00	9.1
14-16	1	6.6	214.00	536.00	750.00	9.1
22-24	1	6.6	168.00	582.00	750.00	9.1
6-8	1	6.6	0.00	750.00	750.00	9.1
2-4	3	20.0	144.00	0.00	144.00	1.7
20-22	1	6.6	103.00	0.00	103.00	1.2
10-12	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 3,830.91***	***$ 4,362.00***	***$ 8,192.91***	
AGE OF CLAIMANT						
40-44	4	26.6	2,526.91	1,375.00	3,901.91	47.6
20-24	3	20.0	397.00	647.00	1,044.00	12.7
30-34	2	13.3	254.00	640.00	894.00	10.9
45-49	2	13.3	317.00	536.00	853.00	10.4
55-59	1	6.6	168.00	582.00	750.00	9.1
60-64	1	6.6	168.00	582.00	750.00	9.1
35-39	2	13.3	0.00	0.00	0.00	0.0
	15		***$ 3,830.91***	***$ 4,362.00***	***$ 8,192.91***	
SEX OF CLAIMANT						
Female	13	86.6	3,583.91	3,715.00	7,298.91	89.0
Male	2	13.3	247.00	647.00	894.00	10.9
	15		***$ 3,830.91***	***$ 4,362.00***	***$ 8,192.91***	
LOSS CAUSE						
Patient / Inmate	11	73.3	3,114.91	3,140.00	6,254.91	76.3
Hand tool, not powered, NOC	2	13.3	404.00	640.00	1,044.00	12.7
Vehicle, not otherwise classified	1	6.6	168.00	582.00	750.00	9.1
Needle stick	1	6.6	144.00	0.00	144.00	1.7
	15		***$ 3,830.91***	***$ 4,362.00***	***$ 8,192.91***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	6	40.0	2,886.91	2,515.00	5,401.91	65.9
Object being lifted/handled (cut,punc.scrape,inj b	2	13.3	254.00	640.00	894.00	10.9
Pushing Or Pulling (Strain or Injury by)	2	13.3	228.00	625.00	853.00	10.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 3 West (3)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (On Same Level)	1	6.6	168.00	582.00	750.00	9.1
Struck/Injured by Falling or Flying Object	1	6.6	294.00	0.00	294.00	3.5
Stuck, injured by fellow worker, patient	3	20.0	0.00	0.00	0.00	0.0
	15		***$ 3,830.91***	***$ 4,362.00***	***$ 8,192.91***	

*****BODY PART***

Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Knee	2
Soft Tissue - Neck	2
Thumb	1
Eye(s)	1
Finger(s)	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	11
Contusion	3
Laceration	1
Foreign Body	1
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 4 Central (4)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6PM-7:59PM	3	60.0	924.78	425.00	1,349.78	64.0
2PM-3:59PM	1	20.0	455.95	0.00	455.95	21.6
10AM-11:59AM	1	20.0	301.76	0.00	301.76	14.3
	5		***$ 1,682.49***	***$ 425.00***	***$ 2,107.49***	
LENGTH OF SERVICE						
2-4	1	20.0	325.00	425.00	750.00	35.5
10-12	1	20.0	489.78	0.00	489.78	23.2
14-16	1	20.0	455.95	0.00	455.95	21.6
4-6	1	20.0	301.76	0.00	301.76	14.3
0-2	1	20.0	110.00	0.00	110.00	5.2
	5		***$ 1,682.49***	***$ 425.00***	***$ 2,107.49***	
AGE OF CLAIMANT						
50-54	2	40.0	780.95	425.00	1,205.95	57.2
40-44	1	20.0	489.78	0.00	489.78	23.2
35-39	1	20.0	301.76	0.00	301.76	14.3
30-34	1	20.0	110.00	0.00	110.00	5.2
	5		***$ 1,682.49***	***$ 425.00***	***$ 2,107.49***	
SEX OF CLAIMANT						
Female	5	100.0	1,682.49	425.00	2,107.49	100.0
	5		***$ 1,682.49***	***$ 425.00***	***$ 2,107.49***	
LOSS CAUSE						
Patient / Inmate	3	60.0	1,116.54	425.00	1,541.54	73.1
Stairs, steps	1	20.0	455.95	0.00	455.95	21.6
Needle stick	1	20.0	110.00	0.00	110.00	5.2
	5		***$ 1,682.49***	***$ 425.00***	***$ 2,107.49***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	2	40.0	814.78	425.00	1,239.78	58.8
Fall or slip (on stairs)	1	20.0	455.95	0.00	455.95	21.6
Lifting (strain or Injury by)	1	20.0	301.76	0.00	301.76	14.3
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	110.00	0.00	110.00	5.2
	5		***$ 1,682.49***	***$ 425.00***	***$ 2,107.49***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Hip	1					
Hand	2					
Shoulder	1					
Soft Tissue - Neck	1					
Upper Arm (Inc: Clavicle and Scapula)	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 4 Central (4)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	6					
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:41

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 4 East (5)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	20.0	1,181.00	0.00	1,181.00	34.0
12AM-1:59AM	2	20.0	1,002.65	0.00	1,002.65	28.8
10AM-11:59AM	1	10.0	776.00	0.00	776.00	22.3
12PM-1:59PM	1	10.0	411.00	0.00	411.00	11.8
8AM-9:59AM	1	10.0	103.00	0.00	103.00	2.9
6PM-7:59PM	1	10.0	0.00	0.00	0.00	0.0
Unknown	2	20.0	0.00	0.00	0.00	0.0
	10		***$ 3,473.65***	***$ 0.00***	***$ 3,473.65***	
LENGTH OF SERVICE						
0-2	6	60.0	2,292.65	0.00	2,292.65	66.0
2-4	3	30.0	1,181.00	0.00	1,181.00	34.0
4-6	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 3,473.65***	***$ 0.00***	***$ 3,473.65***	
AGE OF CLAIMANT						
30-34	4	40.0	1,778.65	0.00	1,778.65	51.2
60-64	1	10.0	1,181.00	0.00	1,181.00	34.0
55-59	1	10.0	411.00	0.00	411.00	11.8
35-39	2	20.0	103.00	0.00	103.00	2.9
25-29	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		***$ 3,473.65***	***$ 0.00***	***$ 3,473.65***	
SEX OF CLAIMANT						
Female	9	90.0	3,473.65	0.00	3,473.65	100.0
Male	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 3,473.65***	***$ 0.00***	***$ 3,473.65***	
LOSS CAUSE						
Patient / Inmate	8	80.0	3,473.65	0.00	3,473.65	100.0
Furniture / fixtures	1	10.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 3,473.65***	***$ 0.00***	***$ 3,473.65***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	2	20.0	1,957.00	0.00	1,957.00	56.3
Lifting (strain or Injury by)	2	20.0	1,002.65	0.00	1,002.65	28.8
Stuck, injured by fellow worker, patient	1	10.0	411.00	0.00	411.00	11.8
Pushing Or Pulling (Strain or Injury by)	3	30.0	103.00	0.00	103.00	2.9
Fall or Slip (From Different Level)	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
	10		***$ 3,473.65***	***$ 0.00***	***$ 3,473.65***	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	7					
Hand	1					
Knee	1					
Lower Arm	1					
Lower Leg	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 4 East (5)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	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
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 4 West (6)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	14.2	14,313.82	3,739.28	18,053.10	86.2
10AM-11:59AM	4	28.5	427.00	496.00	923.00	4.4
4AM-5:59AM	1	7.1	0.00	750.00	750.00	3.5
2AM-3:59AM	1	7.1	444.00	0.00	444.00	2.1
Unknown	1	7.1	282.50	0.00	282.50	1.3
6AM-7:59AM	1	7.1	168.00	0.00	168.00	0.8
8AM-9:59AM	1	7.1	168.00	0.00	168.00	0.8
6PM-7:59PM	2	14.2	153.00	0.00	153.00	0.7
12PM-1:59PM	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 15,956.32***	***$ 4,985.28***	***$ 20,941.60***	
LENGTH OF SERVICE						
0-2	8	57.1	15,575.32	4,235.28	19,810.60	94.6
2-4	2	14.2	60.00	750.00	810.00	3.8
4-6	2	14.2	218.00	0.00	218.00	1.0
10-12	2	14.2	103.00	0.00	103.00	0.4
	14		***$ 15,956.32***	***$ 4,985.28***	***$ 20,941.60***	
AGE OF CLAIMANT						
50-54	4	28.5	14,491.82	3,739.28	18,231.10	87.0
35-39	4	28.5	726.50	750.00	1,476.50	7.0
20-24	2	14.2	357.00	496.00	853.00	4.0
40-44	1	7.1	168.00	0.00	168.00	0.8
45-49	1	7.1	103.00	0.00	103.00	0.4
25-29	1	7.1	60.00	0.00	60.00	0.2
65-69	1	7.1	50.00	0.00	50.00	0.2
	14		***$ 15,956.32***	***$ 4,985.28***	***$ 20,941.60***	
SEX OF CLAIMANT						
Female	13	92.8	15,512.32	4,985.28	20,497.60	97.8
Male	1	7.1	444.00	0.00	444.00	2.1
	14		***$ 15,956.32***	***$ 4,985.28***	***$ 20,941.60***	
LOSS CAUSE						
Patient / Inmate	5	35.7	15,148.32	4,489.28	19,637.60	93.7
Walking surface, inside, wet	2	14.2	254.00	496.00	750.00	3.5
Furniture / fixtures	2	14.2	206.00	0.00	206.00	0.9
Electrical equipment	1	7.1	168.00	0.00	168.00	0.8
Hand tool, not powered, NOC	2	14.2	120.00	0.00	120.00	0.5
Needle stick	1	7.1	60.00	0.00	60.00	0.2
Floor	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 15,956.32***	***$ 4,985.28***	***$ 20,941.60***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	7.1	14,253.82	3,739.28	17,993.10	85.9
Lifting (strain or Injury by)	2	14.2	444.00	750.00	1,194.00	5.7
Fall or Slip (On Same Level)	3	21.4	254.00	496.00	750.00	3.5
Holding Or Carrying (Strain or Injury by)	2	14.2	450.50	0.00	450.50	2.1
Object being lifted/handled (cut,punc.scrape,inj b	3	21.4	180.00	0.00	180.00	0.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 4 West (6)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Falling or Flying Object	1	7.1	168.00	0.00	168.00	0.8
Fall or Slip (From Different Level)	1	7.1	103.00	0.00	103.00	0.4
Strike Against/Step on Stationary Object	1	7.1	103.00	0.00	103.00	0.4
	14		***$ 15,956.32***	***$ 4,985.28***	***$ 20,941.60***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Hip	1
Wrist	1
Upper Back Area (Thoracic Area)	1
Foot	1
Finger(s)	2
Buttocks	1
Knee	3
Soft Tissue - Neck	1
Thumb	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	6
Contusion	7
Sprain	2
Laceration	2
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 5 Central (7)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	20.0	80.00	1,420.00	1,500.00	43.4
2PM-3:59PM	1	10.0	860.85	0.00	860.85	24.9
12PM-1:59PM	2	20.0	0.00	750.00	750.00	21.7
10AM-11:59AM	3	30.0	170.00	0.00	170.00	4.9
Unknown	1	10.0	170.00	0.00	170.00	4.9
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,280.85***	***$ 2,170.00***	***$ 3,450.85***	
LENGTH OF SERVICE						
2-4	2	20.0	80.00	1,420.00	1,500.00	43.4
0-2	5	50.0	340.00	750.00	1,090.00	31.5
8-10	1	10.0	860.85	0.00	860.85	24.9
4-6	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		***$ 1,280.85***	***$ 2,170.00***	***$ 3,450.85***	
AGE OF CLAIMANT						
25-29	2	20.0	80.00	1,420.00	1,500.00	43.4
20-24	4	40.0	340.00	750.00	1,090.00	31.5
45-49	3	30.0	860.85	0.00	860.85	24.9
35-39	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,280.85***	***$ 2,170.00***	***$ 3,450.85***	
SEX OF CLAIMANT						
Female	9	90.0	1,280.85	2,170.00	3,450.85	100.0
Male	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,280.85***	***$ 2,170.00***	***$ 3,450.85***	
LOSS CAUSE						
Patient / Inmate	7	70.0	250.00	2,170.00	2,420.00	70.1
Person	1	10.0	860.85	0.00	860.85	24.9
Needle stick	1	10.0	170.00	0.00	170.00	4.9
Chemicals, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,280.85***	***$ 2,170.00***	***$ 3,450.85***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	3	30.0	940.85	1,420.00	2,360.85	68.4
Struck/Injured by Object Being Lifted/Handled	1	10.0	0.00	750.00	750.00	21.7
Absorb, Ingest, Inhalation	1	10.0	170.00	0.00	170.00	4.9
Object being lifted/handled (cut,punc.scrape,inj b	1	10.0	170.00	0.00	170.00	4.9
Allergic Reaction	1	10.0	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	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
Pushing Or Pulling (Strain or Injury by)	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,280.85***	***$ 2,170.00***	***$ 3,450.85***	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Abdomen including Groin	1					
Shoulder	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 5 Central (7)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Soft Tissue - Neck	2					
Upper Back Area (Thoracic Area)	1					
Facial, Other Soft Tissue	1					
Finger(s)	1					
Hand	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					
Strain	5					
Foreign Body	1					
Puncture	1					
Dermatitis	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 5 East - Psych (8)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	25.0	578.93	387.00	965.93	55.6
2PM-3:59PM	2	16.6	549.80	0.00	549.80	31.6
12AM-1:59AM	1	8.3	118.30	0.00	118.30	6.8
4PM-5:59PM	2	16.6	103.00	0.00	103.00	5.9
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
6PM-7:59PM	2	16.6	0.00	0.00	0.00	0.0
Unknown	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,350.03***	***$ 387.00***	***$ 1,737.03***	
LENGTH OF SERVICE						
2-4	4	33.3	466.00	387.00	853.00	49.1
0-2	4	33.3	765.73	0.00	765.73	44.0
22-24	1	8.3	118.30	0.00	118.30	6.8
12-14	1	8.3	0.00	0.00	0.00	0.0
20-22	1	8.3	0.00	0.00	0.00	0.0
4-6	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,350.03***	***$ 387.00***	***$ 1,737.03***	
AGE OF CLAIMANT						
30-34	5	41.6	912.80	387.00	1,299.80	74.8
35-39	1	8.3	215.93	0.00	215.93	12.4
40-44	2	16.6	118.30	0.00	118.30	6.8
50-54	2	16.6	103.00	0.00	103.00	5.9
60-64	2	16.6	0.00	0.00	0.00	0.0
	12		***$ 1,350.03***	***$ 387.00***	***$ 1,737.03***	
SEX OF CLAIMANT						
Female	8	66.6	987.03	0.00	987.03	56.8
Male	4	33.3	363.00	387.00	750.00	43.1
	12		***$ 1,350.03***	***$ 387.00***	***$ 1,737.03***	
LOSS CAUSE						
Door	1	8.3	363.00	387.00	750.00	43.1
Furniture / fixtures	2	16.6	549.80	0.00	549.80	31.6
Patient / Inmate	5	41.6	221.30	0.00	221.30	12.7
Walking surface, outside, dry	1	8.3	215.93	0.00	215.93	12.4
Boxes / containers	1	8.3	0.00	0.00	0.00	0.0
Clothing / jewelry	1	8.3	0.00	0.00	0.00	0.0
Metal items	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,350.03***	***$ 387.00***	***$ 1,737.03***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	8.3	363.00	387.00	750.00	43.1
Strike Against/Step on Stationary Object	1	8.3	549.80	0.00	549.80	31.6
Fall or Slip (On Same Level)	1	8.3	215.93	0.00	215.93	12.4
Stuck, injured by fellow worker, patient	4	33.3	118.30	0.00	118.30	6.8
Holding Or Carrying (Strain or Injury by)	2	16.6	103.00	0.00	103.00	5.9
Lifting (strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 5 East - Psych (8)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Strike Against/Step On Obj. Being Lifted or Handle	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,350.03***	***$ 387.00***	***$ 1,737.03***	

*****BODY PART***

Knee	3
Lower Arm	1
Soft Tissue - Neck	4
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Finger(s)	1
Hand	1
Upper Back Area (Thoracic Area)	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	5
Strain	10
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 5 West (9)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	33.3	484.00	560.00	1,044.00	31.6
10AM-11:59AM	1	16.6	168.00	582.00	750.00	22.7
8AM-9:59AM	1	16.6	103.00	647.00	750.00	22.7
Unknown	1	16.6	0.00	750.00	750.00	22.7
2PM-3:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 755.00**	**$ 2,539.00**	**$ 3,294.00**	
LENGTH OF SERVICE						
2-4	2	33.3	293.00	1,207.00	1,500.00	45.5
0-2	2	33.3	294.00	750.00	1,044.00	31.6
6-8	1	16.6	168.00	582.00	750.00	22.7
32-34	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 755.00**	**$ 2,539.00**	**$ 3,294.00**	
AGE OF CLAIMANT						
20-24	1	16.6	190.00	560.00	750.00	22.7
35-39	1	16.6	168.00	582.00	750.00	22.7
40-44	1	16.6	103.00	647.00	750.00	22.7
45-49	1	16.6	0.00	750.00	750.00	22.7
25-29	1	16.6	294.00	0.00	294.00	8.9
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 755.00**	**$ 2,539.00**	**$ 3,294.00**	
SEX OF CLAIMANT						
Female	5	83.3	755.00	1,789.00	2,544.00	77.2
Male	1	16.6	0.00	750.00	750.00	22.7
	6		**$ 755.00**	**$ 2,539.00**	**$ 3,294.00**	
LOSS CAUSE						
Patient / Inmate	3	50.0	358.00	1,142.00	1,500.00	45.5
Boxes / containers	1	16.6	103.00	647.00	750.00	22.7
Electrical equipment	1	16.6	0.00	750.00	750.00	22.7
Needle stick	1	16.6	294.00	0.00	294.00	8.9
	6		**$ 755.00**	**$ 2,539.00**	**$ 3,294.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	33.3	168.00	1,332.00	1,500.00	45.5
Holding Or Carrying (Strain or Injury by)	1	16.6	190.00	560.00	750.00	22.7
Lifting (strain or Injury by)	1	16.6	103.00	647.00	750.00	22.7
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	294.00	0.00	294.00	8.9
Assault	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 755.00**	**$ 2,539.00**	**$ 3,294.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Ankle	1					
Lower Arm	1					
Shoulder	1					
Wrist	1					
Finger(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 5 West (9)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Facial, Other Soft Tissue	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***						
Strain	5					
Sprain	1					
Puncture	1					
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 6 Central (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	750.00	750.00	50.0
6PM-7:59PM	2	66.6	80.00	670.00	750.00	50.0
	3		***$ 80.00***	***$ 1,420.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
0-2	2	66.6	0.00	750.00	750.00	50.0
2-4	1	33.3	80.00	670.00	750.00	50.0
	3		***$ 80.00***	***$ 1,420.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
25-29	1	33.3	0.00	750.00	750.00	50.0
35-39	1	33.3	80.00	670.00	750.00	50.0
30-34	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 80.00***	***$ 1,420.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	3	100.0	80.00	1,420.00	1,500.00	100.0
	3		***$ 80.00***	***$ 1,420.00***	***$ 1,500.00***	
LOSS CAUSE						
Patient / Inmate	2	66.6	80.00	670.00	750.00	50.0
Walking surface, inside, wet	1	33.3	0.00	750.00	750.00	50.0
	3		***$ 80.00***	***$ 1,420.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	0.00	750.00	750.00	50.0
Lifting (strain or Injury by)	2	66.6	80.00	670.00	750.00	50.0
	3		***$ 80.00***	***$ 1,420.00***	***$ 1,500.00***	
*****BODY PART***						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
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	4					
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 6 East (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	28.5	190.00	7,250.00	7,440.00	78.8
Unknown	2	28.5	899.50	0.00	899.50	9.5
2AM-3:59AM	1	14.2	0.00	750.00	750.00	7.9
6PM-7:59PM	1	14.2	211.70	0.00	211.70	2.2
4AM-5:59AM	1	14.2	134.00	0.00	134.00	1.4
	7		***$ 1,435.20***	***$ 8,000.00***	***$ 9,435.20***	
LENGTH OF SERVICE						
0-2	4	57.1	899.50	8,000.00	8,899.50	94.3
6-8	1	14.2	211.70	0.00	211.70	2.2
4-6	1	14.2	190.00	0.00	190.00	2.0
2-4	1	14.2	134.00	0.00	134.00	1.4
	7		***$ 1,435.20***	***$ 8,000.00***	***$ 9,435.20***	
AGE OF CLAIMANT						
20-24	2	28.5	347.00	7,250.00	7,597.00	80.5
25-29	1	14.2	0.00	750.00	750.00	7.9
55-59	1	14.2	552.50	0.00	552.50	5.8
30-34	1	14.2	211.70	0.00	211.70	2.2
40-44	1	14.2	190.00	0.00	190.00	2.0
35-39	1	14.2	134.00	0.00	134.00	1.4
	7		***$ 1,435.20***	***$ 8,000.00***	***$ 9,435.20***	
SEX OF CLAIMANT						
Female	5	71.4	1,111.20	8,000.00	9,111.20	96.5
Male	2	28.5	324.00	0.00	324.00	3.4
	7		***$ 1,435.20***	***$ 8,000.00***	***$ 9,435.20***	
LOSS CAUSE						
Furniture / fixtures	1	14.2	0.00	7,250.00	7,250.00	76.8
Patient / Inmate	3	42.8	899.50	750.00	1,649.50	17.4
Needle stick	2	28.5	401.70	0.00	401.70	4.2
Infectious agent	1	14.2	134.00	0.00	134.00	1.4
	7		***$ 1,435.20***	***$ 8,000.00***	***$ 9,435.20***	
ACCIDENT TYPE						
Strike Against/Step On Obj. Being Lifted or Handle	1	14.2	0.00	7,250.00	7,250.00	76.8
Lifting (strain or Injury by)	3	42.8	899.50	750.00	1,649.50	17.4
Object being lifted/handled (cut,punc.scrape,inj b	2	28.5	401.70	0.00	401.70	4.2
Foreign Body In Eye	1	14.2	134.00	0.00	134.00	1.4
	7		***$ 1,435.20***	***$ 8,000.00***	***$ 9,435.20***	
****BODY PART**						
Wrist	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Shoulder	1					
Finger(s)	2					
Eye(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 6 East (11)

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
Puncture	2
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 6 West (12)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	25.0	1,881.92	0.00	1,881.92	44.1
4PM-5:59PM	1	8.3	1,037.00	0.00	1,037.00	24.3
4AM-5:59AM	1	8.3	0.00	750.00	750.00	17.6
12AM-1:59AM	1	8.3	242.30	0.00	242.30	5.6
12PM-1:59PM	1	8.3	156.96	0.00	156.96	3.6
6PM-7:59PM	1	8.3	134.00	0.00	134.00	3.1
8AM-9:59AM	1	8.3	60.00	0.00	60.00	1.4
2PM-3:59PM	2	16.6	0.00	0.00	0.00	0.0
Unknown	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 3,512.18***	***$ 750.00***	***$ 4,262.18***	
LENGTH OF SERVICE						
0-2	4	33.3	1,496.26	0.00	1,496.26	35.1
38-40	1	8.3	1,004.52	0.00	1,004.52	23.5
2-4	4	33.3	134.00	750.00	884.00	20.7
4-6	1	8.3	877.40	0.00	877.40	20.5
6-8	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		***$ 3,512.18***	***$ 750.00***	***$ 4,262.18***	
AGE OF CLAIMANT						
25-29	3	25.0	1,037.00	750.00	1,787.00	41.9
30-34	4	33.3	1,094.36	0.00	1,094.36	25.6
55-59	1	8.3	1,004.52	0.00	1,004.52	23.5
45-49	1	8.3	242.30	0.00	242.30	5.6
20-24	2	16.6	134.00	0.00	134.00	3.1
35-39	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 3,512.18***	***$ 750.00***	***$ 4,262.18***	
SEX OF CLAIMANT						
Female	12	100.0	3,512.18	750.00	4,262.18	100.0
	12		***$ 3,512.18***	***$ 750.00***	***$ 4,262.18***	
LOSS CAUSE						
Patient / Inmate	9	75.0	3,161.22	750.00	3,911.22	91.7
Infectious agent	2	16.6	290.96	0.00	290.96	6.8
Needle stick	1	8.3	60.00	0.00	60.00	1.4
	12		***$ 3,512.18***	***$ 750.00***	***$ 4,262.18***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	5	41.6	2,156.70	0.00	2,156.70	50.6
Pushing Or Pulling (Strain or Injury by)	1	8.3	1,004.52	0.00	1,004.52	23.5
Stuck, injured by fellow worker, patient	1	8.3	0.00	750.00	750.00	17.6
Absorb, Ingest, Inhalation	1	8.3	156.96	0.00	156.96	3.6
Struck/Injured by Falling or Flying Object	1	8.3	134.00	0.00	134.00	3.1
Object being lifted/handled (cut,punc.scrape,inj b	2	16.6	60.00	0.00	60.00	1.4
Holding Or Carrying (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

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01/17/2003 11:56:42

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 6 West (12)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	12		***$ 3,512.18***	***$ 750.00***	***$ 4,262.18***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	7					
Hip	1					
Abdomen including Groin	1					
Hand	1					
Lower Leg	1					
Eye(s)	1					
Finger(s)	1					
Upper Back Area (Thoracic Area)	1					
Facial, Other Soft Tissue	1					
Soft Tissue - Neck	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***						
Strain	10					
Contusion	1					
Foreign Body	5					
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 7 West (14)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
LENGTH OF SERVICE						
2-4	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
AGE OF CLAIMANT						
25-29	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						
Needle stick	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	100.0	160.00	0.00	160.00	100.0
	1		***$ 160.00***	***$ 0.00***	***$ 160.00***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 8 Central (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	14.2	1,335.21	0.00	1,335.21	70.1
8AM-9:59AM	4	57.1	438.35	0.00	438.35	23.0
4AM-5:59AM	1	14.2	130.00	0.00	130.00	6.8
2PM-3:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,903.56***	***$ 0.00***	***$ 1,903.56***	
LENGTH OF SERVICE						
2-4	1	14.2	1,335.21	0.00	1,335.21	70.1
10-12	2	28.5	232.35	0.00	232.35	12.2
20-22	1	14.2	130.00	0.00	130.00	6.8
0-2	1	14.2	103.00	0.00	103.00	5.4
4-6	1	14.2	103.00	0.00	103.00	5.4
14-16	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,903.56***	***$ 0.00***	***$ 1,903.56***	
AGE OF CLAIMANT						
55-59	4	57.1	1,800.56	0.00	1,800.56	94.5
50-54	1	14.2	103.00	0.00	103.00	5.4
60-64	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		***$ 1,903.56***	***$ 0.00***	***$ 1,903.56***	
SEX OF CLAIMANT						
Female	7	100.0	1,903.56	0.00	1,903.56	100.0
	7		***$ 1,903.56***	***$ 0.00***	***$ 1,903.56***	
LOSS CAUSE						
Patient / Inmate	5	71.4	1,670.56	0.00	1,670.56	87.7
Furniture / fixtures	2	28.5	233.00	0.00	233.00	12.2
	7		***$ 1,903.56***	***$ 0.00***	***$ 1,903.56***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	57.1	1,438.21	0.00	1,438.21	75.5
Stuck, injured by fellow worker, patient	1	14.2	232.35	0.00	232.35	12.2
Fall or Slip (From Different Level)	1	14.2	130.00	0.00	130.00	6.8
Struck/Injured by Falling or Flying Object	1	14.2	103.00	0.00	103.00	5.4
	7		***$ 1,903.56***	***$ 0.00***	***$ 1,903.56***	
*****BODY PART***						
Soft Tissue - Neck	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Lower Arm	1					
Facial, Other Soft Tissue	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	5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 8 Central (15)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 8 East / L&d Or (16)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	33.3	2,836.22	0.00	2,836.22	93.1
10AM-11:59AM	1	33.3	160.00	0.00	160.00	5.2
8AM-9:59AM	1	33.3	50.00	0.00	50.00	1.6
	3		***$ 3,046.22***	***$ 0.00***	***$ 3,046.22***	
LENGTH OF SERVICE						
12-14	2	66.6	2,996.22	0.00	2,996.22	98.3
0-2	1	33.3	50.00	0.00	50.00	1.6
	3		***$ 3,046.22***	***$ 0.00***	***$ 3,046.22***	
AGE OF CLAIMANT						
40-44	2	66.6	2,996.22	0.00	2,996.22	98.3
35-39	1	33.3	50.00	0.00	50.00	1.6
	3		***$ 3,046.22***	***$ 0.00***	***$ 3,046.22***	
SEX OF CLAIMANT						
Female	3	100.0	3,046.22	0.00	3,046.22	100.0
	3		***$ 3,046.22***	***$ 0.00***	***$ 3,046.22***	
LOSS CAUSE						
Patient / Inmate	1	33.3	2,836.22	0.00	2,836.22	93.1
Infectious agent	2	66.6	210.00	0.00	210.00	6.8
	3		***$ 3,046.22***	***$ 0.00***	***$ 3,046.22***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	33.3	2,836.22	0.00	2,836.22	93.1
Absorb, Ingest, Inhalation	2	66.6	210.00	0.00	210.00	6.8
	3		***$ 3,046.22***	***$ 0.00***	***$ 3,046.22***	
*****BODY PART***						
Upper Arm (Inc: Clavicle and Scapula)	1					
Eye(s)	1					
Facial, Other 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***						
Strain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 8 West (17)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	20.0	103.00	2,397.00	2,500.00	47.8
6AM-7:59AM	2	20.0	417.00	647.00	1,064.00	20.3
12AM-1:59AM	3	30.0	0.00	750.00	750.00	14.3
12PM-1:59PM	1	10.0	0.00	750.00	750.00	14.3
Unknown	1	10.0	160.00	0.00	160.00	3.0
8AM-9:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 680.00***	***$ 4,544.00***	***$ 5,224.00***	
LENGTH OF SERVICE						
2-4	5	50.0	417.00	3,147.00	3,564.00	68.2
0-2	4	40.0	263.00	1,397.00	1,660.00	31.7
14-16	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 680.00***	***$ 4,544.00***	***$ 5,224.00***	
AGE OF CLAIMANT						
25-29	2	20.0	0.00	2,500.00	2,500.00	47.8
35-39	3	30.0	206.00	1,294.00	1,500.00	28.7
45-49	1	10.0	0.00	750.00	750.00	14.3
20-24	4	40.0	474.00	0.00	474.00	9.0
	10		***$ 680.00***	***$ 4,544.00***	***$ 5,224.00***	
SEX OF CLAIMANT						
Female	10	100.0	680.00	4,544.00	5,224.00	100.0
	10		***$ 680.00***	***$ 4,544.00***	***$ 5,224.00***	
LOSS CAUSE						
Patient / Inmate	6	60.0	417.00	2,147.00	2,564.00	49.0
Furniture / fixtures	1	10.0	0.00	1,750.00	1,750.00	33.5
Infectious agent	2	20.0	263.00	647.00	910.00	17.4
Metal items	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 680.00***	***$ 4,544.00***	***$ 5,224.00***	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	10.0	0.00	1,750.00	1,750.00	33.5
Lifting (strain or Injury by)	2	20.0	0.00	1,500.00	1,500.00	28.7
Absorb, Ingest, Inhalation	1	10.0	103.00	647.00	750.00	14.3
Stuck, injured by fellow worker, patient	2	20.0	103.00	647.00	750.00	14.3
Human Bite	1	10.0	314.00	0.00	314.00	6.0
Foreign Body In Eye	1	10.0	160.00	0.00	160.00	3.0
Holding Or Carrying (Strain or Injury by)	1	10.0	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
	10		***$ 680.00***	***$ 4,544.00***	***$ 5,224.00***	
****BODY PART**						
Upper Leg	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Shoulder	1					
Soft Tissue - Neck	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: 8 West (17)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Finger(s)	1					
Eye(s)	1					
Lower Leg	1					
Hand	1					
Lower Arm	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					
Foreign Body	2					
Contusion	4					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Administrative Services (18)

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						
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						
Building parts / doors	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Admission / Discharge (19)

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						
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						
Furniture / fixtures	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Adult Psychiatric Med Clinic (21)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	66.6	765.05	0.00	765.05	100.0
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 765.05***	***$ 0.00***	***$ 765.05***	
LENGTH OF SERVICE						
0-2	3	100.0	765.05	0.00	765.05	100.0
	3		***$ 765.05***	***$ 0.00***	***$ 765.05***	
AGE OF CLAIMANT						
35-39	2	66.6	765.05	0.00	765.05	100.0
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 765.05***	***$ 0.00***	***$ 765.05***	
SEX OF CLAIMANT						
Female	3	100.0	765.05	0.00	765.05	100.0
	3		***$ 765.05***	***$ 0.00***	***$ 765.05***	
LOSS CAUSE						
Building parts / doors	1	33.3	765.05	0.00	765.05	100.0
Office equipment	1	33.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 765.05***	***$ 0.00***	***$ 765.05***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	33.3	765.05	0.00	765.05	100.0
Fall or Slip (On Same Level)	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		***$ 765.05***	***$ 0.00***	***$ 765.05***	
*****BODY PART***						
Lower Arm	2					
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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:43

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Anesthesiology (23)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	25.0	160.00	0.00	160.00	34.1
10AM-11:59AM	1	25.0	103.00	0.00	103.00	21.9
2PM-3:59PM	1	25.0	103.00	0.00	103.00	21.9
Unknown	1	25.0	103.00	0.00	103.00	21.9
	4		***$ 469.00***	***$ 0.00***	***$ 469.00***	
LENGTH OF SERVICE						
0-2	3	75.0	366.00	0.00	366.00	78.0
2-4	1	25.0	103.00	0.00	103.00	21.9
	4		***$ 469.00***	***$ 0.00***	***$ 469.00***	
AGE OF CLAIMANT						
35-39	2	50.0	263.00	0.00	263.00	56.0
25-29	1	25.0	103.00	0.00	103.00	21.9
30-34	1	25.0	103.00	0.00	103.00	21.9
	4		***$ 469.00***	***$ 0.00***	***$ 469.00***	
SEX OF CLAIMANT						
Male	2	50.0	263.00	0.00	263.00	56.0
Female	2	50.0	206.00	0.00	206.00	43.9
	4		***$ 469.00***	***$ 0.00***	***$ 469.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	2	50.0	206.00	0.00	206.00	43.9
Infectious agent	1	25.0	160.00	0.00	160.00	34.1
Needle stick	1	25.0	103.00	0.00	103.00	21.9
	4		***$ 469.00***	***$ 0.00***	***$ 469.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	3	75.0	309.00	0.00	309.00	65.8
Absorb, Ingest, Inhalation	1	25.0	160.00	0.00	160.00	34.1
	4		***$ 469.00***	***$ 0.00***	***$ 469.00***	
*****BODY PART***						
Finger(s)	2					
Eye(s)	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***	
Puncture	2
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Autopsy (26)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LENGTH OF SERVICE						
32-34	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
AGE OF CLAIMANT						
55-59	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						
Hand tool, not powered, NOC	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Blood Bank (27)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	110.00	0.00	110.00	100.0
	1		***$ 110.00***	***$ 0.00***	***$ 110.00***	
LENGTH OF SERVICE						
16-18	1	100.0	110.00	0.00	110.00	100.0
	1		***$ 110.00***	***$ 0.00***	***$ 110.00***	
AGE OF CLAIMANT						
40-44	1	100.0	110.00	0.00	110.00	100.0
	1		***$ 110.00***	***$ 0.00***	***$ 110.00***	
SEX OF CLAIMANT						
Female	1	100.0	110.00	0.00	110.00	100.0
	1		***$ 110.00***	***$ 0.00***	***$ 110.00***	
LOSS CAUSE						
Metal items	1	100.0	110.00	0.00	110.00	100.0
	1		***$ 110.00***	***$ 0.00***	***$ 110.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	110.00	0.00	110.00	100.0
	1		***$ 110.00***	***$ 0.00***	***$ 110.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Blue Ridge Child Care Cntr (29)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	50.0	0.00	2,250.00	2,250.00	58.7
2PM-3:59PM	1	16.6	0.00	750.00	750.00	19.5
6AM-7:59AM	1	16.6	0.00	750.00	750.00	19.5
4PM-5:59PM	1	16.6	81.80	0.00	81.80	2.1
	6		***$ 81.80***	***$ 3,750.00***	***$ 3,831.80***	
LENGTH OF SERVICE						
0-2	4	66.6	81.80	2,250.00	2,331.80	60.8
6-8	2	33.3	0.00	1,500.00	1,500.00	39.1
	6		***$ 81.80***	***$ 3,750.00***	***$ 3,831.80***	
AGE OF CLAIMANT						
20-24	2	33.3	0.00	1,500.00	1,500.00	39.1
30-34	2	33.3	0.00	1,500.00	1,500.00	39.1
35-39	1	16.6	0.00	750.00	750.00	19.5
25-29	1	16.6	81.80	0.00	81.80	2.1
	6		***$ 81.80***	***$ 3,750.00***	***$ 3,831.80***	
SEX OF CLAIMANT						
Female	6	100.0	81.80	3,750.00	3,831.80	100.0
	6		***$ 81.80***	***$ 3,750.00***	***$ 3,831.80***	
LOSS CAUSE						
Object on Floor	2	33.3	0.00	1,500.00	1,500.00	39.1
Unknown	1	16.6	0.00	750.00	750.00	19.5
Patient / Inmate	1	16.6	0.00	750.00	750.00	19.5
Water	1	16.6	0.00	750.00	750.00	19.5
Minerals / dirt	1	16.6	81.80	0.00	81.80	2.1
	6		***$ 81.80***	***$ 3,750.00***	***$ 3,831.80***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	33.3	0.00	1,500.00	1,500.00	39.1
Contact With Hot Object or Substances	1	16.6	0.00	750.00	750.00	19.5
Stuck, injured by fellow worker, patient	1	16.6	0.00	750.00	750.00	19.5
Twisting, strain or injury by	1	16.6	0.00	750.00	750.00	19.5
Foreign Body In Eye	1	16.6	81.80	0.00	81.80	2.1
	6		***$ 81.80***	***$ 3,750.00***	***$ 3,831.80***	
*****BODY PART***						
Finger(s)	1					
Hand	1					
Knee	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
Eye(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Blue Ridge Child Care Cntr (29)

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
Burn	2
Sprain	1
Foreign Body	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Blue Ridge Psychiatric Medicine (35)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	411.96	0.00	411.96	100.0
	1		***$ 411.96***	***$ 0.00***	***$ 411.96***	
LENGTH OF SERVICE						
0-2	1	100.0	411.96	0.00	411.96	100.0
	1		***$ 411.96***	***$ 0.00***	***$ 411.96***	
AGE OF CLAIMANT						
30-34	1	100.0	411.96	0.00	411.96	100.0
	1		***$ 411.96***	***$ 0.00***	***$ 411.96***	
SEX OF CLAIMANT						
Male	1	100.0	411.96	0.00	411.96	100.0
	1		***$ 411.96***	***$ 0.00***	***$ 411.96***	
LOSS CAUSE						
Door	1	100.0	411.96	0.00	411.96	100.0
	1		***$ 411.96***	***$ 0.00***	***$ 411.96***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	411.96	0.00	411.96	100.0
	1		***$ 411.96***	***$ 0.00***	***$ 411.96***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Burn Center (37)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	11.1	1,919.00	18,200.00	20,119.00	81.7
4AM-5:59AM	1	11.1	2,076.45	0.00	2,076.45	8.4
8AM-9:59AM	2	22.2	1,160.48	582.00	1,742.48	7.0
12PM-1:59PM	1	11.1	520.35	0.00	520.35	2.1
2PM-3:59PM	1	11.1	103.00	0.00	103.00	0.4
6AM-7:59AM	1	11.1	50.00	0.00	50.00	0.2
Unknown	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 5,829.28***	***$ 18,782.00***	***$ 24,611.28***	
LENGTH OF SERVICE						
14-16	1	11.1	1,919.00	18,200.00	20,119.00	81.7
0-2	2	22.2	2,179.45	0.00	2,179.45	8.8
4-6	2	22.2	688.35	582.00	1,270.35	5.1
6-8	1	11.1	992.48	0.00	992.48	4.0
2-4	3	33.3	50.00	0.00	50.00	0.2
	9		***$ 5,829.28***	***$ 18,782.00***	***$ 24,611.28***	
AGE OF CLAIMANT						
50-54	1	11.1	1,919.00	18,200.00	20,119.00	81.7
30-34	1	11.1	2,076.45	0.00	2,076.45	8.4
45-49	2	22.2	1,160.48	582.00	1,742.48	7.0
35-39	1	11.1	520.35	0.00	520.35	2.1
20-24	1	11.1	103.00	0.00	103.00	0.4
25-29	2	22.2	50.00	0.00	50.00	0.2
40-44	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 5,829.28***	***$ 18,782.00***	***$ 24,611.28***	
SEX OF CLAIMANT						
Male	2	22.2	2,439.35	18,200.00	20,639.35	83.8
Female	7	77.7	3,389.93	582.00	3,971.93	16.1
	9		***$ 5,829.28***	***$ 18,782.00***	***$ 24,611.28***	
LOSS CAUSE						
Patient / Inmate	4	44.4	4,266.45	18,782.00	23,048.45	93.6
Walking surface, inside, wet	1	11.1	992.48	0.00	992.48	4.0
Infectious agent	1	11.1	520.35	0.00	520.35	2.1
Hand tool, not powered, NOC	1	11.1	50.00	0.00	50.00	0.2
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
Needle stick	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 5,829.28***	***$ 18,782.00***	***$ 24,611.28***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	44.4	4,266.45	18,782.00	23,048.45	93.6
Fall or Slip (On Same Level)	1	11.1	992.48	0.00	992.48	4.0
Absorb, Ingest, Inhalation	1	11.1	520.35	0.00	520.35	2.1
Object Handled (caught in or between)	1	11.1	50.00	0.00	50.00	0.2
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Burn Center (37)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	9		***$ 5,829.28***	***$ 18,782.00***	***$ 24,611.28***	
*****BODY PART***						
Soft Tissue - Neck	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Shoulder	2					
Sacrum And Coccyx	1					
Facial, Other Soft Tissue	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Back Area (Thoracic Area)	1					
Finger(s)	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	7					
Fracture	1					
Foreign Body	4					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Cancer Center Clinic (38)

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						
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						
Electrical equipment	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Cardiac Lab (40)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	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						
12-14	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						
35-39	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	1	50.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	50.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****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***		
Foreign Body	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Cardovascular Medicine (42)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	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						
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						
Building parts / doors	1	100.0	103.00	0.00	103.00	100.0
	1		***$ 103.00***	***$ 0.00***	***$ 103.00***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Ccu (43)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	16.6	1,089.22	0.00	1,089.22	86.5
Unknown	1	16.6	170.00	0.00	170.00	13.5
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
2PM-3:59PM	2	33.3	0.00	0.00	0.00	0.0
4PM-5:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,259.22***	***$ 0.00***	***$ 1,259.22***	
LENGTH OF SERVICE						
4-6	2	33.3	1,089.22	0.00	1,089.22	86.5
0-2	2	33.3	170.00	0.00	170.00	13.5
16-18	1	16.6	0.00	0.00	0.00	0.0
2-4	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,259.22***	***$ 0.00***	***$ 1,259.22***	
AGE OF CLAIMANT						
40-44	1	16.6	1,089.22	0.00	1,089.22	86.5
30-34	2	33.3	170.00	0.00	170.00	13.5
20-24	1	16.6	0.00	0.00	0.00	0.0
35-39	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		***$ 1,259.22***	***$ 0.00***	***$ 1,259.22***	
SEX OF CLAIMANT						
Male	1	16.6	1,089.22	0.00	1,089.22	86.5
Female	5	83.3	170.00	0.00	170.00	13.5
	6		***$ 1,259.22***	***$ 0.00***	***$ 1,259.22***	
LOSS CAUSE						
Vehicle/car/truck	1	16.6	1,089.22	0.00	1,089.22	86.5
Infectious agent	1	16.6	170.00	0.00	170.00	13.5
Unknown	1	16.6	0.00	0.00	0.00	0.0
Building parts / doors	1	16.6	0.00	0.00	0.00	0.0
Patient / Inmate	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 1,259.22***	***$ 0.00***	***$ 1,259.22***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	16.6	1,089.22	0.00	1,089.22	86.5
Absorb, Ingest, Inhalation	1	16.6	170.00	0.00	170.00	13.5
Cumulative (Not Otherwise Classified)	1	16.6	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	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
Pushing Or Pulling (Strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,259.22***	***$ 0.00***	***$ 1,259.22***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Eye(s)	1					
Hand	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Ccu (43)

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	4
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Cntr For Organizational Dev (44)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	100.0	1,543.00	0.00	1,543.00	100.0
	1		***$ 1,543.00***	***$ 0.00***	***$ 1,543.00***	
LENGTH OF SERVICE						
26-28	1	100.0	1,543.00	0.00	1,543.00	100.0
	1		***$ 1,543.00***	***$ 0.00***	***$ 1,543.00***	
AGE OF CLAIMANT						
45-49	1	100.0	1,543.00	0.00	1,543.00	100.0
	1		***$ 1,543.00***	***$ 0.00***	***$ 1,543.00***	
SEX OF CLAIMANT						
Female	1	100.0	1,543.00	0.00	1,543.00	100.0
	1		***$ 1,543.00***	***$ 0.00***	***$ 1,543.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	1,543.00	0.00	1,543.00	100.0
	1		***$ 1,543.00***	***$ 0.00***	***$ 1,543.00***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	1,543.00	0.00	1,543.00	100.0
	1		***$ 1,543.00***	***$ 0.00***	***$ 1,543.00***	
*****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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Central Sterile Supply (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	20.0	283.00	1,217.00	1,500.00	42.6
2PM-3:59PM	1	10.0	0.00	750.00	750.00	21.3
6AM-7:59AM	3	30.0	290.00	460.00	750.00	21.3
2AM-3:59AM	1	10.0	206.00	0.00	206.00	5.8
12PM-1:59PM	1	10.0	174.00	0.00	174.00	4.9
10AM-11:59AM	1	10.0	138.00	0.00	138.00	3.9
4PM-5:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,091.00***	***$ 2,427.00***	***$ 3,518.00***	
LENGTH OF SERVICE						
2-4	2	20.0	470.00	1,030.00	1,500.00	42.6
0-2	5	50.0	415.00	647.00	1,062.00	30.1
28-30	1	10.0	0.00	750.00	750.00	21.3
6-8	1	10.0	206.00	0.00	206.00	5.8
18-20	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,091.00***	***$ 2,427.00***	***$ 3,518.00***	
AGE OF CLAIMANT						
50-54	2	20.0	103.00	1,397.00	1,500.00	42.6
20-24	1	10.0	180.00	570.00	750.00	21.3
30-34	1	10.0	290.00	460.00	750.00	21.3
40-44	4	40.0	518.00	0.00	518.00	14.7
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
	10		***$ 1,091.00***	***$ 2,427.00***	***$ 3,518.00***	
SEX OF CLAIMANT						
Female	7	70.0	773.00	1,857.00	2,630.00	74.7
Male	3	30.0	318.00	570.00	888.00	25.2
	10		***$ 1,091.00***	***$ 2,427.00***	***$ 3,518.00***	
LOSS CAUSE						
Cart	3	30.0	496.00	460.00	956.00	27.1
Door	1	10.0	103.00	647.00	750.00	21.3
Furniture / fixtures	1	10.0	0.00	750.00	750.00	21.3
Hand tool, not powered, NOC	2	20.0	180.00	570.00	750.00	21.3
Boxes / containers	1	10.0	174.00	0.00	174.00	4.9
Sharp objects, not otherwise classified	1	10.0	138.00	0.00	138.00	3.9
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,091.00***	***$ 2,427.00***	***$ 3,518.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	20.0	496.00	460.00	956.00	27.1
Pushing Or Pulling (Strain or Injury by)	1	10.0	0.00	750.00	750.00	21.3
Strike Against/Step On Obj. Being Lifted or Handle	1	10.0	103.00	647.00	750.00	21.3
Strike Against/Step on Stationary Object	2	20.0	180.00	570.00	750.00	21.3
Lifting (strain or Injury by)	1	10.0	174.00	0.00	174.00	4.9
Object being lifted/handled (cut,punc.scrape,inj b	2	20.0	138.00	0.00	138.00	3.9
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Central Sterile Supply (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 1,091.00**	**$ 2,427.00**	**$ 3,518.00**	
***BODY PART**						
Hand	2					
Knee	2					
Lower Leg	2					
Wrist	1					
Finger(s)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	1					
Elbow	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	2					
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Clinical Engineering & Equipment (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	1,701.35	14,146.65	15,848.00	99.3
4PM-5:59PM	1	33.3	103.00	0.00	103.00	0.6
	3		***$ 1,804.35***	***$ 14,146.65***	***$ 15,951.00***	
LENGTH OF SERVICE						
32-34	1	33.3	1,701.35	14,146.65	15,848.00	99.3
0-2	1	33.3	103.00	0.00	103.00	0.6
12-14	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,804.35***	***$ 14,146.65***	***$ 15,951.00***	
AGE OF CLAIMANT						
55-59	1	33.3	1,701.35	14,146.65	15,848.00	99.3
30-34	1	33.3	103.00	0.00	103.00	0.6
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,804.35***	***$ 14,146.65***	***$ 15,951.00***	
SEX OF CLAIMANT						
Male	2	66.6	1,701.35	14,146.65	15,848.00	99.3
Female	1	33.3	103.00	0.00	103.00	0.6
	3		***$ 1,804.35***	***$ 14,146.65***	***$ 15,951.00***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	1,701.35	14,146.65	15,848.00	99.3
Furniture / fixtures	2	66.6	103.00	0.00	103.00	0.6
	3		***$ 1,804.35***	***$ 14,146.65***	***$ 15,951.00***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	33.3	1,701.35	14,146.65	15,848.00	99.3
Strike Against/Step on Stationary Object	1	33.3	103.00	0.00	103.00	0.6
Fall or Slip (From Different Level)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,804.35***	***$ 14,146.65***	***$ 15,951.00***	

*****BODY PART***	
Foot	2
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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Clinical Laboratories (47)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	3	27.2	294.00	750.00	1,044.00	29.3
6AM-7:59AM	2	18.1	370.42	647.00	1,017.42	28.5
2PM-3:59PM	4	36.3	75.00	675.00	750.00	21.0
8AM-9:59AM	1	9.0	143.35	606.65	750.00	21.0
10AM-11:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 882.77***	***$ 2,678.65***	***$ 3,561.42***	
LENGTH OF SERVICE						
18-20	4	36.3	103.00	1,397.00	1,500.00	42.1
0-2	4	36.3	636.42	675.00	1,311.42	36.8
20-22	2	18.1	143.35	606.65	750.00	21.0
16-18	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 882.77***	***$ 2,678.65***	***$ 3,561.42***	
AGE OF CLAIMANT						
50-54	5	45.4	410.77	1,356.65	1,767.42	49.6
20-24	1	9.0	75.00	675.00	750.00	21.0
45-49	1	9.0	103.00	647.00	750.00	21.0
35-39	2	18.1	294.00	0.00	294.00	8.2
40-44	1	9.0	0.00	0.00	0.00	0.0
60-64	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 882.77***	***$ 2,678.65***	***$ 3,561.42***	
SEX OF CLAIMANT						
Female	9	81.8	807.77	2,003.65	2,811.42	78.9
Male	2	18.1	75.00	675.00	750.00	21.0
	11		***$ 882.77***	***$ 2,678.65***	***$ 3,561.42***	
LOSS CAUSE						
Unknown	1	9.0	0.00	750.00	750.00	21.0
Boxes / containers	2	18.1	143.35	606.65	750.00	21.0
Furniture / fixtures	1	9.0	75.00	675.00	750.00	21.0
Object on Floor	1	9.0	103.00	647.00	750.00	21.0
Needle stick	1	9.0	294.00	0.00	294.00	8.2
Vehicle/car/truck	1	9.0	267.42	0.00	267.42	7.5
Stairs, steps	1	9.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	9.0	0.00	0.00	0.00	0.0
Building parts / doors	1	9.0	0.00	0.00	0.00	0.0
Infectious agent	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 882.77***	***$ 2,678.65***	***$ 3,561.42***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	2	18.1	0.00	750.00	750.00	21.0
Fall or Slip (On Same Level)	1	9.0	103.00	647.00	750.00	21.0
Holding Or Carrying (Strain or Injury by)	1	9.0	143.35	606.65	750.00	21.0
Struck/Injured by Falling or Flying Object	1	9.0	75.00	675.00	750.00	21.0
Assault	1	9.0	294.00	0.00	294.00	8.2
Vehicle Upset	1	9.0	267.42	0.00	267.42	7.5
Repetitive Motion	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Clinical Laboratories (47)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Absorb, Ingest, Inhalation	1	9.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	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
	11		***$ 882.77***	***$ 2,678.65***	***$ 3,561.42***	

**BODY PART

Hand	2
Soft Tissue - Neck	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Lower Leg	1
Shoulder	1
Upper Leg	1
Upper Back Area (Thoracic Area)	1
Foot	2
Knee	1
Eye(s)	1
Thumb	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
Contusion	2
Laceration	1
Puncture	1
Inflamation	2
Sprain	1
Foreign 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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:44

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Clinical Support / New Team (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	7.1	10,593.82	21,856.18	32,450.00	92.1
8AM-9:59AM	3	21.4	103.00	1,397.00	1,500.00	4.2
12PM-1:59PM	2	14.2	484.00	0.00	484.00	1.3
4PM-5:59PM	1	7.1	476.00	0.00	476.00	1.3
2PM-3:59PM	1	7.1	294.00	0.00	294.00	0.8
2AM-3:59AM	2	14.2	0.00	0.00	0.00	0.0
12AM-1:59AM	1	7.1	0.00	0.00	0.00	0.0
6PM-7:59PM	2	14.2	0.00	0.00	0.00	0.0
Unknown	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 11,950.82***	***$ 23,253.18***	***$ 35,204.00***	
LENGTH OF SERVICE						
0-2	4	28.5	10,763.82	21,856.18	32,620.00	92.6
2-4	2	14.2	294.00	750.00	1,044.00	2.9
10-12	1	7.1	103.00	647.00	750.00	2.1
8-10	1	7.1	476.00	0.00	476.00	1.3
4-6	3	21.4	314.00	0.00	314.00	0.8
12-14	1	7.1	0.00	0.00	0.00	0.0
16-18	1	7.1	0.00	0.00	0.00	0.0
18-20	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 11,950.82***	***$ 23,253.18***	***$ 35,204.00***	
AGE OF CLAIMANT						
25-29	1	7.1	10,593.82	21,856.18	32,450.00	92.1
35-39	5	35.7	567.00	1,397.00	1,964.00	5.5
30-34	2	14.2	476.00	0.00	476.00	1.3
40-44	3	21.4	314.00	0.00	314.00	0.8
45-49	1	7.1	0.00	0.00	0.00	0.0
50-54	1	7.1	0.00	0.00	0.00	0.0
65-69	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 11,950.82***	***$ 23,253.18***	***$ 35,204.00***	
SEX OF CLAIMANT						
Male	1	7.1	10,593.82	21,856.18	32,450.00	92.1
Female	13	92.8	1,357.00	1,397.00	2,754.00	7.8
	14		***$ 11,950.82***	***$ 23,253.18***	***$ 35,204.00***	
LOSS CAUSE						
Patient / Inmate	8	57.1	10,696.82	23,253.18	33,950.00	96.4
Needle stick	2	14.2	646.00	0.00	646.00	1.8
Infectious agent	4	28.5	608.00	0.00	608.00	1.7
	14		***$ 11,950.82***	***$ 23,253.18***	***$ 35,204.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	14.2	10,593.82	21,856.18	32,450.00	92.1
Pushing Or Pulling (Strain or Injury by)	1	7.1	0.00	750.00	750.00	2.1
Stuck, injured by fellow worker, patient	4	28.5	103.00	647.00	750.00	2.1
Explosion / Flare Back	1	7.1	476.00	0.00	476.00	1.3
Absorb, Ingest, Inhalation	3	21.4	314.00	0.00	314.00	0.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Clinical Support / New Team (48)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Falling or Flying Object	1	7.1	294.00	0.00	294.00	0.8
Object being lifted/handled (cut,punc.scrape,inj b	1	7.1	170.00	0.00	170.00	0.4
Assault	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 11,950.82***	***$ 23,253.18***	***$ 35,204.00***	

**BODY PART

Upper Back Area (Thoracic Area)	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Soft Tissue - Neck	1
Thumb	1
Finger(s)	3
Eye(s)	3
Facial, Other Soft Tissue	2
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Mouth	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	4
Contusion	6
Puncture	2
Foreign Body	4
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Dentistry (52)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	0.00	750.00	750.00	100.0
	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						
25-29	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						
Metal items	1	50.0	0.00	750.00	750.00	100.0
Walking surface, inside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	0.00	750.00	750.00	100.0
Cumulative (Not Otherwise Classified)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Finger(s)	1					
Ankle	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Dermatology Dept (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	608.20	141.80	750.00	100.0
	1		***$ 608.20***	***$ 141.80***	***$ 750.00***	
LENGTH OF SERVICE						
26-28	1	100.0	608.20	141.80	750.00	100.0
	1		***$ 608.20***	***$ 141.80***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	1	100.0	608.20	141.80	750.00	100.0
	1		***$ 608.20***	***$ 141.80***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	608.20	141.80	750.00	100.0
	1		***$ 608.20***	***$ 141.80***	***$ 750.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	608.20	141.80	750.00	100.0
	1		***$ 608.20***	***$ 141.80***	***$ 750.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	608.20	141.80	750.00	100.0
	1		***$ 608.20***	***$ 141.80***	***$ 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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Digestive Health Care Admin (55)

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						
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						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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	1					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	6	14.2	30,789.94	25,377.86	56,167.80	84.4
2PM-3:59PM	8	19.0	3,867.68	559.50	4,427.18	6.6
6AM-7:59AM	6	14.2	1,451.16	510.00	1,961.16	2.9
Unknown	7	16.6	1,359.23	0.00	1,359.23	2.0
12PM-1:59PM	4	9.5	297.00	750.00	1,047.00	1.5
2AM-3:59AM	2	4.7	648.00	0.00	648.00	0.9
12AM-1:59AM	2	4.7	575.80	0.00	575.80	0.8
6PM-7:59PM	3	7.1	170.00	0.00	170.00	0.2
8AM-9:59AM	2	4.7	80.00	0.00	80.00	0.1
10AM-11:59AM	2	4.7	50.00	0.00	50.00	0.0
	42		***$ 39,288.81***	***$ 27,197.36***	***$ 66,486.17***	
LENGTH OF SERVICE						
0-2	15	35.7	32,159.99	24,817.86	56,977.85	85.7
14-16	3	7.1	3,157.60	559.50	3,717.10	5.5
2-4	15	35.7	2,189.98	1,260.00	3,449.98	5.1
6-8	2	4.7	658.00	560.00	1,218.00	1.8
16-18	1	2.3	476.56	0.00	476.56	0.7
20-22	3	7.1	304.00	0.00	304.00	0.4
10-12	1	2.3	292.68	0.00	292.68	0.4
18-20	1	2.3	50.00	0.00	50.00	0.0
22-24	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 39,288.81***	***$ 27,197.36***	***$ 66,486.17***	
AGE OF CLAIMANT						
25-29	9	21.4	31,204.16	24,817.86	56,022.02	84.2
45-49	4	9.5	3,399.68	559.50	3,959.18	5.9
50-54	9	21.4	1,533.74	510.00	2,043.74	3.0
35-39	4	9.5	578.60	1,310.00	1,888.60	2.8
30-34	7	16.6	1,241.63	0.00	1,241.63	1.8
40-44	4	9.5	708.00	0.00	708.00	1.0
20-24	5	11.9	623.00	0.00	623.00	0.9
	42		***$ 39,288.81***	***$ 27,197.36***	***$ 66,486.17***	
SEX OF CLAIMANT						
Male	17	40.4	35,921.47	26,077.86	61,999.33	93.2
Female	25	59.5	3,367.34	1,119.50	4,486.84	6.7
	42		***$ 39,288.81***	***$ 27,197.36***	***$ 66,486.17***	
LOSS CAUSE						
Furniture / fixtures	1	2.3	30,233.36	24,817.86	55,051.22	82.8
Patient / Inmate	10	23.8	4,744.63	1,069.50	5,814.13	8.7
Needle stick	21	50.0	2,561.58	0.00	2,561.58	3.8
Boxes / containers	1	2.3	0.00	750.00	750.00	1.1
Person	1	2.3	190.00	560.00	750.00	1.1
Stairs, steps	1	2.3	476.56	0.00	476.56	0.7
Hand tool, not powered, NOC	2	4.7	344.00	0.00	344.00	0.5
Infectious agent	2	4.7	293.00	0.00	293.00	0.4
Electrical equipment	1	2.3	292.68	0.00	292.68	0.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Metal items	1	2.3	153.00	0.00	153.00	0.2
Chemicals, not otherwise classified	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 39,288.81***	***$ 27,197.36***	***$ 66,486.17***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	1	2.3	30,233.36	24,817.86	55,051.22	82.8
Object being lifted/handled (cut,punc.scrape,inj b	23	54.7	2,863.98	0.00	2,863.98	4.3
Twisting, strain or injury by	1	2.3	2,772.50	0.00	2,772.50	4.1
Stuck, injured by fellow worker, patient	6	14.2	1,450.00	1,070.00	2,520.00	3.7
Lifting (strain or Injury by)	3	7.1	279.50	1,309.50	1,589.00	2.3
Fall or slip (on stairs)	1	2.3	476.56	0.00	476.56	0.7
Holding Or Carrying (Strain or Injury by)	2	4.7	432.63	0.00	432.63	0.6
Struck/Injured by Falling or Flying Object	2	4.7	297.60	0.00	297.60	0.4
Strike Against/Step On Obj. Being Lifted or Handle	1	2.3	292.68	0.00	292.68	0.4
Absorb, Ingest, Inhalation	2	4.7	190.00	0.00	190.00	0.2
	42		***$ 39,288.81***	***$ 27,197.36***	***$ 66,486.17***	

***BODY PART

Knee	3
Skull	1
Finger(s)	15
Thumb	6
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Eye(s)	3
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Soft Tissue - Neck	2
Hand	4
Foot	1
Hip	1
Facial, Other Soft Tissue	3
Lower Leg	1
Wrist	1
Lungs	1
Upper Back Area (Thoracic Area)	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	5
Crushing	1
Sprain	2
Strain	9
Puncture	22
Foreign Body	5
Laceration	3
Inflamation	1
Respiratory Disorders	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Endoscopy / Bronchoscopy (61)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	33.3	41,210.78	542.96	41,753.74	99.4
8AM-9:59AM	1	33.3	140.76	0.00	140.76	0.3
12PM-1:59PM	1	33.3	103.00	0.00	103.00	0.2
	3		***$ 41,454.54***	***$ 542.96***	***$ 41,997.50***	
LENGTH OF SERVICE						
12-14	1	33.3	41,210.78	542.96	41,753.74	99.4
0-2	2	66.6	243.76	0.00	243.76	0.5
	3		***$ 41,454.54***	***$ 542.96***	***$ 41,997.50***	
AGE OF CLAIMANT						
45-49	1	33.3	41,210.78	542.96	41,753.74	99.4
25-29	1	33.3	140.76	0.00	140.76	0.3
50-54	1	33.3	103.00	0.00	103.00	0.2
	3		***$ 41,454.54***	***$ 542.96***	***$ 41,997.50***	
SEX OF CLAIMANT						
Female	3	100.0	41,454.54	542.96	41,997.50	100.0
	3		***$ 41,454.54***	***$ 542.96***	***$ 41,997.50***	
LOSS CAUSE						
Walking surface, inside, wet	1	33.3	41,210.78	542.96	41,753.74	99.4
Furniture / fixtures	1	33.3	140.76	0.00	140.76	0.3
Vehicle, not otherwise classified	1	33.3	103.00	0.00	103.00	0.2
	3		***$ 41,454.54***	***$ 542.96***	***$ 41,997.50***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	41,210.78	542.96	41,753.74	99.4
Object Handled (caught in or between)	1	33.3	140.76	0.00	140.76	0.3
Pushing Or Pulling (Strain or Injury by)	1	33.3	103.00	0.00	103.00	0.2
	3		***$ 41,454.54***	***$ 542.96***	***$ 41,997.50***	

*****BODY PART***

Knee	2
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	1
Sprain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Environmental Services (64)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	33.3	145.25	0.00	145.25	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 145.25***	***$ 0.00***	***$ 145.25***	
LENGTH OF SERVICE						
20-22	2	66.6	145.25	0.00	145.25	100.0
18-20	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 145.25***	***$ 0.00***	***$ 145.25***	
AGE OF CLAIMANT						
60-64	2	66.6	145.25	0.00	145.25	100.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 145.25***	***$ 0.00***	***$ 145.25***	
SEX OF CLAIMANT						
Male	3	100.0	145.25	0.00	145.25	100.0
	3		***$ 145.25***	***$ 0.00***	***$ 145.25***	
LOSS CAUSE						
Boxes / containers	1	33.3	145.25	0.00	145.25	100.0
Chemicals, not otherwise classified	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		***$ 145.25***	***$ 0.00***	***$ 145.25***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	145.25	0.00	145.25	100.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 145.25***	***$ 0.00***	***$ 145.25***	

*****BODY PART***	
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ankle	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
Inflamation	1
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Epidemiology & Virology (66)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	914.00	0.00	914.00	100.0
	1		***$ 914.00***	***$ 0.00***	***$ 914.00***	
LENGTH OF SERVICE						
28-30	1	100.0	914.00	0.00	914.00	100.0
	1		***$ 914.00***	***$ 0.00***	***$ 914.00***	
AGE OF CLAIMANT						
45-49	1	100.0	914.00	0.00	914.00	100.0
	1		***$ 914.00***	***$ 0.00***	***$ 914.00***	
SEX OF CLAIMANT						
Female	1	100.0	914.00	0.00	914.00	100.0
	1		***$ 914.00***	***$ 0.00***	***$ 914.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	914.00	0.00	914.00	100.0
	1		***$ 914.00***	***$ 0.00***	***$ 914.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	914.00	0.00	914.00	100.0
	1		***$ 914.00***	***$ 0.00***	***$ 914.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Family Medicine (68)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	25.0	278.60	0.00	278.60	63.0
10AM-11:59AM	1	25.0	103.00	0.00	103.00	23.3
2PM-3:59PM	1	25.0	60.00	0.00	60.00	13.5
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 441.60***	***$ 0.00***	***$ 441.60***	
LENGTH OF SERVICE						
2-4	3	75.0	338.60	0.00	338.60	76.6
0-2	1	25.0	103.00	0.00	103.00	23.3
	4		***$ 441.60***	***$ 0.00***	***$ 441.60***	
AGE OF CLAIMANT						
30-34	1	25.0	278.60	0.00	278.60	63.0
25-29	1	25.0	103.00	0.00	103.00	23.3
35-39	2	50.0	60.00	0.00	60.00	13.5
	4		***$ 441.60***	***$ 0.00***	***$ 441.60***	
SEX OF CLAIMANT						
Female	3	75.0	381.60	0.00	381.60	86.4
Male	1	25.0	60.00	0.00	60.00	13.5
	4		***$ 441.60***	***$ 0.00***	***$ 441.60***	
LOSS CAUSE						
Needle stick	2	50.0	338.60	0.00	338.60	76.6
Stairs, steps	1	25.0	103.00	0.00	103.00	23.3
Building parts / doors	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 441.60***	***$ 0.00***	***$ 441.60***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	3	75.0	338.60	0.00	338.60	76.6
Fall or slip (on stairs)	1	25.0	103.00	0.00	103.00	23.3
	4		***$ 441.60***	***$ 0.00***	***$ 441.60***	
*****BODY PART***						
Finger(s)	2					
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other 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***	
Puncture	2
Contusion	2
Strain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Family Medicine (68)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Finance (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	905.97	0.00	905.97	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 905.97***	***$ 0.00***	***$ 905.97***	
LENGTH OF SERVICE						
0-2	2	100.0	905.97	0.00	905.97	100.0
	2		***$ 905.97***	***$ 0.00***	***$ 905.97***	
AGE OF CLAIMANT						
30-34	1	50.0	905.97	0.00	905.97	100.0
20-24	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 905.97***	***$ 0.00***	***$ 905.97***	
SEX OF CLAIMANT						
Female	2	100.0	905.97	0.00	905.97	100.0
	2		***$ 905.97***	***$ 0.00***	***$ 905.97***	
LOSS CAUSE						
Boxes / containers	1	50.0	905.97	0.00	905.97	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 905.97***	***$ 0.00***	***$ 905.97***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	905.97	0.00	905.97	100.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 905.97***	***$ 0.00***	***$ 905.97***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Gastroenterology (70)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	273.00	0.00	273.00	100.0
	1		***$ 273.00***	***$ 0.00***	***$ 273.00***	
LENGTH OF SERVICE						
6-8	1	100.0	273.00	0.00	273.00	100.0
	1		***$ 273.00***	***$ 0.00***	***$ 273.00***	
AGE OF CLAIMANT						
50-54	1	100.0	273.00	0.00	273.00	100.0
	1		***$ 273.00***	***$ 0.00***	***$ 273.00***	
SEX OF CLAIMANT						
Female	1	100.0	273.00	0.00	273.00	100.0
	1		***$ 273.00***	***$ 0.00***	***$ 273.00***	
LOSS CAUSE						
Needle stick	1	100.0	273.00	0.00	273.00	100.0
	1		***$ 273.00***	***$ 0.00***	***$ 273.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	273.00	0.00	273.00	100.0
	1		***$ 273.00***	***$ 0.00***	***$ 273.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: General Orthopedics (72)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	50.0	726.91	0.00	726.91	59.9
10AM-11:59AM	1	16.6	342.35	0.00	342.35	28.2
4PM-5:59PM	1	16.6	144.00	0.00	144.00	11.8
Unknown	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,213.26***	***$ 0.00***	***$ 1,213.26***	
LENGTH OF SERVICE						
2-4	3	50.0	940.68	0.00	940.68	77.5
4-6	1	16.6	144.00	0.00	144.00	11.8
0-2	2	33.3	128.58	0.00	128.58	10.6
	6		***$ 1,213.26***	***$ 0.00***	***$ 1,213.26***	
AGE OF CLAIMANT						
25-29	4	66.6	1,069.26	0.00	1,069.26	88.1
35-39	1	16.6	144.00	0.00	144.00	11.8
30-34	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 1,213.26***	***$ 0.00***	***$ 1,213.26***	
SEX OF CLAIMANT						
Male	6	100.0	1,213.26	0.00	1,213.26	100.0
	6		***$ 1,213.26***	***$ 0.00***	***$ 1,213.26***	
LOSS CAUSE						
Needle stick	4	66.6	1,084.68	0.00	1,084.68	89.4
Hand tool, not powered, NOC	2	33.3	128.58	0.00	128.58	10.6
	6		***$ 1,213.26***	***$ 0.00***	***$ 1,213.26***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	6	100.0	1,213.26	0.00	1,213.26	100.0
	6		***$ 1,213.26***	***$ 0.00***	***$ 1,213.26***	
*****BODY PART***						
Finger(s)	5					
Lower Arm	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***		
Puncture	5	
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Geographic Medicine (73)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	1	100.0	129.13	0.00	129.13	100.0
	1		***$ 129.13***	***$ 0.00***	***$ 129.13***	
LENGTH OF SERVICE						
0-2	1	100.0	129.13	0.00	129.13	100.0
	1		***$ 129.13***	***$ 0.00***	***$ 129.13***	
AGE OF CLAIMANT						
25-29	1	100.0	129.13	0.00	129.13	100.0
	1		***$ 129.13***	***$ 0.00***	***$ 129.13***	
SEX OF CLAIMANT						
Male	1	100.0	129.13	0.00	129.13	100.0
	1		***$ 129.13***	***$ 0.00***	***$ 129.13***	
LOSS CAUSE						
Needle stick	1	100.0	129.13	0.00	129.13	100.0
	1		***$ 129.13***	***$ 0.00***	***$ 129.13***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	129.13	0.00	129.13	100.0
	1		***$ 129.13***	***$ 0.00***	***$ 129.13***	
*****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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:45

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	6	19.3	7,257.83	1,179.50	8,437.33	54.5
10AM-11:59AM	7	22.5	1,678.20	1,440.00	3,118.20	20.1
2PM-3:59PM	4	12.9	1,019.00	898.00	1,917.00	12.3
12PM-1:59PM	1	3.2	0.00	750.00	750.00	4.8
8AM-9:59AM	2	6.4	0.00	750.00	750.00	4.8
4AM-5:59AM	1	3.2	295.00	0.00	295.00	1.9
6PM-7:59PM	5	16.1	213.00	0.00	213.00	1.3
12AM-1:59AM	2	6.4	0.00	0.00	0.00	0.0
Unknown	3	9.6	0.00	0.00	0.00	0.0
	31		***$ 10,463.03***	***$ 5,017.50***	***$ 15,480.53***	
LENGTH OF SERVICE						
2-4	3	9.6	5,318.33	647.00	5,965.33	38.5
0-2	16	51.6	2,950.50	1,327.50	4,278.00	27.6
10-12	2	6.4	707.00	793.00	1,500.00	9.6
4-6	2	6.4	531.20	750.00	1,281.20	8.2
12-14	1	3.2	0.00	750.00	750.00	4.8
14-16	2	6.4	0.00	750.00	750.00	4.8
8-10	2	6.4	661.00	0.00	661.00	4.2
24-26	1	3.2	295.00	0.00	295.00	1.9
20-22	2	6.4	0.00	0.00	0.00	0.0
	31		***$ 10,463.03***	***$ 5,017.50***	***$ 15,480.53***	
AGE OF CLAIMANT						
30-34	6	19.3	5,856.53	1,500.00	7,356.53	47.5
45-49	5	16.1	1,596.50	509.50	2,106.00	13.6
15-19	4	12.9	1,202.00	818.00	2,020.00	13.0
20-24	4	12.9	440.00	647.00	1,087.00	7.0
50-54	4	12.9	0.00	750.00	750.00	4.8
55-59	1	3.2	0.00	750.00	750.00	4.8
60-64	1	3.2	707.00	43.00	750.00	4.8
35-39	2	6.4	661.00	0.00	661.00	4.2
40-44	3	9.6	0.00	0.00	0.00	0.0
25-29	1	3.2	0.00	0.00	0.00	0.0
	31		***$ 10,463.03***	***$ 5,017.50***	***$ 15,480.53***	
SEX OF CLAIMANT						
Female	24	77.4	8,962.03	3,474.50	12,436.53	80.3
Male	7	22.5	1,501.00	1,543.00	3,044.00	19.6
	31		***$ 10,463.03***	***$ 5,017.50***	***$ 15,480.53***	
LOSS CAUSE						
Wheelchair	1	3.2	5,215.33	0.00	5,215.33	33.6
Patient / Inmate	10	32.2	764.00	2,170.00	2,934.00	18.9
Furniture / fixtures	7	22.5	920.00	793.00	1,713.00	11.0
Boxes / containers	2	6.4	531.20	750.00	1,281.20	8.2
Door	1	3.2	103.00	647.00	750.00	4.8
Object on Floor	1	3.2	602.00	148.00	750.00	4.8
Person	1	3.2	240.50	509.50	750.00	4.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Vehicle, not otherwise classified	2	6.4	714.00	0.00	714.00	4.6
Walking surface, outside, dry	1	3.2	661.00	0.00	661.00	4.2
Elevators, escalators	1	3.2	417.00	0.00	417.00	2.6
Needle stick	1	3.2	295.00	0.00	295.00	1.9
Platforms	1	3.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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		***$ 10,463.03***	***$ 5,017.50***	***$ 15,480.53***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	5	16.1	5,295.33	670.00	5,965.33	38.5
Lifting (strain or Injury by)	7	22.5	1,108.70	2,759.50	3,868.20	24.9
Object Handled (caught in or between)	4	12.9	1,337.00	690.00	2,027.00	13.0
Fall or Slip (On Same Level)	4	12.9	1,263.00	148.00	1,411.00	9.1
Fall or Slip (From Different Level)	1	3.2	0.00	750.00	750.00	4.8
Struck/Injured by Object Handled By Other	1	3.2	714.00	0.00	714.00	4.6
Holding Or Carrying (Strain or Injury by)	3	9.6	347.00	0.00	347.00	2.2
Object being lifted/handled (cut,punc.scrape,inj b	1	3.2	295.00	0.00	295.00	1.9
Strike Against/Step on Stationary Object	3	9.6	103.00	0.00	103.00	0.6
Struck/Injured by Motor Vehicle	1	3.2	0.00	0.00	0.00	0.0
Rubbed/Abraded not otherwise classified	1	3.2	0.00	0.00	0.00	0.0
	31		***$ 10,463.03***	***$ 5,017.50***	***$ 15,480.53***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Shoulder	3
Finger(s)	4
Soft Tissue - Neck	3
Ankle	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Facial, Other Soft Tissue	2
Foot	1
Hand	1
Upper Back Area (Thoracic Area)	1
Hip	1
Lower Leg	2
Knee	1
Lower Arm	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	18
Contusion	12
Sprain	1
Puncture	1
Laceration	1

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Home Health (78)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	14.2	25,315.37	13,259.63	38,575.00	93.7
10AM-11:59AM	2	28.5	1,964.61	601.05	2,565.66	6.2
6PM-7:59PM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	2	28.5	0.00	0.00	0.00	0.0
2PM-3:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 27,279.98***	***$ 13,860.68***	***$ 41,140.66***	
LENGTH OF SERVICE						
2-4	3	42.8	27,131.03	13,259.63	40,390.66	98.1
10-12	1	14.2	148.95	601.05	750.00	1.8
4-6	2	28.5	0.00	0.00	0.00	0.0
18-20	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 27,279.98***	***$ 13,860.68***	***$ 41,140.66***	
AGE OF CLAIMANT						
50-54	4	57.1	25,315.37	13,259.63	38,575.00	93.7
35-39	2	28.5	1,964.61	601.05	2,565.66	6.2
40-44	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 27,279.98***	***$ 13,860.68***	***$ 41,140.66***	
SEX OF CLAIMANT						
Female	6	85.7	27,279.98	13,860.68	41,140.66	100.0
Male	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 27,279.98***	***$ 13,860.68***	***$ 41,140.66***	
LOSS CAUSE						
Walking surface, outside, wet	1	14.2	25,315.37	13,259.63	38,575.00	93.7
Walking surface, inside, dry	2	28.5	1,815.66	0.00	1,815.66	4.4
Vehicle/car/truck	2	28.5	148.95	601.05	750.00	1.8
Animal, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 27,279.98***	***$ 13,860.68***	***$ 41,140.66***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	42.8	27,131.03	13,259.63	40,390.66	98.1
Vehicle Upset	1	14.2	148.95	601.05	750.00	1.8
Animal Or Insect	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 27,279.98***	***$ 13,860.68***	***$ 41,140.66***	
*****BODY PART***						
Ankle	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Knee	2					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Mouth	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Home Health (78)

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**	
Fracture	1
Strain	5
Contusion	3
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Housestaff Administration (80)

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						
20-24	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						
Hand tool, powered, NOC	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Infectious Diseases (81)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
12AM-1:59AM	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
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
35-39	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						
Office equipment	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Internal Medicine Dept (82)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	20.0	8,789.44	3,650.60	12,440.04	91.9
12PM-1:59PM	1	10.0	356.20	0.00	356.20	2.6
6PM-7:59PM	2	20.0	247.00	0.00	247.00	1.8
Unknown	1	10.0	160.00	0.00	160.00	1.1
12AM-1:59AM	1	10.0	134.00	0.00	134.00	0.9
4AM-5:59AM	1	10.0	134.00	0.00	134.00	0.9
4PM-5:59PM	1	10.0	60.00	0.00	60.00	0.4
8AM-9:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 9,880.64***	***$ 3,650.60***	***$ 13,531.24***	
LENGTH OF SERVICE						
2-4	2	20.0	8,789.44	3,650.60	12,440.04	91.9
0-2	6	60.0	675.00	0.00	675.00	4.9
4-6	2	20.0	416.20	0.00	416.20	3.0
	10		***$ 9,880.64***	***$ 3,650.60***	***$ 13,531.24***	
AGE OF CLAIMANT						
65-69	1	10.0	8,686.44	3,650.60	12,337.04	91.1
25-29	4	40.0	515.00	0.00	515.00	3.8
35-39	2	20.0	459.20	0.00	459.20	3.3
50-54	1	10.0	160.00	0.00	160.00	1.1
30-34	1	10.0	60.00	0.00	60.00	0.4
40-44	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 9,880.64***	***$ 3,650.60***	***$ 13,531.24***	
SEX OF CLAIMANT						
Female	5	50.0	9,227.44	3,650.60	12,878.04	95.1
Male	5	50.0	653.20	0.00	653.20	4.8
	10		***$ 9,880.64***	***$ 3,650.60***	***$ 13,531.24***	
LOSS CAUSE						
Patient / Inmate	1	10.0	8,686.44	3,650.60	12,337.04	91.1
Needle stick	5	50.0	854.20	0.00	854.20	6.3
Infectious agent	3	30.0	340.00	0.00	340.00	2.5
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 9,880.64***	***$ 3,650.60***	***$ 13,531.24***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	10.0	8,686.44	3,650.60	12,337.04	91.1
Object being lifted/handled (cut,punc.scrape,inj b	4	40.0	694.20	0.00	694.20	5.1
Absorb, Ingest, Inhalation	3	30.0	340.00	0.00	340.00	2.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	10.0	160.00	0.00	160.00	1.1
Fall or Slip (On Same Level)	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 9,880.64***	***$ 3,650.60***	***$ 13,531.24***	
****BODY PART**						
Wrist	1					
Finger(s)	5					
Hand	1					
Mouth	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Internal Medicine Dept (82)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Eye(s)	1					
Lower 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	1					
Puncture	5					
Foreign Body	3					
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Jaba Clinic (83)

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						
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						
Boxes / containers	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***						
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***						
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Kcrc (84)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	20.0	233.00	750.00	983.00	28.4
10AM-11:59AM	3	30.0	767.20	0.00	767.20	22.1
2PM-3:59PM	1	10.0	363.00	387.00	750.00	21.6
8AM-9:59AM	3	30.0	456.00	294.00	750.00	21.6
4PM-5:59PM	1	10.0	210.40	0.00	210.40	6.0
	10		***$ 2,029.60***	***$ 1,431.00***	***$ 3,460.60***	
LENGTH OF SERVICE						
14-16	4	40.0	1,149.20	387.00	1,536.20	44.3
0-2	2	20.0	210.40	750.00	960.40	27.7
4-6	3	30.0	456.00	294.00	750.00	21.6
6-8	1	10.0	214.00	0.00	214.00	6.1
	10		***$ 2,029.60***	***$ 1,431.00***	***$ 3,460.60***	
AGE OF CLAIMANT						
40-44	3	30.0	1,009.20	294.00	1,303.20	37.6
50-54	3	30.0	443.40	750.00	1,193.40	34.4
35-39	3	30.0	577.00	387.00	964.00	27.8
45-49	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,029.60***	***$ 1,431.00***	***$ 3,460.60***	
SEX OF CLAIMANT						
Female	6	60.0	1,359.60	1,137.00	2,496.60	72.1
Male	4	40.0	670.00	294.00	964.00	27.8
	10		***$ 2,029.60***	***$ 1,431.00***	***$ 3,460.60***	
LOSS CAUSE						
Patient / Inmate	6	60.0	977.60	750.00	1,727.60	49.9
Excavations	1	10.0	456.00	294.00	750.00	21.6
Furniture / fixtures	1	10.0	363.00	387.00	750.00	21.6
Boxes / containers	1	10.0	233.00	0.00	233.00	6.7
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,029.60***	***$ 1,431.00***	***$ 3,460.60***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	20.0	456.00	1,044.00	1,500.00	43.3
Lifting (strain or Injury by)	3	30.0	596.00	387.00	983.00	28.4
Reaching (Strain or Injury by)	1	10.0	553.20	0.00	553.20	15.9
Infectious Disease Exposure	1	10.0	214.00	0.00	214.00	6.1
Holding Or Carrying (Strain or Injury by)	2	20.0	210.40	0.00	210.40	6.0
Strike Against/Step on Stationary Object	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,029.60***	***$ 1,431.00***	***$ 3,460.60***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	6					
Shoulder	2					
Eye(s)	1					
Abdomen including Groin	1					
Ankle	1					
Upper Leg	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Kcrc (84)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	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
Infection	1
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Linen Services Department (86)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	50.0	377.80	0.00	377.80	78.5
10AM-11:59AM	1	50.0	103.00	0.00	103.00	21.4
	2		***$ 480.80***	***$ 0.00***	***$ 480.80***	
LENGTH OF SERVICE						
22-24	1	50.0	377.80	0.00	377.80	78.5
4-6	1	50.0	103.00	0.00	103.00	21.4
	2		***$ 480.80***	***$ 0.00***	***$ 480.80***	
AGE OF CLAIMANT						
40-44	1	50.0	377.80	0.00	377.80	78.5
60-64	1	50.0	103.00	0.00	103.00	21.4
	2		***$ 480.80***	***$ 0.00***	***$ 480.80***	
SEX OF CLAIMANT						
Male	1	50.0	377.80	0.00	377.80	78.5
Female	1	50.0	103.00	0.00	103.00	21.4
	2		***$ 480.80***	***$ 0.00***	***$ 480.80***	
LOSS CAUSE						
Boxes / containers	1	50.0	377.80	0.00	377.80	78.5
Metal items	1	50.0	103.00	0.00	103.00	21.4
	2		***$ 480.80***	***$ 0.00***	***$ 480.80***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	377.80	0.00	377.80	78.5
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	103.00	0.00	103.00	21.4
	2		***$ 480.80***	***$ 0.00***	***$ 480.80***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Medical Computing (90)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LENGTH OF SERVICE						
14-16	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
AGE OF CLAIMANT						
50-54	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LOSS CAUSE						
Electrical equipment	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Medical Intensive Care Unit / Micu (91)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	5.5	244.00	506.00	750.00	18.8
2PM-3:59PM	2	11.1	103.00	647.00	750.00	18.8
6AM-7:59AM	2	11.1	0.00	750.00	750.00	18.8
2AM-3:59AM	2	11.1	664.00	0.00	664.00	16.7
Unknown	2	11.1	407.00	0.00	407.00	10.2
4AM-5:59AM	1	5.5	309.31	0.00	309.31	7.7
8AM-9:59AM	1	5.5	205.00	0.00	205.00	5.1
4PM-5:59PM	1	5.5	80.00	0.00	80.00	2.0
6PM-7:59PM	2	11.1	60.00	0.00	60.00	1.5
12AM-1:59AM	1	5.5	0.00	0.00	0.00	0.0
10AM-11:59AM	3	16.6	0.00	0.00	0.00	0.0
	18		***$ 2,072.31***	***$ 1,903.00***	***$ 3,975.31***	
LENGTH OF SERVICE						
2-4	6	33.3	1,136.31	647.00	1,783.31	44.8
0-2	3	16.6	548.00	506.00	1,054.00	26.5
6-8	1	5.5	0.00	750.00	750.00	18.8
14-16	1	5.5	205.00	0.00	205.00	5.1
8-10	1	5.5	103.00	0.00	103.00	2.5
4-6	2	11.1	80.00	0.00	80.00	2.0
10-12	3	16.6	0.00	0.00	0.00	0.0
12-14	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 2,072.31***	***$ 1,903.00***	***$ 3,975.31***	
AGE OF CLAIMANT						
40-44	4	22.2	744.00	750.00	1,494.00	37.5
20-24	1	5.5	103.00	647.00	750.00	18.8
30-34	1	5.5	244.00	506.00	750.00	18.8
25-29	4	22.2	673.31	0.00	673.31	16.9
50-54	2	11.1	205.00	0.00	205.00	5.1
45-49	3	16.6	103.00	0.00	103.00	2.5
35-39	2	11.1	0.00	0.00	0.00	0.0
55-59	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 2,072.31***	***$ 1,903.00***	***$ 3,975.31***	
SEX OF CLAIMANT						
Female	15	83.3	1,444.31	1,397.00	2,841.31	71.4
Male	3	16.6	628.00	506.00	1,134.00	28.5
	18		***$ 2,072.31***	***$ 1,903.00***	***$ 3,975.31***	
LOSS CAUSE						
Patient / Inmate	6	33.3	800.31	647.00	1,447.31	36.4
Infectious agent	3	16.6	548.00	506.00	1,054.00	26.5
Stairs, steps	1	5.5	0.00	750.00	750.00	18.8
Furniture / fixtures	3	16.6	664.00	0.00	664.00	16.7
Needle stick	1	5.5	60.00	0.00	60.00	1.5
Animal / bee type	1	5.5	0.00	0.00	0.00	0.0
Clothing / jewelry	1	5.5	0.00	0.00	0.00	0.0
Person	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Medical Intensive Care Unit / Micu (91)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, inside, wet	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 2,072.31***	***$ 1,903.00***	***$ 3,975.31***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	11.1	412.31	647.00	1,059.31	26.6
Absorb, Ingest, Inhalation	3	16.6	548.00	506.00	1,054.00	26.5
Fall or Slip (On Same Level)	3	16.6	0.00	750.00	750.00	18.8
Struck/Injured by Falling or Flying Object	1	5.5	664.00	0.00	664.00	16.7
Human Bite	1	5.5	205.00	0.00	205.00	5.1
Infectious Disease Exposure	1	5.5	103.00	0.00	103.00	2.5
Lifting (strain or Injury by)	2	11.1	80.00	0.00	80.00	2.0
Struck/Injured by Object Handled By Other	1	5.5	60.00	0.00	60.00	1.5
Allergic Reaction	1	5.5	0.00	0.00	0.00	0.0
Animal Or Insect	1	5.5	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	5.5	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 2,072.31***	***$ 1,903.00***	***$ 3,975.31***	

*****BODY PART***

Eye(s)	3
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	2
Wrist	1
Foot	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Facial, Other Soft Tissue	3
Lower Arm	2
Knee	2
Hand	3
Lower Leg	1
Upper Back Area (Thoracic Area)	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	5
Foreign Body	5
Sprain	2
Contusion	5
Puncture	3
Dermatitis	3
	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Medical Record Department (92)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	1	25.0	1,611.93	0.00	1,611.93	46.0
6AM-7:59AM	2	50.0	103.00	1,397.00	1,500.00	42.8
12PM-1:59PM	1	25.0	390.00	0.00	390.00	11.1
	4		***$ 2,104.93***	***$ 1,397.00***	***$ 3,501.93***	
LENGTH OF SERVICE						
4-6	1	25.0	1,611.93	0.00	1,611.93	46.0
0-2	1	25.0	0.00	750.00	750.00	21.4
16-18	1	25.0	103.00	647.00	750.00	21.4
8-10	1	25.0	390.00	0.00	390.00	11.1
	4		***$ 2,104.93***	***$ 1,397.00***	***$ 3,501.93***	
AGE OF CLAIMANT						
45-49	1	25.0	1,611.93	0.00	1,611.93	46.0
50-54	2	50.0	493.00	647.00	1,140.00	32.5
20-24	1	25.0	0.00	750.00	750.00	21.4
	4		***$ 2,104.93***	***$ 1,397.00***	***$ 3,501.93***	
SEX OF CLAIMANT						
Female	3	75.0	2,001.93	750.00	2,751.93	78.5
Male	1	25.0	103.00	647.00	750.00	21.4
	4		***$ 2,104.93***	***$ 1,397.00***	***$ 3,501.93***	
LOSS CAUSE						
Boxes / containers	1	25.0	1,611.93	0.00	1,611.93	46.0
Shelving	1	25.0	0.00	750.00	750.00	21.4
Vehicle/car/truck	1	25.0	103.00	647.00	750.00	21.4
Metal items	1	25.0	390.00	0.00	390.00	11.1
	4		***$ 2,104.93***	***$ 1,397.00***	***$ 3,501.93***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	1,611.93	0.00	1,611.93	46.0
Fall or slip (on stairs)	1	25.0	103.00	647.00	750.00	21.4
Twisting, strain or injury by	1	25.0	0.00	750.00	750.00	21.4
Pushing Or Pulling (Strain or Injury by)	1	25.0	390.00	0.00	390.00	11.1
	4		***$ 2,104.93***	***$ 1,397.00***	***$ 3,501.93***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Buttocks	1
Shoulder	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
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Medical Record Department (92)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Medicine Speciality (93)

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						
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						
Furniture / fixtures	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Mjh Psychiatry - Rucker 3 (95)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	2	20.0	802.00	647.00	1,449.00	45.9
12AM-1:59AM	2	20.0	305.00	647.00	952.00	30.2
Unknown	4	40.0	0.00	750.00	750.00	23.8
12PM-1:59PM	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		***$ 1,107.00***	***$ 2,044.00***	***$ 3,151.00***	
LENGTH OF SERVICE						
4-6	2	20.0	103.00	1,397.00	1,500.00	47.6
0-2	5	50.0	305.00	647.00	952.00	30.2
2-4	2	20.0	699.00	0.00	699.00	22.1
8-10	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,107.00***	***$ 2,044.00***	***$ 3,151.00***	
AGE OF CLAIMANT						
35-39	2	20.0	103.00	1,397.00	1,500.00	47.6
25-29	1	10.0	103.00	647.00	750.00	23.8
50-54	2	20.0	699.00	0.00	699.00	22.1
45-49	1	10.0	202.00	0.00	202.00	6.4
55-59	1	10.0	0.00	0.00	0.00	0.0
20-24	2	20.0	0.00	0.00	0.00	0.0
40-44	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,107.00***	***$ 2,044.00***	***$ 3,151.00***	
SEX OF CLAIMANT						
Female	9	90.0	1,004.00	1,397.00	2,401.00	76.2
Male	1	10.0	103.00	647.00	750.00	23.8
	10		***$ 1,107.00***	***$ 2,044.00***	***$ 3,151.00***	
LOSS CAUSE						
Patient / Inmate	9	90.0	1,004.00	1,397.00	2,401.00	76.2
Vehicle/car/truck	1	10.0	103.00	647.00	750.00	23.8
	10		***$ 1,107.00***	***$ 2,044.00***	***$ 3,151.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	40.0	305.00	647.00	952.00	30.2
Assault	2	20.0	0.00	750.00	750.00	23.8
Struck/Injured by Motor Vehicle	1	10.0	103.00	647.00	750.00	23.8
Stuck, injured by fellow worker, patient	3	30.0	699.00	0.00	699.00	22.1
	10		***$ 1,107.00***	***$ 2,044.00***	***$ 3,151.00***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Soft Tissue - Neck	1					
Wrist	2					
Knee	2					
Hip	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Mjh Psychiatry - Rucker 3 (95)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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
Contusion	3
Sprain	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Multiorgan Transplant (96)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
LENGTH OF SERVICE						
0-2	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
AGE OF CLAIMANT						
65-69	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
SEX OF CLAIMANT						
Female	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	53.00	0.00	53.00	100.0
	1		***$ 53.00***	***$ 0.00***	***$ 53.00***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Neuro Icu Nnicu (98)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	2	28.5	10,520.35	11,328.31	21,848.66	98.1
6PM-7:59PM	3	42.8	344.00	0.00	344.00	1.5
4AM-5:59AM	1	14.2	60.00	0.00	60.00	0.2
6AM-7:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 10,924.35***	***$ 11,328.31***	***$ 22,252.66***	
LENGTH OF SERVICE						
10-12	1	14.2	10,520.35	11,328.31	21,848.66	98.1
6-8	3	42.8	344.00	0.00	344.00	1.5
2-4	1	14.2	60.00	0.00	60.00	0.2
22-24	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		***$ 10,924.35***	***$ 11,328.31***	***$ 22,252.66***	
AGE OF CLAIMANT						
35-39	1	14.2	10,520.35	11,328.31	21,848.66	98.1
30-34	3	42.8	344.00	0.00	344.00	1.5
25-29	1	14.2	60.00	0.00	60.00	0.2
50-54	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		***$ 10,924.35***	***$ 11,328.31***	***$ 22,252.66***	
SEX OF CLAIMANT						
Female	7	100.0	10,924.35	11,328.31	22,252.66	100.0
	7		***$ 10,924.35***	***$ 11,328.31***	***$ 22,252.66***	
LOSS CAUSE						
Patient / Inmate	1	14.2	10,520.35	11,328.31	21,848.66	98.1
Infectious agent	2	28.5	294.00	0.00	294.00	1.3
Needle stick	1	14.2	60.00	0.00	60.00	0.2
Hand tool, not powered, NOC	1	14.2	50.00	0.00	50.00	0.2
Electrical equipment	1	14.2	0.00	0.00	0.00	0.0
Person	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 10,924.35***	***$ 11,328.31***	***$ 22,252.66***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	14.2	10,520.35	11,328.31	21,848.66	98.1
Foreign Body In Eye	1	14.2	294.00	0.00	294.00	1.3
Object being lifted/handled (cut,punc.scrape,inj b	2	28.5	110.00	0.00	110.00	0.4
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
Absorb, Ingest, Inhalation	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 10,924.35***	***$ 11,328.31***	***$ 22,252.66***	
*****BODY PART***						
Hand	2					
Lower Arm	2					
Wrist	1					
Eye(s)	1					
Finger(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Neuro Icu Nnicu (98)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Hip	1					
Soft Tissue - Neck	1					
Mouth	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	4
Foreign Body	3
Puncture	2
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Neurology Department (99)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	322.00	428.00	750.00	50.0
2PM-3:59PM	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 322.00***	***$ 1,178.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
10-12	1	50.0	0.00	750.00	750.00	50.0
Unknown	1	50.0	322.00	428.00	750.00	50.0
	2		***$ 322.00***	***$ 1,178.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	750.00	750.00	50.0
35-39	1	50.0	322.00	428.00	750.00	50.0
	2		***$ 322.00***	***$ 1,178.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	2	100.0	322.00	1,178.00	1,500.00	100.0
	2		***$ 322.00***	***$ 1,178.00***	***$ 1,500.00***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	0.00	750.00	750.00	50.0
Walking surface, outside, dry	1	50.0	322.00	428.00	750.00	50.0
	2		***$ 322.00***	***$ 1,178.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	322.00	428.00	750.00	50.0
Strike Against/Step on Stationary Object	1	50.0	0.00	750.00	750.00	50.0
	2		***$ 322.00***	***$ 1,178.00***	***$ 1,500.00***	
*****BODY PART***						
Facial, Other Soft Tissue	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***	
Contusion	1
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Neurosurgery Department (101)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	100.0	103.00	0.00	103.00	100.0
	2		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LENGTH OF SERVICE						
6-8	1	50.0	53.00	0.00	53.00	51.4
4-6	1	50.0	50.00	0.00	50.00	48.5
	2		***$ 103.00***	***$ 0.00***	***$ 103.00***	
AGE OF CLAIMANT						
30-34	2	100.0	103.00	0.00	103.00	100.0
	2		***$ 103.00***	***$ 0.00***	***$ 103.00***	
SEX OF CLAIMANT						
Male	2	100.0	103.00	0.00	103.00	100.0
	2		***$ 103.00***	***$ 0.00***	***$ 103.00***	
LOSS CAUSE						
Patient / Inmate	1	50.0	53.00	0.00	53.00	51.4
Needle stick	1	50.0	50.00	0.00	50.00	48.5
	2		***$ 103.00***	***$ 0.00***	***$ 103.00***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	50.0	53.00	0.00	53.00	51.4
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	50.00	0.00	50.00	48.5
	2		***$ 103.00***	***$ 0.00***	***$ 103.00***	
*****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***	
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Neurovascular Lab (102)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	1,413.00	0.00	1,413.00	100.0
	1		***$ 1,413.00***	***$ 0.00***	***$ 1,413.00***	
LENGTH OF SERVICE						
20-22	1	100.0	1,413.00	0.00	1,413.00	100.0
	1		***$ 1,413.00***	***$ 0.00***	***$ 1,413.00***	
AGE OF CLAIMANT						
55-59	1	100.0	1,413.00	0.00	1,413.00	100.0
	1		***$ 1,413.00***	***$ 0.00***	***$ 1,413.00***	
SEX OF CLAIMANT						
Female	1	100.0	1,413.00	0.00	1,413.00	100.0
	1		***$ 1,413.00***	***$ 0.00***	***$ 1,413.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	1,413.00	0.00	1,413.00	100.0
	1		***$ 1,413.00***	***$ 0.00***	***$ 1,413.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	1,413.00	0.00	1,413.00	100.0
	1		***$ 1,413.00***	***$ 0.00***	***$ 1,413.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:46

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Newborn Icu / Ecmo / Nicu (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	16.6	3,395.43	6,462.01	9,857.44	95.4
12AM-1:59AM	1	16.6	190.00	0.00	190.00	1.8
2PM-3:59PM	1	16.6	180.00	0.00	180.00	1.7
4PM-5:59PM	1	16.6	103.00	0.00	103.00	1.0
8AM-9:59AM	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 3,868.43***	***$ 6,462.01***	***$ 10,330.44***	
LENGTH OF SERVICE						
2-4	2	33.3	3,498.43	6,462.01	9,960.44	96.4
4-6	1	16.6	190.00	0.00	190.00	1.8
20-22	1	16.6	180.00	0.00	180.00	1.7
10-12	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		***$ 3,868.43***	***$ 6,462.01***	***$ 10,330.44***	
AGE OF CLAIMANT						
40-44	2	33.3	3,575.43	6,462.01	10,037.44	97.1
30-34	1	16.6	190.00	0.00	190.00	1.8
35-39	1	16.6	103.00	0.00	103.00	1.0
45-49	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 3,868.43***	***$ 6,462.01***	***$ 10,330.44***	
SEX OF CLAIMANT						
Female	6	100.0	3,868.43	6,462.01	10,330.44	100.0
	6		***$ 3,868.43***	***$ 6,462.01***	***$ 10,330.44***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	16.6	3,395.43	6,462.01	9,857.44	95.4
Patient / Inmate	1	16.6	190.00	0.00	190.00	1.8
Needle stick	2	33.3	180.00	0.00	180.00	1.7
Furniture / fixtures	2	33.3	103.00	0.00	103.00	1.0
	6		***$ 3,868.43***	***$ 6,462.01***	***$ 10,330.44***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	16.6	3,395.43	6,462.01	9,857.44	95.4
Infectious Disease Exposure	1	16.6	190.00	0.00	190.00	1.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	16.6	180.00	0.00	180.00	1.7
Strike Against/Step on Stationary Object	1	16.6	103.00	0.00	103.00	1.0
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 3,868.43***	***$ 6,462.01***	***$ 10,330.44***	
****BODY PART**						
Lower Arm	1					
Soft Tissue - Neck	1					
Finger(s)	2					
Thumb	1					
Elbow	1					
Upper Arm (Inc: Clavicle and Scapula)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Newborn Icu / Ecmo / Nicu (103)

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	2
Laceration	2
Puncture	1
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Nursing School - Faculty (105)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	900.45	0.00	900.45	100.0
	1		***$ 900.45***	***$ 0.00***	***$ 900.45***	
LENGTH OF SERVICE						
12-14	1	100.0	900.45	0.00	900.45	100.0
	1		***$ 900.45***	***$ 0.00***	***$ 900.45***	
AGE OF CLAIMANT						
55-59	1	100.0	900.45	0.00	900.45	100.0
	1		***$ 900.45***	***$ 0.00***	***$ 900.45***	
SEX OF CLAIMANT						
Female	1	100.0	900.45	0.00	900.45	100.0
	1		***$ 900.45***	***$ 0.00***	***$ 900.45***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	900.45	0.00	900.45	100.0
	1		***$ 900.45***	***$ 0.00***	***$ 900.45***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	900.45	0.00	900.45	100.0
	1		***$ 900.45***	***$ 0.00***	***$ 900.45***	
*****BODY PART***						
Hip	2					
Shoulder	2					
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	3	
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LENGTH OF SERVICE						
26-28	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	103.00	647.00	750.00	100.0
	1		***$ 103.00***	***$ 647.00***	***$ 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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Obstetrics & Gynecology Dept (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	60.0	786.04	0.00	786.04	46.0
8AM-9:59AM	1	20.0	567.00	183.00	750.00	43.9
6PM-7:59PM	1	20.0	170.00	0.00	170.00	9.9
	5		***$ 1,523.04***	***$ 183.00***	***$ 1,706.04***	
LENGTH OF SERVICE						
4-6	3	60.0	1,229.04	183.00	1,412.04	82.7
0-2	2	40.0	294.00	0.00	294.00	17.2
	5		***$ 1,523.04***	***$ 183.00***	***$ 1,706.04***	
AGE OF CLAIMANT						
30-34	2	40.0	737.00	183.00	920.00	53.9
35-39	2	40.0	492.04	0.00	492.04	28.8
25-29	1	20.0	294.00	0.00	294.00	17.2
	5		***$ 1,523.04***	***$ 183.00***	***$ 1,706.04***	
SEX OF CLAIMANT						
Female	4	80.0	1,031.00	183.00	1,214.00	71.1
Male	1	20.0	492.04	0.00	492.04	28.8
	5		***$ 1,523.04***	***$ 183.00***	***$ 1,706.04***	
LOSS CAUSE						
Needle stick	3	60.0	956.04	0.00	956.04	56.0
Furniture / fixtures	1	20.0	567.00	183.00	750.00	43.9
Infectious agent	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 1,523.04***	***$ 183.00***	***$ 1,706.04***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	3	60.0	956.04	0.00	956.04	56.0
Struck/Injured by Falling or Flying Object	1	20.0	567.00	183.00	750.00	43.9
Absorb, Ingest, Inhalation	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 1,523.04***	***$ 183.00***	***$ 1,706.04***	

*****BODY PART***	
Finger(s)	3
Shoulder	1
Eye(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***	
Puncture	3
Contusion	1
Foreign Body	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	17.1	7,487.41	0.00	7,487.41	54.4
8AM-9:59AM	5	14.2	206.00	1,294.00	1,500.00	10.9
Unknown	3	8.5	1,160.00	0.00	1,160.00	8.4
6PM-7:59PM	4	11.4	504.00	653.00	1,157.00	8.4
2AM-3:59AM	1	2.8	196.65	553.35	750.00	5.4
4PM-5:59PM	4	11.4	703.00	0.00	703.00	5.1
6AM-7:59AM	5	14.2	534.96	0.00	534.96	3.8
10AM-11:59AM	6	17.1	312.40	0.00	312.40	2.2
12AM-1:59AM	1	2.8	156.00	0.00	156.00	1.1
	35		***$ 11,260.42***	***$ 2,500.35***	***$ 13,760.77***	
LENGTH OF SERVICE						
0-2	13	37.1	8,314.06	1,206.35	9,520.41	69.1
4-6	4	11.4	479.00	647.00	1,126.00	8.1
14-16	2	5.7	1,080.00	0.00	1,080.00	7.8
10-12	1	2.8	103.00	647.00	750.00	5.4
12-14	4	11.4	693.96	0.00	693.96	5.0
2-4	6	17.1	170.00	0.00	170.00	1.2
42-44	1	2.8	165.00	0.00	165.00	1.2
20-22	1	2.8	152.40	0.00	152.40	1.1
28-30	1	2.8	103.00	0.00	103.00	0.7
26-28	1	2.8	0.00	0.00	0.00	0.0
6-8	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 11,260.42***	***$ 2,500.35***	***$ 13,760.77***	
AGE OF CLAIMANT						
45-49	3	8.5	7,468.19	0.00	7,468.19	54.2
50-54	12	34.2	2,213.18	1,300.00	3,513.18	25.5
40-44	6	17.1	671.05	1,200.35	1,871.40	13.6
30-34	6	17.1	273.00	0.00	273.00	1.9
35-39	3	8.5	180.00	0.00	180.00	1.3
60-64	1	2.8	165.00	0.00	165.00	1.2
25-29	2	5.7	156.00	0.00	156.00	1.1
20-24	1	2.8	134.00	0.00	134.00	0.9
55-59	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 11,260.42***	***$ 2,500.35***	***$ 13,760.77***	
SEX OF CLAIMANT						
Female	29	82.8	10,639.42	1,853.35	12,492.77	90.7
Male	6	17.1	621.00	647.00	1,268.00	9.2
	35		***$ 11,260.42***	***$ 2,500.35***	***$ 13,760.77***	
LOSS CAUSE						
Boxes / containers	3	8.5	7,389.19	0.00	7,389.19	53.7
Walking surface, inside, wet	3	8.5	1,668.96	0.00	1,668.96	12.1
Steam / exhaust	2	5.7	347.00	647.00	994.00	7.2
Furniture / fixtures	5	14.2	255.40	647.00	902.40	6.5
Patient / Inmate	2	5.7	97.00	653.00	750.00	5.4
Stairs, steps	1	2.8	196.65	553.35	750.00	5.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Needle stick	4	11.4	394.00	0.00	394.00	2.8
Infectious agent	2	5.7	230.00	0.00	230.00	1.6
Vehicle, not otherwise classified	1	2.8	160.22	0.00	160.22	1.1
Hand tool, not powered, NOC	1	2.8	160.00	0.00	160.00	1.1
Dishes	1	2.8	156.00	0.00	156.00	1.1
Building parts / doors	2	5.7	103.00	0.00	103.00	0.7
Metal items	2	5.7	103.00	0.00	103.00	0.7
Unknown	1	2.8	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.8	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.8	0.00	0.00	0.00	0.0
Electrical equipment	1	2.8	0.00	0.00	0.00	0.0
Water	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 11,260.42***	***$ 2,500.35***	***$ 13,760.77***	

ACCIDENT TYPE

Lifting (strain or Injury by)	3	8.5	7,380.19	0.00	7,380.19	53.6
Fall or Slip (On Same Level)	6	17.1	1,981.58	0.00	1,981.58	14.4
Object being lifted/handled (cut,punc.scrape,inj b	6	17.1	742.00	647.00	1,389.00	10.0
Contact With Hot Object or Substances	3	8.5	347.00	647.00	994.00	7.2
Fall or slip (on stairs)	1	2.8	196.65	553.35	750.00	5.4
Pushing Or Pulling (Strain or Injury by)	1	2.8	97.00	653.00	750.00	5.4
Absorb, Ingest, Inhalation	3	8.5	170.00	0.00	170.00	1.2
Holding Or Carrying (Strain or Injury by)	1	2.8	103.00	0.00	103.00	0.7
Object Handled (caught in or between)	3	8.5	103.00	0.00	103.00	0.7
Struck/Injured by Object Handled By Other	1	2.8	80.00	0.00	80.00	0.5
Struck/Injured by Falling or Flying Object	3	8.5	60.00	0.00	60.00	0.4
Cumulative (Not Otherwise Classified)	1	2.8	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	2.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	5.7	0.00	0.00	0.00	0.0
	35		***$ 11,260.42***	***$ 2,500.35***	***$ 13,760.77***	

***BODY PART

Elbow	1
Knee	6
Ankle	2
Facial, Other Soft Tissue	4
Hand	3
Shoulder	2
Soft Tissue - Neck	1
Thumb	1
Upper Back Area (Thoracic Area)	1
Upper Leg	1
Finger(s)	8
Wrist	2
Eye(s)	4
Lower Leg	1
Foot	2
Mouth	1
Nose	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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***

Strain	8
Contusion	12
Sprain	5
Foreign Body	6
Burn	3
Laceration	3
Puncture	4
Inflamation	1
Dermatitis	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Ophthalmology Department (113)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	100.0	163.00	1,337.00	1,500.00	100.0
	2		***$ 163.00***	***$ 1,337.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
0-2	1	50.0	103.00	647.00	750.00	50.0
2-4	1	50.0	60.00	690.00	750.00	50.0
	2		***$ 163.00***	***$ 1,337.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
25-29	1	50.0	103.00	647.00	750.00	50.0
40-44	1	50.0	60.00	690.00	750.00	50.0
	2		***$ 163.00***	***$ 1,337.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Male	2	100.0	163.00	1,337.00	1,500.00	100.0
	2		***$ 163.00***	***$ 1,337.00***	***$ 1,500.00***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	103.00	647.00	750.00	50.0
Hand tool, powered, NOC	1	50.0	60.00	690.00	750.00	50.0
	2		***$ 163.00***	***$ 1,337.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	100.0	163.00	1,337.00	1,500.00	100.0
	2		***$ 163.00***	***$ 1,337.00***	***$ 1,500.00***	

*****BODY PART***	
Finger(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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Organizational Support (114)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	100.0	152.40	0.00	152.40	100.0
	1		***$ 152.40***	***$ 0.00***	***$ 152.40***	
LENGTH OF SERVICE						
0-2	1	100.0	152.40	0.00	152.40	100.0
	1		***$ 152.40***	***$ 0.00***	***$ 152.40***	
AGE OF CLAIMANT						
40-44	1	100.0	152.40	0.00	152.40	100.0
	1		***$ 152.40***	***$ 0.00***	***$ 152.40***	
SEX OF CLAIMANT						
Male	1	100.0	152.40	0.00	152.40	100.0
	1		***$ 152.40***	***$ 0.00***	***$ 152.40***	
LOSS CAUSE						
Building parts / doors	1	100.0	152.40	0.00	152.40	100.0
	1		***$ 152.40***	***$ 0.00***	***$ 152.40***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	152.40	0.00	152.40	100.0
	1		***$ 152.40***	***$ 0.00***	***$ 152.40***	
*****BODY PART***						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pathology Clinical Laboratories (118)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	12.5	103.00	647.00	750.00	33.3
8AM-9:59AM	2	25.0	138.00	612.00	750.00	33.3
10AM-11:59AM	2	25.0	354.36	0.00	354.36	15.7
2PM-3:59PM	1	12.5	295.00	0.00	295.00	13.1
12PM-1:59PM	2	25.0	103.00	0.00	103.00	4.5
	8		***$ 993.36***	***$ 1,259.00***	***$ 2,252.36***	
LENGTH OF SERVICE						
4-6	3	37.5	259.96	647.00	906.96	40.2
0-2	1	12.5	138.00	612.00	750.00	33.3
2-4	2	25.0	300.40	0.00	300.40	13.3
10-12	1	12.5	295.00	0.00	295.00	13.1
16-18	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 993.36***	***$ 1,259.00***	***$ 2,252.36***	
AGE OF CLAIMANT						
25-29	2	25.0	335.40	612.00	947.40	42.0
35-39	3	37.5	259.96	647.00	906.96	40.2
40-44	2	25.0	398.00	0.00	398.00	17.6
60-64	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 993.36***	***$ 1,259.00***	***$ 2,252.36***	
SEX OF CLAIMANT						
Male	5	62.5	890.36	1,259.00	2,149.36	95.4
Female	3	37.5	103.00	0.00	103.00	4.5
	8		***$ 993.36***	***$ 1,259.00***	***$ 2,252.36***	
LOSS CAUSE						
Hot/Cold Object, Liquid, Substance	1	12.5	138.00	612.00	750.00	33.3
Stairs, steps	1	12.5	103.00	647.00	750.00	33.3
Hand tool, not powered, NOC	3	37.5	354.36	0.00	354.36	15.7
Metal items	1	12.5	295.00	0.00	295.00	13.1
Hand tool, powered, NOC	1	12.5	103.00	0.00	103.00	4.5
Boxes / containers	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 993.36***	***$ 1,259.00***	***$ 2,252.36***	
ACCIDENT TYPE						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	12.5	138.00	612.00	750.00	33.3
Fall or slip (on stairs)	1	12.5	103.00	647.00	750.00	33.3
Object being lifted/handled (cut,punc.scrape,inj b	4	50.0	457.36	0.00	457.36	20.3
Struck/Injured by Falling or Flying Object	1	12.5	295.00	0.00	295.00	13.1
Lifting (strain or Injury by)	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 993.36***	***$ 1,259.00***	***$ 2,252.36***	
*****BODY PART***						
Ankle	1					
Hand	1					
Thumb	3					
No Physical Problem	1					
Finger(s)	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pathology Clinical Laboratories (118)

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

Burn	1
Strain	2
Laceration	5
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:47

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Patient Care Svcs Clinical Support (120)

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						
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						
Boxes / containers	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					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Patient Finance (121)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	103.00	1,397.00	1,500.00	66.6
2PM-3:59PM	1	25.0	78.00	672.00	750.00	33.3
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 181.00***	***$ 2,069.00***	***$ 2,250.00***	
LENGTH OF SERVICE						
2-4	2	50.0	0.00	750.00	750.00	33.3
26-28	1	25.0	78.00	672.00	750.00	33.3
30-32	1	25.0	103.00	647.00	750.00	33.3
	4		***$ 181.00***	***$ 2,069.00***	***$ 2,250.00***	
AGE OF CLAIMANT						
40-44	2	50.0	78.00	1,422.00	1,500.00	66.6
45-49	1	25.0	103.00	647.00	750.00	33.3
20-24	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 181.00***	***$ 2,069.00***	***$ 2,250.00***	
SEX OF CLAIMANT						
Female	3	75.0	181.00	1,319.00	1,500.00	66.6
Male	1	25.0	0.00	750.00	750.00	33.3
	4		***$ 181.00***	***$ 2,069.00***	***$ 2,250.00***	
LOSS CAUSE						
Boxes / containers	1	25.0	103.00	647.00	750.00	33.3
Office equipment	1	25.0	0.00	750.00	750.00	33.3
Walking surface, inside, wet	1	25.0	78.00	672.00	750.00	33.3
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 181.00***	***$ 2,069.00***	***$ 2,250.00***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	25.0	0.00	750.00	750.00	33.3
Fall or Slip (On Same Level)	1	25.0	78.00	672.00	750.00	33.3
Struck/Injured by Falling or Flying Object	1	25.0	103.00	647.00	750.00	33.3
Fall or slip (on stairs)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 181.00***	***$ 2,069.00***	***$ 2,250.00***	
*****BODY PART***						
Foot	1					
Hand	2					
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	3
Contusion	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Patient Finance (121)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pcs Admin (124)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	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						
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						
35-39	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						
Miscellaneous	1	50.0	0.00	0.00	0.00	0.0
Office equipment	1	50.0	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
Reaching (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					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pediatric Icu (125)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	160.00	590.00	750.00	61.0
8AM-9:59AM	1	25.0	298.00	0.00	298.00	24.2
2AM-3:59AM	1	25.0	180.00	0.00	180.00	14.6
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 638.00***	***$ 590.00***	***$ 1,228.00***	
LENGTH OF SERVICE						
12-14	1	25.0	160.00	590.00	750.00	61.0
6-8	1	25.0	298.00	0.00	298.00	24.2
4-6	1	25.0	180.00	0.00	180.00	14.6
0-2	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 638.00***	***$ 590.00***	***$ 1,228.00***	
AGE OF CLAIMANT						
55-59	1	25.0	160.00	590.00	750.00	61.0
45-49	1	25.0	298.00	0.00	298.00	24.2
25-29	2	50.0	180.00	0.00	180.00	14.6
	4		***$ 638.00***	***$ 590.00***	***$ 1,228.00***	
SEX OF CLAIMANT						
Female	4	100.0	638.00	590.00	1,228.00	100.0
	4		***$ 638.00***	***$ 590.00***	***$ 1,228.00***	
LOSS CAUSE						
Furniture / fixtures	1	25.0	160.00	590.00	750.00	61.0
Boxes / containers	1	25.0	298.00	0.00	298.00	24.2
Needle stick	2	50.0	180.00	0.00	180.00	14.6
	4		***$ 638.00***	***$ 590.00***	***$ 1,228.00***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	160.00	590.00	750.00	61.0
Lifting (strain or Injury by)	1	25.0	298.00	0.00	298.00	24.2
Object being lifted/handled (cut,punc.scrape,inj b	2	50.0	180.00	0.00	180.00	14.6
	4		***$ 638.00***	***$ 590.00***	***$ 1,228.00***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Buttocks	1
Hand	1
Knee	1
Wrist	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***

Contusion	4
Strain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pediatric Icu (125)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pediatrics Department (126)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	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						
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						
55-59	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	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
Foreign Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	50.0	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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	1					
Foreign Body	1					
	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pharmacy (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	21.4	585.00	15,915.00	16,500.00	73.6
4PM-5:59PM	1	7.1	2,565.76	0.00	2,565.76	11.4
10AM-11:59AM	4	28.5	251.00	1,397.00	1,648.00	7.3
2PM-3:59PM	2	14.2	163.00	690.00	853.00	3.8
12PM-1:59PM	3	21.4	455.90	294.10	750.00	3.3
8AM-9:59AM	1	7.1	103.00	0.00	103.00	0.4
	14		***$ 4,123.66***	***$ 18,296.10***	***$ 22,419.76***	
LENGTH OF SERVICE						
12-14	2	14.2	498.00	15,355.00	15,853.00	70.7
0-2	6	42.8	2,876.76	690.00	3,566.76	15.9
24-26	2	14.2	645.90	854.10	1,500.00	6.6
20-22	1	7.1	0.00	750.00	750.00	3.3
6-8	2	14.2	103.00	647.00	750.00	3.3
2-4	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 4,123.66***	***$ 18,296.10***	***$ 22,419.76***	
AGE OF CLAIMANT						
35-39	2	14.2	498.00	16,002.00	16,500.00	73.6
45-49	3	21.4	2,713.76	750.00	3,463.76	15.4
50-54	3	21.4	748.90	854.10	1,603.00	7.1
30-34	2	14.2	60.00	690.00	750.00	3.3
25-29	3	21.4	103.00	0.00	103.00	0.4
20-24	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 4,123.66***	***$ 18,296.10***	***$ 22,419.76***	
SEX OF CLAIMANT						
Female	11	78.5	4,123.66	18,296.10	22,419.76	100.0
Male	3	21.4	0.00	0.00	0.00	0.0
	14		***$ 4,123.66***	***$ 18,296.10***	***$ 22,419.76***	
LOSS CAUSE						
Stairs, steps	2	14.2	543.00	15,355.00	15,898.00	70.9
Boxes / containers	3	21.4	2,755.76	560.00	3,315.76	14.7
Hand tool, not powered, NOC	1	7.1	60.00	690.00	750.00	3.3
Metal items	1	7.1	103.00	647.00	750.00	3.3
Object on Floor	1	7.1	0.00	750.00	750.00	3.3
Walking surface, inside, dry	1	7.1	455.90	294.10	750.00	3.3
Needle stick	1	7.1	103.00	0.00	103.00	0.4
Walking surface, inside, wet	1	7.1	103.00	0.00	103.00	0.4
Dust	1	7.1	0.00	0.00	0.00	0.0
Machine, 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		***$ 4,123.66***	***$ 18,296.10***	***$ 22,419.76***	
ACCIDENT TYPE						
Fall or slip (on stairs)	2	14.2	543.00	15,355.00	15,898.00	70.9
Holding Or Carrying (Strain or Injury by)	1	7.1	2,565.76	0.00	2,565.76	11.4
Fall or Slip (On Same Level)	3	21.4	558.90	1,044.10	1,603.00	7.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:48

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Pharmacy (127)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object being lifted/handled (cut,punc.scrape,inj b	3	21.4	163.00	690.00	853.00	3.8
Strike Against/Step On Obj. Being Lifted or Handle	1	7.1	103.00	647.00	750.00	3.3
Struck/Injured by Falling or Flying Object	1	7.1	190.00	560.00	750.00	3.3
Foreign Body In Eye	1	7.1	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	7.1	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 4,123.66***	***$ 18,296.10***	***$ 22,419.76***	

***BODY PART**

Foot	2
Shoulder	1
Finger(s)	2
Eye(s)	2
Lower Leg	1
Knee	2
Hand	2
Thumb	1
Wrist	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**

Fracture	1
Strain	3
Contusion	3
Laceration	3
Sprain	1
Puncture	1
Foreign Body	1
Inflamation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Plastic Surgery (128)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	207.27	0.00	207.27	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 207.27**	**$ 0.00**	**$ 207.27**	
LENGTH OF SERVICE						
0-2	2	66.6	207.27	0.00	207.27	100.0
26-28	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 207.27**	**$ 0.00**	**$ 207.27**	
AGE OF CLAIMANT						
35-39	1	33.3	207.27	0.00	207.27	100.0
45-49	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		**$ 207.27**	**$ 0.00**	**$ 207.27**	
SEX OF CLAIMANT						
Female	2	66.6	207.27	0.00	207.27	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 207.27**	**$ 0.00**	**$ 207.27**	
LOSS CAUSE						
Needle stick	2	66.6	207.27	0.00	207.27	100.0
Walking surface, inside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 207.27**	**$ 0.00**	**$ 207.27**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	66.6	207.27	0.00	207.27	100.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 207.27**	**$ 0.00**	**$ 207.27**	

****BODY PART**	
Finger(s)	2
Ankle	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
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Radiation Oncology (134)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	103.00	647.00	750.00	77.7
10AM-11:59AM	1	50.0	214.30	0.00	214.30	22.2
	2		***$ 317.30***	***$ 647.00***	***$ 964.30***	
LENGTH OF SERVICE						
22-24	1	50.0	103.00	647.00	750.00	77.7
14-16	1	50.0	214.30	0.00	214.30	22.2
	2		***$ 317.30***	***$ 647.00***	***$ 964.30***	
AGE OF CLAIMANT						
55-59	1	50.0	103.00	647.00	750.00	77.7
45-49	1	50.0	214.30	0.00	214.30	22.2
	2		***$ 317.30***	***$ 647.00***	***$ 964.30***	
SEX OF CLAIMANT						
Female	1	50.0	103.00	647.00	750.00	77.7
Male	1	50.0	214.30	0.00	214.30	22.2
	2		***$ 317.30***	***$ 647.00***	***$ 964.30***	
LOSS CAUSE						
Boxes / containers	1	50.0	103.00	647.00	750.00	77.7
Furniture / fixtures	1	50.0	214.30	0.00	214.30	22.2
	2		***$ 317.30***	***$ 647.00***	***$ 964.30***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	103.00	647.00	750.00	77.7
Holding Or Carrying (Strain or Injury by)	1	50.0	214.30	0.00	214.30	22.2
	2		***$ 317.30***	***$ 647.00***	***$ 964.30***	
*****BODY PART***						
Foot	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	5	19.2	16,370.34	10,941.55	27,311.89	44.8
6AM-7:59AM	1	3.8	22,322.32	2,550.06	24,872.38	40.8
Unknown	3	11.5	5,507.21	0.00	5,507.21	9.0
10AM-11:59AM	4	15.3	228.70	750.00	978.70	1.6
12PM-1:59PM	2	7.6	148.00	647.00	795.00	1.3
4PM-5:59PM	2	7.6	0.00	750.00	750.00	1.2
8AM-9:59AM	6	23.0	466.80	0.00	466.80	0.7
2AM-3:59AM	1	3.8	134.00	0.00	134.00	0.2
12AM-1:59AM	2	7.6	80.00	0.00	80.00	0.1
	26		***$ 45,257.37***	***$ 15,638.61***	***$ 60,895.98***	
LENGTH OF SERVICE						
0-2	12	46.1	39,280.66	13,491.61	52,772.27	86.6
12-14	1	3.8	5,244.21	0.00	5,244.21	8.6
16-18	1	3.8	0.00	750.00	750.00	1.2
26-28	1	3.8	0.00	750.00	750.00	1.2
30-32	1	3.8	103.00	647.00	750.00	1.2
2-4	5	19.2	442.70	0.00	442.70	0.7
22-24	2	7.6	141.80	0.00	141.80	0.2
10-12	3	11.5	45.00	0.00	45.00	0.0
	26		***$ 45,257.37***	***$ 15,638.61***	***$ 60,895.98***	
AGE OF CLAIMANT						
35-39	7	26.9	24,355.82	2,550.06	26,905.88	44.1
20-24	4	15.3	14,656.84	10,321.55	24,978.39	41.0
45-49	2	7.6	5,304.21	0.00	5,304.21	8.7
50-54	3	11.5	233.00	1,267.00	1,500.00	2.4
55-59	2	7.6	0.00	1,500.00	1,500.00	2.4
30-34	6	23.0	522.70	0.00	522.70	0.8
25-29	1	3.8	103.00	0.00	103.00	0.1
40-44	1	3.8	81.80	0.00	81.80	0.1
	26		***$ 45,257.37***	***$ 15,638.61***	***$ 60,895.98***	
SEX OF CLAIMANT						
Female	17	65.3	28,460.29	5,317.06	33,777.35	55.4
Male	9	34.6	16,797.08	10,321.55	27,118.63	44.5
	26		***$ 45,257.37***	***$ 15,638.61***	***$ 60,895.98***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	7.6	22,452.32	3,170.06	25,622.38	42.0
Walking surface, inside, wet	1	3.8	14,396.88	10,321.55	24,718.43	40.5
Walking surface, inside, dry	2	7.6	5,244.21	0.00	5,244.21	8.6
Ladder - Portable	1	3.8	1,583.50	0.00	1,583.50	2.6
Office equipment	2	7.6	0.00	750.00	750.00	1.2
Radiation / X-Ray	1	3.8	103.00	647.00	750.00	1.2
Walking surface, outside, dry	1	3.8	0.00	750.00	750.00	1.2
Infectious agent	3	11.5	450.96	0.00	450.96	0.7
Metal items	2	7.6	370.00	0.00	370.00	0.6
Patient / Inmate	4	15.3	346.00	0.00	346.00	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Needle stick	2	7.6	228.70	0.00	228.70	0.3
Boxes / containers	2	7.6	81.80	0.00	81.80	0.1
Furniture / fixtures	1	3.8	0.00	0.00	0.00	0.0
Ladder, 10' folding	1	3.8	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 45,257.37***	***$ 15,638.61***	***$ 60,895.98***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	4	15.3	14,396.88	11,071.55	25,468.43	41.8
Fall or slip (on stairs)	1	3.8	22,322.32	2,550.06	24,872.38	40.8
Slipped, Did Not Fall	1	3.8	5,244.21	0.00	5,244.21	8.6
Fall or Slip (From Ladder/Scaffolding)	1	3.8	1,583.50	0.00	1,583.50	2.6
Pushing Or Pulling (Strain or Injury by)	3	11.5	233.00	620.00	853.00	1.4
Contact with Electric Current	1	3.8	103.00	647.00	750.00	1.2
Repetitive Motion	1	3.8	0.00	750.00	750.00	1.2
Object being lifted/handled (cut,punc.scrape,inj b	3	11.5	553.70	0.00	553.70	0.9
Absorb, Ingest, Inhalation	2	7.6	290.96	0.00	290.96	0.4
Struck/Injured by Falling or Flying Object	1	3.8	160.00	0.00	160.00	0.2
Infectious Disease Exposure	1	3.8	103.00	0.00	103.00	0.1
Object Handled (caught in or between)	2	7.6	81.80	0.00	81.80	0.1
Lifting (strain or Injury by)	3	11.5	80.00	0.00	80.00	0.1
Stuck, injured by fellow worker, patient	1	3.8	60.00	0.00	60.00	0.1
Struck/Injured by Object Being Lifted/Handled	1	3.8	45.00	0.00	45.00	0.0
	26		***$ 45,257.37***	***$ 15,638.61***	***$ 60,895.98***	

*****BODY PART***	
Ankle	2
Knee	4
Buttocks	1
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Upper Back Area (Thoracic Area)	2
Hand	3
Soft Tissue - Neck	1
Finger(s)	5
Lower Leg	2
Eye(s)	3
Facial, Other Soft Tissue	2
Lower Arm	2
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Great Toe	1
Wrist	1
	26

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Contusion	6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	2					
Unknown	1					
Foreign Body	9					
Burn	1					
Laceration	3					
Puncture	2					
	26					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Regional Pool (136)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	14.2	0.00	3,750.00	3,750.00	62.4
2PM-3:59PM	1	14.2	0.00	1,750.00	1,750.00	29.1
4AM-5:59AM	1	14.2	249.00	0.00	249.00	4.1
10AM-11:59AM	2	28.5	156.00	0.00	156.00	2.6
6AM-7:59AM	1	14.2	103.00	0.00	103.00	1.7
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 508.00***	***$ 5,500.00***	***$ 6,008.00***	
LENGTH OF SERVICE						
0-2	6	85.7	405.00	5,500.00	5,905.00	98.2
2-4	1	14.2	103.00	0.00	103.00	1.7
	7		***$ 508.00***	***$ 5,500.00***	***$ 6,008.00***	
AGE OF CLAIMANT						
45-49	2	28.5	0.00	5,500.00	5,500.00	91.5
25-29	2	28.5	352.00	0.00	352.00	5.8
30-34	1	14.2	156.00	0.00	156.00	2.6
20-24	1	14.2	0.00	0.00	0.00	0.0
40-44	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 508.00***	***$ 5,500.00***	***$ 6,008.00***	
SEX OF CLAIMANT						
Female	7	100.0	508.00	5,500.00	6,008.00	100.0
	7		***$ 508.00***	***$ 5,500.00***	***$ 6,008.00***	
LOSS CAUSE						
Patient / Inmate	4	57.1	259.00	3,750.00	4,009.00	66.7
Walking surface, inside, wet	1	14.2	0.00	1,750.00	1,750.00	29.1
Furniture / fixtures	1	14.2	249.00	0.00	249.00	4.1
Wheelchair	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 508.00***	***$ 5,500.00***	***$ 6,008.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	28.5	0.00	3,750.00	3,750.00	62.4
Fall or Slip (On Same Level)	1	14.2	0.00	1,750.00	1,750.00	29.1
Struck/Injured by Falling or Flying Object	2	28.5	249.00	0.00	249.00	4.1
Pushing Or Pulling (Strain or Injury by)	1	14.2	156.00	0.00	156.00	2.6
Stuck, injured by fellow worker, patient	1	14.2	103.00	0.00	103.00	1.7
	7		***$ 508.00***	***$ 5,500.00***	***$ 6,008.00***	
*****BODY PART***						
Soft Tissue - Neck	3					
Upper Back Area (Thoracic Area)	1					
Shoulder	3					
Knee	1					
Eye(s)	1					
Hand	1					
Lower Arm	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Regional Pool (136)

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	4
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:49

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Renal Unit (137)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	2	14.2	289.00	1,750.00	2,039.00	50.3
8AM-9:59AM	2	14.2	800.36	102.04	902.40	22.2
12PM-1:59PM	5	35.7	310.70	542.30	853.00	21.0
10AM-11:59AM	2	14.2	152.40	0.00	152.40	3.7
2PM-3:59PM	2	14.2	103.00	0.00	103.00	2.5
4PM-5:59PM	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,655.46***	***$ 2,394.34***	***$ 4,049.80***	
LENGTH OF SERVICE						
26-28	1	7.1	0.00	1,750.00	1,750.00	43.2
14-16	1	7.1	207.70	542.30	750.00	18.5
30-32	1	7.1	647.96	102.04	750.00	18.5
4-6	2	14.2	392.00	0.00	392.00	9.6
0-2	3	21.4	152.40	0.00	152.40	3.7
2-4	2	14.2	152.40	0.00	152.40	3.7
12-14	3	21.4	103.00	0.00	103.00	2.5
20-22	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,655.46***	***$ 2,394.34***	***$ 4,049.80***	
AGE OF CLAIMANT						
45-49	3	21.4	0.00	1,750.00	1,750.00	43.2
50-54	2	14.2	855.66	644.34	1,500.00	37.0
40-44	4	28.5	593.80	0.00	593.80	14.6
30-34	2	14.2	103.00	0.00	103.00	2.5
35-39	2	14.2	103.00	0.00	103.00	2.5
25-29	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,655.46***	***$ 2,394.34***	***$ 4,049.80***	
SEX OF CLAIMANT						
Female	10	71.4	615.50	2,292.30	2,907.80	71.8
Male	4	28.5	1,039.96	102.04	1,142.00	28.2
	14		***$ 1,655.46***	***$ 2,394.34***	***$ 4,049.80***	
LOSS CAUSE						
Patient / Inmate	8	57.1	649.10	2,292.30	2,941.40	72.6
Walking surface, outside, wet	1	7.1	647.96	102.04	750.00	18.5
Furniture / fixtures	2	14.2	152.40	0.00	152.40	3.7
Electrical equipment	1	7.1	103.00	0.00	103.00	2.5
Infectious agent	1	7.1	103.00	0.00	103.00	2.5
Boxes / containers	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,655.46***	***$ 2,394.34***	***$ 4,049.80***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	7.1	0.00	1,750.00	1,750.00	43.2
Holding Or Carrying (Strain or Injury by)	3	21.4	360.10	542.30	902.40	22.2
Fall or Slip (On Same Level)	2	14.2	750.96	102.04	853.00	21.0
Lifting (strain or Injury by)	3	21.4	289.00	0.00	289.00	7.1
Fall or Slip (From Different Level)	1	7.1	152.40	0.00	152.40	3.7
Absorb, Ingest, Inhalation	1	7.1	103.00	0.00	103.00	2.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Renal Unit (137)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Unknown	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
Reaching (Strain or Injury by)	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,655.46***	***$ 2,394.34***	***$ 4,049.80***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Lower Arm	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Eye(s)	1
Knee	1
Hand	1
Shoulder	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.**

***INJURY**

Strain	10
Fracture	1
Contusion	2
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Respiratory Therapy (138)

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						
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						
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						
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***						
Ankle	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Storeroom (142)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	7	58.3	4,946.23	2,025.00	6,971.23	65.2
10AM-11:59AM	1	8.3	1,307.15	0.00	1,307.15	12.2
2PM-3:59PM	2	16.6	543.30	359.10	902.40	8.4
12PM-1:59PM	1	8.3	103.00	647.00	750.00	7.0
Unknown	1	8.3	168.00	582.00	750.00	7.0
	12		***$ 7,067.68***	***$ 3,613.10***	***$ 10,680.78***	
LENGTH OF SERVICE						
2-4	5	41.6	2,421.33	1,588.10	4,009.43	37.5
16-18	1	8.3	2,961.80	0.00	2,961.80	27.7
0-2	4	33.3	1,532.15	1,275.00	2,807.15	26.2
22-24	1	8.3	0.00	750.00	750.00	7.0
14-16	1	8.3	152.40	0.00	152.40	1.4
	12		***$ 7,067.68***	***$ 3,613.10***	***$ 10,680.78***	
AGE OF CLAIMANT						
40-44	5	41.6	2,018.45	1,691.10	3,709.55	34.7
35-39	1	8.3	2,961.80	0.00	2,961.80	27.7
25-29	2	16.6	1,759.43	0.00	1,759.43	16.4
55-59	2	16.6	225.00	1,275.00	1,500.00	14.0
65-69	1	8.3	103.00	647.00	750.00	7.0
60-64	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 7,067.68***	***$ 3,613.10***	***$ 10,680.78***	
SEX OF CLAIMANT						
Male	9	75.0	6,812.28	2,966.10	9,778.38	91.5
Female	3	25.0	255.40	647.00	902.40	8.4
	12		***$ 7,067.68***	***$ 3,613.10***	***$ 10,680.78***	
LOSS CAUSE						
Boxes / containers	6	50.0	5,280.13	2,441.10	7,721.23	72.2
Building parts / doors	1	8.3	1,307.15	0.00	1,307.15	12.2
Dolly	1	8.3	225.00	525.00	750.00	7.0
Furniture / fixtures	1	8.3	103.00	647.00	750.00	7.0
Vehicle, not otherwise classified	1	8.3	152.40	0.00	152.40	1.4
Walking surface, outside, wet	1	8.3	0.00	0.00	0.00	0.0
Cart	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 7,067.68***	***$ 3,613.10***	***$ 10,680.78***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	25.0	3,352.70	1,109.10	4,461.80	41.7
Pushing Or Pulling (Strain or Injury by)	4	33.3	1,927.43	1,332.00	3,259.43	30.5
Struck/Injured by Falling or Flying Object	1	8.3	1,307.15	0.00	1,307.15	12.2
Object Handled (caught in or between)	1	8.3	103.00	647.00	750.00	7.0
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	225.00	525.00	750.00	7.0
Fall or Slip (On Same Level)	2	16.6	152.40	0.00	152.40	1.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Storeroom (142)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	12		***$ 7,067.68***	***$ 3,613.10***	***$ 10,680.78***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Upper Arm (Inc: Clavicle and Scapula)	1					
Shoulder	4					
Thumb	1					
Lower Leg	2					
Great Toe	1					
Upper Back Area (Thoracic Area)	1					
Upper Leg	1					
Hand	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	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	9					
Contusion	7					
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Surgery Department (143)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6PM-7:59PM	3	30.0	394.00	0.00	394.00	38.8
4AM-5:59AM	1	10.0	240.00	0.00	240.00	23.6
12PM-1:59PM	2	20.0	170.00	0.00	170.00	16.7
Unknown	1	10.0	160.00	0.00	160.00	15.7
8AM-9:59AM	1	10.0	50.00	0.00	50.00	4.9
2AM-3:59AM	1	10.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,014.00***	***$ 0.00***	***$ 1,014.00***	
LENGTH OF SERVICE						
2-4	4	40.0	450.00	0.00	450.00	44.3
4-6	3	30.0	334.00	0.00	334.00	32.9
0-2	3	30.0	230.00	0.00	230.00	22.6
	10		***$ 1,014.00***	***$ 0.00***	***$ 1,014.00***	
AGE OF CLAIMANT						
35-39	3	30.0	574.00	0.00	574.00	56.6
25-29	4	40.0	230.00	0.00	230.00	22.6
30-34	3	30.0	210.00	0.00	210.00	20.7
	10		***$ 1,014.00***	***$ 0.00***	***$ 1,014.00***	
SEX OF CLAIMANT						
Male	9	90.0	1,014.00	0.00	1,014.00	100.0
Female	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,014.00***	***$ 0.00***	***$ 1,014.00***	
LOSS CAUSE						
Needle stick	9	90.0	1,014.00	0.00	1,014.00	100.0
Furniture / fixtures	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,014.00***	***$ 0.00***	***$ 1,014.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	6	60.0	724.00	0.00	724.00	71.4
Struck/Injured by Hand Tool/Machine In Use	1	10.0	240.00	0.00	240.00	23.6
Strike Against/Step on Stationary Object	1	10.0	50.00	0.00	50.00	4.9
Struck/Injured by Object Being Lifted/Handled	1	10.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 1,014.00***	***$ 0.00***	***$ 1,014.00***	
*****BODY PART***						
Finger(s)	5					
Hand	3					
Thumb	1					
Foot	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***

