Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:43

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Senate, Virginia State (100)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	27.2	80.00	0.00	80.00	100.0
10AM-11:59AM	2	18.1	0.00	0.00	0.00	0.0
6PM-7:59PM	1	9.0	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
4AM-5:59AM	1	9.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 80.00**	**$ 0.00**	**$ 80.00**	
LENGTH OF SERVICE						
2-4	2	18.1	80.00	0.00	80.00	100.0
0-2	4	36.3	0.00	0.00	0.00	0.0
6-8	1	9.0	0.00	0.00	0.00	0.0
8-10	2	18.1	0.00	0.00	0.00	0.0
12-14	1	9.0	0.00	0.00	0.00	0.0
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 80.00**	**$ 0.00**	**$ 80.00**	
AGE OF CLAIMANT						
40-44	1	9.0	80.00	0.00	80.00	100.0
20-24	1	9.0	0.00	0.00	0.00	0.0
30-34	3	27.2	0.00	0.00	0.00	0.0
50-54	2	18.1	0.00	0.00	0.00	0.0
60-64	1	9.0	0.00	0.00	0.00	0.0
65-69	1	9.0	0.00	0.00	0.00	0.0
45-49	1	9.0	0.00	0.00	0.00	0.0
55-59	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 80.00**	**$ 0.00**	**$ 80.00**	
SEX OF CLAIMANT						
Female	9	81.8	80.00	0.00	80.00	100.0
Male	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 80.00**	**$ 0.00**	**$ 80.00**	
LOSS CAUSE						
Walking surface, inside, wet	2	18.1	80.00	0.00	80.00	100.0
Stairs, steps	5	45.4	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	18.1	0.00	0.00	0.00	0.0
Boxes / containers	1	9.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 80.00**	**$ 0.00**	**$ 80.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	2	18.1	80.00	0.00	80.00	100.0
Fall or Slip (On Same Level)	2	18.1	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	4	36.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	18.1	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Senate, Virginia State (100)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		$ 80.00	$ 0.00	$ 80.00	

**BODY PART

Knee	6
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	1
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Upper Leg	1
Wrist	1
Finger(s)	1
Hand	1
No Physical Problem	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	10
Strain	3
Laceration	2
No Physical Injury	1
Sprain	1
	11

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Magistrate System (103)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	25.0	6,763.49	15,103.23	21,866.72	71.4
2PM-3:59PM	2	50.0	95.00	8,655.00	8,750.00	28.5
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 6,858.49**	**$ 23,758.23**	**$ 30,616.72**	
LENGTH OF SERVICE						
2-4	1	25.0	6,763.49	15,103.23	21,866.72	71.4
4-6	3	75.0	95.00	8,655.00	8,750.00	28.5
	4		**$ 6,858.49**	**$ 23,758.23**	**$ 30,616.72**	
AGE OF CLAIMANT						
45-49	2	50.0	6,858.49	23,758.23	30,616.72	100.0
35-39	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		**$ 6,858.49**	**$ 23,758.23**	**$ 30,616.72**	
SEX OF CLAIMANT						
Female	3	75.0	6,858.49	23,758.23	30,616.72	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 6,858.49**	**$ 23,758.23**	**$ 30,616.72**	
LOSS CAUSE						
Walking surface, outside, dry	1	25.0	6,763.49	15,103.23	21,866.72	71.4
Vehicle, not otherwise classified	1	25.0	95.00	8,655.00	8,750.00	28.5
Miscellaneous	1	25.0	0.00	0.00	0.00	0.0
Building parts / doors	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 6,858.49**	**$ 23,758.23**	**$ 30,616.72**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	50.0	6,763.49	15,103.23	21,866.72	71.4
Vehicle Upset	1	25.0	95.00	8,655.00	8,750.00	28.5
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 6,858.49**	**$ 23,758.23**	**$ 30,616.72**	
****BODY PART**						
Shoulder	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Teeth	1					
Abdomen including Groin	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Upper Leg	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**	
Fracture	1
Dislocation	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Magistrate System (103)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	1					
Contusion	3					
Laceration	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Legislative Services (107)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	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						
4-6	1	50.0	0.00	0.00	0.00	0.0
24-26	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	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						
Animal / insect, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Building parts / doors	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
***BODY PART**						
Eye(s)	1					
Thumb	1					
	2					

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

***INJURY**	
Foreign Body	1
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Code Commission (108)
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						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Joint Legislative Audit & Review (110)
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
8AM-9:59AM	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
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	0.00	0.00	0.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Miscellaneous	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
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**						
Eye(s)	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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Supreme Court Of Virginia (111)
SubAgency: General Courts (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	5	26.3	434.69	25,485.54	25,920.23	76.7
8AM-9:59AM	5	26.3	6,163.00	0.00	6,163.00	18.2
4PM-5:59PM	4	21.0	813.28	0.00	813.28	2.4
6AM-7:59AM	2	10.5	733.89	0.00	733.89	2.1
10AM-11:59AM	3	15.7	137.16	0.00	137.16	0.4
	19		**$ 8,282.02**	**$ 25,485.54**	**$ 33,767.56**	
LENGTH OF SERVICE						
14-16	2	10.5	0.00	18,532.00	18,532.00	54.8
22-24	1	5.2	131.49	12,285.51	12,417.00	36.7
2-4	4	21.0	6,422.20	0.00	6,422.20	19.0
0-2	3	15.7	813.28	0.00	813.28	2.4
4-6	4	21.0	733.89	0.00	733.89	2.1
26-28	1	5.2	137.16	0.00	137.16	0.4
12-14	1	5.2	44.00	0.00	44.00	0.1
10-12	1	5.2	0.00	0.00	0.00	0.0
8-10	1	5.2	0.00	-5,331.97	-5,331.97	-15.7
20-22	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 8,282.02**	**$ 25,485.54**	**$ 33,767.56**	
AGE OF CLAIMANT						
55-59	2	10.5	44.00	18,532.00	18,576.00	55.0
40-44	4	21.0	539.77	12,285.51	12,825.28	37.9
50-54	6	31.5	6,559.36	0.00	6,559.36	19.4
20-24	1	5.2	733.89	0.00	733.89	2.1
25-29	2	10.5	405.00	0.00	405.00	1.2
35-39	1	5.2	0.00	-5,331.97	-5,331.97	-15.7
30-34	3	15.7	0.00	0.00	0.00	0.0
	19		**$ 8,282.02**	**$ 25,485.54**	**$ 33,767.56**	
SEX OF CLAIMANT						
Female	18	94.7	7,873.74	25,485.54	33,359.28	98.7
Male	1	5.2	408.28	0.00	408.28	1.2
	19		**$ 8,282.02**	**$ 25,485.54**	**$ 33,767.56**	
LOSS CAUSE						
Office equipment	3	15.7	405.00	18,532.00	18,937.00	56.0
Stairs, steps	2	10.5	865.38	12,285.51	13,150.89	38.9
Walking surface, outside, wet	3	15.7	6,163.00	-5,331.97	831.03	2.4
Miscellaneous	4	21.0	408.28	0.00	408.28	1.2
Walking surface, outside, dry	2	10.5	303.20	0.00	303.20	0.9
Building parts / doors	1	5.2	137.16	0.00	137.16	0.4
Boxes / containers	3	15.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 8,282.02**	**$ 25,485.54**	**$ 33,767.56**	
ACCIDENT TYPE						
Repetitive Motion	1	5.2	0.00	18,532.00	18,532.00	54.8
Fall or slip (on stairs)	2	10.5	865.38	12,285.51	13,150.89	38.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Supreme Court Of Virginia (111)
SubAgency: General Courts (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on ice or snow)	2	10.5	6,119.00	-5,331.97	787.03	2.3
Struck/Injured by Falling or Flying Object	2	10.5	542.16	0.00	542.16	1.6
Twisting, strain or injury by	2	10.5	408.28	0.00	408.28	1.2
Fall or Slip (On Same Level)	4	21.0	303.20	0.00	303.20	0.9
Fall or Slip (From Liquid/Grease spills)	2	10.5	44.00	0.00	44.00	0.1
Lifting (strain or Injury by)	3	15.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 8,282.02**	**$ 25,485.54**	**$ 33,767.56**	

**BODY PART

Hand	3
Ankle	4
Wrist	2
Shoulder	4
Facial, Other Soft Tissue	2
Foot	1
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	5
	19

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

**INJURY

Strain	8
Fracture	1
Dislocation	1
Laceration	5
Contusion	7
Sprain	4
	19

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Supreme Court Of Virginia (111)
SubAgency: Juvenile & Domestic (115)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	12.5	739.21	5,820.75	6,559.96	83.3
10AM-11:59AM	2	25.0	159.20	750.00	909.20	11.5
12PM-1:59PM	3	37.5	399.25	0.00	399.25	5.0
2PM-3:59PM	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		**$ 1,297.66**	**$ 6,570.75**	**$ 7,868.41**	
LENGTH OF SERVICE						
40-42	1	12.5	739.21	5,820.75	6,559.96	83.3
0-2	1	12.5	0.00	750.00	750.00	9.5
6-8	2	25.0	399.25	0.00	399.25	5.0
14-16	1	12.5	159.20	0.00	159.20	2.0
20-22	1	12.5	0.00	0.00	0.00	0.0
4-6	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 1,297.66**	**$ 6,570.75**	**$ 7,868.41**	
AGE OF CLAIMANT						
45-49	1	12.5	739.21	5,820.75	6,559.96	83.3
30-34	1	12.5	0.00	750.00	750.00	9.5
35-39	1	12.5	399.25	0.00	399.25	5.0
55-59	2	25.0	159.20	0.00	159.20	2.0
40-44	1	12.5	0.00	0.00	0.00	0.0
50-54	1	12.5	0.00	0.00	0.00	0.0
25-29	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,297.66**	**$ 6,570.75**	**$ 7,868.41**	
SEX OF CLAIMANT						
Female	8	100.0	1,297.66	6,570.75	7,868.41	100.0
	8		**$ 1,297.66**	**$ 6,570.75**	**$ 7,868.41**	
LOSS CAUSE						
Boxes / containers	1	12.5	739.21	5,820.75	6,559.96	83.3
Environmental conditions	1	12.5	0.00	750.00	750.00	9.5
Miscellaneous	1	12.5	399.25	0.00	399.25	5.0
Walking surface, outside, dry	2	25.0	159.20	0.00	159.20	2.0
Walking surface, inside, dry	1	12.5	0.00	0.00	0.00	0.0
Building parts / doors	1	12.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,297.66**	**$ 6,570.75**	**$ 7,868.41**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	12.5	739.21	5,820.75	6,559.96	83.3
Cumulative (Not Otherwise Classified)	1	12.5	0.00	750.00	750.00	9.5
Fall or Slip (On Same Level)	3	37.5	558.45	0.00	558.45	7.1
Twisting, strain or injury by	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Supreme Court Of Virginia (111)
SubAgency: Juvenile & Domestic (115)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 1,297.66**	**$ 6,570.75**	**$ 7,868.41**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Knee	2					
Lower Arm	1					
Mouth	1					
Shoulder	1					
Foot	1					
Ankle	1					
Lower Leg	1					
Toe(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***						
Strain	1					
Contusion	10					
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Supreme Court Of Virginia (111)
SubAgency: Combined District Courts (116)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	100.0	1,286.19	2,167.33	3,453.52	100.0
	3		**$ 1,286.19**	**$ 2,167.33**	**$ 3,453.52**	
LENGTH OF SERVICE						
0-2	1	33.3	332.67	1,417.33	1,750.00	50.6
2-4	1	33.3	953.52	0.00	953.52	27.6
8-10	1	33.3	0.00	750.00	750.00	21.7
	3		**$ 1,286.19**	**$ 2,167.33**	**$ 3,453.52**	
AGE OF CLAIMANT						
35-39	1	33.3	332.67	1,417.33	1,750.00	50.6
70-74	1	33.3	953.52	0.00	953.52	27.6
45-49	1	33.3	0.00	750.00	750.00	21.7
	3		**$ 1,286.19**	**$ 2,167.33**	**$ 3,453.52**	
SEX OF CLAIMANT						
Female	3	100.0	1,286.19	2,167.33	3,453.52	100.0
	3		**$ 1,286.19**	**$ 2,167.33**	**$ 3,453.52**	
LOSS CAUSE						
Office equipment	2	66.6	332.67	2,167.33	2,500.00	72.3
Walking surface, inside, dry	1	33.3	953.52	0.00	953.52	27.6
	3		**$ 1,286.19**	**$ 2,167.33**	**$ 3,453.52**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	332.67	1,417.33	1,750.00	50.6
Fall or Slip (On Same Level)	1	33.3	953.52	0.00	953.52	27.6
Repetitive Motion	1	33.3	0.00	750.00	750.00	21.7
	3		**$ 1,286.19**	**$ 2,167.33**	**$ 3,453.52**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other Soft Tissue	1					
Lower Arm	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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Circuit Courts (113)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia State Bar (117)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	2,198.08	10,651.36	12,849.44	100.0
	1		**$ 2,198.08**	**$ 10,651.36**	**$ 12,849.44**	
LENGTH OF SERVICE						
6-8	1	100.0	2,198.08	10,651.36	12,849.44	100.0
	1		**$ 2,198.08**	**$ 10,651.36**	**$ 12,849.44**	
AGE OF CLAIMANT						
50-54	1	100.0	2,198.08	10,651.36	12,849.44	100.0
	1		**$ 2,198.08**	**$ 10,651.36**	**$ 12,849.44**	
SEX OF CLAIMANT						
Male	1	100.0	2,198.08	10,651.36	12,849.44	100.0
	1		**$ 2,198.08**	**$ 10,651.36**	**$ 12,849.44**	
LOSS CAUSE						
Boxes / containers	1	100.0	2,198.08	10,651.36	12,849.44	100.0
	1		**$ 2,198.08**	**$ 10,651.36**	**$ 12,849.44**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	2,198.08	10,651.36	12,849.44	100.0
	1		**$ 2,198.08**	**$ 10,651.36**	**$ 12,849.44**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Governor's Office (121)
SubAgency:

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						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (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					
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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Planning & Budget, Department Of (122)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	75.00	0.00	75.00	61.5
2PM-3:59PM	1	33.3	46.80	0.00	46.80	38.4
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 121.80**	**$ 0.00**	**$ 121.80**	
LENGTH OF SERVICE						
26-28	1	33.3	75.00	0.00	75.00	61.5
2-4	2	66.6	46.80	0.00	46.80	38.4
	3		**$ 121.80**	**$ 0.00**	**$ 121.80**	
AGE OF CLAIMANT						
35-39	1	33.3	75.00	0.00	75.00	61.5
30-34	1	33.3	46.80	0.00	46.80	38.4
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 121.80**	**$ 0.00**	**$ 121.80**	
SEX OF CLAIMANT						
Female	3	100.0	121.80	0.00	121.80	100.0
	3		**$ 121.80**	**$ 0.00**	**$ 121.80**	
LOSS CAUSE						
Stairs, steps	2	66.6	121.80	0.00	121.80	100.0
Walking surface, inside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 121.80**	**$ 0.00**	**$ 121.80**	
ACCIDENT TYPE						
Fall or slip (on stairs)	2	66.6	121.80	0.00	121.80	100.0
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 121.80**	**$ 0.00**	**$ 121.80**	
****BODY PART**						
Lower Leg	1					
Wrist	1					
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	3					

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

****INJURY**		
Contusion	2	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	26	56.5	91,038.98	2,018,158.48	2,109,197.46	96.1
8AM-9:59AM	8	17.3	25,556.71	28,214.14	53,770.85	2.4
2AM-3:59AM	1	2.1	14,449.37	15,976.03	30,425.40	1.3
12PM-1:59PM	4	8.6	1,009.91	0.00	1,009.91	0.0
2PM-3:59PM	5	10.8	413.35	0.00	413.35	0.0
4PM-5:59PM	2	4.3	0.00	0.00	0.00	0.0
	46		**$ 132,468.32**	**$ 2,062,348.65**	**$ 2,194,816.97**	
LENGTH OF SERVICE						
8-10	8	17.3	41,819.10	928,050.00	969,869.10	44.1
6-8	2	4.3	9,506.95	279,312.31	288,819.26	13.1
2-4	14	30.4	27,373.73	255,995.35	283,369.08	12.9
12-14	6	13.0	20,972.85	174,618.55	195,591.40	8.9
4-6	7	15.2	8,796.70	166,780.10	175,576.80	8.0
10-12	3	6.5	9,992.13	157,045.87	167,038.00	7.6
14-16	2	4.3	13,643.53	100,546.47	114,190.00	5.2
0-2	4	8.6	363.33	0.00	363.33	0.0
	46		**$ 132,468.32**	**$ 2,062,348.65**	**$ 2,194,816.97**	
AGE OF CLAIMANT						
35-39	9	19.5	34,703.86	868,212.14	902,916.00	41.1
40-44	12	26.0	30,744.65	542,759.85	573,504.50	26.1
45-49	6	13.0	15,796.46	251,931.82	267,728.28	12.2
25-29	2	4.3	7,655.58	201,229.42	208,885.00	9.5
30-34	1	2.1	6,281.61	146,988.39	153,270.00	6.9
50-54	5	10.8	28,211.03	36,255.85	64,466.88	2.9
60-64	3	6.5	309.40	11,000.00	11,309.40	0.5
20-24	1	2.1	7,028.82	3,971.18	11,000.00	0.5
65-69	1	2.1	1,244.26	0.00	1,244.26	0.0
55-59	3	6.5	289.30	0.00	289.30	0.0
15-19	2	4.3	203.35	0.00	203.35	0.0
70-74	1	2.1	0.00	0.00	0.00	0.0
	46		**$ 132,468.32**	**$ 2,062,348.65**	**$ 2,194,816.97**	
SEX OF CLAIMANT						
Male	40	86.9	98,206.85	1,833,655.09	1,931,861.94	88.0
Female	6	13.0	34,261.47	228,693.56	262,955.03	11.9
	46		**$ 132,468.32**	**$ 2,062,348.65**	**$ 2,194,816.97**	
LOSS CAUSE						
Environmental conditions	19	41.3	90,333.93	2,018,158.48	2,108,492.41	96.0
Walking surface, inside, dry	1	2.1	25,253.33	27,464.14	52,717.47	2.4
Chemicals, not otherwise classified	1	2.1	14,449.37	15,976.03	30,425.40	1.3
Stairs, steps	1	2.1	1,244.26	0.00	1,244.26	0.0
Hand tool, not powered, NOC	5	10.8	44.10	750.00	794.10	0.0
Miscellaneous	3	6.5	271.70	0.00	271.70	0.0
Mowers	2	4.3	212.98	0.00	212.98	0.0
Minerals / dirt	2	4.3	152.10	0.00	152.10	0.0
Furniture / fixtures	4	8.6	150.35	0.00	150.35	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sharp objects, not otherwise classified	1	2.1	146.00	0.00	146.00	0.0
Vehicle, not otherwise classified	1	2.1	137.20	0.00	137.20	0.0
Machine, not otherwise classified	2	4.3	73.00	0.00	73.00	0.0
Animal / insect, not otherwise classified	1	2.1	0.00	0.00	0.00	0.0
Boxes / containers	1	2.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	4.3	0.00	0.00	0.00	0.0
	46		***$ 132,468.32***	***$ 2,062,348.65***	***$ 2,194,816.97***	

ACCIDENT TYPE

Crash Of Airplane	18	39.1	89,584.52	2,018,158.48	2,107,743.00	96.0
Fall or Slip (On Same Level)	2	4.3	25,253.33	27,464.14	52,717.47	2.4
Absorb, Ingest, Inhalation	1	2.1	14,449.37	15,976.03	30,425.40	1.3
Fall or slip (on stairs)	1	2.1	1,244.26	0.00	1,244.26	0.0
Repetitive Motion	1	2.1	0.00	750.00	750.00	0.0
Temperature Extremes	1	2.1	749.41	0.00	749.41	0.0
Twisting, strain or injury by	6	13.0	271.70	0.00	271.70	0.0
Using Tool Or Machine (Strain or Injury by)	1	2.1	159.98	0.00	159.98	0.0
Foreign Body In Eye	2	4.3	152.10	0.00	152.10	0.0
Struck/Injured by Object Being Lifted/Handled	2	4.3	150.35	0.00	150.35	0.0
Struck/Injured by Falling or Flying Object	2	4.3	146.00	0.00	146.00	0.0
Strike Against/Step on Stationary Object	2	4.3	137.20	0.00	137.20	0.0
Lifting (strain or Injury by)	2	4.3	73.00	0.00	73.00	0.0
Struck/Injured by Moving Part Of Machine	1	2.1	53.00	0.00	53.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	2.1	44.10	0.00	44.10	0.0
Animal Or Insect	1	2.1	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.1	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.1	0.00	0.00	0.00	0.0
	46		***$ 132,468.32***	***$ 2,062,348.65***	***$ 2,194,816.97***	

***BODY PART

Whole Body	17
Multiple Body Parts	1
Lower Arm	1
Lungs	1
Hand	5
Teeth	1
Toe(s)	1
Foot	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Upper Arm (Inc: Clavicle and Scapula)	2
Finger(s)	2
Eye(s)	3
Abdomen including Groin	1
Mouth	1
Facial, Other Soft Tissue	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Wrist(s) & Hand(s)	1
Ankle	2
Buttocks	1
Knee	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Military Affairs, Department Of (123)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	1					
	46					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	18
Fracture	1
Poisoning - Chemical	1
Contusion	8
Strain	13
Dislocation	1
Laceration	5
Puncture	2
Foreign Body	1
No Physical Injury	1
	46

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Human Resource Management, Dept Of (129)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	44,427.91	41,932.09	86,360.00	100.0
8AM-9:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 44,427.91**	**$ 41,932.09**	**$ 86,360.00**	
LENGTH OF SERVICE						
2-4	1	25.0	44,427.91	41,932.09	86,360.00	100.0
12-14	1	25.0	0.00	0.00	0.00	0.0
36-38	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		**$ 44,427.91**	**$ 41,932.09**	**$ 86,360.00**	
AGE OF CLAIMANT						
65-69	1	25.0	44,427.91	41,932.09	86,360.00	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
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		**$ 44,427.91**	**$ 41,932.09**	**$ 86,360.00**	
SEX OF CLAIMANT						
Female	3	75.0	44,427.91	41,932.09	86,360.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 44,427.91**	**$ 41,932.09**	**$ 86,360.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	25.0	44,427.91	41,932.09	86,360.00	100.0
Boxes / containers	2	50.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 44,427.91**	**$ 41,932.09**	**$ 86,360.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	25.0	44,427.91	41,932.09	86,360.00	100.0
Fall or Slip (From Different 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
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 44,427.91**	**$ 41,932.09**	**$ 86,360.00**	
****BODY PART**						
Shoulder	1					
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Toe(s)	1					
	4					

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Veteran's Affairs, Department Of (131)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	0.00	750.00	750.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	0.00	750.00	750.00	100.0
18-20	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	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						
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
Miscellaneous	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
Allergic Reaction	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Knee	1					
Multiple Body Parts	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	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Auditor Of Public Accounts (133)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	2,056.75	0.00	2,056.75	100.0
	1		**$ 2,056.75**	**$ 0.00**	**$ 2,056.75**	
LENGTH OF SERVICE						
2-4	1	100.0	2,056.75	0.00	2,056.75	100.0
	1		**$ 2,056.75**	**$ 0.00**	**$ 2,056.75**	
AGE OF CLAIMANT						
35-39	1	100.0	2,056.75	0.00	2,056.75	100.0
	1		**$ 2,056.75**	**$ 0.00**	**$ 2,056.75**	
SEX OF CLAIMANT						
Female	1	100.0	2,056.75	0.00	2,056.75	100.0
	1		**$ 2,056.75**	**$ 0.00**	**$ 2,056.75**	
LOSS CAUSE						
Stairs, steps	1	100.0	2,056.75	0.00	2,056.75	100.0
	1		**$ 2,056.75**	**$ 0.00**	**$ 2,056.75**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	2,056.75	0.00	2,056.75	100.0
	1		**$ 2,056.75**	**$ 0.00**	**$ 2,056.75**	
****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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Computer Services (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	28.5	1,819.62	0.00	1,819.62	79.0
Unknown	1	14.2	253.17	0.00	253.17	11.0
12PM-1:59PM	2	28.5	229.50	0.00	229.50	9.9
2PM-3:59PM	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 2,302.29**	**$ 0.00**	**$ 2,302.29**	
LENGTH OF SERVICE						
2-4	1	14.2	1,551.42	0.00	1,551.42	67.3
24-26	2	28.5	268.20	0.00	268.20	11.6
28-30	1	14.2	253.17	0.00	253.17	11.0
12-14	1	14.2	229.50	0.00	229.50	9.9
14-16	1	14.2	0.00	0.00	0.00	0.0
26-28	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,302.29**	**$ 0.00**	**$ 2,302.29**	
AGE OF CLAIMANT						
35-39	2	28.5	1,551.42	0.00	1,551.42	67.3
40-44	2	28.5	497.70	0.00	497.70	21.6
50-54	2	28.5	253.17	0.00	253.17	11.0
45-49	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,302.29**	**$ 0.00**	**$ 2,302.29**	
SEX OF CLAIMANT						
Female	5	71.4	1,819.62	0.00	1,819.62	79.0
Male	2	28.5	482.67	0.00	482.67	20.9
	7		**$ 2,302.29**	**$ 0.00**	**$ 2,302.29**	
LOSS CAUSE						
Furniture / fixtures	2	28.5	1,780.92	0.00	1,780.92	77.3
Office equipment	1	14.2	268.20	0.00	268.20	11.6
Glass bottle / sheet	1	14.2	253.17	0.00	253.17	11.0
Walking surface, inside, dry	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
Walking surface, outside, wet	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,302.29**	**$ 0.00**	**$ 2,302.29**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	14.2	1,551.42	0.00	1,551.42	67.3
Lifting (strain or Injury by)	1	14.2	268.20	0.00	268.20	11.6
Cut,puncture,scrape, injured by (Broken Glass)	1	14.2	253.17	0.00	253.17	11.0
Object Handled (caught in or between)	1	14.2	229.50	0.00	229.50	9.9
Fall or Slip (From Liquid/Grease spills)	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,302.29**	**$ 0.00**	**$ 2,302.29**	
****BODY PART**						
Finger(s)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Hand	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Information Technology (138)
SubAgency: Division Of Computer Services (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ankle	1					
Hip	1					
Knee	1					
Lower Arm	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					
Laceration	2					
Sprain	2					
Contusion	3					
Strain	1					
	7					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Criminal Justice Services (140)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	5	21.7	21,535.29	0.00	21,535.29	86.4
12PM-1:59PM	4	17.3	1,075.84	0.00	1,075.84	4.3
8AM-9:59AM	2	8.6	0.00	750.00	750.00	3.0
Unknown	1	4.3	0.00	750.00	750.00	3.0
10AM-11:59AM	6	26.0	370.00	0.00	370.00	1.4
4PM-5:59PM	4	17.3	305.94	0.00	305.94	1.2
4AM-5:59AM	1	4.3	118.55	0.00	118.55	0.4
	23		**$ 23,405.62**	**$ 1,500.00**	**$ 24,905.62**	
LENGTH OF SERVICE						
2-4	3	13.0	20,289.35	0.00	20,289.35	81.4
4-6	4	17.3	837.15	750.00	1,587.15	6.3
0-2	5	21.7	1,194.39	0.00	1,194.39	4.8
12-14	3	13.0	270.00	750.00	1,020.00	4.1
20-22	1	4.3	318.90	0.00	318.90	1.2
14-16	1	4.3	189.89	0.00	189.89	0.7
8-10	1	4.3	169.88	0.00	169.88	0.6
16-18	2	8.6	136.06	0.00	136.06	0.5
10-12	1	4.3	0.00	0.00	0.00	0.0
18-20	1	4.3	0.00	0.00	0.00	0.0
30-32	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 23,405.62**	**$ 1,500.00**	**$ 24,905.62**	
AGE OF CLAIMANT						
35-39	4	17.3	20,559.35	750.00	21,309.35	85.5
30-34	5	21.7	1,087.09	750.00	1,837.09	7.3
45-49	5	21.7	1,015.79	0.00	1,015.79	4.0
60-64	1	4.3	318.90	0.00	318.90	1.2
40-44	4	17.3	305.94	0.00	305.94	1.2
25-29	3	13.0	118.55	0.00	118.55	0.4
20-24	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 23,405.62**	**$ 1,500.00**	**$ 24,905.62**	
SEX OF CLAIMANT						
Female	14	60.8	22,487.13	750.00	23,237.13	93.3
Male	9	39.1	918.49	750.00	1,668.49	6.7
	23		**$ 23,405.62**	**$ 1,500.00**	**$ 24,905.62**	
LOSS CAUSE						
Walking surface, inside, wet	2	8.6	20,479.24	0.00	20,479.24	82.2
Walking surface, outside, dry	2	8.6	825.90	0.00	825.90	3.3
Hand tool, not powered, NOC	2	8.6	793.44	0.00	793.44	3.1
Chemicals, not otherwise classified	4	17.3	0.00	750.00	750.00	3.0
Vehicle, not otherwise classified	2	8.6	0.00	750.00	750.00	3.0
Sharp objects, not otherwise classified	2	8.6	588.90	0.00	588.90	2.3
Boxes / containers	2	8.6	329.71	0.00	329.71	1.3
Miscellaneous	1	4.3	169.88	0.00	169.88	0.6
Building parts / doors	1	4.3	118.55	0.00	118.55	0.4
Glass bottle / sheet	4	17.3	100.00	0.00	100.00	0.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Criminal Justice Services (140)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 23,405.62**	**$ 1,500.00**	**$ 24,905.62**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	13.0	21,115.25	0.00	21,115.25	84.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	8.6	813.50	0.00	813.50	3.2
Object being lifted/handled (cut,punc.scrape,inj b	5	21.7	762.49	0.00	762.49	3.0
Absorb, Ingest, Inhalation	3	13.0	0.00	750.00	750.00	3.0
Vehicle Upset	1	4.3	0.00	750.00	750.00	3.0
Struck/Injured by Falling or Flying Object	2	8.6	305.94	0.00	305.94	1.2
Fall or Slip (From Liquid/Grease spills)	1	4.3	189.89	0.00	189.89	0.7
Object Handled (caught in or between)	1	4.3	118.55	0.00	118.55	0.4
Cut,puncture,scrape, injured by (Broken Glass)	2	8.6	100.00	0.00	100.00	0.4
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	4.3	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	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		**$ 23,405.62**	**$ 1,500.00**	**$ 24,905.62**	

*****BODY PART***

Knee	6
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	6
Foot	1
Lower Leg	2
Shoulder	2
Soft Tissue - Neck	1
Thumb	4
Eye(s)	1
Upper Arm (Inc: Clavicle and Scapula)	1
Ankle	1
Elbow	1
Hand	2
Hip	1
Lower Arm	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	6
Contusion	6
Puncture	3
Fracture	1
Foreign Body	1
Laceration	9
Crushing	1
Burn	2
No Physical Injury	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Criminal Justice Services (140)
SubAgency:

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Attorney General's Office (141)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	60.0	0.00	750.00	750.00	77.5
8AM-9:59AM	1	20.0	216.80	0.00	216.80	22.4
12AM-1:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 216.80**	**$ 750.00**	**$ 966.80**	
LENGTH OF SERVICE						
2-4	2	40.0	216.80	750.00	966.80	100.0
18-20	1	20.0	0.00	0.00	0.00	0.0
20-22	1	20.0	0.00	0.00	0.00	0.0
22-24	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 216.80**	**$ 750.00**	**$ 966.80**	
AGE OF CLAIMANT						
45-49	2	40.0	216.80	750.00	966.80	100.0
40-44	1	20.0	0.00	0.00	0.00	0.0
50-54	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 216.80**	**$ 750.00**	**$ 966.80**	
SEX OF CLAIMANT						
Female	5	100.0	216.80	750.00	966.80	100.0
	5		**$ 216.80**	**$ 750.00**	**$ 966.80**	
LOSS CAUSE						
Furniture / fixtures	1	20.0	0.00	750.00	750.00	77.5
Person	1	20.0	216.80	0.00	216.80	22.4
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Office equipment	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		**$ 216.80**	**$ 750.00**	**$ 966.80**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	0.00	750.00	750.00	77.5
Strike Against/Step on Stationary Object	1	20.0	216.80	0.00	216.80	22.4
Fall or Slip (On Same Level)	2	40.0	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		**$ 216.80**	**$ 750.00**	**$ 966.80**	
****BODY PART**						
Shoulder	1					
Soft Tissue - Neck	1					
Knee	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Arm (Inc: Clavicle and Scapula)	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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Attorney General's Office (141)
SubAgency:

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Science Museum Of Virginia (146)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	33.3	1,073.60	0.00	1,073.60	96.6
10AM-11:59AM	3	33.3	37.00	0.00	37.00	3.3
8AM-9:59AM	3	33.3	0.00	0.00	0.00	0.0
	9		**$ 1,110.60**	**$ 0.00**	**$ 1,110.60**	
LENGTH OF SERVICE						
2-4	4	44.4	1,110.60	0.00	1,110.60	100.0
0-2	3	33.3	0.00	0.00	0.00	0.0
12-14	1	11.1	0.00	0.00	0.00	0.0
14-16	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 1,110.60**	**$ 0.00**	**$ 1,110.60**	
AGE OF CLAIMANT						
45-49	1	11.1	813.14	0.00	813.14	73.2
25-29	2	22.2	260.46	0.00	260.46	23.4
60-64	3	33.3	37.00	0.00	37.00	3.3
50-54	3	33.3	0.00	0.00	0.00	0.0
	9		**$ 1,110.60**	**$ 0.00**	**$ 1,110.60**	
SEX OF CLAIMANT						
Male	3	33.3	813.14	0.00	813.14	73.2
Female	6	66.6	297.46	0.00	297.46	26.7
	9		**$ 1,110.60**	**$ 0.00**	**$ 1,110.60**	
LOSS CAUSE						
Hand tool, powered, NOC	1	11.1	813.14	0.00	813.14	73.2
Metal items	1	11.1	260.46	0.00	260.46	23.4
Walking surface, outside, dry	3	33.3	37.00	0.00	37.00	3.3
Furniture / fixtures	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
Walking surface, outside, wet	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 1,110.60**	**$ 0.00**	**$ 1,110.60**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	813.14	0.00	813.14	73.2
Lifting (strain or Injury by)	1	11.1	260.46	0.00	260.46	23.4
Fall or Slip (On Same Level)	5	55.5	37.00	0.00	37.00	3.3
Fall or slip (on ice or snow)	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		**$ 1,110.60**	**$ 0.00**	**$ 1,110.60**	
****BODY PART**						
Thumb	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					
Soft Tissue - Neck	1					
Ankle	1					
Lower Leg	1					
Foot	1					
Knee	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Science Museum Of Virginia (146)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Facial, Other Soft Tissue	1					
Hand	1					
No Physical Problem	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***

Laceration	3					
Strain	3					
Contusion	7					
No Physical Injury	1					
	9					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Internal Auditors, Dept. Of (150)
SubAgency:

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						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Treasury, Department Of (152)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	1,352.75	0.00	1,352.75	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,352.75**	**$ 0.00**	**$ 1,352.75**	
LENGTH OF SERVICE						
6-8	1	50.0	1,352.75	0.00	1,352.75	100.0
20-22	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,352.75**	**$ 0.00**	**$ 1,352.75**	
AGE OF CLAIMANT						
40-44	2	100.0	1,352.75	0.00	1,352.75	100.0
	2		**$ 1,352.75**	**$ 0.00**	**$ 1,352.75**	
SEX OF CLAIMANT						
Male	1	50.0	1,352.75	0.00	1,352.75	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,352.75**	**$ 0.00**	**$ 1,352.75**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	1,352.75	0.00	1,352.75	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,352.75**	**$ 0.00**	**$ 1,352.75**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	1,352.75	0.00	1,352.75	100.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,352.75**	**$ 0.00**	**$ 1,352.75**	
****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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	13	13.9	4,262.16	21,584.54	25,846.70	27.2
4PM-5:59PM	16	17.2	16,762.69	8,145.83	24,908.52	26.2
10AM-11:59AM	24	25.8	9,285.42	5,670.54	14,955.96	15.7
2PM-3:59PM	16	17.2	4,622.05	7,329.15	11,951.20	12.5
8AM-9:59AM	7	7.5	4,365.75	0.00	4,365.75	4.6
4AM-5:59AM	2	2.1	4,143.70	0.00	4,143.70	4.3
2AM-3:59AM	4	4.3	2,537.46	750.00	3,287.46	3.4
6PM-7:59PM	3	3.2	1,232.61	1,473.42	2,706.03	2.8
6AM-7:59AM	5	5.3	1,730.04	0.00	1,730.04	1.8
12AM-1:59AM	3	3.2	284.72	750.00	1,034.72	1.0
	93		**$ 49,226.60**	**$ 45,703.48**	**$ 94,930.08**	
LENGTH OF SERVICE						
2-4	20	21.5	16,467.07	8,895.83	25,362.90	26.7
4-6	5	5.3	3,099.79	11,724.46	14,824.25	15.6
6-8	4	4.3	2,218.21	10,750.00	12,968.21	13.6
20-22	2	2.1	6,947.91	3,724.90	10,672.81	11.2
12-14	8	8.6	4,798.68	5,079.15	9,877.83	10.4
0-2	18	19.3	7,284.88	1,500.00	8,784.88	9.2
22-24	1	1.0	3,682.25	0.00	3,682.25	3.8
10-12	8	8.6	862.77	1,851.33	2,714.10	2.8
14-16	9	9.6	1,700.00	802.81	2,502.81	2.6
8-10	6	6.4	1,397.29	625.00	2,022.29	2.1
30-32	2	2.1	0.00	750.00	750.00	0.7
24-26	2	2.1	603.50	0.00	603.50	0.6
32-34	1	1.0	164.25	0.00	164.25	0.1
16-18	1	1.0	0.00	0.00	0.00	0.0
18-20	3	3.2	0.00	0.00	0.00	0.0
26-28	2	2.1	0.00	0.00	0.00	0.0
28-30	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 49,226.60**	**$ 45,703.48**	**$ 94,930.08**	
AGE OF CLAIMANT						
30-34	11	11.8	13,543.58	8,770.83	22,314.41	23.5
35-39	12	12.9	6,463.00	12,295.10	18,758.10	19.7
55-59	9	9.6	6,075.21	11,500.00	17,575.21	18.5
40-44	17	18.2	7,960.18	6,579.15	14,539.33	15.3
50-54	15	16.1	7,376.24	4,308.40	11,684.64	12.3
60-64	4	4.3	4,408.06	0.00	4,408.06	4.6
45-49	13	13.9	1,890.55	1,500.00	3,390.55	3.5
20-24	4	4.3	727.08	750.00	1,477.08	1.5
25-29	8	8.6	782.70	0.00	782.70	0.8
	93		**$ 49,226.60**	**$ 45,703.48**	**$ 94,930.08**	
SEX OF CLAIMANT						
Female	68	73.1	38,249.20	43,227.15	81,476.35	85.8
Male	25	26.8	10,977.40	2,476.33	13,453.73	14.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	93		**$ 49,226.60**	**$ 45,703.48**	**$ 94,930.08**	
LOSS CAUSE						
Vehicle, not otherwise classified	47	50.5	29,564.04	38,175.77	67,739.81	71.3
Walking surface, outside, dry	3	3.2	4,748.45	3,724.90	8,473.35	8.9
Walking surface, inside, wet	5	5.3	4,685.44	802.81	5,488.25	5.7
Walking surface, inside, dry	8	8.6	2,370.12	750.00	3,120.12	3.2
Vehicle, fork truck	1	1.0	2,293.46	0.00	2,293.46	2.4
Metal items	1	1.0	1,816.40	0.00	1,816.40	1.9
Stairs, steps	4	4.3	267.10	750.00	1,017.10	1.0
Miscellaneous	4	4.3	899.85	0.00	899.85	0.9
Chemicals, not otherwise classified	1	1.0	0.00	750.00	750.00	0.7
Person	2	2.1	0.00	750.00	750.00	0.7
Furniture / fixtures	6	6.4	664.61	0.00	664.61	0.7
Machine, not otherwise classified	1	1.0	603.50	0.00	603.50	0.6
Mechanical powered	1	1.0	494.45	0.00	494.45	0.5
Office equipment	3	3.2	264.10	0.00	264.10	0.2
Water	1	1.0	175.48	0.00	175.48	0.1
Hand tool, not powered, NOC	1	1.0	172.60	0.00	172.60	0.1
Sharp objects, not otherwise classified	1	1.0	118.00	0.00	118.00	0.1
Patient / Inmate	1	1.0	89.00	0.00	89.00	0.0
Minerals / dirt	1	1.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 49,226.60**	**$ 45,703.48**	**$ 94,930.08**	
ACCIDENT TYPE						
Vehicle Upset	34	36.5	22,324.83	27,341.23	49,666.06	52.3
Stress	1	1.0	1,850.46	10,834.54	12,685.00	13.3
Fall or Slip (On Same Level)	11	11.8	7,363.99	4,694.21	12,058.20	12.7
Reaching (Strain or Injury by)	4	4.3	6,701.26	0.00	6,701.26	7.0
Fall or Slip (From Liquid/Grease spills)	5	5.3	4,154.75	583.50	4,738.25	4.9
Strike Against/Step on Stationary Object	4	4.3	2,611.20	0.00	2,611.20	2.7
Fall or slip (on stairs)	4	4.3	267.10	750.00	1,017.10	1.0
Twisting, strain or injury by	4	4.3	919.78	0.00	919.78	0.9
Allergic Reaction	1	1.0	0.00	750.00	750.00	0.7
Stuck, injured by fellow worker, patient	1	1.0	0.00	750.00	750.00	0.7
Struck/Injured by Hand Tool/Machine In Use	1	1.0	603.50	0.00	603.50	0.6
Object Handled (caught in or between)	1	1.0	494.45	0.00	494.45	0.5
Slipped, Did Not Fall	2	2.1	391.52	0.00	391.52	0.4
Fall or Slip (From Different Level)	3	3.2	358.36	0.00	358.36	0.3
Collision/sideswipe with Another Vehicle	4	4.3	284.72	0.00	284.72	0.3
Lifting (strain or Injury by)	1	1.0	200.00	0.00	200.00	0.2
Contact With Hot Object or Substances	1	1.0	175.48	0.00	175.48	0.1
Struck/Injured by Falling or Flying Object	2	2.1	164.25	0.00	164.25	0.1
Collision with a Fixed Object	1	1.0	153.95	0.00	153.95	0.1
Stepping On Sharp Object	1	1.0	118.00	0.00	118.00	0.1
Pushing Or Pulling (Strain or Injury by)	2	2.1	89.00	0.00	89.00	0.0
Fire Or Flame	1	1.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	2.1	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	1.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Handled By Other	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 49,226.60**	**$ 45,703.48**	**$ 94,930.08**	

**BODY PART

Soft Tissue - Neck	13
Shoulder	7
Lower Back Area (Lumbar and Lumbo-Sacral)	16
Lower Leg	4
Whole Body	1
Facial, Other Soft Tissue	5
Skull	2
Ankle	9
Elbow	3
Knee	9
Hand	6
Wrist	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Foot	5
Hip	3
Great Toe	2
Lungs	1
Nose	2
Finger(s)	6
Multiple Upper Extremities	1
Buttocks	1
Upper Leg	3
Multiple Neck Injury	1
Lower Arm	1
Eye(s)	1
No Physical Problem	13
Upper Arm (Inc: Clavicle and Scapula)	2
	93

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

**INJURY

Strain	44
Laceration	13
Sprain	12
Mental Stress	1
Contusion	30
Multiple Physical Injuries Only	1
Respiratory Disorders	1
Burn	3
Dislocation	1
Puncture	1
Unknown	1
Foreign Body	1
No Physical Injury	14

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Motor Vehicles, Dept. Of (154)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	93					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	77	18.4	103,859.11	192,006.27	295,865.38	20.3
4AM-5:59AM	62	14.8	213,376.55	80,707.20	294,083.75	20.2
10AM-11:59AM	91	21.7	118,945.91	159,330.72	278,276.63	19.1
8AM-9:59AM	61	14.5	69,640.03	94,812.68	164,452.71	11.3
4PM-5:59PM	4	0.9	10,437.75	87,862.25	98,300.00	6.7
6AM-7:59AM	63	15.0	38,895.93	56,521.77	95,417.70	6.5
12AM-1:59AM	31	7.4	49,751.73	16,750.28	66,502.01	4.5
12PM-1:59PM	20	4.7	32,990.59	17,403.30	50,393.89	3.4
6PM-7:59PM	3	0.7	23,250.89	16,196.29	39,447.18	2.7
2PM-3:59PM	4	0.9	13,168.16	23,331.84	36,500.00	2.5
Unknown	2	0.4	29,262.86	3,850.48	33,113.34	2.2
	418		**$ 703,579.51**	**$ 748,773.08**	**$ 1,452,352.59**	
LENGTH OF SERVICE						
6-8	25	5.9	111,667.89	151,762.46	263,430.35	18.1
0-2	96	22.9	100,892.65	107,175.39	208,068.04	14.3
4-6	83	19.8	111,216.45	82,226.78	193,443.23	13.3
10-12	22	5.2	97,289.20	62,429.13	159,718.33	11.0
2-4	68	16.2	47,416.33	78,730.63	126,146.96	8.6
24-26	7	1.6	32,931.52	67,516.25	100,447.77	6.9
8-10	28	6.6	13,717.25	84,447.54	98,164.79	6.7
14-16	19	4.5	64,788.41	28,900.47	93,688.88	6.4
12-14	27	6.4	63,658.99	28,612.23	92,271.22	6.3
22-24	7	1.6	20,430.71	30,594.39	51,025.10	3.5
20-22	8	1.9	20,657.80	0.00	20,657.80	1.4
18-20	9	2.1	16,493.93	750.00	17,243.93	1.1
26-28	4	0.9	0.00	9,750.00	9,750.00	0.6
40-42	2	0.4	0.00	9,750.00	9,750.00	0.6
16-18	7	1.6	1,459.86	5,690.61	7,150.47	0.4
28-30	4	0.9	807.32	437.20	1,244.52	0.0
30-32	1	0.2	151.20	0.00	151.20	0.0
34-36	1	0.2	0.00	0.00	0.00	0.0
	418		**$ 703,579.51**	**$ 748,773.08**	**$ 1,452,352.59**	
AGE OF CLAIMANT						
40-44	54	12.9	175,912.15	173,704.03	349,616.18	24.0
30-34	88	21.0	116,616.23	154,718.52	271,334.75	18.6
45-49	48	11.4	118,961.58	147,896.74	266,858.32	18.3
35-39	79	18.8	175,618.47	79,697.07	255,315.54	17.5
50-54	41	9.8	37,796.29	86,988.86	124,785.15	8.5
25-29	58	13.8	49,411.82	47,608.19	97,020.01	6.6
20-24	26	6.2	18,688.96	23,331.84	42,020.80	2.8
55-59	16	3.8	7,054.34	34,827.83	41,882.17	2.8
60-64	5	1.1	3,403.12	0.00	3,403.12	0.2
65-69	3	0.7	116.55	0.00	116.55	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:44

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	418		**$ 703,579.51**	**$ 748,773.08**	**$ 1,452,352.59**	
SEX OF CLAIMANT						
Male	352	84.2	685,858.21	709,455.72	1,395,313.93	96.0
Female	66	15.7	17,721.30	39,317.36	57,038.66	3.9
	418		**$ 703,579.51**	**$ 748,773.08**	**$ 1,452,352.59**	
LOSS CAUSE						
Vehicle, not otherwise classified	91	21.7	326,794.88	373,356.75	700,151.63	48.2
Walking surface, outside, dry	64	15.3	82,193.75	60,903.59	143,097.34	9.8
Person	52	12.4	105,000.37	25,958.33	130,958.70	9.0
Environmental conditions	13	3.1	31,768.69	95,769.49	127,538.18	8.7
Animal, not otherwise classified	13	3.1	51,244.00	14,400.38	65,644.38	4.5
Walking surface, outside, wet	11	2.6	23,662.00	28,538.62	52,200.62	3.5
Boxes / containers	15	3.5	2,827.05	36,550.00	39,377.05	2.7
Stone / rock / brick	6	1.4	2,027.84	25,565.00	27,592.84	1.9
Machine, not otherwise classified	4	0.9	12,546.20	11,812.12	24,358.32	1.6
Electrical equipment	6	1.4	19,668.87	0.00	19,668.87	1.3
Building parts / doors	5	1.1	1,124.34	15,440.61	16,564.95	1.1
Fencing	8	1.9	16,159.22	0.00	16,159.22	1.1
Stairs, steps	4	0.9	461.44	10,500.00	10,961.44	0.7
Unknown	2	0.4	0.00	10,500.00	10,500.00	0.7
Furniture / fixtures	9	2.1	739.80	9,750.00	10,489.80	0.7
Animal / insect, not otherwise classified	7	1.6	604.11	9,750.00	10,354.11	0.7
Glass bottle / sheet	3	0.7	5,033.81	4,716.19	9,750.00	0.6
Mechanical powered	2	0.4	494.52	8,750.00	9,244.52	0.6
Office equipment	6	1.4	3,102.12	2,500.00	5,602.12	0.3
Ladders, scaffolding	1	0.2	4,790.42	0.00	4,790.42	0.3
Insufficient data	6	1.4	1,277.00	1,500.00	2,777.00	0.1
Metal items	9	2.1	2,275.68	0.00	2,275.68	0.1
Sharp objects, not otherwise classified	11	2.6	1,823.95	0.00	1,823.95	0.1
Minerals / dirt	4	0.9	1,512.63	262.00	1,774.63	0.1
Gun / gunshot	11	2.6	1,364.45	0.00	1,364.45	0.0
Brush / tree / log	7	1.6	1,313.50	0.00	1,313.50	0.0
Miscellaneous	8	1.9	867.00	0.00	867.00	0.0
Patient / Inmate	4	0.9	111.80	750.00	861.80	0.0
Infectious agent	2	0.4	0.00	750.00	750.00	0.0
Water	2	0.4	0.00	750.00	750.00	0.0
Walking surface, inside, dry	10	2.3	749.90	0.00	749.90	0.0
Smoke Ejector	1	0.2	574.73	0.00	574.73	0.0
Hand tool, powered, NOC	1	0.2	506.76	0.00	506.76	0.0
Chemicals, not otherwise classified	2	0.4	197.77	0.00	197.77	0.0
Recreational equipment	1	0.2	164.40	0.00	164.40	0.0
Hand tool, not powered, NOC	4	0.9	157.42	0.00	157.42	0.0
Vetter portable back vacuum	1	0.2	129.00	0.00	129.00	0.0
Tractor trailer equipment	1	0.2	117.89	0.00	117.89	0.0
Animal / tick, spider, etc.	4	0.9	115.20	0.00	115.20	0.0
Animal / bee type	1	0.2	77.00	0.00	77.00	0.0
Blower 18"	1	0.2	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fire / Flame / Smoke	1	0.2	0.00	0.00	0.00	0.0
Light cord and reel	1	0.2	0.00	0.00	0.00	0.0
Vehicle, fork truck	1	0.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.2	0.00	0.00	0.00	0.0
	418		**$ 703,579.51**	**$ 748,773.08**	**$ 1,452,352.59**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	45	10.7	192,716.85	209,883.36	402,600.21	27.7
Twisting, strain or injury by	31	7.4	81,902.71	87,935.80	169,838.51	11.6
Stress	5	1.1	27,699.94	81,550.06	109,250.00	7.5
Lifting (strain or Injury by)	23	5.5	44,399.42	57,112.12	101,511.54	6.9
Vehicle Upset	10	2.3	31,156.95	61,588.34	92,745.29	6.3
Pushing Or Pulling (Strain or Injury by)	12	2.8	82,666.01	9,462.31	92,128.32	6.3
Collision with a Fixed Object	9	2.1	56,922.66	33,664.77	90,587.43	6.2
Animal Or Insect	17	4.0	39,577.79	19,290.75	58,868.54	4.0
Fall or Slip (On Same Level)	29	6.9	35,356.03	22,159.23	57,515.26	3.9
Fall or Slip (From Liquid/Grease spills)	3	0.7	20,246.17	20,891.13	41,137.30	2.8
Fall or slip (into Openings)	9	2.1	4,683.23	31,746.89	36,430.12	2.5
Struck/Injured by Motor Vehicle	3	0.7	3,034.53	29,138.17	32,172.70	2.2
Jumping (Strain or Injury by)	3	0.7	23,114.15	6,493.03	29,607.18	2.0
Fall or slip (on stairs)	5	1.1	147.70	20,250.00	20,397.70	1.4
Repetitive Motion	34	8.1	4,954.89	15,250.00	20,204.89	1.3
Fall or Slip (From Different Level)	10	2.3	19,959.74	0.00	19,959.74	1.3
Struck/Injured by Falling or Flying Object	9	2.1	2,788.60	9,750.00	12,538.60	0.8
Cut,puncture,scrape, injured by (Broken Glass)	4	0.9	5,098.81	4,716.19	9,815.00	0.6
Cumulative (Not Otherwise Classified)	4	0.9	31.40	9,750.00	9,781.40	0.6
Assault	21	5.0	5,860.58	3,498.62	9,359.20	0.6
Other than physical cause of injury	3	0.7	0.00	8,750.00	8,750.00	0.6
Strike Against/Step on Stationary Object	19	4.5	6,112.27	0.00	6,112.27	0.4
Other (Not Otherwise Classified)	3	0.7	1,277.00	1,500.00	2,777.00	0.1
Infectious Disease Exposure	7	1.6	699.65	1,730.42	2,430.07	0.1
Object being lifted/handled (cut,punc.scrape,inj b	8	1.9	2,290.26	0.00	2,290.26	0.1
Misc. (Strain or Injury by)	8	1.9	2,115.15	0.00	2,115.15	0.1
Foreign Body In Eye	6	1.4	1,085.62	530.00	1,615.62	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	1.6	1,362.06	0.00	1,362.06	0.0
Allergic Reaction	5	1.1	999.29	149.89	1,149.18	0.0
Absorb, Ingest, Inhalation	4	0.9	326.77	750.00	1,076.77	0.0
Unknown	1	0.2	0.00	750.00	750.00	0.0
Reaching (Strain or Injury by)	4	0.9	0.00	750.00	750.00	0.0
Struck/Injured by Object Being Lifted/Handled	4	0.9	734.60	0.00	734.60	0.0
Strike Against/Step On Obj. Being Lifted or Handle	6	1.4	604.33	0.00	604.33	0.0
Fire Or Flame	2	0.4	574.73	0.00	574.73	0.0
Fall or Slip (From Ladder/Scaffolding)	1	0.2	494.52	0.00	494.52	0.0
Object Handled (caught in or between)	7	1.6	409.16	0.00	409.16	0.0
Misc. (Strike Against or Step On)	1	0.2	671.00	-268.00	403.00	0.0
Struck or injured by misc.	2	0.4	380.98	0.00	380.98	0.0
Stuck, injured by fellow worker, patient	4	0.9	214.40	0.00	214.40	0.0
Misc. (Cut, Puncture, Scrape)	4	0.9	200.80	0.00	200.80	0.0
Fall or slip (on ice or snow)	5	1.1	172.30	0.00	172.30	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Hand Tool/Machine In Use	2	0.4	157.42	0.00	157.42	0.0
Stepping On Sharp Object	1	0.2	156.60	0.00	156.60	0.0
Contact with Cold Objects or Substances	5	1.1	148.90	0.00	148.90	0.0
Rubbed/Abraded not otherwise classified	1	0.2	73.54	0.00	73.54	0.0
Dust,gases,fumes,vapors	2	0.4	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	3	0.7	0.00	0.00	0.00	0.0
Noise, continual, strain or injury by	3	0.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.2	0.00	0.00	0.00	0.0
Misc. (Struck / Injured by)	1	0.2	0.00	0.00	0.00	0.0
Robbery or Criminal Assault	1	0.2	0.00	0.00	0.00	0.0
Rubbed/Abraded by repetitive motion	1	0.2	0.00	0.00	0.00	0.0
	418		***$ 703,579.51***	***$ 748,773.08***	***$ 1,452,352.59***	