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Surgery Department (143)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Puncture	9					
Contusion	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Surgical Clinical Pool (144)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	2,000.00	2,000.00	96.6
12AM-1:59AM	1	33.3	70.00	0.00	70.00	3.3
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 70.00***	***$ 2,000.00***	***$ 2,070.00***	
LENGTH OF SERVICE						
2-4	1	33.3	0.00	2,000.00	2,000.00	96.6
10-12	1	33.3	70.00	0.00	70.00	3.3
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 70.00***	***$ 2,000.00***	***$ 2,070.00***	
AGE OF CLAIMANT						
50-54	1	33.3	0.00	2,000.00	2,000.00	96.6
35-39	1	33.3	70.00	0.00	70.00	3.3
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 70.00***	***$ 2,000.00***	***$ 2,070.00***	
SEX OF CLAIMANT						
Female	1	33.3	0.00	2,000.00	2,000.00	96.6
Male	2	66.6	70.00	0.00	70.00	3.3
	3		***$ 70.00***	***$ 2,000.00***	***$ 2,070.00***	
LOSS CAUSE						
Patient / Inmate	2	66.6	70.00	2,000.00	2,070.00	100.0
Cart	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 70.00***	***$ 2,000.00***	***$ 2,070.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	0.00	2,000.00	2,000.00	96.6
Stuck, injured by fellow worker, patient	1	33.3	70.00	0.00	70.00	3.3
Reaching (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 70.00***	***$ 2,000.00***	***$ 2,070.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	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					
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Surgical Icu (145)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	6.2	1,530.95	1,669.05	3,200.00	37.1
8AM-9:59AM	1	6.2	2,082.36	0.00	2,082.36	24.1
Unknown	5	31.2	453.55	750.00	1,203.55	13.9
2PM-3:59PM	4	25.0	413.00	647.00	1,060.00	12.3
12AM-1:59AM	2	12.5	103.00	647.00	750.00	8.7
10AM-11:59AM	2	12.5	160.00	0.00	160.00	1.8
6PM-7:59PM	1	6.2	160.00	0.00	160.00	1.8
	16		***$ 4,902.86***	***$ 3,713.05***	***$ 8,615.91***	
LENGTH OF SERVICE						
0-2	13	81.2	2,981.36	2,044.00	5,025.36	58.3
4-6	1	6.2	1,530.95	1,669.05	3,200.00	37.1
2-4	2	12.5	390.55	0.00	390.55	4.5
	16		***$ 4,902.86***	***$ 3,713.05***	***$ 8,615.91***	
AGE OF CLAIMANT						
30-34	5	31.2	1,683.95	3,066.05	4,750.00	55.1
40-44	3	18.7	2,242.36	0.00	2,242.36	26.0
20-24	4	25.0	323.00	647.00	970.00	11.2
35-39	2	12.5	343.55	0.00	343.55	3.9
25-29	1	6.2	207.00	0.00	207.00	2.4
45-49	1	6.2	103.00	0.00	103.00	1.2
	16		***$ 4,902.86***	***$ 3,713.05***	***$ 8,615.91***	
SEX OF CLAIMANT						
Female	11	68.7	4,376.86	2,316.05	6,692.91	77.6
Male	5	31.2	526.00	1,397.00	1,923.00	22.3
	16		***$ 4,902.86***	***$ 3,713.05***	***$ 8,615.91***	
LOSS CAUSE						
Patient / Inmate	3	18.7	1,633.95	3,066.05	4,700.00	54.5
Straps	2	12.5	2,082.36	0.00	2,082.36	24.1
Furniture / fixtures	2	12.5	286.55	647.00	933.55	10.8
Needle stick	3	18.7	370.00	0.00	370.00	4.2
Infectious agent	2	12.5	267.00	0.00	267.00	3.1
Glass bottle / sheet	1	6.2	160.00	0.00	160.00	1.8
Walking surface, inside, wet	2	12.5	103.00	0.00	103.00	1.2
Unknown	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 4,902.86***	***$ 3,713.05***	***$ 8,615.91***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	18.7	1,633.95	3,066.05	4,700.00	54.5
Object being lifted/handled (cut,punc.scrape,inj b	5	31.2	2,452.36	0.00	2,452.36	28.4
Struck/Injured by Falling or Flying Object	1	6.2	103.00	647.00	750.00	8.7
Absorb, Ingest, Inhalation	2	12.5	267.00	0.00	267.00	3.1
Fall or Slip (From Different Level)	1	6.2	183.55	0.00	183.55	2.1
Object Handled (caught in or between)	1	6.2	160.00	0.00	160.00	1.8
Fall or Slip (On Same Level)	2	12.5	103.00	0.00	103.00	1.2
Cumulative (Not Otherwise Classified)	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Surgical Icu (145)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	16		***$ 4,902.86***	***$ 3,713.05***	***$ 8,615.91***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Thumb	2					
Hip	2					
Hand	3					
Upper Leg	1					
Finger(s)	3					
Soft Tissue - Neck	3					
Eye(s)	2					
Knee	2					
Upper Arm (Inc: Clavicle and Scapula)	2					
Lower Leg	1					
Shoulder	1					
Facial, Other Soft Tissue	1					
Upper Back Area (Thoracic Area)	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	13					
Infection	1					
Contusion	5					
Puncture	3					
Foreign Body	3					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Tcv - Perfusion Dept (148)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	2	22.2	134.00	750.00	884.00	37.0
6AM-7:59AM	1	11.1	103.00	647.00	750.00	31.4
4PM-5:59PM	1	11.1	467.93	0.00	467.93	19.6
12PM-1:59PM	1	11.1	103.00	0.00	103.00	4.3
4AM-5:59AM	2	22.2	103.00	0.00	103.00	4.3
Unknown	2	22.2	80.00	0.00	80.00	3.3
	9		***$ 990.93***	***$ 1,397.00***	***$ 2,387.93***	
LENGTH OF SERVICE						
16-18	1	11.1	103.00	647.00	750.00	31.4
4-6	1	11.1	0.00	750.00	750.00	31.4
2-4	2	22.2	467.93	0.00	467.93	19.6
0-2	4	44.4	317.00	0.00	317.00	13.2
10-12	1	11.1	103.00	0.00	103.00	4.3
	9		***$ 990.93***	***$ 1,397.00***	***$ 2,387.93***	
AGE OF CLAIMANT						
35-39	5	55.5	389.00	1,397.00	1,786.00	74.7
40-44	2	22.2	467.93	0.00	467.93	19.6
20-24	1	11.1	134.00	0.00	134.00	5.6
50-54	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 990.93***	***$ 1,397.00***	***$ 2,387.93***	
SEX OF CLAIMANT						
Female	8	88.8	856.93	1,397.00	2,253.93	94.3
Male	1	11.1	134.00	0.00	134.00	5.6
	9		***$ 990.93***	***$ 1,397.00***	***$ 2,387.93***	
LOSS CAUSE						
Boxes / containers	1	11.1	0.00	750.00	750.00	31.4
Furniture / fixtures	1	11.1	103.00	647.00	750.00	31.4
Patient / Inmate	2	22.2	570.93	0.00	570.93	23.9
Infectious agent	1	11.1	134.00	0.00	134.00	5.6
Glass bottle / sheet	1	11.1	103.00	0.00	103.00	4.3
Needle stick	3	33.3	80.00	0.00	80.00	3.3
	9		***$ 990.93***	***$ 1,397.00***	***$ 2,387.93***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	22.2	103.00	750.00	853.00	35.7
Fall or Slip (From Liquid/Grease spills)	1	11.1	103.00	647.00	750.00	31.4
Stuck, injured by fellow worker, patient	1	11.1	467.93	0.00	467.93	19.6
Struck/Injured by Falling or Flying Object	2	22.2	237.00	0.00	237.00	9.9
Object Handled (caught in or between)	1	11.1	80.00	0.00	80.00	3.3
Object being lifted/handled (cut,punc.scrape,inj b	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 990.93***	***$ 1,397.00***	***$ 2,387.93***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
Facial, Other Soft Tissue	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Tcv - Perfusion Dept (148)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Artificial Appliance (Brace)	1					
Abdomen including Groin	1					
Ankle	1					
Finger(s)	2					
Thumb	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	3					
Strain	2					
Crushing	1					
Foreign Body	1					
Puncture	3					
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Uma - University Medical Associates (151)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	50.0	3,891.70	0.00	3,891.70	77.7
10AM-11:59AM	2	50.0	367.00	750.00	1,117.00	22.3
	4		***$ 4,258.70***	***$ 750.00***	***$ 5,008.70***	
LENGTH OF SERVICE						
2-4	2	50.0	2,614.30	750.00	3,364.30	67.1
4-6	1	25.0	1,277.40	0.00	1,277.40	25.5
0-2	1	25.0	367.00	0.00	367.00	7.3
	4		***$ 4,258.70***	***$ 750.00***	***$ 5,008.70***	
AGE OF CLAIMANT						
40-44	1	25.0	2,614.30	0.00	2,614.30	52.2
35-39	1	25.0	1,277.40	0.00	1,277.40	25.5
25-29	1	25.0	0.00	750.00	750.00	14.9
50-54	1	25.0	367.00	0.00	367.00	7.3
	4		***$ 4,258.70***	***$ 750.00***	***$ 5,008.70***	
SEX OF CLAIMANT						
Female	4	100.0	4,258.70	750.00	5,008.70	100.0
	4		***$ 4,258.70***	***$ 750.00***	***$ 5,008.70***	
LOSS CAUSE						
Walking surface, inside, dry	3	75.0	3,891.70	750.00	4,641.70	92.6
Furniture / fixtures	1	25.0	367.00	0.00	367.00	7.3
	4		***$ 4,258.70***	***$ 750.00***	***$ 5,008.70***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	75.0	3,891.70	750.00	4,641.70	92.6
Fall or Slip (From Different Level)	1	25.0	367.00	0.00	367.00	7.3
	4		***$ 4,258.70***	***$ 750.00***	***$ 5,008.70***	
*****BODY PART***						
Foot	1					
Knee	2					
Hip	1					
Ankle	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***						
Sprain	2					
Strain	2					
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:50

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Urology (153)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	25.0	2,788.30	329.82	3,118.12	65.2
4PM-5:59PM	2	50.0	160.00	750.00	910.00	19.0
12PM-1:59PM	1	25.0	75.00	675.00	750.00	15.7
	4		***$ 3,023.30***	***$ 1,754.82***	***$ 4,778.12***	
LENGTH OF SERVICE						
4-6	1	25.0	2,788.30	329.82	3,118.12	65.2
24-26	2	50.0	75.00	1,425.00	1,500.00	31.3
14-16	1	25.0	160.00	0.00	160.00	3.3
	4		***$ 3,023.30***	***$ 1,754.82***	***$ 4,778.12***	
AGE OF CLAIMANT						
35-39	1	25.0	2,788.30	329.82	3,118.12	65.2
45-49	2	50.0	75.00	1,425.00	1,500.00	31.3
40-44	1	25.0	160.00	0.00	160.00	3.3
	4		***$ 3,023.30***	***$ 1,754.82***	***$ 4,778.12***	
SEX OF CLAIMANT						
Female	3	75.0	2,863.30	1,754.82	4,618.12	96.6
Male	1	25.0	160.00	0.00	160.00	3.3
	4		***$ 3,023.30***	***$ 1,754.82***	***$ 4,778.12***	
LOSS CAUSE						
Patient / Inmate	1	25.0	2,788.30	329.82	3,118.12	65.2
Boxes / containers	1	25.0	75.00	675.00	750.00	15.7
Machine, not otherwise classified	1	25.0	0.00	750.00	750.00	15.7
Needle stick	1	25.0	160.00	0.00	160.00	3.3
	4		***$ 3,023.30***	***$ 1,754.82***	***$ 4,778.12***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	2,788.30	329.82	3,118.12	65.2
Strike Against/Step on Stationary Object	1	25.0	75.00	675.00	750.00	15.7
Struck/Injured by Falling or Flying Object	1	25.0	0.00	750.00	750.00	15.7
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	160.00	0.00	160.00	3.3
	4		***$ 3,023.30***	***$ 1,754.82***	***$ 4,778.12***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other Soft Tissue	2					
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	1
Contusion	2
Puncture	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Urology (153)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Vascular In-patient / Vascular Lab (155)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	10.0	12,860.94	15,625.31	28,486.25	90.5
8AM-9:59AM	2	20.0	0.00	1,500.00	1,500.00	4.7
6AM-7:59AM	1	10.0	80.00	670.00	750.00	2.3
Unknown	1	10.0	329.00	0.00	329.00	1.0
2AM-3:59AM	1	10.0	238.91	0.00	238.91	0.7
2PM-3:59PM	2	20.0	103.00	0.00	103.00	0.3
4PM-5:59PM	1	10.0	70.00	0.00	70.00	0.2
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 13,681.85***	***$ 17,795.31***	***$ 31,477.16***	
LENGTH OF SERVICE						
2-4	1	10.0	12,860.94	15,625.31	28,486.25	90.5
0-2	5	50.0	647.91	1,420.00	2,067.91	6.5
22-24	1	10.0	0.00	750.00	750.00	2.3
6-8	2	20.0	103.00	0.00	103.00	0.3
4-6	1	10.0	70.00	0.00	70.00	0.2
	10		***$ 13,681.85***	***$ 17,795.31***	***$ 31,477.16***	
AGE OF CLAIMANT						
35-39	2	20.0	12,860.94	15,625.31	28,486.25	90.5
45-49	3	30.0	409.00	670.00	1,079.00	3.4
50-54	1	10.0	0.00	750.00	750.00	2.3
65-69	1	10.0	0.00	750.00	750.00	2.3
40-44	2	20.0	341.91	0.00	341.91	1.0
25-29	1	10.0	70.00	0.00	70.00	0.2
	10		***$ 13,681.85***	***$ 17,795.31***	***$ 31,477.16***	
SEX OF CLAIMANT						
Female	9	90.0	13,681.85	17,795.31	31,477.16	100.0
Male	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 13,681.85***	***$ 17,795.31***	***$ 31,477.16***	
LOSS CAUSE						
Patient / Inmate	5	50.0	13,498.85	15,625.31	29,124.16	92.5
Furniture / fixtures	2	20.0	80.00	670.00	750.00	2.3
Infectious agent	1	10.0	0.00	750.00	750.00	2.3
Walking surface, outside, dry	1	10.0	0.00	750.00	750.00	2.3
Vehicle, not otherwise classified	1	10.0	103.00	0.00	103.00	0.3
	10		***$ 13,681.85***	***$ 17,795.31***	***$ 31,477.16***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	10.0	12,860.94	15,625.31	28,486.25	90.5
Absorb, Ingest, Inhalation	1	10.0	0.00	750.00	750.00	2.3
Fall or Slip (From Liquid/Grease spills)	1	10.0	0.00	750.00	750.00	2.3
Fall or Slip (On Same Level)	1	10.0	80.00	670.00	750.00	2.3
Pushing Or Pulling (Strain or Injury by)	2	20.0	567.91	0.00	567.91	1.8
Struck/Injured by Object Handled By Other	1	10.0	103.00	0.00	103.00	0.3
Lifting (strain or Injury by)	2	20.0	70.00	0.00	70.00	0.2
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Uva Medical Center (209)
SubAgency: Vascular In-patient / Vascular Lab (155)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	10		***$ 13,681.85***	***$ 17,795.31***	***$ 31,477.16***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	6					
Elbow	1					
Eye(s)	1					
Knee	1					
Shoulder	1					
Upper Leg	1					
Facial, Other Soft Tissue	1					
Hip	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					
Contusion	3					
Inflamation	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Military Institute (211)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	13	43.3	4,807.57	3,250.00	8,057.57	56.8
6AM-7:59AM	5	16.6	1,002.90	2,152.00	3,154.90	22.2
2PM-3:59PM	6	20.0	975.01	750.00	1,725.01	12.1
8AM-9:59AM	4	13.3	536.87	223.97	760.84	5.3
12PM-1:59PM	2	6.6	483.84	0.00	483.84	3.4
	30		***$ 7,806.19***	***$ 6,375.97***	***$ 14,182.16***	
LENGTH OF SERVICE						
0-2	8	26.6	1,381.78	1,750.00	3,131.78	22.0
12-14	4	13.3	2,849.09	0.00	2,849.09	20.0
6-8	3	10.0	272.66	1,500.00	1,772.66	12.5
2-4	5	16.6	1,430.93	223.97	1,654.90	11.6
18-20	2	6.6	915.01	0.00	915.01	6.4
28-30	2	6.6	241.61	652.00	893.61	6.3
14-16	1	3.3	0.00	750.00	750.00	5.2
24-26	1	3.3	0.00	750.00	750.00	5.2
32-34	1	3.3	0.00	750.00	750.00	5.2
4-6	2	6.6	589.01	0.00	589.01	4.1
22-24	1	3.3	126.10	0.00	126.10	0.8
	30		***$ 7,806.19***	***$ 6,375.97***	***$ 14,182.16***	
AGE OF CLAIMANT						
50-54	5	16.6	2,699.03	750.00	3,449.03	24.3
20-24	4	13.3	1,074.47	1,750.00	2,824.47	19.9
30-34	4	13.3	1,307.16	750.00	2,057.16	14.5
40-44	5	16.6	409.79	1,500.00	1,909.79	13.4
45-49	2	6.6	624.03	875.97	1,500.00	10.5
35-39	5	16.6	1,144.02	0.00	1,144.02	8.0
55-59	3	10.0	136.94	750.00	886.94	6.2
25-29	2	6.6	410.75	0.00	410.75	2.9
	30		***$ 7,806.19***	***$ 6,375.97***	***$ 14,182.16***	
SEX OF CLAIMANT						
Female	13	43.3	4,637.03	2,473.97	7,111.00	50.1
Male	17	56.6	3,169.16	3,902.00	7,071.16	49.8
	30		***$ 7,806.19***	***$ 6,375.97***	***$ 14,182.16***	
LOSS CAUSE						
Furniture / fixtures	2	6.6	2,222.76	0.00	2,222.76	15.6
Chemicals, not otherwise classified	4	13.3	1,976.01	0.00	1,976.01	13.9
Walking surface, inside, dry	1	3.3	0.00	1,750.00	1,750.00	12.3
Office equipment	2	6.6	0.00	1,500.00	1,500.00	10.5
Metal items	2	6.6	10.84	750.00	760.84	5.3
Glass bottle / sheet	1	3.3	526.03	223.97	750.00	5.2
Minerals / dirt	1	3.3	98.00	652.00	750.00	5.2
Walking surface, outside, wet	1	3.3	0.00	750.00	750.00	5.2
Welding equipment	1	3.3	0.00	750.00	750.00	5.2
Electrical equipment	1	3.3	734.24	0.00	734.24	5.1
Boxes / containers	3	10.0	638.61	0.00	638.61	4.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Military Institute (211)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Machine, not otherwise classified	3	10.0	542.37	0.00	542.37	3.8
Pipe	2	6.6	409.79	0.00	409.79	2.8
Vehicle, not otherwise classified	2	6.6	400.23	0.00	400.23	2.8
Brush / tree / log	1	3.3	247.31	0.00	247.31	1.7
Mechanical powered	1	3.3	0.00	0.00	0.00	0.0
Excavations	1	3.3	0.00	0.00	0.00	0.0
Ladder - Fixed	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 7,806.19***	***$ 6,375.97***	***$ 14,182.16***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	2	6.6	0.00	2,500.00	2,500.00	17.6
Fall or Slip (From Different Level)	3	10.0	2,470.07	0.00	2,470.07	17.4
Absorb, Ingest, Inhalation	3	10.0	1,531.46	0.00	1,531.46	10.8
Object being lifted/handled (cut,punc.scrape,inj b	2	6.6	526.03	973.97	1,500.00	10.5
Foreign Body In Eye	2	6.6	542.55	652.00	1,194.55	8.4
Struck/Injured by Falling or Flying Object	2	6.6	272.66	750.00	1,022.66	7.2
Contact With Hot Object or Substances	1	3.3	0.00	750.00	750.00	5.2
Fall or slip (on ice or snow)	1	3.3	0.00	750.00	750.00	5.2
Fall or Slip (From Liquid/Grease spills)	1	3.3	734.24	0.00	734.24	5.1
Lifting (strain or Injury by)	3	10.0	603.96	0.00	603.96	4.2
Pushing Or Pulling (Strain or Injury by)	3	10.0	420.63	0.00	420.63	2.9
Fall or slip (on stairs)	1	3.3	340.23	0.00	340.23	2.4
Struck/Injured by Object Handled By Other	1	3.3	178.26	0.00	178.26	1.2
Object Handled (caught in or between)	1	3.3	126.10	0.00	126.10	0.8
Strike Against/Step on Stationary Object	1	3.3	60.00	0.00	60.00	0.4
Holding Or Carrying (Strain or Injury by)	1	3.3	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	3.3	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 7,806.19***	***$ 6,375.97***	***$ 14,182.16***	

***BODY PART

Facial, Other Soft Tissue	4
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Soft Tissue - Neck	2
Upper Back Area (Thoracic Area)	1
Eye(s)	4
Knee	4
Upper Leg	2
Lower Leg	3
Elbow	2
Wrist	2
Finger(s)	2
Mouth	2
Hand	1
Lungs	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Nose	2
Ankle	2
Hip	1
Lower Arm	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Military Institute (211)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Foot	2					
Shoulder	1					
	30					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	21
Laceration	6
Foreign Body	6
Strain	7
Burn	1
Poisoning - Chemical	1
Fracture	1
Sprain	3
	30

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va State University (212)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	5	17.8	4,608.91	750.00	5,358.91	32.9
12AM-1:59AM	5	17.8	1,548.09	1,750.00	3,298.09	20.2
2PM-3:59PM	3	10.7	2,091.74	0.00	2,091.74	12.8
10AM-11:59AM	6	21.4	2,248.57	-222.00	2,026.57	12.4
8AM-9:59AM	2	7.1	0.00	1,500.00	1,500.00	9.2
6AM-7:59AM	2	7.1	112.51	750.00	862.51	5.3
2AM-3:59AM	2	7.1	110.00	750.00	860.00	5.2
12PM-1:59PM	2	7.1	277.00	0.00	277.00	1.7
6PM-7:59PM	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 10,996.82***	***$ 5,278.00***	***$ 16,274.82***	
LENGTH OF SERVICE						
2-4	12	42.8	3,213.32	3,028.00	6,241.32	38.3
4-6	3	10.7	3,912.62	0.00	3,912.62	24.0
0-2	8	28.5	940.34	2,250.00	3,190.34	19.6
12-14	1	3.5	2,215.21	0.00	2,215.21	13.6
20-22	2	7.1	602.82	0.00	602.82	3.7
18-20	1	3.5	112.51	0.00	112.51	0.6
24-26	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 10,996.82***	***$ 5,278.00***	***$ 16,274.82***	
AGE OF CLAIMANT						
40-44	5	17.8	2,755.67	750.00	3,505.67	21.5
50-54	3	10.7	2,450.70	750.00	3,200.70	19.6
35-39	3	10.7	267.93	2,500.00	2,767.93	17.0
30-34	5	17.8	2,755.86	-222.00	2,533.86	15.5
45-49	7	25.0	1,277.74	750.00	2,027.74	12.4
65-69	2	7.1	1,461.92	0.00	1,461.92	8.9
25-29	1	3.5	0.00	750.00	750.00	4.6
20-24	2	7.1	27.00	0.00	27.00	0.1
	28		***$ 10,996.82***	***$ 5,278.00***	***$ 16,274.82***	
SEX OF CLAIMANT						
Female	19	67.8	7,807.99	1,500.00	9,307.99	57.1
Male	9	32.1	3,188.83	3,778.00	6,966.83	42.8
	28		***$ 10,996.82***	***$ 5,278.00***	***$ 16,274.82***	
LOSS CAUSE						
Furniture / fixtures	5	17.8	377.93	3,250.00	3,627.93	22.2
Walking surface, outside, dry	5	17.8	1,628.92	750.00	2,378.92	14.6
Pike pole 10’	1	3.5	2,283.70	0.00	2,283.70	14.0
Excavations	1	3.5	2,215.21	0.00	2,215.21	13.6
Vehicle/car/truck	1	3.5	1,117.63	0.00	1,117.63	6.8
Animal, not otherwise classified	2	7.1	1,116.91	-222.00	894.91	5.5
Animal / bee type	1	3.5	863.73	0.00	863.73	5.3
Docks,Ramps,Loading Platforms	1	3.5	0.00	750.00	750.00	4.6
Metal items	1	3.5	0.00	750.00	750.00	4.6
Object on Floor	1	3.5	602.82	0.00	602.82	3.7
Fencing	1	3.5	430.46	0.00	430.46	2.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va State University (212)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Animal / insect, not otherwise classified	1	3.5	112.51	0.00	112.51	0.6
Organic Material	1	3.5	110.00	0.00	110.00	0.6
Uneven Surface	1	3.5	110.00	0.00	110.00	0.6
Electrical equipment	1	3.5	27.00	0.00	27.00	0.1
Chemicals, not otherwise classified	2	7.1	0.00	0.00	0.00	0.0
Stairs, steps	1	3.5	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 10,996.82***	***$ 5,278.00***	***$ 16,274.82***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	4	14.2	2,593.14	750.00	3,343.14	20.5
Lifting (strain or Injury by)	2	7.1	2,283.70	750.00	3,033.70	18.6
Fall or Slip (On Same Level)	7	25.0	1,488.92	1,500.00	2,988.92	18.3
Pushing Or Pulling (Strain or Injury by)	2	7.1	664.50	1,528.00	2,192.50	13.4
Vehicle Upset	1	3.5	1,117.63	0.00	1,117.63	6.8
Animal Or Insect	2	7.1	976.24	0.00	976.24	6.0
Strike Against/Step on Stationary Object	1	3.5	0.00	750.00	750.00	4.6
Reaching (Strain or Injury by)	1	3.5	602.82	0.00	602.82	3.7
Struck/Injured by Object Being Lifted/Handled	1	3.5	452.41	0.00	452.41	2.7
Jumping (Strain or Injury by)	1	3.5	430.46	0.00	430.46	2.6
Struck/Injured by Falling or Flying Object	2	7.1	220.00	0.00	220.00	1.3
Other than physical cause of injury	1	3.5	167.00	0.00	167.00	1.0
Absorb, Ingest, Inhalation	1	3.5	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.5	0.00	0.00	0.00	0.0
Allergic Reaction	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 10,996.82***	***$ 5,278.00***	***$ 16,274.82***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Knee	6
Facial, Other Soft Tissue	5
Ankle	3
Wrist	1
Soft Tissue - Neck	2
Upper Leg	1
Elbow	3
Lower Leg	4
Hand	3
Lower Arm	5
Foot	1
Thumb	1
Buttocks	1
Shoulder	1
Upper Back Area (Thoracic Area)	1
No Physical Problem	1
	28

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va State University (212)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
*****INJURY***						
Strain	8					
Laceration	6					
Contusion	10					
Sprain	8					
Fracture	2					
Inflamation	4					
No Physical Injury	3					
Dermatitis	3					
	28					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Norfolk State University (213)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	20.8	10,718.33	5,936.58	16,654.91	47.3
4PM-5:59PM	1	4.1	6,164.29	6,675.11	12,839.40	36.5
10AM-11:59AM	5	20.8	1,722.41	750.00	2,472.41	7.0
12PM-1:59PM	3	12.5	877.80	0.00	877.80	2.5
2PM-3:59PM	3	12.5	545.31	204.69	750.00	2.1
Unknown	2	8.3	0.00	750.00	750.00	2.1
2AM-3:59AM	1	4.1	661.75	0.00	661.75	1.8
6PM-7:59PM	3	12.5	141.80	0.00	141.80	0.4
12AM-1:59AM	1	4.1	13.07	0.00	13.07	0.0
	24		***$ 20,844.76***	***$ 14,316.38***	***$ 35,161.14***	
LENGTH OF SERVICE						
14-16	2	8.3	9,185.51	3,961.64	13,147.15	37.3
26-28	1	4.1	6,164.29	6,675.11	12,839.40	36.5
2-4	1	4.1	1,532.82	1,224.94	2,757.76	7.8
0-2	7	29.1	2,664.82	0.00	2,664.82	7.5
12-14	2	8.3	1,155.52	204.69	1,360.21	3.8
4-6	2	8.3	141.80	750.00	891.80	2.5
18-20	2	8.3	0.00	750.00	750.00	2.1
24-26	2	8.3	0.00	750.00	750.00	2.1
6-8	2	8.3	0.00	0.00	0.00	0.0
20-22	1	4.1	0.00	0.00	0.00	0.0
22-24	1	4.1	0.00	0.00	0.00	0.0
8-10	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 20,844.76***	***$ 14,316.38***	***$ 35,161.14***	
AGE OF CLAIMANT						
45-49	5	20.8	16,882.62	11,861.69	28,744.31	81.7
50-54	3	12.5	1,112.20	750.00	1,862.20	5.3
40-44	7	29.1	1,297.32	204.69	1,502.01	4.2
55-59	3	12.5	0.00	1,500.00	1,500.00	4.2
65-69	2	8.3	875.07	0.00	875.07	2.4
30-34	1	4.1	661.75	0.00	661.75	1.8
15-19	1	4.1	15.80	0.00	15.80	0.0
25-29	1	4.1	0.00	0.00	0.00	0.0
60-64	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 20,844.76***	***$ 14,316.38***	***$ 35,161.14***	
SEX OF CLAIMANT						
Female	14	58.3	20,063.88	13,566.38	33,630.26	95.6
Male	10	41.6	780.88	750.00	1,530.88	4.3
	24		***$ 20,844.76***	***$ 14,316.38***	***$ 35,161.14***	
LOSS CAUSE						
Furniture / fixtures	5	20.8	11,263.64	6,141.27	17,404.91	49.5
Walking surface, outside, wet	1	4.1	6,164.29	6,675.11	12,839.40	36.5
Walking surface, inside, dry	3	12.5	1,974.20	0.00	1,974.20	5.6
Fire / Flame / Smoke	1	4.1	0.00	750.00	750.00	2.1
Walking surface, inside, wet	3	12.5	0.00	750.00	750.00	2.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:51

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Norfolk State University (213)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, outside, dry	1	4.1	661.75	0.00	661.75	1.8
Boxes / containers	2	8.3	610.21	0.00	610.21	1.7
Recreational equipment	1	4.1	141.80	0.00	141.80	0.4
Vehicle, not otherwise classified	1	4.1	15.80	0.00	15.80	0.0
Unknown	1	4.1	13.07	0.00	13.07	0.0
Hand tool, not powered, NOC	1	4.1	0.00	0.00	0.00	0.0
Building parts / doors	2	8.3	0.00	0.00	0.00	0.0
Elevators, escalators	1	4.1	0.00	0.00	0.00	0.0
Stairs, steps	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 20,844.76***	***$ 14,316.38***	***$ 35,161.14***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	7	29.1	7,688.04	7,425.11	15,113.15	42.9
Pushing Or Pulling (Strain or Injury by)	2	8.3	9,795.72	3,961.64	13,757.36	39.1
Fall or Slip (From Different Level)	5	20.8	1,690.42	1,974.94	3,665.36	10.4
Strike Against/Step on Stationary Object	2	8.3	1,112.20	0.00	1,112.20	3.1
Contact With Hot Object or Substances	1	4.1	0.00	750.00	750.00	2.1
Struck/Injured by Falling or Flying Object	1	4.1	545.31	204.69	750.00	2.1
Cumulative (Not Otherwise Classified)	1	4.1	13.07	0.00	13.07	0.0
Object being lifted/handled (cut,punc.scrape,inj b	3	12.5	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	4.1	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 20,844.76***	***$ 14,316.38***	***$ 35,161.14***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	9
Soft Tissue - Neck	2
Ankle	3
Hip	2
Hand	5
Foot	2
Knee	4
Lower Arm	3
Facial, Other Soft Tissue	1
Shoulder	2
Thumb	2
Upper Back Area (Thoracic Area)	1
Finger(s)	4
Upper Leg	1
Buttocks	1
	24

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	19
Sprain	6
Burn	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Norfolk State University (213)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fracture	1					
Laceration	6					
Dislocation	1					
	24					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Longwood College (214)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	20.0	2,202.99	5,042.01	7,245.00	57.0
10AM-11:59AM	4	26.6	1,447.25	1,500.00	2,947.25	23.1
4PM-5:59PM	2	13.3	433.66	650.00	1,083.66	8.5
2PM-3:59PM	2	13.3	610.90	0.00	610.90	4.8
12AM-1:59AM	2	13.3	431.89	0.00	431.89	3.4
4AM-5:59AM	1	6.6	329.00	0.00	329.00	2.5
12PM-1:59PM	1	6.6	61.65	0.00	61.65	0.4
	15		***$ 5,517.34***	***$ 7,192.01***	***$ 12,709.35***	
LENGTH OF SERVICE						
8-10	2	13.3	2,161.64	4,292.01	6,453.65	50.7
4-6	3	20.0	103.00	1,500.00	1,603.00	12.6
12-14	1	6.6	1,447.25	0.00	1,447.25	11.3
0-2	4	26.6	896.56	0.00	896.56	7.0
2-4	2	13.3	220.00	650.00	870.00	6.8
16-18	1	6.6	0.00	750.00	750.00	5.9
22-24	1	6.6	359.89	0.00	359.89	2.8
6-8	1	6.6	329.00	0.00	329.00	2.5
	15		***$ 5,517.34***	***$ 7,192.01***	***$ 12,709.35***	
AGE OF CLAIMANT						
50-54	2	13.3	2,428.99	4,292.01	6,721.00	52.8
45-49	4	26.6	1,667.25	1,400.00	3,067.25	24.1
40-44	5	33.3	596.54	750.00	1,346.54	10.5
20-24	2	13.3	824.56	0.00	824.56	6.4
30-34	1	6.6	0.00	750.00	750.00	5.9
15-19	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 5,517.34***	***$ 7,192.01***	***$ 12,709.35***	
SEX OF CLAIMANT						
Male	13	86.6	4,070.09	7,192.01	11,262.10	88.6
Female	2	13.3	1,447.25	0.00	1,447.25	11.3
	15		***$ 5,517.34***	***$ 7,192.01***	***$ 12,709.35***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	6.6	2,099.99	4,292.01	6,392.00	50.2
Walking surface, outside, dry	1	6.6	1,447.25	0.00	1,447.25	11.3
Minerals / dirt	2	13.3	429.00	650.00	1,079.00	8.4
Furniture / fixtures	2	13.3	824.56	0.00	824.56	6.4
Ladder - Portable	1	6.6	0.00	750.00	750.00	5.9
Metal items	1	6.6	0.00	750.00	750.00	5.9
Wall	1	6.6	0.00	750.00	750.00	5.9
Boxes / containers	1	6.6	359.89	0.00	359.89	2.8
Recreational equipment	1	6.6	120.00	0.00	120.00	0.9
Vehicle/car/truck	1	6.6	103.00	0.00	103.00	0.8
Walking surface, inside, wet	1	6.6	72.00	0.00	72.00	0.5
Ladder, 28' extension	1	6.6	61.65	0.00	61.65	0.4
Hand tool, not powered, NOC	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Longwood College (214)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	15		***$ 5,517.34***	***$ 7,192.01***	***$ 12,709.35***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	6.6	2,099.99	4,292.01	6,392.00	50.2
Fall or Slip (On Same Level)	2	13.3	1,519.25	0.00	1,519.25	11.9
Foreign Body In Eye	2	13.3	429.00	650.00	1,079.00	8.4
Holding Or Carrying (Strain or Injury by)	2	13.3	61.65	750.00	811.65	6.3
Fall or Slip (From Ladder/Scaffolding)	1	6.6	0.00	750.00	750.00	5.9
Jumping (Strain or Injury by)	1	6.6	0.00	750.00	750.00	5.9
Strike Against/Step On Obj. Being Lifted or Handle	1	6.6	490.90	0.00	490.90	3.8
Lifting (strain or Injury by)	1	6.6	359.89	0.00	359.89	2.8
Object Handled (caught in or between)	1	6.6	333.66	0.00	333.66	2.6
Struck/Injured by Falling or Flying Object	2	13.3	120.00	0.00	120.00	0.9
Struck/Injured by Motor Vehicle	1	6.6	103.00	0.00	103.00	0.8
	15		***$ 5,517.34***	***$ 7,192.01***	***$ 12,709.35***	

*****BODY PART***	
Ankle	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Eye(s)	2
Upper Leg	2
Shoulder	2
Knee	1
Lower Arm	2
Lower Leg	1
Upper Back Area (Thoracic Area)	1
Foot	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	1
Soft Tissue - Neck	1
Elbow	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	13
Sprain	3
Strain	6
Foreign Body	2
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mary Washington College (215)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	4.2	30,797.95	9,824.41	40,622.36	66.9
8AM-9:59AM	12	25.5	7,149.01	688.00	7,837.01	12.9
10AM-11:59AM	10	21.2	2,008.95	4,537.37	6,546.32	10.7
12PM-1:59PM	5	10.6	817.42	2,145.00	2,962.42	4.8
4AM-5:59AM	4	8.5	178.75	1,321.25	1,500.00	2.4
2AM-3:59AM	1	2.1	120.00	630.00	750.00	1.2
2PM-3:59PM	2	4.2	365.65	0.00	365.65	0.6
6AM-7:59AM	8	17.0	73.00	0.00	73.00	0.1
4PM-5:59PM	1	2.1	0.00	0.00	0.00	0.0
6PM-7:59PM	2	4.2	0.00	0.00	0.00	0.0
	47		***$ 41,510.73***	***$ 19,146.03***	***$ 60,656.76***	
LENGTH OF SERVICE						
4-6	9	19.1	31,342.30	9,824.41	41,166.71	67.8
8-10	2	4.2	7,362.01	0.00	7,362.01	12.1
0-2	13	27.6	1,948.25	5,167.37	7,115.62	11.7
2-4	6	12.7	617.42	2,145.00	2,762.42	4.5
10-12	3	6.3	0.00	750.00	750.00	1.2
12-14	5	10.6	178.75	571.25	750.00	1.2
6-8	2	4.2	62.00	688.00	750.00	1.2
34-36	1	2.1	0.00	0.00	0.00	0.0
Unknown	2	4.2	0.00	0.00	0.00	0.0
14-16	1	2.1	0.00	0.00	0.00	0.0
18-20	1	2.1	0.00	0.00	0.00	0.0
20-22	1	2.1	0.00	0.00	0.00	0.0
22-24	1	2.1	0.00	0.00	0.00	0.0
	47		***$ 41,510.73***	***$ 19,146.03***	***$ 60,656.76***	
AGE OF CLAIMANT						
35-39	6	12.7	32,284.58	13,902.78	46,187.36	76.1
40-44	14	29.7	7,327.71	1,438.00	8,765.71	14.4
50-54	5	10.6	185.65	1,750.00	1,935.65	3.1
25-29	2	4.2	475.00	1,025.00	1,500.00	2.4
20-24	4	8.5	666.04	459.00	1,125.04	1.8
45-49	5	10.6	358.75	571.25	930.00	1.5
30-34	3	6.3	213.00	0.00	213.00	0.3
60-64	1	2.1	0.00	0.00	0.00	0.0
55-59	7	14.8	0.00	0.00	0.00	0.0
	47		***$ 41,510.73***	***$ 19,146.03***	***$ 60,656.76***	
SEX OF CLAIMANT						
Female	26	55.3	39,859.59	18,574.78	58,434.37	96.3
Male	21	44.6	1,651.14	571.25	2,222.39	3.6
	47		***$ 41,510.73***	***$ 19,146.03***	***$ 60,656.76***	
LOSS CAUSE						
Stairs, steps	5	10.6	31,669.58	13,902.78	45,572.36	75.1
Boxes / containers	5	10.6	7,265.71	1,750.00	9,015.71	14.8
Hand tool, not powered, NOC	2	4.2	471.00	459.00	930.00	1.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mary Washington College (215)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand tool, powered, NOC	2	4.2	260.00	630.00	890.00	1.4
Animal / tick, spider, etc.	2	4.2	178.75	571.25	750.00	1.2
Excavations	1	2.1	355.00	395.00	750.00	1.2
Office equipment	1	2.1	62.00	688.00	750.00	1.2
Walking surface, inside, wet	1	2.1	0.00	750.00	750.00	1.2
Unknown	4	8.5	592.62	0.00	592.62	0.9
Infectious agent	4	8.5	275.00	0.00	275.00	0.4
Animal / bee type	3	6.3	258.65	0.00	258.65	0.4
Chemicals, not otherwise classified	1	2.1	122.42	0.00	122.42	0.2
Animal / insect, not otherwise classified	1	2.1	0.00	0.00	0.00	0.0
Furniture / fixtures	3	6.3	0.00	0.00	0.00	0.0
Package	2	4.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	4.2	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	2.1	0.00	0.00	0.00	0.0
Hammer	1	2.1	0.00	0.00	0.00	0.0
Heating equipment	1	2.1	0.00	0.00	0.00	0.0
Metal items	1	2.1	0.00	0.00	0.00	0.0
Person	1	2.1	0.00	0.00	0.00	0.0
Pipe	1	2.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	4.2	0.00	0.00	0.00	0.0
	47		***$ 41,510.73***	***$ 19,146.03***	***$ 60,656.76***	

ACCIDENT TYPE

Fall or slip (on stairs)	4	8.5	31,669.58	13,902.78	45,572.36	75.1
Lifting (strain or Injury by)	3	6.3	7,265.71	0.00	7,265.71	11.9
Reaching (Strain or Injury by)	1	2.1	0.00	1,750.00	1,750.00	2.8
Struck/Injured by Falling or Flying Object	3	6.3	353.00	1,147.00	1,500.00	2.4
Animal Or Insect	7	14.8	437.40	571.25	1,008.65	1.6
Twisting, strain or injury by	3	6.3	372.62	630.00	1,002.62	1.6
Fall or Slip (From Different Level)	3	6.3	355.00	395.00	750.00	1.2
Fall or Slip (On Same Level)	3	6.3	0.00	750.00	750.00	1.2
Cumulative (Not Otherwise Classified)	2	4.2	340.00	0.00	340.00	0.5
Object being lifted/handled (cut,punc.scrape,inj b	2	4.2	320.00	0.00	320.00	0.5
Absorb, Ingest, Inhalation	6	12.7	275.00	0.00	275.00	0.4
Foreign Body In Eye	1	2.1	122.42	0.00	122.42	0.2
Allergic Reaction	1	2.1	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	4.2	0.00	0.00	0.00	0.0
Contact with Electric Current	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
Strike Against/Step on Stationary Object	2	4.2	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	2.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	2.1	0.00	0.00	0.00	0.0
	47		***$ 41,510.73***	***$ 19,146.03***	***$ 60,656.76***	

***BODY PART

Upper Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Ankle	5
Elbow	2
Knee	4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mary Washington College (215)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand	7					
Lower Arm	5					
Finger(s)	6					
Mouth	1					
Nose	1					
Lungs	3					
Shoulder	2					
Facial, Other Soft Tissue	2					
Eye(s)	1					
Foot	2					
Hip	1					
Lower Leg	4					
Upper Back Area (Thoracic Area)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Internal Organs	1					
No Physical Problem	3					
	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***

Laceration	9					
Strain	14					
Sprain	7					
Contusion	10					
Inflamation	15					
Foreign Body	1					
Electric Shock	1					
No Physical Injury	3					
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	26	15.6	36,590.31	18,192.82	54,783.13	34.0
6AM-7:59AM	14	8.4	21,506.45	11,485.05	32,991.50	20.5
12PM-1:59PM	35	21.0	8,667.52	21,474.85	30,142.37	18.7
Unknown	7	4.2	2,538.54	16,066.90	18,605.44	11.5
8AM-9:59AM	28	16.8	4,306.82	6,423.59	10,730.41	6.6
10AM-11:59AM	32	19.2	8,695.15	857.10	9,552.25	5.9
12AM-1:59AM	3	1.8	752.05	750.00	1,502.05	0.9
4PM-5:59PM	11	6.6	1,240.27	117.54	1,357.81	0.8
4AM-5:59AM	4	2.4	1,060.15	0.00	1,060.15	0.6
6PM-7:59PM	3	1.8	147.90	0.00	147.90	0.0
2AM-3:59AM	3	1.8	93.00	0.00	93.00	0.0
	166		**$ 85,598.16**	**$ 75,367.85**	**$ 160,966.01**	
LENGTH OF SERVICE						
0-2	55	33.1	19,156.96	28,096.96	47,253.92	29.3
4-6	19	11.4	6,856.15	26,801.95	33,658.10	20.9
6-8	13	7.8	14,138.53	11,933.31	26,071.84	16.2
2-4	28	16.8	18,552.24	750.00	19,302.24	11.9
14-16	7	4.2	16,932.67	0.00	16,932.67	10.5
20-22	5	3.0	2,743.20	6,000.00	8,743.20	5.4
16-18	6	3.6	1,442.03	750.00	2,192.03	1.3
12-14	10	6.0	2,118.20	0.00	2,118.20	1.3
22-24	5	3.0	1,935.69	0.00	1,935.69	1.2
10-12	4	2.4	1,085.12	0.00	1,085.12	0.6
18-20	1	0.6	464.37	285.63	750.00	0.4
30-32	1	0.6	0.00	750.00	750.00	0.4
8-10	9	5.4	93.00	0.00	93.00	0.0
24-26	2	1.2	80.00	0.00	80.00	0.0
28-30	1	0.6	0.00	0.00	0.00	0.0
	166		**$ 85,598.16**	**$ 75,367.85**	**$ 160,966.01**	
AGE OF CLAIMANT						
40-44	34	20.4	34,446.51	23,558.26	58,004.77	36.0
35-39	22	13.2	23,512.11	20,642.36	44,154.47	27.4
50-54	15	9.0	3,682.31	15,316.90	18,999.21	11.8
30-34	16	9.6	5,911.12	7,009.51	12,920.63	8.0
60-64	9	5.4	2,936.14	6,000.00	8,936.14	5.5
45-49	25	15.0	5,607.94	750.00	6,357.94	3.9
20-24	12	7.2	4,118.24	0.00	4,118.24	2.5
25-29	14	8.4	2,912.33	1,055.19	3,967.52	2.4
65-69	4	2.4	464.37	1,035.63	1,500.00	0.9
55-59	8	4.8	1,282.77	0.00	1,282.77	0.8
15-19	7	4.2	724.32	0.00	724.32	0.4
	166		**$ 85,598.16**	**$ 75,367.85**	**$ 160,966.01**	
SEX OF CLAIMANT						
Female	100	60.2	54,699.55	51,260.48	105,960.03	65.8
Male	66	39.7	30,898.61	24,107.37	55,005.98	34.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:52

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: James Madison University (216)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	166		***$ 85,598.16***	***$ 75,367.85***	***$ 160,966.01***	
LOSS CAUSE						
Walking surface, inside, wet	10	6.0	19,771.25	18,299.92	38,071.17	23.6
Stairs, steps	12	7.2	18,080.05	1,113.87	19,193.92	11.9
Machine, not otherwise classified	9	5.4	17,237.79	750.00	17,987.79	11.1
Furniture / fixtures	12	7.2	877.59	15,316.90	16,194.49	10.0
Tire	1	0.6	3,014.95	10,735.05	13,750.00	8.5
Vehicle, not otherwise classified	2	1.2	1,738.92	9,011.08	10,750.00	6.6
Work surface	1	0.6	42.10	9,376.62	9,418.72	5.8
Door	4	2.4	1,746.91	6,117.54	7,864.45	4.8
Walking surface, outside, dry	8	4.8	2,367.31	285.63	2,652.94	1.6
Metal items	6	3.6	2,479.80	0.00	2,479.80	1.5
Miscellaneous	4	2.4	2,467.66	0.00	2,467.66	1.5
Building parts / doors	10	6.0	2,097.33	0.00	2,097.33	1.3
Walking surface, outside, wet	4	2.4	1,940.70	0.00	1,940.70	1.2
Trash receptacle	6	3.6	1,879.80	0.00	1,879.80	1.1
Boxes / containers	9	5.4	608.72	750.00	1,358.72	0.8
Chair	1	0.6	1,219.53	0.00	1,219.53	0.7
Sharp objects, not otherwise classified	8	4.8	1,092.18	0.00	1,092.18	0.6
Water	3	1.8	819.55	0.00	819.55	0.5
Vehicle/car/truck	3	1.8	48.00	750.00	798.00	0.5
Office equipment	2	1.2	7.60	750.00	757.60	0.4
Fencing	3	1.8	326.41	423.59	750.00	0.4
Knife, NOC	5	3.0	0.00	750.00	750.00	0.4
Object on Floor	2	1.2	0.00	750.00	750.00	0.4
Patient / Inmate	1	0.6	562.35	187.65	750.00	0.4
Chemicals, not otherwise classified	2	1.2	690.93	0.00	690.93	0.4
Pots/pans	4	2.4	685.05	0.00	685.05	0.4
Environmental conditions	5	3.0	674.62	0.00	674.62	0.4
Stone / rock / brick	1	0.6	576.17	0.00	576.17	0.3
Brush / tree / log	1	0.6	477.03	0.00	477.03	0.3
Wood Items	2	1.2	252.50	0.00	252.50	0.1
Steam / exhaust	1	0.6	244.84	0.00	244.84	0.1
Ladder, 10’ folding	1	0.6	240.60	0.00	240.60	0.1
Animal / bee type	1	0.6	226.80	0.00	226.80	0.1
Platforms	1	0.6	221.60	0.00	221.60	0.1
Minerals / dirt	2	1.2	220.20	0.00	220.20	0.1
Cart	1	0.6	216.50	0.00	216.50	0.1
Hand tool, not powered, NOC	4	2.4	151.46	0.00	151.46	0.0
Hand tool, powered, NOC	1	0.6	95.00	0.00	95.00	0.0
Paper / Pulp	1	0.6	85.80	0.00	85.80	0.0
Walking surface, inside, dry	2	1.2	52.56	0.00	52.56	0.0
Infectious agent	1	0.6	40.00	0.00	40.00	0.0
Electric Drill	1	0.6	20.00	0.00	20.00	0.0
Elevators, escalators	1	0.6	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	0.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.6	0.00	0.00	0.00	0.0
Gloves	1	0.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: James Madison University (216)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Hose / hydair H2O	1	0.6	0.00	0.00	0.00	0.0
Ladder - Portable	1	0.6	0.00	0.00	0.00	0.0
Oil	1	0.6	0.00	0.00	0.00	0.0
Sledge hammer	1	0.6	0.00	0.00	0.00	0.0
	166		***$ 85,598.16***	***$ 75,367.85***	***$ 160,966.01***	

ACCIDENT TYPE

Lifting (strain or Injury by)	21	12.6	24,750.23	11,485.05	36,235.28	22.5
Fall or Slip (From Liquid/Grease spills)	9	5.4	16,982.27	18,192.82	35,175.09	21.8
Twisting, strain or injury by	9	5.4	20,723.04	10,511.08	31,234.12	19.4
Slipped, Did Not Fall	5	3.0	2,245.90	15,316.90	17,562.80	10.9
Repetitive Motion	6	3.6	49.70	11,626.62	11,676.32	7.2
Struck/Injured by Object Handled By Other	3	1.8	1,653.65	6,000.00	7,653.65	4.7
Object Handled (caught in or between)	17	10.2	3,338.11	541.13	3,879.24	2.4
Fall or Slip (On Same Level)	14	8.4	3,255.84	392.73	3,648.57	2.2
Fall or slip (on stairs)	8	4.8	2,018.92	1,113.87	3,132.79	1.9
Struck/Injured by Falling or Flying Object	10	6.0	2,112.72	0.00	2,112.72	1.3
Strike Against/Step on Stationary Object	11	6.6	1,562.93	0.00	1,562.93	0.9
Fall or Slip (From Different Level)	2	1.2	1,441.13	0.00	1,441.13	0.9
Absorb, Ingest, Inhalation	3	1.8	1,272.55	0.00	1,272.55	0.7
Object being lifted/handled (cut,punc.scrape,inj b	9	5.4	1,142.63	0.00	1,142.63	0.7
Assault	1	0.6	562.35	187.65	750.00	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	4.2	580.85	0.00	580.85	0.3
Contact With Hot Object or Substances	7	4.2	428.74	0.00	428.74	0.2
Pushing Or Pulling (Strain or Injury by)	4	2.4	260.50	0.00	260.50	0.1
Struck or injured by misc.	1	0.6	252.50	0.00	252.50	0.1
Fall or Slip (From Ladder/Scaffolding)	1	0.6	240.60	0.00	240.60	0.1
Animal Or Insect	1	0.6	226.80	0.00	226.80	0.1
Foreign Body In Eye	2	1.2	220.20	0.00	220.20	0.1
Using Tool Or Machine (Strain or Injury by)	1	0.6	95.00	0.00	95.00	0.0
Infectious Disease Exposure	1	0.6	93.00	0.00	93.00	0.0
Exposure to Poisonous Agent / Plant	1	0.6	40.00	0.00	40.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	1.2	28.00	0.00	28.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.6	20.00	0.00	20.00	0.0
Reaching (Strain or Injury by)	1	0.6	0.00	0.00	0.00	0.0
Allergic Reaction	3	1.8	0.00	0.00	0.00	0.0
Contact with Electric Current	1	0.6	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.6	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	0.6	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	0.6	0.00	0.00	0.00	0.0
Temperature Extremes	1	0.6	0.00	0.00	0.00	0.0
	166		***$ 85,598.16***	***$ 75,367.85***	***$ 160,966.01***	

***BODY PART

Knee	23
Lower Arm	14
Lower Back Area (Lumbar and Lumbo-Sacral)	24
Shoulder	9
Ankle	9
Abdomen including Groin	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: James Madison University (216)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Upper Arm (Inc: Clavicle and Scapula)	4					
Hand	20					
Multiple Head Injury	1					
Finger(s)	28					
Elbow	4					
Soft Tissue - Neck	6					
Hip	7					
Skull	5					
Wrist	5					
Chest (Inc: Ribs, Sternum and Soft Tissue)	4					
Eye(s)	3					
Wrist(s) & Hand(s)	1					
Trachea	1					
Toe(s)	3					
Nose	3					
Facial, Other Soft Tissue	3					
Ear(s)	2					
Thumb	9					
Foot	5					
Whole Body	2					
Upper Leg	1					
Lower Leg	7					
Buttocks	1					
No Physical Problem	2					
Upper Back Area (Thoracic Area)	1					
	166					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	78
Contusion	61
Multiple Physical Injuries Only	3
Laceration	30
Puncture	9
Sprain	3
Fracture	3
Carpal Tunnel Syndrome	1
Respiratory Disorders	1
Burn	6
Infection	1
Foreign Body	2
Dermatitis	8
Contagious Disease	1
Heat Prostration	1
No Physical Injury	2

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Industrial Claims for Plan Year 2002

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Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: James Madison University (216)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	166					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	21	15.5	4,052.50	22,889.56	26,942.06	21.6
8AM-9:59AM	25	18.5	10,403.78	15,322.16	25,725.94	20.6
4AM-5:59AM	2	1.4	7,823.16	16,355.48	24,178.64	19.4
10AM-11:59AM	26	19.2	14,534.10	6,817.90	21,352.00	17.1
4PM-5:59PM	17	12.5	4,691.45	7,038.85	11,730.30	9.4
Unknown	9	6.6	2,571.86	2,246.67	4,818.53	3.8
2PM-3:59PM	15	11.1	2,862.54	1,862.92	4,725.46	3.8
6PM-7:59PM	6	4.4	1,843.90	301.00	2,144.90	1.7
2AM-3:59AM	4	2.9	0.00	1,750.00	1,750.00	1.4
6AM-7:59AM	6	4.4	126.34	687.00	813.34	0.6
12AM-1:59AM	4	2.9	149.10	0.00	149.10	0.1
	135		***$ 49,058.73***	***$ 75,271.54***	***$ 124,330.27***	
LENGTH OF SERVICE						
0-2	44	32.5	27,555.70	34,970.05	62,525.75	50.2
10-12	11	8.1	1,628.68	21,128.21	22,756.89	18.3
16-18	8	5.9	8,689.96	8,500.00	17,189.96	13.8
2-4	29	21.4	4,716.20	2,705.30	7,421.50	5.9
6-8	8	5.9	350.68	4,427.98	4,778.66	3.8
4-6	9	6.6	802.75	1,453.00	2,255.75	1.8
8-10	3	2.2	1,219.84	650.00	1,869.84	1.5
24-26	3	2.2	1,716.53	0.00	1,716.53	1.3
12-14	2	1.4	1,200.19	0.00	1,200.19	0.9
20-22	3	2.2	328.63	687.00	1,015.63	0.8
14-16	3	2.2	0.00	750.00	750.00	0.6
34-36	2	1.4	419.17	0.00	419.17	0.3
18-20	5	3.7	335.40	0.00	335.40	0.2
32-34	1	0.7	95.00	0.00	95.00	0.0
22-24	3	2.2	0.00	0.00	0.00	0.0
28-30	1	0.7	0.00	0.00	0.00	0.0
	135		***$ 49,058.73***	***$ 75,271.54***	***$ 124,330.27***	
AGE OF CLAIMANT						
45-49	21	15.5	19,480.70	24,005.34	43,486.04	34.9
35-39	16	11.8	11,911.03	9,345.19	21,256.22	17.1
55-59	11	8.1	2,346.96	18,327.21	20,674.17	16.6
50-54	16	11.8	2,864.67	7,927.98	10,792.65	8.6
20-24	21	15.5	5,500.14	3,217.32	8,717.46	7.0
25-29	6	4.4	3,362.97	5,023.28	8,386.25	6.7
40-44	15	11.1	989.40	4,750.00	5,739.40	4.6
30-34	13	9.6	1,245.53	1,988.22	3,233.75	2.6
60-64	8	5.9	633.83	687.00	1,320.83	1.0
15-19	6	4.4	723.50	0.00	723.50	0.5
65-69	2	1.4	0.00	0.00	0.00	0.0
	135		***$ 49,058.73***	***$ 75,271.54***	***$ 124,330.27***	
SEX OF CLAIMANT						
Female	77	57.0	33,622.77	61,071.72	94,694.49	76.1
Male	58	42.9	15,435.96	14,199.82	29,635.78	23.8

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	135		**$ 49,058.73**	**$ 75,271.54**	**$ 124,330.27**	
LOSS CAUSE						
Object on Floor	6	4.4	10,867.69	17,942.34	28,810.03	23.1
Stairs, steps	8	5.9	9,948.22	10,429.47	20,377.69	16.3
Boxes / containers	7	5.1	1,069.23	17,638.33	18,707.56	15.0
Knife, NOC	8	5.9	5,929.75	2,973.39	8,903.14	7.1
Walking surface, inside, dry	2	1.4	3,188.72	3,273.28	6,462.00	5.2
Trash receptacle	4	2.9	311.91	5,688.09	6,000.00	4.8
Machine, not otherwise classified	8	5.9	2,595.30	2,400.00	4,995.30	4.0
Furniture / fixtures	10	7.4	333.10	3,935.00	4,268.10	3.4
Hand tool, not powered, NOC	13	9.6	3,301.64	750.00	4,051.64	3.2
Vehicle/car/truck	2	1.4	794.95	1,955.05	2,750.00	2.2
Metal items	6	4.4	1,927.10	672.60	2,599.70	2.0
Walking surface, inside, wet	8	5.9	596.33	1,788.67	2,385.00	1.9
Person	4	2.9	1,878.53	505.00	2,383.53	1.9
Elevators, escalators	2	1.4	382.75	1,367.25	1,750.00	1.4
Floor	1	0.7	0.00	1,750.00	1,750.00	1.4
Chemicals, not otherwise classified	3	2.2	1,360.91	301.00	1,661.91	1.3
Walking surface, outside, dry	4	2.9	300.93	1,199.07	1,500.00	1.2
Miscellaneous	4	2.9	1,172.94	0.00	1,172.94	0.9
Vehicle, not otherwise classified	1	0.7	1,040.91	0.00	1,040.91	0.8
Patient / Inmate	1	0.7	47.00	703.00	750.00	0.6
Food	1	0.7	696.40	0.00	696.40	0.5
Minerals / dirt	4	2.9	467.73	0.00	467.73	0.3
Door	1	0.7	256.00	0.00	256.00	0.2
Nail	1	0.7	186.25	0.00	186.25	0.1
Environmental conditions	1	0.7	93.10	0.00	93.10	0.0
Building parts / doors	5	3.7	90.00	0.00	90.00	0.0
Cleaning Products	1	0.7	83.00	0.00	83.00	0.0
Glass bottle / sheet	1	0.7	75.00	0.00	75.00	0.0
Cart	1	0.7	63.34	0.00	63.34	0.0
Unknown	1	0.7	0.00	0.00	0.00	0.0
Chair	1	0.7	0.00	0.00	0.00	0.0
Office equipment	2	1.4	0.00	0.00	0.00	0.0
Pots/pans	2	1.4	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	1.4	0.00	0.00	0.00	0.0
Water	4	2.9	0.00	0.00	0.00	0.0
Brush / tree / log	1	0.7	0.00	0.00	0.00	0.0
Racking	1	0.7	0.00	0.00	0.00	0.0
Razor blade	1	0.7	0.00	0.00	0.00	0.0
Welding equipment	1	0.7	0.00	0.00	0.00	0.0
Wood Items	1	0.7	0.00	0.00	0.00	0.0
	135		**$ 49,058.73**	**$ 75,271.54**	**$ 124,330.27**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	18	13.3	13,897.61	24,220.62	38,118.23	30.6
Lifting (strain or Injury by)	17	12.5	2,773.90	26,940.19	29,714.09	23.9
Fall or slip (on stairs)	8	5.9	9,818.22	10,429.47	20,247.69	16.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	19	14.0	9,162.39	3,723.39	12,885.78	10.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Radford University (217)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object Handled (caught in or between)	7	5.1	3,682.45	2,972.30	6,654.75	5.3
Twisting, strain or injury by	9	6.6	1,829.64	2,723.30	4,552.94	3.6
Object being lifted/handled (cut,punc.scrape,inj b	7	5.1	1,926.41	672.60	2,599.01	2.0
Fall or Slip (From Liquid/Grease spills)	7	5.1	596.33	1,788.67	2,385.00	1.9
Struck/Injured by Hand Tool/Machine In Use	3	2.2	1,322.46	0.00	1,322.46	1.0
Foreign Body In Eye	7	5.1	1,244.69	0.00	1,244.69	1.0
Strike Against/Step on Stationary Object	9	6.6	276.25	750.00	1,026.25	0.8
Contact With Hot Object or Substances	8	5.9	906.35	0.00	906.35	0.7
Absorb, Ingest, Inhalation	1	0.7	449.00	301.00	750.00	0.6
Pushing Or Pulling (Strain or Injury by)	2	1.4	0.00	750.00	750.00	0.6
Slipped, Did Not Fall	1	0.7	594.14	0.00	594.14	0.4
Struck/Injured by Falling or Flying Object	6	4.4	333.79	0.00	333.79	0.2
Noise, continual, strain or injury by	1	0.7	93.10	0.00	93.10	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.7	83.00	0.00	83.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.7	69.00	0.00	69.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.7	0.00	0.00	0.00	0.0
Vehicle Upset	1	0.7	0.00	0.00	0.00	0.0
Assault	1	0.7	0.00	0.00	0.00	0.0
	135		***$ 49,058.73***	***$ 75,271.54***	***$ 124,330.27***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	21
Soft Tissue - Neck	1
Buttocks	2
Ankle	6
Finger(s)	33
Thumb	11
Wrist	6
Knee	14
Lower Leg	6
Lower Arm	11
Foot	3
Hand	11
Eye(s)	10
Upper Back Area (Thoracic Area)	1
Shoulder	6
Skull	2
Lungs	1
Multiple Head Injury	1
Elbow	4
Hip	4
Ear(s)	3
Facial, Other Soft Tissue	5
Toe(s)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
No Physical Problem	1
Nose	1
Abdomen including Groin	1
Upper Leg	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	135					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	54
Fracture	6
Laceration	39
Contusion	40
Sprain	3
Burn	12
Inflamation	3
Puncture	2
Respiratory Disorders	1
Foreign Body	7
No Physical Injury	2
	135

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	6	28.5	36,464.63	10,083.02	46,547.65	84.7
6PM-7:59PM	3	14.2	4,047.26	3,146.07	7,193.33	13.1
Unknown	4	19.0	935.99	0.00	935.99	1.7
12PM-1:59PM	4	19.0	113.99	0.00	113.99	0.2
8AM-9:59AM	4	19.0	111.00	0.00	111.00	0.2
	21		***$ 41,672.87***	***$ 13,229.09***	***$ 54,901.96***	
LENGTH OF SERVICE						
2-4	7	33.3	34,200.65	12,688.09	46,888.74	85.4
22-24	1	4.7	6,487.81	0.00	6,487.81	11.8
0-2	8	38.0	642.41	541.00	1,183.41	2.1
26-28	2	9.5	342.00	0.00	342.00	0.6
24-26	1	4.7	0.00	0.00	0.00	0.0
4-6	2	9.5	0.00	0.00	0.00	0.0
	21		***$ 41,672.87***	***$ 13,229.09***	***$ 54,901.96***	
AGE OF CLAIMANT						
25-29	3	14.2	29,425.82	9,542.02	38,967.84	70.9
20-24	4	19.0	4,272.25	3,146.07	7,418.32	13.5
55-59	2	9.5	6,696.81	541.00	7,237.81	13.1
50-54	2	9.5	727.57	0.00	727.57	1.3
60-64	2	9.5	342.00	0.00	342.00	0.6
45-49	4	19.0	208.42	0.00	208.42	0.3
30-34	1	4.7	0.00	0.00	0.00	0.0
40-44	3	14.2	0.00	0.00	0.00	0.0
	21		***$ 41,672.87***	***$ 13,229.09***	***$ 54,901.96***	
SEX OF CLAIMANT						
Male	9	42.8	36,445.04	10,083.02	46,528.06	84.7
Female	12	57.1	5,227.83	3,146.07	8,373.90	15.2
	21		***$ 41,672.87***	***$ 13,229.09***	***$ 54,901.96***	
LOSS CAUSE						
Stairs, steps	1	4.7	29,425.82	9,542.02	38,967.84	70.9
Furniture / fixtures	2	9.5	4,161.25	3,146.07	7,307.32	13.3
Walking surface, outside, wet	1	4.7	6,487.81	0.00	6,487.81	11.8
Pipe	1	4.7	209.00	541.00	750.00	1.3
Person	5	23.8	727.57	0.00	727.57	1.3
Step stool	1	4.7	342.00	0.00	342.00	0.6
Infectious agent	2	9.5	319.42	0.00	319.42	0.5
Miscellaneous	2	9.5	0.00	0.00	0.00	0.0
Patient / Inmate	1	4.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.7	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	4.7	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	4.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	21		***$ 41,672.87***	***$ 13,229.09***	***$ 54,901.96***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	4.7	29,425.82	9,542.02	38,967.84	70.9
Struck/Injured by Falling or Flying Object	3	14.2	4,161.25	3,146.07	7,307.32	13.3
Fall or slip (on ice or snow)	1	4.7	6,487.81	0.00	6,487.81	11.8
Fall or Slip (On Same Level)	3	14.2	1,069.57	0.00	1,069.57	1.9
Twisting, strain or injury by	3	14.2	209.00	541.00	750.00	1.3
Infectious Disease Exposure	1	4.7	208.42	0.00	208.42	0.3
Absorb, Ingest, Inhalation	3	14.2	111.00	0.00	111.00	0.2
Assault	3	14.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	9.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 41,672.87***	***$ 13,229.09***	***$ 54,901.96***	

*****BODY PART***	
Wrist	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Soft Tissue - Neck	1
Abdomen including Groin	1
Knee	2
Lower Leg	1
Upper Arm (Inc: Clavicle and Scapula)	1
Toe(s)	1
Hand	1
Elbow	1
Shoulder	1
Teeth	1
Eye(s)	1
Finger(s)	2
No Physical Problem	1
Nose	1
Thumb	1
Trachea	2
	21

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Laceration	5
No Physical Injury	2
Crushing	1
Foreign Body	1
Dislocation	1
Contusion	2
Inflamation	2
Respiratory Disorders	1

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	21					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	13	19.4	6,088.06	27,600.25	33,688.31	50.1
6PM-7:59PM	7	10.4	705.49	10,750.00	11,455.49	17.0
4PM-5:59PM	7	10.4	0.00	10,750.00	10,750.00	15.9
8AM-9:59AM	7	10.4	2,318.54	6,702.42	9,020.96	13.4
6AM-7:59AM	3	4.4	785.42	0.00	785.42	1.1
2AM-3:59AM	1	1.4	0.00	750.00	750.00	1.1
10AM-11:59AM	12	17.9	524.38	0.00	524.38	0.7
2PM-3:59PM	6	8.9	169.70	0.00	169.70	0.2
12PM-1:59PM	11	16.4	71.10	0.00	71.10	0.1
	67		***$ 10,662.69***	***$ 56,552.67***	***$ 67,215.36***	
LENGTH OF SERVICE						
2-4	15	22.3	6,624.75	38,350.25	44,975.00	66.9
8-10	2	2.9	0.00	11,500.00	11,500.00	17.1
20-22	2	2.9	2,318.54	6,702.42	9,020.96	13.4
32-34	1	1.4	785.42	0.00	785.42	1.1
0-2	23	34.3	409.60	0.00	409.60	0.6
10-12	2	2.9	238.20	0.00	238.20	0.3
12-14	6	8.9	109.98	0.00	109.98	0.1
14-16	1	1.4	91.75	0.00	91.75	0.1
4-6	4	5.9	84.45	0.00	84.45	0.1
22-24	5	7.4	0.00	0.00	0.00	0.0
24-26	1	1.4	0.00	0.00	0.00	0.0
26-28	1	1.4	0.00	0.00	0.00	0.0
6-8	4	5.9	0.00	0.00	0.00	0.0
	67		***$ 10,662.69***	***$ 56,552.67***	***$ 67,215.36***	
AGE OF CLAIMANT						
55-59	7	10.4	561.22	24,606.88	25,168.10	37.4
60-64	3	4.4	5,763.09	13,847.02	19,610.11	29.1
65-69	3	4.4	238.20	10,750.00	10,988.20	16.3
50-54	10	14.9	3,103.96	6,702.42	9,806.38	14.5
40-44	9	13.4	247.92	646.35	894.27	1.3
45-49	11	16.4	279.68	0.00	279.68	0.4
35-39	5	7.4	168.80	0.00	168.80	0.2
30-34	12	17.9	144.27	0.00	144.27	0.2
25-29	3	4.4	84.45	0.00	84.45	0.1
20-24	4	5.9	71.10	0.00	71.10	0.1
	67		***$ 10,662.69***	***$ 56,552.67***	***$ 67,215.36***	
SEX OF CLAIMANT						
Female	52	77.6	7,188.20	49,100.25	56,288.45	83.7
Male	15	22.3	3,474.49	7,452.42	10,926.91	16.2
	67		***$ 10,662.69***	***$ 56,552.67***	***$ 67,215.36***	
LOSS CAUSE						
Vehicle/car/truck	4	5.9	0.00	21,500.00	21,500.00	31.9
Object on Floor	2	2.9	5,755.79	13,097.02	18,852.81	28.0
Walking surface, inside, wet	1	1.4	0.00	13,856.88	13,856.88	20.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Furniture / fixtures	8	11.9	2,428.52	6,702.42	9,130.94	13.5
Person	31	46.2	1,291.91	646.35	1,938.26	2.8
Wood Items	1	1.4	785.42	0.00	785.42	1.1
Walking surface, inside, dry	2	2.9	0.00	750.00	750.00	1.1
Walking surface, outside, dry	2	2.9	238.20	0.00	238.20	0.3
Patient / Inmate	4	5.9	91.75	0.00	91.75	0.1
Needle stick	1	1.4	71.10	0.00	71.10	0.1
Chemicals, not otherwise classified	2	2.9	0.00	0.00	0.00	0.0
Stone / rock / brick	1	1.4	0.00	0.00	0.00	0.0
Animal / bee type	1	1.4	0.00	0.00	0.00	0.0
Building parts / doors	1	1.4	0.00	0.00	0.00	0.0
Environmental conditions	1	1.4	0.00	0.00	0.00	0.0
Metal items	2	2.9	0.00	0.00	0.00	0.0
Miscellaneous	1	1.4	0.00	0.00	0.00	0.0
Stairs, steps	1	1.4	0.00	0.00	0.00	0.0
Trash receptacle	1	1.4	0.00	0.00	0.00	0.0
	67		***$ 10,662.69***	***$ 56,552.67***	***$ 67,215.36***	

ACCIDENT TYPE

Collision/sideswipe with Another Vehicle	2	2.9	0.00	21,500.00	21,500.00	31.9
Fall or Slip (On Same Level)	5	7.4	6,232.56	13,847.02	20,079.58	29.8
Fall or Slip (From Liquid/Grease spills)	1	1.4	0.00	13,856.88	13,856.88	20.6
Lifting (strain or Injury by)	9	13.4	3,475.39	6,702.42	10,177.81	15.1
Assault	23	34.3	392.19	646.35	1,038.54	1.5
Twisting, strain or injury by	4	5.9	238.20	0.00	238.20	0.3
Stuck, injured by fellow worker, patient	3	4.4	168.80	0.00	168.80	0.2
Pushing Or Pulling (Strain or Injury by)	1	1.4	84.45	0.00	84.45	0.1
Allergic Reaction	2	2.9	71.10	0.00	71.10	0.1
Absorb, Ingest, Inhalation	2	2.9	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.4	0.00	0.00	0.00	0.0
Unknown	1	1.4	0.00	0.00	0.00	0.0
Animal Or Insect	1	1.4	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	1.4	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.4	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	4	5.9	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	4	5.9	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.4	0.00	0.00	0.00	0.0
	67		***$ 10,662.69***	***$ 56,552.67***	***$ 67,215.36***	

***BODY PART

Knee	5
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Wrist	2
Foot	2
Hip	1
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Lower Leg	2
Teeth	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Mouth	2					
Ankle	3					
Upper Leg	2					
Eye(s)	2					
Abdomen including Groin	3					
Whole Body	2					
Body System & Multiple Body Parts	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Ear(s)	1					
Elbow	1					
Facial, Other Soft Tissue	5					
Hand	2					
Lower Arm	6					
No Physical Problem	7					
Shoulder	1					
Skull	2					
Thumb	4					
Toe(s)	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
	67					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	25
Contusion	18
Multiple Physical Injuries Only	1
Laceration	11
Sprain	2
No Physical Injury	9
Respiratory Disorders	2
Inflamation	1
Puncture	4
	67

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	17	16.0	55,949.92	17,023.25	72,973.17	33.0
10AM-11:59AM	20	18.8	30,925.90	22,771.71	53,697.61	24.3
8AM-9:59AM	23	21.6	9,453.42	26,385.46	35,838.88	16.2
2PM-3:59PM	16	15.0	22,352.58	2,836.00	25,188.58	11.4
4PM-5:59PM	6	5.6	8,205.50	6,316.12	14,521.62	6.5
6AM-7:59AM	11	10.3	6,641.32	4,111.13	10,752.45	4.8
12AM-1:59AM	6	5.6	865.96	3,647.44	4,513.40	2.0
6PM-7:59PM	2	1.8	2,290.03	0.00	2,290.03	1.0
4AM-5:59AM	2	1.8	250.73	750.00	1,000.73	0.4
Unknown	2	1.8	164.24	0.00	164.24	0.0
2AM-3:59AM	1	0.9	32.42	0.00	32.42	0.0
	106		***$ 137,132.02***	***$ 83,841.11***	***$ 220,973.13***	
LENGTH OF SERVICE						
0-2	39	36.7	33,949.84	39,087.58	73,037.42	33.0
2-4	17	16.0	53,117.11	16,781.87	69,898.98	31.6
4-6	17	16.0	40,883.05	21,265.26	62,148.31	28.1
14-16	5	4.7	329.46	3,420.54	3,750.00	1.7
6-8	8	7.5	2,606.36	0.00	2,606.36	1.1
12-14	2	1.8	1,594.55	750.00	2,344.55	1.0
8-10	4	3.7	1,844.55	469.18	2,313.73	1.0
16-18	3	2.8	377.20	1,316.68	1,693.88	0.7
18-20	1	0.9	1,399.34	0.00	1,399.34	0.6
20-22	6	5.6	625.43	750.00	1,375.43	0.6
24-26	1	0.9	250.73	0.00	250.73	0.1
22-24	2	1.8	154.40	0.00	154.40	0.0
26-28	1	0.9	0.00	0.00	0.00	0.0
	106		***$ 137,132.02***	***$ 83,841.11***	***$ 220,973.13***	
AGE OF CLAIMANT						
50-54	6	5.6	50,316.29	19,699.54	70,015.83	31.6
35-39	18	16.9	33,900.62	26,674.36	60,574.98	27.4
45-49	28	26.4	23,143.91	32,002.01	55,145.92	24.9
25-29	12	11.3	16,266.32	0.00	16,266.32	7.3
55-59	13	12.2	6,737.54	1,920.54	8,658.08	3.9
40-44	18	16.9	4,180.55	3,063.80	7,244.35	3.2
65-69	2	1.8	1,512.66	0.00	1,512.66	0.6
30-34	3	2.8	460.80	480.86	941.66	0.4
20-24	6	5.6	613.33	0.00	613.33	0.2
	106		***$ 137,132.02***	***$ 83,841.11***	***$ 220,973.13***	
SEX OF CLAIMANT						
Male	56	52.8	115,610.73	77,577.84	193,188.57	87.4
Female	50	47.1	21,521.29	6,263.27	27,784.56	12.5
	106		***$ 137,132.02***	***$ 83,841.11***	***$ 220,973.13***	
LOSS CAUSE						
Mechanical powered	2	1.8	50,007.02	14,943.25	64,950.27	29.3
Walking surface, outside, dry	9	8.4	25,516.02	22,765.26	48,281.28	21.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Old Dominion University (221)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand tool, not powered, NOC	8	7.5	3,511.60	24,714.74	28,226.34	12.7
Walking surface, outside, wet	3	2.8	7,906.62	7,066.12	14,972.74	6.7
Gun / gunshot	1	0.9	10,864.70	0.00	10,864.70	4.9
Furniture / fixtures	13	12.2	3,325.13	5,146.68	8,471.81	3.8
Unknown	2	1.8	7,533.07	0.00	7,533.07	3.4
Machine, not otherwise classified	3	2.8	5,105.97	1,992.94	7,098.91	3.2
Boxes / containers	10	9.4	4,382.95	2,006.63	6,389.58	2.8
Walking surface, inside, wet	8	7.5	5,020.73	889.72	5,910.45	2.6
Excavations	3	2.8	3,309.76	0.00	3,309.76	1.5
Building parts / doors	3	2.8	1,796.55	0.00	1,796.55	0.8
Chemicals, not otherwise classified	4	3.7	1,290.00	0.00	1,290.00	0.5
Metal items	5	4.7	495.54	750.00	1,245.54	0.5
Ladders, scaffolding	1	0.9	1,075.70	0.00	1,075.70	0.4
Hand tool, powered, NOC	2	1.8	216.81	750.00	966.81	0.4
Door	2	1.8	196.43	750.00	946.43	0.4
Ladder - Portable	1	0.9	884.00	0.00	884.00	0.4
Vehicle/car/truck	1	0.9	808.18	0.00	808.18	0.3
Elevators, escalators	1	0.9	164.00	586.00	750.00	0.3
Environmental conditions	1	0.9	0.00	750.00	750.00	0.3
Walking surface, inside, dry	1	0.9	241.38	508.62	750.00	0.3
Wood Items	1	0.9	528.85	221.15	750.00	0.3
Fencing	1	0.9	728.60	0.00	728.60	0.3
Object on Floor	1	0.9	679.73	0.00	679.73	0.3
Animal / bee type	3	2.8	348.71	0.00	348.71	0.1
Glass bottle / sheet	1	0.9	310.58	0.00	310.58	0.1
Tire	1	0.9	285.73	0.00	285.73	0.1
Office equipment	1	0.9	278.06	0.00	278.06	0.1
Person	2	1.8	218.60	0.00	218.60	0.1
Animal, not otherwise classified	1	0.9	101.00	0.00	101.00	0.0
Floor	1	0.9	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	5	4.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	0.9	0.00	0.00	0.00	0.0
Brush / tree / log	1	0.9	0.00	0.00	0.00	0.0
Uneven Surface	2	1.8	0.00	0.00	0.00	0.0
	106		***$ 137,132.02***	***$ 83,841.11***	***$ 220,973.13***	

ACCIDENT TYPE

Object Handled (caught in or between)	6	5.6	51,950.93	15,673.93	67,624.86	30.6
Fall or Slip (On Same Level)	21	19.8	30,790.40	24,432.74	55,223.14	24.9
Pushing Or Pulling (Strain or Injury by)	9	8.4	5,682.55	27,313.00	32,995.55	14.9
Fall or Slip (From Different Level)	9	8.4	12,656.02	7,546.98	20,203.00	9.1
Struck/Injured by Falling or Flying Object	7	6.6	12,179.76	750.00	12,929.76	5.8
Strike Against/Step on Stationary Object	8	7.5	9,614.91	221.15	9,836.06	4.4
Lifting (strain or Injury by)	11	10.3	2,855.59	5,146.68	8,002.27	3.6
Cumulative (Not Otherwise Classified)	3	2.8	1,993.37	1,256.63	3,250.00	1.4
Object being lifted/handled (cut,punc.scrape,inj b	8	7.5	2,228.19	750.00	2,978.19	1.3
Holding Or Carrying (Strain or Injury by)	3	2.8	1,940.28	0.00	1,940.28	0.8
Absorb, Ingest, Inhalation	3	2.8	1,290.00	0.00	1,290.00	0.5
Fall or Slip (From Ladder/Scaffolding)	1	0.9	884.00	0.00	884.00	0.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Old Dominion University (221)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Twisting, strain or injury by	1	0.9	872.75	0.00	872.75	0.3
Vehicle Upset	2	1.8	808.18	0.00	808.18	0.3
Struck/Injured by Object Being Lifted/Handled	1	0.9	0.00	750.00	750.00	0.3
Fall or Slip (From Liquid/Grease spills)	2	1.8	451.54	0.00	451.54	0.2
Animal Or Insect	5	4.7	449.71	0.00	449.71	0.2
Strike Against/Step On Obj. Being Lifted or Handle	2	1.8	265.24	0.00	265.24	0.1
Stuck, injured by fellow worker, patient	1	0.9	218.60	0.00	218.60	0.1
Struck/Injured by Object Handled By Other	1	0.9	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	0.9	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	0.9	0.00	0.00	0.00	0.0
	106		***$ 137,132.02***	***$ 83,841.11***	***$ 220,973.13***	

***BODY PART**

Ankle	12
Elbow	4
Knee	8
Shoulder	9
Lower Back Area (Lumbar and Lumbo-Sacral)	21
Hip	6
Buttocks	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Hand	13
Upper Arm (Inc: Clavicle and Scapula)	3
Lower Arm	11
Upper Back Area (Thoracic Area)	6
Facial, Other Soft Tissue	8
Foot	2
Wrist	5
Upper Leg	3
Finger(s)	9
Soft Tissue - Neck	1
Mouth	4
Thumb	2
Lungs	2
Heart	1
Abdomen including Groin	1
Eye(s)	2
Great Toe	1
Multiple Body Parts	1
Nose	2
Ear(s)	1
No Physical Problem	1
	106

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	41
Sprain	15

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Old Dominion University (221)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fracture	1					
Contusion	52					
Puncture	3					
Laceration	16					
Inflamation	11					
Poisoning - Chemical	2					
All Other Cumulative	1					
Crushing	1					
No Physical Injury	1					
	106					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Prof & Occup. Reg., Dept. (222)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	25.0	0.00	750.00	750.00	88.7
10AM-11:59AM	2	50.0	95.40	0.00	95.40	11.2
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 95.40***	***$ 750.00***	***$ 845.40***	
LENGTH OF SERVICE						
30-32	1	25.0	0.00	750.00	750.00	88.7
0-2	2	50.0	95.40	0.00	95.40	11.2
12-14	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 95.40***	***$ 750.00***	***$ 845.40***	
AGE OF CLAIMANT						
65-69	1	25.0	0.00	750.00	750.00	88.7
20-24	1	25.0	95.40	0.00	95.40	11.2
40-44	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		***$ 95.40***	***$ 750.00***	***$ 845.40***	
SEX OF CLAIMANT						
Female	3	75.0	0.00	750.00	750.00	88.7
Male	1	25.0	95.40	0.00	95.40	11.2
	4		***$ 95.40***	***$ 750.00***	***$ 845.40***	
LOSS CAUSE						
Furniture / fixtures	1	25.0	0.00	750.00	750.00	88.7
Metal items	2	50.0	95.40	0.00	95.40	11.2
Door	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 95.40***	***$ 750.00***	***$ 845.40***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	0.00	750.00	750.00	88.7
Object being lifted/handled (cut,punc.scrape,inj b	2	50.0	95.40	0.00	95.40	11.2
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 95.40***	***$ 750.00***	***$ 845.40***	
*****BODY PART***						
Shoulder	1					
Thumb	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***	
Strain	1
Laceration	2
Puncture	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Prof & Occup. Reg., Dept. (222)
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health Professions Dept. (223)
SubAgency: Va St Board Of (227)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	2	40.0	6,094.82	14,751.00	20,845.82	100.0
8AM-9:59AM	3	60.0	0.00	0.00	0.00	0.0
	5		***$ 6,094.82***	***$ 14,751.00***	***$ 20,845.82***	
LENGTH OF SERVICE						
4-6	1	20.0	6,094.82	14,751.00	20,845.82	100.0
0-2	2	40.0	0.00	0.00	0.00	0.0
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		***$ 6,094.82***	***$ 14,751.00***	***$ 20,845.82***	
AGE OF CLAIMANT						
60-64	2	40.0	6,094.82	14,751.00	20,845.82	100.0
40-44	1	20.0	0.00	0.00	0.00	0.0
55-59	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		***$ 6,094.82***	***$ 14,751.00***	***$ 20,845.82***	
SEX OF CLAIMANT						
Female	5	100.0	6,094.82	14,751.00	20,845.82	100.0
	5		***$ 6,094.82***	***$ 14,751.00***	***$ 20,845.82***	
LOSS CAUSE						
Food	1	20.0	6,094.82	14,751.00	20,845.82	100.0
Boxes / containers	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
Walking surface, outside, dry	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 6,094.82***	***$ 14,751.00***	***$ 20,845.82***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	60.0	6,094.82	14,751.00	20,845.82	100.0
Fall or Slip (From Liquid/Grease spills)	1	20.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 6,094.82***	***$ 14,751.00***	***$ 20,845.82***	

*****BODY PART***	
Hip	1
Knee	3
Facial, Other Soft Tissue	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	4
Laceration	1
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health Professions Dept. (223)
SubAgency: Va St Board Of (227)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Payroll Accounting (10)

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						
32-34	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						
Vehicle, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Treasurers Office (14)

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						
10-12	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						
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						
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***						
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Telecommunication Service (19)

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						
Electrical equipment	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***						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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	1	
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu President's Office (26)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	111.85	638.15	750.00	100.0
	1		***$ 111.85***	***$ 638.15***	***$ 750.00***	
LENGTH OF SERVICE						
4-6	1	100.0	111.85	638.15	750.00	100.0
	1		***$ 111.85***	***$ 638.15***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	111.85	638.15	750.00	100.0
	1		***$ 111.85***	***$ 638.15***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	111.85	638.15	750.00	100.0
	1		***$ 111.85***	***$ 638.15***	***$ 750.00***	
LOSS CAUSE						
Insufficient data	1	100.0	111.85	638.15	750.00	100.0
	1		***$ 111.85***	***$ 638.15***	***$ 750.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	111.85	638.15	750.00	100.0
	1		***$ 111.85***	***$ 638.15***	***$ 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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:53

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Director Of Athletics (36)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	237.80	512.20	750.00	100.0
	1		***$ 237.80***	***$ 512.20***	***$ 750.00***	
LENGTH OF SERVICE						
2-4	1	100.0	237.80	512.20	750.00	100.0
	1		***$ 237.80***	***$ 512.20***	***$ 750.00***	
AGE OF CLAIMANT						
25-29	1	100.0	237.80	512.20	750.00	100.0
	1		***$ 237.80***	***$ 512.20***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	237.80	512.20	750.00	100.0
	1		***$ 237.80***	***$ 512.20***	***$ 750.00***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	237.80	512.20	750.00	100.0
	1		***$ 237.80***	***$ 512.20***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	237.80	512.20	750.00	100.0
	1		***$ 237.80***	***$ 512.20***	***$ 750.00***	
*****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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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						
26-28	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, 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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						
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						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Psychology (83)

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						
30-32	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						
Shelving	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***						
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***						
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 2002

By Agencies,SubAgencies

Frank Gates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Accounting (94)

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						
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						
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***						
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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Education Department (112)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	875.30	0.00	875.30	100.0
	1		***$ 875.30***	***$ 0.00***	***$ 875.30***	
LENGTH OF SERVICE						
2-4	1	100.0	875.30	0.00	875.30	100.0
	1		***$ 875.30***	***$ 0.00***	***$ 875.30***	
AGE OF CLAIMANT						
55-59	1	100.0	875.30	0.00	875.30	100.0
	1		***$ 875.30***	***$ 0.00***	***$ 875.30***	
SEX OF CLAIMANT						
Female	1	100.0	875.30	0.00	875.30	100.0
	1		***$ 875.30***	***$ 0.00***	***$ 875.30***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	875.30	0.00	875.30	100.0
	1		***$ 875.30***	***$ 0.00***	***$ 875.30***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	875.30	0.00	875.30	100.0
	1		***$ 875.30***	***$ 0.00***	***$ 875.30***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cont Ed & Field Studies (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	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						
4-6	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						
30-34	2	100.0	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						
Office equipment	1	50.0	0.00	0.00	0.00	0.0
Furniture / fixtures	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
Pushing Or Pulling (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					
Abdomen including Groin	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Social Work Masters Program (128)

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						
8-10	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						
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 (On Same Level)	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ues/recruitment (136)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	124.75	0.00	124.75	100.0
	1		***$ 124.75***	***$ 0.00***	***$ 124.75***	
LENGTH OF SERVICE						
18-20	1	100.0	124.75	0.00	124.75	100.0
	1		***$ 124.75***	***$ 0.00***	***$ 124.75***	
AGE OF CLAIMANT						
40-44	1	100.0	124.75	0.00	124.75	100.0
	1		***$ 124.75***	***$ 0.00***	***$ 124.75***	
SEX OF CLAIMANT						
Female	1	100.0	124.75	0.00	124.75	100.0
	1		***$ 124.75***	***$ 0.00***	***$ 124.75***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	124.75	0.00	124.75	100.0
	1		***$ 124.75***	***$ 0.00***	***$ 124.75***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	124.75	0.00	124.75	100.0
	1		***$ 124.75***	***$ 0.00***	***$ 124.75***	
*****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***						
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	100.0	797.82	0.00	797.82	100.0
	1		***$ 797.82***	***$ 0.00***	***$ 797.82***	
LENGTH OF SERVICE						
26-28	1	100.0	797.82	0.00	797.82	100.0
	1		***$ 797.82***	***$ 0.00***	***$ 797.82***	
AGE OF CLAIMANT						
40-44	1	100.0	797.82	0.00	797.82	100.0
	1		***$ 797.82***	***$ 0.00***	***$ 797.82***	
SEX OF CLAIMANT						
Female	1	100.0	797.82	0.00	797.82	100.0
	1		***$ 797.82***	***$ 0.00***	***$ 797.82***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	797.82	0.00	797.82	100.0
	1		***$ 797.82***	***$ 0.00***	***$ 797.82***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	797.82	0.00	797.82	100.0
	1		***$ 797.82***	***$ 0.00***	***$ 797.82***	
*****BODY PART***						
Knee	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***		
Unknown	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Library Services (140)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	460.90	0.00	460.90	100.0
	1		***$ 460.90***	***$ 0.00***	***$ 460.90***	
LENGTH OF SERVICE						
2-4	1	100.0	460.90	0.00	460.90	100.0
	1		***$ 460.90***	***$ 0.00***	***$ 460.90***	
AGE OF CLAIMANT						
20-24	1	100.0	460.90	0.00	460.90	100.0
	1		***$ 460.90***	***$ 0.00***	***$ 460.90***	
SEX OF CLAIMANT						
Male	1	100.0	460.90	0.00	460.90	100.0
	1		***$ 460.90***	***$ 0.00***	***$ 460.90***	
LOSS CAUSE						
Office equipment	1	100.0	460.90	0.00	460.90	100.0
	1		***$ 460.90***	***$ 0.00***	***$ 460.90***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	460.90	0.00	460.90	100.0
	1		***$ 460.90***	***$ 0.00***	***$ 460.90***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Preservation Services (142)

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						
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						
Cart	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Pushing Or Pulling (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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Lca: Cataloging Services (154)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	214.15	535.85	750.00	100.0
	1		***$ 214.15***	***$ 535.85***	***$ 750.00***	
LENGTH OF SERVICE						
10-12	1	100.0	214.15	535.85	750.00	100.0
	1		***$ 214.15***	***$ 535.85***	***$ 750.00***	
AGE OF CLAIMANT						
45-49	1	100.0	214.15	535.85	750.00	100.0
	1		***$ 214.15***	***$ 535.85***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	214.15	535.85	750.00	100.0
	1		***$ 214.15***	***$ 535.85***	***$ 750.00***	
LOSS CAUSE						
Docks,Ramps,Loading Platforms	1	100.0	214.15	535.85	750.00	100.0
	1		***$ 214.15***	***$ 535.85***	***$ 750.00***	
ACCIDENT TYPE						
Jumping (Strain or Injury by)	1	100.0	214.15	535.85	750.00	100.0
	1		***$ 214.15***	***$ 535.85***	***$ 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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						
10-12	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						
Object on Floor	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:54

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	3	8.1	7,459.53	19.20	7,478.73	69.3
8AM-9:59AM	8	21.6	2,064.21	0.00	2,064.21	19.1
2AM-3:59AM	6	16.2	320.00	750.00	1,070.00	9.9
Unknown	1	2.7	102.40	0.00	102.40	0.9
4AM-5:59AM	4	10.8	72.00	0.00	72.00	0.6
6AM-7:59AM	5	13.5	0.00	0.00	0.00	0.0
10AM-11:59AM	6	16.2	0.00	0.00	0.00	0.0
12PM-1:59PM	3	8.1	0.00	0.00	0.00	0.0
2PM-3:59PM	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 10,018.14***	***$ 769.20***	***$ 10,787.34***	
LENGTH OF SERVICE						
2-4	7	18.9	6,842.18	19.20	6,861.38	63.6
4-6	9	24.3	1,307.90	0.00	1,307.90	12.1
8-10	5	13.5	1,145.51	0.00	1,145.51	10.6
16-18	2	5.4	221.40	750.00	971.40	9.0
0-2	8	21.6	429.15	0.00	429.15	3.9
14-16	2	5.4	72.00	0.00	72.00	0.6
10-12	1	2.7	0.00	0.00	0.00	0.0
20-22	2	5.4	0.00	0.00	0.00	0.0
6-8	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 10,018.14***	***$ 769.20***	***$ 10,787.34***	
AGE OF CLAIMANT						
25-29	11	29.7	7,635.38	19.20	7,654.58	70.9
30-34	13	35.1	1,511.66	0.00	1,511.66	14.0
45-49	6	16.2	680.95	750.00	1,430.95	13.2
20-24	2	5.4	118.15	0.00	118.15	1.1
40-44	3	8.1	72.00	0.00	72.00	0.6
35-39	2	5.4	0.00	0.00	0.00	0.0
	37		***$ 10,018.14***	***$ 769.20***	***$ 10,787.34***	
SEX OF CLAIMANT						
Male	28	75.6	8,000.08	769.20	8,769.28	81.2
Female	9	24.3	2,018.06	0.00	2,018.06	18.7
	37		***$ 10,018.14***	***$ 769.20***	***$ 10,787.34***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	5.4	6,357.88	19.20	6,377.08	59.1
Person	5	13.5	2,436.15	0.00	2,436.15	22.5
Vehicle/car/truck	1	2.7	0.00	750.00	750.00	6.9
Patient / Inmate	17	45.9	630.66	0.00	630.66	5.8
Stairs, steps	2	5.4	357.15	0.00	357.15	3.3
Insufficient data	1	2.7	118.15	0.00	118.15	1.1
Walking surface, outside, dry	1	2.7	118.15	0.00	118.15	1.1
Chemicals, not otherwise classified	4	10.8	0.00	0.00	0.00	0.0
Brush / tree / log	1	2.7	0.00	0.00	0.00	0.0
Foreign Object	1	2.7	0.00	0.00	0.00	0.0
Gun / gunshot	1	2.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Infectious agent	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 10,018.14***	***$ 769.20***	***$ 10,787.34***	

ACCIDENT TYPE

Collision/sideswipe with Another Vehicle	1	2.7	6,357.88	19.20	6,377.08	59.1
Fall or Slip (On Same Level)	3	8.1	1,323.65	0.00	1,323.65	12.2
Stuck, injured by fellow worker, patient	7	18.9	952.25	0.00	952.25	8.8
Struck/Injured by Motor Vehicle	1	2.7	0.00	750.00	750.00	6.9
Assault	4	10.8	422.40	0.00	422.40	3.9
Twisting, strain or injury by	1	2.7	357.15	0.00	357.15	3.3
Absorb, Ingest, Inhalation	5	13.5	265.26	0.00	265.26	2.4
Lifting (strain or Injury by)	1	2.7	221.40	0.00	221.40	2.0
Infectious Disease Exposure	2	5.4	118.15	0.00	118.15	1.1
Fall or slip (on stairs)	1	2.7	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	5	13.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	2.7	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	5.4	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	2.7	0.00	0.00	0.00	0.0
Rubbed/Abraded by repetitive motion	1	2.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 10,018.14***	***$ 769.20***	***$ 10,787.34***	

***BODY PART

Multiple Head Injury	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Thumb	2
Wrist	1
Foot	1
Facial, Other Soft Tissue	4
Shoulder	2
Hand	4
Nose	2
Insufficient Information	7
Elbow	1
Knee	2
Ankle	2
Internal Organs	1
Eye(s)	1
Lower Arm	4
Lungs	2
	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

Contusion	11
Sprain	5
Strain	2
Foreign Body	11

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Laceration	4					
Poisoning - Chemical	4					
Puncture	1					
Respiratory Disorders	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Resources (175)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,466.15	0.00	1,466.15	100.0
	1		***$ 1,466.15***	***$ 0.00***	***$ 1,466.15***	
LENGTH OF SERVICE						
8-10	1	100.0	1,466.15	0.00	1,466.15	100.0
	1		***$ 1,466.15***	***$ 0.00***	***$ 1,466.15***	
AGE OF CLAIMANT						
40-44	1	100.0	1,466.15	0.00	1,466.15	100.0
	1		***$ 1,466.15***	***$ 0.00***	***$ 1,466.15***	
SEX OF CLAIMANT						
Female	1	100.0	1,466.15	0.00	1,466.15	100.0
	1		***$ 1,466.15***	***$ 0.00***	***$ 1,466.15***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	100.0	1,466.15	0.00	1,466.15	100.0
	1		***$ 1,466.15***	***$ 0.00***	***$ 1,466.15***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	1,466.15	0.00	1,466.15	100.0
	1		***$ 1,466.15***	***$ 0.00***	***$ 1,466.15***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Fiscal & Admin Services (180)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	339.80	2,660.20	3,000.00	100.0
	1		***$ 339.80***	***$ 2,660.20***	***$ 3,000.00***	
LENGTH OF SERVICE						
2-4	1	100.0	339.80	2,660.20	3,000.00	100.0
	1		***$ 339.80***	***$ 2,660.20***	***$ 3,000.00***	
AGE OF CLAIMANT						
25-29	1	100.0	339.80	2,660.20	3,000.00	100.0
	1		***$ 339.80***	***$ 2,660.20***	***$ 3,000.00***	
SEX OF CLAIMANT						
Female	1	100.0	339.80	2,660.20	3,000.00	100.0
	1		***$ 339.80***	***$ 2,660.20***	***$ 3,000.00***	
LOSS CAUSE						
Cart	1	100.0	339.80	2,660.20	3,000.00	100.0
	1		***$ 339.80***	***$ 2,660.20***	***$ 3,000.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	339.80	2,660.20	3,000.00	100.0
	1		***$ 339.80***	***$ 2,660.20***	***$ 3,000.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ppd Administration (187)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	2,567.42	4,782.58	7,350.00	100.0
	1		***$ 2,567.42***	***$ 4,782.58***	***$ 7,350.00***	
LENGTH OF SERVICE						
4-6	1	100.0	2,567.42	4,782.58	7,350.00	100.0
	1		***$ 2,567.42***	***$ 4,782.58***	***$ 7,350.00***	
AGE OF CLAIMANT						
40-44	1	100.0	2,567.42	4,782.58	7,350.00	100.0
	1		***$ 2,567.42***	***$ 4,782.58***	***$ 7,350.00***	
SEX OF CLAIMANT						
Male	1	100.0	2,567.42	4,782.58	7,350.00	100.0
	1		***$ 2,567.42***	***$ 4,782.58***	***$ 7,350.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	2,567.42	4,782.58	7,350.00	100.0
	1		***$ 2,567.42***	***$ 4,782.58***	***$ 7,350.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	2,567.42	4,782.58	7,350.00	100.0
	1		***$ 2,567.42***	***$ 4,782.58***	***$ 7,350.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Highway Equipment (191)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	50.0	19,046.99	15,627.98	34,674.97	99.2
8AM-9:59AM	1	50.0	247.26	0.00	247.26	0.7
	2		***$ 19,294.25***	***$ 15,627.98***	***$ 34,922.23***	
LENGTH OF SERVICE						
4-6	1	50.0	19,046.99	15,627.98	34,674.97	99.2
0-2	1	50.0	247.26	0.00	247.26	0.7
	2		***$ 19,294.25***	***$ 15,627.98***	***$ 34,922.23***	
AGE OF CLAIMANT						
40-44	2	100.0	19,294.25	15,627.98	34,922.23	100.0
	2		***$ 19,294.25***	***$ 15,627.98***	***$ 34,922.23***	
SEX OF CLAIMANT						
Male	2	100.0	19,294.25	15,627.98	34,922.23	100.0
	2		***$ 19,294.25***	***$ 15,627.98***	***$ 34,922.23***	
LOSS CAUSE						
Machine, not otherwise classified	1	50.0	19,046.99	15,627.98	34,674.97	99.2
Sharp objects, not otherwise classified	1	50.0	247.26	0.00	247.26	0.7
	2		***$ 19,294.25***	***$ 15,627.98***	***$ 34,922.23***	
ACCIDENT TYPE						
Strike Against/Step On Moving Part Of Machine	1	50.0	19,046.99	15,627.98	34,674.97	99.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	247.26	0.00	247.26	0.7
	2		***$ 19,294.25***	***$ 15,627.98***	***$ 34,922.23***	
*****BODY PART***						
Wrist	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***		
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Grounds (205)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	2	66.6	0.00	0.00	0.00	0.0
14-16	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	33.3	0.00	0.00	0.00	0.0
75-79	1	33.3	0.00	0.00	0.00	0.0
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Animal / insect, not otherwise classified	2	66.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	2	66.6	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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***	
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Minority Student Affairs (225)

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						
10-12	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						
Boxes / containers	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Lifting (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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Student Commons (226)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Counseling Center (227)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	117.30	0.00	117.30	100.0
	1		***$ 117.30***	***$ 0.00***	***$ 117.30***	
LENGTH OF SERVICE						
2-4	1	100.0	117.30	0.00	117.30	100.0
	1		***$ 117.30***	***$ 0.00***	***$ 117.30***	
AGE OF CLAIMANT						
30-34	1	100.0	117.30	0.00	117.30	100.0
	1		***$ 117.30***	***$ 0.00***	***$ 117.30***	
SEX OF CLAIMANT						
Female	1	100.0	117.30	0.00	117.30	100.0
	1		***$ 117.30***	***$ 0.00***	***$ 117.30***	
LOSS CAUSE						
Uneven Surface	1	100.0	117.30	0.00	117.30	100.0
	1		***$ 117.30***	***$ 0.00***	***$ 117.30***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	117.30	0.00	117.30	100.0
	1		***$ 117.30***	***$ 0.00***	***$ 117.30***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dean Of Student Affairs (228)

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						
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						
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						
Struck/Injured by Hand Tool/Machine In Use	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univeristy Housing (229)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	44.4	328.35	7,982.55	8,310.90	96.6
4AM-5:59AM	1	11.1	268.50	0.00	268.50	3.1
8AM-9:59AM	2	22.2	19.20	0.00	19.20	0.2
12AM-1:59AM	1	11.1	0.00	0.00	0.00	0.0
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 616.05***	***$ 7,982.55***	***$ 8,598.60***	
LENGTH OF SERVICE						
14-16	1	11.1	0.00	7,500.00	7,500.00	87.2
10-12	1	11.1	267.45	482.55	750.00	8.7
2-4	1	11.1	268.50	0.00	268.50	3.1
16-18	1	11.1	60.90	0.00	60.90	0.7
6-8	1	11.1	19.20	0.00	19.20	0.2
0-2	3	33.3	0.00	0.00	0.00	0.0
8-10	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 616.05***	***$ 7,982.55***	***$ 8,598.60***	
AGE OF CLAIMANT						
45-49	2	22.2	60.90	7,500.00	7,560.90	87.9
35-39	1	11.1	267.45	482.55	750.00	8.7
20-24	2	22.2	268.50	0.00	268.50	3.1
60-64	1	11.1	19.20	0.00	19.20	0.2
50-54	1	11.1	0.00	0.00	0.00	0.0
40-44	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		***$ 616.05***	***$ 7,982.55***	***$ 8,598.60***	
SEX OF CLAIMANT						
Female	2	22.2	0.00	7,500.00	7,500.00	87.2
Male	7	77.7	616.05	482.55	1,098.60	12.7
	9		***$ 616.05***	***$ 7,982.55***	***$ 8,598.60***	
LOSS CAUSE						
Trash receptacle	1	11.1	0.00	7,500.00	7,500.00	87.2
Wood Items	1	11.1	267.45	482.55	750.00	8.7
Stairs, steps	2	22.2	329.40	0.00	329.40	3.8
Object on Floor	1	11.1	19.20	0.00	19.20	0.2
Hand tool, not powered, NOC	1	11.1	0.00	0.00	0.00	0.0
Minerals / dirt	1	11.1	0.00	0.00	0.00	0.0
Door	1	11.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 616.05***	***$ 7,982.55***	***$ 8,598.60***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	11.1	0.00	7,500.00	7,500.00	87.2
Object Handled (caught in or between)	1	11.1	267.45	482.55	750.00	8.7
Fall or slip (on stairs)	2	22.2	329.40	0.00	329.40	3.8
Fall or Slip (On Same Level)	1	11.1	19.20	0.00	19.20	0.2
Foreign Body In Eye	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univeristy Housing (229)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Using Tool Or Machine (Strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 616.05***	***$ 7,982.55***	***$ 8,598.60***	

*****BODY PART***

Abdomen including Groin	1
Finger(s)	2
Ankle	1
Buttocks	1
Shoulder	1
Elbow	1
Eye(s)	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***

Strain	1
Fracture	1
Sprain	2
Contusion	2
Dislocation	1
Foreign Body	1
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Bachelor Of General Studies (238)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cooperative Education (240)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
12AM-1:59AM	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						
55-59	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						
Cleaning Products	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						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	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***						
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***		
Burn	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:55

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cancer Center (248)

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						
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						
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***						
Internal Organs	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Anaomy (262)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	33.3	0.00	750.00	750.00	100.0
12AM-1:59AM	1	16.6	0.00	0.00	0.00	0.0
12PM-1:59PM	1	16.6	0.00	0.00	0.00	0.0
2PM-3:59PM	1	16.6	0.00	0.00	0.00	0.0
4AM-5:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
14-16	1	16.6	0.00	750.00	750.00	100.0
10-12	1	16.6	0.00	0.00	0.00	0.0
24-26	1	16.6	0.00	0.00	0.00	0.0
12-14	1	16.6	0.00	0.00	0.00	0.0
18-20	1	16.6	0.00	0.00	0.00	0.0
28-30	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	2	33.3	0.00	750.00	750.00	100.0
50-54	1	16.6	0.00	0.00	0.00	0.0
60-64	2	33.3	0.00	0.00	0.00	0.0
45-49	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	16.6	0.00	750.00	750.00	100.0
Male	5	83.3	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Object on Floor	1	16.6	0.00	750.00	750.00	100.0
Cabinet	1	16.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Building parts / doors	1	16.6	0.00	0.00	0.00	0.0
Needle stick	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	33.3	0.00	750.00	750.00	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	16.6	0.00	0.00	0.00	0.0
Animal Or Insect	1	16.6	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Foot	1					
Finger(s)	2					
Hand	1					
Facial, Other Soft Tissue	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Anaomy (262)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Insufficient Information	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	1
Laceration	3
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Biochemistry & Molecular (263)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	26,977.94	18,118.06	45,096.00	100.0
	1		***$ 26,977.94***	***$ 18,118.06***	***$ 45,096.00***	
LENGTH OF SERVICE						
2-4	1	100.0	26,977.94	18,118.06	45,096.00	100.0
	1		***$ 26,977.94***	***$ 18,118.06***	***$ 45,096.00***	
AGE OF CLAIMANT						
30-34	1	100.0	26,977.94	18,118.06	45,096.00	100.0
	1		***$ 26,977.94***	***$ 18,118.06***	***$ 45,096.00***	
SEX OF CLAIMANT						
Female	1	100.0	26,977.94	18,118.06	45,096.00	100.0
	1		***$ 26,977.94***	***$ 18,118.06***	***$ 45,096.00***	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	26,977.94	18,118.06	45,096.00	100.0
	1		***$ 26,977.94***	***$ 18,118.06***	***$ 45,096.00***	
ACCIDENT TYPE						
Steam Or Hot Fluids	1	100.0	26,977.94	18,118.06	45,096.00	100.0
	1		***$ 26,977.94***	***$ 18,118.06***	***$ 45,096.00***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Genetics (265)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
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
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
32-34	1	25.0	0.00	0.00	0.00	0.0
0-2	2	50.0	0.00	0.00	0.00	0.0
12-14	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	25.0	0.00	0.00	0.00	0.0
25-29	2	50.0	0.00	0.00	0.00	0.0
50-54	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 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						
Chemicals, not otherwise classified	2	50.0	0.00	0.00	0.00	0.0
Computer Work Station	1	25.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	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
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		***$ 0.00***	***$ 0.00***	***$ 0.00***	

*****BODY PART***	
Lungs	1
Eye(s)	1
Hand	1
Insufficient Information	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***	
Poisoning - Chemical	1
Foreign Body	2
Puncture	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Genetics (265)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Microbiology & Immunology (266)

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						
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						
Animal, 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacology & Toxicology (267)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	40.0	38.40	750.00	788.40	48.9
8AM-9:59AM	1	10.0	0.00	750.00	750.00	46.5
4AM-5:59AM	1	10.0	72.00	0.00	72.00	4.4
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
2AM-3:59AM	2	20.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 110.40***	***$ 1,500.00***	***$ 1,610.40***	
LENGTH OF SERVICE						
20-22	2	20.0	72.00	750.00	822.00	51.0
16-18	1	10.0	0.00	750.00	750.00	46.5
12-14	1	10.0	38.40	0.00	38.40	2.3
0-2	5	50.0	0.00	0.00	0.00	0.0
2-4	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 110.40***	***$ 1,500.00***	***$ 1,610.40***	
AGE OF CLAIMANT						
50-54	2	20.0	72.00	750.00	822.00	51.0
40-44	1	10.0	0.00	750.00	750.00	46.5
45-49	1	10.0	38.40	0.00	38.40	2.3
20-24	1	10.0	0.00	0.00	0.00	0.0
35-39	1	10.0	0.00	0.00	0.00	0.0
25-29	4	40.0	0.00	0.00	0.00	0.0
	10		***$ 110.40***	***$ 1,500.00***	***$ 1,610.40***	
SEX OF CLAIMANT						
Female	8	80.0	38.40	1,500.00	1,538.40	95.5
Male	2	20.0	72.00	0.00	72.00	4.4
	10		***$ 110.40***	***$ 1,500.00***	***$ 1,610.40***	
LOSS CAUSE						
Uneven Surface	2	20.0	38.40	750.00	788.40	48.9
Pipe	1	10.0	0.00	750.00	750.00	46.5
Water	1	10.0	72.00	0.00	72.00	4.4
Animal / insect, not otherwise classified	3	30.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	10.0	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 110.40***	***$ 1,500.00***	***$ 1,610.40***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	20.0	0.00	1,500.00	1,500.00	93.1
Fall or Slip (From Liquid/Grease spills)	1	10.0	72.00	0.00	72.00	4.4
Fall or slip (on stairs)	1	10.0	38.40	0.00	38.40	2.3
Animal Or Insect	4	40.0	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
Contact with Cold Objects or Substances	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacology & Toxicology (267)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	10		***$ 110.40***	***$ 1,500.00***	***$ 1,610.40***	
*****BODY PART***						
Elbow	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Neck Injury	1					
Shoulder	1					
Insufficient Information	2					
Wrist	1					
Hand	1					
Thumb	1					
Finger(s)	3					
Foot	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	3					
Contusion	3					
Sprain	1					
Laceration	1					
Puncture	5					
Dermatitis	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 2002

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Physiology (269)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	2,143.18	0.00	2,143.18	100.0
	1		***$ 2,143.18***	***$ 0.00***	***$ 2,143.18***	
LENGTH OF SERVICE						
0-2	1	100.0	2,143.18	0.00	2,143.18	100.0
	1		***$ 2,143.18***	***$ 0.00***	***$ 2,143.18***	
AGE OF CLAIMANT						
25-29	1	100.0	2,143.18	0.00	2,143.18	100.0
	1		***$ 2,143.18***	***$ 0.00***	***$ 2,143.18***	
SEX OF CLAIMANT						
Female	1	100.0	2,143.18	0.00	2,143.18	100.0
	1		***$ 2,143.18***	***$ 0.00***	***$ 2,143.18***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	2,143.18	0.00	2,143.18	100.0
	1		***$ 2,143.18***	***$ 0.00***	***$ 2,143.18***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	2,143.18	0.00	2,143.18	100.0
	1		***$ 2,143.18***	***$ 0.00***	***$ 2,143.18***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Denistry/research (274)

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						
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						
Dust	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Allergic Reaction	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Internal Organs	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic (276)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	50.0	107.99	0.00	107.99	51.7
4AM-5:59AM	1	50.0	100.80	0.00	100.80	48.2
	2		***$ 208.79***	***$ 0.00***	***$ 208.79***	
LENGTH OF SERVICE						
2-4	1	50.0	107.99	0.00	107.99	51.7
16-18	1	50.0	100.80	0.00	100.80	48.2
	2		***$ 208.79***	***$ 0.00***	***$ 208.79***	
AGE OF CLAIMANT						
25-29	1	50.0	107.99	0.00	107.99	51.7
45-49	1	50.0	100.80	0.00	100.80	48.2
	2		***$ 208.79***	***$ 0.00***	***$ 208.79***	
SEX OF CLAIMANT						
Male	1	50.0	107.99	0.00	107.99	51.7
Female	1	50.0	100.80	0.00	100.80	48.2
	2		***$ 208.79***	***$ 0.00***	***$ 208.79***	
LOSS CAUSE						
Fencing	1	50.0	107.99	0.00	107.99	51.7
Walking surface, inside, dry	1	50.0	100.80	0.00	100.80	48.2
	2		***$ 208.79***	***$ 0.00***	***$ 208.79***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	107.99	0.00	107.99	51.7
Twisting, strain or injury by	1	50.0	100.80	0.00	100.80	48.2
	2		***$ 208.79***	***$ 0.00***	***$ 208.79***	
*****BODY PART***						
Multiple Neck Injury	1					
Ankle	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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic/oral Surgery (280)

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						
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						
Vehicle, not otherwise classified	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Endodontics (282)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	95.1
2AM-3:59AM	1	50.0	38.40	0.00	38.40	4.8
	2		***$ 38.40***	***$ 750.00***	***$ 788.40***	
LENGTH OF SERVICE						
10-12	1	50.0	0.00	750.00	750.00	95.1
14-16	1	50.0	38.40	0.00	38.40	4.8
	2		***$ 38.40***	***$ 750.00***	***$ 788.40***	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	750.00	750.00	95.1
45-49	1	50.0	38.40	0.00	38.40	4.8
	2		***$ 38.40***	***$ 750.00***	***$ 788.40***	
SEX OF CLAIMANT						
Female	2	100.0	38.40	750.00	788.40	100.0
	2		***$ 38.40***	***$ 750.00***	***$ 788.40***	
LOSS CAUSE						
Miscellaneous	1	50.0	0.00	750.00	750.00	95.1
Uneven Surface	1	50.0	38.40	0.00	38.40	4.8
	2		***$ 38.40***	***$ 750.00***	***$ 788.40***	
ACCIDENT TYPE						
Repetitive Motion	1	50.0	0.00	750.00	750.00	95.1
Fall or Slip (On Same Level)	1	50.0	38.40	0.00	38.40	4.8
	2		***$ 38.40***	***$ 750.00***	***$ 788.40***	
*****BODY PART***						
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
Knee	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***						
Strain	2					
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 2002

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Oral & Maxillofacial Surgery (285)

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						
24-26	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						
Insufficient data	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Orthodonitics (286)

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						
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						
Patient / Inmate	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pediatric Denistry (287)

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						
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						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:56

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Prosthodontics (289)

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						
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						
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 (Powered Hand Tool,	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu General Practice (290)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	267.25	0.00	267.25	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 267.25***	***$ 0.00***	***$ 267.25***	
LENGTH OF SERVICE						
0-2	2	100.0	267.25	0.00	267.25	100.0
	2		***$ 267.25***	***$ 0.00***	***$ 267.25***	
AGE OF CLAIMANT						
25-29	1	50.0	267.25	0.00	267.25	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 267.25***	***$ 0.00***	***$ 267.25***	
SEX OF CLAIMANT						
Female	2	100.0	267.25	0.00	267.25	100.0
	2		***$ 267.25***	***$ 0.00***	***$ 267.25***	
LOSS CAUSE						
Building parts / doors	1	50.0	267.25	0.00	267.25	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 267.25***	***$ 0.00***	***$ 267.25***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	267.25	0.00	267.25	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 267.25***	***$ 0.00***	***$ 267.25***	
*****BODY PART***						
Nose	1					
Insufficient Information	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Hygiene (291)

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						
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***						
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***		
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Deans Office (294)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	184.45	102.85	287.30	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 184.45***	***$ 102.85***	***$ 287.30***	
LENGTH OF SERVICE						
0-2	2	100.0	184.45	102.85	287.30	100.0
	2		***$ 184.45***	***$ 102.85***	***$ 287.30***	
AGE OF CLAIMANT						
35-39	1	50.0	184.45	102.85	287.30	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 184.45***	***$ 102.85***	***$ 287.30***	
SEX OF CLAIMANT						
Female	2	100.0	184.45	102.85	287.30	100.0
	2		***$ 184.45***	***$ 102.85***	***$ 287.30***	
LOSS CAUSE						
Uneven Surface	1	50.0	184.45	102.85	287.30	100.0
Walking surface, inside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 184.45***	***$ 102.85***	***$ 287.30***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	184.45	102.85	287.30	100.0
Fall or Slip (From Different Level)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 184.45***	***$ 102.85***	***$ 287.30***	

*****BODY PART***	
Elbow	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***	
Fracture	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Endocrinology (319)

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						
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						
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					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Neurology (323)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
4AM-5:59AM	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						
25-29	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						
Male	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Animal / insect, not otherwise classified	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(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***						
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ob/gyn (324)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	715.00	0.00	715.00	100.0
	1		***$ 715.00***	***$ 0.00***	***$ 715.00***	
LENGTH OF SERVICE						
2-4	1	100.0	715.00	0.00	715.00	100.0
	1		***$ 715.00***	***$ 0.00***	***$ 715.00***	
AGE OF CLAIMANT						
25-29	1	100.0	715.00	0.00	715.00	100.0
	1		***$ 715.00***	***$ 0.00***	***$ 715.00***	
SEX OF CLAIMANT						
Female	1	100.0	715.00	0.00	715.00	100.0
	1		***$ 715.00***	***$ 0.00***	***$ 715.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	715.00	0.00	715.00	100.0
	1		***$ 715.00***	***$ 0.00***	***$ 715.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	715.00	0.00	715.00	100.0
	1		***$ 715.00***	***$ 0.00***	***$ 715.00***	
*****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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Otolaryngology (326)

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						
6-8	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						
Walking surface, inside, wet	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Preventive Medicine (328)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	884.30	0.00	884.30	100.0
	1		***$ 884.30***	***$ 0.00***	***$ 884.30***	
LENGTH OF SERVICE						
12-14	1	100.0	884.30	0.00	884.30	100.0
	1		***$ 884.30***	***$ 0.00***	***$ 884.30***	
AGE OF CLAIMANT						
55-59	1	100.0	884.30	0.00	884.30	100.0
	1		***$ 884.30***	***$ 0.00***	***$ 884.30***	
SEX OF CLAIMANT						
Male	1	100.0	884.30	0.00	884.30	100.0
	1		***$ 884.30***	***$ 0.00***	***$ 884.30***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	884.30	0.00	884.30	100.0
	1		***$ 884.30***	***$ 0.00***	***$ 884.30***	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	100.0	884.30	0.00	884.30	100.0
	1		***$ 884.30***	***$ 0.00***	***$ 884.30***	
****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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Psychiatry (329)

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						
Unknown	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***						
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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:57

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Rehabilitation (331)

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						
Glass bottle / sheet	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 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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:57

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Surgery (332)

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						
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						
25-29	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	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						
Animal, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Ceiling	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	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***						
Skull	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	
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Surgery (333)

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						
2-4	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						
25-29	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						
Male	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Person	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						
Assault	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***						
Insufficient Information	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	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacy-dean's Office (352)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	2	66.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
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
4-6	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
45-49	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.6	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
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Overhead Object	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
Lifting (strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	

*****BODY PART***	
Multiple Head Injury	1
Shoulder	1
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	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***	
Laceration	1
Sprain	1
Strain	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacy-dean's Office (352)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:57

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmaceutics (354)

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						
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***						
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Resources (363)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	362.88	0.00	362.88	100.0
	1		***$ 362.88***	***$ 0.00***	***$ 362.88***	
LENGTH OF SERVICE						
0-2	1	100.0	362.88	0.00	362.88	100.0
	1		***$ 362.88***	***$ 0.00***	***$ 362.88***	
AGE OF CLAIMANT						
30-34	1	100.0	362.88	0.00	362.88	100.0
	1		***$ 362.88***	***$ 0.00***	***$ 362.88***	
SEX OF CLAIMANT						
Male	1	100.0	362.88	0.00	362.88	100.0
	1		***$ 362.88***	***$ 0.00***	***$ 362.88***	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	362.88	0.00	362.88	100.0
	1		***$ 362.88***	***$ 0.00***	***$ 362.88***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	362.88	0.00	362.88	100.0
	1		***$ 362.88***	***$ 0.00***	***$ 362.88***	
*****BODY PART***						
Finger(s)	1					
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***		
Unknown	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Housekeeping-east (366)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	25.0	1,212.76	2,217.09	3,429.85	53.8
10AM-11:59AM	3	75.0	2,941.77	0.00	2,941.77	46.1
	4		***$ 4,154.53***	***$ 2,217.09***	***$ 6,371.62***	
LENGTH OF SERVICE						
0-2	1	25.0	1,212.76	2,217.09	3,429.85	53.8
14-16	1	25.0	1,515.13	0.00	1,515.13	23.7
18-20	1	25.0	1,238.84	0.00	1,238.84	19.4
12-14	1	25.0	187.80	0.00	187.80	2.9
	4		***$ 4,154.53***	***$ 2,217.09***	***$ 6,371.62***	
AGE OF CLAIMANT						
20-24	1	25.0	1,212.76	2,217.09	3,429.85	53.8
55-59	2	50.0	1,702.93	0.00	1,702.93	26.7
45-49	1	25.0	1,238.84	0.00	1,238.84	19.4
	4		***$ 4,154.53***	***$ 2,217.09***	***$ 6,371.62***	
SEX OF CLAIMANT						
Male	1	25.0	1,212.76	2,217.09	3,429.85	53.8
Female	3	75.0	2,941.77	0.00	2,941.77	46.1
	4		***$ 4,154.53***	***$ 2,217.09***	***$ 6,371.62***	
LOSS CAUSE						
Vehicle/car/truck	1	25.0	1,212.76	2,217.09	3,429.85	53.8
Door	1	25.0	1,515.13	0.00	1,515.13	23.7
Boxes / containers	1	25.0	1,238.84	0.00	1,238.84	19.4
Walking surface, outside, dry	1	25.0	187.80	0.00	187.80	2.9
	4		***$ 4,154.53***	***$ 2,217.09***	***$ 6,371.62***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	25.0	1,212.76	2,217.09	3,429.85	53.8
Strike Against/Step on Stationary Object	1	25.0	1,515.13	0.00	1,515.13	23.7
Strike Against/Step On Obj. Being Lifted or Handle	1	25.0	1,238.84	0.00	1,238.84	19.4
Fall or Slip (On Same Level)	1	25.0	187.80	0.00	187.80	2.9
	4		***$ 4,154.53***	***$ 2,217.09***	***$ 6,371.62***	
*****BODY PART***						
Multiple Neck Injury	1					
Thumb	1					
Lower Leg	1					
Knee	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
Sprain	2
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:57

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Housekeeping-east (366)

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 2002

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01/17/2003 11:56:57

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Gernontology (374)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	7,065.84	0.00	7,065.84	100.0
	1		***$ 7,065.84***	***$ 0.00***	***$ 7,065.84***	
LENGTH OF SERVICE						
2-4	1	100.0	7,065.84	0.00	7,065.84	100.0
	1		***$ 7,065.84***	***$ 0.00***	***$ 7,065.84***	
AGE OF CLAIMANT						
40-44	1	100.0	7,065.84	0.00	7,065.84	100.0
	1		***$ 7,065.84***	***$ 0.00***	***$ 7,065.84***	
SEX OF CLAIMANT						
Male	1	100.0	7,065.84	0.00	7,065.84	100.0
	1		***$ 7,065.84***	***$ 0.00***	***$ 7,065.84***	
LOSS CAUSE						
Uneven Surface	1	100.0	7,065.84	0.00	7,065.84	100.0
	1		***$ 7,065.84***	***$ 0.00***	***$ 7,065.84***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	7,065.84	0.00	7,065.84	100.0
	1		***$ 7,065.84***	***$ 0.00***	***$ 7,065.84***	
*****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***

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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:57

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Animal Resources (377)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	4	44.4	1,054.48	7,558.00	8,612.48	75.5
12PM-1:59PM	1	11.1	0.00	2,500.00	2,500.00	21.9
10AM-11:59AM	2	22.2	291.20	0.00	291.20	2.5
12AM-1:59AM	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 1,345.68***	***$ 10,058.00***	***$ 11,403.68***	
LENGTH OF SERVICE						
2-4	1	11.1	192.00	7,558.00	7,750.00	67.9
36-38	1	11.1	0.00	2,500.00	2,500.00	21.9
0-2	5	55.5	862.48	0.00	862.48	7.5
14-16	1	11.1	291.20	0.00	291.20	2.5
20-22	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,345.68***	***$ 10,058.00***	***$ 11,403.68***	
AGE OF CLAIMANT						
40-44	4	44.4	1,054.48	7,558.00	8,612.48	75.5
55-59	1	11.1	0.00	2,500.00	2,500.00	21.9
35-39	2	22.2	291.20	0.00	291.20	2.5
50-54	1	11.1	0.00	0.00	0.00	0.0
45-49	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,345.68***	***$ 10,058.00***	***$ 11,403.68***	
SEX OF CLAIMANT						
Female	4	44.4	1,054.48	10,058.00	11,112.48	97.4
Male	5	55.5	291.20	0.00	291.20	2.5
	9		***$ 1,345.68***	***$ 10,058.00***	***$ 11,403.68***	
LOSS CAUSE						
Door	1	11.1	192.00	7,558.00	7,750.00	67.9
N/A	1	11.1	0.00	2,500.00	2,500.00	21.9
Boxes / containers	1	11.1	862.48	0.00	862.48	7.5
Vehicle/car/truck	1	11.1	291.20	0.00	291.20	2.5
Building parts / doors	1	11.1	0.00	0.00	0.00	0.0
Clothing / jewelry	1	11.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,345.68***	***$ 10,058.00***	***$ 11,403.68***	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	11.1	192.00	7,558.00	7,750.00	67.9
Twisting, strain or injury by	1	11.1	0.00	2,500.00	2,500.00	21.9
Lifting (strain or Injury by)	1	11.1	862.48	0.00	862.48	7.5
Object Handled (caught in or between)	2	22.2	291.20	0.00	291.20	2.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	0.00	0.00	0.00	0.0
Rubbed/Abraded by repetitive motion	1	11.1	0.00	0.00	0.00	0.0
Animal Or Insect	1	11.1	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

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01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Animal Resources (377)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	9		***$ 1,345.68***	***$ 10,058.00***	***$ 11,403.68***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Finger(s)	2					
Hand	1					
Thumb	1					
Toe(s)	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					
Fracture	1					
Contusion	2					
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Environmental Hlth & Safety (378)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	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						
2-4	2	66.6	0.00	0.00	0.00	0.0
24-26	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	2	66.6	0.00	0.00	0.00	0.0
45-49	1	33.3	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						
Boxes / containers	2	66.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	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
Struck/Injured by Object Being Lifted/Handled	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Thumb	2					
Toe(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	
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 2002

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01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Survey Research (383)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	66.6	0.00	750.00	750.00	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
6-8	2	66.6	0.00	750.00	750.00	100.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
45-49	2	66.6	0.00	750.00	750.00	100.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	3	100.0	0.00	750.00	750.00	100.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Stairs, steps	2	66.6	0.00	750.00	750.00	100.0
Chair	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	2	66.6	0.00	750.00	750.00	100.0
Fall or Slip (From Different Level)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Multiple Neck Injury	1					
Insufficient Information	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	1
No Physical Injury	1
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Parking Director (411)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	33.3	0.00	0.00	0.00	0.0
16-18	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***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	33.3	0.00	0.00	0.00	0.0
40-44	1	33.3	0.00	0.00	0.00	0.0
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Patient / Inmate	2	66.6	0.00	0.00	0.00	0.0
Pipe	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Contact with Cold Objects or Substances	2	66.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
Insufficient Information	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***	
Foreign Body	2
Laceration	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cardiac & Thoracic (427)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	243.25	0.00	243.25	100.0
	1		***$ 243.25***	***$ 0.00***	***$ 243.25***	
LENGTH OF SERVICE						
22-24	1	100.0	243.25	0.00	243.25	100.0
	1		***$ 243.25***	***$ 0.00***	***$ 243.25***	
AGE OF CLAIMANT						
45-49	1	100.0	243.25	0.00	243.25	100.0
	1		***$ 243.25***	***$ 0.00***	***$ 243.25***	
SEX OF CLAIMANT						
Female	1	100.0	243.25	0.00	243.25	100.0
	1		***$ 243.25***	***$ 0.00***	***$ 243.25***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	243.25	0.00	243.25	100.0
	1		***$ 243.25***	***$ 0.00***	***$ 243.25***	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	100.0	243.25	0.00	243.25	100.0
	1		***$ 243.25***	***$ 0.00***	***$ 243.25***	
*****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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu General & Trauma (428)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	0.00	0.00	0.00	0.0
4AM-5:59AM	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						
45-49	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						
Heating equipment	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						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	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***						
Lower Arm	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***						
Burn	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Vascular Surgery (435)

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						
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						
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***						
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***						
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Resource Division (439)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	2	100.0	2,163.19	0.00	2,163.19	100.0
	2		***$ 2,163.19***	***$ 0.00***	***$ 2,163.19***	
LENGTH OF SERVICE						
6-8	1	50.0	1,308.93	0.00	1,308.93	60.5
2-4	1	50.0	854.26	0.00	854.26	39.4
	2		***$ 2,163.19***	***$ 0.00***	***$ 2,163.19***	
AGE OF CLAIMANT						
35-39	1	50.0	1,308.93	0.00	1,308.93	60.5
20-24	1	50.0	854.26	0.00	854.26	39.4
	2		***$ 2,163.19***	***$ 0.00***	***$ 2,163.19***	
SEX OF CLAIMANT						
Female	2	100.0	2,163.19	0.00	2,163.19	100.0
	2		***$ 2,163.19***	***$ 0.00***	***$ 2,163.19***	
LOSS CAUSE						
Walking surface, inside, wet	1	50.0	1,308.93	0.00	1,308.93	60.5
Office equipment	1	50.0	854.26	0.00	854.26	39.4
	2		***$ 2,163.19***	***$ 0.00***	***$ 2,163.19***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	50.0	1,308.93	0.00	1,308.93	60.5
Struck/Injured by Falling or Flying Object	1	50.0	854.26	0.00	854.26	39.4
	2		***$ 2,163.19***	***$ 0.00***	***$ 2,163.19***	
*****BODY PART***						
Insufficient Information	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist(s) & Hand(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
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 2002

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01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic/sterilization (440)

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						
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						
Machine, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Contact With Hot Object or Substances	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****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***

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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Intrnl Medicine-sbstnce Abus (445)

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						
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						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Physical Plant (564)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	983.42	0.00	983.42	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 983.42***	***$ 0.00***	***$ 983.42***	
LENGTH OF SERVICE						
8-10	1	50.0	983.42	0.00	983.42	100.0
26-28	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 983.42***	***$ 0.00***	***$ 983.42***	
AGE OF CLAIMANT						
60-64	1	50.0	983.42	0.00	983.42	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 983.42***	***$ 0.00***	***$ 983.42***	
SEX OF CLAIMANT						
Male	2	100.0	983.42	0.00	983.42	100.0
	2		***$ 983.42***	***$ 0.00***	***$ 983.42***	
LOSS CAUSE						
Vehicle, fork truck	1	50.0	983.42	0.00	983.42	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 983.42***	***$ 0.00***	***$ 983.42***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	983.42	0.00	983.42	100.0
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 983.42***	***$ 0.00***	***$ 983.42***	
*****BODY PART***						
Upper Back Area (Thoracic Area)	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-architectural Services (567)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	67.20	0.00	67.20	100.0
	1		***$ 67.20***	***$ 0.00***	***$ 67.20***	
LENGTH OF SERVICE						
4-6	1	100.0	67.20	0.00	67.20	100.0
	1		***$ 67.20***	***$ 0.00***	***$ 67.20***	
AGE OF CLAIMANT						
45-49	1	100.0	67.20	0.00	67.20	100.0
	1		***$ 67.20***	***$ 0.00***	***$ 67.20***	
SEX OF CLAIMANT						
Male	1	100.0	67.20	0.00	67.20	100.0
	1		***$ 67.20***	***$ 0.00***	***$ 67.20***	
LOSS CAUSE						
Shelving	1	100.0	67.20	0.00	67.20	100.0
	1		***$ 67.20***	***$ 0.00***	***$ 67.20***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	67.20	0.00	67.20	100.0
	1		***$ 67.20***	***$ 0.00***	***$ 67.20***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-cntr / Drug & Alcohol Stdies (580)

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						
20-22	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						
Male	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						
Lifting (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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-contract Administration Dept (585)

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						
24-26	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						
Glass bottle / sheet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Strike Against/Step on Sanding,Scraping,Cleaning	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART**						
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**						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:58

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-franklin Street Corrider (598)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	0.00	0.00	0.00	0.0
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
12-14	1	33.3	0.00	0.00	0.00	0.0
36-38	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
55-59	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	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
Knife, Utility	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	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***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Thumb	2					
Toe(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***						
Crushing	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-floyd/main Street Corridor (599)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	66.6	3,969.19	2,308.11	6,277.30	100.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,969.19***	***$ 2,308.11***	***$ 6,277.30***	
LENGTH OF SERVICE						
14-16	2	66.6	3,060.68	2,308.11	5,368.79	85.5
20-22	1	33.3	908.51	0.00	908.51	14.4
	3		***$ 3,969.19***	***$ 2,308.11***	***$ 6,277.30***	
AGE OF CLAIMANT						
45-49	1	33.3	3,060.68	2,308.11	5,368.79	85.5
50-54	1	33.3	908.51	0.00	908.51	14.4
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,969.19***	***$ 2,308.11***	***$ 6,277.30***	
SEX OF CLAIMANT						
Female	1	33.3	3,060.68	2,308.11	5,368.79	85.5
Male	2	66.6	908.51	0.00	908.51	14.4
	3		***$ 3,969.19***	***$ 2,308.11***	***$ 6,277.30***	
LOSS CAUSE						
Metal items	1	33.3	3,060.68	2,308.11	5,368.79	85.5
Stairs, steps	1	33.3	908.51	0.00	908.51	14.4
Chemicals, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,969.19***	***$ 2,308.11***	***$ 6,277.30***	
ACCIDENT TYPE						
Stepping On Sharp Object	1	33.3	3,060.68	2,308.11	5,368.79	85.5
Fall or slip (on stairs)	1	33.3	908.51	0.00	908.51	14.4
Allergic Reaction	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 3,969.19***	***$ 2,308.11***	***$ 6,277.30***	
****BODY PART**						
Foot	1					
Shoulder	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**	
Puncture	1
Sprain	1
Dermatitis	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-clay Street Corrider (600)

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						
10-12	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						
Cleaning Products	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***						
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-marshall Street Corridor (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	2	66.6	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						
35-39	1	33.3	0.00	0.00	0.00	0.0
40-44	1	33.3	0.00	0.00	0.00	0.0
50-54	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Building parts / doors	1	33.3	0.00	0.00	0.00	0.0
Foreign Object	1	33.3	0.00	0.00	0.00	0.0
Pipe	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Allergic Reaction	1	33.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	

****BODY PART**	
Eye(s)	1
Finger(s)	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**	
Foreign Body	2
Strain	1
	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-central Mechanic/electric (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	66.6	159.60	0.00	159.60	100.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 159.60***	***$ 0.00***	***$ 159.60***	
LENGTH OF SERVICE						
12-14	1	33.3	159.60	0.00	159.60	100.0
18-20	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		***$ 159.60***	***$ 0.00***	***$ 159.60***	
AGE OF CLAIMANT						
40-44	2	66.6	159.60	0.00	159.60	100.0
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 159.60***	***$ 0.00***	***$ 159.60***	
SEX OF CLAIMANT						
Male	3	100.0	159.60	0.00	159.60	100.0
	3		***$ 159.60***	***$ 0.00***	***$ 159.60***	
LOSS CAUSE						
Floor	1	33.3	159.60	0.00	159.60	100.0
Machine, not otherwise classified	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		***$ 159.60***	***$ 0.00***	***$ 159.60***	
ACCIDENT TYPE						
Other (Not Otherwise Classified)	1	33.3	159.60	0.00	159.60	100.0
Strike Against/Step On Moving Part Of Machine	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		***$ 159.60***	***$ 0.00***	***$ 159.60***	

****BODY PART**	
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	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
Contusion	1
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-roofing Dept Phys Plnt (604)

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						
8-10	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						
Paint Stick	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***						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-administration Systems (605)

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						
Cabinet	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-information Technology Trg (606)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	7,603.38	0.00	7,603.38	100.0
	1		***$ 7,603.38***	***$ 0.00***	***$ 7,603.38***	
LENGTH OF SERVICE						
2-4	1	100.0	7,603.38	0.00	7,603.38	100.0
	1		***$ 7,603.38***	***$ 0.00***	***$ 7,603.38***	
AGE OF CLAIMANT						
35-39	1	100.0	7,603.38	0.00	7,603.38	100.0
	1		***$ 7,603.38***	***$ 0.00***	***$ 7,603.38***	
SEX OF CLAIMANT						
Female	1	100.0	7,603.38	0.00	7,603.38	100.0
	1		***$ 7,603.38***	***$ 0.00***	***$ 7,603.38***	
LOSS CAUSE						
Uneven Surface	1	100.0	7,603.38	0.00	7,603.38	100.0
	1		***$ 7,603.38***	***$ 0.00***	***$ 7,603.38***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	7,603.38	0.00	7,603.38	100.0
	1		***$ 7,603.38***	***$ 0.00***	***$ 7,603.38***	
****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-computing Services (607)

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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Hand Truck (2w)	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***						
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***						
N/A	1					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-multimedia Dev Center (608)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	33.3	0.00	750.00	750.00	69.9
8AM-9:59AM	1	33.3	322.35	0.00	322.35	30.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 322.35***	***$ 750.00***	***$ 1,072.35***	
LENGTH OF SERVICE						
4-6	1	33.3	0.00	750.00	750.00	69.9
22-24	1	33.3	322.35	0.00	322.35	30.0
16-18	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 322.35***	***$ 750.00***	***$ 1,072.35***	
AGE OF CLAIMANT						
40-44	2	66.6	0.00	750.00	750.00	69.9
50-54	1	33.3	322.35	0.00	322.35	30.0
	3		***$ 322.35***	***$ 750.00***	***$ 1,072.35***	
SEX OF CLAIMANT						
Male	1	33.3	0.00	750.00	750.00	69.9
Female	2	66.6	322.35	0.00	322.35	30.0
	3		***$ 322.35***	***$ 750.00***	***$ 1,072.35***	
LOSS CAUSE						
N/A	1	33.3	0.00	750.00	750.00	69.9
Walking surface, outside, dry	1	33.3	322.35	0.00	322.35	30.0
Knife, NOC	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 322.35***	***$ 750.00***	***$ 1,072.35***	
ACCIDENT TYPE						
Other (Not Otherwise Classified)	1	33.3	0.00	750.00	750.00	69.9
Fall or Slip (On Same Level)	1	33.3	322.35	0.00	322.35	30.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 322.35***	***$ 750.00***	***$ 1,072.35***	
*****BODY PART***						
Wrist	1					
Knee	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***	
Sprain	2
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-nrs Syst Cmnty/psy Mntl Hlth (619)

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						
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						
Glass bottle / sheet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Contact With Hot Object or Substances	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-recycling Department (621)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
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
8AM-9:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	25.0	0.00	0.00	0.00	0.0
12-14	1	25.0	0.00	0.00	0.00	0.0
4-6	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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
55-59	1	25.0	0.00	0.00	0.00	0.0
30-34	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	4	100.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Overhead Object	1	25.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	0.00	0.00	0.00	0.0
Holding Or Carrying (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
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	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
No Physical Problem	1
Shoulder	1
Upper Back Area (Thoracic Area)	1
Insufficient Information	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***	
No Physical Injury	1

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-recycling Department (621)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strain	3					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:56:59

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Museum Of Fine Arts (238)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	12.5	13,398.64	5,061.62	18,460.26	84.2
2PM-3:59PM	3	37.5	842.47	750.00	1,592.47	7.2
12AM-1:59AM	1	12.5	212.05	537.95	750.00	3.4
6AM-7:59AM	1	12.5	80.00	670.00	750.00	3.4
10AM-11:59AM	1	12.5	348.89	0.00	348.89	1.5
Unknown	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 14,882.05***	***$ 7,019.57***	***$ 21,901.62***	
LENGTH OF SERVICE						
16-18	1	12.5	13,398.64	5,061.62	18,460.26	84.2
2-4	4	50.0	922.47	1,420.00	2,342.47	10.7
6-8	1	12.5	212.05	537.95	750.00	3.4
14-16	1	12.5	348.89	0.00	348.89	1.5
0-2	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 14,882.05***	***$ 7,019.57***	***$ 21,901.62***	
AGE OF CLAIMANT						
40-44	4	50.0	13,959.58	5,599.57	19,559.15	89.3
50-54	2	25.0	80.00	1,420.00	1,500.00	6.8
30-34	1	12.5	664.95	0.00	664.95	3.0
35-39	1	12.5	177.52	0.00	177.52	0.8
	8		***$ 14,882.05***	***$ 7,019.57***	***$ 21,901.62***	
SEX OF CLAIMANT						
Female	4	50.0	13,959.58	6,349.57	20,309.15	92.7
Male	4	50.0	922.47	670.00	1,592.47	7.2
	8		***$ 14,882.05***	***$ 7,019.57***	***$ 21,901.62***	
LOSS CAUSE						
Walking surface, outside, dry	3	37.5	13,576.16	5,811.62	19,387.78	88.5
Furniture / fixtures	3	37.5	1,013.84	0.00	1,013.84	4.6
Walking surface, inside, dry	1	12.5	212.05	537.95	750.00	3.4
Wrench	1	12.5	80.00	670.00	750.00	3.4
	8		***$ 14,882.05***	***$ 7,019.57***	***$ 21,901.62***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	37.5	13,576.16	5,811.62	19,387.78	88.5
Struck/Injured by Object Being Lifted/Handled	1	12.5	80.00	670.00	750.00	3.4
Twisting, strain or injury by	1	12.5	212.05	537.95	750.00	3.4
Object being lifted/handled (cut,punc.scrape,inj b	1	12.5	664.95	0.00	664.95	3.0
Object Handled (caught in or between)	1	12.5	348.89	0.00	348.89	1.5
Struck/Injured by Object Handled By Other	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 14,882.05***	***$ 7,019.57***	***$ 21,901.62***	
***BODY PART**						
Lower Leg	3					
Knee	1					
Finger(s)	2					
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Museum Of Fine Arts (238)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	1					
Upper Leg	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					
Contusion	4					
Fracture	1					
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	24.0	17,434.25	9,810.54	27,244.79	95.6
10AM-11:59AM	3	12.0	266.00	484.00	750.00	2.6
12PM-1:59PM	4	16.0	295.16	0.00	295.16	1.0
4PM-5:59PM	4	16.0	193.16	0.00	193.16	0.6
12AM-1:59AM	3	12.0	0.00	0.00	0.00	0.0
2PM-3:59PM	5	20.0	0.00	0.00	0.00	0.0
	25		***$ 18,188.57***	***$ 10,294.54***	***$ 28,483.11***	
LENGTH OF SERVICE						
0-2	13	52.0	17,730.57	9,810.54	27,541.11	96.6
10-12	2	8.0	266.00	484.00	750.00	2.6
2-4	5	20.0	192.00	0.00	192.00	0.6
6-8	1	4.0	0.00	0.00	0.00	0.0
12-14	3	12.0	0.00	0.00	0.00	0.0
4-6	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 18,188.57***	***$ 10,294.54***	***$ 28,483.11***	
AGE OF CLAIMANT						
15-19	4	16.0	16,508.09	8,592.32	25,100.41	88.1
55-59	7	28.0	281.78	1,218.22	1,500.00	5.2
50-54	6	24.0	789.54	0.00	789.54	2.7
30-34	1	4.0	266.00	484.00	750.00	2.6
35-39	2	8.0	298.16	0.00	298.16	1.0
65-69	3	12.0	45.00	0.00	45.00	0.1
45-49	2	8.0	0.00	0.00	0.00	0.0
	25		***$ 18,188.57***	***$ 10,294.54***	***$ 28,483.11***	
SEX OF CLAIMANT						
Female	13	52.0	16,774.09	9,076.32	25,850.41	90.7
Male	12	48.0	1,414.48	1,218.22	2,632.70	9.2
	25		***$ 18,188.57***	***$ 10,294.54***	***$ 28,483.11***	
LOSS CAUSE						
Animal, not otherwise classified	5	20.0	16,212.93	8,592.32	24,805.25	87.0
Fencing	2	8.0	281.78	1,218.22	1,500.00	5.2
Miscellaneous	2	8.0	789.54	0.00	789.54	2.7
Walking surface, outside, dry	1	4.0	266.00	484.00	750.00	2.6
Building parts / doors	1	4.0	298.16	0.00	298.16	1.0
Walking surface, inside, dry	1	4.0	148.16	0.00	148.16	0.5
Stairs, steps	1	4.0	147.00	0.00	147.00	0.5
Hand tool, not powered, NOC	2	8.0	45.00	0.00	45.00	0.1
Boxes / containers	1	4.0	0.00	0.00	0.00	0.0
Environmental conditions	4	16.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	4.0	0.00	0.00	0.00	0.0
Brush / tree / log	1	4.0	0.00	0.00	0.00	0.0
Door	1	4.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	4.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	4.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	25		***$ 18,188.57***	***$ 10,294.54***	***$ 28,483.11***	
ACCIDENT TYPE						
Animal Or Insect	5	20.0	16,212.93	8,592.32	24,805.25	87.0
Fall or Slip (On Same Level)	2	8.0	266.00	1,234.00	1,500.00	5.2
Strike Against/Step on Stationary Object	3	12.0	939.54	0.00	939.54	3.3
Object being lifted/handled (cut,punc.scrape,inj b	2	8.0	326.78	468.22	795.00	2.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	8.0	148.16	0.00	148.16	0.5
Slipped, Did Not Fall	1	4.0	148.16	0.00	148.16	0.5
Fall or slip (on stairs)	1	4.0	147.00	0.00	147.00	0.5
Absorb, Ingest, Inhalation	2	8.0	0.00	0.00	0.00	0.0
Allergic Reaction	1	4.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	8.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	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 Being Lifted/Handled	2	8.0	0.00	0.00	0.00	0.0
	25		***$ 18,188.57***	***$ 10,294.54***	***$ 28,483.11***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Facial, Other Soft Tissue	2
Hand	3
Elbow	2
Knee	1
Upper Leg	2
Skull	1
Finger(s)	2
Foot	2
Eye(s)	2
Lungs	2
Nose	1
Trachea	1
Abdomen including Groin	1
Lower Leg	3
Multiple Head Injury	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***	
Contusion	6
Strain	10
Laceration	4
Unknown	1
No Physical Injury	1
Sprain	1
Inflamation	4
Respiratory Disorders	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	2					
	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	3.5	0.00	1,750.00	1,750.00	25.0
4PM-5:59PM	4	14.2	1,121.91	0.00	1,121.91	16.0
8AM-9:59AM	5	17.8	1,003.21	0.00	1,003.21	14.3
Unknown	1	3.5	649.74	176.00	825.74	11.8
10AM-11:59AM	3	10.7	819.82	0.00	819.82	11.7
4AM-5:59AM	1	3.5	407.56	342.44	750.00	10.7
6PM-7:59PM	1	3.5	248.84	0.00	248.84	3.5
2PM-3:59PM	6	21.4	226.06	0.00	226.06	3.2
6AM-7:59AM	1	3.5	174.31	0.00	174.31	2.4
12PM-1:59PM	5	17.8	76.00	0.00	76.00	1.0
	28		***$ 4,727.45***	***$ 2,268.44***	***$ 6,995.89***	
LENGTH OF SERVICE						
0-2	15	53.5	2,006.93	1,926.00	3,932.93	56.2
2-4	6	21.4	1,370.45	342.44	1,712.89	24.4
4-6	5	17.8	1,091.37	0.00	1,091.37	15.6
30-32	1	3.5	258.70	0.00	258.70	3.7
14-16	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 4,727.45***	***$ 2,268.44***	***$ 6,995.89***	
AGE OF CLAIMANT						
40-44	2	7.1	0.00	1,750.00	1,750.00	25.0
30-34	7	25.0	964.10	342.44	1,306.54	18.6
20-24	2	7.1	1,089.48	176.00	1,265.48	18.0
45-49	6	21.4	1,101.21	0.00	1,101.21	15.7
25-29	4	14.2	789.23	0.00	789.23	11.2
55-59	2	7.1	524.73	0.00	524.73	7.5
60-64	2	7.1	258.70	0.00	258.70	3.7
50-54	2	7.1	0.00	0.00	0.00	0.0
35-39	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 4,727.45***	***$ 2,268.44***	***$ 6,995.89***	
SEX OF CLAIMANT						
Female	20	71.4	4,289.37	2,268.44	6,557.81	93.7
Male	8	28.5	438.08	0.00	438.08	6.2
	28		***$ 4,727.45***	***$ 2,268.44***	***$ 6,995.89***	
LOSS CAUSE						
Recreational equipment	2	7.1	453.23	1,750.00	2,203.23	31.4
Hand tool, powered, NOC	3	10.7	1,057.30	518.44	1,575.74	22.5
Walking surface, inside, wet	3	10.7	628.39	0.00	628.39	8.9
Walking surface, outside, dry	2	7.1	507.54	0.00	507.54	7.2
Hand tool, not powered, NOC	1	3.5	439.74	0.00	439.74	6.2
Boxes / containers	2	7.1	350.50	0.00	350.50	5.0
Heating equipment	1	3.5	330.48	0.00	330.48	4.7
Furniture / fixtures	2	7.1	290.08	0.00	290.08	4.1
Building parts / doors	2	7.1	174.31	0.00	174.31	2.4
Electrical equipment	1	3.5	148.00	0.00	148.00	2.1
Person	1	3.5	122.40	0.00	122.40	1.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Christopher Newport University (242)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Metal items	2	7.1	90.00	0.00	90.00	1.2
Docks,Ramps,Loading Platforms	1	3.5	76.00	0.00	76.00	1.0
Cart	1	3.5	59.48	0.00	59.48	0.8
Unknown	1	3.5	0.00	0.00	0.00	0.0
Environmental conditions	1	3.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 4,727.45***	***$ 2,268.44***	***$ 6,995.89***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	2	7.1	0.00	1,750.00	1,750.00	25.0
Reaching (Strain or Injury by)	2	7.1	697.64	342.44	1,040.08	14.8
Strike Against/Step On Moving Part Of Machine	1	3.5	649.74	176.00	825.74	11.8
Fall or Slip (On Same Level)	5	17.8	746.68	0.00	746.68	10.6
Slipped, Did Not Fall	1	3.5	524.73	0.00	524.73	7.5
Vehicle Upset	1	3.5	453.23	0.00	453.23	6.4
Object being lifted/handled (cut,punc.scrape,inj b	1	3.5	439.74	0.00	439.74	6.2
Holding Or Carrying (Strain or Injury by)	1	3.5	350.50	0.00	350.50	5.0
Contact With Hot Object or Substances	1	3.5	330.48	0.00	330.48	4.7
Lifting (strain or Injury by)	1	3.5	174.31	0.00	174.31	2.4
Pushing Or Pulling (Strain or Injury by)	3	10.7	148.00	0.00	148.00	2.1
Stuck, injured by fellow worker, patient	1	3.5	122.40	0.00	122.40	1.7
Strike Against/Step on Stationary Object	3	10.7	90.00	0.00	90.00	1.2
Cumulative (Not Otherwise Classified)	2	7.1	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	3.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	3.5	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 4,727.45***	***$ 2,268.44***	***$ 6,995.89***	