**BODY PART

Knee	83
Multiple Neck Injury	37
Upper Back Area (Thoracic Area)	30
Shoulder	43
Upper Leg	18
Multiple Head Injury	20
Lower Back Area (Lumbar and Lumbo-Sacral)	53
Chest (Inc: Ribs, Sternum and Soft Tissue)	18
Hip	12
Foot	16
Lower Leg	23
Internal Organs	6
Elbow	24
Ankle	43
Heart	7
Upper Arm (Inc: Clavicle and Scapula)	15
Lower Arm	24
Finger(s)	43
Soft Tissue - Neck	1
Wrist	13
Facial, Other Soft Tissue	7
Hand	42
Eye(s)	15
Abdomen including Groin	8
Multiple Upper Extremities	1
Wrist(s) & Hand(s)	1
Whole Body	5
Nose	5
Lungs	5
Mouth	3
Trachea	1
Buttocks	2
Toe(s)	2
Larynx	2
Brain	1

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Police (156)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ear(s)	4					
Teeth	1					
Insufficient Information	2					
Thumb	1					
	418					

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

*****INJURY***

Contusion	165
Sprain	184
Strain	90
Laceration	84
Fracture	13
All Other Cumulative	2
Dislocation	5
Concussion	1
Myocardial Infarction (Heart Attack)	2
Angina Pectoris (Cond. Assoc. w/Heart Disease)	2
No Physical Injury	2
Crushing	2
Inflamation	7
Puncture	18
Foreign Body	19
Carpal Tunnel Syndrome	3
Poisoning - Chemical	5
Dermatitis	8
Infection	8
Contagious Disease	2
Heat Prostration	1
Poisoning	1
Burn	4
Vascular Loss	2
All Other Occupational Disease	3
Hearing Loss or Impairment (Traumatic only)	2
Multiple Injuries, Physical and/or Mental	1
Respiratory Disorders	1
	418

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Compensation Board (157)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	3,047.21	0.00	3,047.21	100.0
	1		**$ 3,047.21**	**$ 0.00**	**$ 3,047.21**	
LENGTH OF SERVICE						
2-4	1	100.0	3,047.21	0.00	3,047.21	100.0
	1		**$ 3,047.21**	**$ 0.00**	**$ 3,047.21**	
AGE OF CLAIMANT						
35-39	1	100.0	3,047.21	0.00	3,047.21	100.0
	1		**$ 3,047.21**	**$ 0.00**	**$ 3,047.21**	
SEX OF CLAIMANT						
Female	1	100.0	3,047.21	0.00	3,047.21	100.0
	1		**$ 3,047.21**	**$ 0.00**	**$ 3,047.21**	
LOSS CAUSE						
Office equipment	1	100.0	3,047.21	0.00	3,047.21	100.0
	1		**$ 3,047.21**	**$ 0.00**	**$ 3,047.21**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	3,047.21	0.00	3,047.21	100.0
	1		**$ 3,047.21**	**$ 0.00**	**$ 3,047.21**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Retirement System (158)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	1,126.92	0.00	1,126.92	96.7
8AM-9:59AM	1	33.3	38.00	0.00	38.00	3.2
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,164.92**	**$ 0.00**	**$ 1,164.92**	
LENGTH OF SERVICE						
0-2	1	33.3	1,126.92	0.00	1,126.92	96.7
24-26	1	33.3	38.00	0.00	38.00	3.2
36-38	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,164.92**	**$ 0.00**	**$ 1,164.92**	
AGE OF CLAIMANT						
50-54	1	33.3	1,126.92	0.00	1,126.92	96.7
45-49	1	33.3	38.00	0.00	38.00	3.2
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,164.92**	**$ 0.00**	**$ 1,164.92**	
SEX OF CLAIMANT						
Female	3	100.0	1,164.92	0.00	1,164.92	100.0
	3		**$ 1,164.92**	**$ 0.00**	**$ 1,164.92**	
LOSS CAUSE						
Glass bottle / sheet	1	33.3	1,126.92	0.00	1,126.92	96.7
Stairs, steps	1	33.3	38.00	0.00	38.00	3.2
Elevators, escalators	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,164.92**	**$ 0.00**	**$ 1,164.92**	
ACCIDENT TYPE						
Cut,puncture,scrape, injured by (Broken Glass)	1	33.3	1,126.92	0.00	1,126.92	96.7
Fall or slip (on stairs)	1	33.3	38.00	0.00	38.00	3.2
Object Handled (caught in or between)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,164.92**	**$ 0.00**	**$ 1,164.92**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Ankle	1					
Hand	1					
Lower Arm	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
Contusion	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Retirement System (158)
SubAgency:

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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Taxation, Department Of (161)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	20.0	806.20	11,633.96	12,440.16	93.0
4PM-5:59PM	5	33.3	17.12	750.00	767.12	5.7
12PM-1:59PM	2	13.3	156.60	0.00	156.60	1.1
8AM-9:59AM	2	13.3	0.00	0.00	0.00	0.0
2PM-3:59PM	2	13.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 979.92**	**$ 12,383.96**	**$ 13,363.88**	
LENGTH OF SERVICE						
4-6	1	6.6	806.20	11,633.96	12,440.16	93.0
6-8	2	13.3	0.00	750.00	750.00	5.6
26-28	1	6.6	156.60	0.00	156.60	1.1
8-10	1	6.6	17.12	0.00	17.12	0.1
0-2	2	13.3	0.00	0.00	0.00	0.0
2-4	3	20.0	0.00	0.00	0.00	0.0
10-12	3	20.0	0.00	0.00	0.00	0.0
20-22	1	6.6	0.00	0.00	0.00	0.0
24-26	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 979.92**	**$ 12,383.96**	**$ 13,363.88**	
AGE OF CLAIMANT						
25-29	4	26.6	806.20	11,633.96	12,440.16	93.0
40-44	3	20.0	0.00	750.00	750.00	5.6
45-49	4	26.6	156.60	0.00	156.60	1.1
50-54	3	20.0	17.12	0.00	17.12	0.1
60-64	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 979.92**	**$ 12,383.96**	**$ 13,363.88**	
SEX OF CLAIMANT						
Female	14	93.3	979.92	12,383.96	13,363.88	100.0
Male	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 979.92**	**$ 12,383.96**	**$ 13,363.88**	
LOSS CAUSE						
Furniture / fixtures	4	26.6	806.20	11,633.96	12,440.16	93.0
Food	1	6.6	0.00	750.00	750.00	5.6
Walking surface, inside, wet	4	26.6	156.60	0.00	156.60	1.1
Vehicle, not otherwise classified	1	6.6	17.12	0.00	17.12	0.1
Person	1	6.6	0.00	0.00	0.00	0.0
Stairs, steps	1	6.6	0.00	0.00	0.00	0.0
Boxes / containers	1	6.6	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 979.92**	**$ 12,383.96**	**$ 13,363.88**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	2	13.3	806.20	11,633.96	12,440.16	93.0
Object Handled (caught in or between)	1	6.6	0.00	750.00	750.00	5.6
Fall or Slip (From Liquid/Grease spills)	2	13.3	156.60	0.00	156.60	1.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Taxation, Department Of (161)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Vehicle Upset	1	6.6	17.12	0.00	17.12	0.1
Fall or slip (on stairs)	1	6.6	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	6.6	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	13.3	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
Lifting (strain or Injury by)	1	6.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	6.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	13.3	0.00	0.00	0.00	0.0
	15		***$ 979.92***	***$ 12,383.96***	***$ 13,363.88***	

**BODY PART

Abdomen including Groin	1
Teeth	1
Knee	4
Wrist(s) & Hand(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Soft Tissue - Neck	2
Facial, Other Soft Tissue	1
Lower Arm	2
Lower Leg	1
Upper Leg	1
Ankle	1
Hand	3
Hip	2
No Physical Problem	1
Shoulder	3
Toe(s)	1
Upper Arm (Inc: Clavicle and Scapula)	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

Strain	14
Dislocation	1
Contusion	9
Sprain	2
Laceration	2
No Physical Injury	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Aging, Dept. Of (163)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	397.24	0.00	397.24	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 397.24**	**$ 0.00**	**$ 397.24**	
LENGTH OF SERVICE						
0-2	1	50.0	397.24	0.00	397.24	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 397.24**	**$ 0.00**	**$ 397.24**	
AGE OF CLAIMANT						
65-69	1	50.0	397.24	0.00	397.24	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 397.24**	**$ 0.00**	**$ 397.24**	
SEX OF CLAIMANT						
Male	2	100.0	397.24	0.00	397.24	100.0
	2		**$ 397.24**	**$ 0.00**	**$ 397.24**	
LOSS CAUSE						
Boxes / containers	1	50.0	397.24	0.00	397.24	100.0
Vehicle, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 397.24**	**$ 0.00**	**$ 397.24**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	397.24	0.00	397.24	100.0
Collision/sideswipe with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 397.24**	**$ 0.00**	**$ 397.24**	
****BODY PART**						
Finger(s)	1					
Multiple Neck Injury	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	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Housing & Community Development (165)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	20.0	7,249.82	27,750.18	35,000.00	97.9
8AM-9:59AM	1	20.0	724.38	0.00	724.38	2.0
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 7,974.20**	**$ 27,750.18**	**$ 35,724.38**	
LENGTH OF SERVICE						
6-8	1	20.0	7,249.82	27,750.18	35,000.00	97.9
2-4	1	20.0	724.38	0.00	724.38	2.0
12-14	1	20.0	0.00	0.00	0.00	0.0
14-16	1	20.0	0.00	0.00	0.00	0.0
22-24	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 7,974.20**	**$ 27,750.18**	**$ 35,724.38**	
AGE OF CLAIMANT						
65-69	1	20.0	7,249.82	27,750.18	35,000.00	97.9
50-54	2	40.0	724.38	0.00	724.38	2.0
45-49	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 7,974.20**	**$ 27,750.18**	**$ 35,724.38**	
SEX OF CLAIMANT						
Female	2	40.0	7,249.82	27,750.18	35,000.00	97.9
Male	3	60.0	724.38	0.00	724.38	2.0
	5		**$ 7,974.20**	**$ 27,750.18**	**$ 35,724.38**	
LOSS CAUSE						
Furniture / fixtures	1	20.0	7,249.82	27,750.18	35,000.00	97.9
Walking surface, inside, dry	1	20.0	724.38	0.00	724.38	2.0
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Building parts / doors	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		**$ 7,974.20**	**$ 27,750.18**	**$ 35,724.38**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	20.0	7,249.82	27,750.18	35,000.00	97.9
Fall or Slip (On Same Level)	2	40.0	724.38	0.00	724.38	2.0
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		**$ 7,974.20**	**$ 27,750.18**	**$ 35,724.38**	
****BODY PART**						
Hip	1					
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Housing & Community Development (165)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Contusion	2					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Corporation Commission (171)
SubAgency: State Corporation (171)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Corporation Commission (171)
SubAgency: Clerk's Office (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
12-14	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Lottery Department (172)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	18.7	731.20	3,278.80	4,010.00	81.7
2PM-3:59PM	3	18.7	430.26	0.00	430.26	8.7
4AM-5:59AM	1	6.2	213.80	0.00	213.80	4.3
Unknown	1	6.2	186.10	0.00	186.10	3.7
10AM-11:59AM	3	18.7	67.90	0.00	67.90	1.3
12AM-1:59AM	1	6.2	0.00	0.00	0.00	0.0
4PM-5:59PM	2	12.5	0.00	0.00	0.00	0.0
8AM-9:59AM	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 1,629.26**	**$ 3,278.80**	**$ 4,908.06**	
LENGTH OF SERVICE						
4-6	1	6.2	471.20	3,278.80	3,750.00	76.4
2-4	5	31.2	430.26	0.00	430.26	8.7
8-10	2	12.5	260.00	0.00	260.00	5.3
0-2	2	12.5	254.00	0.00	254.00	5.1
10-12	1	6.2	213.80	0.00	213.80	4.3
12-14	5	31.2	0.00	0.00	0.00	0.0
	16		**$ 1,629.26**	**$ 3,278.80**	**$ 4,908.06**	
AGE OF CLAIMANT						
25-29	1	6.2	471.20	3,278.80	3,750.00	76.4
30-34	2	12.5	430.26	0.00	430.26	8.7
35-39	5	31.2	281.70	0.00	281.70	5.7
45-49	1	6.2	260.00	0.00	260.00	5.3
20-24	1	6.2	186.10	0.00	186.10	3.7
40-44	4	25.0	0.00	0.00	0.00	0.0
50-54	1	6.2	0.00	0.00	0.00	0.0
65-69	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 1,629.26**	**$ 3,278.80**	**$ 4,908.06**	
SEX OF CLAIMANT						
Male	6	37.5	1,115.26	3,278.80	4,394.06	89.5
Female	10	62.5	514.00	0.00	514.00	10.4
	16		**$ 1,629.26**	**$ 3,278.80**	**$ 4,908.06**	
LOSS CAUSE						
Metal items	1	6.2	471.20	3,278.80	3,750.00	76.4
Boxes / containers	2	12.5	430.26	0.00	430.26	8.7
Vehicle, not otherwise classified	7	43.7	281.70	0.00	281.70	5.7
Building parts / doors	2	12.5	260.00	0.00	260.00	5.3
Furniture / fixtures	1	6.2	186.10	0.00	186.10	3.7
Office equipment	1	6.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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
	16		**$ 1,629.26**	**$ 3,278.80**	**$ 4,908.06**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	6.2	471.20	3,278.80	3,750.00	76.4
Lifting (strain or Injury by)	2	12.5	430.26	0.00	430.26	8.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Lottery Department (172)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object Handled (caught in or between)	1	6.2	260.00	0.00	260.00	5.3
Struck/Injured by Object Being Lifted/Handled	2	12.5	213.80	0.00	213.80	4.3
Fall or Slip (From Different Level)	2	12.5	186.10	0.00	186.10	3.7
Strike Against/Step on Stationary Object	2	12.5	67.90	0.00	67.90	1.3
Fall or Slip (From Liquid/Grease spills)	1	6.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	6.2	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	2	12.5	0.00	0.00	0.00	0.0
Vehicle Upset	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 1,629.26***	***$ 3,278.80***	***$ 4,908.06***	

**BODY PART

Hand	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Finger(s)	2
Wrist	1
Upper Leg	1
Elbow	1
Eye(s)	1
Knee	2
Lower Arm	2
No Physical Problem	2
Soft Tissue - Neck	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

Fracture	2
Strain	5
Contusion	5
Laceration	2
No Physical Injury	2
Sprain	3
	16

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Labor And Industry, Dept Of (181)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	170.50	0.00	170.50	72.7
8AM-9:59AM	1	33.3	64.00	0.00	64.00	27.2
4PM-5:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 234.50**	**$ 0.00**	**$ 234.50**	
LENGTH OF SERVICE						
0-2	1	33.3	170.50	0.00	170.50	72.7
20-22	2	66.6	64.00	0.00	64.00	27.2
	3		**$ 234.50**	**$ 0.00**	**$ 234.50**	
AGE OF CLAIMANT						
30-34	1	33.3	170.50	0.00	170.50	72.7
55-59	2	66.6	64.00	0.00	64.00	27.2
	3		**$ 234.50**	**$ 0.00**	**$ 234.50**	
SEX OF CLAIMANT						
Female	3	100.0	234.50	0.00	234.50	100.0
	3		**$ 234.50**	**$ 0.00**	**$ 234.50**	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	170.50	0.00	170.50	72.7
Vehicle, not otherwise classified	1	33.3	64.00	0.00	64.00	27.2
Walking surface, inside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 234.50**	**$ 0.00**	**$ 234.50**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	170.50	0.00	170.50	72.7
Vehicle Upset	1	33.3	64.00	0.00	64.00	27.2
Twisting, strain or injury by	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 234.50**	**$ 0.00**	**$ 234.50**	
****BODY PART**						
Knee	1					
Soft Tissue - Neck	1					
Ankle	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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Employment Commission (182)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	8	22.2	629.60	6,472.86	7,102.46	67.6
10AM-11:59AM	8	22.2	762.64	750.00	1,512.64	14.4
8AM-9:59AM	9	25.0	210.50	750.00	960.50	9.1
4PM-5:59PM	3	8.3	174.00	750.00	924.00	8.8
12PM-1:59PM	8	22.2	0.00	0.00	0.00	0.0
	36		**$ 1,776.74**	**$ 8,722.86**	**$ 10,499.60**	
LENGTH OF SERVICE						
2-4	10	27.7	735.30	5,722.86	6,458.16	61.5
0-2	10	27.7	34.40	2,250.00	2,284.40	21.7
4-6	4	11.1	0.00	750.00	750.00	7.1
16-18	1	2.7	728.24	0.00	728.24	6.9
8-10	2	5.5	174.00	0.00	174.00	1.6
12-14	2	5.5	104.80	0.00	104.80	1.0
10-12	1	2.7	0.00	0.00	0.00	0.0
28-30	4	11.1	0.00	0.00	0.00	0.0
34-36	1	2.7	0.00	0.00	0.00	0.0
22-24	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 1,776.74**	**$ 8,722.86**	**$ 10,499.60**	
AGE OF CLAIMANT						
60-64	2	5.5	10.50	5,722.86	5,733.36	54.6
40-44	5	13.8	728.24	750.00	1,478.24	14.0
15-19	1	2.7	0.00	750.00	750.00	7.1
30-34	2	5.5	0.00	750.00	750.00	7.1
65-69	1	2.7	0.00	750.00	750.00	7.1
55-59	10	27.7	381.30	0.00	381.30	3.6
50-54	9	25.0	315.30	0.00	315.30	3.0
70-74	1	2.7	174.00	0.00	174.00	1.6
25-29	1	2.7	133.00	0.00	133.00	1.2
45-49	2	5.5	34.40	0.00	34.40	0.3
35-39	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 1,776.74**	**$ 8,722.86**	**$ 10,499.60**	
SEX OF CLAIMANT						
Female	28	77.7	1,392.24	7,972.86	9,365.10	89.1
Male	8	22.2	384.50	750.00	1,134.50	10.8
	36		**$ 1,776.74**	**$ 8,722.86**	**$ 10,499.60**	
LOSS CAUSE						
Infectious agent	1	2.7	10.50	5,722.86	5,733.36	54.6
Animal / insect, not otherwise classified	1	2.7	0.00	750.00	750.00	7.1
Animal / tick, spider, etc.	1	2.7	0.00	750.00	750.00	7.1
Vehicle, not otherwise classified	2	5.5	0.00	750.00	750.00	7.1
Walking surface, inside, dry	7	19.4	0.00	750.00	750.00	7.1
Ladder, 16' extension	1	2.7	728.24	0.00	728.24	6.9
Animal / bee type	1	2.7	381.30	0.00	381.30	3.6
Furniture / fixtures	13	36.1	237.80	0.00	237.80	2.2
Walking surface, outside, wet	2	5.5	210.50	0.00	210.50	2.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Employment Commission (182)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Miscellaneous	1	2.7	174.00	0.00	174.00	1.6
Boxes / containers	2	5.5	34.40	0.00	34.40	0.3
Stairs, steps	1	2.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	5.5	0.00	0.00	0.00	0.0
	36		**$ 1,776.74**	**$ 8,722.86**	**$ 10,499.60**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	10	27.7	184.50	5,722.86	5,907.36	56.2
Animal Or Insect	2	5.5	381.30	750.00	1,131.30	10.7
Allergic Reaction	1	2.7	0.00	750.00	750.00	7.1
Twisting, strain or injury by	3	8.3	0.00	750.00	750.00	7.1
Vehicle Upset	1	2.7	0.00	750.00	750.00	7.1
Fall or Slip (From Ladder/Scaffolding)	1	2.7	728.24	0.00	728.24	6.9
Strike Against/Step on Stationary Object	5	13.8	237.80	0.00	237.80	2.2
Fall or slip (on ice or snow)	2	5.5	210.50	0.00	210.50	2.0
Pushing Or Pulling (Strain or Injury by)	1	2.7	34.40	0.00	34.40	0.3
Lifting (strain or Injury by)	1	2.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	5.5	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	5.5	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	2	5.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	2.7	0.00	0.00	0.00	0.0
Strike Against/Step on Sanding,Scraping,Cleaning	1	2.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 1,776.74**	**$ 8,722.86**	**$ 10,499.60**	

**BODY PART

Knee	9
Soft Tissue - Neck	2
Ankle	5
Elbow	4
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Lower Arm	3
Hip	2
Upper Leg	1
Shoulder	5
Finger(s)	3
Buttocks	1
Foot	1
Hand	1
No Physical Problem	2
Skull	1
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

Strain	25

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Employment Commission (182)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	12					
Puncture	2					
Dermatitis	1					
Inflamation	1					
Laceration	3					
Multiple Physical Injuries Only	1					
No Physical Injury	2					
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Workers' Comp. Commission (191)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	20.0	752.88	0.00	752.88	49.5
2AM-3:59AM	1	10.0	232.40	0.00	232.40	15.2
6AM-7:59AM	1	10.0	196.56	0.00	196.56	12.9
10AM-11:59AM	2	20.0	141.55	0.00	141.55	9.3
12PM-1:59PM	3	30.0	134.00	0.00	134.00	8.8
6PM-7:59PM	1	10.0	62.46	0.00	62.46	4.1
	10		**$ 1,519.85**	**$ 0.00**	**$ 1,519.85**	
LENGTH OF SERVICE						
12-14	2	20.0	894.43	0.00	894.43	58.8
10-12	2	20.0	428.96	0.00	428.96	28.2
0-2	2	20.0	134.00	0.00	134.00	8.8
8-10	1	10.0	62.46	0.00	62.46	4.1
14-16	1	10.0	0.00	0.00	0.00	0.0
2-4	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		**$ 1,519.85**	**$ 0.00**	**$ 1,519.85**	
AGE OF CLAIMANT						
40-44	2	20.0	752.88	0.00	752.88	49.5
45-49	3	30.0	428.96	0.00	428.96	28.2
55-59	1	10.0	141.55	0.00	141.55	9.3
25-29	1	10.0	134.00	0.00	134.00	8.8
50-54	2	20.0	62.46	0.00	62.46	4.1
60-64	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,519.85**	**$ 0.00**	**$ 1,519.85**	
SEX OF CLAIMANT						
Female	8	80.0	1,457.39	0.00	1,457.39	95.8
Male	2	20.0	62.46	0.00	62.46	4.1
	10		**$ 1,519.85**	**$ 0.00**	**$ 1,519.85**	
LOSS CAUSE						
Office equipment	1	10.0	752.88	0.00	752.88	49.5
Building parts / doors	1	10.0	232.40	0.00	232.40	15.2
Elevators, escalators	1	10.0	196.56	0.00	196.56	12.9
Vehicle, not otherwise classified	2	20.0	141.55	0.00	141.55	9.3
Stairs, steps	1	10.0	134.00	0.00	134.00	8.8
Walking surface, outside, wet	1	10.0	62.46	0.00	62.46	4.1
Furniture / fixtures	1	10.0	0.00	0.00	0.00	0.0
Metal items	1	10.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 1,519.85**	**$ 0.00**	**$ 1,519.85**	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	10.0	752.88	0.00	752.88	49.5
Lifting (strain or Injury by)	2	20.0	232.40	0.00	232.40	15.2
Fall or Slip (From Different Level)	1	10.0	196.56	0.00	196.56	12.9
Vehicle Upset	2	20.0	141.55	0.00	141.55	9.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Workers' Comp. Commission (191)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	1	10.0	134.00	0.00	134.00	8.8
Fall or slip (on ice or snow)	1	10.0	62.46	0.00	62.46	4.1
Fall or Slip (On Same 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		***$ 1,519.85***	***$ 0.00***	***$ 1,519.85***	

**BODY PART

Lower Arm	1
Thumb	1
Wrist	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Shoulder	2
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	1
Lower Leg	1
Foot	1
Abdomen including Groin	1
Finger(s)	1
Hand	1
Hip	1
Knee	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

Strain	15
Contusion	2
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	11.1	1,629.12	10,947.08	12,576.20	78.4
8AM-9:59AM	6	16.6	158.80	1,741.20	1,900.00	11.8
6AM-7:59AM	2	5.5	0.00	750.00	750.00	4.6
10AM-11:59AM	11	30.5	723.61	0.00	723.61	4.5
4PM-5:59PM	2	5.5	72.80	0.00	72.80	0.4
2PM-3:59PM	5	13.8	0.00	0.00	0.00	0.0
12AM-1:59AM	1	2.7	0.00	0.00	0.00	0.0
2AM-3:59AM	1	2.7	0.00	0.00	0.00	0.0
4AM-5:59AM	1	2.7	0.00	0.00	0.00	0.0
Unknown	3	8.3	0.00	0.00	0.00	0.0
	36		**$ 2,584.33**	**$ 13,438.28**	**$ 16,022.61**	
LENGTH OF SERVICE						
12-14	4	11.1	1,391.12	10,947.08	12,338.20	77.0
4-6	2	5.5	8.80	1,741.20	1,750.00	10.9
18-20	1	2.7	0.00	750.00	750.00	4.6
30-32	2	5.5	723.61	0.00	723.61	4.5
24-26	4	11.1	388.00	0.00	388.00	2.4
36-38	1	2.7	72.80	0.00	72.80	0.4
0-2	7	19.4	0.00	0.00	0.00	0.0
32-34	3	8.3	0.00	0.00	0.00	0.0
10-12	1	2.7	0.00	0.00	0.00	0.0
14-16	1	2.7	0.00	0.00	0.00	0.0
2-4	7	19.4	0.00	0.00	0.00	0.0
20-22	1	2.7	0.00	0.00	0.00	0.0
6-8	1	2.7	0.00	0.00	0.00	0.0
8-10	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 2,584.33**	**$ 13,438.28**	**$ 16,022.61**	
AGE OF CLAIMANT						
35-39	6	16.6	1,391.12	10,947.08	12,338.20	77.0
40-44	5	13.8	8.80	1,741.20	1,750.00	10.9
55-59	9	25.0	1,034.41	0.00	1,034.41	6.4
50-54	8	22.2	0.00	750.00	750.00	4.6
60-64	2	5.5	150.00	0.00	150.00	0.9
15-19	1	2.7	0.00	0.00	0.00	0.0
20-24	1	2.7	0.00	0.00	0.00	0.0
30-34	1	2.7	0.00	0.00	0.00	0.0
45-49	3	8.3	0.00	0.00	0.00	0.0
	36		**$ 2,584.33**	**$ 13,438.28**	**$ 16,022.61**	
SEX OF CLAIMANT						
Female	17	47.2	1,637.92	13,438.28	15,076.20	94.0
Male	19	52.7	946.41	0.00	946.41	5.9
	36		**$ 2,584.33**	**$ 13,438.28**	**$ 16,022.61**	
LOSS CAUSE						
Walking surface, outside, dry	3	8.3	1,391.12	11,697.08	13,088.20	81.6
Vehicle, not otherwise classified	5	13.8	158.80	1,741.20	1,900.00	11.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Building parts / doors	3	8.3	723.61	0.00	723.61	4.5
Miscellaneous	4	11.1	310.80	0.00	310.80	1.9
Boxes / containers	1	2.7	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.7	0.00	0.00	0.00	0.0
Environmental conditions	1	2.7	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.7	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	5.5	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	3	8.3	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	2.7	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	5.5	0.00	0.00	0.00	0.0
Metal items	2	5.5	0.00	0.00	0.00	0.0
Office equipment	2	5.5	0.00	0.00	0.00	0.0
Pipe	1	2.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	8.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 2,584.33**	**$ 13,438.28**	**$ 16,022.61**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	5	13.8	1,629.12	11,697.08	13,326.20	83.1
Vehicle Upset	5	13.8	158.80	1,741.20	1,900.00	11.8
Twisting, strain or injury by	1	2.7	723.61	0.00	723.61	4.5
Struck/Injured by Falling or Flying Object	4	11.1	72.80	0.00	72.80	0.4
Collapsing materials (Slides of Earth)	1	2.7	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	4	11.1	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	2.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	13.8	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	2.7	0.00	0.00	0.00	0.0
Dust,gases,fumes,vapors	1	2.7	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	5.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	5.5	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
Struck/Injured by Hand Tool/Machine In Use	1	2.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 2,584.33**	**$ 13,438.28**	**$ 16,022.61**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	4
Knee	2
Lower Arm	3
Wrist	1
Lower Leg	3
Elbow	2
Facial, Other Soft Tissue	4
Eye(s)	1
Finger(s)	6
Foot	1
Hand	1
Hip	1
Mouth	1
No Physical Problem	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: Purchasing And Supply, Dept Of (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Soft Tissue - Neck	2					
Thumb	4					
	36					

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

*****INJURY***

Strain	7					
Laceration	16					
Contusion	8					
Sprain	1					
Burn	1					
Foreign Body	1					
No Physical Injury	3					
Puncture	2					
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: 209 9th St. Office (194)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	18.1	421.10	750.00	1,171.10	50.6
2AM-3:59AM	2	18.1	0.00	750.00	750.00	32.4
12PM-1:59PM	3	27.2	251.00	0.00	251.00	10.8
8AM-9:59AM	2	18.1	170.55	0.00	170.55	7.3
4AM-5:59AM	1	9.0	0.00	-29.60	-29.60	-1.2
10AM-11:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 842.65**	**$ 1,470.40**	**$ 2,313.05**	
LENGTH OF SERVICE						
12-14	1	9.0	0.00	750.00	750.00	32.4
2-4	1	9.0	0.00	750.00	750.00	32.4
16-18	2	18.1	421.10	0.00	421.10	18.2
28-30	1	9.0	251.00	0.00	251.00	10.8
4-6	1	9.0	170.55	0.00	170.55	7.3
10-12	1	9.0	0.00	0.00	0.00	0.0
8-10	1	9.0	0.00	0.00	0.00	0.0
0-2	1	9.0	0.00	-29.60	-29.60	-1.2
18-20	1	9.0	0.00	0.00	0.00	0.0
6-8	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 842.65**	**$ 1,470.40**	**$ 2,313.05**	
AGE OF CLAIMANT						
40-44	2	18.1	170.55	750.00	920.55	39.8
30-34	1	9.0	0.00	750.00	750.00	32.4
60-64	1	9.0	421.10	0.00	421.10	18.2
50-54	2	18.1	251.00	-29.60	221.40	9.5
45-49	3	27.2	0.00	0.00	0.00	0.0
55-59	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 842.65**	**$ 1,470.40**	**$ 2,313.05**	
SEX OF CLAIMANT						
Female	7	63.6	672.10	1,470.40	2,142.50	92.6
Male	4	36.3	170.55	0.00	170.55	7.3
	11		**$ 842.65**	**$ 1,470.40**	**$ 2,313.05**	
LOSS CAUSE						
Environmental conditions	1	9.0	0.00	750.00	750.00	32.4
Stairs, steps	2	18.1	0.00	720.40	720.40	31.1
Walking surface, outside, dry	2	18.1	421.10	0.00	421.10	18.2
Office equipment	1	9.0	251.00	0.00	251.00	10.8
Metal items	1	9.0	170.55	0.00	170.55	7.3
Chemicals, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	9.0	0.00	0.00	0.00	0.0
Electrical equipment	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		**$ 842.65**	**$ 1,470.40**	**$ 2,313.05**	
ACCIDENT TYPE						
Allergic Reaction	2	18.1	0.00	750.00	750.00	32.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: 209 9th St. Office (194)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	2	18.1	0.00	720.40	720.40	31.1
Fall or Slip (On Same Level)	2	18.1	421.10	0.00	421.10	18.2
Lifting (strain or Injury by)	1	9.0	251.00	0.00	251.00	10.8
Strike Against/Step On Obj. Being Lifted or Handle	1	9.0	170.55	0.00	170.55	7.3
Repetitive Motion	1	9.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	9.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 842.65**	**$ 1,470.40**	**$ 2,313.05**	

**BODY PART

Ankle	2
Lungs	1
Buttocks	1
Elbow	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Upper Leg	2
Finger(s)	1
Internal Organs	1
Hand	1
Hip	1
Knee	1
Lower Leg	1
Upper Back Area (Thoracic Area)	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	9
Respiratory Disorders	1
Sprain	4
Strain	1
Poisoning - Chemical	1
Laceration	1
	11

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: Consolidated Labs (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	25.0	299.65	0.00	299.65	100.0
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 299.65**	**$ 0.00**	**$ 299.65**	
LENGTH OF SERVICE						
12-14	1	25.0	299.65	0.00	299.65	100.0
16-18	1	25.0	0.00	0.00	0.00	0.0
10-12	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		**$ 299.65**	**$ 0.00**	**$ 299.65**	
AGE OF CLAIMANT						
35-39	2	50.0	299.65	0.00	299.65	100.0
60-64	1	25.0	0.00	0.00	0.00	0.0
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 299.65**	**$ 0.00**	**$ 299.65**	
SEX OF CLAIMANT						
Male	3	75.0	299.65	0.00	299.65	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 299.65**	**$ 0.00**	**$ 299.65**	
LOSS CAUSE						
Chemicals, not otherwise classified	4	100.0	299.65	0.00	299.65	100.0
	4		**$ 299.65**	**$ 0.00**	**$ 299.65**	
ACCIDENT TYPE						
Foreign Body In Eye	1	25.0	299.65	0.00	299.65	100.0
Absorb, Ingest, Inhalation	1	25.0	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	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		**$ 299.65**	**$ 0.00**	**$ 299.65**	
****BODY PART**						
Eye(s)	1					
Lungs	1					
Abdomen including Groin	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**	
Foreign Body	1
Inflamation	1
Burn	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of General Services (194)
SubAgency: Consolidated Labs (602)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Children, Department Of (198)
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						
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						
Furniture / fixtures	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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:45

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Soil & Water (15)

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						
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					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Division Of Administration (see Note (401)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
12PM-1:59PM	2	20.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	20.0	0.00	0.00	0.00	0.0
4AM-5:59AM	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
8AM-9:59AM	3	30.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	5	50.0	0.00	0.00	0.00	0.0
10-12	1	10.0	0.00	0.00	0.00	0.0
2-4	3	30.0	0.00	0.00	0.00	0.0
4-6	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
15-19	4	40.0	0.00	0.00	0.00	0.0
20-24	1	10.0	0.00	0.00	0.00	0.0
25-29	1	10.0	0.00	0.00	0.00	0.0
30-34	1	10.0	0.00	0.00	0.00	0.0
35-39	1	10.0	0.00	0.00	0.00	0.0
40-44	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	20.0	0.00	0.00	0.00	0.0
Male	8	80.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Animal / bee type	2	20.0	0.00	0.00	0.00	0.0
Boxes / containers	1	10.0	0.00	0.00	0.00	0.0
Fencing	1	10.0	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	10.0	0.00	0.00	0.00	0.0
Insufficient data	1	10.0	0.00	0.00	0.00	0.0
Miscellaneous	1	10.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Animal Or Insect	2	20.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	10.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	20.0	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
Slipped, Did Not Fall	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
Struck/Injured by Falling or Flying Object	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Division Of Administration (see Note (401)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 0.00**	**$ 0.00**	**$ 0.00**	

**BODY PART

Eye(s)	1
Finger(s)	2
Hand	1
Hip	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	1
Shoulder	1
Thumb	1
Wrist	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.**

**INJURY

Contusion	4
Puncture	5
Strain	4
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Division Of Natural Heritage (635)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	33.3	5,574.67	0.00	5,574.67	79.7
2PM-3:59PM	1	33.3	1,214.25	0.00	1,214.25	17.3
10AM-11:59AM	1	33.3	198.57	0.00	198.57	2.8
	3		**$ 6,987.49**	**$ 0.00**	**$ 6,987.49**	
LENGTH OF SERVICE						
0-2	2	66.6	5,773.24	0.00	5,773.24	82.6
12-14	1	33.3	1,214.25	0.00	1,214.25	17.3
	3		**$ 6,987.49**	**$ 0.00**	**$ 6,987.49**	
AGE OF CLAIMANT						
30-34	1	33.3	5,574.67	0.00	5,574.67	79.7
40-44	1	33.3	1,214.25	0.00	1,214.25	17.3
15-19	1	33.3	198.57	0.00	198.57	2.8
	3		**$ 6,987.49**	**$ 0.00**	**$ 6,987.49**	
SEX OF CLAIMANT						
Male	2	66.6	6,788.92	0.00	6,788.92	97.1
Female	1	33.3	198.57	0.00	198.57	2.8
	3		**$ 6,987.49**	**$ 0.00**	**$ 6,987.49**	
LOSS CAUSE						
Metal items	1	33.3	5,574.67	0.00	5,574.67	79.7
Miscellaneous	2	66.6	1,412.82	0.00	1,412.82	20.2
	3		**$ 6,987.49**	**$ 0.00**	**$ 6,987.49**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	66.6	6,788.92	0.00	6,788.92	97.1
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	198.57	0.00	198.57	2.8
	3		**$ 6,987.49**	**$ 0.00**	**$ 6,987.49**	
****BODY PART**						
Lower Leg	1					
Hand	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**	
Puncture	1
Fracture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Wilderness Road State Park (732)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	492.26	0.00	492.26	100.0
	1		**$ 492.26**	**$ 0.00**	**$ 492.26**	
LENGTH OF SERVICE						
0-2	1	100.0	492.26	0.00	492.26	100.0
	1		**$ 492.26**	**$ 0.00**	**$ 492.26**	
AGE OF CLAIMANT						
20-24	1	100.0	492.26	0.00	492.26	100.0
	1		**$ 492.26**	**$ 0.00**	**$ 492.26**	
SEX OF CLAIMANT						
Male	1	100.0	492.26	0.00	492.26	100.0
	1		**$ 492.26**	**$ 0.00**	**$ 492.26**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	492.26	0.00	492.26	100.0
	1		**$ 492.26**	**$ 0.00**	**$ 492.26**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	492.26	0.00	492.26	100.0
	1		**$ 492.26**	**$ 0.00**	**$ 492.26**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr James River State Park (734)

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						
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						
Fencing	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Machinery (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
	1					

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

****INJURY**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Caledon Natural Area (751)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	464.00	-58.00	406.00	100.0
	1		**$ 464.00**	**$ -58.00**	**$ 406.00**	
LENGTH OF SERVICE						
2-4	1	100.0	464.00	-58.00	406.00	100.0
	1		**$ 464.00**	**$ -58.00**	**$ 406.00**	
AGE OF CLAIMANT						
50-54	1	100.0	464.00	-58.00	406.00	100.0
	1		**$ 464.00**	**$ -58.00**	**$ 406.00**	
SEX OF CLAIMANT						
Male	1	100.0	464.00	-58.00	406.00	100.0
	1		**$ 464.00**	**$ -58.00**	**$ 406.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	100.0	464.00	-58.00	406.00	100.0
	1		**$ 464.00**	**$ -58.00**	**$ 406.00**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	100.0	464.00	-58.00	406.00	100.0
	1		**$ 464.00**	**$ -58.00**	**$ 406.00**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Chippokes Plantation State Park (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	50.0	164.96	0.00	164.96	39.1
10AM-11:59AM	1	25.0	135.00	0.00	135.00	32.0
8AM-9:59AM	1	25.0	121.50	0.00	121.50	28.8
	4		**$ 421.46**	**$ 0.00**	**$ 421.46**	
LENGTH OF SERVICE						
0-2	3	75.0	286.46	0.00	286.46	67.9
2-4	1	25.0	135.00	0.00	135.00	32.0
	4		**$ 421.46**	**$ 0.00**	**$ 421.46**	
AGE OF CLAIMANT						
45-49	2	50.0	256.50	0.00	256.50	60.8
20-24	2	50.0	164.96	0.00	164.96	39.1
	4		**$ 421.46**	**$ 0.00**	**$ 421.46**	
SEX OF CLAIMANT						
Female	4	100.0	421.46	0.00	421.46	100.0
	4		**$ 421.46**	**$ 0.00**	**$ 421.46**	
LOSS CAUSE						
Environmental conditions	2	50.0	256.50	0.00	256.50	60.8
Boxes / containers	1	25.0	164.96	0.00	164.96	39.1
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 421.46**	**$ 0.00**	**$ 421.46**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	164.96	0.00	164.96	39.1
Noise, continual, strain or injury by	1	25.0	135.00	0.00	135.00	32.0
Dust,gases,fumes,vapors	1	25.0	121.50	0.00	121.50	28.8
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 421.46**	**$ 0.00**	**$ 421.46**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Ear(s)	1					
Eye(s)	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**	
Strain	1
Hearing Loss or Impairment (Traumatic only)	1
Inflamation	1
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Chippokes Plantation State Park (752)

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Claytor Lake State Park (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	50.0	214.00	0.00	214.00	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 214.00**	**$ 0.00**	**$ 214.00**	
LENGTH OF SERVICE						
22-24	1	50.0	214.00	0.00	214.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 214.00**	**$ 0.00**	**$ 214.00**	
AGE OF CLAIMANT						
40-44	1	50.0	214.00	0.00	214.00	100.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 214.00**	**$ 0.00**	**$ 214.00**	
SEX OF CLAIMANT						
Male	2	100.0	214.00	0.00	214.00	100.0
	2		**$ 214.00**	**$ 0.00**	**$ 214.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	214.00	0.00	214.00	100.0
Vehicle, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 214.00**	**$ 0.00**	**$ 214.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	214.00	0.00	214.00	100.0
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 214.00**	**$ 0.00**	**$ 214.00**	
****BODY PART**						
Knee	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**	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Douthat State Park (755)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	5.2	901.03	7,165.60	8,066.63	43.3
Unknown	2	10.5	5,036.81	0.00	5,036.81	27.0
10AM-11:59AM	5	26.3	776.42	3,858.00	4,634.42	24.8
4PM-5:59PM	2	10.5	83.10	666.90	750.00	4.0
12PM-1:59PM	2	10.5	137.11	0.00	137.11	0.7
2PM-3:59PM	4	21.0	0.00	0.00	0.00	0.0
8AM-9:59AM	3	15.7	0.00	0.00	0.00	0.0
	19		**$ 6,934.47**	**$ 11,690.50**	**$ 18,624.97**	
LENGTH OF SERVICE						
2-4	4	21.0	6,074.95	7,165.60	13,240.55	71.0
0-2	8	42.1	859.52	4,524.90	5,384.42	28.9
10-12	1	5.2	0.00	0.00	0.00	0.0
28-30	1	5.2	0.00	0.00	0.00	0.0
4-6	3	15.7	0.00	0.00	0.00	0.0
6-8	2	10.5	0.00	0.00	0.00	0.0
	19		**$ 6,934.47**	**$ 11,690.50**	**$ 18,624.97**	
AGE OF CLAIMANT						
20-24	2	10.5	901.03	7,165.60	8,066.63	43.3
25-29	4	21.0	5,173.92	0.00	5,173.92	27.7
15-19	4	21.0	776.42	3,858.00	4,634.42	24.8
45-49	1	5.2	83.10	666.90	750.00	4.0
35-39	1	5.2	0.00	0.00	0.00	0.0
40-44	1	5.2	0.00	0.00	0.00	0.0
50-54	1	5.2	0.00	0.00	0.00	0.0
55-59	4	21.0	0.00	0.00	0.00	0.0
60-64	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 6,934.47**	**$ 11,690.50**	**$ 18,624.97**	
SEX OF CLAIMANT						
Male	15	78.9	5,950.34	3,858.00	9,808.34	52.6
Female	4	21.0	984.13	7,832.50	8,816.63	47.3
	19		**$ 6,934.47**	**$ 11,690.50**	**$ 18,624.97**	
LOSS CAUSE						
Building parts / doors	2	10.5	901.03	7,165.60	8,066.63	43.3
Walking surface, outside, wet	1	5.2	5,036.81	0.00	5,036.81	27.0
Hand tool, not powered, NOC	4	21.0	83.10	4,666.90	4,750.00	25.5
Infectious agent	3	15.7	636.59	0.00	636.59	3.4
Brush / tree / log	3	15.7	276.94	-142.00	134.94	0.7
Boxes / containers	2	10.5	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	5.2	0.00	0.00	0.00	0.0
Miscellaneous	1	5.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	10.5	0.00	0.00	0.00	0.0
	19		**$ 6,934.47**	**$ 11,690.50**	**$ 18,624.97**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	3	15.7	901.03	7,165.60	8,066.63	43.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Douthat State Park (755)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	2	10.5	5,036.81	0.00	5,036.81	27.0
Contact With Hot Object or Substances	1	5.2	0.00	4,000.00	4,000.00	21.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.2	83.10	666.90	750.00	4.0
Exposure to Poisonous Agent / Plant	3	15.7	636.59	0.00	636.59	3.4
Struck/Injured by Falling or Flying Object	2	10.5	276.94	-142.00	134.94	0.7
Foreign Body In Eye	1	5.2	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	5.2	0.00	0.00	0.00	0.0
Repetitive Motion	1	5.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	5.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	3	15.7	0.00	0.00	0.00	0.0
	19		***$ 6,934.47***	***$ 11,690.50***	***$ 18,624.97***	

***BODY PART**

Finger(s)	5
Ankle	2
Lower Arm	3
Facial, Other Soft Tissue	3
Lower Leg	3
Hand	1
Eye(s)	1
Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Shoulder	1
Skull	1
Soft Tissue - Neck	1
	19

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

***INJURY**

Crushing	1
Strain	7
Burn	1
Dermatitis	8
Laceration	3
Contusion	2
Foreign Body	1
Multiple Physical Injuries Only	1
	19

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Fairy Stone State Park (756)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	28.33	721.67	750.00	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 28.33**	**$ 721.67**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	50.0	28.33	721.67	750.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 28.33**	**$ 721.67**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	50.0	28.33	721.67	750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 28.33**	**$ 721.67**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	28.33	721.67	750.00	100.0
	2		**$ 28.33**	**$ 721.67**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	28.33	721.67	750.00	100.0
Vehicle, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 28.33**	**$ 721.67**	**$ 750.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	28.33	721.67	750.00	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 28.33**	**$ 721.67**	**$ 750.00**	
****BODY PART**						
Ankle	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**		
Strain	1	
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Grayson Highlands State Park (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
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						
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***						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Hungry Mother State Park (763)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	37.5	641.10	0.00	641.10	33.2
4PM-5:59PM	1	12.5	639.60	0.00	639.60	33.2
Unknown	2	25.0	479.60	0.00	479.60	24.9
12PM-1:59PM	1	12.5	113.00	0.00	113.00	5.8
8AM-9:59AM	1	12.5	52.40	0.00	52.40	2.7
	8		**$ 1,925.70**	**$ 0.00**	**$ 1,925.70**	
LENGTH OF SERVICE						
0-2	5	62.5	1,787.30	0.00	1,787.30	92.8
4-6	3	37.5	138.40	0.00	138.40	7.1
	8		**$ 1,925.70**	**$ 0.00**	**$ 1,925.70**	
AGE OF CLAIMANT						
35-39	2	25.0	1,008.30	0.00	1,008.30	52.3
40-44	1	12.5	639.60	0.00	639.60	33.2
15-19	2	25.0	139.40	0.00	139.40	7.2
30-34	2	25.0	113.00	0.00	113.00	5.8
50-54	1	12.5	25.40	0.00	25.40	1.3
	8		**$ 1,925.70**	**$ 0.00**	**$ 1,925.70**	
SEX OF CLAIMANT						
Female	3	37.5	1,033.70	0.00	1,033.70	53.6
Male	5	62.5	892.00	0.00	892.00	46.3
	8		**$ 1,925.70**	**$ 0.00**	**$ 1,925.70**	
LOSS CAUSE						
Brush / tree / log	2	25.0	665.00	0.00	665.00	34.5
Animal / tick, spider, etc.	1	12.5	615.70	0.00	615.70	31.9
Building parts / doors	1	12.5	392.60	0.00	392.60	20.3
Hand tool, powered, NOC	1	12.5	113.00	0.00	113.00	5.8
Hand tool, not powered, NOC	1	12.5	87.00	0.00	87.00	4.5
Infectious agent	1	12.5	52.40	0.00	52.40	2.7
Sharp objects, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,925.70**	**$ 0.00**	**$ 1,925.70**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	12.5	639.60	0.00	639.60	33.2
Animal Or Insect	1	12.5	615.70	0.00	615.70	31.9
Struck/Injured by Falling or Flying Object	1	12.5	392.60	0.00	392.60	20.3
Struck/Injured by Hand Tool/Machine In Use	1	12.5	113.00	0.00	113.00	5.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	25.0	112.40	0.00	112.40	5.8
Exposure to Poisonous Agent / Plant	1	12.5	52.40	0.00	52.40	2.7
Stepping On Sharp Object	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,925.70**	**$ 0.00**	**$ 1,925.70**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
Finger(s)	2					
Wrist	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Hungry Mother State Park (763)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Thumb	1					
Hand	1					
Lower Arm	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***

Puncture	3					
Strain	1					
Contusion	1					
Sprain	1					
Dermatitis	2					
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Leesylvania State Park (765)

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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Mason Neck State Park (766)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	851.14	0.00	851.14	100.0
	1		**$ 851.14**	**$ 0.00**	**$ 851.14**	
LENGTH OF SERVICE						
4-6	1	100.0	851.14	0.00	851.14	100.0
	1		**$ 851.14**	**$ 0.00**	**$ 851.14**	
AGE OF CLAIMANT						
40-44	1	100.0	851.14	0.00	851.14	100.0
	1		**$ 851.14**	**$ 0.00**	**$ 851.14**	
SEX OF CLAIMANT						
Male	1	100.0	851.14	0.00	851.14	100.0
	1		**$ 851.14**	**$ 0.00**	**$ 851.14**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	851.14	0.00	851.14	100.0
	1		**$ 851.14**	**$ 0.00**	**$ 851.14**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	851.14	0.00	851.14	100.0
	1		**$ 851.14**	**$ 0.00**	**$ 851.14**	
****BODY PART**						
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	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**		
Fracture	1	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Natural Tunnel State Park (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	50.0	3,266.86	0.00	3,266.86	87.0
2PM-3:59PM	1	25.0	485.99	0.00	485.99	12.9
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 3,752.85**	**$ 0.00**	**$ 3,752.85**	
LENGTH OF SERVICE						
0-2	4	100.0	3,752.85	0.00	3,752.85	100.0
	4		**$ 3,752.85**	**$ 0.00**	**$ 3,752.85**	
AGE OF CLAIMANT						
15-19	1	25.0	3,266.86	0.00	3,266.86	87.0
40-44	1	25.0	485.99	0.00	485.99	12.9
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		**$ 3,752.85**	**$ 0.00**	**$ 3,752.85**	
SEX OF CLAIMANT						
Male	2	50.0	3,266.86	0.00	3,266.86	87.0
Female	2	50.0	485.99	0.00	485.99	12.9
	4		**$ 3,752.85**	**$ 0.00**	**$ 3,752.85**	
LOSS CAUSE						
Machine, not otherwise classified	2	50.0	3,266.86	0.00	3,266.86	87.0
Brush / tree / log	1	25.0	485.99	0.00	485.99	12.9
Infectious agent	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 3,752.85**	**$ 0.00**	**$ 3,752.85**	
ACCIDENT TYPE						
Struck/Injured by Hand Tool/Machine In Use	1	25.0	3,266.86	0.00	3,266.86	87.0
Struck/Injured by Falling or Flying Object	1	25.0	485.99	0.00	485.99	12.9
Allergic Reaction	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		**$ 3,752.85**	**$ 0.00**	**$ 3,752.85**	
****BODY PART**						
Wrist	1					
Elbow	1					
Lower Arm	2					
Facial, Other Soft Tissue	1					
Hand	1					
	4					

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

****INJURY**	
Fracture	1
Contusion	2
Dermatitis	2
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Natural Tunnel State Park (767)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Occoneechee State Park (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	59.00	0.00	59.00	100.0
	1		**$ 59.00**	**$ 0.00**	**$ 59.00**	
LENGTH OF SERVICE						
0-2	1	100.0	59.00	0.00	59.00	100.0
	1		**$ 59.00**	**$ 0.00**	**$ 59.00**	
AGE OF CLAIMANT						
40-44	1	100.0	59.00	0.00	59.00	100.0
	1		**$ 59.00**	**$ 0.00**	**$ 59.00**	
SEX OF CLAIMANT						
Male	1	100.0	59.00	0.00	59.00	100.0
	1		**$ 59.00**	**$ 0.00**	**$ 59.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	59.00	0.00	59.00	100.0
	1		**$ 59.00**	**$ 0.00**	**$ 59.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	59.00	0.00	59.00	100.0
	1		**$ 59.00**	**$ 0.00**	**$ 59.00**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Pocahontas State Park (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	242.60	0.00	242.60	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.60**	**$ 0.00**	**$ 242.60**	
LENGTH OF SERVICE						
0-2	2	100.0	242.60	0.00	242.60	100.0
	2		**$ 242.60**	**$ 0.00**	**$ 242.60**	
AGE OF CLAIMANT						
15-19	2	100.0	242.60	0.00	242.60	100.0
	2		**$ 242.60**	**$ 0.00**	**$ 242.60**	
SEX OF CLAIMANT						
Male	2	100.0	242.60	0.00	242.60	100.0
	2		**$ 242.60**	**$ 0.00**	**$ 242.60**	
LOSS CAUSE						
Metal items	1	50.0	242.60	0.00	242.60	100.0
Minerals / dirt	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.60**	**$ 0.00**	**$ 242.60**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	242.60	0.00	242.60	100.0
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.60**	**$ 0.00**	**$ 242.60**	
****BODY PART**						
Foot	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr First Landing State Park (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	0.00	1,500.00	1,500.00	54.3
8AM-9:59AM	2	40.0	1,261.77	0.00	1,261.77	45.6
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,261.77**	**$ 1,500.00**	**$ 2,761.77**	
LENGTH OF SERVICE						
8-10	1	20.0	1,261.77	0.00	1,261.77	45.6
0-2	1	20.0	0.00	750.00	750.00	27.1
14-16	1	20.0	0.00	750.00	750.00	27.1
2-4	1	20.0	0.00	0.00	0.00	0.0
26-28	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,261.77**	**$ 1,500.00**	**$ 2,761.77**	
AGE OF CLAIMANT						
50-54	2	40.0	1,261.77	0.00	1,261.77	45.6
15-19	1	20.0	0.00	750.00	750.00	27.1
45-49	1	20.0	0.00	750.00	750.00	27.1
40-44	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,261.77**	**$ 1,500.00**	**$ 2,761.77**	
SEX OF CLAIMANT						
Male	5	100.0	1,261.77	1,500.00	2,761.77	100.0
	5		**$ 1,261.77**	**$ 1,500.00**	**$ 2,761.77**	
LOSS CAUSE						
Walking surface, outside, wet	1	20.0	1,261.77	0.00	1,261.77	45.6
Hand tool, not powered, NOC	1	20.0	0.00	750.00	750.00	27.1
Miscellaneous	1	20.0	0.00	750.00	750.00	27.1
Environmental conditions	1	20.0	0.00	0.00	0.00	0.0
Gun / gunshot	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,261.77**	**$ 1,500.00**	**$ 2,761.77**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	1,261.77	0.00	1,261.77	45.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	750.00	750.00	27.1
Struck/Injured by Falling or Flying Object	1	20.0	0.00	750.00	750.00	27.1
Jumping (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,261.77**	**$ 1,500.00**	**$ 2,761.77**	
****BODY PART**						
Ankle	1					
Knee	1					
Nose	1					
Upper Leg	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr First Landing State Park (770)

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	4
Fracture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Smith Mountain Lake State Park (773)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	3	60.0	3,927.44	1,893.75	5,821.19	97.5
10AM-11:59AM	1	20.0	144.00	0.00	144.00	2.4
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,071.44**	**$ 1,893.75**	**$ 5,965.19**	
LENGTH OF SERVICE						
2-4	2	40.0	3,927.44	1,893.75	5,821.19	97.5
0-2	3	60.0	144.00	0.00	144.00	2.4
	5		**$ 4,071.44**	**$ 1,893.75**	**$ 5,965.19**	
AGE OF CLAIMANT						
70-74	1	20.0	3,927.44	1,893.75	5,821.19	97.5
15-19	3	60.0	144.00	0.00	144.00	2.4
40-44	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,071.44**	**$ 1,893.75**	**$ 5,965.19**	
SEX OF CLAIMANT						
Male	5	100.0	4,071.44	1,893.75	5,965.19	100.0
	5		**$ 4,071.44**	**$ 1,893.75**	**$ 5,965.19**	
LOSS CAUSE						
Brush / tree / log	1	20.0	3,927.44	1,893.75	5,821.19	97.5
Vehicle, not otherwise classified	1	20.0	144.00	0.00	144.00	2.4
Animal / tick, spider, etc.	1	20.0	0.00	0.00	0.00	0.0
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
	5		**$ 4,071.44**	**$ 1,893.75**	**$ 5,965.19**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	3,927.44	1,893.75	5,821.19	97.5
Vehicle Upset	1	20.0	144.00	0.00	144.00	2.4
Animal Or Insect	1	20.0	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 4,071.44**	**$ 1,893.75**	**$ 5,965.19**	

****BODY PART**	
Ankle	1
Mouth	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
	5

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

****INJURY**	
Fracture	1
Laceration	1
Puncture	1
Strain	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Smith Mountain Lake State Park (773)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr New River Trail State Park & Shot To (780)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	100.0	28,007.91	13,007.89	41,015.80	100.0
	4		**$ 28,007.91**	**$ 13,007.89**	**$ 41,015.80**	
LENGTH OF SERVICE						
0-2	4	100.0	28,007.91	13,007.89	41,015.80	100.0
	4		**$ 28,007.91**	**$ 13,007.89**	**$ 41,015.80**	
AGE OF CLAIMANT						
45-49	2	50.0	27,542.18	10,034.72	37,576.90	91.6
35-39	1	25.0	399.81	2,973.17	3,372.98	8.2
20-24	1	25.0	65.92	0.00	65.92	0.1
	4		**$ 28,007.91**	**$ 13,007.89**	**$ 41,015.80**	
SEX OF CLAIMANT						
Male	4	100.0	28,007.91	13,007.89	41,015.80	100.0
	4		**$ 28,007.91**	**$ 13,007.89**	**$ 41,015.80**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	27,542.18	10,034.72	37,576.90	91.6
Hand tool, not powered, NOC	1	25.0	399.81	2,973.17	3,372.98	8.2
Infectious agent	1	25.0	65.92	0.00	65.92	0.1
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 28,007.91**	**$ 13,007.89**	**$ 41,015.80**	
ACCIDENT TYPE						
Vehicle Upset	1	25.0	27,542.18	10,034.72	37,576.90	91.6
Struck/Injured by Object Being Lifted/Handled	1	25.0	399.81	2,973.17	3,372.98	8.2
Allergic Reaction	1	25.0	65.92	0.00	65.92	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 28,007.91**	**$ 13,007.89**	**$ 41,015.80**	
****BODY PART**						
Lower Arm	3					
Upper Back Area (Thoracic Area)	2					
Thumb	1					
Hand	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**	
Contusion	3
Laceration	3
Fracture	1
Dermatitis	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr New River Trail State Park & Shot To (780)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Conservation & Recreation (199)
SubAgency: Dcr Div. Of Planning & Rec Resources (950)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	305.00	0.00	305.00	100.0
	1		**$ 305.00**	**$ 0.00**	**$ 305.00**	
LENGTH OF SERVICE						
0-2	1	100.0	305.00	0.00	305.00	100.0
	1		**$ 305.00**	**$ 0.00**	**$ 305.00**	
AGE OF CLAIMANT						
30-34	1	100.0	305.00	0.00	305.00	100.0
	1		**$ 305.00**	**$ 0.00**	**$ 305.00**	
SEX OF CLAIMANT						
Male	1	100.0	305.00	0.00	305.00	100.0
	1		**$ 305.00**	**$ 0.00**	**$ 305.00**	
LOSS CAUSE						
Brush / tree / log	1	100.0	305.00	0.00	305.00	100.0
	1		**$ 305.00**	**$ 0.00**	**$ 305.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	305.00	0.00	305.00	100.0
	1		**$ 305.00**	**$ 0.00**	**$ 305.00**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:46

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Education, State Department Of (201)
SubAgency: Education, Board Of (201)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	25.0	29,492.11	4,487.43	33,979.54	92.9
10AM-11:59AM	2	50.0	2,596.70	0.00	2,596.70	7.1
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 32,088.81**	**$ 4,487.43**	**$ 36,576.24**	
LENGTH OF SERVICE						
0-2	3	75.0	31,854.81	4,487.43	36,342.24	99.3
12-14	1	25.0	234.00	0.00	234.00	0.6
	4		**$ 32,088.81**	**$ 4,487.43**	**$ 36,576.24**	
AGE OF CLAIMANT						
45-49	1	25.0	29,492.11	4,487.43	33,979.54	92.9
55-59	1	25.0	2,362.70	0.00	2,362.70	6.4
65-69	1	25.0	234.00	0.00	234.00	0.6
25-29	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 32,088.81**	**$ 4,487.43**	**$ 36,576.24**	
SEX OF CLAIMANT						
Female	4	100.0	32,088.81	4,487.43	36,576.24	100.0
	4		**$ 32,088.81**	**$ 4,487.43**	**$ 36,576.24**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	29,492.11	4,487.43	33,979.54	92.9
Furniture / fixtures	2	50.0	2,362.70	0.00	2,362.70	6.4
Boxes / containers	1	25.0	234.00	0.00	234.00	0.6
	4		**$ 32,088.81**	**$ 4,487.43**	**$ 36,576.24**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	25.0	29,492.11	4,487.43	33,979.54	92.9
Fall or Slip (From Different Level)	1	25.0	2,362.70	0.00	2,362.70	6.4
Lifting (strain or Injury by)	1	25.0	234.00	0.00	234.00	0.6
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 32,088.81**	**$ 4,487.43**	**$ 36,576.24**	
****BODY PART**						
Skull	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Multiple Head Injury	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**	
Multiple Physical Injuries Only	1
Concussion	1
Contusion	1
Strain	1
Laceration	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Education, State Department Of (201)
SubAgency: Education, Board Of (201)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va State Library & Archives (202)
SubAgency: Capital&11 St L (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	16.6	3,647.83	-797.83	2,850.00	95.2
10AM-11:59AM	1	16.6	88.00	0.00	88.00	2.9
12PM-1:59PM	2	33.3	55.00	0.00	55.00	1.8
2PM-3:59PM	1	16.6	0.00	0.00	0.00	0.0
6AM-7:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,790.83**	**$ -797.83**	**$ 2,993.00**	
LENGTH OF SERVICE						
0-2	2	33.3	3,647.83	-797.83	2,850.00	95.2
4-6	1	16.6	88.00	0.00	88.00	2.9
2-4	2	33.3	55.00	0.00	55.00	1.8
8-10	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,790.83**	**$ -797.83**	**$ 2,993.00**	
AGE OF CLAIMANT						
25-29	1	16.6	3,647.83	-797.83	2,850.00	95.2
60-64	2	33.3	88.00	0.00	88.00	2.9
40-44	2	33.3	55.00	0.00	55.00	1.8
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,790.83**	**$ -797.83**	**$ 2,993.00**	
SEX OF CLAIMANT						
Male	3	50.0	3,702.83	-797.83	2,905.00	97.0
Female	3	50.0	88.00	0.00	88.00	2.9
	6		**$ 3,790.83**	**$ -797.83**	**$ 2,993.00**	
LOSS CAUSE						
Building parts / doors	3	50.0	3,702.83	-797.83	2,905.00	97.0
Furniture / fixtures	1	16.6	88.00	0.00	88.00	2.9
Walking surface, outside, dry	1	16.6	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,790.83**	**$ -797.83**	**$ 2,993.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	33.3	3,647.83	-797.83	2,850.00	95.2
Strike Against/Step on Stationary Object	2	33.3	143.00	0.00	143.00	4.7
Struck/Injured by Falling or Flying Object	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 3,790.83**	**$ -797.83**	**$ 2,993.00**	
****BODY PART**						
Skull	1					
Ankle	1					
Upper Leg	1					
Facial, Other Soft Tissue	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Eye(s)	1					
Shoulder	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va State Library & Archives (202)
SubAgency: Capital&11 St L (202)

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***

Puncture	1
Contusion	5
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	6	6.4	26,414.01	22,235.22	48,649.23	58.7
10AM-11:59AM	29	31.1	12,236.10	1,695.36	13,931.46	16.8
8AM-9:59AM	21	22.5	11,868.24	0.00	11,868.24	14.3
12PM-1:59PM	15	16.1	3,164.18	0.00	3,164.18	3.8
2PM-3:59PM	12	12.9	2,020.39	750.00	2,770.39	3.3
6PM-7:59PM	2	2.1	1,074.46	0.00	1,074.46	1.3
Unknown	2	2.1	621.43	0.00	621.43	0.7
6AM-7:59AM	3	3.2	582.76	0.00	582.76	0.7
12AM-1:59AM	1	1.0	78.00	0.00	78.00	0.0
2AM-3:59AM	1	1.0	48.00	0.00	48.00	0.0
4PM-5:59PM	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 58,107.57**	**$ 24,680.58**	**$ 82,788.15**	
LENGTH OF SERVICE						
0-2	20	21.5	30,302.29	22,235.22	52,537.51	63.4
4-6	5	5.3	9,385.50	750.00	10,135.50	12.2
12-14	6	6.4	6,309.94	500.00	6,809.94	8.2
16-18	4	4.3	2,771.64	0.00	2,771.64	3.3
2-4	16	17.2	2,231.95	0.00	2,231.95	2.7
8-10	7	7.5	1,627.63	0.00	1,627.63	1.9
20-22	6	6.4	860.93	750.00	1,610.93	1.9
6-8	4	4.3	1,187.01	0.00	1,187.01	1.4
10-12	5	5.3	718.82	445.36	1,164.18	1.4
24-26	3	3.2	730.56	0.00	730.56	0.8
28-30	3	3.2	609.39	0.00	609.39	0.7
26-28	2	2.1	424.99	0.00	424.99	0.5
22-24	2	2.1	276.42	0.00	276.42	0.3
32-34	3	3.2	268.50	0.00	268.50	0.3
14-16	1	1.0	185.00	0.00	185.00	0.2
Unknown	1	1.0	169.00	0.00	169.00	0.2
18-20	4	4.3	48.00	0.00	48.00	0.0
30-32	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 58,107.57**	**$ 24,680.58**	**$ 82,788.15**	
AGE OF CLAIMANT						
25-29	2	2.1	25,332.49	21,485.22	46,817.71	56.5
30-34	13	13.9	12,086.09	750.00	12,836.09	15.5
40-44	24	25.8	5,345.07	0.00	5,345.07	6.4
55-59	9	9.6	4,530.39	500.00	5,030.39	6.0
35-39	7	7.5	4,717.54	0.00	4,717.54	5.7
45-49	13	13.9	1,670.79	1,195.36	2,866.15	3.4
50-54	10	10.7	1,400.02	750.00	2,150.02	2.6
65-69	2	2.1	1,099.54	0.00	1,099.54	1.3
20-24	6	6.4	966.31	0.00	966.31	1.1
60-64	5	5.3	900.33	0.00	900.33	1.0
15-19	1	1.0	59.00	0.00	59.00	0.0
80-84	1	1.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	93		**$ 58,107.57**	**$ 24,680.58**	**$ 82,788.15**	
SEX OF CLAIMANT						
Female	45	48.3	39,795.95	23,485.22	63,281.17	76.4
Male	48	51.6	18,311.62	1,195.36	19,506.98	23.5
	93		**$ 58,107.57**	**$ 24,680.58**	**$ 82,788.15**	
LOSS CAUSE						
Recreational equipment	3	3.2	25,517.49	22,235.22	47,752.71	57.6
Mechanical powered	2	2.1	8,883.70	0.00	8,883.70	10.7
Vehicle, not otherwise classified	8	8.6	4,159.13	445.36	4,604.49	5.5
Walking surface, inside, dry	2	2.1	3,985.47	500.00	4,485.47	5.4
Furniture / fixtures	11	11.8	3,898.10	0.00	3,898.10	4.7
Boxes / containers	8	8.6	3,029.85	0.00	3,029.85	3.6
Building parts / doors	6	6.4	2,471.80	0.00	2,471.80	2.9
Walking surface, outside, dry	6	6.4	1,423.53	750.00	2,173.53	2.6
Walking surface, outside, wet	4	4.3	930.47	0.00	930.47	1.1
Metal items	2	2.1	839.17	0.00	839.17	1.0
Hand tool, not powered, NOC	3	3.2	0.00	750.00	750.00	0.9
Stairs, steps	4	4.3	646.91	0.00	646.91	0.7
Animal / tick, spider, etc.	5	5.3	485.00	0.00	485.00	0.5
Animal / bee type	5	5.3	477.00	0.00	477.00	0.5
Electrical equipment	2	2.1	275.00	0.00	275.00	0.3
Sharp objects, not otherwise classified	1	1.0	267.13	0.00	267.13	0.3
Walking surface, inside, wet	4	4.3	231.02	0.00	231.02	0.2
Machine, not otherwise classified	1	1.0	149.78	0.00	149.78	0.1
Chemicals, not otherwise classified	3	3.2	115.02	0.00	115.02	0.1
Fencing	2	2.1	94.00	0.00	94.00	0.1
Minerals / dirt	1	1.0	71.00	0.00	71.00	0.0
Animal / insect, not otherwise classified	1	1.0	59.00	0.00	59.00	0.0
Animal, not otherwise classified	1	1.0	49.00	0.00	49.00	0.0
Welding equipment	1	1.0	49.00	0.00	49.00	0.0
Office equipment	1	1.0	0.00	0.00	0.00	0.0
Person	3	3.2	0.00	0.00	0.00	0.0
Excavations	2	2.1	0.00	0.00	0.00	0.0
Pipe	1	1.0	0.00	0.00	0.00	0.0
	93		**$ 58,107.57**	**$ 24,680.58**	**$ 82,788.15**	
ACCIDENT TYPE						
Twisting, strain or injury by	4	4.3	25,686.49	21,485.22	47,171.71	56.9
Pushing Or Pulling (Strain or Injury by)	2	2.1	8,483.50	0.00	8,483.50	10.2
Fall or Slip (On Same Level)	13	13.9	5,972.07	1,250.00	7,222.07	8.7
Vehicle Upset	3	3.2	2,853.76	445.36	3,299.12	3.9
Strike Against/Step on Stationary Object	6	6.4	2,581.22	0.00	2,581.22	3.1
Lifting (strain or Injury by)	8	8.6	2,472.91	0.00	2,472.91	2.9
Holding Or Carrying (Strain or Injury by)	3	3.2	2,196.47	0.00	2,196.47	2.6
Object being lifted/handled (cut,punc.scrape,inj b	7	7.5	1,363.86	750.00	2,113.86	2.5
Object Handled (caught in or between)	4	4.3	1,124.54	0.00	1,124.54	1.3
Animal Or Insect	12	12.9	1,070.00	0.00	1,070.00	1.2
Fall or Slip (From Liquid/Grease spills)	2	2.1	851.00	0.00	851.00	1.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Slipped, Did Not Fall	2	2.1	814.54	0.00	814.54	0.9
Fall or slip (on ice or snow)	2	2.1	766.79	0.00	766.79	0.9
Cumulative (Not Otherwise Classified)	1	1.0	0.00	750.00	750.00	0.9
Fall or Slip (From Different Level)	5	5.3	642.85	0.00	642.85	0.7
Struck/Injured by Falling or Flying Object	4	4.3	469.00	0.00	469.00	0.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	1.0	267.13	0.00	267.13	0.3
Fall or slip (on stairs)	3	3.2	157.52	0.00	157.52	0.1
Strike Against/Step On Obj. Being Lifted or Handle	1	1.0	147.90	0.00	147.90	0.1
Absorb, Ingest, Inhalation	2	2.1	115.02	0.00	115.02	0.1
Foreign Body In Eye	2	2.1	71.00	0.00	71.00	0.0
Assault	2	2.1	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	1.0	0.00	0.00	0.00	0.0
Using Tool Or Machine (Strain or Injury by)	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	2	2.1	0.00	0.00	0.00	0.0
	93		***$ 58,107.57***	***$ 24,680.58***	***$ 82,788.15***	

***BODY PART**

Knee	11
Shoulder	14
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Foot	6
Soft Tissue - Neck	6
Finger(s)	9
Hand	9
Upper Back Area (Thoracic Area)	5
Abdomen including Groin	3
Upper Leg	2
Upper Arm (Inc: Clavicle and Scapula)	6
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Lower Arm	6
Hip	3
Wrist	4
Facial, Other Soft Tissue	2
Lower Leg	3
Ankle	7
Sacrum And Coccyx	1
Insufficient Information	1
Toe(s)	2
Eye(s)	4
Thumb	3
Buttocks	1
Elbow	2
Nose	1
	93

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

***INJURY**

Sprain	12

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: College Of William & Mary (204)
SubAgency: W & M-williamsburg (204)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	37					
Contusion	39					
Fracture	3					
Laceration	12					
Inflamation	12					
Foreign Body	3					
Puncture	2					
Dermatitis	2					
Burn	2					
	93					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-admin Exec Dir (4)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	506.70	13,493.30	14,000.00	98.0
8AM-9:59AM	1	50.0	242.00	35.00	277.00	1.9
	2		**$ 748.70**	**$ 13,528.30**	**$ 14,277.00**	
LENGTH OF SERVICE						
8-10	1	50.0	506.70	13,493.30	14,000.00	98.0
2-4	1	50.0	242.00	35.00	277.00	1.9
	2		**$ 748.70**	**$ 13,528.30**	**$ 14,277.00**	
AGE OF CLAIMANT						
35-39	1	50.0	506.70	13,493.30	14,000.00	98.0
55-59	1	50.0	242.00	35.00	277.00	1.9
	2		**$ 748.70**	**$ 13,528.30**	**$ 14,277.00**	
SEX OF CLAIMANT						
Female	2	100.0	748.70	13,528.30	14,277.00	100.0
	2		**$ 748.70**	**$ 13,528.30**	**$ 14,277.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	506.70	13,493.30	14,000.00	98.0
Brush / tree / log	1	50.0	242.00	35.00	277.00	1.9
	2		**$ 748.70**	**$ 13,528.30**	**$ 14,277.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	100.0	748.70	13,528.30	14,277.00	100.0
	2		**$ 748.70**	**$ 13,528.30**	**$ 14,277.00**	
****BODY PART**						
Knee	2					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-human Resources (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	0.00	750.00	750.00	100.0
12AM-1:59AM	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
14-16	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
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**	**$ 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						
Boxes / containers	2	66.6	0.00	750.00	750.00	100.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	33.3	0.00	750.00	750.00	100.0
Lifting (strain or Injury by)	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**	**$ 750.00**	**$ 750.00**	

****BODY PART**

Lower Arm	1
Insufficient Information	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**

Sprain	1
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-security (35)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	25.0	609.76	4,165.24	4,775.00	99.5
12PM-1:59PM	2	50.0	23.76	0.00	23.76	0.5
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 633.52**	**$ 4,165.24**	**$ 4,798.76**	
LENGTH OF SERVICE						
4-6	1	25.0	609.76	4,165.24	4,775.00	99.5
8-10	1	25.0	23.76	0.00	23.76	0.5
0-2	1	25.0	0.00	0.00	0.00	0.0
6-8	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 633.52**	**$ 4,165.24**	**$ 4,798.76**	
AGE OF CLAIMANT						
40-44	1	25.0	609.76	4,165.24	4,775.00	99.5
25-29	1	25.0	23.76	0.00	23.76	0.5
35-39	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		**$ 633.52**	**$ 4,165.24**	**$ 4,798.76**	
SEX OF CLAIMANT						
Male	2	50.0	609.76	4,165.24	4,775.00	99.5
Female	2	50.0	23.76	0.00	23.76	0.5
	4		**$ 633.52**	**$ 4,165.24**	**$ 4,798.76**	
LOSS CAUSE						
Dry chemical extinguisher	1	25.0	609.76	4,165.24	4,775.00	99.5
Person	1	25.0	23.76	0.00	23.76	0.5
Food	1	25.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 633.52**	**$ 4,165.24**	**$ 4,798.76**	
ACCIDENT TYPE						
Struck/Injured by Hand Tool/Machine In Use	1	25.0	609.76	4,165.24	4,775.00	99.5
Infectious Disease Exposure	2	50.0	23.76	0.00	23.76	0.5
Absorb, Ingest, Inhalation	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 633.52**	**$ 4,165.24**	**$ 4,798.76**	
****BODY PART**						
Shoulder	1					
Internal Organs	2					
No Physical Problem	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	1
Contagious Disease	2
No Physical Injury	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-security (35)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-general Stores (43)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	156.60	0.00	156.60	100.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 156.60**	**$ 0.00**	**$ 156.60**	
LENGTH OF SERVICE						
24-26	2	66.6	156.60	0.00	156.60	100.0
18-20	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 156.60**	**$ 0.00**	**$ 156.60**	
AGE OF CLAIMANT						
60-64	2	66.6	156.60	0.00	156.60	100.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 156.60**	**$ 0.00**	**$ 156.60**	
SEX OF CLAIMANT						
Male	3	100.0	156.60	0.00	156.60	100.0
	3		**$ 156.60**	**$ 0.00**	**$ 156.60**	
LOSS CAUSE						
Boxes / containers	1	33.3	156.60	0.00	156.60	100.0
Elevators, escalators	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		**$ 156.60**	**$ 0.00**	**$ 156.60**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	156.60	0.00	156.60	100.0
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 156.60**	**$ 0.00**	**$ 156.60**	
****BODY PART**						
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	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**	
Strain	2
Contusion	1
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-central Supply (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	25.0	441.10	6,958.90	7,400.00	67.8
12AM-1:59AM	2	25.0	34.25	3,465.75	3,500.00	32.1
4AM-5:59AM	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
6AM-7:59AM	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 475.35**	**$ 10,424.65**	**$ 10,900.00**	
LENGTH OF SERVICE						
0-2	1	12.5	441.10	6,958.90	7,400.00	67.8
20-22	1	12.5	34.25	3,465.75	3,500.00	32.1
2-4	1	12.5	0.00	0.00	0.00	0.0
8-10	1	12.5	0.00	0.00	0.00	0.0
12-14	1	12.5	0.00	0.00	0.00	0.0
14-16	1	12.5	0.00	0.00	0.00	0.0
26-28	1	12.5	0.00	0.00	0.00	0.0
32-34	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 475.35**	**$ 10,424.65**	**$ 10,900.00**	
AGE OF CLAIMANT						
50-54	4	50.0	475.35	10,424.65	10,900.00	100.0
40-44	1	12.5	0.00	0.00	0.00	0.0
30-34	2	25.0	0.00	0.00	0.00	0.0
45-49	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 475.35**	**$ 10,424.65**	**$ 10,900.00**	
SEX OF CLAIMANT						
Female	6	75.0	475.35	10,424.65	10,900.00	100.0
Male	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 475.35**	**$ 10,424.65**	**$ 10,900.00**	
LOSS CAUSE						
Boxes / containers	3	37.5	441.10	6,958.90	7,400.00	67.8
Sharp objects, not otherwise classified	2	25.0	34.25	3,465.75	3,500.00	32.1
Insufficient data	1	12.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	12.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 475.35**	**$ 10,424.65**	**$ 10,900.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	3	37.5	441.10	6,958.90	7,400.00	67.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	34.25	3,465.75	3,500.00	32.1
Repetitive Motion	1	12.5	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	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
Strike Against/Step on Stationary Object	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 475.35**	**$ 10,424.65**	**$ 10,900.00**	
****BODY PART**						
Multiple Head Injury	3					
Finger(s)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-central Supply (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	2					
Facial, Other Soft Tissue	1					
Foot	1					
Insufficient Information	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	5
Laceration	3
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-central Supply (54)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	269.52	2,480.48	2,750.00	100.0
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		**$ 269.52**	**$ 2,480.48**	**$ 2,750.00**	
LENGTH OF SERVICE						
16-18	1	33.3	269.52	2,480.48	2,750.00	100.0
12-14	1	33.3	0.00	0.00	0.00	0.0
24-26	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 269.52**	**$ 2,480.48**	**$ 2,750.00**	
AGE OF CLAIMANT						
45-49	2	66.6	269.52	2,480.48	2,750.00	100.0
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 269.52**	**$ 2,480.48**	**$ 2,750.00**	
SEX OF CLAIMANT						
Female	3	100.0	269.52	2,480.48	2,750.00	100.0
	3		**$ 269.52**	**$ 2,480.48**	**$ 2,750.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	269.52	2,480.48	2,750.00	100.0
Boxes / containers	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 269.52**	**$ 2,480.48**	**$ 2,750.00**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	269.52	2,480.48	2,750.00	100.0
Struck/Injured by Falling or Flying Object	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		**$ 269.52**	**$ 2,480.48**	**$ 2,750.00**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Multiple Neck Injury	1
Shoulder	1
Foot	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**	
Strain	2
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-central Supply (55)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	24.12	0.00	24.12	100.0
	1		**$ 24.12**	**$ 0.00**	**$ 24.12**	
LENGTH OF SERVICE						
0-2	1	100.0	24.12	0.00	24.12	100.0
	1		**$ 24.12**	**$ 0.00**	**$ 24.12**	
AGE OF CLAIMANT						
25-29	1	100.0	24.12	0.00	24.12	100.0
	1		**$ 24.12**	**$ 0.00**	**$ 24.12**	
SEX OF CLAIMANT						
Female	1	100.0	24.12	0.00	24.12	100.0
	1		**$ 24.12**	**$ 0.00**	**$ 24.12**	
LOSS CAUSE						
Office equipment	1	100.0	24.12	0.00	24.12	100.0
	1		**$ 24.12**	**$ 0.00**	**$ 24.12**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	24.12	0.00	24.12	100.0
	1		**$ 24.12**	**$ 0.00**	**$ 24.12**	
****BODY PART**						
Finger(s)	1					
Wrist	1					
	1					

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

****INJURY**		
Carpal Tunnel Syndrome	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-linen Production (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
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						
Recreational equipment	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-office Of Patients Accounts (85)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	549.30	0.00	549.30	100.0
	1		**$ 549.30**	**$ 0.00**	**$ 549.30**	
LENGTH OF SERVICE						
0-2	1	100.0	549.30	0.00	549.30	100.0
	1		**$ 549.30**	**$ 0.00**	**$ 549.30**	
AGE OF CLAIMANT						
25-29	1	100.0	549.30	0.00	549.30	100.0
	1		**$ 549.30**	**$ 0.00**	**$ 549.30**	
SEX OF CLAIMANT						
Female	1	100.0	549.30	0.00	549.30	100.0
	1		**$ 549.30**	**$ 0.00**	**$ 549.30**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	549.30	0.00	549.30	100.0
	1		**$ 549.30**	**$ 0.00**	**$ 549.30**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	549.30	0.00	549.30	100.0
	1		**$ 549.30**	**$ 0.00**	**$ 549.30**	
****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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-heart Stat (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-peds Ekg (105)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	20.92	729.08	750.00	100.0
	1		**$ 20.92**	**$ 729.08**	**$ 750.00**	
LENGTH OF SERVICE						
20-22	1	100.0	20.92	729.08	750.00	100.0
	1		**$ 20.92**	**$ 729.08**	**$ 750.00**	
AGE OF CLAIMANT						
30-34	1	100.0	20.92	729.08	750.00	100.0
	1		**$ 20.92**	**$ 729.08**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	20.92	729.08	750.00	100.0
	1		**$ 20.92**	**$ 729.08**	**$ 750.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	20.92	729.08	750.00	100.0
	1		**$ 20.92**	**$ 729.08**	**$ 750.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	20.92	729.08	750.00	100.0
	1		**$ 20.92**	**$ 729.08**	**$ 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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-neurology (107)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	11.88	0.00	11.88	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 11.88**	**$ 0.00**	**$ 11.88**	
LENGTH OF SERVICE						
16-18	1	50.0	11.88	0.00	11.88	100.0
12-14	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 11.88**	**$ 0.00**	**$ 11.88**	
AGE OF CLAIMANT						
35-39	1	50.0	11.88	0.00	11.88	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 11.88**	**$ 0.00**	**$ 11.88**	
SEX OF CLAIMANT						
Male	1	50.0	11.88	0.00	11.88	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 11.88**	**$ 0.00**	**$ 11.88**	
LOSS CAUSE						
Patient / Inmate	1	50.0	11.88	0.00	11.88	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 11.88**	**$ 0.00**	**$ 11.88**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	50.0	11.88	0.00	11.88	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 11.88**	**$ 0.00**	**$ 11.88**	
****BODY PART**						
Internal Organs	1					
Elbow	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**		
Contagious Disease	1	
Contusion	2	
	2	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-clin Trans Admin (109)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	261.90	0.00	261.90	100.0
	1		**$ 261.90**	**$ 0.00**	**$ 261.90**	
LENGTH OF SERVICE						
0-2	1	100.0	261.90	0.00	261.90	100.0
	1		**$ 261.90**	**$ 0.00**	**$ 261.90**	
AGE OF CLAIMANT						
30-34	1	100.0	261.90	0.00	261.90	100.0
	1		**$ 261.90**	**$ 0.00**	**$ 261.90**	
SEX OF CLAIMANT						
Female	1	100.0	261.90	0.00	261.90	100.0
	1		**$ 261.90**	**$ 0.00**	**$ 261.90**	
LOSS CAUSE						
Stairs, steps	1	100.0	261.90	0.00	261.90	100.0
	1		**$ 261.90**	**$ 0.00**	**$ 261.90**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	261.90	0.00	261.90	100.0
	1		**$ 261.90**	**$ 0.00**	**$ 261.90**	
****BODY PART**						
Ankle	1					
	1					

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

****INJURY**						
Sprain	1					
	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-clin Trans Lab (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	57.28	0.00	57.28	100.0
	1		**$ 57.28**	**$ 0.00**	**$ 57.28**	
LENGTH OF SERVICE						
4-6	1	100.0	57.28	0.00	57.28	100.0
	1		**$ 57.28**	**$ 0.00**	**$ 57.28**	
AGE OF CLAIMANT						
35-39	1	100.0	57.28	0.00	57.28	100.0
	1		**$ 57.28**	**$ 0.00**	**$ 57.28**	
SEX OF CLAIMANT						
Male	1	100.0	57.28	0.00	57.28	100.0
	1		**$ 57.28**	**$ 0.00**	**$ 57.28**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	57.28	0.00	57.28	100.0
	1		**$ 57.28**	**$ 0.00**	**$ 57.28**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	57.28	0.00	57.28	100.0
	1		**$ 57.28**	**$ 0.00**	**$ 57.28**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-liver Transplant (116)

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						
0-2	1	100.0	192.70	0.00	192.70	100.0
	1		**$ 192.70**	**$ 0.00**	**$ 192.70**	
AGE OF CLAIMANT						
30-34	1	100.0	192.70	0.00	192.70	100.0
	1		**$ 192.70**	**$ 0.00**	**$ 192.70**	
SEX OF CLAIMANT						
Female	1	100.0	192.70	0.00	192.70	100.0
	1		**$ 192.70**	**$ 0.00**	**$ 192.70**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	192.70	0.00	192.70	100.0
	1		**$ 192.70**	**$ 0.00**	**$ 192.70**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	192.70	0.00	192.70	100.0
	1		**$ 192.70**	**$ 0.00**	**$ 192.70**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-resp Care (122)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	7	24.1	1,475.40	0.00	1,475.40	94.1
8AM-9:59AM	8	27.5	91.41	0.00	91.41	5.8
12PM-1:59PM	3	10.3	0.00	0.00	0.00	0.0
12AM-1:59AM	2	6.8	0.00	0.00	0.00	0.0
2AM-3:59AM	4	13.7	0.00	0.00	0.00	0.0
4AM-5:59AM	4	13.7	0.00	0.00	0.00	0.0
4PM-5:59PM	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 1,566.81**	**$ 0.00**	**$ 1,566.81**	
LENGTH OF SERVICE						
26-28	2	6.8	1,523.46	0.00	1,523.46	97.2
2-4	5	17.2	24.42	0.00	24.42	1.5
0-2	7	24.1	18.93	0.00	18.93	1.2
4-6	4	13.7	0.00	0.00	0.00	0.0
10-12	3	10.3	0.00	0.00	0.00	0.0
12-14	2	6.8	0.00	0.00	0.00	0.0
14-16	3	10.3	0.00	0.00	0.00	0.0
6-8	1	3.4	0.00	0.00	0.00	0.0
8-10	2	6.8	0.00	0.00	0.00	0.0
	29		**$ 1,566.81**	**$ 0.00**	**$ 1,566.81**	
AGE OF CLAIMANT						
45-49	4	13.7	1,523.46	0.00	1,523.46	97.2
30-34	4	13.7	18.93	0.00	18.93	1.2
40-44	7	24.1	12.54	0.00	12.54	0.8
25-29	2	6.8	11.88	0.00	11.88	0.7
35-39	5	17.2	0.00	0.00	0.00	0.0
100-104	1	3.4	0.00	0.00	0.00	0.0
20-24	1	3.4	0.00	0.00	0.00	0.0
50-54	5	17.2	0.00	0.00	0.00	0.0
	29		**$ 1,566.81**	**$ 0.00**	**$ 1,566.81**	
SEX OF CLAIMANT						
Male	16	55.1	1,475.40	0.00	1,475.40	94.1
Female	13	44.8	91.41	0.00	91.41	5.8
	29		**$ 1,566.81**	**$ 0.00**	**$ 1,566.81**	
LOSS CAUSE						
Patient / Inmate	22	75.8	1,463.52	0.00	1,463.52	93.4
Sharp objects, not otherwise classified	2	6.8	59.94	0.00	59.94	3.8
Person	3	10.3	43.35	0.00	43.35	2.7
Clothing / jewelry	1	3.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 1,566.81**	**$ 0.00**	**$ 1,566.81**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	6.8	1,463.52	0.00	1,463.52	93.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.4	59.94	0.00	59.94	3.8
Infectious Disease Exposure	22	75.8	43.35	0.00	43.35	2.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-resp Care (122)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Allergic Reaction	1	3.4	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	3.4	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.4	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 1,566.81**	**$ 0.00**	**$ 1,566.81**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Finger(s)	2
Internal Organs	22
Hand	1
Eye(s)	1
Facial, Other Soft Tissue	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

Strain	2
Puncture	2
Contagious Disease	21
Infection	1
Dermatitis	1
Foreign Body	2
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-pathology (126)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	24.12	725.88	750.00	86.2
10AM-11:59AM	1	50.0	119.34	0.00	119.34	13.7
	2		***$ 143.46***	***$ 725.88***	***$ 869.34***	
LENGTH OF SERVICE						
4-6	2	100.0	143.46	725.88	869.34	100.0
	2		***$ 143.46***	***$ 725.88***	***$ 869.34***	
AGE OF CLAIMANT						
50-54	2	100.0	143.46	725.88	869.34	100.0
	2		***$ 143.46***	***$ 725.88***	***$ 869.34***	
SEX OF CLAIMANT						
Female	2	100.0	143.46	725.88	869.34	100.0
	2		***$ 143.46***	***$ 725.88***	***$ 869.34***	
LOSS CAUSE						
Boxes / containers	1	50.0	24.12	725.88	750.00	86.2
Furniture / fixtures	1	50.0	119.34	0.00	119.34	13.7
	2		***$ 143.46***	***$ 725.88***	***$ 869.34***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	24.12	725.88	750.00	86.2
Fall or Slip (From Different Level)	1	50.0	119.34	0.00	119.34	13.7
	2		***$ 143.46***	***$ 725.88***	***$ 869.34***	
*****BODY PART***						
Chest (Inc: Ribs, Sternum and Soft Tissue)	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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-blood Bank (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
2AM-3:59AM	2	50.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	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
10-12	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	4	100.0	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						
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Chemicals, 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
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						
Contact with Cold Objects or Substances	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
Cut,puncture,scrape, injured by (Broken Glass)	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
Hand	1					
Knee	2					
Thumb	1					
	4					

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

****INJURY**	
Contusion	2
Foreign Body	1
Puncture	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-blood Bank (127)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-chemistry (128)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	40.0	0.00	0.00	0.00	0.0
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
18-20	1	20.0	0.00	0.00	0.00	0.0
12-14	1	20.0	0.00	0.00	0.00	0.0
8-10	3	60.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	2	40.0	0.00	0.00	0.00	0.0
30-34	2	40.0	0.00	0.00	0.00	0.0
35-39	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	60.0	0.00	0.00	0.00	0.0
Male	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	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
Sharp objects, not otherwise classified	3	60.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	20.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	40.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	20.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Hand	2					
Eye(s)	1					
Finger(s)	1					
Insufficient Information	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	1
Foreign Body	1
Laceration	2
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-chemistry (128)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-toxicology (129)

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						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
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						
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***						
Foot	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***		
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-hematology (131)

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	2	66.6	0.00	0.00	0.00	0.0
2-4	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
30-34	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						
Male	1	33.3	0.00	0.00	0.00	0.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	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						
Infectious Disease Exposure	1	33.3	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	33.3	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Internal Organs	1					
Finger(s)	1					
Multiple Upper Extremities	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**						
Contagious Disease	1					
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-bacteriology (132)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	20.0	11.88	0.00	11.88	100.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	20.0	0.00	0.00	0.00	0.0
12PM-1:59PM	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 11.88**	**$ 0.00**	**$ 11.88**	
LENGTH OF SERVICE						
0-2	4	80.0	11.88	0.00	11.88	100.0
8-10	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 11.88**	**$ 0.00**	**$ 11.88**	
AGE OF CLAIMANT						
25-29	1	20.0	11.88	0.00	11.88	100.0
20-24	1	20.0	0.00	0.00	0.00	0.0
30-34	1	20.0	0.00	0.00	0.00	0.0
35-39	1	20.0	0.00	0.00	0.00	0.0
40-44	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 11.88**	**$ 0.00**	**$ 11.88**	
SEX OF CLAIMANT						
Female	5	100.0	11.88	0.00	11.88	100.0
	5		**$ 11.88**	**$ 0.00**	**$ 11.88**	
LOSS CAUSE						
Person	1	20.0	11.88	0.00	11.88	100.0
Sharp objects, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 11.88**	**$ 0.00**	**$ 11.88**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	20.0	11.88	0.00	11.88	100.0
Misc. (Cut, Puncture, Scrape)	1	20.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	20.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 11.88**	**$ 0.00**	**$ 11.88**	
****BODY PART**						
Internal Organs	1					
Finger(s)	2					
Facial, Other Soft Tissue	1					
Upper Leg	1					
	5					

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

****INJURY**	
Contagious Disease	1
Puncture	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-bacteriology (132)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-serology (133)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	211.50	0.00	211.50	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 211.50**	**$ 0.00**	**$ 211.50**	
LENGTH OF SERVICE						
0-2	2	100.0	211.50	0.00	211.50	100.0
	2		**$ 211.50**	**$ 0.00**	**$ 211.50**	
AGE OF CLAIMANT						
20-24	1	50.0	211.50	0.00	211.50	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 211.50**	**$ 0.00**	**$ 211.50**	
SEX OF CLAIMANT						
Female	2	100.0	211.50	0.00	211.50	100.0
	2		**$ 211.50**	**$ 0.00**	**$ 211.50**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	211.50	0.00	211.50	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 211.50**	**$ 0.00**	**$ 211.50**	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	211.50	0.00	211.50	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 211.50**	**$ 0.00**	**$ 211.50**	
****BODY PART**						
Eye(s)	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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Amb (145)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	16.6	0.00	750.00	750.00	72.8
12AM-1:59AM	4	33.3	141.06	10.26	151.32	14.7
10AM-11:59AM	4	33.3	127.66	0.00	127.66	12.4
12PM-1:59PM	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 268.72**	**$ 760.26**	**$ 1,028.98**	
LENGTH OF SERVICE						
8-10	4	33.3	16.96	750.00	766.96	74.5
30-32	1	8.3	130.80	0.00	130.80	12.7
14-16	2	16.6	110.70	0.00	110.70	10.7
0-2	4	33.3	10.26	10.26	20.52	1.9
6-8	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 268.72**	**$ 760.26**	**$ 1,028.98**	
AGE OF CLAIMANT						
40-44	4	33.3	0.00	750.00	750.00	72.8
55-59	2	16.6	241.50	0.00	241.50	23.4
50-54	1	8.3	10.26	10.26	20.52	1.9
35-39	2	16.6	16.96	0.00	16.96	1.6
45-49	3	25.0	0.00	0.00	0.00	0.0
	12		**$ 268.72**	**$ 760.26**	**$ 1,028.98**	
SEX OF CLAIMANT						
Female	10	83.3	268.72	760.26	1,028.98	100.0
Male	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 268.72**	**$ 760.26**	**$ 1,028.98**	
LOSS CAUSE						
Walking surface, inside, dry	1	8.3	0.00	750.00	750.00	72.8
Furniture / fixtures	1	8.3	130.80	0.00	130.80	12.7
Sharp objects, not otherwise classified	4	33.3	110.70	0.00	110.70	10.7
Water	1	8.3	10.26	10.26	20.52	1.9
Patient / Inmate	2	16.6	16.96	0.00	16.96	1.6
Chemicals, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Building parts / doors	1	8.3	0.00	0.00	0.00	0.0
Needle stick	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 268.72**	**$ 760.26**	**$ 1,028.98**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	8.3	0.00	750.00	750.00	72.8
Strike Against/Step On Obj. Being Lifted or Handle	1	8.3	130.80	0.00	130.80	12.7
Misc. (Cut, Puncture, Scrape)	1	8.3	110.70	0.00	110.70	10.7
Fall or Slip (From Liquid/Grease spills)	1	8.3	10.26	10.26	20.52	1.9
Lifting (strain or Injury by)	1	8.3	16.96	0.00	16.96	1.6
Allergic Reaction	1	8.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	33.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	8.3	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Amb (145)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12		**$ 268.72**	**$ 760.26**	**$ 1,028.98**	
*****BODY PART***						
Finger(s)	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Arm	2					
Eye(s)	1					
Insufficient Information	1					
Multiple Head Injury	1					
Thumb	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***						
Sprain	2					
Strain	2					
Laceration	4					
Dermatitis	1					
Contusion	2					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ad Wms Primary Care (148)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	20.0	220.50	0.00	220.50	97.3
8AM-9:59AM	3	60.0	5.94	0.00	5.94	2.6
2AM-3:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 226.44**	**$ 0.00**	**$ 226.44**	
LENGTH OF SERVICE						
18-20	3	60.0	220.50	0.00	220.50	97.3
2-4	1	20.0	5.94	0.00	5.94	2.6
14-16	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 226.44**	**$ 0.00**	**$ 226.44**	
AGE OF CLAIMANT						
45-49	2	40.0	220.50	0.00	220.50	97.3
40-44	3	60.0	5.94	0.00	5.94	2.6
	5		**$ 226.44**	**$ 0.00**	**$ 226.44**	
SEX OF CLAIMANT						
Female	5	100.0	226.44	0.00	226.44	100.0
	5		**$ 226.44**	**$ 0.00**	**$ 226.44**	
LOSS CAUSE						
Walking surface, outside, dry	2	40.0	220.50	0.00	220.50	97.3
Infectious agent	1	20.0	5.94	0.00	5.94	2.6
Sharp objects, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 226.44**	**$ 0.00**	**$ 226.44**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	40.0	220.50	0.00	220.50	97.3
Infectious Disease Exposure	1	20.0	5.94	0.00	5.94	2.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 226.44**	**$ 0.00**	**$ 226.44**	
****BODY PART**						
Elbow	1					
Knee	1					
Lower Leg	1					
Shoulder	1					
Internal Organs	1					
Hip	1					
Finger(s)	2					
	5					

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

****INJURY**	
Contusion	4
Contagious Disease	1
Sprain	1

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ad Wms Primary Care (148)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	2					
	5					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ad Wms Psyc (153)

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						
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						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ad Wms-pediatric (154)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ad Wms Ambllatory (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	16.6	0.00	2,250.00	2,250.00	75.0
4AM-5:59AM	1	16.6	0.00	750.00	750.00	25.0
12AM-1:59AM	2	33.3	0.00	0.00	0.00	0.0
2AM-3:59AM	2	33.3	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
LENGTH OF SERVICE						
10-12	1	16.6	0.00	2,250.00	2,250.00	75.0
12-14	4	66.6	0.00	750.00	750.00	25.0
8-10	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
AGE OF CLAIMANT						
50-54	1	16.6	0.00	2,250.00	2,250.00	75.0
35-39	5	83.3	0.00	750.00	750.00	25.0
	6		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
SEX OF CLAIMANT						
Female	6	100.0	0.00	3,000.00	3,000.00	100.0
	6		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
LOSS CAUSE						
Electrical equipment	1	16.6	0.00	2,250.00	2,250.00	75.0
Furniture / fixtures	1	16.6	0.00	750.00	750.00	25.0
Boxes / containers	1	16.6	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	33.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
	6		***$ 0.00***	***$ 3,000.00***	***$ 3,000.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	50.0	0.00	3,000.00	3,000.00	100.0
Allergic Reaction	1	16.6	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	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***	***$ 3,000.00***	***$ 3,000.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Back Area (Thoracic Area)	2					
Knee	2					
Wrist	1					
Insufficient Information	1					
Internal Organs	1					
Finger(s)	1					
Lungs	1					
	6					

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ad Wms Ambllatory (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	2					
Sprain	5					
No Physical Injury	1					
Poisoning - Chemical	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 2001

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01/18/2003 12:01:47

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-radiology Addmin (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	17.6	1,235.02	0.00	1,235.02	49.2
2AM-3:59AM	2	11.7	105.96	654.30	760.26	30.3
6AM-7:59AM	4	23.5	264.10	0.00	264.10	10.5
8AM-9:59AM	5	29.4	221.22	0.00	221.22	8.8
12PM-1:59PM	2	11.7	27.45	0.00	27.45	1.0
2PM-3:59PM	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,853.75**	**$ 654.30**	**$ 2,508.05**	
LENGTH OF SERVICE						
0-2	13	76.4	1,816.04	654.30	2,470.34	98.5
2-4	1	5.8	27.45	0.00	27.45	1.0
4-6	2	11.7	10.26	0.00	10.26	0.4
14-16	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,853.75**	**$ 654.30**	**$ 2,508.05**	
AGE OF CLAIMANT						
50-54	3	17.6	805.05	654.30	1,459.35	58.1
30-34	2	11.7	553.12	0.00	553.12	22.0
20-24	3	17.6	264.10	0.00	264.10	10.5
45-49	1	5.8	221.22	0.00	221.22	8.8
35-39	2	11.7	10.26	0.00	10.26	0.4
15-19	3	17.6	0.00	0.00	0.00	0.0
40-44	2	11.7	0.00	0.00	0.00	0.0
25-29	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,853.75**	**$ 654.30**	**$ 2,508.05**	
SEX OF CLAIMANT						
Female	12	70.5	1,843.49	654.30	2,497.79	99.5
Male	5	29.4	10.26	0.00	10.26	0.4
	17		**$ 1,853.75**	**$ 654.30**	**$ 2,508.05**	
LOSS CAUSE						
Patient / Inmate	5	29.4	1,456.24	0.00	1,456.24	58.0
Boxes / containers	1	5.8	95.70	654.30	750.00	29.9
Chemicals, not otherwise classified	1	5.8	264.10	0.00	264.10	10.5
Vehicle, not otherwise classified	3	17.6	37.71	0.00	37.71	1.5
Elevators, escalators	1	5.8	0.00	0.00	0.00	0.0
Recreational equipment	1	5.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	5.8	0.00	0.00	0.00	0.0
Electrical equipment	1	5.8	0.00	0.00	0.00	0.0
Furniture / fixtures	2	11.7	0.00	0.00	0.00	0.0
Insufficient data	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,853.75**	**$ 654.30**	**$ 2,508.05**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	5.8	95.70	654.30	750.00	29.9
Lifting (strain or Injury by)	1	5.8	681.90	0.00	681.90	27.1
Pushing Or Pulling (Strain or Injury by)	5	29.4	590.83	0.00	590.83	23.5
Absorb, Ingest, Inhalation	1	5.8	264.10	0.00	264.10	10.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-radiology Addmin (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	2	11.7	221.22	0.00	221.22	8.8
Fall or Slip (On Same Level)	1	5.8	0.00	0.00	0.00	0.0
Repetitive Motion	1	5.8	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	5.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	11.7	0.00	0.00	0.00	0.0
	17		***$ 1,853.75***	***$ 654.30***	***$ 2,508.05***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	8
Thumb	1
Hip	1
Lungs	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ankle	1
Finger(s)	5
Knee	1
Lower Arm	1
Multiple Head Injury	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**

Strain	11
Fracture	1
Poisoning - Chemical	1
Contusion	3
Sprain	2
Laceration	4
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-diag Radiology (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	80.0	1,990.86	11,765.08	13,755.94	99.6
12AM-1:59AM	1	20.0	46.02	0.00	46.02	0.3
	5		**$ 2,036.88**	**$ 11,765.08**	**$ 13,801.96**	
LENGTH OF SERVICE						
14-16	1	20.0	255.33	9,494.67	9,750.00	70.6
0-2	1	20.0	1,729.59	2,270.41	4,000.00	28.9
10-12	1	20.0	46.02	0.00	46.02	0.3
4-6	1	20.0	5.94	0.00	5.94	0.0
26-28	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,036.88**	**$ 11,765.08**	**$ 13,801.96**	
AGE OF CLAIMANT						
50-54	2	40.0	255.33	9,494.67	9,750.00	70.6
30-34	1	20.0	1,729.59	2,270.41	4,000.00	28.9
45-49	1	20.0	46.02	0.00	46.02	0.3
25-29	1	20.0	5.94	0.00	5.94	0.0
	5		**$ 2,036.88**	**$ 11,765.08**	**$ 13,801.96**	
SEX OF CLAIMANT						
Female	3	60.0	1,990.86	11,765.08	13,755.94	99.6
Male	2	40.0	46.02	0.00	46.02	0.3
	5		**$ 2,036.88**	**$ 11,765.08**	**$ 13,801.96**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	20.0	255.33	9,494.67	9,750.00	70.6
Patient / Inmate	3	60.0	1,781.55	2,270.41	4,051.96	29.3
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,036.88**	**$ 11,765.08**	**$ 13,801.96**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	255.33	9,494.67	9,750.00	70.6
Lifting (strain or Injury by)	2	40.0	1,775.61	2,270.41	4,046.02	29.3
Infectious Disease Exposure	1	20.0	5.94	0.00	5.94	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 2,036.88**	**$ 11,765.08**	**$ 13,801.96**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Shoulder	1					
Internal Organs	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
Sprain	1

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-diag Radiology (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contagious Disease	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-radiation (162)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	14.2	23.76	0.00	23.76	41.9
8AM-9:59AM	4	57.1	22.59	0.00	22.59	39.9
2AM-3:59AM	1	14.2	10.26	0.00	10.26	18.1
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 56.61**	**$ 0.00**	**$ 56.61**	
LENGTH OF SERVICE						
8-10	1	14.2	23.76	0.00	23.76	41.9
12-14	1	14.2	22.59	0.00	22.59	39.9
2-4	2	28.5	10.26	0.00	10.26	18.1
4-6	1	14.2	0.00	0.00	0.00	0.0
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		**$ 56.61**	**$ 0.00**	**$ 56.61**	
AGE OF CLAIMANT						
50-54	1	14.2	23.76	0.00	23.76	41.9
45-49	1	14.2	22.59	0.00	22.59	39.9
40-44	3	42.8	10.26	0.00	10.26	18.1
30-34	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 56.61**	**$ 0.00**	**$ 56.61**	
SEX OF CLAIMANT						
Female	5	71.4	32.85	0.00	32.85	58.0
Male	2	28.5	23.76	0.00	23.76	41.9
	7		**$ 56.61**	**$ 0.00**	**$ 56.61**	
LOSS CAUSE						
Patient / Inmate	3	42.8	23.76	0.00	23.76	41.9
Chemicals, not otherwise classified	2	28.5	22.59	0.00	22.59	39.9
Machine, not otherwise classified	1	14.2	10.26	0.00	10.26	18.1
Furniture / fixtures	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 56.61**	**$ 0.00**	**$ 56.61**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	14.2	23.76	0.00	23.76	41.9
Absorb, Ingest, Inhalation	2	28.5	22.59	0.00	22.59	39.9
Struck/Injured by Moving Part Of Machine	1	14.2	10.26	0.00	10.26	18.1
Lifting (strain or Injury by)	2	28.5	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		**$ 56.61**	**$ 0.00**	**$ 56.61**	
****BODY PART**						
Internal Organs	1					
Eye(s)	1					
Larynx	1					
Knee	1					
Shoulder	1					
Wrist	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-radiation (162)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lungs	1					
Multiple Head Injury	1					
	7					

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

*****INJURY***

Infection	2					
Contagious Disease	1					
Contusion	3					
Sprain	1					
Poisoning - Chemical	1					
Strain	1					
	7					

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nuclear Med (163)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
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**						
Carpal Tunnel Syndrome	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Medical Of Va (164)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	40.00	0.00	40.00	100.0
	1		***$ 40.00***	***$ 0.00***	***$ 40.00***	
LENGTH OF SERVICE						
0-2	1	100.0	40.00	0.00	40.00	100.0
	1		***$ 40.00***	***$ 0.00***	***$ 40.00***	
AGE OF CLAIMANT						
25-29	1	100.0	40.00	0.00	40.00	100.0
	1		***$ 40.00***	***$ 0.00***	***$ 40.00***	
SEX OF CLAIMANT						
Male	1	100.0	40.00	0.00	40.00	100.0
	1		***$ 40.00***	***$ 0.00***	***$ 40.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	40.00	0.00	40.00	100.0
	1		***$ 40.00***	***$ 0.00***	***$ 40.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	40.00	0.00	40.00	100.0
	1		***$ 40.00***	***$ 0.00***	***$ 40.00***	
*****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 2001