***BODY PART

Facial, Other Soft Tissue	2
Hand	5
Soft Tissue - Neck	1
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Knee	5
Upper Leg	2
Shoulder	2
Wrist	1
Upper Back Area (Thoracic Area)	1
Ankle	1
Buttocks	1
Lower Arm	1
Hip	2
Internal Organs	1
Lungs	1
Thumb	1
Elbow	2
No Physical Problem	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	28					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Contusion	9
Laceration	5
Sprain	2
Puncture	2
Burn	1
Heat Prostration	1
Inflamation	1
Respiratory Disorders	1
No Physical Injury	1
	28

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Clinch Valley College (246)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	28.5	285.00	750.00	1,035.00	29.8
2PM-3:59PM	3	42.8	184.25	750.00	934.25	26.9
12AM-1:59AM	1	14.2	92.50	657.50	750.00	21.6
4PM-5:59PM	1	14.2	270.00	480.00	750.00	21.6
	7		***$ 831.75***	***$ 2,637.50***	***$ 3,469.25***	
LENGTH OF SERVICE						
0-2	2	28.5	92.50	1,407.50	1,500.00	43.2
2-4	1	14.2	0.00	750.00	750.00	21.6
6-8	1	14.2	270.00	480.00	750.00	21.6
10-12	1	14.2	285.00	0.00	285.00	8.2
4-6	1	14.2	184.25	0.00	184.25	5.3
20-22	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 831.75***	***$ 2,637.50***	***$ 3,469.25***	
AGE OF CLAIMANT						
55-59	2	28.5	285.00	750.00	1,035.00	29.8
15-19	1	14.2	0.00	750.00	750.00	21.6
30-34	1	14.2	92.50	657.50	750.00	21.6
35-39	1	14.2	270.00	480.00	750.00	21.6
40-44	1	14.2	184.25	0.00	184.25	5.3
50-54	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 831.75***	***$ 2,637.50***	***$ 3,469.25***	
SEX OF CLAIMANT						
Female	5	71.4	555.00	1,980.00	2,535.00	73.0
Male	2	28.5	276.75	657.50	934.25	26.9
	7		***$ 831.75***	***$ 2,637.50***	***$ 3,469.25***	
LOSS CAUSE						
Furniture / fixtures	2	28.5	362.50	1,137.50	1,500.00	43.2
Brush / tree / log	1	14.2	0.00	750.00	750.00	21.6
Object on Floor	1	14.2	0.00	750.00	750.00	21.6
Boxes / containers	2	28.5	285.00	0.00	285.00	8.2
Minerals / dirt	1	14.2	184.25	0.00	184.25	5.3
	7		***$ 831.75***	***$ 2,637.50***	***$ 3,469.25***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	28.5	555.00	480.00	1,035.00	29.8
Foreign Body In Eye	2	28.5	184.25	750.00	934.25	26.9
Fall or Slip (On Same Level)	2	28.5	0.00	750.00	750.00	21.6
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	92.50	657.50	750.00	21.6
	7		***$ 831.75***	***$ 2,637.50***	***$ 3,469.25***	
****BODY PART**						
Facial, Other Soft Tissue	4					
Eye(s)	2					
Elbow	1					
Foot	1					
Hip	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Clinch Valley College (246)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Mouth	1					
Toe(s)	1					
Upper Leg	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
Soft Tissue - Neck	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	9					
Laceration	4					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: George Mason University (247)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	19	19.5	32,068.32	8,455.14	40,523.46	37.3
6PM-7:59PM	5	5.1	9,375.50	21,808.18	31,183.68	28.7
8AM-9:59AM	28	28.8	2,530.78	15,977.78	18,508.56	17.0
Unknown	5	5.1	4,846.01	1,038.78	5,884.79	5.4
12PM-1:59PM	15	15.4	2,547.76	3,000.00	5,547.76	5.1
10AM-11:59AM	12	12.3	2,897.58	682.80	3,580.38	3.3
6AM-7:59AM	7	7.2	2,006.43	475.43	2,481.86	2.2
4PM-5:59PM	6	6.1	807.51	0.00	807.51	0.7
	97		***$ 57,079.89***	***$ 51,438.11***	***$ 108,518.00***	
LENGTH OF SERVICE						
2-4	20	20.6	9,331.23	23,959.99	33,291.22	30.6
12-14	3	3.0	18,456.23	4,687.08	23,143.31	21.3
10-12	5	5.1	8,151.45	10,654.60	18,806.05	17.3
0-2	36	37.1	10,402.36	5,816.98	16,219.34	14.9
16-18	4	4.1	7,734.69	288.78	8,023.47	7.3
4-6	11	11.3	288.40	2,191.50	2,479.90	2.2
8-10	5	5.1	443.48	1,500.00	1,943.48	1.7
6-8	5	5.1	1,168.48	750.00	1,918.48	1.7
22-24	4	4.1	319.75	1,500.00	1,819.75	1.6
14-16	1	1.0	660.82	89.18	750.00	0.6
20-22	1	1.0	123.00	0.00	123.00	0.1
18-20	1	1.0	0.00	0.00	0.00	0.0
26-28	1	1.0	0.00	0.00	0.00	0.0
	97		***$ 57,079.89***	***$ 51,438.11***	***$ 108,518.00***	
AGE OF CLAIMANT						
50-54	7	7.2	21,124.84	7,277.29	28,402.13	26.1
45-49	19	19.5	10,428.72	12,176.58	22,605.30	20.8
25-29	17	17.5	4,622.65	14,768.91	19,391.56	17.8
20-24	6	6.1	2,431.66	8,783.40	11,215.06	10.3
60-64	4	4.1	7,199.44	750.00	7,949.44	7.3
40-44	10	10.3	5,043.32	805.00	5,848.32	5.3
30-34	10	10.3	2,771.31	1,478.05	4,249.36	3.9
55-59	12	12.3	285.56	3,750.00	4,035.56	3.7
35-39	8	8.2	2,371.20	288.78	2,659.98	2.4
15-19	2	2.0	661.29	750.00	1,411.29	1.3
70-74	1	1.0	139.90	610.10	750.00	0.6
65-69	1	1.0	0.00	0.00	0.00	0.0
	97		***$ 57,079.89***	***$ 51,438.11***	***$ 108,518.00***	
SEX OF CLAIMANT						
Male	41	42.2	41,064.96	39,116.03	80,180.99	73.8
Female	56	57.7	16,014.93	12,322.08	28,337.01	26.1
	97		***$ 57,079.89***	***$ 51,438.11***	***$ 108,518.00***	
LOSS CAUSE						
Electrical equipment	5	5.1	19,253.85	5,725.86	24,979.71	23.0
Ladder - Portable	1	1.0	7,755.40	9,154.60	16,910.00	15.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: George Mason University (247)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Boxes / containers	7	7.2	1,430.89	12,793.48	14,224.37	13.1
Walking surface, outside, dry	9	9.2	7,848.14	750.00	8,598.14	7.9
Pipe	2	2.0	691.38	7,452.40	8,143.78	7.5
Chemicals, not otherwise classified	19	19.5	0.00	6,750.00	6,750.00	6.2
Furniture / fixtures	11	11.3	3,376.98	2,658.23	6,035.21	5.5
Vehicle, not otherwise classified	2	2.0	2,770.91	2,345.51	5,116.42	4.7
Hand tool, not powered, NOC	4	4.1	4,103.08	89.18	4,192.26	3.8
Stairs, steps	6	6.1	3,326.40	610.10	3,936.50	3.6
Metal items	3	3.0	1,133.74	750.00	1,883.74	1.7
Walking surface, inside, wet	3	3.0	736.17	617.55	1,353.72	1.2
Walking surface, outside, wet	3	3.0	1,056.30	244.70	1,301.00	1.2
Recreational equipment	2	2.0	1,241.48	0.00	1,241.48	1.1
Fiberglass	1	1.0	769.04	55.00	824.04	0.7
Knife, NOC	1	1.0	0.00	750.00	750.00	0.6
Person	2	2.0	58.50	691.50	750.00	0.6
Building parts / doors	3	3.0	679.25	0.00	679.25	0.6
Poisonous agent / plant	1	1.0	229.90	0.00	229.90	0.2
Office equipment	1	1.0	222.68	0.00	222.68	0.2
Platforms	1	1.0	220.80	0.00	220.80	0.2
Minerals / dirt	1	1.0	175.00	0.00	175.00	0.1
Unknown	1	1.0	0.00	0.00	0.00	0.0
Animal / bee type	1	1.0	0.00	0.00	0.00	0.0
Environmental conditions	1	1.0	0.00	0.00	0.00	0.0
Infectious agent	1	1.0	0.00	0.00	0.00	0.0
Stone / rock / brick	1	1.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.0	0.00	0.00	0.00	0.0
Door	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
Needle stick	1	1.0	0.00	0.00	0.00	0.0
	97		***$ 57,079.89***	***$ 51,438.11***	***$ 108,518.00***	

ACCIDENT TYPE

Object Handled (caught in or between)	5	5.1	19,809.06	5,437.08	25,246.14	23.2
Fall or Slip (From Ladder/Scaffolding)	1	1.0	7,755.40	9,154.60	16,910.00	15.5
Lifting (strain or Injury by)	9	9.2	2,250.62	13,082.26	15,332.88	14.1
Fall or Slip (On Same Level)	14	14.4	9,110.21	2,831.00	11,941.21	11.0
Object being lifted/handled (cut,punc.scrape,inj b	6	6.1	2,348.18	8,291.58	10,639.76	9.8
Absorb, Ingest, Inhalation	19	19.5	0.00	6,000.00	6,000.00	5.5
Vehicle Upset	3	3.0	4,012.39	1,595.51	5,607.90	5.1
Fall or slip (on stairs)	6	6.1	3,326.40	610.10	3,936.50	3.6
Pushing Or Pulling (Strain or Injury by)	4	4.1	3,053.88	0.00	3,053.88	2.8
Strike Against/Step on Stationary Object	5	5.1	1,088.26	1,432.80	2,521.06	2.3
Fall or Slip (From Different Level)	5	5.1	1,169.37	475.43	1,644.80	1.5
Foreign Body In Eye	2	2.0	944.04	55.00	999.04	0.9
Acid Chemicals Burn or Scald - Heat or Cold Exp.	2	2.0	0.00	750.00	750.00	0.6
Fall or slip (on ice or snow)	2	2.0	505.30	244.70	750.00	0.6
Stepping On Sharp Object	1	1.0	0.00	750.00	750.00	0.6
Stuck, injured by fellow worker, patient	2	2.0	58.50	691.50	750.00	0.6
Struck/Injured by Falling or Flying Object	2	2.0	612.23	0.00	612.23	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: George Mason University (247)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Liquid/Grease spills)	1	1.0	567.17	36.55	603.72	0.5
Allergic Reaction	1	1.0	229.90	0.00	229.90	0.2
Unknown	1	1.0	222.68	0.00	222.68	0.2
Holding Or Carrying (Strain or Injury by)	1	1.0	16.30	0.00	16.30	0.0
Animal Or Insect	1	1.0	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	2	2.0	0.00	0.00	0.00	0.0
Repetitive Motion	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
	97		***$ 57,079.89***	***$ 51,438.11***	***$ 108,518.00***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	10
Knee	14
Foot	2
Elbow	3
Finger(s)	6
Shoulder	8
Soft Tissue - Neck	7
Lungs	17
Ankle	6
Facial, Other Soft Tissue	7
Wrist	6
Hand	10
Upper Back Area (Thoracic Area)	4
Upper Arm (Inc: Clavicle and Scapula)	4
Abdomen including Groin	2
Eye(s)	4
Lower Leg	3
Great Toe	3
Internal Organs	2
Toe(s)	1
Lower Arm	8
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Mouth	2
Thumb	2
Upper Leg	2
	97

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	33
Sprain	12
Fracture	4
Laceration	20
Dislocation	1
Poisoning - Chemical	17
Hernia	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: George Mason University (247)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Puncture	4					
Infection	1					
Inflamation	3					
Foreign Body	4					
Burn	1					
Dermatitis	1					
Myocardial Infarction (Heart Attack)	1					
	97					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Community College (261)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	800.00	0.00	800.00	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 800.00***	***$ 0.00***	***$ 800.00***	
LENGTH OF SERVICE						
22-24	1	33.3	800.00	0.00	800.00	100.0
32-34	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		***$ 800.00***	***$ 0.00***	***$ 800.00***	
AGE OF CLAIMANT						
55-59	1	33.3	800.00	0.00	800.00	100.0
45-49	1	33.3	0.00	0.00	0.00	0.0
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 800.00***	***$ 0.00***	***$ 800.00***	
SEX OF CLAIMANT						
Male	1	33.3	800.00	0.00	800.00	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 800.00***	***$ 0.00***	***$ 800.00***	
LOSS CAUSE						
Furniture / fixtures	2	66.6	800.00	0.00	800.00	100.0
Chemicals, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 800.00***	***$ 0.00***	***$ 800.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	66.6	800.00	0.00	800.00	100.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 800.00***	***$ 0.00***	***$ 800.00***	
****BODY PART**						
Facial, Other Soft Tissue	1					
Body System & Multiple Body Parts	1					
Abdomen including Groin	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					
Poisoning - Chemical	1					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Va Community College System (270)

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						
12-14	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, 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***	
Brain	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Soft Tissue - Neck	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***	
Contusion	3
Syncope	1
	1

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: New River Community College (275)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	16.6	575.28	0.00	575.28	90.8
10AM-11:59AM	3	50.0	58.00	0.00	58.00	9.1
12AM-1:59AM	1	16.6	0.00	0.00	0.00	0.0
4PM-5:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 633.28***	***$ 0.00***	***$ 633.28***	
LENGTH OF SERVICE						
10-12	1	16.6	575.28	0.00	575.28	90.8
8-10	1	16.6	58.00	0.00	58.00	9.1
4-6	1	16.6	0.00	0.00	0.00	0.0
2-4	1	16.6	0.00	0.00	0.00	0.0
22-24	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		***$ 633.28***	***$ 0.00***	***$ 633.28***	
AGE OF CLAIMANT						
50-54	2	33.3	575.28	0.00	575.28	90.8
45-49	4	66.6	58.00	0.00	58.00	9.1
	6		***$ 633.28***	***$ 0.00***	***$ 633.28***	
SEX OF CLAIMANT						
Female	6	100.0	633.28	0.00	633.28	100.0
	6		***$ 633.28***	***$ 0.00***	***$ 633.28***	
LOSS CAUSE						
Building parts / doors	1	16.6	575.28	0.00	575.28	90.8
Walking surface, outside, dry	1	16.6	58.00	0.00	58.00	9.1
Office equipment	1	16.6	0.00	0.00	0.00	0.0
Clothing / jewelry	1	16.6	0.00	0.00	0.00	0.0
Furniture / fixtures	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		***$ 633.28***	***$ 0.00***	***$ 633.28***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	16.6	575.28	0.00	575.28	90.8
Fall or slip (into Openings)	1	16.6	58.00	0.00	58.00	9.1
Cumulative (Not Otherwise Classified)	1	16.6	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	16.6	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 633.28***	***$ 0.00***	***$ 633.28***	
*****BODY PART***						
Lower Arm	1					
Ankle	1					
Hand	2					
Elbow	1					
Knee	2					
Shoulder	1					
Wrist	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: New River Community College (275)

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	8
Sprain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Southside Va. Community College (276)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	25.0	0.00	750.00	750.00	50.0
Unknown	1	25.0	460.80	0.00	460.80	30.7
10AM-11:59AM	1	25.0	184.07	0.00	184.07	12.2
8AM-9:59AM	1	25.0	104.89	0.00	104.89	6.9
	4		***$ 749.76***	***$ 750.00***	***$ 1,499.76***	
LENGTH OF SERVICE						
16-18	1	25.0	0.00	750.00	750.00	50.0
4-6	1	25.0	460.80	0.00	460.80	30.7
0-2	2	50.0	288.96	0.00	288.96	19.2
	4		***$ 749.76***	***$ 750.00***	***$ 1,499.76***	
AGE OF CLAIMANT						
50-54	1	25.0	0.00	750.00	750.00	50.0
45-49	2	50.0	565.69	0.00	565.69	37.7
25-29	1	25.0	184.07	0.00	184.07	12.2
	4		***$ 749.76***	***$ 750.00***	***$ 1,499.76***	
SEX OF CLAIMANT						
Female	3	75.0	565.69	750.00	1,315.69	87.7
Male	1	25.0	184.07	0.00	184.07	12.2
	4		***$ 749.76***	***$ 750.00***	***$ 1,499.76***	
LOSS CAUSE						
Furniture / fixtures	1	25.0	0.00	750.00	750.00	50.0
Walking surface, outside, wet	1	25.0	460.80	0.00	460.80	30.7
Vehicle, not otherwise classified	1	25.0	184.07	0.00	184.07	12.2
Stairs, steps	1	25.0	104.89	0.00	104.89	6.9
	4		***$ 749.76***	***$ 750.00***	***$ 1,499.76***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	0.00	750.00	750.00	50.0
Fall or Slip (On Same Level)	1	25.0	460.80	0.00	460.80	30.7
Vehicle Upset	1	25.0	184.07	0.00	184.07	12.2
Fall or slip (on stairs)	1	25.0	104.89	0.00	104.89	6.9
	4		***$ 749.76***	***$ 750.00***	***$ 1,499.76***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Elbow	1					
Lower Arm	1					
Soft Tissue - Neck	2					
Ankle	1					
Knee	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.**

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Industrial Claims for Plan Year 2002

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Southside Va. Community College (276)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Contusion	3					
Sprain	3					
Strain	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.**

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Paul D Camp Community College (277)

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						
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						
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***						
Elbow	1					
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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Rappannock Community College (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	879.40	0.00	879.40	97.1
2PM-3:59PM	1	50.0	26.19	0.00	26.19	2.8
	2		***$ 905.59***	***$ 0.00***	***$ 905.59***	
LENGTH OF SERVICE						
14-16	1	50.0	879.40	0.00	879.40	97.1
20-22	1	50.0	26.19	0.00	26.19	2.8
	2		***$ 905.59***	***$ 0.00***	***$ 905.59***	
AGE OF CLAIMANT						
45-49	1	50.0	879.40	0.00	879.40	97.1
40-44	1	50.0	26.19	0.00	26.19	2.8
	2		***$ 905.59***	***$ 0.00***	***$ 905.59***	
SEX OF CLAIMANT						
Female	1	50.0	879.40	0.00	879.40	97.1
Male	1	50.0	26.19	0.00	26.19	2.8
	2		***$ 905.59***	***$ 0.00***	***$ 905.59***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	50.0	879.40	0.00	879.40	97.1
Boxes / containers	1	50.0	26.19	0.00	26.19	2.8
	2		***$ 905.59***	***$ 0.00***	***$ 905.59***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	879.40	0.00	879.40	97.1
Lifting (strain or Injury by)	1	50.0	26.19	0.00	26.19	2.8
	2		***$ 905.59***	***$ 0.00***	***$ 905.59***	
*****BODY PART***						
Foot	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***						
Sprain	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Danville Community College (279)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	3,000.00	3,000.00	100.0
	1		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
LENGTH OF SERVICE						
32-34	1	100.0	0.00	3,000.00	3,000.00	100.0
	1		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	3,000.00	3,000.00	100.0
	1		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	3,000.00	3,000.00	100.0
	1		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	3,000.00	3,000.00	100.0
	1		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	3,000.00	3,000.00	100.0
	1		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
*****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					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	2.8	14,506.59	545.78	15,052.37	55.3
10AM-11:59AM	9	25.7	1,918.34	1,773.03	3,691.37	13.5
12PM-1:59PM	9	25.7	939.63	2,120.00	3,059.63	11.2
4PM-5:59PM	4	11.4	1,150.37	1,061.73	2,212.10	8.1
6PM-7:59PM	4	11.4	737.00	750.00	1,487.00	5.4
8AM-9:59AM	4	11.4	1,355.78	0.00	1,355.78	4.9
6AM-7:59AM	1	2.8	209.60	0.00	209.60	0.7
12AM-1:59AM	2	5.7	149.50	0.00	149.50	0.5
Unknown	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 20,966.81***	***$ 6,250.54***	***$ 27,217.35***	
LENGTH OF SERVICE						
4-6	5	14.2	14,753.59	1,178.78	15,932.37	58.5
0-2	11	31.4	1,290.46	1,681.73	2,972.19	10.9
18-20	3	8.5	986.83	1,140.03	2,126.86	7.8
20-22	2	5.7	712.10	750.00	1,462.10	5.3
8-10	2	5.7	646.00	750.00	1,396.00	5.1
26-28	2	5.7	1,225.78	0.00	1,225.78	4.5
12-14	2	5.7	432.26	750.00	1,182.26	4.3
24-26	1	2.8	566.14	0.00	566.14	2.0
10-12	1	2.8	262.65	0.00	262.65	0.9
14-16	2	5.7	91.00	0.00	91.00	0.3
16-18	2	5.7	0.00	0.00	0.00	0.0
22-24	1	2.8	0.00	0.00	0.00	0.0
28-30	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 20,966.81***	***$ 6,250.54***	***$ 27,217.35***	
AGE OF CLAIMANT						
50-54	8	22.8	15,995.92	1,685.81	17,681.73	64.9
30-34	6	17.1	1,650.95	750.00	2,400.95	8.8
60-64	6	17.1	2,264.17	0.00	2,264.17	8.3
20-24	2	5.7	568.27	931.73	1,500.00	5.5
25-29	4	11.4	149.50	750.00	899.50	3.3
40-44	3	8.5	91.00	750.00	841.00	3.0
45-49	1	2.8	117.00	633.00	750.00	2.7
55-59	3	8.5	0.00	750.00	750.00	2.7
35-39	1	2.8	130.00	0.00	130.00	0.4
15-19	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 20,966.81***	***$ 6,250.54***	***$ 27,217.35***	
SEX OF CLAIMANT						
Male	21	60.0	18,092.29	4,750.54	22,842.83	83.9
Female	14	40.0	2,874.52	1,500.00	4,374.52	16.0
	35		***$ 20,966.81***	***$ 6,250.54***	***$ 27,217.35***	
LOSS CAUSE						
Vehicle, not otherwise classified	5	14.2	15,404.06	1,607.51	17,011.57	62.5
Walking surface, outside, dry	5	14.2	2,857.67	0.00	2,857.67	10.5
Wheelchair	1	2.8	647.23	1,140.03	1,787.26	6.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Metal items	3	8.5	113.49	1,500.00	1,613.49	5.9
Furniture / fixtures	5	14.2	209.60	750.00	959.60	3.5
Brush / tree / log	1	2.8	117.00	633.00	750.00	2.7
Chemicals, not otherwise classified	1	2.8	130.00	620.00	750.00	2.7
Infectious agent	3	8.5	646.00	0.00	646.00	2.3
Building parts / doors	1	2.8	432.26	0.00	432.26	1.5
Boxes / containers	2	5.7	279.50	0.00	279.50	1.0
Animal, not otherwise classified	1	2.8	130.00	0.00	130.00	0.4
Animal / bee type	1	2.8	0.00	0.00	0.00	0.0
Door	1	2.8	0.00	0.00	0.00	0.0
Person	2	5.7	0.00	0.00	0.00	0.0
Stairs, steps	1	2.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.8	0.00	0.00	0.00	0.0
Heating equipment	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 20,966.81***	***$ 6,250.54***	***$ 27,217.35***	

ACCIDENT TYPE

Object Handled (caught in or between)	1	2.8	14,506.59	545.78	15,052.37	55.3
Fall or Slip (On Same Level)	6	17.1	2,924.22	0.00	2,924.22	10.7
Lifting (strain or Injury by)	3	8.5	926.73	1,140.03	2,066.76	7.5
Fall or Slip (From Different Level)	2	5.7	262.65	750.00	1,012.65	3.7
Struck/Injured by Object Handled By Other	2	5.7	113.49	750.00	863.49	3.1
Allergic Reaction	1	2.8	130.00	620.00	750.00	2.7
Pushing Or Pulling (Strain or Injury by)	1	2.8	117.00	633.00	750.00	2.7
Strike Against/Step on Stationary Object	3	8.5	0.00	750.00	750.00	2.7
Struck/Injured by Motor Vehicle	1	2.8	438.27	311.73	750.00	2.7
Struck/Injured by Object Being Lifted/Handled	1	2.8	0.00	750.00	750.00	2.7
Absorb, Ingest, Inhalation	3	8.5	646.00	0.00	646.00	2.3
Object being lifted/handled (cut,punc.scrape,inj b	3	8.5	641.86	0.00	641.86	2.3
Animal Or Insect	2	5.7	130.00	0.00	130.00	0.4
Vehicle Upset	1	2.8	130.00	0.00	130.00	0.4
Assault	1	2.8	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	2.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	2.8	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	2.8	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 20,966.81***	***$ 6,250.54***	***$ 27,217.35***	

***BODY PART

Thumb	3
Knee	6
Lower Back Area (Lumbar and Lumbo-Sacral)	10
Foot	3
Abdomen including Groin	2
Lower Arm	5
Lower Leg	3
Toe(s)	1
Ankle	2
Wrist	2
Eye(s)	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand	2					
Finger(s)	2					
Facial, Other Soft Tissue	5					
Elbow	1					
Soft Tissue - Neck	4					
Hip	1					
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Leg	1					
Internal Organs	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***						
Laceration	11					
Contusion	20					
Strain	13					
Sprain	4					
Dermatitis	2					
Foreign Body	1					
Inflamation	4					
Burn	2					
Contagious Disease	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Piedmont Va Community College (282)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	33.3	97.00	653.00	750.00	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 97.00***	***$ 653.00***	***$ 750.00***	
LENGTH OF SERVICE						
24-26	1	33.3	97.00	653.00	750.00	100.0
0-2	1	33.3	0.00	0.00	0.00	0.0
6-8	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 97.00***	***$ 653.00***	***$ 750.00***	
AGE OF CLAIMANT						
60-64	1	33.3	97.00	653.00	750.00	100.0
40-44	1	33.3	0.00	0.00	0.00	0.0
50-54	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 97.00***	***$ 653.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	2	66.6	97.00	653.00	750.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 97.00***	***$ 653.00***	***$ 750.00***	
LOSS CAUSE						
Furniture / fixtures	1	33.3	97.00	653.00	750.00	100.0
Office equipment	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		***$ 97.00***	***$ 653.00***	***$ 750.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	33.3	97.00	653.00	750.00	100.0
Fall or slip (on stairs)	1	33.3	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 97.00***	***$ 653.00***	***$ 750.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Ankle	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
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: J Sargeant Reynolds (283)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	3	21.4	1,153.80	6,280.60	7,434.40	46.9
2PM-3:59PM	5	35.7	2,847.41	1,500.00	4,347.41	27.4
8AM-9:59AM	1	7.1	587.24	1,162.76	1,750.00	11.0
10AM-11:59AM	3	21.4	389.95	1,171.65	1,561.60	9.8
6AM-7:59AM	1	7.1	0.00	750.00	750.00	4.7
Unknown	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 4,978.40***	***$ 10,865.01***	***$ 15,843.41***	
LENGTH OF SERVICE						
0-2	6	42.8	3,567.97	7,345.76	10,913.73	68.8
12-14	2	14.2	553.60	750.00	1,303.60	8.2
16-18	1	7.1	230.75	519.25	750.00	4.7
18-20	1	7.1	0.00	750.00	750.00	4.7
4-6	1	7.1	0.00	750.00	750.00	4.7
8-10	1	7.1	0.00	750.00	750.00	4.7
28-30	1	7.1	564.48	0.00	564.48	3.5
6-8	1	7.1	61.60	0.00	61.60	0.3
	14		***$ 4,978.40***	***$ 10,865.01***	***$ 15,843.41***	
AGE OF CLAIMANT						
40-44	3	21.4	219.40	6,280.60	6,500.00	41.0
45-49	4	28.5	2,057.68	1,921.65	3,979.33	25.1
50-54	1	7.1	587.24	1,162.76	1,750.00	11.0
55-59	2	14.2	564.48	750.00	1,314.48	8.3
60-64	2	14.2	553.60	750.00	1,303.60	8.2
25-29	1	7.1	934.40	0.00	934.40	5.9
35-39	1	7.1	61.60	0.00	61.60	0.3
	14		***$ 4,978.40***	***$ 10,865.01***	***$ 15,843.41***	
SEX OF CLAIMANT						
Female	5	35.7	2,610.81	6,933.00	9,543.81	60.2
Male	9	64.2	2,367.59	3,932.01	6,299.60	39.7
	14		***$ 4,978.40***	***$ 10,865.01***	***$ 15,843.41***	
LOSS CAUSE						
Furniture / fixtures	4	28.5	450.15	7,549.85	8,000.00	50.4
Building parts / doors	1	7.1	587.24	1,162.76	1,750.00	11.0
Stone / rock / brick	1	7.1	1,729.33	0.00	1,729.33	10.9
Hand tool, not powered, NOC	1	7.1	934.40	0.00	934.40	5.9
Minerals / dirt	2	14.2	61.60	750.00	811.60	5.1
Hand tool, powered, NOC	1	7.1	97.60	652.40	750.00	4.7
Ladder, 10’ folding	1	7.1	0.00	750.00	750.00	4.7
Walking surface, inside, wet	1	7.1	564.48	0.00	564.48	3.5
Stairs, steps	2	14.2	553.60	0.00	553.60	3.4
	14		***$ 4,978.40***	***$ 10,865.01***	***$ 15,843.41***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	2	14.2	806.64	6,693.36	7,500.00	47.3
Fall or Slip (On Same Level)	2	14.2	2,293.81	0.00	2,293.81	14.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: J Sargeant Reynolds (283)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object being lifted/handled (cut,punc.scrape,inj b	2	14.2	1,032.00	652.40	1,684.40	10.6
Holding Or Carrying (Strain or Injury by)	2	14.2	230.75	1,269.25	1,500.00	9.4
Foreign Body In Eye	2	14.2	61.60	750.00	811.60	5.1
Lifting (strain or Injury by)	1	7.1	0.00	750.00	750.00	4.7
Strike Against/Step on Stationary Object	1	7.1	0.00	750.00	750.00	4.7
Fall or slip (on stairs)	2	14.2	553.60	0.00	553.60	3.4
	14		***$ 4,978.40***	***$ 10,865.01***	***$ 15,843.41***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Buttocks	1
Knee	2
Soft Tissue - Neck	2
Ankle	2
Shoulder	2
Finger(s)	1
Eye(s)	2
Facial, Other Soft Tissue	1
Wrist	1
Hip	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	6
Sprain	5
Strain	3
Laceration	2
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:00

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Eastrn Shore Community College (284)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	100.0	161.00	750.00	911.00	100.0
	2		***$ 161.00***	***$ 750.00***	***$ 911.00***	
LENGTH OF SERVICE						
6-8	2	100.0	161.00	750.00	911.00	100.0
	2		***$ 161.00***	***$ 750.00***	***$ 911.00***	
AGE OF CLAIMANT						
60-64	2	100.0	161.00	750.00	911.00	100.0
	2		***$ 161.00***	***$ 750.00***	***$ 911.00***	
SEX OF CLAIMANT						
Male	2	100.0	161.00	750.00	911.00	100.0
	2		***$ 161.00***	***$ 750.00***	***$ 911.00***	
LOSS CAUSE						
Walking surface, inside, wet	2	100.0	161.00	750.00	911.00	100.0
	2		***$ 161.00***	***$ 750.00***	***$ 911.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	100.0	161.00	750.00	911.00	100.0
	2		***$ 161.00***	***$ 750.00***	***$ 911.00***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Arm	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
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Patrick Henry Community College (285)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	33.3	708.50	41.50	750.00	50.0
8AM-9:59AM	2	66.6	420.75	329.25	750.00	50.0
	3		***$ 1,129.25***	***$ 370.75***	***$ 1,500.00***	
LENGTH OF SERVICE						
0-2	1	33.3	708.50	41.50	750.00	50.0
20-22	1	33.3	420.75	329.25	750.00	50.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,129.25***	***$ 370.75***	***$ 1,500.00***	
AGE OF CLAIMANT						
45-49	1	33.3	708.50	41.50	750.00	50.0
55-59	2	66.6	420.75	329.25	750.00	50.0
	3		***$ 1,129.25***	***$ 370.75***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	2	66.6	420.75	329.25	750.00	50.0
Male	1	33.3	708.50	41.50	750.00	50.0
	3		***$ 1,129.25***	***$ 370.75***	***$ 1,500.00***	
LOSS CAUSE						
Mechanical powered	1	33.3	708.50	41.50	750.00	50.0
Person	1	33.3	420.75	329.25	750.00	50.0
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,129.25***	***$ 370.75***	***$ 1,500.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	33.3	420.75	329.25	750.00	50.0
Pushing Or Pulling (Strain or Injury by)	1	33.3	708.50	41.50	750.00	50.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,129.25***	***$ 370.75***	***$ 1,500.00***	

*****BODY PART***	
Foot	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Lower Arm	1
Lower 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***	
Sprain	1
Strain	2
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	4	36.3	706.28	0.00	706.28	58.6
8AM-9:59AM	4	36.3	316.67	0.00	316.67	26.3
10AM-11:59AM	1	9.0	108.00	0.00	108.00	8.9
12AM-1:59AM	2	18.1	73.30	0.00	73.30	6.0
	11		***$ 1,204.25***	***$ 0.00***	***$ 1,204.25***	
LENGTH OF SERVICE						
2-4	3	27.2	466.62	0.00	466.62	38.7
14-16	1	9.0	364.58	0.00	364.58	30.2
0-2	2	18.1	191.75	0.00	191.75	15.9
12-14	2	18.1	108.00	0.00	108.00	8.9
8-10	1	9.0	73.30	0.00	73.30	6.0
10-12	1	9.0	0.00	0.00	0.00	0.0
20-22	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 1,204.25***	***$ 0.00***	***$ 1,204.25***	
AGE OF CLAIMANT						
25-29	3	27.2	539.92	0.00	539.92	44.8
45-49	4	36.3	472.58	0.00	472.58	39.2
35-39	1	9.0	170.00	0.00	170.00	14.1
55-59	1	9.0	21.75	0.00	21.75	1.8
40-44	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		***$ 1,204.25***	***$ 0.00***	***$ 1,204.25***	
SEX OF CLAIMANT						
Male	8	72.7	960.95	0.00	960.95	79.8
Female	3	27.2	243.30	0.00	243.30	20.2
	11		***$ 1,204.25***	***$ 0.00***	***$ 1,204.25***	
LOSS CAUSE						
Hacksaw	1	9.0	364.58	0.00	364.58	30.2
Glass bottle / sheet	1	9.0	316.67	0.00	316.67	26.3
Brush / tree / log	1	9.0	170.00	0.00	170.00	14.1
Furniture / fixtures	3	27.2	149.95	0.00	149.95	12.4
Hand tool, powered, NOC	1	9.0	108.00	0.00	108.00	8.9
Chemicals, not otherwise classified	1	9.0	73.30	0.00	73.30	6.0
Walking surface, outside, dry	1	9.0	21.75	0.00	21.75	1.8
Boxes / containers	1	9.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 1,204.25***	***$ 0.00***	***$ 1,204.25***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	3	27.2	789.25	0.00	789.25	65.5
Strike Against/Step on Stationary Object	1	9.0	170.00	0.00	170.00	14.1
Lifting (strain or Injury by)	2	18.1	149.95	0.00	149.95	12.4
Exposure to Poisonous Agent / Plant	1	9.0	73.30	0.00	73.30	6.0
Fall or Slip (On Same Level)	1	9.0	21.75	0.00	21.75	1.8
Fall or Slip (From Different Level)	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Va Western Community College (286)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Pushing Or Pulling (Strain or Injury by)	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
	11		***$ 1,204.25***	***$ 0.00***	***$ 1,204.25***	

***BODY PART

Hand	2
Finger(s)	1
Lower Arm	2
Shoulder	1
Lungs	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Upper Arm (Inc: Clavicle and Scapula)	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

Laceration	3
Foreign Body	1
Strain	3
Inflamation	2
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Dabney S Lancaster Comm. Coll. (287)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	33.3	1,824.25	1,188.71	3,012.96	88.9
6PM-7:59PM	1	16.6	266.87	0.00	266.87	7.8
4PM-5:59PM	3	50.0	108.00	0.00	108.00	3.1
	6		***$ 2,199.12***	***$ 1,188.71***	***$ 3,387.83***	
LENGTH OF SERVICE						
4-6	3	50.0	1,824.25	1,188.71	3,012.96	88.9
0-2	1	16.6	266.87	0.00	266.87	7.8
28-30	2	33.3	108.00	0.00	108.00	3.1
	6		***$ 2,199.12***	***$ 1,188.71***	***$ 3,387.83***	
AGE OF CLAIMANT						
40-44	2	33.3	1,824.25	1,188.71	3,012.96	88.9
55-59	2	33.3	365.87	0.00	365.87	10.8
50-54	2	33.3	9.00	0.00	9.00	0.2
	6		***$ 2,199.12***	***$ 1,188.71***	***$ 3,387.83***	
SEX OF CLAIMANT						
Male	4	66.6	2,100.12	1,188.71	3,288.83	97.0
Female	2	33.3	99.00	0.00	99.00	2.9
	6		***$ 2,199.12***	***$ 1,188.71***	***$ 3,387.83***	
LOSS CAUSE						
Walking surface, outside, wet	1	16.6	1,824.25	438.71	2,262.96	66.8
Brush / tree / log	1	16.6	0.00	750.00	750.00	22.1
Minerals / dirt	1	16.6	266.87	0.00	266.87	7.8
Electrical equipment	1	16.6	99.00	0.00	99.00	2.9
Boxes / containers	2	33.3	9.00	0.00	9.00	0.2
	6		***$ 2,199.12***	***$ 1,188.71***	***$ 3,387.83***	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	16.6	1,824.25	438.71	2,262.96	66.8
Strike Against/Step on Stationary Object	1	16.6	0.00	750.00	750.00	22.1
Foreign Body In Eye	1	16.6	266.87	0.00	266.87	7.8
Fall or Slip (On Same Level)	1	16.6	99.00	0.00	99.00	2.9
Object Handled (caught in or between)	1	16.6	9.00	0.00	9.00	0.2
Struck/Injured by Falling or Flying Object	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 2,199.12***	***$ 1,188.71***	***$ 3,387.83***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
Elbow	1					
Facial, Other Soft Tissue	2					
Knee	1					
Finger(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Dabney S Lancaster Comm. Coll. (287)

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	2
Contusion	4
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Wytheville Community College (288)

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						
12-14	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						
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						
Female	2	100.0	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
Walking surface, inside, wet	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
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Foot	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	1					
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 2002

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: John Tyler Community College (290)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	14.2	3,077.13	0.00	3,077.13	53.6
10AM-11:59AM	2	28.5	1,660.30	0.00	1,660.30	28.9
12PM-1:59PM	2	28.5	108.67	750.00	858.67	14.9
6PM-7:59PM	1	14.2	139.60	0.00	139.60	2.4
2AM-3:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 4,985.70***	***$ 750.00***	***$ 5,735.70***	
LENGTH OF SERVICE						
0-2	3	42.8	4,607.13	0.00	4,607.13	80.3
2-4	3	42.8	269.90	750.00	1,019.90	17.7
8-10	1	14.2	108.67	0.00	108.67	1.8
	7		***$ 4,985.70***	***$ 750.00***	***$ 5,735.70***	
AGE OF CLAIMANT						
55-59	1	14.2	3,077.13	0.00	3,077.13	53.6
60-64	1	14.2	1,390.40	0.00	1,390.40	24.2
30-34	1	14.2	0.00	750.00	750.00	13.0
45-49	2	28.5	269.90	0.00	269.90	4.7
35-39	1	14.2	139.60	0.00	139.60	2.4
40-44	1	14.2	108.67	0.00	108.67	1.8
	7		***$ 4,985.70***	***$ 750.00***	***$ 5,735.70***	
SEX OF CLAIMANT						
Male	3	42.8	3,347.03	0.00	3,347.03	58.3
Female	4	57.1	1,638.67	750.00	2,388.67	41.6
	7		***$ 4,985.70***	***$ 750.00***	***$ 5,735.70***	
LOSS CAUSE						
Excavations	1	14.2	3,077.13	0.00	3,077.13	53.6
Walking surface, inside, dry	1	14.2	1,390.40	0.00	1,390.40	24.2
Electrical equipment	1	14.2	0.00	750.00	750.00	13.0
Minerals / dirt	1	14.2	269.90	0.00	269.90	4.7
Boxes / containers	1	14.2	139.60	0.00	139.60	2.4
Fencing	1	14.2	108.67	0.00	108.67	1.8
Poisonous agent / plant	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 4,985.70***	***$ 750.00***	***$ 5,735.70***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	14.2	3,077.13	0.00	3,077.13	53.6
Fall or Slip (On Same Level)	1	14.2	1,390.40	0.00	1,390.40	24.2
Struck/Injured by Falling or Flying Object	1	14.2	0.00	750.00	750.00	13.0
Foreign Body In Eye	1	14.2	269.90	0.00	269.90	4.7
Lifting (strain or Injury by)	1	14.2	139.60	0.00	139.60	2.4
Strike Against/Step on Stationary Object	1	14.2	108.67	0.00	108.67	1.8
Allergic Reaction	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 4,985.70***	***$ 750.00***	***$ 5,735.70***	
*****BODY PART***						
Knee	2					
Lower Leg	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: John Tyler Community College (290)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Arm	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.**

*****INJURY***	
Strain	4
Contusion	3
Foreign Body	1
Laceration	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Blue Ridge Community College (291)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	2	100.0	763.68	2,663.40	3,427.08	100.0
	2		***$ 763.68***	***$ 2,663.40***	***$ 3,427.08***	
LENGTH OF SERVICE						
4-6	1	50.0	586.60	2,663.40	3,250.00	94.8
2-4	1	50.0	177.08	0.00	177.08	5.1
	2		***$ 763.68***	***$ 2,663.40***	***$ 3,427.08***	
AGE OF CLAIMANT						
35-39	1	50.0	586.60	2,663.40	3,250.00	94.8
40-44	1	50.0	177.08	0.00	177.08	5.1
	2		***$ 763.68***	***$ 2,663.40***	***$ 3,427.08***	
SEX OF CLAIMANT						
Female	2	100.0	763.68	2,663.40	3,427.08	100.0
	2		***$ 763.68***	***$ 2,663.40***	***$ 3,427.08***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	586.60	2,663.40	3,250.00	94.8
Door	1	50.0	177.08	0.00	177.08	5.1
	2		***$ 763.68***	***$ 2,663.40***	***$ 3,427.08***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	586.60	2,663.40	3,250.00	94.8
Object Handled (caught in or between)	1	50.0	177.08	0.00	177.08	5.1
	2		***$ 763.68***	***$ 2,663.40***	***$ 3,427.08***	
*****BODY PART***						
Wrist	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***		
Fracture	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Central Va Community College (292)

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						
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						
Furniture / fixtures	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***						
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Thomas Nelson Community College (293)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	25.0	8,356.59	3,869.40	12,225.99	77.5
12PM-1:59PM	2	25.0	2,116.29	0.00	2,116.29	13.4
8AM-9:59AM	2	25.0	590.00	750.00	1,340.00	8.5
2PM-3:59PM	1	12.5	84.45	0.00	84.45	0.5
4PM-5:59PM	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 11,147.33***	***$ 4,619.40***	***$ 15,766.73***	
LENGTH OF SERVICE						
0-2	3	37.5	8,441.04	3,869.40	12,310.44	78.0
22-24	1	12.5	1,925.57	0.00	1,925.57	12.2
20-22	1	12.5	0.00	750.00	750.00	4.7
12-14	2	25.0	590.00	0.00	590.00	3.7
2-4	1	12.5	190.72	0.00	190.72	1.2
	8		***$ 11,147.33***	***$ 4,619.40***	***$ 15,766.73***	
AGE OF CLAIMANT						
70-74	1	12.5	8,356.59	3,119.40	11,475.99	72.7
65-69	1	12.5	1,925.57	0.00	1,925.57	12.2
25-29	1	12.5	0.00	750.00	750.00	4.7
50-54	2	25.0	0.00	750.00	750.00	4.7
40-44	1	12.5	590.00	0.00	590.00	3.7
45-49	2	25.0	275.17	0.00	275.17	1.7
	8		***$ 11,147.33***	***$ 4,619.40***	***$ 15,766.73***	
SEX OF CLAIMANT						
Female	7	87.5	10,956.61	4,619.40	15,576.01	98.7
Male	1	12.5	190.72	0.00	190.72	1.2
	8		***$ 11,147.33***	***$ 4,619.40***	***$ 15,766.73***	
LOSS CAUSE						
Stairs, steps	1	12.5	8,356.59	3,119.40	11,475.99	72.7
Walking surface, outside, dry	1	12.5	1,925.57	0.00	1,925.57	12.2
Animal / bee type	1	12.5	0.00	750.00	750.00	4.7
Metal items	1	12.5	0.00	750.00	750.00	4.7
Walking surface, outside, wet	1	12.5	590.00	0.00	590.00	3.7
Miscellaneous	1	12.5	190.72	0.00	190.72	1.2
Person	1	12.5	84.45	0.00	84.45	0.5
Pipe	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 11,147.33***	***$ 4,619.40***	***$ 15,766.73***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	12.5	8,356.59	3,119.40	11,475.99	72.7
Fall or Slip (On Same Level)	2	25.0	1,925.57	0.00	1,925.57	12.2
Animal Or Insect	1	12.5	0.00	750.00	750.00	4.7
Struck/Injured by Falling or Flying Object	1	12.5	0.00	750.00	750.00	4.7
Fall or slip (on ice or snow)	1	12.5	590.00	0.00	590.00	3.7
Object Handled (caught in or between)	1	12.5	190.72	0.00	190.72	1.2
Stuck, injured by fellow worker, patient	1	12.5	84.45	0.00	84.45	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Thomas Nelson Community College (293)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	8		***$ 11,147.33***	***$ 4,619.40***	***$ 15,766.73***	
*****BODY PART***						
Shoulder	1					
Knee	3					
Hand	3					
Facial, Other Soft Tissue	1					
Foot	1					
Lower Arm	1					
Wrist	1					
Lower Leg	1					
Finger(s)	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***						
Dislocation	1					
Contusion	5					
Laceration	3					
Fracture	2					
Inflamation	1					
Sprain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	7	29.1	9,961.11	5,583.60	15,544.71	60.2
2PM-3:59PM	6	25.0	2,864.88	1,422.00	4,286.88	16.6
4PM-5:59PM	3	12.5	2,290.25	0.00	2,290.25	8.8
12PM-1:59PM	2	8.3	1,552.21	0.00	1,552.21	6.0
6PM-7:59PM	2	8.3	0.00	750.00	750.00	2.9
8AM-9:59AM	3	12.5	194.67	555.33	750.00	2.9
Unknown	1	4.1	629.62	0.00	629.62	2.4
	24		***$ 17,492.74***	***$ 8,310.93***	***$ 25,803.67***	
LENGTH OF SERVICE						
0-2	8	33.3	5,010.36	3,766.95	8,777.31	34.0
2-4	4	16.6	7,304.28	0.00	7,304.28	28.3
6-8	2	8.3	432.00	3,318.00	3,750.00	14.5
20-22	1	4.1	2,290.25	0.00	2,290.25	8.8
28-30	1	4.1	1,552.21	0.00	1,552.21	6.0
22-24	4	16.6	274.02	1,225.98	1,500.00	5.8
4-6	3	12.5	629.62	0.00	629.62	2.4
12-14	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 17,492.74***	***$ 8,310.93***	***$ 25,803.67***	
AGE OF CLAIMANT						
30-34	3	12.5	7,736.28	3,318.00	11,054.28	42.8
55-59	4	16.6	2,486.27	553.98	3,040.25	11.7
25-29	3	12.5	2,688.88	0.00	2,688.88	10.4
50-54	4	16.6	1,552.21	750.00	2,302.21	8.9
45-49	3	12.5	2,253.30	0.00	2,253.30	8.7
60-64	2	8.3	38.38	1,711.62	1,750.00	6.7
40-44	2	8.3	542.75	672.00	1,214.75	4.7
15-19	1	4.1	0.00	750.00	750.00	2.9
35-39	1	4.1	194.67	555.33	750.00	2.9
20-24	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 17,492.74***	***$ 8,310.93***	***$ 25,803.67***	
SEX OF CLAIMANT						
Male	10	41.6	12,003.61	2,820.93	14,824.54	57.4
Female	14	58.3	5,489.13	5,490.00	10,979.13	42.5
	24		***$ 17,492.74***	***$ 8,310.93***	***$ 25,803.67***	
LOSS CAUSE						
Building parts / doors	1	4.1	7,206.28	0.00	7,206.28	27.9
Furniture / fixtures	7	29.1	2,524.65	2,265.60	4,790.25	18.5
Vehicle, not otherwise classified	1	4.1	432.00	3,318.00	3,750.00	14.5
Chemicals, not otherwise classified	1	4.1	2,688.88	0.00	2,688.88	10.4
Vehicle/car/truck	1	4.1	1,623.68	0.00	1,623.68	6.2
Walking surface, outside, dry	2	8.3	1,552.21	0.00	1,552.21	6.0
Metal items	1	4.1	194.67	555.33	750.00	2.9
Office equipment	1	4.1	78.00	672.00	750.00	2.9
Recreational equipment	1	4.1	0.00	750.00	750.00	2.9
Walking surface, inside, wet	1	4.1	0.00	750.00	750.00	2.9

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Industrial Claims for Plan Year 2002

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand tool, not powered, NOC	1	4.1	629.62	0.00	629.62	2.4
Pipe	1	4.1	464.75	0.00	464.75	1.8
Electrical equipment	1	4.1	98.00	0.00	98.00	0.3
Stairs, steps	2	8.3	0.00	0.00	0.00	0.0
Water	1	4.1	0.00	0.00	0.00	0.0
Chair	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 17,492.74***	***$ 8,310.93***	***$ 25,803.67***	

ACCIDENT TYPE

Reaching (Strain or Injury by)	3	12.5	7,206.28	750.00	7,956.28	30.8
Fall or Slip (From Different Level)	5	20.8	5,466.14	0.00	5,466.14	21.1
Vehicle Upset	1	4.1	432.00	3,318.00	3,750.00	14.5
Absorb, Ingest, Inhalation	1	4.1	2,688.88	0.00	2,688.88	10.4
Pushing Or Pulling (Strain or Injury by)	2	8.3	116.38	2,383.62	2,500.00	9.6
Struck/Injured by Falling or Flying Object	6	25.0	953.44	1,109.31	2,062.75	7.9
Fall or Slip (On Same Level)	2	8.3	0.00	750.00	750.00	2.9
Object being lifted/handled (cut,punc.scrape,inj b	1	4.1	629.62	0.00	629.62	2.4
Contact With Hot Object or Substances	1	4.1	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	8.3	0.00	0.00	0.00	0.0
	24		***$ 17,492.74***	***$ 8,310.93***	***$ 25,803.67***	

***BODY PART

Abdomen including Groin	2
Facial, Other Soft Tissue	3
Upper Arm (Inc: Clavicle and Scapula)	1
Lungs	1
Hand	4
Knee	5
Lower Arm	2
Soft Tissue - Neck	1
Lower Leg	5
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Foot	3
Ankle	1
Hip	4
Eye(s)	1
Shoulder	2
Upper Leg	1
Thumb	1
Elbow	1
Upper Back Area (Thoracic Area)	1
Buttocks	1
	24

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	24
Hernia	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strain	4					
Sprain	3					
Respiratory Disorders	1					
Laceration	7					
Burn	1					
	24					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Va Highlands Community College (296)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	25.0	41.00	0.00	41.00	100.0
4PM-5:59PM	2	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 41.00***	***$ 0.00***	***$ 41.00***	
LENGTH OF SERVICE						
6-8	1	25.0	41.00	0.00	41.00	100.0
28-30	1	25.0	0.00	0.00	0.00	0.0
0-2	1	25.0	0.00	0.00	0.00	0.0
32-34	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 41.00***	***$ 0.00***	***$ 41.00***	
AGE OF CLAIMANT						
30-34	1	25.0	41.00	0.00	41.00	100.0
65-69	1	25.0	0.00	0.00	0.00	0.0
25-29	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		***$ 41.00***	***$ 0.00***	***$ 41.00***	
SEX OF CLAIMANT						
Female	4	100.0	41.00	0.00	41.00	100.0
	4		***$ 41.00***	***$ 0.00***	***$ 41.00***	
LOSS CAUSE						
Furniture / fixtures	2	50.0	41.00	0.00	41.00	100.0
Walking surface, inside, wet	1	25.0	0.00	0.00	0.00	0.0
Door	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 41.00***	***$ 0.00***	***$ 41.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	3	75.0	41.00	0.00	41.00	100.0
Fall or Slip (On Same Level)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 41.00***	***$ 0.00***	***$ 41.00***	
*****BODY PART***						
Upper Back Area (Thoracic Area)	1					
Hand	1					
Hip	1					
Knee	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Foot	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	7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Va Highlands Community College (296)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Germanna Community College (297)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	11.1	1,569.64	1,180.36	2,750.00	49.6
4AM-5:59AM	1	11.1	2,021.85	0.00	2,021.85	36.4
4PM-5:59PM	2	22.2	0.00	750.00	750.00	13.5
12PM-1:59PM	1	11.1	20.53	0.00	20.53	0.3
10AM-11:59AM	2	22.2	0.00	0.00	0.00	0.0
2PM-3:59PM	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 3,612.02***	***$ 1,930.36***	***$ 5,542.38***	
LENGTH OF SERVICE						
2-4	1	11.1	1,569.64	1,180.36	2,750.00	49.6
0-2	2	22.2	2,021.85	0.00	2,021.85	36.4
8-10	1	11.1	0.00	750.00	750.00	13.5
4-6	1	11.1	20.53	0.00	20.53	0.3
14-16	1	11.1	0.00	0.00	0.00	0.0
16-18	1	11.1	0.00	0.00	0.00	0.0
20-22	1	11.1	0.00	0.00	0.00	0.0
12-14	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,612.02***	***$ 1,930.36***	***$ 5,542.38***	
AGE OF CLAIMANT						
35-39	1	11.1	1,569.64	1,180.36	2,750.00	49.6
30-34	1	11.1	2,021.85	0.00	2,021.85	36.4
45-49	3	33.3	0.00	750.00	750.00	13.5
40-44	1	11.1	20.53	0.00	20.53	0.3
15-19	1	11.1	0.00	0.00	0.00	0.0
65-69	1	11.1	0.00	0.00	0.00	0.0
80-84	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,612.02***	***$ 1,930.36***	***$ 5,542.38***	
SEX OF CLAIMANT						
Male	5	55.5	3,591.49	1,180.36	4,771.85	86.1
Female	4	44.4	20.53	750.00	770.53	13.9
	9		***$ 3,612.02***	***$ 1,930.36***	***$ 5,542.38***	
LOSS CAUSE						
Furniture / fixtures	1	11.1	1,569.64	1,180.36	2,750.00	49.6
Office equipment	1	11.1	2,021.85	0.00	2,021.85	36.4
Walking surface, inside, dry	2	22.2	20.53	750.00	770.53	13.9
Hand tool, powered, NOC	1	11.1	0.00	0.00	0.00	0.0
Infectious agent	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	22.2	0.00	0.00	0.00	0.0
Door	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,612.02***	***$ 1,930.36***	***$ 5,542.38***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	11.1	1,569.64	1,180.36	2,750.00	49.6
Fall or Slip (On Same Level)	3	33.3	2,042.38	0.00	2,042.38	36.8
Fall or Slip (From Different Level)	2	22.2	0.00	750.00	750.00	13.5
Absorb, Ingest, Inhalation	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:01

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Germanna Community College (297)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object Handled (caught in or between)	1	11.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 3,612.02***	***$ 1,930.36***	***$ 5,542.38***	

***BODY PART

Knee	2
Ankle	1
Lower Leg	1
Foot	1
Soft Tissue - Neck	1
Finger(s)	2
Mouth	1
Nose	1
Lower Arm	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	2
Contusion	3
Laceration	3
Sprain	1
Foreign Body	1
Fracture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Lord Fairfax Community College (298)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	1	14.2	801.20	0.00	801.20	37.7
2AM-3:59AM	1	14.2	0.00	750.00	750.00	35.3
6PM-7:59PM	2	28.5	346.62	47.36	393.98	18.5
10AM-11:59AM	1	14.2	177.00	0.00	177.00	8.3
4PM-5:59PM	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 1,324.82***	***$ 797.36***	***$ 2,122.18***	
LENGTH OF SERVICE						
0-2	4	57.1	1,147.82	47.36	1,195.18	56.3
2-4	2	28.5	0.00	750.00	750.00	35.3
6-8	1	14.2	177.00	0.00	177.00	8.3
	7		***$ 1,324.82***	***$ 797.36***	***$ 2,122.18***	
AGE OF CLAIMANT						
40-44	2	28.5	801.20	750.00	1,551.20	73.0
45-49	2	28.5	193.50	47.36	240.86	11.3
55-59	1	14.2	177.00	0.00	177.00	8.3
15-19	1	14.2	153.12	0.00	153.12	7.2
25-29	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,324.82***	***$ 797.36***	***$ 2,122.18***	
SEX OF CLAIMANT						
Male	4	57.1	1,131.32	0.00	1,131.32	53.3
Female	3	42.8	193.50	797.36	990.86	46.6
	7		***$ 1,324.82***	***$ 797.36***	***$ 2,122.18***	
LOSS CAUSE						
Furniture / fixtures	2	28.5	954.32	0.00	954.32	44.9
Boxes / containers	2	28.5	177.00	750.00	927.00	43.6
Object on Floor	1	14.2	193.50	47.36	240.86	11.3
Office equipment	1	14.2	0.00	0.00	0.00	0.0
Person	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,324.82***	***$ 797.36***	***$ 2,122.18***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	42.8	1,147.82	47.36	1,195.18	56.3
Reaching (Strain or Injury by)	1	14.2	0.00	750.00	750.00	35.3
Pushing Or Pulling (Strain or Injury by)	1	14.2	177.00	0.00	177.00	8.3
Cumulative (Not Otherwise Classified)	1	14.2	0.00	0.00	0.00	0.0
Stress	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,324.82***	***$ 797.36***	***$ 2,122.18***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
Soft Tissue - Neck	1					
Ankle	1					
Foot	1					
Abdomen including Groin	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hand	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Lord Fairfax Community College (298)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Brain	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	4
Laceration	1
Sprain	2
Contusion	1
Mental Stress	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Mountain Empire (299)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	27.2	74.78	0.00	74.78	86.1
12PM-1:59PM	3	27.2	12.00	0.00	12.00	13.8
10AM-11:59AM	2	18.1	0.00	0.00	0.00	0.0
2PM-3:59PM	2	18.1	0.00	0.00	0.00	0.0
4AM-5:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 86.78***	***$ 0.00***	***$ 86.78***	
LENGTH OF SERVICE						
8-10	1	9.0	74.78	0.00	74.78	86.1
4-6	2	18.1	12.00	0.00	12.00	13.8
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
2-4	2	18.1	0.00	0.00	0.00	0.0
18-20	2	18.1	0.00	0.00	0.00	0.0
6-8	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 86.78***	***$ 0.00***	***$ 86.78***	
AGE OF CLAIMANT						
35-39	1	9.0	74.78	0.00	74.78	86.1
40-44	4	36.3	12.00	0.00	12.00	13.8
45-49	3	27.2	0.00	0.00	0.00	0.0
50-54	2	18.1	0.00	0.00	0.00	0.0
25-29	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 86.78***	***$ 0.00***	***$ 86.78***	
SEX OF CLAIMANT						
Male	3	27.2	74.78	0.00	74.78	86.1
Female	8	72.7	12.00	0.00	12.00	13.8
	11		***$ 86.78***	***$ 0.00***	***$ 86.78***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	18.1	74.78	0.00	74.78	86.1
Infectious agent	1	9.0	12.00	0.00	12.00	13.8
Walking surface, inside, wet	1	9.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	18.1	0.00	0.00	0.00	0.0
Building parts / doors	1	9.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	9.0	0.00	0.00	0.00	0.0
Hand tool, not 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
Walking surface, inside, dry	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 86.78***	***$ 0.00***	***$ 86.78***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	9.0	74.78	0.00	74.78	86.1
Absorb, Ingest, Inhalation	1	9.0	12.00	0.00	12.00	13.8
Fall or Slip (On Same Level)	5	45.4	0.00	0.00	0.00	0.0
Vehicle Upset	1	9.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Community College System (261)
SubAgency: Mountain Empire (299)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Falling or Flying Object	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 86.78***	***$ 0.00***	***$ 86.78***	

***BODY PART

Facial, Other Soft Tissue	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lungs	1
Ankle	2
Hand	2
Soft Tissue - Neck	2
Thumb	1
Ear(s)	1
Elbow	1
Finger(s)	1
Knee	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

Laceration	5
Strain	3
Respiratory Disorders	1
Sprain	1
Contusion	6
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	10	17.5	1,837.80	0.00	1,837.80	22.5
6PM-7:59PM	2	3.5	1,032.12	0.00	1,032.12	12.6
8AM-9:59AM	6	10.5	222.00	750.00	972.00	11.9
12AM-1:59AM	2	3.5	913.60	0.00	913.60	11.2
6AM-7:59AM	3	5.2	398.20	486.80	885.00	10.8
2PM-3:59PM	11	19.2	279.00	541.00	820.00	10.0
12PM-1:59PM	10	17.5	21.32	750.00	771.32	9.4
4PM-5:59PM	10	17.5	114.95	635.05	750.00	9.2
Unknown	3	5.2	172.00	0.00	172.00	2.1
	57		***$ 4,990.99***	***$ 3,162.85***	***$ 8,153.84***	
LENGTH OF SERVICE						
8-10	5	8.7	1,488.70	541.00	2,029.70	24.8
2-4	7	12.2	1,566.70	0.00	1,566.70	19.2
4-6	9	15.7	556.46	486.80	1,043.26	12.7
16-18	3	5.2	184.95	635.05	820.00	10.0
0-2	11	19.2	0.00	750.00	750.00	9.2
18-20	2	3.5	0.00	750.00	750.00	9.2
12-14	2	3.5	738.86	0.00	738.86	9.0
10-12	7	12.2	212.00	0.00	212.00	2.6
22-24	3	5.2	152.00	0.00	152.00	1.8
6-8	3	5.2	91.32	0.00	91.32	1.1
26-28	1	1.7	0.00	0.00	0.00	0.0
14-16	2	3.5	0.00	0.00	0.00	0.0
20-22	1	1.7	0.00	0.00	0.00	0.0
30-32	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 4,990.99***	***$ 3,162.85***	***$ 8,153.84***	
AGE OF CLAIMANT						
45-49	11	19.2	2,615.30	0.00	2,615.30	32.0
50-54	9	15.7	987.86	541.00	1,528.86	18.7
40-44	9	15.7	530.27	635.05	1,165.32	14.2
35-39	6	10.5	494.30	486.80	981.10	12.0
55-59	6	10.5	70.00	750.00	820.00	10.0
60-64	3	5.2	0.00	750.00	750.00	9.2
30-34	4	7.0	293.26	0.00	293.26	3.6
25-29	5	8.7	0.00	0.00	0.00	0.0
75-79	1	1.7	0.00	0.00	0.00	0.0
20-24	1	1.7	0.00	0.00	0.00	0.0
65-69	1	1.7	0.00	0.00	0.00	0.0
70-74	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 4,990.99***	***$ 3,162.85***	***$ 8,153.84***	
SEX OF CLAIMANT						
Female	38	66.6	2,480.16	1,986.80	4,466.96	54.7
Male	19	33.3	2,510.83	1,176.05	3,686.88	45.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	57		***$ 4,990.99***	***$ 3,162.85***	***$ 8,153.84***	
LOSS CAUSE						
Miscellaneous	5	8.7	2,011.96	0.00	2,011.96	24.6
Office equipment	2	3.5	1,176.80	486.80	1,663.60	20.4
Walking surface, outside, dry	3	5.2	70.00	750.00	820.00	10.0
Sharp objects, not otherwise classified	2	3.5	114.95	635.05	750.00	9.2
Stone / rock / brick	1	1.7	0.00	750.00	750.00	9.2
Vehicle/car/truck	3	5.2	209.00	541.00	750.00	9.2
Metal items	6	10.5	738.86	0.00	738.86	9.0
Vehicle, not otherwise classified	2	3.5	307.00	0.00	307.00	3.7
Machine, not otherwise classified	2	3.5	231.10	0.00	231.10	2.8
Patient / Inmate	2	3.5	70.00	0.00	70.00	0.8
Minerals / dirt	2	3.5	40.00	0.00	40.00	0.4
Infectious agent	1	1.7	21.32	0.00	21.32	0.2
Boxes / containers	1	1.7	0.00	0.00	0.00	0.0
Cart	2	3.5	0.00	0.00	0.00	0.0
Cleaning Products	1	1.7	0.00	0.00	0.00	0.0
Computer Work Station	1	1.7	0.00	0.00	0.00	0.0
Gloves	1	1.7	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.7	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	1.7	0.00	0.00	0.00	0.0
Person	3	5.2	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
Building parts / doors	5	8.7	0.00	0.00	0.00	0.0
Floor	1	1.7	0.00	0.00	0.00	0.0
Furniture / fixtures	2	3.5	0.00	0.00	0.00	0.0
Nail	1	1.7	0.00	0.00	0.00	0.0
Shears	1	1.7	0.00	0.00	0.00	0.0
Trash receptacle	1	1.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.7	0.00	0.00	0.00	0.0
Water	1	1.7	0.00	0.00	0.00	0.0
Wood Items	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 4,990.99***	***$ 3,162.85***	***$ 8,153.84***	
ACCIDENT TYPE						
Twisting, strain or injury by	9	15.7	1,997.70	2,041.00	4,038.70	49.5
Struck/Injured by Object Being Lifted/Handled	2	3.5	1,048.60	0.00	1,048.60	12.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	3.5	114.95	635.05	750.00	9.2
Lifting (strain or Injury by)	5	8.7	263.20	486.80	750.00	9.2
Strike Against/Step on Stationary Object	7	12.2	738.86	0.00	738.86	9.0
Struck/Injured by Falling or Flying Object	7	12.2	314.58	0.00	314.58	3.8
Contact With Hot Object or Substances	2	3.5	231.10	0.00	231.10	2.8
Vehicle Upset	2	3.5	172.00	0.00	172.00	2.1
Fall or Slip (On Same Level)	4	7.0	70.00	0.00	70.00	0.8
Foreign Body In Eye	2	3.5	40.00	0.00	40.00	0.4
Absorb, Ingest, Inhalation	1	1.7	0.00	0.00	0.00	0.0
Allergic Reaction	1	1.7	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	5.2	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	1.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Animal Or Insect	1	1.7	0.00	0.00	0.00	0.0
Assault	1	1.7	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	4	7.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	1.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.7	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 4,990.99***	***$ 3,162.85***	***$ 8,153.84***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Soft Tissue - Neck	1
Knee	5
Foot	3
Ankle	3
Elbow	1
Thumb	2
Finger(s)	6
Facial, Other Soft Tissue	6
Hand	6
No Physical Problem	1
Eye(s)	3
Lower Arm	3
Lower Leg	2
Shoulder	4
Whole Body	1
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Skull	1
Wrist	1
	57

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	23
Laceration	11
Contusion	14
Sprain	1
Foreign Body	4
Burn	2
No Physical Injury	1
Crushing	1
Dermatitis	1
Poisoning - Chemical	1
Puncture	3
	57

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	23.8	0.00	2,250.00	2,250.00	50.0
10AM-11:59AM	8	38.0	0.00	1,500.00	1,500.00	33.3
12PM-1:59PM	4	19.0	0.00	750.00	750.00	16.6
2PM-3:59PM	1	4.7	0.00	0.00	0.00	0.0
4PM-5:59PM	1	4.7	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.7	0.00	0.00	0.00	0.0
Unknown	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 0.00***	***$ 4,500.00***	***$ 4,500.00***	
LENGTH OF SERVICE						
26-28	2	9.5	0.00	1,500.00	1,500.00	33.3
18-20	1	4.7	0.00	750.00	750.00	16.6
2-4	4	19.0	0.00	750.00	750.00	16.6
20-22	2	9.5	0.00	750.00	750.00	16.6
30-32	1	4.7	0.00	750.00	750.00	16.6
0-2	4	19.0	0.00	0.00	0.00	0.0
10-12	1	4.7	0.00	0.00	0.00	0.0
12-14	2	9.5	0.00	0.00	0.00	0.0
4-6	1	4.7	0.00	0.00	0.00	0.0
14-16	1	4.7	0.00	0.00	0.00	0.0
16-18	1	4.7	0.00	0.00	0.00	0.0
22-24	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 0.00***	***$ 4,500.00***	***$ 4,500.00***	
AGE OF CLAIMANT						
45-49	5	23.8	0.00	1,500.00	1,500.00	33.3
55-59	3	14.2	0.00	1,500.00	1,500.00	33.3
60-64	2	9.5	0.00	1,500.00	1,500.00	33.3
30-34	1	4.7	0.00	0.00	0.00	0.0
35-39	3	14.2	0.00	0.00	0.00	0.0
50-54	5	23.8	0.00	0.00	0.00	0.0
40-44	1	4.7	0.00	0.00	0.00	0.0
65-69	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 0.00***	***$ 4,500.00***	***$ 4,500.00***	
SEX OF CLAIMANT						
Female	15	71.4	0.00	4,500.00	4,500.00	100.0
Male	6	28.5	0.00	0.00	0.00	0.0
	21		***$ 0.00***	***$ 4,500.00***	***$ 4,500.00***	
LOSS CAUSE						
Chair	2	9.5	0.00	1,500.00	1,500.00	33.3
Furniture / fixtures	2	9.5	0.00	1,500.00	1,500.00	33.3
Boxes / containers	3	14.2	0.00	750.00	750.00	16.6
Dolly	1	4.7	0.00	750.00	750.00	16.6
Cart	1	4.7	0.00	0.00	0.00	0.0
Door	1	4.7	0.00	0.00	0.00	0.0
Stairs, steps	2	9.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	9.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, inside, dry	2	9.5	0.00	0.00	0.00	0.0
Building parts / doors	1	4.7	0.00	0.00	0.00	0.0
Paper/Pulp items	1	4.7	0.00	0.00	0.00	0.0
Patient / Inmate	1	4.7	0.00	0.00	0.00	0.0
Person	1	4.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 0.00***	***$ 4,500.00***	***$ 4,500.00***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	2	9.5	0.00	1,500.00	1,500.00	33.3
Struck/Injured by Falling or Flying Object	3	14.2	0.00	1,500.00	1,500.00	33.3
Fall or Slip (From Different Level)	1	4.7	0.00	750.00	750.00	16.6
Struck/Injured by Object Handled By Other	1	4.7	0.00	750.00	750.00	16.6
Collision/sideswipe with Another Vehicle	1	4.7	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	9.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	4.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	9.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	9.5	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	4.7	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	4.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.7	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	4.7	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	4.7	0.00	0.00	0.00	0.0
Vehicle Upset	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 0.00***	***$ 4,500.00***	***$ 4,500.00***	

***BODY PART

Foot	3
Hip	2
Lower Leg	2
Buttocks	1
Shoulder	3
Soft Tissue - Neck	2
Wrist	2
Ankle	1
Elbow	1
Knee	3
Mouth	1
Skull	1
Toe(s)	2
Upper Arm (Inc: Clavicle and Scapula)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Ear(s)	1
Eye(s)	1
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
No Physical Problem	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	21					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	18
Puncture	1
Sprain	1
No Physical Injury	1
	21

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	20	27.3	6,233.69	13,533.18	19,766.87	79.4
12PM-1:59PM	13	17.8	2,910.59	567.44	3,478.03	13.9
4PM-5:59PM	8	10.9	572.19	455.47	1,027.66	4.1
8AM-9:59AM	8	10.9	383.40	0.00	383.40	1.5
2PM-3:59PM	13	17.8	212.46	0.00	212.46	0.8
2AM-3:59AM	2	2.7	0.00	0.00	0.00	0.0
6PM-7:59PM	2	2.7	0.00	0.00	0.00	0.0
12AM-1:59AM	1	1.3	0.00	0.00	0.00	0.0
4AM-5:59AM	1	1.3	0.00	0.00	0.00	0.0
6AM-7:59AM	4	5.4	0.00	0.00	0.00	0.0
Unknown	1	1.3	0.00	0.00	0.00	0.0
	73		***$ 10,312.33***	***$ 14,556.09***	***$ 24,868.42***	
LENGTH OF SERVICE						
0-2	30	41.0	8,321.73	11,401.73	19,723.46	79.3
2-4	15	20.5	182.56	1,317.44	1,500.00	6.0
4-6	10	13.6	373.12	750.00	1,123.12	4.5
26-28	4	5.4	491.33	455.47	946.80	3.8
32-34	1	1.3	118.55	631.45	750.00	3.0
10-12	3	4.1	313.12	0.00	313.12	1.2
20-22	1	1.3	267.16	0.00	267.16	1.0
22-24	2	2.7	179.68	0.00	179.68	0.7
24-26	2	2.7	65.08	0.00	65.08	0.2
14-16	2	2.7	0.00	0.00	0.00	0.0
6-8	2	2.7	0.00	0.00	0.00	0.0
8-10	1	1.3	0.00	0.00	0.00	0.0
	73		***$ 10,312.33***	***$ 14,556.09***	***$ 24,868.42***	
AGE OF CLAIMANT						
45-49	5	6.8	5,667.62	11,401.73	17,069.35	68.6
40-44	21	28.7	3,040.25	1,317.44	4,357.69	17.5
65-69	3	4.1	491.33	455.47	946.80	3.8
30-34	5	6.8	142.48	750.00	892.48	3.5
50-54	4	5.4	237.81	631.45	869.26	3.5
25-29	9	12.3	352.52	0.00	352.52	1.4
15-19	6	8.2	185.46	0.00	185.46	0.7
20-24	7	9.5	167.86	0.00	167.86	0.6
35-39	8	10.9	27.00	0.00	27.00	0.1
55-59	4	5.4	0.00	0.00	0.00	0.0
60-64	1	1.3	0.00	0.00	0.00	0.0
	73		***$ 10,312.33***	***$ 14,556.09***	***$ 24,868.42***	
SEX OF CLAIMANT						
Female	42	57.5	9,222.45	14,556.09	23,778.54	95.6
Male	31	42.4	1,089.88	0.00	1,089.88	4.3
	73		***$ 10,312.33***	***$ 14,556.09***	***$ 24,868.42***	
LOSS CAUSE						
Boxes / containers	2	2.7	5,487.94	11,401.73	16,889.67	67.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Person	1	1.3	2,212.01	0.00	2,212.01	8.8
Office equipment	2	2.7	294.53	1,205.47	1,500.00	6.0
Furniture / fixtures	6	8.2	247.64	567.44	815.08	3.2
Nail	2	2.7	145.55	631.45	777.00	3.1
Environmental conditions	1	1.3	0.00	750.00	750.00	3.0
Animal, not otherwise classified	5	6.8	538.14	0.00	538.14	2.1
Hand tool, not powered, NOC	2	2.7	379.32	0.00	379.32	1.5
Miscellaneous	2	2.7	252.28	0.00	252.28	1.0
Walking surface, inside, dry	1	1.3	196.80	0.00	196.80	0.7
Metal items	4	5.4	179.68	0.00	179.68	0.7
Building parts / doors	1	1.3	167.86	0.00	167.86	0.6
Water	1	1.3	119.26	0.00	119.26	0.4
Screw driver	1	1.3	91.32	0.00	91.32	0.3
Animal / tick, spider, etc.	13	17.8	0.00	0.00	0.00	0.0
Stairs, steps	1	1.3	0.00	0.00	0.00	0.0
Animal / bee type	2	2.7	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	5	6.8	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	1.3	0.00	0.00	0.00	0.0
Door	1	1.3	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	1.3	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	1.3	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	1.3	0.00	0.00	0.00	0.0
Mowers	1	1.3	0.00	0.00	0.00	0.0
Object on Floor	1	1.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	5	6.8	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	5	6.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	2.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.3	0.00	0.00	0.00	0.0
	73		***$ 10,312.33***	***$ 14,556.09***	***$ 24,868.42***	

ACCIDENT TYPE

Lifting (strain or Injury by)	6	8.2	5,487.94	11,401.73	16,889.67	67.9
Pushing Or Pulling (Strain or Injury by)	2	2.7	2,279.35	0.00	2,279.35	9.1
Fall or Slip (On Same Level)	5	6.8	294.53	1,205.47	1,500.00	6.0
Strike Against/Step on Stationary Object	6	8.2	362.24	567.44	929.68	3.7
Allergic Reaction	3	4.1	109.80	750.00	859.80	3.4
Stepping On Sharp Object	2	2.7	145.55	631.45	777.00	3.1
Object being lifted/handled (cut,punc.scrape,inj b	9	12.3	397.50	0.00	397.50	1.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	2.7	276.78	0.00	276.78	1.1
Animal Or Insect	20	27.3	267.16	0.00	267.16	1.0
Twisting, strain or injury by	3	4.1	196.80	0.00	196.80	0.7
Struck/Injured by Falling or Flying Object	1	1.3	167.86	0.00	167.86	0.6
Foreign Body In Eye	1	1.3	142.48	0.00	142.48	0.5
Exposure to Poisonous Agent / Plant	1	1.3	119.26	0.00	119.26	0.4
Object Handled (caught in or between)	4	5.4	65.08	0.00	65.08	0.2
Fall or slip (on stairs)	1	1.3	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	1.3	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	1.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Liquid/Grease spills)	1	1.3	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	1.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	1.3	0.00	0.00	0.00	0.0
Vehicle Upset	2	2.7	0.00	0.00	0.00	0.0
	73		***$ 10,312.33***	***$ 14,556.09***	***$ 24,868.42***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	9
Knee	8
Foot	4
Ankle	3
Nose	1
Whole Body	1
Finger(s)	15
Upper Leg	6
Hand	6
Upper Arm (Inc: Clavicle and Scapula)	4
Toe(s)	1
Eye(s)	1
Elbow	1
Soft Tissue - Neck	2
Thumb	4
Abdomen including Groin	4
Lower Arm	3
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Lower Leg	4
Multiple Head Injury	1
Shoulder	1
Skull	1
Wrist	2
	73

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Contusion	9
Puncture	29
Respiratory Disorders	1
Laceration	16
Dermatitis	5
Foreign Body	1
Inflamation	2
Sprain	2
Burn	1
Crushing	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	73					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	10.0	3,928.40	703.00	4,631.40	32.5
10AM-11:59AM	10	33.3	3,941.24	0.00	3,941.24	27.6
12PM-1:59PM	5	16.6	237.00	3,238.00	3,475.00	24.3
4PM-5:59PM	3	10.0	328.90	750.00	1,078.90	7.5
6AM-7:59AM	3	10.0	50.00	750.00	800.00	5.6
2PM-3:59PM	4	13.3	322.40	0.00	322.40	2.2
12AM-1:59AM	1	3.3	0.00	0.00	0.00	0.0
6PM-7:59PM	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 8,807.94***	***$ 5,441.00***	***$ 14,248.94***	
LENGTH OF SERVICE						
18-20	3	10.0	3,935.80	0.00	3,935.80	27.6
6-8	4	13.3	3,569.19	0.00	3,569.19	25.0
0-2	6	20.0	237.00	2,488.00	2,725.00	19.1
16-18	5	16.6	435.90	703.00	1,138.90	7.9
2-4	2	6.6	160.54	750.00	910.54	6.3
24-26	3	10.0	0.00	750.00	750.00	5.2
34-36	1	3.3	0.00	750.00	750.00	5.2
4-6	1	3.3	268.00	0.00	268.00	1.8
40-42	1	3.3	104.67	0.00	104.67	0.7
28-30	1	3.3	50.00	0.00	50.00	0.3
8-10	1	3.3	36.00	0.00	36.00	0.2
22-24	1	3.3	10.84	0.00	10.84	0.0
26-28	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 8,807.94***	***$ 5,441.00***	***$ 14,248.94***	
AGE OF CLAIMANT						
45-49	5	16.6	3,892.24	750.00	4,642.24	32.5
40-44	6	20.0	3,494.19	750.00	4,244.19	29.7
50-54	5	16.6	395.30	2,488.00	2,883.30	20.2
55-59	4	13.3	97.00	1,453.00	1,550.00	10.8
30-34	2	6.6	428.54	0.00	428.54	3.0
60-64	2	6.6	225.00	0.00	225.00	1.5
25-29	1	3.3	135.00	0.00	135.00	0.9
65-69	3	10.0	104.67	0.00	104.67	0.7
35-39	2	6.6	36.00	0.00	36.00	0.2
	30		***$ 8,807.94***	***$ 5,441.00***	***$ 14,248.94***	
SEX OF CLAIMANT						
Male	14	46.6	4,302.47	3,703.00	8,005.47	56.1
Female	16	53.3	4,505.47	1,738.00	6,243.47	43.8
	30		***$ 8,807.94***	***$ 5,441.00***	***$ 14,248.94***	
LOSS CAUSE						
Walking surface, outside, dry	2	6.6	3,881.40	0.00	3,881.40	27.2
Walking surface, inside, dry	1	3.3	3,434.19	0.00	3,434.19	24.1
Stairs, steps	4	13.3	237.00	1,738.00	1,975.00	13.8
Animal, not otherwise classified	3	10.0	47.00	703.00	750.00	5.2
Ladder, 14’ extension	1	3.3	0.00	750.00	750.00	5.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Metal items	1	3.3	0.00	750.00	750.00	5.2
Object on Floor	3	10.0	0.00	750.00	750.00	5.2
Vehicle/car/truck	1	3.3	0.00	750.00	750.00	5.2
Cart	2	6.6	383.30	0.00	383.30	2.6
Minerals / dirt	1	3.3	268.00	0.00	268.00	1.8
Sharp objects, not otherwise classified	2	6.6	265.21	0.00	265.21	1.8
Walking surface, outside, wet	1	3.3	135.00	0.00	135.00	0.9
Boxes / containers	3	10.0	60.84	0.00	60.84	0.4
Hose / hydair H2O	1	3.3	60.00	0.00	60.00	0.4
Hand tool, not powered, NOC	1	3.3	36.00	0.00	36.00	0.2
Chemicals, not otherwise classified	1	3.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	3.3	0.00	0.00	0.00	0.0
Chair	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 8,807.94***	***$ 5,441.00***	***$ 14,248.94***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	7	23.3	7,504.99	0.00	7,504.99	52.6
Fall or slip (on stairs)	4	13.3	237.00	1,738.00	1,975.00	13.8
Lifting (strain or Injury by)	4	13.3	60.84	750.00	810.84	5.6
Animal Or Insect	2	6.6	47.00	703.00	750.00	5.2
Collision/sideswipe with Another Vehicle	1	3.3	0.00	750.00	750.00	5.2
Fall or Slip (From Ladder/Scaffolding)	1	3.3	0.00	750.00	750.00	5.2
Slipped, Did Not Fall	1	3.3	0.00	750.00	750.00	5.2
Twisting, strain or injury by	1	3.3	328.90	0.00	328.90	2.3
Foreign Body In Eye	1	3.3	268.00	0.00	268.00	1.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.3	160.54	0.00	160.54	1.1
Object Handled (caught in or between)	1	3.3	104.67	0.00	104.67	0.7
Pushing Or Pulling (Strain or Injury by)	2	6.6	60.00	0.00	60.00	0.4
Object being lifted/handled (cut,punc.scrape,inj b	1	3.3	36.00	0.00	36.00	0.2
Absorb, Ingest, Inhalation	1	3.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	3.3	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 8,807.94***	***$ 5,441.00***	***$ 14,248.94***	

***BODY PART

Foot	1
Ankle	3
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Abdomen including Groin	1
Hip	1
Wrist	4
Finger(s)	2
Knee	5
Eye(s)	1
Hand	1
Wrist(s) & Hand(s)	1
Upper Back Area (Thoracic Area)	1
Shoulder	1
Soft Tissue - Neck	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Upper Leg	1					
Whole Body	2					
Lower Arm	2					
Lower Leg	2					
	30					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	2
Sprain	3
Strain	20
Contusion	6
Foreign Body	1
Puncture	1
Laceration	2
Infection	1
Poisoning - Chemical	1
	30

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Business Assistanc (325)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	1,253.30	0.00	1,253.30	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,253.30***	***$ 0.00***	***$ 1,253.30***	
LENGTH OF SERVICE						
2-4	1	50.0	1,253.30	0.00	1,253.30	100.0
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,253.30***	***$ 0.00***	***$ 1,253.30***	
AGE OF CLAIMANT						
35-39	1	50.0	1,253.30	0.00	1,253.30	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,253.30***	***$ 0.00***	***$ 1,253.30***	
SEX OF CLAIMANT						
Female	1	50.0	1,253.30	0.00	1,253.30	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,253.30***	***$ 0.00***	***$ 1,253.30***	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	1,253.30	0.00	1,253.30	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,253.30***	***$ 0.00***	***$ 1,253.30***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	1,253.30	0.00	1,253.30	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,253.30***	***$ 0.00***	***$ 1,253.30***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Resources Commission (402)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	5.8	52,321.94	46,125.38	98,447.32	72.0
2AM-3:59AM	1	5.8	21,056.53	14,767.71	35,824.24	26.2
2PM-3:59PM	5	29.4	905.18	671.35	1,576.53	1.1
10AM-11:59AM	5	29.4	636.00	0.00	636.00	0.4
6AM-7:59AM	1	5.8	146.86	0.00	146.86	0.1
12PM-1:59PM	1	5.8	0.00	0.00	0.00	0.0
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
8AM-9:59AM	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 75,066.51***	***$ 61,564.44***	***$ 136,630.95***	
LENGTH OF SERVICE						
12-14	2	11.7	52,321.94	46,125.38	98,447.32	72.0
16-18	1	5.8	21,056.53	14,767.71	35,824.24	26.2
0-2	5	29.4	905.18	671.35	1,576.53	1.1
10-12	2	11.7	585.25	0.00	585.25	0.4
22-24	1	5.8	197.61	0.00	197.61	0.1
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
4-6	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 75,066.51***	***$ 61,564.44***	***$ 136,630.95***	
AGE OF CLAIMANT						
40-44	2	11.7	52,400.59	46,796.73	99,197.32	72.6
55-59	2	11.7	21,056.53	14,767.71	35,824.24	26.2
30-34	6	35.2	826.53	0.00	826.53	0.6
45-49	2	11.7	585.25	0.00	585.25	0.4
50-54	1	5.8	197.61	0.00	197.61	0.1
25-29	1	5.8	0.00	0.00	0.00	0.0
35-39	3	17.6	0.00	0.00	0.00	0.0
	17		***$ 75,066.51***	***$ 61,564.44***	***$ 136,630.95***	
SEX OF CLAIMANT						
Male	14	82.3	74,987.86	60,893.09	135,880.95	99.4
Female	3	17.6	78.65	671.35	750.00	0.5
	17		***$ 75,066.51***	***$ 61,564.44***	***$ 136,630.95***	
LOSS CAUSE						
Environmental conditions	1	5.8	52,321.94	46,125.38	98,447.32	72.0
Person	1	5.8	21,056.53	14,767.71	35,824.24	26.2
Furniture / fixtures	1	5.8	826.53	0.00	826.53	0.6
Boxes / containers	3	17.6	78.65	671.35	750.00	0.5
Animal, not otherwise classified	1	5.8	438.39	0.00	438.39	0.3
Pike pole 6’	1	5.8	197.61	0.00	197.61	0.1
Walking surface, outside, dry	1	5.8	146.86	0.00	146.86	0.1
Miscellaneous	3	17.6	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	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
Door	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Resources Commission (402)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Sharp objects, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 75,066.51***	***$ 61,564.44***	***$ 136,630.95***	

ACCIDENT TYPE

Stress	1	5.8	52,321.94	46,125.38	98,447.32	72.0
Lifting (strain or Injury by)	4	23.5	21,135.18	15,439.06	36,574.24	26.7
Strike Against/Step on Stationary Object	1	5.8	826.53	0.00	826.53	0.6
Animal Or Insect	2	11.7	438.39	0.00	438.39	0.3
Pushing Or Pulling (Strain or Injury by)	1	5.8	197.61	0.00	197.61	0.1
Fall or Slip (On Same Level)	2	11.7	146.86	0.00	146.86	0.1
Struck/Injured by Falling or Flying Object	1	5.8	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	5.8	0.00	0.00	0.00	0.0
Noise, continual, strain or injury by	2	11.7	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
Vehicle Upset	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 75,066.51***	***$ 61,564.44***	***$ 136,630.95***	

***BODY PART

Heart	1
Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Hand	1
Lower Leg	1
Buttocks	1
Teeth	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ear(s)	2
Knee	1
No Physical Problem	1
Thumb	1
Upper Leg	1
Whole 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.**

***INJURY

Myocardial Infarction (Heart Attack)	1
Strain	8
Contusion	1
Puncture	3
Dislocation	1
Hearing Loss or Impairment (Traumatic only)	2
Laceration	1
No Physical Injury	1
Poisoning - Chemical	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Marine Resources Commission (402)
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	19	32.2	22,114.10	43,697.36	65,811.46	35.9
8AM-9:59AM	13	22.0	28,324.74	29,268.16	57,592.90	31.5
12PM-1:59PM	9	15.2	11,225.23	34,417.45	45,642.68	24.9
4PM-5:59PM	4	6.7	7,921.57	1,500.00	9,421.57	5.1
2PM-3:59PM	9	15.2	1,847.85	799.35	2,647.20	1.4
6AM-7:59AM	1	1.6	759.85	0.00	759.85	0.4
12AM-1:59AM	1	1.6	0.00	750.00	750.00	0.4
Unknown	1	1.6	233.00	0.00	233.00	0.1
6PM-7:59PM	2	3.3	0.00	0.00	0.00	0.0
	59		***$ 72,426.34***	***$ 110,432.32***	***$ 182,858.66***	
LENGTH OF SERVICE						
8-10	5	8.4	19,677.51	31,945.31	51,622.82	28.2
0-2	8	13.5	9,015.91	22,595.34	31,611.25	17.2
22-24	2	3.3	12,476.68	16,693.84	29,170.52	15.9
24-26	2	3.3	6,057.84	22,947.36	29,005.20	15.8
20-22	3	5.0	5,994.69	11,927.11	17,921.80	9.8
14-16	8	13.5	8,559.37	998.10	9,557.47	5.2
12-14	4	6.7	3,866.98	0.00	3,866.98	2.1
4-6	7	11.8	2,570.48	446.25	3,016.73	1.6
6-8	3	5.0	1,744.24	750.00	2,494.24	1.3
10-12	6	10.1	402.24	1,379.01	1,781.25	0.9
30-32	2	3.3	784.11	0.00	784.11	0.4
16-18	1	1.6	759.85	0.00	759.85	0.4
26-28	1	1.6	0.00	750.00	750.00	0.4
2-4	4	6.7	516.44	0.00	516.44	0.2
28-30	1	1.6	0.00	0.00	0.00	0.0
32-34	1	1.6	0.00	0.00	0.00	0.0
34-36	1	1.6	0.00	0.00	0.00	0.0
	59		***$ 72,426.34***	***$ 110,432.32***	***$ 182,858.66***	
AGE OF CLAIMANT						
30-34	6	10.1	12,114.36	42,595.34	54,709.70	29.9
45-49	17	28.8	19,034.65	25,324.47	44,359.12	24.2
50-54	6	10.1	15,403.73	16,693.84	32,097.57	17.5
40-44	9	15.2	15,108.39	12,695.31	27,803.70	15.2
55-59	8	13.5	6,416.23	11,927.11	18,343.34	10.0
25-29	7	11.8	1,752.62	446.25	2,198.87	1.2
35-39	4	6.7	2,195.12	0.00	2,195.12	1.2
20-24	2	3.3	401.24	750.00	1,151.24	0.6
	59		***$ 72,426.34***	***$ 110,432.32***	***$ 182,858.66***	
SEX OF CLAIMANT						
Male	54	91.5	64,363.96	110,432.32	174,796.28	95.5
Female	5	8.4	8,062.38	0.00	8,062.38	4.4
	59		***$ 72,426.34***	***$ 110,432.32***	***$ 182,858.66***	
LOSS CAUSE						
Walking surface, outside, dry	5	8.4	4,156.01	42,595.34	46,751.35	25.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:02

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Rope, cord	2	3.3	20,398.25	16,693.84	37,092.09	20.2
Animal, not otherwise classified	6	10.1	6,841.95	22,197.36	29,039.31	15.8
Boxes / containers	6	10.1	13,572.97	11,945.31	25,518.28	13.9
Chemicals, not otherwise classified	1	1.6	5,994.69	11,927.11	17,921.80	9.8
Walking surface, outside, wet	3	5.0	9,623.50	0.00	9,623.50	5.2
Vehicle/car/truck	6	10.1	3,601.93	1,549.35	5,151.28	2.8
Tire	1	1.6	2,464.59	0.00	2,464.59	1.3
Unknown	1	1.6	1,744.24	0.00	1,744.24	0.9
Brush / tree / log	2	3.3	1,546.28	0.00	1,546.28	0.8
Sharp objects, not otherwise classified	1	1.6	766.05	0.00	766.05	0.4
Animal / tick, spider, etc.	2	3.3	120.99	629.01	750.00	0.4
Clothing / jewelry	1	1.6	0.00	750.00	750.00	0.4
Environmental conditions	1	1.6	0.00	750.00	750.00	0.4
Hand tool, not powered, NOC	1	1.6	0.00	750.00	750.00	0.4
Person	3	5.0	105.00	645.00	750.00	0.4
Metal items	5	8.4	401.24	0.00	401.24	0.2
Miscellaneous	2	3.3	385.29	0.00	385.29	0.2
Vehicle, not otherwise classified	3	5.0	332.90	0.00	332.90	0.1
Wood Items	1	1.6	218.49	0.00	218.49	0.1
Infectious agent	2	3.3	151.97	0.00	151.97	0.0
Animal / insect, not otherwise classified	1	1.6	0.00	0.00	0.00	0.0
Minerals / dirt	1	1.6	0.00	0.00	0.00	0.0
Stone / rock / brick	2	3.3	0.00	0.00	0.00	0.0
	59		***$ 72,426.34***	***$ 110,432.32***	***$ 182,858.66***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	10	16.9	25,270.14	50,912.54	76,182.68	41.6
Lifting (strain or Injury by)	10	16.9	19,191.72	34,142.67	53,334.39	29.1
Jumping (Strain or Injury by)	1	1.6	0.00	20,750.00	20,750.00	11.3
Twisting, strain or injury by	5	8.4	10,619.16	0.00	10,619.16	5.8
Slipped, Did Not Fall	2	3.3	8,863.65	0.00	8,863.65	4.8
Struck/Injured by Falling or Flying Object	3	5.0	3,045.64	0.00	3,045.64	1.6
Object being lifted/handled (cut,punc.scrape,inj b	6	10.1	906.34	750.00	1,656.34	0.9
Collision/sideswipe with Another Vehicle	2	3.3	396.90	1,103.10	1,500.00	0.8
Fall or Slip (From Ladder/Scaffolding)	1	1.6	1,183.90	0.00	1,183.90	0.6
Fall or Slip (From Different Level)	1	1.6	924.65	0.00	924.65	0.5
Fall or slip (on ice or snow)	1	1.6	759.85	0.00	759.85	0.4
Allergic Reaction	1	1.6	0.00	750.00	750.00	0.4
Animal Or Insect	3	5.0	120.99	629.01	750.00	0.4
Assault	1	1.6	105.00	645.00	750.00	0.4
Stress	1	1.6	0.00	750.00	750.00	0.4
Strike Against/Step on Stationary Object	2	3.3	682.49	0.00	682.49	0.3
Exposure to Poisonous Agent / Plant	2	3.3	151.97	0.00	151.97	0.0
Repetitive Motion	1	1.6	104.04	0.00	104.04	0.0
Contact with Electric Current	1	1.6	99.90	0.00	99.90	0.0
Contact With Hot Object or Substances	1	1.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.6	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	1.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Vehicle Upset	1	1.6	0.00	0.00	0.00	0.0
	59		***$ 72,426.34***	***$ 110,432.32***	***$ 182,858.66***	

**BODY PART

Knee	12
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Shoulder	4
Eye(s)	3
Hip	4
Lower Leg	4
Ankle	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Soft Tissue - Neck	5
Buttocks	1
Finger(s)	5
Whole Body	4
Thumb	3
Upper Leg	1
Wrist	1
Wrist(s) & Hand(s)	1
Lower Arm	2
Abdomen including Groin	2
Elbow	2
Lumbar and/or Sacral Vertebrae	1
Hand	1
Teeth	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	1
	59

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	41
Dislocation	3
Laceration	6
Contusion	6
Infection	2
Mental Stress	1
Puncture	5
Contagious Disease	2
Electric Shock	1
Dermatitis	1
Hernia	1
N/A	1
Burn	1
Foreign Body	1

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	59					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Virginia Racing Commission (405)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	0.00	750.00	750.00	66.9
12AM-1:59AM	1	50.0	371.14	0.00	371.14	33.1
	2		***$ 371.14***	***$ 750.00***	***$ 1,121.14***	
LENGTH OF SERVICE						
0-2	2	100.0	371.14	750.00	1,121.14	100.0
	2		***$ 371.14***	***$ 750.00***	***$ 1,121.14***	
AGE OF CLAIMANT						
55-59	1	50.0	0.00	750.00	750.00	66.9
15-19	1	50.0	371.14	0.00	371.14	33.1
	2		***$ 371.14***	***$ 750.00***	***$ 1,121.14***	
SEX OF CLAIMANT						
Female	2	100.0	371.14	750.00	1,121.14	100.0
	2		***$ 371.14***	***$ 750.00***	***$ 1,121.14***	
LOSS CAUSE						
Object on Floor	1	50.0	0.00	750.00	750.00	66.9
Animal, not otherwise classified	1	50.0	371.14	0.00	371.14	33.1
	2		***$ 371.14***	***$ 750.00***	***$ 1,121.14***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	0.00	750.00	750.00	66.9
Animal Or Insect	1	50.0	371.14	0.00	371.14	33.1
	2		***$ 371.14***	***$ 750.00***	***$ 1,121.14***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Mined, Land, Reclamation, Div Of (10)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	1	33.3	691.88	0.00	691.88	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		***$ 691.88***	***$ 0.00***	***$ 691.88***	
LENGTH OF SERVICE						
20-22	1	33.3	691.88	0.00	691.88	100.0
14-16	1	33.3	0.00	0.00	0.00	0.0
6-8	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 691.88***	***$ 0.00***	***$ 691.88***	
AGE OF CLAIMANT						
50-54	2	66.6	691.88	0.00	691.88	100.0
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 691.88***	***$ 0.00***	***$ 691.88***	
SEX OF CLAIMANT						
Male	2	66.6	691.88	0.00	691.88	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 691.88***	***$ 0.00***	***$ 691.88***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	691.88	0.00	691.88	100.0
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 691.88***	***$ 0.00***	***$ 691.88***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	691.88	0.00	691.88	100.0
Lifting (strain or Injury by)	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 691.88***	***$ 0.00***	***$ 691.88***	
*****BODY PART***						
Foot	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***	
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Administration, Division Of (24)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	50.0	17,391.89	8,302.53	25,694.42	99.2
2PM-3:59PM	1	50.0	199.97	0.00	199.97	0.7
	2		***$ 17,591.86***	***$ 8,302.53***	***$ 25,894.39***	
LENGTH OF SERVICE						
2-4	1	50.0	17,391.89	8,302.53	25,694.42	99.2
20-22	1	50.0	199.97	0.00	199.97	0.7
	2		***$ 17,591.86***	***$ 8,302.53***	***$ 25,894.39***	
AGE OF CLAIMANT						
50-54	2	100.0	17,591.86	8,302.53	25,894.39	100.0
	2		***$ 17,591.86***	***$ 8,302.53***	***$ 25,894.39***	
SEX OF CLAIMANT						
Female	1	50.0	17,391.89	8,302.53	25,694.42	99.2
Male	1	50.0	199.97	0.00	199.97	0.7
	2		***$ 17,591.86***	***$ 8,302.53***	***$ 25,894.39***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	17,391.89	8,302.53	25,694.42	99.2
Tire	1	50.0	199.97	0.00	199.97	0.7
	2		***$ 17,591.86***	***$ 8,302.53***	***$ 25,894.39***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	17,391.89	8,302.53	25,694.42	99.2
Lifting (strain or Injury by)	1	50.0	199.97	0.00	199.97	0.7
	2		***$ 17,591.86***	***$ 8,302.53***	***$ 25,894.39***	
*****BODY PART***						
Shoulder	1					
Wrist	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	28	24.1	6,191.24	45,138.62	51,329.86	78.3
12PM-1:59PM	20	17.2	4,004.71	1,595.60	5,600.31	8.5
4PM-5:59PM	13	11.2	1,738.66	298.24	2,036.90	3.1
8AM-9:59AM	10	8.6	504.48	1,500.00	2,004.48	3.0
2PM-3:59PM	23	19.8	1,238.28	750.00	1,988.28	3.0
Unknown	4	3.4	256.76	726.46	983.22	1.5
6PM-7:59PM	6	5.1	401.00	414.00	815.00	1.2
2AM-3:59AM	4	3.4	777.40	0.00	777.40	1.1
12AM-1:59AM	7	6.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	0.8	0.00	0.00	0.00	0.0
	116		***$ 15,112.53***	***$ 50,422.92***	***$ 65,535.45***	
LENGTH OF SERVICE						
26-28	8	6.8	574.55	32,589.00	33,163.55	50.6
2-4	10	8.6	5,616.41	12,350.14	17,966.55	27.4
0-2	30	25.8	2,479.97	1,714.67	4,194.64	6.4
16-18	8	6.8	2,347.47	750.00	3,097.47	4.7
8-10	7	6.0	1,801.13	750.00	2,551.13	3.8
20-22	3	2.5	42.44	1,476.46	1,518.90	2.3
22-24	8	6.8	808.18	0.00	808.18	1.2
10-12	6	5.1	742.99	42.65	785.64	1.2
30-32	3	2.5	0.00	750.00	750.00	1.1
6-8	4	3.4	360.67	0.00	360.67	0.5
28-30	5	4.3	126.72	0.00	126.72	0.1
18-20	1	0.8	111.00	0.00	111.00	0.1
12-14	6	5.1	65.00	0.00	65.00	0.1
32-34	2	1.7	36.00	0.00	36.00	0.0
14-16	4	3.4	0.00	0.00	0.00	0.0
24-26	1	0.8	0.00	0.00	0.00	0.0
36-38	1	0.8	0.00	0.00	0.00	0.0
4-6	9	7.7	0.00	0.00	0.00	0.0
	116		***$ 15,112.53***	***$ 50,422.92***	***$ 65,535.45***	
AGE OF CLAIMANT						
50-54	14	12.0	140.44	34,815.46	34,955.90	53.3
25-29	16	13.7	3,191.85	12,650.95	15,842.80	24.1
45-49	24	20.6	2,105.88	1,300.67	3,406.55	5.2
30-34	17	14.6	3,316.11	42.65	3,358.76	5.1
35-39	9	7.7	3,245.57	0.00	3,245.57	4.9
15-19	3	2.5	1,792.21	449.19	2,241.40	3.4
40-44	13	11.2	794.00	414.00	1,208.00	1.8
55-59	11	9.4	36.00	750.00	786.00	1.2
60-64	2	1.7	490.47	0.00	490.47	0.7
20-24	6	5.1	0.00	0.00	0.00	0.0
65-69	1	0.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Forestry, Department Of (411)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	116		***$ 15,112.53***	***$ 50,422.92***	***$ 65,535.45***	
SEX OF CLAIMANT						
Male	96	82.7	12,834.99	48,673.06	61,508.05	93.8
Female	20	17.2	2,277.54	1,749.86	4,027.40	6.1
	116		***$ 15,112.53***	***$ 50,422.92***	***$ 65,535.45***	
LOSS CAUSE						
Machine, not otherwise classified	5	4.3	0.00	31,937.00	31,937.00	48.7
Vehicle, not otherwise classified	2	1.7	2,966.09	11,900.95	14,867.04	22.6
Brush / tree / log	11	9.4	2,897.65	1,402.00	4,299.65	6.5
Door	1	0.8	1,801.13	0.00	1,801.13	2.7
Metal items	6	5.1	169.16	1,476.46	1,645.62	2.5
Walking surface, outside, dry	9	7.7	1,560.21	42.65	1,602.86	2.4
Stone / rock / brick	4	3.4	1,188.40	414.00	1,602.40	2.4
Hand tool, not powered, NOC	4	3.4	0.00	1,500.00	1,500.00	2.2
Gun / gunshot	1	0.8	808.18	0.00	808.18	1.2
Axe, pickheaded	1	0.8	599.05	150.95	750.00	1.1
Chair	1	0.8	199.33	550.67	750.00	1.1
Fire / Flame / Smoke	3	2.5	451.76	298.24	750.00	1.1
Sharp objects, not otherwise classified	1	0.8	0.00	750.00	750.00	1.1
Chainsaw	1	0.8	699.35	0.00	699.35	1.0
Fencing	2	1.7	490.47	0.00	490.47	0.7
Infectious agent	3	2.5	478.32	0.00	478.32	0.7
Walking surface, outside, wet	1	0.8	360.67	0.00	360.67	0.5
Environmental conditions	3	2.5	219.00	0.00	219.00	0.3
Tractor	1	0.8	158.76	0.00	158.76	0.2
Animal / tick, spider, etc.	48	41.3	65.00	0.00	65.00	0.1
Miscellaneous	1	0.8	0.00	0.00	0.00	0.0
Boxes / containers	1	0.8	0.00	0.00	0.00	0.0
Forklift	1	0.8	0.00	0.00	0.00	0.0
Nail	1	0.8	0.00	0.00	0.00	0.0
Office equipment	1	0.8	0.00	0.00	0.00	0.0
Shelving	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
Wood Items	1	0.8	0.00	0.00	0.00	0.0
	116		***$ 15,112.53***	***$ 50,422.92***	***$ 65,535.45***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	11	9.4	6,965.64	44,402.90	51,368.54	78.3
Object being lifted/handled (cut,punc.scrape,inj b	6	5.1	850.62	2,226.46	3,077.08	4.7
Pushing Or Pulling (Strain or Injury by)	4	3.4	2,291.60	0.00	2,291.60	3.5
Twisting, strain or injury by	8	6.8	742.99	1,542.65	2,285.64	3.4
Lifting (strain or Injury by)	5	4.3	199.33	1,300.67	1,500.00	2.2
Foreign Body In Eye	5	4.3	701.27	652.00	1,353.27	2.0
Absorb, Ingest, Inhalation	6	5.1	670.76	298.24	969.00	1.4
Fall or Slip (On Same Level)	7	6.0	928.22	0.00	928.22	1.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.8	699.35	0.00	699.35	1.0
Exposure to Poisonous Agent / Plant	3	2.5	478.32	0.00	478.32	0.7
Slipped, Did Not Fall	2	1.7	360.67	0.00	360.67	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Forestry, Department Of (411)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strike Against/Step on Stationary Object	2	1.7	158.76	0.00	158.76	0.2
Animal Or Insect	48	41.3	65.00	0.00	65.00	0.1
Repetitive Motion	4	3.4	0.00	0.00	0.00	0.0
Using Tool Or Machine (Strain or Injury by)	1	0.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	0.8	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	0.8	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	0.8	0.00	0.00	0.00	0.0
	116		***$ 15,112.53***	***$ 50,422.92***	***$ 65,535.45***	

**BODY PART

Hip	9
Lower Leg	16
Knee	15
Shoulder	4
Finger(s)	4
Teeth	1
Wrist	4
Eye(s)	6
Lower Arm	10
Ankle	4
Hand	5
Abdomen including Groin	6
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Lungs	2
Upper Back Area (Thoracic Area)	3
Facial, Other Soft Tissue	3
Thumb	1
Skull	1
Whole Body	1
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Ear(s)	1
Elbow	1
Foot	1
Multiple Head Injury	4
No Physical Problem	1
Soft Tissue - Neck	4
Upper Arm (Inc: Clavicle and Scapula)	3
Upper Leg	6
	116

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	2
Strain	33
Contusion	11
Laceration	9
Dislocation	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Forestry, Department Of (411)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Sprain	3					
Inflamation	4					
Respiratory Disorders	2					
Dermatitis	5					
Foreign Body	3					
Puncture	54					
No Physical Injury	1					
	116					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Gunston Hall (417)
SubAgency:

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						
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						
Office equipment	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Historic Resource, Department Of (423)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	64.00	0.00	64.00	100.0
	1		***$ 64.00***	***$ 0.00***	***$ 64.00***	
LENGTH OF SERVICE						
4-6	1	100.0	64.00	0.00	64.00	100.0
	1		***$ 64.00***	***$ 0.00***	***$ 64.00***	
AGE OF CLAIMANT						
50-54	1	100.0	64.00	0.00	64.00	100.0
	1		***$ 64.00***	***$ 0.00***	***$ 64.00***	
SEX OF CLAIMANT						
Male	1	100.0	64.00	0.00	64.00	100.0
	1		***$ 64.00***	***$ 0.00***	***$ 64.00***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	64.00	0.00	64.00	100.0
	1		***$ 64.00***	***$ 0.00***	***$ 64.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	64.00	0.00	64.00	100.0
	1		***$ 64.00***	***$ 0.00***	***$ 64.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	9	20.4	6,990.62	113.40	7,104.02	51.4
2PM-3:59PM	9	20.4	1,672.85	301.72	1,974.57	14.2
4PM-5:59PM	7	15.9	479.12	1,432.62	1,911.74	13.8
12PM-1:59PM	7	15.9	758.59	550.62	1,309.21	9.4
8AM-9:59AM	6	13.6	435.63	364.91	800.54	5.7
12AM-1:59AM	2	4.5	426.06	0.00	426.06	3.0
6PM-7:59PM	1	2.2	209.00	0.00	209.00	1.5
Unknown	1	2.2	84.45	0.00	84.45	0.6
4AM-5:59AM	1	2.2	0.00	0.00	0.00	0.0
2AM-3:59AM	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 11,056.32***	***$ 2,763.27***	***$ 13,819.59***	
LENGTH OF SERVICE						
8-10	4	9.0	5,969.72	0.00	5,969.72	43.2
4-6	6	13.6	1,768.61	0.00	1,768.61	12.8
2-4	11	25.0	587.63	984.34	1,571.97	11.3
12-14	2	4.5	811.15	364.91	1,176.06	8.5
0-2	9	20.4	312.78	664.02	976.80	7.0
18-20	2	4.5	0.00	750.00	750.00	5.4
16-18	2	4.5	613.39	0.00	613.39	4.4
6-8	3	6.8	439.68	0.00	439.68	3.1
14-16	3	6.8	344.36	0.00	344.36	2.4
10-12	2	4.5	209.00	0.00	209.00	1.5
	44		***$ 11,056.32***	***$ 2,763.27***	***$ 13,819.59***	
AGE OF CLAIMANT						
40-44	6	13.6	5,969.72	0.00	5,969.72	43.2
60-64	4	9.0	1,015.73	1,051.72	2,067.45	14.9
45-49	3	6.8	1,058.32	0.00	1,058.32	7.6
55-59	7	15.9	1,043.81	0.00	1,043.81	7.5
25-29	5	11.3	546.08	364.91	910.99	6.5
50-54	6	13.6	182.76	682.62	865.38	6.2
30-34	4	9.0	266.76	550.62	817.38	5.9
65-69	2	4.5	775.29	0.00	775.29	5.6
20-24	5	11.3	197.85	113.40	311.25	2.2
15-19	1	2.2	0.00	0.00	0.00	0.0
35-39	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 11,056.32***	***$ 2,763.27***	***$ 13,819.59***	
SEX OF CLAIMANT						
Male	19	43.1	8,668.95	1,028.93	9,697.88	70.1
Female	25	56.8	2,387.37	1,734.34	4,121.71	29.8
	44		***$ 11,056.32***	***$ 2,763.27***	***$ 13,819.59***	
LOSS CAUSE						
Wood Items	5	11.3	7,428.71	0.00	7,428.71	53.7
Fire / Flame / Smoke	1	2.2	866.12	0.00	866.12	6.2
Stairs, steps	2	4.5	115.38	750.00	865.38	6.2
Knife, NOC	1	2.2	385.09	364.91	750.00	5.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Miscellaneous	1	2.2	199.38	550.62	750.00	5.4
Walking surface, outside, dry	3	6.8	67.38	682.62	750.00	5.4
Walking surface, inside, dry	2	4.5	441.10	301.72	742.82	5.3
Environmental conditions	3	6.8	305.60	113.40	419.00	3.0
Office equipment	2	4.5	344.36	0.00	344.36	2.4
Machine, not otherwise classified	1	2.2	222.85	0.00	222.85	1.6
Animal / tick, spider, etc.	1	2.2	209.00	0.00	209.00	1.5
Minerals / dirt	2	4.5	175.37	0.00	175.37	1.2
Sharp objects, not otherwise classified	3	6.8	160.99	0.00	160.99	1.1
Furniture / fixtures	3	6.8	84.45	0.00	84.45	0.6
Animal / bee type	1	2.2	50.54	0.00	50.54	0.3
Boxes / containers	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
Hand tool, not powered, NOC	2	4.5	0.00	0.00	0.00	0.0
Metal items	3	6.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.2	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	2	4.5	0.00	0.00	0.00	0.0
Animal, 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
Razor blade	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 11,056.32***	***$ 2,763.27***	***$ 13,819.59***	

ACCIDENT TYPE

Lifting (strain or Injury by)	6	13.6	7,002.65	0.00	7,002.65	50.6
Fall or Slip (On Same Level)	6	13.6	852.84	984.34	1,837.18	13.2
Temperature Extremes	3	6.8	1,171.72	113.40	1,285.12	9.3
Fall or slip (on stairs)	2	4.5	115.38	750.00	865.38	6.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	4.5	385.09	364.91	750.00	5.4
Reaching (Strain or Injury by)	1	2.2	199.38	550.62	750.00	5.4
Object being lifted/handled (cut,punc.scrape,inj b	6	13.6	587.05	0.00	587.05	4.2
Animal Or Insect	5	11.3	259.54	0.00	259.54	1.8
Twisting, strain or injury by	1	2.2	222.85	0.00	222.85	1.6
Foreign Body In Eye	2	4.5	175.37	0.00	175.37	1.2
Struck/Injured by Falling or Flying Object	3	6.8	84.45	0.00	84.45	0.6
Allergic Reaction	1	2.2	0.00	0.00	0.00	0.0
Noise, continual, strain or injury by	1	2.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.2	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	4.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	2.2	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 11,056.32***	***$ 2,763.27***	***$ 13,819.59***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	8
Knee	4
Whole Body	3
Upper Leg	2
Finger(s)	10
Skull	1
Wrist	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Shoulder	2					
Hand	3					
Ankle	1					
Abdomen including Groin	1					
Eye(s)	3					
Thumb	5					
Lower Leg	4					
Ear(s)	3					
Facial, Other Soft Tissue	1					
Hip	1					
Lower Arm	1					
Elbow	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.**

*****INJURY***

Strain	13
Heat Prostration	3
Laceration	10
Contusion	14
Multiple Physical Injuries Only	1
Puncture	8
Sprain	1
Foreign Body	2
Hearing Loss or Impairment (Traumatic only)	2
Inflamation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	7	43.7	11,027.79	64,253.16	75,280.95	98.3
8AM-9:59AM	3	18.7	0.00	750.00	750.00	0.9
10AM-11:59AM	3	18.7	467.83	0.00	467.83	0.6
4PM-5:59PM	2	12.5	60.30	0.00	60.30	0.0
6AM-7:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 11,555.92***	***$ 65,003.16***	***$ 76,559.08***	
LENGTH OF SERVICE						
24-26	1	6.2	7,964.19	63,449.81	71,414.00	93.2
8-10	4	25.0	1,559.80	803.35	2,363.15	3.0
4-6	2	12.5	467.83	750.00	1,217.83	1.5
28-30	1	6.2	868.80	0.00	868.80	1.1
0-2	3	18.7	474.20	0.00	474.20	0.6
10-12	1	6.2	160.80	0.00	160.80	0.2
12-14	1	6.2	60.30	0.00	60.30	0.0
2-4	2	12.5	0.00	0.00	0.00	0.0
26-28	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 11,555.92***	***$ 65,003.16***	***$ 76,559.08***	
AGE OF CLAIMANT						
45-49	3	18.7	7,964.19	63,449.81	71,414.00	93.2
35-39	2	12.5	863.15	750.00	1,613.15	2.1
55-59	2	12.5	1,029.60	0.00	1,029.60	1.3
50-54	3	18.7	756.95	53.35	810.30	1.0
30-34	2	12.5	0.00	750.00	750.00	0.9
20-24	1	6.2	474.20	0.00	474.20	0.6
25-29	2	12.5	467.83	0.00	467.83	0.6
40-44	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 11,555.92***	***$ 65,003.16***	***$ 76,559.08***	
SEX OF CLAIMANT						
Male	8	50.0	10,331.14	64,949.81	75,280.95	98.3
Female	8	50.0	1,224.78	53.35	1,278.13	1.6
	16		***$ 11,555.92***	***$ 65,003.16***	***$ 76,559.08***	
LOSS CAUSE						
Vehicle, not otherwise classified	3	18.7	8,438.39	63,449.81	71,888.20	93.9
Vehicle/car/truck	2	12.5	0.00	1,500.00	1,500.00	1.9
Walking surface, outside, dry	2	12.5	1,023.95	0.00	1,023.95	1.3
Stairs, steps	1	6.2	868.80	0.00	868.80	1.1
Floor	1	6.2	696.65	53.35	750.00	0.9
Gun / gunshot	1	6.2	467.83	0.00	467.83	0.6
Sharp objects, not otherwise classified	1	6.2	60.30	0.00	60.30	0.0
Office equipment	1	6.2	0.00	0.00	0.00	0.0
Boxes / containers	1	6.2	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.2	0.00	0.00	0.00	0.0
Infectious agent	1	6.2	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
	16		***$ 11,555.92***	***$ 65,003.16***	***$ 76,559.08***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	6.2	7,964.19	63,449.81	71,414.00	93.2
Collision/sideswipe with Another Vehicle	2	12.5	0.00	1,500.00	1,500.00	1.9
Fall or slip (on stairs)	1	6.2	868.80	0.00	868.80	1.1
Twisting, strain or injury by	1	6.2	863.15	0.00	863.15	1.1
Fall or Slip (From Liquid/Grease spills)	1	6.2	696.65	53.35	750.00	0.9
Vehicle Upset	2	12.5	474.20	0.00	474.20	0.6
Repetitive Motion	2	12.5	467.83	0.00	467.83	0.6
Fall or Slip (On Same Level)	1	6.2	160.80	0.00	160.80	0.2
Object being lifted/handled (cut,punc.scrape,inj b	2	12.5	60.30	0.00	60.30	0.0
Exposure to Poisonous Agent / Plant	1	6.2	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	6.2	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 11,555.92***	***$ 65,003.16***	***$ 76,559.08***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	2
Skull	1
Unknown	1
Hip	1
Multiple Head Injury	1
Soft Tissue - Neck	2
Teeth	1
Finger(s)	3
Hand	3
Ankle	1
Foot	1
Facial, Other Soft Tissue	1
Lower Arm	1
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	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	10
Sprain	4
Multiple Physical Injuries Only	2
Contusion	2
Unknown	1
Puncture	1
Dermatitis	1
Laceration	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Admin S (13)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	11.1	2,928.09	0.00	2,928.09	52.9
12AM-1:59AM	2	22.2	0.00	1,500.00	1,500.00	27.1
8AM-9:59AM	2	22.2	796.70	0.00	796.70	14.4
10AM-11:59AM	2	22.2	308.40	0.00	308.40	5.5
6PM-7:59PM	1	11.1	0.00	0.00	0.00	0.0
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,033.19***	***$ 1,500.00***	***$ 5,533.19***	
LENGTH OF SERVICE						
22-24	1	11.1	2,928.09	0.00	2,928.09	52.9
2-4	4	44.4	0.00	1,500.00	1,500.00	27.1
0-2	1	11.1	796.70	0.00	796.70	14.4
10-12	1	11.1	234.00	0.00	234.00	4.2
12-14	1	11.1	74.40	0.00	74.40	1.3
4-6	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,033.19***	***$ 1,500.00***	***$ 5,533.19***	
AGE OF CLAIMANT						
40-44	3	33.3	2,928.09	1,500.00	4,428.09	80.0
45-49	4	44.4	1,030.70	0.00	1,030.70	18.6
50-54	2	22.2	74.40	0.00	74.40	1.3
	9		***$ 4,033.19***	***$ 1,500.00***	***$ 5,533.19***	
SEX OF CLAIMANT						
Male	7	77.7	3,958.79	1,500.00	5,458.79	98.6
Female	2	22.2	74.40	0.00	74.40	1.3
	9		***$ 4,033.19***	***$ 1,500.00***	***$ 5,533.19***	
LOSS CAUSE						
Vehicle/car/truck	1	11.1	2,928.09	0.00	2,928.09	52.9
Metal items	1	11.1	796.70	0.00	796.70	14.4
Unknown	1	11.1	0.00	750.00	750.00	13.5
Machine, not otherwise classified	1	11.1	0.00	750.00	750.00	13.5
Boxes / containers	1	11.1	234.00	0.00	234.00	4.2
Vehicle, not otherwise classified	1	11.1	74.40	0.00	74.40	1.3
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,033.19***	***$ 1,500.00***	***$ 5,533.19***	
ACCIDENT TYPE						
Vehicle Upset	1	11.1	2,928.09	0.00	2,928.09	52.9
Lifting (strain or Injury by)	2	22.2	1,030.70	0.00	1,030.70	18.6
Unknown	1	11.1	0.00	750.00	750.00	13.5
Twisting, strain or injury by	1	11.1	0.00	750.00	750.00	13.5
Object Handled (caught in or between)	1	11.1	74.40	0.00	74.40	1.3
Fall or slip (on stairs)	1	11.1	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	11.1	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:03

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Admin S (13)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	9		***$ 4,033.19***	***$ 1,500.00***	***$ 5,533.19***	
*****BODY PART***						
Shoulder	2					
Soft Tissue - Neck	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
No Physical Problem	1					
Hand	1					
Ankle	1					
Foot	1					
Knee	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Arm	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	6
No Physical Injury	1
Contusion	4
Burn	1
Dermatitis	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fiscal (14)

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						
12-14	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, 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***						
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	
	1	

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Human Resources (15)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	100.0	15,917.41	316,155.00	332,072.41	100.0
	1		***$ 15,917.41***	***$ 316,155.00***	***$ 332,072.41***	
LENGTH OF SERVICE						
0-2	1	100.0	15,917.41	316,155.00	332,072.41	100.0
	1		***$ 15,917.41***	***$ 316,155.00***	***$ 332,072.41***	
AGE OF CLAIMANT						
50-54	1	100.0	15,917.41	316,155.00	332,072.41	100.0
	1		***$ 15,917.41***	***$ 316,155.00***	***$ 332,072.41***	
SEX OF CLAIMANT						
Female	1	100.0	15,917.41	316,155.00	332,072.41	100.0
	1		***$ 15,917.41***	***$ 316,155.00***	***$ 332,072.41***	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	15,917.41	316,155.00	332,072.41	100.0
	1		***$ 15,917.41***	***$ 316,155.00***	***$ 332,072.41***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	15,917.41	316,155.00	332,072.41	100.0
	1		***$ 15,917.41***	***$ 316,155.00***	***$ 332,072.41***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bridge (16)

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						
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						
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						
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	

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Construction (17)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	100.0	530.00	0.00	530.00	100.0
	3		***$ 530.00***	***$ 0.00***	***$ 530.00***	
LENGTH OF SERVICE						
0-2	1	33.3	530.00	0.00	530.00	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		***$ 530.00***	***$ 0.00***	***$ 530.00***	
AGE OF CLAIMANT						
35-39	1	33.3	530.00	0.00	530.00	100.0
30-34	1	33.3	0.00	0.00	0.00	0.0
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 530.00***	***$ 0.00***	***$ 530.00***	
SEX OF CLAIMANT						
Female	2	66.6	530.00	0.00	530.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 530.00***	***$ 0.00***	***$ 530.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	530.00	0.00	530.00	100.0
Ladder, 12' roof	1	33.3	0.00	0.00	0.00	0.0
Water	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 530.00***	***$ 0.00***	***$ 530.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	530.00	0.00	530.00	100.0
Fall or Slip (From Ladder/Scaffolding)	1	33.3	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 530.00***	***$ 0.00***	***$ 530.00***	
*****BODY PART***						
Elbow	1					
Knee	2					
Foot	1					
Lower 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	3
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Maintenance (18)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	238.99	0.00	238.99	100.0
	1		***$ 238.99***	***$ 0.00***	***$ 238.99***	
LENGTH OF SERVICE						
34-36	1	100.0	238.99	0.00	238.99	100.0
	1		***$ 238.99***	***$ 0.00***	***$ 238.99***	
AGE OF CLAIMANT						
55-59	1	100.0	238.99	0.00	238.99	100.0
	1		***$ 238.99***	***$ 0.00***	***$ 238.99***	
SEX OF CLAIMANT						
Male	1	100.0	238.99	0.00	238.99	100.0
	1		***$ 238.99***	***$ 0.00***	***$ 238.99***	
LOSS CAUSE						
Metal items	1	100.0	238.99	0.00	238.99	100.0
	1		***$ 238.99***	***$ 0.00***	***$ 238.99***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	238.99	0.00	238.99	100.0
	1		***$ 238.99***	***$ 0.00***	***$ 238.99***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -materials (20)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	1,771.22	0.00	1,771.22	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,771.22***	***$ 0.00***	***$ 1,771.22***	
LENGTH OF SERVICE						
38-40	1	50.0	1,771.22	0.00	1,771.22	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,771.22***	***$ 0.00***	***$ 1,771.22***	
AGE OF CLAIMANT						
55-59	1	50.0	1,771.22	0.00	1,771.22	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,771.22***	***$ 0.00***	***$ 1,771.22***	
SEX OF CLAIMANT						
Male	2	100.0	1,771.22	0.00	1,771.22	100.0
	2		***$ 1,771.22***	***$ 0.00***	***$ 1,771.22***	
LOSS CAUSE						
Unknown	1	50.0	1,771.22	0.00	1,771.22	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,771.22***	***$ 0.00***	***$ 1,771.22***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	1,771.22	0.00	1,771.22	100.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1,771.22***	***$ 0.00***	***$ 1,771.22***	
*****BODY PART***						
Shoulder	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Safety (29)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	110.00	640.00	750.00	100.0
	1		***$ 110.00***	***$ 640.00***	***$ 750.00***	
LENGTH OF SERVICE						
4-6	1	100.0	110.00	640.00	750.00	100.0
	1		***$ 110.00***	***$ 640.00***	***$ 750.00***	
AGE OF CLAIMANT						
25-29	1	100.0	110.00	640.00	750.00	100.0
	1		***$ 110.00***	***$ 640.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	110.00	640.00	750.00	100.0
	1		***$ 110.00***	***$ 640.00***	***$ 750.00***	
LOSS CAUSE						
Elevators, escalators	1	100.0	110.00	640.00	750.00	100.0
	1		***$ 110.00***	***$ 640.00***	***$ 750.00***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	110.00	640.00	750.00	100.0
	1		***$ 110.00***	***$ 640.00***	***$ 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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-eeo (59)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	84.00	0.00	84.00	100.0
	1		***$ 84.00***	***$ 0.00***	***$ 84.00***	
LENGTH OF SERVICE						
4-6	1	100.0	84.00	0.00	84.00	100.0
	1		***$ 84.00***	***$ 0.00***	***$ 84.00***	
AGE OF CLAIMANT						
35-39	1	100.0	84.00	0.00	84.00	100.0
	1		***$ 84.00***	***$ 0.00***	***$ 84.00***	
SEX OF CLAIMANT						
Female	1	100.0	84.00	0.00	84.00	100.0
	1		***$ 84.00***	***$ 0.00***	***$ 84.00***	
LOSS CAUSE						
Office equipment	1	100.0	84.00	0.00	84.00	100.0
	1		***$ 84.00***	***$ 0.00***	***$ 84.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	84.00	0.00	84.00	100.0
	1		***$ 84.00***	***$ 0.00***	***$ 84.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Equipment (69)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	20.0	23,301.82	0.00	23,301.82	97.9
12PM-1:59PM	2	40.0	226.15	0.00	226.15	0.9
10AM-11:59AM	1	20.0	149.48	0.00	149.48	0.6
6AM-7:59AM	1	20.0	123.58	0.00	123.58	0.5
	5		***$ 23,801.03***	***$ 0.00***	***$ 23,801.03***	
LENGTH OF SERVICE						
14-16	1	20.0	23,301.82	0.00	23,301.82	97.9
22-24	3	60.0	349.73	0.00	349.73	1.4
2-4	1	20.0	149.48	0.00	149.48	0.6
	5		***$ 23,801.03***	***$ 0.00***	***$ 23,801.03***	
AGE OF CLAIMANT						
50-54	1	20.0	23,301.82	0.00	23,301.82	97.9
40-44	3	60.0	349.73	0.00	349.73	1.4
35-39	1	20.0	149.48	0.00	149.48	0.6
	5		***$ 23,801.03***	***$ 0.00***	***$ 23,801.03***	
SEX OF CLAIMANT						
Male	5	100.0	23,801.03	0.00	23,801.03	100.0
	5		***$ 23,801.03***	***$ 0.00***	***$ 23,801.03***	
LOSS CAUSE						
Boxes / containers	1	20.0	23,301.82	0.00	23,301.82	97.9
Machine, not otherwise classified	1	20.0	171.15	0.00	171.15	0.7
Fencing	1	20.0	149.48	0.00	149.48	0.6
Miscellaneous	1	20.0	123.58	0.00	123.58	0.5
Nail	1	20.0	55.00	0.00	55.00	0.2
	5		***$ 23,801.03***	***$ 0.00***	***$ 23,801.03***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	23,301.82	0.00	23,301.82	97.9
Strike Against/Step on Stationary Object	1	20.0	171.15	0.00	171.15	0.7
Pushing Or Pulling (Strain or Injury by)	1	20.0	149.48	0.00	149.48	0.6
Lifting (strain or Injury by)	1	20.0	123.58	0.00	123.58	0.5
Stepping On Sharp Object	1	20.0	55.00	0.00	55.00	0.2
	5		***$ 23,801.03***	***$ 0.00***	***$ 23,801.03***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Wrist	1					
Abdomen including Groin	1					
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	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:04

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Equipment (69)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Research (79)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	67.00	0.00	67.00	100.0
	1		***$ 67.00***	***$ 0.00***	***$ 67.00***	
LENGTH OF SERVICE						
14-16	1	100.0	67.00	0.00	67.00	100.0
	1		***$ 67.00***	***$ 0.00***	***$ 67.00***	
AGE OF CLAIMANT						
40-44	1	100.0	67.00	0.00	67.00	100.0
	1		***$ 67.00***	***$ 0.00***	***$ 67.00***	
SEX OF CLAIMANT						
Female	1	100.0	67.00	0.00	67.00	100.0
	1		***$ 67.00***	***$ 0.00***	***$ 67.00***	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	67.00	0.00	67.00	100.0
	1		***$ 67.00***	***$ 0.00***	***$ 67.00***	
ACCIDENT TYPE						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	100.0	67.00	0.00	67.00	100.0
	1		***$ 67.00***	***$ 0.00***	***$ 67.00***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	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***						
Burn	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Management Services (92)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
LENGTH OF SERVICE						
2-4	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	60.00	690.00	750.00	100.0
	1		***$ 60.00***	***$ 690.00***	***$ 750.00***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
Knee	1					
Mouth	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
	1

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wise (101)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	36.3	1,730.32	1,358.00	3,088.32	49.3
12PM-1:59PM	3	27.2	1,065.37	255.71	1,321.08	21.0
2PM-3:59PM	1	9.0	925.09	0.00	925.09	14.7
2AM-3:59AM	1	9.0	873.25	0.00	873.25	13.9
8AM-9:59AM	2	18.1	55.00	0.00	55.00	0.8
	11		***$ 4,649.03***	***$ 1,613.71***	***$ 6,262.74***	
LENGTH OF SERVICE						
8-10	3	27.2	545.08	1,358.00	1,903.08	30.3
12-14	3	27.2	1,043.27	0.00	1,043.27	16.6
28-30	1	9.0	925.09	0.00	925.09	14.7
14-16	1	9.0	873.25	0.00	873.25	13.9
2-4	1	9.0	494.29	255.71	750.00	11.9
22-24	1	9.0	427.97	0.00	427.97	6.8
24-26	1	9.0	340.08	0.00	340.08	5.4
	11		***$ 4,649.03***	***$ 1,613.71***	***$ 6,262.74***	
AGE OF CLAIMANT						
35-39	4	36.3	1,912.62	1,613.71	3,526.33	56.3
50-54	2	18.1	1,682.36	0.00	1,682.36	26.8
40-44	2	18.1	427.97	0.00	427.97	6.8
45-49	1	9.0	340.08	0.00	340.08	5.4
55-59	2	18.1	286.00	0.00	286.00	4.5
	11		***$ 4,649.03***	***$ 1,613.71***	***$ 6,262.74***	
SEX OF CLAIMANT						
Male	11	100.0	4,649.03	1,613.71	6,262.74	100.0
	11		***$ 4,649.03***	***$ 1,613.71***	***$ 6,262.74***	
LOSS CAUSE						
Machine, not otherwise classified	4	36.3	2,347.63	255.71	2,603.34	41.5
Vehicle/car/truck	1	9.0	392.00	1,358.00	1,750.00	27.9
Brush / tree / log	3	27.2	1,328.35	0.00	1,328.35	21.2
Stone / rock / brick	1	9.0	427.97	0.00	427.97	6.8
Metal items	1	9.0	153.08	0.00	153.08	2.4
Mowers	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 4,649.03***	***$ 1,613.71***	***$ 6,262.74***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	4	36.3	1,990.46	255.71	2,246.17	35.8
Struck/Injured by Motor Vehicle	1	9.0	392.00	1,358.00	1,750.00	27.9
Twisting, strain or injury by	3	27.2	1,185.24	0.00	1,185.24	18.9
Slipped, Did Not Fall	1	9.0	873.25	0.00	873.25	13.9
Lifting (strain or Injury by)	1	9.0	153.08	0.00	153.08	2.4
Strike Against/Step on Stationary Object	1	9.0	55.00	0.00	55.00	0.8
	11		***$ 4,649.03***	***$ 1,613.71***	***$ 6,262.74***	
*****BODY PART***						
Knee	2					
Ankle	3					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wise (101)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Elbow	2					
Shoulder	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Foot	1					
Nose	1					
Soft Tissue - Neck	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	6					
Strain	5					
Sprain	2					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	4.3	10.30	8,739.70	8,750.00	42.7
10AM-11:59AM	6	26.0	3,703.22	499.00	4,202.22	20.5
2PM-3:59PM	5	21.7	2,973.02	750.00	3,723.02	18.1
8AM-9:59AM	7	30.4	779.01	1,212.87	1,991.88	9.7
12PM-1:59PM	4	17.3	1,072.14	750.00	1,822.14	8.8
	23		***$ 8,537.69***	***$ 11,951.57***	***$ 20,489.26***	
LENGTH OF SERVICE						
16-18	1	4.3	10.30	8,739.70	8,750.00	42.7
12-14	4	17.3	5,070.10	0.00	5,070.10	24.7
34-36	2	8.6	0.00	1,500.00	1,500.00	7.3
4-6	2	8.6	719.69	750.00	1,469.69	7.1
6-8	3	13.0	886.45	499.00	1,385.45	6.7
14-16	2	8.6	287.13	462.87	750.00	3.6
2-4	2	8.6	690.55	0.00	690.55	3.3
8-10	2	8.6	507.59	0.00	507.59	2.4
0-2	2	8.6	365.88	0.00	365.88	1.7
20-22	1	4.3	0.00	0.00	0.00	0.0
22-24	1	4.3	0.00	0.00	0.00	0.0
10-12	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 8,537.69***	***$ 11,951.57***	***$ 20,489.26***	
AGE OF CLAIMANT						
55-59	6	26.0	590.93	10,702.57	11,293.50	55.1
50-54	5	21.7	3,024.02	750.00	3,774.02	18.4
40-44	4	17.3	2,553.67	0.00	2,553.67	12.4
25-29	2	8.6	762.93	0.00	762.93	3.7
45-49	2	8.6	251.00	499.00	750.00	3.6
30-34	1	4.3	719.69	0.00	719.69	3.5
35-39	3	13.0	635.45	0.00	635.45	3.1
	23		***$ 8,537.69***	***$ 11,951.57***	***$ 20,489.26***	
SEX OF CLAIMANT						
Male	21	91.3	7,902.24	11,951.57	19,853.81	96.9
Female	2	8.6	635.45	0.00	635.45	3.1
	23		***$ 8,537.69***	***$ 11,951.57***	***$ 20,489.26***	
LOSS CAUSE						
Object on Floor	1	4.3	10.30	8,739.70	8,750.00	42.7
Miscellaneous	1	4.3	2,898.02	0.00	2,898.02	14.1
Metal items	1	4.3	2,113.08	0.00	2,113.08	10.3
Machine, not otherwise classified	5	21.7	1,536.24	0.00	1,536.24	7.5
Boxes / containers	2	8.6	287.13	1,212.87	1,500.00	7.3
Stairs, steps	2	8.6	75.00	750.00	825.00	4.0
Ladder, 12' roof	1	4.3	0.00	750.00	750.00	3.6
Roller	1	4.3	251.00	499.00	750.00	3.6
Vehicle, not otherwise classified	1	4.3	560.45	0.00	560.45	2.7
Sharp objects, not otherwise classified	1	4.3	381.59	0.00	381.59	1.8
Ladder - Portable	1	4.3	293.50	0.00	293.50	1.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Infectious agent	1	4.3	72.38	0.00	72.38	0.3
Minerals / dirt	1	4.3	59.00	0.00	59.00	0.2
Hand tool, not powered, NOC	2	8.6	0.00	0.00	0.00	0.0
Jack Stands	1	4.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 8,537.69***	***$ 11,951.57***	***$ 20,489.26***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	2	8.6	10.30	8,739.70	8,750.00	42.7
Lifting (strain or Injury by)	3	13.0	3,185.15	1,212.87	4,398.02	21.4
Struck/Injured by Object Being Lifted/Handled	1	4.3	2,113.08	0.00	2,113.08	10.3
Twisting, strain or injury by	5	21.7	937.45	499.00	1,436.45	7.0
Object being lifted/handled (cut,punc.scrape,inj b	4	17.3	1,072.14	0.00	1,072.14	5.2
Slipped, Did Not Fall	2	8.6	293.50	750.00	1,043.50	5.0
Fall or slip (on stairs)	2	8.6	75.00	750.00	825.00	4.0
Struck/Injured by Falling or Flying Object	1	4.3	719.69	0.00	719.69	3.5
Exposure to Poisonous Agent / Plant	1	4.3	72.38	0.00	72.38	0.3
Foreign Body In Eye	1	4.3	59.00	0.00	59.00	0.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 8,537.69***	***$ 11,951.57***	***$ 20,489.26***	

***BODY PART

Ankle	2
Hand	2
Upper Arm (Inc: Clavicle and Scapula)	2
Knee	4
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Lower Leg	2
Shoulder	2
Lower Arm	2
Hip	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Eye(s)	1
Finger(s)	1
Wrist	1
Thumb	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	16
Puncture	2
Laceration	4
Contusion	1
Sprain	1
Dermatitis	4
Foreign Body	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Abingdon (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	7	43.7	43,723.69	57,930.51	101,654.20	71.4
8AM-9:59AM	5	31.2	19,733.63	19,245.66	38,979.29	27.4
2PM-3:59PM	1	6.2	0.00	750.00	750.00	0.5
4PM-5:59PM	1	6.2	0.00	750.00	750.00	0.5
12PM-1:59PM	2	12.5	120.35	0.00	120.35	0.0
	16		***$ 63,577.67***	***$ 78,676.17***	***$ 142,253.84***	
LENGTH OF SERVICE						
8-10	2	12.5	32,645.49	31,224.86	63,870.35	44.9
10-12	1	6.2	19,179.34	18,570.66	37,750.00	26.5
6-8	1	6.2	10,260.44	26,705.65	36,966.09	25.9
2-4	4	25.0	464.18	750.00	1,214.18	0.8
28-30	2	12.5	324.00	675.00	999.00	0.7
24-26	1	6.2	0.00	750.00	750.00	0.5
0-2	3	18.7	590.39	0.00	590.39	0.4
32-34	1	6.2	90.00	0.00	90.00	0.0
16-18	1	6.2	23.83	0.00	23.83	0.0
	16		***$ 63,577.67***	***$ 78,676.17***	***$ 142,253.84***	
AGE OF CLAIMANT						
55-59	2	12.5	32,615.14	31,224.86	63,840.00	44.8
40-44	2	12.5	19,179.34	19,320.66	38,500.00	27.0
50-54	3	18.7	10,584.44	27,380.65	37,965.09	26.6
25-29	3	18.7	154.64	750.00	904.64	0.6
20-24	1	6.2	510.75	0.00	510.75	0.3
30-34	3	18.7	358.88	0.00	358.88	0.2
45-49	2	12.5	174.48	0.00	174.48	0.1
	16		***$ 63,577.67***	***$ 78,676.17***	***$ 142,253.84***	
SEX OF CLAIMANT						
Male	16	100.0	63,577.67	78,676.17	142,253.84	100.0
	16		***$ 63,577.67***	***$ 78,676.17***	***$ 142,253.84***	
LOSS CAUSE						
Pipe	1	6.2	32,525.14	31,224.86	63,750.00	44.8
Vehicle/car/truck	3	18.7	19,254.34	19,995.66	39,250.00	27.5
Stone / rock / brick	1	6.2	10,260.44	26,705.65	36,966.09	25.9
Mowers	1	6.2	0.00	750.00	750.00	0.5
Walking surface, outside, dry	1	6.2	510.75	0.00	510.75	0.3
Machine, not otherwise classified	1	6.2	249.00	0.00	249.00	0.1
Walking surface, outside, wet	1	6.2	238.53	0.00	238.53	0.1
Boxes / containers	1	6.2	150.65	0.00	150.65	0.1
Infectious agent	1	6.2	120.35	0.00	120.35	0.0
Screw driver	1	6.2	90.00	0.00	90.00	0.0
Chemicals, not otherwise classified	1	6.2	79.64	0.00	79.64	0.0
Working Surface	1	6.2	75.00	0.00	75.00	0.0
Nail	1	6.2	23.83	0.00	23.83	0.0
Minerals / dirt	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Abingdon (103)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	16		***$ 63,577.67***	***$ 78,676.17***	***$ 142,253.84***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	18.7	42,936.23	57,930.51	100,866.74	70.9
Collision/sideswipe with Another Vehicle	2	12.5	19,254.34	19,245.66	38,500.00	27.0
Rubbed/Abraded by repetitive motion	1	6.2	0.00	750.00	750.00	0.5
Struck/Injured by Motor Vehicle	1	6.2	0.00	750.00	750.00	0.5
Fall or Slip (On Same Level)	1	6.2	510.75	0.00	510.75	0.3
Slipped, Did Not Fall	2	12.5	487.53	0.00	487.53	0.3
Exposure to Poisonous Agent / Plant	1	6.2	120.35	0.00	120.35	0.0
Struck/Injured by Falling or Flying Object	1	6.2	90.00	0.00	90.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	6.2	79.64	0.00	79.64	0.0
Twisting, strain or injury by	1	6.2	75.00	0.00	75.00	0.0
Strike Against/Step on Stationary Object	1	6.2	23.83	0.00	23.83	0.0
Foreign Body In Eye	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 63,577.67***	***$ 78,676.17***	***$ 142,253.84***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Shoulder	2
Soft Tissue - Neck	2
Abdomen including Groin	1
Finger(s)	3
Knee	4
Hand	1
Lower Leg	1
Toe(s)	1
Whole Body	1
Ear(s)	1
Eye(s)	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	14
Contusion	4
Laceration	2
Dermatitis	1
Foreign Body	2
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lebanon (104)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	20.0	2,845.24	0.00	2,845.24	41.0
4PM-5:59PM	2	20.0	1,597.85	53.76	1,651.61	23.8
10AM-11:59AM	1	10.0	853.00	0.00	853.00	12.3
6AM-7:59AM	2	20.0	234.91	590.09	825.00	11.9
12AM-1:59AM	1	10.0	298.92	451.08	750.00	10.8
2PM-3:59PM	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
	10		***$ 5,829.92***	***$ 1,094.93***	***$ 6,924.85***	
LENGTH OF SERVICE						
4-6	1	10.0	2,190.46	0.00	2,190.46	31.6
16-18	1	10.0	901.61	0.00	901.61	13.0
10-12	1	10.0	853.00	0.00	853.00	12.3
8-10	2	20.0	234.91	590.09	825.00	11.9
0-2	1	10.0	298.92	451.08	750.00	10.8
2-4	1	10.0	696.24	53.76	750.00	10.8
24-26	2	20.0	654.78	0.00	654.78	9.4
18-20	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 5,829.92***	***$ 1,094.93***	***$ 6,924.85***	
AGE OF CLAIMANT						
30-34	4	40.0	3,345.53	1,094.93	4,440.46	64.1
45-49	3	30.0	1,556.39	0.00	1,556.39	22.4
35-39	3	30.0	928.00	0.00	928.00	13.4
	10		***$ 5,829.92***	***$ 1,094.93***	***$ 6,924.85***	
SEX OF CLAIMANT						
Male	9	90.0	4,976.92	1,094.93	6,071.85	87.6
Female	1	10.0	853.00	0.00	853.00	12.3
	10		***$ 5,829.92***	***$ 1,094.93***	***$ 6,924.85***	
LOSS CAUSE						
Metal items	2	20.0	2,350.37	590.09	2,940.46	42.4
Brush / tree / log	2	20.0	1,151.92	451.08	1,603.00	23.1
Miscellaneous	2	20.0	976.61	0.00	976.61	14.1
Walking surface, outside, dry	1	10.0	696.24	53.76	750.00	10.8
Knife, NOC	1	10.0	654.78	0.00	654.78	9.4
Sharp objects, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 5,829.92***	***$ 1,094.93***	***$ 6,924.85***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	3	30.0	2,053.53	451.08	2,504.61	36.1
Strike Against/Step on Stationary Object	1	10.0	2,190.46	0.00	2,190.46	31.6
Twisting, strain or injury by	1	10.0	696.24	53.76	750.00	10.8
Wielding or throwing, strain or injury by	1	10.0	159.91	590.09	750.00	10.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	10.0	654.78	0.00	654.78	9.4
Lifting (strain or Injury by)	1	10.0	75.00	0.00	75.00	1.0
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lebanon (104)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Foreign Body In Eye	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 5,829.92***	***$ 1,094.93***	***$ 6,924.85***	

**BODY PART

Facial, Other Soft Tissue	2
Nose	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ankle	1
Ear(s)	1
Elbow	1
Shoulder	1
Finger(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Thumb	1
Eye(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

Laceration	3
Contusion	4
Fracture	1
Strain	3
Inflamation	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Tazewell (106)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	5	41.6	8,964.64	9,398.70	18,363.34	85.5
6AM-7:59AM	2	16.6	2,585.36	0.00	2,585.36	12.0
12PM-1:59PM	1	8.3	303.52	0.00	303.52	1.4
8AM-9:59AM	2	16.6	203.29	0.00	203.29	0.9
12AM-1:59AM	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
	12		***$ 12,056.81***	***$ 9,398.70***	***$ 21,455.51***	
LENGTH OF SERVICE						
18-20	2	16.6	1,973.72	9,398.70	11,372.42	53.0
2-4	5	41.6	5,786.47	0.00	5,786.47	26.9
8-10	2	16.6	3,680.67	0.00	3,680.67	17.1
16-18	1	8.3	412.66	0.00	412.66	1.9
12-14	1	8.3	203.29	0.00	203.29	0.9
0-2	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 12,056.81***	***$ 9,398.70***	***$ 21,455.51***	
AGE OF CLAIMANT						
50-54	5	41.6	4,762.37	9,398.70	14,161.07	66.0
55-59	2	16.6	3,680.67	0.00	3,680.67	17.1
35-39	2	16.6	3,149.22	0.00	3,149.22	14.6
40-44	1	8.3	412.66	0.00	412.66	1.9
25-29	1	8.3	51.89	0.00	51.89	0.2
30-34	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 12,056.81***	***$ 9,398.70***	***$ 21,455.51***	
SEX OF CLAIMANT						
Male	10	83.3	9,058.79	9,398.70	18,457.49	86.0
Female	2	16.6	2,998.02	0.00	2,998.02	13.9
	12		***$ 12,056.81***	***$ 9,398.70***	***$ 21,455.51***	
LOSS CAUSE						
Vehicle/car/truck	1	8.3	1,973.72	9,398.70	11,372.42	53.0
Rope, cord	1	8.3	3,680.67	0.00	3,680.67	17.1
Brush / tree / log	3	25.0	3,149.22	0.00	3,149.22	14.6
Walking surface, outside, wet	2	16.6	2,585.36	0.00	2,585.36	12.0
Walking surface, outside, dry	2	16.6	615.95	0.00	615.95	2.8
Infectious agent	1	8.3	51.89	0.00	51.89	0.2
Office equipment	1	8.3	0.00	0.00	0.00	0.0
Stairs, steps	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 12,056.81***	***$ 9,398.70***	***$ 21,455.51***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	8.3	1,973.72	9,398.70	11,372.42	53.0
Pushing Or Pulling (Strain or Injury by)	2	16.6	3,984.19	0.00	3,984.19	18.5
Slipped, Did Not Fall	2	16.6	3,048.99	0.00	3,048.99	14.2
Fall or slip (on ice or snow)	2	16.6	2,585.36	0.00	2,585.36	12.0
Fall or Slip (From Different Level)	1	8.3	412.66	0.00	412.66	1.9
Exposure to Poisonous Agent / Plant	1	8.3	51.89	0.00	51.89	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Tazewell (106)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Lifting (strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	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		***$ 12,056.81***	***$ 9,398.70***	***$ 21,455.51***	

*****BODY PART***

Whole Body	1
Upper Arm (Inc: Clavicle and Scapula)	1
Lower Leg	1
Hip	1
Buttocks	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Ankle	1
Facial, Other Soft Tissue	1
Lower Arm	1
Upper Back Area (Thoracic Area)	1
Knee	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	8
Contusion	3
Dermatitis	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wytheville (108)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	5	25.0	3,927.64	4,412.23	8,339.87	77.1
10AM-11:59AM	8	40.0	1,509.17	212.10	1,721.27	15.9
8AM-9:59AM	2	10.0	100.00	650.00	750.00	6.9
12PM-1:59PM	2	10.0	0.00	0.00	0.00	0.0
12AM-1:59AM	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
6AM-7:59AM	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 5,536.81***	***$ 5,274.33***	***$ 10,811.14***	
LENGTH OF SERVICE						
2-4	2	10.0	3,301.93	4,412.23	7,714.16	71.3
6-8	3	15.0	273.56	650.00	923.56	8.5
8-10	2	10.0	791.95	0.00	791.95	7.3
36-38	1	5.0	537.90	212.10	750.00	6.9
10-12	1	5.0	361.41	0.00	361.41	3.3
28-30	3	15.0	179.32	0.00	179.32	1.6
0-2	2	10.0	90.74	0.00	90.74	0.8
16-18	3	15.0	0.00	0.00	0.00	0.0
14-16	1	5.0	0.00	0.00	0.00	0.0
24-26	2	10.0	0.00	0.00	0.00	0.0
	20		***$ 5,536.81***	***$ 5,274.33***	***$ 10,811.14***	
AGE OF CLAIMANT						
45-49	2	10.0	3,301.93	4,412.23	7,714.16	71.3
60-64	5	25.0	640.73	650.00	1,290.73	11.9
50-54	5	25.0	791.95	0.00	791.95	7.3
55-59	3	15.0	537.90	212.10	750.00	6.9
30-34	3	15.0	232.56	0.00	232.56	2.1
25-29	1	5.0	31.74	0.00	31.74	0.2
40-44	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 5,536.81***	***$ 5,274.33***	***$ 10,811.14***	
SEX OF CLAIMANT						
Male	20	100.0	5,536.81	5,274.33	10,811.14	100.0
	20		***$ 5,536.81***	***$ 5,274.33***	***$ 10,811.14***	
LOSS CAUSE						
Vehicle/car/truck	1	5.0	3,301.93	4,412.23	7,714.16	71.3
Metal items	7	35.0	1,488.85	862.10	2,350.95	21.7
Boxes / containers	1	5.0	361.41	0.00	361.41	3.3
Infectious agent	2	10.0	179.32	0.00	179.32	1.6
Pipe	2	10.0	173.56	0.00	173.56	1.6
Brush / tree / log	2	10.0	31.74	0.00	31.74	0.2
Vehicle, not otherwise classified	1	5.0	0.00	0.00	0.00	0.0
Animal / bee type	1	5.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	5.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates
01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wytheville (108)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	20		***$ 5,536.81***	***$ 5,274.33***	***$ 10,811.14***	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	10.0	3,301.93	4,412.23	7,714.16	71.3
Object being lifted/handled (cut,punc.scrape,inj b	2	10.0	711.46	212.10	923.56	8.5
Struck/Injured by Falling or Flying Object	3	15.0	791.95	0.00	791.95	7.3
Struck/Injured by Object Being Lifted/Handled	1	5.0	100.00	650.00	750.00	6.9
Struck/Injured by Object Handled By Other	1	5.0	361.41	0.00	361.41	3.3
Exposure to Poisonous Agent / Plant	2	10.0	179.32	0.00	179.32	1.6
Lifting (strain or Injury by)	3	15.0	90.74	0.00	90.74	0.8
Vehicle Upset	1	5.0	0.00	0.00	0.00	0.0
Animal Or Insect	2	10.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	5.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	5.0	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		***$ 5,536.81***	***$ 5,274.33***	***$ 10,811.14***	

*****BODY PART***	
Finger(s)	2
Foot	3
Thumb	1
Lower Arm	3
Soft Tissue - Neck	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Hand	1
Hip	1
Knee	1
Lower Leg	1
Mouth	1
No Physical Problem	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***	
Fracture	1
Contusion	7
Puncture	2
Crushing	1
Dermatitis	3
Laceration	1
Strain	6
No Physical Injury	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Jonesville (158)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	2	20.0	45,490.88	21,689.18	67,180.06	61.7
12PM-1:59PM	4	40.0	19,968.61	11,454.88	31,423.49	28.8
2AM-3:59AM	1	10.0	998.96	5,751.04	6,750.00	6.2
8AM-9:59AM	2	20.0	2,394.64	0.00	2,394.64	2.2
10AM-11:59AM	1	10.0	1,029.62	0.00	1,029.62	0.9
	10		***$ 69,882.71***	***$ 38,895.10***	***$ 108,777.81***	
LENGTH OF SERVICE						
0-2	3	30.0	45,490.88	23,439.18	68,930.06	63.3
28-30	1	10.0	19,860.76	7,954.88	27,815.64	25.5
2-4	2	20.0	2,028.58	5,751.04	7,779.62	7.1
8-10	1	10.0	2,394.64	0.00	2,394.64	2.2
4-6	1	10.0	0.00	1,750.00	1,750.00	1.6
30-32	1	10.0	107.85	0.00	107.85	0.1
12-14	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 69,882.71***	***$ 38,895.10***	***$ 108,777.81***	
AGE OF CLAIMANT						
30-34	3	30.0	46,489.84	27,440.22	73,930.06	67.9
45-49	3	30.0	22,255.40	7,954.88	30,210.28	27.7
20-24	1	10.0	0.00	1,750.00	1,750.00	1.6
50-54	1	10.0	0.00	1,750.00	1,750.00	1.6
35-39	1	10.0	1,029.62	0.00	1,029.62	0.9
55-59	1	10.0	107.85	0.00	107.85	0.1
	10		***$ 69,882.71***	***$ 38,895.10***	***$ 108,777.81***	
SEX OF CLAIMANT						
Male	10	100.0	69,882.71	38,895.10	108,777.81	100.0
	10		***$ 69,882.71***	***$ 38,895.10***	***$ 108,777.81***	
LOSS CAUSE						
Metal items	2	20.0	46,489.84	27,440.22	73,930.06	67.9
Vehicle, not otherwise classified	1	10.0	19,860.76	7,954.88	27,815.64	25.5
Vehicle/car/truck	2	20.0	0.00	3,500.00	3,500.00	3.2
Boxes / containers	1	10.0	2,394.64	0.00	2,394.64	2.2
Brush / tree / log	1	10.0	1,029.62	0.00	1,029.62	0.9
Mowers	2	20.0	107.85	0.00	107.85	0.1
Object on Floor	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 69,882.71***	***$ 38,895.10***	***$ 108,777.81***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	10.0	45,490.88	21,689.18	67,180.06	61.7
Lifting (strain or Injury by)	3	30.0	21,889.34	13,705.92	35,595.26	32.7
Struck/Injured by Motor Vehicle	2	20.0	0.00	3,500.00	3,500.00	3.2
Struck/Injured by Falling or Flying Object	1	10.0	2,394.64	0.00	2,394.64	2.2
Twisting, strain or injury by	1	10.0	107.85	0.00	107.85	0.1
Fall or Slip (On Same Level)	1	10.0	0.00	0.00	0.00	0.0
Repetitive Motion	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Jonesville (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 69,882.71**	**$ 38,895.10**	**$ 108,777.81**	
***BODY PART**						
Disc - Trunk	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Lower Leg	1					
Whole Body	2					
Soft Tissue - Neck	2					
Elbow	1					
Lower Arm	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						
Rupture	1					
Strain	10					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (202)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	4	28.5	9,729.27	38,508.67	48,237.94	74.7
10AM-11:59AM	6	42.8	2,556.19	11,500.00	14,056.19	21.7
2PM-3:59PM	2	14.2	309.40	440.60	750.00	1.1
6AM-7:59AM	1	7.1	0.00	750.00	750.00	1.1
8AM-9:59AM	1	7.1	0.00	750.00	750.00	1.1
	14		***$ 12,594.86***	***$ 51,949.27***	***$ 64,544.13***	
LENGTH OF SERVICE						
14-16	2	14.2	8,991.33	38,508.67	47,500.00	73.5
4-6	1	7.1	0.00	10,750.00	10,750.00	16.6
24-26	1	7.1	2,251.79	0.00	2,251.79	3.4
2-4	2	14.2	225.40	750.00	975.40	1.5
12-14	1	7.1	0.00	750.00	750.00	1.1
22-24	2	14.2	309.40	440.60	750.00	1.1
6-8	1	7.1	0.00	750.00	750.00	1.1
34-36	1	7.1	480.26	0.00	480.26	0.7
36-38	1	7.1	257.68	0.00	257.68	0.4
0-2	1	7.1	79.00	0.00	79.00	0.1
8-10	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 12,594.86***	***$ 51,949.27***	***$ 64,544.13***	
AGE OF CLAIMANT						
40-44	3	21.4	8,137.43	29,362.57	37,500.00	58.1
50-54	4	28.5	3,588.77	9,896.10	13,484.87	20.8
35-39	1	7.1	0.00	10,750.00	10,750.00	16.6
55-59	2	14.2	480.26	750.00	1,230.26	1.9
30-34	1	7.1	0.00	750.00	750.00	1.1
60-64	1	7.1	309.40	440.60	750.00	1.1
25-29	1	7.1	79.00	0.00	79.00	0.1
45-49	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 12,594.86***	***$ 51,949.27***	***$ 64,544.13***	
SEX OF CLAIMANT						
Male	12	85.7	12,111.78	51,949.27	64,061.05	99.2
Female	2	14.2	483.08	0.00	483.08	0.7
	14		***$ 12,594.86***	***$ 51,949.27***	***$ 64,544.13***	
LOSS CAUSE						
Metal items	2	14.2	8,991.33	38,508.67	47,500.00	73.5
Vehicle/car/truck	3	21.4	2,251.79	10,750.00	13,001.79	20.1
Furniture / fixtures	1	7.1	0.00	750.00	750.00	1.1
Knife, NOC	1	7.1	309.40	440.60	750.00	1.1
Machine, not otherwise classified	1	7.1	0.00	750.00	750.00	1.1
Pike pole 12’	1	7.1	0.00	750.00	750.00	1.1
Wood Items	1	7.1	480.26	0.00	480.26	0.7
Walking surface, outside, dry	1	7.1	257.68	0.00	257.68	0.4
Hand tool, not powered, NOC	1	7.1	225.40	0.00	225.40	0.3
Infectious agent	1	7.1	79.00	0.00	79.00	0.1
Miscellaneous	1	7.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (202)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	14		***$ 12,594.86***	***$ 51,949.27***	***$ 64,544.13***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	28.5	8,991.33	40,008.67	49,000.00	75.9
Collision/sideswipe with Another Vehicle	2	14.2	0.00	10,750.00	10,750.00	16.6
Struck/Injured by Falling or Flying Object	1	7.1	2,251.79	0.00	2,251.79	3.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	14.2	534.80	440.60	975.40	1.5
Object being lifted/handled (cut,punc.scrape,inj b	1	7.1	0.00	750.00	750.00	1.1
Strike Against/Step on Stationary Object	1	7.1	480.26	0.00	480.26	0.7
Twisting, strain or injury by	2	14.2	257.68	0.00	257.68	0.4
Exposure to Poisonous Agent / Plant	1	7.1	79.00	0.00	79.00	0.1
	14		***$ 12,594.86***	***$ 51,949.27***	***$ 64,544.13***	

*****BODY PART***	
Abdomen including Groin	1
Shoulder	3
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hand	3
Lower Arm	2
Wrist	1
Foot	1
Knee	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	10
Hernia	1
Laceration	2
Dislocation	1
Puncture	1
Sprain	1
Dermatitis	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Hillsville (209)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	12.5	11,327.31	0.00	11,327.31	43.7
10AM-11:59AM	2	25.0	20.87	9,750.00	9,770.87	37.7
2PM-3:59PM	1	12.5	4,280.19	0.00	4,280.19	16.5
2AM-3:59AM	1	12.5	257.00	0.00	257.00	0.9
8AM-9:59AM	3	37.5	253.60	0.00	253.60	0.9
	8		***$ 16,138.97***	***$ 9,750.00***	***$ 25,888.97***	
LENGTH OF SERVICE						
22-24	2	25.0	11,327.31	0.00	11,327.31	43.7
24-26	2	25.0	162.60	9,750.00	9,912.60	38.2
4-6	1	12.5	4,280.19	0.00	4,280.19	16.5
0-2	2	25.0	277.87	0.00	277.87	1.0
6-8	1	12.5	91.00	0.00	91.00	0.3
	8		***$ 16,138.97***	***$ 9,750.00***	***$ 25,888.97***	
AGE OF CLAIMANT						
40-44	2	25.0	15,607.50	0.00	15,607.50	60.2
45-49	1	12.5	0.00	9,750.00	9,750.00	37.6
30-34	2	25.0	257.00	0.00	257.00	0.9
55-59	1	12.5	162.60	0.00	162.60	0.6
35-39	2	25.0	111.87	0.00	111.87	0.4
	8		***$ 16,138.97***	***$ 9,750.00***	***$ 25,888.97***	
SEX OF CLAIMANT						
Male	7	87.5	16,118.10	9,750.00	25,868.10	99.9
Female	1	12.5	20.87	0.00	20.87	0.0
	8		***$ 16,138.97***	***$ 9,750.00***	***$ 25,888.97***	
LOSS CAUSE						
Machine, not otherwise classified	1	12.5	11,327.31	0.00	11,327.31	43.7
Walking surface, outside, dry	2	25.0	257.00	9,750.00	10,007.00	38.6
Wrench	1	12.5	4,280.19	0.00	4,280.19	16.5
Pipe	1	12.5	162.60	0.00	162.60	0.6
Vehicle, not otherwise classified	1	12.5	91.00	0.00	91.00	0.3
Sharp objects, not otherwise classified	1	12.5	20.87	0.00	20.87	0.0
Vehicle/car/truck	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 16,138.97***	***$ 9,750.00***	***$ 25,888.97***	
ACCIDENT TYPE						
Twisting, strain or injury by	3	37.5	11,675.31	0.00	11,675.31	45.1
Fall or Slip (On Same Level)	1	12.5	0.00	9,750.00	9,750.00	37.6
Object Handled (caught in or between)	1	12.5	4,280.19	0.00	4,280.19	16.5
Reaching (Strain or Injury by)	1	12.5	162.60	0.00	162.60	0.6
Object being lifted/handled (cut,punc.scrape,inj b	1	12.5	20.87	0.00	20.87	0.0
Vehicle Upset	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 16,138.97***	***$ 9,750.00***	***$ 25,888.97***	
*****BODY PART***						
Foot	1					
Shoulder	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Hillsville (209)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Finger(s)	2					
Ankle	1					
Soft Tissue - Neck	1					
Knee	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					
Crushing	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:05

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	12	34.2	5,871.47	26,096.86	31,968.33	35.6
12PM-1:59PM	3	8.5	12,334.25	13,961.15	26,295.40	29.2
6AM-7:59AM	2	5.7	7,282.15	6,967.85	14,250.00	15.8
12AM-1:59AM	1	2.8	3,383.28	9,513.60	12,896.88	14.3
2PM-3:59PM	4	11.4	2,420.11	0.00	2,420.11	2.7
8AM-9:59AM	6	17.1	643.90	384.28	1,028.18	1.1
2AM-3:59AM	4	11.4	418.60	331.40	750.00	0.8
4PM-5:59PM	1	2.8	155.00	0.00	155.00	0.1
4AM-5:59AM	2	5.7	0.00	0.00	0.00	0.0
	35		***$ 32,508.76***	***$ 57,255.14***	***$ 89,763.90***	
LENGTH OF SERVICE						
8-10	3	8.5	6,687.09	14,687.31	21,374.40	23.8
10-12	1	2.8	5,878.64	8,871.36	14,750.00	16.4
2-4	8	22.8	5,296.42	9,117.28	14,413.70	16.0
6-8	3	8.5	7,437.15	6,967.85	14,405.00	16.0
16-18	5	14.2	4,080.42	9,513.60	13,594.02	15.1
22-24	1	2.8	1,911.54	7,382.06	9,293.60	10.3
28-30	3	8.5	424.72	384.28	809.00	0.9
26-28	1	2.8	418.60	331.40	750.00	0.8
14-16	3	8.5	155.00	0.00	155.00	0.1
12-14	2	5.7	140.18	0.00	140.18	0.1
4-6	3	8.5	79.00	0.00	79.00	0.0
24-26	1	2.8	0.00	0.00	0.00	0.0
32-34	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 32,508.76***	***$ 57,255.14***	***$ 89,763.90***	
AGE OF CLAIMANT						
35-39	13	37.1	20,532.72	20,929.00	41,461.72	46.1
50-54	5	14.2	3,954.36	19,442.52	23,396.88	26.0
55-59	4	11.4	2,552.00	9,117.28	11,669.28	13.0
45-49	3	8.5	2,048.23	7,382.06	9,430.29	10.5
30-34	7	20.0	2,593.42	0.00	2,593.42	2.8
60-64	1	2.8	365.72	384.28	750.00	0.8
40-44	2	5.7	462.31	0.00	462.31	0.5
	35		***$ 32,508.76***	***$ 57,255.14***	***$ 89,763.90***	
SEX OF CLAIMANT						
Male	24	68.5	16,318.15	37,815.44	54,133.59	60.3
Female	11	31.4	16,190.61	19,439.70	35,630.31	39.6
	35		***$ 32,508.76***	***$ 57,255.14***	***$ 89,763.90***	
LOSS CAUSE						
Vehicle/car/truck	2	5.7	9,486.57	6,967.85	16,454.42	18.3
Brush / tree / log	3	8.5	5,878.64	8,871.36	14,750.00	16.4
Vehicle, not otherwise classified	3	8.5	3,538.28	9,513.60	13,051.88	14.5
Mowers	1	2.8	6,455.61	5,089.79	11,545.40	12.8
Metal items	4	11.4	1,728.30	9,117.28	10,845.58	12.0
Boxes / containers	1	2.8	152.48	9,597.52	9,750.00	10.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Glass bottle / sheet	2	5.7	1,970.54	7,382.06	9,352.60	10.4
Machine, not otherwise classified	4	11.4	784.32	715.68	1,500.00	1.6
Animal, not otherwise classified	1	2.8	764.70	0.00	764.70	0.8
Stone / rock / brick	1	2.8	697.14	0.00	697.14	0.7
Miscellaneous	2	5.7	617.31	0.00	617.31	0.6
Door	1	2.8	140.18	0.00	140.18	0.1
Wood Items	1	2.8	136.69	0.00	136.69	0.1
Animal / tick, spider, etc.	1	2.8	79.00	0.00	79.00	0.0
Infectious agent	1	2.8	79.00	0.00	79.00	0.0
Animal / bee type	1	2.8	0.00	0.00	0.00	0.0
Object on Floor	1	2.8	0.00	0.00	0.00	0.0
Stairs, steps	1	2.8	0.00	0.00	0.00	0.0
Trailer Flap	1	2.8	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	5.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 32,508.76***	***$ 57,255.14***	***$ 89,763.90***	

ACCIDENT TYPE

Twisting, strain or injury by	6	17.1	14,200.07	12,057.64	26,257.71	29.2
Lifting (strain or Injury by)	4	11.4	2,645.48	18,714.80	21,360.28	23.8
Struck/Injured by Falling or Flying Object	5	14.2	6,018.82	8,871.36	14,890.18	16.5
Fall or Slip (From Different Level)	1	2.8	3,383.28	9,513.60	12,896.88	14.3
Cut,puncture,scrape, injured by (Broken Glass)	2	5.7	1,970.54	7,382.06	9,352.60	10.4
Pushing Or Pulling (Strain or Injury by)	2	5.7	2,204.42	0.00	2,204.42	2.4
Object Handled (caught in or between)	4	11.4	1,217.86	384.28	1,602.14	1.7
Struck/Injured by Hand Tool/Machine In Use	1	2.8	418.60	331.40	750.00	0.8
Reaching (Strain or Injury by)	1	2.8	155.00	0.00	155.00	0.1
Object being lifted/handled (cut,punc.scrape,inj b	2	5.7	136.69	0.00	136.69	0.1
Animal Or Insect	2	5.7	79.00	0.00	79.00	0.0
Exposure to Poisonous Agent / Plant	1	2.8	79.00	0.00	79.00	0.0
Fall or Slip (On Same Level)	1	2.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	2.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	5.7	0.00	0.00	0.00	0.0
	35		***$ 32,508.76***	***$ 57,255.14***	***$ 89,763.90***	

***BODY PART

Shoulder	4
Soft Tissue - Neck	5
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Elbow	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ankle	2
Lower Leg	4
Lower Arm	3
Upper Arm (Inc: Clavicle and Scapula)	1
Hip	1
Finger(s)	7
Knee	2
Facial, Other Soft Tissue	1
Foot	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand	2					
Thumb	1					
Upper Leg	1					
Wrist	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***	
Strain	29
Contusion	3
Laceration	5
Crushing	4
Dermatitis	3
Puncture	3
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Martinsville (212)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	13.3	26,372.63	31,981.60	58,354.23	46.2
2PM-3:59PM	3	20.0	22,889.61	33,949.60	56,839.21	45.0
4AM-5:59AM	1	6.6	4,041.79	4,708.21	8,750.00	6.9
10AM-11:59AM	5	33.3	490.53	750.00	1,240.53	0.9
4PM-5:59PM	2	13.3	554.95	195.05	750.00	0.5
2AM-3:59AM	1	6.6	181.58	0.00	181.58	0.1
8AM-9:59AM	1	6.6	31.00	0.00	31.00	0.0
	15		***$ 54,562.09***	***$ 71,584.46***	***$ 126,146.55***	
LENGTH OF SERVICE						
6-8	3	20.0	25,674.90	31,981.60	57,656.50	45.7
4-6	4	26.6	22,360.15	33,258.60	55,618.75	44.0
18-20	1	6.6	4,041.79	4,708.21	8,750.00	6.9
0-2	4	26.6	2,244.67	945.05	3,189.72	2.5
2-4	2	13.3	59.00	691.00	750.00	0.5
16-18	1	6.6	181.58	0.00	181.58	0.1
	15		***$ 54,562.09***	***$ 71,584.46***	***$ 126,146.55***	
AGE OF CLAIMANT						
25-29	4	26.6	27,333.62	31,981.60	59,315.22	47.0
35-39	2	13.3	21,928.62	33,949.60	55,878.22	44.3
50-54	1	6.6	4,041.79	4,708.21	8,750.00	6.9
45-49	2	13.3	736.53	195.05	931.58	0.7
30-34	3	20.0	31.00	750.00	781.00	0.6
40-44	2	13.3	490.53	0.00	490.53	0.3
20-24	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 54,562.09***	***$ 71,584.46***	***$ 126,146.55***	
SEX OF CLAIMANT						
Male	15	100.0	54,562.09	71,584.46	126,146.55	100.0
	15		***$ 54,562.09***	***$ 71,584.46***	***$ 126,146.55***	
LOSS CAUSE						
Walking surface, outside, dry	2	13.3	25,825.48	31,981.60	57,807.08	45.8
Wood Items	1	6.6	21,869.62	33,258.60	55,128.22	43.7
Machine, not otherwise classified	2	13.3	4,770.52	4,708.21	9,478.73	7.5
Boxes / containers	1	6.6	960.99	0.00	960.99	0.7
Metal items	2	13.3	554.95	195.05	750.00	0.5
Nail	1	6.6	59.00	691.00	750.00	0.5
Sharp objects, not otherwise classified	1	6.6	0.00	750.00	750.00	0.5
Brush / tree / log	1	6.6	490.53	0.00	490.53	0.3
Miscellaneous	1	6.6	31.00	0.00	31.00	0.0
Docks,Ramps,Loading Platforms	1	6.6	0.00	0.00	0.00	0.0
Hammer	1	6.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 54,562.09***	***$ 71,584.46***	***$ 126,146.55***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	26.6	27,362.93	37,966.81	65,329.74	51.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Martinsville (212)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Twisting, strain or injury by	3	20.0	25,825.48	31,981.60	57,807.08	45.8
Struck/Injured by Falling or Flying Object	2	13.3	1,283.68	195.05	1,478.73	1.1
Stepping On Sharp Object	1	6.6	59.00	691.00	750.00	0.5
Strike Against/Step on Stationary Object	1	6.6	0.00	750.00	750.00	0.5
Foreign Body In Eye	1	6.6	31.00	0.00	31.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	13.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 54,562.09***	***$ 71,584.46***	***$ 126,146.55***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Facial, Other Soft Tissue	1
Finger(s)	2
Foot	1
Toe(s)	1
Knee	2
Eye(s)	1
Shoulder	1
Upper Leg	1
Abdomen including Groin	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
Laceration	3
Puncture	1
Fracture	1
Foreign Body	1
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Rocky Mount (213)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	20.0	94.00	656.00	750.00	75.4
10AM-11:59AM	3	60.0	166.17	0.00	166.17	16.7
8AM-9:59AM	1	20.0	77.56	0.00	77.56	7.8
	5		***$ 337.73***	***$ 656.00***	***$ 993.73***	
LENGTH OF SERVICE						
6-8	2	40.0	171.56	656.00	827.56	83.2
4-6	1	20.0	118.73	0.00	118.73	11.9
8-10	1	20.0	47.44	0.00	47.44	4.7
14-16	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 337.73***	***$ 656.00***	***$ 993.73***	
AGE OF CLAIMANT						
25-29	2	40.0	141.44	656.00	797.44	80.2
40-44	1	20.0	118.73	0.00	118.73	11.9
20-24	1	20.0	77.56	0.00	77.56	7.8
45-49	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 337.73***	***$ 656.00***	***$ 993.73***	
SEX OF CLAIMANT						
Male	4	80.0	337.73	656.00	993.73	100.0
Female	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 337.73***	***$ 656.00***	***$ 993.73***	
LOSS CAUSE						
Tire	1	20.0	94.00	656.00	750.00	75.4
Minerals / dirt	1	20.0	118.73	0.00	118.73	11.9
Walking surface, outside, wet	1	20.0	77.56	0.00	77.56	7.8
Animal / bee type	1	20.0	47.44	0.00	47.44	4.7
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 337.73***	***$ 656.00***	***$ 993.73***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	94.00	656.00	750.00	75.4
Foreign Body In Eye	1	20.0	118.73	0.00	118.73	11.9
Fall or Slip (On Same Level)	1	20.0	77.56	0.00	77.56	7.8
Animal Or Insect	1	20.0	47.44	0.00	47.44	4.7
Lifting (strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 337.73***	***$ 656.00***	***$ 993.73***	
*****BODY PART***						
Finger(s)	1					
Eye(s)	1					
Ankle	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Rocky Mount (213)

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
Inflamation	1
Sprain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	7	16.2	33,524.64	76,298.78	109,823.42	62.1
10AM-11:59AM	10	23.2	19,634.85	19,946.02	39,580.87	22.4
8AM-9:59AM	8	18.6	3,117.63	17,223.68	20,341.31	11.5
2PM-3:59PM	6	13.9	3,843.89	0.00	3,843.89	2.1
2AM-3:59AM	3	6.9	853.64	1,019.98	1,873.62	1.0
12AM-1:59AM	7	16.2	523.35	518.14	1,041.49	0.5
4AM-5:59AM	2	4.6	221.16	0.00	221.16	0.1
	43		***$ 61,719.16***	***$ 115,006.60***	***$ 176,725.76***	
LENGTH OF SERVICE						
14-16	3	6.9	15,018.55	48,948.10	63,966.65	36.2
10-12	1	2.3	18,727.35	13,588.14	32,315.49	18.2
16-18	4	9.3	17,467.85	14,118.82	31,586.67	17.8
12-14	6	13.9	3,026.32	17,223.68	20,250.00	11.4
24-26	2	4.6	0.00	13,750.00	13,750.00	7.7
28-30	1	2.3	395.66	6,357.88	6,753.54	3.8
8-10	5	11.6	3,885.35	0.00	3,885.35	2.2
0-2	9	20.9	1,243.22	1,019.98	2,263.20	1.2
4-6	2	4.6	1,443.02	0.00	1,443.02	0.8
2-4	4	9.3	284.63	0.00	284.63	0.1
6-8	4	9.3	227.21	0.00	227.21	0.1
18-20	2	4.6	0.00	0.00	0.00	0.0
	43		***$ 61,719.16***	***$ 115,006.60***	***$ 176,725.76***	
AGE OF CLAIMANT						
40-44	4	9.3	14,801.90	48,948.10	63,750.00	36.0
35-39	10	23.2	19,089.39	14,813.92	33,903.31	19.1
50-54	6	13.9	19,011.98	13,588.14	32,600.12	18.4
45-49	5	11.6	216.65	24,500.00	24,716.65	13.9
55-59	2	4.6	3,367.08	12,136.46	15,503.54	8.7
25-29	2	4.6	3,767.78	0.00	3,767.78	2.1
30-34	10	23.2	1,333.98	1,019.98	2,353.96	1.3
15-19	1	2.3	130.40	0.00	130.40	0.0
20-24	1	2.3	0.00	0.00	0.00	0.0
60-64	2	4.6	0.00	0.00	0.00	0.0
	43		***$ 61,719.16***	***$ 115,006.60***	***$ 176,725.76***	
SEX OF CLAIMANT						
Male	33	76.7	23,377.96	86,797.80	110,175.76	62.3
Female	10	23.2	38,341.20	28,208.80	66,550.00	37.6
	43		***$ 61,719.16***	***$ 115,006.60***	***$ 176,725.76***	
LOSS CAUSE						
Walking surface, outside, dry	5	11.6	33,659.65	73,286.24	106,945.89	60.5
Metal items	1	2.3	17,149.32	13,600.68	30,750.00	17.4
Machine, not otherwise classified	4	9.3	284.63	13,750.00	14,034.63	7.9
Pipe	1	2.3	2,971.42	5,778.58	8,750.00	4.9
Hand tool, not powered, NOC	1	2.3	395.66	6,357.88	6,753.54	3.8
Vehicle/car/truck	5	11.6	4,270.59	1,019.98	5,290.57	2.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Furniture / fixtures	1	2.3	1,443.02	0.00	1,443.02	0.8
Stone / rock / brick	2	4.6	54.90	695.10	750.00	0.4
Walking surface, inside, wet	1	2.3	231.86	518.14	750.00	0.4
Infectious agent	6	13.9	522.76	0.00	522.76	0.3
Wood Items	1	2.3	291.49	0.00	291.49	0.1
Hand tool, powered, NOC	1	2.3	227.21	0.00	227.21	0.1
Pike pole 10’	1	2.3	216.65	0.00	216.65	0.1
Animal / bee type	3	6.9	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	4.6	0.00	0.00	0.00	0.0
Boxes / containers	1	2.3	0.00	0.00	0.00	0.0
Brush / tree / log	2	4.6	0.00	0.00	0.00	0.0
Minerals / dirt	2	4.6	0.00	0.00	0.00	0.0
Outside Surface	1	2.3	0.00	0.00	0.00	0.0
Tire	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
	43		***$ 61,719.16***	***$ 115,006.60***	***$ 176,725.76***	

ACCIDENT TYPE

Twisting, strain or injury by	3	6.9	14,801.90	59,698.10	74,500.00	42.1
Slipped, Did Not Fall	3	6.9	20,300.77	13,588.14	33,888.91	19.1
Pushing Or Pulling (Strain or Injury by)	2	4.6	17,149.32	13,600.68	30,750.00	17.4
Object Handled (caught in or between)	2	4.6	2,971.42	19,528.58	22,500.00	12.7
Object being lifted/handled (cut,punc.scrape,inj b	3	6.9	680.29	6,357.88	7,038.17	3.9
Fall or Slip (From Different Level)	1	2.3	3,540.57	0.00	3,540.57	2.0
Fall or Slip (On Same Level)	3	6.9	730.02	1,019.98	1,750.00	0.9
Fall or Slip (From Liquid/Grease spills)	1	2.3	231.86	518.14	750.00	0.4
Struck/Injured by Falling or Flying Object	2	4.6	54.90	695.10	750.00	0.4
Exposure to Poisonous Agent / Plant	6	13.9	522.76	0.00	522.76	0.3
Allergic Reaction	1	2.3	291.49	0.00	291.49	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.3	227.21	0.00	227.21	0.1
Strike Against/Step on Stationary Object	2	4.6	216.65	0.00	216.65	0.1
Repetitive Motion	1	2.3	0.00	0.00	0.00	0.0
Animal Or Insect	5	11.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	4.6	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	3	6.9	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	2.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 61,719.16***	***$ 115,006.60***	***$ 176,725.76***	

***BODY PART

Ankle	2
Hand	5
Hip	4
Abdomen including Groin	4
Finger(s)	3
Foot	3
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Eye(s)	4
Knee	2
Wrist	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Lower Arm	6					
Facial, Other Soft Tissue	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Thumb	1					
Soft Tissue - Neck	2					
Multiple Lower Extremities	1					
Lower Leg	2					
Nose	1					
Elbow	2					
No Physical Problem	1					
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Leg	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	15					
Sprain	2					
Laceration	6					
Fracture	1					
Contusion	8					
Dermatitis	17					
Foreign Body	3					
No Physical Injury	1					
Puncture	6					
	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -bedford (216)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	3	25.0	8,497.72	39,128.03	47,625.75	52.1
2AM-3:59AM	2	16.6	2,829.75	37,920.25	40,750.00	44.6
12PM-1:59PM	1	8.3	302.72	2,447.28	2,750.00	3.0
8AM-9:59AM	3	25.0	158.34	0.00	158.34	0.1
10AM-11:59AM	3	25.0	0.00	0.00	0.00	0.0
	12		***$ 11,788.53***	***$ 79,495.56***	***$ 91,284.09***	
LENGTH OF SERVICE						
4-6	2	16.6	8,436.97	39,128.03	47,565.00	52.1
24-26	1	8.3	2,829.75	37,920.25	40,750.00	44.6
0-2	2	16.6	363.47	2,447.28	2,810.75	3.0
22-24	1	8.3	158.34	0.00	158.34	0.1
12-14	2	16.6	0.00	0.00	0.00	0.0
14-16	1	8.3	0.00	0.00	0.00	0.0
16-18	1	8.3	0.00	0.00	0.00	0.0
2-4	1	8.3	0.00	0.00	0.00	0.0
6-8	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 11,788.53***	***$ 79,495.56***	***$ 91,284.09***	
AGE OF CLAIMANT						
35-39	1	8.3	8,371.97	39,128.03	47,500.00	52.0
50-54	2	16.6	2,829.75	37,920.25	40,750.00	44.6
25-29	3	25.0	367.72	2,447.28	2,815.00	3.0
55-59	2	16.6	158.34	0.00	158.34	0.1
20-24	1	8.3	60.75	0.00	60.75	0.0
30-34	1	8.3	0.00	0.00	0.00	0.0
40-44	2	16.6	0.00	0.00	0.00	0.0
	12		***$ 11,788.53***	***$ 79,495.56***	***$ 91,284.09***	
SEX OF CLAIMANT						
Male	11	91.6	11,788.53	79,495.56	91,284.09	100.0
Female	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 11,788.53***	***$ 79,495.56***	***$ 91,284.09***	
LOSS CAUSE						
Wood Items	1	8.3	8,371.97	39,128.03	47,500.00	52.0
Machine, not otherwise classified	2	16.6	2,829.75	37,920.25	40,750.00	44.6
Brush / tree / log	2	16.6	302.72	2,447.28	2,750.00	3.0
Metal items	1	8.3	158.34	0.00	158.34	0.1
Minerals / dirt	2	16.6	65.00	0.00	65.00	0.0
Hand tool, not powered, NOC	2	16.6	60.75	0.00	60.75	0.0
Knife, NOC	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		***$ 11,788.53***	***$ 79,495.56***	***$ 91,284.09***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	16.6	8,530.31	39,128.03	47,658.34	52.2
Strike Against/Step on Stationary Object	1	8.3	2,829.75	37,920.25	40,750.00	44.6
Foreign Body In Eye	3	25.0	367.72	2,447.28	2,815.00	3.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -bedford (216)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Repetitive Motion	1	8.3	60.75	0.00	60.75	0.0
Unknown	1	8.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 11,788.53***	***$ 79,495.56***	***$ 91,284.09***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Ankle	1
Eye(s)	3
Upper Arm (Inc: Clavicle and Scapula)	1
Lower Arm	1
Mouth	1
Teeth	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
Fracture	1
Foreign Body	3
Contusion	1
Dislocation	1
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	10	43.4	10,004.84	3,168.13	13,172.97	90.7
12PM-1:59PM	4	17.3	0.00	750.00	750.00	5.1
2PM-3:59PM	4	17.3	372.55	0.00	372.55	2.5
8AM-9:59AM	3	13.0	219.34	0.00	219.34	1.5
6AM-7:59AM	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 10,596.73***	***$ 3,918.13***	***$ 14,514.86***	
LENGTH OF SERVICE						
4-6	3	13.0	7,290.75	0.00	7,290.75	50.2
2-4	4	17.3	1,061.21	1,220.65	2,281.86	15.7
0-2	4	17.3	1,267.20	668.01	1,935.21	13.3
8-10	2	8.6	220.53	1,279.47	1,500.00	10.3
12-14	2	8.6	0.00	750.00	750.00	5.1
14-16	2	8.6	467.11	0.00	467.11	3.2
16-18	1	4.3	213.96	0.00	213.96	1.4
10-12	1	4.3	75.97	0.00	75.97	0.5
22-24	2	8.6	0.00	0.00	0.00	0.0
32-34	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		***$ 10,596.73***	***$ 3,918.13***	***$ 14,514.86***	
AGE OF CLAIMANT						
30-34	3	13.0	7,350.76	470.65	7,821.41	53.8
35-39	8	34.7	1,921.03	3,447.48	5,368.51	36.9
40-44	5	21.7	890.02	0.00	890.02	6.1
50-54	3	13.0	434.92	0.00	434.92	3.0
45-49	2	8.6	0.00	0.00	0.00	0.0
55-59	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 10,596.73***	***$ 3,918.13***	***$ 14,514.86***	
SEX OF CLAIMANT						
Male	21	91.3	10,382.77	3,918.13	14,300.90	98.5
Female	2	8.6	213.96	0.00	213.96	1.4
	23		***$ 10,596.73***	***$ 3,918.13***	***$ 14,514.86***	
LOSS CAUSE						
Metal items	2	8.6	8,256.62	0.00	8,256.62	56.8
Machine, not otherwise classified	2	8.6	352.30	750.00	1,102.30	7.5
Walking surface, outside, dry	2	8.6	219.34	750.00	969.34	6.6
Hand tool, powered, NOC	2	8.6	114.81	750.00	864.81	5.9
Brush / tree / log	1	4.3	279.35	470.65	750.00	5.1
Hand tool, not powered, NOC	1	4.3	220.53	529.47	750.00	5.1
Minerals / dirt	1	4.3	81.99	668.01	750.00	5.1
Wood Items	2	8.6	699.24	0.00	699.24	4.8
Chair	1	4.3	213.96	0.00	213.96	1.4
Infectious agent	1	4.3	82.62	0.00	82.62	0.5
Boxes / containers	1	4.3	75.97	0.00	75.97	0.5
Walking surface, inside, wet	1	4.3	0.00	0.00	0.00	0.0
Water	1	4.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Elevators, escalators	1	4.3	0.00	0.00	0.00	0.0
Miscellaneous	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
Vehicle/car/truck	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 10,596.73***	***$ 3,918.13***	***$ 14,514.86***	

ACCIDENT TYPE

Lifting (strain or Injury by)	3	13.0	7,147.38	750.00	7,897.38	54.4
Object being lifted/handled (cut,punc.scrape,inj b	3	13.0	220.53	1,279.47	1,500.00	10.3
Twisting, strain or injury by	5	21.7	686.45	750.00	1,436.45	9.9
Fall or Slip (On Same Level)	1	4.3	1,185.21	0.00	1,185.21	8.1
Foreign Body In Eye	2	8.6	81.99	668.01	750.00	5.1
Struck/Injured by Object Being Lifted/Handled	1	4.3	279.35	470.65	750.00	5.1
Struck/Injured by Falling or Flying Object	1	4.3	699.24	0.00	699.24	4.8
Strike Against/Step on Stationary Object	2	8.6	213.96	0.00	213.96	1.4
Exposure to Poisonous Agent / Plant	1	4.3	82.62	0.00	82.62	0.5
Fall or Slip (From Liquid/Grease spills)	1	4.3	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	2	8.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 10,596.73***	***$ 3,918.13***	***$ 14,514.86***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Knee	5
Toe(s)	2
Elbow	2
Eye(s)	1
Foot	1
Lower Leg	1
Shoulder	2
Upper Back Area (Thoracic Area)	2
Ankle	1
Lower Arm	1
Hand	1
Soft Tissue - Neck	2
Thumb	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	16
Laceration	2
Fracture	3
Foreign Body	1
Dislocation	1
Dermatitis	1
Inflamation	1
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chatham (317)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	5	41.6	13,221.33	34,378.81	47,600.14	97.7
10AM-11:59AM	3	25.0	240.53	615.26	855.79	1.7
8AM-9:59AM	2	16.6	168.00	0.00	168.00	0.3
Unknown	1	8.3	92.35	0.00	92.35	0.1
4PM-5:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 13,722.21***	***$ 34,994.07***	***$ 48,716.28***	
LENGTH OF SERVICE						
0-2	2	16.6	11,294.07	25,198.92	36,492.99	74.9
6-8	3	25.0	2,019.61	9,179.89	11,199.50	22.9
20-22	1	8.3	134.74	615.26	750.00	1.5
10-12	1	8.3	105.79	0.00	105.79	0.2
4-6	1	8.3	93.00	0.00	93.00	0.1
22-24	1	8.3	75.00	0.00	75.00	0.1
2-4	1	8.3	0.00	0.00	0.00	0.0
14-16	1	8.3	0.00	0.00	0.00	0.0
16-18	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 13,722.21***	***$ 34,994.07***	***$ 48,716.28***	
AGE OF CLAIMANT						
50-54	3	25.0	11,201.72	25,198.92	36,400.64	74.7
45-49	4	33.3	2,154.35	9,795.15	11,949.50	24.5
35-39	2	16.6	198.79	0.00	198.79	0.4
25-29	1	8.3	92.35	0.00	92.35	0.1
40-44	2	16.6	75.00	0.00	75.00	0.1
	12		***$ 13,722.21***	***$ 34,994.07***	***$ 48,716.28***	
SEX OF CLAIMANT						
Male	11	91.6	13,722.21	34,994.07	48,716.28	100.0
Female	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 13,722.21***	***$ 34,994.07***	***$ 48,716.28***	
LOSS CAUSE						
Animal, not otherwise classified	1	8.3	11,201.72	25,198.92	36,400.64	74.7
Boxes / containers	1	8.3	1,570.11	9,179.89	10,750.00	22.0
Pipe	1	8.3	134.74	615.26	750.00	1.5
Walking surface, outside, dry	1	8.3	449.50	0.00	449.50	0.9
Minerals / dirt	1	8.3	105.79	0.00	105.79	0.2
Glass bottle / sheet	1	8.3	93.00	0.00	93.00	0.1
Animal / bee type	1	8.3	92.35	0.00	92.35	0.1
Machine, not otherwise classified	1	8.3	75.00	0.00	75.00	0.1
Stairs, steps	1	8.3	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	8.3	0.00	0.00	0.00	0.0
Metal items	1	8.3	0.00	0.00	0.00	0.0
Miscellaneous	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 13,722.21***	***$ 34,994.07***	***$ 48,716.28***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	33.3	12,906.57	34,994.07	47,900.64	98.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:06

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chatham (317)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Twisting, strain or injury by	2	16.6	449.50	0.00	449.50	0.9
Foreign Body In Eye	2	16.6	198.79	0.00	198.79	0.4
Animal Or Insect	1	8.3	92.35	0.00	92.35	0.1
Struck/Injured by Object Being Lifted/Handled	2	16.6	75.00	0.00	75.00	0.1
Fall or slip (on stairs)	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 13,722.21***	***$ 34,994.07***	***$ 48,716.28***	

***BODY PART**

Shoulder	3
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Abdomen including Groin	2
Eye(s)	2
Upper Arm (Inc: Clavicle and Scapula)	1
Ankle	1
Hand	1
Lower Leg	1
Toe(s)	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	10
Foreign Body	2
Puncture	1
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:07

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	12	37.5	25,450.37	0.00	25,450.37	70.2
12PM-1:59PM	2	6.2	9,349.16	1,329.51	10,678.67	29.4
8AM-9:59AM	10	31.2	78.18	0.00	78.18	0.2
2PM-3:59PM	6	18.7	0.00	0.00	0.00	0.0
2AM-3:59AM	1	3.1	0.00	0.00	0.00	0.0
6AM-7:59AM	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 34,877.71***	***$ 1,329.51***	***$ 36,207.22***	
LENGTH OF SERVICE						
12-14	3	9.3	22,063.68	0.00	22,063.68	60.9
16-18	3	9.3	9,349.16	1,329.51	10,678.67	29.4
2-4	5	15.6	3,341.69	0.00	3,341.69	9.2
0-2	4	12.5	45.00	0.00	45.00	0.1
14-16	2	6.2	42.18	0.00	42.18	0.1
8-10	3	9.3	36.00	0.00	36.00	0.1
28-30	2	6.2	0.00	0.00	0.00	0.0
20-22	1	3.1	0.00	0.00	0.00	0.0
24-26	5	15.6	0.00	0.00	0.00	0.0
26-28	1	3.1	0.00	0.00	0.00	0.0
30-32	1	3.1	0.00	0.00	0.00	0.0
4-6	2	6.2	0.00	0.00	0.00	0.0
	32		***$ 34,877.71***	***$ 1,329.51***	***$ 36,207.22***	
AGE OF CLAIMANT						
40-44	10	31.2	31,448.84	1,329.51	32,778.35	90.5
50-54	6	18.7	3,341.69	0.00	3,341.69	9.2
45-49	9	28.1	45.00	0.00	45.00	0.1
35-39	5	15.6	42.18	0.00	42.18	0.1
25-29	1	3.1	0.00	0.00	0.00	0.0
55-59	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 34,877.71***	***$ 1,329.51***	***$ 36,207.22***	
SEX OF CLAIMANT						
Female	5	15.6	22,063.68	0.00	22,063.68	60.9
Male	27	84.3	12,814.03	1,329.51	14,143.54	39.0
	32		***$ 34,877.71***	***$ 1,329.51***	***$ 36,207.22***	
LOSS CAUSE						
Machine, not otherwise classified	4	12.5	21,985.68	0.00	21,985.68	60.7
Vehicle/car/truck	3	9.3	9,349.16	1,329.51	10,678.67	29.4
Walking surface, outside, dry	4	12.5	3,341.69	0.00	3,341.69	9.2
Chemicals, not otherwise classified	2	6.2	78.18	0.00	78.18	0.2
Building parts / doors	1	3.1	78.00	0.00	78.00	0.2
Hand tool, not powered, NOC	2	6.2	45.00	0.00	45.00	0.1
Hand tool, powered, NOC	1	3.1	0.00	0.00	0.00	0.0
Minerals / dirt	2	6.2	0.00	0.00	0.00	0.0
Mowers	2	6.2	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	3.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:07

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Metal items	3	9.3	0.00	0.00	0.00	0.0
Pipe	2	6.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Trailer Landing Gear	1	3.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 34,877.71***	***$ 1,329.51***	***$ 36,207.22***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	4	12.5	22,108.68	0.00	22,108.68	61.0
Struck/Injured by Motor Vehicle	1	3.1	9,349.16	1,329.51	10,678.67	29.4
Slipped, Did Not Fall	1	3.1	3,341.69	0.00	3,341.69	9.2
Allergic Reaction	2	6.2	78.18	0.00	78.18	0.2
Foreign Body In Eye	2	6.2	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	5	15.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	6.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	4	12.5	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	3.1	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.1	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	3.1	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	6.2	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	6.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	6.2	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
Struck/Injured by Moving Part Of Machine	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 34,877.71***	***$ 1,329.51***	***$ 36,207.22***	

***BODY PART**

Lower Arm	1
Soft Tissue - Neck	1
Wrist	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Hip	2
Shoulder	4
Upper Back Area (Thoracic Area)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Upper Leg	2
Ear(s)	1
Eye(s)	3
Ankle	1
Skull	3
Abdomen including Groin	1
Elbow	2
Facial, Other Soft Tissue	1
Finger(s)	2
Foot	2
Hand	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:07

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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	20
Dermatitis	2
Inflamation	2
Foreign Body	2
Puncture	2
Contusion	5
Laceration	3
No Physical Injury	1
Sprain	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:07

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6AM-7:59AM	4	12.5	10,927.96	24,869.70	35,797.66	76.6
10AM-11:59AM	13	40.6	7,016.75	1,305.75	8,322.50	17.8
12PM-1:59PM	5	15.6	0.00	2,500.00	2,500.00	5.3
2PM-3:59PM	5	15.6	72.00	0.00	72.00	0.1
6PM-7:59PM	1	3.1	0.00	0.00	0.00	0.0
8AM-9:59AM	4	12.5	0.00	0.00	0.00	0.0
	32		***$ 18,016.71***	***$ 28,675.45***	***$ 46,692.16***	
LENGTH OF SERVICE						
6-8	4	12.5	3,967.32	24,869.70	28,837.02	61.7
4-6	8	25.0	7,609.54	1,305.75	8,915.29	19.0
10-12	2	6.2	6,439.85	0.00	6,439.85	13.7
14-16	5	15.6	0.00	1,750.00	1,750.00	3.7
8-10	3	9.3	0.00	750.00	750.00	1.6
28-30	1	3.1	0.00	0.00	0.00	0.0
0-2	1	3.1	0.00	0.00	0.00	0.0
2-4	5	15.6	0.00	0.00	0.00	0.0
22-24	1	3.1	0.00	0.00	0.00	0.0
24-26	1	3.1	0.00	0.00	0.00	0.0
26-28	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 18,016.71***	***$ 28,675.45***	***$ 46,692.16***	
AGE OF CLAIMANT						
35-39	8	25.0	11,561.36	26,175.45	37,736.81	80.8
50-54	4	12.5	6,439.85	0.00	6,439.85	13.7
55-59	4	12.5	0.00	1,750.00	1,750.00	3.7
45-49	4	12.5	0.00	750.00	750.00	1.6
25-29	4	12.5	15.50	0.00	15.50	0.0
40-44	5	15.6	0.00	0.00	0.00	0.0
30-34	1	3.1	0.00	0.00	0.00	0.0
60-64	2	6.2	0.00	0.00	0.00	0.0
	32		***$ 18,016.71***	***$ 28,675.45***	***$ 46,692.16***	
SEX OF CLAIMANT						
Male	29	90.6	18,016.71	28,675.45	46,692.16	100.0
Female	3	9.3	0.00	0.00	0.00	0.0
	32		***$ 18,016.71***	***$ 28,675.45***	***$ 46,692.16***	
LOSS CAUSE						
Sharp objects, not otherwise classified	2	6.2	3,528.17	24,869.70	28,397.87	60.8
Organic Material	1	3.1	7,399.79	0.00	7,399.79	15.8
Wrench	2	6.2	6,439.85	0.00	6,439.85	13.7
Clothing / jewelry	1	3.1	0.00	1,750.00	1,750.00	3.7
Walking surface, outside, dry	4	12.5	194.25	1,305.75	1,500.00	3.2
Axe, pickheaded	2	6.2	0.00	750.00	750.00	1.6
Brush / tree / log	2	6.2	367.15	0.00	367.15	0.7
Metal items	4	12.5	72.00	0.00	72.00	0.1
Infectious agent	2	6.2	15.50	0.00	15.50	0.0
Machine, not otherwise classified	2	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:07

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Animal / tick, spider, etc.	1	3.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.1	0.00	0.00	0.00	0.0
Miscellaneous	2	6.2	0.00	0.00	0.00	0.0
Mowers	1	3.1	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	6.2	0.00	0.00	0.00	0.0
Wood Items	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 18,016.71***	***$ 28,675.45***	***$ 46,692.16***	

ACCIDENT TYPE

Object being lifted/handled (cut,punc.scrape,inj b	3	9.3	3,528.17	24,869.70	28,397.87	60.8
Lifting (strain or Injury by)	4	12.5	7,471.79	0.00	7,471.79	16.0
Struck/Injured by Hand Tool/Machine In Use	1	3.1	6,439.85	0.00	6,439.85	13.7
Twisting, strain or injury by	6	18.7	0.00	2,500.00	2,500.00	5.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.1	0.00	750.00	750.00	1.6
Fall or Slip (On Same Level)	2	6.2	194.25	555.75	750.00	1.6
Pushing Or Pulling (Strain or Injury by)	2	6.2	367.15	0.00	367.15	0.7
Exposure to Poisonous Agent / Plant	2	6.2	15.50	0.00	15.50	0.0
Reaching (Strain or Injury by)	2	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	3	9.3	0.00	0.00	0.00	0.0
Animal Or Insect	1	3.1	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	3.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 18,016.71***	***$ 28,675.45***	***$ 46,692.16***	

***BODY PART**

Finger(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Elbow	1
Knee	5
Lower Leg	3
Thumb	1
Lower Arm	2
Teeth	1
Ankle	2
Foot	1
Hand	2
Hip	2
Multiple Head Injury	1
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	1
Whole Body	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.**

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
*****INJURY***						
Amputation	1					
Strain	21					
Contusion	6					
Laceration	1					
Dermatitis	2					
Dislocation	1					
Puncture	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	4	15.3	9,535.73	37,714.27	47,250.00	41.7
6AM-7:59AM	3	11.5	14,405.24	28,395.27	42,800.51	37.8
12PM-1:59PM	3	11.5	20,019.12	0.00	20,019.12	17.6
8AM-9:59AM	6	23.0	685.85	987.26	1,673.11	1.4
10AM-11:59AM	6	23.0	677.70	569.59	1,247.29	1.1
Unknown	2	7.6	91.25	0.00	91.25	0.0
4PM-5:59PM	1	3.8	66.45	0.00	66.45	0.0
12AM-1:59AM	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 45,481.34***	***$ 67,666.39***	***$ 113,147.73***	
LENGTH OF SERVICE						
22-24	3	11.5	9,539.22	36,277.23	45,816.45	40.4
0-2	3	11.5	14,299.24	27,751.27	42,050.51	37.1
8-10	6	23.0	20,372.64	569.59	20,942.23	18.5
24-26	3	11.5	164.21	1,427.04	1,591.25	1.4
12-14	1	3.8	106.00	644.00	750.00	0.6
14-16	1	3.8	439.78	310.22	750.00	0.6
4-6	1	3.8	62.96	687.04	750.00	0.6
16-18	1	3.8	421.33	0.00	421.33	0.3
2-4	1	3.8	75.96	0.00	75.96	0.0
18-20	1	3.8	0.00	0.00	0.00	0.0
28-30	2	7.6	0.00	0.00	0.00	0.0
30-32	1	3.8	0.00	0.00	0.00	0.0
6-8	2	7.6	0.00	0.00	0.00	0.0
	26		***$ 45,481.34***	***$ 67,666.39***	***$ 113,147.73***	
AGE OF CLAIMANT						
40-44	7	26.9	29,694.26	37,641.31	67,335.57	59.5
35-39	2	7.6	14,299.24	27,751.27	42,050.51	37.1
50-54	5	19.2	861.11	310.22	1,171.33	1.0
55-59	4	15.3	279.11	644.00	923.11	0.8
45-49	4	15.3	91.25	750.00	841.25	0.7
30-34	3	11.5	180.41	569.59	750.00	0.6
20-24	1	3.8	75.96	0.00	75.96	0.0
	26		***$ 45,481.34***	***$ 67,666.39***	***$ 113,147.73***	
SEX OF CLAIMANT						
Male	23	88.4	31,182.10	39,915.12	71,097.22	62.8
Female	3	11.5	14,299.24	27,751.27	42,050.51	37.1
	26		***$ 45,481.34***	***$ 67,666.39***	***$ 113,147.73***	
LOSS CAUSE						
Vehicle/car/truck	7	26.9	10,076.06	37,671.23	47,747.29	42.2
Vehicle, not otherwise classified	2	7.6	14,372.20	28,428.31	42,800.51	37.8
Pipe	2	7.6	20,019.12	0.00	20,019.12	17.6
Boxes / containers	1	3.8	62.96	687.04	750.00	0.6
Machine, not otherwise classified	1	3.8	180.41	569.59	750.00	0.6
Wood Items	2	7.6	439.78	310.22	750.00	0.6
Metal items	1	3.8	173.11	0.00	173.11	0.1

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Brush / tree / log	4	15.3	91.25	0.00	91.25	0.0
Infectious agent	2	7.6	66.45	0.00	66.45	0.0
Hand tool, not powered, NOC	1	3.8	0.00	0.00	0.00	0.0
Pike pole 6’	1	3.8	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.8	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 45,481.34***	***$ 67,666.39***	***$ 113,147.73***	

ACCIDENT TYPE

Lifting (strain or Injury by)	6	23.0	34,554.43	28,438.31	62,992.74	55.6
Collision/sideswipe with Another Vehicle	4	15.3	9,472.77	37,027.23	46,500.00	41.1
Object Handled (caught in or between)	1	3.8	180.41	569.59	750.00	0.6
Pushing Or Pulling (Strain or Injury by)	1	3.8	106.00	644.00	750.00	0.6
Twisting, strain or injury by	2	7.6	72.96	677.04	750.00	0.6
Wielding or throwing, strain or injury by	1	3.8	439.78	310.22	750.00	0.6
Slipped, Did Not Fall	1	3.8	421.33	0.00	421.33	0.3
Foreign Body In Eye	1	3.8	91.25	0.00	91.25	0.0
Vehicle Upset	1	3.8	75.96	0.00	75.96	0.0
Exposure to Poisonous Agent / Plant	2	7.6	66.45	0.00	66.45	0.0
Fall or Slip (On Same Level)	2	7.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	3.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	7.6	0.00	0.00	0.00	0.0
	26		***$ 45,481.34***	***$ 67,666.39***	***$ 113,147.73***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Shoulder	3
Elbow	1
Finger(s)	1
Knee	3
Soft Tissue - Neck	4
Upper Arm (Inc: Clavicle and Scapula)	2
Eye(s)	2
Upper Back Area (Thoracic Area)	1
Lower Arm	2
Facial, Other Soft Tissue	1
Hand	1
Lower Leg	1
Thumb	1
	26

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Sprain	1
Contusion	3
Foreign Body	1

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Dermatitis	3					
Laceration	2					
Puncture	2					
	26					

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

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amherst (322)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	3	30.0	0.00	11,500.00	11,500.00	94.2
12PM-1:59PM	3	30.0	651.45	0.00	651.45	5.3
10AM-11:59AM	3	30.0	48.00	0.00	48.00	0.3
2PM-3:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 699.45***	***$ 11,500.00***	***$ 12,199.45***	
LENGTH OF SERVICE						
6-8	1	10.0	0.00	10,750.00	10,750.00	88.1
0-2	2	20.0	0.00	750.00	750.00	6.1
14-16	1	10.0	651.45	0.00	651.45	5.3
16-18	2	20.0	48.00	0.00	48.00	0.3
10-12	1	10.0	0.00	0.00	0.00	0.0
18-20	1	10.0	0.00	0.00	0.00	0.0
4-6	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		***$ 699.45***	***$ 11,500.00***	***$ 12,199.45***	
AGE OF CLAIMANT						
50-54	2	20.0	651.45	10,750.00	11,401.45	93.4
25-29	1	10.0	0.00	750.00	750.00	6.1
40-44	1	10.0	48.00	0.00	48.00	0.3
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	2	20.0	0.00	0.00	0.00	0.0
65-69	1	10.0	0.00	0.00	0.00	0.0
75-79	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 699.45***	***$ 11,500.00***	***$ 12,199.45***	
SEX OF CLAIMANT						
Female	3	30.0	651.45	10,750.00	11,401.45	93.4
Male	7	70.0	48.00	750.00	798.00	6.5
	10		***$ 699.45***	***$ 11,500.00***	***$ 12,199.45***	
LOSS CAUSE						
Walking surface, outside, dry	3	30.0	0.00	10,750.00	10,750.00	88.1
Animal / tick, spider, etc.	1	10.0	0.00	750.00	750.00	6.1
Chemicals, not otherwise classified	1	10.0	651.45	0.00	651.45	5.3
Tractor	1	10.0	48.00	0.00	48.00	0.3
Cleaning Products	1	10.0	0.00	0.00	0.00	0.0
Object on Floor	1	10.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	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		***$ 699.45***	***$ 11,500.00***	***$ 12,199.45***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	10.0	0.00	10,750.00	10,750.00	88.1
Animal Or Insect	1	10.0	0.00	750.00	750.00	6.1
Foreign Body In Eye	1	10.0	651.45	0.00	651.45	5.3
Unknown	1	10.0	48.00	0.00	48.00	0.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amherst (322)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Different Level)	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
Other than physical cause of injury	1	10.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	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
	10		***$ 699.45***	***$ 11,500.00***	***$ 12,199.45***	

***BODY PART**

Knee	2
Ankle	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Shoulder	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	2
No Physical Problem	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**

Sprain	2
Puncture	1
Foreign Body	1
Strain	5
Contusion	1
Dermatitis	1
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:07

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Richmond (402)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	5	29.4	16,527.75	34,918.65	51,446.40	83.8
4PM-5:59PM	3	17.6	2,306.92	4,557.20	6,864.12	11.1
10AM-11:59AM	4	23.5	1,052.28	750.00	1,802.28	2.9
8AM-9:59AM	4	23.5	963.30	0.00	963.30	1.5
2PM-3:59PM	1	5.8	290.39	0.00	290.39	0.4
	17		***$ 21,140.64***	***$ 40,225.85***	***$ 61,366.49***	
LENGTH OF SERVICE						
18-20	1	5.8	16,317.85	34,918.65	51,236.50	83.4
4-6	4	23.5	3,054.47	4,149.60	7,204.07	11.7
0-2	4	23.5	527.40	1,157.60	1,685.00	2.7
2-4	4	23.5	654.90	0.00	654.90	1.0
14-16	1	5.8	290.39	0.00	290.39	0.4
28-30	1	5.8	212.83	0.00	212.83	0.3
20-22	1	5.8	82.80	0.00	82.80	0.1
12-14	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 21,140.64***	***$ 40,225.85***	***$ 61,366.49***	
AGE OF CLAIMANT						
45-49	5	29.4	17,476.93	34,918.65	52,395.58	85.3
35-39	4	23.5	1,964.52	4,149.60	6,114.12	9.9
30-34	3	17.6	962.90	407.60	1,370.50	2.2
40-44	3	17.6	236.00	750.00	986.00	1.6
50-54	1	5.8	290.39	0.00	290.39	0.4
60-64	1	5.8	209.90	0.00	209.90	0.3
	17		***$ 21,140.64***	***$ 40,225.85***	***$ 61,366.49***	
SEX OF CLAIMANT						
Male	15	88.2	20,798.24	39,068.25	59,866.49	97.5
Female	2	11.7	342.40	1,157.60	1,500.00	2.4
	17		***$ 21,140.64***	***$ 40,225.85***	***$ 61,366.49***	
LOSS CAUSE						
Walking surface, outside, dry	4	23.5	16,903.87	34,918.65	51,822.52	84.4
Vehicle/car/truck	2	11.7	2,173.52	3,399.60	5,573.12	9.0
Minerals / dirt	2	11.7	185.00	750.00	935.00	1.5
Animal / tick, spider, etc.	2	11.7	342.40	407.60	750.00	1.2
Walking surface, inside, dry	1	5.8	0.00	750.00	750.00	1.2
Brush / tree / log	1	5.8	654.45	0.00	654.45	1.0
Sharp objects, not otherwise classified	1	5.8	435.50	0.00	435.50	0.7
Building parts / doors	1	5.8	236.00	0.00	236.00	0.3
Hand tool, not powered, NOC	1	5.8	209.90	0.00	209.90	0.3
Glass bottle / sheet	1	5.8	0.00	0.00	0.00	0.0
Sledge hammer	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 21,140.64***	***$ 40,225.85***	***$ 61,366.49***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	17.6	16,608.24	35,668.65	52,276.89	85.1
Collision/sideswipe with Another Vehicle	1	5.8	1,964.52	3,399.60	5,364.12	8.7

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Industrial Claims for Plan Year 2002

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01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Richmond (402)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Twisting, strain or injury by	4	23.5	1,159.08	0.00	1,159.08	1.8
Foreign Body In Eye	2	11.7	185.00	750.00	935.00	1.5
Animal Or Insect	2	11.7	342.40	407.60	750.00	1.2
Strike Against/Step on Stationary Object	2	11.7	671.50	0.00	671.50	1.0
Struck/Injured by Falling or Flying Object	1	5.8	209.90	0.00	209.90	0.3
Cut,puncture,scrape, injured by (Broken Glass)	1	5.8	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 21,140.64***	***$ 40,225.85***	***$ 61,366.49***	

***BODY PART

Knee	3
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Arm	2
Elbow	2
Eye(s)	2
Finger(s)	2
Ankle	2
Hand	2
Wrist(s) & Hand(s)	1
Lower Leg	3
Multiple Head 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.**

***INJURY

Strain	6
Contusion	3
Inflamation	2
Foreign Body	2
Sprain	3
Laceration	3
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot South Hill (423)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	30.7	6,909.76	31.79	6,941.55	46.1
4PM-5:59PM	1	7.6	4,280.35	299.93	4,580.28	30.4
8AM-9:59AM	5	38.4	2,085.19	750.00	2,835.19	18.8
12PM-1:59PM	2	15.3	699.00	0.00	699.00	4.6
2PM-3:59PM	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 13,974.30***	***$ 1,081.72***	***$ 15,056.02***	
LENGTH OF SERVICE						
4-6	2	15.3	7,096.24	0.00	7,096.24	47.1
14-16	2	15.3	4,280.35	1,049.93	5,330.28	35.4
12-14	1	7.6	950.07	0.00	950.07	6.3
34-36	1	7.6	718.21	31.79	750.00	4.9
26-28	1	7.6	699.00	0.00	699.00	4.6
8-10	1	7.6	157.00	0.00	157.00	1.0
22-24	2	15.3	66.19	0.00	66.19	0.4
28-30	1	7.6	7.24	0.00	7.24	0.0
16-18	1	7.6	0.00	0.00	0.00	0.0
2-4	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 13,974.30***	***$ 1,081.72***	***$ 15,056.02***	
AGE OF CLAIMANT						
25-29	1	7.6	6,034.55	0.00	6,034.55	40.0
60-64	2	15.3	4,346.54	299.93	4,646.47	30.8
55-59	4	30.7	2,729.97	781.79	3,511.76	23.3
45-49	4	30.7	706.24	0.00	706.24	4.6
30-34	1	7.6	157.00	0.00	157.00	1.0
50-54	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 13,974.30***	***$ 1,081.72***	***$ 15,056.02***	
SEX OF CLAIMANT						
Male	12	92.3	13,974.30	1,081.72	15,056.02	100.0
Female	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 13,974.30***	***$ 1,081.72***	***$ 15,056.02***	
LOSS CAUSE						
Mowers	2	15.3	6,034.55	0.00	6,034.55	40.0
Metal items	1	7.6	4,280.35	299.93	4,580.28	30.4
Vehicle/car/truck	3	23.0	1,826.88	0.00	1,826.88	12.1
Machine, not otherwise classified	1	7.6	950.07	0.00	950.07	6.3
Walking surface, outside, dry	1	7.6	718.21	31.79	750.00	4.9
Walking surface, outside, wet	1	7.6	0.00	750.00	750.00	4.9
Vehicle, not otherwise classified	1	7.6	157.00	0.00	157.00	1.0
Infectious agent	1	7.6	7.24	0.00	7.24	0.0
Hand tool, not powered, NOC	1	7.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 13,974.30***	***$ 1,081.72***	***$ 15,056.02***	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	15.3	6,984.62	0.00	6,984.62	46.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot South Hill (423)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strike Against/Step on Stationary Object	3	23.0	4,437.35	299.93	4,737.28	31.4
Vehicle Upset	1	7.6	1,061.69	0.00	1,061.69	7.0
Fall or Slip (On Same Level)	2	15.3	66.19	750.00	816.19	5.4
Twisting, strain or injury by	1	7.6	718.21	31.79	750.00	4.9
Collision/sideswipe with Another Vehicle	1	7.6	699.00	0.00	699.00	4.6
Exposure to Poisonous Agent / Plant	1	7.6	7.24	0.00	7.24	0.0
Struck/Injured by Object Being Lifted/Handled	1	7.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 13,974.30***	***$ 1,081.72***	***$ 15,056.02***	

***BODY PART**

Hand	2
Knee	4
Whole Body	1
Finger(s)	3
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	1
Soft Tissue - Neck	1
Lower Arm	1
Facial, Other Soft Tissue	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	8
Strain	3
Laceration	3
Dermatitis	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amelia (424)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	4	36.3	2,952.72	11,000.00	13,952.72	66.0
2AM-3:59AM	1	9.0	4,551.05	0.00	4,551.05	21.5
12PM-1:59PM	3	27.2	596.88	750.00	1,346.88	6.3
2PM-3:59PM	3	27.2	1,266.03	0.00	1,266.03	6.0
	11		***$ 9,366.68***	***$ 11,750.00***	***$ 21,116.68***	
LENGTH OF SERVICE						
22-24	2	18.1	2,933.64	11,000.00	13,933.64	65.9
4-6	1	9.0	4,551.05	0.00	4,551.05	21.5
0-2	1	9.0	1,178.03	0.00	1,178.03	5.5
2-4	3	27.2	287.45	750.00	1,037.45	4.9
24-26	1	9.0	328.51	0.00	328.51	1.5
6-8	2	18.1	88.00	0.00	88.00	0.4
8-10	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 9,366.68***	***$ 11,750.00***	***$ 21,116.68***	
AGE OF CLAIMANT						
50-54	2	18.1	2,336.76	11,000.00	13,336.76	63.1
45-49	3	27.2	4,879.56	0.00	4,879.56	23.1
20-24	1	9.0	1,178.03	0.00	1,178.03	5.5
30-34	3	27.2	287.45	750.00	1,037.45	4.9
35-39	1	9.0	596.88	0.00	596.88	2.8
25-29	1	9.0	88.00	0.00	88.00	0.4
	11		***$ 9,366.68***	***$ 11,750.00***	***$ 21,116.68***	
SEX OF CLAIMANT						
Male	11	100.0	9,366.68	11,750.00	21,116.68	100.0
	11		***$ 9,366.68***	***$ 11,750.00***	***$ 21,116.68***	
LOSS CAUSE						
Metal items	3	27.2	2,440.61	11,750.00	14,190.61	67.2
Tractor	1	9.0	4,551.05	0.00	4,551.05	21.5
Vehicle, not otherwise classified	2	18.1	1,774.91	0.00	1,774.91	8.4
Walking surface, outside, dry	2	18.1	328.51	0.00	328.51	1.5
Sharp objects, not otherwise classified	1	9.0	183.60	0.00	183.60	0.8
Infectious agent	1	9.0	88.00	0.00	88.00	0.4
Hand tool, not powered, NOC	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 9,366.68***	***$ 11,750.00***	***$ 21,116.68***	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	18.1	2,520.36	11,000.00	13,520.36	64.0
Struck/Injured by Moving Part Of Machine	1	9.0	4,551.05	0.00	4,551.05	21.5
Vehicle Upset	1	9.0	1,178.03	0.00	1,178.03	5.5
Strike Against/Step On Obj. Being Lifted or Handle	1	9.0	0.00	750.00	750.00	3.5
Fall or Slip (On Same Level)	2	18.1	596.88	0.00	596.88	2.8
Slipped, Did Not Fall	1	9.0	328.51	0.00	328.51	1.5
Strike Against/Step on Stationary Object	1	9.0	103.85	0.00	103.85	0.4
Exposure to Poisonous Agent / Plant	1	9.0	88.00	0.00	88.00	0.4
Twisting, strain or injury by	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amelia (424)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	11		***$ 9,366.68***	***$ 11,750.00***	***$ 21,116.68***	
*****BODY PART***						
Finger(s)	3					
Lower Arm	2					
Hand	1					
Soft Tissue - Neck	1					
Thumb	1					
Elbow	1					
Wrist	1					
Ankle	1					
Lower Leg	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
Laceration	3					
Contusion	4					
Strain	6					
Sprain	1					
Dermatitis	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Petersburg (425)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	4	40.0	37,978.23	39,675.33	77,653.56	99.8
10AM-11:59AM	2	20.0	110.00	0.00	110.00	0.1
12PM-1:59PM	2	20.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	10.0	0.00	0.00	0.00	0.0
Unknown	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 38,088.23***	***$ 39,675.33***	***$ 77,763.56***	
LENGTH OF SERVICE						
38-40	1	10.0	36,352.60	37,431.46	73,784.06	94.8
8-10	1	10.0	1,006.13	2,243.87	3,250.00	4.1
20-22	1	10.0	422.50	0.00	422.50	0.5
4-6	1	10.0	197.00	0.00	197.00	0.2
0-2	2	20.0	110.00	0.00	110.00	0.1
12-14	1	10.0	0.00	0.00	0.00	0.0
16-18	1	10.0	0.00	0.00	0.00	0.0
24-26	1	10.0	0.00	0.00	0.00	0.0
28-30	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 38,088.23***	***$ 39,675.33***	***$ 77,763.56***	
AGE OF CLAIMANT						
60-64	1	10.0	36,352.60	37,431.46	73,784.06	94.8
40-44	3	30.0	1,006.13	2,243.87	3,250.00	4.1
55-59	2	20.0	422.50	0.00	422.50	0.5
35-39	1	10.0	197.00	0.00	197.00	0.2
25-29	2	20.0	110.00	0.00	110.00	0.1
50-54	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 38,088.23***	***$ 39,675.33***	***$ 77,763.56***	
SEX OF CLAIMANT						
Male	10	100.0	38,088.23	39,675.33	77,763.56	100.0
	10		***$ 38,088.23***	***$ 39,675.33***	***$ 77,763.56***	
LOSS CAUSE						
Stairs, steps	1	10.0	36,352.60	37,431.46	73,784.06	94.8
Metal items	3	30.0	1,428.63	2,243.87	3,672.50	4.7
Animal / bee type	1	10.0	197.00	0.00	197.00	0.2
Minerals / dirt	1	10.0	110.00	0.00	110.00	0.1
Animal / insect, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	10.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	10.0	0.00	0.00	0.00	0.0
Trailer Landing Gear	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 38,088.23***	***$ 39,675.33***	***$ 77,763.56***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	10.0	36,352.60	37,431.46	73,784.06	94.8
Object Handled (caught in or between)	2	20.0	1,428.63	2,243.87	3,672.50	4.7
Animal Or Insect	3	30.0	197.00	0.00	197.00	0.2
Foreign Body In Eye	1	10.0	110.00	0.00	110.00	0.1
Lifting (strain or Injury by)	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Petersburg (425)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Object Being Lifted/Handled	2	20.0	0.00	0.00	0.00	0.0
	10		***$ 38,088.23***	***$ 39,675.33***	***$ 77,763.56***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Finger(s)	2
Hand	1
Lower Arm	1
Eye(s)	1
Facial, Other Soft Tissue	2
Knee	1
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	2
Laceration	2
Contusion	2
Puncture	4
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:08

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chesterfield (426)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	9	42.8	20,664.79	997.03	21,661.82	85.0
12PM-1:59PM	4	19.0	801.60	602.00	1,403.60	5.5
2PM-3:59PM	3	14.2	463.00	512.90	975.90	3.8
2AM-3:59AM	1	4.7	0.00	750.00	750.00	2.9
8AM-9:59AM	2	9.5	471.80	0.00	471.80	1.8
12AM-1:59AM	2	9.5	194.24	0.00	194.24	0.7
	21		***$ 22,595.43***	***$ 2,861.93***	***$ 25,457.36***	
LENGTH OF SERVICE						
12-14	2	9.5	19,352.62	1,071.68	20,424.30	80.2
14-16	3	14.2	790.49	527.35	1,317.84	5.1
16-18	2	9.5	708.90	512.90	1,221.80	4.8
24-26	1	4.7	0.00	750.00	750.00	2.9
4-6	1	4.7	559.51	0.00	559.51	2.2
8-10	3	14.2	399.60	0.00	399.60	1.5
0-2	2	9.5	232.57	0.00	232.57	0.9
22-24	1	4.7	209.20	0.00	209.20	0.8
2-4	3	14.2	194.24	0.00	194.24	0.7
18-20	1	4.7	148.30	0.00	148.30	0.5
20-22	1	4.7	0.00	0.00	0.00	0.0
6-8	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 22,595.43***	***$ 2,861.93***	***$ 25,457.36***	
AGE OF CLAIMANT						
45-49	4	19.0	19,990.03	1,219.68	21,209.71	83.3
40-44	2	9.5	619.80	602.00	1,221.80	4.8
50-54	6	28.5	594.60	512.90	1,107.50	4.3
60-64	1	4.7	222.65	527.35	750.00	2.9
35-39	3	14.2	468.81	0.00	468.81	1.8
30-34	3	14.2	367.94	0.00	367.94	1.4
65-69	1	4.7	331.60	0.00	331.60	1.3
25-29	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 22,595.43***	***$ 2,861.93***	***$ 25,457.36***	
SEX OF CLAIMANT						
Male	21	100.0	22,595.43	2,861.93	25,457.36	100.0
	21		***$ 22,595.43***	***$ 2,861.93***	***$ 25,457.36***	
LOSS CAUSE						
Mowers	2	9.5	19,440.86	469.68	19,910.54	78.2
Vehicle/car/truck	6	28.5	1,548.86	527.35	2,076.21	8.1
Hand tool, not powered, NOC	2	9.5	237.10	1,262.90	1,500.00	5.8
Unknown	1	4.7	148.00	602.00	750.00	2.9
Walking surface, outside, dry	2	9.5	471.80	0.00	471.80	1.8
Knife, NOC	1	4.7	232.57	0.00	232.57	0.9
Infectious agent	2	9.5	194.24	0.00	194.24	0.7
Brush / tree / log	1	4.7	173.70	0.00	173.70	0.6
Minerals / dirt	2	9.5	148.30	0.00	148.30	0.5
Machine, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chesterfield (426)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Pipe	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 22,595.43***	***$ 2,861.93***	***$ 25,457.36***	
ACCIDENT TYPE						
Twisting, strain or injury by	6	28.5	19,913.52	982.58	20,896.10	82.0
Collision/sideswipe with Another Vehicle	3	14.2	763.45	527.35	1,290.80	5.0
Foreign Body In Eye	4	19.0	470.00	602.00	1,072.00	4.2
Vehicle Upset	2	9.5	795.75	0.00	795.75	3.1
Repetitive Motion	1	4.7	0.00	750.00	750.00	2.9
Object being lifted/handled (cut,punc.scrape,inj b	1	4.7	232.57	0.00	232.57	0.9
Struck/Injured by Motor Vehicle	1	4.7	225.90	0.00	225.90	0.8
Exposure to Poisonous Agent / Plant	2	9.5	194.24	0.00	194.24	0.7
Strike Against/Step on Stationary Object	1	4.7	0.00	0.00	0.00	0.0
	21		***$ 22,595.43***	***$ 2,861.93***	***$ 25,457.36***	

*****BODY PART***	
Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Eye(s)	4
Lower Arm	2
Soft Tissue - Neck	1
Ankle	1
Hand	1
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Hip	1
Knee	1
Lower Leg	2
	21

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Sprain	2
Foreign Body	4
Laceration	1
Contusion	2
Dermatitis	2
	21

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	7	31.8	19,386.16	750.00	20,136.16	41.6
12PM-1:59PM	3	13.6	3,052.36	8,073.28	11,125.64	23.0
4PM-5:59PM	3	13.6	10,199.07	0.00	10,199.07	21.1
10AM-11:59AM	5	22.7	3,360.40	0.00	3,360.40	6.9
2PM-3:59PM	1	4.5	2,350.97	0.00	2,350.97	4.8
Unknown	2	9.0	1,116.89	0.00	1,116.89	2.3
6AM-7:59AM	1	4.5	55.00	0.00	55.00	0.1
	22		***$ 39,520.85***	***$ 8,823.28***	***$ 48,344.13***	
LENGTH OF SERVICE						
4-6	8	36.3	31,542.44	0.00	31,542.44	65.2
6-8	2	9.0	3,595.64	8,073.28	11,668.92	24.1
0-2	2	9.0	2,696.80	0.00	2,696.80	5.5
24-26	1	4.5	869.80	0.00	869.80	1.8
12-14	1	4.5	0.00	750.00	750.00	1.5
8-10	4	18.1	518.37	0.00	518.37	1.0
2-4	2	9.0	187.80	0.00	187.80	0.3
16-18	1	4.5	55.00	0.00	55.00	0.1
18-20	1	4.5	55.00	0.00	55.00	0.1
	22		***$ 39,520.85***	***$ 8,823.28***	***$ 48,344.13***	
AGE OF CLAIMANT						
40-44	7	31.8	20,713.49	0.00	20,713.49	42.8
30-34	5	22.7	5,621.92	8,073.28	13,695.20	28.3
25-29	2	9.0	8,449.92	0.00	8,449.92	17.4
35-39	2	9.0	2,454.13	0.00	2,454.13	5.0
55-59	2	9.0	869.80	750.00	1,619.80	3.3
20-24	2	9.0	1,264.59	0.00	1,264.59	2.6
50-54	2	9.0	147.00	0.00	147.00	0.3
	22		***$ 39,520.85***	***$ 8,823.28***	***$ 48,344.13***	
SEX OF CLAIMANT						
Male	21	95.4	39,153.81	8,823.28	47,977.09	99.2
Female	1	4.5	367.04	0.00	367.04	0.7
	22		***$ 39,520.85***	***$ 8,823.28***	***$ 48,344.13***	
LOSS CAUSE						
Vehicle/car/truck	3	13.6	13,424.17	8,073.28	21,497.45	44.4
Walking surface, outside, dry	1	4.5	18,879.10	0.00	18,879.10	39.0
Wood Items	1	4.5	2,350.97	0.00	2,350.97	4.8
Fire / Flame / Smoke	1	4.5	980.95	0.00	980.95	2.0
Machine, not otherwise classified	2	9.0	964.80	0.00	964.80	2.0
Hand tool, powered, NOC	1	4.5	918.92	0.00	918.92	1.9
Walking surface, outside, wet	1	4.5	0.00	750.00	750.00	1.5
Miscellaneous	2	9.0	629.47	0.00	629.47	1.3
Furniture / fixtures	1	4.5	367.04	0.00	367.04	0.7
Stone / rock / brick	2	9.0	351.37	0.00	351.37	0.7
Sharp objects, not otherwise classified	1	4.5	182.66	0.00	182.66	0.3
Glass bottle / sheet	2	9.0	110.00	0.00	110.00	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chemicals, not otherwise classified	1	4.5	101.60	0.00	101.60	0.2
Brush / tree / log	1	4.5	92.80	0.00	92.80	0.1
Boxes / containers	1	4.5	92.00	0.00	92.00	0.1
Animal / bee type	1	4.5	75.00	0.00	75.00	0.1
	22		***$ 39,520.85***	***$ 8,823.28***	***$ 48,344.13***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	2	9.0	19,224.93	0.00	19,224.93	39.7
Twisting, strain or injury by	2	9.0	2,960.36	8,073.28	11,033.64	22.8
Struck/Injured by Motor Vehicle	1	4.5	8,348.32	0.00	8,348.32	17.2
Strike Against/Step on Stationary Object	2	9.0	3,268.93	0.00	3,268.93	6.7
Object Handled (caught in or between)	1	4.5	2,350.97	0.00	2,350.97	4.8
Struck/Injured by Falling or Flying Object	2	9.0	1,010.92	0.00	1,010.92	2.0
Contact With Hot Object or Substances	1	4.5	980.95	0.00	980.95	2.0
Fall or Slip (From Liquid/Grease spills)	1	4.5	0.00	750.00	750.00	1.5
Lifting (strain or Injury by)	3	13.6	613.24	0.00	613.24	1.2
Foreign Body In Eye	4	18.1	409.57	0.00	409.57	0.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.5	182.66	0.00	182.66	0.3
Unknown	1	4.5	95.00	0.00	95.00	0.2
Animal Or Insect	1	4.5	75.00	0.00	75.00	0.1
	22		***$ 39,520.85***	***$ 8,823.28***	***$ 48,344.13***	

***BODY PART

Knee	5
Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Soft Tissue - Neck	2
Shoulder	1
Finger(s)	1
Upper Leg	2
Lower Arm	1
Facial, Other Soft Tissue	1
Eye(s)	4
Lower Leg	2
	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

Strain	13
Sprain	1
Fracture	1
Burn	1
Laceration	1
Contusion	2
Foreign Body	4
Puncture	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Ashland (428)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	6	30.0	7,748.15	31,701.52	39,449.67	66.8
2PM-3:59PM	4	20.0	850.64	9,136.96	9,987.60	16.9
6AM-7:59AM	1	5.0	3,551.54	0.00	3,551.54	6.0
12PM-1:59PM	3	15.0	2,151.13	0.00	2,151.13	3.6
8AM-9:59AM	2	10.0	185.08	1,729.00	1,914.08	3.2
4PM-5:59PM	2	10.0	351.77	1,148.23	1,500.00	2.5
2AM-3:59AM	1	5.0	436.07	0.00	436.07	0.7
12AM-1:59AM	1	5.0	69.10	0.00	69.10	0.1
	20		***$ 15,343.48***	***$ 43,715.71***	***$ 59,059.19***	
LENGTH OF SERVICE						
8-10	4	20.0	10,231.59	25,334.32	35,565.91	60.2
0-2	4	20.0	985.81	12,014.19	13,000.00	22.0
12-14	2	10.0	136.00	5,750.00	5,886.00	9.9
20-22	1	5.0	1,864.50	0.00	1,864.50	3.1
4-6	2	10.0	1,371.52	0.00	1,371.52	2.3
2-4	4	20.0	437.68	617.20	1,054.88	1.7
14-16	2	10.0	247.43	0.00	247.43	0.4
24-26	1	5.0	68.95	0.00	68.95	0.1
	20		***$ 15,343.48***	***$ 43,715.71***	***$ 59,059.19***	
AGE OF CLAIMANT						
55-59	3	15.0	5,416.04	20,750.00	26,166.04	44.3
40-44	4	20.0	783.59	14,886.96	15,670.55	26.5
25-29	2	10.0	6,379.98	4,584.32	10,964.30	18.5
35-39	4	20.0	1,581.05	1,367.20	2,948.25	4.9
15-19	1	5.0	21.00	1,729.00	1,750.00	2.9
20-24	1	5.0	351.77	398.23	750.00	1.2
45-49	4	20.0	669.25	0.00	669.25	1.1
30-34	1	5.0	140.80	0.00	140.80	0.2
	20		***$ 15,343.48***	***$ 43,715.71***	***$ 59,059.19***	
SEX OF CLAIMANT						
Male	17	85.0	14,766.61	42,965.71	57,732.32	97.7
Female	3	15.0	576.87	750.00	1,326.87	2.2
	20		***$ 15,343.48***	***$ 43,715.71***	***$ 59,059.19***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	5.0	0.00	20,750.00	20,750.00	35.1
Foreign Object	1	5.0	6,243.98	4,584.32	10,828.30	18.3
Furniture / fixtures	2	10.0	1,049.11	9,136.96	10,186.07	17.2
Machine, not otherwise classified	2	10.0	69.10	5,750.00	5,819.10	9.8
Vehicle/car/truck	1	5.0	3,551.54	0.00	3,551.54	6.0
Brush / tree / log	2	10.0	2,216.27	398.23	2,614.50	4.4
Animal / bee type	1	5.0	21.00	1,729.00	1,750.00	2.9
Animal, not otherwise classified	1	5.0	1,302.42	0.00	1,302.42	2.2
Boxes / containers	1	5.0	0.00	750.00	750.00	1.2
Walking surface, outside, dry	1	5.0	132.80	617.20	750.00	1.2
Glass bottle / sheet	1	5.0	164.08	0.00	164.08	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Ashland (428)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hammer	1	5.0	145.83	0.00	145.83	0.2
Office equipment	1	5.0	140.80	0.00	140.80	0.2
Outside Surface	1	5.0	136.00	0.00	136.00	0.2
Stone / rock / brick	1	5.0	101.60	0.00	101.60	0.1
Chainsaw	1	5.0	68.95	0.00	68.95	0.1
Animal / tick, spider, etc.	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 15,343.48***	***$ 43,715.71***	***$ 59,059.19***	

ACCIDENT TYPE

Repetitive Motion	2	10.0	69.10	20,750.00	20,819.10	35.2
Lifting (strain or Injury by)	3	15.0	2,056.26	9,136.96	11,193.22	18.9
Twisting, strain or injury by	2	10.0	6,312.93	4,584.32	10,897.25	18.4
Pushing Or Pulling (Strain or Injury by)	1	5.0	0.00	5,750.00	5,750.00	9.7
Strike Against/Step on Stationary Object	2	10.0	3,987.61	0.00	3,987.61	6.7
Fall or Slip (On Same Level)	3	15.0	1,997.30	1,367.20	3,364.50	5.7
Animal Or Insect	2	10.0	21.00	1,729.00	1,750.00	2.9
Foreign Body In Eye	3	15.0	589.37	398.23	987.60	1.6
Cut,puncture,scrape, injured by (Broken Glass)	1	5.0	164.08	0.00	164.08	0.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.0	145.83	0.00	145.83	0.2
	20		***$ 15,343.48***	***$ 43,715.71***	***$ 59,059.19***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Foot	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Head Injury	1
Eye(s)	4
Lower Leg	2
Shoulder	3
Ankle	1
Knee	1
Facial, Other Soft Tissue	1
Hand	1
Lower Arm	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	12
Contusion	3
Puncture	2
Foreign Body	3
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-powhite Parkway (498)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	100.0	60.30	689.70	750.00	100.0
	2		***$ 60.30***	***$ 689.70***	***$ 750.00***	
LENGTH OF SERVICE						
22-24	2	100.0	60.30	689.70	750.00	100.0
	2		***$ 60.30***	***$ 689.70***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	50.0	60.30	689.70	750.00	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 60.30***	***$ 689.70***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	50.0	60.30	689.70	750.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 60.30***	***$ 689.70***	***$ 750.00***	
LOSS CAUSE						
Glass bottle / sheet	1	50.0	60.30	689.70	750.00	100.0
Fencing	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 60.30***	***$ 689.70***	***$ 750.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	60.30	689.70	750.00	100.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 60.30***	***$ 689.70***	***$ 750.00***	
*****BODY PART***						
Eye(s)	1					
Hand	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***	
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	12.0	34,813.01	56,070.37	90,883.38	84.3
6AM-7:59AM	2	8.0	6,206.15	0.00	6,206.15	5.7
2PM-3:59PM	5	20.0	1,528.41	4,179.69	5,708.10	5.3
12PM-1:59PM	3	12.0	144.00	1,500.00	1,644.00	1.5
10AM-11:59AM	6	24.0	895.96	586.35	1,482.31	1.3
4AM-5:59AM	1	4.0	801.72	0.00	801.72	0.7
6PM-7:59PM	2	8.0	363.50	0.00	363.50	0.3
Unknown	1	4.0	256.49	0.00	256.49	0.2
2AM-3:59AM	1	4.0	244.59	0.00	244.59	0.2
12AM-1:59AM	1	4.0	143.00	0.00	143.00	0.1
	25		***$ 45,396.83***	***$ 62,336.41***	***$ 107,733.24***	
LENGTH OF SERVICE						
12-14	1	4.0	34,813.01	56,070.37	90,883.38	84.3
10-12	4	16.0	6,700.89	1,036.26	7,737.15	7.1
0-2	5	20.0	1,285.26	3,893.43	5,178.69	4.8
2-4	5	20.0	1,313.82	586.35	1,900.17	1.7
24-26	1	4.0	0.00	750.00	750.00	0.7
20-22	2	8.0	459.79	0.00	459.79	0.4
6-8	1	4.0	432.11	0.00	432.11	0.4
4-6	2	8.0	307.65	0.00	307.65	0.2
8-10	3	12.0	84.30	0.00	84.30	0.0
14-16	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 45,396.83***	***$ 62,336.41***	***$ 107,733.24***	
AGE OF CLAIMANT						
50-54	4	16.0	35,408.77	56,070.37	91,479.14	84.9
35-39	4	16.0	6,843.72	3,143.43	9,987.15	9.2
45-49	5	20.0	767.44	1,336.35	2,103.79	1.9
20-24	2	8.0	1,065.17	0.00	1,065.17	0.9
55-59	2	8.0	84.30	750.00	834.30	0.7
25-29	4	16.0	763.69	0.00	763.69	0.7
60-64	1	4.0	0.00	750.00	750.00	0.7
65-69	1	4.0	463.74	286.26	750.00	0.7
40-44	2	8.0	0.00	0.00	0.00	0.0
	25		***$ 45,396.83***	***$ 62,336.41***	***$ 107,733.24***	
SEX OF CLAIMANT						
Male	24	96.0	45,252.83	62,336.41	107,589.24	99.8
Female	1	4.0	144.00	0.00	144.00	0.1
	25		***$ 45,396.83***	***$ 62,336.41***	***$ 107,733.24***	
LOSS CAUSE						
Vehicle, fork truck	1	4.0	34,813.01	56,070.37	90,883.38	84.3
Metal items	3	12.0	6,506.24	286.26	6,792.50	6.3
Wood Items	1	4.0	606.57	3,143.43	3,750.00	3.4
Vehicle/car/truck	2	8.0	163.65	1,336.35	1,500.00	1.3
Vehicle, not otherwise classified	2	8.0	1,233.83	0.00	1,233.83	1.1
Walking surface, outside, dry	2	8.0	194.65	750.00	944.65	0.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand tool, not powered, NOC	3	12.0	144.00	750.00	894.00	0.8
Glass bottle / sheet	1	4.0	279.20	0.00	279.20	0.2
Minerals / dirt	2	8.0	263.45	0.00	263.45	0.2
Object on Floor	1	4.0	256.49	0.00	256.49	0.2
Machine, not otherwise classified	1	4.0	244.59	0.00	244.59	0.2
Miscellaneous	2	8.0	227.30	0.00	227.30	0.2
Unknown	1	4.0	215.20	0.00	215.20	0.2
Ladders, scaffolding	1	4.0	163.65	0.00	163.65	0.1
Animal, not otherwise classified	1	4.0	85.00	0.00	85.00	0.0
Scrap, Debris, Waste Material	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 45,396.83***	***$ 62,336.41***	***$ 107,733.24***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	2	8.0	35,069.50	56,070.37	91,139.87	84.6
Lifting (strain or Injury by)	5	20.0	6,505.65	0.00	6,505.65	6.0
Struck/Injured by Object Handled By Other	1	4.0	606.57	3,143.43	3,750.00	3.4
Object Handled (caught in or between)	3	12.0	1,478.42	0.00	1,478.42	1.3
Twisting, strain or injury by	3	12.0	194.65	750.00	944.65	0.8
Collision/sideswipe with Another Vehicle	1	4.0	0.00	750.00	750.00	0.7
Fall or Slip (From Different Level)	1	4.0	163.65	586.35	750.00	0.7
Object being lifted/handled (cut,punc.scrape,inj b	1	4.0	463.74	286.26	750.00	0.7
Struck/Injured by Hand Tool/Machine In Use	1	4.0	0.00	750.00	750.00	0.7
Foreign Body In Eye	4	16.0	685.65	0.00	685.65	0.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.0	144.00	0.00	144.00	0.1
Animal Or Insect	1	4.0	85.00	0.00	85.00	0.0
Struck/Injured by Falling or Flying Object	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 45,396.83***	***$ 62,336.41***	***$ 107,733.24***	

***BODY PART

Shoulder	2
Abdomen including Groin	2
Lower Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Hand	2
Lower Arm	2
Thumb	1
Buttocks	1
Knee	1
Mouth	1
Eye(s)	4
Finger(s)	2
Ear(s)	1
Hip	2
Ankle	1
Foot	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	12					
Hernia	1					
Infection	1					
Laceration	4					
Contusion	3					
Foreign Body	5					
Fracture	1					
Sprain	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Franklin (531)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	4	22.2	18,892.37	7,605.94	26,498.31	42.0
10AM-11:59AM	6	33.3	22,186.89	0.00	22,186.89	35.1
8AM-9:59AM	4	22.2	14,218.70	0.00	14,218.70	22.5
2PM-3:59PM	4	22.2	173.29	0.00	173.29	0.2
	18		***$ 55,471.25***	***$ 7,605.94***	***$ 63,077.19***	
LENGTH OF SERVICE						
2-4	4	22.2	17,610.74	7,605.94	25,216.68	39.9
0-2	2	11.1	22,186.89	0.00	22,186.89	35.1
12-14	3	16.6	14,049.98	0.00	14,049.98	22.2
4-6	2	11.1	1,409.92	0.00	1,409.92	2.2
22-24	1	5.5	110.00	0.00	110.00	0.1
16-18	2	11.1	58.72	0.00	58.72	0.0
8-10	2	11.1	45.00	0.00	45.00	0.0
28-30	1	5.5	0.00	0.00	0.00	0.0
14-16	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 55,471.25***	***$ 7,605.94***	***$ 63,077.19***	
AGE OF CLAIMANT						
30-34	3	16.6	17,273.89	7,192.79	24,466.68	38.7
45-49	3	16.6	23,596.81	0.00	23,596.81	37.4
35-39	3	16.6	14,094.98	0.00	14,094.98	22.3
40-44	5	27.7	505.57	413.15	918.72	1.4
50-54	1	5.5	0.00	0.00	0.00	0.0
55-59	1	5.5	0.00	0.00	0.00	0.0
60-64	1	5.5	0.00	0.00	0.00	0.0
65-69	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 55,471.25***	***$ 7,605.94***	***$ 63,077.19***	
SEX OF CLAIMANT						
Male	16	88.8	54,061.33	7,605.94	61,667.27	97.7
Female	2	11.1	1,409.92	0.00	1,409.92	2.2
	18		***$ 55,471.25***	***$ 7,605.94***	***$ 63,077.19***	
LOSS CAUSE						
Walking surface, outside, dry	4	22.2	28,638.37	0.00	28,638.37	45.4
Machine, not otherwise classified	3	16.6	22,186.89	0.00	22,186.89	35.1
Stone / rock / brick	1	5.5	2,557.21	7,192.79	9,750.00	15.4
Stairs, steps	1	5.5	1,409.92	0.00	1,409.92	2.2
Vehicle, not otherwise classified	1	5.5	336.85	413.15	750.00	1.1
Pipe	1	5.5	128.29	0.00	128.29	0.2
Vehicle/car/truck	1	5.5	110.00	0.00	110.00	0.1
Infectious agent	1	5.5	58.72	0.00	58.72	0.0
Metal items	2	11.1	45.00	0.00	45.00	0.0
Mowers	1	5.5	0.00	0.00	0.00	0.0
Tire	1	5.5	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Franklin (531)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	18		***$ 55,471.25***	***$ 7,605.94***	***$ 63,077.19***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	16.6	24,872.39	7,192.79	32,065.18	50.8
Twisting, strain or injury by	3	16.6	30,048.29	0.00	30,048.29	47.6
Vehicle Upset	1	5.5	336.85	413.15	750.00	1.1
Fall or Slip (From Liquid/Grease spills)	1	5.5	110.00	0.00	110.00	0.1
Exposure to Poisonous Agent / Plant	1	5.5	58.72	0.00	58.72	0.0
Struck/Injured by Falling or Flying Object	2	11.1	45.00	0.00	45.00	0.0
Fall or Slip (On Same Level)	2	11.1	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	5.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	5.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	5.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	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		***$ 55,471.25***	***$ 7,605.94***	***$ 63,077.19***	

*****BODY PART***	
Ankle	3
Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Foot	1
Lower Arm	4
Hand	3
Lower Leg	1
Soft Tissue - Neck	1
Elbow	1
Eye(s)	1
Knee	1
Wrist	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	9
Laceration	4
Fracture	1
Dermatitis	2
Contusion	4
Sprain	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Waverly (532)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	8	61.5	8,220.39	39,453.69	47,674.08	98.1
8AM-9:59AM	3	23.0	167.07	744.08	911.15	1.8
2PM-3:59PM	2	15.3	0.00	0.00	0.00	0.0
	13		***$ 8,387.46***	***$ 40,197.77***	***$ 48,585.23***	
LENGTH OF SERVICE						
24-26	4	30.7	8,047.21	39,571.87	47,619.08	98.0
6-8	1	7.6	124.10	625.90	750.00	1.5
4-6	1	7.6	161.15	0.00	161.15	0.3
8-10	1	7.6	55.00	0.00	55.00	0.1
16-18	2	15.3	0.00	0.00	0.00	0.0
2-4	3	23.0	0.00	0.00	0.00	0.0
20-22	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 8,387.46***	***$ 40,197.77***	***$ 48,585.23***	
AGE OF CLAIMANT						
45-49	4	30.7	8,000.21	39,571.87	47,572.08	97.9
35-39	3	23.0	285.25	625.90	911.15	1.8
30-34	1	7.6	55.00	0.00	55.00	0.1
50-54	4	30.7	47.00	0.00	47.00	0.1
60-64	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 8,387.46***	***$ 40,197.77***	***$ 48,585.23***	
SEX OF CLAIMANT						
Male	13	100.0	8,387.46	40,197.77	48,585.23	100.0
	13		***$ 8,387.46***	***$ 40,197.77***	***$ 48,585.23***	
LOSS CAUSE						
Object on Floor	1	7.6	7,922.21	38,827.79	46,750.00	96.2
Brush / tree / log	2	15.3	124.10	625.90	750.00	1.5
Hose (indicator # carried)	1	7.6	5.92	744.08	750.00	1.5
Pipe	2	15.3	161.15	0.00	161.15	0.3
Miscellaneous	1	7.6	72.08	0.00	72.08	0.1
Animal / bee type	1	7.6	55.00	0.00	55.00	0.1
Walking surface, outside, wet	1	7.6	47.00	0.00	47.00	0.1
Animal / tick, spider, etc.	1	7.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	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
	13		***$ 8,387.46***	***$ 40,197.77***	***$ 48,585.23***	
ACCIDENT TYPE						
Twisting, strain or injury by	3	23.0	8,083.36	38,827.79	46,911.15	96.5
Fall or Slip (On Same Level)	2	15.3	5.92	744.08	750.00	1.5
Lifting (strain or Injury by)	2	15.3	124.10	625.90	750.00	1.5
Struck/Injured by Falling or Flying Object	1	7.6	72.08	0.00	72.08	0.1
Animal Or Insect	2	15.3	55.00	0.00	55.00	0.1
Fall or slip (on ice or snow)	1	7.6	47.00	0.00	47.00	0.1
Object being lifted/handled (cut,punc.scrape,inj b	1	7.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	7.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Waverly (532)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	13		***$ 8,387.46***	***$ 40,197.77***	***$ 48,585.23***	
*****BODY PART***						
Knee	3					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Elbow	2					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Skull	1					
Soft Tissue - Neck	1					
Ankle	1					
Foot	1					
Lower Leg	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***						
Strain	7					
Contusion	5					
Foreign Body	1					
Puncture	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (533)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	23.5	27,797.15	30,457.20	58,254.35	74.5
4AM-5:59AM	1	5.8	9,431.95	3,774.20	13,206.15	16.9
8AM-9:59AM	5	29.4	1,602.20	3,750.00	5,352.20	6.8
6AM-7:59AM	2	11.7	476.33	0.00	476.33	0.6
12PM-1:59PM	2	11.7	382.40	0.00	382.40	0.4
2PM-3:59PM	2	11.7	339.84	0.00	339.84	0.4
12AM-1:59AM	1	5.8	114.00	0.00	114.00	0.1
	17		***$ 40,143.87***	***$ 37,981.40***	***$ 78,125.27***	
LENGTH OF SERVICE						
24-26	1	5.8	25,292.80	30,457.20	55,750.00	71.3
12-14	2	11.7	9,431.95	3,774.20	13,206.15	16.9
4-6	5	29.4	1,778.70	3,750.00	5,528.70	7.0
16-18	2	11.7	2,678.35	0.00	2,678.35	3.4
14-16	1	5.8	382.40	0.00	382.40	0.4
0-2	3	17.6	370.67	0.00	370.67	0.4
22-24	1	5.8	114.00	0.00	114.00	0.1
2-4	1	5.8	95.00	0.00	95.00	0.1
20-22	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 40,143.87***	***$ 37,981.40***	***$ 78,125.27***	
AGE OF CLAIMANT						
50-54	2	11.7	25,397.80	30,457.20	55,855.00	71.4
35-39	3	17.6	9,790.79	3,774.20	13,564.99	17.3
40-44	6	35.2	4,303.95	3,750.00	8,053.95	10.3
45-49	3	17.6	430.50	0.00	430.50	0.5
25-29	1	5.8	95.00	0.00	95.00	0.1
20-24	1	5.8	80.00	0.00	80.00	0.1
30-34	1	5.8	45.83	0.00	45.83	0.0
	17		***$ 40,143.87***	***$ 37,981.40***	***$ 78,125.27***	
SEX OF CLAIMANT						
Male	14	82.3	38,721.51	37,981.40	76,702.91	98.1
Female	3	17.6	1,422.36	0.00	1,422.36	1.8
	17		***$ 40,143.87***	***$ 37,981.40***	***$ 78,125.27***	
LOSS CAUSE						
Hand tool, not powered, NOC	2	11.7	25,397.80	30,457.20	55,855.00	71.4
Furniture / fixtures	1	5.8	9,431.95	3,774.20	13,206.15	16.9
Machine, not otherwise classified	1	5.8	0.00	3,750.00	3,750.00	4.8
Vehicle, not otherwise classified	1	5.8	2,399.35	0.00	2,399.35	3.0
Walking surface, outside, dry	1	5.8	991.86	0.00	991.86	1.2
Vehicle/car/truck	3	17.6	878.58	0.00	878.58	1.1
Cart	1	5.8	430.50	0.00	430.50	0.5
Metal items	2	11.7	324.83	0.00	324.83	0.4
Wrench	1	5.8	114.00	0.00	114.00	0.1
Sharp objects, not otherwise classified	1	5.8	95.00	0.00	95.00	0.1
Fencing	1	5.8	80.00	0.00	80.00	0.1
Rope, cord	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (533)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Stairs, steps	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 40,143.87***	***$ 37,981.40***	***$ 78,125.27***	
ACCIDENT TYPE						
Twisting, strain or injury by	4	23.5	26,389.66	30,457.20	56,846.86	72.7
Object Handled (caught in or between)	4	23.5	10,324.85	3,774.20	14,099.05	18.0
Pushing Or Pulling (Strain or Injury by)	2	11.7	0.00	3,750.00	3,750.00	4.8
Collision/sideswipe with Another Vehicle	1	5.8	2,399.35	0.00	2,399.35	3.0
Struck/Injured by Falling or Flying Object	1	5.8	279.00	0.00	279.00	0.3
Slipped, Did Not Fall	1	5.8	251.34	0.00	251.34	0.3
Vehicle Upset	1	5.8	244.84	0.00	244.84	0.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	114.00	0.00	114.00	0.1
Object being lifted/handled (cut,punc.scrape,inj b	1	5.8	95.00	0.00	95.00	0.1
Lifting (strain or Injury by)	1	5.8	45.83	0.00	45.83	0.0
	17		***$ 40,143.87***	***$ 37,981.40***	***$ 78,125.27***	

*****BODY PART***

Shoulder	1
Hand	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Finger(s)	3
Lower Leg	2
Abdomen including Groin	1
Facial, Other Soft Tissue	2
Ankle	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	9
Contusion	6
Laceration	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Norfolk (534)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	3	60.0	14,988.08	12,418.13	27,406.21	94.8
12PM-1:59PM	1	20.0	122.95	627.05	750.00	2.5
2PM-3:59PM	1	20.0	0.00	750.00	750.00	2.5
	5		***$ 15,111.03***	***$ 13,795.18***	***$ 28,906.21***	
LENGTH OF SERVICE						
4-6	2	40.0	3,988.30	7,511.70	11,500.00	39.7
2-4	1	20.0	5,216.52	5,533.48	10,750.00	37.1
18-20	1	20.0	5,906.21	0.00	5,906.21	20.4
20-22	1	20.0	0.00	750.00	750.00	2.5
	5		***$ 15,111.03***	***$ 13,795.18***	***$ 28,906.21***	
AGE OF CLAIMANT						
50-54	2	40.0	3,865.35	7,634.65	11,500.00	39.7
30-34	1	20.0	5,216.52	5,533.48	10,750.00	37.1
45-49	1	20.0	5,906.21	0.00	5,906.21	20.4
55-59	1	20.0	122.95	627.05	750.00	2.5
	5		***$ 15,111.03***	***$ 13,795.18***	***$ 28,906.21***	
SEX OF CLAIMANT						
Male	5	100.0	15,111.03	13,795.18	28,906.21	100.0
	5		***$ 15,111.03***	***$ 13,795.18***	***$ 28,906.21***	
LOSS CAUSE						
Vehicle/car/truck	2	40.0	5,216.52	6,283.48	11,500.00	39.7
Vehicle, not otherwise classified	1	20.0	3,865.35	6,884.65	10,750.00	37.1
Mechanical powered	1	20.0	5,906.21	0.00	5,906.21	20.4
Hand tool, not powered, NOC	1	20.0	122.95	627.05	750.00	2.5
	5		***$ 15,111.03***	***$ 13,795.18***	***$ 28,906.21***	
ACCIDENT TYPE						
Vehicle Upset	2	40.0	9,081.87	12,418.13	21,500.00	74.3
Object Handled (caught in or between)	2	40.0	6,029.16	627.05	6,656.21	23.0
Collision/sideswipe with Another Vehicle	1	20.0	0.00	750.00	750.00	2.5
	5		***$ 15,111.03***	***$ 13,795.18***	***$ 28,906.21***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Soft Tissue - Neck	2					
Shoulder	1					
Skull	1					
Hand	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***	
Strain	5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Norfolk (534)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Multiple Physical Injuries Only	1					
Crushing	1					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	25.0	3,941.51	0.00	3,941.51	65.9
10AM-11:59AM	10	41.6	489.05	750.00	1,239.05	20.7
12PM-1:59PM	1	4.1	418.19	0.00	418.19	7.0
2AM-3:59AM	2	8.3	294.00	0.00	294.00	4.9
Unknown	1	4.1	84.45	0.00	84.45	1.4
8AM-9:59AM	3	12.5	0.00	0.00	0.00	0.0
6AM-7:59AM	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 5,227.20***	***$ 750.00***	***$ 5,977.20***	
LENGTH OF SERVICE						
4-6	1	4.1	2,373.99	0.00	2,373.99	39.7
28-30	1	4.1	1,567.52	0.00	1,567.52	26.2
16-18	2	8.3	0.00	750.00	750.00	12.5
14-16	2	8.3	418.19	0.00	418.19	7.0
8-10	4	16.6	374.05	0.00	374.05	6.2
0-2	5	20.8	294.00	0.00	294.00	4.9
2-4	2	8.3	115.00	0.00	115.00	1.9
12-14	1	4.1	84.45	0.00	84.45	1.4
24-26	1	4.1	0.00	0.00	0.00	0.0
10-12	1	4.1	0.00	0.00	0.00	0.0
18-20	1	4.1	0.00	0.00	0.00	0.0
6-8	3	12.5	0.00	0.00	0.00	0.0
	24		***$ 5,227.20***	***$ 750.00***	***$ 5,977.20***	
AGE OF CLAIMANT						
50-54	3	12.5	2,373.99	750.00	3,123.99	52.2
45-49	3	12.5	1,766.97	0.00	1,766.97	29.5
35-39	10	41.6	668.05	0.00	668.05	11.1
30-34	3	12.5	418.19	0.00	418.19	7.0
55-59	1	4.1	0.00	0.00	0.00	0.0
20-24	1	4.1	0.00	0.00	0.00	0.0
25-29	1	4.1	0.00	0.00	0.00	0.0
40-44	1	4.1	0.00	0.00	0.00	0.0
65-69	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 5,227.20***	***$ 750.00***	***$ 5,977.20***	
SEX OF CLAIMANT						
Male	22	91.6	5,112.20	750.00	5,862.20	98.0
Female	2	8.3	115.00	0.00	115.00	1.9
	24		***$ 5,227.20***	***$ 750.00***	***$ 5,977.20***	
LOSS CAUSE						
Building parts / doors	2	8.3	2,373.99	0.00	2,373.99	39.7
Walking surface, outside, dry	2	8.3	1,985.71	0.00	1,985.71	33.2
Miscellaneous	1	4.1	0.00	750.00	750.00	12.5
Vehicle/car/truck	5	20.8	378.45	0.00	378.45	6.3
Stone / rock / brick	1	4.1	374.05	0.00	374.05	6.2
Boxes / containers	2	8.3	115.00	0.00	115.00	1.9
Brush / tree / log	2	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:09

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chemicals, not otherwise classified	3	12.5	0.00	0.00	0.00	0.0
Fencing	2	8.3	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	4.1	0.00	0.00	0.00	0.0
Object on Floor	1	4.1	0.00	0.00	0.00	0.0
Pike pole 6’	1	4.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 5,227.20***	***$ 750.00***	***$ 5,977.20***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	12.5	3,941.51	0.00	3,941.51	65.9
Strike Against/Step on Stationary Object	2	8.3	0.00	750.00	750.00	12.5
Lifting (strain or Injury by)	5	20.8	489.05	0.00	489.05	8.1
Twisting, strain or injury by	1	4.1	418.19	0.00	418.19	7.0
Vehicle Upset	2	8.3	378.45	0.00	378.45	6.3
Object Handled (caught in or between)	2	8.3	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	3	12.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	4	16.6	0.00	0.00	0.00	0.0
Repetitive Motion	1	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 5,227.20***	***$ 750.00***	***$ 5,977.20***	

***BODY PART

Lower Leg	3
Shoulder	5
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Hip	1
Lower Arm	1
Knee	4
Elbow	1
Upper Back Area (Thoracic Area)	1
Finger(s)	1
Abdomen including Groin	1
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	4
Foot	1
Hand	1
	24

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	10
Burn	3
Laceration	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	24					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Accomac (536)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	3	27.2	11,777.55	7,618.71	19,396.26	85.9
8AM-9:59AM	4	36.3	130.00	1,434.00	1,564.00	6.9
10AM-11:59AM	1	9.0	804.26	0.00	804.26	3.5
12PM-1:59PM	2	18.1	48.00	750.00	798.00	3.5
4PM-5:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 12,759.81***	***$ 9,802.71***	***$ 22,562.52***	
LENGTH OF SERVICE						
22-24	1	9.0	11,680.75	7,618.71	19,299.46	85.5
2-4	2	18.1	0.00	1,500.00	1,500.00	6.6
14-16	1	9.0	804.26	0.00	804.26	3.5
4-6	1	9.0	66.00	684.00	750.00	3.3
0-2	3	27.2	112.00	0.00	112.00	0.5
16-18	1	9.0	54.00	0.00	54.00	0.2
8-10	2	18.1	42.80	0.00	42.80	0.1
	11		***$ 12,759.81***	***$ 9,802.71***	***$ 22,562.52***	
AGE OF CLAIMANT						
45-49	1	9.0	11,680.75	7,618.71	19,299.46	85.5
25-29	2	18.1	64.00	750.00	814.00	3.6
50-54	1	9.0	804.26	0.00	804.26	3.5
40-44	3	27.2	54.00	750.00	804.00	3.5
35-39	2	18.1	66.00	684.00	750.00	3.3
20-24	1	9.0	48.00	0.00	48.00	0.2
30-34	1	9.0	42.80	0.00	42.80	0.1
	11		***$ 12,759.81***	***$ 9,802.71***	***$ 22,562.52***	
SEX OF CLAIMANT						
Male	11	100.0	12,759.81	9,802.71	22,562.52	100.0
	11		***$ 12,759.81***	***$ 9,802.71***	***$ 22,562.52***	
LOSS CAUSE						
Vehicle/car/truck	3	27.2	11,728.75	8,368.71	20,097.46	89.0
Boxes / containers	1	9.0	804.26	0.00	804.26	3.5
Infectious agent	2	18.1	0.00	750.00	750.00	3.3
Walking surface, inside, wet	1	9.0	66.00	684.00	750.00	3.3
Hammer	1	9.0	64.00	0.00	64.00	0.2
Fire / Flame / Smoke	1	9.0	54.00	0.00	54.00	0.2
Metal items	1	9.0	42.80	0.00	42.80	0.1
Door	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 12,759.81***	***$ 9,802.71***	***$ 22,562.52***	
ACCIDENT TYPE						
Vehicle Upset	1	9.0	11,680.75	7,618.71	19,299.46	85.5
Lifting (strain or Injury by)	2	18.1	868.26	0.00	868.26	3.8
Slipped, Did Not Fall	2	18.1	114.00	684.00	798.00	3.5
Collision/sideswipe with Another Vehicle	1	9.0	0.00	750.00	750.00	3.3
Exposure to Poisonous Agent / Plant	2	18.1	0.00	750.00	750.00	3.3
Contact With Hot Object or Substances	1	9.0	54.00	0.00	54.00	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Accomac (536)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Foreign Body In Eye	1	9.0	42.80	0.00	42.80	0.1
Object Handled (caught in or between)	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 12,759.81***	***$ 9,802.71***	***$ 22,562.52***	

***BODY PART

Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Lower Leg	2
Facial, Other Soft Tissue	2
Knee	1
Lower Arm	2
Upper Arm (Inc: Clavicle and Scapula)	1
Hand	1
Eye(s)	1
Abdomen including Groin	1
Thumb	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
Contusion	3
Dermatitis	6
Burn	1
Foreign 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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	16.6	2,275.30	10,224.70	12,500.00	42.3
2PM-3:59PM	3	25.0	334.20	10,750.00	11,084.20	37.5
12PM-1:59PM	5	41.6	5,165.36	0.00	5,165.36	17.4
4PM-5:59PM	2	16.6	797.80	0.00	797.80	2.7
	12		***$ 8,572.66***	***$ 20,974.70***	***$ 29,547.36***	
LENGTH OF SERVICE						
8-10	2	16.6	187.60	10,750.00	10,937.60	37.0
2-4	6	50.0	7,393.21	3,474.70	10,867.91	36.7
4-6	2	16.6	591.00	6,750.00	7,341.00	24.8
6-8	2	16.6	400.85	0.00	400.85	1.3
	12		***$ 8,572.66***	***$ 20,974.70***	***$ 29,547.36***	
AGE OF CLAIMANT						
30-34	4	33.3	1,063.60	10,750.00	11,813.60	39.9
55-59	1	8.3	0.00	6,750.00	6,750.00	22.8
25-29	1	8.3	2,275.30	3,474.70	5,750.00	19.4
45-49	1	8.3	2,477.19	0.00	2,477.19	8.3
60-64	1	8.3	2,085.97	0.00	2,085.97	7.0
35-39	2	16.6	340.65	0.00	340.65	1.1
50-54	1	8.3	187.60	0.00	187.60	0.6
40-44	1	8.3	142.35	0.00	142.35	0.4
	12		***$ 8,572.66***	***$ 20,974.70***	***$ 29,547.36***	
SEX OF CLAIMANT						
Female	2	16.6	0.00	17,500.00	17,500.00	59.2
Male	10	83.3	8,572.66	3,474.70	12,047.36	40.7
	12		***$ 8,572.66***	***$ 20,974.70***	***$ 29,547.36***	
LOSS CAUSE						
Tire	1	8.3	0.00	10,750.00	10,750.00	36.3
Chemicals, not otherwise classified	1	8.3	0.00	6,750.00	6,750.00	22.8
Vehicle/car/truck	2	16.6	2,462.90	3,474.70	5,937.60	20.1
Walking surface, inside, dry	1	8.3	2,477.19	0.00	2,477.19	8.3
Door	1	8.3	2,085.97	0.00	2,085.97	7.0
Boxes / containers	1	8.3	591.00	0.00	591.00	2.0
Walking surface, outside, dry	2	16.6	472.60	0.00	472.60	1.6
Stairs, steps	1	8.3	194.05	0.00	194.05	0.6
Building parts / doors	1	8.3	146.60	0.00	146.60	0.5
Metal items	1	8.3	142.35	0.00	142.35	0.4
	12		***$ 8,572.66***	***$ 20,974.70***	***$ 29,547.36***	
ACCIDENT TYPE						
Twisting, strain or injury by	4	33.3	2,949.79	10,750.00	13,699.79	46.3
Absorb, Ingest, Inhalation	1	8.3	0.00	6,750.00	6,750.00	22.8
Collision/sideswipe with Another Vehicle	1	8.3	2,275.30	3,474.70	5,750.00	19.4
Pushing Or Pulling (Strain or Injury by)	1	8.3	2,085.97	0.00	2,085.97	7.0
Lifting (strain or Injury by)	1	8.3	591.00	0.00	591.00	2.0
Slipped, Did Not Fall	2	16.6	381.65	0.00	381.65	1.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-monitor Merrimac Mem Brg Tl (590)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object Handled (caught in or between)	1	8.3	146.60	0.00	146.60	0.5
Struck/Injured by Object Being Lifted/Handled	1	8.3	142.35	0.00	142.35	0.4
	12		***$ 8,572.66***	***$ 20,974.70***	***$ 29,547.36***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Abdomen including Groin	1
Nose	1
Upper Back Area (Thoracic Area)	1
Shoulder	3
Knee	1
Ankle	3
Finger(s)	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

Strain	5
Inflamation	2
Sprain	4
Fracture	1
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-hrbt (594)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	2	15.3	1,902.79	11,597.21	13,500.00	41.9
2PM-3:59PM	1	7.6	6,293.17	3,525.95	9,819.12	30.4
4PM-5:59PM	1	7.6	683.09	5,066.91	5,750.00	17.8
10AM-11:59AM	4	30.7	627.15	483.70	1,110.85	3.4
12PM-1:59PM	2	15.3	600.10	420.40	1,020.50	3.1
4AM-5:59AM	1	7.6	289.61	460.39	750.00	2.3
6AM-7:59AM	1	7.6	266.89	0.00	266.89	0.8
Unknown	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 10,662.80***	***$ 21,554.56***	***$ 32,217.36***	
LENGTH OF SERVICE						
2-4	1	7.6	1,256.59	11,493.41	12,750.00	39.5
14-16	1	7.6	6,293.17	3,525.95	9,819.12	30.4
12-14	4	30.7	1,279.58	5,487.31	6,766.89	21.0
10-12	2	15.3	935.81	564.19	1,500.00	4.6
4-6	2	15.3	396.10	483.70	879.80	2.7
22-24	1	7.6	270.50	0.00	270.50	0.8
8-10	2	15.3	231.05	0.00	231.05	0.7
	13		***$ 10,662.80***	***$ 21,554.56***	***$ 32,217.36***	
AGE OF CLAIMANT						
40-44	4	30.7	2,269.28	16,980.72	19,250.00	59.7
45-49	4	30.7	6,920.91	3,525.95	10,446.86	32.4
50-54	2	15.3	935.81	564.19	1,500.00	4.6
30-34	1	7.6	266.30	483.70	750.00	2.3
55-59	1	7.6	270.50	0.00	270.50	0.8
35-39	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 10,662.80***	***$ 21,554.56***	***$ 32,217.36***	
SEX OF CLAIMANT						
Male	12	92.3	4,369.63	18,028.61	22,398.24	69.5
Female	1	7.6	6,293.17	3,525.95	9,819.12	30.4
	13		***$ 10,662.80***	***$ 21,554.56***	***$ 32,217.36***	
LOSS CAUSE						
Glass bottle / sheet	1	7.6	1,256.59	11,493.41	12,750.00	39.5
Shelving	1	7.6	6,293.17	3,525.95	9,819.12	30.4
Vehicle, not otherwise classified	2	15.3	953.59	5,066.91	6,020.50	18.6
Vehicle/car/truck	2	15.3	619.21	880.79	1,500.00	4.6
Metal items	3	23.0	913.09	103.80	1,016.89	3.1
Machine, not otherwise classified	2	15.3	497.35	483.70	981.05	3.0
Animal / insect, not otherwise classified	1	7.6	129.80	0.00	129.80	0.4
Chemicals, not otherwise classified	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 10,662.80***	***$ 21,554.56***	***$ 32,217.36***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	4	30.7	7,816.65	15,019.36	22,836.01	70.8
Vehicle Upset	2	15.3	953.59	5,066.91	6,020.50	18.6
Collision/sideswipe with Another Vehicle	1	7.6	289.61	460.39	750.00	2.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-hrbt (594)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strike Against/Step on Stationary Object	1	7.6	266.30	483.70	750.00	2.3
Struck or injured by misc.	1	7.6	646.20	103.80	750.00	2.3
Twisting, strain or injury by	1	7.6	329.60	420.40	750.00	2.3
Lifting (strain or Injury by)	1	7.6	231.05	0.00	231.05	0.7
Allergic Reaction	1	7.6	129.80	0.00	129.80	0.4
Absorb, Ingest, Inhalation	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 10,662.80***	***$ 21,554.56***	***$ 32,217.36***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Multiple Head Injury	1
Soft Tissue - Neck	3
Shoulder	2
Wrist	2
Ankle	1
Elbow	1
Lower Arm	1
No Physical Problem	1
Finger(s)	1
Lungs	1
Mouth	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	10
Concussion	1
Contusion	3
No Physical Injury	1
Puncture	1
Poisoning - Chemical	1
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	16.0	4,628.18	11,523.56	16,151.74	42.4
Unknown	1	4.0	1,492.83	9,257.17	10,750.00	28.2
2PM-3:59PM	5	20.0	7,984.80	398.05	8,382.85	22.0
2AM-3:59AM	2	8.0	997.00	0.00	997.00	2.6
12PM-1:59PM	5	20.0	417.65	332.35	750.00	1.9
4PM-5:59PM	3	12.0	567.98	0.00	567.98	1.4
6AM-7:59AM	2	8.0	321.98	0.00	321.98	0.8
8AM-9:59AM	1	4.0	154.14	0.00	154.14	0.4
12AM-1:59AM	1	4.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 16,564.56***	***$ 21,511.13***	***$ 38,075.69***	
LENGTH OF SERVICE						
14-16	1	4.0	4,093.54	11,523.56	15,617.10	41.0
2-4	7	28.0	2,060.81	9,257.17	11,317.98	29.7
10-12	1	4.0	6,236.43	0.00	6,236.43	16.3
28-30	1	4.0	1,306.37	90.05	1,396.42	3.6
6-8	3	12.0	685.85	332.35	1,018.20	2.6
0-2	4	16.0	997.00	0.00	997.00	2.6
4-6	1	4.0	442.00	308.00	750.00	1.9
24-26	1	4.0	321.98	0.00	321.98	0.8
16-18	1	4.0	266.44	0.00	266.44	0.7
22-24	1	4.0	154.14	0.00	154.14	0.4
12-14	1	4.0	0.00	0.00	0.00	0.0
20-22	1	4.0	0.00	0.00	0.00	0.0
26-28	1	4.0	0.00	0.00	0.00	0.0
32-34	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 16,564.56***	***$ 21,511.13***	***$ 38,075.69***	
AGE OF CLAIMANT						
35-39	10	40.0	6,538.66	21,113.08	27,651.74	72.6
40-44	1	4.0	6,236.43	0.00	6,236.43	16.3
55-59	4	16.0	1,306.37	90.05	1,396.42	3.6
45-49	2	8.0	1,318.98	0.00	1,318.98	3.4
60-64	3	12.0	442.00	308.00	750.00	1.9
20-24	1	4.0	567.98	0.00	567.98	1.4
50-54	3	12.0	154.14	0.00	154.14	0.4
30-34	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 16,564.56***	***$ 21,511.13***	***$ 38,075.69***	
SEX OF CLAIMANT						
Male	14	56.0	6,794.20	12,253.96	19,048.16	50.0
Female	11	44.0	9,770.36	9,257.17	19,027.53	49.9
	25		***$ 16,564.56***	***$ 21,511.13***	***$ 38,075.69***	
LOSS CAUSE						
Vehicle, not otherwise classified	5	20.0	4,361.74	11,523.56	15,885.30	41.7
Vehicle/car/truck	5	20.0	3,065.64	9,347.22	12,412.86	32.6
Walking surface, outside, dry	2	8.0	6,236.43	0.00	6,236.43	16.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Machine, not otherwise classified	1	4.0	997.00	0.00	997.00	2.6
Pike pole 10’	1	4.0	442.00	308.00	750.00	1.9
Wrench	1	4.0	417.65	332.35	750.00	1.9
Pike pole 8’	1	4.0	567.98	0.00	567.98	1.4
Animal / insect, not otherwise classified	2	8.0	321.98	0.00	321.98	0.8
Building parts / doors	1	4.0	154.14	0.00	154.14	0.4
Elevators, escalators	2	8.0	0.00	0.00	0.00	0.0
Minerals / dirt	1	4.0	0.00	0.00	0.00	0.0
Object on Floor	1	4.0	0.00	0.00	0.00	0.0
Person	1	4.0	0.00	0.00	0.00	0.0
Stairs, steps	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 16,564.56***	***$ 21,511.13***	***$ 38,075.69***	

ACCIDENT TYPE

Vehicle Upset	4	16.0	4,361.74	11,523.56	15,885.30	41.7
Struck/Injured by Motor Vehicle	1	4.0	1,492.83	9,257.17	10,750.00	28.2
Twisting, strain or injury by	3	12.0	6,236.43	0.00	6,236.43	16.3
Object Handled (caught in or between)	3	12.0	1,306.37	90.05	1,396.42	3.6
Fall or Slip (On Same Level)	2	8.0	997.00	0.00	997.00	2.6
Struck/Injured by Hand Tool/Machine In Use	1	4.0	417.65	332.35	750.00	1.9
Struck/Injured by Object Being Lifted/Handled	1	4.0	442.00	308.00	750.00	1.9
Lifting (strain or Injury by)	1	4.0	567.98	0.00	567.98	1.4
Allergic Reaction	1	4.0	321.98	0.00	321.98	0.8
Strike Against/Step on Stationary Object	3	12.0	266.44	0.00	266.44	0.7
Struck/Injured by Falling or Flying Object	2	8.0	154.14	0.00	154.14	0.4
Animal Or Insect	1	4.0	0.00	0.00	0.00	0.0
Assault	1	4.0	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 16,564.56***	***$ 21,511.13***	***$ 38,075.69***	

***BODY PART**

Shoulder	4
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hand	2
Soft Tissue - Neck	3
Lower Arm	4
Ankle	1
Foot	1
Elbow	3
Hip	1
Lower Leg	3
Mouth	1
Teeth	1
Ear(s)	1
Facial, Other Soft Tissue	2
Knee	2
Thumb	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

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	15
Contusion	11
Sprain	1
Dislocation	1
Puncture	2
Foreign Body	1
Laceration	2
	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	869.95	0.00	869.95	100.0
	1		***$ 869.95***	***$ 0.00***	***$ 869.95***	
LENGTH OF SERVICE						
4-6	1	100.0	869.95	0.00	869.95	100.0
	1		***$ 869.95***	***$ 0.00***	***$ 869.95***	
AGE OF CLAIMANT						
55-59	1	100.0	869.95	0.00	869.95	100.0
	1		***$ 869.95***	***$ 0.00***	***$ 869.95***	
SEX OF CLAIMANT						
Male	1	100.0	869.95	0.00	869.95	100.0
	1		***$ 869.95***	***$ 0.00***	***$ 869.95***	
LOSS CAUSE						
Miscellaneous	1	100.0	869.95	0.00	869.95	100.0
	1		***$ 869.95***	***$ 0.00***	***$ 869.95***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	869.95	0.00	869.95	100.0
	1		***$ 869.95***	***$ 0.00***	***$ 869.95***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fredericksburg (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	5	25.0	6,744.01	0.00	6,744.01	44.9
10AM-11:59AM	5	25.0	4,667.26	0.00	4,667.26	31.1
8AM-9:59AM	8	40.0	2,097.31	750.00	2,847.31	18.9
12AM-1:59AM	2	10.0	62.00	688.00	750.00	5.0
	20		***$ 13,570.58***	***$ 1,438.00***	***$ 15,008.58***	
LENGTH OF SERVICE						
4-6	3	15.0	6,850.84	0.00	6,850.84	45.6
26-28	1	5.0	4,322.54	0.00	4,322.54	28.8
6-8	3	15.0	1,367.61	0.00	1,367.61	9.1
8-10	3	15.0	371.80	688.00	1,059.80	7.0
0-2	2	10.0	0.00	750.00	750.00	5.0
2-4	5	25.0	313.07	0.00	313.07	2.0
36-38	1	5.0	198.00	0.00	198.00	1.3
10-12	1	5.0	146.72	0.00	146.72	0.9
12-14	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 13,570.58***	***$ 1,438.00***	***$ 15,008.58***	
AGE OF CLAIMANT						
40-44	3	15.0	6,703.48	0.00	6,703.48	44.6
45-49	4	20.0	4,561.61	0.00	4,561.61	30.3
55-59	3	15.0	783.10	688.00	1,471.10	9.8
35-39	3	15.0	146.72	750.00	896.72	5.9
50-54	3	15.0	763.87	0.00	763.87	5.0
30-34	3	15.0	611.80	0.00	611.80	4.0
60-64	1	5.0	0.00	0.00	0.00	0.0
	20		***$ 13,570.58***	***$ 1,438.00***	***$ 15,008.58***	
SEX OF CLAIMANT						
Male	16	80.0	13,047.48	688.00	13,735.48	91.5
Female	4	20.0	523.10	750.00	1,273.10	8.4
	20		***$ 13,570.58***	***$ 1,438.00***	***$ 15,008.58***	
LOSS CAUSE						
Pike pole 6’	2	10.0	10,871.38	0.00	10,871.38	72.4
Metal items	5	25.0	1,301.67	0.00	1,301.67	8.6
Vehicle/car/truck	1	5.0	0.00	750.00	750.00	5.0
Water	1	5.0	62.00	688.00	750.00	5.0
Walking surface, inside, dry	1	5.0	523.10	0.00	523.10	3.4
Brush / tree / log	1	5.0	198.00	0.00	198.00	1.3
Hose / hydair H2O	1	5.0	154.64	0.00	154.64	1.0
Trailer Landing Gear	1	5.0	146.72	0.00	146.72	0.9
Walking surface, outside, dry	1	5.0	121.17	0.00	121.17	0.8
Animal / bee type	1	5.0	117.90	0.00	117.90	0.7
Wood Items	1	5.0	74.00	0.00	74.00	0.4
Chair	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
Office equipment	2	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fredericksburg (602)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	20		***$ 13,570.58***	***$ 1,438.00***	***$ 15,008.58***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	5	25.0	11,759.25	0.00	11,759.25	78.3
Fall or Slip (On Same Level)	4	20.0	824.46	0.00	824.46	5.4
Contact with Cold Objects or Substances	1	5.0	62.00	688.00	750.00	5.0
Fall or Slip (From Different Level)	1	5.0	0.00	750.00	750.00	5.0
Foreign Body In Eye	1	5.0	309.80	0.00	309.80	2.0
Object being lifted/handled (cut,punc.scrape,inj b	2	10.0	302.00	0.00	302.00	2.0
Twisting, strain or injury by	1	5.0	121.17	0.00	121.17	0.8
Animal Or Insect	1	5.0	117.90	0.00	117.90	0.7
Struck/Injured by Falling or Flying Object	1	5.0	74.00	0.00	74.00	0.4
Repetitive Motion	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
	20		***$ 13,570.58***	***$ 1,438.00***	***$ 15,008.58***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Hip	5
Foot	1
Lower Leg	1
Facial, Other Soft Tissue	1
Eye(s)	1
Upper Leg	1
Wrist	3
Elbow	1
Ankle	1
Knee	2
Skull	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Finger(s)	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	17
Laceration	2
Puncture	3
Foreign Body	1
Contusion	4
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Saluda (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	12.5	1,112.12	0.00	1,112.12	42.8
8AM-9:59AM	4	50.0	186.00	564.00	750.00	28.9
12PM-1:59PM	1	12.5	731.58	0.00	731.58	28.2
12AM-1:59AM	1	12.5	0.00	0.00	0.00	0.0
10AM-11:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,029.70***	***$ 564.00***	***$ 2,593.70***	
LENGTH OF SERVICE						
16-18	3	37.5	1,112.12	0.00	1,112.12	42.8
0-2	1	12.5	186.00	564.00	750.00	28.9
8-10	1	12.5	731.58	0.00	731.58	28.2
22-24	1	12.5	0.00	0.00	0.00	0.0
28-30	1	12.5	0.00	0.00	0.00	0.0
24-26	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,029.70***	***$ 564.00***	***$ 2,593.70***	
AGE OF CLAIMANT						
45-49	3	37.5	1,112.12	0.00	1,112.12	42.8
25-29	1	12.5	186.00	564.00	750.00	28.9
30-34	1	12.5	731.58	0.00	731.58	28.2
50-54	1	12.5	0.00	0.00	0.00	0.0
40-44	1	12.5	0.00	0.00	0.00	0.0
60-64	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,029.70***	***$ 564.00***	***$ 2,593.70***	
SEX OF CLAIMANT						
Male	7	87.5	1,843.70	0.00	1,843.70	71.0
Female	1	12.5	186.00	564.00	750.00	28.9
	8		***$ 2,029.70***	***$ 564.00***	***$ 2,593.70***	
LOSS CAUSE						
Walking surface, outside, dry	2	25.0	1,112.12	0.00	1,112.12	42.8
Vehicle/car/truck	3	37.5	186.00	564.00	750.00	28.9
Fencing	1	12.5	731.58	0.00	731.58	28.2
Environmental conditions	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
	8		***$ 2,029.70***	***$ 564.00***	***$ 2,593.70***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	12.5	1,112.12	0.00	1,112.12	42.8
Fall or Slip (From Different Level)	1	12.5	186.00	564.00	750.00	28.9
Object Handled (caught in or between)	1	12.5	731.58	0.00	731.58	28.2
Lifting (strain or Injury by)	1	12.5	0.00	0.00	0.00	0.0
Stress	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
Vehicle Upset	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Saluda (637)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	8		***$ 2,029.70***	***$ 564.00***	***$ 2,593.70***	
*****BODY PART***						
Ankle	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	1					
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Whole Body	1					
No Physical Problem	1					
Upper Back Area (Thoracic Area)	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					
Sprain	1					
Laceration	1					
Mental Stress	1					
Strain	3					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Warsaw (639)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	25.0	0.00	9,750.00	9,750.00	72.5
12PM-1:59PM	3	75.0	2,939.73	750.00	3,689.73	27.4
	4		***$ 2,939.73***	***$ 10,500.00***	***$ 13,439.73***	
LENGTH OF SERVICE						
12-14	1	25.0	0.00	9,750.00	9,750.00	72.5
8-10	1	25.0	2,939.73	0.00	2,939.73	21.8
22-24	2	50.0	0.00	750.00	750.00	5.5
	4		***$ 2,939.73***	***$ 10,500.00***	***$ 13,439.73***	
AGE OF CLAIMANT						
60-64	1	25.0	0.00	9,750.00	9,750.00	72.5
50-54	2	50.0	2,939.73	750.00	3,689.73	27.4
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 2,939.73***	***$ 10,500.00***	***$ 13,439.73***	
SEX OF CLAIMANT						
Male	3	75.0	2,939.73	10,500.00	13,439.73	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 2,939.73***	***$ 10,500.00***	***$ 13,439.73***	
LOSS CAUSE						
Hand tool, not powered, NOC	2	50.0	0.00	10,500.00	10,500.00	78.1
Metal items	1	25.0	2,939.73	0.00	2,939.73	21.8
Object on Floor	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 2,939.73***	***$ 10,500.00***	***$ 13,439.73***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	50.0	0.00	10,500.00	10,500.00	78.1
Lifting (strain or Injury by)	1	25.0	2,939.73	0.00	2,939.73	21.8
Fall or Slip (On Same Level)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 2,939.73***	***$ 10,500.00***	***$ 13,439.73***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	1
Hand	1
Lower Arm	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
Puncture	1
Contusion	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Warsaw (639)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fredericksburg (640)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	4	22.2	53,510.70	36,322.74	89,833.44	90.1
10AM-11:59AM	7	38.8	5,893.96	285.19	6,179.15	6.2
12AM-1:59AM	2	11.1	2,306.32	0.00	2,306.32	2.3
12PM-1:59PM	2	11.1	467.14	680.00	1,147.14	1.1
8AM-9:59AM	3	16.6	137.00	0.00	137.00	0.1
	18		***$ 62,315.12***	***$ 37,287.93***	***$ 99,603.05***	
LENGTH OF SERVICE						
0-2	3	16.6	52,378.33	36,322.74	88,701.07	89.0
2-4	3	16.6	3,660.79	0.00	3,660.79	3.6
12-14	1	5.5	2,306.32	0.00	2,306.32	2.3
8-10	2	11.1	1,410.55	680.00	2,090.55	2.1
10-12	1	5.5	1,612.00	0.00	1,612.00	1.6
4-6	3	16.6	822.13	285.19	1,107.32	1.1
24-26	1	5.5	125.00	0.00	125.00	0.1
30-32	1	5.5	0.00	0.00	0.00	0.0
20-22	1	5.5	0.00	0.00	0.00	0.0
40-42	1	5.5	0.00	0.00	0.00	0.0
6-8	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 62,315.12***	***$ 37,287.93***	***$ 99,603.05***	
AGE OF CLAIMANT						
40-44	2	11.1	52,107.15	36,322.74	88,429.89	88.7
30-34	2	11.1	5,494.97	0.00	5,494.97	5.5
55-59	3	16.6	1,612.00	0.00	1,612.00	1.6
35-39	3	16.6	1,157.27	285.19	1,442.46	1.4
60-64	1	5.5	1,340.55	0.00	1,340.55	1.3
45-49	3	16.6	70.00	680.00	750.00	0.7
50-54	3	16.6	458.18	0.00	458.18	0.4
15-19	1	5.5	75.00	0.00	75.00	0.0
	18		***$ 62,315.12***	***$ 37,287.93***	***$ 99,603.05***	
SEX OF CLAIMANT						
Male	16	88.8	59,713.48	37,287.93	97,001.41	97.3
Female	2	11.1	2,601.64	0.00	2,601.64	2.6
	18		***$ 62,315.12***	***$ 37,287.93***	***$ 99,603.05***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	5.5	52,045.15	36,322.74	88,367.89	88.7
Brush / tree / log	3	16.6	3,250.65	0.00	3,250.65	3.2
Walking surface, outside, wet	1	5.5	2,306.32	0.00	2,306.32	2.3
Vehicle/car/truck	2	11.1	1,410.55	680.00	2,090.55	2.1
Hand tool, powered, NOC	1	5.5	1,612.00	0.00	1,612.00	1.6
Metal items	1	5.5	464.81	285.19	750.00	0.7
Miscellaneous	3	16.6	420.32	0.00	420.32	0.4
Hand tool, not powered, NOC	1	5.5	397.14	0.00	397.14	0.4
Infectious agent	2	11.1	333.18	0.00	333.18	0.3
Animal / bee type	1	5.5	75.00	0.00	75.00	0.0
Minerals / dirt	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fredericksburg (640)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Uneven Surface	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 62,315.12***	***$ 37,287.93***	***$ 99,603.05***	