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-radiation (165)

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						
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						
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***						
Hand	1					
Hip	1					
Lower Arm	1					
	1					

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

*****INJURY***						
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-diag Radiol (168)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	508.53	0.00	508.53	100.0
	2		***$ 508.53***	***$ 0.00***	***$ 508.53***	
LENGTH OF SERVICE						
0-2	2	100.0	508.53	0.00	508.53	100.0
	2		***$ 508.53***	***$ 0.00***	***$ 508.53***	
AGE OF CLAIMANT						
50-54	2	100.0	508.53	0.00	508.53	100.0
	2		***$ 508.53***	***$ 0.00***	***$ 508.53***	
SEX OF CLAIMANT						
Female	2	100.0	508.53	0.00	508.53	100.0
	2		***$ 508.53***	***$ 0.00***	***$ 508.53***	
LOSS CAUSE						
Patient / Inmate	2	100.0	508.53	0.00	508.53	100.0
	2		***$ 508.53***	***$ 0.00***	***$ 508.53***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	255.24	0.00	255.24	50.1
Lifting (strain or Injury by)	1	50.0	253.29	0.00	253.29	49.8
	2		***$ 508.53***	***$ 0.00***	***$ 508.53***	
*****BODY PART***						
Upper Arm (Inc: Clavicle and Scapula)	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	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-pharm Unit (172)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	14.2	161.50	0.00	161.50	71.2
2PM-3:59PM	2	28.5	65.34	0.00	65.34	28.8
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
4AM-5:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 226.84**	**$ 0.00**	**$ 226.84**	
LENGTH OF SERVICE						
0-2	4	57.1	197.14	0.00	197.14	86.9
2-4	1	14.2	29.70	0.00	29.70	13.0
14-16	1	14.2	0.00	0.00	0.00	0.0
6-8	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 226.84**	**$ 0.00**	**$ 226.84**	
AGE OF CLAIMANT						
20-24	2	28.5	161.50	0.00	161.50	71.2
25-29	3	42.8	65.34	0.00	65.34	28.8
40-44	1	14.2	0.00	0.00	0.00	0.0
35-39	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 226.84**	**$ 0.00**	**$ 226.84**	
SEX OF CLAIMANT						
Female	6	85.7	197.14	0.00	197.14	86.9
Male	1	14.2	29.70	0.00	29.70	13.0
	7		**$ 226.84**	**$ 0.00**	**$ 226.84**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	14.2	161.50	0.00	161.50	71.2
Infectious agent	1	14.2	35.64	0.00	35.64	15.7
Person	1	14.2	29.70	0.00	29.70	13.0
Furniture / fixtures	1	14.2	0.00	0.00	0.00	0.0
Office equipment	1	14.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 226.84**	**$ 0.00**	**$ 226.84**	
ACCIDENT TYPE						
Foreign Body In Eye	1	14.2	161.50	0.00	161.50	71.2
Infectious Disease Exposure	2	28.5	65.34	0.00	65.34	28.8
Cumulative (Not Otherwise Classified)	1	14.2	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 226.84**	**$ 0.00**	**$ 226.84**	
****BODY PART**						
Eye(s)	2					
Internal Organs	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-pharm Unit (172)

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***

Foreign Body	1
Contagious Disease	2
Strain	2
Laceration	1
Puncture	1
	7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-pharm Inves (174)

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						
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***						
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***	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med Records-admin (179)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	2,024.93	0.00	2,024.93	56.4
12PM-1:59PM	2	40.0	710.53	750.00	1,460.53	40.7
12AM-1:59AM	1	20.0	103.45	0.00	103.45	2.8
	5		**$ 2,838.91**	**$ 750.00**	**$ 3,588.91**	
LENGTH OF SERVICE						
0-2	1	20.0	1,773.57	0.00	1,773.57	49.4
22-24	2	40.0	103.45	750.00	853.45	23.7
20-22	1	20.0	710.53	0.00	710.53	19.8
2-4	1	20.0	251.36	0.00	251.36	7.0
	5		**$ 2,838.91**	**$ 750.00**	**$ 3,588.91**	
AGE OF CLAIMANT						
20-24	1	20.0	1,773.57	0.00	1,773.57	49.4
55-59	1	20.0	0.00	750.00	750.00	20.9
45-49	1	20.0	710.53	0.00	710.53	19.8
25-29	1	20.0	251.36	0.00	251.36	7.0
50-54	1	20.0	103.45	0.00	103.45	2.8
	5		**$ 2,838.91**	**$ 750.00**	**$ 3,588.91**	
SEX OF CLAIMANT						
Female	5	100.0	2,838.91	750.00	3,588.91	100.0
	5		**$ 2,838.91**	**$ 750.00**	**$ 3,588.91**	
LOSS CAUSE						
Ladder, 10' folding	2	40.0	2,024.93	0.00	2,024.93	56.4
Boxes / containers	2	40.0	103.45	750.00	853.45	23.7
Chemicals, not otherwise classified	1	20.0	710.53	0.00	710.53	19.8
	5		**$ 2,838.91**	**$ 750.00**	**$ 3,588.91**	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	2	40.0	2,024.93	0.00	2,024.93	56.4
Lifting (strain or Injury by)	2	40.0	103.45	750.00	853.45	23.7
Allergic Reaction	1	20.0	710.53	0.00	710.53	19.8
	5		**$ 2,838.91**	**$ 750.00**	**$ 3,588.91**	
****BODY PART**						
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
Knee	1					
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**	
Sprain	2
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med Records-admin (179)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Infection	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med Records-trans (182)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	662.46	0.00	662.46	100.0
	1		**$ 662.46**	**$ 0.00**	**$ 662.46**	
LENGTH OF SERVICE						
20-22	1	100.0	662.46	0.00	662.46	100.0
	1		**$ 662.46**	**$ 0.00**	**$ 662.46**	
AGE OF CLAIMANT						
30-34	1	100.0	662.46	0.00	662.46	100.0
	1		**$ 662.46**	**$ 0.00**	**$ 662.46**	
SEX OF CLAIMANT						
Female	1	100.0	662.46	0.00	662.46	100.0
	1		**$ 662.46**	**$ 0.00**	**$ 662.46**	
LOSS CAUSE						
Patient / Inmate	1	100.0	662.46	0.00	662.46	100.0
	1		**$ 662.46**	**$ 0.00**	**$ 662.46**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	662.46	0.00	662.46	100.0
	1		**$ 662.46**	**$ 0.00**	**$ 662.46**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-admitting (188)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	2,722.96	0.00	2,722.96	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,722.96**	**$ 0.00**	**$ 2,722.96**	
LENGTH OF SERVICE						
20-22	1	50.0	2,722.96	0.00	2,722.96	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,722.96**	**$ 0.00**	**$ 2,722.96**	
AGE OF CLAIMANT						
50-54	1	50.0	2,722.96	0.00	2,722.96	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,722.96**	**$ 0.00**	**$ 2,722.96**	
SEX OF CLAIMANT						
Female	2	100.0	2,722.96	0.00	2,722.96	100.0
	2		**$ 2,722.96**	**$ 0.00**	**$ 2,722.96**	
LOSS CAUSE						
Walking surface, inside, wet	1	50.0	2,722.96	0.00	2,722.96	100.0
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,722.96**	**$ 0.00**	**$ 2,722.96**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	50.0	2,722.96	0.00	2,722.96	100.0
Allergic Reaction	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,722.96**	**$ 0.00**	**$ 2,722.96**	
****BODY PART**						
Multiple Neck Injury	1					
Shoulder	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	1
Strain	1
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-emer Serv Registrat (189)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	25.0	40.00	0.00	40.00	76.4
8AM-9:59AM	1	25.0	6.39	0.00	6.39	12.2
2PM-3:59PM	1	25.0	5.94	0.00	5.94	11.3
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 52.33**	**$ 0.00**	**$ 52.33**	
LENGTH OF SERVICE						
0-2	1	25.0	40.00	0.00	40.00	76.4
6-8	1	25.0	6.39	0.00	6.39	12.2
2-4	2	50.0	5.94	0.00	5.94	11.3
	4		**$ 52.33**	**$ 0.00**	**$ 52.33**	
AGE OF CLAIMANT						
30-34	1	25.0	40.00	0.00	40.00	76.4
35-39	2	50.0	6.39	0.00	6.39	12.2
40-44	1	25.0	5.94	0.00	5.94	11.3
	4		**$ 52.33**	**$ 0.00**	**$ 52.33**	
SEX OF CLAIMANT						
Female	4	100.0	52.33	0.00	52.33	100.0
	4		**$ 52.33**	**$ 0.00**	**$ 52.33**	
LOSS CAUSE						
Patient / Inmate	4	100.0	52.33	0.00	52.33	100.0
	4		**$ 52.33**	**$ 0.00**	**$ 52.33**	
ACCIDENT TYPE						
Infectious Disease Exposure	4	100.0	52.33	0.00	52.33	100.0
	4		**$ 52.33**	**$ 0.00**	**$ 52.33**	
****BODY PART**						
Eye(s)	1					
Internal Organs	3					
	4					

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

****INJURY**		
Foreign Body	1	
Contagious Disease	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-hemophelia (191)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	10.26	0.00	10.26	100.0
	1		**$ 10.26**	**$ 0.00**	**$ 10.26**	
LENGTH OF SERVICE						
20-22	1	100.0	10.26	0.00	10.26	100.0
	1		**$ 10.26**	**$ 0.00**	**$ 10.26**	
AGE OF CLAIMANT						
45-49	1	100.0	10.26	0.00	10.26	100.0
	1		**$ 10.26**	**$ 0.00**	**$ 10.26**	
SEX OF CLAIMANT						
Female	1	100.0	10.26	0.00	10.26	100.0
	1		**$ 10.26**	**$ 0.00**	**$ 10.26**	
LOSS CAUSE						
Patient / Inmate	1	100.0	10.26	0.00	10.26	100.0
	1		**$ 10.26**	**$ 0.00**	**$ 10.26**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	10.26	0.00	10.26	100.0
	1		**$ 10.26**	**$ 0.00**	**$ 10.26**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-social Service (192)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	33.3	698.30	0.00	698.30	69.1
6AM-7:59AM	1	33.3	190.12	0.00	190.12	18.8
10AM-11:59AM	1	33.3	120.96	0.00	120.96	11.9
	3		**$ 1,009.38**	**$ 0.00**	**$ 1,009.38**	
LENGTH OF SERVICE						
4-6	1	33.3	698.30	0.00	698.30	69.1
10-12	1	33.3	190.12	0.00	190.12	18.8
0-2	1	33.3	120.96	0.00	120.96	11.9
	3		**$ 1,009.38**	**$ 0.00**	**$ 1,009.38**	
AGE OF CLAIMANT						
45-49	1	33.3	698.30	0.00	698.30	69.1
35-39	1	33.3	190.12	0.00	190.12	18.8
30-34	1	33.3	120.96	0.00	120.96	11.9
	3		**$ 1,009.38**	**$ 0.00**	**$ 1,009.38**	
SEX OF CLAIMANT						
Female	3	100.0	1,009.38	0.00	1,009.38	100.0
	3		**$ 1,009.38**	**$ 0.00**	**$ 1,009.38**	
LOSS CAUSE						
Stairs, steps	1	33.3	698.30	0.00	698.30	69.1
Building parts / doors	1	33.3	190.12	0.00	190.12	18.8
Furniture / fixtures	1	33.3	120.96	0.00	120.96	11.9
	3		**$ 1,009.38**	**$ 0.00**	**$ 1,009.38**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	33.3	698.30	0.00	698.30	69.1
Strike Against/Step On Moving Part Of Machine	1	33.3	190.12	0.00	190.12	18.8
Strike Against/Step on Stationary Object	1	33.3	120.96	0.00	120.96	11.9
	3		**$ 1,009.38**	**$ 0.00**	**$ 1,009.38**	
****BODY PART**						
Insufficient Information	1					
Lower Arm	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**	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-housekeeping (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	25.0	289.11	4,572.49	4,861.60	74.8
6AM-7:59AM	3	25.0	70.00	750.00	820.00	12.6
4AM-5:59AM	1	8.3	0.00	750.00	750.00	11.5
12PM-1:59PM	1	8.3	67.45	0.00	67.45	1.0
12AM-1:59AM	1	8.3	0.00	0.00	0.00	0.0
8AM-9:59AM	3	25.0	0.00	0.00	0.00	0.0
	12		**$ 426.56**	**$ 6,072.49**	**$ 6,499.05**	
LENGTH OF SERVICE						
4-6	1	8.3	177.51	4,572.49	4,750.00	73.0
24-26	2	16.6	0.00	750.00	750.00	11.5
26-28	1	8.3	0.00	750.00	750.00	11.5
6-8	3	25.0	179.05	0.00	179.05	2.7
14-16	1	8.3	57.04	0.00	57.04	0.8
10-12	3	25.0	12.96	0.00	12.96	0.2
8-10	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 426.56**	**$ 6,072.49**	**$ 6,499.05**	
AGE OF CLAIMANT						
45-49	4	33.3	177.51	5,322.49	5,500.00	84.6
60-64	2	16.6	12.96	750.00	762.96	11.7
40-44	2	16.6	179.05	0.00	179.05	2.7
50-54	1	8.3	57.04	0.00	57.04	0.8
30-34	1	8.3	0.00	0.00	0.00	0.0
55-59	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 426.56**	**$ 6,072.49**	**$ 6,499.05**	
SEX OF CLAIMANT						
Male	4	33.3	190.47	4,572.49	4,762.96	73.2
Female	8	66.6	236.09	1,500.00	1,736.09	26.7
	12		**$ 426.56**	**$ 6,072.49**	**$ 6,499.05**	
LOSS CAUSE						
Metal items	1	8.3	177.51	4,572.49	4,750.00	73.0
Boxes / containers	5	41.6	57.04	1,500.00	1,557.04	23.9
Chemicals, not otherwise classified	2	16.6	111.60	0.00	111.60	1.7
Glass bottle / sheet	1	8.3	67.45	0.00	67.45	1.0
Walking surface, inside, wet	1	8.3	12.96	0.00	12.96	0.2
Vehicle, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Building parts / doors	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 426.56**	**$ 6,072.49**	**$ 6,499.05**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	25.0	177.51	5,322.49	5,500.00	84.6
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	0.00	750.00	750.00	11.5
Foreign Body In Eye	2	16.6	179.05	0.00	179.05	2.7
Twisting, strain or injury by	1	8.3	57.04	0.00	57.04	0.8
Fall or Slip (From Liquid/Grease spills)	1	8.3	12.96	0.00	12.96	0.2
Pushing Or Pulling (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-housekeeping (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Being Lifted/Handled	1	8.3	0.00	0.00	0.00	0.0
Allergic Reaction	1	8.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 426.56**	**$ 6,072.49**	**$ 6,499.05**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Thumb	2
Eye(s)	2
Lower Leg	1
Mouth	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	7
Laceration	1
Foreign Body	2
Contusion	2
Inflamation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-occupational Therapy (206)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
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***						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-occupational Therapy (207)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	0.00	750.00	750.00	100.0
6AM-7:59AM	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**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
18-20	1	33.3	0.00	750.00	750.00	100.0
14-16	1	33.3	0.00	0.00	0.00	0.0
26-28	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	33.3	0.00	750.00	750.00	100.0
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
	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						
Walking surface, inside, dry	1	33.3	0.00	750.00	750.00	100.0
Vehicle, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	33.3	0.00	750.00	750.00	100.0
Fall or Slip (From Liquid/Grease spills)	1	33.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Shoulder	1					
Hip	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**		
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-hand Center (213)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	171.66	0.00	171.66	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 171.66**	**$ 0.00**	**$ 171.66**	
LENGTH OF SERVICE						
14-16	1	50.0	171.66	0.00	171.66	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 171.66**	**$ 0.00**	**$ 171.66**	
AGE OF CLAIMANT						
40-44	1	50.0	171.66	0.00	171.66	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 171.66**	**$ 0.00**	**$ 171.66**	
SEX OF CLAIMANT						
Female	2	100.0	171.66	0.00	171.66	100.0
	2		**$ 171.66**	**$ 0.00**	**$ 171.66**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	171.66	0.00	171.66	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 171.66**	**$ 0.00**	**$ 171.66**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	171.66	0.00	171.66	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 171.66**	**$ 0.00**	**$ 171.66**	
****BODY PART**						
Knee	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**		
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med/surg (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	33.3	110.26	0.00	110.26	35.2
12PM-1:59PM	2	16.6	69.75	0.00	69.75	22.3
6AM-7:59AM	1	8.3	56.70	0.00	56.70	18.1
12AM-1:59AM	1	8.3	48.19	0.00	48.19	15.4
2AM-3:59AM	2	16.6	27.67	0.00	27.67	8.8
4AM-5:59AM	1	8.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 312.57**	**$ 0.00**	**$ 312.57**	
LENGTH OF SERVICE						
0-2	1	8.3	110.26	0.00	110.26	35.2
4-6	3	25.0	94.72	0.00	94.72	30.3
8-10	2	16.6	56.70	0.00	56.70	18.1
2-4	4	33.3	27.67	0.00	27.67	8.8
28-30	1	8.3	23.22	0.00	23.22	7.4
10-12	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 312.57**	**$ 0.00**	**$ 312.57**	
AGE OF CLAIMANT						
45-49	6	50.0	255.87	0.00	255.87	81.8
50-54	1	8.3	56.70	0.00	56.70	18.1
25-29	1	8.3	0.00	0.00	0.00	0.0
30-34	2	16.6	0.00	0.00	0.00	0.0
40-44	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		**$ 312.57**	**$ 0.00**	**$ 312.57**	
SEX OF CLAIMANT						
Female	9	75.0	232.65	0.00	232.65	74.4
Male	3	25.0	79.92	0.00	79.92	25.5
	12		**$ 312.57**	**$ 0.00**	**$ 312.57**	
LOSS CAUSE						
Patient / Inmate	9	75.0	284.90	0.00	284.90	91.1
Metal items	1	8.3	27.67	0.00	27.67	8.8
Furniture / fixtures	1	8.3	0.00	0.00	0.00	0.0
Miscellaneous	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 312.57**	**$ 0.00**	**$ 312.57**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	3	25.0	158.45	0.00	158.45	50.6
Lifting (strain or Injury by)	3	25.0	126.45	0.00	126.45	40.4
Strike Against/Step on Stationary Object	2	16.6	27.67	0.00	27.67	8.8
Contact with Cold Objects or Substances	2	16.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	8.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:48

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med/surg (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12		$ 312.57	$ 0.00	$ 312.57	
****BODY PART**						
Abdomen including Groin	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Ear(s)	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Insufficient Information	1					
Internal Organs	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	7					
Contusion	2					
Contagious Disease	1					
Foreign Body	3					
Sprain	2					
	12					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-rehab Team (215)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	46.93	0.00	46.93	100.0
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 46.93**	**$ 0.00**	**$ 46.93**	
LENGTH OF SERVICE						
2-4	1	25.0	46.93	0.00	46.93	100.0
4-6	2	50.0	0.00	0.00	0.00	0.0
8-10	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 46.93**	**$ 0.00**	**$ 46.93**	
AGE OF CLAIMANT						
25-29	1	25.0	46.93	0.00	46.93	100.0
45-49	1	25.0	0.00	0.00	0.00	0.0
35-39	1	25.0	0.00	0.00	0.00	0.0
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 46.93**	**$ 0.00**	**$ 46.93**	
SEX OF CLAIMANT						
Female	3	75.0	46.93	0.00	46.93	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 46.93**	**$ 0.00**	**$ 46.93**	
LOSS CAUSE						
Patient / Inmate	3	75.0	46.93	0.00	46.93	100.0
Chemicals, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 46.93**	**$ 0.00**	**$ 46.93**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	46.93	0.00	46.93	100.0
Pushing Or Pulling (Strain or Injury by)	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
Stuck, injured by fellow worker, patient	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 46.93**	**$ 0.00**	**$ 46.93**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
Finger(s)	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	1
Sprain	1
Foreign Body	1
Laceration	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-rehab Team (215)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ortho Team (216)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	61.15	5,688.85	5,750.00	100.0
	1		***$ 61.15***	***$ 5,688.85***	***$ 5,750.00***	
LENGTH OF SERVICE						
6-8	1	100.0	61.15	5,688.85	5,750.00	100.0
	1		***$ 61.15***	***$ 5,688.85***	***$ 5,750.00***	
AGE OF CLAIMANT						
50-54	1	100.0	61.15	5,688.85	5,750.00	100.0
	1		***$ 61.15***	***$ 5,688.85***	***$ 5,750.00***	
SEX OF CLAIMANT						
Female	1	100.0	61.15	5,688.85	5,750.00	100.0
	1		***$ 61.15***	***$ 5,688.85***	***$ 5,750.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	61.15	5,688.85	5,750.00	100.0
	1		***$ 61.15***	***$ 5,688.85***	***$ 5,750.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	61.15	5,688.85	5,750.00	100.0
	1		***$ 61.15***	***$ 5,688.85***	***$ 5,750.00***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary-vending (219)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
LENGTH OF SERVICE						
4-6	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
AGE OF CLAIMANT						
25-29	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
SEX OF CLAIMANT						
Female	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
LOSS CAUSE						
Building parts / doors	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
*****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary-cafeteria (221)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	22.2	527.42	9,867.03	10,394.45	73.0
10AM-11:59AM	1	11.1	1,260.61	578.78	1,839.39	12.9
8AM-9:59AM	2	22.2	210.94	1,539.06	1,750.00	12.2
6AM-7:59AM	1	11.1	231.84	0.00	231.84	1.6
2PM-3:59PM	1	11.1	22.00	0.00	22.00	0.1
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		***$ 2,252.81***	***$ 11,984.87***	***$ 14,237.68***	
LENGTH OF SERVICE						
26-28	1	11.1	132.97	9,867.03	10,000.00	70.2
16-18	3	33.3	1,492.45	578.78	2,071.23	14.5
14-16	2	22.2	210.94	1,539.06	1,750.00	12.2
4-6	1	11.1	394.45	0.00	394.45	2.7
0-2	1	11.1	22.00	0.00	22.00	0.1
8-10	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 2,252.81***	***$ 11,984.87***	***$ 14,237.68***	
AGE OF CLAIMANT						
45-49	6	66.6	2,019.87	10,445.81	12,465.68	87.5
35-39	1	11.1	210.94	1,539.06	1,750.00	12.2
40-44	1	11.1	22.00	0.00	22.00	0.1
60-64	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 2,252.81***	***$ 11,984.87***	***$ 14,237.68***	
SEX OF CLAIMANT						
Female	4	44.4	759.26	9,867.03	10,626.29	74.6
Male	5	55.5	1,493.55	2,117.84	3,611.39	25.3
	9		***$ 2,252.81***	***$ 11,984.87***	***$ 14,237.68***	
LOSS CAUSE						
Boxes / containers	1	11.1	132.97	9,867.03	10,000.00	70.2
Machine, not otherwise classified	1	11.1	1,260.61	578.78	1,839.39	12.9
Furniture / fixtures	1	11.1	210.94	1,539.06	1,750.00	12.2
Food	2	22.2	394.45	0.00	394.45	2.7
Walking surface, inside, wet	2	22.2	231.84	0.00	231.84	1.6
Insufficient data	1	11.1	22.00	0.00	22.00	0.1
Water	1	11.1	0.00	0.00	0.00	0.0
	9		***$ 2,252.81***	***$ 11,984.87***	***$ 14,237.68***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	11.1	132.97	9,867.03	10,000.00	70.2
Reaching (Strain or Injury by)	1	11.1	1,260.61	578.78	1,839.39	12.9
Strike Against/Step On Obj. Being Lifted or Handle	1	11.1	210.94	1,539.06	1,750.00	12.2
Twisting, strain or injury by	1	11.1	394.45	0.00	394.45	2.7
Fall or Slip (From Liquid/Grease spills)	2	22.2	231.84	0.00	231.84	1.6
Allergic Reaction	1	11.1	22.00	0.00	22.00	0.1
Contact With Hot Object or Substances	1	11.1	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary-cafeteria (221)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 2,252.81**	**$ 11,984.87**	**$ 14,237.68**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Knee	3					
Ankle	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Lower Arm	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	2					
Contusion	3					
Sprain	1					
Dermatitis	1					
Burn	2					
	9					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary Cat (223)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	17.82	0.00	17.82	100.0
	1		***$ 17.82***	***$ 0.00***	***$ 17.82***	
LENGTH OF SERVICE						
10-12	1	100.0	17.82	0.00	17.82	100.0
	1		***$ 17.82***	***$ 0.00***	***$ 17.82***	
AGE OF CLAIMANT						
40-44	1	100.0	17.82	0.00	17.82	100.0
	1		***$ 17.82***	***$ 0.00***	***$ 17.82***	
SEX OF CLAIMANT						
Female	1	100.0	17.82	0.00	17.82	100.0
	1		***$ 17.82***	***$ 0.00***	***$ 17.82***	
LOSS CAUSE						
Patient / Inmate	1	100.0	17.82	0.00	17.82	100.0
	1		***$ 17.82***	***$ 0.00***	***$ 17.82***	
ACCIDENT TYPE						
Infectious Disease Exposure	1	100.0	17.82	0.00	17.82	100.0
	1		***$ 17.82***	***$ 0.00***	***$ 17.82***	
******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					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary-main (224)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	27.2	1,187.88	3,741.62	4,929.50	47.1
2AM-3:59AM	5	45.4	2,969.96	1,780.04	4,750.00	45.4
8AM-9:59AM	1	9.0	30.55	719.45	750.00	7.1
10AM-11:59AM	1	9.0	17.05	0.00	17.05	0.1
12PM-1:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 4,205.44**	**$ 6,241.11**	**$ 10,446.55**	
LENGTH OF SERVICE						
0-2	2	18.1	2,969.96	1,780.04	4,750.00	45.4
14-16	3	27.2	1,025.43	2,991.62	4,017.05	38.4
20-22	1	9.0	0.00	750.00	750.00	7.1
24-26	1	9.0	30.55	719.45	750.00	7.1
16-18	2	18.1	179.50	0.00	179.50	1.7
6-8	1	9.0	0.00	0.00	0.00	0.0
22-24	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 4,205.44**	**$ 6,241.11**	**$ 10,446.55**	
AGE OF CLAIMANT						
50-54	2	18.1	2,969.96	1,780.04	4,750.00	45.4
30-34	3	27.2	1,025.43	2,991.62	4,017.05	38.4
40-44	2	18.1	179.50	750.00	929.50	8.9
45-49	2	18.1	30.55	719.45	750.00	7.1
20-24	1	9.0	0.00	0.00	0.00	0.0
55-59	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 4,205.44**	**$ 6,241.11**	**$ 10,446.55**	
SEX OF CLAIMANT						
Female	11	100.0	4,205.44	6,241.11	10,446.55	100.0
	11		**$ 4,205.44**	**$ 6,241.11**	**$ 10,446.55**	
LOSS CAUSE						
Boxes / containers	1	9.0	2,969.96	1,780.04	4,750.00	45.4
Building parts / doors	1	9.0	1,008.38	2,991.62	4,000.00	38.2
Vehicle, not otherwise classified	2	18.1	179.50	750.00	929.50	8.9
Food	1	9.0	30.55	719.45	750.00	7.1
Chemicals, not otherwise classified	1	9.0	17.05	0.00	17.05	0.1
Insufficient data	1	9.0	0.00	0.00	0.00	0.0
Water	2	18.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 4,205.44**	**$ 6,241.11**	**$ 10,446.55**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	3	27.2	3,149.46	2,530.04	5,679.50	54.3
Object Handled (caught in or between)	1	9.0	1,008.38	2,991.62	4,000.00	38.2
Fall or Slip (On Same Level)	2	18.1	30.55	719.45	750.00	7.1
Contact With Hot Object or Substances	1	9.0	17.05	0.00	17.05	0.1
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	9.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary-main (224)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	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
	11		**$ 4,205.44**	**$ 6,241.11**	**$ 10,446.55**	

**BODY PART

Wrist	1
Finger(s)	4
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Hand	1
Foot	1
Insufficient Information	1
Lower Arm	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	2
Contusion	3
Strain	2
Burn	2
Laceration	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary Clinical (225)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	50.0	0.00	750.00	750.00	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
14-16	1	25.0	0.00	750.00	750.00	100.0
8-10	1	25.0	0.00	0.00	0.00	0.0
0-2	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	2	50.0	0.00	750.00	750.00	100.0
35-39	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		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	4	100.0	0.00	750.00	750.00	100.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	1	25.0	0.00	750.00	750.00	100.0
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Elevators, escalators	1	25.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	25.0	0.00	750.00	750.00	100.0
Struck/Injured by Falling or Flying Object	2	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	

****BODY PART**	
Foot	1
Facial, Other Soft Tissue	1
Knee	1
Upper Arm (Inc: Clavicle and Scapula)	1
	4

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dietary Clinical (225)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-volunteer Services (226)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	141.60	0.00	141.60	100.0
	2		***$ 141.60***	***$ 0.00***	***$ 141.60***	
LENGTH OF SERVICE						
20-22	1	50.0	119.60	0.00	119.60	84.4
8-10	1	50.0	22.00	0.00	22.00	15.5
	2		***$ 141.60***	***$ 0.00***	***$ 141.60***	
AGE OF CLAIMANT						
45-49	1	50.0	119.60	0.00	119.60	84.4
35-39	1	50.0	22.00	0.00	22.00	15.5
	2		***$ 141.60***	***$ 0.00***	***$ 141.60***	
SEX OF CLAIMANT						
Female	2	100.0	141.60	0.00	141.60	100.0
	2		***$ 141.60***	***$ 0.00***	***$ 141.60***	
LOSS CAUSE						
Metal items	1	50.0	119.60	0.00	119.60	84.4
Chemicals, not otherwise classified	1	50.0	22.00	0.00	22.00	15.5
	2		***$ 141.60***	***$ 0.00***	***$ 141.60***	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	119.60	0.00	119.60	84.4
Allergic Reaction	1	50.0	22.00	0.00	22.00	15.5
	2		***$ 141.60***	***$ 0.00***	***$ 141.60***	
****BODY PART***						
Nose	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
Dermatitis	1
	2

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-patient Transportation (229)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	14.2	2,644.30	0.00	2,644.30	92.1
8AM-9:59AM	3	42.8	115.92	0.00	115.92	4.0
12PM-1:59PM	1	14.2	90.00	0.00	90.00	3.1
10AM-11:59AM	1	14.2	18.48	0.00	18.48	0.6
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,868.70**	**$ 0.00**	**$ 2,868.70**	
LENGTH OF SERVICE						
0-2	3	42.8	2,839.96	0.00	2,839.96	99.0
6-8	1	14.2	18.48	0.00	18.48	0.6
2-4	1	14.2	10.26	0.00	10.26	0.3
24-26	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		**$ 2,868.70**	**$ 0.00**	**$ 2,868.70**	
AGE OF CLAIMANT						
30-34	1	14.2	2,644.30	0.00	2,644.30	92.1
20-24	1	14.2	105.66	0.00	105.66	3.6
40-44	2	28.5	90.00	0.00	90.00	3.1
25-29	2	28.5	28.74	0.00	28.74	1.0
50-54	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,868.70**	**$ 0.00**	**$ 2,868.70**	
SEX OF CLAIMANT						
Female	3	42.8	2,734.30	0.00	2,734.30	95.3
Male	4	57.1	134.40	0.00	134.40	4.6
	7		**$ 2,868.70**	**$ 0.00**	**$ 2,868.70**	
LOSS CAUSE						
Hand tool, powered, NOC	1	14.2	2,644.30	0.00	2,644.30	92.1
Furniture / fixtures	1	14.2	105.66	0.00	105.66	3.6
Building parts / doors	1	14.2	90.00	0.00	90.00	3.1
Patient / Inmate	1	14.2	18.48	0.00	18.48	0.6
Insufficient data	1	14.2	10.26	0.00	10.26	0.3
Stairs, steps	1	14.2	0.00	0.00	0.00	0.0
Infectious agent	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,868.70**	**$ 0.00**	**$ 2,868.70**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	14.2	2,644.30	0.00	2,644.30	92.1
Strike Against/Step on Stationary Object	1	14.2	105.66	0.00	105.66	3.6
Object Handled (caught in or between)	1	14.2	90.00	0.00	90.00	3.1
Infectious Disease Exposure	1	14.2	18.48	0.00	18.48	0.6
Lifting (strain or Injury by)	1	14.2	10.26	0.00	10.26	0.3
Twisting, strain or injury by	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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-patient Transportation (229)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7		$ 2,868.70	$ 0.00	$ 2,868.70	
****BODY PART**						
Foot	1					
Wrist	1					
Finger(s)	1					
Internal Organs	1					
Abdomen including Groin	1					
Ankle	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**						
Contusion	3					
Contagious Disease	1					
Strain	1					
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-communication (231)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	142.20	0.00	142.20	100.0
	1		***$ 142.20***	***$ 0.00***	***$ 142.20***	
LENGTH OF SERVICE						
12-14	1	100.0	142.20	0.00	142.20	100.0
	1		***$ 142.20***	***$ 0.00***	***$ 142.20***	
AGE OF CLAIMANT						
60-64	1	100.0	142.20	0.00	142.20	100.0
	1		***$ 142.20***	***$ 0.00***	***$ 142.20***	
SEX OF CLAIMANT						
Female	1	100.0	142.20	0.00	142.20	100.0
	1		***$ 142.20***	***$ 0.00***	***$ 142.20***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	142.20	0.00	142.20	100.0
	1		***$ 142.20***	***$ 0.00***	***$ 142.20***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	142.20	0.00	142.20	100.0
	1		***$ 142.20***	***$ 0.00***	***$ 142.20***	
*****BODY PART***						
Multiple Head Injury	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-health Line (232)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant (234)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	40.0	573.42	2,926.58	3,500.00	80.7
6AM-7:59AM	1	20.0	621.90	0.00	621.90	14.3
8AM-9:59AM	1	20.0	114.60	0.00	114.60	2.6
2PM-3:59PM	1	20.0	98.40	0.00	98.40	2.2
	5		**$ 1,408.32**	**$ 2,926.58**	**$ 4,334.90**	
LENGTH OF SERVICE						
20-22	1	20.0	573.42	2,926.58	3,500.00	80.7
22-24	1	20.0	621.90	0.00	621.90	14.3
12-14	1	20.0	114.60	0.00	114.60	2.6
8-10	1	20.0	98.40	0.00	98.40	2.2
2-4	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,408.32**	**$ 2,926.58**	**$ 4,334.90**	
AGE OF CLAIMANT						
40-44	4	80.0	786.42	2,926.58	3,713.00	85.6
50-54	1	20.0	621.90	0.00	621.90	14.3
	5		**$ 1,408.32**	**$ 2,926.58**	**$ 4,334.90**	
SEX OF CLAIMANT						
Male	5	100.0	1,408.32	2,926.58	4,334.90	100.0
	5		**$ 1,408.32**	**$ 2,926.58**	**$ 4,334.90**	
LOSS CAUSE						
Mechanical powered	1	20.0	573.42	2,926.58	3,500.00	80.7
Walking surface, inside, dry	1	20.0	621.90	0.00	621.90	14.3
Furniture / fixtures	1	20.0	114.60	0.00	114.60	2.6
Elevators, escalators	1	20.0	98.40	0.00	98.40	2.2
Miscellaneous	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,408.32**	**$ 2,926.58**	**$ 4,334.90**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	40.0	688.02	2,926.58	3,614.60	83.3
Fall or Slip (On Same Level)	1	20.0	621.90	0.00	621.90	14.3
Strike Against/Step on Stationary Object	1	20.0	98.40	0.00	98.40	2.2
Cut,puncture,scrape, injured by (Broken Glass)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,408.32**	**$ 2,926.58**	**$ 4,334.90**	
****BODY PART**						
Shoulder	1					
Finger(s)	2					
Wrist	1					
Toe(s)	1					
	5					

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

****INJURY**	
Strain	1

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant (234)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	1					
Sprain	1					
Dislocation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant (236)

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						
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						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant (247)

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						
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						
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						
Misc. (Cut, Puncture, Scrape)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant-ne (260)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	17.50	0.00	17.50	100.0
	1		**$ 17.50**	**$ 0.00**	**$ 17.50**	
LENGTH OF SERVICE						
0-2	1	100.0	17.50	0.00	17.50	100.0
	1		**$ 17.50**	**$ 0.00**	**$ 17.50**	
AGE OF CLAIMANT						
30-34	1	100.0	17.50	0.00	17.50	100.0
	1		**$ 17.50**	**$ 0.00**	**$ 17.50**	
SEX OF CLAIMANT						
Female	1	100.0	17.50	0.00	17.50	100.0
	1		**$ 17.50**	**$ 0.00**	**$ 17.50**	
LOSS CAUSE						
Patient / Inmate	1	100.0	17.50	0.00	17.50	100.0
	1		**$ 17.50**	**$ 0.00**	**$ 17.50**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	100.0	17.50	0.00	17.50	100.0
	1		**$ 17.50**	**$ 0.00**	**$ 17.50**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant-ne (261)

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						
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						
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**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**		
Sprain	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant-ne (265)

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						
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						
Metal items	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Rubbed/Abraded not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-physical Plant-ne (267)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	317.79	0.00	317.79	100.0
	1		**$ 317.79**	**$ 0.00**	**$ 317.79**	
LENGTH OF SERVICE						
0-2	1	100.0	317.79	0.00	317.79	100.0
	1		**$ 317.79**	**$ 0.00**	**$ 317.79**	
AGE OF CLAIMANT						
40-44	1	100.0	317.79	0.00	317.79	100.0
	1		**$ 317.79**	**$ 0.00**	**$ 317.79**	
SEX OF CLAIMANT						
Female	1	100.0	317.79	0.00	317.79	100.0
	1		**$ 317.79**	**$ 0.00**	**$ 317.79**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	317.79	0.00	317.79	100.0
	1		**$ 317.79**	**$ 0.00**	**$ 317.79**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	317.79	0.00	317.79	100.0
	1		**$ 317.79**	**$ 0.00**	**$ 317.79**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-anesthesiol (270)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	12.5	211.90	0.00	211.90	65.1
8AM-9:59AM	2	25.0	113.62	0.00	113.62	34.9
12AM-1:59AM	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
2AM-3:59AM	2	25.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 325.52**	**$ 0.00**	**$ 325.52**	
LENGTH OF SERVICE						
2-4	1	12.5	211.90	0.00	211.90	65.1
10-12	2	25.0	113.62	0.00	113.62	34.9
0-2	1	12.5	0.00	0.00	0.00	0.0
16-18	1	12.5	0.00	0.00	0.00	0.0
22-24	1	12.5	0.00	0.00	0.00	0.0
6-8	1	12.5	0.00	0.00	0.00	0.0
8-10	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 325.52**	**$ 0.00**	**$ 325.52**	
AGE OF CLAIMANT						
55-59	2	25.0	211.90	0.00	211.90	65.1
60-64	1	12.5	113.62	0.00	113.62	34.9
30-34	1	12.5	0.00	0.00	0.00	0.0
45-49	1	12.5	0.00	0.00	0.00	0.0
50-54	3	37.5	0.00	0.00	0.00	0.0
	8		**$ 325.52**	**$ 0.00**	**$ 325.52**	
SEX OF CLAIMANT						
Male	5	62.5	325.52	0.00	325.52	100.0
Female	3	37.5	0.00	0.00	0.00	0.0
	8		**$ 325.52**	**$ 0.00**	**$ 325.52**	
LOSS CAUSE						
Chemicals, not otherwise classified	2	25.0	211.90	0.00	211.90	65.1
Insufficient data	1	12.5	113.62	0.00	113.62	34.9
Needle stick	1	12.5	0.00	0.00	0.00	0.0
Patient / Inmate	2	25.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 325.52**	**$ 0.00**	**$ 325.52**	
ACCIDENT TYPE						
Dust,gases,fumes,vapors	1	12.5	211.90	0.00	211.90	65.1
Twisting, strain or injury by	1	12.5	113.62	0.00	113.62	34.9
Absorb, Ingest, Inhalation	1	12.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	37.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	12.5	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-anesthesiol (270)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 325.52**	**$ 0.00**	**$ 325.52**	
*****BODY PART***						
Internal Organs	2					
Wrist	1					
Eye(s)	1					
Finger(s)	1					
Insufficient Information	2					
Lungs	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***		
Poisoning - Chemical	2	
Sprain	1	
Contagious Disease	1	
Foreign Body	1	
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-quality Ass (272)

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, 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***						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ob/gyn Ante (275)

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						
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						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-housestaff (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	34	27.8	2,374.01	0.00	2,374.01	45.0
8AM-9:59AM	17	13.9	1,098.22	0.00	1,098.22	20.8
2AM-3:59AM	18	14.7	762.73	0.00	762.73	14.4
4AM-5:59AM	14	11.4	473.35	0.00	473.35	8.9
6AM-7:59AM	8	6.5	294.86	0.00	294.86	5.5
12PM-1:59PM	12	9.8	227.29	0.00	227.29	4.3
2PM-3:59PM	6	4.9	29.70	0.00	29.70	0.5
12AM-1:59AM	13	10.6	11.88	0.00	11.88	0.2
	122		**$ 5,272.04**	**$ 0.00**	**$ 5,272.04**	
LENGTH OF SERVICE						
0-2	51	41.8	3,440.51	0.00	3,440.51	65.2
2-4	49	40.1	1,583.50	0.00	1,583.50	30.0
4-6	17	13.9	248.03	0.00	248.03	4.7
22-24	1	0.8	0.00	0.00	0.00	0.0
6-8	4	3.2	0.00	0.00	0.00	0.0
	122		**$ 5,272.04**	**$ 0.00**	**$ 5,272.04**	
AGE OF CLAIMANT						
30-34	57	46.7	3,044.97	0.00	3,044.97	57.7
25-29	41	33.6	1,487.95	0.00	1,487.95	28.2
35-39	12	9.8	564.18	0.00	564.18	10.7
40-44	5	4.0	115.00	0.00	115.00	2.1
45-49	5	4.0	59.94	0.00	59.94	1.1
20-24	2	1.6	0.00	0.00	0.00	0.0
	122		**$ 5,272.04**	**$ 0.00**	**$ 5,272.04**	
SEX OF CLAIMANT						
Female	51	41.8	3,562.73	0.00	3,562.73	67.5
Male	71	58.1	1,709.31	0.00	1,709.31	32.4
	122		**$ 5,272.04**	**$ 0.00**	**$ 5,272.04**	
LOSS CAUSE						
Sharp objects, not otherwise classified	66	54.0	3,692.91	0.00	3,692.91	70.0
Chemicals, not otherwise classified	7	5.7	732.85	0.00	732.85	13.9
Patient / Inmate	20	16.3	527.26	0.00	527.26	10.0
Person	11	9.0	215.88	0.00	215.88	4.0
Clothing / jewelry	3	2.4	47.52	0.00	47.52	0.9
Hand tool, powered, NOC	1	0.8	29.70	0.00	29.70	0.5
Miscellaneous	2	1.6	15.66	0.00	15.66	0.3
Furniture / fixtures	2	1.6	10.26	0.00	10.26	0.1
Boxes / containers	2	1.6	0.00	0.00	0.00	0.0
Food	1	0.8	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	0.8	0.00	0.00	0.00	0.0
Needle stick	3	2.4	0.00	0.00	0.00	0.0
Infectious agent	1	0.8	0.00	0.00	0.00	0.0
Insufficient data	2	1.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-housestaff (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	122		**$ 5,272.04**	**$ 0.00**	**$ 5,272.04**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	19	15.5	2,571.11	0.00	2,571.11	48.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	49	40.1	1,151.50	0.00	1,151.50	21.8
Foreign Body In Eye	9	7.3	726.91	0.00	726.91	13.7
Contact With Hot Object or Substances	1	0.8	407.92	0.00	407.92	7.7
Infectious Disease Exposure	20	16.3	290.94	0.00	290.94	5.5
Human Bite	1	0.8	59.94	0.00	59.94	1.1
Contact with Cold Objects or Substances	8	6.5	47.52	0.00	47.52	0.9
Strike Against/Step on Stationary Object	1	0.8	10.26	0.00	10.26	0.1
Absorb, Ingest, Inhalation	2	1.6	5.94	0.00	5.94	0.1
Fall or Slip (From Different Level)	1	0.8	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	0.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	1.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	0.8	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	0.8	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.8	0.00	0.00	0.00	0.0
Allergic Reaction	1	0.8	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.8	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	0.8	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	0.8	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	0.8	0.00	0.00	0.00	0.0
	122		**$ 5,272.04**	**$ 0.00**	**$ 5,272.04**	

*****BODY PART***	
Finger(s)	40
Eye(s)	9
Insufficient Information	35
Internal Organs	18
Hand	5
Multiple Head Injury	1
Facial, Other Soft Tissue	4
Buttocks	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Teeth	1
Wrist	1
Foot	1
Shoulder	1
Thumb	3
Whole Body	1
	122

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	58
Laceration	17
Foreign Body	20

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-housestaff (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contagious Disease	17					
Contusion	5					
Crushing	1					
Poisoning - Chemical	1					
Sprain	1					
Strain	2					
All Other Cumulative	1					
Burn	1					
	122					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-epidemiology (282)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	75.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	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
20-22	1	25.0	0.00	0.00	0.00	0.0
4-6	1	25.0	0.00	0.00	0.00	0.0
6-8	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	25.0	0.00	0.00	0.00	0.0
35-39	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
	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						
Chemicals, not otherwise classified	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Internal Organs	4					
	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	4	
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-adult Cath Lab (283)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	22.2	169.00	750.00	919.00	97.4
4AM-5:59AM	1	11.1	24.12	0.00	24.12	2.5
12AM-1:59AM	2	22.2	0.00	0.00	0.00	0.0
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
2AM-3:59AM	2	22.2	0.00	0.00	0.00	0.0
Unknown	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 193.12**	**$ 750.00**	**$ 943.12**	
LENGTH OF SERVICE						
0-2	2	22.2	24.12	750.00	774.12	82.0
18-20	1	11.1	169.00	0.00	169.00	17.9
14-16	2	22.2	0.00	0.00	0.00	0.0
2-4	4	44.4	0.00	0.00	0.00	0.0
	9		**$ 193.12**	**$ 750.00**	**$ 943.12**	
AGE OF CLAIMANT						
35-39	3	33.3	0.00	750.00	750.00	79.5
40-44	1	11.1	169.00	0.00	169.00	17.9
25-29	5	55.5	24.12	0.00	24.12	2.5
	9		**$ 193.12**	**$ 750.00**	**$ 943.12**	
SEX OF CLAIMANT						
Female	7	77.7	193.12	750.00	943.12	100.0
Male	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 193.12**	**$ 750.00**	**$ 943.12**	
LOSS CAUSE						
Furniture / fixtures	1	11.1	0.00	750.00	750.00	79.5
Office equipment	1	11.1	169.00	0.00	169.00	17.9
Electrical equipment	1	11.1	24.12	0.00	24.12	2.5
Chemicals, not otherwise classified	2	22.2	0.00	0.00	0.00	0.0
Patient / Inmate	1	11.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	22.2	0.00	0.00	0.00	0.0
Water	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 193.12**	**$ 750.00**	**$ 943.12**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	22.2	0.00	750.00	750.00	79.5
Struck/Injured by Object Being Lifted/Handled	1	11.1	169.00	0.00	169.00	17.9
Strike Against/Step on Stationary Object	1	11.1	24.12	0.00	24.12	2.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	22.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	3	33.3	0.00	0.00	0.00	0.0
	9		**$ 193.12**	**$ 750.00**	**$ 943.12**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	4					
Multiple Head Injury	1					
Finger(s)	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-adult Cath Lab (283)

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***

Strain	2
Contusion	2
Foreign Body	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-electrophysiology (284)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	113.70	0.00	113.70	91.7
8AM-9:59AM	1	50.0	10.26	0.00	10.26	8.2
	2		**$ 123.96**	**$ 0.00**	**$ 123.96**	
LENGTH OF SERVICE						
6-8	1	50.0	113.70	0.00	113.70	91.7
0-2	1	50.0	10.26	0.00	10.26	8.2
	2		**$ 123.96**	**$ 0.00**	**$ 123.96**	
AGE OF CLAIMANT						
40-44	1	50.0	113.70	0.00	113.70	91.7
25-29	1	50.0	10.26	0.00	10.26	8.2
	2		**$ 123.96**	**$ 0.00**	**$ 123.96**	
SEX OF CLAIMANT						
Male	2	100.0	123.96	0.00	123.96	100.0
	2		**$ 123.96**	**$ 0.00**	**$ 123.96**	
LOSS CAUSE						
Boxes / containers	1	50.0	113.70	0.00	113.70	91.7
Electrical equipment	1	50.0	10.26	0.00	10.26	8.2
	2		**$ 123.96**	**$ 0.00**	**$ 123.96**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	50.0	113.70	0.00	113.70	91.7
Strike Against/Step on Stationary Object	1	50.0	10.26	0.00	10.26	8.2
	2		**$ 123.96**	**$ 0.00**	**$ 123.96**	
****BODY PART**						
Foot	1					
Lower Leg	1					
Multiple Head Injury	1					
	2					

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

****INJURY**		
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-audiology (286)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:49

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-speech Pathology (287)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Machinery (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Foot	1					
	1					

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

****INJURY***		
Contusion	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-surgery (306)

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						
26-28	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
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***						
Buttocks	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	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-dir Nrs/pt Care (307)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	78.40	0.00	78.40	100.0
	1		**$ 78.40**	**$ 0.00**	**$ 78.40**	
LENGTH OF SERVICE						
2-4	1	100.0	78.40	0.00	78.40	100.0
	1		**$ 78.40**	**$ 0.00**	**$ 78.40**	
AGE OF CLAIMANT						
55-59	1	100.0	78.40	0.00	78.40	100.0
	1		**$ 78.40**	**$ 0.00**	**$ 78.40**	
SEX OF CLAIMANT						
Female	1	100.0	78.40	0.00	78.40	100.0
	1		**$ 78.40**	**$ 0.00**	**$ 78.40**	
LOSS CAUSE						
Patient / Inmate	1	100.0	78.40	0.00	78.40	100.0
	1		**$ 78.40**	**$ 0.00**	**$ 78.40**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	78.40	0.00	78.40	100.0
	1		**$ 78.40**	**$ 0.00**	**$ 78.40**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-med (313)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	4	33.3	2,062.25	1,662.15	3,724.40	71.2
10AM-11:59AM	4	33.3	52.68	1,447.32	1,500.00	28.7
2AM-3:59AM	1	8.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
8AM-9:59AM	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 2,114.93**	**$ 3,109.47**	**$ 5,224.40**	
LENGTH OF SERVICE						
0-2	4	33.3	587.85	1,662.15	2,250.00	43.0
20-22	1	8.3	1,474.40	0.00	1,474.40	28.2
30-32	1	8.3	33.48	716.52	750.00	14.3
4-6	1	8.3	19.20	730.80	750.00	14.3
10-12	1	8.3	0.00	0.00	0.00	0.0
2-4	4	33.3	0.00	0.00	0.00	0.0
	12		**$ 2,114.93**	**$ 3,109.47**	**$ 5,224.40**	
AGE OF CLAIMANT						
35-39	2	16.6	587.85	1,662.15	2,250.00	43.0
45-49	1	8.3	1,474.40	0.00	1,474.40	28.2
25-29	4	33.3	19.20	730.80	750.00	14.3
50-54	2	16.6	33.48	716.52	750.00	14.3
20-24	1	8.3	0.00	0.00	0.00	0.0
30-34	1	8.3	0.00	0.00	0.00	0.0
40-44	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,114.93**	**$ 3,109.47**	**$ 5,224.40**	
SEX OF CLAIMANT						
Female	12	100.0	2,114.93	3,109.47	5,224.40	100.0
	12		**$ 2,114.93**	**$ 3,109.47**	**$ 5,224.40**	
LOSS CAUSE						
Patient / Inmate	2	16.6	587.85	1,662.15	2,250.00	43.0
Sharp objects, not otherwise classified	6	50.0	1,474.40	0.00	1,474.40	28.2
Office equipment	1	8.3	33.48	716.52	750.00	14.3
Walking surface, inside, wet	1	8.3	19.20	730.80	750.00	14.3
Chemicals, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,114.93**	**$ 3,109.47**	**$ 5,224.40**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	8.3	587.85	1,662.15	2,250.00	43.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	6	50.0	1,474.40	0.00	1,474.40	28.2
Fall or Slip (From Liquid/Grease spills)	1	8.3	19.20	730.80	750.00	14.3
Lifting (strain or Injury by)	1	8.3	33.48	716.52	750.00	14.3
Foreign Body In Eye	1	8.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	8.3	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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-med (313)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12		**$ 2,114.93**	**$ 3,109.47**	**$ 5,224.40**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	5					
Knee	1					
Eye(s)	1					
Insufficient Information	2					
Thumb	1					
	12					

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

*****INJURY***						
Strain	2					
Puncture	7					
Contusion	1					
All Other Cumulative	1					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-child Care (319)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	37.5	424.43	4,276.78	4,701.21	86.0
10AM-11:59AM	2	25.0	10.26	750.00	760.26	13.9
12AM-1:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM-1:59PM	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 434.69**	**$ 5,026.78**	**$ 5,461.47**	
LENGTH OF SERVICE						
0-2	3	37.5	33.48	4,276.78	4,310.26	78.9
4-6	1	12.5	0.00	750.00	750.00	13.7
2-4	2	25.0	373.54	0.00	373.54	6.8
6-8	1	12.5	27.67	0.00	27.67	0.5
30-32	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 434.69**	**$ 5,026.78**	**$ 5,461.47**	
AGE OF CLAIMANT						
20-24	2	25.0	33.48	4,276.78	4,310.26	78.9
40-44	2	25.0	0.00	750.00	750.00	13.7
30-34	1	12.5	373.54	0.00	373.54	6.8
50-54	2	25.0	27.67	0.00	27.67	0.5
45-49	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 434.69**	**$ 5,026.78**	**$ 5,461.47**	
SEX OF CLAIMANT						
Male	1	12.5	23.22	4,276.78	4,300.00	78.7
Female	7	87.5	411.47	750.00	1,161.47	21.2
	8		**$ 434.69**	**$ 5,026.78**	**$ 5,461.47**	
LOSS CAUSE						
Person	4	50.0	407.02	5,026.78	5,433.80	99.4
Boxes / containers	1	12.5	27.67	0.00	27.67	0.5
Brush / tree / log	1	12.5	0.00	0.00	0.00	0.0
Elevators, escalators	1	12.5	0.00	0.00	0.00	0.0
Insufficient data	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 434.69**	**$ 5,026.78**	**$ 5,461.47**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	50.0	434.69	4,276.78	4,711.47	86.2
Twisting, strain or injury by	1	12.5	0.00	750.00	750.00	13.7
Fall or Slip (On Same Level)	2	25.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 434.69**	**$ 5,026.78**	**$ 5,461.47**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Upper Back Area (Thoracic Area)	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Leg	1					
Upper Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-child Care (319)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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	7
Contusion	1
Fracture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-nursery (324)