ACCIDENT TYPE

Struck/Injured by Motor Vehicle	1	5.5	52,045.15	36,322.74	88,367.89	88.7
Struck/Injured by Falling or Flying Object	3	16.6	3,250.65	0.00	3,250.65	3.2
Fall or slip (on ice or snow)	1	5.5	2,306.32	0.00	2,306.32	2.3
Repetitive Motion	1	5.5	1,612.00	0.00	1,612.00	1.6
Vehicle Upset	1	5.5	1,340.55	0.00	1,340.55	1.3
Collision/sideswipe with Another Vehicle	1	5.5	70.00	680.00	750.00	0.7
Struck/Injured by Object Being Lifted/Handled	1	5.5	464.81	285.19	750.00	0.7
Pushing Or Pulling (Strain or Injury by)	1	5.5	397.14	0.00	397.14	0.4
Exposure to Poisonous Agent / Plant	2	11.1	333.18	0.00	333.18	0.3
Struck/Injured by Object Handled By Other	1	5.5	295.32	0.00	295.32	0.3
Foreign Body In Eye	2	11.1	125.00	0.00	125.00	0.1
Animal Or Insect	1	5.5	75.00	0.00	75.00	0.0
Fall or Slip (From Different Level)	1	5.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 62,315.12***	***$ 37,287.93***	***$ 99,603.05***	

***BODY PART

Soft Tissue - Neck	4
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Abdomen including Groin	1
Skull	1
Wrist	1
Hip	2
Shoulder	1
Eye(s)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	2
Whole Body	1
Lower 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	2
Puncture	2
Laceration	4
Foreign Body	3
Dermatitis	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bowling Green (641)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	4	50.0	532.92	13,750.00	14,282.92	90.6
10AM-11:59AM	3	37.5	1,342.00	0.00	1,342.00	8.5
12AM-1:59AM	1	12.5	140.00	0.00	140.00	0.8
	8		***$ 2,014.92***	***$ 13,750.00***	***$ 15,764.92***	
LENGTH OF SERVICE						
8-10	1	12.5	0.00	13,750.00	13,750.00	87.2
4-6	1	12.5	1,132.00	0.00	1,132.00	7.1
6-8	1	12.5	271.66	0.00	271.66	1.7
2-4	1	12.5	210.00	0.00	210.00	1.3
14-16	1	12.5	194.95	0.00	194.95	1.2
28-30	1	12.5	140.00	0.00	140.00	0.8
16-18	1	12.5	66.31	0.00	66.31	0.4
0-2	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,014.92***	***$ 13,750.00***	***$ 15,764.92***	
AGE OF CLAIMANT						
55-59	1	12.5	0.00	13,750.00	13,750.00	87.2
60-64	1	12.5	1,132.00	0.00	1,132.00	7.1
45-49	3	37.5	401.26	0.00	401.26	2.5
35-39	1	12.5	271.66	0.00	271.66	1.7
40-44	2	25.0	210.00	0.00	210.00	1.3
	8		***$ 2,014.92***	***$ 13,750.00***	***$ 15,764.92***	
SEX OF CLAIMANT						
Male	8	100.0	2,014.92	13,750.00	15,764.92	100.0
	8		***$ 2,014.92***	***$ 13,750.00***	***$ 15,764.92***	
LOSS CAUSE						
Vehicle/car/truck	1	12.5	0.00	13,750.00	13,750.00	87.2
Minerals / dirt	1	12.5	1,132.00	0.00	1,132.00	7.1
Walking surface, outside, dry	1	12.5	271.66	0.00	271.66	1.7
Mowers	1	12.5	210.00	0.00	210.00	1.3
Animal, not otherwise classified	1	12.5	194.95	0.00	194.95	1.2
Animal / insect, not otherwise classified	1	12.5	140.00	0.00	140.00	0.8
Animal / bee type	1	12.5	66.31	0.00	66.31	0.4
Vehicle, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,014.92***	***$ 13,750.00***	***$ 15,764.92***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	12.5	0.00	13,750.00	13,750.00	87.2
Foreign Body In Eye	1	12.5	1,132.00	0.00	1,132.00	7.1
Animal Or Insect	3	37.5	401.26	0.00	401.26	2.5
Fall or Slip (On Same Level)	1	12.5	271.66	0.00	271.66	1.7
Twisting, strain or injury by	2	25.0	210.00	0.00	210.00	1.3
	8		***$ 2,014.92***	***$ 13,750.00***	***$ 15,764.92***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Eye(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bowling Green (641)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Wrist	1					
Lower Arm	2					
Lower Leg	1					
Upper Leg	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					
Foreign Body	1					
Puncture	5					
Sprain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	25.0	153.00	37,750.00	37,903.00	72.8
12AM-1:59AM	1	6.2	8,041.81	0.00	8,041.81	15.4
2PM-3:59PM	4	25.0	4,168.34	183.74	4,352.08	8.3
8AM-9:59AM	4	25.0	83.00	750.00	833.00	1.6
6AM-7:59AM	1	6.2	784.57	0.00	784.57	1.5
12PM-1:59PM	1	6.2	103.00	0.00	103.00	0.2
4PM-5:59PM	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 13,333.72***	***$ 38,683.74***	***$ 52,017.46***	
LENGTH OF SERVICE						
46-48	1	6.2	0.00	37,750.00	37,750.00	72.5
30-32	2	12.5	8,124.81	0.00	8,124.81	15.6
32-34	1	6.2	2,479.20	183.74	2,662.94	5.1
2-4	4	25.0	1,540.34	0.00	1,540.34	2.9
10-12	1	6.2	784.57	0.00	784.57	1.5
18-20	1	6.2	0.00	750.00	750.00	1.4
0-2	1	6.2	218.80	0.00	218.80	0.4
16-18	1	6.2	103.00	0.00	103.00	0.2
6-8	2	12.5	83.00	0.00	83.00	0.1
28-30	1	6.2	0.00	0.00	0.00	0.0
14-16	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 13,333.72***	***$ 38,683.74***	***$ 52,017.46***	
AGE OF CLAIMANT						
60-64	2	12.5	784.57	37,750.00	38,534.57	74.0
50-54	5	31.2	10,707.01	183.74	10,890.75	20.9
55-59	1	6.2	1,387.34	0.00	1,387.34	2.6
45-49	4	25.0	218.80	750.00	968.80	1.8
20-24	1	6.2	153.00	0.00	153.00	0.2
25-29	1	6.2	83.00	0.00	83.00	0.1
30-34	1	6.2	0.00	0.00	0.00	0.0
35-39	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 13,333.72***	***$ 38,683.74***	***$ 52,017.46***	
SEX OF CLAIMANT						
Male	14	87.5	13,333.72	38,683.74	52,017.46	100.0
Female	2	12.5	0.00	0.00	0.00	0.0
	16		***$ 13,333.72***	***$ 38,683.74***	***$ 52,017.46***	
LOSS CAUSE						
Stairs, steps	3	18.7	218.80	37,750.00	37,968.80	72.9
Sharp objects, not otherwise classified	2	12.5	8,041.81	0.00	8,041.81	15.4
Tire	1	6.2	2,479.20	183.74	2,662.94	5.1
Wood Items	2	12.5	1,387.34	750.00	2,137.34	4.1
Machine, not otherwise classified	1	6.2	784.57	0.00	784.57	1.5
Metal items	2	12.5	236.00	0.00	236.00	0.4
Minerals / dirt	1	6.2	103.00	0.00	103.00	0.2
Walking surface, outside, dry	1	6.2	83.00	0.00	83.00	0.1
Boxes / containers	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Building parts / doors	1	6.2	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 13,333.72***	***$ 38,683.74***	***$ 52,017.46***	

ACCIDENT TYPE

Fall or slip (on stairs)	2	12.5	0.00	37,750.00	37,750.00	72.5
Object being lifted/handled (cut,punc.scrape,inj b	1	6.2	8,041.81	0.00	8,041.81	15.4
Object Handled (caught in or between)	1	6.2	2,479.20	183.74	2,662.94	5.1
Struck/Injured by Falling or Flying Object	1	6.2	1,387.34	0.00	1,387.34	2.6
Lifting (strain or Injury by)	4	25.0	83.00	750.00	833.00	1.6
Strike Against/Step on Stationary Object	1	6.2	784.57	0.00	784.57	1.5
Slipped, Did Not Fall	1	6.2	218.80	0.00	218.80	0.4
Struck/Injured by Object Being Lifted/Handled	1	6.2	153.00	0.00	153.00	0.2
Foreign Body In Eye	1	6.2	103.00	0.00	103.00	0.2
Twisting, strain or injury by	1	6.2	83.00	0.00	83.00	0.1
Pushing Or Pulling (Strain or Injury by)	1	6.2	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 13,333.72***	***$ 38,683.74***	***$ 52,017.46***	

***BODY PART

Teeth	2
Lower Leg	1
Finger(s)	1
Thumb	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Wrist(s) & Hand(s)	1
Soft Tissue - Neck	1
Eye(s)	1
Knee	1
Shoulder	2
Foot	1
No Physical Problem	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
Multiple Physical Injuries Only	1
Amputation	1
Contusion	2
Dislocation	1
Laceration	1
No Physical Injury	1
Puncture	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Louisa (742)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	50.0	946.00	0.00	946.00	88.3
8AM-9:59AM	1	25.0	125.00	0.00	125.00	11.6
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,071.00***	***$ 0.00***	***$ 1,071.00***	
LENGTH OF SERVICE						
36-38	1	25.0	845.00	0.00	845.00	78.9
16-18	1	25.0	125.00	0.00	125.00	11.6
0-2	2	50.0	101.00	0.00	101.00	9.4
	4		***$ 1,071.00***	***$ 0.00***	***$ 1,071.00***	
AGE OF CLAIMANT						
55-59	1	25.0	845.00	0.00	845.00	78.9
50-54	1	25.0	125.00	0.00	125.00	11.6
40-44	1	25.0	101.00	0.00	101.00	9.4
35-39	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,071.00***	***$ 0.00***	***$ 1,071.00***	
SEX OF CLAIMANT						
Male	3	75.0	970.00	0.00	970.00	90.5
Female	1	25.0	101.00	0.00	101.00	9.4
	4		***$ 1,071.00***	***$ 0.00***	***$ 1,071.00***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	845.00	0.00	845.00	78.9
Vehicle/car/truck	1	25.0	125.00	0.00	125.00	11.6
Walking surface, outside, wet	1	25.0	101.00	0.00	101.00	9.4
Infectious agent	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,071.00***	***$ 0.00***	***$ 1,071.00***	
ACCIDENT TYPE						
Vehicle Upset	2	50.0	970.00	0.00	970.00	90.5
Slipped, Did Not Fall	1	25.0	101.00	0.00	101.00	9.4
Exposure to Poisonous Agent / Plant	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,071.00***	***$ 0.00***	***$ 1,071.00***	

*****BODY PART***	
Whole Body	1
Multiple Body Parts	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Ankle	1
Lower Arm	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***	
Multiple Physical Injuries Only	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Louisa (742)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Strain	1					
Dermatitis	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:10

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	5	20.0	27,399.68	32,531.52	59,931.20	54.9
8AM-9:59AM	4	16.0	4,472.49	22,330.51	26,803.00	24.5
Unknown	1	4.0	0.00	20,750.00	20,750.00	19.0
10AM-11:59AM	8	32.0	848.96	342.66	1,191.62	1.0
12PM-1:59PM	4	16.0	469.00	0.00	469.00	0.4
12AM-1:59AM	2	8.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 33,190.13***	***$ 75,954.69***	***$ 109,144.82***	
LENGTH OF SERVICE						
2-4	4	16.0	21,813.81	10,397.52	32,211.33	29.5
28-30	2	8.0	5,827.16	21,708.00	27,535.16	25.2
16-18	3	12.0	4,486.49	22,330.51	26,817.00	24.5
4-6	4	16.0	79.59	20,750.00	20,829.59	19.0
12-14	2	8.0	731.34	768.66	1,500.00	1.3
14-16	2	8.0	198.74	0.00	198.74	0.1
8-10	2	8.0	53.00	0.00	53.00	0.0
0-2	3	12.0	0.00	0.00	0.00	0.0
22-24	1	4.0	0.00	0.00	0.00	0.0
24-26	2	8.0	0.00	0.00	0.00	0.0
	25		***$ 33,190.13***	***$ 75,954.69***	***$ 109,144.82***	
AGE OF CLAIMANT						
25-29	2	8.0	21,502.52	10,397.52	31,900.04	29.2
50-54	4	16.0	6,234.50	22,050.66	28,285.16	25.9
40-44	7	28.0	5,011.49	22,756.51	27,768.00	25.4
35-39	4	16.0	278.33	20,750.00	21,028.33	19.2
20-24	2	8.0	163.29	0.00	163.29	0.1
30-34	2	8.0	0.00	0.00	0.00	0.0
45-49	4	16.0	0.00	0.00	0.00	0.0
	25		***$ 33,190.13***	***$ 75,954.69***	***$ 109,144.82***	
SEX OF CLAIMANT						
Male	23	92.0	32,828.10	75,954.69	108,782.79	99.6
Female	2	8.0	362.03	0.00	362.03	0.3
	25		***$ 33,190.13***	***$ 75,954.69***	***$ 109,144.82***	
LOSS CAUSE						
Brush / tree / log	8	32.0	10,575.99	44,807.17	55,383.16	50.7
Air pressure	1	4.0	21,502.52	10,397.52	31,900.04	29.2
Wood Items	1	4.0	0.00	20,750.00	20,750.00	19.0
Walking surface, outside, dry	3	12.0	429.03	0.00	429.03	0.3
Machine, not otherwise classified	2	8.0	402.00	0.00	402.00	0.3
Vehicle/car/truck	1	4.0	148.00	0.00	148.00	0.1
Animal / bee type	3	12.0	79.59	0.00	79.59	0.0
Metal items	2	8.0	53.00	0.00	53.00	0.0
Furniture / fixtures	1	4.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	4.0	0.00	0.00	0.00	0.0
Miscellaneous	1	4.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Vehicle, not otherwise classified	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 33,190.13***	***$ 75,954.69***	***$ 109,144.82***	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	4.0	21,502.52	10,397.52	31,900.04	29.2
Pushing Or Pulling (Strain or Injury by)	2	8.0	5,425.16	21,708.00	27,133.16	24.8
Fall or Slip (On Same Level)	2	8.0	4,618.23	22,330.51	26,948.74	24.6
Lifting (strain or Injury by)	2	8.0	0.00	20,750.00	20,750.00	19.0
Struck/Injured by Falling or Flying Object	7	28.0	731.34	768.66	1,500.00	1.3
Object Handled (caught in or between)	2	8.0	402.00	0.00	402.00	0.3
Twisting, strain or injury by	2	8.0	230.29	0.00	230.29	0.2
Vehicle Upset	1	4.0	148.00	0.00	148.00	0.1
Animal Or Insect	3	12.0	79.59	0.00	79.59	0.0
Strike Against/Step on Stationary Object	2	8.0	53.00	0.00	53.00	0.0
Foreign Body In Eye	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 33,190.13***	***$ 75,954.69***	***$ 109,144.82***	

*****BODY PART***	
Abdomen including Groin	2
Lower Arm	2
Knee	1
Facial, Other Soft Tissue	3
Lower Leg	3
Finger(s)	2
Ankle	2
Elbow	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
No Physical Problem	1
Skull	1
Hand	1
Foot	1
Ear(s)	1
Eye(s)	2
Shoulder	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	7
Inflamation	1
Infection	1
Contusion	10
Sprain	1
No Physical Injury	1
Puncture	2
Foreign Body	2
Laceration	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:11

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (745)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	5.5	7,257.89	16,492.11	23,750.00	61.3
10AM-11:59AM	4	22.2	7,847.68	750.00	8,597.68	22.2
8AM-9:59AM	6	33.3	70.00	2,500.00	2,570.00	6.6
12PM-1:59PM	4	22.2	161.32	1,433.10	1,594.42	4.1
2AM-3:59AM	1	5.5	979.15	0.00	979.15	2.5
12AM-1:59AM	1	5.5	0.00	750.00	750.00	1.9
6AM-7:59AM	1	5.5	484.69	0.00	484.69	1.2
	18		***$ 16,800.73***	***$ 21,925.21***	***$ 38,725.94***	
LENGTH OF SERVICE						
6-8	1	5.5	7,257.89	16,492.11	23,750.00	61.3
14-16	1	5.5	6,850.43	0.00	6,850.43	17.6
0-2	3	16.6	1,073.57	750.00	1,823.57	4.7
20-22	1	5.5	0.00	1,750.00	1,750.00	4.5
16-18	1	5.5	997.25	0.00	997.25	2.5
2-4	2	11.1	0.00	750.00	750.00	1.9
26-28	1	5.5	0.00	750.00	750.00	1.9
28-30	1	5.5	0.00	750.00	750.00	1.9
4-6	1	5.5	66.90	683.10	750.00	1.9
18-20	1	5.5	484.69	0.00	484.69	1.2
8-10	1	5.5	70.00	0.00	70.00	0.1
22-24	1	5.5	0.00	0.00	0.00	0.0
24-26	3	16.6	0.00	0.00	0.00	0.0
	18		***$ 16,800.73***	***$ 21,925.21***	***$ 38,725.94***	
AGE OF CLAIMANT						
35-39	3	16.6	15,087.47	16,492.11	31,579.58	81.5
45-49	2	11.1	70.00	1,750.00	1,820.00	4.7
60-64	3	16.6	997.25	750.00	1,747.25	4.5
40-44	4	22.2	579.11	750.00	1,329.11	3.4
25-29	2	11.1	66.90	683.10	750.00	1.9
50-54	1	5.5	0.00	750.00	750.00	1.9
55-59	3	16.6	0.00	750.00	750.00	1.9
	18		***$ 16,800.73***	***$ 21,925.21***	***$ 38,725.94***	
SEX OF CLAIMANT						
Female	1	5.5	7,257.89	16,492.11	23,750.00	61.3
Male	17	94.4	9,542.84	5,433.10	14,975.94	38.6
	18		***$ 16,800.73***	***$ 21,925.21***	***$ 38,725.94***	
LOSS CAUSE						
Walking surface, outside, dry	2	11.1	7,257.89	17,242.11	24,500.00	63.2
Vehicle, not otherwise classified	2	11.1	6,920.43	0.00	6,920.43	17.8
Pike pole 12’	1	5.5	0.00	1,750.00	1,750.00	4.5
Brush / tree / log	3	16.6	0.00	1,500.00	1,500.00	3.8
Machine, not otherwise classified	5	27.7	646.01	683.10	1,329.11	3.4
Sharp objects, not otherwise classified	1	5.5	997.25	0.00	997.25	2.5
Hand tool, not powered, NOC	1	5.5	979.15	0.00	979.15	2.5
Vehicle/car/truck	3	16.6	0.00	750.00	750.00	1.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:11

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (745)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	18		***$ 16,800.73***	***$ 21,925.21***	***$ 38,725.94***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	4	22.2	7,257.89	17,242.11	24,500.00	63.2
Vehicle Upset	1	5.5	6,850.43	0.00	6,850.43	17.6
Lifting (strain or Injury by)	2	11.1	0.00	2,500.00	2,500.00	6.4
Twisting, strain or injury by	2	11.1	979.15	750.00	1,729.15	4.4
Object Handled (caught in or between)	3	16.6	621.59	683.10	1,304.69	3.3
Strike Against/Step on Stationary Object	2	11.1	997.25	0.00	997.25	2.5
Pushing Or Pulling (Strain or Injury by)	1	5.5	0.00	750.00	750.00	1.9
Struck/Injured by Hand Tool/Machine In Use	1	5.5	94.42	0.00	94.42	0.2
Reaching (Strain or Injury by)	1	5.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 16,800.73***	***$ 21,925.21***	***$ 38,725.94***	

*****BODY PART***	
Lower Arm	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Finger(s)	4
Upper Leg	1
Ankle	2
Lower Leg	1
Soft Tissue - Neck	1
Knee	2
Hip	1
Shoulder	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***	
Fracture	2
Strain	9
Burn	1
Contusion	5
Laceration	2
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:11

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Warrenton (746)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	33.3	16,469.13	7,894.22	24,363.35	52.6
12PM-1:59PM	2	22.2	3,178.50	17,321.50	20,500.00	44.3
10AM-11:59AM	3	33.3	1,303.92	0.00	1,303.92	2.8
2PM-3:59PM	1	11.1	110.00	0.00	110.00	0.2
	9		***$ 21,061.55***	***$ 25,215.72***	***$ 46,277.27***	
LENGTH OF SERVICE						
0-2	4	44.4	18,967.96	25,145.39	44,113.35	95.3
16-18	1	11.1	679.67	70.33	750.00	1.6
26-28	2	22.2	726.77	0.00	726.77	1.5
6-8	1	11.1	687.15	0.00	687.15	1.4
10-12	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 21,061.55***	***$ 25,215.72***	***$ 46,277.27***	
AGE OF CLAIMANT						
35-39	3	33.3	16,771.97	7,964.55	24,736.52	53.4
45-49	4	44.4	3,672.81	17,251.17	20,923.98	45.2
50-54	1	11.1	616.77	0.00	616.77	1.3
20-24	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 21,061.55***	***$ 25,215.72***	***$ 46,277.27***	
SEX OF CLAIMANT						
Male	8	88.8	20,444.78	25,215.72	45,660.50	98.6
Female	1	11.1	616.77	0.00	616.77	1.3
	9		***$ 21,061.55***	***$ 25,215.72***	***$ 46,277.27***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	11.1	16,092.30	7,894.22	23,986.52	51.8
Brush / tree / log	4	44.4	2,985.66	17,251.17	20,236.83	43.7
Vehicle/car/truck	2	22.2	1,366.82	70.33	1,437.15	3.1
Metal items	1	11.1	616.77	0.00	616.77	1.3
Boxes / containers	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 21,061.55***	***$ 25,215.72***	***$ 46,277.27***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	2	22.2	16,771.97	7,964.55	24,736.52	53.4
Struck/Injured by Falling or Flying Object	2	22.2	2,608.83	17,251.17	19,860.00	42.9
Fall or Slip (On Same Level)	1	11.1	687.15	0.00	687.15	1.4
Strike Against/Step on Stationary Object	2	22.2	616.77	0.00	616.77	1.3
Struck/Injured by Object Being Lifted/Handled	1	11.1	376.83	0.00	376.83	0.8
Lifting (strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 21,061.55***	***$ 25,215.72***	***$ 46,277.27***	
*****BODY PART***						
Ankle	2					
Lower Leg	3					
Finger(s)	2					
Foot	1					
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Warrenton (746)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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	4
Fracture	2
Strain	3
Laceration	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 2002

By Agencies,SubAgencies

Frank Gates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -staunton (802)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	6	42.8	924.19	514.87	1,439.06	58.5
8AM-9:59AM	2	14.2	65.00	750.00	815.00	33.1
12PM-1:59PM	1	7.1	146.00	0.00	146.00	5.9
6AM-7:59AM	1	7.1	57.00	0.00	57.00	2.3
2PM-3:59PM	1	7.1	0.00	0.00	0.00	0.0
4AM-5:59AM	1	7.1	0.00	0.00	0.00	0.0
4PM-5:59PM	2	14.2	0.00	0.00	0.00	0.0
	14		***$ 1,192.19***	***$ 1,264.87***	***$ 2,457.06***	
LENGTH OF SERVICE						
4-6	5	35.7	446.13	514.87	961.00	39.1
12-14	2	14.2	0.00	750.00	750.00	30.5
14-16	2	14.2	624.06	0.00	624.06	25.4
0-2	3	21.4	122.00	0.00	122.00	4.9
2-4	2	14.2	0.00	0.00	0.00	0.0
	14		***$ 1,192.19***	***$ 1,264.87***	***$ 2,457.06***	
AGE OF CLAIMANT						
30-34	2	14.2	235.13	514.87	750.00	30.5
35-39	2	14.2	0.00	750.00	750.00	30.5
45-49	4	28.5	545.13	0.00	545.13	22.1
25-29	2	14.2	211.00	0.00	211.00	8.5
40-44	2	14.2	143.93	0.00	143.93	5.8
20-24	2	14.2	57.00	0.00	57.00	2.3
	14		***$ 1,192.19***	***$ 1,264.87***	***$ 2,457.06***	
SEX OF CLAIMANT						
Male	10	71.4	1,127.19	1,264.87	2,392.06	97.3
Female	4	28.5	65.00	0.00	65.00	2.6
	14		***$ 1,192.19***	***$ 1,264.87***	***$ 2,457.06***	
LOSS CAUSE						
Brush / tree / log	1	7.1	235.13	514.87	750.00	30.5
Walking surface, outside, dry	1	7.1	0.00	750.00	750.00	30.5
Miscellaneous	1	7.1	480.13	0.00	480.13	19.5
Machine, not otherwise classified	1	7.1	146.00	0.00	146.00	5.9
Pike pole 6’	1	7.1	143.93	0.00	143.93	5.8
Animal / tick, spider, etc.	1	7.1	65.00	0.00	65.00	2.6
Hand tool, not powered, NOC	1	7.1	65.00	0.00	65.00	2.6
Office equipment	2	14.2	57.00	0.00	57.00	2.3
Environmental conditions	1	7.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	7.1	0.00	0.00	0.00	0.0
Metal items	1	7.1	0.00	0.00	0.00	0.0
Stairs, steps	1	7.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,192.19***	***$ 1,264.87***	***$ 2,457.06***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	7.1	0.00	750.00	750.00	30.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -staunton (802)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Slipped, Did Not Fall	1	7.1	235.13	514.87	750.00	30.5
Foreign Body In Eye	1	7.1	480.13	0.00	480.13	19.5
Lifting (strain or Injury by)	4	28.5	200.93	0.00	200.93	8.1
Struck/Injured by Hand Tool/Machine In Use	1	7.1	146.00	0.00	146.00	5.9
Animal Or Insect	1	7.1	65.00	0.00	65.00	2.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	7.1	65.00	0.00	65.00	2.6
Allergic Reaction	1	7.1	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	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
Twisting, strain or injury by	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,192.19***	***$ 1,264.87***	***$ 2,457.06***	

***BODY PART**

Knee	3
Multiple Head Injury	1
Eye(s)	1
Foot	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Thumb	1
Whole Body	1
Ankle	1
Facial, Other Soft Tissue	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	8
Concussion	1
Foreign Body	1
Contusion	1
Laceration	2
Puncture	1
Dermatitis	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:11

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	5	27.7	14,270.84	2,410.66	16,681.50	91.0
12PM-1:59PM	3	16.6	841.56	0.00	841.56	4.5
8AM-9:59AM	5	27.7	744.87	5.13	750.00	4.0
10AM-11:59AM	4	22.2	55.00	0.00	55.00	0.3
6AM-7:59AM	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 15,912.27***	***$ 2,415.79***	***$ 18,328.06***	
LENGTH OF SERVICE						
12-14	2	11.1	14,046.12	1,931.93	15,978.05	87.1
28-30	2	11.1	795.01	0.00	795.01	4.3
0-2	2	11.1	271.27	478.73	750.00	4.0
8-10	1	5.5	744.87	5.13	750.00	4.0
6-8	1	5.5	55.00	0.00	55.00	0.3
10-12	1	5.5	0.00	0.00	0.00	0.0
16-18	1	5.5	0.00	0.00	0.00	0.0
20-22	1	5.5	0.00	0.00	0.00	0.0
22-24	1	5.5	0.00	0.00	0.00	0.0
24-26	4	22.2	0.00	0.00	0.00	0.0
30-32	1	5.5	0.00	0.00	0.00	0.0
4-6	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 15,912.27***	***$ 2,415.79***	***$ 18,328.06***	
AGE OF CLAIMANT						
40-44	3	16.6	13,770.77	1,931.93	15,702.70	85.6
50-54	2	11.1	795.01	0.00	795.01	4.3
30-34	2	11.1	744.87	5.13	750.00	4.0
35-39	2	11.1	271.27	478.73	750.00	4.0
55-59	5	27.7	275.35	0.00	275.35	1.5
25-29	2	11.1	55.00	0.00	55.00	0.3
45-49	2	11.1	0.00	0.00	0.00	0.0
	18		***$ 15,912.27***	***$ 2,415.79***	***$ 18,328.06***	
SEX OF CLAIMANT						
Male	18	100.0	15,912.27	2,415.79	18,328.06	100.0
	18		***$ 15,912.27***	***$ 2,415.79***	***$ 18,328.06***	
LOSS CAUSE						
Furniture / fixtures	3	16.6	14,515.64	1,937.06	16,452.70	89.7
Pipe	1	5.5	271.27	478.73	750.00	4.0
Brush / tree / log	3	16.6	566.21	0.00	566.21	3.0
Metal items	1	5.5	275.35	0.00	275.35	1.5
Machine, not otherwise classified	1	5.5	228.80	0.00	228.80	1.2
Infectious agent	1	5.5	55.00	0.00	55.00	0.3
Fencing	1	5.5	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	5.5	0.00	0.00	0.00	0.0
Miscellaneous	1	5.5	0.00	0.00	0.00	0.0
Nail	1	5.5	0.00	0.00	0.00	0.0
Trailer Landing Gear	1	5.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:11

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, inside, dry	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 15,912.27***	***$ 2,415.79***	***$ 18,328.06***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	5.5	13,770.77	1,931.93	15,702.70	85.6
Strike Against/Step on Stationary Object	3	16.6	1,311.08	5.13	1,316.21	7.1
Object being lifted/handled (cut,punc.scrape,inj b	2	11.1	271.27	478.73	750.00	4.0
Lifting (strain or Injury by)	3	16.6	275.35	0.00	275.35	1.5
Fall or Slip (On Same Level)	3	16.6	228.80	0.00	228.80	1.2
Exposure to Poisonous Agent / Plant	1	5.5	55.00	0.00	55.00	0.3
Object Handled (caught in or between)	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 Motor Vehicle	1	5.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	11.1	0.00	0.00	0.00	0.0
	18		***$ 15,912.27***	***$ 2,415.79***	***$ 18,328.06***	

*****BODY PART***	
Facial, Other Soft Tissue	1
Finger(s)	3
Lower Leg	2
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Elbow	1
Knee	1
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	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***	
Laceration	3
Contusion	5
Strain	9
Dermatitis	1
Puncture	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Staunton (853)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	33.3	1,903.37	21,453.74	23,357.11	91.4
2PM-3:59PM	3	33.3	2,136.26	0.00	2,136.26	8.3
10AM-11:59AM	1	11.1	36.00	0.00	36.00	0.1
12AM-1:59AM	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		***$ 4,075.63***	***$ 21,453.74***	***$ 25,529.37***	
LENGTH OF SERVICE						
28-30	1	11.1	579.74	21,453.74	22,033.48	86.3
2-4	2	22.2	3,059.00	0.00	3,059.00	11.9
0-2	2	22.2	400.89	0.00	400.89	1.5
22-24	1	11.1	36.00	0.00	36.00	0.1
10-12	1	11.1	0.00	0.00	0.00	0.0
16-18	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		***$ 4,075.63***	***$ 21,453.74***	***$ 25,529.37***	
AGE OF CLAIMANT						
50-54	2	22.2	579.74	21,453.74	22,033.48	86.3
40-44	3	33.3	3,459.89	0.00	3,459.89	13.5
45-49	1	11.1	36.00	0.00	36.00	0.1
20-24	1	11.1	0.00	0.00	0.00	0.0
25-29	1	11.1	0.00	0.00	0.00	0.0
35-39	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,075.63***	***$ 21,453.74***	***$ 25,529.37***	
SEX OF CLAIMANT						
Male	9	100.0	4,075.63	21,453.74	25,529.37	100.0
	9		***$ 4,075.63***	***$ 21,453.74***	***$ 25,529.37***	
LOSS CAUSE						
Vehicle/car/truck	1	11.1	579.74	21,453.74	22,033.48	86.3
Brush / tree / log	1	11.1	1,735.37	0.00	1,735.37	6.8
Pipe	2	22.2	1,359.63	0.00	1,359.63	5.3
Pike pole 6’	1	11.1	400.89	0.00	400.89	1.5
Animal / bee type	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
Metal items	1	11.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,075.63***	***$ 21,453.74***	***$ 25,529.37***	
ACCIDENT TYPE						
Twisting, strain or injury by	2	22.2	980.63	21,453.74	22,434.37	87.8
Pushing Or Pulling (Strain or Injury by)	1	11.1	1,735.37	0.00	1,735.37	6.8
Fall or Slip (On Same Level)	1	11.1	1,323.63	0.00	1,323.63	5.1
Struck/Injured by Object Being Lifted/Handled	1	11.1	36.00	0.00	36.00	0.1
Animal Or Insect	1	11.1	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:11

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Staunton (853)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strike Against/Step on Stationary Object	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,075.63***	***$ 21,453.74***	***$ 25,529.37***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Lower Leg	2
Facial, Other Soft Tissue	1
Elbow	1
Finger(s)	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	5
Laceration	2
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Harrisonburg (854)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	25.0	0.00	3,176.88	3,176.88	60.2
12PM-1:59PM	3	25.0	1,760.44	0.00	1,760.44	33.3
2PM-3:59PM	3	25.0	294.35	0.00	294.35	5.5
10AM-11:59AM	1	8.3	43.45	0.00	43.45	0.8
12AM-1:59AM	2	16.6	0.00	0.00	0.00	0.0
	12		***$ 2,098.24***	***$ 3,176.88***	***$ 5,275.12***	
LENGTH OF SERVICE						
4-6	2	16.6	43.45	3,176.88	3,220.33	61.0
22-24	1	8.3	1,523.44	0.00	1,523.44	28.8
12-14	1	8.3	294.35	0.00	294.35	5.5
10-12	1	8.3	237.00	0.00	237.00	4.4
0-2	1	8.3	0.00	0.00	0.00	0.0
2-4	5	41.6	0.00	0.00	0.00	0.0
20-22	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 2,098.24***	***$ 3,176.88***	***$ 5,275.12***	
AGE OF CLAIMANT						
35-39	1	8.3	0.00	3,176.88	3,176.88	60.2
55-59	2	16.6	1,760.44	0.00	1,760.44	33.3
60-64	1	8.3	294.35	0.00	294.35	5.5
40-44	1	8.3	43.45	0.00	43.45	0.8
20-24	2	16.6	0.00	0.00	0.00	0.0
25-29	1	8.3	0.00	0.00	0.00	0.0
45-49	3	25.0	0.00	0.00	0.00	0.0
50-54	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 2,098.24***	***$ 3,176.88***	***$ 5,275.12***	
SEX OF CLAIMANT						
Male	11	91.6	1,803.89	3,176.88	4,980.77	94.4
Female	1	8.3	294.35	0.00	294.35	5.5
	12		***$ 2,098.24***	***$ 3,176.88***	***$ 5,275.12***	
LOSS CAUSE						
Metal items	3	25.0	237.00	3,176.88	3,413.88	64.7
Chemicals, not otherwise classified	1	8.3	1,523.44	0.00	1,523.44	28.8
Machine, not otherwise classified	1	8.3	294.35	0.00	294.35	5.5
Mowers	1	8.3	43.45	0.00	43.45	0.8
Brush / tree / log	1	8.3	0.00	0.00	0.00	0.0
Infectious agent	1	8.3	0.00	0.00	0.00	0.0
Tire	1	8.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	16.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 2,098.24***	***$ 3,176.88***	***$ 5,275.12***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	16.6	0.00	3,176.88	3,176.88	60.2
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	8.3	1,523.44	0.00	1,523.44	28.8
Strike Against/Step on Stationary Object	1	8.3	294.35	0.00	294.35	5.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Harrisonburg (854)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Falling or Flying Object	1	8.3	237.00	0.00	237.00	4.4
Pushing Or Pulling (Strain or Injury by)	1	8.3	43.45	0.00	43.45	0.8
Exposure to Poisonous Agent / Plant	1	8.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	25.0	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	8.3	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		***$ 2,098.24***	***$ 3,176.88***	***$ 5,275.12***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower Arm	4
Lower Leg	1
Facial, Other Soft Tissue	1
Elbow	1
Finger(s)	1
Hand	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	4
Burn	2
Laceration	2
Puncture	1
Contusion	3
Dermatitis	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Edinburg (855)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	7.1	772.84	277.50	1,050.34	62.8
10AM-11:59AM	6	42.8	621.01	0.00	621.01	37.1
12PM-1:59PM	4	28.5	0.00	0.00	0.00	0.0
8AM-9:59AM	1	7.1	0.00	0.00	0.00	0.0
12AM-1:59AM	2	14.2	0.00	0.00	0.00	0.0
	14		***$ 1,393.85***	***$ 277.50***	***$ 1,671.35***	
LENGTH OF SERVICE						
24-26	1	7.1	772.84	277.50	1,050.34	62.8
2-4	2	14.2	337.13	0.00	337.13	20.1
8-10	1	7.1	283.88	0.00	283.88	16.9
0-2	3	21.4	0.00	0.00	0.00	0.0
14-16	1	7.1	0.00	0.00	0.00	0.0
16-18	2	14.2	0.00	0.00	0.00	0.0
12-14	1	7.1	0.00	0.00	0.00	0.0
22-24	1	7.1	0.00	0.00	0.00	0.0
28-30	1	7.1	0.00	0.00	0.00	0.0
32-34	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,393.85***	***$ 277.50***	***$ 1,671.35***	
AGE OF CLAIMANT						
45-49	2	14.2	772.84	277.50	1,050.34	62.8
30-34	3	21.4	621.01	0.00	621.01	37.1
20-24	2	14.2	0.00	0.00	0.00	0.0
35-39	3	21.4	0.00	0.00	0.00	0.0
60-64	1	7.1	0.00	0.00	0.00	0.0
50-54	2	14.2	0.00	0.00	0.00	0.0
55-59	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,393.85***	***$ 277.50***	***$ 1,671.35***	
SEX OF CLAIMANT						
Male	14	100.0	1,393.85	277.50	1,671.35	100.0
	14		***$ 1,393.85***	***$ 277.50***	***$ 1,671.35***	
LOSS CAUSE						
Hand tool, powered, NOC	2	14.2	772.84	277.50	1,050.34	62.8
Vehicle, not otherwise classified	1	7.1	337.13	0.00	337.13	20.1
Vehicle/car/truck	1	7.1	283.88	0.00	283.88	16.9
Animal / bee type	1	7.1	0.00	0.00	0.00	0.0
Metal items	2	14.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.1	0.00	0.00	0.00	0.0
Brush / tree / log	1	7.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	7.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	14.2	0.00	0.00	0.00	0.0
Outside Surface	2	14.2	0.00	0.00	0.00	0.0
	14		***$ 1,393.85***	***$ 277.50***	***$ 1,671.35***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	7.1	772.84	277.50	1,050.34	62.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Edinburg (855)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Vehicle Upset	1	7.1	337.13	0.00	337.13	20.1
Twisting, strain or injury by	3	21.4	283.88	0.00	283.88	16.9
Animal Or Insect	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
Fall or slip (on ice or snow)	1	7.1	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	14.2	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	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
Struck/Injured by Falling or Flying Object	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,393.85***	***$ 277.50***	***$ 1,671.35***	

***BODY PART

Knee	3
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Ankle	1
Ear(s)	1
Finger(s)	3
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Lower Leg	1
Hand	1
Trachea	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.**

***INJURY

Laceration	4
Strain	6
Burn	1
Contusion	1
Puncture	3
Poisoning - Chemical	2
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Luray (856)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	42.8	8,362.41	15,246.70	23,609.11	81.8
10AM-11:59AM	3	42.8	1,068.04	3,414.46	4,482.50	15.5
12PM-1:59PM	1	14.2	506.70	243.30	750.00	2.6
	7		***$ 9,937.15***	***$ 18,904.46***	***$ 28,841.61***	
LENGTH OF SERVICE						
0-2	2	28.5	7,235.80	15,246.70	22,482.50	77.9
14-16	1	14.2	335.54	3,414.46	3,750.00	13.0
26-28	1	14.2	1,362.93	0.00	1,362.93	4.7
4-6	1	14.2	506.70	243.30	750.00	2.6
32-34	1	14.2	496.18	0.00	496.18	1.7
8-10	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 9,937.15***	***$ 18,904.46***	***$ 28,841.61***	
AGE OF CLAIMANT						
40-44	4	57.1	7,571.34	18,661.16	26,232.50	90.9
55-59	1	14.2	1,362.93	0.00	1,362.93	4.7
25-29	1	14.2	506.70	243.30	750.00	2.6
60-64	1	14.2	496.18	0.00	496.18	1.7
	7		***$ 9,937.15***	***$ 18,904.46***	***$ 28,841.61***	
SEX OF CLAIMANT						
Male	7	100.0	9,937.15	18,904.46	28,841.61	100.0
	7		***$ 9,937.15***	***$ 18,904.46***	***$ 28,841.61***	
LOSS CAUSE						
Brush / tree / log	2	28.5	6,838.84	18,661.16	25,500.00	88.4
Metal items	1	14.2	1,362.93	0.00	1,362.93	4.7
Vehicle/car/truck	2	28.5	1,002.88	243.30	1,246.18	4.3
Machine, not otherwise classified	1	14.2	732.50	0.00	732.50	2.5
Minerals / dirt	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 9,937.15***	***$ 18,904.46***	***$ 28,841.61***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	14.2	6,503.30	15,246.70	21,750.00	75.4
Twisting, strain or injury by	1	14.2	335.54	3,414.46	3,750.00	13.0
Struck/Injured by Falling or Flying Object	2	28.5	1,869.63	243.30	2,112.93	7.3
Object Handled (caught in or between)	1	14.2	732.50	0.00	732.50	2.5
Fall or Slip (On Same Level)	1	14.2	496.18	0.00	496.18	1.7
Foreign Body In Eye	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 9,937.15***	***$ 18,904.46***	***$ 28,841.61***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Foot	1					
Lower Arm	2					
Hand	1					
Eye(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Luray (856)

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**	
Sprain	1
Strain	1
Contusion	4
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6AM-7:59AM	5	8.7	43,672.40	60,577.60	104,250.00	46.0
2PM-3:59PM	10	17.5	41,090.91	28,264.57	69,355.48	30.6
10AM-11:59AM	19	33.3	7,508.70	28,883.55	36,392.25	16.0
12AM-1:59AM	1	1.7	7,752.39	0.00	7,752.39	3.4
8AM-9:59AM	10	17.5	2,359.94	2,250.00	4,609.94	2.0
12PM-1:59PM	8	14.0	1,314.55	750.00	2,064.55	0.9
4PM-5:59PM	1	1.7	774.48	0.00	774.48	0.3
6PM-7:59PM	1	1.7	0.00	750.00	750.00	0.3
Unknown	1	1.7	487.43	0.00	487.43	0.2
4AM-5:59AM	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 104,960.80***	***$ 121,475.72***	***$ 226,436.52***	
LENGTH OF SERVICE						
0-2	7	12.2	41,976.63	54,974.40	96,951.03	42.8
2-4	13	22.8	32,455.67	29,014.57	61,470.24	27.1
4-6	7	12.2	14,179.70	8,103.20	22,282.90	9.8
8-10	4	7.0	12,357.00	0.00	12,357.00	5.4
14-16	5	8.7	565.55	10,750.00	11,315.55	5.0
6-8	5	8.7	165.00	10,750.00	10,915.00	4.8
10-12	5	8.7	1,005.11	6,383.55	7,388.66	3.2
12-14	4	7.0	2,003.96	0.00	2,003.96	0.8
16-18	1	1.7	0.00	750.00	750.00	0.3
38-40	1	1.7	0.00	750.00	750.00	0.3
18-20	3	5.2	252.18	0.00	252.18	0.1
20-22	1	1.7	0.00	0.00	0.00	0.0
28-30	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 104,960.80***	***$ 121,475.72***	***$ 226,436.52***	
AGE OF CLAIMANT						
40-44	8	14.0	45,730.42	53,224.40	98,954.82	43.7
55-59	4	7.0	26,132.92	26,103.28	52,236.20	23.0
45-49	12	21.0	2,259.99	33,264.49	35,524.48	15.6
60-64	5	8.7	10,463.14	1,750.00	12,213.14	5.3
50-54	9	15.7	10,622.88	750.00	11,372.88	5.0
35-39	7	12.2	4,284.44	4,883.55	9,167.99	4.0
30-34	6	10.5	4,206.30	750.00	4,956.30	2.1
20-24	3	5.2	848.02	750.00	1,598.02	0.7
25-29	2	3.5	412.69	0.00	412.69	0.1
65-69	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 104,960.80***	***$ 121,475.72***	***$ 226,436.52***	
SEX OF CLAIMANT						
Male	48	84.2	81,169.93	78,946.91	160,116.84	70.7
Female	9	15.7	23,790.87	42,528.81	66,319.68	29.2
	57		***$ 104,960.80***	***$ 121,475.72***	***$ 226,436.52***	
LOSS CAUSE						
Trailer Dolly	1	1.7	24,039.92	31,710.08	55,750.00	24.6
Walking surface, outside, wet	2	3.5	9,985.68	31,514.32	41,500.00	18.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:12

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, outside, dry	5	8.7	17,135.50	17,250.08	34,385.58	15.1
Vehicle/car/truck	10	17.5	13,142.13	10,353.20	23,495.33	10.3
Vehicle, not otherwise classified	4	7.0	21,482.00	0.00	21,482.00	9.4
Boxes / containers	5	8.7	8,640.11	11,500.00	20,140.11	8.8
Paper / Pulp	1	1.7	1,485.51	10,264.49	11,750.00	5.1
Hammer	1	1.7	791.21	4,883.55	5,674.76	2.5
Machine, not otherwise classified	5	8.7	3,170.48	0.00	3,170.48	1.4
Furniture / fixtures	2	3.5	689.41	1,750.00	2,439.41	1.0
Walking surface, inside, wet	1	1.7	1,893.86	0.00	1,893.86	0.8
Walking surface, inside, dry	3	5.2	299.40	1,500.00	1,799.40	0.7
Ladder, 12' roof	1	1.7	1,153.60	0.00	1,153.60	0.5
Miscellaneous	2	3.5	55.00	750.00	805.00	0.3
Animal / bee type	2	3.5	412.69	0.00	412.69	0.1
Animal, not otherwise classified	1	1.7	213.90	0.00	213.90	0.0
Animal / insect, not otherwise classified	1	1.7	198.64	0.00	198.64	0.0
Tire	1	1.7	171.76	0.00	171.76	0.0
Tractor	1	1.7	0.00	0.00	0.00	0.0
Door	1	1.7	0.00	0.00	0.00	0.0
Electrical equipment	1	1.7	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.7	0.00	0.00	0.00	0.0
Infectious agent	1	1.7	0.00	0.00	0.00	0.0
Metal items	3	5.2	0.00	0.00	0.00	0.0
Pike pole 10'	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 104,960.80***	***$ 121,475.72***	***$ 226,436.52***	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	3	5.2	24,729.33	33,460.08	58,189.41	25.7
Lifting (strain or Injury by)	11	19.2	13,660.99	21,764.49	35,425.48	15.6
Twisting, strain or injury by	4	7.0	16,785.52	18,000.08	34,785.60	15.3
Fall or slip (on ice or snow)	1	1.7	9,985.68	20,764.32	30,750.00	13.5
Fall or Slip (On Same Level)	8	14.0	10,296.18	8,853.20	19,149.38	8.4
Vehicle Upset	5	8.7	19,134.40	0.00	19,134.40	8.4
Slipped, Did Not Fall	2	3.5	0.00	10,750.00	10,750.00	4.7
Repetitive Motion	1	1.7	791.21	4,883.55	5,674.76	2.5
Collision/sideswipe with Another Vehicle	3	5.2	2,089.03	750.00	2,839.03	1.2
Struck/Injured by Hand Tool/Machine In Use	1	1.7	2,753.30	0.00	2,753.30	1.2
Fall or Slip (From Liquid/Grease spills)	1	1.7	1,893.86	0.00	1,893.86	0.8
Struck/Injured by Motor Vehicle	2	3.5	487.43	750.00	1,237.43	0.5
Fall or Slip (From Ladder/Scaffolding)	1	1.7	1,153.60	0.00	1,153.60	0.5
Object being lifted/handled (cut,punc.scrape,inj b	4	7.0	165.00	750.00	915.00	0.4
Fall or Slip (From Different Level)	1	1.7	0.00	750.00	750.00	0.3
Allergic Reaction	1	1.7	412.69	0.00	412.69	0.1
Struck/Injured by Falling or Flying Object	2	3.5	252.18	0.00	252.18	0.1
Animal Or Insect	2	3.5	198.64	0.00	198.64	0.0
Struck/Injured by Object Handled By Other	1	1.7	171.76	0.00	171.76	0.0
Exposure to Poisonous Agent / Plant	1	1.7	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.7	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	57		***$ 104,960.80***	***$ 121,475.72***	***$ 226,436.52***	
*****BODY PART***						
Knee	6					
Lower Back Area (Lumbar and Lumbo-Sacral)	18					
Foot	4					
Soft Tissue - Neck	7					
Thumb	1					
Upper Leg	1					
Lower Arm	4					
Hip	1					
Shoulder	3					
Facial, Other Soft Tissue	3					
Upper Back Area (Thoracic Area)	2					
Finger(s)	5					
No Physical Problem	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hand	3					
Lower Leg	3					
Multiple Head Injury	1					
Ankle	1					
Elbow	2					
Whole Body	1					
Wrist	3					
Buttocks	1					
Abdomen including Groin	2					
Eye(s)	1					
	57					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	45					
Contusion	11					
Sprain	4					
Laceration	4					
Unknown	1					
Fracture	2					
No Physical Injury	2					
Dermatitis	3					
Puncture	3					
Foreign Body	1					
	57					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	11.1	2,222.10	31,729.35	33,951.45	50.8
12PM-1:59PM	3	16.6	7,498.85	15,831.51	23,330.36	34.9
10AM-11:59AM	6	33.3	2,728.72	919.60	3,648.32	5.4
6AM-7:59AM	1	5.5	2,695.65	0.00	2,695.65	4.0
2PM-3:59PM	3	16.6	1,836.83	578.57	2,415.40	3.6
4PM-5:59PM	2	11.1	0.00	750.00	750.00	1.1
4AM-5:59AM	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 16,982.15***	***$ 49,809.03***	***$ 66,791.18***	
LENGTH OF SERVICE						
10-12	4	22.2	6,888.02	30,979.35	37,867.37	56.7
12-14	7	38.8	6,099.33	16,521.27	22,620.60	33.8
2-4	2	11.1	2,157.97	229.84	2,387.81	3.5
0-2	2	11.1	1,631.63	578.57	2,210.20	3.3
20-22	1	5.5	0.00	750.00	750.00	1.1
22-24	1	5.5	0.00	750.00	750.00	1.1
24-26	1	5.5	205.20	0.00	205.20	0.3
	18		***$ 16,982.15***	***$ 49,809.03***	***$ 66,791.18***	
AGE OF CLAIMANT						
40-44	1	5.5	2,222.10	30,979.35	33,201.45	49.7
30-34	3	16.6	9,304.18	15,601.67	24,905.85	37.2
50-54	4	22.2	3,919.42	578.57	4,497.99	6.7
45-49	3	16.6	0.00	1,500.00	1,500.00	2.2
55-59	3	16.6	205.20	750.00	955.20	1.4
35-39	1	5.5	580.40	169.60	750.00	1.1
25-29	1	5.5	380.25	229.84	610.09	0.9
60-64	1	5.5	370.60	0.00	370.60	0.5
65-69	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 16,982.15***	***$ 49,809.03***	***$ 66,791.18***	
SEX OF CLAIMANT						
Male	15	83.3	13,744.23	49,809.03	63,553.26	95.1
Female	3	16.6	3,237.92	0.00	3,237.92	4.8
	18		***$ 16,982.15***	***$ 49,809.03***	***$ 66,791.18***	
LOSS CAUSE						
Machine, not otherwise classified	2	11.1	2,592.70	30,979.35	33,572.05	50.2
Metal items	3	16.6	6,926.05	15,601.67	22,527.72	33.7
Stairs, steps	2	11.1	4,155.85	0.00	4,155.85	6.2
Vehicle, not otherwise classified	1	5.5	1,970.27	0.00	1,970.27	2.9
Door	1	5.5	171.43	578.57	750.00	1.1
Knife, NOC	1	5.5	0.00	750.00	750.00	1.1
Miscellaneous	2	11.1	580.40	169.60	750.00	1.1
Pipe	1	5.5	0.00	750.00	750.00	1.1
Vehicle/car/truck	1	5.5	0.00	750.00	750.00	1.1
Walking surface, outside, dry	1	5.5	380.25	229.84	610.09	0.9
Boxes / containers	1	5.5	205.20	0.00	205.20	0.3
Nail	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Furniture / fixtures	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 16,982.15***	***$ 49,809.03***	***$ 66,791.18***	
ACCIDENT TYPE						
Object Handled (caught in or between)	4	22.2	4,541.85	31,557.92	36,099.77	54.0
Struck/Injured by Object Being Lifted/Handled	2	11.1	5,728.73	15,771.27	21,500.00	32.1
Strike Against/Step on Stationary Object	2	11.1	2,695.65	0.00	2,695.65	4.0
Vehicle Upset	1	5.5	1,970.27	0.00	1,970.27	2.9
Fall or slip (on stairs)	1	5.5	1,460.20	0.00	1,460.20	2.1
Twisting, strain or injury by	3	16.6	380.25	979.84	1,360.09	2.0
Collision/sideswipe with Another Vehicle	1	5.5	0.00	750.00	750.00	1.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.5	0.00	750.00	750.00	1.1
Lifting (strain or Injury by)	1	5.5	205.20	0.00	205.20	0.3
Rubbed/Abraded not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 16,982.15***	***$ 49,809.03***	***$ 66,791.18***	

*****BODY PART***

Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	1
Mouth	1
Nose	1
Finger(s)	5
Knee	3
Lower Arm	2
Ankle	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Elbow	2
Hand	2
Foot	1
Facial, Other Soft Tissue	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	10
Fracture	2
Laceration	2
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Manassas (948)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	18.1	19,175.88	29,301.98	48,477.86	75.5
10AM-11:59AM	4	36.3	4,166.41	9,792.19	13,958.60	21.7
8AM-9:59AM	2	18.1	1,019.65	0.00	1,019.65	1.5
6AM-7:59AM	1	9.0	351.85	0.00	351.85	0.5
2PM-3:59PM	2	18.1	326.42	0.00	326.42	0.5
	11		***$ 25,040.21***	***$ 39,094.17***	***$ 64,134.38***	
LENGTH OF SERVICE						
10-12	3	27.2	19,175.88	29,301.98	48,477.86	75.5
0-2	1	9.0	4,006.41	9,792.19	13,798.60	21.5
20-22	1	9.0	1,019.65	0.00	1,019.65	1.5
2-4	3	27.2	678.27	0.00	678.27	1.0
16-18	2	18.1	160.00	0.00	160.00	0.2
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 25,040.21***	***$ 39,094.17***	***$ 64,134.38***	
AGE OF CLAIMANT						
55-59	2	18.1	16,874.02	29,301.98	46,176.00	72.0
45-49	1	9.0	4,006.41	9,792.19	13,798.60	21.5
35-39	3	27.2	2,628.28	0.00	2,628.28	4.1
50-54	1	9.0	1,019.65	0.00	1,019.65	1.5
30-34	1	9.0	351.85	0.00	351.85	0.5
40-44	2	18.1	160.00	0.00	160.00	0.2
25-29	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 25,040.21***	***$ 39,094.17***	***$ 64,134.38***	
SEX OF CLAIMANT						
Male	11	100.0	25,040.21	39,094.17	64,134.38	100.0
	11		***$ 25,040.21***	***$ 39,094.17***	***$ 64,134.38***	
LOSS CAUSE						
Vehicle/car/truck	4	36.3	23,182.29	39,094.17	62,276.46	97.1
Machine, not otherwise classified	1	9.0	1,019.65	0.00	1,019.65	1.5
Metal items	1	9.0	351.85	0.00	351.85	0.5
Hand tool, not powered, NOC	1	9.0	326.42	0.00	326.42	0.5
Vehicle, not otherwise classified	1	9.0	160.00	0.00	160.00	0.2
Pipe	1	9.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	9.0	0.00	0.00	0.00	0.0
Minerals / dirt	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 25,040.21***	***$ 39,094.17***	***$ 64,134.38***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	9.0	16,874.02	29,301.98	46,176.00	72.0
Collision/sideswipe with Another Vehicle	1	9.0	4,006.41	9,792.19	13,798.60	21.5
Twisting, strain or injury by	1	9.0	2,301.86	0.00	2,301.86	3.5
Object being lifted/handled (cut,punc.scrape,inj b	1	9.0	1,019.65	0.00	1,019.65	1.5
Struck/Injured by Falling or Flying Object	1	9.0	351.85	0.00	351.85	0.5
Repetitive Motion	1	9.0	326.42	0.00	326.42	0.5
Object Handled (caught in or between)	1	9.0	160.00	0.00	160.00	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Manassas (948)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Contact With Hot Object or Substances	1	9.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	9.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	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
	11		***$ 25,040.21***	***$ 39,094.17***	***$ 64,134.38***	

***BODY PART

Shoulder	1
Soft Tissue - Neck	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Knee	1
Finger(s)	1
Mouth	1
Wrist	1
Lower Arm	1
Ankle	1
Eye(s)	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

Sprain	1
Strain	8
Laceration	2
Burn	1
Foreign 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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Leesburg (949)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	12.5	1,493.95	9,256.05	10,750.00	83.7
8AM-9:59AM	5	62.5	1,344.25	750.00	2,094.25	16.3
12PM-1:59PM	1	12.5	0.00	0.00	0.00	0.0
10AM-11:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,838.20***	***$ 10,006.05***	***$ 12,844.25***	
LENGTH OF SERVICE						
6-8	1	12.5	1,493.95	9,256.05	10,750.00	83.7
0-2	1	12.5	1,113.25	0.00	1,113.25	8.6
4-6	2	25.0	0.00	750.00	750.00	5.8
14-16	1	12.5	231.00	0.00	231.00	1.8
20-22	2	25.0	0.00	0.00	0.00	0.0
26-28	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,838.20***	***$ 10,006.05***	***$ 12,844.25***	
AGE OF CLAIMANT						
45-49	1	12.5	1,493.95	9,256.05	10,750.00	83.7
30-34	3	37.5	1,113.25	750.00	1,863.25	14.5
40-44	1	12.5	231.00	0.00	231.00	1.8
60-64	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		***$ 2,838.20***	***$ 10,006.05***	***$ 12,844.25***	
SEX OF CLAIMANT						
Male	8	100.0	2,838.20	10,006.05	12,844.25	100.0
	8		***$ 2,838.20***	***$ 10,006.05***	***$ 12,844.25***	
LOSS CAUSE						
Pipe	1	12.5	1,493.95	9,256.05	10,750.00	83.7
Hand tool, powered, NOC	1	12.5	1,113.25	0.00	1,113.25	8.6
Chemicals, not otherwise classified	2	25.0	0.00	750.00	750.00	5.8
Vehicle/car/truck	1	12.5	231.00	0.00	231.00	1.8
Walking surface, outside, dry	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	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,838.20***	***$ 10,006.05***	***$ 12,844.25***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	12.5	1,493.95	9,256.05	10,750.00	83.7
Twisting, strain or injury by	2	25.0	1,344.25	0.00	1,344.25	10.4
Absorb, Ingest, Inhalation	2	25.0	0.00	750.00	750.00	5.8
Repetitive Motion	1	12.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	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
	8		***$ 2,838.20***	***$ 10,006.05***	***$ 12,844.25***	
*****BODY PART***						
Shoulder	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Lungs	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Leesburg (949)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Knee	1					
Lower Leg	1					
Buttocks	1					
Eye(s)	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***						
Strain	4					
Inflamation	1					
Contusion	4					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dulles (997)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
4AM-5:59AM	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
6-8	1	50.0	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
60-64	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						
Building parts / doors	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						
Object Handled (caught in or between)	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***						
Eye(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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Motor Vehicle Dealer Board (506)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	50.0	644.28	0.00	644.28	100.0
12AM-1:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 644.28***	***$ 0.00***	***$ 644.28***	
LENGTH OF SERVICE						
2-4	1	50.0	644.28	0.00	644.28	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 644.28***	***$ 0.00***	***$ 644.28***	
AGE OF CLAIMANT						
55-59	1	50.0	644.28	0.00	644.28	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 644.28***	***$ 0.00***	***$ 644.28***	
SEX OF CLAIMANT						
Male	1	50.0	644.28	0.00	644.28	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 644.28***	***$ 0.00***	***$ 644.28***	
LOSS CAUSE						
Vehicle/car/truck	2	100.0	644.28	0.00	644.28	100.0
	2		***$ 644.28***	***$ 0.00***	***$ 644.28***	
ACCIDENT TYPE						
Vehicle Upset	1	50.0	644.28	0.00	644.28	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 644.28***	***$ 0.00***	***$ 644.28***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	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	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Accomack County Health Dept. (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	40.0	419.00	750.00	1,169.00	86.4
10AM-11:59AM	3	30.0	182.60	0.00	182.60	13.5
2AM-3:59AM	3	30.0	0.00	0.00	0.00	0.0
	10		***$ 601.60***	***$ 750.00***	***$ 1,351.60***	
LENGTH OF SERVICE						
6-8	2	20.0	182.60	750.00	932.60	69.0
4-6	2	20.0	419.00	0.00	419.00	31.0
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
8-10	3	30.0	0.00	0.00	0.00	0.0
	10		***$ 601.60***	***$ 750.00***	***$ 1,351.60***	
AGE OF CLAIMANT						
40-44	3	30.0	0.00	750.00	750.00	55.4
45-49	2	20.0	419.00	0.00	419.00	31.0
55-59	1	10.0	182.60	0.00	182.60	13.5
50-54	3	30.0	0.00	0.00	0.00	0.0
35-39	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 601.60***	***$ 750.00***	***$ 1,351.60***	
SEX OF CLAIMANT						
Male	1	10.0	0.00	750.00	750.00	55.4
Female	9	90.0	601.60	0.00	601.60	44.5
	10		***$ 601.60***	***$ 750.00***	***$ 1,351.60***	
LOSS CAUSE						
Patient / Inmate	3	30.0	419.00	750.00	1,169.00	86.4
Docks,Ramps,Loading Platforms	1	10.0	182.60	0.00	182.60	13.5
Insufficient data	1	10.0	0.00	0.00	0.00	0.0
Package	1	10.0	0.00	0.00	0.00	0.0
Chair	1	10.0	0.00	0.00	0.00	0.0
Furniture / fixtures	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
Object on Floor	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 601.60***	***$ 750.00***	***$ 1,351.60***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	20.0	0.00	750.00	750.00	55.4
Pushing Or Pulling (Strain or Injury by)	2	20.0	419.00	0.00	419.00	31.0
Fall or Slip (From Different Level)	3	30.0	182.60	0.00	182.60	13.5
Other (Not Otherwise Classified)	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
Twisting, strain or injury by	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 601.60***	***$ 750.00***	***$ 1,351.60***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Whole Body	1					
Finger(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Accomack County Health Dept. (1)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Ankle	1					
Hip	2					
Multiple Head 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.**

*****INJURY***						
Strain	5					
Contusion	5					
	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Albermarle Health Department (3)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	67.34	0.00	67.34	100.0
	1		***$ 67.34***	***$ 0.00***	***$ 67.34***	
LENGTH OF SERVICE						
8-10	1	100.0	67.34	0.00	67.34	100.0
	1		***$ 67.34***	***$ 0.00***	***$ 67.34***	
AGE OF CLAIMANT						
55-59	1	100.0	67.34	0.00	67.34	100.0
	1		***$ 67.34***	***$ 0.00***	***$ 67.34***	
SEX OF CLAIMANT						
Female	1	100.0	67.34	0.00	67.34	100.0
	1		***$ 67.34***	***$ 0.00***	***$ 67.34***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	67.34	0.00	67.34	100.0
	1		***$ 67.34***	***$ 0.00***	***$ 67.34***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	67.34	0.00	67.34	100.0
	1		***$ 67.34***	***$ 0.00***	***$ 67.34***	
*****BODY PART***						
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***

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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Allegany/covington Health Dept. (5)

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						
16-18	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						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Amherst County Health Dept. (9)

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						
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						
20-24	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	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
Person	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

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Appomatox County Health Dept. (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	155.62	594.38	750.00	100.0
	1		***$ 155.62***	***$ 594.38***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	100.0	155.62	594.38	750.00	100.0
	1		***$ 155.62***	***$ 594.38***	***$ 750.00***	
AGE OF CLAIMANT						
35-39	1	100.0	155.62	594.38	750.00	100.0
	1		***$ 155.62***	***$ 594.38***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	100.0	155.62	594.38	750.00	100.0
	1		***$ 155.62***	***$ 594.38***	***$ 750.00***	
LOSS CAUSE						
Chair	1	100.0	155.62	594.38	750.00	100.0
	1		***$ 155.62***	***$ 594.38***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	155.62	594.38	750.00	100.0
	1		***$ 155.62***	***$ 594.38***	***$ 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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Augusta Health Department (15)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	50.0	107.56	642.44	750.00	100.0
10AM-11:59AM	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		***$ 107.56***	***$ 642.44***	***$ 750.00***	
LENGTH OF SERVICE						
16-18	1	25.0	107.56	642.44	750.00	100.0
12-14	1	25.0	0.00	0.00	0.00	0.0
28-30	1	25.0	0.00	0.00	0.00	0.0
8-10	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 107.56***	***$ 642.44***	***$ 750.00***	
AGE OF CLAIMANT						
45-49	1	25.0	107.56	642.44	750.00	100.0
55-59	2	50.0	0.00	0.00	0.00	0.0
60-64	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 107.56***	***$ 642.44***	***$ 750.00***	
SEX OF CLAIMANT						
Female	3	75.0	107.56	642.44	750.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 107.56***	***$ 642.44***	***$ 750.00***	
LOSS CAUSE						
Brush / tree / log	1	25.0	107.56	642.44	750.00	100.0
Animal, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
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		***$ 107.56***	***$ 642.44***	***$ 750.00***	
ACCIDENT TYPE						
Allergic Reaction	1	25.0	107.56	642.44	750.00	100.0
Animal Or Insect	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 (From Different Level)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 107.56***	***$ 642.44***	***$ 750.00***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	2					
Hand	1					
Multiple Neck Injury	1					
Buttocks	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***

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Augusta Health Department (15)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Dermatitis	3					
Foreign Body	1					
Infection	1					
Contusion	1					
Puncture	1					
	4					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	33.3	0.00	0.00	0.00	0.0
12AM-1:59AM	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	33.3	0.00	0.00	0.00	0.0
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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	33.3	0.00	0.00	0.00	0.0
45-49	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	2	66.6	0.00	0.00	0.00	0.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Brush / tree / log	1	33.3	0.00	0.00	0.00	0.0
Person	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		***$ 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
Fall or Slip (From Different Level)	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Knee	1					
Shoulder	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***	
Laceration	1
Sprain	1
Strain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Bedford County Health Dept. (19)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:13

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Bland Health Department (21)

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						
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						
Vehicle, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Vehicle Upset	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Brunswick County Health Dept. (25)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	100.0	177.75	0.00	177.75	100.0
	1		***$ 177.75***	***$ 0.00***	***$ 177.75***	
LENGTH OF SERVICE						
8-10	1	100.0	177.75	0.00	177.75	100.0
	1		***$ 177.75***	***$ 0.00***	***$ 177.75***	
AGE OF CLAIMANT						
45-49	1	100.0	177.75	0.00	177.75	100.0
	1		***$ 177.75***	***$ 0.00***	***$ 177.75***	
SEX OF CLAIMANT						
Male	1	100.0	177.75	0.00	177.75	100.0
	1		***$ 177.75***	***$ 0.00***	***$ 177.75***	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	177.75	0.00	177.75	100.0
	1		***$ 177.75***	***$ 0.00***	***$ 177.75***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	177.75	0.00	177.75	100.0
	1		***$ 177.75***	***$ 0.00***	***$ 177.75***	
*****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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	33.3	39.00	0.00	39.00	100.0
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 39.00***	***$ 0.00***	***$ 39.00***	
LENGTH OF SERVICE						
10-12	1	33.3	39.00	0.00	39.00	100.0
6-8	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		***$ 39.00***	***$ 0.00***	***$ 39.00***	
AGE OF CLAIMANT						
50-54	1	33.3	39.00	0.00	39.00	100.0
55-59	1	33.3	0.00	0.00	0.00	0.0
45-49	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 39.00***	***$ 0.00***	***$ 39.00***	
SEX OF CLAIMANT						
Male	1	33.3	39.00	0.00	39.00	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 39.00***	***$ 0.00***	***$ 39.00***	
LOSS CAUSE						
Fencing	1	33.3	39.00	0.00	39.00	100.0
Vehicle, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Person	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 39.00***	***$ 0.00***	***$ 39.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	33.3	39.00	0.00	39.00	100.0
Collision/sideswipe with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 39.00***	***$ 0.00***	***$ 39.00***	

*****BODY PART***	
Knee	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	1
Multiple Neck Injury	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***	
Laceration	1
Strain	4
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Buchanan County Health Dept. (27)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Buckingham Health Department (29)

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						
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						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Campbell Health Department (31)

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						
14-16	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						
55-59	1	50.0	0.00	0.00	0.00	0.0
20-24	1	50.0	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						
Vehicle/car/truck	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						
Twisting, strain or injury by	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***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Carroll Health Department (35)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	63.24	0.00	63.24	100.0
	1		***$ 63.24***	***$ 0.00***	***$ 63.24***	
LENGTH OF SERVICE						
8-10	1	100.0	63.24	0.00	63.24	100.0
	1		***$ 63.24***	***$ 0.00***	***$ 63.24***	
AGE OF CLAIMANT						
35-39	1	100.0	63.24	0.00	63.24	100.0
	1		***$ 63.24***	***$ 0.00***	***$ 63.24***	
SEX OF CLAIMANT						
Male	1	100.0	63.24	0.00	63.24	100.0
	1		***$ 63.24***	***$ 0.00***	***$ 63.24***	
LOSS CAUSE						
Insufficient data	1	100.0	63.24	0.00	63.24	100.0
	1		***$ 63.24***	***$ 0.00***	***$ 63.24***	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	100.0	63.24	0.00	63.24	100.0
	1		***$ 63.24***	***$ 0.00***	***$ 63.24***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Charlotte County Health Dept. (37)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	100.0	155.00	595.00	750.00	100.0
	1		***$ 155.00***	***$ 595.00***	***$ 750.00***	
LENGTH OF SERVICE						
2-4	1	100.0	155.00	595.00	750.00	100.0
	1		***$ 155.00***	***$ 595.00***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	155.00	595.00	750.00	100.0
	1		***$ 155.00***	***$ 595.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	155.00	595.00	750.00	100.0
	1		***$ 155.00***	***$ 595.00***	***$ 750.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	155.00	595.00	750.00	100.0
	1		***$ 155.00***	***$ 595.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	155.00	595.00	750.00	100.0
	1		***$ 155.00***	***$ 595.00***	***$ 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Chesterfield County Health Dept. (41)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	50.0	662.69	116.47	779.16	69.1
12AM-1:59AM	1	25.0	346.90	0.00	346.90	30.8
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,009.59***	***$ 116.47***	***$ 1,126.06***	
LENGTH OF SERVICE						
16-18	1	25.0	662.69	116.47	779.16	69.1
18-20	1	25.0	346.90	0.00	346.90	30.8
6-8	1	25.0	0.00	0.00	0.00	0.0
24-26	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,009.59***	***$ 116.47***	***$ 1,126.06***	
AGE OF CLAIMANT						
45-49	3	75.0	662.69	116.47	779.16	69.1
55-59	1	25.0	346.90	0.00	346.90	30.8
	4		***$ 1,009.59***	***$ 116.47***	***$ 1,126.06***	
SEX OF CLAIMANT						
Male	1	25.0	662.69	116.47	779.16	69.1
Female	3	75.0	346.90	0.00	346.90	30.8
	4		***$ 1,009.59***	***$ 116.47***	***$ 1,126.06***	
LOSS CAUSE						
Vehicle/car/truck	1	25.0	662.69	116.47	779.16	69.1
Walking surface, inside, dry	1	25.0	346.90	0.00	346.90	30.8
Foreign Object	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		***$ 1,009.59***	***$ 116.47***	***$ 1,126.06***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	25.0	662.69	116.47	779.16	69.1
Fall or Slip (On Same Level)	1	25.0	346.90	0.00	346.90	30.8
Foreign Body In Eye	1	25.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,009.59***	***$ 116.47***	***$ 1,126.06***	

*****BODY PART***	
Multiple Neck Injury	1
Knee	2
Wrist	1
Eye(s)	1
Ankle	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
Contusion	2

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Industrial Claims for Plan Year 2002

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By Agencies,SubAgencies

01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Chesterfield County Health Dept. (41)

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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Culpeper County Health Dept. (47)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	66.6	0.00	750.00	750.00	100.0
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
0-2	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***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
35-39	1	33.3	0.00	750.00	750.00	100.0
45-49	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***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	3	100.0	0.00	750.00	750.00	100.0
	3		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Furniture / fixtures	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						
Object Handled (caught in or between)	1	33.3	0.00	750.00	750.00	100.0
Contact with Cold Objects or Substances	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***						
Finger(s)	2					
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***	
Contusion	1
No Physical Injury	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Dickenson County Health Dept. (51)

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						
22-24	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, 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***						
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Dinwiddie County Health Dept. (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
Unknown	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
6-8	1	50.0	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
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						
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						
Cut,puncture,scrape, injured by (Broken Glass)	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***						
Toe(s)	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***	
Contusion	1
Laceration	1
	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:14

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Essex County Health Dept. (57)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	100.0	888.22	3,611.78	4,500.00	100.0
	2		***$ 888.22***	***$ 3,611.78***	***$ 4,500.00***	
LENGTH OF SERVICE						
10-12	2	100.0	888.22	3,611.78	4,500.00	100.0
	2		***$ 888.22***	***$ 3,611.78***	***$ 4,500.00***	
AGE OF CLAIMANT						
40-44	1	50.0	888.22	3,611.78	4,500.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 888.22***	***$ 3,611.78***	***$ 4,500.00***	
SEX OF CLAIMANT						
Female	2	100.0	888.22	3,611.78	4,500.00	100.0
	2		***$ 888.22***	***$ 3,611.78***	***$ 4,500.00***	
LOSS CAUSE						
Shelving	1	50.0	888.22	3,611.78	4,500.00	100.0
Door	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 888.22***	***$ 3,611.78***	***$ 4,500.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	888.22	3,611.78	4,500.00	100.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 888.22***	***$ 3,611.78***	***$ 4,500.00***	
*****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***	
Fracture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Fairfax Health Department (59)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	12.5	6,891.61	7,452.35	14,343.96	82.7
10AM-11:59AM	5	62.5	2,570.05	429.95	3,000.00	17.3
12AM-1:59AM	1	12.5	0.00	0.00	0.00	0.0
8AM-9:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 9,461.66***	***$ 7,882.30***	***$ 17,343.96***	
LENGTH OF SERVICE						
8-10	4	50.0	9,461.66	7,882.30	17,343.96	100.0
12-14	1	12.5	0.00	0.00	0.00	0.0
0-2	2	25.0	0.00	0.00	0.00	0.0
2-4	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 9,461.66***	***$ 7,882.30***	***$ 17,343.96***	
AGE OF CLAIMANT						
35-39	1	12.5	6,891.61	7,452.35	14,343.96	82.7
50-54	1	12.5	2,570.05	429.95	3,000.00	17.3
55-59	1	12.5	0.00	0.00	0.00	0.0
25-29	1	12.5	0.00	0.00	0.00	0.0
40-44	4	50.0	0.00	0.00	0.00	0.0
	8		***$ 9,461.66***	***$ 7,882.30***	***$ 17,343.96***	
SEX OF CLAIMANT						
Female	5	62.5	9,461.66	7,882.30	17,343.96	100.0
Male	3	37.5	0.00	0.00	0.00	0.0
	8		***$ 9,461.66***	***$ 7,882.30***	***$ 17,343.96***	
LOSS CAUSE						
Vehicle/car/truck	2	25.0	9,461.66	7,882.30	17,343.96	100.0
Uneven Surface	1	12.5	0.00	0.00	0.00	0.0
Knife, NOC	2	25.0	0.00	0.00	0.00	0.0
Metal items	1	12.5	0.00	0.00	0.00	0.0
Needle stick	1	12.5	0.00	0.00	0.00	0.0
Shears	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 9,461.66***	***$ 7,882.30***	***$ 17,343.96***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	2	25.0	9,461.66	7,882.30	17,343.96	100.0
Fall or Slip (On Same Level)	1	12.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	62.5	0.00	0.00	0.00	0.0
	8		***$ 9,461.66***	***$ 7,882.30***	***$ 17,343.96***	
*****BODY PART***						
Ankle	2					
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					
Upper Leg	1					
Multiple Head Injury	1					
Multiple Neck Injury	1					
Upper Back Area (Thoracic Area)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Fairfax Health Department (59)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Finger(s)	3					
Hand	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	5					
Contusion	3					
Sprain	1					
Laceration	4					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Fauquier County Health Dept. (61)

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						
24-26	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						
Dust	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Floyd County Health Dept. (63)

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						
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						
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***						
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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Fluvanna County Health Dept. (65)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	50.0	17,218.53	7,841.95	25,060.48	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 17,218.53***	***$ 7,841.95***	***$ 25,060.48***	
LENGTH OF SERVICE						
18-20	1	50.0	17,218.53	7,841.95	25,060.48	100.0
20-22	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 17,218.53***	***$ 7,841.95***	***$ 25,060.48***	
AGE OF CLAIMANT						
60-64	2	100.0	17,218.53	7,841.95	25,060.48	100.0
	2		***$ 17,218.53***	***$ 7,841.95***	***$ 25,060.48***	
SEX OF CLAIMANT						
Female	2	100.0	17,218.53	7,841.95	25,060.48	100.0
	2		***$ 17,218.53***	***$ 7,841.95***	***$ 25,060.48***	
LOSS CAUSE						
Walking surface, inside, wet	1	50.0	17,218.53	7,841.95	25,060.48	100.0
Walking surface, inside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 17,218.53***	***$ 7,841.95***	***$ 25,060.48***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	50.0	17,218.53	7,841.95	25,060.48	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 17,218.53***	***$ 7,841.95***	***$ 25,060.48***	
*****BODY PART***						
Lower Leg	1					
Multiple Head Injury	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***						
Concussion	1					
Fracture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Frederick Health Department (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	328.48	0.00	328.48	100.0
	1		***$ 328.48***	***$ 0.00***	***$ 328.48***	
LENGTH OF SERVICE						
14-16	1	100.0	328.48	0.00	328.48	100.0
	1		***$ 328.48***	***$ 0.00***	***$ 328.48***	
AGE OF CLAIMANT						
50-54	1	100.0	328.48	0.00	328.48	100.0
	1		***$ 328.48***	***$ 0.00***	***$ 328.48***	
SEX OF CLAIMANT						
Female	1	100.0	328.48	0.00	328.48	100.0
	1		***$ 328.48***	***$ 0.00***	***$ 328.48***	
LOSS CAUSE						
Needle stick	1	100.0	328.48	0.00	328.48	100.0
	1		***$ 328.48***	***$ 0.00***	***$ 328.48***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	328.48	0.00	328.48	100.0
	1		***$ 328.48***	***$ 0.00***	***$ 328.48***	
*****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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Gloucester County Health Dept. (73)

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						
22-24	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	2	100.0	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						
Walking surface, inside, wet	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
Lower Arm	1
Upper Leg	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	3
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Greene County Health Dept. (79)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	2	100.0	175.00	0.00	175.00	100.0
	2		***$ 175.00***	***$ 0.00***	***$ 175.00***	
LENGTH OF SERVICE						
6-8	1	50.0	175.00	0.00	175.00	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 175.00***	***$ 0.00***	***$ 175.00***	
AGE OF CLAIMANT						
35-39	1	50.0	175.00	0.00	175.00	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 175.00***	***$ 0.00***	***$ 175.00***	
SEX OF CLAIMANT						
Female	1	50.0	175.00	0.00	175.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 175.00***	***$ 0.00***	***$ 175.00***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	175.00	0.00	175.00	100.0
Nail	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 175.00***	***$ 0.00***	***$ 175.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	175.00	0.00	175.00	100.0
Stepping On Sharp Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 175.00***	***$ 0.00***	***$ 175.00***	
*****BODY PART***						
Toe(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***	
Fracture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Greensville/emporia Health Dept. (81)

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						
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						
Male	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Halifax County Health Department (83)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	100.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
10-12	3	75.0	0.00	0.00	0.00	0.0
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	25.0	0.00	0.00	0.00	0.0
40-44	2	50.0	0.00	0.00	0.00	0.0
50-54	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 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						
Animal / tick, spider, etc.	2	50.0	0.00	0.00	0.00	0.0
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	2	50.0	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
Twisting, strain or injury by	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	

*****BODY PART***

Elbow	1
Lower Leg	1
Whole Body	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***

Contusion	1
Foreign Body	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Hanover Health Department (85)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	20.0	132.00	0.00	132.00	56.3
2AM-3:59AM	1	20.0	102.12	0.00	102.12	43.6
4AM-5:59AM	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		***$ 234.12***	***$ 0.00***	***$ 234.12***	
LENGTH OF SERVICE						
2-4	3	60.0	132.00	0.00	132.00	56.3
28-30	1	20.0	102.12	0.00	102.12	43.6
8-10	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 234.12***	***$ 0.00***	***$ 234.12***	
AGE OF CLAIMANT						
55-59	1	20.0	132.00	0.00	132.00	56.3
50-54	2	40.0	102.12	0.00	102.12	43.6
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		***$ 234.12***	***$ 0.00***	***$ 234.12***	
SEX OF CLAIMANT						
Female	4	80.0	132.00	0.00	132.00	56.3
Male	1	20.0	102.12	0.00	102.12	43.6
	5		***$ 234.12***	***$ 0.00***	***$ 234.12***	
LOSS CAUSE						
Trash receptacle	1	20.0	132.00	0.00	132.00	56.3
Vehicle, not otherwise classified	1	20.0	102.12	0.00	102.12	43.6
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	20.0	0.00	0.00	0.00	0.0
Knife, NOC	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 234.12***	***$ 0.00***	***$ 234.12***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	132.00	0.00	132.00	56.3
Collision/sideswipe with Another Vehicle	1	20.0	102.12	0.00	102.12	43.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	0.00	0.00	0.0
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
	5		***$ 234.12***	***$ 0.00***	***$ 234.12***	
*****BODY PART***						
Knee	1					
Soft Tissue - Neck	1					
Wrist	1					
Elbow	1					
Thumb	1					
Upper Arm (Inc: Clavicle and Scapula)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Hanover Health Department (85)

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	2
Strain	2
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	66.6	1,669.27	2,311.96	3,981.23	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,669.27***	***$ 2,311.96***	***$ 3,981.23***	
LENGTH OF SERVICE						
0-2	1	33.3	1,669.27	2,311.96	3,981.23	100.0
12-14	1	33.3	0.00	0.00	0.00	0.0
18-20	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,669.27***	***$ 2,311.96***	***$ 3,981.23***	
AGE OF CLAIMANT						
30-34	1	33.3	1,669.27	2,311.96	3,981.23	100.0
40-44	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		***$ 1,669.27***	***$ 2,311.96***	***$ 3,981.23***	
SEX OF CLAIMANT						
Female	3	100.0	1,669.27	2,311.96	3,981.23	100.0
	3		***$ 1,669.27***	***$ 2,311.96***	***$ 3,981.23***	
LOSS CAUSE						
Uneven Surface	1	33.3	1,669.27	2,311.96	3,981.23	100.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 1,669.27***	***$ 2,311.96***	***$ 3,981.23***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	1,669.27	2,311.96	3,981.23	100.0
Strike Against/Step on Stationary Object	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		***$ 1,669.27***	***$ 2,311.96***	***$ 3,981.23***	
*****BODY PART***						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower 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***	
Laceration	1
Contusion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Isle Wright County Health Dept. (93)

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						
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						
Patient / Inmate	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***						
Multiple Neck 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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: James City County Health Dept. (95)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: King George County Health Dept. (99)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	25.0	2,031.47	2,609.20	4,640.67	80.0
6AM-7:59AM	1	25.0	1,155.58	0.00	1,155.58	19.9
12PM-1:59PM	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 3,187.05***	***$ 2,609.20***	***$ 5,796.25***	
LENGTH OF SERVICE						
0-2	2	50.0	2,031.47	2,609.20	4,640.67	80.0
4-6	1	25.0	1,155.58	0.00	1,155.58	19.9
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,187.05***	***$ 2,609.20***	***$ 5,796.25***	
AGE OF CLAIMANT						
45-49	3	75.0	3,187.05	2,609.20	5,796.25	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,187.05***	***$ 2,609.20***	***$ 5,796.25***	
SEX OF CLAIMANT						
Male	3	75.0	3,187.05	2,609.20	5,796.25	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,187.05***	***$ 2,609.20***	***$ 5,796.25***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	2,031.47	2,609.20	4,640.67	80.0
Walking surface, outside, dry	1	25.0	1,155.58	0.00	1,155.58	19.9
Animal / insect, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,187.05***	***$ 2,609.20***	***$ 5,796.25***	
ACCIDENT TYPE						
Collision with a Fixed Object	1	25.0	2,031.47	2,609.20	4,640.67	80.0
Fall or Slip (On Same Level)	1	25.0	1,155.58	0.00	1,155.58	19.9
Animal Or Insect	1	25.0	0.00	0.00	0.00	0.0
Repetitive Motion	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,187.05***	***$ 2,609.20***	***$ 5,796.25***	

*****BODY PART***	
Upper Arm (Inc: Clavicle and Scapula)	1
Ankle	1
Abdomen including Groin	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***	
Fracture	1
Sprain	1
Foreign Body	1
Strain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: King George County Health Dept. (99)

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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: King William County Health Dept. (101)

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						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:15

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Loudoun County Health Dept. (107)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	100.0	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
2-4	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
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
Walking surface, inside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Allergic Reaction	1	50.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	

*****BODY PART***

Ankle	1
Hand	1
Knee	1
Lungs	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	3
Respiratory Disorders	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 2002

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Lousia County Health Dept. (109)

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						
30-32	1	50.0	0.00	750.00	750.00	100.0
12-14	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
50-54	2	100.0	0.00	750.00	750.00	100.0
	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						
Object on Floor	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***						
Ankle	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Madison County Health Dept. (113)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Mecklenburg County Health Dept. (117)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	50.0	306.96	0.00	306.96	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 306.96***	***$ 0.00***	***$ 306.96***	
LENGTH OF SERVICE						
24-26	1	50.0	306.96	0.00	306.96	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 306.96***	***$ 0.00***	***$ 306.96***	
AGE OF CLAIMANT						
50-54	1	50.0	306.96	0.00	306.96	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 306.96***	***$ 0.00***	***$ 306.96***	
SEX OF CLAIMANT						
Female	2	100.0	306.96	0.00	306.96	100.0
	2		***$ 306.96***	***$ 0.00***	***$ 306.96***	
LOSS CAUSE						
Baggage/Luggage	1	50.0	306.96	0.00	306.96	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 306.96***	***$ 0.00***	***$ 306.96***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	306.96	0.00	306.96	100.0
Fall or Slip (From Different Level)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 306.96***	***$ 0.00***	***$ 306.96***	
*****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	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Middlesex County Health Dept. (119)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	256.82	0.00	256.82	100.0
	1		***$ 256.82***	***$ 0.00***	***$ 256.82***	
LENGTH OF SERVICE						
8-10	1	100.0	256.82	0.00	256.82	100.0
	1		***$ 256.82***	***$ 0.00***	***$ 256.82***	
AGE OF CLAIMANT						
55-59	1	100.0	256.82	0.00	256.82	100.0
	1		***$ 256.82***	***$ 0.00***	***$ 256.82***	
SEX OF CLAIMANT						
Female	1	100.0	256.82	0.00	256.82	100.0
	1		***$ 256.82***	***$ 0.00***	***$ 256.82***	
LOSS CAUSE						
Boxes / containers	1	100.0	256.82	0.00	256.82	100.0
	1		***$ 256.82***	***$ 0.00***	***$ 256.82***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	256.82	0.00	256.82	100.0
	1		***$ 256.82***	***$ 0.00***	***$ 256.82***	
*****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 2002

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Montgomery County Health Dept. (121)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,087.79	0.00	1,087.79	100.0
	1		***$ 1,087.79***	***$ 0.00***	***$ 1,087.79***	
LENGTH OF SERVICE						
4-6	1	100.0	1,087.79	0.00	1,087.79	100.0
	1		***$ 1,087.79***	***$ 0.00***	***$ 1,087.79***	
AGE OF CLAIMANT						
45-49	1	100.0	1,087.79	0.00	1,087.79	100.0
	1		***$ 1,087.79***	***$ 0.00***	***$ 1,087.79***	
SEX OF CLAIMANT						
Female	1	100.0	1,087.79	0.00	1,087.79	100.0
	1		***$ 1,087.79***	***$ 0.00***	***$ 1,087.79***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	1,087.79	0.00	1,087.79	100.0
	1		***$ 1,087.79***	***$ 0.00***	***$ 1,087.79***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	1,087.79	0.00	1,087.79	100.0
	1		***$ 1,087.79***	***$ 0.00***	***$ 1,087.79***	
*****BODY PART***						
Finger(s)	1					
Lower Arm	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Nelson County Health Dept. (125)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	1	100.0	1,635.05	0.00	1,635.05	100.0
	1		***$ 1,635.05***	***$ 0.00***	***$ 1,635.05***	
LENGTH OF SERVICE						
2-4	1	100.0	1,635.05	0.00	1,635.05	100.0
	1		***$ 1,635.05***	***$ 0.00***	***$ 1,635.05***	
AGE OF CLAIMANT						
45-49	1	100.0	1,635.05	0.00	1,635.05	100.0
	1		***$ 1,635.05***	***$ 0.00***	***$ 1,635.05***	
SEX OF CLAIMANT						
Male	1	100.0	1,635.05	0.00	1,635.05	100.0
	1		***$ 1,635.05***	***$ 0.00***	***$ 1,635.05***	
LOSS CAUSE						
Infectious agent	1	100.0	1,635.05	0.00	1,635.05	100.0
	1		***$ 1,635.05***	***$ 0.00***	***$ 1,635.05***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	1,635.05	0.00	1,635.05	100.0
	1		***$ 1,635.05***	***$ 0.00***	***$ 1,635.05***	
*****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***						
Infection	1					
	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: New Kent County Health Dept. (127)

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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Animal / bee type	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 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	1					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Northampton County Health Dept. (131)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	122.00	0.00	122.00	100.0
	1		***$ 122.00***	***$ 0.00***	***$ 122.00***	
LENGTH OF SERVICE						
12-14	1	100.0	122.00	0.00	122.00	100.0
	1		***$ 122.00***	***$ 0.00***	***$ 122.00***	
AGE OF CLAIMANT						
45-49	1	100.0	122.00	0.00	122.00	100.0
	1		***$ 122.00***	***$ 0.00***	***$ 122.00***	
SEX OF CLAIMANT						
Female	1	100.0	122.00	0.00	122.00	100.0
	1		***$ 122.00***	***$ 0.00***	***$ 122.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	122.00	0.00	122.00	100.0
	1		***$ 122.00***	***$ 0.00***	***$ 122.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	122.00	0.00	122.00	100.0
	1		***$ 122.00***	***$ 0.00***	***$ 122.00***	
*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Nottaway County Health Dept. (135)

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						
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						
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 (into Openings)	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***						
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Orange County Health Dept. (137)

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						
10-12	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						
40-44	1	50.0	0.00	0.00	0.00	0.0
70-74	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						
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						
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***	
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Page County Health Dept. (139)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	50.0	50.00	0.00	50.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 50.00***	***$ 0.00***	***$ 50.00***	
LENGTH OF SERVICE						
0-2	1	50.0	50.00	0.00	50.00	100.0
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 50.00***	***$ 0.00***	***$ 50.00***	
AGE OF CLAIMANT						
35-39	1	50.0	50.00	0.00	50.00	100.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 50.00***	***$ 0.00***	***$ 50.00***	
SEX OF CLAIMANT						
Male	1	50.0	50.00	0.00	50.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 50.00***	***$ 0.00***	***$ 50.00***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	50.00	0.00	50.00	100.0
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 50.00***	***$ 0.00***	***$ 50.00***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	50.00	0.00	50.00	100.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 50.00***	***$ 0.00***	***$ 50.00***	
*****BODY PART***						
Buttocks	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***						
Contusion	2					
	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Pittsylvania County Hth.dept. (143)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	33.3	90.00	660.00	750.00	100.0
12AM-1:59AM	1	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	3	50.0	0.00	0.00	0.00	0.0
	6		***$ 90.00***	***$ 660.00***	***$ 750.00***	
LENGTH OF SERVICE						
30-32	1	16.6	90.00	660.00	750.00	100.0
12-14	1	16.6	0.00	0.00	0.00	0.0
2-4	2	33.3	0.00	0.00	0.00	0.0
10-12	1	16.6	0.00	0.00	0.00	0.0
16-18	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 90.00***	***$ 660.00***	***$ 750.00***	
AGE OF CLAIMANT						
55-59	3	50.0	90.00	660.00	750.00	100.0
35-39	2	33.3	0.00	0.00	0.00	0.0
40-44	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 90.00***	***$ 660.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	3	50.0	90.00	660.00	750.00	100.0
Female	3	50.0	0.00	0.00	0.00	0.0
	6		***$ 90.00***	***$ 660.00***	***$ 750.00***	
LOSS CAUSE						
Brush / tree / log	1	16.6	90.00	660.00	750.00	100.0
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	16.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	16.6	0.00	0.00	0.00	0.0
Needle stick	1	16.6	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 90.00***	***$ 660.00***	***$ 750.00***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	16.6	90.00	660.00	750.00	100.0
Fall or slip (on ice or snow)	1	16.6	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	16.6	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 90.00***	***$ 660.00***	***$ 750.00***	
*****BODY PART***						
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Ankle	1					
Finger(s)	1					
Hand	1					
Knee	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Pittsylvania County Hth.dept. (143)

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***

Laceration	2
Strain	2
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Prince Edward County Hth.dept. (147)

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						
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***						
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***

Foreign Body	1					
	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Prince William County Hth.dept. (153)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	100.0	0.00	750.00	750.00	100.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
14-16	2	100.0	0.00	750.00	750.00	100.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	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	1	50.0	0.00	750.00	750.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	0.00	750.00	750.00	100.0
Nail	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
Stepping On Sharp Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Wrist	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	
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:16

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Pulaski County Health Dept. (155)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	100.0	1,106.00	0.00	1,106.00	100.0
	1		***$ 1,106.00***	***$ 0.00***	***$ 1,106.00***	
LENGTH OF SERVICE						
16-18	1	100.0	1,106.00	0.00	1,106.00	100.0
	1		***$ 1,106.00***	***$ 0.00***	***$ 1,106.00***	
AGE OF CLAIMANT						
55-59	1	100.0	1,106.00	0.00	1,106.00	100.0
	1		***$ 1,106.00***	***$ 0.00***	***$ 1,106.00***	
SEX OF CLAIMANT						
Male	1	100.0	1,106.00	0.00	1,106.00	100.0
	1		***$ 1,106.00***	***$ 0.00***	***$ 1,106.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	1,106.00	0.00	1,106.00	100.0
	1		***$ 1,106.00***	***$ 0.00***	***$ 1,106.00***	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	100.0	1,106.00	0.00	1,106.00	100.0
	1		***$ 1,106.00***	***$ 0.00***	***$ 1,106.00***	
*****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***						
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 2002

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Rapphannock County Health Dept. (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	164.00	0.00	164.00	100.0
	1		***$ 164.00***	***$ 0.00***	***$ 164.00***	
LENGTH OF SERVICE						
10-12	1	100.0	164.00	0.00	164.00	100.0
	1		***$ 164.00***	***$ 0.00***	***$ 164.00***	
AGE OF CLAIMANT						
70-74	1	100.0	164.00	0.00	164.00	100.0
	1		***$ 164.00***	***$ 0.00***	***$ 164.00***	
SEX OF CLAIMANT						
Male	1	100.0	164.00	0.00	164.00	100.0
	1		***$ 164.00***	***$ 0.00***	***$ 164.00***	
LOSS CAUSE						
Metal items	1	100.0	164.00	0.00	164.00	100.0
	1		***$ 164.00***	***$ 0.00***	***$ 164.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	164.00	0.00	164.00	100.0
	1		***$ 164.00***	***$ 0.00***	***$ 164.00***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Roanoke County/vinton Hlth Dept. (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	20.0	1,598.35	0.00	1,598.35	49.8
10AM-11:59AM	3	30.0	444.76	412.34	857.10	26.7
8AM-9:59AM	4	40.0	0.00	750.00	750.00	23.4
4AM-5:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,043.11***	***$ 1,162.34***	***$ 3,205.45***	
LENGTH OF SERVICE						
4-6	3	30.0	1,598.35	750.00	2,348.35	73.2
16-18	1	10.0	337.66	412.34	750.00	23.4
18-20	1	10.0	107.10	0.00	107.10	3.3
0-2	1	10.0	0.00	0.00	0.00	0.0
2-4	2	20.0	0.00	0.00	0.00	0.0
8-10	2	20.0	0.00	0.00	0.00	0.0
	10		***$ 2,043.11***	***$ 1,162.34***	***$ 3,205.45***	
AGE OF CLAIMANT						
55-59	4	40.0	2,043.11	412.34	2,455.45	76.6
40-44	1	10.0	0.00	750.00	750.00	23.4
30-34	2	20.0	0.00	0.00	0.00	0.0
35-39	1	10.0	0.00	0.00	0.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
60-64	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,043.11***	***$ 1,162.34***	***$ 3,205.45***	
SEX OF CLAIMANT						
Female	9	90.0	2,043.11	1,162.34	3,205.45	100.0
Male	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,043.11***	***$ 1,162.34***	***$ 3,205.45***	
LOSS CAUSE						
Walking surface, inside, wet	1	10.0	1,598.35	0.00	1,598.35	49.8
Boxes / containers	2	20.0	337.66	412.34	750.00	23.4
N/A	1	10.0	0.00	750.00	750.00	23.4
Person	1	10.0	107.10	0.00	107.10	3.3
Furniture / fixtures	1	10.0	0.00	0.00	0.00	0.0
Office equipment	1	10.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	10.0	0.00	0.00	0.00	0.0
Stairs, steps	1	10.0	0.00	0.00	0.00	0.0
Uneven Surface	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,043.11***	***$ 1,162.34***	***$ 3,205.45***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	10.0	1,598.35	0.00	1,598.35	49.8
Lifting (strain or Injury by)	3	30.0	444.76	412.34	857.10	26.7
Other (Not Otherwise Classified)	1	10.0	0.00	750.00	750.00	23.4
Fall or Slip (On Same Level)	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
Object Handled (caught in or between)	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Roanoke County/vinton Hlth Dept. (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 2,043.11***	***$ 1,162.34***	***$ 3,205.45***	

**BODY PART

Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Multiple Head Injury	1
Eye(s)	1
Finger(s)	2
Hand	1
Knee	1
Multiple Neck 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.**

**INJURY

Contusion	2
Strain	5
Concussion	1
Crushing	1
Foreign Body	1
Laceration	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Rockingham Health Department (165)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
Unknown	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						
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						
Female	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Russell County Health Dept. (167)

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						
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						
Paper / Pulp	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***						
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 2002

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Scott County Health Dept. (169)

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						
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						
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***						
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	

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Shenandoah County Health Dept. (171)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	3	75.0	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
10-12	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	2	50.0	0.00	0.00	0.00	0.0
35-39	2	50.0	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						
Animal / insect, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Person	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	25.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	25.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 0.00***	***$ 0.00***	***$ 0.00***	

*****BODY PART***	
Eye(s)	1
Facial, Other Soft Tissue	1
Hand	1
Knee	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	2
Laceration	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 2002

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Smyth County Health Dept. (173)

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						
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, 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***						
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 2002

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Spotsylvania County Health Dept. (177)

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						
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***						
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 2002

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01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Stafford County Health Dept. (179)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	50.0	322.00	0.00	322.00	100.0
10AM-11:59AM	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		***$ 322.00***	***$ 0.00***	***$ 322.00***	
LENGTH OF SERVICE						
10-12	1	25.0	322.00	0.00	322.00	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
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 322.00***	***$ 0.00***	***$ 322.00***	
AGE OF CLAIMANT						
50-54	1	25.0	322.00	0.00	322.00	100.0
45-49	1	25.0	0.00	0.00	0.00	0.0
30-34	1	25.0	0.00	0.00	0.00	0.0
65-69	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 322.00***	***$ 0.00***	***$ 322.00***	
SEX OF CLAIMANT						
Female	3	75.0	322.00	0.00	322.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 322.00***	***$ 0.00***	***$ 322.00***	
LOSS CAUSE						
Boxes / containers	1	25.0	322.00	0.00	322.00	100.0
Floor	1	25.0	0.00	0.00	0.00	0.0
Insufficient data	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		***$ 322.00***	***$ 0.00***	***$ 322.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	322.00	0.00	322.00	100.0
Fall or Slip (From Liquid/Grease spills)	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
Other (Not Otherwise Classified)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 322.00***	***$ 0.00***	***$ 322.00***	
*****BODY PART***						
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	1					
Knee	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.**

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Industrial Claims for Plan Year 2002

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By Agencies,SubAgencies

01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Stafford County Health Dept. (179)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
*****INJURY***						
Strain	2					
Contusion	3					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:17

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Surry County Health Department (181)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	100.0	3,623.19	22,327.48	25,950.67	100.0
	1		***$ 3,623.19***	***$ 22,327.48***	***$ 25,950.67***	
LENGTH OF SERVICE						
20-22	1	100.0	3,623.19	22,327.48	25,950.67	100.0
	1		***$ 3,623.19***	***$ 22,327.48***	***$ 25,950.67***	
AGE OF CLAIMANT						
55-59	1	100.0	3,623.19	22,327.48	25,950.67	100.0
	1		***$ 3,623.19***	***$ 22,327.48***	***$ 25,950.67***	
SEX OF CLAIMANT						
Male	1	100.0	3,623.19	22,327.48	25,950.67	100.0
	1		***$ 3,623.19***	***$ 22,327.48***	***$ 25,950.67***	
LOSS CAUSE						
Chair	1	100.0	3,623.19	22,327.48	25,950.67	100.0
	1		***$ 3,623.19***	***$ 22,327.48***	***$ 25,950.67***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	3,623.19	22,327.48	25,950.67	100.0
	1		***$ 3,623.19***	***$ 22,327.48***	***$ 25,950.67***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Sussex County Health Dept. (183)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	50.0	93.50	0.00	93.50	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 93.50***	***$ 0.00***	***$ 93.50***	
LENGTH OF SERVICE						
0-2	1	50.0	93.50	0.00	93.50	100.0
28-30	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 93.50***	***$ 0.00***	***$ 93.50***	
AGE OF CLAIMANT						
35-39	1	50.0	93.50	0.00	93.50	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 93.50***	***$ 0.00***	***$ 93.50***	
SEX OF CLAIMANT						
Female	1	50.0	93.50	0.00	93.50	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 93.50***	***$ 0.00***	***$ 93.50***	
LOSS CAUSE						
Person	1	50.0	93.50	0.00	93.50	100.0
Animal, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 93.50***	***$ 0.00***	***$ 93.50***	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	93.50	0.00	93.50	100.0
Animal Or Insect	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 93.50***	***$ 0.00***	***$ 93.50***	
*****BODY PART***						
Ear(s)	1					
Ankle	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					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Tazewell County Health Dept. (185)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Washington County Hth.dept. (191)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	100.0	2,736.04	0.00	2,736.04	100.0
	1		***$ 2,736.04***	***$ 0.00***	***$ 2,736.04***	
LENGTH OF SERVICE						
18-20	1	100.0	2,736.04	0.00	2,736.04	100.0
	1		***$ 2,736.04***	***$ 0.00***	***$ 2,736.04***	
AGE OF CLAIMANT						
40-44	1	100.0	2,736.04	0.00	2,736.04	100.0
	1		***$ 2,736.04***	***$ 0.00***	***$ 2,736.04***	
SEX OF CLAIMANT						
Female	1	100.0	2,736.04	0.00	2,736.04	100.0
	1		***$ 2,736.04***	***$ 0.00***	***$ 2,736.04***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	100.0	2,736.04	0.00	2,736.04	100.0
	1		***$ 2,736.04***	***$ 0.00***	***$ 2,736.04***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	2,736.04	0.00	2,736.04	100.0
	1		***$ 2,736.04***	***$ 0.00***	***$ 2,736.04***	
*****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***

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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Westmoreland County Hth.dept. (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	447.06	0.00	447.06	100.0
	1		***$ 447.06***	***$ 0.00***	***$ 447.06***	
LENGTH OF SERVICE						
20-22	1	100.0	447.06	0.00	447.06	100.0
	1		***$ 447.06***	***$ 0.00***	***$ 447.06***	
AGE OF CLAIMANT						
55-59	1	100.0	447.06	0.00	447.06	100.0
	1		***$ 447.06***	***$ 0.00***	***$ 447.06***	
SEX OF CLAIMANT						
Male	1	100.0	447.06	0.00	447.06	100.0
	1		***$ 447.06***	***$ 0.00***	***$ 447.06***	
LOSS CAUSE						
Metal items	1	100.0	447.06	0.00	447.06	100.0
	1		***$ 447.06***	***$ 0.00***	***$ 447.06***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	447.06	0.00	447.06	100.0
	1		***$ 447.06***	***$ 0.00***	***$ 447.06***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Wise/norton Health Department (195)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	6.00	6,744.00	6,750.00	98.0
8AM-9:59AM	2	66.6	136.90	0.00	136.90	1.9
	3		***$ 142.90***	***$ 6,744.00***	***$ 6,886.90***	
LENGTH OF SERVICE						
0-2	1	33.3	6.00	6,744.00	6,750.00	98.0
20-22	1	33.3	136.90	0.00	136.90	1.9
22-24	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 142.90***	***$ 6,744.00***	***$ 6,886.90***	
AGE OF CLAIMANT						
40-44	1	33.3	6.00	6,744.00	6,750.00	98.0
45-49	1	33.3	136.90	0.00	136.90	1.9
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 142.90***	***$ 6,744.00***	***$ 6,886.90***	
SEX OF CLAIMANT						
Female	2	66.6	142.90	6,744.00	6,886.90	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 142.90***	***$ 6,744.00***	***$ 6,886.90***	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	6.00	6,744.00	6,750.00	98.0
Boxes / containers	1	33.3	136.90	0.00	136.90	1.9
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 142.90***	***$ 6,744.00***	***$ 6,886.90***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	6.00	6,744.00	6,750.00	98.0
Lifting (strain or Injury by)	1	33.3	136.90	0.00	136.90	1.9
Pushing Or Pulling (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 142.90***	***$ 6,744.00***	***$ 6,886.90***	
*****BODY PART***						
Foot	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	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
Fracture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Wythe County Health Dept. (197)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	189.00	0.00	189.00	56.5
2AM-3:59AM	1	33.3	145.00	0.00	145.00	43.4
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 334.00***	***$ 0.00***	***$ 334.00***	
LENGTH OF SERVICE						
26-28	2	66.6	189.00	0.00	189.00	56.5
12-14	1	33.3	145.00	0.00	145.00	43.4
	3		***$ 334.00***	***$ 0.00***	***$ 334.00***	
AGE OF CLAIMANT						
55-59	2	66.6	334.00	0.00	334.00	100.0
50-54	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 334.00***	***$ 0.00***	***$ 334.00***	
SEX OF CLAIMANT						
Female	2	66.6	334.00	0.00	334.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 334.00***	***$ 0.00***	***$ 334.00***	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	189.00	0.00	189.00	56.5
Wood Items	1	33.3	145.00	0.00	145.00	43.4
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 334.00***	***$ 0.00***	***$ 334.00***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	33.3	189.00	0.00	189.00	56.5
Struck/Injured by Falling or Flying Object	1	33.3	145.00	0.00	145.00	43.4
Other (Not Otherwise Classified)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 334.00***	***$ 0.00***	***$ 334.00***	
*****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***						
Contusion	1					
Laceration	1					
Strain	1					
	3					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Alexandria City Health Dept. (510)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	50.0	6,687.84	12,312.16	19,000.00	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 6,687.84***	***$ 12,312.16***	***$ 19,000.00***	
LENGTH OF SERVICE						
2-4	1	50.0	6,687.84	12,312.16	19,000.00	100.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 6,687.84***	***$ 12,312.16***	***$ 19,000.00***	
AGE OF CLAIMANT						
30-34	1	50.0	6,687.84	12,312.16	19,000.00	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 6,687.84***	***$ 12,312.16***	***$ 19,000.00***	
SEX OF CLAIMANT						
Female	2	100.0	6,687.84	12,312.16	19,000.00	100.0
	2		***$ 6,687.84***	***$ 12,312.16***	***$ 19,000.00***	
LOSS CAUSE						
Stairs, steps	1	50.0	6,687.84	12,312.16	19,000.00	100.0
Office equipment	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 6,687.84***	***$ 12,312.16***	***$ 19,000.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	50.0	6,687.84	12,312.16	19,000.00	100.0
Struck/Injured by Object Being Lifted/Handled	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 6,687.84***	***$ 12,312.16***	***$ 19,000.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
Strain	2					
	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Bristol City Health Dept. (520)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	50.0	63.24	0.00	63.24	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 63.24***	***$ 0.00***	***$ 63.24***	
LENGTH OF SERVICE						
22-24	1	50.0	63.24	0.00	63.24	100.0
20-22	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 63.24***	***$ 0.00***	***$ 63.24***	
AGE OF CLAIMANT						
40-44	1	50.0	63.24	0.00	63.24	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 63.24***	***$ 0.00***	***$ 63.24***	
SEX OF CLAIMANT						
Female	2	100.0	63.24	0.00	63.24	100.0
	2		***$ 63.24***	***$ 0.00***	***$ 63.24***	
LOSS CAUSE						
Furniture / fixtures	1	50.0	63.24	0.00	63.24	100.0
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 63.24***	***$ 0.00***	***$ 63.24***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	63.24	0.00	63.24	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 63.24***	***$ 0.00***	***$ 63.24***	
*****BODY PART***						
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	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Albermarle/charltesvl Hlth Dept. (540)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	100.0	3,994.62	8,935.11	12,929.73	100.0
	2		***$ 3,994.62***	***$ 8,935.11***	***$ 12,929.73***	
LENGTH OF SERVICE						
6-8	1	50.0	3,994.62	8,935.11	12,929.73	100.0
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,994.62***	***$ 8,935.11***	***$ 12,929.73***	
AGE OF CLAIMANT						
45-49	1	50.0	3,994.62	8,935.11	12,929.73	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,994.62***	***$ 8,935.11***	***$ 12,929.73***	
SEX OF CLAIMANT						
Female	2	100.0	3,994.62	8,935.11	12,929.73	100.0
	2		***$ 3,994.62***	***$ 8,935.11***	***$ 12,929.73***	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	3,994.62	8,935.11	12,929.73	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,994.62***	***$ 8,935.11***	***$ 12,929.73***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	3,994.62	8,935.11	12,929.73	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 3,994.62***	***$ 8,935.11***	***$ 12,929.73***	
*****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***						
Concussion	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Chesapeake Health Department (550)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	3	42.8	1,088.11	0.00	1,088.11	90.8
10AM-11:59AM	2	28.5	109.98	0.00	109.98	9.1
12PM-1:59PM	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 1,198.09***	***$ 0.00***	***$ 1,198.09***	
LENGTH OF SERVICE						
2-4	1	14.2	633.16	0.00	633.16	52.8
8-10	3	42.8	454.95	0.00	454.95	37.9
24-26	1	14.2	109.98	0.00	109.98	9.1
0-2	1	14.2	0.00	0.00	0.00	0.0
20-22	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,198.09***	***$ 0.00***	***$ 1,198.09***	
AGE OF CLAIMANT						
40-44	1	14.2	633.16	0.00	633.16	52.8
60-64	2	28.5	454.95	0.00	454.95	37.9
55-59	1	14.2	109.98	0.00	109.98	9.1
25-29	1	14.2	0.00	0.00	0.00	0.0
45-49	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 1,198.09***	***$ 0.00***	***$ 1,198.09***	
SEX OF CLAIMANT						
Female	4	57.1	1,088.11	0.00	1,088.11	90.8
Male	3	42.8	109.98	0.00	109.98	9.1
	7		***$ 1,198.09***	***$ 0.00***	***$ 1,198.09***	
LOSS CAUSE						
Walking surface, outside, dry	3	42.8	743.14	0.00	743.14	62.0
Stairs, steps	1	14.2	454.95	0.00	454.95	37.9
Boxes / containers	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
Shears	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,198.09***	***$ 0.00***	***$ 1,198.09***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	14.2	633.16	0.00	633.16	52.8
Fall or slip (on stairs)	1	14.2	454.95	0.00	454.95	37.9
Fall or slip (into Openings)	1	14.2	109.98	0.00	109.98	9.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	14.2	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,198.09***	***$ 0.00***	***$ 1,198.09***	
*****BODY PART***						
Ankle	3					
Foot	1					
Finger(s)	1					
Hip	1					
Knee	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Chesapeake Health Department (550)

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

Sprain	3					
Contusion	2					
Puncture	1					
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Clifton Forge City H.dept. (560)

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						
8-10	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						
Baggage/Luggage	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Danville City Health Dept. (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	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	1	50.0	0.00	0.00	0.00	0.0
22-24	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
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						
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Ankle	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Fredericksburg City Hth.dept. (630)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	33.3	19,404.39	16,640.61	36,045.00	100.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
4AM-5:59AM	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		***$ 19,404.39***	***$ 16,640.61***	***$ 36,045.00***	
LENGTH OF SERVICE						
20-22	1	16.6	19,404.39	16,640.61	36,045.00	100.0
0-2	1	16.6	0.00	0.00	0.00	0.0
10-12	1	16.6	0.00	0.00	0.00	0.0
2-4	1	16.6	0.00	0.00	0.00	0.0
4-6	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 19,404.39***	***$ 16,640.61***	***$ 36,045.00***	
AGE OF CLAIMANT						
65-69	1	16.6	19,404.39	16,640.61	36,045.00	100.0
25-29	1	16.6	0.00	0.00	0.00	0.0
30-34	2	33.3	0.00	0.00	0.00	0.0
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		***$ 19,404.39***	***$ 16,640.61***	***$ 36,045.00***	
SEX OF CLAIMANT						
Male	2	33.3	19,404.39	16,640.61	36,045.00	100.0
Female	4	66.6	0.00	0.00	0.00	0.0
	6		***$ 19,404.39***	***$ 16,640.61***	***$ 36,045.00***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	16.6	19,404.39	16,640.61	36,045.00	100.0
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Needle stick	1	16.6	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	16.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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		***$ 19,404.39***	***$ 16,640.61***	***$ 36,045.00***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	16.6	19,404.39	16,640.61	36,045.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	16.6	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	16.6	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	33.3	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		***$ 19,404.39***	***$ 16,640.61***	***$ 36,045.00***	
*****BODY PART***						
Knee	3					
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Fredericksburg City Hth.dept. (630)

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	1
Laceration	2
Puncture	1
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Hampton City Health Dept. (650)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	9	50.0	4,216.87	1,500.00	5,716.87	79.1
12AM-1:59AM	3	16.6	714.81	42.21	757.02	10.4
10AM-11:59AM	4	22.2	0.00	750.00	750.00	10.3
2AM-3:59AM	2	11.1	0.00	0.00	0.00	0.0
	18		***$ 4,931.68***	***$ 2,292.21***	***$ 7,223.89***	
LENGTH OF SERVICE						
12-14	4	22.2	4,931.68	42.21	4,973.89	68.8
4-6	3	16.6	0.00	750.00	750.00	10.3
6-8	2	11.1	0.00	750.00	750.00	10.3
8-10	5	27.7	0.00	750.00	750.00	10.3
0-2	1	5.5	0.00	0.00	0.00	0.0
22-24	1	5.5	0.00	0.00	0.00	0.0
28-30	1	5.5	0.00	0.00	0.00	0.0
36-38	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 4,931.68***	***$ 2,292.21***	***$ 7,223.89***	
AGE OF CLAIMANT						
45-49	5	27.7	4,931.68	42.21	4,973.89	68.8
50-54	7	38.8	0.00	1,500.00	1,500.00	20.7
55-59	3	16.6	0.00	750.00	750.00	10.3
35-39	2	11.1	0.00	0.00	0.00	0.0
65-69	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 4,931.68***	***$ 2,292.21***	***$ 7,223.89***	
SEX OF CLAIMANT						
Female	17	94.4	4,931.68	2,292.21	7,223.89	100.0
Male	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 4,931.68***	***$ 2,292.21***	***$ 7,223.89***	
LOSS CAUSE						
Machine, not otherwise classified	2	11.1	4,216.87	0.00	4,216.87	58.3
Minerals / dirt	1	5.5	714.81	42.21	757.02	10.4
Chair	1	5.5	0.00	750.00	750.00	10.3
Uneven Surface	1	5.5	0.00	750.00	750.00	10.3
Walking surface, inside, wet	2	11.1	0.00	750.00	750.00	10.3
Building parts / doors	1	5.5	0.00	0.00	0.00	0.0
Ceiling	1	5.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Dust	1	5.5	0.00	0.00	0.00	0.0
Furniture / fixtures	2	11.1	0.00	0.00	0.00	0.0
N/A	1	5.5	0.00	0.00	0.00	0.0
Office equipment	1	5.5	0.00	0.00	0.00	0.0
Patient / Inmate	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
Water	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Hampton City Health Dept. (650)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	18		***$ 4,931.68***	***$ 2,292.21***	***$ 7,223.89***	
ACCIDENT TYPE						
Repetitive Motion	3	16.6	4,216.87	0.00	4,216.87	58.3
Fall or Slip (On Same Level)	2	11.1	0.00	1,500.00	1,500.00	20.7
Absorb, Ingest, Inhalation	3	16.6	714.81	42.21	757.02	10.4
Fall or Slip (From Different Level)	3	16.6	0.00	750.00	750.00	10.3
Allergic Reaction	1	5.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	11.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	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
Fall or Slip (From Liquid/Grease spills)	2	11.1	0.00	0.00	0.00	0.0
	18		***$ 4,931.68***	***$ 2,292.21***	***$ 7,223.89***	

*****BODY PART***	
Multiple Neck Injury	2
Knee	4
Lungs	3
Elbow	1
Hand	1
Lower Leg	1
Wrist	2
Ankle	1
Facial, Other Soft Tissue	2
Finger(s)	2
Foot	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Nose	1
Shoulder	1
Wrist(s) & Hand(s)	1
Buttocks	1
Multiple Head Injury	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	6
Contusion	12
Inflamation	1
Laceration	3
Dust Disease NOC (All Other Pneumoconiosis)	1
Infection	1
Poisoning - Chemical	1
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Rockingham/harrisonburg Hlthdept (660)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	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						
2-4	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						
50-54	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	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	50.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Hip	1					
Lower Leg	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**	
Contusion	2
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:18

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Lynchburg City Health Dept. (680)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	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						
4-6	1	50.0	0.00	0.00	0.00	0.0
12-14	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
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						
Walking surface, inside, dry	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						
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****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***		
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Henry/martinsville Health Dept. (690)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	2	15.3	0.00	0.00	0.00	0.0
4AM-5:59AM	10	76.9	0.00	0.00	0.00	0.0
8AM-9:59AM	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	3	23.0	0.00	0.00	0.00	0.0
12-14	1	7.6	0.00	0.00	0.00	0.0
2-4	7	53.8	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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
25-29	1	7.6	0.00	0.00	0.00	0.0
30-34	4	30.7	0.00	0.00	0.00	0.0
35-39	1	7.6	0.00	0.00	0.00	0.0
40-44	1	7.6	0.00	0.00	0.00	0.0
45-49	1	7.6	0.00	0.00	0.00	0.0
50-54	2	15.3	0.00	0.00	0.00	0.0
55-59	3	23.0	0.00	0.00	0.00	0.0
	13		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	12	92.3	0.00	0.00	0.00	0.0
Male	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	7.6	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	11	84.6	0.00	0.00	0.00	0.0
Needle stick	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	10	76.9	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	7.6	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	7.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
Knee	1					
Lungs	1					
Multiple Upper Extremities	9					
No Physical Problem	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Henry/martinsville Health Dept. (690)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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	1
No Physical Injury	1
Poisoning - Chemical	10
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Newport News City Hth.dept. (700)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	14.2	290.12	0.00	290.12	100.0
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
2AM-3:59AM	1	14.2	0.00	0.00	0.00	0.0
4AM-5:59AM	2	28.5	0.00	0.00	0.00	0.0
8AM-9:59AM	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 290.12***	***$ 0.00***	***$ 290.12***	
LENGTH OF SERVICE						
12-14	1	14.2	290.12	0.00	290.12	100.0
0-2	2	28.5	0.00	0.00	0.00	0.0
14-16	2	28.5	0.00	0.00	0.00	0.0
2-4	2	28.5	0.00	0.00	0.00	0.0
	7		***$ 290.12***	***$ 0.00***	***$ 290.12***	
AGE OF CLAIMANT						
55-59	3	42.8	290.12	0.00	290.12	100.0
40-44	2	28.5	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
50-54	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 290.12***	***$ 0.00***	***$ 290.12***	
SEX OF CLAIMANT						
Male	3	42.8	290.12	0.00	290.12	100.0
Female	4	57.1	0.00	0.00	0.00	0.0
	7		***$ 290.12***	***$ 0.00***	***$ 290.12***	
LOSS CAUSE						
Vehicle, not otherwise classified	3	42.8	290.12	0.00	290.12	100.0
Animal / insect, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Cabinet	1	14.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 290.12***	***$ 0.00***	***$ 290.12***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	14.2	290.12	0.00	290.12	100.0
Animal Or Insect	1	14.2	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	2	28.5	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	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
Strike Against/Step on Stationary Object	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 290.12***	***$ 0.00***	***$ 290.12***	
*****BODY PART***						
Knee	2					
Eye(s)	1					
Foot	1					
Multiple Neck Injury	1					
No Physical Problem	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Newport News City Hth.dept. (700)

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	2
Infection	1
No Physical Injury	2
Puncture	1
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	11	45.8	7,524.33	19,286.59	26,810.92	63.6
10AM-11:59AM	2	8.3	3,802.38	10,579.62	14,382.00	34.1
4AM-5:59AM	5	20.8	890.08	0.00	890.08	2.1
2AM-3:59AM	4	16.6	66.00	0.00	66.00	0.1
12AM-1:59AM	1	4.1	0.00	0.00	0.00	0.0
12PM-1:59PM	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 12,282.79***	***$ 29,866.21***	***$ 42,149.00***	
LENGTH OF SERVICE						
22-24	3	12.5	7,386.22	18,536.59	25,922.81	61.5
12-14	3	12.5	4,355.65	10,579.62	14,935.27	35.4
10-12	3	12.5	209.61	750.00	959.61	2.2
30-32	2	8.3	198.31	0.00	198.31	0.4
20-22	1	4.1	67.00	0.00	67.00	0.1
4-6	1	4.1	66.00	0.00	66.00	0.1
0-2	3	12.5	0.00	0.00	0.00	0.0
18-20	2	8.3	0.00	0.00	0.00	0.0
16-18	1	4.1	0.00	0.00	0.00	0.0
2-4	1	4.1	0.00	0.00	0.00	0.0
24-26	2	8.3	0.00	0.00	0.00	0.0
8-10	2	8.3	0.00	0.00	0.00	0.0
	24		***$ 12,282.79***	***$ 29,866.21***	***$ 42,149.00***	
AGE OF CLAIMANT						
50-54	6	25.0	7,391.02	19,286.59	26,677.61	63.2
35-39	4	16.6	3,670.38	10,579.62	14,250.00	33.8
45-49	4	16.6	685.27	0.00	685.27	1.6
55-59	5	20.8	470.12	0.00	470.12	1.1
30-34	2	8.3	66.00	0.00	66.00	0.1
60-64	1	4.1	0.00	0.00	0.00	0.0
65-69	1	4.1	0.00	0.00	0.00	0.0
75-79	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 12,282.79***	***$ 29,866.21***	***$ 42,149.00***	
SEX OF CLAIMANT						
Female	23	95.8	12,282.79	29,866.21	42,149.00	100.0
Male	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 12,282.79***	***$ 29,866.21***	***$ 42,149.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	4.1	6,463.41	18,536.59	25,000.00	59.3
Boxes / containers	1	4.1	3,670.38	10,579.62	14,250.00	33.8
Insufficient data	1	4.1	0.00	750.00	750.00	1.7
Package	1	4.1	718.00	0.00	718.00	1.7
Needle stick	4	16.6	685.27	0.00	685.27	1.6
Chemicals, not otherwise classified	3	12.5	276.61	0.00	276.61	0.6
Sharp objects, not otherwise classified	2	8.3	204.81	0.00	204.81	0.4
Water	1	4.1	132.00	0.00	132.00	0.3
Person	3	12.5	66.31	0.00	66.31	0.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object on Floor	2	8.3	66.00	0.00	66.00	0.1
Door	1	4.1	0.00	0.00	0.00	0.0
Knife, NOC	2	8.3	0.00	0.00	0.00	0.0
Metal items	1	4.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 12,282.79***	***$ 29,866.21***	***$ 42,149.00***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	1	4.1	6,463.41	18,536.59	25,000.00	59.3
Lifting (strain or Injury by)	2	8.3	3,670.38	10,579.62	14,250.00	33.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	8	33.3	890.08	0.00	890.08	2.1
Other than physical cause of injury	1	4.1	0.00	750.00	750.00	1.7
Pushing Or Pulling (Strain or Injury by)	1	4.1	718.00	0.00	718.00	1.7
Foreign Body In Eye	1	4.1	209.61	0.00	209.61	0.5
Fall or Slip (From Liquid/Grease spills)	2	8.3	132.00	0.00	132.00	0.3
Absorb, Ingest, Inhalation	2	8.3	67.00	0.00	67.00	0.1
Stuck, injured by fellow worker, patient	1	4.1	66.31	0.00	66.31	0.1
Twisting, strain or injury by	1	4.1	66.00	0.00	66.00	0.1
Infectious Disease Exposure	2	8.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.1	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 12,282.79***	***$ 29,866.21***	***$ 42,149.00***	

***BODY PART

Lower Arm	1
Lower Leg	2
Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Thumb	6
Wrist	1
Upper Arm (Inc: Clavicle and Scapula)	1
Hand	2
Eye(s)	2
Knee	3
Upper Leg	1
Finger(s)	4
Internal Organs	2
Nose	1
	24

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
No Physical Injury	2
Sprain	1
Foreign Body	1
Contusion	3

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Industrial Claims for Plan Year 2002

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By Agencies,SubAgencies

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Burn	1					
Contagious Disease	2					
Laceration	4					
Poisoning - Chemical	1					
	24					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Petersburg City Health Dept. (730)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	1	33.3	595.34	0.00	595.34	60.2
8AM-9:59AM	1	33.3	392.51	0.00	392.51	39.7
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 987.85***	***$ 0.00***	***$ 987.85***	
LENGTH OF SERVICE						
0-2	1	33.3	595.34	0.00	595.34	60.2
14-16	1	33.3	392.51	0.00	392.51	39.7
24-26	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 987.85***	***$ 0.00***	***$ 987.85***	
AGE OF CLAIMANT						
50-54	1	33.3	595.34	0.00	595.34	60.2
45-49	1	33.3	392.51	0.00	392.51	39.7
60-64	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 987.85***	***$ 0.00***	***$ 987.85***	
SEX OF CLAIMANT						
Female	3	100.0	987.85	0.00	987.85	100.0
	3		***$ 987.85***	***$ 0.00***	***$ 987.85***	
LOSS CAUSE						
Environmental conditions	1	33.3	595.34	0.00	595.34	60.2
Office equipment	1	33.3	392.51	0.00	392.51	39.7
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 987.85***	***$ 0.00***	***$ 987.85***	
ACCIDENT TYPE						
Temperature Extremes	1	33.3	595.34	0.00	595.34	60.2
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	392.51	0.00	392.51	39.7
Fall or Slip (From Different Level)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 987.85***	***$ 0.00***	***$ 987.85***	

*****BODY PART***

Internal Organs	1
Finger(s)	1
Buttocks	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***

Heat Prostration	1
Laceration	1
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Portsmouth City Health Dept. (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	50.0	275.00	602.00	877.00	100.0
10AM-11:59AM	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		***$ 275.00***	***$ 602.00***	***$ 877.00***	
LENGTH OF SERVICE						
2-4	2	50.0	148.00	602.00	750.00	85.5
20-22	1	25.0	127.00	0.00	127.00	14.4
22-24	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 275.00***	***$ 602.00***	***$ 877.00***	
AGE OF CLAIMANT						
40-44	1	25.0	148.00	602.00	750.00	85.5
45-49	1	25.0	127.00	0.00	127.00	14.4
50-54	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		***$ 275.00***	***$ 602.00***	***$ 877.00***	
SEX OF CLAIMANT						
Male	2	50.0	275.00	602.00	877.00	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 275.00***	***$ 602.00***	***$ 877.00***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	50.0	148.00	602.00	750.00	85.5
Needle stick	1	25.0	127.00	0.00	127.00	14.4
Metal items	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 275.00***	***$ 602.00***	***$ 877.00***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	25.0	148.00	602.00	750.00	85.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	127.00	0.00	127.00	14.4
Strike Against/Step on Stationary Object	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		***$ 275.00***	***$ 602.00***	***$ 877.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	1					
Facial, Other Soft Tissue	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***	
Strain	1
Puncture	1
Contusion	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Portsmouth City Health Dept. (740)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Radford City Health Dept. (750)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	1	50.0	193.68	0.00	193.68	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 193.68***	***$ 0.00***	***$ 193.68***	
LENGTH OF SERVICE						
10-12	2	100.0	193.68	0.00	193.68	100.0
	2		***$ 193.68***	***$ 0.00***	***$ 193.68***	
AGE OF CLAIMANT						
65-69	1	50.0	193.68	0.00	193.68	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 193.68***	***$ 0.00***	***$ 193.68***	
SEX OF CLAIMANT						
Male	1	50.0	193.68	0.00	193.68	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 193.68***	***$ 0.00***	***$ 193.68***	
LOSS CAUSE						
Office equipment	1	50.0	193.68	0.00	193.68	100.0
Walking surface, inside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 193.68***	***$ 0.00***	***$ 193.68***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	193.68	0.00	193.68	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 193.68***	***$ 0.00***	***$ 193.68***	
*****BODY PART***						
Hip	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***		
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	4	16.0	12,120.96	6,330.98	18,451.94	54.1
12AM-1:59AM	4	16.0	306.25	7,500.00	7,806.25	22.9
10AM-11:59AM	3	12.0	1,321.55	3,928.45	5,250.00	15.4
8AM-9:59AM	11	44.0	1,296.99	750.00	2,046.99	6.0
12PM-1:59PM	3	12.0	532.95	0.00	532.95	1.5
	25		***$ 15,578.70***	***$ 18,509.43***	***$ 34,088.13***	
LENGTH OF SERVICE						
4-6	1	4.0	12,120.96	6,330.98	18,451.94	54.1
26-28	2	8.0	247.10	8,002.90	8,250.00	24.2
0-2	5	20.0	1,394.15	3,425.55	4,819.70	14.1
14-16	2	8.0	532.95	750.00	1,282.95	3.7
2-4	9	36.0	791.66	0.00	791.66	2.3
8-10	3	12.0	491.88	0.00	491.88	1.4
10-12	1	4.0	0.00	0.00	0.00	0.0
34-36	1	4.0	0.00	0.00	0.00	0.0
24-26	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 15,578.70***	***$ 18,509.43***	***$ 34,088.13***	
AGE OF CLAIMANT						
30-34	3	12.0	12,120.96	6,330.98	18,451.94	54.1
45-49	7	28.0	1,224.39	8,002.90	9,227.29	27.0
25-29	2	8.0	1,380.70	3,425.55	4,806.25	14.1
60-64	3	12.0	532.95	750.00	1,282.95	3.7
50-54	2	8.0	319.70	0.00	319.70	0.9
55-59	4	16.0	0.00	0.00	0.00	0.0
20-24	3	12.0	0.00	0.00	0.00	0.0
35-39	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 15,578.70***	***$ 18,509.43***	***$ 34,088.13***	
SEX OF CLAIMANT						
Female	19	76.0	14,787.04	18,509.43	33,296.47	97.6
Male	6	24.0	791.66	0.00	791.66	2.3
	25		***$ 15,578.70***	***$ 18,509.43***	***$ 34,088.13***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	8.0	12,120.96	6,330.98	18,451.94	54.1
Foreign Object	1	4.0	0.00	7,500.00	7,500.00	22.0
Building parts / doors	2	8.0	1,074.45	3,425.55	4,500.00	13.2
Office equipment	2	8.0	247.10	502.90	750.00	2.2
Uneven Surface	1	4.0	0.00	750.00	750.00	2.2
Walking surface, inside, wet	2	8.0	532.95	0.00	532.95	1.5
Vehicle/car/truck	2	8.0	491.88	0.00	491.88	1.4
Sharp objects, not otherwise classified	2	8.0	485.41	0.00	485.41	1.4
Object on Floor	2	8.0	319.70	0.00	319.70	0.9
Hand tool, not powered, NOC	1	4.0	306.25	0.00	306.25	0.9
Boxes / containers	1	4.0	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Animal / insect, not otherwise classified	1	4.0	0.00	0.00	0.00	0.0
Knife, NOC	2	8.0	0.00	0.00	0.00	0.0
Needle stick	1	4.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 15,578.70***	***$ 18,509.43***	***$ 34,088.13***	

ACCIDENT TYPE

Collision/sideswipe with Another Vehicle	2	8.0	12,120.96	6,330.98	18,451.94	54.1
Twisting, strain or injury by	3	12.0	0.00	7,500.00	7,500.00	22.0
Strike Against/Step on Stationary Object	1	4.0	1,074.45	3,425.55	4,500.00	13.2
Fall or Slip (On Same Level)	2	8.0	0.00	750.00	750.00	2.2
Pushing Or Pulling (Strain or Injury by)	1	4.0	247.10	502.90	750.00	2.2
Fall or Slip (From Liquid/Grease spills)	2	8.0	532.95	0.00	532.95	1.5
Struck/Injured by Falling or Flying Object	2	8.0	491.88	0.00	491.88	1.4
Object being lifted/handled (cut,punc.scrape,inj b	1	4.0	485.41	0.00	485.41	1.4
Reaching (Strain or Injury by)	1	4.0	319.70	0.00	319.70	0.9
Repetitive Motion	1	4.0	306.25	0.00	306.25	0.9
Lifting (strain or Injury by)	1	4.0	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	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
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	16.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	4.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 15,578.70***	***$ 18,509.43***	***$ 34,088.13***	

***BODY PART

Upper Back Area (Thoracic Area)	1
Multiple Neck Injury	1
Multiple Head Injury	1
Hand	3
Wrist(s) & Hand(s)	1
Foot	1
Finger(s)	3
Knee	4
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
No Physical Problem	1
Eye(s)	1
Multiple Lower Extremities	1
Thumb	3
Upper Arm (Inc: Clavicle and Scapula)	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

Sprain	7
Strain	4
Contusion	7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fracture	1					
Laceration	4					
No Physical Injury	1					
Puncture	2					
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Augusta/staunton Health Dept. (790)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	1	33.3	1,653.75	0.00	1,653.75	66.0
2AM-3:59AM	1	33.3	0.00	750.00	750.00	29.9
10AM-11:59AM	1	33.3	100.00	0.00	100.00	3.9
	3		***$ 1,753.75***	***$ 750.00***	***$ 2,503.75***	
LENGTH OF SERVICE						
8-10	1	33.3	1,653.75	0.00	1,653.75	66.0
2-4	1	33.3	0.00	750.00	750.00	29.9
6-8	1	33.3	100.00	0.00	100.00	3.9
	3		***$ 1,753.75***	***$ 750.00***	***$ 2,503.75***	
AGE OF CLAIMANT						
30-34	1	33.3	1,653.75	0.00	1,653.75	66.0
35-39	1	33.3	0.00	750.00	750.00	29.9
55-59	1	33.3	100.00	0.00	100.00	3.9
	3		***$ 1,753.75***	***$ 750.00***	***$ 2,503.75***	
SEX OF CLAIMANT						
Female	3	100.0	1,753.75	750.00	2,503.75	100.0
	3		***$ 1,753.75***	***$ 750.00***	***$ 2,503.75***	
LOSS CAUSE						
Cabinet	1	33.3	1,653.75	0.00	1,653.75	66.0
Vehicle/car/truck	1	33.3	0.00	750.00	750.00	29.9
Object on Floor	1	33.3	100.00	0.00	100.00	3.9
	3		***$ 1,753.75***	***$ 750.00***	***$ 2,503.75***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	33.3	1,653.75	0.00	1,653.75	66.0
Collision/sideswipe with Another Vehicle	1	33.3	0.00	750.00	750.00	29.9
Fall or Slip (On Same Level)	1	33.3	100.00	0.00	100.00	3.9
	3		***$ 1,753.75***	***$ 750.00***	***$ 2,503.75***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Multiple Head Injury	1
Multiple Neck Injury	1
Facial, Other 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***	
Strain	2
Contusion	1
Burn	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Augusta/staunton Health Dept. (790)

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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Suffolk City Health Dept. (800)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	50.0	875.35	2,250.00	3,125.35	100.0
12AM-1:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 875.35***	***$ 2,250.00***	***$ 3,125.35***	
LENGTH OF SERVICE						
16-18	1	25.0	875.35	1,500.00	2,375.35	76.0
24-26	1	25.0	0.00	750.00	750.00	24.0
30-32	1	25.0	0.00	0.00	0.00	0.0
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 875.35***	***$ 2,250.00***	***$ 3,125.35***	
AGE OF CLAIMANT						
55-59	2	50.0	875.35	1,500.00	2,375.35	76.0
50-54	1	25.0	0.00	750.00	750.00	24.0
60-64	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 875.35***	***$ 2,250.00***	***$ 3,125.35***	
SEX OF CLAIMANT						
Female	4	100.0	875.35	2,250.00	3,125.35	100.0
	4		***$ 875.35***	***$ 2,250.00***	***$ 3,125.35***	
LOSS CAUSE						
Boxes / containers	2	50.0	875.35	1,500.00	2,375.35	76.0
Person	1	25.0	0.00	750.00	750.00	24.0
N/A	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 875.35***	***$ 2,250.00***	***$ 3,125.35***	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	25.0	875.35	1,500.00	2,375.35	76.0
Lifting (strain or Injury by)	2	50.0	0.00	750.00	750.00	24.0
Other than physical cause of injury	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 875.35***	***$ 2,250.00***	***$ 3,125.35***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Buttocks	1
Hip	1
Internal Organs	1
Multiple Neck Injury	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***	
Strain	5
All Other Occupational Disease	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Suffolk City Health Dept. (800)

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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Virginia Beach Ciyt H.dept. (810)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	6	50.0	767.32	0.00	767.32	61.7
8AM-9:59AM	3	25.0	476.09	0.00	476.09	38.2
2AM-3:59AM	1	8.3	0.00	0.00	0.00	0.0
12AM-1:59AM	1	8.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,243.41***	***$ 0.00***	***$ 1,243.41***	
LENGTH OF SERVICE						
12-14	2	16.6	476.09	0.00	476.09	38.2
26-28	1	8.3	393.57	0.00	393.57	31.6
10-12	3	25.0	187.00	0.00	187.00	15.0
2-4	1	8.3	103.95	0.00	103.95	8.3
30-32	2	16.6	82.80	0.00	82.80	6.6
24-26	1	8.3	0.00	0.00	0.00	0.0
0-2	1	8.3	0.00	0.00	0.00	0.0
4-6	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,243.41***	***$ 0.00***	***$ 1,243.41***	
AGE OF CLAIMANT						
50-54	7	58.3	662.84	0.00	662.84	53.3
55-59	2	16.6	393.57	0.00	393.57	31.6
45-49	2	16.6	187.00	0.00	187.00	15.0
25-29	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,243.41***	***$ 0.00***	***$ 1,243.41***	
SEX OF CLAIMANT						
Female	10	83.3	1,056.41	0.00	1,056.41	84.9
Male	2	16.6	187.00	0.00	187.00	15.0
	12		***$ 1,243.41***	***$ 0.00***	***$ 1,243.41***	
LOSS CAUSE						
Furniture / fixtures	2	16.6	476.09	0.00	476.09	38.2
Door	2	16.6	393.57	0.00	393.57	31.6
Dust	1	8.3	187.00	0.00	187.00	15.0
Person	3	25.0	186.75	0.00	186.75	15.0
Building parts / doors	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
Chemicals, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,243.41***	***$ 0.00***	***$ 1,243.41***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	2	16.6	476.09	0.00	476.09	38.2
Struck/Injured by Object Handled By Other	1	8.3	393.57	0.00	393.57	31.6
Foreign Body In Eye	1	8.3	187.00	0.00	187.00	15.0
Stuck, injured by fellow worker, patient	1	8.3	103.95	0.00	103.95	8.3
Human Bite	1	8.3	82.80	0.00	82.80	6.6
Jumping (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Virginia Beach Ciyt H.dept. (810)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Absorb, Ingest, Inhalation	1	8.3	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	2	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 1,243.41***	***$ 0.00***	***$ 1,243.41***	

***BODY PART

Upper Arm (Inc: Clavicle and Scapula)	2
Elbow	3
Upper Back Area (Thoracic Area)	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Arm	1
Lower Leg	1
Buttocks	1
Finger(s)	1
Hand	1
Lungs	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	6
Foreign Body	3
Strain	2
Puncture	1
Sprain	1
Poisoning - Chemical	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Waynesboro City Health Dept. (820)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
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		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	33.3	0.00	0.00	0.00	0.0
28-30	1	33.3	0.00	0.00	0.00	0.0
32-34	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	33.3	0.00	0.00	0.00	0.0
55-59	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						
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	33.3	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
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Ankle	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	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	1
Puncture	1
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Williamsburg City Health Dept. (830)

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						
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						
Person	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Health, Department Of (601)
SubAgency: Frederick/winchester Hlth Dept. (840)