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						
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						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-eme (329)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	12.5	5.94	0.00	5.94	100.0
2AM-3:59AM	2	25.0	0.00	0.00	0.00	0.0
10AM-11:59AM	1	12.5	0.00	0.00	0.00	0.0
12AM-1:59AM	2	25.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	12.5	0.00	0.00	0.00	0.0
8AM-9:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 5.94**	**$ 0.00**	**$ 5.94**	
LENGTH OF SERVICE						
0-2	4	50.0	5.94	0.00	5.94	100.0
4-6	2	25.0	0.00	0.00	0.00	0.0
2-4	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 5.94**	**$ 0.00**	**$ 5.94**	
AGE OF CLAIMANT						
40-44	3	37.5	5.94	0.00	5.94	100.0
35-39	1	12.5	0.00	0.00	0.00	0.0
20-24	3	37.5	0.00	0.00	0.00	0.0
25-29	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 5.94**	**$ 0.00**	**$ 5.94**	
SEX OF CLAIMANT						
Female	6	75.0	5.94	0.00	5.94	100.0
Male	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 5.94**	**$ 0.00**	**$ 5.94**	
LOSS CAUSE						
Patient / Inmate	2	25.0	5.94	0.00	5.94	100.0
Miscellaneous	1	12.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	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
Sharp objects, not otherwise classified	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 5.94**	**$ 0.00**	**$ 5.94**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	12.5	5.94	0.00	5.94	100.0
Struck/Injured by Object Handled By Other	1	12.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	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
Misc. (Cut, Puncture, Scrape)	1	12.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 5.94**	**$ 0.00**	**$ 5.94**	
****BODY PART**						
Internal Organs	1					
Foot	2					
Eye(s)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-eme (329)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Finger(s)	1					
Hand	1					
Knee	1					
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***

Contagious Disease	1					
Contusion	3					
Foreign Body	1					
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-ob (333)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	42.8	44.22	726.78	771.00	100.0
10AM-11:59AM	2	28.5	0.00	0.00	0.00	0.0
6AM-7:59AM	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 44.22**	**$ 726.78**	**$ 771.00**	
LENGTH OF SERVICE						
2-4	4	57.1	23.22	726.78	750.00	97.2
4-6	2	28.5	21.00	0.00	21.00	2.7
0-2	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 44.22**	**$ 726.78**	**$ 771.00**	
AGE OF CLAIMANT						
50-54	1	14.2	23.22	726.78	750.00	97.2
25-29	2	28.5	21.00	0.00	21.00	2.7
30-34	1	14.2	0.00	0.00	0.00	0.0
35-39	2	28.5	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 44.22**	**$ 726.78**	**$ 771.00**	
SEX OF CLAIMANT						
Female	6	85.7	44.22	726.78	771.00	100.0
Male	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 44.22**	**$ 726.78**	**$ 771.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	14.2	23.22	726.78	750.00	97.2
Building parts / doors	1	14.2	21.00	0.00	21.00	2.7
Electrical equipment	1	14.2	0.00	0.00	0.00	0.0
Patient / Inmate	1	14.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	42.8	0.00	0.00	0.00	0.0
	7		**$ 44.22**	**$ 726.78**	**$ 771.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	14.2	23.22	726.78	750.00	97.2
Object Handled (caught in or between)	1	14.2	21.00	0.00	21.00	2.7
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	14.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	28.5	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 44.22**	**$ 726.78**	**$ 771.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	3					
Insufficient Information	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-ob (333)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	1					
Crushing	1					
Burn	1					
No Physical Injury	1					
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-lab (336)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	15.3	11,776.90	5,091.81	16,868.71	77.7
12PM-1:59PM	1	7.6	1,467.09	2,937.89	4,404.98	20.3
10AM-11:59AM	3	23.0	188.38	0.00	188.38	0.8
2AM-3:59AM	3	23.0	94.20	0.00	94.20	0.4
6AM-7:59AM	2	15.3	67.72	0.00	67.72	0.3
12AM-1:59AM	2	15.3	59.94	0.00	59.94	0.2
	13		**$ 13,654.23**	**$ 8,029.70**	**$ 21,683.93**	
LENGTH OF SERVICE						
10-12	1	7.6	11,776.90	5,091.81	16,868.71	77.7
4-6	3	23.0	1,497.01	2,937.89	4,434.90	20.4
8-10	1	7.6	177.81	0.00	177.81	0.8
0-2	4	30.7	154.14	0.00	154.14	0.7
26-28	1	7.6	48.37	0.00	48.37	0.2
12-14	1	7.6	0.00	0.00	0.00	0.0
14-16	1	7.6	0.00	0.00	0.00	0.0
18-20	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 13,654.23**	**$ 8,029.70**	**$ 21,683.93**	
AGE OF CLAIMANT						
55-59	2	15.3	11,776.90	5,091.81	16,868.71	77.7
25-29	2	15.3	1,486.44	2,937.89	4,424.33	20.4
45-49	2	15.3	177.81	0.00	177.81	0.8
20-24	2	15.3	154.14	0.00	154.14	0.7
50-54	2	15.3	48.37	0.00	48.37	0.2
40-44	1	7.6	10.57	0.00	10.57	0.0
30-34	1	7.6	0.00	0.00	0.00	0.0
35-39	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 13,654.23**	**$ 8,029.70**	**$ 21,683.93**	
SEX OF CLAIMANT						
Female	13	100.0	13,654.23	8,029.70	21,683.93	100.0
	13		**$ 13,654.23**	**$ 8,029.70**	**$ 21,683.93**	
LOSS CAUSE						
Furniture / fixtures	3	23.0	13,338.19	8,029.70	21,367.89	98.5
Walking surface, inside, dry	2	15.3	177.81	0.00	177.81	0.8
Sharp objects, not otherwise classified	3	23.0	108.31	0.00	108.31	0.5
Metal items	1	7.6	19.35	0.00	19.35	0.0
Patient / Inmate	1	7.6	10.57	0.00	10.57	0.0
Stairs, steps	1	7.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	7.6	0.00	0.00	0.00	0.0
Mechanical powered	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 13,654.23**	**$ 8,029.70**	**$ 21,683.93**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	15.3	13,243.99	8,029.70	21,273.69	98.1
Twisting, strain or injury by	1	7.6	177.81	0.00	177.81	0.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	15.3	108.31	0.00	108.31	0.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-lab (336)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Handled By Other	1	7.6	94.20	0.00	94.20	0.4
Lifting (strain or Injury by)	2	15.3	29.92	0.00	29.92	0.1
Fall or Slip (On Same Level)	1	7.6	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	7.6	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	7.6	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	7.6	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 13,654.23**	**$ 8,029.70**	**$ 21,683.93**	

**BODY PART

Shoulder	2
Upper Back Area (Thoracic Area)	2
Toe(s)	2
Ankle	1
Finger(s)	1
Upper Leg	2
Multiple Neck Injury	2
Ear(s)	1
Knee	1
Multiple Head Injury	1
Facial, Other Soft Tissue	2
Insufficient Information	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	3
Sprain	3
Contusion	8
Puncture	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Med (339)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	4.3	0.00	9,750.00	9,750.00	56.2
10AM-11:59AM	7	30.4	1,239.95	1,500.00	2,739.95	15.8
4AM-5:59AM	6	26.0	0.00	2,250.00	2,250.00	12.9
6AM-7:59AM	4	17.3	481.39	1,268.61	1,750.00	10.0
8AM-9:59AM	3	13.0	0.00	750.00	750.00	4.3
12PM-1:59PM	1	4.3	66.41	0.00	66.41	0.3
4PM-5:59PM	1	4.3	29.42	0.00	29.42	0.1
	23		**$ 1,817.17**	**$ 15,518.61**	**$ 17,335.78**	
LENGTH OF SERVICE						
10-12	1	4.3	0.00	9,750.00	9,750.00	56.2
0-2	12	52.1	767.28	1,500.00	2,267.28	13.0
4-6	1	4.3	0.00	2,250.00	2,250.00	12.9
2-4	5	21.7	481.39	1,268.61	1,750.00	10.0
14-16	1	4.3	0.00	750.00	750.00	4.3
8-10	1	4.3	568.50	0.00	568.50	3.2
12-14	2	8.6	0.00	0.00	0.00	0.0
	23		**$ 1,817.17**	**$ 15,518.61**	**$ 17,335.78**	
AGE OF CLAIMANT						
45-49	4	17.3	0.00	10,500.00	10,500.00	60.5
35-39	3	13.0	0.00	3,000.00	3,000.00	17.3
25-29	5	21.7	1,219.25	1,268.61	2,487.86	14.3
40-44	4	17.3	568.50	750.00	1,318.50	7.6
20-24	2	8.6	29.42	0.00	29.42	0.1
30-34	5	21.7	0.00	0.00	0.00	0.0
	23		**$ 1,817.17**	**$ 15,518.61**	**$ 17,335.78**	
SEX OF CLAIMANT						
Female	21	91.3	1,817.17	14,768.61	16,585.78	95.6
Male	2	8.6	0.00	750.00	750.00	4.3
	23		**$ 1,817.17**	**$ 15,518.61**	**$ 17,335.78**	
LOSS CAUSE						
Patient / Inmate	10	43.4	1,701.76	14,768.61	16,470.37	95.0
Furniture / fixtures	1	4.3	0.00	750.00	750.00	4.3
Sharp objects, not otherwise classified	8	34.7	85.99	0.00	85.99	0.5
Miscellaneous	1	4.3	29.42	0.00	29.42	0.1
Clothing / jewelry	1	4.3	0.00	0.00	0.00	0.0
Needle stick	2	8.6	0.00	0.00	0.00	0.0
	23		**$ 1,817.17**	**$ 15,518.61**	**$ 17,335.78**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	5	21.7	568.50	11,250.00	11,818.50	68.1
Stuck, injured by fellow worker, patient	4	17.3	1,133.26	3,518.61	4,651.87	26.8
Lifting (strain or Injury by)	2	8.6	0.00	750.00	750.00	4.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	9	39.1	85.99	0.00	85.99	0.5
Infectious Disease Exposure	1	4.3	29.42	0.00	29.42	0.1
Contact with Cold Objects or Substances	1	4.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Med (339)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Misc. (Cut, Puncture, Scrape)	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 1,817.17***	***$ 15,518.61***	***$ 17,335.78***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Hand	2
Finger(s)	7
Insufficient Information	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Neck Injury	1
Shoulder	1
Whole Body	1
Wrist	1
Upper Leg	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	7
Puncture	11
Crushing	2
Contusion	3
Infection	1
Sprain	1
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Med (340)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	25.0	374.08	0.00	374.08	54.4
8AM-9:59AM	2	25.0	191.65	0.00	191.65	27.9
10AM-11:59AM	2	25.0	121.20	0.00	121.20	17.6
4AM-5:59AM	1	12.5	0.00	0.00	0.00	0.0
6AM-7:59AM	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 686.93**	**$ 0.00**	**$ 686.93**	
LENGTH OF SERVICE						
0-2	7	87.5	565.73	0.00	565.73	82.3
2-4	1	12.5	121.20	0.00	121.20	17.6
	8		**$ 686.93**	**$ 0.00**	**$ 686.93**	
AGE OF CLAIMANT						
30-34	2	25.0	374.08	0.00	374.08	54.4
20-24	1	12.5	191.65	0.00	191.65	27.9
35-39	2	25.0	121.20	0.00	121.20	17.6
25-29	2	25.0	0.00	0.00	0.00	0.0
40-44	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 686.93**	**$ 0.00**	**$ 686.93**	
SEX OF CLAIMANT						
Female	6	75.0	686.93	0.00	686.93	100.0
Male	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 686.93**	**$ 0.00**	**$ 686.93**	
LOSS CAUSE						
Sharp objects, not otherwise classified	2	25.0	374.08	0.00	374.08	54.4
Chemicals, not otherwise classified	2	25.0	191.65	0.00	191.65	27.9
Patient / Inmate	4	50.0	121.20	0.00	121.20	17.6
	8		**$ 686.93**	**$ 0.00**	**$ 686.93**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	25.0	374.08	0.00	374.08	54.4
Allergic Reaction	1	12.5	191.65	0.00	191.65	27.9
Lifting (strain or Injury by)	2	25.0	121.20	0.00	121.20	17.6
Foreign Body In Eye	1	12.5	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 686.93**	**$ 0.00**	**$ 686.93**	
****BODY PART**						
Insufficient Information	1					
Hand	1					
Multiple Neck Injury	1					
Upper Back Area (Thoracic Area)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
Internal Organs	1					
Multiple Head Injury	1					
Thumb	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Med (340)

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

Puncture	2
Strain	3
Dermatitis	2
Contagious Disease	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-med (341)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	4	36.3	0.00	6,250.00	6,250.00	50.3
10AM-11:59AM	5	45.4	0.00	6,000.00	6,000.00	48.2
8AM-9:59AM	1	9.0	120.00	0.00	120.00	0.9
12PM-1:59PM	1	9.0	54.90	0.00	54.90	0.4
	11		**$ 174.90**	**$ 12,250.00**	**$ 12,424.90**	
LENGTH OF SERVICE						
0-2	6	54.5	0.00	12,250.00	12,250.00	98.5
6-8	1	9.0	120.00	0.00	120.00	0.9
8-10	1	9.0	54.90	0.00	54.90	0.4
14-16	2	18.1	0.00	0.00	0.00	0.0
2-4	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 174.90**	**$ 12,250.00**	**$ 12,424.90**	
AGE OF CLAIMANT						
40-44	5	45.4	54.90	12,250.00	12,304.90	99.0
50-54	3	27.2	120.00	0.00	120.00	0.9
20-24	1	9.0	0.00	0.00	0.00	0.0
45-49	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 174.90**	**$ 12,250.00**	**$ 12,424.90**	
SEX OF CLAIMANT						
Female	9	81.8	174.90	12,250.00	12,424.90	100.0
Male	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 174.90**	**$ 12,250.00**	**$ 12,424.90**	
LOSS CAUSE						
Walking surface, outside, dry	1	9.0	0.00	6,250.00	6,250.00	50.3
Patient / Inmate	2	18.1	0.00	6,000.00	6,000.00	48.2
Furniture / fixtures	1	9.0	120.00	0.00	120.00	0.9
Sharp objects, not otherwise classified	5	45.4	54.90	0.00	54.90	0.4
Chemicals, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Water	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 174.90**	**$ 12,250.00**	**$ 12,424.90**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	9.0	0.00	6,250.00	6,250.00	50.3
Pushing Or Pulling (Strain or Injury by)	1	9.0	0.00	6,000.00	6,000.00	48.2
Reaching (Strain or Injury by)	1	9.0	120.00	0.00	120.00	0.9
Object being lifted/handled (cut,punc.scrape,inj b	1	9.0	54.90	0.00	54.90	0.4
Contact with Cold Objects or Substances	1	9.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	18.1	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	18.1	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 174.90**	**$ 12,250.00**	**$ 12,424.90**	
****BODY PART**						
Elbow	1					
Hand	1					
Knee	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-med (341)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hip	1					
Insufficient Information	4					
Finger(s)	3					
Eye(s)	2					
	11					

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

*****INJURY***

Contusion	3					
Strain	1					
Sprain	1					
Laceration	2					
Foreign Body	3					
Puncture	3					
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-surgery-off (344)

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						
8-10	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						
Insufficient data	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Misc. (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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-bur (345)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	28.5	0.00	750.00	750.00	114.8
2AM-3:59AM	3	42.8	0.00	0.00	0.00	0.0
8AM-9:59AM	2	28.5	0.00	-96.89	-96.89	-14.8
	7		**$ 0.00**	**$ 653.11**	**$ 653.11**	
LENGTH OF SERVICE						
0-2	2	28.5	0.00	750.00	750.00	114.8
4-6	2	28.5	0.00	0.00	0.00	0.0
6-8	1	14.2	0.00	-96.89	-96.89	-14.8
2-4	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 653.11**	**$ 653.11**	
AGE OF CLAIMANT						
30-34	5	71.4	0.00	750.00	750.00	114.8
35-39	1	14.2	0.00	-96.89	-96.89	-14.8
25-29	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 653.11**	**$ 653.11**	
SEX OF CLAIMANT						
Female	6	85.7	0.00	653.11	653.11	100.0
Male	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 653.11**	**$ 653.11**	
LOSS CAUSE						
Patient / Inmate	1	14.2	0.00	750.00	750.00	114.8
Insufficient data	1	14.2	0.00	0.00	0.00	0.0
Heating equipment	1	14.2	0.00	-96.89	-96.89	-14.8
Building parts / doors	1	14.2	0.00	0.00	0.00	0.0
Miscellaneous	1	14.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 653.11**	**$ 653.11**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	14.2	0.00	750.00	750.00	114.8
Cumulative (Not Otherwise Classified)	1	14.2	0.00	0.00	0.00	0.0
Dust,gases,fumes,vapors	1	14.2	0.00	-96.89	-96.89	-14.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	28.5	0.00	0.00	0.00	0.0
Infectious Disease Exposure	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		**$ 0.00**	**$ 653.11**	**$ 653.11**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
Elbow	1					
Finger(s)	2					
Whole Body	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-bur (345)

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	1
Sprain	1
Foreign Body	1
All Other Cumulative	1
Contusion	1
Puncture	2
	7

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-surg (346)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	3	33.3	34.58	1,722.89	1,757.47	93.7
12PM-1:59PM	3	33.3	88.10	0.00	88.10	4.7
4AM-5:59AM	2	22.2	29.20	0.00	29.20	1.5
10AM-11:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 151.88**	**$ 1,722.89**	**$ 1,874.77**	
LENGTH OF SERVICE						
2-4	4	44.4	82.46	1,722.89	1,805.35	96.3
0-2	3	33.3	61.95	0.00	61.95	3.3
4-6	1	11.1	7.47	0.00	7.47	0.4
14-16	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 151.88**	**$ 1,722.89**	**$ 1,874.77**	
AGE OF CLAIMANT						
20-24	2	22.2	27.11	1,722.89	1,750.00	93.3
35-39	3	33.3	69.42	0.00	69.42	3.7
25-29	3	33.3	55.35	0.00	55.35	2.9
30-34	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 151.88**	**$ 1,722.89**	**$ 1,874.77**	
SEX OF CLAIMANT						
Female	9	100.0	151.88	1,722.89	1,874.77	100.0
	9		**$ 151.88**	**$ 1,722.89**	**$ 1,874.77**	
LOSS CAUSE						
Patient / Inmate	4	44.4	89.06	1,722.89	1,811.95	96.6
Miscellaneous	1	11.1	29.20	0.00	29.20	1.5
Furniture / fixtures	1	11.1	26.15	0.00	26.15	1.3
Clothing / jewelry	1	11.1	7.47	0.00	7.47	0.4
Sharp objects, not otherwise classified	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		**$ 151.88**	**$ 1,722.89**	**$ 1,874.77**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	4	44.4	89.06	1,722.89	1,811.95	96.6
Misc. (Strain or Injury by)	1	11.1	29.20	0.00	29.20	1.5
Reaching (Strain or Injury by)	1	11.1	26.15	0.00	26.15	1.3
Struck/Injured by Object Being Lifted/Handled	1	11.1	7.47	0.00	7.47	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 151.88**	**$ 1,722.89**	**$ 1,874.77**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Upper Back Area (Thoracic Area)	1					
Eye(s)	1					
Finger(s)	1					
Lower Arm	1					
Wrist	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-surg (346)

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***

Strain	5
Contusion	2
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-surg-trauma (348)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	25.0	2,352.22	2,456.70	4,808.92	77.4
2AM-3:59AM	1	8.3	131.53	618.47	750.00	12.0
12AM-1:59AM	2	16.6	602.40	0.00	602.40	9.7
12PM-1:59PM	2	16.6	50.62	0.00	50.62	0.8
4AM-5:59AM	3	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,136.77**	**$ 3,075.17**	**$ 6,211.94**	
LENGTH OF SERVICE						
0-2	11	91.6	3,136.77	3,075.17	6,211.94	100.0
16-18	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,136.77**	**$ 3,075.17**	**$ 6,211.94**	
AGE OF CLAIMANT						
20-24	5	41.6	2,954.62	2,456.70	5,411.32	87.1
35-39	2	16.6	131.53	618.47	750.00	12.0
25-29	2	16.6	50.62	0.00	50.62	0.8
40-44	1	8.3	0.00	0.00	0.00	0.0
45-49	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 3,136.77**	**$ 3,075.17**	**$ 6,211.94**	
SEX OF CLAIMANT						
Female	11	91.6	3,086.15	3,075.17	6,161.32	99.1
Male	1	8.3	50.62	0.00	50.62	0.8
	12		**$ 3,136.77**	**$ 3,075.17**	**$ 6,211.94**	
LOSS CAUSE						
Patient / Inmate	3	25.0	2,352.22	2,456.70	4,808.92	77.4
Stairs, steps	1	8.3	131.53	618.47	750.00	12.0
Sharp objects, not otherwise classified	6	50.0	653.02	0.00	653.02	10.5
Furniture / fixtures	1	8.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,136.77**	**$ 3,075.17**	**$ 6,211.94**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	4	33.3	2,352.22	2,456.70	4,808.92	77.4
Strike Against/Step on Stationary Object	2	16.6	131.53	618.47	750.00	12.0
Machinery (caught in or between)	1	8.3	602.40	0.00	602.40	9.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	33.3	50.62	0.00	50.62	0.8
Contact with Cold Objects or Substances	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,136.77**	**$ 3,075.17**	**$ 6,211.94**	
****BODY PART**						
Finger(s)	3					
Hand	3					
Insufficient Information	3					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-surg-trauma (348)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	12					

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

*****INJURY***

Sprain	3
Puncture	5
Contusion	1
Strain	2
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-neurosurgery (349)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	26.0	12,786.29	19,713.71	32,500.00	86.0
2AM-3:59AM	2	8.6	549.97	4,200.03	4,750.00	12.5
6AM-7:59AM	4	17.3	455.25	0.00	455.25	1.2
12PM-1:59PM	4	17.3	41.31	0.00	41.31	0.1
4AM-5:59AM	2	8.6	39.51	0.00	39.51	0.1
10AM-11:59AM	5	21.7	0.00	0.00	0.00	0.0
	23		***$ 13,872.33***	***$ 23,913.74***	***$ 37,786.07***	
LENGTH OF SERVICE						
2-4	4	17.3	12,786.29	15,963.71	28,750.00	76.0
0-2	13	56.5	1,044.73	7,950.03	8,994.76	23.8
16-18	2	8.6	41.31	0.00	41.31	0.1
10-12	2	8.6	0.00	0.00	0.00	0.0
6-8	1	4.3	0.00	0.00	0.00	0.0
4-6	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 13,872.33***	***$ 23,913.74***	***$ 37,786.07***	
AGE OF CLAIMANT						
35-39	4	17.3	12,786.29	15,963.71	28,750.00	76.0
30-34	6	26.0	549.97	4,200.03	4,750.00	12.5
25-29	7	30.4	494.76	3,750.00	4,244.76	11.2
60-64	1	4.3	41.31	0.00	41.31	0.1
45-49	2	8.6	0.00	0.00	0.00	0.0
40-44	1	4.3	0.00	0.00	0.00	0.0
50-54	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 13,872.33***	***$ 23,913.74***	***$ 37,786.07***	
SEX OF CLAIMANT						
Female	23	100.0	13,872.33	23,913.74	37,786.07	100.0
	23		***$ 13,872.33***	***$ 23,913.74***	***$ 37,786.07***	
LOSS CAUSE						
Patient / Inmate	8	34.7	13,336.26	23,913.74	37,250.00	98.5
Walking surface, outside, dry	1	4.3	455.25	0.00	455.25	1.2
Sharp objects, not otherwise classified	6	26.0	80.82	0.00	80.82	0.2
Furniture / fixtures	2	8.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	4.3	0.00	0.00	0.00	0.0
Metal items	2	8.6	0.00	0.00	0.00	0.0
Miscellaneous	1	4.3	0.00	0.00	0.00	0.0
Needle stick	1	4.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 13,872.33***	***$ 23,913.74***	***$ 37,786.07***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	4.3	12,786.29	15,963.71	28,750.00	76.0
Lifting (strain or Injury by)	2	8.6	549.97	4,200.03	4,750.00	12.5
Allergic Reaction	1	4.3	0.00	3,750.00	3,750.00	9.9
Fall or Slip (On Same Level)	1	4.3	455.25	0.00	455.25	1.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	17.3	41.31	0.00	41.31	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-neurosurgery (349)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Misc. (Cut, Puncture, Scrape)	3	13.0	39.51	0.00	39.51	0.1
Cut,puncture,scrape, injured by (Broken Glass)	1	4.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	8.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	4	17.3	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	8.6	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	4.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 13,872.33***	***$ 23,913.74***	***$ 37,786.07***	

***BODY PART

Multiple Neck Injury	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Whole Body	1
Knee	2
Finger(s)	3
Insufficient Information	5
Eye(s)	3
Facial, Other Soft Tissue	1
Foot	1
Multiple Head Injury	1
Hand	2
Internal Organs	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	3
Dermatitis	1
Sprain	2
Puncture	8
Contusion	4
Foreign Body	3
Laceration	2
Contagious Disease	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:50

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-cor (351)

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						
16-18	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs Orthop (352)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	25.0	2,063.08	1,000.00	3,063.08	90.2
12PM-1:59PM	1	12.5	300.93	0.00	300.93	8.8
4PM-5:59PM	1	12.5	18.48	0.00	18.48	0.5
10AM-11:59AM	2	25.0	11.88	0.00	11.88	0.3
2AM-3:59AM	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 2,394.37**	**$ 1,000.00**	**$ 3,394.37**	
LENGTH OF SERVICE						
0-2	3	37.5	2,364.01	1,000.00	3,364.01	99.1
4-6	2	25.0	30.36	0.00	30.36	0.8
2-4	2	25.0	0.00	0.00	0.00	0.0
8-10	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 2,394.37**	**$ 1,000.00**	**$ 3,394.37**	
AGE OF CLAIMANT						
20-24	1	12.5	2,063.08	1,000.00	3,063.08	90.2
30-34	3	37.5	300.93	0.00	300.93	8.8
25-29	4	50.0	30.36	0.00	30.36	0.8
	8		**$ 2,394.37**	**$ 1,000.00**	**$ 3,394.37**	
SEX OF CLAIMANT						
Female	8	100.0	2,394.37	1,000.00	3,394.37	100.0
	8		**$ 2,394.37**	**$ 1,000.00**	**$ 3,394.37**	
LOSS CAUSE						
Furniture / fixtures	2	25.0	2,063.08	1,000.00	3,063.08	90.2
Patient / Inmate	3	37.5	319.41	0.00	319.41	9.4
Sharp objects, not otherwise classified	2	25.0	11.88	0.00	11.88	0.3
Boxes / containers	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 2,394.37**	**$ 1,000.00**	**$ 3,394.37**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	12.5	2,063.08	1,000.00	3,063.08	90.2
Pushing Or Pulling (Strain or Injury by)	1	12.5	300.93	0.00	300.93	8.8
Infectious Disease Exposure	1	12.5	18.48	0.00	18.48	0.5
Misc. (Cut, Puncture, Scrape)	2	25.0	11.88	0.00	11.88	0.3
Fall or Slip (From Different Level)	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
Contact with Cold Objects or Substances	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 2,394.37**	**$ 1,000.00**	**$ 3,394.37**	
****BODY PART**						
Hand	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Internal Organs	1					
Finger(s)	2					
Insufficient Information	1					
Shoulder	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs Orthop (352)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8					

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

*****INJURY***

Contusion	2
Strain	2
Contagious Disease	1
Puncture	2
Foreign Body	1
	8

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-surg-card (353)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	45.4	53.00	710.36	763.36	74.8
12PM-1:59PM	2	18.1	135.00	0.00	135.00	13.2
8AM-9:59AM	1	9.0	63.86	0.00	63.86	6.2
6AM-7:59AM	1	9.0	57.28	0.00	57.28	5.6
2AM-3:59AM	1	9.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 309.14**	**$ 710.36**	**$ 1,019.50**	
LENGTH OF SERVICE						
36-38	1	9.0	39.64	710.36	750.00	73.5
2-4	4	36.3	148.36	0.00	148.36	14.5
0-2	5	45.4	121.14	0.00	121.14	11.8
32-34	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 309.14**	**$ 710.36**	**$ 1,019.50**	
AGE OF CLAIMANT						
55-59	1	9.0	39.64	710.36	750.00	73.5
40-44	2	18.1	135.00	0.00	135.00	13.2
25-29	4	36.3	70.64	0.00	70.64	6.9
45-49	2	18.1	63.86	0.00	63.86	6.2
15-19	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		**$ 309.14**	**$ 710.36**	**$ 1,019.50**	
SEX OF CLAIMANT						
Female	9	81.8	245.28	710.36	955.64	93.7
Male	2	18.1	63.86	0.00	63.86	6.2
	11		**$ 309.14**	**$ 710.36**	**$ 1,019.50**	
LOSS CAUSE						
Office equipment	1	9.0	39.64	710.36	750.00	73.5
Building parts / doors	1	9.0	135.00	0.00	135.00	13.2
Patient / Inmate	3	27.2	77.22	0.00	77.22	7.5
Insufficient data	1	9.0	57.28	0.00	57.28	5.6
Boxes / containers	1	9.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	9.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Needle stick	1	9.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 309.14**	**$ 710.36**	**$ 1,019.50**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	9.0	39.64	710.36	750.00	73.5
Struck/Injured by Object Handled By Other	1	9.0	135.00	0.00	135.00	13.2
Stuck, injured by fellow worker, patient	1	9.0	63.86	0.00	63.86	6.2
Contact with Cold Objects or Substances	1	9.0	57.28	0.00	57.28	5.6
Pushing Or Pulling (Strain or Injury by)	1	9.0	13.36	0.00	13.36	1.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-surg-card (353)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Infectious Disease Exposure	1	9.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	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
Struck/Injured by Hand Tool/Machine In Use	1	9.0	0.00	0.00	0.00	0.0
	11		***$ 309.14***	***$ 710.36***	***$ 1,019.50***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Multiple Head Injury	2
Facial, Other Soft Tissue	1
Lower Arm	1
Finger(s)	2
Insufficient Information	2
Internal Organs	1
Toe(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	2
Contusion	3
Foreign Body	2
Strain	1
Contagious Disease	1
Laceration	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu (355)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	3	60.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	3	60.0	0.00	0.00	0.00	0.0
6-8	1	20.0	0.00	0.00	0.00	0.0
2-4	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
20-24	1	20.0	0.00	0.00	0.00	0.0
40-44	3	60.0	0.00	0.00	0.00	0.0
30-34	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Clothing / jewelry	1	20.0	0.00	0.00	0.00	0.0
Water	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
Machine, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Allergic Reaction	1	20.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	20.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	

****BODY PART**	
Hand	2
Hip	1
Facial, Other Soft Tissue	2
	5

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

****INJURY**	
Dermatitis	1
Sprain	1
Foreign Body	2
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu (355)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu (356)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	256.40	0.00	256.40	100.0
10AM-11:59AM	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
6AM-7:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 256.40**	**$ 0.00**	**$ 256.40**	
LENGTH OF SERVICE						
2-4	2	33.3	256.40	0.00	256.40	100.0
0-2	2	33.3	0.00	0.00	0.00	0.0
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		**$ 256.40**	**$ 0.00**	**$ 256.40**	
AGE OF CLAIMANT						
30-34	1	16.6	256.40	0.00	256.40	100.0
35-39	3	50.0	0.00	0.00	0.00	0.0
20-24	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 256.40**	**$ 0.00**	**$ 256.40**	
SEX OF CLAIMANT						
Female	5	83.3	256.40	0.00	256.40	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 256.40**	**$ 0.00**	**$ 256.40**	
LOSS CAUSE						
Patient / Inmate	6	100.0	256.40	0.00	256.40	100.0
	6		**$ 256.40**	**$ 0.00**	**$ 256.40**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	33.3	256.40	0.00	256.40	100.0
Foreign Body In Eye	1	16.6	0.00	0.00	0.00	0.0
Infectious Disease Exposure	3	50.0	0.00	0.00	0.00	0.0
	6		**$ 256.40**	**$ 0.00**	**$ 256.40**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
Internal Organs	3					
	6					

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

****INJURY**	
Strain	2
Contagious Disease	3
Foreign Body	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu (356)

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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Ctc (357)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	33.3	23.76	0.00	23.76	100.0
10AM-11:59AM	2	33.3	0.00	0.00	0.00	0.0
12AM-1:59AM	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 23.76**	**$ 0.00**	**$ 23.76**	
LENGTH OF SERVICE						
2-4	3	50.0	23.76	0.00	23.76	100.0
0-2	1	16.6	0.00	0.00	0.00	0.0
6-8	1	16.6	0.00	0.00	0.00	0.0
8-10	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 23.76**	**$ 0.00**	**$ 23.76**	
AGE OF CLAIMANT						
30-34	4	66.6	23.76	0.00	23.76	100.0
35-39	1	16.6	0.00	0.00	0.00	0.0
40-44	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 23.76**	**$ 0.00**	**$ 23.76**	
SEX OF CLAIMANT						
Female	6	100.0	23.76	0.00	23.76	100.0
	6		**$ 23.76**	**$ 0.00**	**$ 23.76**	
LOSS CAUSE						
Person	1	16.6	23.76	0.00	23.76	100.0
Insufficient data	2	33.3	0.00	0.00	0.00	0.0
Elevators, escalators	1	16.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 23.76**	**$ 0.00**	**$ 23.76**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	16.6	23.76	0.00	23.76	100.0
Reaching (Strain or Injury by)	2	33.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 23.76**	**$ 0.00**	**$ 23.76**	

****BODY PART**	
Internal Organs	1
Whole Body	2
Insufficient Information	2
Wrist	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**	
Contagious Disease	1
Strain	2
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Ctc (357)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-main-icu-ne (360)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	23.0	48.37	750.00	798.37	85.0
8AM-9:59AM	3	23.0	140.42	0.00	140.42	14.9
2AM-3:59AM	3	23.0	0.00	0.00	0.00	0.0
4AM-5:59AM	2	15.3	0.00	0.00	0.00	0.0
6AM-7:59AM	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 188.79**	**$ 750.00**	**$ 938.79**	
LENGTH OF SERVICE						
18-20	1	7.6	0.00	750.00	750.00	79.8
0-2	4	30.7	188.79	0.00	188.79	20.1
10-12	1	7.6	0.00	0.00	0.00	0.0
16-18	2	15.3	0.00	0.00	0.00	0.0
14-16	2	15.3	0.00	0.00	0.00	0.0
2-4	3	23.0	0.00	0.00	0.00	0.0
	13		**$ 188.79**	**$ 750.00**	**$ 938.79**	
AGE OF CLAIMANT						
40-44	3	23.0	0.00	750.00	750.00	79.8
30-34	4	30.7	188.79	0.00	188.79	20.1
45-49	3	23.0	0.00	0.00	0.00	0.0
25-29	1	7.6	0.00	0.00	0.00	0.0
35-39	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 188.79**	**$ 750.00**	**$ 938.79**	
SEX OF CLAIMANT						
Female	10	76.9	188.79	750.00	938.79	100.0
Male	3	23.0	0.00	0.00	0.00	0.0
	13		**$ 188.79**	**$ 750.00**	**$ 938.79**	
LOSS CAUSE						
Patient / Inmate	7	53.8	140.42	750.00	890.42	94.8
Sharp objects, not otherwise classified	5	38.4	48.37	0.00	48.37	5.1
Stone / rock / brick	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 188.79**	**$ 750.00**	**$ 938.79**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	15.3	0.00	750.00	750.00	79.8
Lifting (strain or Injury by)	1	7.6	140.42	0.00	140.42	14.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	30.7	48.37	0.00	48.37	5.1
Struck/Injured by Falling or Flying Object	1	7.6	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	7.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	7.6	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	15.3	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 188.79**	**$ 750.00**	**$ 938.79**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Foot	1					
Finger(s)	4					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-main-icu-ne (360)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hip	1					
Knee	1					
Eye(s)	2					
Insufficient Information	1					
Internal Organs	2					
	13					

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

*****INJURY***

Strain	3					
Sprain	1					
Puncture	5					
Contusion	1					
Contagious Disease	2					
Foreign Body	2					
	13					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu-ge (361)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	3	17.6	641.42	3,500.00	4,141.42	77.6
2AM-3:59AM	3	17.6	22.00	750.00	772.00	14.4
8AM-9:59AM	1	5.8	233.50	0.00	233.50	4.3
2PM-3:59PM	1	5.8	161.50	0.00	161.50	3.0
10AM-11:59AM	3	17.6	23.76	0.00	23.76	0.4
12PM-1:59PM	3	17.6	0.00	0.00	0.00	0.0
4AM-5:59AM	1	5.8	0.00	0.00	0.00	0.0
6AM-7:59AM	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 1,082.18**	**$ 4,250.00**	**$ 5,332.18**	
LENGTH OF SERVICE						
8-10	1	5.8	0.00	3,500.00	3,500.00	65.6
12-14	2	11.7	0.00	750.00	750.00	14.0
22-24	1	5.8	617.42	0.00	617.42	11.5
24-26	1	5.8	233.50	0.00	233.50	4.3
0-2	4	23.5	183.50	0.00	183.50	3.4
10-12	1	5.8	24.00	0.00	24.00	0.4
4-6	2	11.7	23.76	0.00	23.76	0.4
14-16	1	5.8	0.00	0.00	0.00	0.0
2-4	3	17.6	0.00	0.00	0.00	0.0
26-28	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,082.18**	**$ 4,250.00**	**$ 5,332.18**	
AGE OF CLAIMANT						
40-44	3	17.6	24.00	3,500.00	3,524.00	66.0
45-49	2	11.7	850.92	0.00	850.92	15.9
35-39	2	11.7	0.00	750.00	750.00	14.0
30-34	2	11.7	161.50	0.00	161.50	3.0
25-29	7	41.1	23.76	0.00	23.76	0.4
20-24	1	5.8	22.00	0.00	22.00	0.4
	17		**$ 1,082.18**	**$ 4,250.00**	**$ 5,332.18**	
SEX OF CLAIMANT						
Female	17	100.0	1,082.18	4,250.00	5,332.18	100.0
	17		**$ 1,082.18**	**$ 4,250.00**	**$ 5,332.18**	
LOSS CAUSE						
Patient / Inmate	5	29.4	395.00	3,500.00	3,895.00	73.0
Chemicals, not otherwise classified	2	11.7	0.00	750.00	750.00	14.0
Elevators, escalators	1	5.8	617.42	0.00	617.42	11.5
Metal items	2	11.7	24.00	0.00	24.00	0.4
Person	1	5.8	23.76	0.00	23.76	0.4
Clothing / jewelry	1	5.8	22.00	0.00	22.00	0.4
Glass bottle / sheet	1	5.8	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	4	23.5	0.00	0.00	0.00	0.0
	17		**$ 1,082.18**	**$ 4,250.00**	**$ 5,332.18**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	3	17.6	395.00	3,500.00	3,895.00	73.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu-ge (361)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Allergic Reaction	3	17.6	22.00	750.00	772.00	14.4
Twisting, strain or injury by	1	5.8	617.42	0.00	617.42	11.5
Strike Against/Step on Stationary Object	1	5.8	24.00	0.00	24.00	0.4
Infectious Disease Exposure	1	5.8	23.76	0.00	23.76	0.4
Contact with Cold Objects or Substances	1	5.8	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	11.7	0.00	0.00	0.00	0.0
Foreign Body In Eye	2	11.7	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	5.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.8	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 1,082.18***	***$ 4,250.00***	***$ 5,332.18***	

***BODY PART**

Lumbar and/or Sacral Vertebrae	1
Hand	4
Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Elbow	1
Insufficient Information	3
Eye(s)	2
Finger(s)	2
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**

Infection	1
Sprain	2
Dermatitis	3
Strain	1
Contusion	2
Puncture	5
Foreign Body	3
	17

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-icu Coronary (362)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	18.1	110.08	10,889.92	11,000.00	91.8
10AM-11:59AM	1	9.0	0.00	750.00	750.00	6.2
12PM-1:59PM	3	27.2	231.30	0.00	231.30	1.9
12AM-1:59AM	1	9.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	18.1	0.00	0.00	0.00	0.0
4AM-5:59AM	1	9.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 341.38**	**$ 11,639.92**	**$ 11,981.30**	
LENGTH OF SERVICE						
4-6	3	27.2	110.08	10,889.92	11,000.00	91.8
0-2	6	54.5	231.30	750.00	981.30	8.1
2-4	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 341.38**	**$ 11,639.92**	**$ 11,981.30**	
AGE OF CLAIMANT						
45-49	4	36.3	341.38	10,889.92	11,231.30	93.7
40-44	5	45.4	0.00	750.00	750.00	6.2
30-34	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 341.38**	**$ 11,639.92**	**$ 11,981.30**	
SEX OF CLAIMANT						
Female	10	90.9	341.38	11,639.92	11,981.30	100.0
Male	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 341.38**	**$ 11,639.92**	**$ 11,981.30**	
LOSS CAUSE						
Patient / Inmate	4	36.3	110.08	10,889.92	11,000.00	91.8
Walking surface, inside, wet	1	9.0	0.00	750.00	750.00	6.2
Walking surface, inside, dry	1	9.0	231.30	0.00	231.30	1.9
Insufficient data	1	9.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	4	36.3	0.00	0.00	0.00	0.0
	11		**$ 341.38**	**$ 11,639.92**	**$ 11,981.30**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	9.0	110.08	10,889.92	11,000.00	91.8
Fall or Slip (From Liquid/Grease spills)	1	9.0	0.00	750.00	750.00	6.2
Fall or Slip (On Same Level)	1	9.0	231.30	0.00	231.30	1.9
Misc. (Strike Against or Step On)	1	9.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	2	18.1	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	18.1	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	9.0	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 341.38**	**$ 11,639.92**	**$ 11,981.30**	
****BODY PART**						
Upper Back Area (Thoracic Area)	1					
Multiple Neck Injury	1					
Wrist(s) & Hand(s)	1					
Foot	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-icu Coronary (362)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Head Injury	1					
Facial, Other Soft Tissue	1					
Finger(s)	3					
Internal Organs	2					
Lower Arm	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	2					
Contusion	1					
Sprain	1					
Laceration	3					
Contagious Disease	2					
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-icu Med Res (363)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	12.5	194.74	0.00	194.74	52.3
4AM-5:59AM	5	31.2	81.72	0.00	81.72	21.9
12PM-1:59PM	3	18.7	66.15	0.00	66.15	17.7
6AM-7:59AM	4	25.0	29.74	0.00	29.74	7.9
10AM-11:59AM	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 372.35**	**$ 0.00**	**$ 372.35**	
LENGTH OF SERVICE						
0-2	4	25.0	231.15	0.00	231.15	62.0
12-14	1	6.2	59.94	0.00	59.94	16.1
10-12	1	6.2	29.74	0.00	29.74	7.9
8-10	4	25.0	29.74	0.00	29.74	7.9
6-8	1	6.2	21.78	0.00	21.78	5.8
2-4	4	25.0	0.00	0.00	0.00	0.0
28-30	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 372.35**	**$ 0.00**	**$ 372.35**	
AGE OF CLAIMANT						
25-29	8	50.0	186.78	0.00	186.78	50.1
20-24	1	6.2	66.15	0.00	66.15	17.7
45-49	1	6.2	59.94	0.00	59.94	16.1
30-34	4	25.0	59.48	0.00	59.48	15.9
35-39	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 372.35**	**$ 0.00**	**$ 372.35**	
SEX OF CLAIMANT						
Female	13	81.2	372.35	0.00	372.35	100.0
Male	3	18.7	0.00	0.00	0.00	0.0
	16		**$ 372.35**	**$ 0.00**	**$ 372.35**	
LOSS CAUSE						
Miscellaneous	2	12.5	165.00	0.00	165.00	44.3
Patient / Inmate	6	37.5	125.63	0.00	125.63	33.7
Sharp objects, not otherwise classified	3	18.7	81.72	0.00	81.72	21.9
Heating equipment	1	6.2	0.00	0.00	0.00	0.0
Unknown	1	6.2	0.00	0.00	0.00	0.0
Electrical equipment	1	6.2	0.00	0.00	0.00	0.0
Infectious agent	1	6.2	0.00	0.00	0.00	0.0
Metal items	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 372.35**	**$ 0.00**	**$ 372.35**	
ACCIDENT TYPE						
Infectious Disease Exposure	3	18.7	224.48	0.00	224.48	60.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	18.7	81.72	0.00	81.72	21.9
Contact with Cold Objects or Substances	1	6.2	66.15	0.00	66.15	17.7
Acid Chemicals Burn or Scald - Heat or Cold Exp.	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
Pushing Or Pulling (Strain or Injury by)	1	6.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	4	25.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-icu Med Res (363)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	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		***$ 372.35***	***$ 0.00***	***$ 372.35***	

***BODY PART**

Eye(s)	4
Finger(s)	4
Insufficient Information	1
Internal Organs	2
Hand	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Multiple Neck Injury	1
Facial, Other Soft Tissue	1
Mouth	1
Nose	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**

Foreign Body	7
Puncture	3
Contagious Disease	2
Burn	1
Strain	2
Contusion	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med/surg Emergency (364)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	12.1	0.00	750.00	750.00	42.6
10AM-11:59AM	7	21.2	552.07	0.00	552.07	31.4
2AM-3:59AM	10	30.3	184.13	0.00	184.13	10.4
12PM-1:59PM	2	6.0	135.90	0.00	135.90	7.7
4AM-5:59AM	2	6.0	135.85	0.00	135.85	7.7
12AM-1:59AM	2	6.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	6.0	0.00	0.00	0.00	0.0
6AM-7:59AM	4	12.1	0.00	0.00	0.00	0.0
	33		**$ 1,007.95**	**$ 750.00**	**$ 1,757.95**	
LENGTH OF SERVICE						
2-4	12	36.3	560.90	750.00	1,310.90	74.5
0-2	10	30.3	232.78	0.00	232.78	13.2
18-20	2	6.0	135.85	0.00	135.85	7.7
4-6	5	15.1	59.94	0.00	59.94	3.4
12-14	1	3.0	18.48	0.00	18.48	1.0
10-12	2	6.0	0.00	0.00	0.00	0.0
8-10	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 1,007.95**	**$ 750.00**	**$ 1,757.95**	
AGE OF CLAIMANT						
35-39	12	36.3	545.74	750.00	1,295.74	73.7
30-34	7	21.2	307.88	0.00	307.88	17.5
40-44	6	18.1	154.33	0.00	154.33	8.7
45-49	1	3.0	0.00	0.00	0.00	0.0
20-24	3	9.0	0.00	0.00	0.00	0.0
25-29	4	12.1	0.00	0.00	0.00	0.0
	33		**$ 1,007.95**	**$ 750.00**	**$ 1,757.95**	
SEX OF CLAIMANT						
Female	24	72.7	948.01	750.00	1,698.01	96.5
Male	9	27.2	59.94	0.00	59.94	3.4
	33		**$ 1,007.95**	**$ 750.00**	**$ 1,757.95**	
LOSS CAUSE						
Patient / Inmate	9	27.2	308.05	750.00	1,058.05	60.1
Furniture / fixtures	2	6.0	349.90	0.00	349.90	19.9
Sharp objects, not otherwise classified	12	36.3	292.72	0.00	292.72	16.6
Infectious agent	1	3.0	57.28	0.00	57.28	3.2
Brush / tree / log	1	3.0	0.00	0.00	0.00	0.0
Building parts / doors	1	3.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	6.0	0.00	0.00	0.00	0.0
Metal items	1	3.0	0.00	0.00	0.00	0.0
Minerals / dirt	1	3.0	0.00	0.00	0.00	0.0
Needle stick	1	3.0	0.00	0.00	0.00	0.0
Person	1	3.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	3.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med/surg Emergency (364)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	33		**$ 1,007.95**	**$ 750.00**	**$ 1,757.95**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	3.0	0.00	750.00	750.00	42.6
Struck/Injured by Object Being Lifted/Handled	2	6.0	349.90	0.00	349.90	19.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	9	27.2	292.72	0.00	292.72	16.6
Stuck, injured by fellow worker, patient	3	9.0	135.90	0.00	135.90	7.7
Contact with Cold Objects or Substances	3	9.0	135.85	0.00	135.85	7.7
Foreign Body In Eye	3	9.0	57.28	0.00	57.28	3.2
Infectious Disease Exposure	2	6.0	36.30	0.00	36.30	2.0
Lifting (strain or Injury by)	1	3.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	4	12.1	0.00	0.00	0.00	0.0
Rubbed/Abraded not otherwise classified	1	3.0	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	3.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	3.0	0.00	0.00	0.00	0.0
Human Bite	1	3.0	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 1,007.95**	**$ 750.00**	**$ 1,757.95**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Finger(s)	9
Foot	1
Lower Leg	1
Toe(s)	1
Upper Leg	1
Thumb	3
Insufficient Information	4
Eye(s)	3
Internal Organs	2
Hand	5
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Lower Arm	1
Multiple Head Injury	1
	33

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Foreign Body	11
Puncture	13
Contagious Disease	2
Crushing	1
Laceration	2
Poisoning	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-med/surg Emergency (364)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	33					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-acute (365)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	14.2	673.18	4,076.82	4,750.00	85.2
6AM-7:59AM	1	14.2	5.94	744.06	750.00	13.4
8AM-9:59AM	4	57.1	69.34	0.00	69.34	1.2
4AM-5:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 748.46**	**$ 4,820.88**	**$ 5,569.34**	
LENGTH OF SERVICE						
2-4	4	57.1	742.52	4,076.82	4,819.34	86.5
4-6	1	14.2	5.94	744.06	750.00	13.4
0-2	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 748.46**	**$ 4,820.88**	**$ 5,569.34**	
AGE OF CLAIMANT						
50-54	2	28.5	673.18	4,076.82	4,750.00	85.2
40-44	2	28.5	5.94	744.06	750.00	13.4
30-34	1	14.2	51.93	0.00	51.93	0.9
75-79	1	14.2	17.41	0.00	17.41	0.3
60-64	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 748.46**	**$ 4,820.88**	**$ 5,569.34**	
SEX OF CLAIMANT						
Female	5	71.4	679.12	4,820.88	5,500.00	98.7
Male	2	28.5	69.34	0.00	69.34	1.2
	7		**$ 748.46**	**$ 4,820.88**	**$ 5,569.34**	
LOSS CAUSE						
Patient / Inmate	2	28.5	679.12	4,820.88	5,500.00	98.7
Machine, not otherwise classified	1	14.2	51.93	0.00	51.93	0.9
Walking surface, outside, dry	1	14.2	17.41	0.00	17.41	0.3
Chemicals, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Mechanical powered	1	14.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 748.46**	**$ 4,820.88**	**$ 5,569.34**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	28.5	679.12	4,820.88	5,500.00	98.7
Pushing Or Pulling (Strain or Injury by)	1	14.2	51.93	0.00	51.93	0.9
Misc. (Strain or Injury by)	1	14.2	17.41	0.00	17.41	0.3
Contact with Cold Objects or Substances	2	28.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 748.46**	**$ 4,820.88**	**$ 5,569.34**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Upper Leg	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Finger(s)	1					
Insufficient Information	1					
No Physical Problem	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-acute (365)

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	4
Strain	1
Foreign Body	1
No Physical Injury	1
Puncture	1
	7

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-newborn Icu (370)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	22.2	147.60	0.00	147.60	78.8
12PM-1:59PM	1	11.1	39.51	0.00	39.51	21.1
10AM-11:59AM	4	44.4	0.00	0.00	0.00	0.0
4AM-5:59AM	1	11.1	0.00	0.00	0.00	0.0
6AM-7:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 187.11**	**$ 0.00**	**$ 187.11**	
LENGTH OF SERVICE						
2-4	2	22.2	147.60	0.00	147.60	78.8
0-2	4	44.4	39.51	0.00	39.51	21.1
12-14	1	11.1	0.00	0.00	0.00	0.0
14-16	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		**$ 187.11**	**$ 0.00**	**$ 187.11**	
AGE OF CLAIMANT						
65-69	1	11.1	147.60	0.00	147.60	78.8
20-24	2	22.2	39.51	0.00	39.51	21.1
35-39	1	11.1	0.00	0.00	0.00	0.0
25-29	1	11.1	0.00	0.00	0.00	0.0
30-34	2	22.2	0.00	0.00	0.00	0.0
50-54	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 187.11**	**$ 0.00**	**$ 187.11**	
SEX OF CLAIMANT						
Female	9	100.0	187.11	0.00	187.11	100.0
	9		**$ 187.11**	**$ 0.00**	**$ 187.11**	
LOSS CAUSE						
Stairs, steps	1	11.1	147.60	0.00	147.60	78.8
Sharp objects, not otherwise classified	4	44.4	39.51	0.00	39.51	21.1
Electrical equipment	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
Metal items	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		**$ 187.11**	**$ 0.00**	**$ 187.11**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	11.1	147.60	0.00	147.60	78.8
Misc. (Cut, Puncture, Scrape)	2	22.2	39.51	0.00	39.51	21.1
Object Handled (caught in or between)	1	11.1	0.00	0.00	0.00	0.0
Allergic Reaction	1	11.1	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	33.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 187.11**	**$ 0.00**	**$ 187.11**	
****BODY PART**						
Buttocks	1					
Finger(s)	4					
Lower Arm	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-newborn Icu (370)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand	1					
Insufficient Information	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
Puncture	5
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-peds-main (373)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	28.5	209.33	4,715.63	4,924.96	57.4
2AM-3:59AM	2	28.5	90.40	3,449.11	3,539.51	41.2
10AM-11:59AM	2	28.5	106.42	0.00	106.42	1.2
4AM-5:59AM	1	14.2	5.94	0.00	5.94	0.0
	7		**$ 412.09**	**$ 8,164.74**	**$ 8,576.83**	
LENGTH OF SERVICE						
10-12	1	14.2	34.37	4,715.63	4,750.00	55.3
8-10	1	14.2	50.89	3,449.11	3,500.00	40.8
0-2	1	14.2	174.96	0.00	174.96	2.0
18-20	1	14.2	88.60	0.00	88.60	1.0
2-4	1	14.2	39.51	0.00	39.51	0.4
14-16	1	14.2	17.82	0.00	17.82	0.2
26-28	1	14.2	5.94	0.00	5.94	0.0
	7		**$ 412.09**	**$ 8,164.74**	**$ 8,576.83**	
AGE OF CLAIMANT						
30-34	1	14.2	34.37	4,715.63	4,750.00	55.3
45-49	1	14.2	50.89	3,449.11	3,500.00	40.8
20-24	1	14.2	174.96	0.00	174.96	2.0
35-39	3	42.8	145.93	0.00	145.93	1.7
40-44	1	14.2	5.94	0.00	5.94	0.0
	7		**$ 412.09**	**$ 8,164.74**	**$ 8,576.83**	
SEX OF CLAIMANT						
Female	6	85.7	237.13	8,164.74	8,401.87	97.9
Male	1	14.2	174.96	0.00	174.96	2.0
	7		**$ 412.09**	**$ 8,164.74**	**$ 8,576.83**	
LOSS CAUSE						
Patient / Inmate	4	57.1	191.68	8,164.74	8,356.42	97.4
Furniture / fixtures	1	14.2	174.96	0.00	174.96	2.0
Sharp objects, not otherwise classified	1	14.2	39.51	0.00	39.51	0.4
Person	1	14.2	5.94	0.00	5.94	0.0
	7		**$ 412.09**	**$ 8,164.74**	**$ 8,576.83**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	14.2	34.37	4,715.63	4,750.00	55.3
Pushing Or Pulling (Strain or Injury by)	2	28.5	139.49	3,449.11	3,588.60	41.8
Strike Against/Step on Stationary Object	1	14.2	174.96	0.00	174.96	2.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	14.2	39.51	0.00	39.51	0.4
Infectious Disease Exposure	2	28.5	23.76	0.00	23.76	0.2
	7		**$ 412.09**	**$ 8,164.74**	**$ 8,576.83**	
****BODY PART**						
Shoulder	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Back Area (Thoracic Area)	1					
Knee	1					
Hand	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-peds-main (373)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Internal Organs	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	3
Sprain	1
Contusion	1
Puncture	1
Contagious Disease	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-peds-emergency (374)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	14.2	0.00	0.00	0.00	0.0
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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
10-12	1	14.2	0.00	0.00	0.00	0.0
12-14	4	57.1	0.00	0.00	0.00	0.0
2-4	1	14.2	0.00	0.00	0.00	0.0
22-24	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	3	42.8	0.00	0.00	0.00	0.0
45-49	3	42.8	0.00	0.00	0.00	0.0
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	7	100.0	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, outside, wet	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
Infectious agent	1	14.2	0.00	0.00	0.00	0.0
Patient / Inmate	1	14.2	0.00	0.00	0.00	0.0
Person	1	14.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	14.2	0.00	0.00	0.00	0.0
Allergic Reaction	1	14.2	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	14.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	28.5	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	14.2	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other Soft Tissue	1					
Hand	2					
Insufficient Information	1					
Internal Organs	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-peds-emergency (374)