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						
2-4	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						
50-54	2	100.0	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	1	50.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	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
Infectious Disease Exposure	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					
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***		
Contusion	1	
Infection	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Medical Asst. Servs., Dept. Of (602)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	75.20	0.00	75.20	100.0
12PM-1:59PM	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		***$ 75.20***	***$ 0.00***	***$ 75.20***	
LENGTH OF SERVICE						
6-8	2	66.6	75.20	0.00	75.20	100.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 75.20***	***$ 0.00***	***$ 75.20***	
AGE OF CLAIMANT						
45-49	1	33.3	75.20	0.00	75.20	100.0
40-44	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		***$ 75.20***	***$ 0.00***	***$ 75.20***	
SEX OF CLAIMANT						
Female	3	100.0	75.20	0.00	75.20	100.0
	3		***$ 75.20***	***$ 0.00***	***$ 75.20***	
LOSS CAUSE						
Furniture / fixtures	1	33.3	75.20	0.00	75.20	100.0
Stairs, steps	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 75.20***	***$ 0.00***	***$ 75.20***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	66.6	75.20	0.00	75.20	100.0
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 75.20***	***$ 0.00***	***$ 75.20***	
*****BODY PART***						
Upper Leg	1					
Elbow	1					
Knee	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	2
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Pulaski Correctional Unit #1 (157)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	15.3	1,410.90	750.00	2,160.90	31.7
10AM-11:59AM	3	23.0	1,868.30	0.00	1,868.30	27.4
6PM-7:59PM	2	15.3	1,620.66	0.00	1,620.66	23.8
8AM-9:59AM	1	7.6	0.00	750.00	750.00	11.0
Unknown	2	15.3	241.10	0.00	241.10	3.5
4PM-5:59PM	1	7.6	157.00	0.00	157.00	2.3
2PM-3:59PM	2	15.3	0.00	0.00	0.00	0.0
	13		***$ 5,297.96***	***$ 1,500.00***	***$ 6,797.96***	
LENGTH OF SERVICE						
10-12	3	23.0	1,784.30	750.00	2,534.30	37.2
4-6	2	15.3	1,620.66	0.00	1,620.66	23.8
0-2	2	15.3	1,410.90	0.00	1,410.90	20.7
12-14	2	15.3	157.00	750.00	907.00	13.3
2-4	2	15.3	241.10	0.00	241.10	3.5
8-10	2	15.3	84.00	0.00	84.00	1.2
	13		***$ 5,297.96***	***$ 1,500.00***	***$ 6,797.96***	
AGE OF CLAIMANT						
30-34	5	38.4	3,272.66	0.00	3,272.66	48.1
50-54	1	7.6	1,784.30	0.00	1,784.30	26.2
45-49	2	15.3	157.00	750.00	907.00	13.3
55-59	1	7.6	0.00	750.00	750.00	11.0
40-44	2	15.3	84.00	0.00	84.00	1.2
25-29	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		***$ 5,297.96***	***$ 1,500.00***	***$ 6,797.96***	
SEX OF CLAIMANT						
Male	10	76.9	5,297.96	750.00	6,047.96	88.9
Female	3	23.0	0.00	750.00	750.00	11.0
	13		***$ 5,297.96***	***$ 1,500.00***	***$ 6,797.96***	
LOSS CAUSE						
Walking surface, outside, dry	3	23.0	1,410.90	750.00	2,160.90	31.7
Walking surface, outside, wet	1	7.6	1,784.30	0.00	1,784.30	26.2
Patient / Inmate	2	15.3	1,002.46	0.00	1,002.46	14.7
Vehicle, not otherwise classified	1	7.6	775.20	0.00	775.20	11.4
Knife, NOC	1	7.6	0.00	750.00	750.00	11.0
Stairs, steps	1	7.6	241.10	0.00	241.10	3.5
Building parts / doors	1	7.6	84.00	0.00	84.00	1.2
Minerals / dirt	1	7.6	0.00	0.00	0.00	0.0
Cart	1	7.6	0.00	0.00	0.00	0.0
Object on Floor	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 5,297.96***	***$ 1,500.00***	***$ 6,797.96***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	5	38.4	3,195.20	0.00	3,195.20	47.0
Pushing Or Pulling (Strain or Injury by)	1	7.6	845.46	0.00	845.46	12.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Pulaski Correctional Unit #1 (157)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strike Against/Step on Stationary Object	1	7.6	775.20	0.00	775.20	11.4
Object being lifted/handled (cut,punc.scrape,inj b	1	7.6	0.00	750.00	750.00	11.0
Twisting, strain or injury by	1	7.6	0.00	750.00	750.00	11.0
Cumulative (Not Otherwise Classified)	1	7.6	241.10	0.00	241.10	3.5
Human Bite	1	7.6	157.00	0.00	157.00	2.3
Struck/Injured by Falling or Flying Object	1	7.6	84.00	0.00	84.00	1.2
Foreign Body In Eye	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 5,297.96***	***$ 1,500.00***	***$ 6,797.96***	

***BODY PART

Shoulder	2
Lower Leg	2
Soft Tissue - Neck	1
Wrist	1
Knee	3
Finger(s)	1
Foot	1
Lower Arm	1
Eye(s)	1
Buttocks	1
Upper Leg	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
Contusion	6
Puncture	2
Sprain	1
Foreign Body	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Baskerville Correctional Unit (158)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	22.2	791.50	0.00	791.50	51.3
10AM-11:59AM	4	44.4	77.72	672.28	750.00	48.6
12AM-1:59AM	1	11.1	0.00	0.00	0.00	0.0
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
	9		***$ 869.22***	***$ 672.28***	***$ 1,541.50***	
LENGTH OF SERVICE						
2-4	2	22.2	791.50	0.00	791.50	51.3
6-8	1	11.1	77.72	672.28	750.00	48.6
0-2	1	11.1	0.00	0.00	0.00	0.0
12-14	5	55.5	0.00	0.00	0.00	0.0
	9		***$ 869.22***	***$ 672.28***	***$ 1,541.50***	
AGE OF CLAIMANT						
25-29	4	44.4	869.22	672.28	1,541.50	100.0
40-44	2	22.2	0.00	0.00	0.00	0.0
45-49	2	22.2	0.00	0.00	0.00	0.0
50-54	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 869.22***	***$ 672.28***	***$ 1,541.50***	
SEX OF CLAIMANT						
Male	5	55.5	869.22	672.28	1,541.50	100.0
Female	4	44.4	0.00	0.00	0.00	0.0
	9		***$ 869.22***	***$ 672.28***	***$ 1,541.50***	
LOSS CAUSE						
Vehicle/car/truck	1	11.1	791.50	0.00	791.50	51.3
Minerals / dirt	1	11.1	77.72	672.28	750.00	48.6
Fencing	1	11.1	0.00	0.00	0.00	0.0
Food	1	11.1	0.00	0.00	0.00	0.0
Office equipment	1	11.1	0.00	0.00	0.00	0.0
Recreational equipment	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	3	33.3	0.00	0.00	0.00	0.0
	9		***$ 869.22***	***$ 672.28***	***$ 1,541.50***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	11.1	791.50	0.00	791.50	51.3
Foreign Body In Eye	1	11.1	77.72	672.28	750.00	48.6
Absorb, Ingest, Inhalation	1	11.1	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	1	11.1	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	22.2	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
Repetitive Motion	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 869.22***	***$ 672.28***	***$ 1,541.50***	
*****BODY PART***						
Ear(s)	1					
Shoulder	1					
Eye(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Baskerville Correctional Unit (158)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand	1					
Internal Organs	1					
Knee	3					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	1					
Upper Leg	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***

Contusion	2					
Foreign Body	1					
Laceration	2					
Poisoning	1					
Strain	7					
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:19

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Caroline Correctional Unit #2 (159)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	66.6	325.65	0.00	325.65	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 325.65***	***$ 0.00***	***$ 325.65***	
LENGTH OF SERVICE						
0-2	2	66.6	325.65	0.00	325.65	100.0
20-22	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 325.65***	***$ 0.00***	***$ 325.65***	
AGE OF CLAIMANT						
25-29	1	33.3	325.65	0.00	325.65	100.0
45-49	1	33.3	0.00	0.00	0.00	0.0
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 325.65***	***$ 0.00***	***$ 325.65***	
SEX OF CLAIMANT						
Male	2	66.6	325.65	0.00	325.65	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 325.65***	***$ 0.00***	***$ 325.65***	
LOSS CAUSE						
Person	1	33.3	325.65	0.00	325.65	100.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 325.65***	***$ 0.00***	***$ 325.65***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	33.3	325.65	0.00	325.65	100.0
Cumulative (Not Otherwise Classified)	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		***$ 325.65***	***$ 0.00***	***$ 325.65***	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lungs	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					
Inflamation	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Correctional Unit #13 (160)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	2	50.0	645.40	536.40	1,181.80	61.1
10AM-11:59AM	2	50.0	276.83	473.17	750.00	38.8
	4		***$ 922.23***	***$ 1,009.57***	***$ 1,931.80***	
LENGTH OF SERVICE						
0-2	3	75.0	708.63	473.17	1,181.80	61.1
2-4	1	25.0	213.60	536.40	750.00	38.8
	4		***$ 922.23***	***$ 1,009.57***	***$ 1,931.80***	
AGE OF CLAIMANT						
20-24	2	50.0	708.63	473.17	1,181.80	61.1
35-39	2	50.0	213.60	536.40	750.00	38.8
	4		***$ 922.23***	***$ 1,009.57***	***$ 1,931.80***	
SEX OF CLAIMANT						
Female	4	100.0	922.23	1,009.57	1,931.80	100.0
	4		***$ 922.23***	***$ 1,009.57***	***$ 1,931.80***	
LOSS CAUSE						
Furniture / fixtures	2	50.0	645.40	536.40	1,181.80	61.1
Door	1	25.0	276.83	473.17	750.00	38.8
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 922.23***	***$ 1,009.57***	***$ 1,931.80***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	213.60	536.40	750.00	38.8
Struck/Injured by Moving Part Of Machine	1	25.0	276.83	473.17	750.00	38.8
Struck/Injured by Falling or Flying Object	1	25.0	431.80	0.00	431.80	22.3
Fall or slip (on stairs)	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 922.23***	***$ 1,009.57***	***$ 1,931.80***	

*****BODY PART***	
Buttocks	1
Lower Arm	2
Foot	1
Wrist	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	4
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Rustburg Correctional Unit #9 (257)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	273.00	477.00	750.00	100.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 273.00***	***$ 477.00***	***$ 750.00***	
LENGTH OF SERVICE						
18-20	1	50.0	273.00	477.00	750.00	100.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 273.00***	***$ 477.00***	***$ 750.00***	
AGE OF CLAIMANT						
60-64	1	50.0	273.00	477.00	750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 273.00***	***$ 477.00***	***$ 750.00***	
SEX OF CLAIMANT						
Male	2	100.0	273.00	477.00	750.00	100.0
	2		***$ 273.00***	***$ 477.00***	***$ 750.00***	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	273.00	477.00	750.00	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 273.00***	***$ 477.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	50.0	273.00	477.00	750.00	100.0
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 273.00***	***$ 477.00***	***$ 750.00***	

*****BODY PART***	
Facial, Other Soft Tissue	1
Hip	1
Shoulder	1
Ankle	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	3
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: White Post Detention Center (259)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6AM-7:59AM	3	27.2	15,196.09	4,197.34	19,393.43	89.6
6PM-7:59PM	2	18.1	0.00	1,500.00	1,500.00	6.9
2PM-3:59PM	1	9.0	52.35	697.65	750.00	3.4
12PM-1:59PM	2	18.1	0.00	0.00	0.00	0.0
8AM-9:59AM	2	18.1	0.00	0.00	0.00	0.0
Unknown	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 15,248.44***	***$ 6,394.99***	***$ 21,643.43***	
LENGTH OF SERVICE						
6-8	5	45.4	15,024.44	4,894.99	19,919.43	92.0
0-2	3	27.2	0.00	1,500.00	1,500.00	6.9
2-4	2	18.1	224.00	0.00	224.00	1.0
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 15,248.44***	***$ 6,394.99***	***$ 21,643.43***	
AGE OF CLAIMANT						
45-49	5	45.4	14,972.09	4,947.34	19,919.43	92.0
30-34	1	9.0	0.00	750.00	750.00	3.4
55-59	1	9.0	52.35	697.65	750.00	3.4
25-29	2	18.1	224.00	0.00	224.00	1.0
35-39	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		***$ 15,248.44***	***$ 6,394.99***	***$ 21,643.43***	
SEX OF CLAIMANT						
Female	6	54.5	15,024.44	5,644.99	20,669.43	95.5
Male	5	45.4	224.00	750.00	974.00	4.5
	11		***$ 15,248.44***	***$ 6,394.99***	***$ 21,643.43***	
LOSS CAUSE						
Stairs, steps	1	9.0	14,972.09	4,197.34	19,169.43	88.5
Ladder - Fixed	1	9.0	0.00	750.00	750.00	3.4
Vehicle, not otherwise classified	1	9.0	52.35	697.65	750.00	3.4
Walking surface, inside, wet	1	9.0	0.00	750.00	750.00	3.4
Furniture / fixtures	1	9.0	224.00	0.00	224.00	1.0
Boxes / containers	1	9.0	0.00	0.00	0.00	0.0
Food	1	9.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	9.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	18.1	0.00	0.00	0.00	0.0
Wood Items	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 15,248.44***	***$ 6,394.99***	***$ 21,643.43***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	9.0	14,972.09	4,197.34	19,169.43	88.5
Fall or Slip (From Ladder/Scaffolding)	1	9.0	0.00	750.00	750.00	3.4
Fall or Slip (On Same Level)	2	18.1	0.00	750.00	750.00	3.4
Pushing Or Pulling (Strain or Injury by)	1	9.0	52.35	697.65	750.00	3.4
Twisting, strain or injury by	1	9.0	224.00	0.00	224.00	1.0
Contact With Hot Object or Substances	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: White Post Detention Center (259)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
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
Object being lifted/handled (cut,punc.scrape,inj b	2	18.1	0.00	0.00	0.00	0.0
	11		***$ 15,248.44***	***$ 6,394.99***	***$ 21,643.43***	

***BODY PART**

Shoulder	1
Soft Tissue - Neck	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Wrist	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hip	1
Upper Arm (Inc: Clavicle and Scapula)	1
Finger(s)	1
Knee	2
Thumb	1
Upper Leg	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
Contusion	7
Burn	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Chesterfield Mens Diversion Center (334)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	750.00	750.00	100.0
6PM-7:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
6-8	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						
30-34	1	50.0	0.00	750.00	750.00	100.0
35-39	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						
Vehicle/car/truck	1	50.0	0.00	750.00	750.00	100.0
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Vehicle Upset	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***						
Ear(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
Laceration	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Cold Springs County Crctnl Unit (357)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	20.0	214.00	536.00	750.00	58.6
10AM-11:59AM	3	60.0	528.65	0.00	528.65	41.3
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 742.65***	***$ 536.00***	***$ 1,278.65***	
LENGTH OF SERVICE						
2-4	2	40.0	214.00	536.00	750.00	58.6
0-2	1	20.0	289.05	0.00	289.05	22.6
6-8	2	40.0	239.60	0.00	239.60	18.7
	5		***$ 742.65***	***$ 536.00***	***$ 1,278.65***	
AGE OF CLAIMANT						
35-39	1	20.0	214.00	536.00	750.00	58.6
50-54	1	20.0	289.05	0.00	289.05	22.6
25-29	1	20.0	239.60	0.00	239.60	18.7
40-44	2	40.0	0.00	0.00	0.00	0.0
	5		***$ 742.65***	***$ 536.00***	***$ 1,278.65***	
SEX OF CLAIMANT						
Female	2	40.0	214.00	536.00	750.00	58.6
Male	3	60.0	528.65	0.00	528.65	41.3
	5		***$ 742.65***	***$ 536.00***	***$ 1,278.65***	
LOSS CAUSE						
Minerals / dirt	2	40.0	503.05	536.00	1,039.05	81.2
Vehicle, not otherwise classified	1	20.0	239.60	0.00	239.60	18.7
Stairs, steps	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		***$ 742.65***	***$ 536.00***	***$ 1,278.65***	
ACCIDENT TYPE						
Foreign Body In Eye	2	40.0	503.05	536.00	1,039.05	81.2
Fall or Slip (From Different Level)	1	20.0	239.60	0.00	239.60	18.7
Fall or slip (on stairs)	1	20.0	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 742.65***	***$ 536.00***	***$ 1,278.65***	
*****BODY PART***						
Eye(s)	2					
Ankle	1					
Thumb	1					
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***	
Foreign Body	2
Sprain	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Cold Springs County Crctnl Unit (357)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Chatam Diversion Center (358)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	20.0	0.00	750.00	750.00	84.4
8AM-9:59AM	1	20.0	138.05	0.00	138.05	15.5
10AM-11:59AM	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
Unknown	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 138.05***	***$ 750.00***	***$ 888.05***	
LENGTH OF SERVICE						
2-4	2	40.0	0.00	750.00	750.00	84.4
22-24	1	20.0	138.05	0.00	138.05	15.5
0-2	1	20.0	0.00	0.00	0.00	0.0
8-10	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 138.05***	***$ 750.00***	***$ 888.05***	
AGE OF CLAIMANT						
50-54	2	40.0	0.00	750.00	750.00	84.4
45-49	1	20.0	138.05	0.00	138.05	15.5
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
	5		***$ 138.05***	***$ 750.00***	***$ 888.05***	
SEX OF CLAIMANT						
Female	3	60.0	0.00	750.00	750.00	84.4
Male	2	40.0	138.05	0.00	138.05	15.5
	5		***$ 138.05***	***$ 750.00***	***$ 888.05***	
LOSS CAUSE						
Object on Floor	1	20.0	0.00	750.00	750.00	84.4
Fencing	1	20.0	138.05	0.00	138.05	15.5
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Patient / Inmate	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
	5		***$ 138.05***	***$ 750.00***	***$ 888.05***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	0.00	750.00	750.00	84.4
Strike Against/Step on Stationary Object	1	20.0	138.05	0.00	138.05	15.5
Holding Or Carrying (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
Struck/Injured by Falling or Flying Object	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 138.05***	***$ 750.00***	***$ 888.05***	
****BODY PART**						
Hand	1					
Knee	1					
Elbow	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					
Soft Tissue - Neck	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Chatam Diversion Center (358)

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***

Contusion	3
Laceration	1
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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Harrisonburg Diversion Center (359)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	446.60	303.40	750.00	100.0
10AM-11:59AM	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		***$ 446.60***	***$ 303.40***	***$ 750.00***	
LENGTH OF SERVICE						
12-14	1	33.3	446.60	303.40	750.00	100.0
0-2	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		***$ 446.60***	***$ 303.40***	***$ 750.00***	
AGE OF CLAIMANT						
60-64	1	33.3	446.60	303.40	750.00	100.0
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
	3		***$ 446.60***	***$ 303.40***	***$ 750.00***	
SEX OF CLAIMANT						
Male	1	33.3	446.60	303.40	750.00	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		***$ 446.60***	***$ 303.40***	***$ 750.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	33.3	446.60	303.40	750.00	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		***$ 446.60***	***$ 303.40***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	66.6	446.60	303.40	750.00	100.0
Fall or slip (on stairs)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 446.60***	***$ 303.40***	***$ 750.00***	
*****BODY PART***						
Knee	2					
Buttocks	1					
Hand	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	4
Laceration	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 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Tidewater Detention Ctr For Women (361)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	251.05	498.95	750.00	100.0
	1		***$ 251.05***	***$ 498.95***	***$ 750.00***	
LENGTH OF SERVICE						
0-2	1	100.0	251.05	498.95	750.00	100.0
	1		***$ 251.05***	***$ 498.95***	***$ 750.00***	
AGE OF CLAIMANT						
20-24	1	100.0	251.05	498.95	750.00	100.0
	1		***$ 251.05***	***$ 498.95***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	251.05	498.95	750.00	100.0
	1		***$ 251.05***	***$ 498.95***	***$ 750.00***	
LOSS CAUSE						
Fencing	1	100.0	251.05	498.95	750.00	100.0
	1		***$ 251.05***	***$ 498.95***	***$ 750.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	251.05	498.95	750.00	100.0
	1		***$ 251.05***	***$ 498.95***	***$ 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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Wise Correctional Unit #18 (457)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	2	40.0	67,167.98	12,298.78	79,466.76	99.7
4PM-5:59PM	3	60.0	237.68	0.00	237.68	0.3
	5		***$ 67,405.66***	***$ 12,298.78***	***$ 79,704.44***	
LENGTH OF SERVICE						
8-10	1	20.0	67,167.98	12,298.78	79,466.76	99.7
4-6	2	40.0	237.68	0.00	237.68	0.3
10-12	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		***$ 67,405.66***	***$ 12,298.78***	***$ 79,704.44***	
AGE OF CLAIMANT						
30-34	3	60.0	67,405.66	12,298.78	79,704.44	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
	5		***$ 67,405.66***	***$ 12,298.78***	***$ 79,704.44***	
SEX OF CLAIMANT						
Male	5	100.0	67,405.66	12,298.78	79,704.44	100.0
	5		***$ 67,405.66***	***$ 12,298.78***	***$ 79,704.44***	
LOSS CAUSE						
Brush / tree / log	1	20.0	67,167.98	12,298.78	79,466.76	99.7
Infectious agent	2	40.0	237.68	0.00	237.68	0.3
Minerals / dirt	1	20.0	0.00	0.00	0.00	0.0
Door	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 67,405.66***	***$ 12,298.78***	***$ 79,704.44***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	67,167.98	12,298.78	79,466.76	99.7
Absorb, Ingest, Inhalation	2	40.0	237.68	0.00	237.68	0.3
Foreign Body In Eye	1	20.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 67,405.66***	***$ 12,298.78***	***$ 79,704.44***	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	1
Lower Arm	2
Eye(s)	1
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***	
Strain	2
Foreign Body	2
Laceration	2

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Wise Correctional Unit #18 (457)

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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Halifax Correctional Unit #23 (458)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	10.0	10,418.72	12,207.28	22,626.00	83.8
2PM-3:59PM	3	30.0	45.00	1,455.00	1,500.00	5.5
10AM-11:59AM	1	10.0	85.00	665.00	750.00	2.7
4AM-5:59AM	1	10.0	240.71	509.29	750.00	2.7
Unknown	1	10.0	493.51	256.49	750.00	2.7
12PM-1:59PM	1	10.0	332.67	0.00	332.67	1.2
2AM-3:59AM	1	10.0	283.37	0.00	283.37	1.0
4PM-5:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 11,898.98***	***$ 15,093.06***	***$ 26,992.04***	
LENGTH OF SERVICE						
20-22	1	10.0	10,418.72	12,207.28	22,626.00	83.8
2-4	2	20.0	325.71	1,174.29	1,500.00	5.5
0-2	2	20.0	332.67	750.00	1,082.67	4.0
12-14	1	10.0	45.00	705.00	750.00	2.7
4-6	2	20.0	493.51	256.49	750.00	2.7
22-24	1	10.0	283.37	0.00	283.37	1.0
Unknown	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 11,898.98***	***$ 15,093.06***	***$ 26,992.04***	
AGE OF CLAIMANT						
45-49	3	30.0	10,912.23	12,463.77	23,376.00	86.6
35-39	3	30.0	658.38	1,174.29	1,832.67	6.7
55-59	1	10.0	0.00	750.00	750.00	2.7
65-69	1	10.0	45.00	705.00	750.00	2.7
50-54	2	20.0	283.37	0.00	283.37	1.0
	10		***$ 11,898.98***	***$ 15,093.06***	***$ 26,992.04***	
SEX OF CLAIMANT						
Male	6	60.0	11,079.76	13,662.28	24,742.04	91.6
Female	4	40.0	819.22	1,430.78	2,250.00	8.3
	10		***$ 11,898.98***	***$ 15,093.06***	***$ 26,992.04***	
LOSS CAUSE						
Walking surface, outside, dry	1	10.0	10,418.72	12,207.28	22,626.00	83.8
Furniture / fixtures	2	20.0	377.67	705.00	1,082.67	4.0
Door	1	10.0	240.71	509.29	750.00	2.7
Metal items	2	20.0	0.00	750.00	750.00	2.7
Object on Floor	1	10.0	493.51	256.49	750.00	2.7
Stairs, steps	1	10.0	85.00	665.00	750.00	2.7
Chemicals, not otherwise classified	1	10.0	283.37	0.00	283.37	1.0
Environmental conditions	1	10.0	0.00	0.00	0.00	0.0
	10		***$ 11,898.98***	***$ 15,093.06***	***$ 26,992.04***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	10.0	10,418.72	12,207.28	22,626.00	83.8
Strike Against/Step on Stationary Object	2	20.0	240.71	1,259.29	1,500.00	5.5
Fall or slip (on stairs)	1	10.0	85.00	665.00	750.00	2.7
Strike Against/Step On Obj. Being Lifted or Handle	1	10.0	45.00	705.00	750.00	2.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Halifax Correctional Unit #23 (458)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Twisting, strain or injury by	1	10.0	493.51	256.49	750.00	2.7
Fall or Slip (From Different Level)	1	10.0	332.67	0.00	332.67	1.2
Absorb, Ingest, Inhalation	1	10.0	283.37	0.00	283.37	1.0
Cumulative (Not Otherwise Classified)	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
	10		***$ 11,898.98***	***$ 15,093.06***	***$ 26,992.04***	

***BODY PART**

Knee	2
Abdomen including Groin	1
Ankle	1
Finger(s)	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Leg	1
Lungs	1
Internal Organs	1
Thumb	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	4
Contusion	4
Puncture	1
Respiratory Disorders	1
Syncope	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	11.1	380.33	383.29	763.62	31.6
4PM-5:59PM	1	11.1	390.10	359.90	750.00	31.0
8AM-9:59AM	4	44.4	225.90	524.10	750.00	31.0
12PM-1:59PM	1	11.1	149.10	0.00	149.10	6.1
2PM-3:59PM	1	11.1	0.00	0.00	0.00	0.0
Unknown	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,145.43***	***$ 1,267.29***	***$ 2,412.72***	
LENGTH OF SERVICE						
8-10	2	22.2	529.43	383.29	912.72	37.8
0-2	2	22.2	390.10	359.90	750.00	31.0
10-12	3	33.3	225.90	524.10	750.00	31.0
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		***$ 1,145.43***	***$ 1,267.29***	***$ 2,412.72***	
AGE OF CLAIMANT						
55-59	1	11.1	380.33	383.29	763.62	31.6
15-19	1	11.1	390.10	359.90	750.00	31.0
50-54	1	11.1	225.90	524.10	750.00	31.0
40-44	2	22.2	149.10	0.00	149.10	6.1
20-24	1	11.1	0.00	0.00	0.00	0.0
25-29	1	11.1	0.00	0.00	0.00	0.0
35-39	1	11.1	0.00	0.00	0.00	0.0
45-49	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,145.43***	***$ 1,267.29***	***$ 2,412.72***	
SEX OF CLAIMANT						
Female	6	66.6	996.33	1,267.29	2,263.62	93.8
Male	3	33.3	149.10	0.00	149.10	6.1
	9		***$ 1,145.43***	***$ 1,267.29***	***$ 2,412.72***	
LOSS CAUSE						
Metal items	1	11.1	380.33	383.29	763.62	31.6
Unknown	1	11.1	390.10	359.90	750.00	31.0
Furniture / fixtures	2	22.2	225.90	524.10	750.00	31.0
Patient / Inmate	1	11.1	149.10	0.00	149.10	6.1
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	11.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 1,145.43***	***$ 1,267.29***	***$ 2,412.72***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	11.1	380.33	383.29	763.62	31.6
Cumulative (Not Otherwise Classified)	1	11.1	390.10	359.90	750.00	31.0
Object being lifted/handled (cut,punc.scrape,inj b	1	11.1	225.90	524.10	750.00	31.0
Fall or Slip (From Liquid/Grease spills)	1	11.1	149.10	0.00	149.10	6.1
Fall or slip (on stairs)	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Different Level)	1	11.1	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 1,145.43***	***$ 1,267.29***	***$ 2,412.72***	

***BODY PART**

Foot	1
Finger(s)	1
Upper Leg	1
Abdomen including Groin	1
Facial, Other Soft Tissue	2
Eye(s)	1
Insufficient Information	1
Knee	1
Thumb	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	3
Strain	3
Inflamation	2
No Physical Injury	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Stafford Detention Center (659)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	1	50.0	8,611.56	743.79	9,355.35	81.7
10AM-11:59AM	1	50.0	0.00	2,085.86	2,085.86	18.2
	2		***$ 8,611.56***	***$ 2,829.65***	***$ 11,441.21***	
LENGTH OF SERVICE						
2-4	1	50.0	8,611.56	743.79	9,355.35	81.7
6-8	1	50.0	0.00	2,085.86	2,085.86	18.2
	2		***$ 8,611.56***	***$ 2,829.65***	***$ 11,441.21***	
AGE OF CLAIMANT						
25-29	1	50.0	8,611.56	743.79	9,355.35	81.7
50-54	1	50.0	0.00	2,085.86	2,085.86	18.2
	2		***$ 8,611.56***	***$ 2,829.65***	***$ 11,441.21***	
SEX OF CLAIMANT						
Male	2	100.0	8,611.56	2,829.65	11,441.21	100.0
	2		***$ 8,611.56***	***$ 2,829.65***	***$ 11,441.21***	
LOSS CAUSE						
Vehicle, not otherwise classified	2	100.0	8,611.56	2,829.65	11,441.21	100.0
	2		***$ 8,611.56***	***$ 2,829.65***	***$ 11,441.21***	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	2	100.0	8,611.56	2,829.65	11,441.21	100.0
	2		***$ 8,611.56***	***$ 2,829.65***	***$ 11,441.21***	
*****BODY PART***						
Upper Back Area (Thoracic Area)	2					
Shoulder	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***						
Strain	4					
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Corrections Administration (701)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	35.2	4,586.52	2,082.60	6,669.12	61.0
10AM-11:59AM	4	23.5	475.36	1,950.58	2,425.94	22.2
6AM-7:59AM	2	11.7	1,829.12	0.00	1,829.12	16.7
12PM-1:59PM	2	11.7	0.00	0.00	0.00	0.0
2PM-3:59PM	3	17.6	0.00	0.00	0.00	0.0
	17		***$ 6,891.00***	***$ 4,033.18***	***$ 10,924.18***	
LENGTH OF SERVICE						
12-14	6	35.2	5,806.32	672.00	6,478.32	59.3
0-2	2	11.7	167.40	1,332.60	1,500.00	13.7
2-4	2	11.7	519.92	750.00	1,269.92	11.6
4-6	2	11.7	96.42	653.58	750.00	6.8
6-8	1	5.8	125.00	625.00	750.00	6.8
24-26	1	5.8	175.94	0.00	175.94	1.6
8-10	1	5.8	0.00	0.00	0.00	0.0
14-16	1	5.8	0.00	0.00	0.00	0.0
20-22	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 6,891.00***	***$ 4,033.18***	***$ 10,924.18***	
AGE OF CLAIMANT						
45-49	5	29.4	4,024.20	1,375.00	5,399.20	49.4
55-59	3	17.6	2,349.04	0.00	2,349.04	21.5
50-54	4	23.5	421.34	1,254.60	1,675.94	15.3
25-29	1	5.8	0.00	750.00	750.00	6.8
30-34	2	11.7	96.42	653.58	750.00	6.8
60-64	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		***$ 6,891.00***	***$ 4,033.18***	***$ 10,924.18***	
SEX OF CLAIMANT						
Female	14	82.3	2,471.88	4,033.18	6,505.06	59.5
Male	3	17.6	4,419.12	0.00	4,419.12	40.4
	17		***$ 6,891.00***	***$ 4,033.18***	***$ 10,924.18***	
LOSS CAUSE						
Vehicle, fork truck	1	5.8	3,899.20	0.00	3,899.20	35.6
Furniture / fixtures	7	41.1	546.34	1,879.60	2,425.94	22.2
Walking surface, inside, wet	2	11.7	2,349.04	0.00	2,349.04	21.5
Brush / tree / log	1	5.8	96.42	653.58	750.00	6.8
Office equipment	2	11.7	0.00	750.00	750.00	6.8
Stairs, steps	1	5.8	0.00	750.00	750.00	6.8
Boxes / containers	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
Infectious agent	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 6,891.00***	***$ 4,033.18***	***$ 10,924.18***	
ACCIDENT TYPE						
Vehicle Upset	1	5.8	3,899.20	0.00	3,899.20	35.6
Fall or Slip (On Same Level)	6	35.2	2,445.46	653.58	3,099.04	28.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Corrections Administration (701)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Struck/Injured by Object Being Lifted/Handled	2	11.7	203.00	1,297.00	1,500.00	13.7
Fall or slip (on stairs)	1	5.8	0.00	750.00	750.00	6.8
Strike Against/Step on Stationary Object	1	5.8	0.00	750.00	750.00	6.8
Struck/Injured by Falling or Flying Object	2	11.7	167.40	582.60	750.00	6.8
Fall or Slip (From Different Level)	2	11.7	175.94	0.00	175.94	1.6
Pushing Or Pulling (Strain or Injury by)	1	5.8	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 6,891.00***	***$ 4,033.18***	***$ 10,924.18***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Great Toe	3
Knee	2
Soft Tissue - Neck	2
Foot	2
Hand	2
Ankle	2
Buttocks	1
Lower Arm	1
Lower Leg	1
Shoulder	2
Elbow	1
Hip	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Mouth	1
Upper Leg	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

Contusion	19
Strain	9
Laceration	2
Sprain	1
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	7	16.2	17,914.83	27,663.81	45,578.64	60.0
8AM-9:59AM	8	18.6	5,400.17	3,605.05	9,005.22	11.8
Unknown	3	6.9	5,343.86	331.25	5,675.11	7.4
12AM-1:59AM	7	16.2	1,745.25	3,844.00	5,589.25	7.3
10AM-11:59AM	6	13.9	3,029.46	2,477.50	5,506.96	7.2
4PM-5:59PM	4	9.3	1,253.14	1,586.49	2,839.63	3.7
2PM-3:59PM	3	6.9	54.40	1,445.60	1,500.00	1.9
6PM-7:59PM	3	6.9	172.25	0.00	172.25	0.2
6AM-7:59AM	2	4.6	0.00	0.00	0.00	0.0
	43		***$ 34,913.36***	***$ 40,953.70***	***$ 75,867.06***	
LENGTH OF SERVICE						
2-4	8	18.6	14,495.98	25,434.29	39,930.27	52.6
0-2	16	37.2	7,534.01	8,285.54	15,819.55	20.8
4-6	8	18.6	4,074.80	3,310.77	7,385.57	9.7
6-8	3	6.9	6,197.91	0.00	6,197.91	8.1
14-16	2	4.6	1,862.54	3,173.10	5,035.64	6.6
10-12	2	4.6	257.40	750.00	1,007.40	1.3
8-10	1	2.3	490.72	0.00	490.72	0.6
16-18	1	2.3	0.00	0.00	0.00	0.0
20-22	1	2.3	0.00	0.00	0.00	0.0
18-20	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 34,913.36***	***$ 40,953.70***	***$ 75,867.06***	
AGE OF CLAIMANT						
50-54	5	11.6	8,607.12	25,853.04	34,460.16	45.4
25-29	8	18.6	5,048.14	4,348.11	9,396.25	12.3
30-34	7	16.2	7,703.43	1,500.00	9,203.43	12.1
15-19	2	4.6	4,514.55	2,235.45	6,750.00	8.9
20-24	2	4.6	5,441.11	0.00	5,441.11	7.1
55-59	2	4.6	1,808.14	2,477.50	4,285.64	5.6
60-64	6	13.9	255.30	3,250.00	3,505.30	4.6
45-49	5	11.6	646.72	594.00	1,240.72	1.6
35-39	2	4.6	459.20	695.60	1,154.80	1.5
40-44	4	9.3	429.65	0.00	429.65	0.5
	43		***$ 34,913.36***	***$ 40,953.70***	***$ 75,867.06***	
SEX OF CLAIMANT						
Male	22	51.1	26,933.71	32,234.94	59,168.65	77.9
Female	21	48.8	7,979.65	8,718.76	16,698.41	22.0
	43		***$ 34,913.36***	***$ 40,953.70***	***$ 75,867.06***	
LOSS CAUSE						
Pipe	1	2.3	8,607.12	25,103.04	33,710.16	44.4
Vehicle, not otherwise classified	2	4.6	9,184.76	1,810.77	10,995.53	14.4
N/A	1	2.3	4,514.55	2,235.45	6,750.00	8.9
Furniture / fixtures	3	6.9	5,484.23	0.00	5,484.23	7.2
Walking surface, outside, dry	2	4.6	1,938.54	3,097.10	5,035.64	6.6
Unknown	3	6.9	1,247.64	1,586.49	2,834.13	3.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Gun / gunshot	1	2.3	0.00	1,750.00	1,750.00	2.3
Door	2	4.6	54.40	1,445.60	1,500.00	1.9
Stairs, steps	7	16.2	619.17	750.00	1,369.17	1.8
Walking surface, inside, wet	2	4.6	516.00	750.00	1,266.00	1.6
Office equipment	2	4.6	591.00	331.25	922.25	1.2
Patient / Inmate	3	6.9	823.45	0.00	823.45	1.0
Boxes / containers	2	4.6	0.00	750.00	750.00	0.9
Person	1	2.3	156.00	594.00	750.00	0.9
Vehicle/car/truck	1	2.3	0.00	750.00	750.00	0.9
Clothing / jewelry	1	2.3	404.80	0.00	404.80	0.5
Building parts / doors	4	9.3	264.50	0.00	264.50	0.3
Fencing	1	2.3	257.40	0.00	257.40	0.3
Electrical equipment	2	4.6	249.80	0.00	249.80	0.3
Animal, not otherwise classified	1	2.3	0.00	0.00	0.00	0.0
Minerals / dirt	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 34,913.36***	***$ 40,953.70***	***$ 75,867.06***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	2	4.6	9,166.24	25,103.04	34,269.28	45.1
Vehicle Upset	3	6.9	9,184.76	2,560.77	11,745.53	15.4
Repetitive Motion	1	2.3	4,514.55	2,235.45	6,750.00	8.9
Fall or slip (on stairs)	8	18.6	2,709.16	3,227.50	5,936.66	7.8
Cut,puncture,scrape, injured by (Broken Glass)	1	2.3	4,925.11	0.00	4,925.11	6.4
Holding Or Carrying (Strain or Injury by)	5	11.6	823.45	2,500.00	3,323.45	4.3
Cumulative (Not Otherwise Classified)	4	9.3	1,370.59	1,586.49	2,957.08	3.9
Fall or Slip (On Same Level)	3	6.9	646.40	1,369.60	2,016.00	2.6
Object Handled (caught in or between)	3	6.9	264.50	750.00	1,014.50	1.3
Strike Against/Step on Stationary Object	3	6.9	304.20	695.60	999.80	1.3
Lifting (strain or Injury by)	3	6.9	591.00	331.25	922.25	1.2
Stuck, injured by fellow worker, patient	2	4.6	156.00	594.00	750.00	0.9
Object being lifted/handled (cut,punc.scrape,inj b	2	4.6	257.40	0.00	257.40	0.3
Animal Or Insect	1	2.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	4.6	0.00	0.00	0.00	0.0
	43		***$ 34,913.36***	***$ 40,953.70***	***$ 75,867.06***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Elbow	3
Knee	8
Wrist	2
Hand	2
Soft Tissue - Neck	1
Shoulder	2
Ankle	4
Abdomen including Groin	2
Upper Leg	1
Facial, Other Soft Tissue	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Lower Arm	1
Lower Leg	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:20

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Finger(s)	5					
Buttocks	1					
Eye(s)	2					
No Physical Problem	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***

Sprain	6					
Contusion	13					
Strain	20					
Laceration	9					
Fracture	1					
Foreign Body	2					
Hernia	1					
No Physical Injury	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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Enterprises (711)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	16.6	306.00	5,944.00	6,250.00	70.5
8AM-9:59AM	3	50.0	473.94	1,381.75	1,855.69	20.9
Unknown	1	16.6	0.00	750.00	750.00	8.4
10AM-11:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 779.94***	***$ 8,075.75***	***$ 8,855.69***	
LENGTH OF SERVICE						
6-8	2	33.3	661.69	5,944.00	6,605.69	74.5
0-2	1	16.6	0.00	750.00	750.00	8.4
16-18	1	16.6	118.25	631.75	750.00	8.4
18-20	1	16.6	0.00	750.00	750.00	8.4
2-4	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 779.94***	***$ 8,075.75***	***$ 8,855.69***	
AGE OF CLAIMANT						
50-54	2	33.3	424.25	6,575.75	7,000.00	79.0
55-59	2	33.3	355.69	750.00	1,105.69	12.4
45-49	1	16.6	0.00	750.00	750.00	8.4
35-39	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 779.94***	***$ 8,075.75***	***$ 8,855.69***	
SEX OF CLAIMANT						
Male	5	83.3	779.94	7,325.75	8,105.69	91.5
Female	1	16.6	0.00	750.00	750.00	8.4
	6		***$ 779.94***	***$ 8,075.75***	***$ 8,855.69***	
LOSS CAUSE						
Furniture / fixtures	1	16.6	306.00	5,944.00	6,250.00	70.5
Metal items	1	16.6	0.00	750.00	750.00	8.4
Needle stick	1	16.6	0.00	750.00	750.00	8.4
Wood Items	1	16.6	118.25	631.75	750.00	8.4
Walking surface, outside, dry	1	16.6	355.69	0.00	355.69	4.0
Welding equipment	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 779.94***	***$ 8,075.75***	***$ 8,855.69***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	50.0	306.00	6,694.00	7,000.00	79.0
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	118.25	1,381.75	1,500.00	16.9
Fall or Slip (From Different Level)	1	16.6	355.69	0.00	355.69	4.0
	6		***$ 779.94***	***$ 8,075.75***	***$ 8,855.69***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	3					
Shoulder	2					
Hip	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Enterprises (711)

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
Foreign Body	1
Puncture	1
Contusion	2
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	5	17.2	703.20	1,178.60	1,881.80	29.1
12PM-1:59PM	8	27.5	308.00	1,500.00	1,808.00	28.0
6AM-7:59AM	1	3.4	1,012.77	0.00	1,012.77	15.7
2PM-3:59PM	2	6.8	0.00	750.00	750.00	11.6
2AM-3:59AM	2	6.8	645.02	0.00	645.02	10.0
Unknown	3	10.3	147.00	0.00	147.00	2.2
8AM-9:59AM	2	6.8	131.20	0.00	131.20	2.0
12AM-1:59AM	3	10.3	72.80	0.00	72.80	1.1
4PM-5:59PM	3	10.3	0.00	0.00	0.00	0.0
	29		***$ 3,019.99***	***$ 3,428.60***	***$ 6,448.59***	
LENGTH OF SERVICE						
8-10	4	13.7	629.40	1,928.60	2,558.00	39.6
6-8	5	17.2	483.14	750.00	1,233.14	19.1
4-6	5	17.2	1,012.77	0.00	1,012.77	15.7
14-16	1	3.4	0.00	750.00	750.00	11.6
10-12	1	3.4	381.80	0.00	381.80	5.9
2-4	4	13.7	278.20	0.00	278.20	4.3
16-18	3	10.3	234.68	0.00	234.68	3.6
0-2	4	13.7	0.00	0.00	0.00	0.0
12-14	1	3.4	0.00	0.00	0.00	0.0
24-26	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,019.99***	***$ 3,428.60***	***$ 6,448.59***	
AGE OF CLAIMANT						
45-49	10	34.4	776.22	3,000.00	3,776.22	58.5
35-39	4	13.7	1,467.77	0.00	1,467.77	22.7
40-44	6	20.6	321.40	428.60	750.00	11.6
30-34	5	17.2	381.80	0.00	381.80	5.9
55-59	2	6.8	72.80	0.00	72.80	1.1
25-29	1	3.4	0.00	0.00	0.00	0.0
50-54	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,019.99***	***$ 3,428.60***	***$ 6,448.59***	
SEX OF CLAIMANT						
Female	23	79.3	1,231.00	3,428.60	4,659.60	72.2
Male	6	20.6	1,788.99	0.00	1,788.99	27.7
	29		***$ 3,019.99***	***$ 3,428.60***	***$ 6,448.59***	
LOSS CAUSE						
Building parts / doors	2	6.8	1,012.77	0.00	1,012.77	15.7
Animal / tick, spider, etc.	1	3.4	0.00	750.00	750.00	11.6
Electrical equipment	2	6.8	0.00	750.00	750.00	11.6
Furniture / fixtures	2	6.8	0.00	750.00	750.00	11.6
Glass bottle / sheet	1	3.4	0.00	750.00	750.00	11.6
Walking surface, inside, wet	1	3.4	321.40	428.60	750.00	11.6
Stone / rock / brick	1	3.4	483.14	0.00	483.14	7.4
Office equipment	1	3.4	381.80	0.00	381.80	5.9
Walking surface, inside, dry	1	3.4	308.00	0.00	308.00	4.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Boxes / containers	3	10.3	234.68	0.00	234.68	3.6
Fire / Flame / Smoke	1	3.4	147.00	0.00	147.00	2.2
Walking surface, outside, dry	2	6.8	131.20	0.00	131.20	2.0
Unknown	2	6.8	0.00	0.00	0.00	0.0
Brush / tree / log	1	3.4	0.00	0.00	0.00	0.0
Floor	1	3.4	0.00	0.00	0.00	0.0
Object on Floor	1	3.4	0.00	0.00	0.00	0.0
Person	1	3.4	0.00	0.00	0.00	0.0
Stairs, steps	1	3.4	0.00	0.00	0.00	0.0
Excavations	1	3.4	0.00	0.00	0.00	0.0
Patient / Inmate	2	6.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,019.99***	***$ 3,428.60***	***$ 6,448.59***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	5	17.2	483.14	750.00	1,233.14	19.1
Object Handled (caught in or between)	1	3.4	1,012.77	0.00	1,012.77	15.7
Animal Or Insect	1	3.4	0.00	750.00	750.00	11.6
Fall or Slip (From Liquid/Grease spills)	1	3.4	321.40	428.60	750.00	11.6
Object being lifted/handled (cut,punc.scrape,inj b	1	3.4	0.00	750.00	750.00	11.6
Struck/Injured by Object Handled By Other	2	6.8	0.00	750.00	750.00	11.6
Contact with Electric Current	1	3.4	381.80	0.00	381.80	5.9
Strike Against/Step on Stationary Object	3	10.3	308.00	0.00	308.00	4.7
Lifting (strain or Injury by)	2	6.8	161.88	0.00	161.88	2.5
Noise, continual, strain or injury by	1	3.4	147.00	0.00	147.00	2.2
Cumulative (Not Otherwise Classified)	3	10.3	131.20	0.00	131.20	2.0
Holding Or Carrying (Strain or Injury by)	2	6.8	72.80	0.00	72.80	1.1
Fall or slip (on stairs)	1	3.4	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	3.4	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.4	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	6.8	0.00	0.00	0.00	0.0
Vehicle Upset	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,019.99***	***$ 3,428.60***	***$ 6,448.59***	

***BODY PART*

Knee	6
Hand	3
Ankle	5
Finger(s)	1
Lower Leg	3
Lower Arm	2
Ear(s)	3
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Shoulder	1
Abdomen including Groin	1
Facial, Other Soft Tissue	1
Foot	1
Internal Organs	1
Lungs	1
Upper Back Area (Thoracic Area)	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
No Physical Problem	1					
Thumb	1					
Wrist	1					
	29					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Laceration	6
Sprain	6
Inflamation	1
Strain	8
Burn	1
Hearing Loss or Impairment (Traumatic only)	2
All Other Cumulative	1
Respiratory Disorders	1
No Physical Injury	1
	29

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	7.4	16,591.08	25,074.92	41,666.00	64.5
8AM-9:59AM	6	22.2	5,845.85	8,612.46	14,458.31	22.3
6PM-7:59PM	5	18.5	2,047.72	1,750.00	3,797.72	5.8
2PM-3:59PM	5	18.5	1,414.80	1,070.27	2,485.07	3.8
10AM-11:59AM	3	11.1	133.48	750.00	883.48	1.3
12PM-1:59PM	3	11.1	0.00	750.00	750.00	1.1
4AM-5:59AM	2	7.4	320.38	0.00	320.38	0.5
4PM-5:59PM	1	3.7	213.60	0.00	213.60	0.3
	27		***$ 26,566.91***	***$ 38,007.65***	***$ 64,574.56***	
LENGTH OF SERVICE						
22-24	1	3.7	16,591.08	25,074.92	41,666.00	64.5
4-6	7	25.9	6,220.40	9,537.08	15,757.48	24.4
2-4	7	25.9	2,008.65	1,500.00	3,508.65	5.4
12-14	1	3.7	0.00	1,750.00	1,750.00	2.7
0-2	5	18.5	817.95	145.65	963.60	1.4
6-8	1	3.7	693.76	0.00	693.76	1.0
14-16	1	3.7	235.07	0.00	235.07	0.3
Unknown	1	3.7	0.00	0.00	0.00	0.0
10-12	1	3.7	0.00	0.00	0.00	0.0
16-18	1	3.7	0.00	0.00	0.00	0.0
18-20	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 26,566.91***	***$ 38,007.65***	***$ 64,574.56***	
AGE OF CLAIMANT						
55-59	5	18.5	16,655.63	26,574.92	43,230.55	66.9
35-39	6	22.2	5,407.92	10,362.46	15,770.38	24.4
30-34	2	7.4	2,317.48	0.00	2,317.48	3.5
40-44	4	14.8	1,028.35	895.65	1,924.00	2.9
60-64	1	3.7	575.38	174.62	750.00	1.1
45-49	2	7.4	368.55	0.00	368.55	0.5
25-29	1	3.7	213.60	0.00	213.60	0.3
20-24	3	11.1	0.00	0.00	0.00	0.0
50-54	2	7.4	0.00	0.00	0.00	0.0
65-69	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 26,566.91***	***$ 38,007.65***	***$ 64,574.56***	
SEX OF CLAIMANT						
Female	13	48.1	18,308.36	29,220.57	47,528.93	73.6
Male	14	51.8	8,258.55	8,787.08	17,045.63	26.4
	27		***$ 26,566.91***	***$ 38,007.65***	***$ 64,574.56***	
LOSS CAUSE						
Walking surface, outside, wet	1	3.7	16,591.08	25,074.92	41,666.00	64.5
Walking surface, inside, dry	1	3.7	5,087.54	7,862.46	12,950.00	20.0
Patient / Inmate	3	11.1	1,858.79	0.00	1,858.79	2.8
Infectious agent	2	7.4	0.00	1,750.00	1,750.00	2.7
Furniture / fixtures	4	14.8	424.00	750.00	1,174.00	1.8
Vehicle, not otherwise classified	2	7.4	320.38	750.00	1,070.38	1.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Unknown	2	7.4	817.95	145.65	963.60	1.4
Hand tool, powered, NOC	1	3.7	575.38	174.62	750.00	1.1
Office equipment	1	3.7	0.00	750.00	750.00	1.1
Walking surface, outside, dry	2	7.4	0.00	750.00	750.00	1.1
Building parts / doors	1	3.7	693.76	0.00	693.76	1.0
Walking surface, inside, wet	1	3.7	133.48	0.00	133.48	0.2
Electrical equipment	1	3.7	64.55	0.00	64.55	0.1
Vehicle, fork truck	1	3.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	3.7	0.00	0.00	0.00	0.0
Door	1	3.7	0.00	0.00	0.00	0.0
Pipe	1	3.7	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 26,566.91***	***$ 38,007.65***	***$ 64,574.56***	

ACCIDENT TYPE

Fall or slip (on ice or snow)	1	3.7	16,591.08	25,074.92	41,666.00	64.5
Fall or Slip (On Same Level)	5	18.5	5,456.09	8,612.46	14,068.55	21.7
Absorb, Ingest, Inhalation	1	3.7	0.00	1,750.00	1,750.00	2.7
Cumulative (Not Otherwise Classified)	3	11.1	817.95	895.65	1,713.60	2.6
Assault	2	7.4	1,623.72	0.00	1,623.72	2.5
Struck/Injured by Object Handled By Other	2	7.4	1,269.14	174.62	1,443.76	2.2
Fall or Slip (From Different Level)	3	11.1	424.00	750.00	1,174.00	1.8
Strike Against/Step on Stationary Object	2	7.4	0.00	750.00	750.00	1.1
Vehicle Upset	2	7.4	320.38	0.00	320.38	0.5
Pushing Or Pulling (Strain or Injury by)	1	3.7	64.55	0.00	64.55	0.1
Struck/Injured by Falling or Flying Object	2	7.4	0.00	0.00	0.00	0.0
Animal Or Insect	1	3.7	0.00	0.00	0.00	0.0
Contact with Electric Current	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		***$ 26,566.91***	***$ 38,007.65***	***$ 64,574.56***	

***BODY PART**

Knee	7
Ankle	2
Finger(s)	4
Soft Tissue - Neck	3
Mouth	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Buttocks	1
Facial, Other Soft Tissue	4
Hand	2
Wrist	1
Elbow	1
Hip	1
Internal Organs	1
Thumb	1
Eye(s)	1
Lower Arm	2
Toe(s)	1

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Industrial Claims for Plan Year 2002

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FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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**	
Sprain	6
Contusion	10
Laceration	9
Strain	5
Foreign Body	2
Syncope	1
Inflamation	1
No Physical Injury	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	3	10.7	11,004.75	28,735.64	39,740.39	88.4
8AM-9:59AM	8	28.5	1,847.87	265.25	2,113.12	4.7
10AM-11:59AM	4	14.2	1,290.54	0.00	1,290.54	2.8
12PM-1:59PM	5	17.8	0.00	750.00	750.00	1.6
2PM-3:59PM	3	10.7	0.00	750.00	750.00	1.6
Unknown	1	3.5	313.00	0.00	313.00	0.7
2AM-3:59AM	1	3.5	0.00	0.00	0.00	0.0
6AM-7:59AM	2	7.1	0.00	0.00	0.00	0.0
6PM-7:59PM	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 14,456.16***	***$ 30,500.89***	***$ 44,957.05***	
LENGTH OF SERVICE						
28-30	2	7.1	10,530.86	28,735.64	39,266.50	87.3
14-16	6	21.4	1,154.39	750.00	1,904.39	4.2
2-4	5	17.8	1,493.15	265.25	1,758.40	3.9
22-24	1	3.5	0.00	750.00	750.00	1.6
18-20	1	3.5	667.72	0.00	667.72	1.4
6-8	2	7.1	610.04	0.00	610.04	1.3
12-14	1	3.5	0.00	0.00	0.00	0.0
16-18	4	14.2	0.00	0.00	0.00	0.0
0-2	3	10.7	0.00	0.00	0.00	0.0
4-6	2	7.1	0.00	0.00	0.00	0.0
8-10	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 14,456.16***	***$ 30,500.89***	***$ 44,957.05***	
AGE OF CLAIMANT						
45-49	8	28.5	11,685.25	29,485.64	41,170.89	91.5
50-54	5	17.8	695.40	750.00	1,445.40	3.2
35-39	4	14.2	1,277.76	0.00	1,277.76	2.8
40-44	3	10.7	484.75	265.25	750.00	1.6
30-34	5	17.8	313.00	0.00	313.00	0.7
55-59	1	3.5	0.00	0.00	0.00	0.0
60-64	1	3.5	0.00	0.00	0.00	0.0
25-29	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 14,456.16***	***$ 30,500.89***	***$ 44,957.05***	
SEX OF CLAIMANT						
Male	24	85.7	13,276.01	30,235.64	43,511.65	96.7
Female	4	14.2	1,180.15	265.25	1,445.40	3.2
	28		***$ 14,456.16***	***$ 30,500.89***	***$ 44,957.05***	
LOSS CAUSE						
Animal, not otherwise classified	1	3.5	10,214.36	28,735.64	38,950.00	86.6
Metal items	5	17.8	1,297.22	750.00	2,047.22	4.5
Furniture / fixtures	5	17.8	1,639.14	265.25	1,904.39	4.2
Animal / bee type	1	3.5	0.00	750.00	750.00	1.6
Stairs, steps	3	10.7	695.40	0.00	695.40	1.5
Boxes / containers	3	10.7	610.04	0.00	610.04	1.3
Building parts / doors	1	3.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Electrical equipment	1	3.5	0.00	0.00	0.00	0.0
Excavations	1	3.5	0.00	0.00	0.00	0.0
Fencing	2	7.1	0.00	0.00	0.00	0.0
Minerals / dirt	1	3.5	0.00	0.00	0.00	0.0
Patient / Inmate	2	7.1	0.00	0.00	0.00	0.0
Pipe	1	3.5	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.5	0.00	0.00	0.00	0.0
	28		***$ 14,456.16***	***$ 30,500.89***	***$ 44,957.05***	

ACCIDENT TYPE

Animal Or Insect	2	7.1	10,214.36	29,485.64	39,700.00	88.3
Fall or Slip (From Different Level)	5	17.8	1,485.79	0.00	1,485.79	3.3
Jumping (Strain or Injury by)	1	3.5	484.75	265.25	750.00	1.6
Object Handled (caught in or between)	1	3.5	0.00	750.00	750.00	1.6
Struck/Injured by Falling or Flying Object	2	7.1	667.72	0.00	667.72	1.4
Strike Against/Step on Stationary Object	3	10.7	629.50	0.00	629.50	1.4
Lifting (strain or Injury by)	2	7.1	610.04	0.00	610.04	1.3
Fall or Slip (On Same Level)	2	7.1	364.00	0.00	364.00	0.8
Fall or slip (on stairs)	1	3.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	3.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	3	10.7	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	3.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	3.5	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	7.1	0.00	0.00	0.00	0.0
	28		***$ 14,456.16***	***$ 30,500.89***	***$ 44,957.05***	

***BODY PART*

Upper Back Area (Thoracic Area)	2
Lungs	1
Knee	4
Foot	2
Finger(s)	3
Hand	1
Facial, Other Soft Tissue	2
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Shoulder	2
Thumb	1
Abdomen including Groin	1
Ankle	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Eye(s)	1
Hip	1
Lower Arm	1
Lower Leg	2
Soft Tissue - Neck	2
Upper Leg	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	28					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Strain	14
Puncture	3
Sprain	4
Inflamation	1
Laceration	3
Foreign Body	1
No Physical Injury	1
	28

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	20.0	518.30	15,231.70	15,750.00	63.4
6AM-7:59AM	7	23.3	1,466.47	3,531.93	4,998.40	20.1
2PM-3:59PM	3	10.0	566.40	933.60	1,500.00	6.0
10AM-11:59AM	6	20.0	668.20	750.00	1,418.20	5.7
12PM-1:59PM	6	20.0	986.08	0.00	986.08	3.9
4PM-5:59PM	2	6.6	179.90	0.00	179.90	0.7
	30		**$ 4,385.35**	**$ 20,447.23**	**$ 24,832.58**	
LENGTH OF SERVICE						
4-6	4	13.3	518.30	15,231.70	15,750.00	63.4
0-2	6	20.0	1,373.89	2,031.93	3,405.82	13.7
2-4	5	16.6	1,245.26	750.00	1,995.26	8.0
6-8	6	20.0	857.50	933.60	1,791.10	7.2
12-14	1	3.3	0.00	750.00	750.00	3.0
22-24	3	10.0	0.00	750.00	750.00	3.0
20-22	2	6.6	212.00	0.00	212.00	0.8
18-20	1	3.3	178.40	0.00	178.40	0.7
14-16	1	3.3	0.00	0.00	0.00	0.0
8-10	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 4,385.35**	**$ 20,447.23**	**$ 24,832.58**	
AGE OF CLAIMANT						
45-49	10	33.3	1,624.79	17,263.63	18,888.42	76.0
40-44	4	13.3	1,386.40	933.60	2,320.00	9.3
55-59	4	13.3	557.00	750.00	1,307.00	5.2
20-24	3	10.0	425.26	750.00	1,175.26	4.7
30-34	2	6.6	0.00	750.00	750.00	3.0
50-54	4	13.3	391.90	0.00	391.90	1.5
25-29	1	3.3	0.00	0.00	0.00	0.0
35-39	2	6.6	0.00	0.00	0.00	0.0
	30		**$ 4,385.35**	**$ 20,447.23**	**$ 24,832.58**	
SEX OF CLAIMANT						
Female	12	40.0	1,296.70	17,665.30	18,962.00	76.3
Male	18	60.0	3,088.65	2,781.93	5,870.58	23.6
	30		**$ 4,385.35**	**$ 20,447.23**	**$ 24,832.58**	
LOSS CAUSE						
Dolly	1	3.3	518.30	15,231.70	15,750.00	63.4
Walking surface, outside, dry	1	3.3	468.07	1,281.93	1,750.00	7.0
Furniture / fixtures	4	13.3	566.40	933.60	1,500.00	6.0
Hand tool, not powered, NOC	3	10.0	212.00	750.00	962.00	3.8
Walking surface, outside, wet	2	6.6	820.00	0.00	820.00	3.3
Door	3	10.0	0.00	750.00	750.00	3.0
Stairs, steps	3	10.0	0.00	750.00	750.00	3.0
Vehicle, fork truck	1	3.3	0.00	750.00	750.00	3.0
Shelving	1	3.3	557.00	0.00	557.00	2.2
Metal items	1	3.3	425.26	0.00	425.26	1.7
Animal, not otherwise classified	1	3.3	348.82	0.00	348.82	1.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Recreational equipment	1	3.3	179.90	0.00	179.90	0.7
Patient / Inmate	2	6.6	178.40	0.00	178.40	0.7
Building parts / doors	2	6.6	111.20	0.00	111.20	0.4
Fencing	2	6.6	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.3	0.00	0.00	0.00	0.0
Clothing / jewelry	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 4,385.35***	***$ 20,447.23***	***$ 24,832.58***	

ACCIDENT TYPE

Struck/Injured by Falling or Flying Object	5	16.6	1,680.46	15,981.70	17,662.16	71.1
Strike Against/Step on Stationary Object	5	16.6	566.40	1,683.60	2,250.00	9.0
Fall or Slip (On Same Level)	2	6.6	468.07	1,281.93	1,750.00	7.0
Object being lifted/handled (cut,punc.scrape,inj b	5	16.6	111.20	750.00	861.20	3.4
Fall or slip (on ice or snow)	1	3.3	820.00	0.00	820.00	3.3
Fall or slip (on stairs)	2	6.6	0.00	750.00	750.00	3.0
Object Handled (caught in or between)	3	10.0	348.82	0.00	348.82	1.4
Twisting, strain or injury by	1	3.3	212.00	0.00	212.00	0.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.3	178.40	0.00	178.40	0.7
Cumulative (Not Otherwise Classified)	1	3.3	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	3	10.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 4,385.35***	***$ 20,447.23***	***$ 24,832.58***	

***BODY PART

Facial, Other Soft Tissue	4
Finger(s)	6
Knee	4
Hand	5
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Teeth	1
Wrist	1
Lower Arm	3
Thumb	2
Nose	1
Soft Tissue - Neck	1
Ankle	1
Foot	1
Abdomen including Groin	1
Elbow	1
Eye(s)	1
No Physical Problem	1
	30

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	18
Fracture	2
Laceration	6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strain	3					
Inflamation	1					
Sprain	1					
Foreign Body	2					
No Physical Injury	1					
Puncture	1					
	30					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Powatan Reception & Classification Ctr (721)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	25.0	900.48	32.72	933.20	28.1
2PM-3:59PM	1	12.5	897.23	0.00	897.23	27.0
8AM-9:59AM	1	12.5	0.00	750.00	750.00	22.5
Unknown	1	12.5	740.48	0.00	740.48	22.3
6AM-7:59AM	3	37.5	0.00	0.00	0.00	0.0
	8		***$ 2,538.19***	***$ 782.72***	***$ 3,320.91***	
LENGTH OF SERVICE						
2-4	2	25.0	1,637.71	0.00	1,637.71	49.3
22-24	1	12.5	717.28	32.72	750.00	22.5
8-10	2	25.0	0.00	750.00	750.00	22.5
20-22	1	12.5	183.20	0.00	183.20	5.5
0-2	2	25.0	0.00	0.00	0.00	0.0
	8		***$ 2,538.19***	***$ 782.72***	***$ 3,320.91***	
AGE OF CLAIMANT						
25-29	2	25.0	897.23	0.00	897.23	27.0
35-39	1	12.5	0.00	750.00	750.00	22.5
45-49	1	12.5	717.28	32.72	750.00	22.5
20-24	1	12.5	740.48	0.00	740.48	22.3
40-44	1	12.5	183.20	0.00	183.20	5.5
30-34	2	25.0	0.00	0.00	0.00	0.0
	8		***$ 2,538.19***	***$ 782.72***	***$ 3,320.91***	
SEX OF CLAIMANT						
Female	3	37.5	923.68	750.00	1,673.68	50.4
Male	5	62.5	1,614.51	32.72	1,647.23	49.6
	8		***$ 2,538.19***	***$ 782.72***	***$ 3,320.91***	
LOSS CAUSE						
Walking surface, outside, wet	2	25.0	897.23	0.00	897.23	27.0
Fencing	1	12.5	0.00	750.00	750.00	22.5
Patient / Inmate	1	12.5	717.28	32.72	750.00	22.5
Stairs, steps	2	25.0	740.48	0.00	740.48	22.3
Furniture / fixtures	1	12.5	183.20	0.00	183.20	5.5
Walking surface, outside, dry	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 2,538.19***	***$ 782.72***	***$ 3,320.91***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	12.5	897.23	0.00	897.23	27.0
Holding Or Carrying (Strain or Injury by)	1	12.5	717.28	32.72	750.00	22.5
Object being lifted/handled (cut,punc.scrape,inj b	1	12.5	0.00	750.00	750.00	22.5
Fall or slip (on stairs)	2	25.0	740.48	0.00	740.48	22.3
Strike Against/Step on Stationary Object	1	12.5	183.20	0.00	183.20	5.5
Cumulative (Not Otherwise Classified)	1	12.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Powatan Reception & Classification Ctr (721)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 2,538.19**	**$ 782.72**	**$ 3,320.91**	

****BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hip	1
Hand	1
Foot	1
Soft Tissue - Neck	1
Knee	1
Elbow	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	7
Sprain	1
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	11	26.1	4,506.81	10,319.29	14,826.10	40.3
8AM-9:59AM	6	14.2	847.00	11,403.00	12,250.00	33.3
12PM-1:59PM	8	19.0	1,500.98	2,256.85	3,757.83	10.2
6AM-7:59AM	3	7.1	438.45	1,811.55	2,250.00	6.1
2PM-3:59PM	5	11.9	761.80	943.98	1,705.78	4.6
4PM-5:59PM	5	11.9	475.48	710.00	1,185.48	3.2
4AM-5:59AM	1	2.3	0.00	750.00	750.00	2.0
6PM-7:59PM	1	2.3	0.00	0.00	0.00	0.0
Unknown	2	4.7	0.00	0.00	0.00	0.0
	42		***$ 8,530.52***	***$ 28,194.67***	***$ 36,725.19***	
LENGTH OF SERVICE						
12-14	4	9.5	710.15	10,539.85	11,250.00	30.6
2-4	2	4.7	3,283.40	5,636.82	8,920.22	24.2
6-8	9	21.4	809.87	2,737.02	3,546.89	9.6
8-10	3	7.1	462.00	2,788.00	3,250.00	8.8
4-6	7	16.6	724.48	2,250.00	2,974.48	8.1
18-20	3	7.1	265.00	2,235.00	2,500.00	6.8
0-2	9	21.4	1,168.63	655.98	1,824.61	4.9
14-16	2	4.7	40.00	710.00	750.00	2.0
16-18	1	2.3	643.00	107.00	750.00	2.0
20-22	1	2.3	215.00	535.00	750.00	2.0
10-12	1	2.3	208.99	0.00	208.99	0.5
	42		***$ 8,530.52***	***$ 28,194.67***	***$ 36,725.19***	
AGE OF CLAIMANT						
50-54	7	16.6	1,285.45	11,714.55	13,000.00	35.4
55-59	7	16.6	3,942.29	7,674.82	11,617.11	31.6
40-44	9	21.4	1,009.00	2,860.00	3,869.00	10.5
45-49	6	14.2	1,186.43	1,959.05	3,145.48	8.5
35-39	2	4.7	0.00	2,500.00	2,500.00	6.8
25-29	9	21.4	898.36	736.25	1,634.61	4.4
30-34	2	4.7	208.99	750.00	958.99	2.6
	42		***$ 8,530.52***	***$ 28,194.67***	***$ 36,725.19***	
SEX OF CLAIMANT						
Female	27	64.2	6,431.93	23,628.49	30,060.42	81.8
Male	15	35.7	2,098.59	4,566.18	6,664.77	18.1
	42		***$ 8,530.52***	***$ 28,194.67***	***$ 36,725.19***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	2.3	467.00	9,283.00	9,750.00	26.5
Walking surface, inside, wet	2	4.7	3,428.40	5,697.60	9,126.00	24.8
Boxes / containers	4	9.5	658.89	2,038.00	2,696.89	7.3
Building parts / doors	1	2.3	165.00	1,585.00	1,750.00	4.7
Floor	1	2.3	0.00	1,750.00	1,750.00	4.7
Metal items	3	7.1	255.00	1,245.00	1,500.00	4.0
Furniture / fixtures	6	14.2	145.48	750.00	895.48	2.4
Unknown	1	2.3	154.80	595.20	750.00	2.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chair	1	2.3	0.00	750.00	750.00	2.0
Door	2	4.7	0.00	750.00	750.00	2.0
Excavations	1	2.3	438.45	311.55	750.00	2.0
Hot/Cold Object, Liquid, Substance	1	2.3	643.00	107.00	750.00	2.0
Office equipment	1	2.3	100.00	650.00	750.00	2.0
Person	1	2.3	0.00	750.00	750.00	2.0
Poisonous agent / plant	1	2.3	74.53	675.47	750.00	2.0
Sharp objects, not otherwise classified	1	2.3	243.15	506.85	750.00	2.0
Stairs, steps	1	2.3	0.00	750.00	750.00	2.0
Wood Items	1	2.3	579.00	0.00	579.00	1.5
Minerals / dirt	1	2.3	483.00	0.00	483.00	1.3
Hand tool, not powered, NOC	2	4.7	290.00	0.00	290.00	0.7
Walking surface, inside, dry	1	2.3	208.99	0.00	208.99	0.5
Animal / insect, not otherwise classified	1	2.3	100.00	0.00	100.00	0.2
Chemicals, not otherwise classified	3	7.1	95.83	0.00	95.83	0.2
Vehicle/car/truck	1	2.3	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	2.3	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	2.3	0.00	0.00	0.00	0.0
Recreational equipment	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 8,530.52***	***$ 28,194.67***	***$ 36,725.19***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	2	4.7	467.00	10,033.00	10,500.00	28.5
Fall or Slip (On Same Level)	4	9.5	3,637.39	5,697.60	9,334.99	25.4
Fall or Slip (From Different Level)	5	11.9	462.00	2,788.00	3,250.00	8.8
Strike Against/Step on Stationary Object	4	9.5	889.48	1,585.00	2,474.48	6.7
Object Handled (caught in or between)	3	7.1	315.00	1,935.00	2,250.00	6.1
Struck/Injured by Falling or Flying Object	6	14.2	0.00	1,750.00	1,750.00	4.7
Struck/Injured by Object Being Lifted/Handled	2	4.7	283.15	1,216.85	1,500.00	4.0
Allergic Reaction	1	2.3	74.53	675.47	750.00	2.0
Cumulative (Not Otherwise Classified)	1	2.3	154.80	595.20	750.00	2.0
Fall or slip (into Openings)	1	2.3	438.45	311.55	750.00	2.0
Fall or slip (on stairs)	1	2.3	0.00	750.00	750.00	2.0
Struck/Injured by Object Handled By Other	1	2.3	643.00	107.00	750.00	2.0
Stuck, injured by fellow worker, patient	1	2.3	0.00	750.00	750.00	2.0
Foreign Body In Eye	2	4.7	483.00	0.00	483.00	1.3
Object being lifted/handled (cut,punc.scrape,inj b	3	7.1	290.00	0.00	290.00	0.7
Lifting (strain or Injury by)	2	4.7	196.89	0.00	196.89	0.5
Animal Or Insect	2	4.7	100.00	0.00	100.00	0.2
Absorb, Ingest, Inhalation	1	2.3	95.83	0.00	95.83	0.2
	42		***$ 8,530.52***	***$ 28,194.67***	***$ 36,725.19***	

***BODY PART**

Knee	4
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Shoulder	5
Hand	7
Finger(s)	5
Lower Arm	5
Soft Tissue - Neck	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Facial, Other Soft Tissue	6					
Lower Leg	1					
Ankle	3					
Eye(s)	3					
Abdomen including Groin	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Mouth	1					
Teeth	1					
Upper Leg	2					
Wrist	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Hip	1					
Thumb	1					
Upper Back Area (Thoracic Area)	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***	
Strain	11
Contusion	25
Dermatitis	5
Laceration	3
Burn	2
Sprain	3
Puncture	2
Inflamation	4
Crushing	1
Dislocation	1
Foreign Body	2
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	11	22.4	23,382.48	20,464.37	43,846.85	74.4
8AM-9:59AM	10	20.4	935.15	4,087.02	5,022.17	8.5
12PM-1:59PM	8	16.3	69.00	4,000.00	4,069.00	6.9
6PM-7:59PM	7	14.2	292.10	2,707.90	3,000.00	5.1
2PM-3:59PM	5	10.2	92.40	1,476.60	1,569.00	2.6
6AM-7:59AM	5	10.2	232.85	750.00	982.85	1.6
12AM-1:59AM	1	2.0	385.35	0.00	385.35	0.6
Unknown	2	4.0	0.00	0.00	0.00	0.0
	49		***$ 25,389.33***	***$ 33,485.89***	***$ 58,875.22***	
LENGTH OF SERVICE						
10-12	4	8.1	20,938.00	13,782.69	34,720.69	58.9
0-2	10	20.4	178.35	7,071.65	7,250.00	12.3
22-24	3	6.1	1,252.61	5,086.63	6,339.24	10.7
4-6	5	10.2	69.00	2,250.00	2,319.00	3.9
2-4	5	10.2	400.58	1,750.00	2,150.58	3.6
12-14	4	8.1	895.83	837.02	1,732.85	2.9
6-8	5	10.2	217.00	750.00	967.00	1.6
14-16	3	6.1	952.69	0.00	952.69	1.6
24-26	2	4.0	0.00	750.00	750.00	1.2
26-28	1	2.0	0.00	750.00	750.00	1.2
8-10	4	8.1	292.10	457.90	750.00	1.2
16-18	1	2.0	124.17	0.00	124.17	0.2
18-20	2	4.0	69.00	0.00	69.00	0.1
	49		***$ 25,389.33***	***$ 33,485.89***	***$ 58,875.22***	
AGE OF CLAIMANT						
55-59	2	4.0	20,938.00	13,782.69	34,720.69	58.9
25-29	9	18.3	0.00	7,500.00	7,500.00	12.7
60-64	1	2.0	1,113.37	4,336.63	5,450.00	9.2
35-39	5	10.2	1,220.45	2,182.07	3,402.52	5.7
50-54	12	24.4	1,367.59	457.90	1,825.49	3.1
45-49	6	12.2	124.17	1,500.00	1,624.17	2.7
40-44	5	10.2	92.40	1,476.60	1,569.00	2.6
20-24	3	6.1	385.35	750.00	1,135.35	1.9
30-34	4	8.1	148.00	750.00	898.00	1.5
15-19	2	4.0	0.00	750.00	750.00	1.2
	49		***$ 25,389.33***	***$ 33,485.89***	***$ 58,875.22***	
SEX OF CLAIMANT						
Female	19	38.7	22,575.27	25,053.82	47,629.09	80.9
Male	30	61.2	2,814.06	8,432.07	11,246.13	19.1
	49		***$ 25,389.33***	***$ 33,485.89***	***$ 58,875.22***	
LOSS CAUSE						
Walking surface, outside, wet	2	4.0	20,938.00	13,032.69	33,970.69	57.7
Furniture / fixtures	7	14.2	1,182.37	6,836.63	8,019.00	13.6
Stairs, steps	3	6.1	0.00	3,500.00	3,500.00	5.9
Boxes / containers	4	8.1	400.58	1,500.00	1,900.58	3.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand tool, not powered, NOC	3	6.1	942.10	682.07	1,624.17	2.7
Unknown	3	6.1	23.40	1,476.60	1,500.00	2.5
Walking surface, inside, wet	2	4.0	0.00	1,500.00	1,500.00	2.5
Walking surface, outside, dry	2	4.0	0.00	1,500.00	1,500.00	2.5
Animal / snake	1	2.0	0.00	750.00	750.00	1.2
Chair	1	2.0	0.00	750.00	750.00	1.2
Fencing	1	2.0	0.00	750.00	750.00	1.2
Gun / gunshot	1	2.0	292.10	457.90	750.00	1.2
Metal items	3	6.1	0.00	750.00	750.00	1.2
Miscellaneous	1	2.0	550.17	0.00	550.17	0.9
Electrical equipment	1	2.0	402.52	0.00	402.52	0.6
Water	1	2.0	173.85	0.00	173.85	0.3
Infectious agent	1	2.0	148.00	0.00	148.00	0.2
Minerals / dirt	1	2.0	139.24	0.00	139.24	0.2
Animal, not otherwise classified	1	2.0	69.00	0.00	69.00	0.1
Welding equipment	1	2.0	69.00	0.00	69.00	0.1
Patient / Inmate	2	4.0	59.00	0.00	59.00	0.1
Building parts / doors	2	4.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.0	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	2.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	4.0	0.00	0.00	0.00	0.0
Animal / bee type	1	2.0	0.00	0.00	0.00	0.0
	49		***$ 25,389.33***	***$ 33,485.89***	***$ 58,875.22***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	5	10.2	21,514.37	13,782.69	35,297.06	59.9
Fall or Slip (From Different Level)	3	6.1	1,113.37	5,836.63	6,950.00	11.8
Fall or slip (on stairs)	3	6.1	0.00	3,500.00	3,500.00	5.9
Object being lifted/handled (cut,punc.scrape,inj b	7	14.2	942.10	2,182.07	3,124.17	5.3
Struck/Injured by Falling or Flying Object	3	6.1	385.35	1,750.00	2,135.35	3.6
Cumulative (Not Otherwise Classified)	2	4.0	23.40	1,476.60	1,500.00	2.5
Lifting (strain or Injury by)	2	4.0	0.00	1,500.00	1,500.00	2.5
Object Handled (caught in or between)	2	4.0	292.10	1,207.90	1,500.00	2.5
Animal Or Insect	3	6.1	69.00	750.00	819.00	1.3
Strike Against/Step on Stationary Object	5	10.2	69.00	750.00	819.00	1.3
Slipped, Did Not Fall	1	2.0	0.00	750.00	750.00	1.2
Struck/Injured by Object Handled By Other	1	2.0	550.17	0.00	550.17	0.9
Absorb, Ingest, Inhalation	3	6.1	148.00	0.00	148.00	0.2
Foreign Body In Eye	1	2.0	139.24	0.00	139.24	0.2
Explosion / Flare Back	1	2.0	69.00	0.00	69.00	0.1
Assault	1	2.0	59.00	0.00	59.00	0.1
Repetitive Motion	1	2.0	15.23	0.00	15.23	0.0
Pushing Or Pulling (Strain or Injury by)	1	2.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	4.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	2.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	2.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	49		***$ 25,389.33***	***$ 33,485.89***	***$ 58,875.22***	
*****BODY PART***						
Finger(s)	10					
Wrist	4					
Knee	6					
Shoulder	5					
Hip	5					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Ankle	2					
Hand	4					
Lower Leg	2					
Abdomen including Groin	2					
Thumb	5					
Internal Organs	1					
Elbow	4					
Foot	1					
Toe(s)	2					
Eye(s)	3					
Lower Arm	1					
Facial, Other Soft Tissue	1					
Larynx	1					
Upper Back Area (Thoracic Area)	2					
No Physical Problem	1					
Soft Tissue - Neck	1					
	49					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	2					
Laceration	9					
Strain	13					
Contusion	23					
Sprain	4					
Puncture	5					
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1					
Crushing	1					
Foreign Body	2					
Inflamation	4					
No Physical Injury	1					
	49					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	5	14.2	11,497.81	15,442.17	26,939.98	36.7
6PM-7:59PM	1	2.8	21,932.21	2,956.51	24,888.72	33.9
6AM-7:59AM	7	20.0	6,950.40	2,014.60	8,965.00	12.2
12PM-1:59PM	5	14.2	1,930.34	2,344.20	4,274.54	5.8
2PM-3:59PM	6	17.1	2,259.05	0.00	2,259.05	3.0
4AM-5:59AM	2	5.7	1,525.02	581.40	2,106.42	2.8
8AM-9:59AM	5	14.2	622.38	1,054.92	1,677.30	2.2
Unknown	2	5.7	246.36	522.00	768.36	1.0
12AM-1:59AM	1	2.8	247.98	515.00	762.98	1.0
2AM-3:59AM	1	2.8	375.00	375.00	750.00	1.0
	35		***$ 47,586.55***	***$ 25,805.80***	***$ 73,392.35***	
LENGTH OF SERVICE						
4-6	12	34.2	18,501.93	17,751.26	36,253.19	49.4
2-4	13	37.1	25,186.72	6,670.11	31,856.83	43.4
0-2	9	25.7	3,642.33	890.00	4,532.33	6.1
Unknown	1	2.8	255.57	494.43	750.00	1.0
	35		***$ 47,586.55***	***$ 25,805.80***	***$ 73,392.35***	
AGE OF CLAIMANT						
45-49	5	14.2	23,284.97	4,287.91	27,572.88	37.5
55-59	1	2.8	10,481.95	15,268.05	25,750.00	35.0
40-44	11	31.4	3,597.05	3,501.04	7,098.09	9.6
35-39	8	22.8	4,982.75	515.00	5,497.75	7.4
50-54	3	8.5	3,152.49	0.00	3,152.49	4.3
30-34	3	8.5	1,193.20	1,056.80	2,250.00	3.0
25-29	4	11.4	894.14	1,177.00	2,071.14	2.8
	35		***$ 47,586.55***	***$ 25,805.80***	***$ 73,392.35***	
SEX OF CLAIMANT						
Male	15	42.8	36,246.30	21,572.39	57,818.69	78.7
Female	20	57.1	11,340.25	4,233.41	15,573.66	21.2
	35		***$ 47,586.55***	***$ 25,805.80***	***$ 73,392.35***	
LOSS CAUSE						
Stairs, steps	3	8.5	13,963.35	15,268.05	29,231.40	39.8
Ladder - Fixed	1	2.8	21,932.21	2,956.51	24,888.72	33.9
Furniture / fixtures	4	11.4	1,004.35	1,737.49	2,741.84	3.7
Boxes / containers	2	5.7	643.92	1,924.12	2,568.04	3.5
Walking surface, outside, wet	2	5.7	2,312.48	0.00	2,312.48	3.1
Door	2	5.7	1,193.19	750.00	1,943.19	2.6
Cart	2	5.7	1,223.10	581.40	1,804.50	2.4
Building parts / doors	2	5.7	1,160.37	494.43	1,654.80	2.2
Walking surface, inside, wet	2	5.7	731.76	786.60	1,518.36	2.0
Patient / Inmate	3	8.5	558.14	417.20	975.34	1.3
Walking surface, outside, dry	2	5.7	908.50	0.00	908.50	1.2
Gun / gunshot	1	2.8	247.98	515.00	762.98	1.0
Vehicle, not otherwise classified	1	2.8	375.00	375.00	750.00	1.0
Electrical equipment	1	2.8	557.83	0.00	557.83	0.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hot/Cold Object, Liquid, Substance	1	2.8	228.10	0.00	228.10	0.3
Walking surface, inside, dry	2	5.7	205.83	0.00	205.83	0.2
Unknown	1	2.8	196.60	0.00	196.60	0.2
Gloves	1	2.8	143.84	0.00	143.84	0.2
Insufficient data	1	2.8	0.00	0.00	0.00	0.0
Infectious agent	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 47,586.55***	***$ 25,805.80***	***$ 73,392.35***	

ACCIDENT TYPE

Fall or slip (on stairs)	3	8.5	13,963.35	15,268.05	29,231.40	39.8
Fall or Slip (From Ladder/Scaffolding)	1	2.8	21,932.21	2,956.51	24,888.72	33.9
Object Handled (caught in or between)	5	14.2	2,456.10	1,891.89	4,347.99	5.9
Pushing Or Pulling (Strain or Injury by)	2	5.7	1,054.50	1,750.00	2,804.50	3.8
Fall or Slip (On Same Level)	2	5.7	2,000.34	174.12	2,174.46	2.9
Fall or Slip (From Different Level)	1	2.8	573.00	1,177.00	1,750.00	2.3
Fall or slip (on ice or snow)	2	5.7	1,687.26	0.00	1,687.26	2.3
Strike Against/Step on Stationary Object	2	5.7	497.41	494.43	991.84	1.3
Slipped, Did Not Fall	2	5.7	246.36	522.00	768.36	1.0
Explosion / Flare Back	1	2.8	247.98	515.00	762.98	1.0
Assault	1	2.8	332.80	417.20	750.00	1.0
Fall or Slip (From Liquid/Grease spills)	1	2.8	485.40	264.60	750.00	1.0
Struck/Injured by Object Handled By Other	1	2.8	375.00	375.00	750.00	1.0
Object being lifted/handled (cut,punc.scrape,inj b	1	2.8	557.83	0.00	557.83	0.7
Repetitive Motion	2	5.7	383.13	0.00	383.13	0.5
Struck/Injured by Falling or Flying Object	2	5.7	228.10	0.00	228.10	0.3
Holding Or Carrying (Strain or Injury by)	2	5.7	225.34	0.00	225.34	0.3
Cumulative (Not Otherwise Classified)	1	2.8	196.60	0.00	196.60	0.2
Allergic Reaction	1	2.8	143.84	0.00	143.84	0.2
Other (Not Otherwise Classified)	1	2.8	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 47,586.55***	***$ 25,805.80***	***$ 73,392.35***	

***BODY PART**

Knee	8
Finger(s)	6
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Thumb	4
Buttocks	2
Lower Arm	3
Ankle	3
Lower Leg	2
Upper Back Area (Thoracic Area)	2
Hand	3
Hip	2
Foot	2
Elbow	1
Facial, Other Soft Tissue	1
Soft Tissue - Neck	1
Upper Leg	4
Abdomen including Groin	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Shoulder	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Toe(s)	1					
No Physical Problem	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	24					
Sprain	5					
Strain	16					
Laceration	4					
Crushing	2					
Dermatitis	2					
Burn	1					
No Physical Injury	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	7	15.9	4,787.24	3,004.33	7,791.57	28.1
12PM-1:59PM	6	13.6	5,560.49	1,016.00	6,576.49	23.7
2PM-3:59PM	5	11.3	335.37	4,250.00	4,585.37	16.5
4PM-5:59PM	6	13.6	2,611.67	750.00	3,361.67	12.1
6AM-7:59AM	7	15.9	8.00	2,242.00	2,250.00	8.1
10AM-11:59AM	4	9.0	428.15	1,151.40	1,579.55	5.7
12AM-1:59AM	2	4.5	0.00	750.00	750.00	2.7
Unknown	1	2.2	517.70	0.00	517.70	1.8
6PM-7:59PM	6	13.6	261.50	0.00	261.50	0.9
	44		***$ 14,510.12***	***$ 13,163.73***	***$ 27,673.85***	
LENGTH OF SERVICE						
2-4	23	52.2	12,323.70	7,655.73	19,979.43	72.2
4-6	7	15.9	492.00	4,008.00	4,500.00	16.2
0-2	10	22.7	1,455.42	1,500.00	2,955.42	10.6
10-12	1	2.2	129.00	0.00	129.00	0.4
Unknown	1	2.2	110.00	0.00	110.00	0.4
20-22	1	2.2	0.00	0.00	0.00	0.0
6-8	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 14,510.12***	***$ 13,163.73***	***$ 27,673.85***	
AGE OF CLAIMANT						
40-44	8	18.1	5,422.94	2,996.33	8,419.27	30.4
55-59	2	4.5	5,007.26	511.40	5,518.66	19.9
25-29	11	25.0	2,990.44	1,390.00	4,380.44	15.8
35-39	9	20.4	0.00	3,250.00	3,250.00	11.7
30-34	8	18.1	476.48	2,250.00	2,726.48	9.8
45-49	5	11.3	129.00	2,500.00	2,629.00	9.5
50-54	1	2.2	484.00	266.00	750.00	2.7
	44		***$ 14,510.12***	***$ 13,163.73***	***$ 27,673.85***	
SEX OF CLAIMANT						
Male	26	59.0	12,634.87	6,023.73	18,658.60	67.4
Female	18	40.9	1,875.25	7,140.00	9,015.25	32.5
	44		***$ 14,510.12***	***$ 13,163.73***	***$ 27,673.85***	
LOSS CAUSE						
Walking surface, inside, wet	2	4.5	5,048.74	1,504.33	6,553.07	23.6
Person	2	4.5	4,768.66	750.00	5,518.66	19.9
Furniture / fixtures	6	13.6	1,450.94	1,500.00	2,950.94	10.6
Stairs, steps	4	9.0	1,243.07	1,500.00	2,743.07	9.9
Boxes / containers	2	4.5	0.00	2,500.00	2,500.00	9.0
Recreational equipment	1	2.2	0.00	1,750.00	1,750.00	6.3
Metal items	2	4.5	307.83	640.00	947.83	3.4
Door	3	6.8	594.00	266.00	860.00	3.1
Cart	1	2.2	0.00	750.00	750.00	2.7
Environmental conditions	1	2.2	0.00	750.00	750.00	2.7
Hot/Cold Object, Liquid, Substance	1	2.2	8.00	742.00	750.00	2.7
Ladder - Fixed	1	2.2	238.60	511.40	750.00	2.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Building parts / doors	2	4.5	385.91	0.00	385.91	1.3
Gun / gunshot	1	2.2	199.10	0.00	199.10	0.7
Hand tool, powered, NOC	1	2.2	136.27	0.00	136.27	0.4
Infectious agent	3	6.8	129.00	0.00	129.00	0.4
Unknown	1	2.2	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	2.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	2.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	3	6.8	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.2	0.00	0.00	0.00	0.0
Patient / Inmate	2	4.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.2	0.00	0.00	0.00	0.0
Water	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 14,510.12***	***$ 13,163.73***	***$ 27,673.85***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	3	6.8	4,787.24	1,504.33	6,291.57	22.7
Stuck, injured by fellow worker, patient	3	6.8	4,768.66	750.00	5,518.66	19.9
Object Handled (caught in or between)	6	13.6	979.91	1,656.00	2,635.91	9.5
Strike Against/Step on Stationary Object	3	6.8	1,450.94	750.00	2,200.94	7.9
Fall or slip (on stairs)	3	6.8	1,243.07	750.00	1,993.07	7.2
Jumping (Strain or Injury by)	1	2.2	0.00	1,750.00	1,750.00	6.3
Lifting (strain or Injury by)	1	2.2	0.00	1,750.00	1,750.00	6.3
Allergic Reaction	1	2.2	0.00	750.00	750.00	2.7
Cumulative (Not Otherwise Classified)	2	4.5	0.00	750.00	750.00	2.7
Fall or Slip (From Ladder/Scaffolding)	1	2.2	238.60	511.40	750.00	2.7
Pushing Or Pulling (Strain or Injury by)	1	2.2	0.00	750.00	750.00	2.7
Struck/Injured by Falling or Flying Object	3	6.8	0.00	750.00	750.00	2.7
Struck/Injured by Object Handled By Other	2	4.5	8.00	742.00	750.00	2.7
Fall or Slip (From Liquid/Grease spills)	1	2.2	261.50	0.00	261.50	0.9
Noise, continual, strain or injury by	1	2.2	199.10	0.00	199.10	0.7
Object being lifted/handled (cut,punc.scrape,inj b	1	2.2	197.83	0.00	197.83	0.7
Contact with Electric Current	1	2.2	136.27	0.00	136.27	0.4
Absorb, Ingest, Inhalation	2	4.5	129.00	0.00	129.00	0.4
Struck/Injured by Moving Part Of Machine	2	4.5	110.00	0.00	110.00	0.4
Fall or slip (on ice or snow)	2	4.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	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
Assault	1	2.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 14,510.12***	***$ 13,163.73***	***$ 27,673.85***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Shoulder	4
Foot	2
Facial, Other Soft Tissue	6
Eye(s)	5
Lower Leg	2
Soft Tissue - Neck	3
Lower Arm	4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Finger(s)	4					
Chest (Inc: Ribs, Sternum and Soft Tissue)	6					
Thumb	3					
Hip	4					
Knee	2					
Upper Back Area (Thoracic Area)	1					
Upper Leg	2					
Wrist	2					
Buttocks	1					
Elbow	2					
Hand	3					
Ear(s)	1					
Abdomen including Groin	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
No Physical Problem	1					
Ankle	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.**

*****INJURY***

Contusion	29
Strain	14
Sprain	5
Laceration	6
Burn	2
Inflamation	1
Hearing Loss or Impairment (Traumatic only)	1
Foreign Body	9
No Physical Injury	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	3.8	14,574.21	11,218.17	25,792.38	42.7
8AM-9:59AM	17	32.6	5,880.96	12,088.00	17,968.96	29.8
10AM-11:59AM	12	23.0	6,551.47	4,088.69	10,640.16	17.6
2PM-3:59PM	6	11.5	273.20	1,445.00	1,718.20	2.8
6PM-7:59PM	2	3.8	0.00	1,500.00	1,500.00	2.4
6AM-7:59AM	4	7.6	783.73	207.02	990.75	1.6
12PM-1:59PM	6	11.5	179.00	750.00	929.00	1.5
Unknown	2	3.8	0.00	750.00	750.00	1.2
12AM-1:59AM	1	1.9	0.00	0.00	0.00	0.0
	52		***$ 28,242.57***	***$ 32,046.88***	***$ 60,289.45***	
LENGTH OF SERVICE						
2-4	35	67.3	26,202.49	26,301.86	52,504.35	87.0
4-6	6	11.5	890.41	3,500.00	4,390.41	7.2
0-2	9	17.3	1,040.57	1,495.02	2,535.59	4.2
6-8	1	1.9	0.00	750.00	750.00	1.2
8-10	1	1.9	109.10	0.00	109.10	0.1
	52		***$ 28,242.57***	***$ 32,046.88***	***$ 60,289.45***	
AGE OF CLAIMANT						
30-34	12	23.0	22,626.73	18,805.70	41,432.43	68.7
25-29	11	21.1	1,682.26	6,453.18	8,135.44	13.4
45-49	3	5.7	212.00	3,038.00	3,250.00	5.3
20-24	6	11.5	2,144.93	750.00	2,894.93	4.8
35-39	9	17.3	1,288.55	1,500.00	2,788.55	4.6
40-44	6	11.5	288.10	750.00	1,038.10	1.7
55-59	2	3.8	0.00	750.00	750.00	1.2
50-54	3	5.7	0.00	0.00	0.00	0.0
	52		***$ 28,242.57***	***$ 32,046.88***	***$ 60,289.45***	
SEX OF CLAIMANT						
Male	42	80.7	24,559.21	27,472.04	52,031.25	86.3
Female	10	19.2	3,683.36	4,574.84	8,258.20	13.7
	52		***$ 28,242.57***	***$ 32,046.88***	***$ 60,289.45***	
LOSS CAUSE						
Boxes / containers	4	7.6	15,074.61	11,756.17	26,830.78	44.5
Patient / Inmate	11	21.1	6,162.98	6,800.69	12,963.67	21.5
Walking surface, inside, wet	2	3.8	3,253.16	4,036.84	7,290.00	12.0
Person	4	7.6	0.00	5,250.00	5,250.00	8.7
Stairs, steps	1	1.9	988.40	0.00	988.40	1.6
Metal items	3	5.7	639.89	301.16	941.05	1.5
Animal, not otherwise classified	1	1.9	0.00	750.00	750.00	1.2
Building parts / doors	2	3.8	542.98	207.02	750.00	1.2
Cart	2	3.8	55.00	695.00	750.00	1.2
Furniture / fixtures	6	11.5	0.00	750.00	750.00	1.2
Minerals / dirt	1	1.9	0.00	750.00	750.00	1.2
Walking surface, inside, dry	3	5.7	0.00	750.00	750.00	1.2
Infectious agent	4	7.6	711.11	0.00	711.11	1.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chemicals, not otherwise classified	4	7.6	573.69	0.00	573.69	0.9
Water	2	3.8	240.75	0.00	240.75	0.4
Unknown	1	1.9	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.9	0.00	0.00	0.00	0.0
	52		***$ 28,242.57***	***$ 32,046.88***	***$ 60,289.45***	

ACCIDENT TYPE

Holding Or Carrying (Strain or Injury by)	6	11.5	14,862.61	12,718.17	27,580.78	45.7
Fall or Slip (On Same Level)	2	3.8	3,253.16	4,036.84	7,290.00	12.0
Human Bite	2	3.8	4,637.35	0.00	4,637.35	7.6
Stuck, injured by fellow worker, patient	2	3.8	1,525.63	2,050.69	3,576.32	5.9
Stress	3	5.7	0.00	3,500.00	3,500.00	5.8
Assault	2	3.8	0.00	2,500.00	2,500.00	4.1
Cumulative (Not Otherwise Classified)	2	3.8	0.00	1,750.00	1,750.00	2.9
Absorb, Ingest, Inhalation	9	17.3	1,284.80	0.00	1,284.80	2.1
Slipped, Did Not Fall	1	1.9	988.40	0.00	988.40	1.6
Strike Against/Step on Stationary Object	6	11.5	734.03	207.02	941.05	1.5
Animal Or Insect	1	1.9	0.00	750.00	750.00	1.2
Fall or Slip (From Different Level)	2	3.8	0.00	750.00	750.00	1.2
Fall or Slip (From Liquid/Grease spills)	1	1.9	0.00	750.00	750.00	1.2
Foreign Body In Eye	1	1.9	0.00	750.00	750.00	1.2
Lifting (strain or Injury by)	2	3.8	212.00	538.00	750.00	1.2
Object Handled (caught in or between)	2	3.8	448.84	301.16	750.00	1.2
Pushing Or Pulling (Strain or Injury by)	2	3.8	55.00	695.00	750.00	1.2
Strike Against/Step On Obj. Being Lifted or Handle	1	1.9	0.00	750.00	750.00	1.2
Struck/Injured by Object Being Lifted/Handled	1	1.9	240.75	0.00	240.75	0.4
Struck/Injured by Object Handled By Other	1	1.9	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	1.9	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.9	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	1.9	0.00	0.00	0.00	0.0
	52		***$ 28,242.57***	***$ 32,046.88***	***$ 60,289.45***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Knee	5
Brain	4
Lower Arm	5
Finger(s)	4
Hand	7
Soft Tissue - Neck	2
Internal Organs	3
Wrist	4
Facial, Other Soft Tissue	5
Shoulder	2
Eye(s)	4
Ankle	1
Lower Leg	2
Thumb	1
Upper Back Area (Thoracic Area)	1
Lungs	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Buttocks	1					
Elbow	1					
Upper Leg	1					
	52					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Laceration	14
Mental Stress	4
Contusion	9
Puncture	3
Foreign Body	11
All Other Cumulative	1
Sprain	3
Dislocation	1
Inflamation	2
Poisoning - Chemical	2
No Physical Injury	1
	52

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:21

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southampton Intensive Treatment Ctr (736)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	2	66.6	541.00	959.00	1,500.00	100.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 541.00***	***$ 959.00***	***$ 1,500.00***	
LENGTH OF SERVICE						
6-8	1	33.3	0.00	750.00	750.00	50.0
8-10	1	33.3	541.00	209.00	750.00	50.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 541.00***	***$ 959.00***	***$ 1,500.00***	
AGE OF CLAIMANT						
35-39	2	66.6	0.00	750.00	750.00	50.0
50-54	1	33.3	541.00	209.00	750.00	50.0
	3		***$ 541.00***	***$ 959.00***	***$ 1,500.00***	
SEX OF CLAIMANT						
Female	2	66.6	541.00	959.00	1,500.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 541.00***	***$ 959.00***	***$ 1,500.00***	
LOSS CAUSE						
Door	1	33.3	0.00	750.00	750.00	50.0
Furniture / fixtures	1	33.3	541.00	209.00	750.00	50.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 541.00***	***$ 959.00***	***$ 1,500.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	33.3	0.00	750.00	750.00	50.0
Twisting, strain or injury by	1	33.3	541.00	209.00	750.00	50.0
Holding Or Carrying (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 541.00***	***$ 959.00***	***$ 1,500.00***	

*****BODY PART***	
Foot	1
Soft Tissue - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	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***	
Contusion	2
Sprain	1
Laceration	1
Strain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southampton Intensive Treatment Ctr (736)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	5	31.2	404.75	1,402.00	1,806.75	39.5
8AM-9:59AM	4	25.0	1,046.80	275.97	1,322.77	28.9
2PM-3:59PM	3	18.7	246.92	622.75	869.67	19.0
10AM-11:59AM	3	18.7	570.14	0.00	570.14	12.4
12PM-1:59PM	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 2,268.61***	***$ 2,300.72***	***$ 4,569.33***	
LENGTH OF SERVICE						
2-4	8	50.0	1,613.40	898.72	2,512.12	54.9
0-2	3	18.7	217.67	652.00	869.67	19.0
20-22	1	6.2	0.00	750.00	750.00	16.4
4-6	3	18.7	343.27	0.00	343.27	7.5
14-16	1	6.2	94.27	0.00	94.27	2.0
	16		***$ 2,268.61***	***$ 2,300.72***	***$ 4,569.33***	
AGE OF CLAIMANT						
30-34	6	37.5	945.69	622.75	1,568.44	34.3
35-39	4	25.0	453.01	652.00	1,105.01	24.1
45-49	2	12.5	94.27	750.00	844.27	18.4
50-54	1	6.2	474.03	275.97	750.00	16.4
25-29	1	6.2	226.87	0.00	226.87	4.9
40-44	2	12.5	74.74	0.00	74.74	1.6
	16		***$ 2,268.61***	***$ 2,300.72***	***$ 4,569.33***	
SEX OF CLAIMANT						
Female	9	56.2	1,461.15	927.97	2,389.12	52.2
Male	7	43.7	807.46	1,372.75	2,180.21	47.7
	16		***$ 2,268.61***	***$ 2,300.72***	***$ 4,569.33***	
LOSS CAUSE						
Furniture / fixtures	4	25.0	602.42	622.75	1,225.17	26.8
Food	1	6.2	0.00	750.00	750.00	16.4
Metal items	2	12.5	474.03	275.97	750.00	16.4
Walking surface, inside, wet	2	12.5	98.00	652.00	750.00	16.4
Needle stick	1	6.2	343.27	0.00	343.27	7.5
Steam / exhaust	1	6.2	232.01	0.00	232.01	5.0
Gun / gunshot	1	6.2	226.87	0.00	226.87	4.9
Animal / bee type	3	18.7	169.01	0.00	169.01	3.7
Building parts / doors	1	6.2	123.00	0.00	123.00	2.6
	16		***$ 2,268.61***	***$ 2,300.72***	***$ 4,569.33***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	4	25.0	1,300.05	898.72	2,198.77	48.1
Object being lifted/handled (cut,punc.scrape,inj b	4	25.0	349.87	750.00	1,099.87	24.0
Fall or Slip (On Same Level)	3	18.7	98.00	652.00	750.00	16.4
Contact With Hot Object or Substances	1	6.2	232.01	0.00	232.01	5.0
Animal Or Insect	3	18.7	169.01	0.00	169.01	3.7
Cumulative (Not Otherwise Classified)	1	6.2	119.67	0.00	119.67	2.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	16		***$ 2,268.61***	***$ 2,300.72***	***$ 4,569.33***	
*****BODY PART***						
Finger(s)	4					
Knee	1					
Lower Arm	2					
Teeth	1					
Shoulder	2					
Facial, Other Soft Tissue	1					
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Hand	1					
Ankle	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	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	4					
Laceration	4					
Dislocation	1					
Contusion	2					
Puncture	1					
Burn	1					
Inflamation	3					
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southampton Recpt. & Class Ctr (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	30.7	3,662.54	0.00	3,662.54	61.9
2PM-3:59PM	2	15.3	567.00	933.00	1,500.00	25.3
6AM-7:59AM	2	15.3	181.19	568.81	750.00	12.6
8AM-9:59AM	1	7.6	0.00	0.00	0.00	0.0
10AM-11:59AM	1	7.6	0.00	0.00	0.00	0.0
6PM-7:59PM	1	7.6	0.00	0.00	0.00	0.0
Unknown	2	15.3	0.00	0.00	0.00	0.0
	13		***$ 4,410.73***	***$ 1,501.81***	***$ 5,912.54***	
LENGTH OF SERVICE						
22-24	4	30.7	2,088.98	0.00	2,088.98	35.3
38-40	1	7.6	1,169.51	0.00	1,169.51	19.7
0-2	2	15.3	0.00	750.00	750.00	12.6
2-4	1	7.6	567.00	183.00	750.00	12.6
26-28	2	15.3	181.19	568.81	750.00	12.6
18-20	1	7.6	404.05	0.00	404.05	6.8
16-18	1	7.6	0.00	0.00	0.00	0.0
12-14	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 4,410.73***	***$ 1,501.81***	***$ 5,912.54***	
AGE OF CLAIMANT						
45-49	4	30.7	2,493.03	0.00	2,493.03	42.1
55-59	3	23.0	1,350.70	568.81	1,919.51	32.4
30-34	2	15.3	0.00	750.00	750.00	12.6
40-44	1	7.6	567.00	183.00	750.00	12.6
50-54	2	15.3	0.00	0.00	0.00	0.0
20-24	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 4,410.73***	***$ 1,501.81***	***$ 5,912.54***	
SEX OF CLAIMANT						
Female	6	46.1	2,837.17	1,501.81	4,338.98	73.3
Male	7	53.8	1,573.56	0.00	1,573.56	26.6
	13		***$ 4,410.73***	***$ 1,501.81***	***$ 5,912.54***	
LOSS CAUSE						
Fencing	1	7.6	2,088.98	0.00	2,088.98	35.3
Walking surface, inside, dry	2	15.3	1,169.51	0.00	1,169.51	19.7
Unknown	1	7.6	0.00	750.00	750.00	12.6
Stairs, steps	1	7.6	181.19	568.81	750.00	12.6
Vehicle/car/truck	1	7.6	567.00	183.00	750.00	12.6
Electrical equipment	1	7.6	404.05	0.00	404.05	6.8
Patient / Inmate	2	15.3	0.00	0.00	0.00	0.0
Foreign Object	1	7.6	0.00	0.00	0.00	0.0
Metal items	1	7.6	0.00	0.00	0.00	0.0
Water	2	15.3	0.00	0.00	0.00	0.0
	13		***$ 4,410.73***	***$ 1,501.81***	***$ 5,912.54***	
ACCIDENT TYPE						
Struck/Injured by Moving Part Of Machine	1	7.6	2,088.98	0.00	2,088.98	35.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southampton Recpt. & Class Ctr (740)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Twisting, strain or injury by	1	7.6	1,169.51	0.00	1,169.51	19.7
Cumulative (Not Otherwise Classified)	1	7.6	0.00	750.00	750.00	12.6
Fall or Slip (From Different Level)	1	7.6	567.00	183.00	750.00	12.6
Fall or slip (on stairs)	1	7.6	181.19	568.81	750.00	12.6
Object Handled (caught in or between)	2	15.3	404.05	0.00	404.05	6.8
Fall or Slip (On Same Level)	1	7.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	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
Struck/Injured by Falling or Flying Object	3	23.0	0.00	0.00	0.00	0.0
	13		***$ 4,410.73***	***$ 1,501.81***	***$ 5,912.54***	

***BODY PART

Shoulder	1
Knee	1
Buttocks	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Upper Arm (Inc: Clavicle and Scapula)	1
Hand	1
Elbow	1
Lower Arm	2
Thumb	1
Upper Leg	1
Facial, Other Soft Tissue	1
Finger(s)	1
Soft Tissue - Neck	3
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

Contusion	4
Strain	2
Laceration	5
Foreign Body	6
	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	5	4.6	27,969.71	38,838.42	66,808.13	49.6
2PM-3:59PM	12	11.1	13,482.55	16,245.88	29,728.43	22.0
6AM-7:59AM	28	25.9	13,466.39	10,616.66	24,083.05	17.9
2AM-3:59AM	4	3.7	5,748.51	0.00	5,748.51	4.2
12PM-1:59PM	8	7.4	3,007.04	96.30	3,103.34	2.3
10AM-11:59AM	17	15.7	1,926.01	0.00	1,926.01	1.4
8AM-9:59AM	11	10.1	1,173.17	750.00	1,923.17	1.4
12AM-1:59AM	4	3.7	0.00	750.00	750.00	0.5
Unknown	7	6.4	478.00	0.00	478.00	0.3
4AM-5:59AM	6	5.5	0.00	0.00	0.00	0.0
6PM-7:59PM	6	5.5	0.00	0.00	0.00	0.0
	108		***$ 67,251.38***	***$ 67,297.26***	***$ 134,548.64***	
LENGTH OF SERVICE						
4-6	35	32.4	38,473.68	53,096.07	91,569.75	68.0
0-2	28	25.9	13,862.79	9,866.66	23,729.45	17.6
2-4	40	37.0	8,018.40	4,334.53	12,352.93	9.1
6-8	3	2.7	6,896.51	0.00	6,896.51	5.1
8-10	2	1.8	0.00	0.00	0.00	0.0
	108		***$ 67,251.38***	***$ 67,297.26***	***$ 134,548.64***	
AGE OF CLAIMANT						
30-34	37	34.2	33,287.85	39,684.72	72,972.57	54.2
20-24	11	10.1	11,970.12	9,866.66	21,836.78	16.2
45-49	6	5.5	8,143.16	12,661.35	20,804.51	15.4
40-44	8	7.4	4,800.50	4,334.53	9,135.03	6.7
25-29	29	26.8	8,693.69	0.00	8,693.69	6.4
50-54	5	4.6	356.06	750.00	1,106.06	0.8
35-39	11	10.1	0.00	0.00	0.00	0.0
60-64	1	0.9	0.00	0.00	0.00	0.0
	108		***$ 67,251.38***	***$ 67,297.26***	***$ 134,548.64***	
SEX OF CLAIMANT						
Male	95	87.9	65,942.09	67,297.26	133,239.35	99.0
Female	13	12.0	1,309.29	0.00	1,309.29	0.9
	108		***$ 67,251.38***	***$ 67,297.26***	***$ 134,548.64***	
LOSS CAUSE						
Stairs, steps	4	3.7	27,159.71	38,838.42	65,998.13	49.0
Vehicle, not otherwise classified	1	0.9	11,142.34	9,866.66	21,009.00	15.6
Boxes / containers	7	6.4	7,957.65	12,661.35	20,619.00	15.3
Pipe	1	0.9	3,860.90	3,584.53	7,445.43	5.5
Walking surface, inside, wet	3	2.7	5,748.51	0.00	5,748.51	4.2
Infectious agent	30	27.7	4,360.27	0.00	4,360.27	3.2
Animal, not otherwise classified	2	1.8	2,595.26	96.30	2,691.56	2.0
Patient / Inmate	21	19.4	2,649.88	0.00	2,649.88	1.9
Chemicals, not otherwise classified	8	7.4	185.51	750.00	935.51	0.7
Dolly	1	0.9	0.00	750.00	750.00	0.5
Hot/Cold Object, Liquid, Substance	3	2.7	0.00	750.00	750.00	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Needle stick	2	1.8	712.00	0.00	712.00	0.5
Hand tool, not powered, NOC	1	0.9	411.78	0.00	411.78	0.3
Mechanical powered	1	0.9	356.06	0.00	356.06	0.2
Door	1	0.9	111.51	0.00	111.51	0.0
Unknown	1	0.9	0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.9	0.00	0.00	0.00	0.0
Food	3	2.7	0.00	0.00	0.00	0.0
Ladder - Portable	1	0.9	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.9	0.00	0.00	0.00	0.0
Metal items	3	2.7	0.00	0.00	0.00	0.0
Object on Floor	1	0.9	0.00	0.00	0.00	0.0
Oil	1	0.9	0.00	0.00	0.00	0.0
Straps	1	0.9	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	1.8	0.00	0.00	0.00	0.0
Water	7	6.4	0.00	0.00	0.00	0.0
	108		***$ 67,251.38***	***$ 67,297.26***	***$ 134,548.64***	

ACCIDENT TYPE

Fall or slip (on stairs)	3	2.7	27,159.71	38,838.42	65,998.13	49.0
Object being lifted/handled (cut,punc.scrape,inj b	3	2.7	11,854.34	9,866.66	21,721.00	16.1
Lifting (strain or Injury by)	2	1.8	8,313.71	12,661.35	20,975.06	15.5
Strike Against/Step on Stationary Object	3	2.7	4,272.68	3,584.53	7,857.21	5.8
Fall or Slip (On Same Level)	3	2.7	5,748.51	0.00	5,748.51	4.2
Animal Or Insect	2	1.8	2,595.26	96.30	2,691.56	2.0
Absorb, Ingest, Inhalation	20	18.5	1,849.51	750.00	2,599.51	1.9
Struck/Injured by Falling or Flying Object	17	15.7	1,990.67	0.00	1,990.67	1.4
Holding Or Carrying (Strain or Injury by)	7	6.4	1,740.50	0.00	1,740.50	1.2
Stuck, injured by fellow worker, patient	6	5.5	909.38	0.00	909.38	0.6
Pushing Or Pulling (Strain or Injury by)	2	1.8	0.00	750.00	750.00	0.5
Steam Or Hot Fluids	1	0.9	0.00	750.00	750.00	0.5
Struck/Injured by Object Handled By Other	19	17.5	705.60	0.00	705.60	0.5
Object Handled (caught in or between)	3	2.7	111.51	0.00	111.51	0.0
Cumulative (Not Otherwise Classified)	2	1.8	0.00	0.00	0.00	0.0
Assault	7	6.4	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.9	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.9	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	0.9	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	0.9	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	1.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	0.9	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	0.9	0.00	0.00	0.00	0.0
	108		***$ 67,251.38***	***$ 67,297.26***	***$ 134,548.64***	

***BODY PART

Shoulder	5
Upper Arm (Inc: Clavicle and Scapula)	3
Lower Arm	14
Ankle	2
Upper Back Area (Thoracic Area)	4
Knee	6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Soft Tissue - Neck	5					
Hip	1					
Hand	13					
Facial, Other Soft Tissue	11					
Elbow	2					
Wrist	3					
Finger(s)	5					
Eye(s)	3					
Abdomen including Groin	6					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	10					
Chest (Inc: Ribs, Sternum and Soft Tissue)	9					
Internal Organs	3					
Buttocks	2					
Foot	2					
Lungs	3					
No Physical Problem	17					
Thumb	2					
Upper Leg	6					
	108					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	10
Foreign Body	51
Puncture	3
Burn	3
Inflamation	1
Laceration	4
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
Sprain	1
Dermatitis	1
No Physical Injury	30
Poisoning - Chemical	3
	108

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Academy For Staff Development (742)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	1	33.3	316.19	462.93	779.12	68.2
8AM-9:59AM	1	33.3	231.27	0.00	231.27	20.2
2PM-3:59PM	1	33.3	131.94	0.00	131.94	11.5
	3		***$ 679.40***	***$ 462.93***	***$ 1,142.33***	
LENGTH OF SERVICE						
4-6	1	33.3	316.19	462.93	779.12	68.2
0-2	1	33.3	231.27	0.00	231.27	20.2
14-16	1	33.3	131.94	0.00	131.94	11.5
	3		***$ 679.40***	***$ 462.93***	***$ 1,142.33***	
AGE OF CLAIMANT						
50-54	1	33.3	316.19	462.93	779.12	68.2
20-24	1	33.3	231.27	0.00	231.27	20.2
40-44	1	33.3	131.94	0.00	131.94	11.5
	3		***$ 679.40***	***$ 462.93***	***$ 1,142.33***	
SEX OF CLAIMANT						
Female	3	100.0	679.40	462.93	1,142.33	100.0
	3		***$ 679.40***	***$ 462.93***	***$ 1,142.33***	
LOSS CAUSE						
Boxes / containers	1	33.3	316.19	462.93	779.12	68.2
Hand tool, powered, NOC	1	33.3	231.27	0.00	231.27	20.2
Animal / tick, spider, etc.	1	33.3	131.94	0.00	131.94	11.5
	3		***$ 679.40***	***$ 462.93***	***$ 1,142.33***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	316.19	462.93	779.12	68.2
Pushing Or Pulling (Strain or Injury by)	1	33.3	231.27	0.00	231.27	20.2
Animal Or Insect	1	33.3	131.94	0.00	131.94	11.5
	3		***$ 679.40***	***$ 462.93***	***$ 1,142.33***	

*****BODY PART***	
Upper Back Area (Thoracic Area)	2
Shoulder	1
Lower Arm	1
Lower 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	2
Inflamation	2
Sprain	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Academy For Staff Development (742)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	7	12.9	13,484.81	36,639.94	50,124.75	38.7
2PM-3:59PM	13	24.0	21,252.74	6,433.75	27,686.49	21.3
12PM-1:59PM	5	9.2	270.71	23,500.00	23,770.71	18.3
4PM-5:59PM	6	11.1	14,089.66	8,101.13	22,190.79	17.1
10AM-11:59AM	8	14.8	1,482.15	1,897.15	3,379.30	2.6
6AM-7:59AM	2	3.7	78.00	672.00	750.00	0.5
8AM-9:59AM	7	12.9	568.40	0.00	568.40	0.4
4AM-5:59AM	1	1.8	413.37	0.00	413.37	0.3
6PM-7:59PM	3	5.5	325.50	0.00	325.50	0.2
2AM-3:59AM	1	1.8	148.00	0.00	148.00	0.1
12AM-1:59AM	1	1.8	113.90	0.00	113.90	0.0
	54		***$ 52,227.24***	***$ 77,243.97***	***$ 129,471.21***	
LENGTH OF SERVICE						
2-4	18	33.3	14,822.57	60,079.94	74,902.51	57.8
0-2	17	31.4	19,088.19	6,366.96	25,455.15	19.6
Unknown	2	3.7	12,559.21	8,101.13	20,660.34	15.9
4-6	14	25.9	5,435.22	2,695.94	8,131.16	6.2
12-14	1	1.8	322.05	0.00	322.05	0.2
18-20	1	1.8	0.00	0.00	0.00	0.0
6-8	1	1.8	0.00	0.00	0.00	0.0
	54		***$ 52,227.24***	***$ 77,243.97***	***$ 129,471.21***	
AGE OF CLAIMANT						
45-49	6	11.1	13,149.06	34,939.94	48,089.00	37.1
50-54	6	11.1	1,222.61	24,905.48	26,128.09	20.1
25-29	8	14.8	17,900.56	6,672.96	24,573.52	18.9
55-59	6	11.1	13,690.29	8,101.13	21,791.42	16.8
20-24	5	9.2	691.36	2,500.00	3,191.36	2.4
35-39	8	14.8	2,682.23	0.00	2,682.23	2.0
40-44	7	12.9	2,323.26	124.46	2,447.72	1.8
30-34	6	11.1	454.90	0.00	454.90	0.3
60-64	2	3.7	112.97	0.00	112.97	0.0
	54		***$ 52,227.24***	***$ 77,243.97***	***$ 129,471.21***	
SEX OF CLAIMANT						
Male	25	46.2	32,008.53	43,165.53	75,174.06	58.0
Female	29	53.7	20,218.71	34,078.44	54,297.15	41.9
	54		***$ 52,227.24***	***$ 77,243.97***	***$ 129,471.21***	
LOSS CAUSE						
Furniture / fixtures	6	11.1	13,471.66	34,759.09	48,230.75	37.2
Boxes / containers	4	7.4	805.30	24,450.00	25,255.30	19.5
Walking surface, inside, dry	3	5.5	17,412.96	4,103.81	21,516.77	16.6
Insufficient data	1	1.8	12,559.21	8,101.13	20,660.34	15.9
Patient / Inmate	6	11.1	1,380.87	796.46	2,177.33	1.6
Object on Floor	1	1.8	2,168.28	0.00	2,168.28	1.6
Gun / gunshot	1	1.8	0.00	1,750.00	1,750.00	1.3
Stairs, steps	2	3.7	413.37	750.00	1,163.37	0.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, outside, wet	2	3.7	327.64	634.00	961.64	0.7
Cart	2	3.7	148.00	750.00	898.00	0.6
Food	1	1.8	839.09	0.00	839.09	0.6
Docks,Ramps,Loading Platforms	1	1.8	56.00	694.00	750.00	0.5
Person	2	3.7	294.52	455.48	750.00	0.5
Unknown	5	9.2	691.36	0.00	691.36	0.5
Hand tool, not powered, NOC	1	1.8	325.50	0.00	325.50	0.2
Metal items	1	1.8	270.71	0.00	270.71	0.2
Door	2	3.7	255.80	0.00	255.80	0.2
Building parts / doors	2	3.7	167.00	0.00	167.00	0.1
Heating equipment	1	1.8	157.00	0.00	157.00	0.1
Chemicals, not otherwise classified	1	1.8	120.00	0.00	120.00	0.0
Walking surface, inside, wet	1	1.8	112.97	0.00	112.97	0.0
Vehicle, not otherwise classified	2	3.7	94.00	0.00	94.00	0.0
Animal / bee type	1	1.8	78.00	0.00	78.00	0.0
Straps	1	1.8	78.00	0.00	78.00	0.0
Walking surface, outside, dry	2	3.7	0.00	0.00	0.00	0.0
Brush / tree / log	1	1.8	0.00	0.00	0.00	0.0
Hammer	1	1.8	0.00	0.00	0.00	0.0
	54		***$ 52,227.24***	***$ 77,243.97***	***$ 129,471.21***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	8	14.8	20,589.30	28,297.81	48,887.11	37.7
Pushing Or Pulling (Strain or Injury by)	4	7.4	13,458.51	32,551.13	46,009.64	35.5
Strike Against/Step on Stationary Object	5	9.2	13,539.81	11,259.09	24,798.90	19.1
Object being lifted/handled (cut,punc.scrape,inj b	4	7.4	325.50	1,750.00	2,075.50	1.6
Stuck, injured by fellow worker, patient	4	7.4	372.52	1,127.48	1,500.00	1.1
Cumulative (Not Otherwise Classified)	8	14.8	691.36	750.00	1,441.36	1.1
Fall or slip (on ice or snow)	2	3.7	327.64	634.00	961.64	0.7
Human Bite	1	1.8	656.39	124.46	780.85	0.6
Contact With Hot Object or Substances	1	1.8	0.00	750.00	750.00	0.5
Object Handled (caught in or between)	4	7.4	417.90	0.00	417.90	0.3
Fall or slip (on stairs)	1	1.8	413.37	0.00	413.37	0.3
Assault	2	3.7	400.05	0.00	400.05	0.3
Struck/Injured by Falling or Flying Object	2	3.7	270.71	0.00	270.71	0.2
Holding Or Carrying (Strain or Injury by)	1	1.8	246.43	0.00	246.43	0.1
Lifting (strain or Injury by)	4	7.4	230.75	0.00	230.75	0.1
Absorb, Ingest, Inhalation	1	1.8	120.00	0.00	120.00	0.0
Struck/Injured by Object Handled By Other	1	1.8	89.00	0.00	89.00	0.0
Animal Or Insect	1	1.8	78.00	0.00	78.00	0.0
	54		***$ 52,227.24***	***$ 77,243.97***	***$ 129,471.21***	

***BODY PART

Knee	12
Abdomen including Groin	2
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Lower Arm	4
Ankle	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Hip	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand	5					
Upper Arm (Inc: Clavicle and Scapula)	1					
Buttocks	1					
Upper Leg	3					
Finger(s)	6					
Foot	1					
Mouth	1					
Facial, Other Soft Tissue	3					
Wrist(s) & Hand(s)	1					
Eye(s)	2					
Lower Leg	3					
Soft Tissue - Neck	1					
Wrist	2					
Shoulder	1					
Elbow	1					
Brain	1					
	54					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Contusion	28
Sprain	6
Fracture	1
Laceration	10
Puncture	1
Dermatitis	1
Inflamation	2
No Physical Injury	1
Syncope	1
	54

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	11.7	7,354.47	1,101.53	8,456.00	75.5
8AM-9:59AM	7	41.1	102.91	750.00	852.91	7.6
2PM-3:59PM	2	11.7	0.00	750.00	750.00	6.7
10AM-11:59AM	4	23.5	733.66	0.00	733.66	6.5
12PM-1:59PM	2	11.7	404.85	0.00	404.85	3.6
	17		***$ 8,595.89***	***$ 2,601.53***	***$ 11,197.42***	
LENGTH OF SERVICE						
2-4	4	23.5	7,457.38	1,851.53	9,308.91	83.1
4-6	4	23.5	733.66	750.00	1,483.66	13.2
14-16	1	5.8	404.85	0.00	404.85	3.6
0-2	2	11.7	0.00	0.00	0.00	0.0
10-12	1	5.8	0.00	0.00	0.00	0.0
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
22-24	1	5.8	0.00	0.00	0.00	0.0
6-8	2	11.7	0.00	0.00	0.00	0.0
	17		***$ 8,595.89***	***$ 2,601.53***	***$ 11,197.42***	
AGE OF CLAIMANT						
35-39	7	41.1	7,759.32	2,601.53	10,360.85	92.5
45-49	2	11.7	733.66	0.00	733.66	6.5
50-54	2	11.7	102.91	0.00	102.91	0.9
25-29	1	5.8	0.00	0.00	0.00	0.0
30-34	1	5.8	0.00	0.00	0.00	0.0
40-44	2	11.7	0.00	0.00	0.00	0.0
55-59	1	5.8	0.00	0.00	0.00	0.0
60-64	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 8,595.89***	***$ 2,601.53***	***$ 11,197.42***	
SEX OF CLAIMANT						
Male	8	47.0	7,354.47	1,851.53	9,206.00	82.2
Female	9	52.9	1,241.42	750.00	1,991.42	17.7
	17		***$ 8,595.89***	***$ 2,601.53***	***$ 11,197.42***	
LOSS CAUSE						
Stairs, steps	2	11.7	8,088.13	1,101.53	9,189.66	82.0
Electrical equipment	2	11.7	102.91	750.00	852.91	7.6
Boxes / containers	1	5.8	0.00	750.00	750.00	6.7
Building parts / doors	4	23.5	404.85	0.00	404.85	3.6
Chemicals, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
Door	1	5.8	0.00	0.00	0.00	0.0
Fencing	1	5.8	0.00	0.00	0.00	0.0
Furniture / fixtures	2	11.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	5.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	5.8	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	17		***$ 8,595.89***	***$ 2,601.53***	***$ 11,197.42***	
ACCIDENT TYPE						
Fall or slip (on stairs)	2	11.7	8,088.13	1,101.53	9,189.66	82.0
Fall or Slip (On Same Level)	3	17.6	102.91	750.00	852.91	7.6
Struck/Injured by Falling or Flying Object	1	5.8	0.00	750.00	750.00	6.7
Object Handled (caught in or between)	4	23.5	404.85	0.00	404.85	3.6
Absorb, Ingest, Inhalation	1	5.8	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
Strike Against/Step on Stationary Object	3	17.6	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
Struck/Injured by Moving Part Of Machine	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 8,595.89***	***$ 2,601.53***	***$ 11,197.42***	

*****BODY PART***	
Foot	1
Knee	4
Upper Arm (Inc: Clavicle and Scapula)	1
Ankle	1
Finger(s)	4
Abdomen including Groin	1
Buttocks	1
Eye(s)	1
Hand	1
Shoulder	1
Facial, Other Soft Tissue	1
Lower Arm	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	13
Foreign Body	1
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	6	13.9	17,822.51	16,409.08	34,231.59	79.3
10AM-11:59AM	8	18.6	1,149.78	1,915.88	3,065.66	7.1
8AM-9:59AM	8	18.6	925.23	1,123.75	2,048.98	4.7
Unknown	2	4.6	1,182.00	484.00	1,666.00	3.8
6AM-7:59AM	4	9.3	467.11	338.89	806.00	1.8
4AM-5:59AM	2	4.6	0.00	750.00	750.00	1.7
4PM-5:59PM	3	6.9	475.75	0.00	475.75	1.1
6PM-7:59PM	2	4.6	78.00	0.00	78.00	0.1
12AM-1:59AM	2	4.6	0.00	0.00	0.00	0.0
2PM-3:59PM	5	11.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 22,100.38***	***$ 21,021.60***	***$ 43,121.98***	
LENGTH OF SERVICE						
12-14	2	4.6	17,009.73	16,215.46	33,225.19	77.0
4-6	8	18.6	1,574.51	1,048.89	2,623.40	6.0
8-10	4	9.3	658.66	1,500.00	2,158.66	5.0
0-2	11	25.5	954.37	829.63	1,784.00	4.1
6-8	4	9.3	713.38	943.62	1,657.00	3.8
2-4	6	13.9	266.00	484.00	750.00	1.7
14-16	2	4.6	382.73	0.00	382.73	0.8
Unknown	1	2.3	318.75	0.00	318.75	0.7
26-28	1	2.3	166.25	0.00	166.25	0.3
16-18	2	4.6	56.00	0.00	56.00	0.1
10-12	2	4.6	0.00	0.00	0.00	0.0
	43		***$ 22,100.38***	***$ 21,021.60***	***$ 43,121.98***	
AGE OF CLAIMANT						
45-49	8	18.6	17,616.25	16,671.34	34,287.59	79.5
30-34	9	20.9	1,484.11	1,838.89	3,323.00	7.7
35-39	8	18.6	955.98	1,083.75	2,039.73	4.7
25-29	6	13.9	1,215.04	193.62	1,408.66	3.2
40-44	4	9.3	318.75	750.00	1,068.75	2.4
20-24	5	11.6	344.00	484.00	828.00	1.9
50-54	2	4.6	166.25	0.00	166.25	0.3
55-59	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 22,100.38***	***$ 21,021.60***	***$ 43,121.98***	
SEX OF CLAIMANT						
Male	25	58.1	20,527.00	18,470.23	38,997.23	90.4
Female	18	41.8	1,573.38	2,551.37	4,124.75	9.5
	43		***$ 22,100.38***	***$ 21,021.60***	***$ 43,121.98***	
LOSS CAUSE						
Building parts / doors	2	4.6	17,275.73	16,699.46	33,975.19	78.7
Animal, not otherwise classified	5	11.6	1,618.04	903.62	2,521.66	5.8
Furniture / fixtures	4	9.3	670.37	1,579.63	2,250.00	5.2
Animal / insect, not otherwise classified	4	9.3	0.00	1,500.00	1,500.00	3.4
Door	3	6.9	916.00	0.00	916.00	2.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Outside Surface	1	2.3	411.11	338.89	750.00	1.7
Excavations	1	2.3	382.73	0.00	382.73	0.8
Stairs, steps	2	4.6	318.75	0.00	318.75	0.7
Nail	1	2.3	166.25	0.00	166.25	0.3
Minerals / dirt	1	2.3	157.00	0.00	157.00	0.3
Hot/Cold Object, Liquid, Substance	1	2.3	78.00	0.00	78.00	0.1
Fencing	1	2.3	56.00	0.00	56.00	0.1
Miscellaneous	1	2.3	50.40	0.00	50.40	0.1
Unknown	3	6.9	0.00	0.00	0.00	0.0
Animal / bee type	2	4.6	0.00	0.00	0.00	0.0
Gun / gunshot	1	2.3	0.00	0.00	0.00	0.0
Metal items	3	6.9	0.00	0.00	0.00	0.0
Patient / Inmate	3	6.9	0.00	0.00	0.00	0.0
Boxes / containers	1	2.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	4.6	0.00	0.00	0.00	0.0
Office equipment	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 22,100.38***	***$ 21,021.60***	***$ 43,121.98***	

ACCIDENT TYPE

Struck/Injured by Moving Part Of Machine	1	2.3	17,009.73	16,215.46	33,225.19	77.0
Animal Or Insect	11	25.5	1,618.04	2,403.62	4,021.66	9.3
Strike Against/Step on Stationary Object	3	6.9	670.37	1,579.63	2,250.00	5.2
Object Handled (caught in or between)	4	9.3	1,182.00	484.00	1,666.00	3.8
Twisting, strain or injury by	1	2.3	411.11	338.89	750.00	1.7
Fall or slip (into Openings)	1	2.3	382.73	0.00	382.73	0.8
Fall or slip (on stairs)	2	4.6	318.75	0.00	318.75	0.7
Stepping On Sharp Object	1	2.3	166.25	0.00	166.25	0.3
Foreign Body In Eye	1	2.3	157.00	0.00	157.00	0.3
Contact With Hot Object or Substances	1	2.3	78.00	0.00	78.00	0.1
Struck/Injured by Object Handled By Other	2	4.6	56.00	0.00	56.00	0.1
Lifting (strain or Injury by)	1	2.3	50.40	0.00	50.40	0.1
Assault	2	4.6	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	3	6.9	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	3	6.9	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	4.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	2.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	2	4.6	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.3	0.00	0.00	0.00	0.0
	43		***$ 22,100.38***	***$ 21,021.60***	***$ 43,121.98***	

***BODY PART

Finger(s)	5
Wrist	3
Foot	3
Lower Arm	5
Thumb	2
Ankle	1
Lower Leg	3
Mouth	3
Soft Tissue - Neck	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Upper Leg	1					
Knee	2					
Hand	5					
Eye(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Abdomen including Groin	1					
Brain	2					
Facial, Other Soft Tissue	1					
Elbow	1					
Hip	1					
Lungs	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***

Laceration	9
Puncture	5
Contusion	11
Inflamation	8
Sprain	2
Strain	5
Foreign Body	1
Burn	1
Syncope	2
Poisoning - Chemical	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:22

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	5	17.2	1,588.82	3,411.18	5,000.00	39.0
8AM-9:59AM	6	20.6	612.00	1,812.00	2,424.00	18.9
10AM-11:59AM	3	10.3	0.00	1,500.00	1,500.00	11.7
4PM-5:59PM	2	6.8	374.85	1,125.15	1,500.00	11.7
2PM-3:59PM	3	10.3	357.73	394.67	752.40	5.8
2AM-3:59AM	1	3.4	0.00	750.00	750.00	5.8
4AM-5:59AM	1	3.4	503.52	0.00	503.52	3.9
Unknown	3	10.3	247.55	0.00	247.55	1.9
12PM-1:59PM	3	10.3	136.95	0.00	136.95	1.0
6AM-7:59AM	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 3,821.42***	***$ 8,993.00***	***$ 12,814.42***	
LENGTH OF SERVICE						
18-20	4	13.7	1,944.15	3,055.85	5,000.00	39.0
4-6	4	13.7	273.35	1,976.65	2,250.00	17.5
10-12	3	10.3	310.95	1,326.00	1,636.95	12.7
2-4	2	6.8	0.00	1,500.00	1,500.00	11.7
0-2	5	17.2	539.50	384.50	924.00	7.2
8-10	1	3.4	0.00	750.00	750.00	5.8
6-8	1	3.4	503.52	0.00	503.52	3.9
12-14	4	13.7	247.55	0.00	247.55	1.9
14-16	4	13.7	2.40	0.00	2.40	0.0
22-24	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,821.42***	***$ 8,993.00***	***$ 12,814.42***	
AGE OF CLAIMANT						
50-54	6	20.6	1,944.15	3,055.85	5,000.00	39.0
30-34	8	27.5	913.82	2,726.65	3,640.47	28.4
25-29	5	17.2	365.50	1,884.50	2,250.00	17.5
35-39	2	6.8	0.00	750.00	750.00	5.8
45-49	2	6.8	174.00	576.00	750.00	5.8
55-59	1	3.4	247.55	0.00	247.55	1.9
40-44	4	13.7	174.00	0.00	174.00	1.3
60-64	1	3.4	2.40	0.00	2.40	0.0
	29		***$ 3,821.42***	***$ 8,993.00***	***$ 12,814.42***	
SEX OF CLAIMANT						
Female	7	24.1	1,598.17	4,901.83	6,500.00	50.7
Male	22	75.8	2,223.25	4,091.17	6,314.42	49.2
	29		***$ 3,821.42***	***$ 8,993.00***	***$ 12,814.42***	
LOSS CAUSE						
Door	2	6.8	1,588.82	3,411.18	5,000.00	39.0
Patient / Inmate	7	24.1	174.00	2,076.00	2,250.00	17.5
Metal items	4	13.7	273.35	1,226.65	1,500.00	11.7
Building parts / doors	2	6.8	503.52	750.00	1,253.52	9.7
Boxes / containers	2	6.8	529.33	394.67	924.00	7.2
Furniture / fixtures	3	10.3	367.90	384.50	752.40	5.8
Object on Floor	1	3.4	0.00	750.00	750.00	5.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hand tool, not powered, NOC	1	3.4	247.55	0.00	247.55	1.9
Person	1	3.4	136.95	0.00	136.95	1.0
Chemicals, not otherwise classified	2	6.8	0.00	0.00	0.00	0.0
Infectious agent	1	3.4	0.00	0.00	0.00	0.0
Knife, Utility	1	3.4	0.00	0.00	0.00	0.0
Stairs, steps	1	3.4	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,821.42***	***$ 8,993.00***	***$ 12,814.42***	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	4	13.7	1,725.77	3,411.18	5,136.95	40.0
Object being lifted/handled (cut,punc.scrape,inj b	3	10.3	622.40	1,125.15	1,747.55	13.6
Object Handled (caught in or between)	2	6.8	355.33	1,144.67	1,500.00	11.7
Struck/Injured by Falling or Flying Object	2	6.8	767.52	486.00	1,253.52	9.7
Assault	2	6.8	174.00	576.00	750.00	5.8
Fall or Slip (On Same Level)	2	6.8	0.00	750.00	750.00	5.8
Holding Or Carrying (Strain or Injury by)	2	6.8	0.00	750.00	750.00	5.8
Stuck, injured by fellow worker, patient	3	10.3	0.00	750.00	750.00	5.8
Lifting (strain or Injury by)	1	3.4	174.00	0.00	174.00	1.3
Fall or Slip (From Different Level)	2	6.8	2.40	0.00	2.40	0.0
Absorb, Ingest, Inhalation	2	6.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.4	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	3.4	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	3.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 3,821.42***	***$ 8,993.00***	***$ 12,814.42***	

***BODY PART**

Multiple Head Injury	1
Finger(s)	5
Facial, Other Soft Tissue	3
Shoulder	2
Soft Tissue - Neck	3
Ankle	1
Eye(s)	3
Hand	4
Wrist	3
Foot	1
Thumb	3
Abdomen including Groin	1
Ear(s)	1
Knee	4
Lower Arm	2
Mouth	1
Lungs	1
	29

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

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
*****INJURY***						
Contusion	11					
Laceration	15					
Sprain	4					
Strain	2					
Inflamation	6					
Poisoning - Chemical	1					
	29					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	5	10.2	1,542.75	25,252.00	26,794.75	36.9
10AM-11:59AM	9	18.3	7,692.60	8,762.12	16,454.72	22.6
6PM-7:59PM	2	4.0	295.30	13,954.70	14,250.00	19.6
Unknown	4	8.1	7,255.45	0.00	7,255.45	10.0
8AM-9:59AM	10	20.4	3,417.78	750.00	4,167.78	5.7
2PM-3:59PM	5	10.2	0.00	1,500.00	1,500.00	2.0
12PM-1:59PM	11	22.4	1,082.25	402.00	1,484.25	2.0
4AM-5:59AM	1	2.0	417.75	0.00	417.75	0.5
2AM-3:59AM	1	2.0	224.25	0.00	224.25	0.3
6AM-7:59AM	1	2.0	0.00	0.00	0.00	0.0
	49		***$ 21,928.13***	***$ 50,620.82***	***$ 72,548.95***	
LENGTH OF SERVICE						
0-2	9	18.3	10,588.86	32,141.12	42,729.98	58.9
16-18	3	6.1	295.30	14,704.70	15,000.00	20.6
10-12	5	10.2	7,756.25	750.00	8,506.25	11.7
12-14	3	6.1	0.00	1,500.00	1,500.00	2.0
14-16	3	6.1	376.25	750.00	1,126.25	1.5
2-4	8	16.3	1,067.52	0.00	1,067.52	1.4
4-6	9	18.3	583.00	402.00	985.00	1.3
18-20	2	4.0	377.00	373.00	750.00	1.0
8-10	3	6.1	677.95	0.00	677.95	0.9
6-8	3	6.1	206.00	0.00	206.00	0.2
20-22	1	2.0	0.00	0.00	0.00	0.0
	49		***$ 21,928.13***	***$ 50,620.82***	***$ 72,548.95***	
AGE OF CLAIMANT						
45-49	5	10.2	1,248.00	25,252.00	26,500.00	36.5
35-39	6	12.2	7,633.80	13,954.70	21,588.50	29.7
40-44	4	8.1	7,464.60	7,639.12	15,103.72	20.8
20-24	6	12.2	2,612.81	402.00	3,014.81	4.1
30-34	12	24.4	1,239.97	1,500.00	2,739.97	3.7
50-54	3	6.1	377.00	1,123.00	1,500.00	2.0
60-64	3	6.1	584.00	750.00	1,334.00	1.8
55-59	4	8.1	677.95	0.00	677.95	0.9
25-29	6	12.2	90.00	0.00	90.00	0.1
	49		***$ 21,928.13***	***$ 50,620.82***	***$ 72,548.95***	
SEX OF CLAIMANT						
Male	28	57.1	13,117.78	40,358.70	53,476.48	73.7
Female	21	42.8	8,810.35	10,262.12	19,072.47	26.2
	49		***$ 21,928.13***	***$ 50,620.82***	***$ 72,548.95***	
LOSS CAUSE						
Unknown	2	4.0	1,248.00	24,502.00	25,750.00	35.4
Walking surface, inside, wet	3	6.1	7,510.80	13,954.70	21,465.50	29.5
Ladder - Fixed	1	2.0	6,811.85	7,639.12	14,450.97	19.9
Metal items	2	4.0	2,264.81	0.00	2,264.81	3.1
Stairs, steps	6	12.2	387.95	1,152.00	1,539.95	2.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Door	2	4.0	0.00	1,500.00	1,500.00	2.0
Furniture / fixtures	5	10.2	206.00	750.00	956.00	1.3
Building parts / doors	2	4.0	377.00	373.00	750.00	1.0
Fire / Flame / Smoke	1	2.0	0.00	750.00	750.00	1.0
Excavations	1	2.0	677.95	0.00	677.95	0.9
Person	2	4.0	475.02	0.00	475.02	0.6
Needle stick	2	4.0	417.75	0.00	417.75	0.5
Cart	1	2.0	376.25	0.00	376.25	0.5
Hand tool, not powered, NOC	2	4.0	294.75	0.00	294.75	0.4
Chemicals, not otherwise classified	4	8.1	235.00	0.00	235.00	0.3
Fencing	2	4.0	224.25	0.00	224.25	0.3
Boxes / containers	3	6.1	213.00	0.00	213.00	0.2
Walking surface, outside, dry	1	2.0	207.75	0.00	207.75	0.2
Food	1	2.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	2.0	0.00	0.00	0.00	0.0
Minerals / dirt	1	2.0	0.00	0.00	0.00	0.0
Miscellaneous	1	2.0	0.00	0.00	0.00	0.0
Animal / bee type	1	2.0	0.00	0.00	0.00	0.0
Infectious agent	1	2.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.0	0.00	0.00	0.00	0.0
	49		***$ 21,928.13***	***$ 50,620.82***	***$ 72,548.95***	

ACCIDENT TYPE

Cumulative (Not Otherwise Classified)	2	4.0	1,248.00	24,502.00	25,750.00	35.4
Fall or Slip (On Same Level)	4	8.1	7,718.55	13,954.70	21,673.25	29.8
Fall or Slip (From Ladder/Scaffolding)	1	2.0	6,811.85	7,639.12	14,450.97	19.9
Struck/Injured by Falling or Flying Object	2	4.0	2,559.56	0.00	2,559.56	3.5
Fall or slip (on stairs)	6	12.2	387.95	1,152.00	1,539.95	2.1
Object being lifted/handled (cut,punc.scrape,inj b	7	14.2	794.75	373.00	1,167.75	1.6
Object Handled (caught in or between)	4	8.1	376.25	750.00	1,126.25	1.5
Contact With Hot Object or Substances	1	2.0	0.00	750.00	750.00	1.0
Contact with Electric Current	1	2.0	0.00	750.00	750.00	1.0
Struck/Injured by Object Handled By Other	1	2.0	0.00	750.00	750.00	1.0
Fall or slip (into Openings)	1	2.0	677.95	0.00	677.95	0.9
Stuck, injured by fellow worker, patient	2	4.0	475.02	0.00	475.02	0.6
Strike Against/Step on Stationary Object	4	8.1	430.25	0.00	430.25	0.5
Foreign Body In Eye	2	4.0	235.00	0.00	235.00	0.3
Lifting (strain or Injury by)	3	6.1	213.00	0.00	213.00	0.2
Absorb, Ingest, Inhalation	3	6.1	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	2.0	0.00	0.00	0.00	0.0
Allergic Reaction	1	2.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	2.0	0.00	0.00	0.00	0.0
Assault	1	2.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.0	0.00	0.00	0.00	0.0
	49		***$ 21,928.13***	***$ 50,620.82***	***$ 72,548.95***	

***BODY PART

Abdomen including Groin	3
Knee	7
Lower Back Area (Lumbar and Lumbo-Sacral)	4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hip	3					
Shoulder	2					
Finger(s)	6					
Hand	5					
Soft Tissue - Neck	2					
Lower Arm	3					
Upper Arm (Inc: Clavicle and Scapula)	1					
Eye(s)	4					
Ankle	1					
Facial, Other Soft Tissue	5					
Foot	1					
Lower Leg	1					
Wrist	1					
Brain	1					
Internal Organs	1					
Mouth	1					
Thumb	3					
Upper Leg	2					
Buttocks	2					
Elbow	1					
No Physical Problem	1					
	49					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	25					
Hernia	1					
Sprain	3					
Strain	8					
Laceration	7					
Burn	4					
Puncture	3					
Inflamation	4					
Foreign Body	2					
Poisoning - Chemical	1					
Syncope	1					
Dermatitis	1					
No Physical Injury	1					
	49					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	8	27.5	3,066.80	1,341.40	4,408.20	40.2
10AM-11:59AM	4	13.7	1,209.22	1,330.65	2,539.87	23.2
6PM-7:59PM	2	6.8	953.25	750.00	1,703.25	15.5
4PM-5:59PM	3	10.3	1,592.81	0.00	1,592.81	14.5
2PM-3:59PM	3	10.3	470.25	0.00	470.25	4.3
12PM-1:59PM	2	6.8	122.36	0.00	122.36	1.1
6AM-7:59AM	2	6.8	77.60	0.00	77.60	0.7
12AM-1:59AM	2	6.8	19.00	0.00	19.00	0.1
4AM-5:59AM	1	3.4	11.50	0.00	11.50	0.1
Unknown	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 7,522.79***	***$ 3,422.05***	***$ 10,944.84***	
LENGTH OF SERVICE						
2-4	10	34.4	4,300.00	2,057.25	6,357.25	58.0
6-8	4	13.7	1,715.17	0.00	1,715.17	15.6
12-14	3	10.3	867.27	614.80	1,482.07	13.5
0-2	6	20.6	252.15	750.00	1,002.15	9.1
26-28	1	3.4	291.60	0.00	291.60	2.6
4-6	2	6.8	77.60	0.00	77.60	0.7
22-24	1	3.4	19.00	0.00	19.00	0.1
Unknown	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 7,522.79***	***$ 3,422.05***	***$ 10,944.84***	
AGE OF CLAIMANT						
50-54	3	10.3	3,109.90	0.00	3,109.90	28.4
35-39	4	13.7	208.95	2,057.25	2,266.20	20.7
30-34	5	17.2	2,214.88	0.00	2,214.88	20.2
40-44	5	17.2	529.65	750.00	1,279.65	11.6
25-29	2	6.8	953.25	0.00	953.25	8.7
45-49	4	13.7	154.20	614.80	769.00	7.0
20-24	5	17.2	229.60	0.00	229.60	2.1
55-59	1	3.4	122.36	0.00	122.36	1.1
	29		***$ 7,522.79***	***$ 3,422.05***	***$ 10,944.84***	
SEX OF CLAIMANT						
Female	22	75.8	5,696.12	3,422.05	9,118.17	83.3
Male	7	24.1	1,826.67	0.00	1,826.67	16.6
	29		***$ 7,522.79***	***$ 3,422.05***	***$ 10,944.84***	
LOSS CAUSE						
Walking surface, inside, wet	7	24.1	2,632.79	1,330.65	3,963.44	36.2
Fencing	2	6.8	2,619.20	0.00	2,619.20	23.9
Unknown	4	13.7	240.65	750.00	990.65	9.0
Stairs, steps	2	6.8	953.25	0.00	953.25	8.7
Furniture / fixtures	1	3.4	135.20	614.80	750.00	6.8
Vehicle/car/truck	1	3.4	23.40	726.60	750.00	6.8
Building parts / doors	5	17.2	307.20	0.00	307.20	2.8
Infectious agent	1	3.4	291.60	0.00	291.60	2.6
Door	1	3.4	289.00	0.00	289.00	2.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Patient / Inmate	1	3.4	19.00	0.00	19.00	0.1
Environmental conditions	1	3.4	11.50	0.00	11.50	0.1
Insufficient data	1	3.4	0.00	0.00	0.00	0.0
Boxes / containers	1	3.4	0.00	0.00	0.00	0.0
Person	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 7,522.79***	***$ 3,422.05***	***$ 10,944.84***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	6	20.6	2,632.79	580.65	3,213.44	29.3
Struck/Injured by Moving Part Of Machine	1	3.4	2,619.20	0.00	2,619.20	23.9
Fall or slip (on stairs)	3	10.3	953.25	750.00	1,703.25	15.5
Cumulative (Not Otherwise Classified)	3	10.3	240.65	750.00	990.65	9.0
Object being lifted/handled (cut,punc.scrape,inj b	2	6.8	212.80	614.80	827.60	7.5
Fall or Slip (From Different Level)	1	3.4	23.40	726.60	750.00	6.8
Absorb, Ingest, Inhalation	1	3.4	291.60	0.00	291.60	2.6
Object Handled (caught in or between)	5	17.2	289.00	0.00	289.00	2.6
Struck/Injured by Falling or Flying Object	1	3.4	229.60	0.00	229.60	2.1
Assault	1	3.4	19.00	0.00	19.00	0.1
Other (Not Otherwise Classified)	1	3.4	11.50	0.00	11.50	0.1
Allergic Reaction	1	3.4	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	6.8	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 7,522.79***	***$ 3,422.05***	***$ 10,944.84***	

***BODY PART

Ankle	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Finger(s)	9
Upper Back Area (Thoracic Area)	2
Knee	4
Brain	2
Facial, Other Soft Tissue	1
Shoulder	1
Lower Arm	2
Soft Tissue - Neck	2
Thumb	1
Heart	1
Internal Organs	1
Wrist	1
Elbow	1
	29

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	7
Strain	7
Foreign Body	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Sprain	1					
Syncope	1					
Mental Stress	1					
Myocardial Infarction (Heart Attack)	1					
Dermatitis	2					
Dislocation	1					
Heat Prostration	1					
	29					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Deerfield Correctional Center (753)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	3	27.2	0.00	14,250.00	14,250.00	85.8
10AM-11:59AM	2	18.1	0.00	750.00	750.00	4.5
4PM-5:59PM	1	9.0	134.02	615.98	750.00	4.5
Unknown	2	18.1	0.00	750.00	750.00	4.5
2PM-3:59PM	1	9.0	105.88	0.00	105.88	0.6
12AM-1:59AM	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		***$ 239.90***	***$ 16,365.98***	***$ 16,605.88***	
LENGTH OF SERVICE						
2-4	2	18.1	0.00	14,250.00	14,250.00	85.8
0-2	3	27.2	0.00	1,500.00	1,500.00	9.0
4-6	1	9.0	134.02	615.98	750.00	4.5
6-8	5	45.4	105.88	0.00	105.88	0.6
	11		***$ 239.90***	***$ 16,365.98***	***$ 16,605.88***	
AGE OF CLAIMANT						
45-49	4	36.3	0.00	15,000.00	15,000.00	90.3
35-39	3	27.2	134.02	1,365.98	1,500.00	9.0
30-34	1	9.0	105.88	0.00	105.88	0.6
20-24	1	9.0	0.00	0.00	0.00	0.0
25-29	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		***$ 239.90***	***$ 16,365.98***	***$ 16,605.88***	
SEX OF CLAIMANT						
Male	7	63.6	239.90	14,865.98	15,105.88	90.9
Female	4	36.3	0.00	1,500.00	1,500.00	9.0
	11		***$ 239.90***	***$ 16,365.98***	***$ 16,605.88***	
LOSS CAUSE						
Boxes / containers	1	9.0	0.00	14,250.00	14,250.00	85.8
Person	1	9.0	0.00	750.00	750.00	4.5
Walking surface, outside, dry	1	9.0	0.00	750.00	750.00	4.5
Walking surface, outside, wet	1	9.0	134.02	615.98	750.00	4.5
Walking surface, inside, dry	1	9.0	105.88	0.00	105.88	0.6
Animal / bee type	1	9.0	0.00	0.00	0.00	0.0
Building parts / doors	2	18.1	0.00	0.00	0.00	0.0
Metal items	1	9.0	0.00	0.00	0.00	0.0
Office equipment	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		***$ 239.90***	***$ 16,365.98***	***$ 16,605.88***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	9.0	0.00	14,250.00	14,250.00	85.8
Fall or Slip (On Same Level)	3	27.2	134.02	1,365.98	1,500.00	9.0
Stuck, injured by fellow worker, patient	1	9.0	0.00	750.00	750.00	4.5
Cumulative (Not Otherwise Classified)	2	18.1	105.88	0.00	105.88	0.6
Animal Or Insect	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Deerfield Correctional Center (753)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Object Handled (caught in or between)	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
Strike Against/Step on Stationary Object	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 239.90***	***$ 16,365.98***	***$ 16,605.88***	

*****BODY PART***

Abdomen including Groin	1
Knee	3
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Facial, Other Soft Tissue	2
Finger(s)	1
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***

Hernia	1
Contusion	6
Strain	3
Inflamation	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 2002

By Agencies,SubAgencies

Frank Gates
01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	9	14.0	9,128.82	27,718.18	36,847.00	59.7
Unknown	5	7.8	10,121.59	5,474.75	15,596.34	25.3
4PM-5:59PM	10	15.6	656.07	1,061.63	1,717.70	2.7
2AM-3:59AM	3	4.6	303.43	1,196.57	1,500.00	2.4
2PM-3:59PM	3	4.6	1,454.05	0.00	1,454.05	2.3
10AM-11:59AM	11	17.1	1,364.77	0.00	1,364.77	2.2
12PM-1:59PM	8	12.5	267.04	750.00	1,017.04	1.6
6PM-7:59PM	6	9.3	221.24	750.00	971.24	1.5
12AM-1:59AM	4	6.2	146.25	750.00	896.25	1.4
6AM-7:59AM	3	4.6	268.83	0.00	268.83	0.4
4AM-5:59AM	2	3.1	0.00	0.00	0.00	0.0
	64		***$ 23,932.09***	***$ 37,701.13***	***$ 61,633.22***	
LENGTH OF SERVICE						
16-18	4	6.2	7,615.42	26,358.58	33,974.00	55.1
4-6	12	18.7	11,518.59	5,474.75	16,993.34	27.5
0-2	20	31.2	3,567.07	3,359.80	6,926.87	11.2
6-8	8	12.5	624.24	1,097.00	1,721.24	2.7
8-10	7	10.9	89.00	1,411.00	1,500.00	2.4
2-4	10	15.6	517.77	0.00	517.77	0.8
10-12	1	1.5	0.00	0.00	0.00	0.0
14-16	2	3.1	0.00	0.00	0.00	0.0
	64		***$ 23,932.09***	***$ 37,701.13***	***$ 61,633.22***	
AGE OF CLAIMANT						
55-59	4	6.2	7,962.94	26,358.58	34,321.52	55.6
30-34	15	23.4	11,511.39	6,834.35	18,345.74	29.7
20-24	10	15.6	1,745.59	1,109.80	2,855.39	4.6
25-29	15	23.4	221.24	2,250.00	2,471.24	4.0
40-44	4	6.2	1,383.69	0.00	1,383.69	2.2
35-39	7	10.9	113.00	661.00	774.00	1.2
50-54	2	3.1	262.60	487.40	750.00	1.2
45-49	5	7.8	731.64	0.00	731.64	1.1
15-19	1	1.5	0.00	0.00	0.00	0.0
60-64	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 23,932.09***	***$ 37,701.13***	***$ 61,633.22***	
SEX OF CLAIMANT						
Male	31	48.4	10,271.14	30,238.98	40,510.12	65.7
Female	33	51.5	13,660.95	7,462.15	21,123.10	34.2
	64		***$ 23,932.09***	***$ 37,701.13***	***$ 61,633.22***	
LOSS CAUSE						
Boxes / containers	8	12.5	8,446.78	28,345.98	36,792.76	59.7
Furniture / fixtures	9	14.0	11,505.28	4,724.75	16,230.03	26.3
Person	3	4.6	1,958.70	0.00	1,958.70	3.1
Door	2	3.1	89.00	1,411.00	1,500.00	2.4
Stairs, steps	5	7.8	772.47	709.17	1,481.64	2.4
Building parts / doors	6	9.3	349.37	400.63	750.00	1.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fencing	1	1.5	140.40	609.60	750.00	1.2
Metal items	2	3.1	0.00	750.00	750.00	1.2
Walking surface, inside, dry	2	3.1	0.00	750.00	750.00	1.2
Walking surface, inside, wet	1	1.5	268.83	0.00	268.83	0.4
Unknown	4	6.2	146.25	0.00	146.25	0.2
Recreational equipment	1	1.5	137.70	0.00	137.70	0.2
Chemicals, not otherwise classified	1	1.5	80.00	0.00	80.00	0.1
Package	2	3.1	24.00	0.00	24.00	0.0
Patient / Inmate	4	6.2	13.31	0.00	13.31	0.0
Docks,Ramps,Loading Platforms	1	1.5	0.00	0.00	0.00	0.0
Environmental conditions	1	1.5	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	3.1	0.00	0.00	0.00	0.0
Miscellaneous	1	1.5	0.00	0.00	0.00	0.0
Vehicle, fork truck	1	1.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.5	0.00	0.00	0.00	0.0
Animal / bee type	1	1.5	0.00	0.00	0.00	0.0
Clothing / jewelry	1	1.5	0.00	0.00	0.00	0.0
Needle stick	1	1.5	0.00	0.00	0.00	0.0
Razor blade	1	1.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Wood Items	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 23,932.09***	***$ 37,701.13***	***$ 61,633.22***	

ACCIDENT TYPE

Holding Or Carrying (Strain or Injury by)	3	4.6	7,591.42	26,358.58	33,950.00	55.0
Fall or Slip (From Different Level)	4	6.2	11,505.28	4,724.75	16,230.03	26.3
Strike Against/Step on Stationary Object	14	21.8	732.81	1,760.23	2,493.04	4.0
Object Handled (caught in or between)	5	7.8	262.60	1,987.40	2,250.00	3.6
Fall or Slip (On Same Level)	5	7.8	1,483.32	0.00	1,483.32	2.4
Fall or slip (on stairs)	3	4.6	529.43	709.17	1,238.60	2.0
Lifting (strain or Injury by)	4	6.2	371.52	750.00	1,121.52	1.8
Stuck, injured by fellow worker, patient	2	3.1	965.45	0.00	965.45	1.5
Object being lifted/handled (cut,punc.scrape,inj b	5	7.8	0.00	750.00	750.00	1.2
Struck/Injured by Moving Part Of Machine	1	1.5	89.00	661.00	750.00	1.2
Cumulative (Not Otherwise Classified)	5	7.8	283.95	0.00	283.95	0.4
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	1.5	80.00	0.00	80.00	0.1
Absorb, Ingest, Inhalation	2	3.1	24.00	0.00	24.00	0.0
Assault	2	3.1	13.31	0.00	13.31	0.0
Fall or slip (on ice or snow)	1	1.5	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	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 Object Being Lifted/Handled	1	1.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	3.1	0.00	0.00	0.00	0.0
Animal Or Insect	1	1.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 23,932.09***	***$ 37,701.13***	***$ 61,633.22***	

***BODY PART

Hip	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Lower Back Area (Lumbar and Lumbo-Sacral)	7					
Ankle	4					
Buttocks	1					
Hand	13					
Finger(s)	8					
Soft Tissue - Neck	4					
Shoulder	5					
Knee	10					
Lower Arm	4					
Elbow	2					
Lower Leg	4					
Wrist	3					
Upper Arm (Inc: Clavicle and Scapula)	1					
Foot	3					
Abdomen including Groin	1					
Lungs	2					
Eye(s)	1					
Facial, Other Soft Tissue	2					
Mouth	1					
Internal Organs	1					
Thumb	2					
Upper Back Area (Thoracic Area)	2					
Upper Leg	1					
	64					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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					
Contusion	32					
Sprain	7					
Laceration	17					
Burn	2					
Inflamation	5					
Foreign Body	4					
Heat Prostration	1					
Puncture	1					
	64					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Institutions Administration (756)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	42.8	296.08	3,599.16	3,895.24	64.5
2PM-3:59PM	2	28.5	1,336.19	750.00	2,086.19	34.5
8AM-9:59AM	1	14.2	54.38	0.00	54.38	0.9
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,686.65***	***$ 4,349.16***	***$ 6,035.81***	
LENGTH OF SERVICE						
26-28	1	14.2	0.84	3,599.16	3,600.00	59.6
22-24	2	28.5	1,336.19	750.00	2,086.19	34.5
2-4	1	14.2	295.24	0.00	295.24	4.8
8-10	1	14.2	54.38	0.00	54.38	0.9
0-2	1	14.2	0.00	0.00	0.00	0.0
16-18	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,686.65***	***$ 4,349.16***	***$ 6,035.81***	
AGE OF CLAIMANT						
55-59	1	14.2	0.84	3,599.16	3,600.00	59.6
60-64	2	28.5	1,336.19	750.00	2,086.19	34.5
50-54	2	28.5	295.24	0.00	295.24	4.8
45-49	1	14.2	54.38	0.00	54.38	0.9
35-39	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,686.65***	***$ 4,349.16***	***$ 6,035.81***	
SEX OF CLAIMANT						
Male	5	71.4	1,391.41	4,349.16	5,740.57	95.1
Female	2	28.5	295.24	0.00	295.24	4.8
	7		***$ 1,686.65***	***$ 4,349.16***	***$ 6,035.81***	
LOSS CAUSE						
Furniture / fixtures	3	42.8	296.08	3,599.16	3,895.24	64.5
Vehicle/car/truck	2	28.5	1,390.57	0.00	1,390.57	23.0
Machine, not otherwise classified	1	14.2	0.00	750.00	750.00	12.4
Chemicals, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,686.65***	***$ 4,349.16***	***$ 6,035.81***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	14.2	0.84	3,599.16	3,600.00	59.6
Struck/Injured by Motor Vehicle	1	14.2	1,336.19	0.00	1,336.19	22.1
Lifting (strain or Injury by)	1	14.2	0.00	750.00	750.00	12.4
Fall or Slip (From Different Level)	1	14.2	295.24	0.00	295.24	4.8
Twisting, strain or injury by	1	14.2	54.38	0.00	54.38	0.9
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 1,686.65***	***$ 4,349.16***	***$ 6,035.81***	
*****BODY PART***						
Finger(s)	2					
Soft Tissue - Neck	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Arm (Inc: Clavicle and Scapula)	2					

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Institutions Administration (756)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Ear(s)	1					
Foot	1					
Knee	1					
Hand	1					
Lungs	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***	
Crushing	1
Strain	5
Contusion	3
Foreign Body	2
Poisoning - Chemical	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Patrick Henry Corrction Unit #28 (757)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	16.6	198.96	1,551.04	1,750.00	34.5
10AM-11:59AM	2	33.3	1,059.86	0.00	1,059.86	20.9
12PM-1:59PM	1	16.6	320.00	430.00	750.00	14.8
2AM-3:59AM	1	16.6	578.45	171.55	750.00	14.8
4PM-5:59PM	1	16.6	0.00	750.00	750.00	14.8
	6		***$ 2,157.27***	***$ 2,902.59***	***$ 5,059.86***	
LENGTH OF SERVICE						
18-20	1	16.6	198.96	1,551.04	1,750.00	34.5
0-2	2	33.3	711.83	750.00	1,461.83	28.8
12-14	1	16.6	578.45	171.55	750.00	14.8
2-4	1	16.6	320.00	430.00	750.00	14.8
10-12	1	16.6	348.03	0.00	348.03	6.8
	6		***$ 2,157.27***	***$ 2,902.59***	***$ 5,059.86***	
AGE OF CLAIMANT						
45-49	2	33.3	546.99	1,551.04	2,098.03	41.4
40-44	2	33.3	1,031.83	430.00	1,461.83	28.8
35-39	1	16.6	0.00	750.00	750.00	14.8
50-54	1	16.6	578.45	171.55	750.00	14.8
	6		***$ 2,157.27***	***$ 2,902.59***	***$ 5,059.86***	
SEX OF CLAIMANT						
Male	5	83.3	1,837.27	2,472.59	4,309.86	85.1
Female	1	16.6	320.00	430.00	750.00	14.8
	6		***$ 2,157.27***	***$ 2,902.59***	***$ 5,059.86***	
LOSS CAUSE						
Hand tool, powered, NOC	1	16.6	198.96	1,551.04	1,750.00	34.5
Unknown	1	16.6	0.00	750.00	750.00	14.8
Patient / Inmate	1	16.6	320.00	430.00	750.00	14.8
Vehicle/car/truck	1	16.6	578.45	171.55	750.00	14.8
Person	1	16.6	711.83	0.00	711.83	14.0
Furniture / fixtures	1	16.6	348.03	0.00	348.03	6.8
	6		***$ 2,157.27***	***$ 2,902.59***	***$ 5,059.86***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	546.99	1,551.04	2,098.03	41.4
Stuck, injured by fellow worker, patient	2	33.3	1,031.83	430.00	1,461.83	28.8
Repetitive Motion	1	16.6	0.00	750.00	750.00	14.8
Strike Against/Step on Stationary Object	1	16.6	578.45	171.55	750.00	14.8
	6		***$ 2,157.27***	***$ 2,902.59***	***$ 5,059.86***	
****BODY PART**						
Shoulder	2					
Upper Back Area (Thoracic Area)	2					
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Patrick Henry Corrction Unit #28 (757)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Soft Tissue - Neck	1					
Ankle	1					
Hand	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	6
Strain	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	25.0	317.70	0.00	317.70	84.0
4PM-5:59PM	1	25.0	60.30	0.00	60.30	15.9
12PM-1:59PM	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		***$ 378.00***	***$ 0.00***	***$ 378.00***	
LENGTH OF SERVICE						
0-2	1	25.0	317.70	0.00	317.70	84.0
10-12	3	75.0	60.30	0.00	60.30	15.9
	4		***$ 378.00***	***$ 0.00***	***$ 378.00***	
AGE OF CLAIMANT						
30-34	1	25.0	317.70	0.00	317.70	84.0
35-39	1	25.0	60.30	0.00	60.30	15.9
50-54	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 378.00***	***$ 0.00***	***$ 378.00***	
SEX OF CLAIMANT						
Male	2	50.0	378.00	0.00	378.00	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 378.00***	***$ 0.00***	***$ 378.00***	
LOSS CAUSE						
Furniture / fixtures	3	75.0	317.70	0.00	317.70	84.0
Animal / bee type	1	25.0	60.30	0.00	60.30	15.9
	4		***$ 378.00***	***$ 0.00***	***$ 378.00***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	25.0	317.70	0.00	317.70	84.0
Animal Or Insect	1	25.0	60.30	0.00	60.30	15.9
Fall or Slip (From Different Level)	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 378.00***	***$ 0.00***	***$ 378.00***	
*****BODY PART***						
Upper Arm (Inc: Clavicle and Scapula)	2					
Upper Leg	1					
Lower Arm	1					
Buttocks	1					
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***	
Strain	2
Contusion	4
Inflamation	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Corectional Unit #13 (760)

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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	9	34.6	1,051.12	941.00	1,992.12	36.9
2PM-3:59PM	5	19.2	1,399.30	506.93	1,906.23	35.3
8AM-9:59AM	2	7.6	522.23	227.77	750.00	13.9
4PM-5:59PM	4	15.3	732.37	0.00	732.37	13.6
4AM-5:59AM	2	7.6	5.40	0.00	5.40	0.1
12PM-1:59PM	1	3.8	0.00	0.00	0.00	0.0
2AM-3:59AM	1	3.8	0.00	0.00	0.00	0.0
6PM-7:59PM	1	3.8	0.00	0.00	0.00	0.0
12AM-1:59AM	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 3,710.42***	***$ 1,675.70***	***$ 5,386.12***	
LENGTH OF SERVICE						
12-14	2	7.6	1,399.30	506.93	1,906.23	35.3
16-18	3	11.5	559.00	191.00	750.00	13.9
20-22	1	3.8	522.23	227.77	750.00	13.9
Unknown	1	3.8	0.00	750.00	750.00	13.9
8-10	2	7.6	732.37	0.00	732.37	13.6
6-8	3	11.5	351.67	0.00	351.67	6.5
4-6	4	15.3	84.99	0.00	84.99	1.5
2-4	4	15.3	60.86	0.00	60.86	1.1
0-2	4	15.3	0.00	0.00	0.00	0.0
10-12	1	3.8	0.00	0.00	0.00	0.0
18-20	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 3,710.42***	***$ 1,675.70***	***$ 5,386.12***	
AGE OF CLAIMANT						
40-44	7	26.9	3,049.42	418.77	3,468.19	64.3
35-39	9	34.6	243.07	1,256.93	1,500.00	27.8
45-49	4	15.3	351.67	0.00	351.67	6.5
30-34	3	11.5	66.26	0.00	66.26	1.2
25-29	1	3.8	0.00	0.00	0.00	0.0
50-54	1	3.8	0.00	0.00	0.00	0.0
60-64	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 3,710.42***	***$ 1,675.70***	***$ 5,386.12***	
SEX OF CLAIMANT						
Male	15	57.6	3,090.56	1,484.70	4,575.26	84.9
Female	11	42.3	619.86	191.00	810.86	15.0
	26		***$ 3,710.42***	***$ 1,675.70***	***$ 5,386.12***	
LOSS CAUSE						
Boxes / containers	2	7.6	1,156.23	750.00	1,906.23	35.3
Metal items	5	19.2	1,606.27	227.77	1,834.04	34.0
Recreational equipment	3	11.5	619.86	191.00	810.86	15.0
Walking surface, outside, dry	2	7.6	243.07	506.93	750.00	13.9
Stairs, steps	3	11.5	79.59	0.00	79.59	1.4
Unknown	3	11.5	5.40	0.00	5.40	0.1
Animal / tick, spider, etc.	1	3.8	0.00	0.00	0.00	0.0
Excavations	1	3.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Vehicle, not otherwise classified	1	3.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	3.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.8	0.00	0.00	0.00	0.0
Cart	1	3.8	0.00	0.00	0.00	0.0
Patient / Inmate	1	3.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 3,710.42***	***$ 1,675.70***	***$ 5,386.12***	

ACCIDENT TYPE

Object Handled (caught in or between)	1	3.8	1,156.23	0.00	1,156.23	21.4
Fall or Slip (From Different Level)	2	7.6	559.00	191.00	750.00	13.9
Fall or Slip (On Same Level)	4	15.3	243.07	506.93	750.00	13.9
Holding Or Carrying (Strain or Injury by)	2	7.6	0.00	750.00	750.00	13.9
Object being lifted/handled (cut,punc.scrape,inj b	2	7.6	522.23	227.77	750.00	13.9
Strike Against/Step on Stationary Object	1	3.8	732.37	0.00	732.37	13.6
Struck/Injured by Object Handled By Other	2	7.6	351.67	0.00	351.67	6.5
Fall or slip (on stairs)	3	11.5	79.59	0.00	79.59	1.4
Strike Against/Step On Obj. Being Lifted or Handle	2	7.6	60.86	0.00	60.86	1.1
Repetitive Motion	1	3.8	5.40	0.00	5.40	0.1
Animal Or Insect	1	3.8	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	3.8	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	7.6	0.00	0.00	0.00	0.0
Vehicle Upset	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 3,710.42***	***$ 1,675.70***	***$ 5,386.12***	

***BODY PART

Hand	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Ankle	4
Finger(s)	4
Wrist	2
Elbow	3
Shoulder	2
Facial, Other Soft Tissue	1
Upper Back Area (Thoracic Area)	1
Foot	1
Knee	3
Lower Arm	1
Lower Leg	3
Soft Tissue - Neck	3
Vertebrae - Neck	1
Abdomen including Groin	1
Buttocks	1
	26

**** Claims may be reported in more than one category if multiple body parts are involved; no 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 2002

FrankGates

By Agencies,SubAgencies

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Contusion	12					
Strain	5					
Sprain	8					
Laceration	6					
Foreign Body	1					
Fracture	1					
Inflamation	1					
Puncture	1					
Rupture	1					
	26					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:23

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6AM-7:59AM	3	8.1	15,490.00	7,199.12	22,689.12	46.7
12AM-1:59AM	5	13.5	2,960.00	6,990.00	9,950.00	20.5
10AM-11:59AM	8	21.6	1,857.69	7,322.75	9,180.44	18.9
4PM-5:59PM	4	10.8	910.00	1,750.00	2,660.00	5.4
4AM-5:59AM	2	5.4	524.00	750.00	1,274.00	2.6
12PM-1:59PM	4	10.8	1,237.45	0.00	1,237.45	2.5
6PM-7:59PM	2	5.4	0.00	750.00	750.00	1.5
8AM-9:59AM	6	16.2	0.00	750.00	750.00	1.5
2PM-3:59PM	2	5.4	0.00	0.00	0.00	0.0
Unknown	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 22,979.14***	***$ 25,511.87***	***$ 48,491.01***	
LENGTH OF SERVICE						
4-6	10	27.0	16,755.02	13,220.75	29,975.77	61.8
0-2	5	13.5	2,960.00	6,990.00	9,950.00	20.5
8-10	3	8.1	685.79	1,500.00	2,185.79	4.5
2-4	6	16.2	1,603.53	551.12	2,154.65	4.4
14-16	1	2.7	0.00	1,750.00	1,750.00	3.6
12-14	5	13.5	974.80	0.00	974.80	2.0
10-12	4	10.8	0.00	750.00	750.00	1.5
6-8	3	8.1	0.00	750.00	750.00	1.5
	37		***$ 22,979.14***	***$ 25,511.87***	***$ 48,491.01***	
AGE OF CLAIMANT						
20-24	3	8.1	15,490.00	7,949.12	23,439.12	48.3
40-44	5	13.5	3,454.65	6,990.00	10,444.65	21.5
35-39	6	16.2	1,201.25	6,822.75	8,024.00	16.5
25-29	7	18.9	910.00	1,500.00	2,410.00	4.9
30-34	8	21.6	1,136.59	750.00	1,886.59	3.8
45-49	5	13.5	786.65	750.00	1,536.65	3.1
55-59	2	5.4	0.00	750.00	750.00	1.5
50-54	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 22,979.14***	***$ 25,511.87***	***$ 48,491.01***	
SEX OF CLAIMANT						
Male	28	75.6	21,515.24	19,689.12	41,204.36	84.9
Female	9	24.3	1,463.90	5,822.75	7,286.65	15.0
	37		***$ 22,979.14***	***$ 25,511.87***	***$ 48,491.01***	
LOSS CAUSE						
Furniture / fixtures	4	10.8	15,291.12	6,648.00	21,939.12	45.2
Door	1	2.7	2,960.00	6,990.00	9,950.00	20.5
Stairs, steps	4	10.8	1,587.25	7,572.75	9,160.00	18.8
Walking surface, inside, wet	3	8.1	494.65	750.00	1,244.65	2.5
Walking surface, outside, dry	2	5.4	649.68	551.12	1,200.80	2.4
Person	2	5.4	786.65	0.00	786.65	1.6
Building parts / doors	1	2.7	0.00	750.00	750.00	1.5
Cart	1	2.7	0.00	750.00	750.00	1.5
Stone / rock / brick	2	5.4	0.00	750.00	750.00	1.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, inside, dry	1	2.7	0.00	750.00	750.00	1.5
Minerals / dirt	2	5.4	685.79	0.00	685.79	1.4
Walking surface, outside, wet	1	2.7	524.00	0.00	524.00	1.0
Hot/Cold Object, Liquid, Substance	1	2.7	0.00	0.00	0.00	0.0
Infectious agent	3	8.1	0.00	0.00	0.00	0.0
Metal items	1	2.7	0.00	0.00	0.00	0.0
Needle stick	1	2.7	0.00	0.00	0.00	0.0
Boxes / containers	3	8.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	3	8.1	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 22,979.14***	***$ 25,511.87***	***$ 48,491.01***	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	2	5.4	15,291.12	6,648.00	21,939.12	45.2
Object being lifted/handled (cut,punc.scrape,inj b	3	8.1	2,960.00	6,990.00	9,950.00	20.5
Fall or slip (on stairs)	4	10.8	1,587.25	7,572.75	9,160.00	18.8
Fall or Slip (On Same Level)	6	16.2	1,144.33	1,301.12	2,445.45	5.0
Object Handled (caught in or between)	3	8.1	0.00	2,250.00	2,250.00	4.6
Fall or Slip (From Different Level)	3	8.1	786.65	0.00	786.65	1.6
Twisting, strain or injury by	1	2.7	0.00	750.00	750.00	1.5
Foreign Body In Eye	2	5.4	685.79	0.00	685.79	1.4
Fall or slip (on ice or snow)	1	2.7	524.00	0.00	524.00	1.0
Cumulative (Not Otherwise Classified)	2	5.4	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	2.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	2	5.4	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	4	10.8	0.00	0.00	0.00	0.0
Assault	1	2.7	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	5.4	0.00	0.00	0.00	0.0
	37		***$ 22,979.14***	***$ 25,511.87***	***$ 48,491.01***	

***BODY PART

Knee	5
Wrist	1
Ankle	4
Shoulder	3
Finger(s)	6
Foot	1
Thumb	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hip	3
Upper Back Area (Thoracic Area)	2
Eye(s)	2
Elbow	1
Soft Tissue - Neck	2
Facial, Other Soft Tissue	2
Hand	5
Lower Arm	3
Upper Leg	1
Abdomen including Groin	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Lower Leg	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***

Contusion	22
Sprain	4
Strain	6
Fracture	2
Laceration	3
Foreign Body	6
Burn	1
Inflamation	2
Puncture	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	15	9.0	9,155.71	16,722.46	25,878.17	22.2
8AM-9:59AM	22	13.3	13,037.16	7,472.48	20,509.64	17.6
12PM-1:59PM	20	12.1	8,682.77	8,149.57	16,832.34	14.4
2AM-3:59AM	6	3.6	4,419.28	8,930.81	13,350.09	11.4
2PM-3:59PM	17	10.3	1,539.81	10,151.08	11,690.89	10.0
6AM-7:59AM	18	10.9	6,004.84	2,146.00	8,150.84	7.0
12AM-1:59AM	13	7.8	3,603.93	1,931.00	5,534.93	4.7
10AM-11:59AM	27	16.3	4,020.27	1,500.00	5,520.27	4.7
4PM-5:59PM	16	9.6	3,285.82	1,500.00	4,785.82	4.1
6PM-7:59PM	5	3.0	3,027.66	0.00	3,027.66	2.6
4AM-5:59AM	6	3.6	1,018.00	0.00	1,018.00	0.8
	165		***$ 57,795.25***	***$ 58,503.40***	***$ 116,298.65***	
LENGTH OF SERVICE						
4-6	34	20.6	20,346.90	15,995.22	36,342.12	31.2
0-2	35	21.2	11,396.18	18,140.54	29,536.72	25.4
2-4	38	23.0	11,823.16	14,957.36	26,780.52	23.0
6-8	22	13.3	4,357.07	4,970.00	9,327.07	8.0
10-12	13	7.8	2,288.82	3,143.28	5,432.10	4.6
20-22	1	0.6	3,156.78	0.00	3,156.78	2.7
22-24	1	0.6	1,453.00	1,297.00	2,750.00	2.3
12-14	6	3.6	948.00	0.00	948.00	0.8
8-10	5	3.0	882.00	0.00	882.00	0.7
18-20	2	1.2	823.72	0.00	823.72	0.7
Unknown	3	1.8	194.62	0.00	194.62	0.1
26-28	2	1.2	125.00	0.00	125.00	0.1
14-16	1	0.6	0.00	0.00	0.00	0.0
16-18	2	1.2	0.00	0.00	0.00	0.0
	165		***$ 57,795.25***	***$ 58,503.40***	***$ 116,298.65***	
AGE OF CLAIMANT						
25-29	31	18.7	15,959.66	26,008.59	41,968.25	36.0
35-39	29	17.5	16,050.59	7,847.20	23,897.79	20.5
50-54	9	5.4	10,302.47	7,180.81	17,483.28	15.0
40-44	21	12.7	6,584.97	8,143.44	14,728.41	12.6
30-34	33	20.0	3,787.40	5,384.00	9,171.40	7.8
45-49	26	15.7	3,945.61	3,189.36	7,134.97	6.1
20-24	9	5.4	1,039.00	0.00	1,039.00	0.8
55-59	5	3.0	0.00	750.00	750.00	0.6
60-64	1	0.6	125.55	0.00	125.55	0.1
65-69	1	0.6	0.00	0.00	0.00	0.0
	165		***$ 57,795.25***	***$ 58,503.40***	***$ 116,298.65***	
SEX OF CLAIMANT						
Female	105	63.6	36,126.65	34,658.54	70,785.19	60.8
Male	60	36.3	21,668.60	23,844.86	45,513.46	39.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	165		***$ 57,795.25***	***$ 58,503.40***	***$ 116,298.65***	
LOSS CAUSE						
Furniture / fixtures	19	11.5	16,923.84	9,294.72	26,218.56	22.5
Stone / rock / brick	1	0.6	8,327.54	15,222.46	23,550.00	20.2
Patient / Inmate	17	10.3	10,430.03	4,916.13	15,346.16	13.2
Hand tool, not powered, NOC	5	3.0	3,045.03	7,180.81	10,225.84	8.7
Infectious agent	9	5.4	53.00	8,200.00	8,253.00	7.1
Fencing	5	3.0	1,343.00	3,446.00	4,789.00	4.1
Stairs, steps	9	5.4	3,795.99	750.00	4,545.99	3.9
Door	9	5.4	2,859.64	634.00	3,493.64	3.0
Chemicals, not otherwise classified	11	6.6	1,580.77	1,442.08	3,022.85	2.6
Vehicle, not otherwise classified	6	3.6	2,600.35	0.00	2,600.35	2.2
Building parts / doors	10	6.0	1,868.26	726.00	2,594.26	2.2
Walking surface, outside, dry	4	2.4	515.28	1,193.92	1,709.20	1.4
Metal items	3	1.8	1,236.12	0.00	1,236.12	1.0
Excavations	2	1.2	599.30	622.00	1,221.30	1.0
Animal / insect, not otherwise classified	6	3.6	194.62	750.00	944.62	0.8
Trailer Flap	1	0.6	823.72	0.00	823.72	0.7
Animal / tick, spider, etc.	2	1.2	428.72	375.28	804.00	0.6
Environmental conditions	4	2.4	0.00	750.00	750.00	0.6
Food	3	1.8	0.00	750.00	750.00	0.6
Knife, NOC	1	0.6	0.00	750.00	750.00	0.6
Object on Floor	1	0.6	0.00	750.00	750.00	0.6
Walking surface, outside, wet	2	1.2	0.00	750.00	750.00	0.6
Walking surface, inside, dry	5	3.0	562.49	0.00	562.49	0.4
Water	4	2.4	306.48	0.00	306.48	0.2
Walking surface, inside, wet	3	1.8	125.55	0.00	125.55	0.1
Chair	1	0.6	125.00	0.00	125.00	0.1
Paper/Pulp items	1	0.6	50.52	0.00	50.52	0.0
Unknown	8	4.8	0.00	0.00	0.00	0.0
Boxes / containers	2	1.2	0.00	0.00	0.00	0.0
Cart	1	0.6	0.00	0.00	0.00	0.0
Gun / gunshot	1	0.6	0.00	0.00	0.00	0.0
Miscellaneous	1	0.6	0.00	0.00	0.00	0.0
Animal / bee type	4	2.4	0.00	0.00	0.00	0.0
Insufficient data	1	0.6	0.00	0.00	0.00	0.0
Mechanical powered	1	0.6	0.00	0.00	0.00	0.0
Straps	1	0.6	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	0.6	0.00	0.00	0.00	0.0
	165		***$ 57,795.25***	***$ 58,503.40***	***$ 116,298.65***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	13	7.8	12,294.52	21,398.90	33,693.42	28.9
Pushing Or Pulling (Strain or Injury by)	2	1.2	11,451.22	3,094.28	14,545.50	12.5
Struck/Injured by Falling or Flying Object	14	8.4	3,535.64	9,314.81	12,850.45	11.0
Absorb, Ingest, Inhalation	8	4.8	1,474.77	8,892.08	10,366.85	8.9
Object Handled (caught in or between)	16	9.6	6,146.78	0.00	6,146.78	5.2
Lifting (strain or Injury by)	3	1.8	3,711.25	1,199.13	4,910.38	4.2
Fall or slip (on stairs)	8	4.8	3,795.99	750.00	4,545.99	3.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Assault	7	4.2	3,976.78	0.00	3,976.78	3.4
Strike Against/Step On Obj. Being Lifted or Handle	1	0.6	304.00	3,446.00	3,750.00	3.2
Twisting, strain or injury by	2	1.2	1,453.00	1,297.00	2,750.00	2.3
Fall or Slip (From Different Level)	6	3.6	1,903.11	622.00	2,525.11	2.1
Cumulative (Not Otherwise Classified)	13	7.8	0.00	2,500.00	2,500.00	2.1
Fall or Slip (On Same Level)	11	6.6	900.57	1,387.00	2,287.57	1.9
Animal Or Insect	12	7.2	623.34	1,125.28	1,748.62	1.5
Object being lifted/handled (cut,punc.scrape,inj b	8	4.8	1,515.00	0.00	1,515.00	1.3
Vehicle Upset	4	2.4	1,226.10	0.00	1,226.10	1.0
Stuck, injured by fellow worker, patient	1	0.6	1,185.00	24.00	1,209.00	1.0
Struck/Injured by Object Handled By Other	9	5.4	1,080.48	0.00	1,080.48	0.9
Foreign Body In Eye	4	2.4	106.00	750.00	856.00	0.7
Struck/Injured by Object Being Lifted/Handled	2	1.2	50.52	750.00	800.52	0.6
Fall or slip (on ice or snow)	2	1.2	0.00	750.00	750.00	0.6
Infectious Disease Exposure	1	0.6	104.00	646.00	750.00	0.6
Slipped, Did Not Fall	2	1.2	193.08	556.92	750.00	0.6
Fall or slip (into Openings)	1	0.6	460.50	0.00	460.50	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.6	303.60	0.00	303.60	0.2
Allergic Reaction	1	0.6	0.00	0.00	0.00	0.0
Contact with Electric Current	3	1.8	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	6	3.6	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	0.6	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.6	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	0.6	0.00	0.00	0.00	0.0
	165		***$ 57,795.25***	***$ 58,503.40***	***$ 116,298.65***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Ankle	5
Facial, Other Soft Tissue	14
Finger(s)	25
Foot	8
Chest (Inc: Ribs, Sternum and Soft Tissue)	8
Upper Arm (Inc: Clavicle and Scapula)	3
Knee	13
Lower Arm	9
Shoulder	9
No Physical Problem	18
Wrist	3
Eye(s)	10
Lungs	3
Brain	2
Lower Leg	3
Soft Tissue - Neck	5
Mouth	4
Hand	11
Abdomen including Groin	2
Ear(s)	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Nose	1					
Toe(s)	1					
Multiple Upper Extremities	1					
Buttocks	1					
Elbow	1					
Internal Organs	2					
Multiple Head Injury	2					
Thumb	5					
Upper Back Area (Thoracic Area)	4					
Upper Leg	7					
Hip	2					
Trachea	1					
	165					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	28
Contusion	61
Sprain	12
Foreign Body	25
No Physical Injury	21
Laceration	15
Inflamation	17
Mental Stress	1
Poisoning - Chemical	1
Unknown	1
Fracture	2
Respiratory Disorders	1
Vascular Loss	1
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
Burn	3
Concussion	1
Dermatitis	1
Syncope	1
All Other Cumulative	1
Puncture	1
	165

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	17.3	7,878.94	0.00	7,878.94	52.1
4AM-5:59AM	4	17.3	1,673.99	4,576.01	6,250.00	41.3
12PM-1:59PM	1	4.3	706.00	44.00	750.00	4.9
2AM-3:59AM	1	4.3	132.00	0.00	132.00	0.8
8AM-9:59AM	4	17.3	89.77	0.00	89.77	0.5
4PM-5:59PM	3	13.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	4.3	0.00	0.00	0.00	0.0
2PM-3:59PM	3	13.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.3	0.00	0.00	0.00	0.0
Unknown	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 10,480.70***	***$ 4,620.01***	***$ 15,100.71***	
LENGTH OF SERVICE						
4-6	3	13.0	4,733.36	750.00	5,483.36	36.3
2-4	3	13.0	1,673.99	3,076.01	4,750.00	31.4
8-10	7	30.4	3,941.35	44.00	3,985.35	26.3
6-8	2	8.6	132.00	750.00	882.00	5.8
0-2	5	21.7	0.00	0.00	0.00	0.0
12-14	1	4.3	0.00	0.00	0.00	0.0
16-18	1	4.3	0.00	0.00	0.00	0.0
18-20	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 10,480.70***	***$ 4,620.01***	***$ 15,100.71***	
AGE OF CLAIMANT						
40-44	2	8.6	1,673.99	3,826.01	5,500.00	36.4
35-39	6	26.0	4,865.36	0.00	4,865.36	32.2
45-49	3	13.0	3,145.58	0.00	3,145.58	20.8
25-29	4	17.3	706.00	44.00	750.00	4.9
30-34	1	4.3	0.00	750.00	750.00	4.9
50-54	4	17.3	89.77	0.00	89.77	0.5
20-24	1	4.3	0.00	0.00	0.00	0.0
55-59	1	4.3	0.00	0.00	0.00	0.0
60-64	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 10,480.70***	***$ 4,620.01***	***$ 15,100.71***	
SEX OF CLAIMANT						
Female	16	69.5	9,774.70	3,826.01	13,600.71	90.0
Male	7	30.4	706.00	794.00	1,500.00	9.9
	23		***$ 10,480.70***	***$ 4,620.01***	***$ 15,100.71***	
LOSS CAUSE						
Furniture / fixtures	4	17.3	7,878.94	0.00	7,878.94	52.1
Fencing	5	21.7	1,673.99	3,826.01	5,500.00	36.4
Boxes / containers	1	4.3	0.00	750.00	750.00	4.9
Door	1	4.3	706.00	44.00	750.00	4.9
Building parts / doors	1	4.3	132.00	0.00	132.00	0.8
Animal / insect, not otherwise classified	1	4.3	89.77	0.00	89.77	0.5
Unknown	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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Insufficient data	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
Animal / bee type	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
Patient / Inmate	1	4.3	0.00	0.00	0.00	0.0
Pipe	1	4.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	4.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 10,480.70***	***$ 4,620.01***	***$ 15,100.71***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	3	13.0	7,878.94	0.00	7,878.94	52.1
Lifting (strain or Injury by)	2	8.6	1,673.99	3,826.01	5,500.00	36.4
Object Handled (caught in or between)	3	13.0	132.00	750.00	882.00	5.8
Struck/Injured by Object Being Lifted/Handled	1	4.3	706.00	44.00	750.00	4.9
Animal Or Insect	2	8.6	89.77	0.00	89.77	0.5
Absorb, Ingest, Inhalation	1	4.3	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	3	13.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	5	21.7	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	4.3	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
Strike Against/Step on Stationary Object	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 10,480.70***	***$ 4,620.01***	***$ 15,100.71***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Soft Tissue - Neck	1
Hip	1
Lower Leg	1
Upper Back Area (Thoracic Area)	2
Facial, Other Soft Tissue	1
Thumb	1
Hand	4
Knee	6
Lungs	1
Shoulder	2
Ankle	1
Elbow	1
Finger(s)	1
Foot	2
Lower Arm	1
No Physical Problem	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

Contusion	11
Strain	5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Laceration	5					
Inflamation	3					
Sprain	3					
No Physical Injury	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	6	17.1	425.55	28,650.00	29,075.55	65.3
4AM-5:59AM	3	8.5	3,291.27	2,040.88	5,332.15	11.9
10AM-11:59AM	7	20.0	1,706.39	1,612.21	3,318.60	7.4
6PM-7:59PM	1	2.8	1,397.60	109.98	1,507.58	3.3
12PM-1:59PM	5	14.2	1,265.83	234.17	1,500.00	3.3
2PM-3:59PM	3	8.5	254.50	750.00	1,004.50	2.2
12AM-1:59AM	1	2.8	0.00	750.00	750.00	1.6
6AM-7:59AM	3	8.5	437.81	312.19	750.00	1.6
4PM-5:59PM	1	2.8	578.05	0.00	578.05	1.3
Unknown	4	11.4	383.40	0.00	383.40	0.8
8AM-9:59AM	1	2.8	297.81	0.00	297.81	0.6
	35		***$ 10,038.21***	***$ 34,459.43***	***$ 44,497.64***	
LENGTH OF SERVICE						
8-10	9	25.7	4,587.41	30,898.29	35,485.70	79.7
2-4	10	28.5	3,652.18	1,417.90	5,070.08	11.3
4-6	7	20.0	408.57	741.24	1,149.81	2.5
6-8	4	11.4	421.55	652.00	1,073.55	2.4
0-2	4	11.4	968.50	0.00	968.50	2.1
18-20	1	2.8	0.00	750.00	750.00	1.6
	35		***$ 10,038.21***	***$ 34,459.43***	***$ 44,497.64***	
AGE OF CLAIMANT						
40-44	7	20.0	2,389.67	30,268.86	32,658.53	73.3
45-49	5	14.2	3,915.99	1,416.16	5,332.15	11.9
50-54	5	14.2	1,357.26	652.00	2,009.26	4.5
30-34	6	17.1	783.55	818.45	1,602.00	3.6
35-39	5	14.2	619.80	880.20	1,500.00	3.3
55-59	2	5.7	329.79	423.76	753.55	1.6
60-64	3	8.5	642.15	0.00	642.15	1.4
25-29	2	5.7	0.00	0.00	0.00	0.0
	35		***$ 10,038.21***	***$ 34,459.43***	***$ 44,497.64***	
SEX OF CLAIMANT						
Male	22	62.8	7,927.85	33,679.24	41,607.09	93.5
Female	13	37.1	2,110.36	780.19	2,890.55	6.5
	35		***$ 10,038.21***	***$ 34,459.43***	***$ 44,497.64***	
LOSS CAUSE						
Excavations	1	2.8	0.00	28,650.00	28,650.00	64.3
Person	3	8.5	3,513.70	1,068.45	4,582.15	10.3
Door	3	8.5	776.60	1,473.40	2,250.00	5.0
Electrical equipment	1	2.8	1,397.60	109.98	1,507.58	3.3
Building parts / doors	2	5.7	619.80	880.20	1,500.00	3.3
Furniture / fixtures	2	5.7	1,224.08	103.97	1,328.05	2.9
Metal items	3	8.5	525.90	468.00	993.90	2.2
Unknown	3	8.5	12.31	741.24	753.55	1.6
Walking surface, inside, dry	1	2.8	98.00	652.00	750.00	1.6
Walking surface, outside, wet	1	2.8	437.81	312.19	750.00	1.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:24

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, inside, wet	4	11.4	621.36	0.00	621.36	1.4
Hand tool, not powered, NOC	1	2.8	318.60	0.00	318.60	0.7
Patient / Inmate	1	2.8	250.95	0.00	250.95	0.5
Fencing	2	5.7	139.50	0.00	139.50	0.3
Needle stick	1	2.8	102.00	0.00	102.00	0.2
Boxes / containers	2	5.7	0.00	0.00	0.00	0.0
Minerals / dirt	1	2.8	0.00	0.00	0.00	0.0
Stairs, steps	1	2.8	0.00	0.00	0.00	0.0
Gun / gunshot	1	2.8	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 10,038.21***	***$ 34,459.43***	***$ 44,497.64***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	1	2.8	0.00	28,650.00	28,650.00	64.3
Stuck, injured by fellow worker, patient	3	8.5	3,083.10	1,000.00	4,083.10	9.1
Strike Against/Step on Stationary Object	7	20.0	2,033.23	1,452.17	3,485.40	7.8
Object Handled (caught in or between)	4	11.4	1,354.65	723.40	2,078.05	4.6
Struck/Injured by Falling or Flying Object	1	2.8	1,397.60	109.98	1,507.58	3.3
Cumulative (Not Otherwise Classified)	3	8.5	12.31	741.24	753.55	1.6
Fall or slip (on ice or snow)	1	2.8	437.81	312.19	750.00	1.6
Holding Or Carrying (Strain or Injury by)	1	2.8	681.55	68.45	750.00	1.6
Slipped, Did Not Fall	1	2.8	98.00	652.00	750.00	1.6
Struck/Injured by Object Handled By Other	1	2.8	0.00	750.00	750.00	1.6
Fall or Slip (On Same Level)	3	8.5	621.36	0.00	621.36	1.4
Object being lifted/handled (cut,punc.scrape,inj b	4	11.4	318.60	0.00	318.60	0.7
Allergic Reaction	1	2.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	2.8	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	2.8	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	2.8	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 10,038.21***	***$ 34,459.43***	***$ 44,497.64***	

***BODY PART**

Knee	6
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Facial, Other Soft Tissue	3
Finger(s)	4
Shoulder	3
Ankle	2
Hand	3
Lower Arm	3
Internal Organs	2
Soft Tissue - Neck	1
Teeth	1
Upper Leg	2
Thumb	3
Foot	1
Lower Leg	1
Brain	1
Elbow	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Eye(s)	2					
Great Toe	1					
No Physical Problem	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
	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***	
Sprain	5
Strain	7
Contusion	15
Laceration	11
Dislocation	1
Syncope	2
Puncture	2
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
Inflamation	1
No Physical Injury	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	5	13.8	39,821.08	26,816.23	66,637.31	68.3
8AM-9:59AM	4	11.1	13,924.99	4,920.67	18,845.66	19.3
2PM-3:59PM	4	11.1	2,529.51	4,341.45	6,870.96	7.0
6PM-7:59PM	5	13.8	1,049.76	700.24	1,750.00	1.7
10AM-11:59AM	2	5.5	1,308.95	0.00	1,308.95	1.3
12AM-1:59AM	3	8.3	273.29	488.21	761.50	0.7
Unknown	4	11.1	0.00	750.00	750.00	0.7
4PM-5:59PM	6	16.6	396.75	0.00	396.75	0.4
6AM-7:59AM	3	8.3	223.39	0.00	223.39	0.2
	36		***$ 59,527.72***	***$ 38,016.80***	***$ 97,544.52***	
LENGTH OF SERVICE						
0-2	14	38.8	30,131.86	15,255.24	45,387.10	46.5
20-22	1	2.7	13,801.08	15,002.23	28,803.31	29.5
28-30	1	2.7	8,243.61	3,206.39	11,450.00	11.7
4-6	5	13.8	3,068.02	4,552.94	7,620.96	7.8
8-10	6	16.6	2,880.55	0.00	2,880.55	2.9
6-8	5	13.8	1,005.85	0.00	1,005.85	1.0
2-4	4	11.1	396.75	0.00	396.75	0.4
	36		***$ 59,527.72***	***$ 38,016.80***	***$ 97,544.52***	
AGE OF CLAIMANT						
40-44	6	16.6	44,963.95	28,319.02	73,282.97	75.1
45-49	3	8.3	8,640.36	3,206.39	11,846.75	12.1
35-39	3	8.3	2,529.51	4,341.45	6,870.96	7.0
30-34	14	38.8	3,090.80	1,399.94	4,490.74	4.6
20-24	4	11.1	0.00	750.00	750.00	0.7
55-59	1	2.7	303.10	0.00	303.10	0.3
50-54	3	8.3	0.00	0.00	0.00	0.0
25-29	1	2.7	0.00	0.00	0.00	0.0
60-64	1	2.7	0.00	0.00	0.00	0.0
	36		***$ 59,527.72***	***$ 38,016.80***	***$ 97,544.52***	
SEX OF CLAIMANT						
Female	13	36.1	39,593.43	20,864.63	60,458.06	61.9
Male	23	63.8	19,934.29	17,152.17	37,086.46	38.0
	36		***$ 59,527.72***	***$ 38,016.80***	***$ 97,544.52***	
LOSS CAUSE						
Patient / Inmate	3	8.3	25,743.28	12,090.72	37,834.00	38.7
Boxes / containers	1	2.7	13,801.08	15,002.23	28,803.31	29.5
Walking surface, outside, wet	1	2.7	8,243.61	3,206.39	11,450.00	11.7
Vehicle, not otherwise classified	2	5.5	2,752.90	4,341.45	7,094.35	7.2
Walking surface, inside, dry	2	5.5	3,035.72	1,714.28	4,750.00	4.8
Stairs, steps	2	5.5	2,645.66	0.00	2,645.66	2.7
Walking surface, inside, wet	4	11.1	1,588.27	911.73	2,500.00	2.5
Animal / bee type	1	2.7	1,005.85	0.00	1,005.85	1.0
Door	3	8.3	0.00	750.00	750.00	0.7
Heating equipment	1	2.7	396.75	0.00	396.75	0.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Person	1	2.7	303.10	0.00	303.10	0.3
Animal, not otherwise classified	1	2.7	11.50	0.00	11.50	0.0
Unknown	2	5.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.7	0.00	0.00	0.00	0.0
Fencing	3	8.3	0.00	0.00	0.00	0.0
Gun / gunshot	2	5.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	5.5	0.00	0.00	0.00	0.0
Welding equipment	1	2.7	0.00	0.00	0.00	0.0
Building parts / doors	2	5.5	0.00	0.00	0.00	0.0
Office equipment	1	2.7	0.00	0.00	0.00	0.0
	36		***$ 59,527.72***	***$ 38,016.80***	***$ 97,544.52***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	1	2.7	25,481.49	11,602.51	37,084.00	38.0
Fall or Slip (From Different Level)	4	11.1	16,330.59	19,343.68	35,674.27	36.5
Fall or Slip (On Same Level)	5	13.8	9,843.38	4,118.12	13,961.50	14.3
Jumping (Strain or Injury by)	1	2.7	3,035.72	1,714.28	4,750.00	4.8
Fall or slip (on stairs)	1	2.7	2,645.66	0.00	2,645.66	2.7
Stuck, injured by fellow worker, patient	2	5.5	564.89	488.21	1,053.10	1.0
Animal Or Insect	1	2.7	1,005.85	0.00	1,005.85	1.0
Object Handled (caught in or between)	3	8.3	0.00	750.00	750.00	0.7
Strike Against/Step on Stationary Object	5	13.8	396.75	0.00	396.75	0.4
Struck/Injured by Falling or Flying Object	2	5.5	223.39	0.00	223.39	0.2
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	2.7	0.00	0.00	0.00	0.0
Assault	1	2.7	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	2	5.5	0.00	0.00	0.00	0.0
Explosion / Flare Back	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
Reaching (Strain or Injury by)	1	2.7	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	2.7	0.00	0.00	0.00	0.0
Vehicle Upset	1	2.7	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	5.5	0.00	0.00	0.00	0.0
	36		***$ 59,527.72***	***$ 38,016.80***	***$ 97,544.52***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Lower Arm	5
Lower Leg	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Soft Tissue - Neck	3
Sacrum And Coccyx	1
Foot	1
Knee	6
Shoulder	1
Ankle	2
Finger(s)	4
Great Toe	1
Eye(s)	1
Upper Leg	1
Facial, Other Soft Tissue	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Hand	2					
Wrist	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***	
Contusion	14
Strain	12
Laceration	9
Sprain	5
Fracture	1
Inflamation	1
Burn	2
Puncture	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	5	15.6	12,548.17	2,511.74	15,059.91	44.5
10AM-11:59AM	5	15.6	3,564.16	4,647.80	8,211.96	24.2
2PM-3:59PM	3	9.3	2,136.80	1,000.00	3,136.80	9.2
6AM-7:59AM	2	6.2	0.00	2,500.00	2,500.00	7.3
8AM-9:59AM	7	21.8	768.92	750.00	1,518.92	4.4
2AM-3:59AM	1	3.1	967.28	0.00	967.28	2.8
6PM-7:59PM	2	6.2	131.60	618.40	750.00	2.2
Unknown	1	3.1	646.25	0.00	646.25	1.9
12AM-1:59AM	3	9.3	608.38	0.00	608.38	1.8
4PM-5:59PM	3	9.3	410.84	0.00	410.84	1.2
	32		***$ 21,782.40***	***$ 12,027.94***	***$ 33,810.34***	
LENGTH OF SERVICE						
6-8	9	28.1	13,334.91	2,511.74	15,846.65	46.8
2-4	8	25.0	4,753.77	4,092.66	8,846.43	26.1
4-6	3	9.3	2,509.07	1,737.61	4,246.68	12.5
0-2	9	28.1	1,053.05	3,067.53	4,120.58	12.1
8-10	2	6.2	131.60	618.40	750.00	2.2
28-30	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 21,782.40***	***$ 12,027.94***	***$ 33,810.34***	
AGE OF CLAIMANT						
30-34	5	15.6	14,035.06	3,511.74	17,546.80	51.9
40-44	6	18.7	4,944.10	2,502.45	7,446.55	22.0
50-54	7	21.8	486.25	2,763.75	3,250.00	9.6
20-24	2	6.2	0.00	2,500.00	2,500.00	7.3
25-29	3	9.3	412.59	750.00	1,162.59	3.4
45-49	3	9.3	1,106.17	0.00	1,106.17	3.2
55-59	4	12.5	728.23	0.00	728.23	2.1
35-39	1	3.1	70.00	0.00	70.00	0.2
60-64	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 21,782.40***	***$ 12,027.94***	***$ 33,810.34***	
SEX OF CLAIMANT						
Female	11	34.3	17,005.00	4,635.75	21,640.75	64.0
Male	21	65.6	4,777.40	7,392.19	12,169.59	35.9
	32		***$ 21,782.40***	***$ 12,027.94***	***$ 33,810.34***	
LOSS CAUSE						
Walking surface, inside, wet	3	9.3	11,542.55	3,764.09	15,306.64	45.2
Furniture / fixtures	5	15.6	3,902.66	1,884.05	5,786.71	17.1
Food	1	3.1	1,958.30	1,000.00	2,958.30	8.7
Metal items	2	6.2	432.47	1,317.53	1,750.00	5.1
Chemicals, not otherwise classified	1	3.1	855.24	497.65	1,352.89	4.0
Patient / Inmate	2	6.2	544.19	618.40	1,162.59	3.4
Animal / insect, not otherwise classified	3	9.3	422.27	708.61	1,130.88	3.3
Walking surface, inside, dry	3	9.3	1,088.11	0.00	1,088.11	3.2
Boxes / containers	3	9.3	954.22	0.00	954.22	2.8
Unknown	3	9.3	0.00	750.00	750.00	2.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Door	1	3.1	12.39	737.61	750.00	2.2
Stone / rock / brick	1	3.1	0.00	750.00	750.00	2.2
Infectious agent	1	3.1	70.00	0.00	70.00	0.2
Person	1	3.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	6.2	0.00	0.00	0.00	0.0
	32		***$ 21,782.40***	***$ 12,027.94***	***$ 33,810.34***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	5	15.6	13,621.68	3,764.09	17,385.77	51.4
Pushing Or Pulling (Strain or Injury by)	5	15.6	3,985.90	2,502.45	6,488.35	19.1
Fall or Slip (From Liquid/Grease spills)	2	6.2	967.28	1,750.00	2,717.28	8.0
Struck/Injured by Object Being Lifted/Handled	2	6.2	432.47	1,317.53	1,750.00	5.1
Foreign Body In Eye	1	3.1	855.24	497.65	1,352.89	4.0
Animal Or Insect	3	9.3	422.27	708.61	1,130.88	3.3
Reaching (Strain or Injury by)	1	3.1	0.00	750.00	750.00	2.2
Struck/Injured by Object Handled By Other	1	3.1	12.39	737.61	750.00	2.2
Object Handled (caught in or between)	1	3.1	646.25	0.00	646.25	1.9
Stuck, injured by fellow worker, patient	2	6.2	412.59	0.00	412.59	1.2
Object being lifted/handled (cut,punc.scrape,inj b	1	3.1	356.33	0.00	356.33	1.0
Allergic Reaction	1	3.1	70.00	0.00	70.00	0.2
Cumulative (Not Otherwise Classified)	4	12.5	0.00	0.00	0.00	0.0
Repetitive Motion	1	3.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	3.1	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 21,782.40***	***$ 12,027.94***	***$ 33,810.34***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	7
Soft Tissue - Neck	3
Shoulder	3
Ankle	2
Lower Leg	4
Finger(s)	3
Eye(s)	1
Elbow	3
Great Toe	1
Wrist	1
Upper Leg	3
Lower Arm	2
Facial, Other Soft Tissue	1
No Physical Problem	1
Hand	1
Upper Arm (Inc: Clavicle and Scapula)	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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strain	17					
Contusion	10					
Sprain	3					
Dermatitis	5					
Foreign Body	1					
Fracture	1					
Inflamation	2					
No Physical Injury	1					
Puncture	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:25

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Lunenberg Correctional Center (774)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	22	28.5	353.50	2,194.00	2,547.50	39.0
10AM-11:59AM	46	59.7	43.92	2,206.08	2,250.00	34.5
12PM-1:59PM	4	5.1	135.00	695.00	830.00	12.7
4PM-5:59PM	1	1.2	305.40	444.60	750.00	11.5
2PM-3:59PM	2	2.5	140.32	0.00	140.32	2.1
8AM-9:59AM	2	2.5	0.00	0.00	0.00	0.0
	77		***$ 978.14***	***$ 5,539.68***	***$ 6,517.82***	
LENGTH OF SERVICE						
6-8	35	45.4	468.40	2,611.60	3,080.00	47.2
2-4	11	14.2	341.42	2,178.08	2,519.50	38.6
4-6	11	14.2	0.00	750.00	750.00	11.5
0-2	14	18.1	168.32	0.00	168.32	2.5
10-12	2	2.5	0.00	0.00	0.00	0.0
14-16	1	1.2	0.00	0.00	0.00	0.0
18-20	1	1.2	0.00	0.00	0.00	0.0
8-10	2	2.5	0.00	0.00	0.00	0.0
	77		***$ 978.14***	***$ 5,539.68***	***$ 6,517.82***	
AGE OF CLAIMANT						
30-34	15	19.4	135.00	2,195.00	2,330.00	35.7
40-44	12	15.5	349.32	1,900.68	2,250.00	34.5
35-39	16	20.7	196.32	722.00	918.32	14.0
55-59	7	9.0	28.00	722.00	750.00	11.5
45-49	9	11.6	241.50	0.00	241.50	3.7
20-24	1	1.2	28.00	0.00	28.00	0.4
25-29	8	10.3	0.00	0.00	0.00	0.0
50-54	7	9.0	0.00	0.00	0.00	0.0
60-64	1	1.2	0.00	0.00	0.00	0.0
65-69	1	1.2	0.00	0.00	0.00	0.0
	77		***$ 978.14***	***$ 5,539.68***	***$ 6,517.82***	
SEX OF CLAIMANT						
Male	36	46.7	737.90	4,083.60	4,821.50	73.9
Female	41	53.2	240.24	1,456.08	1,696.32	26.0
	77		***$ 978.14***	***$ 5,539.68***	***$ 6,517.82***	
LOSS CAUSE						
Patient / Inmate	67	87.0	192.00	3,694.00	3,886.00	59.6
Unknown	1	1.2	305.40	444.60	750.00	11.5
Walking surface, inside, wet	1	1.2	43.92	706.08	750.00	11.5
Wheelchair	1	1.2	55.00	695.00	750.00	11.5
Walking surface, inside, dry	2	2.5	241.50	0.00	241.50	3.7
Gun / gunshot	1	1.2	140.32	0.00	140.32	2.1
Furniture / fixtures	1	1.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.2	0.00	0.00	0.00	0.0
Door	1	1.2	0.00	0.00	0.00	0.0
Metal items	1	1.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Lunenberg Correctional Center (774)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	77		***$ 978.14***	***$ 5,539.68***	***$ 6,517.82***	
ACCIDENT TYPE						
Infectious Disease Exposure	65	84.4	112.00	3,694.00	3,806.00	58.3
Fall or Slip (On Same Level)	2	2.5	285.42	706.08	991.50	15.2
Object being lifted/handled (cut,punc.scrape,inj b	1	1.2	55.00	695.00	750.00	11.5
Twisting, strain or injury by	1	1.2	305.40	444.60	750.00	11.5
Contact with Electric Current	1	1.2	140.32	0.00	140.32	2.1
Assault	1	1.2	80.00	0.00	80.00	1.2
Unknown	1	1.2	0.00	0.00	0.00	0.0
Cumulative (Not Otherwise Classified)	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
Struck/Injured by Object Handled By Other	1	1.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	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
	77		***$ 978.14***	***$ 5,539.68***	***$ 6,517.82***	

*****BODY PART***

No Physical Problem	64
Abdomen including Groin	1
Finger(s)	4
Knee	1
Lower Arm	1
Upper Leg	1
Shoulder	1
Facial, Other Soft Tissue	2
Facial Bones	1
Soft Tissue - Neck	1
Lower Leg	1
Multiple Neck Injury	1
Thumb	1
Wrist	1
	77

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	65
Contusion	5
Laceration	2
Sprain	2
Strain	3
Inflamation	2
Infection	1
Puncture	1
	77

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Fairfax Correctional Unit #30 (859)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	50.0	813.16	0.00	813.16	71.3
10AM-11:59AM	1	25.0	325.93	0.00	325.93	28.6
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,139.09***	***$ 0.00***	***$ 1,139.09***	
LENGTH OF SERVICE						
4-6	1	25.0	813.16	0.00	813.16	71.3
14-16	1	25.0	325.93	0.00	325.93	28.6
2-4	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		***$ 1,139.09***	***$ 0.00***	***$ 1,139.09***	
AGE OF CLAIMANT						
30-34	1	25.0	813.16	0.00	813.16	71.3
40-44	1	25.0	325.93	0.00	325.93	28.6
25-29	1	25.0	0.00	0.00	0.00	0.0
35-39	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,139.09***	***$ 0.00***	***$ 1,139.09***	
SEX OF CLAIMANT						
Female	4	100.0	1,139.09	0.00	1,139.09	100.0
	4		***$ 1,139.09***	***$ 0.00***	***$ 1,139.09***	
LOSS CAUSE						
Furniture / fixtures	2	50.0	1,139.09	0.00	1,139.09	100.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 1,139.09***	***$ 0.00***	***$ 1,139.09***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	813.16	0.00	813.16	71.3
Fall or Slip (From Different Level)	1	25.0	325.93	0.00	325.93	28.6
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
	4		***$ 1,139.09***	***$ 0.00***	***$ 1,139.09***	
*****BODY PART***						
Elbow	1					
Soft Tissue - Neck	1					
Knee	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Ankle	1					
Upper Back Area (Thoracic Area)	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

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Industrial Claims for Plan Year 2002

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Fairfax Correctional Unit #30 (859)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strain	3					
Laceration	1					
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Department Of Corrections (701)
SubAgency: Southhampton Detention Center (882)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	1,823.30	804.20	2,627.50	100.0
	1		***$ 1,823.30***	***$ 804.20***	***$ 2,627.50***	
LENGTH OF SERVICE						
4-6	1	100.0	1,823.30	804.20	2,627.50	100.0
	1		***$ 1,823.30***	***$ 804.20***	***$ 2,627.50***	
AGE OF CLAIMANT						
35-39	1	100.0	1,823.30	804.20	2,627.50	100.0
	1		***$ 1,823.30***	***$ 804.20***	***$ 2,627.50***	
SEX OF CLAIMANT						
Male	1	100.0	1,823.30	804.20	2,627.50	100.0
	1		***$ 1,823.30***	***$ 804.20***	***$ 2,627.50***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	1,823.30	804.20	2,627.50	100.0
	1		***$ 1,823.30***	***$ 804.20***	***$ 2,627.50***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	1,823.30	804.20	2,627.50	100.0
	1		***$ 1,823.30***	***$ 804.20***	***$ 2,627.50***	
*****BODY PART***						
Facial, Other Soft Tissue	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	6.8	8,295.10	2,667.50	10,962.60	55.6
2PM-3:59PM	10	34.4	5,749.86	550.80	6,300.66	31.9
10AM-11:59AM	5	17.2	1,705.55	526.00	2,231.55	11.3
8AM-9:59AM	7	24.1	207.76	0.00	207.76	1.0
4PM-5:59PM	2	6.8	0.00	0.00	0.00	0.0
12AM-1:59AM	1	3.4	0.00	0.00	0.00	0.0
12PM-1:59PM	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 15,958.27***	***$ 3,744.30***	***$ 19,702.57***	
LENGTH OF SERVICE						
6-8	2	6.8	11,844.65	2,667.50	14,512.15	73.6
2-4	3	10.3	1,805.53	550.80	2,356.33	11.9
10-12	3	10.3	1,351.38	0.00	1,351.38	6.8
30-32	1	3.4	224.00	526.00	750.00	3.8
12-14	3	10.3	404.95	0.00	404.95	2.0
8-10	3	10.3	207.76	0.00	207.76	1.0
0-2	4	13.7	120.00	0.00	120.00	0.6
16-18	3	10.3	0.00	0.00	0.00	0.0
28-30	1	3.4	0.00	0.00	0.00	0.0
4-6	3	10.3	0.00	0.00	0.00	0.0
20-22	1	3.4	0.00	0.00	0.00	0.0
22-24	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 15,958.27***	***$ 3,744.30***	***$ 19,702.57***	
AGE OF CLAIMANT						
65-69	3	10.3	8,083.60	2,667.50	10,751.10	54.5
45-49	7	24.1	5,273.15	526.00	5,799.15	29.4
30-34	1	3.4	1,359.03	0.00	1,359.03	6.9
40-44	5	17.2	392.65	550.80	943.45	4.7
60-64	4	13.7	419.26	0.00	419.26	2.1
35-39	3	10.3	247.30	0.00	247.30	1.2
25-29	1	3.4	120.00	0.00	120.00	0.6
55-59	3	10.3	63.28	0.00	63.28	0.3
50-54	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 15,958.27***	***$ 3,744.30***	***$ 19,702.57***	
SEX OF CLAIMANT						
Male	11	37.9	13,741.13	3,193.50	16,934.63	85.9
Female	18	62.0	2,217.14	550.80	2,767.94	14.0
	29		***$ 15,958.27***	***$ 3,744.30***	***$ 19,702.57***	
LOSS CAUSE						
Vehicle, not otherwise classified	4	13.7	12,255.35	3,218.30	15,473.65	78.5
Boxes / containers	1	3.4	1,359.03	0.00	1,359.03	6.9
Stairs, steps	1	3.4	1,288.10	0.00	1,288.10	6.5
Machine, not otherwise classified	4	13.7	407.28	526.00	933.28	4.7
Vehicle/car/truck	1	3.4	247.30	0.00	247.30	1.2
Miscellaneous	2	6.8	207.76	0.00	207.76	1.0
Furniture / fixtures	4	13.7	193.45	0.00	193.45	0.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chair	1	3.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.4	0.00	0.00	0.00	0.0
Person	1	3.4	0.00	0.00	0.00	0.0
Pike pole 10’	1	3.4	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	3.4	0.00	0.00	0.00	0.0
Unknown	1	3.4	0.00	0.00	0.00	0.0
Dolly	1	3.4	0.00	0.00	0.00	0.0
Metal items	1	3.4	0.00	0.00	0.00	0.0
Object on Floor	1	3.4	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.4	0.00	0.00	0.00	0.0
Wood Items	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 15,958.27***	***$ 3,744.30***	***$ 19,702.57***	

ACCIDENT TYPE

Vehicle Upset	3	10.3	12,056.15	2,667.50	14,723.65	74.7
Fall or Slip (On Same Level)	10	34.4	1,719.86	526.00	2,245.86	11.4
Lifting (strain or Injury by)	2	6.8	1,422.31	0.00	1,422.31	7.2
Struck/Injured by Hand Tool/Machine In Use	1	3.4	199.20	550.80	750.00	3.8
Struck/Injured by Motor Vehicle	1	3.4	247.30	0.00	247.30	1.2
Strike Against/Step on Stationary Object	3	10.3	193.45	0.00	193.45	0.9
Object being lifted/handled (cut,punc.scrape,inj b	2	6.8	120.00	0.00	120.00	0.6
Stuck, injured by fellow worker, patient	1	3.4	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	3.4	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.4	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.4	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	6.8	0.00	0.00	0.00	0.0
Strike Against/Step on Sanding,Scraping,Cleaning	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 15,958.27***	***$ 3,744.30***	***$ 19,702.57***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Lower Arm	3
Elbow	2
Foot	2
Wrist	2
Finger(s)	9
Lower Leg	4
Shoulder	2
Soft Tissue - Neck	1
Knee	4
Facial, Other Soft Tissue	1
Hip	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	1
Hand	1
No Physical Problem	1
Upper Back Area (Thoracic Area)	1
Upper Leg	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	29					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	16
Laceration	3
Burn	1
No Physical Injury	1
Puncture	4
	29

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Central State Hospital (703)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	64	19.8	90,051.76	49,192.60	139,244.36	33.2
6AM-7:59AM	18	5.5	48,185.63	22,181.39	70,367.02	16.8
12PM-1:59PM	18	5.5	33,829.23	14,796.65	48,625.88	11.6
4AM-5:59AM	22	6.8	14,539.32	19,573.24	34,112.56	8.1
6PM-7:59PM	21	6.5	7,419.71	22,218.97	29,638.68	7.0
8AM-9:59AM	52	16.0	15,705.79	5,107.79	20,813.58	4.9
2PM-3:59PM	36	11.1	10,468.24	9,795.90	20,264.14	4.8
Unknown	28	8.6	13,932.96	3,137.66	17,070.62	4.0
12AM-1:59AM	26	8.0	8,323.97	7,250.52	15,574.49	3.7
2AM-3:59AM	20	6.1	10,906.54	1,000.00	11,906.54	2.8
4PM-5:59PM	18	5.5	6,728.83	4,446.99	11,175.82	2.6
	323		***$ 260,091.98***	***$ 158,701.71***	***$ 418,793.69***	
LENGTH OF SERVICE						
0-2	106	32.8	70,479.40	61,533.44	132,012.84	31.5
2-4	49	15.1	84,731.12	33,507.64	118,238.76	28.2
8-10	10	3.0	26,081.96	11,705.97	37,787.93	9.0
26-28	6	1.8	17,541.71	12,150.37	29,692.08	7.0
4-6	42	13.0	9,431.83	15,660.08	25,091.91	5.9
14-16	12	3.7	16,683.35	6,891.21	23,574.56	5.6
6-8	25	7.7	9,306.92	6,717.39	16,024.31	3.8
24-26	9	2.7	7,465.18	5,076.63	12,541.81	2.9
10-12	10	3.0	3,650.64	1,564.40	5,215.04	1.2
16-18	6	1.8	4,565.87	0.00	4,565.87	1.0
18-20	2	0.6	3,973.12	0.00	3,973.12	0.9
30-32	7	2.1	1,647.99	2,217.42	3,865.41	0.9
20-22	4	1.2	1,246.84	1,677.16	2,924.00	0.7
22-24	9	2.7	1,249.68	0.00	1,249.68	0.3
28-30	7	2.1	935.25	0.00	935.25	0.2
12-14	10	3.0	558.63	0.00	558.63	0.1
32-34	6	1.8	542.49	0.00	542.49	0.1
36-38	3	0.9	0.00	0.00	0.00	0.0
	323		***$ 260,091.98***	***$ 158,701.71***	***$ 418,793.69***	
AGE OF CLAIMANT						
45-49	56	17.3	83,056.38	44,556.90	127,613.28	30.4
30-34	35	10.8	50,580.79	32,100.38	82,681.17	19.7
50-54	50	15.4	45,324.58	27,159.37	72,483.95	17.3
55-59	17	5.2	34,640.93	11,117.81	45,758.74	10.9
25-29	42	13.0	16,076.60	13,139.68	29,216.28	6.9
20-24	37	11.4	9,364.25	12,123.36	21,487.61	5.1
40-44	32	9.9	12,255.16	4,719.95	16,975.11	4.0
60-64	10	3.0	3,429.75	10,532.64	13,962.39	3.3
35-39	41	12.6	5,238.14	2,627.02	7,865.16	1.8
15-19	1	0.3	125.40	624.60	750.00	0.1
65-69	2	0.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Central State Hospital (703)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	323		***$ 260,091.98***	***$ 158,701.71***	***$ 418,793.69***	
SEX OF CLAIMANT						
Female	247	76.4	238,658.54	149,078.02	387,736.56	92.5
Male	76	23.5	21,433.44	9,623.69	31,057.13	7.4
	323		***$ 260,091.98***	***$ 158,701.71***	***$ 418,793.69***	
LOSS CAUSE						
Patient / Inmate	233	72.1	215,882.45	136,357.37	352,239.82	84.1
Door	5	1.5	7,195.17	5,076.63	12,271.80	2.9
Cart	4	1.2	7,707.06	2,787.15	10,494.21	2.5
Floor	1	0.3	340.53	7,159.47	7,500.00	1.7
Walking surface, inside, wet	2	0.6	5,427.60	0.00	5,427.60	1.3
Wall	3	0.9	3,917.98	859.50	4,777.48	1.1
Walking surface, outside, dry	8	2.4	2,477.83	2,107.42	4,585.25	1.0
Machine, not otherwise classified	1	0.3	3,992.18	0.00	3,992.18	0.9
Sharp objects, not otherwise classified	2	0.6	770.43	2,979.57	3,750.00	0.9
Object on Floor	2	0.6	2,158.75	0.00	2,158.75	0.5
Stairs, steps	5	1.5	2,098.54	0.00	2,098.54	0.5
Uneven Surface	4	1.2	1,625.70	0.00	1,625.70	0.3
Needle stick	2	0.6	1,448.51	0.00	1,448.51	0.3
Furniture / fixtures	9	2.7	1,003.66	0.00	1,003.66	0.2
Building parts / doors	4	1.2	785.20	0.00	785.20	0.1
Animal / insect, not otherwise classified	2	0.6	0.00	750.00	750.00	0.1
Water	1	0.3	125.40	624.60	750.00	0.1
Heating equipment	1	0.3	726.22	0.00	726.22	0.1
Walking surface, outside, wet	2	0.6	390.21	0.00	390.21	0.0
Person	1	0.3	374.48	0.00	374.48	0.0
Recreational equipment	2	0.6	338.35	0.00	338.35	0.0
Vehicle, not otherwise classified	1	0.3	316.85	0.00	316.85	0.0
Clothing / jewelry	2	0.6	247.54	0.00	247.54	0.0
Boxes / containers	2	0.6	174.00	0.00	174.00	0.0
Fencing	1	0.3	134.55	0.00	134.55	0.0
Animal / bee type	1	0.3	112.93	0.00	112.93	0.0
Insufficient data	1	0.3	110.00	0.00	110.00	0.0
Office equipment	2	0.6	109.86	0.00	109.86	0.0
Paper / Pulp	1	0.3	100.00	0.00	100.00	0.0
Hand tool, not powered, NOC	1	0.3	0.00	0.00	0.00	0.0
N/A	2	0.6	0.00	0.00	0.00	0.0
Walking surface, inside, dry	3	0.9	0.00	0.00	0.00	0.0
Cabinet	1	0.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.3	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.3	0.00	0.00	0.00	0.0
Foreign Object	3	0.9	0.00	0.00	0.00	0.0
Metal items	1	0.3	0.00	0.00	0.00	0.0
Minerals / dirt	1	0.3	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.3	0.00	0.00	0.00	0.0
Trash receptacle	2	0.6	0.00	0.00	0.00	0.0
Wheelchair	1	0.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Central State Hospital (703)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	323		***$ 260,091.98***	***$ 158,701.71***	***$ 418,793.69***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	219	67.8	194,261.27	128,321.50	322,582.77	77.0
Struck/Injured by Object Being Lifted/Handled	6	1.8	20,544.79	12,455.97	33,000.76	7.8
Reaching (Strain or Injury by)	1	0.3	7,251.87	8,785.50	16,037.37	3.8
Pushing Or Pulling (Strain or Injury by)	7	2.1	11,783.24	2,037.15	13,820.39	3.3
Fall or Slip (From Liquid/Grease spills)	2	0.6	5,553.00	624.60	6,177.60	1.4
Fall or Slip (On Same Level)	15	4.6	2,632.80	2,107.42	4,740.22	1.1
Object Handled (caught in or between)	8	2.4	1,496.65	2,979.57	4,476.22	1.0
Fall or Slip (From Different Level)	3	0.9	2,629.36	0.00	2,629.36	0.6
Fall or slip (on stairs)	6	1.8	2,415.39	0.00	2,415.39	0.5
Lifting (strain or Injury by)	5	1.5	2,179.02	0.00	2,179.02	0.5
Repetitive Motion	4	1.2	2,158.75	0.00	2,158.75	0.5
Human Bite	6	1.8	1,906.11	0.00	1,906.11	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	1.5	1,558.37	0.00	1,558.37	0.3
Twisting, strain or injury by	7	2.1	1,382.58	0.00	1,382.58	0.3
Animal Or Insect	3	0.9	112.93	750.00	862.93	0.2
Contact with Cold Objects or Substances	1	0.3	110.00	640.00	750.00	0.1
Struck/Injured by Object Handled By Other	1	0.3	626.79	0.00	626.79	0.1
Fall or slip (on ice or snow)	1	0.3	390.21	0.00	390.21	0.0
Allergic Reaction	3	0.9	357.54	0.00	357.54	0.0
Struck/Injured by Falling or Flying Object	2	0.6	338.35	0.00	338.35	0.0
Strike Against/Step on Stationary Object	3	0.9	158.41	0.00	158.41	0.0
Object being lifted/handled (cut,punc.scrape,inj b	4	1.2	134.55	0.00	134.55	0.0
Foreign Body In Eye	2	0.6	110.00	0.00	110.00	0.0
Other (Not Otherwise Classified)	2	0.6	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	0.3	0.00	0.00	0.00	0.0
Cut, puncture, scrape, NOC	1	0.3	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	0.3	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	0.3	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	0.3	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	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
	323		***$ 260,091.98***	***$ 158,701.71***	***$ 418,793.69***	
*****BODY PART***						
Wrist	15					
Multiple Head Injury	30					
Insufficient Information	6					
Shoulder	10					
Hand	19					
Multiple Neck Injury	7					
Facial Bones	1					
Facial, Other Soft Tissue	35					
Lower Back Area (Lumbar and Lumbo-Sacral)	33					
Lower Arm	27					
Wrist(s) & Hand(s)	4					
Multiple Body Parts	14					
Eye(s)	19					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Central State Hospital (703)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Knee	23					
Upper Arm (Inc: Clavicle and Scapula)	16					
Upper Back Area (Thoracic Area)	11					
Elbow	3					
Ankle	14					
Finger(s)	17					
Abdomen including Groin	3					
Ear(s)	4					
Disc - Neck	1					
Lower Leg	11					
Hip	1					
Nose	7					
Chest (Inc: Ribs, Sternum and Soft Tissue)	10					
Buttocks	3					
Mouth	7					
Upper Leg	8					
Thumb	5					
Soft Tissue - Neck	1					
No Physical Problem	3					
Foot	3					
Toe(s)	3					
	323					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	232
Strain	51
Sprain	30
Laceration	29
Puncture	9
All Other	2
Foreign Body	13
Unknown	1
Inflamation	1
Dermatitis	2
No Physical Injury	3
Concussion	1
	323

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Eastern State Hospital (704)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	16	9.0	38,381.30	72,957.19	111,338.49	27.4
10AM-11:59AM	34	19.3	51,044.50	41,087.80	92,132.30	22.7
2PM-3:59PM	24	13.6	42,134.31	37,396.58	79,530.89	19.6
4PM-5:59PM	23	13.0	26,285.25	9,124.19	35,409.44	8.7
Unknown	15	8.5	27,428.99	5,781.64	33,210.63	8.1
6AM-7:59AM	22	12.5	17,195.38	6,098.34	23,293.72	5.7
6PM-7:59PM	15	8.5	8,907.16	4,055.72	12,962.88	3.2
8AM-9:59AM	21	11.9	7,418.91	3,753.00	11,171.91	2.7
4AM-5:59AM	2	1.1	3,043.74	0.00	3,043.74	0.7
12AM-1:59AM	2	1.1	814.48	2,050.90	2,865.38	0.7
2AM-3:59AM	2	1.1	401.42	0.00	401.42	0.1
	176		***$ 223,055.44***	***$ 182,305.36***	***$ 405,360.80***	
LENGTH OF SERVICE						
0-2	77	43.7	109,742.91	78,241.38	187,984.29	46.3
8-10	15	8.5	30,796.33	78,824.86	109,621.19	27.0
2-4	29	16.4	25,301.05	10,706.80	36,007.85	8.8
4-6	14	7.9	21,142.61	6,682.60	27,825.21	6.8
6-8	16	9.0	23,379.16	1,224.16	24,603.32	6.0
12-14	9	5.1	2,464.66	3,500.00	5,964.66	1.4
24-26	2	1.1	2,898.27	1,476.46	4,374.73	1.0
18-20	4	2.2	2,792.66	0.00	2,792.66	0.6
22-24	1	0.5	2,648.51	0.00	2,648.51	0.6
16-18	7	3.9	1,288.38	750.00	2,038.38	0.5
10-12	1	0.5	343.76	406.24	750.00	0.1
32-34	1	0.5	257.14	492.86	750.00	0.1
	176		***$ 223,055.44***	***$ 182,305.36***	***$ 405,360.80***	
AGE OF CLAIMANT						
55-59	20	11.3	18,437.28	81,912.86	100,350.14	24.7
45-49	34	19.3	51,737.36	22,282.61	74,019.97	18.2
40-44	33	18.7	40,987.78	18,780.65	59,768.43	14.7
50-54	24	13.6	40,729.26	5,717.29	46,446.55	11.4
60-64	11	6.2	20,338.23	19,970.87	40,309.10	9.9
30-34	19	10.7	18,892.18	12,189.16	31,081.34	7.6
35-39	20	11.3	15,648.79	12,129.39	27,778.18	6.8
25-29	10	5.6	15,326.31	8,572.53	23,898.84	5.9
20-24	4	2.2	810.04	750.00	1,560.04	0.3
15-19	1	0.5	148.21	0.00	148.21	0.0
	176		***$ 223,055.44***	***$ 182,305.36***	***$ 405,360.80***	
SEX OF CLAIMANT						
Female	126	71.5	160,881.30	94,037.17	254,918.47	62.8
Male	50	28.4	62,174.14	88,268.19	150,442.33	37.1
	176		***$ 223,055.44***	***$ 182,305.36***	***$ 405,360.80***	
LOSS CAUSE						
Patient / Inmate	107	60.7	113,181.26	77,252.56	190,433.82	46.9
Object on Floor	1	0.5	9,260.41	64,680.16	73,940.57	18.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Eastern State Hospital (704)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Boxes / containers	1	0.5	17,215.92	3,599.02	20,814.94	5.1
Chair	2	1.1	7,770.94	11,248.62	19,019.56	4.6
Wheelchair	2	1.1	12,813.12	6,193.59	19,006.71	4.6
Walking surface, inside, dry	4	2.2	12,367.19	0.00	12,367.19	3.0
Furniture / fixtures	9	5.1	9,449.48	2,483.39	11,932.87	2.9
Machine, not otherwise classified	2	1.1	9,790.13	0.00	9,790.13	2.4
Cart	5	2.8	4,395.52	2,801.76	7,197.28	1.7
Walking surface, inside, wet	4	2.2	4,512.48	550.73	5,063.21	1.2
Stairs, steps	3	1.7	5,010.98	0.00	5,010.98	1.2
Floor	2	1.1	314.00	4,250.00	4,564.00	1.1
Walking surface, outside, wet	1	0.5	3,334.46	0.00	3,334.46	0.8
Walking surface, outside, dry	3	1.7	1,981.56	708.00	2,689.56	0.6
Wall	1	0.5	2,514.36	0.00	2,514.36	0.6
Uneven Surface	1	0.5	0.00	2,500.00	2,500.00	0.6
Door	4	2.2	834.49	1,628.58	2,463.07	0.6
Recreational equipment	2	1.1	2,190.36	0.00	2,190.36	0.5
Metal items	2	1.1	675.42	682.62	1,358.04	0.3
Shelving	2	1.1	618.55	702.31	1,320.86	0.3
Person	3	1.7	506.40	750.00	1,256.40	0.3
Sharp objects, not otherwise classified	2	1.1	905.71	329.26	1,234.97	0.3
Hand tool, not powered, NOC	1	0.5	1,049.94	0.00	1,049.94	0.2
Brush / tree / log	1	0.5	384.26	365.74	750.00	0.1
Office equipment	1	0.5	185.00	565.00	750.00	0.1
Water	1	0.5	485.98	264.02	750.00	0.1
Working Surface	1	0.5	0.00	750.00	750.00	0.1
Vehicle, not otherwise classified	2	1.1	311.84	0.00	311.84	0.0
Clothing / jewelry	2	1.1	269.55	0.00	269.55	0.0
Dust	1	0.5	259.45	0.00	259.45	0.0
Overhead Object	1	0.5	204.74	0.00	204.74	0.0
Foreign Object	1	0.5	181.94	0.00	181.94	0.0
Gloves	1	0.5	80.00	0.00	80.00	0.0
	176		***$ 223,055.44***	***$ 182,305.36***	***$ 405,360.80***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	82	46.5	88,128.23	50,324.04	138,452.27	34.1
Lifting (strain or Injury by)	19	10.7	54,876.60	31,314.13	86,190.73	21.2
Fall or Slip (On Same Level)	9	5.1	17,231.27	65,405.18	82,636.45	20.3
Twisting, strain or injury by	9	5.1	25,927.13	8,819.59	34,746.72	8.5
Fall or Slip (From Different Level)	4	2.2	8,331.26	11,248.62	19,579.88	4.8
Strike Against/Step on Stationary Object	10	5.6	3,663.82	7,478.84	11,142.66	2.7
Fall or Slip (From Liquid/Grease spills)	3	1.7	4,315.53	550.73	4,866.26	1.2
Struck/Injured by Falling or Flying Object	3	1.7	3,393.41	727.99	4,121.40	1.0
Repetitive Motion	4	2.2	2,464.15	1,315.00	3,779.15	0.9
Holding Or Carrying (Strain or Injury by)	3	1.7	3,324.92	0.00	3,324.92	0.8
Object Handled (caught in or between)	3	1.7	2,659.47	0.00	2,659.47	0.6
Other than physical cause of injury	1	0.5	2,290.91	0.00	2,290.91	0.5
Pushing Or Pulling (Strain or Injury by)	5	2.8	1,784.82	413.53	2,198.35	0.5
Struck/Injured by Object Being Lifted/Handled	3	1.7	505.35	1,175.48	1,680.83	0.4
Infectious Disease Exposure	2	1.1	230.46	1,384.92	1,615.38	0.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Eastern State Hospital (704)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Reaching (Strain or Injury by)	3	1.7	763.55	702.31	1,465.86	0.3
Foreign Body In Eye	4	2.2	791.92	365.74	1,157.66	0.2
Assault	1	0.5	0.00	750.00	750.00	0.1
Object being lifted/handled (cut,punc.scrape,inj b	1	0.5	420.74	329.26	750.00	0.1
Fall or slip (on stairs)	1	0.5	669.78	0.00	669.78	0.1
Human Bite	2	1.1	582.39	0.00	582.39	0.1
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.5	484.97	0.00	484.97	0.1
Contact With Hot Object or Substances	1	0.5	134.76	0.00	134.76	0.0
Allergic Reaction	1	0.5	80.00	0.00	80.00	0.0
Other (Not Otherwise Classified)	1	0.5	0.00	0.00	0.00	0.0
	176		***$ 223,055.44***	***$ 182,305.36***	***$ 405,360.80***	

***BODY PART

Shoulder	24
Lower Back Area (Lumbar and Lumbo-Sacral)	20
Thumb	8
Wrist	13
Elbow	3
Knee	15
Lower Arm	11
Buttocks	3
Abdomen including Groin	6
Multiple Neck Injury	6
Facial, Other Soft Tissue	10
Disc - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	7
Ankle	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Upper Back Area (Thoracic Area)	5
Lower Leg	5
Hand	10
Eye(s)	7
Finger(s)	5
Multiple Head Injury	14
Hip	2
Ear(s)	3
Toe(s)	2
Wrist(s) & Hand(s)	1
Soft Tissue - Neck	1
Mouth	3
Foot	3
Upper Leg	1
	176

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	92
Strain	46

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Eastern State Hospital (704)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Sprain	33					
Fracture	5					
Laceration	10					
N/A	1					
Puncture	3					
Unknown	1					
Foreign Body	3					
Inflamation	1					
Burn	1					
Dermatitis	2					
Infection	1					
	176					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Swvmhi (705)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	28	13.7	56,176.92	16,826.44	73,003.36	63.5
2PM-3:59PM	30	14.7	8,899.98	4,450.15	13,350.13	11.6
12PM-1:59PM	17	8.3	2,069.18	8,794.80	10,863.98	9.4
10AM-11:59AM	26	12.7	4,861.01	982.38	5,843.39	5.0
Unknown	23	11.2	2,421.95	3,279.50	5,701.45	4.9
6PM-7:59PM	15	7.3	1,558.18	382.06	1,940.24	1.6
6AM-7:59AM	28	13.7	1,772.67	0.00	1,772.67	1.5
12AM-1:59AM	19	9.3	612.89	750.00	1,362.89	1.1
4PM-5:59PM	5	2.4	601.06	0.00	601.06	0.5
4AM-5:59AM	9	4.4	527.47	0.00	527.47	0.4
2AM-3:59AM	4	1.9	0.00	0.00	0.00	0.0
	204		***$ 79,501.31***	***$ 35,465.33***	***$ 114,966.64***	
LENGTH OF SERVICE						
Unknown	1	0.4	48,750.75	16,076.44	64,827.19	56.3
0-2	47	23.0	8,250.68	11,131.80	19,382.48	16.8
14-16	9	4.4	7,081.50	3,312.11	10,393.61	9.0
2-4	48	23.5	7,073.90	3,282.00	10,355.90	9.0
10-12	27	13.2	4,301.44	0.00	4,301.44	3.7
32-34	5	2.4	415.08	1,084.92	1,500.00	1.3
28-30	1	0.4	464.50	285.50	750.00	0.6
4-6	20	9.8	457.44	292.56	750.00	0.6
30-32	6	2.9	691.95	0.00	691.95	0.6
18-20	1	0.4	527.47	0.00	527.47	0.4
8-10	7	3.4	411.30	0.00	411.30	0.3
24-26	3	1.4	377.95	0.00	377.95	0.3
6-8	16	7.8	289.68	0.00	289.68	0.2
34-36	2	0.9	247.24	0.00	247.24	0.2
12-14	3	1.4	160.43	0.00	160.43	0.1
26-28	4	1.9	0.00	0.00	0.00	0.0
16-18	1	0.4	0.00	0.00	0.00	0.0
20-22	2	0.9	0.00	0.00	0.00	0.0
40-42	1	0.4	0.00	0.00	0.00	0.0
	204		***$ 79,501.31***	***$ 35,465.33***	***$ 114,966.64***	
AGE OF CLAIMANT						
30-34	33	16.1	51,613.07	16,826.44	68,439.51	59.5
40-44	26	12.7	7,087.17	11,658.30	18,745.47	16.3
50-54	32	15.6	8,117.00	3,700.15	11,817.15	10.2
35-39	11	5.3	4,687.97	0.00	4,687.97	4.0
55-59	27	13.2	1,813.62	1,775.88	3,589.50	3.1
45-49	34	16.6	1,672.03	1,417.56	3,089.59	2.6
25-29	24	11.7	2,546.21	0.00	2,546.21	2.2
20-24	12	5.8	1,964.24	87.00	2,051.24	1.7
60-64	4	1.9	0.00	0.00	0.00	0.0
70-74	1	0.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Swvmhi (705)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	204		***$ 79,501.31***	***$ 35,465.33***	***$ 114,966.64***	
SEX OF CLAIMANT						
Female	153	75.0	67,800.46	30,351.83	98,152.29	85.3
Male	51	25.0	11,700.85	5,113.50	16,814.35	14.6
	204		***$ 79,501.31***	***$ 35,465.33***	***$ 114,966.64***	
LOSS CAUSE						
Patient / Inmate	145	71.0	72,350.81	24,550.11	96,900.92	84.2
Boxes / containers	3	1.4	1,705.20	8,794.80	10,500.00	9.1
Needle stick	2	0.9	1,204.15	0.00	1,204.15	1.0
Walking surface, outside, dry	6	2.9	1,178.65	0.00	1,178.65	1.0
Chair	1	0.4	464.50	285.50	750.00	0.6
Chemicals, not otherwise classified	1	0.4	0.00	750.00	750.00	0.6
Machine, not otherwise classified	3	1.4	0.00	750.00	750.00	0.6
Metal items	4	1.9	415.08	334.92	750.00	0.6
Hand tool, powered, NOC	1	0.4	574.71	0.00	574.71	0.5
Furniture / fixtures	8	3.9	503.52	0.00	503.52	0.4
Sharp objects, not otherwise classified	3	1.4	432.06	0.00	432.06	0.3
Building parts / doors	2	0.9	321.34	0.00	321.34	0.2
Food	1	0.4	234.05	0.00	234.05	0.2
Door	3	1.4	117.24	0.00	117.24	0.1
Environmental conditions	1	0.4	0.00	0.00	0.00	0.0
Office equipment	1	0.4	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	0.9	0.00	0.00	0.00	0.0
Cart	1	0.4	0.00	0.00	0.00	0.0
Dust	1	0.4	0.00	0.00	0.00	0.0
Electric Drill	1	0.4	0.00	0.00	0.00	0.0
Foreign Object	1	0.4	0.00	0.00	0.00	0.0
Heating equipment	1	0.4	0.00	0.00	0.00	0.0
Knife, Utility	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
Pipe	1	0.4	0.00	0.00	0.00	0.0
Stairs, steps	1	0.4	0.00	0.00	0.00	0.0
Trash receptacle	1	0.4	0.00	0.00	0.00	0.0
Tugs	1	0.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	3	1.4	0.00	0.00	0.00	0.0
Wall	1	0.4	0.00	0.00	0.00	0.0
Water	1	0.4	0.00	0.00	0.00	0.0
	204		***$ 79,501.31***	***$ 35,465.33***	***$ 114,966.64***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	139	68.1	71,130.90	21,882.61	93,013.51	80.9
Slipped, Did Not Fall	1	0.4	1,705.20	8,794.80	10,500.00	9.1
Lifting (strain or Injury by)	3	1.4	386.50	2,863.50	3,250.00	2.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	2.4	1,636.21	0.00	1,636.21	1.4
Struck/Injured by Object Being Lifted/Handled	6	2.9	736.42	334.92	1,071.34	0.9
Holding Or Carrying (Strain or Injury by)	3	1.4	946.51	0.00	946.51	0.8
Object Handled (caught in or between)	5	2.4	117.24	750.00	867.24	0.7

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Swvmhi (705)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Foreign Body In Eye	3	1.4	0.00	750.00	750.00	0.6
Jumping (Strain or Injury by)	1	0.4	591.35	0.00	591.35	0.5
Human Bite	5	2.4	581.50	0.00	581.50	0.5
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.4	574.71	0.00	574.71	0.5
Contact with Cold Objects or Substances	1	0.4	347.04	89.50	436.54	0.3
Twisting, strain or injury by	4	1.9	340.06	0.00	340.06	0.3
Fall or Slip (On Same Level)	9	4.4	247.24	0.00	247.24	0.2
Pushing Or Pulling (Strain or Injury by)	2	0.9	160.43	0.00	160.43	0.1
Other than physical cause of injury	1	0.4	0.00	0.00	0.00	0.0
Repetitive Motion	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
Contact With Hot Object or Substances	1	0.4	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	0.9	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	0.4	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	0.4	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	1.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	4	1.9	0.00	0.00	0.00	0.0
	204		***$ 79,501.31***	***$ 35,465.33***	***$ 114,966.64***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	18
Multiple Head Injury	11
Ankle	7
Hip	1
Multiple Neck Injury	8
Thumb	7
Finger(s)	16
Hand	15
Shoulder	7
Foot	3
Eye(s)	8
Insufficient Information	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	13
Ear(s)	2
Elbow	1
Wrist	9
Lower Arm	18
Facial, Other Soft Tissue	17
Lower Leg	6
Toe(s)	3
Upper Arm (Inc: Clavicle and Scapula)	7
Upper Leg	2
Brain	1
Buttocks	2
Knee	5
Abdomen including Groin	3
Mouth	3
Multiple Body Parts	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:26

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Swvmhi (705)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Multiple Trunk Injuries	2					
No Physical Problem	4					
Nose	3					
Soft Tissue - Neck	1					
Upper Back Area (Thoracic Area)	5					
	204					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	22
Multiple Physical Injuries Only	2
Contusion	78
All Other	38
Laceration	35
Puncture	7
Foreign Body	6
Concussion	1
Crushing	1
Carpal Tunnel Syndrome	1
Mental Stress	1
Burn	1
Infection	1
No Physical Injury	4
	204

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	84	20.8	16,955.98	42,230.03	59,186.01	38.5
6AM-7:59AM	34	8.4	7,702.00	21,837.33	29,539.33	19.2
6PM-7:59PM	25	6.2	10,330.15	8,747.43	19,077.58	12.4
12PM-1:59PM	48	11.9	7,733.52	3,260.56	10,994.08	7.1
12AM-1:59AM	5	1.2	152.00	10,500.00	10,652.00	6.9
4AM-5:59AM	28	6.9	6,560.13	1,500.00	8,060.13	5.2
2PM-3:59PM	37	9.1	5,390.55	933.36	6,323.91	4.1
Unknown	37	9.1	3,191.22	1,742.15	4,933.37	3.2
10AM-11:59AM	55	13.6	2,673.69	541.00	3,214.69	2.0
4PM-5:59PM	24	5.9	358.92	680.00	1,038.92	0.6
2AM-3:59AM	26	6.4	522.24	0.00	522.24	0.3
	403		***$ 61,570.40***	***$ 91,971.86***	***$ 153,542.26***	
LENGTH OF SERVICE						
2-4	78	19.3	23,557.22	53,114.97	76,672.19	49.9
0-2	116	28.7	11,012.40	22,554.68	33,567.08	21.8
16-18	28	6.9	3,312.10	7,675.02	10,987.12	7.1
22-24	26	6.4	6,365.40	3,172.03	9,537.43	6.2
12-14	5	1.2	4,986.55	1,939.56	6,926.11	4.5
30-32	10	2.4	4,102.08	541.00	4,643.08	3.0
8-10	14	3.4	3,334.54	1,144.00	4,478.54	2.9
14-16	19	4.7	1,312.17	577.60	1,889.77	1.2
28-30	11	2.7	452.38	750.00	1,202.38	0.7
4-6	13	3.2	825.69	0.00	825.69	0.5
10-12	12	2.9	768.31	0.00	768.31	0.5
6-8	14	3.4	247.00	503.00	750.00	0.4
18-20	12	2.9	498.48	0.00	498.48	0.3
20-22	19	4.7	471.90	0.00	471.90	0.3
32-34	6	1.4	248.34	0.00	248.34	0.1
26-28	7	1.7	75.84	0.00	75.84	0.0
24-26	13	3.2	0.00	0.00	0.00	0.0
	403		***$ 61,570.40***	***$ 91,971.86***	***$ 153,542.26***	
AGE OF CLAIMANT						
45-49	60	14.8	15,282.59	33,780.42	49,063.01	31.9
50-54	63	15.6	10,512.30	32,572.32	43,084.62	28.0
55-59	50	12.4	9,675.53	3,661.16	13,336.69	8.6
35-39	32	7.9	3,558.31	8,855.38	12,413.69	8.0
25-29	28	6.9	6,966.00	5,002.17	11,968.17	7.7
40-44	77	19.1	5,434.03	3,852.03	9,286.06	6.0
30-34	27	6.6	5,680.29	2,354.23	8,034.52	5.2
20-24	35	8.6	3,558.76	0.00	3,558.76	2.3
60-64	23	5.7	679.59	1,894.15	2,573.74	1.6
15-19	7	1.7	223.00	0.00	223.00	0.1
65-69	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:27

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Western State Hospital (706)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	403		***$ 61,570.40***	***$ 91,971.86***	***$ 153,542.26***	
SEX OF CLAIMANT						
Female	296	73.4	43,625.22	80,322.68	123,947.90	80.7
Male	107	26.5	17,945.18	11,649.18	29,594.36	19.2
	403		***$ 61,570.40***	***$ 91,971.86***	***$ 153,542.26***	
LOSS CAUSE						
Patient / Inmate	268	66.5	45,641.68	85,893.30	131,534.98	85.6
Glass bottle / sheet	2	0.4	4,922.62	1,939.56	6,862.18	4.4
Furniture / fixtures	11	2.7	2,755.91	598.00	3,353.91	2.1
Walking surface, inside, wet	5	1.2	2,531.07	0.00	2,531.07	1.6
Building parts / doors	1	0.2	1,212.00	0.00	1,212.00	0.7
Stairs, steps	12	2.9	395.43	750.00	1,145.43	0.7
Foreign Object	7	1.7	520.15	541.00	1,061.15	0.6
Needle stick	8	1.9	983.82	0.00	983.82	0.6
Animal / bee type	3	0.7	0.00	750.00	750.00	0.4
Chemicals, not otherwise classified	2	0.4	0.00	750.00	750.00	0.4
Walking surface, outside, dry	5	1.2	0.00	750.00	750.00	0.4
Knife, NOC	2	0.4	571.83	0.00	571.83	0.3
Pots/pans	4	0.9	374.16	0.00	374.16	0.2
Vehicle/car/truck	1	0.2	323.74	0.00	323.74	0.2
Boxes / containers	5	1.2	223.00	0.00	223.00	0.1
Person	2	0.4	168.99	0.00	168.99	0.1
Food	2	0.4	163.13	0.00	163.13	0.1
Cart	7	1.7	152.00	0.00	152.00	0.1
Chair	1	0.2	152.00	0.00	152.00	0.1
Sharp objects, not otherwise classified	6	1.4	140.00	0.00	140.00	0.0
Vehicle, not otherwise classified	4	0.9	91.17	0.00	91.17	0.0
Recreational equipment	3	0.7	87.00	0.00	87.00	0.0
Walking surface, inside, dry	3	0.7	84.86	0.00	84.86	0.0
Uneven Surface	1	0.2	75.84	0.00	75.84	0.0
Animal / insect, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Door	7	1.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.2	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	0.2	0.00	0.00	0.00	0.0
Cabinet	1	0.2	0.00	0.00	0.00	0.0
Dust	1	0.2	0.00	0.00	0.00	0.0
Electrical equipment	1	0.2	0.00	0.00	0.00	0.0
Fencing	1	0.2	0.00	0.00	0.00	0.0
Floor	1	0.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	0.2	0.00	0.00	0.00	0.0
Insufficient data	1	0.2	0.00	0.00	0.00	0.0
Lift	1	0.2	0.00	0.00	0.00	0.0
Machine, not otherwise classified	3	0.7	0.00	0.00	0.00	0.0
Mechanical powered	2	0.4	0.00	0.00	0.00	0.0
Metal items	1	0.2	0.00	0.00	0.00	0.0
Object on Floor	1	0.2	0.00	0.00	0.00	0.0
Office equipment	1	0.2	0.00	0.00	0.00	0.0
Overhead Object	3	0.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Western State Hospital (706)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Racking	2	0.4	0.00	0.00	0.00	0.0
Shelving	3	0.7	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.2	0.00	0.00	0.00	0.0
Trash receptacle	3	0.7	0.00	0.00	0.00	0.0
	403		***$ 61,570.40***	***$ 91,971.86***	***$ 153,542.26***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	246	61.0	40,425.56	71,147.27	111,572.83	72.6
Assault	2	0.4	152.00	10,500.00	10,652.00	6.9
Cut,puncture,scrape, injured by (Broken Glass)	1	0.2	4,834.55	1,939.56	6,774.11	4.4
Twisting, strain or injury by	10	2.4	2,653.81	3,922.03	6,575.84	4.2
Lifting (strain or Injury by)	12	2.9	3,556.35	1,074.00	4,630.35	3.0
Fall or Slip (On Same Level)	12	2.9	2,061.33	541.00	2,602.33	1.6
Fall or Slip (From Liquid/Grease spills)	5	1.2	2,282.73	0.00	2,282.73	1.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	10	2.4	1,555.65	0.00	1,555.65	1.0
Struck/Injured by Object Being Lifted/Handled	6	1.4	1,212.00	0.00	1,212.00	0.7
Pushing Or Pulling (Strain or Injury by)	8	1.9	243.17	598.00	841.17	0.5
Absorb, Ingest, Inhalation	3	0.7	0.00	750.00	750.00	0.4
Animal Or Insect	5	1.2	0.00	750.00	750.00	0.4
Slipped, Did Not Fall	2	0.4	0.00	750.00	750.00	0.4
Fall or slip (on stairs)	11	2.7	719.17	0.00	719.17	0.4
Human Bite	10	2.4	398.77	0.00	398.77	0.2
Contact with Cold Objects or Substances	4	0.9	370.97	0.00	370.97	0.2
Strike Against/Step on Stationary Object	12	2.9	240.07	0.00	240.07	0.1
Struck/Injured by Falling or Flying Object	10	2.4	227.00	0.00	227.00	0.1
Object Handled (caught in or between)	7	1.7	169.00	0.00	169.00	0.1
Holding Or Carrying (Strain or Injury by)	1	0.2	168.99	0.00	168.99	0.1
Fall or Slip (From Different Level)	3	0.7	152.00	0.00	152.00	0.1
Infectious Disease Exposure	1	0.2	77.28	0.00	77.28	0.0
Reaching (Strain or Injury by)	5	1.2	70.00	0.00	70.00	0.0
Repetitive Motion	1	0.2	0.00	0.00	0.00	0.0
Allergic Reaction	2	0.4	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	0.2	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	0.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	5	1.2	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.2	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.2	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	0.2	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	0.2	0.00	0.00	0.00	0.0
Striking against, stepping on, NOC	1	0.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	2	0.4	0.00	0.00	0.00	0.0
	403		***$ 61,570.40***	***$ 91,971.86***	***$ 153,542.26***	

***BODY PART**

Knee	28
Shoulder	19
Lower Back Area (Lumbar and Lumbo-Sacral)	29
Ankle	8
Disc - Trunk	1
Lower Arm	33

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Western State Hospital (706)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hip	8					
Chest (Inc: Ribs, Sternum and Soft Tissue)	21					
Abdomen including Groin	6					
Facial, Other Soft Tissue	33					
Insufficient Information	23					
Skull	13					
Nose	11					
Hand	31					
Thumb	9					
Multiple Head Injury	23					
Lower Leg	11					
Facial Bones	4					
Elbow	10					
Upper Arm (Inc: Clavicle and Scapula)	12					
Finger(s)	22					
Multiple Body Parts	4					
Upper Back Area (Thoracic Area)	3					
Multiple Neck Injury	7					
Foot	11					
Eye(s)	9					
Soft Tissue - Neck	3					
Wrist	14					
Whole Body	1					
Buttocks	1					
Ear(s)	1					
Mouth	5					
No Physical Problem	1					
Upper Leg	3					
	403					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	61
Contusion	210
Multiple Physical Injuries Only	4
Puncture	29
Sprain	25
Laceration	46
Fracture	1
Respiratory Disorders	3
All Other	22
Dislocation	1
Foreign Body	9
N/A	1
Contagious Disease	1
Burn	1
Crushing	1
Inflamation	1

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Industrial Claims for Plan Year 2002

FrankGates

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Western State Hospital (706)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
No Physical Injury	1					
Poisoning - Chemical	1					
	403					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	57	12.2	40,199.91	59,422.95	99,622.86	24.6
10AM-11:59AM	76	16.3	43,800.37	35,365.72	79,166.09	19.5
6PM-7:59PM	29	6.2	42,536.86	26,974.26	69,511.12	17.1
4AM-5:59AM	26	5.5	29,244.75	20,437.38	49,682.13	12.2
12AM-1:59AM	18	3.8	7,316.95	23,255.70	30,572.65	7.5
4PM-5:59PM	34	7.2	7,151.75	10,214.04	17,365.79	4.3
2AM-3:59AM	35	7.5	7,427.40	7,760.20	15,187.60	3.7
Unknown	34	7.2	2,495.26	9,371.70	11,866.96	2.9
12PM-1:59PM	36	7.7	5,383.88	5,803.58	11,187.46	2.7
2PM-3:59PM	46	9.8	7,554.69	3,369.22	10,923.91	2.7
8AM-9:59AM	75	16.0	5,039.33	4,180.53	9,219.86	2.2
	466		**$ 198,151.15**	**$ 206,155.28**	**$ 404,306.43**	
LENGTH OF SERVICE						
2-4	38	8.1	47,064.87	37,792.26	84,857.13	20.9
10-12	24	5.1	41,021.33	31,443.89	72,465.22	17.9
0-2	129	27.6	37,894.26	32,715.86	70,610.12	17.4
8-10	7	1.5	19,939.03	40,290.72	60,229.75	14.9
20-22	31	6.6	18,153.69	8,660.60	26,814.29	6.6
22-24	31	6.6	6,041.75	18,418.10	24,459.85	6.0
18-20	17	3.6	151.18	12,115.55	12,266.73	3.0
12-14	27	5.7	6,532.36	5,494.83	12,027.19	2.9
30-32	14	3.0	5,811.73	2,656.15	8,467.88	2.0
24-26	21	4.5	2,982.78	5,053.58	8,036.36	1.9
28-30	20	4.2	6,076.60	1,399.69	7,476.29	1.8
14-16	25	5.3	3,312.49	2,250.00	5,562.49	1.3
16-18	27	5.7	883.17	4,124.05	5,007.22	1.2
6-8	15	3.2	17.06	2,240.00	2,257.06	0.5
4-6	17	3.6	888.04	750.00	1,638.04	0.4
26-28	17	3.6	1,367.82	0.00	1,367.82	0.3
36-38	1	0.2	0.00	750.00	750.00	0.1
40-42	1	0.2	12.99	0.00	12.99	0.0
32-34	1	0.2	0.00	0.00	0.00	0.0
34-36	1	0.2	0.00	0.00	0.00	0.0
46-48	1	0.2	0.00	0.00	0.00	0.0
48-50	1	0.2	0.00	0.00	0.00	0.0
	466		**$ 198,151.15**	**$ 206,155.28**	**$ 404,306.43**	
AGE OF CLAIMANT						
35-39	44	9.4	55,916.98	59,340.21	115,257.19	28.5
40-44	77	16.5	56,673.57	58,248.18	114,921.75	28.4
55-59	41	8.7	45,886.01	24,938.29	70,824.30	17.5
45-49	77	16.5	14,759.34	12,471.46	27,230.80	6.7
30-34	28	6.0	7,927.65	9,762.96	17,690.61	4.3
50-54	90	19.3	8,329.65	8,530.36	16,860.01	4.1
60-64	22	4.7	4,459.50	10,015.24	14,474.74	3.5
20-24	42	9.0	3,399.86	9,940.80	13,340.66	3.3
25-29	31	6.6	738.58	5,407.78	6,146.36	1.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Central Va Training Center (707)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
70-74	4	0.8	14.01	5,000.00	5,014.01	1.2
75-79	1	0.2	0.00	1,000.00	1,000.00	0.2
15-19	7	1.5	46.00	750.00	796.00	0.2
65-69	2	0.4	0.00	750.00	750.00	0.1
	466		***$ 198,151.15***	***$ 206,155.28***	***$ 404,306.43***	
SEX OF CLAIMANT						
Female	388	83.2	164,479.67	174,730.74	339,210.41	83.9
Male	78	16.7	33,671.48	31,424.54	65,096.02	16.1
	466		***$ 198,151.15***	***$ 206,155.28***	***$ 404,306.43***	
LOSS CAUSE						
Patient / Inmate	218	46.7	83,353.49	98,013.22	181,366.71	44.8
Walking surface, outside, dry	10	2.1	43,897.73	24,180.93	68,078.66	16.8
Building parts / doors	4	0.8	21,593.55	18,099.60	39,693.15	9.8
Water	4	0.8	6,257.52	16,492.74	22,750.26	5.6
Hand tool, powered, NOC	5	1.0	12,044.88	7,160.60	19,205.48	4.7
Shelving	2	0.4	134.45	7,865.55	8,000.00	1.9
Floor	2	0.4	1,737.04	5,762.96	7,500.00	1.8
Uneven Surface	2	0.4	0.00	5,750.00	5,750.00	1.4
Vehicle, not otherwise classified	4	0.8	5,337.21	257.36	5,594.57	1.3
Stairs, steps	9	1.9	3,446.62	1,711.00	5,157.62	1.2
Lift	3	0.6	3,919.26	484.24	4,403.50	1.0
Machine, not otherwise classified	6	1.2	3,017.72	649.69	3,667.41	0.9
Hand tool, not powered, NOC	4	0.8	2,419.46	1,180.53	3,599.99	0.8
Foreign Object	5	1.0	430.00	2,500.00	2,930.00	0.7
Object on Floor	7	1.5	495.21	2,398.79	2,894.00	0.7
Person	4	0.8	104.42	2,153.24	2,257.66	0.5
Racking	2	0.4	1,955.96	0.00	1,955.96	0.4
Vice Grip Straight	1	0.2	1,932.65	0.00	1,932.65	0.4
Chemicals, not otherwise classified	9	1.9	53.66	1,500.00	1,553.66	0.3
Walking surface, inside, dry	4	0.8	0.00	1,500.00	1,500.00	0.3
Door	9	1.9	498.05	750.00	1,248.05	0.3
Brush / tree / log	1	0.2	1,219.11	0.00	1,219.11	0.3
Laundry	4	0.8	1,103.21	0.00	1,103.21	0.2
Hazardous Material	1	0.2	0.00	1,000.00	1,000.00	0.2
Furniture / fixtures	19	4.0	184.03	744.83	928.86	0.2
Walking surface, outside, wet	3	0.6	19.54	750.00	769.54	0.1
Walking surface, inside, wet	4	0.8	10.01	750.00	760.01	0.1
Metal items	12	2.5	5.01	750.00	755.01	0.1
Chair	3	0.6	0.00	750.00	750.00	0.1
Recreational equipment	2	0.4	0.00	750.00	750.00	0.1
Stone / rock / brick	1	0.2	0.00	750.00	750.00	0.1
Trash receptacle	1	0.2	0.00	750.00	750.00	0.1
Wall	3	0.6	0.00	750.00	750.00	0.1
Dishes	1	0.2	738.46	0.00	738.46	0.1
Boxes / containers	10	2.1	477.38	0.00	477.38	0.1
Cart	7	1.5	452.60	0.00	452.60	0.1
Power tool (not hand)	1	0.2	432.71	0.00	432.71	0.1
Paper / Pulp	1	0.2	351.90	0.00	351.90	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Central Va Training Center (707)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Wheelchair	10	2.1	258.64	0.00	258.64	0.0
Gloves	1	0.2	113.99	0.00	113.99	0.0
Infectious agent	3	0.6	91.00	0.00	91.00	0.0
Glass bottle / sheet	3	0.6	18.17	0.00	18.17	0.0
Clothing / jewelry	2	0.4	17.54	0.00	17.54	0.0
Insufficient data	6	1.2	12.17	0.00	12.17	0.0
Animal / bee type	4	0.8	10.46	0.00	10.46	0.0
Vehicle/car/truck	2	0.4	6.34	0.00	6.34	0.0
Animal / insect, not otherwise classified	9	1.9	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Cleaning Products	5	1.0	0.00	0.00	0.00	0.0
Dust	3	0.6	0.00	0.00	0.00	0.0
Elevators, escalators	2	0.4	0.00	0.00	0.00	0.0
Environmental conditions	2	0.4	0.00	0.00	0.00	0.0
Minerals / dirt	2	0.4	0.00	0.00	0.00	0.0
N/A	2	0.4	0.00	0.00	0.00	0.0
Needle stick	4	0.8	0.00	0.00	0.00	0.0
Outside Surface	1	0.2	0.00	0.00	0.00	0.0
Package	1	0.2	0.00	0.00	0.00	0.0
Pots/pans	2	0.4	0.00	0.00	0.00	0.0
Razor blade	1	0.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	5	1.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	0.4	0.00	0.00	0.00	0.0
Cabinet	1	0.2	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	0.2	0.00	0.00	0.00	0.0
Knife, NOC	1	0.2	0.00	0.00	0.00	0.0
Mechanical powered	1	0.2	0.00	0.00	0.00	0.0
Miscellaneous	1	0.2	0.00	0.00	0.00	0.0
	466		***$ 198,151.15***	***$ 206,155.28***	***$ 404,306.43***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	137	29.3	29,467.11	50,024.26	79,491.37	19.6
Fall or Slip (On Same Level)	22	4.7	38,959.08	39,945.27	78,904.35	19.5
Lifting (strain or Injury by)	40	8.5	38,994.85	23,595.34	62,590.19	15.4
Pushing Or Pulling (Strain or Injury by)	27	5.7	23,663.36	25,418.06	49,081.42	12.1
Struck/Injured by Falling or Flying Object	7	1.5	21,591.12	17,349.60	38,940.72	9.6
Repetitive Motion	10	2.1	13,676.59	7,160.60	20,837.19	5.1
Fall, slip or trip NOC	1	0.2	3,647.26	15,742.74	19,390.00	4.8
Strike Against/Step on Stationary Object	26	5.5	6,128.20	8,762.96	14,891.16	3.6
Twisting, strain or injury by	16	3.4	8,013.44	3,636.99	11,650.43	2.8
Reaching (Strain or Injury by)	3	0.6	4,823.23	1,399.69	6,222.92	1.5
Fall or Slip (From Liquid/Grease spills)	6	1.2	2,610.26	2,250.00	4,860.26	1.2
Struck/Injured by Hand Tool/Machine In Use	2	0.4	2,146.76	1,180.53	3,327.29	0.8
Object being lifted/handled (cut,punc.scrape,inj b	6	1.2	0.00	2,500.00	2,500.00	0.6
Fall or slip (on stairs)	8	1.7	285.92	1,711.00	1,996.92	0.4
Using Tool Or Machine (Strain or Injury by)	2	0.4	1,932.65	0.00	1,932.65	0.4
Assault	2	0.4	21.76	1,478.24	1,500.00	0.3
Foreign Body In Eye	17	3.6	488.90	750.00	1,238.90	0.3
Other (Not Otherwise Classified)	4	0.8	0.00	1,000.00	1,000.00	0.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Allergic Reaction	22	4.7	136.37	750.00	886.37	0.2
Struck/Injured by Object Being Lifted/Handled	13	2.7	872.23	0.00	872.23	0.2
Slipped, Did Not Fall	3	0.6	76.28	750.00	826.28	0.2
Human Bite	23	4.9	69.55	750.00	819.55	0.2
Object Handled (caught in or between)	9	1.9	296.00	0.00	296.00	0.0
Contact with Cold Objects or Substances	5	1.0	150.45	0.00	150.45	0.0
Fall or slip (on ice or snow)	1	0.2	19.54	0.00	19.54	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.2	18.17	0.00	18.17	0.0
Cumulative (Not Otherwise Classified)	1	0.2	17.54	0.00	17.54	0.0
Infectious Disease Exposure	1	0.2	16.99	0.00	16.99	0.0
Fall or Slip (From Different Level)	5	1.0	11.78	0.00	11.78	0.0
Animal Or Insect	16	3.4	10.46	0.00	10.46	0.0
Holding Or Carrying (Strain or Injury by)	6	1.2	5.30	0.00	5.30	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	2	0.4	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	1.5	0.00	0.00	0.00	0.0
Other than physical cause of injury	2	0.4	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.2	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	4	0.8	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	0.2	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	0.2	0.00	0.00	0.00	0.0
Caught in, under, between, NOC	2	0.4	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.2	0.00	0.00	0.00	0.0
Cut, puncture, scrape, NOC	1	0.2	0.00	0.00	0.00	0.0
Strike Against/Step on Sanding,Scraping,Cleaning	2	0.4	0.00	0.00	0.00	0.0
	466		***$ 198,151.15***	***$ 206,155.28***	***$ 404,306.43***	

**BODY PART

Shoulder	29
Lower Back Area (Lumbar and Lumbo-Sacral)	51
Wrist	36
Knee	26
Lower Leg	19
Ankle	9
Upper Back Area (Thoracic Area)	9
Insufficient Information	5
Elbow	8
Hand	46
Lower Arm	35
Thumb	17
Upper Arm (Inc: Clavicle and Scapula)	14
Facial, Other Soft Tissue	22
Mouth	1
Eye(s)	32
No Physical Problem	9
Multiple Head Injury	12
Multiple Neck Injury	7
Finger(s)	38
Lungs	2
Nose	4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Sacrum And Coccyx	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	16					
Foot	9					
Hip	2					
Toe(s)	3					
Abdomen including Groin	8					
Skull	2					
Brain	1					
Ear(s)	3					
Internal Organs	1					
Upper Leg	1					
Whole Body	1					
Multiple Body Parts	1					
Multiple Trunk Injuries	2					
Wrist(s) & Hand(s)	1					
	466					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	81
Sprain	65
Fracture	4
Contusion	125
All Other	56
Laceration	53
Dislocation	1
No Physical Injury	9
Concussion	1
Asbestosis	1
Foreign Body	20
Vision Loss	1
Carpal Tunnel Syndrome	1
Infection	8
Puncture	33
Dermatitis	14
All Other Cumulative	1
Burn	3
Crushing	1
Inflamation	5
Mental Stress	1
Respiratory Disorders	1
	466

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	20	9.9	4,339.78	37,969.37	42,309.15	63.5
6AM-7:59AM	26	12.9	3,707.71	3,014.47	6,722.18	10.1
12AM-1:59AM	12	5.9	1,424.73	3,564.27	4,989.00	7.5
8AM-9:59AM	44	21.8	3,229.67	917.09	4,146.76	6.2
2AM-3:59AM	26	12.9	741.91	1,372.69	2,114.60	3.1
Unknown	15	7.4	2,065.76	0.00	2,065.76	3.1
6PM-7:59PM	4	1.9	1,256.67	0.00	1,256.67	1.8
12PM-1:59PM	14	6.9	501.00	602.00	1,103.00	1.6
10AM-11:59AM	28	13.9	1,084.19	0.00	1,084.19	1.6
2PM-3:59PM	7	3.4	118.07	631.93	750.00	1.1
4PM-5:59PM	5	2.4	0.00	0.00	0.00	0.0
	201		***$ 18,469.49***	***$ 48,071.82***	***$ 66,541.31***	
LENGTH OF SERVICE						
0-2	130	64.6	15,672.74	43,934.04	59,606.78	89.5
2-4	33	16.4	669.26	1,188.00	1,857.26	2.7
20-22	7	3.4	1,129.47	488.80	1,618.27	2.4
8-10	5	2.4	127.31	1,372.69	1,500.00	2.2
18-20	3	1.4	541.71	428.29	970.00	1.4
14-16	4	1.9	90.00	660.00	750.00	1.1
16-18	4	1.9	180.00	0.00	180.00	0.2
30-32	1	0.4	59.00	0.00	59.00	0.0
10-12	1	0.4	0.00	0.00	0.00	0.0
24-26	1	0.4	0.00	0.00	0.00	0.0
26-28	1	0.4	0.00	0.00	0.00	0.0
28-30	1	0.4	0.00	0.00	0.00	0.0
4-6	8	3.9	0.00	0.00	0.00	0.0
6-8	2	0.9	0.00	0.00	0.00	0.0
	201		***$ 18,469.49***	***$ 48,071.82***	***$ 66,541.31***	
AGE OF CLAIMANT						
45-49	24	11.9	6,575.18	38,966.59	45,541.77	68.4
20-24	83	41.2	5,166.57	4,236.87	9,403.44	14.1
40-44	15	7.4	3,331.48	1,744.87	5,076.35	7.6
50-54	12	5.9	456.31	1,282.69	1,739.00	2.6
25-29	30	14.9	646.36	750.00	1,396.36	2.1
35-39	10	4.9	1,298.67	0.00	1,298.67	1.9
55-59	6	2.9	600.21	488.80	1,089.01	1.6
60-64	7	3.4	148.00	602.00	750.00	1.1
30-34	14	6.9	246.71	0.00	246.71	0.3
	201		***$ 18,469.49***	***$ 48,071.82***	***$ 66,541.31***	
SEX OF CLAIMANT						
Male	83	41.2	10,618.36	43,975.20	54,593.56	82.0
Female	118	58.7	7,851.13	4,096.62	11,947.75	17.9
	201		***$ 18,469.49***	***$ 48,071.82***	***$ 66,541.31***	
LOSS CAUSE						
Patient / Inmate	175	87.0	16,014.21	46,735.82	62,750.03	94.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Ccca (dejarnette) (708)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chair	3	1.4	1,255.00	0.00	1,255.00	1.8
Wall	4	1.9	322.00	586.00	908.00	1.3
Floor	1	0.4	0.00	750.00	750.00	1.1
Office equipment	2	0.9	480.02	0.00	480.02	0.7
Sharp objects, not otherwise classified	1	0.4	239.26	0.00	239.26	0.3
Miscellaneous	1	0.4	159.00	0.00	159.00	0.2
Door	4	1.9	0.00	0.00	0.00	0.0
Furniture / fixtures	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
Object on Floor	1	0.4	0.00	0.00	0.00	0.0
Person	2	0.9	0.00	0.00	0.00	0.0
Recreational equipment	2	0.9	0.00	0.00	0.00	0.0
Shelving	1	0.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	0.4	0.00	0.00	0.00	0.0
Water	1	0.4	0.00	0.00	0.00	0.0
	201		***$ 18,469.49***	***$ 48,071.82***	***$ 66,541.31***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	151	75.1	14,741.93	45,838.15	60,580.08	91.0
Human Bite	23	11.4	2,556.70	1,483.67	4,040.37	6.0
Strike Against/Step on Stationary Object	3	1.4	158.00	750.00	908.00	1.3
Pushing Or Pulling (Strain or Injury by)	3	1.4	549.60	0.00	549.60	0.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.4	239.26	0.00	239.26	0.3
Twisting, strain or injury by	3	1.4	159.00	0.00	159.00	0.2
Foreign Body In Eye	5	2.4	65.00	0.00	65.00	0.1
Assault	3	1.4	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	0.4	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	3	1.4	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
Object Handled (caught in or between)	2	0.9	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.4	0.00	0.00	0.00	0.0
	201		***$ 18,469.49***	***$ 48,071.82***	***$ 66,541.31***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	15
Teeth	3
Shoulder	18
Multiple Neck Injury	10
Finger(s)	5
Facial, Other Soft Tissue	10
Multiple Head Injury	17
Lower Arm	28
Elbow	4
Lower Leg	5
Nose	7
Ear(s)	1
Thumb	4
Hand	27
Upper Back Area (Thoracic Area)	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Ccca (dejarnette) (708)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Eye(s)	8					
Insufficient Information	4					
Wrist	4					
Knee	11					
Chest (Inc: Ribs, Sternum and Soft Tissue)	9					
Abdomen including Groin	3					
Ankle	2					
Buttocks	1					
Foot	1					
Hip	3					
Mouth	2					
Multiple Body Parts	1					
No Physical Problem	3					
Skull	1					
Upper Arm (Inc: Clavicle and Scapula)	3					
Upper Leg	2					
	201					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	32
Contusion	104
Puncture	27
Dislocation	4
Laceration	29
Sprain	7
Infection	1
Foreign Body	7
No Physical Injury	3
	201

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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						
12AM-1:59AM	4	28.5	507.48	0.00	507.48	36.2
6AM-7:59AM	3	21.4	392.40	0.00	392.40	28.0
2AM-3:59AM	2	14.2	324.50	0.00	324.50	23.2
12PM-1:59PM	4	28.5	173.85	0.00	173.85	12.4
2PM-3:59PM	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,398.23***	***$ 0.00***	***$ 1,398.23***	
LENGTH OF SERVICE						
2-4	3	21.4	625.88	0.00	625.88	44.7
4-6	1	7.1	324.50	0.00	324.50	23.2
10-12	2	14.2	274.00	0.00	274.00	19.6
16-18	1	7.1	173.85	0.00	173.85	12.4
20-22	2	14.2	0.00	0.00	0.00	0.0
26-28	1	7.1	0.00	0.00	0.00	0.0
0-2	2	14.2	0.00	0.00	0.00	0.0
6-8	1	7.1	0.00	0.00	0.00	0.0
8-10	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,398.23***	***$ 0.00***	***$ 1,398.23***	
AGE OF CLAIMANT						
55-59	2	14.2	566.25	0.00	566.25	40.5
25-29	1	7.1	324.50	0.00	324.50	23.2
45-49	2	14.2	274.00	0.00	274.00	19.6
50-54	5	35.7	233.48	0.00	233.48	16.7
35-39	1	7.1	0.00	0.00	0.00	0.0
40-44	3	21.4	0.00	0.00	0.00	0.0
	14		***$ 1,398.23***	***$ 0.00***	***$ 1,398.23***	
SEX OF CLAIMANT						
Female	12	85.7	1,164.75	0.00	1,164.75	83.3
Male	2	14.2	233.48	0.00	233.48	16.7
	14		***$ 1,398.23***	***$ 0.00***	***$ 1,398.23***	
LOSS CAUSE						
Chemicals, not otherwise classified	2	14.2	507.48	0.00	507.48	36.2
Vehicle, not otherwise classified	1	7.1	392.40	0.00	392.40	28.0
Patient / Inmate	2	14.2	324.50	0.00	324.50	23.2
Walking surface, inside, dry	2	14.2	173.85	0.00	173.85	12.4
Animal, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	7.1	0.00	0.00	0.00	0.0
Office equipment	2	14.2	0.00	0.00	0.00	0.0
Elevators, escalators	1	7.1	0.00	0.00	0.00	0.0
Metal items	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
	14		***$ 1,398.23***	***$ 0.00***	***$ 1,398.23***	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	2	14.2	507.48	0.00	507.48	36.2
Collision/sideswipe with Another Vehicle	1	7.1	392.40	0.00	392.40	28.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Mental Hlth/ret-admin, Dept Of (720)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Stuck, injured by fellow worker, patient	2	14.2	324.50	0.00	324.50	23.2
Fall or Slip (On Same Level)	2	14.2	173.85	0.00	173.85	12.4
Pushing Or Pulling (Strain or Injury by)	1	7.1	0.00	0.00	0.00	0.0
Repetitive Motion	2	14.2	0.00	0.00	0.00	0.0
Vehicle Upset	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	1	7.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 1,398.23***	***$ 0.00***	***$ 1,398.23***	

***BODY PART

Multiple Neck Injury	1
Hand	4
Body System & Multiple Body Parts	1
Internal Organs	1
Elbow	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Wrist	1
Wrist(s) & Hand(s)	1
Knee	2
Multiple Head Injury	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

Sprain	4
Poisoning - Chemical	2
Contusion	4
Carpal Tunnel Syndrome	1
Inflamation	1
Strain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:28

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	10	6.1	1,813.73	25,495.50	27,309.23	27.0
8AM-9:59AM	29	17.7	8,852.61	7,702.98	16,555.59	16.3
2PM-3:59PM	14	8.5	10,321.02	567.20	10,888.22	10.7
12PM-1:59PM	18	11.0	4,866.26	5,097.18	9,963.44	9.8
4PM-5:59PM	16	9.8	4,151.75	4,685.46	8,837.21	8.7
6AM-7:59AM	14	8.5	7,114.74	0.00	7,114.74	7.0
4AM-5:59AM	12	7.3	7,072.50	0.00	7,072.50	7.0
10AM-11:59AM	24	14.7	4,702.06	2,177.93	6,879.99	6.8
Unknown	17	10.4	3,168.24	1,500.00	4,668.24	4.6
12AM-1:59AM	4	2.4	1,123.55	0.00	1,123.55	1.1
2AM-3:59AM	5	3.0	605.82	0.00	605.82	0.6
	163		***$ 53,792.28***	***$ 47,226.25***	***$ 101,018.53***	
LENGTH OF SERVICE						
24-26	6	3.6	3,692.42	30,097.18	33,789.60	33.4
0-2	56	34.3	24,912.76	4,638.25	29,551.01	29.2
2-4	30	18.4	7,326.66	4,433.66	11,760.32	11.6
12-14	9	5.5	583.35	5,956.00	6,539.35	6.4
4-6	20	12.2	4,905.43	1,098.00	6,003.43	5.9
10-12	7	4.2	2,872.33	558.48	3,430.81	3.4
6-8	6	3.6	2,820.20	0.00	2,820.20	2.7
8-10	3	1.8	2,015.29	444.68	2,459.97	2.4
26-28	4	2.4	2,225.88	0.00	2,225.88	2.2
20-22	3	1.8	841.04	0.00	841.04	0.8
16-18	4	2.4	666.92	0.00	666.92	0.6
28-30	2	1.2	441.80	0.00	441.80	0.4
22-24	5	3.0	260.25	0.00	260.25	0.2
18-20	2	1.2	227.95	0.00	227.95	0.2
14-16	6	3.6	0.00	0.00	0.00	0.0
	163		***$ 53,792.28***	***$ 47,226.25***	***$ 101,018.53***	
AGE OF CLAIMANT						
50-54	25	15.3	5,306.50	31,586.00	36,892.50	36.5
45-49	31	19.0	8,358.77	7,276.68	15,635.45	15.4
40-44	26	15.9	11,569.45	418.77	11,988.22	11.8
35-39	17	10.4	10,851.17	1,098.00	11,949.17	11.8
25-29	15	9.2	5,362.13	3,011.88	8,374.01	8.2
30-34	20	12.2	4,039.17	2,353.94	6,393.11	6.3
60-64	8	4.9	3,987.43	668.00	4,655.43	4.6
55-59	15	9.2	3,187.75	62.98	3,250.73	3.2
20-24	6	3.6	1,129.91	750.00	1,879.91	1.8
	163		***$ 53,792.28***	***$ 47,226.25***	***$ 101,018.53***	
SEX OF CLAIMANT						
Female	128	78.5	45,392.06	19,949.55	65,341.61	64.6
Male	35	21.4	8,400.22	27,276.70	35,676.92	35.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southeast Va Traing Center (723)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	163		***$ 53,792.28***	***$ 47,226.25***	***$ 101,018.53***	
LOSS CAUSE						
Patient / Inmate	93	57.0	35,578.28	17,215.09	52,793.37	52.2
Animal / tick, spider, etc.	2	1.2	0.00	25,750.00	25,750.00	25.4
Walking surface, outside, wet	6	3.6	4,214.39	0.00	4,214.39	4.1
Boxes / containers	3	1.8	2,964.90	0.00	2,964.90	2.9
Walking surface, inside, wet	3	1.8	843.10	1,235.20	2,078.30	2.0
Furniture / fixtures	5	3.0	1,051.24	873.46	1,924.70	1.9
Wheelchair	2	1.2	357.00	1,143.00	1,500.00	1.4
Needle stick	3	1.8	1,349.35	0.00	1,349.35	1.3
N/A	2	1.2	734.30	514.00	1,248.30	1.2
Walking surface, inside, dry	4	2.4	627.85	495.50	1,123.35	1.1
Trash receptacle	1	0.6	1,120.34	0.00	1,120.34	1.1
Water	2	1.2	869.12	0.00	869.12	0.8
Vehicle, not otherwise classified	3	1.8	637.71	0.00	637.71	0.6
Hand tool, not powered, NOC	1	0.6	622.30	0.00	622.30	0.6
Fencing	1	0.6	466.97	0.00	466.97	0.4
Hand tool, powered, NOC	2	1.2	422.64	0.00	422.64	0.4
Foreign Object	2	1.2	345.01	0.00	345.01	0.3
Machine, not otherwise classified	1	0.6	330.21	0.00	330.21	0.3
Object on Floor	1	0.6	326.42	0.00	326.42	0.3
Lift	2	1.2	320.95	0.00	320.95	0.3
Building parts / doors	2	1.2	279.40	0.00	279.40	0.2
Door	2	1.2	166.00	0.00	166.00	0.1
Chemicals, not otherwise classified	2	1.2	82.80	0.00	82.80	0.0
Food	3	1.8	82.00	0.00	82.00	0.0
Unknown	1	0.6	0.00	0.00	0.00	0.0
Animal / bee type	2	1.2	0.00	0.00	0.00	0.0
Chair	3	1.8	0.00	0.00	0.00	0.0
Dust	1	0.6	0.00	0.00	0.00	0.0
Electrical equipment	1	0.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.6	0.00	0.00	0.00	0.0
Insufficient data	1	0.6	0.00	0.00	0.00	0.0
Knife, NOC	1	0.6	0.00	0.00	0.00	0.0
Nail	1	0.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	0.6	0.00	0.00	0.00	0.0
Wall	1	0.6	0.00	0.00	0.00	0.0
	163		***$ 53,792.28***	***$ 47,226.25***	***$ 101,018.53***	
ACCIDENT TYPE						
Animal Or Insect	4	2.4	0.00	25,750.00	25,750.00	25.4
Stuck, injured by fellow worker, patient	72	44.1	16,391.24	6,540.16	22,931.40	22.7
Lifting (strain or Injury by)	12	7.3	8,829.46	8,540.00	17,369.46	17.1
Fall or Slip (From Liquid/Grease spills)	6	3.6	11,374.37	1,235.20	12,609.57	12.4
Fall or slip (on ice or snow)	6	3.6	4,214.39	0.00	4,214.39	4.1
Pushing Or Pulling (Strain or Injury by)	6	3.6	3,135.25	1,034.93	4,170.18	4.1
Human Bite	8	4.9	1,798.99	1,684.00	3,482.99	3.4
Twisting, strain or injury by	4	2.4	1,221.21	1,009.50	2,230.71	2.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Object Being Lifted/Handled	2	1.2	1,286.34	0.00	1,286.34	1.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	2.4	1,194.59	0.00	1,194.59	1.1
Object Handled (caught in or between)	6	3.6	191.00	559.00	750.00	0.7
Object being lifted/handled (cut,punc.scrape,inj b	3	1.8	295.31	454.69	750.00	0.7
Strike Against/Step on Stationary Object	4	2.4	331.23	418.77	750.00	0.7
Repetitive Motion	2	1.2	622.30	0.00	622.30	0.6
Rubbed/Abraded not otherwise classified	1	0.6	466.97	0.00	466.97	0.4
Strike Against/Step On Moving Part Of Machine	1	0.6	422.64	0.00	422.64	0.4
Other (Not Otherwise Classified)	1	0.6	373.35	0.00	373.35	0.3
Struck/Injured by Falling or Flying Object	1	0.6	345.01	0.00	345.01	0.3
Fall or Slip (On Same Level)	2	1.2	326.42	0.00	326.42	0.3
Struck/Injured by Object Handled By Other	1	0.6	254.60	0.00	254.60	0.2
Struck/Injured by Moving Part Of Machine	1	0.6	227.95	0.00	227.95	0.2
Fall or Slip (From Different Level)	1	0.6	170.10	0.00	170.10	0.1
Allergic Reaction	4	2.4	154.76	0.00	154.76	0.1
Absorb, Ingest, Inhalation	1	0.6	82.80	0.00	82.80	0.0
Steam Or Hot Fluids	1	0.6	82.00	0.00	82.00	0.0
Unknown	1	0.6	0.00	0.00	0.00	0.0
Contact with Electric Current	1	0.6	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.6	0.00	0.00	0.00	0.0
Explosion / Flare Back	1	0.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	1.2	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	0.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.6	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	0.6	0.00	0.00	0.00	0.0
	163		***$ 53,792.28***	***$ 47,226.25***	***$ 101,018.53***	

***BODY PART

Abdomen including Groin	2
Lower Back Area (Lumbar and Lumbo-Sacral)	15
Multiple Neck Injury	8
Upper Arm (Inc: Clavicle and Scapula)	5
Upper Back Area (Thoracic Area)	5
Lower Arm	14
Thumb	8
Finger(s)	16
Wrist	10
Knee	9
Nose	2
Eye(s)	7
Facial, Other Soft Tissue	8
Ankle	5
Shoulder	10
Buttocks	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Hand	9
Elbow	2
Toe(s)	2
Mouth	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southeast Va Traing Center (723)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Foot	2					
Multiple Head Injury	4					
Wrist(s) & Hand(s)	1					
Whole Body	1					
Hip	3					
Lungs	1					
Upper Leg	3					
Great Toe	1					
Insufficient Information	1					
Lower Leg	2					
Multiple Lower Extremities	1					
Skull	1					
Soft Tissue - Neck	1					
Trachea	1					
	163					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	26
Foreign Body	5
Contusion	66
Sprain	34
Puncture	13
Laceration	19
Fracture	2
All Other Cumulative	1
Poisoning - Chemical	1
Burn	1
Dermatitis	1
	163