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	1
All Other Occupational Disease	1
Contagious Disease	1
Contusion	1
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu (375)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	5	41.6	59.94	0.00	59.94	100.0
10AM-11:59AM	3	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	8.3	0.00	0.00	0.00	0.0
2PM-3:59PM	1	8.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 59.94**	**$ 0.00**	**$ 59.94**	
LENGTH OF SERVICE						
12-14	4	33.3	59.94	0.00	59.94	100.0
0-2	1	8.3	0.00	0.00	0.00	0.0
10-12	1	8.3	0.00	0.00	0.00	0.0
14-16	2	16.6	0.00	0.00	0.00	0.0
2-4	4	33.3	0.00	0.00	0.00	0.0
	12		**$ 59.94**	**$ 0.00**	**$ 59.94**	
AGE OF CLAIMANT						
40-44	4	33.3	59.94	0.00	59.94	100.0
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
30-34	2	16.6	0.00	0.00	0.00	0.0
35-39	1	8.3	0.00	0.00	0.00	0.0
45-49	1	8.3	0.00	0.00	0.00	0.0
50-54	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 59.94**	**$ 0.00**	**$ 59.94**	
SEX OF CLAIMANT						
Female	10	83.3	59.94	0.00	59.94	100.0
Male	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 59.94**	**$ 0.00**	**$ 59.94**	
LOSS CAUSE						
Sharp objects, not otherwise classified	3	25.0	59.94	0.00	59.94	100.0
Machine, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Patient / Inmate	8	66.6	0.00	0.00	0.00	0.0
	12		**$ 59.94**	**$ 0.00**	**$ 59.94**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	25.0	59.94	0.00	59.94	100.0
Contact with Cold Objects or Substances	2	16.6	0.00	0.00	0.00	0.0
Infectious Disease Exposure	5	41.6	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	8.3	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 59.94**	**$ 0.00**	**$ 59.94**	
****BODY PART**						
Finger(s)	1					
Facial, Other Soft Tissue	1					
Hand	1					
Insufficient Information	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-icu (375)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Internal Organs	5					
Mouth	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***

Puncture	3					
Contagious Disease	5					
Foreign Body	2					
Laceration	2					
	12					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:51

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Onocology (378)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	6	20.6	437.90	17,700.00	18,137.90	76.9
10AM-11:59AM	6	20.6	132.50	3,438.23	3,570.73	15.1
8AM-9:59AM	5	17.2	110.70	750.00	860.70	3.6
2AM-3:59AM	2	6.8	0.00	750.00	750.00	3.1
12PM-1:59PM	3	10.3	219.15	0.00	219.15	0.9
4AM-5:59AM	3	10.3	40.00	0.00	40.00	0.1
2PM-3:59PM	1	3.4	0.00	0.00	0.00	0.0
6AM-7:59AM	3	10.3	0.00	0.00	0.00	0.0
	29		**$ 940.25**	**$ 22,638.23**	**$ 23,578.48**	
LENGTH OF SERVICE						
2-4	3	10.3	0.00	17,700.00	17,700.00	75.0
14-16	1	3.4	93.04	3,438.23	3,531.27	14.9
0-2	14	48.2	477.90	1,500.00	1,977.90	8.3
16-18	1	3.4	219.15	0.00	219.15	0.9
10-12	3	10.3	110.70	0.00	110.70	0.4
28-30	4	13.7	39.46	0.00	39.46	0.1
6-8	3	10.3	0.00	0.00	0.00	0.0
	29		**$ 940.25**	**$ 22,638.23**	**$ 23,578.48**	
AGE OF CLAIMANT						
35-39	4	13.7	312.19	15,938.23	16,250.42	68.9
30-34	1	3.4	0.00	5,200.00	5,200.00	22.0
20-24	4	13.7	217.30	750.00	967.30	4.1
25-29	11	37.9	67.90	750.00	817.90	3.4
40-44	2	6.8	192.70	0.00	192.70	0.8
55-59	2	6.8	110.70	0.00	110.70	0.4
50-54	4	13.7	39.46	0.00	39.46	0.1
45-49	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 940.25**	**$ 22,638.23**	**$ 23,578.48**	
SEX OF CLAIMANT						
Female	29	100.0	940.25	22,638.23	23,578.48	100.0
	29		**$ 940.25**	**$ 22,638.23**	**$ 23,578.48**	
LOSS CAUSE						
Patient / Inmate	10	34.4	610.40	21,138.23	21,748.63	92.2
Walking surface, inside, dry	2	6.8	219.15	750.00	969.15	4.1
Fire / Flame / Smoke	2	6.8	0.00	750.00	750.00	3.1
Boxes / containers	1	3.4	110.70	0.00	110.70	0.4
Pike pole 10’	1	3.4	0.00	0.00	0.00	0.0
Building parts / doors	1	3.4	0.00	0.00	0.00	0.0
Furniture / fixtures	2	6.8	0.00	0.00	0.00	0.0
Miscellaneous	1	3.4	0.00	0.00	0.00	0.0
Office equipment	1	3.4	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	8	27.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Onocology (378)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	29		**$ 940.25**	**$ 22,638.23**	**$ 23,578.48**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	10.3	40.00	17,700.00	17,740.00	75.2
Pushing Or Pulling (Strain or Injury by)	2	6.8	132.50	3,438.23	3,570.73	15.1
Collision with a Fixed Object	1	3.4	0.00	750.00	750.00	3.1
Dust,gases,fumes,vapors	1	3.4	0.00	750.00	750.00	3.1
Stuck, injured by fellow worker, patient	2	6.8	370.00	0.00	370.00	1.5
Reaching (Strain or Injury by)	1	3.4	219.15	0.00	219.15	0.9
Fall or Slip (On Same Level)	2	6.8	110.70	0.00	110.70	0.4
Holding Or Carrying (Strain or Injury by)	1	3.4	67.90	0.00	67.90	0.2
Absorb, Ingest, Inhalation	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
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	10.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.4	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	6.8	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	3.4	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	4	13.7	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	3.4	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	3.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 940.25**	**$ 22,638.23**	**$ 23,578.48**	

*****BODY PART***

Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Hip	1
Lungs	2
Multiple Head Injury	2
Knee	2
Foot	1
Upper Back Area (Thoracic Area)	1
Lower Arm	1
Eye(s)	1
Facial, Other Soft Tissue	1
Finger(s)	8
Hand	2
Insufficient Information	1
Internal Organs	1
No Physical Problem	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***

Sprain	4
Strain	6
Contusion	4
Poisoning - Chemical	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Onocology (378)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	2					
Respiratory Disorders	1					
Contagious Disease	1					
Foreign Body	2					
Infection	1					
No Physical Injury	1					
Puncture	8					
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-post Anesthesia (382)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	26.0	585.88	7,514.12	8,100.00	99.7
4AM-5:59AM	5	21.7	10.26	0.00	10.26	0.1
6AM-7:59AM	6	26.0	8.41	0.00	8.41	0.1
10AM-11:59AM	2	8.6	0.00	0.00	0.00	0.0
12AM-1:59AM	1	4.3	0.00	0.00	0.00	0.0
12PM-1:59PM	3	13.0	0.00	0.00	0.00	0.0
	23		**$ 604.55**	**$ 7,514.12**	**$ 8,118.67**	
LENGTH OF SERVICE						
6-8	2	8.6	585.88	7,514.12	8,100.00	99.7
26-28	6	26.0	18.67	0.00	18.67	0.2
0-2	2	8.6	0.00	0.00	0.00	0.0
16-18	2	8.6	0.00	0.00	0.00	0.0
2-4	3	13.0	0.00	0.00	0.00	0.0
12-14	1	4.3	0.00	0.00	0.00	0.0
18-20	1	4.3	0.00	0.00	0.00	0.0
22-24	1	4.3	0.00	0.00	0.00	0.0
4-6	2	8.6	0.00	0.00	0.00	0.0
8-10	3	13.0	0.00	0.00	0.00	0.0
	23		**$ 604.55**	**$ 7,514.12**	**$ 8,118.67**	
AGE OF CLAIMANT						
45-49	8	34.7	604.55	7,514.12	8,118.67	100.0
35-39	3	13.0	0.00	0.00	0.00	0.0
40-44	7	30.4	0.00	0.00	0.00	0.0
50-54	1	4.3	0.00	0.00	0.00	0.0
25-29	1	4.3	0.00	0.00	0.00	0.0
30-34	3	13.0	0.00	0.00	0.00	0.0
	23		**$ 604.55**	**$ 7,514.12**	**$ 8,118.67**	
SEX OF CLAIMANT						
Male	1	4.3	585.88	7,514.12	8,100.00	99.7
Female	22	95.6	18.67	0.00	18.67	0.2
	23		**$ 604.55**	**$ 7,514.12**	**$ 8,118.67**	
LOSS CAUSE						
Patient / Inmate	9	39.1	596.14	7,514.12	8,110.26	99.9
Elevators, escalators	1	4.3	8.41	0.00	8.41	0.1
Chemicals, not otherwise classified	7	30.4	0.00	0.00	0.00	0.0
Brush / tree / log	1	4.3	0.00	0.00	0.00	0.0
Building parts / doors	1	4.3	0.00	0.00	0.00	0.0
Clothing / jewelry	1	4.3	0.00	0.00	0.00	0.0
Metal items	2	8.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 604.55**	**$ 7,514.12**	**$ 8,118.67**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	4.3	585.88	7,514.12	8,100.00	99.7
Lifting (strain or Injury by)	1	4.3	10.26	0.00	10.26	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-post Anesthesia (382)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	2	8.6	8.41	0.00	8.41	0.1
Absorb, Ingest, Inhalation	6	26.0	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	4.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	4.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	4	17.3	0.00	0.00	0.00	0.0
Misc. (Caught in or Between)	1	4.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.3	0.00	0.00	0.00	0.0
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	2	8.6	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	8.6	0.00	0.00	0.00	0.0
	23		***$ 604.55***	***$ 7,514.12***	***$ 8,118.67***	

***BODY PART**

Shoulder	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Hip	1
Internal Organs	9
Knee	1
Multiple Upper Extremities	1
Upper Leg	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	1
Finger(s)	4
Hand	2
Mouth	1
Multiple Neck 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.**

***INJURY**

Sprain	2
Strain	1
Contusion	7
Poisoning - Chemical	6
Contagious Disease	4
Foreign Body	2
Laceration	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-education (383)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	50.0	171.50	0.00	171.50	88.9
2AM-3:59AM	1	25.0	21.33	0.00	21.33	11.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.83**	**$ 0.00**	**$ 192.83**	
LENGTH OF SERVICE						
0-2	1	25.0	171.50	0.00	171.50	88.9
22-24	1	25.0	21.33	0.00	21.33	11.0
14-16	1	25.0	0.00	0.00	0.00	0.0
16-18	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.83**	**$ 0.00**	**$ 192.83**	
AGE OF CLAIMANT						
30-34	1	25.0	171.50	0.00	171.50	88.9
40-44	1	25.0	21.33	0.00	21.33	11.0
60-64	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		**$ 192.83**	**$ 0.00**	**$ 192.83**	
SEX OF CLAIMANT						
Female	4	100.0	192.83	0.00	192.83	100.0
	4		**$ 192.83**	**$ 0.00**	**$ 192.83**	
LOSS CAUSE						
Patient / Inmate	3	75.0	192.83	0.00	192.83	100.0
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.83**	**$ 0.00**	**$ 192.83**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	50.0	171.50	0.00	171.50	88.9
Stuck, injured by fellow worker, patient	1	25.0	21.33	0.00	21.33	11.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 192.83**	**$ 0.00**	**$ 192.83**	
****BODY PART**						
Wrist	1					
Eye(s)	1					
Finger(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**	
Sprain	2
Foreign Body	1
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurs-education (383)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ob/specialty (387)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-psych Rehab (395)

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						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
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***						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Psy (396)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	4	30.7	513.88	11,000.00	11,513.88	86.5
8AM-9:59AM	2	15.3	1,786.00	0.00	1,786.00	13.4
10AM-11:59AM	1	7.6	0.00	0.00	0.00	0.0
12AM-1:59AM	1	7.6	0.00	0.00	0.00	0.0
12PM-1:59PM	1	7.6	0.00	0.00	0.00	0.0
2AM-3:59AM	2	15.3	0.00	0.00	0.00	0.0
2PM-3:59PM	1	7.6	0.00	0.00	0.00	0.0
6AM-7:59AM	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 2,299.88**	**$ 11,000.00**	**$ 13,299.88**	
LENGTH OF SERVICE						
4-6	3	23.0	0.00	11,000.00	11,000.00	82.7
2-4	1	7.6	1,786.00	0.00	1,786.00	13.4
0-2	5	38.4	513.88	0.00	513.88	3.8
10-12	1	7.6	0.00	0.00	0.00	0.0
20-22	2	15.3	0.00	0.00	0.00	0.0
24-26	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 2,299.88**	**$ 11,000.00**	**$ 13,299.88**	
AGE OF CLAIMANT						
45-49	4	30.7	0.00	11,000.00	11,000.00	82.7
40-44	3	23.0	1,786.00	0.00	1,786.00	13.4
30-34	4	30.7	513.88	0.00	513.88	3.8
25-29	1	7.6	0.00	0.00	0.00	0.0
50-54	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 2,299.88**	**$ 11,000.00**	**$ 13,299.88**	
SEX OF CLAIMANT						
Female	13	100.0	2,299.88	11,000.00	13,299.88	100.0
	13		**$ 2,299.88**	**$ 11,000.00**	**$ 13,299.88**	
LOSS CAUSE						
Patient / Inmate	9	69.2	513.88	11,000.00	11,513.88	86.5
Elevators, escalators	1	7.6	1,786.00	0.00	1,786.00	13.4
Building parts / doors	2	15.3	0.00	0.00	0.00	0.0
Person	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 2,299.88**	**$ 11,000.00**	**$ 13,299.88**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	7.6	0.00	11,000.00	11,000.00	82.7
Twisting, strain or injury by	1	7.6	1,786.00	0.00	1,786.00	13.4
Stuck, injured by fellow worker, patient	5	38.4	513.88	0.00	513.88	3.8
Human Bite	2	15.3	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	15.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 2,299.88**	**$ 11,000.00**	**$ 13,299.88**	
*****BODY PART***						
Shoulder	1					
Upper Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Psy (396)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ankle	1					
Lower Arm	3					
Upper Arm (Inc: Clavicle and Scapula)	1					
Finger(s)	1					
Hand	4					
Internal Organs	1					
Wrist	1					
	13					

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

*****INJURY***

Contusion	6
Strain	1
Sprain	1
Contagious Disease	1
Laceration	4
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-rehab Head (409)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	9.0	0.00	750.00	750.00	93.8
6AM-7:59AM	3	27.2	49.50	0.00	49.50	6.1
12AM-1:59AM	1	9.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	9.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	9.0	0.00	0.00	0.00	0.0
8AM-9:59AM	4	36.3	0.00	0.00	0.00	0.0
	11		**$ 49.50**	**$ 750.00**	**$ 799.50**	
LENGTH OF SERVICE						
0-2	5	45.4	49.50	750.00	799.50	100.0
2-4	4	36.3	0.00	0.00	0.00	0.0
26-28	1	9.0	0.00	0.00	0.00	0.0
10-12	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 49.50**	**$ 750.00**	**$ 799.50**	
AGE OF CLAIMANT						
45-49	4	36.3	0.00	750.00	750.00	93.8
25-29	2	18.1	49.50	0.00	49.50	6.1
30-34	1	9.0	0.00	0.00	0.00	0.0
35-39	2	18.1	0.00	0.00	0.00	0.0
50-54	1	9.0	0.00	0.00	0.00	0.0
65-69	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 49.50**	**$ 750.00**	**$ 799.50**	
SEX OF CLAIMANT						
Female	11	100.0	49.50	750.00	799.50	100.0
	11		**$ 49.50**	**$ 750.00**	**$ 799.50**	
LOSS CAUSE						
Patient / Inmate	2	18.1	0.00	750.00	750.00	93.8
Furniture / fixtures	2	18.1	49.50	0.00	49.50	6.1
Building parts / doors	3	27.2	0.00	0.00	0.00	0.0
Person	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
Walking surface, inside, wet	1	9.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 49.50**	**$ 750.00**	**$ 799.50**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	18.1	0.00	750.00	750.00	93.8
Fall or Slip (From Different Level)	1	9.0	49.50	0.00	49.50	6.1
Fall or Slip (From Liquid/Grease spills)	2	18.1	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
Strike Against/Step on Stationary Object	2	18.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	9.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-rehab Head (409)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 49.50**	**$ 750.00**	**$ 799.50**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Back Area (Thoracic Area)	1					
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hand	1					
Insufficient Information	2					
Lower Arm	1					
Multiple Head Injury	1					
Wrist	1					
Finger(s)	2					
	11					

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

*****INJURY***						
Strain	4					
Contusion	6					
No Physical Injury	1					
Laceration	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-amb (416)

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						
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						
Misc. (Cut, Puncture, Scrape)	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-referring Physician Services (417)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-laboratory (431)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	98.50	0.00	98.50	100.0
	1		**$ 98.50**	**$ 0.00**	**$ 98.50**	
LENGTH OF SERVICE						
26-28	1	100.0	98.50	0.00	98.50	100.0
	1		**$ 98.50**	**$ 0.00**	**$ 98.50**	
AGE OF CLAIMANT						
45-49	1	100.0	98.50	0.00	98.50	100.0
	1		**$ 98.50**	**$ 0.00**	**$ 98.50**	
SEX OF CLAIMANT						
Female	1	100.0	98.50	0.00	98.50	100.0
	1		**$ 98.50**	**$ 0.00**	**$ 98.50**	
LOSS CAUSE						
Insufficient data	1	100.0	98.50	0.00	98.50	100.0
	1		**$ 98.50**	**$ 0.00**	**$ 98.50**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	98.50	0.00	98.50	100.0
	1		**$ 98.50**	**$ 0.00**	**$ 98.50**	
****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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-general Dentistry (446)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-technical S (463)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	1,403.68	2,258.74	3,662.42	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,403.68**	**$ 2,258.74**	**$ 3,662.42**	
LENGTH OF SERVICE						
4-6	1	50.0	1,403.68	2,258.74	3,662.42	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,403.68**	**$ 2,258.74**	**$ 3,662.42**	
AGE OF CLAIMANT						
40-44	2	100.0	1,403.68	2,258.74	3,662.42	100.0
	2		**$ 1,403.68**	**$ 2,258.74**	**$ 3,662.42**	
SEX OF CLAIMANT						
Female	2	100.0	1,403.68	2,258.74	3,662.42	100.0
	2		**$ 1,403.68**	**$ 2,258.74**	**$ 3,662.42**	
LOSS CAUSE						
Office equipment	1	50.0	1,403.68	2,258.74	3,662.42	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,403.68**	**$ 2,258.74**	**$ 3,662.42**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	1,403.68	2,258.74	3,662.42	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,403.68**	**$ 2,258.74**	**$ 3,662.42**	
****BODY PART**						
Hand	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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-personnel G (465)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
16-18	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
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						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower 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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-psy (490)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	50.0	194.34	10,354.03	10,548.37	97.6
10AM-11:59AM	1	12.5	250.93	0.00	250.93	2.3
6AM-7:59AM	3	37.5	0.00	0.00	0.00	0.0
	8		***$ 445.27***	***$ 10,354.03***	***$ 10,799.30***	
LENGTH OF SERVICE						
2-4	4	50.0	194.34	9,604.03	9,798.37	90.7
4-6	1	12.5	0.00	750.00	750.00	6.9
22-24	1	12.5	250.93	0.00	250.93	2.3
10-12	1	12.5	0.00	0.00	0.00	0.0
16-18	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 445.27***	***$ 10,354.03***	***$ 10,799.30***	
AGE OF CLAIMANT						
45-49	4	50.0	194.34	9,604.03	9,798.37	90.7
60-64	1	12.5	0.00	750.00	750.00	6.9
50-54	2	25.0	250.93	0.00	250.93	2.3
55-59	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 445.27***	***$ 10,354.03***	***$ 10,799.30***	
SEX OF CLAIMANT						
Female	8	100.0	445.27	10,354.03	10,799.30	100.0
	8		***$ 445.27***	***$ 10,354.03***	***$ 10,799.30***	
LOSS CAUSE						
Building parts / doors	2	25.0	145.97	10,354.03	10,500.00	97.2
Walking surface, inside, wet	1	12.5	250.93	0.00	250.93	2.3
Sharp objects, not otherwise classified	4	50.0	48.37	0.00	48.37	0.4
Infectious agent	1	12.5	0.00	0.00	0.00	0.0
	8		***$ 445.27***	***$ 10,354.03***	***$ 10,799.30***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	12.5	145.97	9,604.03	9,750.00	90.2
Struck/Injured by Object Being Lifted/Handled	2	25.0	0.00	750.00	750.00	6.9
Fall or Slip (From Liquid/Grease spills)	1	12.5	250.93	0.00	250.93	2.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	48.37	0.00	48.37	0.4
Exposure to Poisonous Agent / Plant	1	12.5	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	2	25.0	0.00	0.00	0.00	0.0
	8		***$ 445.27***	***$ 10,354.03***	***$ 10,799.30***	
****BODY PART**						
Multiple Head Injury	1					
Finger(s)	5					
Hip	1					
Hand	1					
	8					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing-psy (490)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
*****INJURY***						
Contusion	2					
Strain	1					
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurse-med/onc (491)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	14.2	26.84	0.00	26.84	81.8
8AM-9:59AM	1	14.2	5.94	0.00	5.94	18.1
10AM-11:59AM	2	28.5	0.00	0.00	0.00	0.0
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
2AM-3:59AM	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 32.78**	**$ 0.00**	**$ 32.78**	
LENGTH OF SERVICE						
2-4	3	42.8	32.78	0.00	32.78	100.0
10-12	1	14.2	0.00	0.00	0.00	0.0
8-10	1	14.2	0.00	0.00	0.00	0.0
0-2	1	14.2	0.00	0.00	0.00	0.0
6-8	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 32.78**	**$ 0.00**	**$ 32.78**	
AGE OF CLAIMANT						
35-39	3	42.8	26.84	0.00	26.84	81.8
50-54	2	28.5	5.94	0.00	5.94	18.1
25-29	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		**$ 32.78**	**$ 0.00**	**$ 32.78**	
SEX OF CLAIMANT						
Female	7	100.0	32.78	0.00	32.78	100.0
	7		**$ 32.78**	**$ 0.00**	**$ 32.78**	
LOSS CAUSE						
Patient / Inmate	2	28.5	32.78	0.00	32.78	100.0
Furniture / fixtures	2	28.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	42.8	0.00	0.00	0.00	0.0
	7		**$ 32.78**	**$ 0.00**	**$ 32.78**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	14.2	26.84	0.00	26.84	81.8
Allergic Reaction	1	14.2	5.94	0.00	5.94	18.1
Fall or Slip (From Different Level)	2	28.5	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	3	42.8	0.00	0.00	0.00	0.0
	7		**$ 32.78**	**$ 0.00**	**$ 32.78**	
****BODY PART**						
Internal Organs	2					
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	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.**

*****INJURY***

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nurse-med/onc (491)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Infection	1					
Contagious Disease	1					
Contusion	1					
Strain	1					
Laceration	1					
Puncture	2					
	7					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-ped/adolescent (492)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
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***		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-nursing Gumenick (508)

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						
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						
Person	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					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-vip Service (509)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
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						
35-39	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						
Sharp objects, not otherwise classified	3	100.0	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	2	66.6	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	

****BODY PART**	
Finger(s)	2
Internal Organs	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**	
Contagious Disease	1
Laceration	1
Puncture	1
	3

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Vtcc- Mcv Administration (511)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	3	100.0	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
30-34	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	2	66.6	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						
Pushing Or Pulling (Strain or Injury by)	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
Stuck, injured by fellow worker, patient	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	1					
Lower Arm	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:52

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Vtcc-mcv Fiscal Services (513)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	381.00	0.00	381.00	83.6
12PM-1:59PM	1	50.0	74.70	0.00	74.70	16.3
	2		**$ 455.70**	**$ 0.00**	**$ 455.70**	
LENGTH OF SERVICE						
2-4	2	100.0	455.70	0.00	455.70	100.0
	2		**$ 455.70**	**$ 0.00**	**$ 455.70**	
AGE OF CLAIMANT						
35-39	2	100.0	455.70	0.00	455.70	100.0
	2		**$ 455.70**	**$ 0.00**	**$ 455.70**	
SEX OF CLAIMANT						
Female	2	100.0	455.70	0.00	455.70	100.0
	2		**$ 455.70**	**$ 0.00**	**$ 455.70**	
LOSS CAUSE						
Miscellaneous	1	50.0	381.00	0.00	381.00	83.6
Water	1	50.0	74.70	0.00	74.70	16.3
	2		**$ 455.70**	**$ 0.00**	**$ 455.70**	
ACCIDENT TYPE						
Misc. (Struck / Injured by)	1	50.0	381.00	0.00	381.00	83.6
Fall or Slip (From Liquid/Grease spills)	1	50.0	74.70	0.00	74.70	16.3
	2		**$ 455.70**	**$ 0.00**	**$ 455.70**	
****BODY PART**						
Finger(s)	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**		
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-vtcc-adolescent (519)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	15.3	131.70	6,268.30	6,400.00	38.3
4AM-5:59AM	1	7.6	5,305.00	0.00	5,305.00	31.7
2AM-3:59AM	4	30.7	217.07	4,282.93	4,500.00	26.9
10AM-11:59AM	1	7.6	227.00	0.00	227.00	1.3
8AM-9:59AM	3	23.0	176.34	0.00	176.34	1.0
6AM-7:59AM	2	15.3	84.04	0.00	84.04	0.5
	13		**$ 6,141.15**	**$ 10,551.23**	**$ 16,692.38**	
LENGTH OF SERVICE						
0-2	3	23.0	131.70	6,268.30	6,400.00	38.3
20-22	1	7.6	5,305.00	0.00	5,305.00	31.7
10-12	3	23.0	227.33	4,282.93	4,510.26	27.0
2-4	4	30.7	393.08	0.00	393.08	2.3
4-6	2	15.3	84.04	0.00	84.04	0.5
	13		**$ 6,141.15**	**$ 10,551.23**	**$ 16,692.38**	
AGE OF CLAIMANT						
50-54	6	46.1	5,772.19	3,532.93	9,305.12	55.7
20-24	1	7.6	131.70	6,268.30	6,400.00	38.3
35-39	4	30.7	10.26	750.00	760.26	4.5
45-49	1	7.6	227.00	0.00	227.00	1.3
25-29	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 6,141.15**	**$ 10,551.23**	**$ 16,692.38**	
SEX OF CLAIMANT						
Male	3	23.0	5,532.33	3,532.93	9,065.26	54.3
Female	10	76.9	608.82	7,018.30	7,627.12	45.6
	13		**$ 6,141.15**	**$ 10,551.23**	**$ 16,692.38**	
LOSS CAUSE						
Patient / Inmate	12	92.3	5,914.15	10,551.23	16,465.38	98.6
Miscellaneous	1	7.6	227.00	0.00	227.00	1.3
	13		**$ 6,141.15**	**$ 10,551.23**	**$ 16,692.38**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	7	53.8	5,697.08	7,018.30	12,715.38	76.1
Twisting, strain or injury by	2	15.3	444.07	3,532.93	3,977.00	23.8
Pushing Or Pulling (Strain or Injury by)	2	15.3	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	7.6	0.00	0.00	0.00	0.0
Human Bite	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 6,141.15**	**$ 10,551.23**	**$ 16,692.38**	
****BODY PART**						
Knee	1					
Nose	1					
Wrist	2					
No Physical Problem	1					
Ankle	1					
Foot	2					
Facial, Other Soft Tissue	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-vtcc-adolescent (519)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Arm	3					
Insufficient Information	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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	7
Sprain	4
No Physical Injury	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Vtcc-mcv Ext Staff Trn/dev (529)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
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						
Misc. (Cut, Puncture, Scrape)	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					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-vtcc-food Services (535)

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						
8-10	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, wet	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Insufficient Information	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Vtcc Housekeeping (536)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	240.90	0.00	240.90	100.0
	1		**$ 240.90**	**$ 0.00**	**$ 240.90**	
LENGTH OF SERVICE						
0-2	1	100.0	240.90	0.00	240.90	100.0
	1		**$ 240.90**	**$ 0.00**	**$ 240.90**	
AGE OF CLAIMANT						
40-44	1	100.0	240.90	0.00	240.90	100.0
	1		**$ 240.90**	**$ 0.00**	**$ 240.90**	
SEX OF CLAIMANT						
Female	1	100.0	240.90	0.00	240.90	100.0
	1		**$ 240.90**	**$ 0.00**	**$ 240.90**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	100.0	240.90	0.00	240.90	100.0
	1		**$ 240.90**	**$ 0.00**	**$ 240.90**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	240.90	0.00	240.90	100.0
	1		**$ 240.90**	**$ 0.00**	**$ 240.90**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Vtcc-mcv Physical Plant (538)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	260.00	0.00	260.00	100.0
	1		**$ 260.00**	**$ 0.00**	**$ 260.00**	
LENGTH OF SERVICE						
4-6	1	100.0	260.00	0.00	260.00	100.0
	1		**$ 260.00**	**$ 0.00**	**$ 260.00**	
AGE OF CLAIMANT						
40-44	1	100.0	260.00	0.00	260.00	100.0
	1		**$ 260.00**	**$ 0.00**	**$ 260.00**	
SEX OF CLAIMANT						
Male	1	100.0	260.00	0.00	260.00	100.0
	1		**$ 260.00**	**$ 0.00**	**$ 260.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	260.00	0.00	260.00	100.0
	1		**$ 260.00**	**$ 0.00**	**$ 260.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	260.00	0.00	260.00	100.0
	1		**$ 260.00**	**$ 0.00**	**$ 260.00**	
****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 2001

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-epilepsy Monitoring (539)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	435.95	0.00	435.95	75.0
2AM-3:59AM	1	50.0	145.14	0.00	145.14	24.9
	2		**$ 581.09**	**$ 0.00**	**$ 581.09**	
LENGTH OF SERVICE						
6-8	2	100.0	581.09	0.00	581.09	100.0
	2		**$ 581.09**	**$ 0.00**	**$ 581.09**	
AGE OF CLAIMANT						
40-44	2	100.0	581.09	0.00	581.09	100.0
	2		**$ 581.09**	**$ 0.00**	**$ 581.09**	
SEX OF CLAIMANT						
Female	2	100.0	581.09	0.00	581.09	100.0
	2		**$ 581.09**	**$ 0.00**	**$ 581.09**	
LOSS CAUSE						
Patient / Inmate	2	100.0	581.09	0.00	581.09	100.0
	2		**$ 581.09**	**$ 0.00**	**$ 581.09**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	435.95	0.00	435.95	75.0
Stuck, injured by fellow worker, patient	1	50.0	145.14	0.00	145.14	24.9
	2		**$ 581.09**	**$ 0.00**	**$ 581.09**	
****BODY PART**						
Elbow	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-same Day Surgery (562)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	5,172.50	4,577.50	9,750.00	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 5,172.50**	**$ 4,577.50**	**$ 9,750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	5,172.50	4,577.50	9,750.00	100.0
18-20	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 5,172.50**	**$ 4,577.50**	**$ 9,750.00**	
AGE OF CLAIMANT						
25-29	1	50.0	5,172.50	4,577.50	9,750.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 5,172.50**	**$ 4,577.50**	**$ 9,750.00**	
SEX OF CLAIMANT						
Female	2	100.0	5,172.50	4,577.50	9,750.00	100.0
	2		**$ 5,172.50**	**$ 4,577.50**	**$ 9,750.00**	
LOSS CAUSE						
Stairs, steps	1	50.0	5,172.50	4,577.50	9,750.00	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 5,172.50**	**$ 4,577.50**	**$ 9,750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	5,172.50	4,577.50	9,750.00	100.0
Misc. (Cut, Puncture, Scrape)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 5,172.50**	**$ 4,577.50**	**$ 9,750.00**	
****BODY PART**						
Ankle	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**		
Sprain	1	
Puncture	1	
	2	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-angiography (566)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	209.70	0.00	209.70	100.0
4AM-5:59AM	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		**$ 209.70**	**$ 0.00**	**$ 209.70**	
LENGTH OF SERVICE						
6-8	1	33.3	209.70	0.00	209.70	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
14-16	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 209.70**	**$ 0.00**	**$ 209.70**	
AGE OF CLAIMANT						
40-44	1	33.3	209.70	0.00	209.70	100.0
25-29	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		**$ 209.70**	**$ 0.00**	**$ 209.70**	
SEX OF CLAIMANT						
Female	3	100.0	209.70	0.00	209.70	100.0
	3		**$ 209.70**	**$ 0.00**	**$ 209.70**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	33.3	209.70	0.00	209.70	100.0
Steam / exhaust	1	33.3	0.00	0.00	0.00	0.0
Recreational equipment	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 209.70**	**$ 0.00**	**$ 209.70**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	1	33.3	209.70	0.00	209.70	100.0
Contact With Hot Object or Substances	1	33.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 209.70**	**$ 0.00**	**$ 209.70**	
****BODY PART**						
Finger(s)	1					
Lower Arm	1					
Teeth	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	
Burn	1	
Dislocation	1	
	3	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Radiology (568)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	382.17	0.00	382.17	91.2
4AM-5:59AM	1	33.3	36.80	0.00	36.80	8.7
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 418.97***	***$ 0.00***	***$ 418.97***	
LENGTH OF SERVICE						
10-12	1	33.3	382.17	0.00	382.17	91.2
2-4	2	66.6	36.80	0.00	36.80	8.7
	3		***$ 418.97***	***$ 0.00***	***$ 418.97***	
AGE OF CLAIMANT						
30-34	2	66.6	418.97	0.00	418.97	100.0
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 418.97***	***$ 0.00***	***$ 418.97***	
SEX OF CLAIMANT						
Female	2	66.6	418.97	0.00	418.97	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 418.97***	***$ 0.00***	***$ 418.97***	
LOSS CAUSE						
Furniture / fixtures	1	33.3	382.17	0.00	382.17	91.2
Miscellaneous	1	33.3	36.80	0.00	36.80	8.7
Sharp objects, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 418.97***	***$ 0.00***	***$ 418.97***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	33.3	382.17	0.00	382.17	91.2
Lifting (strain or Injury by)	1	33.3	36.80	0.00	36.80	8.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	0.00	0.00	0.00	0.0
	3		***$ 418.97***	***$ 0.00***	***$ 418.97***	
****BODY PART***						
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Insufficient Information	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
Strain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv-theraphy Rehab (569)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	525.56	0.00	525.56	100.0
	1		**$ 525.56**	**$ 0.00**	**$ 525.56**	
LENGTH OF SERVICE						
2-4	1	100.0	525.56	0.00	525.56	100.0
	1		**$ 525.56**	**$ 0.00**	**$ 525.56**	
AGE OF CLAIMANT						
25-29	1	100.0	525.56	0.00	525.56	100.0
	1		**$ 525.56**	**$ 0.00**	**$ 525.56**	
SEX OF CLAIMANT						
Female	1	100.0	525.56	0.00	525.56	100.0
	1		**$ 525.56**	**$ 0.00**	**$ 525.56**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	525.56	0.00	525.56	100.0
	1		**$ 525.56**	**$ 0.00**	**$ 525.56**	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	100.0	525.56	0.00	525.56	100.0
	1		**$ 525.56**	**$ 0.00**	**$ 525.56**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Hanover Medical Park (570)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	50.0	0.00	0.00	0.00	0.0
26-28	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	2	50.0	0.00	0.00	0.00	0.0
50-54	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						
Chemicals, not otherwise classified	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Abdomen including Groin	1					
Lungs	3					
Multiple Head Injury	1					
	4					

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

****INJURY**		
Contusion	1	
Infection	1	
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv Sp-oncology Center (579)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	119.46	0.00	119.46	100.0
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 119.46**	**$ 0.00**	**$ 119.46**	
LENGTH OF SERVICE						
20-22	1	20.0	119.46	0.00	119.46	100.0
0-2	1	20.0	0.00	0.00	0.00	0.0
2-4	2	40.0	0.00	0.00	0.00	0.0
26-28	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 119.46**	**$ 0.00**	**$ 119.46**	
AGE OF CLAIMANT						
40-44	3	60.0	119.46	0.00	119.46	100.0
20-24	1	20.0	0.00	0.00	0.00	0.0
45-49	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 119.46**	**$ 0.00**	**$ 119.46**	
SEX OF CLAIMANT						
Male	1	20.0	119.46	0.00	119.46	100.0
Female	4	80.0	0.00	0.00	0.00	0.0
	5		**$ 119.46**	**$ 0.00**	**$ 119.46**	
LOSS CAUSE						
Furniture / fixtures	2	40.0	119.46	0.00	119.46	100.0
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	20.0	0.00	0.00	0.00	0.0
Miscellaneous	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 119.46**	**$ 0.00**	**$ 119.46**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	20.0	119.46	0.00	119.46	100.0
Contact with Cold Objects or Substances	1	20.0	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	20.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	20.0	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 119.46**	**$ 0.00**	**$ 119.46**	
****BODY PART**						
Hand	2					
Facial, Other Soft Tissue	2					
Insufficient Information	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	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv Sp-oncology Center (579)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	2					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Mcv Ad Williams Neurology (603)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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						
Misc. (Cut, Puncture, Scrape)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Medical College Of Virginia (649)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	14	11.7	2,218.01	18,202.34	20,420.35	24.7
8AM-9:59AM	20	16.8	2,587.21	17,145.77	19,732.98	23.9
6AM-7:59AM	18	15.1	1,848.83	17,750.00	19,598.83	23.7
10AM-11:59AM	23	19.3	2,896.28	8,588.82	11,485.10	13.9
4AM-5:59AM	14	11.7	1,933.44	2,068.48	4,001.92	4.8
12PM-1:59PM	10	8.4	1,217.76	2,746.06	3,963.82	4.8
2AM-3:59AM	16	13.4	272.76	3,000.00	3,272.76	3.9
2PM-3:59PM	3	2.5	60.29	0.00	60.29	0.0
4PM-5:59PM	1	0.8	0.00	0.00	0.00	0.0
	119		***$ 13,034.58***	***$ 69,501.47***	***$ 82,536.05***	
LENGTH OF SERVICE						
6-8	6	5.0	1,340.15	23,184.19	24,524.34	29.7
0-2	34	28.5	3,946.41	17,498.35	21,444.76	25.9
2-4	30	25.2	2,439.13	9,907.30	12,346.43	14.9
4-6	11	9.2	3,006.74	8,410.43	11,417.17	13.8
28-30	4	3.3	32.62	9,750.00	9,782.62	11.8
16-18	5	4.2	1,694.75	750.00	2,444.75	2.9
24-26	2	1.6	0.00	750.00	750.00	0.9
8-10	8	6.7	295.01	0.00	295.01	0.3
20-22	1	0.8	100.44	0.00	100.44	0.1
26-28	2	1.6	19.35	0.00	19.35	0.0
10-12	5	4.2	0.00	0.00	0.00	0.0
30-32	2	1.6	0.00	0.00	0.00	0.0
22-24	4	3.3	159.98	-748.80	-588.82	-0.7
14-16	3	2.5	0.00	0.00	0.00	0.0
18-20	2	1.6	0.00	0.00	0.00	0.0
	119		***$ 13,034.58***	***$ 69,501.47***	***$ 82,536.05***	
AGE OF CLAIMANT						
50-54	21	17.6	933.98	20,898.02	21,832.00	26.4
45-49	25	21.0	4,694.41	12,798.68	17,493.09	21.1
35-39	19	15.9	2,768.85	12,453.99	15,222.84	18.4
40-44	12	10.0	1,152.75	9,247.26	10,400.01	12.6
55-59	6	5.0	2,650.36	6,105.17	8,755.53	10.6
30-34	19	15.9	660.20	6,498.35	7,158.55	8.6
20-24	9	7.5	126.85	1,500.00	1,626.85	1.9
25-29	5	4.2	47.18	0.00	47.18	0.0
60-64	3	2.5	0.00	0.00	0.00	0.0
	119		***$ 13,034.58***	***$ 69,501.47***	***$ 82,536.05***	
SEX OF CLAIMANT						
Female	107	89.9	11,193.56	58,546.28	69,739.84	84.5
Male	12	10.0	1,841.02	10,955.19	12,796.21	15.5
	119		***$ 13,034.58***	***$ 69,501.47***	***$ 82,536.05***	
LOSS CAUSE						
Patient / Inmate	19	15.9	4,329.50	22,139.20	26,468.70	32.0
Boxes / containers	5	4.2	760.80	17,981.40	18,742.20	22.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Medical College Of Virginia (649)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, wet	2	1.6	0.00	10,500.00	10,500.00	12.7
Walking surface, outside, dry	5	4.2	601.98	8,148.02	8,750.00	10.6
Water	3	2.5	1,585.63	4,164.37	5,750.00	6.9
Machine, not otherwise classified	1	0.8	0.00	2,250.00	2,250.00	2.7
Furniture / fixtures	6	5.0	1,465.97	750.00	2,215.97	2.6
Vehicle, not otherwise classified	8	6.7	296.95	1,500.00	1,796.95	2.1
Walking surface, inside, dry	4	3.3	295.01	1,500.00	1,795.01	2.1
Sharp objects, not otherwise classified	23	19.3	1,498.48	0.00	1,498.48	1.8
Metal items	4	3.3	993.50	0.00	993.50	1.2
Electrical equipment	5	4.2	335.60	568.48	904.08	1.1
Person	2	1.6	464.82	0.00	464.82	0.5
Miscellaneous	2	1.6	269.23	0.00	269.23	0.3
Hand tool, powered, NOC	1	0.8	126.85	0.00	126.85	0.1
Building parts / doors	1	0.8	10.26	0.00	10.26	0.0
Chemicals, not otherwise classified	17	14.2	0.00	0.00	0.00	0.0
Clothing / jewelry	2	1.6	0.00	0.00	0.00	0.0
Recreational equipment	1	0.8	0.00	0.00	0.00	0.0
Stairs, steps	2	1.6	0.00	0.00	0.00	0.0
Infectious agent	1	0.8	0.00	0.00	0.00	0.0
Needle stick	3	2.5	0.00	0.00	0.00	0.0
Office equipment	2	1.6	0.00	0.00	0.00	0.0
	119		***$ 13,034.58***	***$ 69,501.47***	***$ 82,536.05***	

ACCIDENT TYPE

Lifting (strain or Injury by)	7	5.8	1,383.04	21,477.46	22,860.50	27.7
Fall or Slip (On Same Level)	13	10.9	1,686.46	16,146.37	17,832.83	21.6
Pushing Or Pulling (Strain or Injury by)	8	6.7	2,848.03	14,522.47	17,370.50	21.0
Fall or Slip (From Liquid/Grease spills)	5	4.2	1,585.63	14,664.37	16,250.00	19.6
Stuck, injured by fellow worker, patient	5	4.2	559.20	1,190.80	1,750.00	2.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	24	20.1	1,498.48	0.00	1,498.48	1.8
Struck/Injured by Object Handled By Other	2	1.6	1,476.23	0.00	1,476.23	1.7
Strike Against/Step on Stationary Object	4	3.3	473.89	750.00	1,223.89	1.4
Strike Against/Step On Obj. Being Lifted or Handle	1	0.8	0.00	750.00	750.00	0.9
Contact With Hot Object or Substances	1	0.8	495.27	0.00	495.27	0.6
Collision/sideswipe with Another Vehicle	2	1.6	277.60	0.00	277.60	0.3
Object being lifted/handled (cut,punc.scrape,inj b	2	1.6	269.23	0.00	269.23	0.3
Object Handled (caught in or between)	3	2.5	154.08	0.00	154.08	0.1
Cut,puncture,scrape, injured by (Broken Glass)	1	0.8	126.85	0.00	126.85	0.1
Foreign Body In Eye	3	2.5	100.44	0.00	100.44	0.1
Infectious Disease Exposure	3	2.5	80.80	0.00	80.80	0.1
Misc. (Strike Against or Step On)	1	0.8	19.35	0.00	19.35	0.0
Absorb, Ingest, Inhalation	8	6.7	0.00	0.00	0.00	0.0
Allergic Reaction	2	1.6	0.00	0.00	0.00	0.0
Dust,gases,fumes,vapors	8	6.7	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	0.8	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	1.6	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	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
Struck/Injured by Falling or Flying Object	2	1.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Medical College Of Virginia (649)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Vehicle Upset	1	0.8	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.8	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	2	1.6	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	3	2.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	1.6	0.00	0.00	0.00	0.0
	119		**$ 13,034.58**	**$ 69,501.47**	**$ 82,536.05**	

**BODY PART

Shoulder	8
Lower Back Area (Lumbar and Lumbo-Sacral)	10
Knee	11
Ankle	2
Elbow	6
Multiple Head Injury	2
Multiple Neck Injury	6
Foot	5
Upper Back Area (Thoracic Area)	3
Wrist	5
Insufficient Information	13
Finger(s)	18
Upper Arm (Inc: Clavicle and Scapula)	2
Hip	1
Thumb	1
Upper Leg	4
Toe(s)	1
Eye(s)	5
Internal Organs	13
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Hand	6
Facial, Other Soft Tissue	3
Larynx	1
Lower Arm	1
Lungs	4
	119

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	25
Strain	18
Contusion	29
Fracture	1
Puncture	25
Laceration	7
Foreign Body	6
Contagious Disease	3
Dermatitis	2
Poisoning	1
Poisoning - Chemical	11

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical College Of Virginia (206)
SubAgency: Medical College Of Virginia (649)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Poisoning - Metal	1					
Burn	1					
Infection	2					
Respiratory Disorders	1					
	119					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-ala Ald Lib-humanities Services (5)

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						
20-22	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						
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 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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	50.0	242.04	0.00	242.04	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.04**	**$ 0.00**	**$ 242.04**	
LENGTH OF SERVICE						
0-2	2	100.0	242.04	0.00	242.04	100.0
	2		**$ 242.04**	**$ 0.00**	**$ 242.04**	
AGE OF CLAIMANT						
30-34	1	50.0	242.04	0.00	242.04	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.04**	**$ 0.00**	**$ 242.04**	
SEX OF CLAIMANT						
Female	2	100.0	242.04	0.00	242.04	100.0
	2		**$ 242.04**	**$ 0.00**	**$ 242.04**	
LOSS CAUSE						
Excavations	1	50.0	242.04	0.00	242.04	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.04**	**$ 0.00**	**$ 242.04**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	242.04	0.00	242.04	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.04**	**$ 0.00**	**$ 242.04**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Mouth	1					
Nose	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**	
Laceration	2
Contusion	1
Fracture	1
	2

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-ali Ald Lib-interlibrary Services (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	159.00	0.00	159.00	100.0
	2		**$ 159.00**	**$ 0.00**	**$ 159.00**	
LENGTH OF SERVICE						
18-20	1	50.0	159.00	0.00	159.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 159.00**	**$ 0.00**	**$ 159.00**	
AGE OF CLAIMANT						
55-59	1	50.0	159.00	0.00	159.00	100.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 159.00**	**$ 0.00**	**$ 159.00**	
SEX OF CLAIMANT						
Male	1	50.0	159.00	0.00	159.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 159.00**	**$ 0.00**	**$ 159.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	159.00	0.00	159.00	100.0
Vehicle, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 159.00**	**$ 0.00**	**$ 159.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	159.00	0.00	159.00	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 159.00**	**$ 0.00**	**$ 159.00**	
****BODY PART**						
Shoulder	1					
Soft Tissue - Neck	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Back Area (Thoracic Area)	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-alm Ald Lib-spec Collections-man (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
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						
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**						
Knee	1					
Wrist	1					
	1					

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

****INJURY**						
Contusion	2					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-asa Assoc Provost For Research (27)

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
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
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
Metal items	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-atd Athletic Dept (33)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	463.23	0.00	463.23	100.0
	1		***$ 463.23***	***$ 0.00***	***$ 463.23***	
LENGTH OF SERVICE						
4-6	1	100.0	463.23	0.00	463.23	100.0
	1		***$ 463.23***	***$ 0.00***	***$ 463.23***	
AGE OF CLAIMANT						
45-49	1	100.0	463.23	0.00	463.23	100.0
	1		***$ 463.23***	***$ 0.00***	***$ 463.23***	
SEX OF CLAIMANT						
Male	1	100.0	463.23	0.00	463.23	100.0
	1		***$ 463.23***	***$ 0.00***	***$ 463.23***	
LOSS CAUSE						
Boxes / containers	1	100.0	463.23	0.00	463.23	100.0
	1		***$ 463.23***	***$ 0.00***	***$ 463.23***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	463.23	0.00	463.23	100.0
	1		***$ 463.23***	***$ 0.00***	***$ 463.23***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-atm Athletics-intramurals Dept (34)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	53.00	0.00	53.00	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 53.00**	**$ 0.00**	**$ 53.00**	
LENGTH OF SERVICE						
0-2	1	50.0	53.00	0.00	53.00	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 53.00**	**$ 0.00**	**$ 53.00**	
AGE OF CLAIMANT						
35-39	2	100.0	53.00	0.00	53.00	100.0
	2		**$ 53.00**	**$ 0.00**	**$ 53.00**	
SEX OF CLAIMANT						
Male	2	100.0	53.00	0.00	53.00	100.0
	2		**$ 53.00**	**$ 0.00**	**$ 53.00**	
LOSS CAUSE						
Environmental conditions	1	50.0	53.00	0.00	53.00	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 53.00**	**$ 0.00**	**$ 53.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	50.0	53.00	0.00	53.00	100.0
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 53.00**	**$ 0.00**	**$ 53.00**	
****BODY PART**						
Eye(s)	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**		
Foreign Body	1	
Strain	1	
	2	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-atu Athletics-university Hall (36)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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 2001

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bio Biology Dept (40)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	102.93	0.00	102.93	100.0
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		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LENGTH OF SERVICE						
20-22	2	50.0	102.93	0.00	102.93	100.0
2-4	1	25.0	0.00	0.00	0.00	0.0
22-24	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
AGE OF CLAIMANT						
45-49	2	50.0	102.93	0.00	102.93	100.0
40-44	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
SEX OF CLAIMANT						
Male	2	50.0	102.93	0.00	102.93	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LOSS CAUSE						
Furniture / fixtures	2	50.0	102.93	0.00	102.93	100.0
Chemicals, not otherwise classified	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	25.0	102.93	0.00	102.93	100.0
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 being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
****BODY PART**						
Facial, Other Soft Tissue	2					
Eye(s)	1					
Lungs	1					
	4					

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

****INJURY**	
Laceration	2
Inflamation	1
Respiratory Disorders	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bue Physical Plant-renovations (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	33.3	7,626.72	0.00	7,626.72	81.5
10AM-11:59AM	3	50.0	1,414.41	0.00	1,414.41	15.1
8AM-9:59AM	1	16.6	310.96	0.00	310.96	3.3
	6		**$ 9,352.09**	**$ 0.00**	**$ 9,352.09**	
LENGTH OF SERVICE						
28-30	1	16.6	7,623.72	0.00	7,623.72	81.5
0-2	3	50.0	1,417.41	0.00	1,417.41	15.1
Unknown	1	16.6	310.96	0.00	310.96	3.3
18-20	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 9,352.09**	**$ 0.00**	**$ 9,352.09**	
AGE OF CLAIMANT						
50-54	2	33.3	7,623.72	0.00	7,623.72	81.5
25-29	1	16.6	1,414.41	0.00	1,414.41	15.1
60-64	1	16.6	310.96	0.00	310.96	3.3
20-24	1	16.6	3.00	0.00	3.00	0.0
35-39	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 9,352.09**	**$ 0.00**	**$ 9,352.09**	
SEX OF CLAIMANT						
Male	6	100.0	9,352.09	0.00	9,352.09	100.0
	6		**$ 9,352.09**	**$ 0.00**	**$ 9,352.09**	
LOSS CAUSE						
Building parts / doors	1	16.6	7,623.72	0.00	7,623.72	81.5
Walking surface, outside, dry	1	16.6	1,414.41	0.00	1,414.41	15.1
Metal items	2	33.3	310.96	0.00	310.96	3.3
Minerals / dirt	1	16.6	3.00	0.00	3.00	0.0
Glass bottle / sheet	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 9,352.09**	**$ 0.00**	**$ 9,352.09**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	16.6	7,623.72	0.00	7,623.72	81.5
Fall or Slip (On Same Level)	1	16.6	1,414.41	0.00	1,414.41	15.1
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	310.96	0.00	310.96	3.3
Foreign Body In Eye	2	33.3	3.00	0.00	3.00	0.0
Struck/Injured by Falling or Flying Object	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 9,352.09**	**$ 0.00**	**$ 9,352.09**	
****BODY PART**						
Lower Arm	1					
Upper Leg	1					
Hand	1					
Eye(s)	3					
	6					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bue Physical Plant-renovations (45)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	2					
Laceration	1					
Foreign Body	3					
	6					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buf Physical Plant-landscape (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	36.3	3,074.51	2,992.68	6,067.19	76.5
12PM-1:59PM	2	18.1	352.00	750.00	1,102.00	13.9
2PM-3:59PM	2	18.1	238.22	511.78	750.00	9.4
4PM-5:59PM	1	9.0	6.75	0.00	6.75	0.0
8AM-9:59AM	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 3,671.48**	**$ 4,254.46**	**$ 7,925.94**	
LENGTH OF SERVICE						
4-6	2	18.1	1,458.30	2,391.70	3,850.00	48.5
8-10	1	9.0	399.02	1,350.98	1,750.00	22.0
2-4	2	18.1	1,217.19	0.00	1,217.19	15.3
12-14	1	9.0	238.22	511.78	750.00	9.4
6-8	2	18.1	352.00	0.00	352.00	4.4
0-2	3	27.2	6.75	0.00	6.75	0.0
	11		**$ 3,671.48**	**$ 4,254.46**	**$ 7,925.94**	
AGE OF CLAIMANT						
35-39	4	36.3	1,696.52	2,153.48	3,850.00	48.5
50-54	3	27.2	757.77	1,350.98	2,108.75	26.6
25-29	2	18.1	1,217.19	0.00	1,217.19	15.3
20-24	2	18.1	0.00	750.00	750.00	9.4
	11		**$ 3,671.48**	**$ 4,254.46**	**$ 7,925.94**	
SEX OF CLAIMANT						
Male	11	100.0	3,671.48	4,254.46	7,925.94	100.0
	11		**$ 3,671.48**	**$ 4,254.46**	**$ 7,925.94**	
LOSS CAUSE						
Minerals / dirt	1	9.0	1,458.30	1,641.70	3,100.00	39.1
Walking surface, outside, dry	1	9.0	399.02	1,350.98	1,750.00	22.0
Vehicle, not otherwise classified	2	18.1	238.22	1,261.78	1,500.00	18.9
Stairs, steps	1	9.0	1,217.19	0.00	1,217.19	15.3
Metal items	2	18.1	352.00	0.00	352.00	4.4
Poisonous agent / plant	2	18.1	6.75	0.00	6.75	0.0
Mechanical powered	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
	11		**$ 3,671.48**	**$ 4,254.46**	**$ 7,925.94**	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	9.0	1,458.30	1,641.70	3,100.00	39.1
Fall or Slip (On Same Level)	1	9.0	399.02	1,350.98	1,750.00	22.0
Cumulative (Not Otherwise Classified)	1	9.0	1,217.19	0.00	1,217.19	15.3
Struck/Injured by Motor Vehicle	1	9.0	0.00	750.00	750.00	9.4
Vehicle Upset	1	9.0	238.22	511.78	750.00	9.4
Object Handled (caught in or between)	1	9.0	352.00	0.00	352.00	4.4
Allergic Reaction	3	27.2	6.75	0.00	6.75	0.0
Lifting (strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buf Physical Plant-landscape (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 3,671.48**	**$ 4,254.46**	**$ 7,925.94**	
*****BODY PART***						
Knee	2					
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	1					
Upper Leg	1					
Finger(s)	3					
Whole Body	1					
Lower Arm	1					
Insufficient Information	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	4					
Sprain	1					
Contusion	3					
Laceration	2					
Inflamation	1					
Dermatitis	2					
	11					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bug Physical Plant-univ Maint (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	16.6	7,048.08	33.90	7,081.98	38.9
10AM-11:59AM	6	50.0	5,429.61	0.00	5,429.61	29.8
2PM-3:59PM	2	16.6	0.00	4,950.00	4,950.00	27.2
8AM-9:59AM	1	8.3	556.40	0.00	556.40	3.0
12PM-1:59PM	1	8.3	167.93	0.00	167.93	0.9
	12		**$ 13,202.02**	**$ 4,983.90**	**$ 18,185.92**	
LENGTH OF SERVICE						
22-24	3	25.0	7,209.79	33.90	7,243.69	39.8
4-6	1	8.3	0.00	4,950.00	4,950.00	27.2
0-2	3	25.0	3,075.24	0.00	3,075.24	16.9
14-16	1	8.3	2,097.24	0.00	2,097.24	11.5
2-4	1	8.3	372.03	0.00	372.03	2.0
20-22	1	8.3	279.79	0.00	279.79	1.5
12-14	1	8.3	167.93	0.00	167.93	0.9
6-8	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,202.02**	**$ 4,983.90**	**$ 18,185.92**	
AGE OF CLAIMANT						
40-44	3	25.0	7,041.86	33.90	7,075.76	38.9
30-34	2	16.6	167.93	4,950.00	5,117.93	28.1
15-19	2	16.6	2,955.46	0.00	2,955.46	16.2
45-49	2	16.6	2,265.17	0.00	2,265.17	12.4
50-54	1	8.3	372.03	0.00	372.03	2.0
35-39	1	8.3	279.79	0.00	279.79	1.5
25-29	1	8.3	119.78	0.00	119.78	0.6
	12		**$ 13,202.02**	**$ 4,983.90**	**$ 18,185.92**	
SEX OF CLAIMANT						
Male	10	83.3	11,104.78	33.90	11,138.68	61.2
Female	2	16.6	2,097.24	4,950.00	7,047.24	38.7
	12		**$ 13,202.02**	**$ 4,983.90**	**$ 18,185.92**	
LOSS CAUSE						
Boxes / containers	2	16.6	2,097.24	4,950.00	7,047.24	38.7
Building parts / doors	2	16.6	6,653.39	33.90	6,687.29	36.7
Ladder, 8’ step	1	8.3	2,392.84	0.00	2,392.84	13.1
Electrical equipment	2	16.6	730.55	0.00	730.55	4.0
Pipe	1	8.3	556.40	0.00	556.40	3.0
Metal items	1	8.3	372.03	0.00	372.03	2.0
Ladder, 10’ folding	1	8.3	279.79	0.00	279.79	1.5
Machine, not otherwise classified	1	8.3	119.78	0.00	119.78	0.6
Mechanical powered	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,202.02**	**$ 4,983.90**	**$ 18,185.92**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	7	58.3	5,149.82	4,950.00	10,099.82	55.5
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	6,485.46	33.90	6,519.36	35.8
Struck/Injured by Falling or Flying Object	1	8.3	562.62	0.00	562.62	3.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bug Physical Plant-univ Maint (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	1	8.3	556.40	0.00	556.40	3.0
Fall or Slip (From Ladder/Scaffolding)	1	8.3	279.79	0.00	279.79	1.5
Pushing Or Pulling (Strain or Injury by)	1	8.3	167.93	0.00	167.93	0.9
	12		**$ 13,202.02**	**$ 4,983.90**	**$ 18,185.92**	

**BODY PART

Hand	2
Wrist	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Toe(s)	1
Facial, Other Soft Tissue	1
Shoulder	2
Hip	1
Upper Leg	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	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	7
Puncture	1
Sprain	1
Contusion	2
Laceration	2
	12

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buh Physical Plant-med Center (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	7	53.8	1,515.86	0.00	1,515.86	62.8
10AM-11:59AM	3	23.0	564.00	0.00	564.00	23.3
2PM-3:59PM	3	23.0	333.92	0.00	333.92	13.8
	13		**$ 2,413.78**	**$ 0.00**	**$ 2,413.78**	
LENGTH OF SERVICE						
22-24	3	23.0	1,062.00	0.00	1,062.00	44.0
6-8	1	7.6	564.00	0.00	564.00	23.3
2-4	2	15.3	436.85	0.00	436.85	18.1
8-10	1	7.6	297.93	0.00	297.93	12.3
0-2	1	7.6	53.00	0.00	53.00	2.2
14-16	1	7.6	0.00	0.00	0.00	0.0
10-12	1	7.6	0.00	0.00	0.00	0.0
16-18	1	7.6	0.00	0.00	0.00	0.0
20-22	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 2,413.78**	**$ 0.00**	**$ 2,413.78**	
AGE OF CLAIMANT						
40-44	7	53.8	1,495.85	0.00	1,495.85	61.9
35-39	1	7.6	564.00	0.00	564.00	23.3
50-54	3	23.0	297.93	0.00	297.93	12.3
15-19	1	7.6	53.00	0.00	53.00	2.2
45-49	1	7.6	3.00	0.00	3.00	0.1
	13		**$ 2,413.78**	**$ 0.00**	**$ 2,413.78**	
SEX OF CLAIMANT						
Male	13	100.0	2,413.78	0.00	2,413.78	100.0
	13		**$ 2,413.78**	**$ 0.00**	**$ 2,413.78**	
LOSS CAUSE						
Hand tool, powered, NOC	2	15.3	1,097.93	0.00	1,097.93	45.4
Electrical equipment	4	30.7	631.00	0.00	631.00	26.1
Vehicle, not otherwise classified	1	7.6	333.92	0.00	333.92	13.8
Pipe	1	7.6	297.93	0.00	297.93	12.3
Animal / bee type	1	7.6	53.00	0.00	53.00	2.2
Unknown	1	7.6	0.00	0.00	0.00	0.0
Boxes / containers	1	7.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	7.6	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 2,413.78**	**$ 0.00**	**$ 2,413.78**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	7.6	995.00	0.00	995.00	41.2
Lifting (strain or Injury by)	3	23.0	861.93	0.00	861.93	35.7
Fall or Slip (From Different Level)	1	7.6	333.92	0.00	333.92	13.8
Object being lifted/handled (cut,punc.scrape,inj b	1	7.6	102.93	0.00	102.93	4.2
Explosion / Flare Back	2	15.3	67.00	0.00	67.00	2.7
Animal Or Insect	1	7.6	53.00	0.00	53.00	2.2
Infectious Disease Exposure	1	7.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buh Physical Plant-med Center (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (From Ladder/Scaffolding)	1	7.6	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	7.6	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 2,413.78**	**$ 0.00**	**$ 2,413.78**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Foot	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Thumb	1
Eye(s)	3
Hand	1
Ankle	1
Finger(s)	1
Knee	1
Shoulder	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	3
Sprain	3
Laceration	2
Burn	2
Inflamation	1
Infection	1
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bui Physical Plant-admin (49)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	40.0	583.07	0.00	583.07	69.9
6AM-7:59AM	1	20.0	147.04	0.00	147.04	17.6
12PM-1:59PM	1	20.0	102.93	0.00	102.93	12.3
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 833.04**	**$ 0.00**	**$ 833.04**	
LENGTH OF SERVICE						
20-22	1	20.0	583.07	0.00	583.07	69.9
0-2	1	20.0	147.04	0.00	147.04	17.6
26-28	1	20.0	102.93	0.00	102.93	12.3
4-6	1	20.0	0.00	0.00	0.00	0.0
14-16	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 833.04**	**$ 0.00**	**$ 833.04**	
AGE OF CLAIMANT						
45-49	3	60.0	686.00	0.00	686.00	82.3
55-59	1	20.0	147.04	0.00	147.04	17.6
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 833.04**	**$ 0.00**	**$ 833.04**	
SEX OF CLAIMANT						
Male	3	60.0	686.00	0.00	686.00	82.3
Female	2	40.0	147.04	0.00	147.04	17.6
	5		**$ 833.04**	**$ 0.00**	**$ 833.04**	
LOSS CAUSE						
Stairs, steps	1	20.0	583.07	0.00	583.07	69.9
Walking surface, outside, wet	1	20.0	147.04	0.00	147.04	17.6
Electrical equipment	1	20.0	102.93	0.00	102.93	12.3
Office equipment	1	20.0	0.00	0.00	0.00	0.0
Metal items	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 833.04**	**$ 0.00**	**$ 833.04**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	20.0	583.07	0.00	583.07	69.9
Fall or slip (on ice or snow)	1	20.0	147.04	0.00	147.04	17.6
Contact With Hot Object or Substances	1	20.0	102.93	0.00	102.93	12.3
Cumulative (Not Otherwise Classified)	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		**$ 833.04**	**$ 0.00**	**$ 833.04**	
****BODY PART**						
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Knee	1					
Hand	1					
Lower Arm	1					
Facial, Other Soft Tissue	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bui Physical Plant-admin (49)

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	1
Contusion	3
Strain	2
Burn	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	14.2	0.00	16,750.00	16,750.00	98.5
10AM-11:59AM	1	14.2	242.25	0.00	242.25	1.4
2PM-3:59PM	2	28.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
Unknown	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 242.25**	**$ 16,750.00**	**$ 16,992.25**	
LENGTH OF SERVICE						
14-16	1	14.2	0.00	16,750.00	16,750.00	98.5
2-4	1	14.2	242.25	0.00	242.25	1.4
0-2	3	42.8	0.00	0.00	0.00	0.0
20-22	1	14.2	0.00	0.00	0.00	0.0
6-8	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 242.25**	**$ 16,750.00**	**$ 16,992.25**	
AGE OF CLAIMANT						
40-44	2	28.5	0.00	16,750.00	16,750.00	98.5
30-34	1	14.2	242.25	0.00	242.25	1.4
15-19	1	14.2	0.00	0.00	0.00	0.0
20-24	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		**$ 242.25**	**$ 16,750.00**	**$ 16,992.25**	
SEX OF CLAIMANT						
Female	5	71.4	242.25	16,750.00	16,992.25	100.0
Male	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 242.25**	**$ 16,750.00**	**$ 16,992.25**	
LOSS CAUSE						
Boxes / containers	1	14.2	0.00	16,750.00	16,750.00	98.5
Furniture / fixtures	2	28.5	242.25	0.00	242.25	1.4
Walking surface, inside, dry	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
Metal items	1	14.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 242.25**	**$ 16,750.00**	**$ 16,992.25**	
ACCIDENT TYPE						
Wielding or throwing, strain or injury by	1	14.2	0.00	16,750.00	16,750.00	98.5
Struck/Injured by Falling or Flying Object	1	14.2	242.25	0.00	242.25	1.4
Fall or Slip (From Liquid/Grease spills)	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
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buj Physical Plant-cust Area 1 (50)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	7		$ 242.25	$ 16,750.00	$ 16,992.25	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
Knee	1					
Eye(s)	1					
Finger(s)	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
	7					

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

****INJURY**						
Strain	2					
Contusion	2					
Foreign Body	1					
Laceration	1					
Puncture	1					
	7					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buk Physical Plant-cust Area 2 (51)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	66.6	327.04	7,172.96	7,500.00	100.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 327.04**	**$ 7,172.96**	**$ 7,500.00**	
LENGTH OF SERVICE						
6-8	1	33.3	327.04	6,422.96	6,750.00	90.0
0-2	2	66.6	0.00	750.00	750.00	10.0
	3		**$ 327.04**	**$ 7,172.96**	**$ 7,500.00**	
AGE OF CLAIMANT						
60-64	2	66.6	327.04	6,422.96	6,750.00	90.0
35-39	1	33.3	0.00	750.00	750.00	10.0
	3		**$ 327.04**	**$ 7,172.96**	**$ 7,500.00**	
SEX OF CLAIMANT						
Male	1	33.3	327.04	6,422.96	6,750.00	90.0
Female	2	66.6	0.00	750.00	750.00	10.0
	3		**$ 327.04**	**$ 7,172.96**	**$ 7,500.00**	
LOSS CAUSE						
Boxes / containers	1	33.3	327.04	6,422.96	6,750.00	90.0
Chemicals, not otherwise classified	1	33.3	0.00	750.00	750.00	10.0
Building parts / doors	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 327.04**	**$ 7,172.96**	**$ 7,500.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	327.04	6,422.96	6,750.00	90.0
Foreign Body In Eye	1	33.3	0.00	750.00	750.00	10.0
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 327.04**	**$ 7,172.96**	**$ 7,500.00**	
****BODY PART**						
Abdomen including Groin	1					
Eye(s)	1					
Thumb	1					
	3					

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

****INJURY**	
Strain	1
Burn	1
Foreign Body	1
	3

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:53

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bul Physical Plant-cust Area 3 (52)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	2	66.6	10,316.03	2,603.03	12,919.06	100.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10,316.03**	**$ 2,603.03**	**$ 12,919.06**	
LENGTH OF SERVICE						
20-22	1	33.3	10,178.51	2,603.03	12,781.54	98.9
0-2	1	33.3	137.52	0.00	137.52	1.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10,316.03**	**$ 2,603.03**	**$ 12,919.06**	
AGE OF CLAIMANT						
50-54	2	66.6	10,178.51	2,603.03	12,781.54	98.9
20-24	1	33.3	137.52	0.00	137.52	1.0
	3		**$ 10,316.03**	**$ 2,603.03**	**$ 12,919.06**	
SEX OF CLAIMANT						
Female	2	66.6	10,178.51	2,603.03	12,781.54	98.9
Male	1	33.3	137.52	0.00	137.52	1.0
	3		**$ 10,316.03**	**$ 2,603.03**	**$ 12,919.06**	
LOSS CAUSE						
Boxes / containers	1	33.3	10,178.51	2,603.03	12,781.54	98.9
Walking surface, inside, wet	1	33.3	137.52	0.00	137.52	1.0
Recreational equipment	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10,316.03**	**$ 2,603.03**	**$ 12,919.06**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	33.3	10,178.51	2,603.03	12,781.54	98.9
Fall or Slip (On Same Level)	1	33.3	137.52	0.00	137.52	1.0
Struck/Injured by Object Handled By Other	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10,316.03**	**$ 2,603.03**	**$ 12,919.06**	
****BODY PART**						
Knee	1					
Lower Arm	1					
Lungs	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	
Laceration	1	
Respiratory Disorders	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bum Physical Plant-cust Area 4 (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	60.0	67.00	0.00	67.00	57.2
6PM-7:59PM	1	20.0	50.00	0.00	50.00	42.7
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 117.00**	**$ 0.00**	**$ 117.00**	
LENGTH OF SERVICE						
0-2	3	60.0	117.00	0.00	117.00	100.0
2-4	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 117.00**	**$ 0.00**	**$ 117.00**	
AGE OF CLAIMANT						
35-39	1	20.0	67.00	0.00	67.00	57.2
20-24	1	20.0	50.00	0.00	50.00	42.7
45-49	2	40.0	0.00	0.00	0.00	0.0
50-54	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 117.00**	**$ 0.00**	**$ 117.00**	
SEX OF CLAIMANT						
Female	4	80.0	67.00	0.00	67.00	57.2
Male	1	20.0	50.00	0.00	50.00	42.7
	5		**$ 117.00**	**$ 0.00**	**$ 117.00**	
LOSS CAUSE						
Furniture / fixtures	2	40.0	117.00	0.00	117.00	100.0
Chemicals, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Electrical equipment	1	20.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 117.00**	**$ 0.00**	**$ 117.00**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	40.0	117.00	0.00	117.00	100.0
Foreign Body In Eye	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
Object Handled (caught in or between)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 117.00**	**$ 0.00**	**$ 117.00**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Leg	1					
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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**	
Contusion	2
Foreign Body	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bum Physical Plant-cust Area 4 (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	1					
Strain	1					
	5					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bun Physical Plant-cust Area 5 (54)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	4,592.23	0.00	4,592.23	83.3
Unknown	1	33.3	0.00	750.00	750.00	13.6
10AM-11:59AM	1	33.3	169.84	0.00	169.84	3.0
	3		**$ 4,762.07**	**$ 750.00**	**$ 5,512.07**	
LENGTH OF SERVICE						
0-2	2	66.6	4,762.07	0.00	4,762.07	86.3
18-20	1	33.3	0.00	750.00	750.00	13.6
	3		**$ 4,762.07**	**$ 750.00**	**$ 5,512.07**	
AGE OF CLAIMANT						
50-54	2	66.6	4,592.23	750.00	5,342.23	96.9
40-44	1	33.3	169.84	0.00	169.84	3.0
	3		**$ 4,762.07**	**$ 750.00**	**$ 5,512.07**	
SEX OF CLAIMANT						
Male	2	66.6	4,762.07	0.00	4,762.07	86.3
Female	1	33.3	0.00	750.00	750.00	13.6
	3		**$ 4,762.07**	**$ 750.00**	**$ 5,512.07**	
LOSS CAUSE						
Electrical equipment	1	33.3	4,592.23	0.00	4,592.23	83.3
Walking surface, outside, dry	1	33.3	0.00	750.00	750.00	13.6
Building parts / doors	1	33.3	169.84	0.00	169.84	3.0
	3		**$ 4,762.07**	**$ 750.00**	**$ 5,512.07**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	4,592.23	0.00	4,592.23	83.3
Fall or Slip (On Same Level)	1	33.3	0.00	750.00	750.00	13.6
Struck/Injured by Falling or Flying Object	1	33.3	169.84	0.00	169.84	3.0
	3		**$ 4,762.07**	**$ 750.00**	**$ 5,512.07**	
****BODY PART**						
Abdomen including Groin	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other Soft Tissue	1					
	3					

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

****INJURY**	
Hernia	1
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buo Facilities Mgt-blue Ridge Ho (55)

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						
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						
Repetitive Motion	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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bup Utilities Services Dept (56)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	14.2	1,786.85	0.00	1,786.85	99.0
10AM-11:59AM	4	57.1	17.10	0.00	17.10	0.9
8AM-9:59AM	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 1,803.95**	**$ 0.00**	**$ 1,803.95**	
LENGTH OF SERVICE						
20-22	1	14.2	1,786.85	0.00	1,786.85	99.0
0-2	5	71.4	17.10	0.00	17.10	0.9
14-16	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,803.95**	**$ 0.00**	**$ 1,803.95**	
AGE OF CLAIMANT						
40-44	3	42.8	1,786.85	0.00	1,786.85	99.0
25-29	2	28.5	17.10	0.00	17.10	0.9
30-34	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 1,803.95**	**$ 0.00**	**$ 1,803.95**	
SEX OF CLAIMANT						
Male	7	100.0	1,803.95	0.00	1,803.95	100.0
	7		**$ 1,803.95**	**$ 0.00**	**$ 1,803.95**	
LOSS CAUSE						
Metal items	1	14.2	1,786.85	0.00	1,786.85	99.0
Boxes / containers	3	42.8	17.10	0.00	17.10	0.9
Furniture / fixtures	2	28.5	0.00	0.00	0.00	0.0
Stairs, steps	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,803.95**	**$ 0.00**	**$ 1,803.95**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	57.1	1,803.95	0.00	1,803.95	100.0
Strike Against/Step on Stationary Object	2	28.5	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,803.95**	**$ 0.00**	**$ 1,803.95**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Facial, Other Soft Tissue	2					
Ankle	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	1
Laceration	1
Sprain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bup Utilities Services Dept (56)

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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-bur Bureau Of Educational Research (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
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						
Excavations	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					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-buu Blue Ridge-pyschiatric Medicine (59)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	51.40	0.00	51.40	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 51.40**	**$ 0.00**	**$ 51.40**	
LENGTH OF SERVICE						
0-2	2	66.6	51.40	0.00	51.40	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 51.40**	**$ 0.00**	**$ 51.40**	
AGE OF CLAIMANT						
40-44	1	33.3	51.40	0.00	51.40	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		**$ 51.40**	**$ 0.00**	**$ 51.40**	
SEX OF CLAIMANT						
Female	3	100.0	51.40	0.00	51.40	100.0
	3		**$ 51.40**	**$ 0.00**	**$ 51.40**	
LOSS CAUSE						
Office equipment	1	33.3	51.40	0.00	51.40	100.0
Miscellaneous	1	33.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 51.40**	**$ 0.00**	**$ 51.40**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	51.40	0.00	51.40	100.0
Dust,gases,fumes,vapors	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
	3		**$ 51.40**	**$ 0.00**	**$ 51.40**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
Elbow	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	
Inflamation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-car Career Planning & Placement (63)

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						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**						
Strain	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-clc Clinch Valley-classified Staff (73)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	66.6	761.73	0.00	761.73	70.0
2PM-3:59PM	1	33.3	325.54	0.00	325.54	29.9
	3		**$ 1,087.27**	**$ 0.00**	**$ 1,087.27**	
LENGTH OF SERVICE						
14-16	1	33.3	686.73	0.00	686.73	63.1
10-12	1	33.3	325.54	0.00	325.54	29.9
0-2	1	33.3	75.00	0.00	75.00	6.9
	3		**$ 1,087.27**	**$ 0.00**	**$ 1,087.27**	
AGE OF CLAIMANT						
40-44	2	66.6	1,012.27	0.00	1,012.27	93.1
35-39	1	33.3	75.00	0.00	75.00	6.9
	3		**$ 1,087.27**	**$ 0.00**	**$ 1,087.27**	
SEX OF CLAIMANT						
Male	2	66.6	1,012.27	0.00	1,012.27	93.1
Female	1	33.3	75.00	0.00	75.00	6.9
	3		**$ 1,087.27**	**$ 0.00**	**$ 1,087.27**	
LOSS CAUSE						
Ladder, 10' folding	1	33.3	686.73	0.00	686.73	63.1
Walking surface, outside, dry	1	33.3	325.54	0.00	325.54	29.9
Chemicals, not otherwise classified	1	33.3	75.00	0.00	75.00	6.9
	3		**$ 1,087.27**	**$ 0.00**	**$ 1,087.27**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	33.3	686.73	0.00	686.73	63.1
Fall or Slip (On Same Level)	1	33.3	325.54	0.00	325.54	29.9
Foreign Body In Eye	1	33.3	75.00	0.00	75.00	6.9
	3		**$ 1,087.27**	**$ 0.00**	**$ 1,087.27**	
****BODY PART**						
Ankle	2					
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**		
Sprain	2	
Burn	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-cle Clinch Valley-students Financial (75)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	177.23	2,022.77	2,200.00	100.0
	1		**$ 177.23**	**$ 2,022.77**	**$ 2,200.00**	
LENGTH OF SERVICE						
12-14	1	100.0	177.23	2,022.77	2,200.00	100.0
	1		**$ 177.23**	**$ 2,022.77**	**$ 2,200.00**	
AGE OF CLAIMANT						
45-49	1	100.0	177.23	2,022.77	2,200.00	100.0
	1		**$ 177.23**	**$ 2,022.77**	**$ 2,200.00**	
SEX OF CLAIMANT						
Male	1	100.0	177.23	2,022.77	2,200.00	100.0
	1		**$ 177.23**	**$ 2,022.77**	**$ 2,200.00**	
LOSS CAUSE						
Electrical equipment	1	100.0	177.23	2,022.77	2,200.00	100.0
	1		**$ 177.23**	**$ 2,022.77**	**$ 2,200.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	177.23	2,022.77	2,200.00	100.0
	1		**$ 177.23**	**$ 2,022.77**	**$ 2,200.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-cpa Information Technology& Com (81)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	381.65	0.00	381.65	100.0
6AM-7:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 381.65**	**$ 0.00**	**$ 381.65**	
LENGTH OF SERVICE						
2-4	1	50.0	381.65	0.00	381.65	100.0
10-12	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 381.65**	**$ 0.00**	**$ 381.65**	
AGE OF CLAIMANT						
50-54	1	50.0	381.65	0.00	381.65	100.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 381.65**	**$ 0.00**	**$ 381.65**	
SEX OF CLAIMANT						
Male	1	50.0	381.65	0.00	381.65	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 381.65**	**$ 0.00**	**$ 381.65**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	381.65	0.00	381.65	100.0
Walking surface, outside, wet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 381.65**	**$ 0.00**	**$ 381.65**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	381.65	0.00	381.65	100.0
Fall or slip (on ice or snow)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 381.65**	**$ 0.00**	**$ 381.65**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Leg	1					
Knee	1					
	2					

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

****INJURY**	
Strain	2
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-cth Cont & Prof Studies-hampton Rd (91)

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						
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						
Furniture / fixtures	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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-ctt Cont & Prof Studies-educ Techn (99)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	100.0	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						
35-39	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	2	100.0	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
Other than physical cause of injury	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Internal Organs	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**		
Infection	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lungs	1					
	1					

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

****INJURY**						
Poisoning - Chemical	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-dev Development Office (107)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	626.50	0.00	626.50	64.6
6PM-7:59PM	1	50.0	343.10	0.00	343.10	35.3
	2		**$ 969.60**	**$ 0.00**	**$ 969.60**	
LENGTH OF SERVICE						
14-16	1	50.0	626.50	0.00	626.50	64.6
0-2	1	50.0	343.10	0.00	343.10	35.3
	2		**$ 969.60**	**$ 0.00**	**$ 969.60**	
AGE OF CLAIMANT						
50-54	1	50.0	626.50	0.00	626.50	64.6
40-44	1	50.0	343.10	0.00	343.10	35.3
	2		**$ 969.60**	**$ 0.00**	**$ 969.60**	
SEX OF CLAIMANT						
Female	1	50.0	626.50	0.00	626.50	64.6
Male	1	50.0	343.10	0.00	343.10	35.3
	2		**$ 969.60**	**$ 0.00**	**$ 969.60**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	626.50	0.00	626.50	64.6
Hand tool, not powered, NOC	1	50.0	343.10	0.00	343.10	35.3
	2		**$ 969.60**	**$ 0.00**	**$ 969.60**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	626.50	0.00	626.50	64.6
Object Handled (caught in or between)	1	50.0	343.10	0.00	343.10	35.3
	2		**$ 969.60**	**$ 0.00**	**$ 969.60**	
****BODY PART**						
Hand	1					
Thumb	1					
	2					

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

****INJURY**	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	25.0	307.23	0.00	307.23	54.4
10AM-11:59AM	2	50.0	244.90	0.00	244.90	43.4
4PM-5:59PM	1	25.0	12.00	0.00	12.00	2.1
	4		**$ 564.13**	**$ 0.00**	**$ 564.13**	
LENGTH OF SERVICE						
2-4	2	50.0	307.23	0.00	307.23	54.4
0-2	2	50.0	256.90	0.00	256.90	45.5
	4		**$ 564.13**	**$ 0.00**	**$ 564.13**	
AGE OF CLAIMANT						
35-39	1	25.0	307.23	0.00	307.23	54.4
20-24	3	75.0	256.90	0.00	256.90	45.5
	4		**$ 564.13**	**$ 0.00**	**$ 564.13**	
SEX OF CLAIMANT						
Male	3	75.0	552.13	0.00	552.13	97.8
Female	1	25.0	12.00	0.00	12.00	2.1
	4		**$ 564.13**	**$ 0.00**	**$ 564.13**	
LOSS CAUSE						
Building parts / doors	1	25.0	307.23	0.00	307.23	54.4
Hand tool, powered, NOC	1	25.0	244.90	0.00	244.90	43.4
Electrical equipment	1	25.0	12.00	0.00	12.00	2.1
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 564.13**	**$ 0.00**	**$ 564.13**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	25.0	307.23	0.00	307.23	54.4
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	244.90	0.00	244.90	43.4
Contact with Electric Current	1	25.0	12.00	0.00	12.00	2.1
Object Handled (caught in or between)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 564.13**	**$ 0.00**	**$ 564.13**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Facial, Other Soft Tissue	1					
Hand	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	1
Burn	1
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-dra Drama Dept (111)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-edl Education-library (119)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	186.50	0.00	186.50	100.0
	1		***$ 186.50***	***$ 0.00***	***$ 186.50***	
LENGTH OF SERVICE						
0-2	1	100.0	186.50	0.00	186.50	100.0
	1		***$ 186.50***	***$ 0.00***	***$ 186.50***	
AGE OF CLAIMANT						
50-54	1	100.0	186.50	0.00	186.50	100.0
	1		***$ 186.50***	***$ 0.00***	***$ 186.50***	
SEX OF CLAIMANT						
Female	1	100.0	186.50	0.00	186.50	100.0
	1		***$ 186.50***	***$ 0.00***	***$ 186.50***	
LOSS CAUSE						
Boxes / containers	1	100.0	186.50	0.00	186.50	100.0
	1		***$ 186.50***	***$ 0.00***	***$ 186.50***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	186.50	0.00	186.50	100.0
	1		***$ 186.50***	***$ 0.00***	***$ 186.50***	
*****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
24-26	2	100.0	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						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Electrical equipment	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
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**						
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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-enk Engineering-biomedical Dept (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	147.04	0.00	147.04	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
LENGTH OF SERVICE						
30-32	1	50.0	147.04	0.00	147.04	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
AGE OF CLAIMANT						
60-64	1	50.0	147.04	0.00	147.04	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
SEX OF CLAIMANT						
Male	2	100.0	147.04	0.00	147.04	100.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
LOSS CAUSE						
Building parts / doors	1	50.0	147.04	0.00	147.04	100.0
Office equipment	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	147.04	0.00	147.04	100.0
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
****BODY PART**						
Finger(s)	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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-enq Engineering-civil Dept (129)

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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Minerals / dirt	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Eye(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-eop Equal Opportunity Programs (131)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	750.00	750.00	100.0
12-14	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	50.0	0.00	750.00	750.00	100.0
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	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						
Fall or slip (on stairs)	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**						
Ankle	1					
Nose	2					
	2					

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

****INJURY**	
Sprain	1
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-erm Engineering-materials Science (134)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	17,984.39	16,813.20	34,797.59	100.0
	1		***$ 17,984.39***	***$ 16,813.20***	***$ 34,797.59***	
LENGTH OF SERVICE						
0-2	1	100.0	17,984.39	16,813.20	34,797.59	100.0
	1		***$ 17,984.39***	***$ 16,813.20***	***$ 34,797.59***	
AGE OF CLAIMANT						
20-24	1	100.0	17,984.39	16,813.20	34,797.59	100.0
	1		***$ 17,984.39***	***$ 16,813.20***	***$ 34,797.59***	
SEX OF CLAIMANT						
Male	1	100.0	17,984.39	16,813.20	34,797.59	100.0
	1		***$ 17,984.39***	***$ 16,813.20***	***$ 34,797.59***	
LOSS CAUSE						
Mechanical powered	1	100.0	17,984.39	16,813.20	34,797.59	100.0
	1		***$ 17,984.39***	***$ 16,813.20***	***$ 34,797.59***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	17,984.39	16,813.20	34,797.59	100.0
	1		***$ 17,984.39***	***$ 16,813.20***	***$ 34,797.59***	
*****BODY PART***						
Hand	2					
	1					

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

*****INJURY***	
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-ern Engineering-mechanical Dept (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	585.60	0.00	585.60	100.0
	1		**$ 585.60**	**$ 0.00**	**$ 585.60**	
LENGTH OF SERVICE						
10-12	1	100.0	585.60	0.00	585.60	100.0
	1		**$ 585.60**	**$ 0.00**	**$ 585.60**	
AGE OF CLAIMANT						
20-24	1	100.0	585.60	0.00	585.60	100.0
	1		**$ 585.60**	**$ 0.00**	**$ 585.60**	
SEX OF CLAIMANT						
Male	1	100.0	585.60	0.00	585.60	100.0
	1		**$ 585.60**	**$ 0.00**	**$ 585.60**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	585.60	0.00	585.60	100.0
	1		**$ 585.60**	**$ 0.00**	**$ 585.60**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	585.60	0.00	585.60	100.0
	1		**$ 585.60**	**$ 0.00**	**$ 585.60**	
****BODY PART**						
Eye(s)	1					
	1					

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

****INJURY**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-evd Environmental Sciences Dept (142)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	34.18	13,215.82	13,250.00	100.0
	1		**$ 34.18**	**$ 13,215.82**	**$ 13,250.00**	
LENGTH OF SERVICE						
2-4	1	100.0	34.18	13,215.82	13,250.00	100.0
	1		**$ 34.18**	**$ 13,215.82**	**$ 13,250.00**	
AGE OF CLAIMANT						
35-39	1	100.0	34.18	13,215.82	13,250.00	100.0
	1		**$ 34.18**	**$ 13,215.82**	**$ 13,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	34.18	13,215.82	13,250.00	100.0
	1		**$ 34.18**	**$ 13,215.82**	**$ 13,250.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	100.0	34.18	13,215.82	13,250.00	100.0
	1		**$ 34.18**	**$ 13,215.82**	**$ 13,250.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	34.18	13,215.82	13,250.00	100.0
	1		**$ 34.18**	**$ 13,215.82**	**$ 13,250.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lungs	1					
	1					

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

****INJURY**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	202.30	0.00	202.30	100.0
	1		**$ 202.30**	**$ 0.00**	**$ 202.30**	
LENGTH OF SERVICE						
14-16	1	100.0	202.30	0.00	202.30	100.0
	1		**$ 202.30**	**$ 0.00**	**$ 202.30**	
AGE OF CLAIMANT						
40-44	1	100.0	202.30	0.00	202.30	100.0
	1		**$ 202.30**	**$ 0.00**	**$ 202.30**	
SEX OF CLAIMANT						
Female	1	100.0	202.30	0.00	202.30	100.0
	1		**$ 202.30**	**$ 0.00**	**$ 202.30**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	202.30	0.00	202.30	100.0
	1		**$ 202.30**	**$ 0.00**	**$ 202.30**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	202.30	0.00	202.30	100.0
	1		**$ 202.30**	**$ 0.00**	**$ 202.30**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Elbow	1					
Knee	1					
	1					

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

****INJURY**						
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:54

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-hea Medicine-health Sciences-vp (185)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	66.6	242.04	750.00	992.04	100.0
8AM-9:59AM	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 242.04**	**$ 750.00**	**$ 992.04**	
LENGTH OF SERVICE						
4-6	1	16.6	0.00	750.00	750.00	75.6
0-2	1	16.6	192.04	0.00	192.04	19.3
8-10	3	50.0	50.00	0.00	50.00	5.0
24-26	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 242.04**	**$ 750.00**	**$ 992.04**	
AGE OF CLAIMANT						
20-24	1	16.6	0.00	750.00	750.00	75.6
35-39	2	33.3	192.04	0.00	192.04	19.3
55-59	2	33.3	50.00	0.00	50.00	5.0
65-69	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 242.04**	**$ 750.00**	**$ 992.04**	
SEX OF CLAIMANT						
Male	4	66.6	50.00	750.00	800.00	80.6
Female	2	33.3	192.04	0.00	192.04	19.3
	6		**$ 242.04**	**$ 750.00**	**$ 992.04**	
LOSS CAUSE						
Office equipment	1	16.6	0.00	750.00	750.00	75.6
Glass bottle / sheet	2	33.3	192.04	0.00	192.04	19.3
Hand tool, not powered, NOC	2	33.3	50.00	0.00	50.00	5.0
Walking surface, inside, wet	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 242.04**	**$ 750.00**	**$ 992.04**	
ACCIDENT TYPE						
Repetitive Motion	1	16.6	0.00	750.00	750.00	75.6
Object Handled (caught in or between)	2	33.3	192.04	0.00	192.04	19.3
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	50.00	0.00	50.00	5.0
Fall or Slip (From Liquid/Grease spills)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 242.04**	**$ 750.00**	**$ 992.04**	
****BODY PART**						
Lower Arm	1					
Wrist	1					
Thumb	1					
Finger(s)	2					
Hand	1					
Upper Leg	1					
	6					

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

*****INJURY***

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-hea Medicine-health Sciences-vp (185)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	3					
Laceration	1					
Puncture	3					
	6					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-hrt Hosp-voice Communications (192)

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						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Vehicle, 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 (From Different Level)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	25.0	2,191.73	0.00	2,191.73	63.0
8AM-9:59AM	3	25.0	805.98	0.00	805.98	23.1
12PM-1:59PM	3	25.0	478.03	0.00	478.03	13.7
10AM-11:59AM	2	16.6	0.00	0.00	0.00	0.0
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,475.74**	**$ 0.00**	**$ 3,475.74**	
LENGTH OF SERVICE						
6-8	2	16.6	1,888.43	0.00	1,888.43	54.3
26-28	1	8.3	582.98	0.00	582.98	16.7
0-2	5	41.6	371.00	0.00	371.00	10.6
22-24	1	8.3	303.30	0.00	303.30	8.7
4-6	1	8.3	251.53	0.00	251.53	7.2
30-32	1	8.3	78.50	0.00	78.50	2.2
16-18	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,475.74**	**$ 0.00**	**$ 3,475.74**	
AGE OF CLAIMANT						
35-39	4	33.3	2,139.96	0.00	2,139.96	61.5
55-59	3	25.0	964.78	0.00	964.78	27.7
30-34	1	8.3	148.00	0.00	148.00	4.2
50-54	1	8.3	143.00	0.00	143.00	4.1
20-24	1	8.3	80.00	0.00	80.00	2.3
40-44	1	8.3	0.00	0.00	0.00	0.0
45-49	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,475.74**	**$ 0.00**	**$ 3,475.74**	
SEX OF CLAIMANT						
Male	7	58.3	2,853.21	0.00	2,853.21	82.0
Female	5	41.6	622.53	0.00	622.53	17.9
	12		**$ 3,475.74**	**$ 0.00**	**$ 3,475.74**	
LOSS CAUSE						
Boxes / containers	2	16.6	1,502.02	0.00	1,502.02	43.2
Building parts / doors	1	8.3	969.39	0.00	969.39	27.8
Vehicle, not otherwise classified	2	16.6	331.53	0.00	331.53	9.5
Chemicals, not otherwise classified	2	16.6	303.30	0.00	303.30	8.7
Furniture / fixtures	1	8.3	148.00	0.00	148.00	4.2
Metal items	1	8.3	143.00	0.00	143.00	4.1
Hand tool, not powered, NOC	1	8.3	78.50	0.00	78.50	2.2
Animal / insect, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Electrical equipment	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,475.74**	**$ 0.00**	**$ 3,475.74**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	3	25.0	1,300.92	0.00	1,300.92	37.4
Lifting (strain or Injury by)	1	8.3	919.04	0.00	919.04	26.4
Holding Or Carrying (Strain or Injury by)	1	8.3	582.98	0.00	582.98	16.7
Fall or Slip (From Liquid/Grease spills)	1	8.3	303.30	0.00	303.30	8.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-hsc Housing-business Manager (193)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pushing Or Pulling (Strain or Injury by)	2	16.6	148.00	0.00	148.00	4.2
Object Handled (caught in or between)	1	8.3	143.00	0.00	143.00	4.1
Reaching (Strain or Injury by)	1	8.3	78.50	0.00	78.50	2.2
Animal Or Insect	1	8.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 3,475.74**	**$ 0.00**	**$ 3,475.74**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hand	2
Soft Tissue - Neck	2
Upper Back Area (Thoracic Area)	1
Thumb	1
Ankle	1
Facial, Other Soft Tissue	1
Lower Arm	1
Abdomen including Groin	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

Strain	8
Laceration	1
Contusion	2
Sprain	1
Inflamation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mec Medicine-anesthesiology Dept (221)

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						
0-2	1	50.0	0.00	0.00	0.00	0.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	0.00	0.00	0.0
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						
Infectious agent	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						
Absorb, Ingest, Inhalation	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**						
Eye(s)	1					
Mouth	1					
	2					

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

****INJURY**		
Contagious Disease	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mha Medicine-deans Office (223)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	4,840.43	15,181.50	20,021.93	96.3
8AM-9:59AM	1	33.3	102.93	647.07	750.00	3.6
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4,943.36**	**$ 15,828.57**	**$ 20,771.93**	
LENGTH OF SERVICE						
8-10	1	33.3	4,840.43	15,181.50	20,021.93	96.3
32-34	1	33.3	102.93	647.07	750.00	3.6
6-8	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4,943.36**	**$ 15,828.57**	**$ 20,771.93**	
AGE OF CLAIMANT						
65-69	1	33.3	4,840.43	15,181.50	20,021.93	96.3
50-54	2	66.6	102.93	647.07	750.00	3.6
	3		**$ 4,943.36**	**$ 15,828.57**	**$ 20,771.93**	
SEX OF CLAIMANT						
Female	3	100.0	4,943.36	15,828.57	20,771.93	100.0
	3		**$ 4,943.36**	**$ 15,828.57**	**$ 20,771.93**	
LOSS CAUSE						
Elevators, escalators	1	33.3	4,840.43	15,181.50	20,021.93	96.3
Walking surface, outside, dry	1	33.3	102.93	647.07	750.00	3.6
Office equipment	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4,943.36**	**$ 15,828.57**	**$ 20,771.93**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	66.6	4,943.36	15,828.57	20,771.93	100.0
Object Handled (caught in or between)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4,943.36**	**$ 15,828.57**	**$ 20,771.93**	
****BODY PART**						
Elbow	1					
Knee	1					
Shoulder	1					
Hand	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mhb Medicine-dentistry (224)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	7,730.05	0.00	7,730.05	92.4
10AM-11:59AM	2	66.6	628.93	0.00	628.93	7.5
	3		**$ 8,358.98**	**$ 0.00**	**$ 8,358.98**	
LENGTH OF SERVICE						
16-18	1	33.3	7,730.05	0.00	7,730.05	92.4
0-2	1	33.3	628.93	0.00	628.93	7.5
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,358.98**	**$ 0.00**	**$ 8,358.98**	
AGE OF CLAIMANT						
45-49	1	33.3	7,730.05	0.00	7,730.05	92.4
30-34	2	66.6	628.93	0.00	628.93	7.5
	3		**$ 8,358.98**	**$ 0.00**	**$ 8,358.98**	
SEX OF CLAIMANT						
Female	3	100.0	8,358.98	0.00	8,358.98	100.0
	3		**$ 8,358.98**	**$ 0.00**	**$ 8,358.98**	
LOSS CAUSE						
Electrical equipment	1	33.3	7,730.05	0.00	7,730.05	92.4
Furniture / fixtures	1	33.3	628.93	0.00	628.93	7.5
Infectious agent	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,358.98**	**$ 0.00**	**$ 8,358.98**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	7,730.05	0.00	7,730.05	92.4
Strike Against/Step on Stationary Object	1	33.3	628.93	0.00	628.93	7.5
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 8,358.98**	**$ 0.00**	**$ 8,358.98**	
****BODY PART**						
Knee	1					
Ankle	1					
Thumb	1					
	3					

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

****INJURY**	
Strain	1
Sprain	1
Foreign Body	1
	3

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mhg Mc-general Clin Research Ctr (227)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	15,037.68	34,862.78	49,900.46	99.4
10AM-11:59AM	1	25.0	192.10	0.00	192.10	0.3
2PM-3:59PM	2	50.0	102.93	0.00	102.93	0.2
	4		**$ 15,332.71**	**$ 34,862.78**	**$ 50,195.49**	
LENGTH OF SERVICE						
0-2	2	50.0	15,229.78	34,862.78	50,092.56	99.7
4-6	1	25.0	102.93	0.00	102.93	0.2
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 15,332.71**	**$ 34,862.78**	**$ 50,195.49**	
AGE OF CLAIMANT						
25-29	1	25.0	15,037.68	34,862.78	49,900.46	99.4
20-24	1	25.0	192.10	0.00	192.10	0.3
40-44	1	25.0	102.93	0.00	102.93	0.2
30-34	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 15,332.71**	**$ 34,862.78**	**$ 50,195.49**	
SEX OF CLAIMANT						
Female	2	50.0	15,140.61	34,862.78	50,003.39	99.6
Male	2	50.0	192.10	0.00	192.10	0.3
	4		**$ 15,332.71**	**$ 34,862.78**	**$ 50,195.49**	
LOSS CAUSE						
Metal items	2	50.0	15,229.78	34,862.78	50,092.56	99.7
Heating equipment	1	25.0	102.93	0.00	102.93	0.2
Hand tool, not powered, NOC	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 15,332.71**	**$ 34,862.78**	**$ 50,195.49**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	25.0	15,037.68	34,862.78	49,900.46	99.4
Strike Against/Step On Obj. Being Lifted or Handle	1	25.0	192.10	0.00	192.10	0.3
Misc. (Burn,Scald,Heat or Cold Exposure)	1	25.0	102.93	0.00	102.93	0.2
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 15,332.71**	**$ 34,862.78**	**$ 50,195.49**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	2					
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**	
Strain	1
Laceration	1
Burn	1
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mhg Mc-general Clin Research Ctr (227)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mhi Medicine-internal Med Dept (228)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	50.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	3	75.0	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	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Electrical equipment	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
Office equipment	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Animal Or Insect	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
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
Hand	3					
	4					

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

****INJURY**	
Contusion	1
Laceration	1
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mhr Medicine-neurology Dept (230)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	25.0	123.00	0.00	123.00	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 123.00**	**$ 0.00**	**$ 123.00**	
LENGTH OF SERVICE						
0-2	1	25.0	123.00	0.00	123.00	100.0
12-14	1	25.0	0.00	0.00	0.00	0.0
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		**$ 123.00**	**$ 0.00**	**$ 123.00**	
AGE OF CLAIMANT						
25-29	1	25.0	123.00	0.00	123.00	100.0
35-39	1	25.0	0.00	0.00	0.00	0.0
45-49	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 123.00**	**$ 0.00**	**$ 123.00**	
SEX OF CLAIMANT						
Male	3	75.0	123.00	0.00	123.00	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 123.00**	**$ 0.00**	**$ 123.00**	
LOSS CAUSE						
Glass bottle / sheet	1	25.0	123.00	0.00	123.00	100.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 123.00**	**$ 0.00**	**$ 123.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	50.0	123.00	0.00	123.00	100.0
Object being lifted/handled (cut,punc.scrape,inj b	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		**$ 123.00**	**$ 0.00**	**$ 123.00**	
****BODY PART**						
Hand	2					
Foot	2					
Thumb	1					
	4					

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mhr Medicine-neurology Dept (230)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mma Medicine-allergy & Clinical Im (233)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	2,781.17	0.00	2,781.17	100.0
	1		**$ 2,781.17**	**$ 0.00**	**$ 2,781.17**	
LENGTH OF SERVICE						
Unknown	1	100.0	2,781.17	0.00	2,781.17	100.0
	1		**$ 2,781.17**	**$ 0.00**	**$ 2,781.17**	
AGE OF CLAIMANT						
40-44	1	100.0	2,781.17	0.00	2,781.17	100.0
	1		**$ 2,781.17**	**$ 0.00**	**$ 2,781.17**	
SEX OF CLAIMANT						
Female	1	100.0	2,781.17	0.00	2,781.17	100.0
	1		**$ 2,781.17**	**$ 0.00**	**$ 2,781.17**	
LOSS CAUSE						
Building parts / doors	1	100.0	2,781.17	0.00	2,781.17	100.0
	1		**$ 2,781.17**	**$ 0.00**	**$ 2,781.17**	
ACCIDENT TYPE						
Struck/Injured by Moving Part Of Machine	1	100.0	2,781.17	0.00	2,781.17	100.0
	1		**$ 2,781.17**	**$ 0.00**	**$ 2,781.17**	
****BODY PART**						
Shoulder	1					
Soft Tissue - Neck	1					
Upper Arm (Inc: Clavicle and Scapula)	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	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mme Medicine-epidemiology & Virology

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						
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						
Food	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**						
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					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mmf Medicine-gastroenterology (237)

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						
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						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mmh Medicine-geographic Medicine (239)

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						
2-4	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
AGE OF CLAIMANT						
20-24	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
SEX OF CLAIMANT						
Female	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LOSS CAUSE						
Building parts / doors	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
****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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mml Medicine-nephrology (241)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	514.70	0.00	514.70	100.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 514.70**	**$ 0.00**	**$ 514.70**	
LENGTH OF SERVICE						
2-4	1	50.0	514.70	0.00	514.70	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 514.70**	**$ 0.00**	**$ 514.70**	
AGE OF CLAIMANT						
25-29	1	50.0	514.70	0.00	514.70	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 514.70**	**$ 0.00**	**$ 514.70**	
SEX OF CLAIMANT						
Female	2	100.0	514.70	0.00	514.70	100.0
	2		**$ 514.70**	**$ 0.00**	**$ 514.70**	
LOSS CAUSE						
Boxes / containers	2	100.0	514.70	0.00	514.70	100.0
	2		**$ 514.70**	**$ 0.00**	**$ 514.70**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	100.0	514.70	0.00	514.70	100.0
	2		**$ 514.70**	**$ 0.00**	**$ 514.70**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-moa Medicine-opthalmology Dept (242)

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						
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						
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 Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-moc Medicine-ortho Phys Admin Office

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LENGTH OF SERVICE						
6-8	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
AGE OF CLAIMANT						
60-64	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
SEX OF CLAIMANT						
Male	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LOSS CAUSE						
Metal items	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mol Medicine-clinical Pathology (246)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	468.00	0.00	468.00	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
6PM-7:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 468.00**	**$ 0.00**	**$ 468.00**	
LENGTH OF SERVICE						
0-2	3	100.0	468.00	0.00	468.00	100.0
	3		**$ 468.00**	**$ 0.00**	**$ 468.00**	
AGE OF CLAIMANT						
15-19	1	33.3	468.00	0.00	468.00	100.0
20-24	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 468.00**	**$ 0.00**	**$ 468.00**	
SEX OF CLAIMANT						
Female	1	33.3	468.00	0.00	468.00	100.0
Male	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 468.00**	**$ 0.00**	**$ 468.00**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	468.00	0.00	468.00	100.0
Electrical equipment	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		**$ 468.00**	**$ 0.00**	**$ 468.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	33.3	468.00	0.00	468.00	100.0
Foreign Body In Eye	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		**$ 468.00**	**$ 0.00**	**$ 468.00**	
****BODY PART**						
Lower Arm	1					
Eye(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**		
Contusion	1	
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mov Medicine-plastic Surgery Dept (249)

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						
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 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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mow Medicine-prosth & Ortho Div (250)

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						
20-22	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**						
Ankle	1					
	1					

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

****INJURY**						
Strain	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mpg Medicine-radiology Research (252)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LENGTH OF SERVICE						
14-16	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
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						
Stairs, steps	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Hand	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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:55

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mps Medicine-surgery Dept (253)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	40.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
Unknown	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	20.0	0.00	0.00	0.00	0.0
18-20	1	20.0	0.00	0.00	0.00	0.0
4-6	1	20.0	0.00	0.00	0.00	0.0
6-8	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	4	80.0	0.00	0.00	0.00	0.0
50-54	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	20.0	0.00	0.00	0.00	0.0
Male	4	80.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	4					
Hand	1					
	5					

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

****INJURY**		
Laceration	2	
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:57

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mpu Medicine-urology (254)

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						
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						
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 Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
******BODY PART***						
Finger(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:57

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mtl Mt Lake Biological Station (255)

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						
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						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lungs	1					
	1					

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

****INJURY**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:57

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-mus Music Dept (257)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
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						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:57

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-nec Newcomb Hall-bookstore (261)

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						
10-12	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	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						
Boxes / containers	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
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**						
Finger(s)	1					
Foot	1					
	2					