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Catawba Hospital (724)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	21	8.3	10,597.56	89.42	10,686.98	24.2
12AM-1:59AM	30	11.9	5,918.46	921.32	6,839.78	15.5
6AM-7:59AM	34	13.5	4,503.74	1,906.64	6,410.38	14.5
10AM-11:59AM	27	10.7	4,273.15	750.00	5,023.15	11.4
Unknown	23	9.1	3,724.74	369.80	4,094.54	9.3
2PM-3:59PM	20	7.9	2,799.18	322.22	3,121.40	7.0
8AM-9:59AM	53	21.1	1,743.77	1,248.00	2,991.77	6.8
4PM-5:59PM	9	3.5	1,808.58	750.00	2,558.58	5.8
2AM-3:59AM	10	3.9	2,295.94	0.00	2,295.94	5.2
4AM-5:59AM	9	3.5	0.00	0.00	0.00	0.0
6PM-7:59PM	15	5.9	0.00	0.00	0.00	0.0
	251		***$ 37,665.12***	***$ 6,357.40***	***$ 44,022.52***	
LENGTH OF SERVICE						
0-2	102	40.6	10,983.06	2,183.14	13,166.20	29.9
18-20	5	1.9	9,896.04	708.02	10,604.06	24.0
4-6	20	7.9	4,287.29	369.80	4,657.09	10.5
2-4	49	19.5	1,532.74	1,445.10	2,977.84	6.7
14-16	8	3.1	2,746.98	0.00	2,746.98	6.2
26-28	4	1.5	2,056.92	356.10	2,413.02	5.4
16-18	5	1.9	2,065.02	0.00	2,065.02	4.6
6-8	9	3.5	1,284.01	750.00	2,034.01	4.6
28-30	10	3.9	887.92	545.24	1,433.16	3.2
22-24	5	1.9	731.58	0.00	731.58	1.6
8-10	7	2.7	679.96	0.00	679.96	1.5
10-12	8	3.1	306.35	0.00	306.35	0.7
20-22	4	1.5	207.25	0.00	207.25	0.4
12-14	11	4.3	0.00	0.00	0.00	0.0
24-26	1	0.3	0.00	0.00	0.00	0.0
30-32	2	0.7	0.00	0.00	0.00	0.0
44-46	1	0.3	0.00	0.00	0.00	0.0
	251		***$ 37,665.12***	***$ 6,357.40***	***$ 44,022.52***	
AGE OF CLAIMANT						
40-44	43	17.1	11,434.15	1,403.12	12,837.27	29.1
35-39	44	17.5	7,078.52	1,072.22	8,150.74	18.5
45-49	41	16.3	5,180.56	1,211.54	6,392.10	14.5
25-29	18	7.1	4,788.67	356.10	5,144.77	11.6
30-34	30	11.9	3,966.68	565.22	4,531.90	10.2
50-54	41	16.3	2,936.96	1,119.80	4,056.76	9.2
55-59	15	5.9	693.46	629.40	1,322.86	3.0
60-64	12	4.7	1,186.98	0.00	1,186.98	2.7
20-24	4	1.5	399.14	0.00	399.14	0.9
65-69	3	1.1	0.00	0.00	0.00	0.0
	251		***$ 37,665.12***	***$ 6,357.40***	***$ 44,022.52***	
SEX OF CLAIMANT						
Female	183	72.9	23,196.51	3,360.92	26,557.43	60.3
Male	68	27.0	14,468.61	2,996.48	17,465.09	39.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Catawba Hospital (724)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	251		***$ 37,665.12***	***$ 6,357.40***	***$ 44,022.52***	
LOSS CAUSE						
Patient / Inmate	177	70.5	18,876.83	4,193.48	23,070.31	52.4
Heating equipment	1	0.3	9,260.64	89.42	9,350.06	21.2
Hand tool, not powered, NOC	3	1.1	5,105.91	0.00	5,105.91	11.6
Metal items	3	1.1	1,273.75	0.00	1,273.75	2.8
Door	7	2.7	420.51	695.10	1,115.61	2.5
Person	1	0.3	120.60	629.40	750.00	1.7
Uneven Surface	1	0.3	0.00	750.00	750.00	1.7
Building parts / doors	1	0.3	565.08	0.00	565.08	1.2
Miscellaneous	2	0.7	431.85	0.00	431.85	0.9
Boxes / containers	3	1.1	421.20	0.00	421.20	0.9
Furniture / fixtures	6	2.3	395.17	0.00	395.17	0.9
Walking surface, outside, wet	1	0.3	207.25	0.00	207.25	0.4
Cart	1	0.3	170.10	0.00	170.10	0.3
Vehicle/car/truck	1	0.3	167.40	0.00	167.40	0.3
Cleaning Products	1	0.3	143.60	0.00	143.60	0.3
Hand tool, powered, NOC	3	1.1	105.23	0.00	105.23	0.2
Animal / insect, not otherwise classified	2	0.7	0.00	0.00	0.00	0.0
Unknown	1	0.3	0.00	0.00	0.00	0.0
Animal / bee type	2	0.7	0.00	0.00	0.00	0.0
Chair	2	0.7	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.3	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	0.3	0.00	0.00	0.00	0.0
Elevators, escalators	3	1.1	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	6	2.3	0.00	0.00	0.00	0.0
Food	1	0.3	0.00	0.00	0.00	0.0
Foreign Object	2	0.7	0.00	0.00	0.00	0.0
Ladder - Portable	1	0.3	0.00	0.00	0.00	0.0
Lift	2	0.7	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.3	0.00	0.00	0.00	0.0
Overhead Object	2	0.7	0.00	0.00	0.00	0.0
Razor blade	1	0.3	0.00	0.00	0.00	0.0
Recreational equipment	1	0.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	0.7	0.00	0.00	0.00	0.0
Shelving	1	0.3	0.00	0.00	0.00	0.0
Steam / exhaust	1	0.3	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	0.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	0.3	0.00	0.00	0.00	0.0
Wall	1	0.3	0.00	0.00	0.00	0.0
Water	1	0.3	0.00	0.00	0.00	0.0
Wheelchair	1	0.3	0.00	0.00	0.00	0.0
	251		***$ 37,665.12***	***$ 6,357.40***	***$ 44,022.52***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	162	64.5	16,410.35	5,517.98	21,928.33	49.8
Lifting (strain or Injury by)	6	2.3	11,176.86	89.42	11,266.28	25.5
Twisting, strain or injury by	11	4.3	3,574.00	0.00	3,574.00	8.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Catawba Hospital (724)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Repetitive Motion	1	0.3	1,959.79	0.00	1,959.79	4.4
Pushing Or Pulling (Strain or Injury by)	4	1.5	1,274.97	0.00	1,274.97	2.9
Fall or Slip (On Same Level)	5	1.9	503.55	750.00	1,253.55	2.8
Human Bite	8	3.1	923.49	0.00	923.49	2.1
Strike Against/Step on Stationary Object	6	2.3	735.18	0.00	735.18	1.6
Contact with Cold Objects or Substances	3	1.1	518.25	0.00	518.25	1.1
Fall or Slip (From Liquid/Grease spills)	1	0.3	207.25	0.00	207.25	0.4
Foreign Body In Eye	1	0.3	153.80	0.00	153.80	0.3
Allergic Reaction	2	0.7	122.40	0.00	122.40	0.2
Strike Against/Step on Sanding,Scraping,Cleaning	1	0.3	105.23	0.00	105.23	0.2
Animal Or Insect	4	1.5	0.00	0.00	0.00	0.0
Unknown	1	0.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	6	2.3	0.00	0.00	0.00	0.0
Assault	1	0.3	0.00	0.00	0.00	0.0
Caught in, under, between, NOC	1	0.3	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.3	0.00	0.00	0.00	0.0
Contact with Electric Current	1	0.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	1.1	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	0.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	0.3	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	3	1.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	6	2.3	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.3	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.3	0.00	0.00	0.00	0.0
Struck or injured by misc.	2	0.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	3	1.1	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	2	0.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.3	0.00	0.00	0.00	0.0
	251		***$ 37,665.12***	***$ 6,357.40***	***$ 44,022.52***	

**BODY PART

Abdomen including Groin	3
Multiple Head Injury	13
Hand	27
Facial, Other Soft Tissue	35
Shoulder	14
Lower Leg	7
Upper Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	14
Wrist	10
Insufficient Information	6
Foot	4
Eye(s)	7
Chest (Inc: Ribs, Sternum and Soft Tissue)	14
Upper Back Area (Thoracic Area)	2
Nose	3
Thumb	7
Lower Arm	18

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Catawba Hospital (724)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Knee	7					
Upper Arm (Inc: Clavicle and Scapula)	11					
Elbow	3					
Ear(s)	2					
Finger(s)	13					
Hip	2					
Internal Organs	1					
Lungs	5					
Mouth	6					
Multiple Body Parts	5					
Multiple Neck Injury	4					
No Physical Problem	7					
Soft Tissue - Neck	1					
Teeth	1					
Wrist(s) & Hand(s)	1					
	251					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	144
Hernia	1
Strain	24
Sprain	12
Puncture	9
Foreign Body	8
Laceration	29
All Other	6
Infection	1
All Other Cumulative	1
Burn	6
Crushing	1
Dislocation	1
No Physical Injury	7
Poisoning - Chemical	2
Respiratory Disorders	3
	251

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	11	7.1	41,617.51	19,642.41	61,259.92	35.6
6AM-7:59AM	23	14.9	23,812.88	7,447.13	31,260.01	18.1
12PM-1:59PM	17	11.0	8,073.07	13,736.38	21,809.45	12.6
8AM-9:59AM	23	14.9	15,655.90	3,391.11	19,047.01	11.0
4AM-5:59AM	11	7.1	13,539.88	3,091.82	16,631.70	9.6
2PM-3:59PM	18	11.6	4,430.75	5,337.04	9,767.79	5.6
4PM-5:59PM	10	6.4	2,829.86	1,765.82	4,595.68	2.6
10AM-11:59AM	21	13.6	2,974.76	1,308.41	4,283.17	2.4
2AM-3:59AM	8	5.1	2,362.70	0.00	2,362.70	1.3
12AM-1:59AM	5	3.2	315.00	750.00	1,065.00	0.6
6PM-7:59PM	7	4.5	0.00	0.00	0.00	0.0
	154		**$ 115,612.31**	**$ 56,470.12**	**$ 172,082.43**	
LENGTH OF SERVICE						
0-2	42	27.2	29,559.05	27,088.63	56,647.68	32.9
4-6	26	16.8	32,812.76	8,018.47	40,831.23	23.7
16-18	3	1.9	18,130.95	11,992.17	30,123.12	17.5
2-4	33	21.4	16,509.46	5,290.47	21,799.93	12.6
14-16	10	6.4	10,283.70	1,073.67	11,357.37	6.6
12-14	8	5.1	5,620.85	948.30	6,569.15	3.8
6-8	9	5.8	675.67	1,308.41	1,984.08	1.1
8-10	8	5.1	655.17	750.00	1,405.17	0.8
18-20	4	2.5	745.93	0.00	745.93	0.4
10-12	6	3.8	618.77	0.00	618.77	0.3
20-22	1	0.6	0.00	0.00	0.00	0.0
22-24	2	1.2	0.00	0.00	0.00	0.0
24-26	1	0.6	0.00	0.00	0.00	0.0
26-28	1	0.6	0.00	0.00	0.00	0.0
	154		**$ 115,612.31**	**$ 56,470.12**	**$ 172,082.43**	
AGE OF CLAIMANT						
55-59	13	8.4	29,952.46	15,472.41	45,424.87	26.4
40-44	26	16.8	25,508.27	15,355.50	40,863.77	23.7
50-54	22	14.2	28,827.39	7,848.54	36,675.93	21.3
30-34	10	6.4	6,694.94	12,374.25	19,069.19	11.0
35-39	30	19.4	9,814.83	1,765.82	11,580.65	6.7
65-69	8	5.1	5,974.88	37.17	6,012.05	3.4
25-29	12	7.7	4,037.77	1,366.43	5,404.20	3.1
45-49	22	14.2	2,793.67	1,500.00	4,293.67	2.5
20-24	6	3.8	1,239.87	750.00	1,989.87	1.1
60-64	5	3.2	768.23	0.00	768.23	0.4
	154		**$ 115,612.31**	**$ 56,470.12**	**$ 172,082.43**	
SEX OF CLAIMANT						
Female	128	83.1	90,495.74	48,842.98	139,338.72	80.9
Male	26	16.8	25,116.57	7,627.14	32,743.71	19.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Training Center (725)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	154		***$ 115,612.31***	***$ 56,470.12***	***$ 172,082.43***	
LOSS CAUSE						
Patient / Inmate	79	51.2	61,953.93	27,796.35	89,750.28	52.1
Walking surface, outside, wet	2	1.2	18,615.03	11,992.17	30,607.20	17.7
Furniture / fixtures	7	4.5	14,219.78	6,373.46	20,593.24	11.9
Food	5	3.2	5,824.57	3,353.94	9,178.51	5.3
Walking surface, inside, wet	8	5.1	6,213.13	1,101.91	7,315.04	4.2
Wall	1	0.6	2,633.57	1,366.43	4,000.00	2.3
Vehicle/car/truck	2	1.2	1,822.55	1,677.45	3,500.00	2.0
Cleaning Products	2	1.2	1,002.30	558.41	1,560.71	0.9
Chemicals, not otherwise classified	2	1.2	177.90	750.00	927.90	0.5
Stairs, steps	2	1.2	922.25	0.00	922.25	0.5
Boxes / containers	2	1.2	0.00	750.00	750.00	0.4
Door	5	3.2	0.00	750.00	750.00	0.4
Lift	3	1.9	660.40	0.00	660.40	0.3
Sharp objects, not otherwise classified	7	4.5	597.58	0.00	597.58	0.3
Wheelchair	1	0.6	461.25	0.00	461.25	0.2
Machine, not otherwise classified	2	1.2	388.87	0.00	388.87	0.2
Pots/pans	1	0.6	119.20	0.00	119.20	0.0
Animal / bee type	2	1.2	0.00	0.00	0.00	0.0
Insufficient data	2	1.2	0.00	0.00	0.00	0.0
Mechanical powered	2	1.2	0.00	0.00	0.00	0.0
Person	1	0.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	1.2	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Cart	3	1.9	0.00	0.00	0.00	0.0
Chair	1	0.6	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	0.6	0.00	0.00	0.00	0.0
Metal items	3	1.9	0.00	0.00	0.00	0.0
Needle stick	1	0.6	0.00	0.00	0.00	0.0
Trash receptacle	1	0.6	0.00	0.00	0.00	0.0
Water	3	1.9	0.00	0.00	0.00	0.0
	154		***$ 115,612.31***	***$ 56,470.12***	***$ 172,082.43***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	2	1.2	18,615.03	11,992.17	30,607.20	17.7
Holding Or Carrying (Strain or Injury by)	1	0.6	22,975.06	6,900.24	29,875.30	17.3
Lifting (strain or Injury by)	12	7.7	11,421.48	14,218.11	25,639.59	14.9
Strike Against/Step on Stationary Object	6	3.8	13,382.61	6,373.46	19,756.07	11.4
Stuck, injured by fellow worker, patient	50	32.4	15,931.57	3,264.23	19,195.80	11.1
Pushing Or Pulling (Strain or Injury by)	8	5.1	8,206.75	5,530.20	13,736.95	7.9
Fall or Slip (On Same Level)	4	2.5	4,146.06	3,353.94	7,500.00	4.3
Fall or Slip (From Liquid/Grease spills)	9	5.8	6,213.13	1,101.91	7,315.04	4.2
Assault	1	0.6	5,262.05	0.00	5,262.05	3.0
Collision/sideswipe with Another Vehicle	2	1.2	1,822.55	1,677.45	3,500.00	2.0
Foreign Body In Eye	3	1.9	1,330.70	558.41	1,889.11	1.1
Human Bite	13	8.4	1,810.86	0.00	1,810.86	1.0
Steam Or Hot Fluids	3	1.9	1,210.20	0.00	1,210.20	0.7
Fall or slip (on stairs)	1	0.6	922.25	0.00	922.25	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Training Center (725)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Allergic Reaction	3	1.9	0.00	750.00	750.00	0.4
Object Handled (caught in or between)	3	1.9	0.00	750.00	750.00	0.4
Struck/Injured by Moving Part Of Machine	2	1.2	660.40	0.00	660.40	0.3
Acid Chemicals Burn or Scald - Heat or Cold Exp.	4	2.5	642.78	0.00	642.78	0.3
Struck/Injured by Object Handled By Other	2	1.2	597.58	0.00	597.58	0.3
Strike Against/Step On Obj. Being Lifted or Handle	1	0.6	461.25	0.00	461.25	0.2
Animal Or Insect	3	1.9	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.6	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	0.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	3	1.9	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.6	0.00	0.00	0.00	0.0
Cut, puncture, scrape, NOC	1	0.6	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.6	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	3	1.9	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	4	2.5	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	0.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	3	1.9	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	1.2	0.00	0.00	0.00	0.0
	154		***$ 115,612.31***	***$ 56,470.12***	***$ 172,082.43***	

***BODY PART**

Ankle	4
Spinal Cord - Trunk	1
Lower Back Area (Lumbar and Lumbo-Sacral)	12
Hand	10
Knee	10
Multiple Head Injury	15
Upper Back Area (Thoracic Area)	2
Shoulder	5
Chest (Inc: Ribs, Sternum and Soft Tissue)	5
Thumb	9
Lower Arm	15
Multiple Body Parts	5
Eye(s)	7
Finger(s)	11
Insufficient Information	5
Wrist(s) & Hand(s)	1
Foot	3
Internal Organs	1
Wrist	10
Buttocks	2
Toe(s)	1
Lower Leg	2
Facial, Other Soft Tissue	4
Multiple Neck Injury	2
Brain	1
Mouth	2
Abdomen including Groin	2
No Physical Problem	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Training Center (725)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Upper Arm (Inc: Clavicle and Scapula)	5					
Upper Leg	1					
	154					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	23
Sprain	15
Fracture	2
Hernia	1
Contusion	42
Concussion	1
All Other	28
Burn	9
Puncture	10
Laceration	13
Foreign Body	2
Crushing	1
Respiratory Disorders	1
Infection	2
Mental Stress	1
Dermatitis	2
No Physical Injury	3
154	

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	122	31.7	59,956.91	24,720.40	84,677.31	49.8
10AM-11:59AM	64	16.6	20,587.16	5,662.50	26,249.66	15.4
6AM-7:59AM	53	13.8	18,768.30	7,053.35	25,821.65	15.1
4AM-5:59AM	43	11.1	10,325.77	9,010.87	19,336.64	11.3
2AM-3:59AM	56	14.5	6,309.27	2,815.75	9,125.02	5.3
12AM-1:59AM	18	4.6	1,640.05	519.21	2,159.26	1.2
12PM-1:59PM	21	5.4	901.71	939.01	1,840.72	1.0
Unknown	4	1.0	0.00	750.00	750.00	0.4
2PM-3:59PM	2	0.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	0.2	0.00	0.00	0.00	0.0
	384		***$ 118,489.17***	***$ 51,471.09***	***$ 169,960.26***	
LENGTH OF SERVICE						
0-2	114	29.6	29,492.70	20,733.18	50,225.88	29.5
22-24	15	3.9	15,634.82	5,818.24	21,453.06	12.6
2-4	62	16.1	13,693.97	6,884.70	20,578.67	12.1
26-28	26	6.7	15,251.53	3,774.73	19,026.26	11.1
Unknown	2	0.5	9,854.00	361.54	10,215.54	6.0
28-30	14	3.6	4,457.79	5,736.27	10,194.06	6.0
6-8	19	4.9	6,384.23	1,340.97	7,725.20	4.5
24-26	21	5.4	4,368.29	2,469.23	6,837.52	4.0
12-14	11	2.8	4,933.21	750.00	5,683.21	3.3
10-12	13	3.3	3,951.56	750.00	4,701.56	2.7
4-6	23	5.9	1,655.82	2,402.83	4,058.65	2.3
20-22	11	2.8	3,372.86	0.00	3,372.86	1.9
30-32	8	2.0	1,945.18	0.00	1,945.18	1.1
8-10	21	5.4	1,240.27	260.39	1,500.66	0.8
18-20	7	1.8	1,059.24	189.01	1,248.25	0.7
16-18	6	1.5	1,193.70	0.00	1,193.70	0.7
14-16	9	2.3	0.00	0.00	0.00	0.0
34-36	1	0.2	0.00	0.00	0.00	0.0
36-38	1	0.2	0.00	0.00	0.00	0.0
	384		***$ 118,489.17***	***$ 51,471.09***	***$ 169,960.26***	
AGE OF CLAIMANT						
45-49	82	21.3	25,012.76	14,415.95	39,428.71	23.2
55-59	27	7.0	18,206.14	6,958.33	25,164.47	14.8
40-44	64	16.6	19,416.75	5,688.28	25,105.03	14.7
30-34	41	10.6	17,050.41	5,489.59	22,540.00	13.2
60-64	19	4.9	13,730.73	1,582.32	15,313.05	9.0
35-39	38	9.8	10,051.12	4,344.29	14,395.41	8.4
50-54	45	11.7	6,376.45	5,666.63	12,043.08	7.0
20-24	30	7.8	3,047.11	4,769.04	7,816.15	4.6
25-29	30	7.8	3,899.16	1,806.66	5,705.82	3.3
15-19	5	1.3	1,003.22	750.00	1,753.22	1.0
65-69	2	0.5	695.32	0.00	695.32	0.4
70-74	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southside Va Training Center (726)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	384		***$ 118,489.17***	***$ 51,471.09***	***$ 169,960.26***	
SEX OF CLAIMANT						
Female	323	84.1	94,330.57	48,573.19	142,903.76	84.0
Male	61	15.8	24,158.60	2,897.90	27,056.50	15.9
	384		***$ 118,489.17***	***$ 51,471.09***	***$ 169,960.26***	
LOSS CAUSE						
Patient / Inmate	182	47.3	39,535.13	24,293.09	63,828.22	37.5
Walking surface, outside, dry	9	2.3	13,512.03	5,792.10	19,304.13	11.3
Walking surface, inside, wet	6	1.5	8,359.82	7,565.52	15,925.34	9.3
Stairs, steps	10	2.6	10,823.93	361.54	11,185.47	6.5
Furniture / fixtures	19	4.9	10,486.48	0.00	10,486.48	6.1
Boxes / containers	11	2.8	2,734.60	4,412.39	7,146.99	4.2
Walking surface, inside, dry	13	3.3	5,770.52	0.00	5,770.52	3.4
Cart	9	2.3	2,273.15	1,716.27	3,989.42	2.3
Metal items	11	2.8	3,283.45	0.00	3,283.45	1.9
Hand tool, not powered, NOC	1	0.2	0.00	3,000.00	3,000.00	1.7
Machine, not otherwise classified	5	1.3	2,894.13	0.00	2,894.13	1.7
Lift	3	0.7	2,868.44	0.00	2,868.44	1.6
Foreign Object	6	1.5	2,768.51	0.00	2,768.51	1.6
Wheelchair	8	2.0	1,487.85	876.89	2,364.74	1.3
Door	12	3.1	1,747.95	0.00	1,747.95	1.0
Uneven Surface	1	0.2	1,564.00	0.00	1,564.00	0.9
Person	4	1.0	659.94	750.00	1,409.94	0.8
Clothing / jewelry	1	0.2	1,335.03	0.00	1,335.03	0.7
Chair	7	1.8	1,193.00	0.00	1,193.00	0.7
Vehicle, not otherwise classified	9	2.3	971.76	0.00	971.76	0.5
Brush / tree / log	1	0.2	224.11	525.89	750.00	0.4
Laundry	2	0.5	693.07	56.93	750.00	0.4
N/A	1	0.2	0.00	750.00	750.00	0.4
Office equipment	2	0.5	129.53	620.47	750.00	0.4
Steam / exhaust	1	0.2	0.00	750.00	750.00	0.4
Wall	1	0.2	734.38	0.00	734.38	0.4
Object on Floor	3	0.7	381.50	0.00	381.50	0.2
Chemicals, not otherwise classified	5	1.3	329.83	0.00	329.83	0.1
Food	3	0.7	306.93	0.00	306.93	0.1
Dust	2	0.5	220.00	0.00	220.00	0.1
Outside Surface	1	0.2	200.51	0.00	200.51	0.1
Trash receptacle	1	0.2	199.11	0.00	199.11	0.1
Cleaning Products	2	0.5	187.18	0.00	187.18	0.1
Floor	2	0.5	174.10	0.00	174.10	0.1
Needle stick	2	0.5	116.60	0.00	116.60	0.0
Insufficient data	2	0.5	110.00	0.00	110.00	0.0
Paper / Pulp	1	0.2	110.00	0.00	110.00	0.0
Heating equipment	1	0.2	102.60	0.00	102.60	0.0
Rope, cord	1	0.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Animal / bee type	4	1.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:29

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southside Va Training Center (726)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Animal, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Building parts / doors	3	0.7	0.00	0.00	0.00	0.0
Cabinet	1	0.2	0.00	0.00	0.00	0.0
Electrical equipment	2	0.5	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.2	0.00	0.00	0.00	0.0
Ladder, 14' extension	1	0.2	0.00	0.00	0.00	0.0
Nail	1	0.2	0.00	0.00	0.00	0.0
Package	1	0.2	0.00	0.00	0.00	0.0
Pots/pans	1	0.2	0.00	0.00	0.00	0.0
Racking	1	0.2	0.00	0.00	0.00	0.0
Recreational equipment	1	0.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	0.5	0.00	0.00	0.00	0.0
Wheel	1	0.2	0.00	0.00	0.00	0.0
	384		***$ 118,489.17***	***$ 51,471.09***	***$ 169,960.26***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	28	7.2	24,174.87	10,566.23	34,741.10	20.4
Fall or Slip (On Same Level)	28	7.2	22,454.64	5,718.24	28,172.88	16.5
Lifting (strain or Injury by)	32	8.3	16,057.12	6,901.90	22,959.02	13.5
Stuck, injured by fellow worker, patient	126	32.8	13,705.62	8,384.75	22,090.37	13.0
Fall or Slip (From Liquid/Grease spills)	6	1.5	8,359.82	7,565.52	15,925.34	9.3
Twisting, strain or injury by	10	2.6	11,884.78	361.54	12,246.32	7.2
Struck/Injured by Object Being Lifted/Handled	17	4.4	2,265.08	1,716.27	3,981.35	2.3
Struck/Injured by Object Handled By Other	4	1.0	3,624.95	248.91	3,873.86	2.2
Strike Against/Step on Stationary Object	19	4.9	3,839.34	0.00	3,839.34	2.2
Holding Or Carrying (Strain or Injury by)	1	0.2	3,395.84	0.00	3,395.84	2.0
Strike Against/Step on Sanding,Scraping,Cleaning	1	0.2	0.00	3,000.00	3,000.00	1.7
Fall or Slip (From Different Level)	9	2.3	1,600.96	1,377.98	2,978.94	1.7
Human Bite	16	4.1	1,116.16	1,500.00	2,616.16	1.5
Reaching (Strain or Injury by)	2	0.5	120.00	1,380.00	1,500.00	0.8
Strike Against/Step On Obj. Being Lifted or Handle	7	1.8	1,257.70	0.00	1,257.70	0.7
Allergic Reaction	4	1.0	688.40	525.89	1,214.29	0.7
Struck/Injured by Falling or Flying Object	7	1.8	1,092.36	0.00	1,092.36	0.6
Object being lifted/handled (cut,punc.scrape,inj b	6	1.5	887.64	0.00	887.64	0.5
Fall or slip (on stairs)	7	1.8	805.85	0.00	805.85	0.4
Acid Chemicals Burn or Scald - Heat or Cold Exp.	2	0.5	0.00	750.00	750.00	0.4
Fall or slip (into Openings)	4	1.0	26.14	723.86	750.00	0.4
Other (Not Otherwise Classified)	2	0.5	0.00	750.00	750.00	0.4
Assault	1	0.2	273.71	0.00	273.71	0.1
Object Handled (caught in or between)	13	3.3	225.00	0.00	225.00	0.1
Foreign Body In Eye	3	0.7	220.00	0.00	220.00	0.1
Contact with Cold Objects or Substances	3	0.7	162.72	0.00	162.72	0.1
Other than physical cause of injury	2	0.5	133.87	0.00	133.87	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	1.3	116.60	0.00	116.60	0.0
Repetitive Motion	3	0.7	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	4	1.0	0.00	0.00	0.00	0.0
Animal Or Insect	6	1.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	0.5	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Strike Against/Step On Moving Part Of Machine	1	0.2	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	0.2	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	0.2	0.00	0.00	0.00	0.0
	384		***$ 118,489.17***	***$ 51,471.09***	***$ 169,960.26***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	51
Wrist	19
Knee	27
Shoulder	24
Hand	39
Multiple Body Parts	2
Upper Back Area (Thoracic Area)	13
Lower Arm	42
Multiple Head Injury	19
Multiple Neck Injury	8
Elbow	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	25
Lower Leg	10
Foot	7
Finger(s)	28
Upper Arm (Inc: Clavicle and Scapula)	9
Eye(s)	16
Hip	7
Ankle	15
Facial, Other Soft Tissue	15
Toe(s)	6
Upper Leg	9
Mouth	3
Teeth	1
Buttocks	3
Wrist(s) & Hand(s)	1
Abdomen including Groin	5
Thumb	7
Ear(s)	2
Lungs	2
Multiple Lower Extremities	2
Multiple Upper Extremities	1
Nose	1
	384

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	86
Contusion	200
Sprain	37
Laceration	56
Puncture	22

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Burn	3					
Dislocation	1					
Infection	1					
Dermatitis	3					
Foreign Body	9					
Concussion	1					
Crushing	1					
No Physical Injury	1					
Poisoning - Chemical	2					
	384					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2AM-3:59AM	8	5.2	11,012.46	0.00	11,012.46	28.6
2PM-3:59PM	15	9.9	3,547.57	666.00	4,213.57	10.9
10AM-11:59AM	19	12.5	3,645.46	159.10	3,804.56	9.9
Unknown	31	20.5	1,905.93	1,481.77	3,387.70	8.8
4AM-5:59AM	8	5.2	2,830.77	0.00	2,830.77	7.3
12PM-1:59PM	12	7.9	1,861.95	884.75	2,746.70	7.1
6AM-7:59AM	7	4.6	2,071.35	631.50	2,702.85	7.0
12AM-1:59AM	2	1.3	2,316.20	0.00	2,316.20	6.0
8AM-9:59AM	16	10.5	2,117.02	0.00	2,117.02	5.5
6PM-7:59PM	10	6.6	1,934.99	112.70	2,047.69	5.3
4PM-5:59PM	23	15.2	458.00	750.00	1,208.00	3.1
	151		***$ 33,701.70***	***$ 4,685.82***	***$ 38,387.52***	
LENGTH OF SERVICE						
12-14	1	0.6	11,012.46	0.00	11,012.46	28.6
0-2	45	29.8	8,597.89	945.00	9,542.89	24.8
2-4	51	33.7	6,797.25	1,416.00	8,213.25	21.4
4-6	37	24.5	5,402.12	997.45	6,399.57	16.6
8-10	6	3.9	1,328.08	1,327.37	2,655.45	6.9
20-22	1	0.6	563.90	0.00	563.90	1.4
10-12	2	1.3	0.00	0.00	0.00	0.0
18-20	2	1.3	0.00	0.00	0.00	0.0
14-16	3	1.9	0.00	0.00	0.00	0.0
30-32	1	0.6	0.00	0.00	0.00	0.0
6-8	2	1.3	0.00	0.00	0.00	0.0
	151		***$ 33,701.70***	***$ 4,685.82***	***$ 38,387.52***	
AGE OF CLAIMANT						
60-64	7	4.6	11,576.36	0.00	11,576.36	30.1
35-39	31	20.5	9,137.37	809.20	9,946.57	25.9
50-54	14	9.2	3,172.24	1,017.10	4,189.34	10.9
40-44	16	10.5	2,685.34	1,327.37	4,012.71	10.4
25-29	14	9.2	3,039.73	0.00	3,039.73	7.9
30-34	18	11.9	1,097.20	1,297.50	2,394.70	6.2
55-59	11	7.2	1,886.50	234.65	2,121.15	5.5
45-49	17	11.2	1,106.96	0.00	1,106.96	2.8
20-24	22	14.5	0.00	0.00	0.00	0.0
65-69	1	0.6	0.00	0.00	0.00	0.0
	151		***$ 33,701.70***	***$ 4,685.82***	***$ 38,387.52***	
SEX OF CLAIMANT						
Female	96	63.5	22,206.66	4,526.72	26,733.38	69.6
Male	55	36.4	11,495.04	159.10	11,654.14	30.3
	151		***$ 33,701.70***	***$ 4,685.82***	***$ 38,387.52***	
LOSS CAUSE						
Patient / Inmate	114	75.4	13,119.68	3,801.07	16,920.75	44.0
Insufficient data	1	0.6	11,012.46	0.00	11,012.46	28.6
Recreational equipment	2	1.3	2,417.08	0.00	2,417.08	6.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Furniture / fixtures	2	1.3	2,316.20	0.00	2,316.20	6.0
Machine, not otherwise classified	2	1.3	1,269.88	0.00	1,269.88	3.3
Cart	3	1.9	981.05	234.65	1,215.70	3.1
Wall	3	1.9	444.15	650.10	1,094.25	2.8
Laundry	1	0.6	760.80	0.00	760.80	1.9
Person	1	0.6	464.95	0.00	464.95	1.2
Needle stick	1	0.6	458.00	0.00	458.00	1.1
Door	3	1.9	457.45	0.00	457.45	1.1
Boxes / containers	1	0.6	0.00	0.00	0.00	0.0
Building parts / doors	2	1.3	0.00	0.00	0.00	0.0
Office equipment	1	0.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	1.9	0.00	0.00	0.00	0.0
Chair	2	1.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.6	0.00	0.00	0.00	0.0
Ladder - Portable	1	0.6	0.00	0.00	0.00	0.0
Racking	1	0.6	0.00	0.00	0.00	0.0
Shears	1	0.6	0.00	0.00	0.00	0.0
Stairs, steps	1	0.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.6	0.00	0.00	0.00	0.0
Water	1	0.6	0.00	0.00	0.00	0.0
	151		***$ 33,701.70***	***$ 4,685.82***	***$ 38,387.52***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	106	70.1	12,574.51	3,801.07	16,375.58	42.6
Twisting, strain or injury by	2	1.3	11,012.46	0.00	11,012.46	28.6
Pushing Or Pulling (Strain or Injury by)	3	1.9	2,781.90	0.00	2,781.90	7.2
Repetitive Motion	1	0.6	2,417.08	0.00	2,417.08	6.3
Struck/Injured by Object Being Lifted/Handled	3	1.9	972.80	234.65	1,207.45	3.1
Contact with Cold Objects or Substances	3	1.9	906.00	0.00	906.00	2.3
Strike Against/Step on Stationary Object	3	1.9	99.90	650.10	750.00	1.9
Fall or Slip (On Same Level)	2	1.3	705.98	0.00	705.98	1.8
Human Bite	3	1.9	701.00	0.00	701.00	1.8
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.6	563.90	0.00	563.90	1.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	1.3	458.00	0.00	458.00	1.1
Foreign Body In Eye	2	1.3	428.17	0.00	428.17	1.1
Temperature Extremes	1	0.6	80.00	0.00	80.00	0.2
Lifting (strain or Injury by)	1	0.6	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	0.6	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.6	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.6	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	0.6	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	0.6	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	0.6	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	0.6	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	2	1.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	1.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	0.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Other (Not Otherwise Classified)	1	0.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	4	2.6	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	0.6	0.00	0.00	0.00	0.0
	151		***$ 33,701.70***	***$ 4,685.82***	***$ 38,387.52***	

***BODY PART

Knee	12
Facial, Other Soft Tissue	22
Finger(s)	13
Wrist	9
Ankle	1
Abdomen including Groin	2
Lower Arm	10
Lower Leg	3
Eye(s)	7
Foot	3
Shoulder	5
Multiple Neck Injury	8
Multiple Head Injury	8
Multiple Upper Extremities	1
Thumb	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	7
Hand	13
Elbow	2
Nose	2
Insufficient Information	5
Mouth	3
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Multiple Body Parts	1
Multiple Lower Extremities	1
No Physical Problem	1
Skull	1
Toe(s)	1
Trachea	1
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Back Area (Thoracic Area)	1
Upper Leg	4
	151

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	9
Laceration	33
Contusion	65
Strain	10
Fracture	4
All Other	13
Puncture	6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Northern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
All Other Cumulative	3					
Inflamation	2					
Foreign Body	6					
Burn	1					
Multiple Physical Injuries Only	1					
No Physical Injury	2					
Poisoning - Chemical	1					
	151					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Piedmont Geriatric Hospital (729)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12AM-1:59AM	5	3.4	3,768.88	878.80	4,647.68	43.8
6AM-7:59AM	33	22.4	6.29	2,250.00	2,256.29	21.2
4AM-5:59AM	6	4.0	0.00	1,500.00	1,500.00	14.1
8AM-9:59AM	25	17.0	669.96	750.00	1,419.96	13.4
10AM-11:59AM	18	12.2	741.29	0.00	741.29	7.0
12PM-1:59PM	15	10.2	30.23	0.00	30.23	0.2
2AM-3:59AM	3	2.0	0.00	0.00	0.00	0.0
2PM-3:59PM	8	5.4	0.00	0.00	0.00	0.0
4PM-5:59PM	15	10.2	0.00	0.00	0.00	0.0
6PM-7:59PM	5	3.4	0.00	0.00	0.00	0.0
Unknown	14	9.5	0.00	0.00	0.00	0.0
	147		***$ 5,216.65***	***$ 5,378.80***	***$ 10,595.45***	
LENGTH OF SERVICE						
2-4	22	14.9	4,485.38	1,628.80	6,114.18	57.7
4-6	17	11.5	695.98	750.00	1,445.98	13.6
0-2	56	38.0	35.29	750.00	785.29	7.4
16-18	4	2.7	0.00	750.00	750.00	7.0
26-28	2	1.3	0.00	750.00	750.00	7.0
6-8	13	8.8	0.00	750.00	750.00	7.0
12-14	6	4.0	0.00	0.00	0.00	0.0
36-38	1	0.6	0.00	0.00	0.00	0.0
8-10	9	6.1	0.00	0.00	0.00	0.0
10-12	8	5.4	0.00	0.00	0.00	0.0
14-16	4	2.7	0.00	0.00	0.00	0.0
18-20	1	0.6	0.00	0.00	0.00	0.0
22-24	1	0.6	0.00	0.00	0.00	0.0
24-26	2	1.3	0.00	0.00	0.00	0.0
42-44	1	0.6	0.00	0.00	0.00	0.0
	147		***$ 5,216.65***	***$ 5,378.80***	***$ 10,595.45***	
AGE OF CLAIMANT						
50-54	26	17.6	3,768.88	1,628.80	5,397.68	50.9
40-44	28	19.0	0.00	2,250.00	2,250.00	21.2
45-49	32	21.7	10.50	750.00	760.50	7.1
55-59	18	12.2	0.00	750.00	750.00	7.0
35-39	5	3.4	716.50	0.00	716.50	6.7
30-34	18	12.2	689.69	0.00	689.69	6.5
20-24	7	4.7	24.79	0.00	24.79	0.2
25-29	8	5.4	6.29	0.00	6.29	0.0
60-64	4	2.7	0.00	0.00	0.00	0.0
70-74	1	0.6	0.00	0.00	0.00	0.0
	147		***$ 5,216.65***	***$ 5,378.80***	***$ 10,595.45***	
SEX OF CLAIMANT						
Female	132	89.7	4,540.40	5,378.80	9,919.20	93.6
Male	15	10.2	676.25	0.00	676.25	6.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Piedmont Geriatric Hospital (729)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	147		***$ 5,216.65***	***$ 5,378.80***	***$ 10,595.45***	
LOSS CAUSE						
Patient / Inmate	103	70.0	3,805.40	3,128.80	6,934.20	65.4
Cart	1	0.6	0.00	750.00	750.00	7.0
N/A	1	0.6	0.00	750.00	750.00	7.0
Walking surface, inside, dry	1	0.6	0.00	750.00	750.00	7.0
Walking surface, outside, dry	2	1.3	716.50	0.00	716.50	6.7
Building parts / doors	3	2.0	677.96	0.00	677.96	6.4
Docks,Ramps,Loading Platforms	1	0.6	10.50	0.00	10.50	0.1
Pliers	1	0.6	6.29	0.00	6.29	0.0
Animal / insect, not otherwise classified	2	1.3	0.00	0.00	0.00	0.0
Furniture / fixtures	2	1.3	0.00	0.00	0.00	0.0
Insufficient data	2	1.3	0.00	0.00	0.00	0.0
Mowers	1	0.6	0.00	0.00	0.00	0.0
Object on Floor	1	0.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	3	2.0	0.00	0.00	0.00	0.0
Battery	1	0.6	0.00	0.00	0.00	0.0
Chair	2	1.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Door	6	4.0	0.00	0.00	0.00	0.0
Foreign Object	2	1.3	0.00	0.00	0.00	0.0
Lift	1	0.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Metal items	1	0.6	0.00	0.00	0.00	0.0
Needle stick	1	0.6	0.00	0.00	0.00	0.0
Pike pole 8’	1	0.6	0.00	0.00	0.00	0.0
Screw driver	1	0.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	1.3	0.00	0.00	0.00	0.0
Water	1	0.6	0.00	0.00	0.00	0.0
Wheelchair	2	1.3	0.00	0.00	0.00	0.0
	147		***$ 5,216.65***	***$ 5,378.80***	***$ 10,595.45***	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	2	1.3	3,541.83	878.80	4,420.63	41.7
Stuck, injured by fellow worker, patient	83	56.4	30.23	2,250.00	2,280.23	21.5
Twisting, strain or injury by	4	2.7	716.50	750.00	1,466.50	13.8
Fall or Slip (On Same Level)	4	2.7	0.00	750.00	750.00	7.0
Pushing Or Pulling (Strain or Injury by)	5	3.4	0.00	750.00	750.00	7.0
Contact with Electric Current	1	0.6	659.46	0.00	659.46	6.2
Lifting (strain or Injury by)	3	2.0	227.05	0.00	227.05	2.1
Object Handled (caught in or between)	4	2.7	18.50	0.00	18.50	0.1
Fall or Slip (From Different Level)	3	2.0	10.50	0.00	10.50	0.1
Human Bite	7	4.7	6.29	0.00	6.29	0.0
Steam Or Hot Fluids	1	0.6	6.29	0.00	6.29	0.0
Animal Or Insect	2	1.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	4	2.7	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	3	2.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	1.3	0.00	0.00	0.00	0.0
Caught in, under, between, NOC	1	0.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Contact with Cold Objects or Substances	1	0.6	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.6	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	2	1.3	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	1.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	0.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	0.6	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	1.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	4	2.7	0.00	0.00	0.00	0.0
	147		***$ 5,216.65***	***$ 5,378.80***	***$ 10,595.45***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Lower Arm	29
Facial, Other Soft Tissue	11
Knee	8
Mouth	3
Ankle	2
Eye(s)	5
Shoulder	7
Hand	11
Chest (Inc: Ribs, Sternum and Soft Tissue)	7
Thumb	6
Buttocks	2
Elbow	4
Hip	1
Multiple Head Injury	4
Wrist	10
Abdomen including Groin	6
Ear(s)	2
Finger(s)	3
Foot	1
Insufficient Information	1
Lower Leg	5
No Physical Problem	2
Nose	1
Skull	2
Toe(s)	1
Upper Arm (Inc: Clavicle and Scapula)	3
	147

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	46

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Industrial Claims for Plan Year 2002

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By Agencies,SubAgencies

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
All Other	25					
Sprain	14					
Burn	2					
Puncture	12					
Foreign Body	10					
Laceration	25					
Infection	1					
No Physical Injury	2					
	147					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	12	6.3	32,142.63	25,505.24	57,647.87	39.2
2AM-3:59AM	4	2.1	22,265.41	12,913.07	35,178.48	23.9
8AM-9:59AM	36	19.0	16,528.44	9,736.22	26,264.66	17.8
Unknown	14	7.4	7,866.45	2,987.86	10,854.31	7.3
4PM-5:59PM	28	14.8	1,652.12	4,795.97	6,448.09	4.3
10AM-11:59AM	22	11.6	3,237.99	1,186.43	4,424.42	3.0
2PM-3:59PM	27	14.2	1,130.14	3,137.07	4,267.21	2.9
12AM-1:59AM	27	14.2	539.40	960.60	1,500.00	1.0
6PM-7:59PM	10	5.2	400.34	0.00	400.34	0.2
12PM-1:59PM	9	4.7	0.00	0.00	0.00	0.0
	189		***$ 85,762.92***	***$ 61,222.46***	***$ 146,985.38***	
LENGTH OF SERVICE						
2-4	38	20.1	25,913.29	14,002.27	39,915.56	27.1
26-28	6	3.1	22,084.49	12,301.07	34,385.56	23.3
0-2	46	24.3	15,292.08	12,876.52	28,168.60	19.1
4-6	15	7.9	7,491.38	12,336.88	19,828.26	13.4
6-8	13	6.8	4,686.47	4,643.53	9,330.00	6.3
10-12	6	3.1	688.93	2,402.07	3,091.00	2.1
12-14	6	3.1	2,660.87	0.00	2,660.87	1.8
8-10	13	6.8	2,072.07	259.73	2,331.80	1.5
20-22	9	4.7	2,302.37	0.00	2,302.37	1.5
24-26	18	9.5	983.37	612.00	1,595.37	1.0
16-18	9	4.7	910.50	510.86	1,421.36	0.9
18-20	2	1.0	15.00	735.00	750.00	0.5
22-24	4	2.1	207.47	542.53	750.00	0.5
14-16	3	1.5	454.63	0.00	454.63	0.3
42-44	1	0.5	0.00	0.00	0.00	0.0
	189		***$ 85,762.92***	***$ 61,222.46***	***$ 146,985.38***	
AGE OF CLAIMANT						
35-39	33	17.4	26,023.16	14,801.40	40,824.56	27.7
20-24	22	11.6	20,122.41	17,352.09	37,474.50	25.5
45-49	25	13.2	22,676.07	13,561.93	36,238.00	24.6
65-69	2	1.0	3,895.61	7,111.31	11,006.92	7.4
25-29	19	10.0	4,139.14	2,987.86	7,127.00	4.8
40-44	23	12.1	5,025.15	905.67	5,930.82	4.0
50-54	24	12.6	1,701.69	2,612.67	4,314.36	2.9
60-64	11	5.8	1,134.56	1,154.53	2,289.09	1.5
55-59	16	8.4	15.00	735.00	750.00	0.5
30-34	11	5.8	510.73	0.00	510.73	0.3
15-19	2	1.0	374.29	0.00	374.29	0.2
75-79	1	0.5	145.11	0.00	145.11	0.1
	189		***$ 85,762.92***	***$ 61,222.46***	***$ 146,985.38***	
SEX OF CLAIMANT						
Female	160	84.6	74,136.37	50,958.71	125,095.08	85.1
Male	29	15.3	11,626.55	10,263.75	21,890.30	14.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southwestern Va Training Cente

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	189		***$ 85,762.92***	***$ 61,222.46***	***$ 146,985.38***	
LOSS CAUSE						
Patient / Inmate	131	69.3	65,406.86	46,623.37	112,030.23	76.2
Walking surface, inside, wet	5	2.6	11,799.28	8,986.22	20,785.50	14.1
Door	7	3.7	4,929.66	5,070.34	10,000.00	6.8
Furniture / fixtures	3	1.5	995.41	0.00	995.41	0.6
Metal items	3	1.5	207.47	542.53	750.00	0.5
Gloves	4	2.1	572.45	0.00	572.45	0.3
Unknown	1	0.5	454.63	0.00	454.63	0.3
Walking surface, outside, dry	5	2.6	400.34	0.00	400.34	0.2
Outside Surface	3	1.5	343.00	0.00	343.00	0.2
Walking surface, inside, dry	4	2.1	238.71	0.00	238.71	0.1
Stairs, steps	2	1.0	145.11	0.00	145.11	0.1
Person	2	1.0	143.00	0.00	143.00	0.1
Knife, NOC	1	0.5	127.00	0.00	127.00	0.0
Floor	1	0.5	0.00	0.00	0.00	0.0
Insufficient data	1	0.5	0.00	0.00	0.00	0.0
Object on Floor	1	0.5	0.00	0.00	0.00	0.0
Organic Material	1	0.5	0.00	0.00	0.00	0.0
Animal / bee type	2	1.0	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	0.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	1.0	0.00	0.00	0.00	0.0
Foreign Object	3	1.5	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	0.5	0.00	0.00	0.00	0.0
Overhead Object	1	0.5	0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	0.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.5	0.00	0.00	0.00	0.0
Wall	1	0.5	0.00	0.00	0.00	0.0
Water	1	0.5	0.00	0.00	0.00	0.0
	189		***$ 85,762.92***	***$ 61,222.46***	***$ 146,985.38***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	97	51.3	55,045.98	35,563.60	90,609.58	61.6
Fall or Slip (From Liquid/Grease spills)	4	2.1	11,799.28	8,986.22	20,785.50	14.1
Lifting (strain or Injury by)	10	5.2	4,125.19	7,861.31	11,986.50	8.1
Object Handled (caught in or between)	6	3.1	4,929.66	5,070.34	10,000.00	6.8
Pushing Or Pulling (Strain or Injury by)	7	3.7	4,012.14	2,987.86	7,000.00	4.7
Human Bite	17	8.9	2,281.78	0.00	2,281.78	1.5
Twisting, strain or injury by	9	4.7	1,178.45	210.60	1,389.05	0.9
Strike Against/Step on Stationary Object	3	1.5	995.41	0.00	995.41	0.6
Struck/Injured by Hand Tool/Machine In Use	1	0.5	207.47	542.53	750.00	0.5
Allergic Reaction	4	2.1	572.45	0.00	572.45	0.3
Absorb, Ingest, Inhalation	5	2.6	343.00	0.00	343.00	0.2
Fall or slip (on stairs)	2	1.0	145.11	0.00	145.11	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.5	127.00	0.00	127.00	0.0
Fall or Slip (On Same Level)	7	3.7	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	2	1.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.5	0.00	0.00	0.00	0.0
Animal Or Insect	3	1.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southwestern Va Training Cente

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Cut, puncture, scrape, NOC	3	1.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	0.5	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	0.5	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	0.5	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
Struck/Injured by Object Handled By Other	1	0.5	0.00	0.00	0.00	0.0
	189		***$ 85,762.92***	***$ 61,222.46***	***$ 146,985.38***	

***BODY PART

Shoulder	9
Chest (Inc: Ribs, Sternum and Soft Tissue)	14
Knee	18
Upper Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	15
Finger(s)	11
Hip	1
Upper Back Area (Thoracic Area)	3
Lower Arm	20
Wrist	4
Multiple Head Injury	5
Hand	17
Lower Leg	6
Eye(s)	5
Ankle	7
Facial, Other Soft Tissue	13
Elbow	2
Thumb	7
Nose	4
Foot	3
No Physical Problem	10
Ear(s)	1
Facial Bones	1
Insufficient Information	4
Larynx	1
Mouth	2
Multiple Neck Injury	2
Multiple Upper Extremities	1
Soft Tissue - Neck	1
Toe(s)	1
Upper Arm (Inc: Clavicle and Scapula)	3
	189

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	57
Strain	33
Laceration	23

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southwestern Va Training Cente

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Sprain	17					
Puncture	15					
Dermatitis	4					
Burn	3					
All Other	29					
No Physical Injury	10					
Inflamation	1					
	189					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	8	12.5	3,726.61	0.00	3,726.61	44.4
6AM-7:59AM	6	9.3	269.00	1,231.00	1,500.00	17.8
10AM-11:59AM	8	12.5	341.69	727.00	1,068.69	12.7
4PM-5:59PM	3	4.6	109.00	641.00	750.00	8.9
8AM-9:59AM	13	20.3	725.23	0.00	725.23	8.6
12PM-1:59PM	5	7.8	608.47	0.00	608.47	7.2
12AM-1:59AM	4	6.2	276.00	0.00	276.00	3.2
4AM-5:59AM	3	4.6	175.00	0.00	175.00	2.0
6PM-7:59PM	8	12.5	0.00	0.00	0.00	0.0
2PM-3:59PM	4	6.2	50.00	-495.19	-445.19	-5.3
2AM-3:59AM	2	3.1	0.00	0.00	0.00	0.0
	64		***$ 6,281.00***	***$ 2,103.81***	***$ 8,384.81***	
LENGTH OF SERVICE						
2-4	17	26.5	4,058.80	641.00	4,699.80	56.0
0-2	17	26.5	1,330.08	1,208.00	2,538.08	30.2
18-20	1	1.5	0.00	750.00	750.00	8.9
4-6	10	15.6	393.00	0.00	393.00	4.6
12-14	5	7.8	130.43	0.00	130.43	1.5
6-8	4	6.2	121.69	0.00	121.69	1.4
10-12	3	4.6	107.00	0.00	107.00	1.2
20-22	2	3.1	90.00	0.00	90.00	1.0
8-10	3	4.6	50.00	-495.19	-445.19	-5.3
14-16	1	1.5	0.00	0.00	0.00	0.0
16-18	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 6,281.00***	***$ 2,103.81***	***$ 8,384.81***	
AGE OF CLAIMANT						
40-44	8	12.5	3,790.04	254.81	4,044.85	48.2
35-39	15	23.4	382.00	1,208.00	1,590.00	18.9
20-24	11	17.1	494.04	641.00	1,135.04	13.5
30-34	8	12.5	571.69	0.00	571.69	6.8
25-29	11	17.1	515.19	0.00	515.19	6.1
50-54	2	3.1	478.04	0.00	478.04	5.7
45-49	6	9.3	50.00	0.00	50.00	0.6
15-19	1	1.5	0.00	0.00	0.00	0.0
55-59	1	1.5	0.00	0.00	0.00	0.0
60-64	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 6,281.00***	***$ 2,103.81***	***$ 8,384.81***	
SEX OF CLAIMANT						
Female	54	84.3	5,965.00	1,462.81	7,427.81	88.5
Male	10	15.6	316.00	641.00	957.00	11.4
	64		***$ 6,281.00***	***$ 2,103.81***	***$ 8,384.81***	
LOSS CAUSE						
Patient / Inmate	39	60.9	5,094.84	1,122.00	6,216.84	74.1
Door	2	3.1	23.00	727.00	750.00	8.9
Walking surface, inside, wet	1	1.5	0.00	750.00	750.00	8.9

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Southern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Needle stick	2	3.1	704.04	0.00	704.04	8.4
Furniture / fixtures	4	6.2	130.43	0.00	130.43	1.5
Glass bottle / sheet	1	1.5	121.69	0.00	121.69	1.4
Wall	1	1.5	107.00	0.00	107.00	1.2
Floor	1	1.5	0.00	0.00	0.00	0.0
Insufficient data	1	1.5	0.00	0.00	0.00	0.0
Stairs, steps	1	1.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	3.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	3.1	100.00	-495.19	-395.19	-4.7
Unknown	1	1.5	0.00	0.00	0.00	0.0
Animal / bee type	1	1.5	0.00	0.00	0.00	0.0
Ladder - Portable	1	1.5	0.00	0.00	0.00	0.0
Metal items	1	1.5	0.00	0.00	0.00	0.0
Overhead Object	1	1.5	0.00	0.00	0.00	0.0
Shelving	1	1.5	0.00	0.00	0.00	0.0
Wheelchair	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 6,281.00***	***$ 2,103.81***	***$ 8,384.81***	

ACCIDENT TYPE

Lifting (strain or Injury by)	1	1.5	3,609.61	0.00	3,609.61	43.0
Stuck, injured by fellow worker, patient	40	62.5	1,413.92	1,122.00	2,535.92	30.2
Fall or Slip (From Liquid/Grease spills)	1	1.5	0.00	750.00	750.00	8.9
Object Handled (caught in or between)	2	3.1	23.00	727.00	750.00	8.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	3.1	704.04	0.00	704.04	8.4
Infectious Disease Exposure	1	1.5	175.00	0.00	175.00	2.0
Fall or Slip (On Same Level)	2	3.1	130.43	0.00	130.43	1.5
Pushing Or Pulling (Strain or Injury by)	1	1.5	125.00	0.00	125.00	1.4
Fall or slip (on stairs)	1	1.5	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	1.5	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	2	3.1	100.00	-495.19	-395.19	-4.7
Unknown	1	1.5	0.00	0.00	0.00	0.0
Animal Or Insect	1	1.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.5	0.00	0.00	0.00	0.0
Rubbed/Abraded not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	3.1	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
Struck/Injured by Object Being Lifted/Handled	1	1.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	3.1	0.00	0.00	0.00	0.0
	64		***$ 6,281.00***	***$ 2,103.81***	***$ 8,384.81***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Wrist	6
Knee	8
Ankle	2
Insufficient Information	3
Hand	3
Facial, Other Soft Tissue	7
Multiple Head Injury	6
Upper Back Area (Thoracic Area)	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southern Va Mental Health Inst

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Finger(s)	2					
Internal Organs	1					
Ear(s)	1					
Shoulder	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Lower Arm	5					
Elbow	1					
Eye(s)	1					
Foot	3					
Lower Leg	2					
No Physical Problem	1					
Skull	2					
Thumb	1					
	64					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	37
Sprain	6
Puncture	4
Laceration	7
Contagious Disease	1
Dislocation	1
All Other	3
No Physical Injury	1
	64

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Hiram Davis Medical Center (748)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	12	18.7	7,225.44	0.00	7,225.44	57.4
10AM-11:59AM	13	20.3	2,427.49	0.00	2,427.49	19.2
4AM-5:59AM	9	14.0	314.99	555.01	870.00	6.9
8AM-9:59AM	12	18.7	285.51	574.00	859.51	6.8
2AM-3:59AM	11	17.1	98.83	750.00	848.83	6.7
Unknown	1	1.5	353.60	0.00	353.60	2.8
12AM-1:59AM	5	7.8	0.00	0.00	0.00	0.0
12PM-1:59PM	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 10,705.86***	***$ 1,879.01***	***$ 12,584.87***	
LENGTH OF SERVICE						
0-2	29	45.3	7,922.37	750.00	8,672.37	68.9
12-14	4	6.2	1,521.04	0.00	1,521.04	12.0
6-8	5	7.8	391.00	574.00	965.00	7.6
32-34	2	3.1	194.99	555.01	750.00	5.9
28-30	2	3.1	353.60	0.00	353.60	2.8
8-10	2	3.1	212.86	0.00	212.86	1.6
2-4	7	10.9	110.00	0.00	110.00	0.8
10-12	1	1.5	0.00	0.00	0.00	0.0
14-16	1	1.5	0.00	0.00	0.00	0.0
16-18	1	1.5	0.00	0.00	0.00	0.0
20-22	3	4.6	0.00	0.00	0.00	0.0
22-24	1	1.5	0.00	0.00	0.00	0.0
4-6	5	7.8	0.00	0.00	0.00	0.0
Unknown	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 10,705.86***	***$ 1,879.01***	***$ 12,584.87***	
AGE OF CLAIMANT						
35-39	14	21.8	5,097.85	574.00	5,671.85	45.0
40-44	8	12.5	2,523.10	0.00	2,523.10	20.0
55-59	8	12.5	724.59	750.00	1,474.59	11.7
45-49	9	14.0	1,464.04	0.00	1,464.04	11.6
60-64	3	4.6	194.99	555.01	750.00	5.9
50-54	10	15.6	353.60	0.00	353.60	2.8
30-34	6	9.3	347.69	0.00	347.69	2.7
20-24	1	1.5	0.00	0.00	0.00	0.0
25-29	3	4.6	0.00	0.00	0.00	0.0
65-69	2	3.1	0.00	0.00	0.00	0.0
	64		***$ 10,705.86***	***$ 1,879.01***	***$ 12,584.87***	
SEX OF CLAIMANT						
Female	59	92.1	10,705.86	1,879.01	12,584.87	100.0
Male	5	7.8	0.00	0.00	0.00	0.0
	64		***$ 10,705.86***	***$ 1,879.01***	***$ 12,584.87***	
LOSS CAUSE						
Patient / Inmate	22	34.3	5,207.85	574.00	5,781.85	45.9
Furniture / fixtures	4	6.2	2,198.10	0.00	2,198.10	17.4
Door	3	4.6	1,464.04	0.00	1,464.04	11.6

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Hiram Davis Medical Center (748)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Boxes / containers	2	3.1	110.00	750.00	860.00	6.8
Metal items	4	6.2	194.99	555.01	750.00	5.9
Needle stick	3	4.6	568.60	0.00	568.60	4.5
Wheelchair	2	3.1	473.59	0.00	473.59	3.7
Chemicals, not otherwise classified	2	3.1	332.86	0.00	332.86	2.6
Shelving	1	1.5	84.00	0.00	84.00	0.6
Walking surface, inside, dry	3	4.6	57.00	0.00	57.00	0.4
Gloves	2	3.1	14.83	0.00	14.83	0.1
Insufficient data	2	3.1	0.00	0.00	0.00	0.0
Unknown	1	1.5	0.00	0.00	0.00	0.0
Building parts / doors	2	3.1	0.00	0.00	0.00	0.0
Cabinet	3	4.6	0.00	0.00	0.00	0.0
Cart	2	3.1	0.00	0.00	0.00	0.0
Food	1	1.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Mechanical powered	1	1.5	0.00	0.00	0.00	0.0
N/A	1	1.5	0.00	0.00	0.00	0.0
Office equipment	1	1.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.5	0.00	0.00	0.00	0.0
	64		***$ 10,705.86***	***$ 1,879.01***	***$ 12,584.87***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	1.5	4,812.34	0.00	4,812.34	38.2
Struck/Injured by Falling or Flying Object	1	1.5	2,198.10	0.00	2,198.10	17.4
Struck/Injured by Object Handled By Other	2	3.1	1,548.04	0.00	1,548.04	12.3
Fall or Slip (On Same Level)	3	4.6	57.00	750.00	807.00	6.4
Assault	1	1.5	176.00	574.00	750.00	5.9
Strike Against/Step on Stationary Object	7	10.9	194.99	555.01	750.00	5.9
Stuck, injured by fellow worker, patient	16	25.0	583.59	0.00	583.59	4.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	4.6	568.60	0.00	568.60	4.5
Absorb, Ingest, Inhalation	3	4.6	332.86	0.00	332.86	2.6
Other than physical cause of injury	2	3.1	110.00	0.00	110.00	0.8
Foreign Body In Eye	2	3.1	109.51	0.00	109.51	0.8
Allergic Reaction	2	3.1	14.83	0.00	14.83	0.1
Other (Not Otherwise Classified)	2	3.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	1.5	0.00	0.00	0.00	0.0
Unknown	1	1.5	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	1.5	0.00	0.00	0.00	0.0
Human Bite	1	1.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	4.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	4	6.2	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	3	4.6	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.5	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	1.5	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	1.5	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	1.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	1.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:30

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Hiram Davis Medical Center (748)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	64		***$ 10,705.86***	***$ 1,879.01***	***$ 12,584.87***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Thumb	2					
Upper Back Area (Thoracic Area)	1					
Lower Leg	4					
Upper Leg	1					
Wrist(s) & Hand(s)	3					
Lungs	2					
Hand	5					
Facial, Other Soft Tissue	4					
Lower Arm	7					
Eye(s)	2					
Multiple Head Injury	3					
Knee	3					
Internal Organs	1					
Abdomen including Groin	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Elbow	1					
Finger(s)	9					
Insufficient Information	2					
Mouth	2					
Multiple Neck Injury	1					
Shoulder	1					
Toe(s)	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
	64					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	18
Strain	7
Puncture	5
Foreign Body	7
Respiratory Disorders	1
Poisoning - Chemical	1
Laceration	16
Sprain	4
Dermatitis	3
Crushing	1
Fracture	1
	64

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	12	28.5	11,753.37	18,691.62	30,444.99	32.1
10AM-11:59AM	11	26.1	2,980.56	27,010.00	29,990.56	31.6
2PM-3:59PM	7	16.6	3,455.96	19,868.68	23,324.64	24.6
12PM-1:59PM	6	14.2	3,849.68	3,472.08	7,321.76	7.7
4PM-5:59PM	2	4.7	652.42	847.58	1,500.00	1.5
6AM-7:59AM	3	7.1	111.10	1,388.90	1,500.00	1.5
12AM-1:59AM	1	2.3	61.75	688.25	750.00	0.7
	42		***$ 22,864.84***	***$ 71,967.11***	***$ 94,831.95***	
LENGTH OF SERVICE						
30-32	2	4.7	6,289.67	39,095.00	45,384.67	47.8
2-4	14	33.3	7,143.00	23,570.26	30,713.26	32.3
4-6	9	21.4	916.71	5,249.25	6,165.96	6.5
8-10	1	2.3	3,225.45	1,724.55	4,950.00	5.2
14-16	5	11.9	1,769.13	1,071.07	2,840.20	2.9
0-2	2	4.7	813.02	686.98	1,500.00	1.5
16-18	1	2.3	1,411.97	0.00	1,411.97	1.4
26-28	1	2.3	892.89	0.00	892.89	0.9
Unknown	1	2.3	180.00	570.00	750.00	0.7
22-24	1	2.3	223.00	0.00	223.00	0.2
10-12	3	7.1	0.00	0.00	0.00	0.0
24-26	1	2.3	0.00	0.00	0.00	0.0
6-8	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 22,864.84***	***$ 71,967.11***	***$ 94,831.95***	
AGE OF CLAIMANT						
60-64	5	11.9	2,303.35	44,530.65	46,834.00	49.3
55-59	8	19.0	10,475.36	16,095.00	26,570.36	28.0
40-44	7	16.6	5,046.14	4,772.51	9,818.65	10.3
35-39	5	11.9	2,072.43	2,500.00	4,572.43	4.8
45-49	6	14.2	1,321.89	1,071.00	2,392.89	2.5
25-29	4	9.5	158.92	1,500.00	1,658.92	1.7
30-34	2	4.7	690.30	809.70	1,500.00	1.5
50-54	4	9.5	573.45	688.25	1,261.70	1.3
65-69	1	2.3	223.00	0.00	223.00	0.2
	42		***$ 22,864.84***	***$ 71,967.11***	***$ 94,831.95***	
SEX OF CLAIMANT						
Male	18	42.8	14,263.85	62,439.81	76,703.66	80.8
Female	24	57.1	8,600.99	9,527.30	18,128.29	19.1
	42		***$ 22,864.84***	***$ 71,967.11***	***$ 94,831.95***	
LOSS CAUSE						
Walking surface, outside, dry	6	14.2	1,567.58	26,811.07	28,378.65	29.9
Walking surface, inside, wet	3	7.1	6,988.49	16,146.18	23,134.67	24.4
Hand tool, not powered, NOC	2	4.7	1,280.42	18,469.58	19,750.00	20.8
Furniture / fixtures	4	9.5	3,738.45	3,035.55	6,774.00	7.1
Patient / Inmate	3	7.1	4,115.14	1,000.00	5,115.14	5.3
Walking surface, inside, dry	3	7.1	542.85	2,388.90	2,931.75	3.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Fencing	2	4.7	240.00	1,260.00	1,500.00	1.5
Floor	1	2.3	1,411.97	0.00	1,411.97	1.4
Ladders, scaffolding	1	2.3	892.89	0.00	892.89	0.9
Animal / insect, not otherwise classified	1	2.3	61.75	688.25	750.00	0.7
Door	1	2.3	142.12	607.88	750.00	0.7
Minerals / dirt	1	2.3	180.00	570.00	750.00	0.7
Office equipment	1	2.3	510.30	239.70	750.00	0.7
Person	1	2.3	0.00	750.00	750.00	0.7
Vehicle, not otherwise classified	1	2.3	506.20	0.00	506.20	0.5
Boxes / containers	1	2.3	299.26	0.00	299.26	0.3
Stairs, steps	1	2.3	223.00	0.00	223.00	0.2
Excavations	1	2.3	158.92	0.00	158.92	0.1
Animal / tick, spider, etc.	1	2.3	5.50	0.00	5.50	0.0
Building parts / doors	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
Animal, not otherwise classified	1	2.3	0.00	0.00	0.00	0.0
Environmental conditions	2	4.7	0.00	0.00	0.00	0.0
Food	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 22,864.84***	***$ 71,967.11***	***$ 94,831.95***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	13	30.9	10,750.89	44,106.15	54,857.04	57.8
Strike Against/Step On Obj. Being Lifted or Handle	1	2.3	1,280.42	18,469.58	19,750.00	20.8
Strike Against/Step on Stationary Object	3	7.1	3,549.45	1,724.55	5,274.00	5.5
Assault	2	4.7	3,753.94	1,000.00	4,753.94	5.0
Twisting, strain or injury by	1	2.3	0.00	1,750.00	1,750.00	1.8
Object being lifted/handled (cut,punc.scrape,inj b	4	9.5	510.30	989.70	1,500.00	1.5
Fall or Slip (From Different Level)	2	4.7	347.92	561.00	908.92	0.9
Fall or Slip (From Ladder/Scaffolding)	1	2.3	892.89	0.00	892.89	0.9
Foreign Body In Eye	1	2.3	180.00	570.00	750.00	0.7
Infectious Disease Exposure	1	2.3	61.75	688.25	750.00	0.7
Lifting (strain or Injury by)	1	2.3	0.00	750.00	750.00	0.7
Object Handled (caught in or between)	1	2.3	142.12	607.88	750.00	0.7
Stuck, injured by fellow worker, patient	1	2.3	0.00	750.00	750.00	0.7
Struck/Injured by Motor Vehicle	1	2.3	506.20	0.00	506.20	0.5
Holding Or Carrying (Strain or Injury by)	1	2.3	361.20	0.00	361.20	0.3
Struck/Injured by Falling or Flying Object	1	2.3	299.26	0.00	299.26	0.3
Fall or slip (on stairs)	1	2.3	223.00	0.00	223.00	0.2
Animal Or Insect	3	7.1	5.50	0.00	5.50	0.0
Fall or slip (on ice or snow)	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
	42		***$ 22,864.84***	***$ 71,967.11***	***$ 94,831.95***	

***BODY PART**

Knee	12
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Soft Tissue - Neck	5
Hip	3
Nose	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Elbow	2					
Ankle	5					
Finger(s)	6					
Foot	4					
Wrist	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Arm	2					
Lumbar and/or Sacral Vertebrae	1					
Abdomen including Groin	1					
Eye(s)	1					
Great Toe	1					
Mouth	1					
Shoulder	2					
Toe(s)	1					
Hand	1					
Facial, Other Soft Tissue	1					
Lower Leg	1					
Trachea	3					
	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***

Strain	15
Contusion	21
Laceration	8
Sprain	9
Fracture	2
Dermatitis	1
Foreign Body	2
Inflamation	4
Puncture	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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Deaf & Hard/hearing, Dept. Of (751)
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						
16-18	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						
Wheelchair	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Rights Of Virginians With Disabilities, (762)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	595.94	763.20	1,359.14	100.0
	2		***$ 595.94***	***$ 763.20***	***$ 1,359.14***	
LENGTH OF SERVICE						
0-2	1	50.0	-0.06	763.20	763.14	56.1
2-4	1	50.0	596.00	0.00	596.00	43.8
	2		***$ 595.94***	***$ 763.20***	***$ 1,359.14***	
AGE OF CLAIMANT						
45-49	1	50.0	-0.06	763.20	763.14	56.1
55-59	1	50.0	596.00	0.00	596.00	43.8
	2		***$ 595.94***	***$ 763.20***	***$ 1,359.14***	
SEX OF CLAIMANT						
Female	2	100.0	595.94	763.20	1,359.14	100.0
	2		***$ 595.94***	***$ 763.20***	***$ 1,359.14***	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	-0.06	763.20	763.14	56.1
Walking surface, outside, dry	1	50.0	596.00	0.00	596.00	43.8
	2		***$ 595.94***	***$ 763.20***	***$ 1,359.14***	
ACCIDENT TYPE						
Vehicle Upset	1	50.0	-0.06	763.20	763.14	56.1
Slipped, Did Not Fall	1	50.0	596.00	0.00	596.00	43.8
	2		***$ 595.94***	***$ 763.20***	***$ 1,359.14***	
*****BODY PART***						
Knee	2					
Finger(s)	1					
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***						
Strain	4					
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	10	19.2	1,100.96	24,500.00	25,600.96	48.6
8AM-9:59AM	7	13.4	2,600.72	10,429.48	13,030.20	24.7
2PM-3:59PM	6	11.5	1,729.80	5,607.60	7,337.40	13.9
12PM-1:59PM	12	23.0	766.49	1,773.05	2,539.54	4.8
6AM-7:59AM	1	1.9	1,760.31	0.00	1,760.31	3.3
10AM-11:59AM	11	21.1	1,305.60	0.00	1,305.60	2.4
4AM-5:59AM	1	1.9	91.00	659.00	750.00	1.4
6PM-7:59PM	3	5.7	236.25	0.00	236.25	0.4
12AM-1:59AM	1	1.9	103.95	0.00	103.95	0.2
	52		***$ 9,695.08***	***$ 42,969.13***	***$ 52,664.21***	
LENGTH OF SERVICE						
22-24	5	9.6	2,131.54	34,179.48	36,311.02	68.9
14-16	3	5.7	1,810.14	4,548.05	6,358.19	12.0
0-2	9	17.3	2,863.16	582.60	3,445.76	6.5
2-4	11	21.1	1,238.26	659.00	1,897.26	3.6
4-6	3	5.7	314.87	750.00	1,064.87	2.0
12-14	9	17.3	304.81	750.00	1,054.81	2.0
16-18	2	3.8	229.21	750.00	979.21	1.8
8-10	3	5.7	0.00	750.00	750.00	1.4
18-20	3	5.7	369.75	0.00	369.75	0.7
6-8	1	1.9	289.54	0.00	289.54	0.5
26-28	1	1.9	143.80	0.00	143.80	0.2
10-12	2	3.8	0.00	0.00	0.00	0.0
	52		***$ 9,695.08***	***$ 42,969.13***	***$ 52,664.21***	
AGE OF CLAIMANT						
50-54	17	32.6	1,574.10	25,523.05	27,097.15	51.4
45-49	9	17.3	3,078.54	11,012.08	14,090.62	26.7
60-64	5	9.6	3,247.81	4,275.00	7,522.81	14.2
55-59	9	17.3	349.36	750.00	1,099.36	2.0
30-34	2	3.8	1,014.07	0.00	1,014.07	1.9
35-39	4	7.6	103.95	750.00	853.95	1.6
40-44	5	9.6	91.00	659.00	750.00	1.4
25-29	1	1.9	236.25	0.00	236.25	0.4
	52		***$ 9,695.08***	***$ 42,969.13***	***$ 52,664.21***	
SEX OF CLAIMANT						
Female	49	94.2	9,037.62	42,386.53	51,424.15	97.6
Male	3	5.7	657.46	582.60	1,240.06	2.3
	52		***$ 9,695.08***	***$ 42,969.13***	***$ 52,664.21***	
LOSS CAUSE						
Water	1	1.9	0.00	24,500.00	24,500.00	46.5
Stairs, steps	5	9.6	2,131.54	9,679.48	11,811.02	22.4
Chair	6	11.5	1,487.50	4,275.00	5,762.50	10.9
Walking surface, outside, dry	5	9.6	2,356.93	750.00	3,106.93	5.9
Boxes / containers	7	13.4	709.55	1,409.00	2,118.55	4.0
Vehicle/car/truck	5	9.6	490.06	750.00	1,240.06	2.3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Walking surface, inside, wet	4	7.6	393.49	750.00	1,143.49	2.1
Furniture / fixtures	4	7.6	376.40	582.60	959.00	1.8
Door	1	1.9	476.95	273.05	750.00	1.4
Hand tool, not powered, NOC	1	1.9	699.20	0.00	699.20	1.3
Paper/Pulp items	1	1.9	229.21	0.00	229.21	0.4
Miscellaneous	3	5.7	224.10	0.00	224.10	0.4
Building parts / doors	1	1.9	120.15	0.00	120.15	0.2
Object on Floor	1	1.9	0.00	0.00	0.00	0.0
Office equipment	3	5.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	3.8	0.00	0.00	0.00	0.0
Cart	1	1.9	0.00	0.00	0.00	0.0
Metal items	1	1.9	0.00	0.00	0.00	0.0
	52		***$ 9,695.08***	***$ 42,969.13***	***$ 52,664.21***	

ACCIDENT TYPE

Fall or Slip (From Liquid/Grease spills)	4	7.6	393.49	24,500.00	24,893.49	47.2
Fall or slip (on stairs)	5	9.6	2,131.54	9,679.48	11,811.02	22.4
Fall or Slip (On Same Level)	12	23.0	3,383.91	5,775.00	9,158.91	17.3
Lifting (strain or Injury by)	7	13.4	709.55	1,409.00	2,118.55	4.0
Object being lifted/handled (cut,punc.scrape,inj b	3	5.7	866.60	582.60	1,449.20	2.7
Collision/sideswipe with Another Vehicle	2	3.8	0.00	750.00	750.00	1.4
Struck/Injured by Object Being Lifted/Handled	1	1.9	476.95	273.05	750.00	1.4
Vehicle Upset	3	5.7	490.06	0.00	490.06	0.9
Slipped, Did Not Fall	1	1.9	314.87	0.00	314.87	0.6
Twisting, strain or injury by	1	1.9	281.75	0.00	281.75	0.5
Repetitive Motion	2	3.8	229.21	0.00	229.21	0.4
Struck/Injured by Falling or Flying Object	3	5.7	209.00	0.00	209.00	0.4
Strike Against/Step on Stationary Object	2	3.8	120.15	0.00	120.15	0.2
Fall or Slip (From Different Level)	4	7.6	88.00	0.00	88.00	0.1
Object Handled (caught in or between)	1	1.9	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	1.9	0.00	0.00	0.00	0.0
	52		***$ 9,695.08***	***$ 42,969.13***	***$ 52,664.21***	

***BODY PART

Knee	15
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Foot	5
Lower Leg	3
Shoulder	7
Soft Tissue - Neck	3
Teeth	1
Finger(s)	4
Hip	5
Lower Arm	5
Buttocks	3
Multiple Head Injury	1
Thumb	1
Hand	3
Wrist	2
Upper Back Area (Thoracic Area)	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Wrist(s) & Hand(s)	1					
Skull	2					
Ankle	2					
Facial, Other Soft Tissue	1					
No Physical Problem	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
	52					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	46
Laceration	6
Contusion	20
Multiple Physical Injuries Only	1
Multiple Injuries, Physical and/or Mental	1
Dislocation	1
No Physical Injury	3
Puncture	1
Sprain	1
	52

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Probation & Parole Dept. (767)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	28.5	1,423.66	25,017.34	26,441.00	95.0
12PM-1:59PM	1	14.2	785.24	521.25	1,306.49	4.7
8AM-9:59AM	3	42.8	65.00	0.00	65.00	0.2
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 2,273.90***	***$ 25,538.59***	***$ 27,812.49***	
LENGTH OF SERVICE						
2-4	2	28.5	2,208.90	25,538.59	27,747.49	99.7
4-6	2	28.5	65.00	0.00	65.00	0.2
0-2	1	14.2	0.00	0.00	0.00	0.0
22-24	1	14.2	0.00	0.00	0.00	0.0
12-14	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 2,273.90***	***$ 25,538.59***	***$ 27,812.49***	
AGE OF CLAIMANT						
40-44	2	28.5	2,208.90	25,538.59	27,747.49	99.7
30-34	1	14.2	65.00	0.00	65.00	0.2
35-39	1	14.2	0.00	0.00	0.00	0.0
45-49	2	28.5	0.00	0.00	0.00	0.0
50-54	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 2,273.90***	***$ 25,538.59***	***$ 27,812.49***	
SEX OF CLAIMANT						
Female	3	42.8	1,423.66	25,017.34	26,441.00	95.0
Male	4	57.1	850.24	521.25	1,371.49	4.9
	7		***$ 2,273.90***	***$ 25,538.59***	***$ 27,812.49***	
LOSS CAUSE						
Clothing / jewelry	1	14.2	1,423.66	25,017.34	26,441.00	95.0
Vehicle, not otherwise classified	1	14.2	785.24	521.25	1,306.49	4.7
Object on Floor	1	14.2	65.00	0.00	65.00	0.2
Animal, not otherwise classified	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
Walking surface, outside, dry	1	14.2	0.00	0.00	0.00	0.0
N/A	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 2,273.90***	***$ 25,538.59***	***$ 27,812.49***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	28.5	1,423.66	25,017.34	26,441.00	95.0
Struck/Injured by Motor Vehicle	1	14.2	785.24	521.25	1,306.49	4.7
Strike Against/Step on Stationary Object	1	14.2	65.00	0.00	65.00	0.2
Animal Or Insect	1	14.2	0.00	0.00	0.00	0.0
Vehicle Upset	1	14.2	0.00	0.00	0.00	0.0
Unknown	1	14.2	0.00	0.00	0.00	0.0
	7		***$ 2,273.90***	***$ 25,538.59***	***$ 27,812.49***	
****BODY PART**						
Wrist	1					
Soft Tissue - Neck	2					
Knee	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: State Probation & Parole Dept. (767)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Foot	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
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***						
Fracture	1					
Strain	3					
Contusion	2					
Puncture	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	12	19.6	36,117.92	20,043.53	56,161.45	37.1
Unknown	9	14.7	15,336.12	35,416.07	50,752.19	33.5
6PM-7:59PM	3	4.9	13,094.37	4,576.58	17,670.95	11.7
2PM-3:59PM	10	16.3	5,367.00	4,875.96	10,242.96	6.7
12PM-1:59PM	8	13.1	9,472.82	750.00	10,222.82	6.7
8AM-9:59AM	8	13.1	2,521.80	904.01	3,425.81	2.2
4PM-5:59PM	8	13.1	1,975.00	621.90	2,596.90	1.7
12AM-1:59AM	2	3.2	0.00	0.00	0.00	0.0
6AM-7:59AM	1	1.6	0.00	0.00	0.00	0.0
	61		***$ 83,885.03***	***$ 67,188.05***	***$ 151,073.08***	
LENGTH OF SERVICE						
2-4	44	72.1	32,771.52	43,006.63	75,778.15	50.1
0-2	11	18.0	48,939.36	24,181.42	73,120.78	48.4
4-6	5	8.1	2,174.15	0.00	2,174.15	1.4
24-26	1	1.6	0.00	0.00	0.00	0.0
	61		***$ 83,885.03***	***$ 67,188.05***	***$ 151,073.08***	
AGE OF CLAIMANT						
55-59	4	6.5	33,424.37	19,927.36	53,351.73	35.3
50-54	5	8.1	13,450.73	23,055.27	36,506.00	24.1
35-39	7	11.4	8,554.72	17,236.76	25,791.48	17.0
25-29	16	26.2	16,077.40	4,730.59	20,807.99	13.7
20-24	11	18.0	9,891.83	750.00	10,641.83	7.0
45-49	3	4.9	11.93	1,488.07	1,500.00	0.9
40-44	3	4.9	1,342.40	0.00	1,342.40	0.8
30-34	12	19.6	1,131.65	0.00	1,131.65	0.7
	61		***$ 83,885.03***	***$ 67,188.05***	***$ 151,073.08***	
SEX OF CLAIMANT						
Male	45	73.7	71,112.02	54,955.35	126,067.37	83.4
Female	16	26.2	12,773.01	12,232.70	25,005.71	16.5
	61		***$ 83,885.03***	***$ 67,188.05***	***$ 151,073.08***	
LOSS CAUSE						
Patient / Inmate	25	40.9	38,568.64	20,209.47	58,778.11	38.9
Building parts / doors	5	8.1	19,349.23	27,931.23	47,280.46	31.3
Chair	2	3.2	12,923.42	4,576.58	17,500.00	11.5
Furniture / fixtures	6	9.8	2,426.27	12,348.87	14,775.14	9.7
Walking surface, inside, dry	2	3.2	8,020.02	0.00	8,020.02	5.3
Walking surface, outside, dry	7	11.4	1,523.35	750.00	2,273.35	1.5
Cart	1	1.6	128.10	621.90	750.00	0.5
Environmental conditions	2	3.2	0.00	750.00	750.00	0.5
Person	1	1.6	570.00	0.00	570.00	0.3
Metal items	2	3.2	188.05	0.00	188.05	0.1
Floor	3	4.9	187.95	0.00	187.95	0.1
Fencing	1	1.6	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	1.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	1.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Door	1	1.6	0.00	0.00	0.00	0.0
Miscellaneous	1	1.6	0.00	0.00	0.00	0.0
	61		***$ 83,885.03***	***$ 67,188.05***	***$ 151,073.08***	

ACCIDENT TYPE

Twisting, strain or injury by	20	32.7	43,078.29	21,427.36	64,505.65	42.7
Strike Against/Step on Stationary Object	5	8.1	18,692.66	28,669.30	47,361.96	31.3
Fall or Slip (On Same Level)	13	21.3	15,805.52	4,576.58	20,382.10	13.4
Struck/Injured by Falling or Flying Object	5	8.1	3,174.31	11,764.81	14,939.12	9.8
Assault	6	9.8	2,277.70	0.00	2,277.70	1.5
Stress	2	3.2	0.00	750.00	750.00	0.5
Struck/Injured by Object Being Lifted/Handled	2	3.2	668.50	0.00	668.50	0.4
Object Handled (caught in or between)	3	4.9	188.05	0.00	188.05	0.1
Contact With Hot Object or Substances	1	1.6	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	1.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	1.6	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	1.6	0.00	0.00	0.00	0.0
	61		***$ 83,885.03***	***$ 67,188.05***	***$ 151,073.08***	

***BODY PART

Lower Leg	4
Hip	2
Knee	14
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Multiple Head Injury	3
Skull	1
Finger(s)	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Ankle	4
Hand	4
Foot	3
Wrist	2
Wrist(s) & Hand(s)	1
Lower Arm	6
Shoulder	3
Soft Tissue - Neck	2
Abdomen including Groin	1
Elbow	5
Upper Leg	1
Thumb	1
Upper Arm (Inc: Clavicle and Scapula)	1
Whole Body	1
Facial, Other Soft Tissue	1
Lungs	1
Mouth	1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
	61					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	47
Contusion	22
No Physical Injury	1
Puncture	2
Multiple Physical Injuries Only	1
Fracture	1
Burn	1
Mental Stress	1
Foreign Body	2
Respiratory Disorders	1
	61

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	505.25	0.00	505.25	100.0
	1		***$ 505.25***	***$ 0.00***	***$ 505.25***	
LENGTH OF SERVICE						
6-8	1	100.0	505.25	0.00	505.25	100.0
	1		***$ 505.25***	***$ 0.00***	***$ 505.25***	
AGE OF CLAIMANT						
45-49	1	100.0	505.25	0.00	505.25	100.0
	1		***$ 505.25***	***$ 0.00***	***$ 505.25***	
SEX OF CLAIMANT						
Male	1	100.0	505.25	0.00	505.25	100.0
	1		***$ 505.25***	***$ 0.00***	***$ 505.25***	
LOSS CAUSE						
Ladder, 12' roof	1	100.0	505.25	0.00	505.25	100.0
	1		***$ 505.25***	***$ 0.00***	***$ 505.25***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	505.25	0.00	505.25	100.0
	1		***$ 505.25***	***$ 0.00***	***$ 505.25***	
*****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***						
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (603)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
Unknown	10	17.5	53,047.94	42,356.65	95,404.59	35.2
2PM-3:59PM	7	12.2	46,249.28	22,263.40	68,512.68	25.3
4PM-5:59PM	14	24.5	17,425.69	25,327.11	42,752.80	15.7
12AM-1:59AM	4	7.0	5,369.49	26,250.51	31,620.00	11.6
6AM-7:59AM	2	3.5	12,227.35	134.98	12,362.33	4.5
12PM-1:59PM	9	15.7	5,717.29	1,500.00	7,217.29	2.6
8AM-9:59AM	3	5.2	5,189.18	508.82	5,698.00	2.1
6PM-7:59PM	4	7.0	4,243.34	0.00	4,243.34	1.5
10AM-11:59AM	3	5.2	1,406.36	750.00	2,156.36	0.8
4AM-5:59AM	1	1.7	418.38	331.62	750.00	0.2
	57		***$ 151,294.30***	***$ 119,423.09***	***$ 270,717.39***	
LENGTH OF SERVICE						
4-6	15	26.3	51,575.52	85,552.23	137,127.75	50.6
2-4	12	21.0	77,274.07	29,895.44	107,169.51	39.5
0-2	20	35.0	18,189.00	3,225.42	21,414.42	7.9
6-8	3	5.2	887.47	750.00	1,637.47	0.6
8-10	1	1.7	1,552.45	0.00	1,552.45	0.5
24-26	1	1.7	616.70	0.00	616.70	0.2
10-12	1	1.7	485.10	0.00	485.10	0.1
14-16	2	3.5	354.10	0.00	354.10	0.1
28-30	1	1.7	246.89	0.00	246.89	0.0
12-14	1	1.7	113.00	0.00	113.00	0.0
	57		***$ 151,294.30***	***$ 119,423.09***	***$ 270,717.39***	
AGE OF CLAIMANT						
30-34	20	35.0	71,772.33	45,748.94	117,521.27	43.4
45-49	4	7.0	28,530.19	60,282.90	88,813.09	32.8
35-39	11	19.2	22,619.97	11,665.83	34,285.80	12.6
40-44	9	15.7	22,381.19	508.82	22,890.01	8.4
25-29	8	14.0	4,840.25	884.98	5,725.23	2.1
20-24	2	3.5	418.38	331.62	750.00	0.2
55-59	2	3.5	485.10	0.00	485.10	0.1
50-54	1	1.7	246.89	0.00	246.89	0.0
	57		***$ 151,294.30***	***$ 119,423.09***	***$ 270,717.39***	
SEX OF CLAIMANT						
Female	33	57.8	69,089.78	77,731.03	146,820.81	54.2
Male	24	42.1	82,204.52	41,692.06	123,896.58	45.7
	57		***$ 151,294.30***	***$ 119,423.09***	***$ 270,717.39***	
LOSS CAUSE						
Patient / Inmate	25	43.8	87,185.02	40,643.10	127,828.12	47.2
Door	2	3.5	21,999.39	35,806.23	57,805.62	21.3
CO / 2 extinguisher	1	1.7	7,172.89	24,577.11	31,750.00	11.7
Person	1	1.7	2,387.68	13,362.32	15,750.00	5.8
Walking surface, outside, dry	3	5.2	12,032.25	0.00	12,032.25	4.4
Floor	6	10.5	6,320.95	884.98	7,205.93	2.6
Miscellaneous	4	7.0	5,728.81	0.00	5,728.81	2.1

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Chair	2	3.5	4,616.07	0.00	4,616.07	1.7
Step stool	1	1.7	658.43	2,591.57	3,250.00	1.2
Furniture / fixtures	2	3.5	692.22	807.78	1,500.00	0.5
Building parts / doors	2	3.5	1,116.58	0.00	1,116.58	0.4
Chemicals, not otherwise classified	1	1.7	0.00	750.00	750.00	0.2
Animal / bee type	1	1.7	414.45	0.00	414.45	0.1
Walking surface, inside, dry	1	1.7	394.31	0.00	394.31	0.1
Walking surface, inside, wet	1	1.7	246.89	0.00	246.89	0.0
Needle stick	1	1.7	243.90	0.00	243.90	0.0
Boxes / containers	1	1.7	84.46	0.00	84.46	0.0
Environmental conditions	1	1.7	0.00	0.00	0.00	0.0
Metal items	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 151,294.30***	***$ 119,423.09***	***$ 270,717.39***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	16	28.0	36,863.68	50,962.60	87,826.28	32.4
Struck/Injured by Object Handled By Other	1	1.7	21,581.01	35,474.61	57,055.62	21.0
Lifting (strain or Injury by)	3	5.2	42,572.32	6,309.51	48,881.83	18.0
Twisting, strain or injury by	9	15.7	29,536.89	8,083.08	37,619.97	13.9
Strike Against/Step on Stationary Object	4	7.0	4,196.48	13,420.10	17,616.58	6.5
Struck/Injured by Falling or Flying Object	5	8.7	10,743.12	0.00	10,743.12	3.9
Assault	7	12.2	2,826.70	1,500.00	4,326.70	1.6
Fall or Slip (From Different Level)	1	1.7	658.43	2,591.57	3,250.00	1.2
Stuck, injured by fellow worker, patient	3	5.2	774.10	0.00	774.10	0.2
Absorb, Ingest, Inhalation	1	1.7	0.00	750.00	750.00	0.2
Object Handled (caught in or between)	1	1.7	418.38	331.62	750.00	0.2
Animal Or Insect	1	1.7	414.45	0.00	414.45	0.1
Fall or Slip (From Liquid/Grease spills)	1	1.7	246.89	0.00	246.89	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	3.5	243.90	0.00	243.90	0.0
Rubbed/Abraded by repetitive motion	1	1.7	217.95	0.00	217.95	0.0
Stress	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 151,294.30***	***$ 119,423.09***	***$ 270,717.39***	

***BODY PART**

Knee	15
Lower Back Area (Lumbar and Lumbo-Sacral)	10
Shoulder	4
Lower Leg	4
Thumb	3
Lower Arm	5
Elbow	4
Wrist	2
Ankle	5
Soft Tissue - Neck	2
Finger(s)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Facial, Other Soft Tissue	5
Hand	3
Multiple Body Parts	1
Upper Arm (Inc: Clavicle and Scapula)	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Hip	1					
Wrist(s) & Hand(s)	1					
Ear(s)	1					
Foot	1					
No Physical Problem	1					
Whole Body	1					
	57					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	28
Fracture	1
Sprain	1
Unknown	1
Multiple Physical Injuries Only	1
Puncture	1
No Physical Injury	1
Mental Stress	1
Laceration	1
	57

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:31

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
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	15	15.6	11,350.45	20,532.05	31,882.50	39.8
12PM-1:59PM	11	11.4	8,387.92	20,676.45	29,064.37	36.2
6PM-7:59PM	9	9.3	2,626.60	2,317.78	4,944.38	6.1
6AM-7:59AM	5	5.2	4,763.10	0.00	4,763.10	5.9
12AM-1:59AM	7	7.2	1,241.10	1,500.00	2,741.10	3.4
10AM-11:59AM	22	22.9	6,885.50	-4,147.79	2,737.71	3.4
2PM-3:59PM	10	10.4	605.45	894.55	1,500.00	1.8
Unknown	9	9.3	1,238.50	0.00	1,238.50	1.5
8AM-9:59AM	7	7.2	1,234.71	0.00	1,234.71	1.5
4AM-5:59AM	1	1.0	0.00	0.00	0.00	0.0
	96		***$ 38,333.33***	***$ 41,773.04***	***$ 80,106.37***	
LENGTH OF SERVICE						
4-6	15	15.6	9,663.50	28,414.70	38,078.20	47.5
8-10	2	2.0	2,861.64	20,676.45	23,538.09	29.3
2-4	53	55.2	15,568.49	4,137.52	19,706.01	24.6
10-12	4	4.1	3,891.73	1,500.00	5,391.73	6.7
24-26	1	1.0	0.00	750.00	750.00	0.9
12-14	1	1.0	0.00	0.00	0.00	0.0
0-2	19	19.7	6,347.97	-13,705.63	-7,357.66	-9.1
6-8	1	1.0	0.00	0.00	0.00	0.0
	96		***$ 38,333.33***	***$ 41,773.04***	***$ 80,106.37***	
AGE OF CLAIMANT						
30-34	21	21.8	12,329.41	27,696.06	40,025.47	49.9
40-44	20	20.8	12,510.84	8,431.87	20,942.71	26.1
35-39	20	20.8	6,816.80	1,632.59	8,449.39	10.5
55-59	7	7.2	2,858.31	944.74	3,803.05	4.7
25-29	13	13.5	1,914.20	1,500.00	3,414.20	4.2
50-54	5	5.2	682.22	817.78	1,500.00	1.8
60-64	2	2.0	116.46	750.00	866.46	1.0
20-24	4	4.1	787.49	0.00	787.49	0.9
45-49	4	4.1	317.60	0.00	317.60	0.4
	96		***$ 38,333.33***	***$ 41,773.04***	***$ 80,106.37***	
SEX OF CLAIMANT						
Male	53	55.2	24,517.95	33,808.75	58,326.70	72.8
Female	43	44.7	13,815.38	7,964.29	21,779.67	27.1
	96		***$ 38,333.33***	***$ 41,773.04***	***$ 80,106.37***	
LOSS CAUSE						
Building parts / doors	9	9.3	5,294.03	20,871.19	26,165.22	32.6
Door	2	2.0	4,845.87	21,282.05	26,127.92	32.6
Patient / Inmate	39	40.6	13,390.72	-7,637.79	5,752.93	7.1
Furniture / fixtures	7	7.2	2,721.23	2,250.00	4,971.23	6.2
Sharp objects, not otherwise classified	1	1.0	3,891.73	0.00	3,891.73	4.8
Person	4	4.1	1,214.23	1,863.04	3,077.27	3.8
Walking surface, outside, dry	5	5.2	1,864.82	750.00	2,614.82	3.2
Chair	2	2.0	605.45	894.55	1,500.00	1.8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Boxes / containers	3	3.1	1,241.10	0.00	1,241.10	1.5
Needle stick	1	1.0	1,170.94	0.00	1,170.94	1.4
Office equipment	2	2.0	1,064.55	0.00	1,064.55	1.3
Fencing	1	1.0	0.00	750.00	750.00	0.9
Pallet,Skid,Flat	1	1.0	0.00	750.00	750.00	0.9
Minerals / dirt	1	1.0	317.60	0.00	317.60	0.4
Walking surface, inside, dry	3	3.1	213.00	0.00	213.00	0.2
Food	1	1.0	206.00	0.00	206.00	0.2
Wood Items	1	1.0	175.60	0.00	175.60	0.2
Water	1	1.0	116.46	0.00	116.46	0.1
Floor	2	2.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Miscellaneous	1	1.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	2.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.0	0.00	0.00	0.00	0.0
Animal / bee type	1	1.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	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
Stairs, steps	1	1.0	0.00	0.00	0.00	0.0
Stone / rock / brick	1	1.0	0.00	0.00	0.00	0.0
	96		***$ 38,333.33***	***$ 41,773.04***	***$ 80,106.37***	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	12	12.5	7,481.86	22,226.79	29,708.65	37.0
Struck/Injured by Object Handled By Other	2	2.0	3,657.54	20,676.45	24,333.99	30.3
Assault	9	9.3	3,251.80	6,894.61	10,146.41	12.6
Object being lifted/handled (cut,punc.scrape,inj b	2	2.0	5,062.67	0.00	5,062.67	6.3
Fall or Slip (On Same Level)	12	12.5	1,892.13	1,644.55	3,536.68	4.4
Struck/Injured by Falling or Flying Object	5	5.2	783.27	1,750.00	2,533.27	3.1
Pushing Or Pulling (Strain or Injury by)	3	3.1	1,482.73	750.00	2,232.73	2.7
Lifting (strain or Injury by)	4	4.1	1,241.10	750.00	1,991.10	2.4
Object Handled (caught in or between)	3	3.1	414.60	750.00	1,164.60	1.4
Reaching (Strain or Injury by)	1	1.0	1,064.55	0.00	1,064.55	1.3
Stuck, injured by fellow worker, patient	1	1.0	918.55	0.00	918.55	1.1
Collision with a Fixed Object	1	1.0	636.96	113.04	750.00	0.9
Fall or Slip (From Different Level)	1	1.0	0.00	750.00	750.00	0.9
Foreign Body In Eye	1	1.0	317.60	0.00	317.60	0.4
Contact With Hot Object or Substances	1	1.0	116.46	0.00	116.46	0.1
Fall or Slip (From Liquid/Grease spills)	2	2.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	1.0	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.0	0.00	0.00	0.00	0.0
Twisting, strain or injury by	30	31.2	10,011.51	-14,532.40	-4,520.89	-5.6
Animal Or Insect	2	2.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	1.0	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	1.0	0.00	0.00	0.00	0.0
	96		***$ 38,333.33***	***$ 41,773.04***	***$ 80,106.37***	

***BODY PART*

Knee	13					
Lower Back Area (Lumbar and Lumbo-Sacral)	17					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Nose	2					
Finger(s)	8					
Abdomen including Groin	4					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Shoulder	8					
Elbow	11					
Multiple Head Injury	2					
Eye(s)	5					
Hand	4					
Skull	3					
Mouth	2					
Lower Arm	6					
Upper Leg	3					
Wrist	2					
Soft Tissue - Neck	3					
Lower Leg	3					
Toe(s)	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
Facial, Other Soft Tissue	3					
No Physical Problem	1					
Ankle	8					
Foot	1					
Thumb	3					
	96					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	65
Contusion	24
Fracture	2
Laceration	10
Sprain	5
Puncture	6
Crushing	1
Multiple Physical Injuries Only	1
Foreign Body	1
No Physical Injury	2
Burn	1
	96

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Barrett Learning Center (714)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
10AM-11:59AM	4	19.0	19,777.00	4,750.91	24,527.91	39.8
Unknown	6	28.5	19,465.21	2,791.63	22,256.84	36.1
8AM-9:59AM	4	19.0	2,055.04	6,359.37	8,414.41	13.6
4PM-5:59PM	1	4.7	2,517.64	0.00	2,517.64	4.0
2PM-3:59PM	1	4.7	2,037.98	0.00	2,037.98	3.3
4AM-5:59AM	3	14.2	689.93	253.94	943.87	1.5
6AM-7:59AM	1	4.7	185.37	564.63	750.00	1.2
12PM-1:59PM	1	4.7	164.70	0.00	164.70	0.2
	21		***$ 46,892.87***	***$ 14,720.48***	***$ 61,613.35***	
LENGTH OF SERVICE						
2-4	9	42.8	38,527.73	7,542.54	46,070.27	74.7
4-6	3	14.2	3,728.73	5,609.37	9,338.10	15.1
0-2	5	23.8	3,391.88	1,003.94	4,395.82	7.1
8-10	2	9.5	975.08	564.63	1,539.71	2.5
24-26	1	4.7	164.70	0.00	164.70	0.2
6-8	1	4.7	104.75	0.00	104.75	0.1
	21		***$ 46,892.87***	***$ 14,720.48***	***$ 61,613.35***	
AGE OF CLAIMANT						
30-34	4	19.0	14,377.55	10,360.28	24,737.83	40.1
25-29	3	14.2	18,927.18	2,791.63	21,718.81	35.2
40-44	5	23.8	9,604.31	818.57	10,422.88	16.9
35-39	5	23.8	2,778.33	750.00	3,528.33	5.7
45-49	2	9.5	817.61	0.00	817.61	1.3
20-24	1	4.7	223.19	0.00	223.19	0.3
55-59	1	4.7	164.70	0.00	164.70	0.2
	21		***$ 46,892.87***	***$ 14,720.48***	***$ 61,613.35***	
SEX OF CLAIMANT						
Male	17	80.9	37,596.39	14,720.48	52,316.87	84.9
Female	4	19.0	9,296.48	0.00	9,296.48	15.0
	21		***$ 46,892.87***	***$ 14,720.48***	***$ 61,613.35***	
LOSS CAUSE						
Patient / Inmate	15	71.4	43,974.66	8,361.11	52,335.77	84.9
Walking surface, inside, wet	1	4.7	1,690.75	5,609.37	7,300.12	11.8
Brush / tree / log	1	4.7	789.71	0.00	789.71	1.2
Food	1	4.7	0.00	750.00	750.00	1.2
Threaded valve stem remover	1	4.7	168.30	0.00	168.30	0.2
Infectious agent	1	4.7	164.70	0.00	164.70	0.2
Machine, not otherwise classified	1	4.7	104.75	0.00	104.75	0.1
	21		***$ 46,892.87***	***$ 14,720.48***	***$ 61,613.35***	
ACCIDENT TYPE						
Twisting, strain or injury by	13	61.9	42,267.57	8,361.11	50,628.68	82.1
Fall or Slip (From Liquid/Grease spills)	1	4.7	1,690.75	5,609.37	7,300.12	11.8
Stuck, injured by fellow worker, patient	1	4.7	1,483.90	0.00	1,483.90	2.4
Lifting (strain or Injury by)	1	4.7	789.71	0.00	789.71	1.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Barrett Learning Center (714)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Struck/Injured by Falling or Flying Object	1	4.7	0.00	750.00	750.00	1.2
Struck or injured by misc.	1	4.7	223.19	0.00	223.19	0.3
Pushing Or Pulling (Strain or Injury by)	1	4.7	168.30	0.00	168.30	0.2
Absorb, Ingest, Inhalation	1	4.7	164.70	0.00	164.70	0.2
Object being lifted/handled (cut,punc.scrape,inj b	1	4.7	104.75	0.00	104.75	0.1
	21		***$ 46,892.87***	***$ 14,720.48***	***$ 61,613.35***	

***BODY PART**

Hand	2
Wrist	3
Shoulder	2
Skull	2
Knee	5
Foot	1
Lower Leg	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Toe(s)	1
Abdomen including Groin	1
Soft Tissue - Neck	1
Finger(s)	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
	21

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Fracture	1
Sprain	1
Contusion	6
No Physical Injury	1
Foreign Body	2
Laceration	1
	21

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	8	18.1	16,895.64	7,413.49	24,309.13	23.8
10AM-11:59AM	4	9.0	20,710.10	2,926.77	23,636.87	23.2
Unknown	8	18.1	7,780.75	14,863.76	22,644.51	22.2
12AM-1:59AM	2	4.5	19,356.58	231.80	19,588.38	19.2
4PM-5:59PM	6	13.6	1,552.76	4,250.00	5,802.76	5.6
8AM-9:59AM	8	18.1	2,915.77	2,200.00	5,115.77	5.0
12PM-1:59PM	2	4.5	227.00	523.00	750.00	0.7
6AM-7:59AM	2	4.5	48.36	0.00	48.36	0.0
2AM-3:59AM	2	4.5	0.00	0.00	0.00	0.0
6PM-7:59PM	2	4.5	0.00	0.00	0.00	0.0
	44		***$ 69,486.96***	***$ 32,408.82***	***$ 101,895.78***	
LENGTH OF SERVICE						
2-4	9	20.4	30,669.73	14,540.26	45,209.99	44.3
4-6	12	27.2	10,402.92	15,984.26	26,387.18	25.9
0-2	11	25.0	20,825.36	384.30	21,209.66	20.8
18-20	2	4.5	7,357.87	0.00	7,357.87	7.2
14-16	2	4.5	50.20	750.00	800.20	0.7
24-26	2	4.5	0.00	750.00	750.00	0.7
16-18	1	2.2	180.88	0.00	180.88	0.1
26-28	1	2.2	0.00	0.00	0.00	0.0
36-38	1	2.2	0.00	0.00	0.00	0.0
6-8	2	4.5	0.00	0.00	0.00	0.0
8-10	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 69,486.96***	***$ 32,408.82***	***$ 101,895.78***	
AGE OF CLAIMANT						
45-49	11	25.0	28,091.74	14,943.06	43,034.80	42.2
40-44	8	18.1	21,126.72	6,579.27	27,705.99	27.1
30-34	7	15.9	11,313.53	9,436.49	20,750.02	20.3
55-59	4	9.0	6,755.13	0.00	6,755.13	6.6
50-54	3	6.8	4.00	1,450.00	1,454.00	1.4
35-39	6	13.6	1,192.04	0.00	1,192.04	1.1
25-29	2	4.5	822.92	0.00	822.92	0.8
65-69	1	2.2	180.88	0.00	180.88	0.1
20-24	1	2.2	0.00	0.00	0.00	0.0
60-64	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 69,486.96***	***$ 32,408.82***	***$ 101,895.78***	
SEX OF CLAIMANT						
Male	31	70.4	48,534.50	28,524.52	77,059.02	75.6
Female	13	29.5	20,952.46	3,884.30	24,836.76	24.3
	44		***$ 69,486.96***	***$ 32,408.82***	***$ 101,895.78***	
LOSS CAUSE						
Walking surface, outside, dry	10	22.7	36,316.59	18,888.03	55,204.62	54.1
Patient / Inmate	10	22.7	21,347.36	1,731.80	23,079.16	22.6
Walking surface, outside, wet	1	2.2	10,136.51	7,413.49	17,550.00	17.2
Walking surface, inside, dry	3	6.8	0.00	1,450.00	1,450.00	1.4

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Stairs, steps	3	6.8	231.00	523.00	754.00	0.7
Brush / tree / log	1	2.2	0.00	750.00	750.00	0.7
Door	1	2.2	0.00	750.00	750.00	0.7
Miscellaneous	2	4.5	597.50	152.50	750.00	0.7
Pallet Jack	1	2.2	0.00	750.00	750.00	0.7
Sharp objects, not otherwise classified	1	2.2	602.74	0.00	602.74	0.5
Furniture / fixtures	2	4.5	180.88	0.00	180.88	0.1
Environmental conditions	1	2.2	50.20	0.00	50.20	0.0
Metal items	1	2.2	24.18	0.00	24.18	0.0
Building parts / doors	2	4.5	0.00	0.00	0.00	0.0
Office equipment	1	2.2	0.00	0.00	0.00	0.0
Person	1	2.2	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	4.5	0.00	0.00	0.00	0.0
	44		***$ 69,486.96***	***$ 32,408.82***	***$ 101,895.78***	

ACCIDENT TYPE

Twisting, strain or injury by	14	31.8	50,061.72	21,319.83	71,381.55	70.0
Fall or Slip (On Same Level)	6	13.6	16,891.64	8,163.49	25,055.13	24.5
Object Handled (caught in or between)	3	6.8	0.00	1,500.00	1,500.00	1.4
Assault	2	4.5	847.10	0.00	847.10	0.8
Struck/Injured by Falling or Flying Object	5	11.3	621.68	152.50	774.18	0.7
Fall or slip (on stairs)	2	4.5	231.00	523.00	754.00	0.7
Object being lifted/handled (cut,punc.scrape,inj b	1	2.2	0.00	750.00	750.00	0.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.2	602.74	0.00	602.74	0.5
Strike Against/Step on Sanding,Scraping,Cleaning	1	2.2	180.88	0.00	180.88	0.1
Stress	1	2.2	50.20	0.00	50.20	0.0
Lifting (strain or Injury by)	2	4.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	2.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	4.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	4.5	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 69,486.96***	***$ 32,408.82***	***$ 101,895.78***	

***BODY PART

Lower Leg	4
Upper Leg	1
Hand	3
Lower Arm	4
Abdomen including Groin	1
Hip	1
Foot	1
Knee	11
Toe(s)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Facial, Other Soft Tissue	3
Finger(s)	5
Elbow	1
Ankle	2
Shoulder	3

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Eye(s)	1					
Multiple Head Injury	1					
Whole Body	1					
Soft Tissue - Neck	5					
Upper Arm (Inc: Clavicle and Scapula)	1					
Buttocks	1					
Wrist	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.**

*****INJURY***

Strain	32
Contusion	20
Laceration	2
Foreign Body	1
Multiple Injuries, Physical and/or Mental	1
Sprain	2
Puncture	2
Multiple Physical Injuries Only	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Natural Bridge Learning Center (732)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4AM-5:59AM	1	8.3	2,014.48	19,242.00	21,256.48	81.1
2PM-3:59PM	2	16.6	0.00	1,750.00	1,750.00	6.6
4PM-5:59PM	3	25.0	1,460.83	0.00	1,460.83	5.5
12PM-1:59PM	2	16.6	1,393.48	0.00	1,393.48	5.3
8AM-9:59AM	2	16.6	327.62	0.00	327.62	1.2
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
Unknown	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 5,196.41***	***$ 20,992.00***	***$ 26,188.41***	
LENGTH OF SERVICE						
0-2	3	25.0	2,014.48	19,242.00	21,256.48	81.1
28-30	1	8.3	0.00	1,750.00	1,750.00	6.6
18-20	1	8.3	1,460.83	0.00	1,460.83	5.5
2-4	2	16.6	1,393.48	0.00	1,393.48	5.3
6-8	3	25.0	327.62	0.00	327.62	1.2
26-28	2	16.6	0.00	0.00	0.00	0.0
	12		***$ 5,196.41***	***$ 20,992.00***	***$ 26,188.41***	
AGE OF CLAIMANT						
60-64	2	16.6	2,014.48	19,242.00	21,256.48	81.1
40-44	3	25.0	2,854.31	0.00	2,854.31	10.9
45-49	3	25.0	0.00	1,750.00	1,750.00	6.6
50-54	2	16.6	327.62	0.00	327.62	1.2
30-34	1	8.3	0.00	0.00	0.00	0.0
55-59	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 5,196.41***	***$ 20,992.00***	***$ 26,188.41***	
SEX OF CLAIMANT						
Male	9	75.0	3,802.93	20,992.00	24,794.93	94.6
Female	3	25.0	1,393.48	0.00	1,393.48	5.3
	12		***$ 5,196.41***	***$ 20,992.00***	***$ 26,188.41***	
LOSS CAUSE						
Chair	1	8.3	2,014.48	19,242.00	21,256.48	81.1
Patient / Inmate	3	25.0	1,788.45	1,750.00	3,538.45	13.5
Walking surface, outside, wet	1	8.3	901.10	0.00	901.10	3.4
Hand tool, not powered, NOC	1	8.3	492.38	0.00	492.38	1.8
Building parts / doors	1	8.3	0.00	0.00	0.00	0.0
Stairs, steps	1	8.3	0.00	0.00	0.00	0.0
Floor	1	8.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	8.3	0.00	0.00	0.00	0.0
Minerals / dirt	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		***$ 5,196.41***	***$ 20,992.00***	***$ 26,188.41***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	25.0	2,014.48	19,242.00	21,256.48	81.1
Twisting, strain or injury by	1	8.3	0.00	1,750.00	1,750.00	6.6
Collision with a Fixed Object	1	8.3	1,460.83	0.00	1,460.83	5.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Natural Bridge Learning Center (732)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Fall or Slip (From Liquid/Grease spills)	1	8.3	901.10	0.00	901.10	3.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	492.38	0.00	492.38	1.8
Assault	1	8.3	327.62	0.00	327.62	1.2
Strike Against/Step on Stationary Object	1	8.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	8.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	8.3	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 5,196.41***	***$ 20,992.00***	***$ 26,188.41***	

***BODY PART

Shoulder	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Ear(s)	1
Lower Leg	2
Thumb	1
Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Buttocks	1
Eye(s)	1
Lower Arm	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	8
Laceration	2
Contusion	4
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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:32

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	5	15.6	17,121.61	30,758.90	47,880.51	43.4
12PM-1:59PM	4	12.5	2,839.28	14,682.34	17,521.62	15.9
6AM-7:59AM	4	12.5	9,535.80	5,665.87	15,201.67	13.8
10AM-11:59AM	3	9.3	2,483.20	7,167.88	9,651.08	8.7
4PM-5:59PM	4	12.5	6,035.76	1,855.03	7,890.79	7.1
Unknown	6	18.7	4,404.30	1,775.00	6,179.30	5.6
4AM-5:59AM	1	3.1	2,489.55	0.00	2,489.55	2.2
2PM-3:59PM	2	6.2	987.94	512.06	1,500.00	1.3
2AM-3:59AM	1	3.1	1,077.14	0.00	1,077.14	0.9
12AM-1:59AM	2	6.2	166.15	583.85	750.00	0.6
	32		***$ 47,140.73***	***$ 63,000.93***	***$ 110,141.66***	
LENGTH OF SERVICE						
2-4	5	15.6	19,843.30	36,686.77	56,530.07	51.3
4-6	10	31.2	9,086.77	10,583.57	19,670.34	17.8
10-12	1	3.1	1,994.58	14,027.04	16,021.62	14.5
0-2	7	21.8	11,181.83	1,208.85	12,390.68	11.2
26-28	2	6.2	1,005.30	494.70	1,500.00	1.3
14-16	1	3.1	1,418.52	0.00	1,418.52	1.2
8-10	1	3.1	1,196.21	0.00	1,196.21	1.0
20-22	2	6.2	1,126.34	0.00	1,126.34	1.0
6-8	1	3.1	287.88	0.00	287.88	0.2
24-26	1	3.1	0.00	0.00	0.00	0.0
32-34	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 47,140.73***	***$ 63,000.93***	***$ 110,141.66***	
AGE OF CLAIMANT						
55-59	3	9.3	15,397.44	30,008.90	45,406.34	41.2
45-49	10	31.2	12,345.89	6,022.57	18,368.46	16.6
50-54	4	12.5	3,471.32	14,027.04	17,498.36	15.8
30-34	6	18.7	5,475.86	8,491.48	13,967.34	12.6
40-44	5	15.6	5,740.26	3,230.03	8,970.29	8.1
20-24	1	3.1	2,953.73	400.00	3,353.73	3.0
25-29	2	6.2	1,243.29	583.85	1,827.14	1.6
35-39	1	3.1	512.94	237.06	750.00	0.6
	32		***$ 47,140.73***	***$ 63,000.93***	***$ 110,141.66***	
SEX OF CLAIMANT						
Male	18	56.2	29,763.51	39,245.41	69,008.92	62.6
Female	14	43.7	17,377.22	23,755.52	41,132.74	37.3
	32		***$ 47,140.73***	***$ 63,000.93***	***$ 110,141.66***	
LOSS CAUSE						
Patient / Inmate	15	46.8	24,189.70	38,774.50	62,964.20	57.1
Object on Floor	1	3.1	1,994.58	14,027.04	16,021.62	14.5
Chair	2	6.2	4,654.92	7,167.88	11,822.80	10.7
Person	2	6.2	6,040.97	583.85	6,624.82	6.0
Door	1	3.1	2,953.73	400.00	3,353.73	3.0
Furniture / fixtures	2	6.2	2,777.43	0.00	2,777.43	2.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Floor	2	6.2	2,064.08	237.06	2,301.14	2.0
Miscellaneous	2	6.2	439.40	1,060.60	1,500.00	1.3
Walking surface, inside, wet	1	3.1	1,077.14	0.00	1,077.14	0.9
Walking surface, outside, dry	2	6.2	0.00	750.00	750.00	0.6
Walking surface, inside, dry	1	3.1	598.38	0.00	598.38	0.5
Stairs, steps	1	3.1	350.40	0.00	350.40	0.3
	32		***$ 47,140.73***	***$ 63,000.93***	***$ 110,141.66***	

ACCIDENT TYPE

Twisting, strain or injury by	11	34.3	18,732.71	31,480.75	50,213.46	45.5
Fall or Slip (On Same Level)	6	18.7	6,745.43	13,445.75	20,191.18	18.3
Slipped, Did Not Fall	1	3.1	1,994.58	14,027.04	16,021.62	14.5
Assault	6	18.7	6,745.56	2,974.73	9,720.29	8.8
Stuck, injured by fellow worker, patient	1	3.1	5,874.82	0.00	5,874.82	5.3
Strike Against/Step on Stationary Object	2	6.2	3,466.67	637.06	4,103.73	3.7
Fall or Slip (From Different Level)	1	3.1	1,551.14	0.00	1,551.14	1.4
Fall or Slip (From Liquid/Grease spills)	1	3.1	1,077.14	0.00	1,077.14	0.9
Struck/Injured by Falling or Flying Object	1	3.1	314.40	435.60	750.00	0.6
Fall or slip (on stairs)	1	3.1	350.40	0.00	350.40	0.3
Struck/Injured by Object Handled By Other	1	3.1	287.88	0.00	287.88	0.2
	32		***$ 47,140.73***	***$ 63,000.93***	***$ 110,141.66***	

***BODY PART**

Knee	9
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Shoulder	4
Lower Leg	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Foot	1
Finger(s)	2
Facial, Other Soft Tissue	5
Lower Arm	3
Hip	2
Ankle	3
Buttocks	1
Ear(s)	1
Hand	1
Teeth	1
Elbow	1
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	36
Contusion	8

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
Puncture	1					
Inflamation	1					
Laceration	1					
Sprain	1					
Dislocation	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.**

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Oakridge Learning Center (743)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
6PM-7:59PM	3	60.0	1,874.33	0.00	1,874.33	56.1
6AM-7:59AM	1	20.0	549.89	200.11	750.00	22.4
Unknown	1	20.0	711.37	0.00	711.37	21.3
	5		***$ 3,135.59***	***$ 200.11***	***$ 3,335.70***	
LENGTH OF SERVICE						
4-6	2	40.0	1,435.97	0.00	1,435.97	43.0
2-4	2	40.0	1,149.73	0.00	1,149.73	34.4
8-10	1	20.0	549.89	200.11	750.00	22.4
	5		***$ 3,135.59***	***$ 200.11***	***$ 3,335.70***	
AGE OF CLAIMANT						
40-44	1	20.0	1,067.49	0.00	1,067.49	32.0
50-54	1	20.0	549.89	200.11	750.00	22.4
30-34	1	20.0	711.37	0.00	711.37	21.3
25-29	1	20.0	438.36	0.00	438.36	13.1
35-39	1	20.0	368.48	0.00	368.48	11.0
	5		***$ 3,135.59***	***$ 200.11***	***$ 3,335.70***	
SEX OF CLAIMANT						
Male	4	80.0	2,697.23	200.11	2,897.34	86.8
Female	1	20.0	438.36	0.00	438.36	13.1
	5		***$ 3,135.59***	***$ 200.11***	***$ 3,335.70***	
LOSS CAUSE						
Patient / Inmate	2	40.0	1,617.38	200.11	1,817.49	54.4
Walking surface, outside, wet	1	20.0	711.37	0.00	711.37	21.3
Building parts / doors	1	20.0	438.36	0.00	438.36	13.1
Floor	1	20.0	368.48	0.00	368.48	11.0
	5		***$ 3,135.59***	***$ 200.11***	***$ 3,335.70***	
ACCIDENT TYPE						
Twisting, strain or injury by	2	40.0	1,617.38	200.11	1,817.49	54.4
Fall or Slip (On Same Level)	2	40.0	806.84	0.00	806.84	24.1
Fall or slip (on ice or snow)	1	20.0	711.37	0.00	711.37	21.3
	5		***$ 3,135.59***	***$ 200.11***	***$ 3,335.70***	

*****BODY PART***	
Knee	2
Elbow	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Wrist	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	4
Strain	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Oakridge Learning Center (743)

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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 7th Jud Dist Csu-newport News (849)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
4PM-5:59PM	1	20.0	36,790.38	33,354.94	70,145.32	98.9
8AM-9:59AM	3	60.0	0.00	750.00	750.00	1.0
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 36,790.38***	***$ 34,104.94***	***$ 70,895.32***	
LENGTH OF SERVICE						
6-8	1	20.0	36,790.38	33,354.94	70,145.32	98.9
0-2	2	40.0	0.00	750.00	750.00	1.0
26-28	1	20.0	0.00	0.00	0.00	0.0
8-10	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 36,790.38***	***$ 34,104.94***	***$ 70,895.32***	
AGE OF CLAIMANT						
40-44	1	20.0	36,790.38	33,354.94	70,145.32	98.9
30-34	2	40.0	0.00	750.00	750.00	1.0
20-24	1	20.0	0.00	0.00	0.00	0.0
50-54	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 36,790.38***	***$ 34,104.94***	***$ 70,895.32***	
SEX OF CLAIMANT						
Male	2	40.0	36,790.38	33,354.94	70,145.32	98.9
Female	3	60.0	0.00	750.00	750.00	1.0
	5		***$ 36,790.38***	***$ 34,104.94***	***$ 70,895.32***	
LOSS CAUSE						
Chair	1	20.0	36,790.38	33,354.94	70,145.32	98.9
Vehicle/car/truck	1	20.0	0.00	750.00	750.00	1.0
Pipe	2	40.0	0.00	0.00	0.00	0.0
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 36,790.38***	***$ 34,104.94***	***$ 70,895.32***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	20.0	36,790.38	33,354.94	70,145.32	98.9
Vehicle Upset	2	40.0	0.00	750.00	750.00	1.0
Cut,puncture,scrape, injured by (Broken Glass)	1	20.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 36,790.38***	***$ 34,104.94***	***$ 70,895.32***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Soft Tissue - Neck	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Elbow	2					
Knee	2					
No Physical Problem	1					
Thumb	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 7th Jud Dist Csu-newport News (849)

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	6
Unknown	1
Contusion	1
Laceration	1
No Physical 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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 4th Judicial Dist Csu-norfolk (853)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	1,436.20	0.00	1,436.20	84.5
4PM-5:59PM	1	50.0	261.75	0.00	261.75	15.4
	2		***$ 1,697.95***	***$ 0.00***	***$ 1,697.95***	
LENGTH OF SERVICE						
4-6	2	100.0	1,697.95	0.00	1,697.95	100.0
	2		***$ 1,697.95***	***$ 0.00***	***$ 1,697.95***	
AGE OF CLAIMANT						
30-34	2	100.0	1,697.95	0.00	1,697.95	100.0
	2		***$ 1,697.95***	***$ 0.00***	***$ 1,697.95***	
SEX OF CLAIMANT						
Male	2	100.0	1,697.95	0.00	1,697.95	100.0
	2		***$ 1,697.95***	***$ 0.00***	***$ 1,697.95***	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	1,436.20	0.00	1,436.20	84.5
Walking surface, inside, dry	1	50.0	261.75	0.00	261.75	15.4
	2		***$ 1,697.95***	***$ 0.00***	***$ 1,697.95***	
ACCIDENT TYPE						
Vehicle Upset	1	50.0	1,436.20	0.00	1,436.20	84.5
Twisting, strain or injury by	1	50.0	261.75	0.00	261.75	15.4
	2		***$ 1,697.95***	***$ 0.00***	***$ 1,697.95***	

*****BODY PART***	
Knee	2
Lower Arm	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***	
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 9th Csu-providence Forge (856)

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						
12-14	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						
Male	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Water	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 13th Judicial Dist Csu-richmond (860)

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						
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						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 20th Judicial Dist Csu-warrenton (864)

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						
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						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Unknown	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***						
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	

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:33

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 22nd Jud Dist Csu-rocky Mount (866)

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						
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						
Vehicle/car/truck	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
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	1					
	1					

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

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 24th Judicial Dist Csu-lynchburg (867)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	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						
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
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						
Office equipment	1	50.0	0.00	0.00	0.00	0.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	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					
Hip	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	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 25th Judicial Dist Csu-staunton (868)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
2PM-3:59PM	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						
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						
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	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, dry	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						
Fall or Slip (On Same Level)	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***						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					
Multiple Head Injury	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***						
Contusion	5					
	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 27th Judicial Dist Csu-pulaski (870)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	603.29	0.00	603.29	100.0
	1		***$ 603.29***	***$ 0.00***	***$ 603.29***	
LENGTH OF SERVICE						
4-6	1	100.0	603.29	0.00	603.29	100.0
	1		***$ 603.29***	***$ 0.00***	***$ 603.29***	
AGE OF CLAIMANT						
30-34	1	100.0	603.29	0.00	603.29	100.0
	1		***$ 603.29***	***$ 0.00***	***$ 603.29***	
SEX OF CLAIMANT						
Male	1	100.0	603.29	0.00	603.29	100.0
	1		***$ 603.29***	***$ 0.00***	***$ 603.29***	
LOSS CAUSE						
Miscellaneous	1	100.0	603.29	0.00	603.29	100.0
	1		***$ 603.29***	***$ 0.00***	***$ 603.29***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	603.29	0.00	603.29	100.0
	1		***$ 603.29***	***$ 0.00***	***$ 603.29***	
*****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***		
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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 30th Judicial Dist Csu-gate City (873)

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						
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 (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					

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*****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 2002

By Agencies,SubAgencies

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01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 2nd Judicial Dist Csu-va. Beach (878)

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
8AM-9:59AM	2	40.0	386.47	1,750.00	2,136.47	81.1
2AM-3:59AM	1	20.0	316.00	0.00	316.00	12.0
2PM-3:59PM	1	20.0	181.70	0.00	181.70	6.9
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 884.17***	***$ 1,750.00***	***$ 2,634.17***	
LENGTH OF SERVICE						
22-24	2	40.0	386.47	1,750.00	2,136.47	81.1
8-10	1	20.0	316.00	0.00	316.00	12.0
4-6	1	20.0	181.70	0.00	181.70	6.9
2-4	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 884.17***	***$ 1,750.00***	***$ 2,634.17***	
AGE OF CLAIMANT						
55-59	2	40.0	386.47	1,750.00	2,136.47	81.1
45-49	1	20.0	316.00	0.00	316.00	12.0
35-39	2	40.0	181.70	0.00	181.70	6.9
	5		***$ 884.17***	***$ 1,750.00***	***$ 2,634.17***	
SEX OF CLAIMANT						
Female	5	100.0	884.17	1,750.00	2,634.17	100.0
	5		***$ 884.17***	***$ 1,750.00***	***$ 2,634.17***	
LOSS CAUSE						
Stairs, steps	1	20.0	0.00	1,750.00	1,750.00	66.4
Walking surface, outside, dry	1	20.0	386.47	0.00	386.47	14.6
Boxes / containers	1	20.0	316.00	0.00	316.00	12.0
Office equipment	1	20.0	181.70	0.00	181.70	6.9
Building parts / doors	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 884.17***	***$ 1,750.00***	***$ 2,634.17***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	20.0	0.00	1,750.00	1,750.00	66.4
Fall or Slip (On Same Level)	1	20.0	386.47	0.00	386.47	14.6
Lifting (strain or Injury by)	1	20.0	316.00	0.00	316.00	12.0
Pushing Or Pulling (Strain or Injury by)	1	20.0	181.70	0.00	181.70	6.9
Strike Against/Step on Stationary Object	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 884.17***	***$ 1,750.00***	***$ 2,634.17***	
*****BODY PART***						
Ankle	1					
Toe(s)	1					
Facial, Other Soft Tissue	2					
Hand	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Wrist(s) & Hand(s)	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 2nd Judicial Dist Csu-va. Beach (878)

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	2
Fracture	1
Laceration	3
Contusion	1
Strain	1
	5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Local Jud Dist Csu-falls Church (881)

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						
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						
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***						
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 20l Judicial Dist Csu-loudoun (882)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	33.3	0.00	0.00	0.00	0.0
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***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	3	100.0	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						
Environmental conditions	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	3	100.0	0.00	0.00	0.00	0.0
	3		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Lungs	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***						
Respiratory Disorders	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Aviation, Dept. Of (841)
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
4PM-5:59PM	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
4-6	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
40-44	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						
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Hose / hydair H2O	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
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Skull	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***						
Contusion	1					
Puncture	1					
	2					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Public Defender Commission (848)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	23.00	0.00	23.00	66.9
10AM-11:59AM	1	50.0	11.34	0.00	11.34	33.0
	2		***$ 34.34***	***$ 0.00***	***$ 34.34***	
LENGTH OF SERVICE						
2-4	2	100.0	34.34	0.00	34.34	100.0
	2		***$ 34.34***	***$ 0.00***	***$ 34.34***	
AGE OF CLAIMANT						
20-24	1	50.0	23.00	0.00	23.00	66.9
40-44	1	50.0	11.34	0.00	11.34	33.0
	2		***$ 34.34***	***$ 0.00***	***$ 34.34***	
SEX OF CLAIMANT						
Female	1	50.0	23.00	0.00	23.00	66.9
Male	1	50.0	11.34	0.00	11.34	33.0
	2		***$ 34.34***	***$ 0.00***	***$ 34.34***	
LOSS CAUSE						
Metal items	1	50.0	23.00	0.00	23.00	66.9
Environmental conditions	1	50.0	11.34	0.00	11.34	33.0
	2		***$ 34.34***	***$ 0.00***	***$ 34.34***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	23.00	0.00	23.00	66.9
Stress	1	50.0	11.34	0.00	11.34	33.0
	2		***$ 34.34***	***$ 0.00***	***$ 34.34***	
*****BODY PART***						
Finger(s)	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***	
Laceration	1
Mental Stress	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:34

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Museum Of Natural History (942)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	3,036.94	0.00	3,036.94	100.0
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,036.94***	***$ 0.00***	***$ 3,036.94***	
LENGTH OF SERVICE						
6-8	1	25.0	3,036.94	0.00	3,036.94	100.0
4-6	2	50.0	0.00	0.00	0.00	0.0
0-2	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,036.94***	***$ 0.00***	***$ 3,036.94***	
AGE OF CLAIMANT						
50-54	1	25.0	3,036.94	0.00	3,036.94	100.0
35-39	1	25.0	0.00	0.00	0.00	0.0
20-24	1	25.0	0.00	0.00	0.00	0.0
60-64	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,036.94***	***$ 0.00***	***$ 3,036.94***	
SEX OF CLAIMANT						
Male	2	50.0	3,036.94	0.00	3,036.94	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 3,036.94***	***$ 0.00***	***$ 3,036.94***	
LOSS CAUSE						
Vehicle/car/truck	1	25.0	3,036.94	0.00	3,036.94	100.0
Machine, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 3,036.94***	***$ 0.00***	***$ 3,036.94***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	25.0	3,036.94	0.00	3,036.94	100.0
Noise, continual, strain or injury by	1	25.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	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		***$ 3,036.94***	***$ 0.00***	***$ 3,036.94***	
****BODY PART**						
Shoulder	1					
Soft Tissue - Neck	2					
Ear(s)	2					
Ankle	1					
Elbow	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	1					

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Va Museum Of Natural History (942)
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.**

*****INJURY***

Strain	3
Hearing Loss or Impairment (Traumatic only)	2
Contusion	4
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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Fire Programs, Dept. Of (960)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	4,699.01	8,483.00	13,182.01	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 4,699.01***	***$ 8,483.00***	***$ 13,182.01***	
LENGTH OF SERVICE						
2-4	1	50.0	4,699.01	8,483.00	13,182.01	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 4,699.01***	***$ 8,483.00***	***$ 13,182.01***	
AGE OF CLAIMANT						
35-39	1	50.0	4,699.01	8,483.00	13,182.01	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 4,699.01***	***$ 8,483.00***	***$ 13,182.01***	
SEX OF CLAIMANT						
Male	2	100.0	4,699.01	8,483.00	13,182.01	100.0
	2		***$ 4,699.01***	***$ 8,483.00***	***$ 13,182.01***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	50.0	4,699.01	8,483.00	13,182.01	100.0
Office equipment	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 4,699.01***	***$ 8,483.00***	***$ 13,182.01***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	4,699.01	8,483.00	13,182.01	100.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 4,699.01***	***$ 8,483.00***	***$ 13,182.01***	
****BODY PART**						
Foot	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**						
Sprain	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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Capital Police (961)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
TIME OF INJURY						
10AM-11:59AM	4	44.4	3,739.80	15,309.69	19,049.49	93.4
2AM-3:59AM	1	11.1	627.60	122.40	750.00	3.6
4PM-5:59PM	2	22.2	581.85	0.00	581.85	2.8
12PM-1:59PM	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		***$ 4,949.25***	***$ 15,432.09***	***$ 20,381.34***	
LENGTH OF SERVICE						
10-12	1	11.1	0.00	14,559.69	14,559.69	71.4
16-18	1	11.1	3,574.80	0.00	3,574.80	17.5
0-2	2	22.2	179.45	750.00	929.45	4.5
2-4	2	22.2	792.60	122.40	915.00	4.4
14-16	1	11.1	402.40	0.00	402.40	1.9
20-22	1	11.1	0.00	0.00	0.00	0.0
22-24	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,949.25***	***$ 15,432.09***	***$ 20,381.34***	
AGE OF CLAIMANT						
40-44	3	33.3	3,977.20	14,559.69	18,536.89	90.9
35-39	1	11.1	0.00	750.00	750.00	3.6
50-54	1	11.1	627.60	122.40	750.00	3.6
30-34	2	22.2	344.45	0.00	344.45	1.6
45-49	2	22.2	0.00	0.00	0.00	0.0
	9		***$ 4,949.25***	***$ 15,432.09***	***$ 20,381.34***	
SEX OF CLAIMANT						
Female	3	33.3	3,574.80	14,559.69	18,134.49	88.9
Male	6	66.6	1,374.45	872.40	2,246.85	11.0
	9		***$ 4,949.25***	***$ 15,432.09***	***$ 20,381.34***	
LOSS CAUSE						
Vehicle/car/truck	1	11.1	0.00	14,559.69	14,559.69	71.4
Walking surface, outside, dry	1	11.1	3,574.80	0.00	3,574.80	17.5
Floor	1	11.1	0.00	750.00	750.00	3.6
Stairs, steps	1	11.1	627.60	122.40	750.00	3.6
Person	2	22.2	581.85	0.00	581.85	2.8
Miscellaneous	1	11.1	165.00	0.00	165.00	0.8
Animal / insect, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Metal items	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,949.25***	***$ 15,432.09***	***$ 20,381.34***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	11.1	0.00	14,559.69	14,559.69	71.4
Fall or Slip (On Same Level)	2	22.2	3,574.80	750.00	4,324.80	21.2
Fall or slip (on stairs)	1	11.1	627.60	122.40	750.00	3.6
Struck/Injured by Falling or Flying Object	1	11.1	402.40	0.00	402.40	1.9
Stuck, injured by fellow worker, patient	1	11.1	179.45	0.00	179.45	0.8
Twisting, strain or injury by	1	11.1	165.00	0.00	165.00	0.8
Animal Or Insect	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Capital Police (961)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Strike Against/Step on Stationary Object	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 4,949.25***	***$ 15,432.09***	***$ 20,381.34***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Knee	2
Hand	1
Ankle	2
Elbow	1
Shoulder	1
Foot	1
Ear(s)	1
Eye(s)	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
Contusion	2
Sprain	3
Fracture	1
Foreign Body	1
Laceration	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 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Employment Dispute Resolution, Dept. Of (962)
SubAgency:

Description	*# Claims*	*%*	*Paid*	*Est. Future Costs*	*Total*	*%*
TIME OF INJURY						
12PM-1:59PM	1	100.0	507.60	0.00	507.60	100.0
	1		***$ 507.60***	***$ 0.00***	***$ 507.60***	
LENGTH OF SERVICE						
2-4	1	100.0	507.60	0.00	507.60	100.0
	1		***$ 507.60***	***$ 0.00***	***$ 507.60***	
AGE OF CLAIMANT						
50-54	1	100.0	507.60	0.00	507.60	100.0
	1		***$ 507.60***	***$ 0.00***	***$ 507.60***	
SEX OF CLAIMANT						
Female	1	100.0	507.60	0.00	507.60	100.0
	1		***$ 507.60***	***$ 0.00***	***$ 507.60***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	507.60	0.00	507.60	100.0
	1		***$ 507.60***	***$ 0.00***	***$ 507.60***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	507.60	0.00	507.60	100.0
	1		***$ 507.60***	***$ 0.00***	***$ 507.60***	
*****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 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:35

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	30	20.4	21,546.43	35,113.61	56,660.04	29.3
4PM-5:59PM	14	9.5	19,892.67	17,904.03	37,796.70	19.5
12AM-1:59AM	5	3.4	10,775.75	20,024.25	30,800.00	15.9
8AM-9:59AM	46	31.2	7,151.19	20,061.22	27,212.41	14.1
2PM-3:59PM	20	13.6	11,136.00	5,852.67	16,988.67	8.8
12PM-1:59PM	18	12.2	7,275.31	2,720.23	9,995.54	5.1
Unknown	4	2.7	1,343.70	8,380.24	9,723.94	5.0
6AM-7:59AM	6	4.0	1,775.82	237.55	2,013.37	1.0
6PM-7:59PM	3	2.0	1,077.88	660.90	1,738.78	0.9
2AM-3:59AM	1	0.6	0.00	0.00	0.00	0.0
	147		***$ 81,974.75***	***$ 110,954.70***	***$ 192,929.45***	
LENGTH OF SERVICE						
0-2	37	25.1	17,944.94	46,131.41	64,076.35	33.2
2-4	31	21.0	25,376.87	26,606.03	51,982.90	26.9
10-12	6	4.0	19,673.54	15,481.14	35,154.68	18.2
4-6	13	8.8	6,335.37	5,140.15	11,475.52	5.9
14-16	7	4.7	251.80	9,998.20	10,250.00	5.3
38-40	1	0.6	557.28	3,902.72	4,460.00	2.3
6-8	8	5.4	2,715.40	750.00	3,465.40	1.8
28-30	3	2.0	2,903.10	0.00	2,903.10	1.5
20-22	4	2.7	2,240.79	0.00	2,240.79	1.1
8-10	5	3.4	149.50	1,350.50	1,500.00	0.7
26-28	6	4.0	1,437.64	0.00	1,437.64	0.7
22-24	5	3.4	688.83	607.00	1,295.83	0.6
30-32	3	2.0	0.00	750.00	750.00	0.3
36-38	1	0.6	512.45	237.55	750.00	0.3
12-14	5	3.4	490.32	0.00	490.32	0.2
24-26	5	3.4	476.07	0.00	476.07	0.2
18-20	1	0.6	208.28	0.00	208.28	0.1
34-36	3	2.0	12.57	0.00	12.57	0.0
16-18	2	1.3	0.00	0.00	0.00	0.0
32-34	1	0.6	0.00	0.00	0.00	0.0
	147		***$ 81,974.75***	***$ 110,954.70***	***$ 192,929.45***	
AGE OF CLAIMANT						
40-44	23	15.6	27,788.18	43,194.98	70,983.16	36.7
45-49	28	19.0	20,779.64	5,359.52	26,139.16	13.5
50-54	20	13.6	7,224.77	18,611.77	25,836.54	13.3
25-29	18	12.2	11,112.01	12,301.14	23,413.15	12.1
20-24	12	8.1	2,353.53	14,796.15	17,149.68	8.8
60-64	4	2.7	3,415.55	6,102.43	9,517.98	4.9
55-59	12	8.1	1,831.35	6,152.72	7,984.07	4.1
30-34	17	11.5	4,055.36	3,304.86	7,360.22	3.8
35-39	11	7.4	2,360.95	1,131.13	3,492.08	1.8
65-69	2	1.3	1,053.41	0.00	1,053.41	0.5

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

Frank Gates

01/17/2003 11:57:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	147		**$ 81,974.75**	**$ 110,954.70**	**$ 192,929.45**	
SEX OF CLAIMANT						
Male	85	57.8	38,786.93	65,355.39	104,142.32	53.9
Female	62	42.1	43,187.82	45,599.31	88,787.13	46.0
	147		**$ 81,974.75**	**$ 110,954.70**	**$ 192,929.45**	
LOSS CAUSE						
Boxes / containers	52	35.3	42,263.14	46,148.81	88,411.95	45.8
Object on Floor	3	2.0	6,300.43	13,898.81	20,199.24	10.4
Pallet Jack	4	2.7	1,941.18	12,748.55	14,689.73	7.6
Glass bottle / sheet	5	3.4	13,190.51	1,070.73	14,261.24	7.3
Walking surface, outside, wet	3	2.0	825.28	12,282.96	13,108.24	6.7
Machine, not otherwise classified	3	2.0	1,531.13	11,268.60	12,799.73	6.6
Building parts / doors	2	1.3	5,942.78	4,507.22	10,450.00	5.4
Animal / tick, spider, etc.	1	0.6	0.00	5,864.88	5,864.88	3.0
Chair	1	0.6	1,827.70	0.00	1,827.70	0.9
Jack Stands	1	0.6	1,240.08	0.00	1,240.08	0.6
Pallet,Skid,Flat	1	0.6	1,148.72	0.00	1,148.72	0.6
Vehicle/car/truck	1	0.6	1,076.43	0.00	1,076.43	0.5
Walking surface, inside, dry	2	1.3	1,075.40	0.00	1,075.40	0.5
Razor blade	3	2.0	312.16	660.90	973.06	0.5
Furniture / fixtures	3	2.0	208.80	750.00	958.80	0.5
Forklift	1	0.6	881.60	0.00	881.60	0.4
Ladder - Portable	2	1.3	0.00	750.00	750.00	0.3
Person	3	2.0	0.00	750.00	750.00	0.3
Step stool	1	0.6	143.00	607.00	750.00	0.3
Stairs, steps	2	1.3	625.00	0.00	625.00	0.3
Chemicals, not otherwise classified	25	17.0	381.77	0.00	381.77	0.2
Miscellaneous	4	2.7	363.78	0.00	363.78	0.1
Office equipment	1	0.6	267.27	0.00	267.27	0.1
Hand tool, not powered, NOC	1	0.6	222.32	0.00	222.32	0.1
Sharp objects, not otherwise classified	2	1.3	89.10	0.00	89.10	0.0
Minerals / dirt	1	0.6	70.40	0.00	70.40	0.0
Floor Jack	1	0.6	34.20	0.00	34.20	0.0
Environmental conditions	3	2.0	12.57	0.00	12.57	0.0
Unknown	1	0.6	0.00	0.00	0.00	0.0
Gun / gunshot	1	0.6	0.00	0.00	0.00	0.0
Patient / Inmate	1	0.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	3	2.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	1.3	0.00	0.00	0.00	0.0
Wood Items	1	0.6	0.00	0.00	0.00	0.0
Metal items	4	2.7	0.00	-353.76	-353.76	-0.1
Infectious agent	1	0.6	0.00	0.00	0.00	0.0
	147		**$ 81,974.75**	**$ 110,954.70**	**$ 192,929.45**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	35	23.8	23,897.02	30,102.50	53,999.52	27.9
Pushing Or Pulling (Strain or Injury by)	6	4.0	19,518.09	17,516.64	37,034.73	19.2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

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01/17/2003 11:57:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Fall or Slip (On Same Level)	13	8.8	8,970.93	17,268.67	26,239.60	13.6
Fall or Slip (From Different Level)	4	2.7	3,977.10	11,485.69	15,462.79	8.0
Object Handled (caught in or between)	4	2.7	2,706.21	9,833.60	12,539.81	6.5
Cut,puncture,scrape, injured by (Broken Glass)	1	0.6	9,882.00	0.00	9,882.00	5.1
Slipped, Did Not Fall	2	1.3	0.00	8,380.24	8,380.24	4.3
Animal Or Insect	1	0.6	0.00	5,864.88	5,864.88	3.0
Twisting, strain or injury by	9	6.1	2,556.06	3,250.00	5,806.06	3.0
Struck/Injured by Falling or Flying Object	9	6.1	4,731.65	470.23	5,201.88	2.7
Fall or Slip (From Liquid/Grease spills)	3	2.0	557.28	3,902.72	4,460.00	2.3
Strike Against/Step on Stationary Object	5	3.4	1,297.05	498.20	1,795.25	0.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	2.0	534.48	660.90	1,195.38	0.6
Object being lifted/handled (cut,punc.scrape,inj b	7	4.7	175.81	970.43	1,146.24	0.5
Collision/sideswipe with Another Vehicle	1	0.6	1,076.43	0.00	1,076.43	0.5
Struck/Injured by Hand Tool/Machine In Use	1	0.6	881.60	0.00	881.60	0.4
Fall or Slip (From Ladder/Scaffolding)	1	0.6	0.00	750.00	750.00	0.3
Fall or slip (on stairs)	1	0.6	625.00	0.00	625.00	0.3
Foreign Body In Eye	2	1.3	452.17	0.00	452.17	0.2
Stepping On Sharp Object	1	0.6	89.10	0.00	89.10	0.0
Struck/Injured by Object Being Lifted/Handled	2	1.3	34.20	0.00	34.20	0.0
Stress	1	0.6	12.57	0.00	12.57	0.0
Unknown	2	1.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	26	17.6	0.00	0.00	0.00	0.0
Assault	3	2.0	0.00	0.00	0.00	0.0
Vehicle Upset	1	0.6	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	0.6	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	0.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	0.6	0.00	0.00	0.00	0.0
	147		***$ 81,974.75***	***$ 110,954.70***	***$ 192,929.45***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	41
Lower Leg	7
Hip	6
Wrist	4
Knee	11
Lower Arm	3
Hand	5
Finger(s)	8
Abdomen including Groin	7
Foot	7
Shoulder	7
Ankle	4
Toe(s)	2
Skull	4
Multiple Head Injury	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Upper Leg	1
Multiple Body Parts	1
Thumb	2

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Industrial Claims for Plan Year 2002

By Agencies,SubAgencies

FrankGates

01/17/2003 11:57:36

Company: Commonwealth Of Virginia
Period: 07/01/2001 to 06/30/2002
Calculations As Of: 06/30/2002
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	***# Claims***	***%***	***Paid***	***Est. Future Costs***	***Total***	***%***
Upper Arm (Inc: Clavicle and Scapula)	2					
Wrist(s) & Hand(s)	2					
Elbow	4					
Eye(s)	3					
Facial, Other Soft Tissue	3					
Heart	1					
Mouth	3					
No Physical Problem	26					
Soft Tissue - Neck	3					
Teeth	1					
Upper Back Area (Thoracic Area)	1					
Whole Body	2					
Trachea	1					
	147					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	87
Contusion	23
Fracture	8
Sprain	3
Laceration	14
Hernia	1
Puncture	5
Crushing	1
Concussion	2
Inflamation	2
Foreign Body	1
Myocardial Infarction (Heart Attack)	1
Dislocation	1
Mental Disorder	1
No Physical Injury	26
Poisoning - Chemical	1
Burn	1
	147

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

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