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

****INJURY**		
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-ned Newcomb Hall-directors Office (262)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	346.32	403.68	750.00	63.4
4PM-5:59PM	1	33.3	225.38	0.00	225.38	19.0
12PM-1:59PM	1	33.3	207.48	0.00	207.48	17.5
	3		**$ 779.18**	**$ 403.68**	**$ 1,182.86**	
LENGTH OF SERVICE						
30-32	1	33.3	346.32	403.68	750.00	63.4
6-8	1	33.3	225.38	0.00	225.38	19.0
2-4	1	33.3	207.48	0.00	207.48	17.5
	3		**$ 779.18**	**$ 403.68**	**$ 1,182.86**	
AGE OF CLAIMANT						
60-64	1	33.3	346.32	403.68	750.00	63.4
50-54	1	33.3	225.38	0.00	225.38	19.0
35-39	1	33.3	207.48	0.00	207.48	17.5
	3		**$ 779.18**	**$ 403.68**	**$ 1,182.86**	
SEX OF CLAIMANT						
Male	2	66.6	571.70	403.68	975.38	82.4
Female	1	33.3	207.48	0.00	207.48	17.5
	3		**$ 779.18**	**$ 403.68**	**$ 1,182.86**	
LOSS CAUSE						
Walking surface, inside, wet	1	33.3	346.32	403.68	750.00	63.4
Furniture / fixtures	1	33.3	225.38	0.00	225.38	19.0
Walking surface, inside, dry	1	33.3	207.48	0.00	207.48	17.5
	3		**$ 779.18**	**$ 403.68**	**$ 1,182.86**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	346.32	403.68	750.00	63.4
Lifting (strain or Injury by)	1	33.3	225.38	0.00	225.38	19.0
Fall or Slip (On Same Level)	1	33.3	207.48	0.00	207.48	17.5
	3		**$ 779.18**	**$ 403.68**	**$ 1,182.86**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
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**	
Contusion	2
Strain	1
Sprain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-ned Newcomb Hall-directors Office (262)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-nuf Nursing School-faculty (264)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	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						
2-4	2	100.0	145.00	0.00	145.00	100.0
	2		**$ 145.00**	**$ 0.00**	**$ 145.00**	
AGE OF CLAIMANT						
30-34	1	50.0	145.00	0.00	145.00	100.0
55-59	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						
Office equipment	1	50.0	145.00	0.00	145.00	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 145.00**	**$ 0.00**	**$ 145.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	145.00	0.00	145.00	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 145.00**	**$ 0.00**	**$ 145.00**	
****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**	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-paa Parking & Transportation-admin (269)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	20.0	8,134.73	0.00	8,134.73	90.5
10AM-11:59AM	1	20.0	457.52	0.00	457.52	5.0
12PM-1:59PM	1	20.0	322.40	0.00	322.40	3.5
8AM-9:59AM	1	20.0	70.00	0.00	70.00	0.7
4PM-5:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 8,984.65**	**$ 0.00**	**$ 8,984.65**	
LENGTH OF SERVICE						
14-16	1	20.0	8,134.73	0.00	8,134.73	90.5
16-18	2	40.0	527.52	0.00	527.52	5.8
4-6	1	20.0	322.40	0.00	322.40	3.5
2-4	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 8,984.65**	**$ 0.00**	**$ 8,984.65**	
AGE OF CLAIMANT						
40-44	3	60.0	8,662.25	0.00	8,662.25	96.4
20-24	1	20.0	322.40	0.00	322.40	3.5
25-29	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 8,984.65**	**$ 0.00**	**$ 8,984.65**	
SEX OF CLAIMANT						
Male	5	100.0	8,984.65	0.00	8,984.65	100.0
	5		**$ 8,984.65**	**$ 0.00**	**$ 8,984.65**	
LOSS CAUSE						
Boxes / containers	1	20.0	8,134.73	0.00	8,134.73	90.5
Animal / bee type	1	20.0	457.52	0.00	457.52	5.0
Vehicle, not otherwise classified	2	40.0	322.40	0.00	322.40	3.5
Minerals / dirt	1	20.0	70.00	0.00	70.00	0.7
	5		**$ 8,984.65**	**$ 0.00**	**$ 8,984.65**	
ACCIDENT TYPE						
Repetitive Motion	1	20.0	8,134.73	0.00	8,134.73	90.5
Animal Or Insect	1	20.0	457.52	0.00	457.52	5.0
Vehicle Upset	1	20.0	322.40	0.00	322.40	3.5
Struck/Injured by Falling or Flying Object	1	20.0	70.00	0.00	70.00	0.7
Struck/Injured by Motor Vehicle	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 8,984.65**	**$ 0.00**	**$ 8,984.65**	
****BODY PART**						
Knee	1					
Mouth	1					
Facial, Other Soft Tissue	1					
Ear(s)	1					
Abdomen including Groin	1					
Hip	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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
Inflamation	1
Contusion	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-per Human Resources (273)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	176.35	0.00	176.35	100.0
	2		**$ 176.35**	**$ 0.00**	**$ 176.35**	
LENGTH OF SERVICE						
8-10	1	50.0	176.35	0.00	176.35	100.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 176.35**	**$ 0.00**	**$ 176.35**	
AGE OF CLAIMANT						
40-44	2	100.0	176.35	0.00	176.35	100.0
	2		**$ 176.35**	**$ 0.00**	**$ 176.35**	
SEX OF CLAIMANT						
Male	2	100.0	176.35	0.00	176.35	100.0
	2		**$ 176.35**	**$ 0.00**	**$ 176.35**	
LOSS CAUSE						
Office equipment	2	100.0	176.35	0.00	176.35	100.0
	2		**$ 176.35**	**$ 0.00**	**$ 176.35**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	176.35	0.00	176.35	100.0
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 176.35**	**$ 0.00**	**$ 176.35**	
****BODY PART**						
Knee	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	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	5	20.0	38,742.51	5,551.82	44,294.33	87.2
2PM-3:59PM	5	20.0	2,306.35	0.00	2,306.35	4.5
6PM-7:59PM	4	16.0	763.49	1,500.00	2,263.49	4.4
Unknown	5	20.0	1,676.94	0.00	1,676.94	3.3
12AM-1:59AM	1	4.0	102.93	0.00	102.93	0.2
2AM-3:59AM	1	4.0	99.84	0.00	99.84	0.2
12PM-1:59PM	1	4.0	53.00	0.00	53.00	0.1
8AM-9:59AM	2	8.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 43,745.06**	**$ 7,051.82**	**$ 50,796.88**	
LENGTH OF SERVICE						
28-30	1	4.0	25,819.31	4,190.17	30,009.48	59.0
8-10	4	16.0	12,923.20	611.65	13,534.85	26.6
0-2	10	40.0	2,713.15	1,500.00	4,213.15	8.2
6-8	5	20.0	988.76	750.00	1,738.76	3.4
18-20	1	4.0	628.98	0.00	628.98	1.2
14-16	2	8.0	468.89	0.00	468.89	0.9
10-12	1	4.0	102.93	0.00	102.93	0.2
12-14	1	4.0	99.84	0.00	99.84	0.2
	25		**$ 43,745.06**	**$ 7,051.82**	**$ 50,796.88**	
AGE OF CLAIMANT						
50-54	2	8.0	25,869.31	4,190.17	30,059.48	59.1
35-39	3	12.0	12,976.20	611.65	13,587.85	26.7
25-29	4	16.0	1,259.86	1,500.00	2,759.86	5.4
30-34	4	16.0	1,536.89	0.00	1,536.89	3.0
45-49	5	20.0	1,511.79	0.00	1,511.79	2.9
40-44	3	12.0	488.08	750.00	1,238.08	2.4
55-59	2	8.0	102.93	0.00	102.93	0.2
20-24	1	4.0	0.00	0.00	0.00	0.0
60-64	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 43,745.06**	**$ 7,051.82**	**$ 50,796.88**	
SEX OF CLAIMANT						
Male	18	72.0	41,792.28	6,301.82	48,094.10	94.6
Female	7	28.0	1,952.78	750.00	2,702.78	5.3
	25		**$ 43,745.06**	**$ 7,051.82**	**$ 50,796.88**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	8.0	27,079.17	4,190.17	31,269.34	61.5
Person	3	12.0	14,174.77	611.65	14,786.42	29.1
Walking surface, outside, dry	2	8.0	0.00	1,500.00	1,500.00	2.9
Stairs, steps	2	8.0	201.72	750.00	951.72	1.8
Animal / insect, not otherwise classified	1	4.0	773.40	0.00	773.40	1.5
Building parts / doors	3	12.0	681.98	0.00	681.98	1.3
Walking surface, inside, wet	1	4.0	415.89	0.00	415.89	0.8
Patient / Inmate	4	16.0	165.36	0.00	165.36	0.3
Chemicals, not otherwise classified	1	4.0	102.93	0.00	102.93	0.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Metal items	1	4.0	99.84	0.00	99.84	0.2
Infectious agent	1	4.0	50.00	0.00	50.00	0.1
Animal / bee type	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
Animal, not otherwise classified	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		**$ 43,745.06**	**$ 7,051.82**	**$ 50,796.88**	

ACCIDENT TYPE

Struck/Injured by Motor Vehicle	1	4.0	25,819.31	4,190.17	30,009.48	59.0
Holding Or Carrying (Strain or Injury by)	3	12.0	12,923.20	611.65	13,534.85	26.6
Fall or Slip (On Same Level)	5	20.0	1,044.87	750.00	1,794.87	3.5
Vehicle Upset	1	4.0	1,259.86	0.00	1,259.86	2.4
Slipped, Did Not Fall	2	8.0	201.72	750.00	951.72	1.8
Struck/Injured by Falling or Flying Object	2	8.0	813.49	0.00	813.49	1.6
Animal Or Insect	3	12.0	773.40	0.00	773.40	1.5
Twisting, strain or injury by	1	4.0	0.00	750.00	750.00	1.4
Stuck, injured by fellow worker, patient	1	4.0	488.08	0.00	488.08	0.9
Assault	1	4.0	165.36	0.00	165.36	0.3
Explosion / Flare Back	1	4.0	102.93	0.00	102.93	0.2
Object being lifted/handled (cut,punc.scrape,inj b	1	4.0	99.84	0.00	99.84	0.2
Object Handled (caught in or between)	1	4.0	53.00	0.00	53.00	0.1
Human Bite	1	4.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 43,745.06**	**$ 7,051.82**	**$ 50,796.88**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hip	1
Soft Tissue - Neck	3
Facial, Other Soft Tissue	2
Finger(s)	5
Shoulder	2
Wrist	4
Eye(s)	2
Foot	2
Elbow	1
Knee	1
Ear(s)	2
Ankle	3
Mouth	2
Wrist(s) & Hand(s)	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.**

**INJURY

Strain	4
Contusion	11

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-pol Police Dept (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Inflamation	3					
Sprain	5					
Laceration	2					
Dislocation	1					
Hearing Loss or Impairment (Traumatic only)	2					
Foreign Body	4					
Puncture	3					
	25					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-pri Printing Office (281)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	1.20	0.00	1.20	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1.20***	***$ 0.00***	***$ 1.20***	
LENGTH OF SERVICE						
18-20	1	50.0	1.20	0.00	1.20	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1.20***	***$ 0.00***	***$ 1.20***	
AGE OF CLAIMANT						
45-49	2	100.0	1.20	0.00	1.20	100.0
	2		***$ 1.20***	***$ 0.00***	***$ 1.20***	
SEX OF CLAIMANT						
Female	2	100.0	1.20	0.00	1.20	100.0
	2		***$ 1.20***	***$ 0.00***	***$ 1.20***	
LOSS CAUSE						
Boxes / containers	1	50.0	1.20	0.00	1.20	100.0
Walking surface, inside, wet	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1.20***	***$ 0.00***	***$ 1.20***	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	50.0	1.20	0.00	1.20	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 1.20***	***$ 0.00***	***$ 1.20***	
*****BODY PART***						
Hand	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***	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-prs Uva Procurement Services (285)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	81.20	0.00	81.20	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 81.20**	**$ 0.00**	**$ 81.20**	
LENGTH OF SERVICE						
40-42	1	50.0	81.20	0.00	81.20	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 81.20**	**$ 0.00**	**$ 81.20**	
AGE OF CLAIMANT						
55-59	1	50.0	81.20	0.00	81.20	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 81.20**	**$ 0.00**	**$ 81.20**	
SEX OF CLAIMANT						
Female	2	100.0	81.20	0.00	81.20	100.0
	2		**$ 81.20**	**$ 0.00**	**$ 81.20**	
LOSS CAUSE						
Walking surface, inside, wet	1	50.0	81.20	0.00	81.20	100.0
Office equipment	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 81.20**	**$ 0.00**	**$ 81.20**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	81.20	0.00	81.20	100.0
Repetitive Motion	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 81.20**	**$ 0.00**	**$ 81.20**	
*****BODY PART***						
Shoulder	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	1					
Carpal Tunnel Syndrome	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-rot Rotunda Security (296)

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						
25-29	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, 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	2					
	1					

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

*****INJURY***	
Contusion	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-spr Sponsored Programs Office (307)

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						
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						
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						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

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

*****INJURY***		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-tfm Temp Svc-facilities Mgt (312)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
LOSS CAUSE						
Electrical equipment	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	490.00	260.00	750.00	100.0
	1		**$ 490.00**	**$ 260.00**	**$ 750.00**	
****BODY PART**						
Hand	1					
Lower Arm	1					
Shoulder	1					
Soft Tissue - Neck	1					
	1					

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

****INJURY**		
Strain	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 2001

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Uva-thr Temp Svc-human Resources (313)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	200.08	750.00	950.08	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 200.08**	**$ 750.00**	**$ 950.08**	
LENGTH OF SERVICE						
0-2	3	100.0	200.08	750.00	950.08	100.0
	3		**$ 200.08**	**$ 750.00**	**$ 950.08**	
AGE OF CLAIMANT						
25-29	1	33.3	0.00	750.00	750.00	78.9
15-19	2	66.6	200.08	0.00	200.08	21.0
	3		**$ 200.08**	**$ 750.00**	**$ 950.08**	
SEX OF CLAIMANT						
Male	3	100.0	200.08	750.00	950.08	100.0
	3		**$ 200.08**	**$ 750.00**	**$ 950.08**	
LOSS CAUSE						
Mechanical powered	2	66.6	0.00	750.00	750.00	78.9
Vehicle, not otherwise classified	1	33.3	200.08	0.00	200.08	21.0
	3		**$ 200.08**	**$ 750.00**	**$ 950.08**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	33.3	0.00	750.00	750.00	78.9
Strike Against/Step On Obj. Being Lifted or Handle	1	33.3	200.08	0.00	200.08	21.0
Contact With Hot Object or Substances	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 200.08**	**$ 750.00**	**$ 950.08**	
****BODY PART**						
Finger(s)	1					
Foot	1					
Lower Arm	1					
	3					

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

****INJURY**		
Fracture	1	
Contusion	1	
Burn	1	
	3	

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Industrial Claims for Plan Year 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Mea-medicine-cell Biology (333)

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
22-24	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
65-69	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						
Glass bottle / sheet	1	50.0	0.00	0.00	0.00	0.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
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***						
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***	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Mpv-animal Resource Facility (337)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	42.8	4,353.74	0.00	4,353.74	96.2
10AM-11:59AM	1	14.2	102.93	0.00	102.93	2.2
6AM-7:59AM	3	42.8	65.00	0.00	65.00	1.4
	7		**$ 4,521.67**	**$ 0.00**	**$ 4,521.67**	
LENGTH OF SERVICE						
22-24	1	14.2	4,353.74	0.00	4,353.74	96.2
2-4	2	28.5	167.93	0.00	167.93	3.7
18-20	1	14.2	0.00	0.00	0.00	0.0
4-6	1	14.2	0.00	0.00	0.00	0.0
0-2	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 4,521.67**	**$ 0.00**	**$ 4,521.67**	
AGE OF CLAIMANT						
55-59	3	42.8	4,353.74	0.00	4,353.74	96.2
25-29	1	14.2	102.93	0.00	102.93	2.2
35-39	1	14.2	65.00	0.00	65.00	1.4
40-44	1	14.2	0.00	0.00	0.00	0.0
20-24	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,521.67**	**$ 0.00**	**$ 4,521.67**	
SEX OF CLAIMANT						
Female	7	100.0	4,521.67	0.00	4,521.67	100.0
	7		**$ 4,521.67**	**$ 0.00**	**$ 4,521.67**	
LOSS CAUSE						
Office equipment	1	14.2	4,353.74	0.00	4,353.74	96.2
Chemicals, not otherwise classified	1	14.2	102.93	0.00	102.93	2.2
Vehicle, not otherwise classified	1	14.2	65.00	0.00	65.00	1.4
Boxes / containers	1	14.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	14.2	0.00	0.00	0.00	0.0
Building parts / doors	1	14.2	0.00	0.00	0.00	0.0
Infectious agent	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,521.67**	**$ 0.00**	**$ 4,521.67**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	28.5	4,353.74	0.00	4,353.74	96.2
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	14.2	102.93	0.00	102.93	2.2
Fall or Slip (On Same Level)	1	14.2	65.00	0.00	65.00	1.4
Pushing Or Pulling (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Animal Or Insect	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 4,521.67**	**$ 0.00**	**$ 4,521.67**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Arm	2					
Knee	1					
Finger(s)	1					
Wrist	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Mpv-animal Resource Facility (337)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Brain	1					
Facial, Other Soft Tissue	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***

Strain	2					
Burn	1					
Sprain	1					
Contusion	3					
Concussion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Hos-mc Hsc Security (339)

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						
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						
Cumulative (Not Otherwise Classified)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
No Physical Problem	1					
	1					

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

*****INJURY***		
No Physical Injury	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Fcc - Fm - Maint-carpentry (343)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Fcd - Fm - Maint-plumbing (344)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
****BODY PART**						
Lungs	1					
	1					

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

****INJURY**						
Infection	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	0.00	21,250.00	21,250.00	100.0
	1		**$ 0.00**	**$ 21,250.00**	**$ 21,250.00**	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	21,250.00	21,250.00	100.0
	1		**$ 0.00**	**$ 21,250.00**	**$ 21,250.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	21,250.00	21,250.00	100.0
	1		**$ 0.00**	**$ 21,250.00**	**$ 21,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	21,250.00	21,250.00	100.0
	1		**$ 0.00**	**$ 21,250.00**	**$ 21,250.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	21,250.00	21,250.00	100.0
	1		**$ 0.00**	**$ 21,250.00**	**$ 21,250.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	21,250.00	21,250.00	100.0
	1		**$ 0.00**	**$ 21,250.00**	**$ 21,250.00**	
****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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: University Of Virginia (207)
SubAgency: Fms - Fm - Renov-plumbing (380)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Pipe	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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	80	23.8	53,666.11	112,225.56	165,891.67	32.0
8AM-9:59AM	74	22.0	76,572.58	53,944.80	130,517.38	25.2
2PM-3:59PM	50	14.9	41,322.05	48,867.80	90,189.85	17.4
12PM-1:59PM	43	12.8	20,276.49	24,242.81	44,519.30	8.6
6AM-7:59AM	15	4.4	12,005.60	25,522.46	37,528.06	7.2
4PM-5:59PM	28	8.3	13,153.33	17,361.70	30,515.03	5.8
6PM-7:59PM	11	3.2	6,437.33	0.00	6,437.33	1.2
12AM-1:59AM	5	1.4	1,537.15	3,843.98	5,381.13	1.0
4AM-5:59AM	12	3.5	2,527.88	750.00	3,277.88	0.6
Unknown	10	2.9	1,980.95	0.00	1,980.95	0.3
2AM-3:59AM	7	2.0	1,419.78	0.00	1,419.78	0.2
	335		***$ 230,899.25***	***$ 286,759.11***	***$ 517,658.36***	
LENGTH OF SERVICE						
2-4	66	19.7	73,785.26	121,891.34	195,676.60	37.8
4-6	37	11.0	52,701.19	37,957.95	90,659.14	17.5
0-2	108	32.2	37,732.73	51,917.81	89,650.54	17.3
8-10	8	2.3	11,119.80	16,815.58	27,935.38	5.4
22-24	9	2.6	2,720.40	17,640.00	20,360.40	3.9
18-20	9	2.6	6,950.38	12,903.31	19,853.69	3.8
10-12	13	3.8	6,102.79	13,440.83	19,543.62	3.7
20-22	9	2.6	15,758.77	320.35	16,079.12	3.1
12-14	16	4.7	5,969.72	9,228.39	15,198.11	2.9
6-8	17	5.0	9,566.00	0.00	9,566.00	1.8
14-16	13	3.8	3,838.03	3,093.98	6,932.01	1.3
16-18	9	2.6	1,419.05	750.00	2,169.05	0.4
28-30	4	1.1	1,174.97	0.00	1,174.97	0.2
Unknown	1	0.2	0.00	750.00	750.00	0.1
42-44	1	0.2	637.11	0.00	637.11	0.1
32-34	5	1.4	514.69	49.57	564.26	0.1
24-26	2	0.5	541.15	0.00	541.15	0.1
30-32	3	0.8	257.75	0.00	257.75	0.0
26-28	5	1.4	109.46	0.00	109.46	0.0
	335		***$ 230,899.25***	***$ 286,759.11***	***$ 517,658.36***	
AGE OF CLAIMANT						
45-49	40	11.9	45,662.00	40,248.59	85,910.59	16.6
40-44	42	12.5	43,195.68	40,961.90	84,157.58	16.2
30-34	42	12.5	24,569.85	55,819.01	80,388.86	15.5
20-24	44	13.1	28,088.87	47,438.01	75,526.88	14.5
70-74	3	0.8	19,921.85	52,313.41	72,235.26	13.9
50-54	43	12.8	21,053.60	25,377.97	46,431.57	8.9
55-59	23	6.8	11,572.54	11,797.76	23,370.30	4.5
35-39	29	8.6	11,858.68	6,389.63	18,248.31	3.5
25-29	34	10.1	11,543.16	5,519.78	17,062.94	3.3
15-19	14	4.1	9,414.30	843.48	10,257.78	1.9
60-64	18	5.3	3,216.87	49.57	3,266.44	0.6
65-69	2	0.5	801.85	0.00	801.85	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
75-79	1	0.2	0.00	0.00	0.00	0.0
	335		***$ 230,899.25***	***$ 286,759.11***	***$ 517,658.36***	
SEX OF CLAIMANT						
Male	195	58.2	168,944.40	222,044.75	390,989.15	75.5
Female	140	41.7	61,954.85	64,714.36	126,669.21	24.4
	335		***$ 230,899.25***	***$ 286,759.11***	***$ 517,658.36***	
LOSS CAUSE						
Boxes / containers	38	11.3	42,819.83	84,281.84	127,101.67	24.5
Miscellaneous	38	11.3	34,181.94	32,898.86	67,080.80	12.9
Vehicle, not otherwise classified	11	3.2	18,449.06	39,395.85	57,844.91	11.1
Animal, not otherwise classified	23	6.8	10,850.12	38,485.15	49,335.27	9.5
Walking surface, outside, dry	12	3.5	18,048.14	28,056.25	46,104.39	8.9
Stone / rock / brick	7	2.0	21,046.49	12,363.10	33,409.59	6.4
Walking surface, inside, wet	8	2.3	10,968.76	15,015.02	25,983.78	5.0
Walking surface, inside, dry	16	4.7	5,357.00	12,440.83	17,797.83	3.4
Building parts / doors	13	3.8	5,374.84	8,707.28	14,082.12	2.7
Furniture / fixtures	29	8.6	11,543.75	93.48	11,637.23	2.2
Dishes	1	0.2	60.00	8,940.00	9,000.00	1.7
Machine, not otherwise classified	15	4.4	8,957.54	-147.00	8,810.54	1.7
Sharp objects, not otherwise classified	13	3.8	8,759.36	0.00	8,759.36	1.6
Metal items	11	3.2	7,427.90	100.38	7,528.28	1.4
Hand tool, not powered, NOC	20	5.9	7,482.82	-153.38	7,329.44	1.4
Stairs, steps	6	1.7	4,842.23	0.00	4,842.23	0.9
Person	4	1.1	3,773.08	750.00	4,523.08	0.8
Hand tool, powered, NOC	6	1.7	872.49	2,281.45	3,153.94	0.6
Walking surface, outside, wet	4	1.1	2,681.46	0.00	2,681.46	0.5
Environmental conditions	2	0.5	0.00	2,500.00	2,500.00	0.4
Chemicals, not otherwise classified	13	3.8	1,974.32	0.00	1,974.32	0.3
Office equipment	7	2.0	742.37	750.00	1,492.37	0.2
Ladder, 8’ step	1	0.2	1,082.22	0.00	1,082.22	0.2
Glass bottle / sheet	7	2.0	580.00	0.00	580.00	0.1
Minerals / dirt	8	2.3	489.01	0.00	489.01	0.0
Blower 18"	1	0.2	486.87	0.00	486.87	0.0
Water	2	0.5	466.53	0.00	466.53	0.0
Steam / exhaust	2	0.5	388.81	0.00	388.81	0.0
Ladder, 12’ roof	2	0.5	181.00	0.00	181.00	0.0
Electrical equipment	3	0.8	179.00	0.00	179.00	0.0
Mowers	1	0.2	164.00	0.00	164.00	0.0
Animal / snake	1	0.2	126.86	0.00	126.86	0.0
Pipe	1	0.2	118.45	0.00	118.45	0.0
Hose / hydair H2O	1	0.2	106.00	0.00	106.00	0.0
Animal / insect, not otherwise classified	2	0.5	96.00	0.00	96.00	0.0
Heating equipment	1	0.2	79.00	0.00	79.00	0.0
Animal / bee type	1	0.2	53.00	0.00	53.00	0.0
Patient / Inmate	1	0.2	50.00	0.00	50.00	0.0
Infectious agent	1	0.2	39.00	0.00	39.00	0.0
Elevators, escalators	1	0.2	0.00	0.00	0.00	0.0
Mechanical powered	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:58

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	335		**$ 230,899.25**	**$ 286,759.11**	**$ 517,658.36**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	34	10.1	49,217.96	98,832.27	148,050.23	28.6
Lifting (strain or Injury by)	59	17.6	50,837.84	66,991.78	117,829.62	22.7
Twisting, strain or injury by	31	9.2	24,892.50	48,863.86	73,756.36	14.2
Fall or Slip (From Different Level)	4	1.1	15,972.07	14,546.41	30,518.48	5.9
Struck/Injured by Falling or Flying Object	20	5.9	9,453.08	17,380.35	26,833.43	5.1
Struck/Injured by Motor Vehicle	1	0.2	9,972.03	15,177.97	25,150.00	4.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	24	7.1	11,894.55	-53.00	11,841.55	2.2
Struck/Injured by Object Handled By Other	1	0.2	2,575.09	8,657.71	11,232.80	2.1
Object being lifted/handled (cut,punc.scrape,inj b	13	3.8	1,793.40	8,700.00	10,493.40	2.0
Fall or Slip (From Liquid/Grease spills)	9	2.6	8,687.30	0.00	8,687.30	1.6
Struck or injured by misc.	2	0.5	6,210.89	0.00	6,210.89	1.2
Animal Or Insect	18	5.3	6,325.46	-342.61	5,982.85	1.1
Object Handled (caught in or between)	13	3.8	5,844.12	-147.00	5,697.12	1.1
Strike Against/Step on Stationary Object	22	6.5	5,041.59	49.57	5,091.16	0.9
Machinery (caught in or between)	5	1.4	4,202.56	0.00	4,202.56	0.8
Vehicle Upset	3	0.8	4,143.42	0.00	4,143.42	0.8
Fall or slip (on stairs)	5	1.4	4,027.57	0.00	4,027.57	0.7
Pushing Or Pulling (Strain or Injury by)	11	3.2	2,383.70	1,070.35	3,454.05	0.6
Stress	2	0.5	0.00	2,500.00	2,500.00	0.4
Foreign Body In Eye	14	4.1	2,322.43	0.00	2,322.43	0.4
Holding Or Carrying (Strain or Injury by)	1	0.2	218.55	1,531.45	1,750.00	0.3
Fall or Slip (From Ladder/Scaffolding)	1	0.2	1,082.22	0.00	1,082.22	0.2
Acid Chemicals Burn or Scald - Heat or Cold Exp.	2	0.5	869.62	0.00	869.62	0.1
Absorb, Ingest, Inhalation	3	0.8	118.00	750.00	868.00	0.1
Allergic Reaction	3	0.8	0.00	750.00	750.00	0.1
Reaching (Strain or Injury by)	1	0.2	0.00	750.00	750.00	0.1
Repetitive Motion	3	0.8	0.00	750.00	750.00	0.1
Contact With Hot Object or Substances	7	2.0	683.23	0.00	683.23	0.1
Struck/Injured by Hand Tool/Machine In Use	4	1.1	676.40	0.00	676.40	0.1
Cut,puncture,scrape, injured by (Broken Glass)	6	1.7	449.00	0.00	449.00	0.0
Slipped, Did Not Fall	3	0.8	357.00	0.00	357.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	2	0.5	288.48	0.00	288.48	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.2	105.00	0.00	105.00	0.0
Steam Or Hot Fluids	2	0.5	89.19	0.00	89.19	0.0
Temperature Extremes	1	0.2	77.00	0.00	77.00	0.0
Stuck, injured by fellow worker, patient	1	0.2	49.00	0.00	49.00	0.0
Exposure to Poisonous Agent / Plant	1	0.2	39.00	0.00	39.00	0.0
Contact with Electric Current	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
	335		**$ 230,899.25**	**$ 286,759.11**	**$ 517,658.36**	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	70
Knee	26
Finger(s)	56
Ankle	18
Hip	10

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	9					
Abdomen including Groin	6					
Upper Leg	8					
Upper Arm (Inc: Clavicle and Scapula)	5					
Hand	35					
Lower Leg	12					
Elbow	11					
Shoulder	25					
Skull	5					
Lower Arm	19					
Facial, Other Soft Tissue	11					
Soft Tissue - Neck	13					
Chest (Inc: Ribs, Sternum and Soft Tissue)	9					
Whole Body	4					
Wrist	13					
Eye(s)	15					
Thumb	14					
Lungs	1					
Upper Back Area (Thoracic Area)	4					
Wrist(s) & Hand(s)	1					
Nose	2					
Toe(s)	2					
Mouth	1					
Buttocks	3					
No Physical Problem	2					
Great Toe	1					
Insufficient Information	1					
Multiple Head Injury	1					
	335					

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

*****INJURY***

Strain	146
Fracture	14
Contusion	85
Laceration	64
Sprain	27
Puncture	26
No Physical Injury	4
Mental Stress	2
Burn	16
Inflamation	2
Foreign Body	11
Vascular Loss	3
Multiple Physical Injuries Only	1
Dislocation	1
Dermatitis	4
Respiratory Disorders	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/su (208)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Crushing	1					
Infection	2					
Poisoning - Chemical	2					
Carpal Tunnel Syndrome	1					
	335					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/research (230)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	20.0	38,361.43	34,935.58	73,297.01	70.1
8AM-9:59AM	2	40.0	10,077.34	20,819.27	30,896.61	29.5
10AM-11:59AM	1	20.0	239.63	0.00	239.63	0.2
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 48,678.40**	**$ 55,754.85**	**$ 104,433.25**	
LENGTH OF SERVICE						
2-4	2	40.0	38,601.06	34,935.58	73,536.64	70.4
18-20	1	20.0	9,691.25	20,819.27	30,510.52	29.2
0-2	1	20.0	386.09	0.00	386.09	0.3
4-6	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 48,678.40**	**$ 55,754.85**	**$ 104,433.25**	
AGE OF CLAIMANT						
30-34	2	40.0	38,601.06	34,935.58	73,536.64	70.4
60-64	1	20.0	9,691.25	20,819.27	30,510.52	29.2
20-24	1	20.0	386.09	0.00	386.09	0.3
25-29	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 48,678.40**	**$ 55,754.85**	**$ 104,433.25**	
SEX OF CLAIMANT						
Female	4	80.0	38,987.15	34,935.58	73,922.73	70.7
Male	1	20.0	9,691.25	20,819.27	30,510.52	29.2
	5		**$ 48,678.40**	**$ 55,754.85**	**$ 104,433.25**	
LOSS CAUSE						
Animal, not otherwise classified	2	40.0	38,747.52	34,935.58	73,683.10	70.5
Machine, not otherwise classified	1	20.0	9,691.25	20,819.27	30,510.52	29.2
Building parts / doors	1	20.0	239.63	0.00	239.63	0.2
Furniture / fixtures	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 48,678.40**	**$ 55,754.85**	**$ 104,433.25**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	20.0	38,361.43	34,935.58	73,297.01	70.1
Lifting (strain or Injury by)	1	20.0	9,691.25	20,819.27	30,510.52	29.2
Animal Or Insect	1	20.0	386.09	0.00	386.09	0.3
Strike Against/Step on Stationary Object	1	20.0	239.63	0.00	239.63	0.2
Pushing Or Pulling (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 48,678.40**	**$ 55,754.85**	**$ 104,433.25**	
****BODY PART**						
Knee	3					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
Buttocks	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/research (230)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Sprain	1					
Strain	3					
Contusion	2					
	5					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/extension (231)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	50.0	0.00	750.00	750.00	62.3
2PM-3:59PM	1	25.0	393.80	0.00	393.80	32.7
6AM-7:59AM	1	25.0	59.00	0.00	59.00	4.9
	4		**$ 452.80**	**$ 750.00**	**$ 1,202.80**	
LENGTH OF SERVICE						
26-28	1	25.0	0.00	750.00	750.00	62.3
0-2	1	25.0	393.80	0.00	393.80	32.7
16-18	1	25.0	59.00	0.00	59.00	4.9
18-20	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.80**	**$ 750.00**	**$ 1,202.80**	
AGE OF CLAIMANT						
45-49	2	50.0	59.00	750.00	809.00	67.2
15-19	1	25.0	393.80	0.00	393.80	32.7
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.80**	**$ 750.00**	**$ 1,202.80**	
SEX OF CLAIMANT						
Female	3	75.0	393.80	750.00	1,143.80	95.0
Male	1	25.0	59.00	0.00	59.00	4.9
	4		**$ 452.80**	**$ 750.00**	**$ 1,202.80**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	0.00	750.00	750.00	62.3
Animal, not otherwise classified	1	25.0	393.80	0.00	393.80	32.7
Pipe	1	25.0	59.00	0.00	59.00	4.9
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.80**	**$ 750.00**	**$ 1,202.80**	
ACCIDENT TYPE						
Vehicle Upset	1	25.0	0.00	750.00	750.00	62.3
Object Handled (caught in or between)	1	25.0	393.80	0.00	393.80	32.7
Strike Against/Step on Stationary Object	1	25.0	59.00	0.00	59.00	4.9
Fall or slip (on stairs)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 452.80**	**$ 750.00**	**$ 1,202.80**	
****BODY PART**						
Shoulder	2					
Soft Tissue - Neck	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Upper Back Area (Thoracic Area)	1					
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Vpi/state University (208)
SubAgency: Vpi/extension (231)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	4					
Contusion	3					
Fracture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 3 Central / Bmtu (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Patient / Inmate	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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 3 East (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	7.4	21,594.51	12,258.42	33,852.93	45.8
8AM-9:59AM	3	11.1	6,394.47	15,092.81	21,487.28	29.1
2PM-3:59PM	3	11.1	11,430.99	1,000.00	12,430.99	16.8
6PM-7:59PM	3	11.1	564.70	2,938.30	3,503.00	4.7
Unknown	5	18.5	799.18	0.00	799.18	1.0
4PM-5:59PM	2	7.4	606.80	0.00	606.80	0.8
12AM-1:59AM	3	11.1	365.64	0.00	365.64	0.5
4AM-5:59AM	1	3.7	309.42	0.00	309.42	0.4
2AM-3:59AM	1	3.7	277.64	0.00	277.64	0.3
12PM-1:59PM	2	7.4	102.93	0.00	102.93	0.1
6AM-7:59AM	2	7.4	96.00	0.00	96.00	0.1
	27		***$ 42,542.28***	***$ 31,289.53***	***$ 73,831.81***	
LENGTH OF SERVICE						
0-2	13	48.1	35,706.63	27,351.23	63,057.86	85.4
26-28	1	3.7	4,726.25	1,000.00	5,726.25	7.7
2-4	4	14.8	620.30	2,938.30	3,558.60	4.8
12-14	3	11.1	740.50	0.00	740.50	1.0
8-10	2	7.4	520.96	0.00	520.96	0.7
Unknown	1	3.7	227.64	0.00	227.64	0.3
4-6	2	7.4	0.00	0.00	0.00	0.0
6-8	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 42,542.28***	***$ 31,289.53***	***$ 73,831.81***	
AGE OF CLAIMANT						
40-44	4	14.8	22,644.43	12,258.42	34,902.85	47.2
50-54	2	7.4	6,394.47	15,092.81	21,487.28	29.1
45-49	5	18.5	5,395.14	1,000.00	6,395.14	8.6
55-59	2	7.4	6,168.54	0.00	6,168.54	8.3
60-64	3	11.1	885.47	2,938.30	3,823.77	5.1
30-34	4	14.8	513.67	0.00	513.67	0.7
20-24	3	11.1	240.93	0.00	240.93	0.3
35-39	3	11.1	203.63	0.00	203.63	0.2
25-29	1	3.7	96.00	0.00	96.00	0.1
	27		***$ 42,542.28***	***$ 31,289.53***	***$ 73,831.81***	
SEX OF CLAIMANT						
Female	23	85.1	20,741.28	19,031.11	39,772.39	53.8
Male	4	14.8	21,801.00	12,258.42	34,059.42	46.1
	27		***$ 42,542.28***	***$ 31,289.53***	***$ 73,831.81***	
LOSS CAUSE						
Patient / Inmate	10	37.0	22,889.80	12,258.42	35,148.22	47.6
Electrical equipment	1	3.7	6,394.47	15,092.81	21,487.28	29.1
Vehicle, not otherwise classified	1	3.7	5,964.24	0.00	5,964.24	8.0
Walking surface, outside, wet	1	3.7	4,726.25	1,000.00	5,726.25	7.7
Walking surface, outside, dry	1	3.7	278.67	2,938.30	3,216.97	4.3
Hand tool, not powered, NOC	6	22.2	1,344.05	0.00	1,344.05	1.8
Walking surface, inside, wet	1	3.7	740.50	0.00	740.50	1.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 3 East (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	2	7.4	204.30	0.00	204.30	0.2
Stairs, steps	1	3.7	0.00	0.00	0.00	0.0
Infectious agent	2	7.4	0.00	0.00	0.00	0.0
Mechanical powered	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 42,542.28***	***$ 31,289.53***	***$ 73,831.81***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	4	14.8	22,449.94	12,258.42	34,708.36	47.0
Fall or Slip (On Same Level)	2	7.4	6,394.47	15,092.81	21,487.28	29.1
Vehicle Upset	1	3.7	5,964.24	0.00	5,964.24	8.0
Fall or slip (on ice or snow)	1	3.7	4,726.25	1,000.00	5,726.25	7.7
Slipped, Did Not Fall	1	3.7	278.67	2,938.30	3,216.97	4.3
Object being lifted/handled (cut,punc.scrape,inj b	4	14.8	748.60	0.00	748.60	1.0
Fall or Slip (From Liquid/Grease spills)	1	3.7	740.50	0.00	740.50	1.0
Object Handled (caught in or between)	2	7.4	595.45	0.00	595.45	0.8
Lifting (strain or Injury by)	5	18.5	301.86	0.00	301.86	0.4
Strike Against/Step on Stationary Object	1	3.7	204.30	0.00	204.30	0.2
Assault	1	3.7	138.00	0.00	138.00	0.1
Fall or Slip (From Different Level)	1	3.7	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.7	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	3.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	3.7	0.00	0.00	0.00	0.0
	27		***$ 42,542.28***	***$ 31,289.53***	***$ 73,831.81***	

***BODY PART

Knee	7
Wrist	2
Soft Tissue - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	1
Elbow	2
Shoulder	3
Upper Back Area (Thoracic Area)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Lower Leg	1
Thumb	2
Finger(s)	2
Hand	3
Eye(s)	1
Hip	1
Lower Arm	2
Nose	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

Sprain	4
Strain	15
Fracture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 3 East (2)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	6					
Contusion	8					
Foreign Body	3					
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 3 West (3)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	231.38	0.00	231.38	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
6PM-7:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 231.38**	**$ 0.00**	**$ 231.38**	
LENGTH OF SERVICE						
0-2	3	75.0	231.38	0.00	231.38	100.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 231.38**	**$ 0.00**	**$ 231.38**	
AGE OF CLAIMANT						
25-29	1	25.0	231.38	0.00	231.38	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
20-24	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		**$ 231.38**	**$ 0.00**	**$ 231.38**	
SEX OF CLAIMANT						
Female	3	75.0	231.38	0.00	231.38	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 231.38**	**$ 0.00**	**$ 231.38**	
LOSS CAUSE						
Patient / Inmate	4	100.0	231.38	0.00	231.38	100.0
	4		**$ 231.38**	**$ 0.00**	**$ 231.38**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	25.0	231.38	0.00	231.38	100.0
Lifting (strain or Injury by)	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 231.38**	**$ 0.00**	**$ 231.38**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Wrist	1					
Shoulder	1					
Soft Tissue - Neck	1					
	4					

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

****INJURY**	
Strain	5
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 4 Central (4)

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						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

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

*****INJURY***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 4 East (5)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	50.00	0.00	50.00	100.0
6AM-7:59AM	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LENGTH OF SERVICE						
2-4	1	33.3	50.00	0.00	50.00	100.0
0-2	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 50.00**	**$ 0.00**	**$ 50.00**	
AGE OF CLAIMANT						
50-54	1	33.3	50.00	0.00	50.00	100.0
25-29	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		**$ 50.00**	**$ 0.00**	**$ 50.00**	
SEX OF CLAIMANT						
Female	3	100.0	50.00	0.00	50.00	100.0
	3		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	33.3	50.00	0.00	50.00	100.0
Electrical equipment	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		**$ 50.00**	**$ 0.00**	**$ 50.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	50.00	0.00	50.00	100.0
Pushing Or Pulling (Strain or Injury by)	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		**$ 50.00**	**$ 0.00**	**$ 50.00**	

****BODY PART**	
Hand	1
Facial, Other Soft Tissue	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**	
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 4 West (6)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	33.3	10.70	0.00	10.70	-27.2
6AM-7:59AM	1	33.3	0.00	-50.00	-50.00	127.2
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10.70**	**$ -50.00**	**$ -39.30**	
LENGTH OF SERVICE						
2-4	1	33.3	10.70	0.00	10.70	-27.2
16-18	1	33.3	0.00	-50.00	-50.00	127.2
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10.70**	**$ -50.00**	**$ -39.30**	
AGE OF CLAIMANT						
30-34	1	33.3	10.70	0.00	10.70	-27.2
40-44	1	33.3	0.00	-50.00	-50.00	127.2
35-39	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10.70**	**$ -50.00**	**$ -39.30**	
SEX OF CLAIMANT						
Male	1	33.3	10.70	0.00	10.70	-27.2
Female	2	66.6	0.00	-50.00	-50.00	127.2
	3		**$ 10.70**	**$ -50.00**	**$ -39.30**	
LOSS CAUSE						
Patient / Inmate	2	66.6	10.70	0.00	10.70	-27.2
Hand tool, not powered, NOC	1	33.3	0.00	-50.00	-50.00	127.2
	3		**$ 10.70**	**$ -50.00**	**$ -39.30**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	33.3	10.70	0.00	10.70	-27.2
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	-50.00	-50.00	127.2
Stuck, injured by fellow worker, patient	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 10.70**	**$ -50.00**	**$ -39.30**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 5 Central (7)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	14.2	0.00	1,750.00	1,750.00	84.3
6PM-7:59PM	2	28.5	213.50	0.00	213.50	10.2
10AM-11:59AM	2	28.5	102.93	0.00	102.93	4.9
2PM-3:59PM	1	14.2	9.30	0.00	9.30	0.4
Unknown	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 325.73**	**$ 1,750.00**	**$ 2,075.73**	
LENGTH OF SERVICE						
0-2	4	57.1	112.23	1,750.00	1,862.23	89.7
2-4	1	14.2	213.50	0.00	213.50	10.2
10-12	1	14.2	0.00	0.00	0.00	0.0
6-8	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 325.73**	**$ 1,750.00**	**$ 2,075.73**	
AGE OF CLAIMANT						
20-24	3	42.8	102.93	1,750.00	1,852.93	89.2
45-49	1	14.2	213.50	0.00	213.50	10.2
40-44	1	14.2	9.30	0.00	9.30	0.4
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		**$ 325.73**	**$ 1,750.00**	**$ 2,075.73**	
SEX OF CLAIMANT						
Female	5	71.4	316.43	1,750.00	2,066.43	99.5
Male	2	28.5	9.30	0.00	9.30	0.4
	7		**$ 325.73**	**$ 1,750.00**	**$ 2,075.73**	
LOSS CAUSE						
Furniture / fixtures	1	14.2	0.00	1,750.00	1,750.00	84.3
Patient / Inmate	3	42.8	325.73	0.00	325.73	15.6
Chemicals, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 325.73**	**$ 1,750.00**	**$ 2,075.73**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	14.2	0.00	1,750.00	1,750.00	84.3
Lifting (strain or Injury by)	2	28.5	316.43	0.00	316.43	15.2
Stuck, injured by fellow worker, patient	1	14.2	9.30	0.00	9.30	0.4
Allergic Reaction	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 325.73**	**$ 1,750.00**	**$ 2,075.73**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Back Area (Thoracic Area)	1					
Abdomen including Groin	1					
Ankle	1					
Hand	1					
Knee	1					
Lower Arm	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 5 Central (7)

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

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

*****INJURY***

Strain	4
Contusion	2
Dermatitis	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 5 East - Psych (8)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
Unknown	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	66.6	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						
35-39	1	33.3	0.00	0.00	0.00	0.0
45-49	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	2	66.6	0.00	0.00	0.00	0.0
Office equipment	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
Object Handled (caught in or between)	1	33.3	0.00	0.00	0.00	0.0
Reaching (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					
Upper Arm (Inc: Clavicle and Scapula)	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 6 Central (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	0.00	1,750.00	1,750.00	100.0
12AM-1:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 1,750.00***	***$ 1,750.00***	
LENGTH OF SERVICE						
0-2	2	100.0	0.00	1,750.00	1,750.00	100.0
	2		***$ 0.00***	***$ 1,750.00***	***$ 1,750.00***	
AGE OF CLAIMANT						
30-34	2	100.0	0.00	1,750.00	1,750.00	100.0
	2		***$ 0.00***	***$ 1,750.00***	***$ 1,750.00***	
SEX OF CLAIMANT						
Female	2	100.0	0.00	1,750.00	1,750.00	100.0
	2		***$ 0.00***	***$ 1,750.00***	***$ 1,750.00***	
LOSS CAUSE						
Person	1	50.0	0.00	1,750.00	1,750.00	100.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 1,750.00***	***$ 1,750.00***	
ACCIDENT TYPE						
Assault	1	50.0	0.00	1,750.00	1,750.00	100.0
Holding Or Carrying (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 1,750.00***	***$ 1,750.00***	

*****BODY PART***

Facial, Other Soft Tissue	1
Knee	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 6 East (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	25.0	70.00	0.00	70.00	100.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 70.00**	**$ 0.00**	**$ 70.00**	
LENGTH OF SERVICE						
16-18	2	50.0	70.00	0.00	70.00	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 70.00**	**$ 0.00**	**$ 70.00**	
AGE OF CLAIMANT						
45-49	2	50.0	70.00	0.00	70.00	100.0
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		**$ 70.00**	**$ 0.00**	**$ 70.00**	
SEX OF CLAIMANT						
Female	4	100.0	70.00	0.00	70.00	100.0
	4		**$ 70.00**	**$ 0.00**	**$ 70.00**	
LOSS CAUSE						
Patient / Inmate	3	75.0	70.00	0.00	70.00	100.0
Walking surface, inside, wet	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 70.00**	**$ 0.00**	**$ 70.00**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	25.0	70.00	0.00	70.00	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
Pushing Or Pulling (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 70.00**	**$ 0.00**	**$ 70.00**	
****BODY PART**						
Mouth	1					
Teeth	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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
Dislocation	1
Strain	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 6 East (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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 6 West (12)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	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						
0-2	2	100.0	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						
Hand tool, not powered, NOC	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						
Holding Or Carrying (Strain or Injury by)	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					
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**	
Puncture	1
Strain	2
	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 7 Central (13)

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						
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						
Metal items	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Finger(s)	1					
	1					

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

****INJURY***		
Laceration	1	
	1	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 8 Central (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	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						
45-49	1	33.3	0.00	0.00	0.00	0.0
50-54	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Building parts / doors	1	33.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	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
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					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

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

****INJURY**		
Strain	3	
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 8 East / L&d Or (16)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	1,117.51	1,582.49	2,700.00	100.0
4PM-5:59PM	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,117.51**	**$ 1,582.49**	**$ 2,700.00**	
LENGTH OF SERVICE						
2-4	1	33.3	1,117.51	1,582.49	2,700.00	100.0
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
	3		**$ 1,117.51**	**$ 1,582.49**	**$ 2,700.00**	
AGE OF CLAIMANT						
30-34	1	33.3	1,117.51	1,582.49	2,700.00	100.0
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
	3		**$ 1,117.51**	**$ 1,582.49**	**$ 2,700.00**	
SEX OF CLAIMANT						
Female	3	100.0	1,117.51	1,582.49	2,700.00	100.0
	3		**$ 1,117.51**	**$ 1,582.49**	**$ 2,700.00**	
LOSS CAUSE						
Walking surface, inside, wet	2	66.6	1,117.51	1,582.49	2,700.00	100.0
Infectious agent	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,117.51**	**$ 1,582.49**	**$ 2,700.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	66.6	1,117.51	1,582.49	2,700.00	100.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 1,117.51**	**$ 1,582.49**	**$ 2,700.00**	
****BODY PART**						
Knee	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Hip	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	1
Contusion	2
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 8 West (17)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	25.0	102.93	0.00	102.93	100.0
2AM-3:59AM	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
Unknown	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LENGTH OF SERVICE						
0-2	4	100.0	102.93	0.00	102.93	100.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
AGE OF CLAIMANT						
20-24	2	50.0	102.93	0.00	102.93	100.0
25-29	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		**$ 102.93**	**$ 0.00**	**$ 102.93**	
SEX OF CLAIMANT						
Female	4	100.0	102.93	0.00	102.93	100.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LOSS CAUSE						
Patient / Inmate	2	50.0	102.93	0.00	102.93	100.0
Infectious agent	1	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	25.0	102.93	0.00	102.93	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
Struck/Injured by Falling or Flying Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 102.93**	**$ 0.00**	**$ 102.93**	
****BODY PART**						
Finger(s)	1					
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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
Foreign Body	1
Sprain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: 8 West (17)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Adult Psychiatric Med Clinic (21)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	66.6	100.00	0.00	100.00	100.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 0.00**	**$ 100.00**	
LENGTH OF SERVICE						
2-4	1	33.3	50.00	0.00	50.00	50.0
Unknown	1	33.3	50.00	0.00	50.00	50.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 0.00**	**$ 100.00**	
AGE OF CLAIMANT						
35-39	2	66.6	50.00	0.00	50.00	50.0
45-49	1	33.3	50.00	0.00	50.00	50.0
	3		**$ 100.00**	**$ 0.00**	**$ 100.00**	
SEX OF CLAIMANT						
Female	2	66.6	50.00	0.00	50.00	50.0
Male	1	33.3	50.00	0.00	50.00	50.0
	3		**$ 100.00**	**$ 0.00**	**$ 100.00**	
LOSS CAUSE						
Infectious agent	2	66.6	100.00	0.00	100.00	100.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 0.00**	**$ 100.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	66.6	100.00	0.00	100.00	100.0
Holding Or Carrying (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 0.00**	**$ 100.00**	
****BODY PART**						
Facial, Other Soft Tissue	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Shoulder	1					
Soft Tissue - Neck	1					
	3					

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

****INJURY**						
Foreign Body	2					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Blue Ridge Child Care Cntr (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						
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						
Chemicals, 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 Falling or Flying Object	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 2001

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Bone Marrow Transplant Program (36)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	123.00	0.00	123.00	100.0
	1		**$ 123.00**	**$ 0.00**	**$ 123.00**	
LENGTH OF SERVICE						
2-4	1	100.0	123.00	0.00	123.00	100.0
	1		**$ 123.00**	**$ 0.00**	**$ 123.00**	
AGE OF CLAIMANT						
35-39	1	100.0	123.00	0.00	123.00	100.0
	1		**$ 123.00**	**$ 0.00**	**$ 123.00**	
SEX OF CLAIMANT						
Female	1	100.0	123.00	0.00	123.00	100.0
	1		**$ 123.00**	**$ 0.00**	**$ 123.00**	
LOSS CAUSE						
Patient / Inmate	1	100.0	123.00	0.00	123.00	100.0
	1		**$ 123.00**	**$ 0.00**	**$ 123.00**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	123.00	0.00	123.00	100.0
	1		**$ 123.00**	**$ 0.00**	**$ 123.00**	
****BODY PART**						
Hand	1					
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					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Burn Center (37)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	25.0	102.00	0.00	102.00	50.5
2AM-3:59AM	2	50.0	99.84	0.00	99.84	49.4
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 201.84**	**$ 0.00**	**$ 201.84**	
LENGTH OF SERVICE						
2-4	2	50.0	102.00	0.00	102.00	50.5
10-12	1	25.0	99.84	0.00	99.84	49.4
6-8	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 201.84**	**$ 0.00**	**$ 201.84**	
AGE OF CLAIMANT						
25-29	1	25.0	102.00	0.00	102.00	50.5
40-44	1	25.0	99.84	0.00	99.84	49.4
20-24	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		**$ 201.84**	**$ 0.00**	**$ 201.84**	
SEX OF CLAIMANT						
Female	3	75.0	102.00	0.00	102.00	50.5
Male	1	25.0	99.84	0.00	99.84	49.4
	4		**$ 201.84**	**$ 0.00**	**$ 201.84**	
LOSS CAUSE						
Patient / Inmate	3	75.0	201.84	0.00	201.84	100.0
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 201.84**	**$ 0.00**	**$ 201.84**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	50.0	102.00	0.00	102.00	50.5
Stuck, injured by fellow worker, patient	1	25.0	99.84	0.00	99.84	49.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 201.84**	**$ 0.00**	**$ 201.84**	
****BODY PART**						
Finger(s)	2					
Elbow	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
Laceration	1
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Burn Center (37)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Cancer Center Clinic (38)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	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						
Electrical equipment	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Holding Or Carrying (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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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						
0-2	2	100.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	0.00	0.00	0.0
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						
Machine, not otherwise classified	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						
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Knee	2					
	2					

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

*****INJURY***	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:01:59

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Clinical Laboratories (47)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	50.0	0.00	0.00	0.00	0.0
30-32	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
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						
Boxes / containers	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						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Clinical Support / New Team (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	0.00	750.00	750.00	100.0
10AM-11:59AM	1	25.0	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**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
8-10	1	25.0	0.00	750.00	750.00	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
4-6	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
35-39	2	50.0	0.00	750.00	750.00	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
50-54	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	3	75.0	0.00	750.00	750.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Furniture / fixtures	2	50.0	0.00	750.00	750.00	100.0
Hand tool, not powered, NOC	1	25.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	0.00	750.00	750.00	100.0
Absorb, Ingest, Inhalation	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
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Upper Back Area (Thoracic Area)	1					
Finger(s)	1					
Nose	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**	
Strain	1
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Clinical Support / New Team (48)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	1					
Puncture	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Dermatology Dept (53)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	158.42	0.00	158.42	100.0
	1		**$ 158.42**	**$ 0.00**	**$ 158.42**	
LENGTH OF SERVICE						
6-8	1	100.0	158.42	0.00	158.42	100.0
	1		**$ 158.42**	**$ 0.00**	**$ 158.42**	
AGE OF CLAIMANT						
50-54	1	100.0	158.42	0.00	158.42	100.0
	1		**$ 158.42**	**$ 0.00**	**$ 158.42**	
SEX OF CLAIMANT						
Female	1	100.0	158.42	0.00	158.42	100.0
	1		**$ 158.42**	**$ 0.00**	**$ 158.42**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	100.0	158.42	0.00	158.42	100.0
	1		**$ 158.42**	**$ 0.00**	**$ 158.42**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	158.42	0.00	158.42	100.0
	1		**$ 158.42**	**$ 0.00**	**$ 158.42**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	7.1	104.00	0.00	104.00	29.1
12PM-1:59PM	2	14.2	102.93	0.00	102.93	28.8
2AM-3:59AM	3	21.4	50.00	0.00	50.00	14.0
8AM-9:59AM	1	7.1	50.00	0.00	50.00	14.0
Unknown	3	21.4	50.00	0.00	50.00	14.0
10AM-11:59AM	1	7.1	0.00	0.00	0.00	0.0
4PM-5:59PM	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
	14		**$ 356.93**	**$ 0.00**	**$ 356.93**	
LENGTH OF SERVICE						
2-4	2	14.2	154.00	0.00	154.00	43.1
0-2	7	50.0	152.93	0.00	152.93	42.8
12-14	1	7.1	50.00	0.00	50.00	14.0
10-12	1	7.1	0.00	0.00	0.00	0.0
16-18	1	7.1	0.00	0.00	0.00	0.0
22-24	1	7.1	0.00	0.00	0.00	0.0
6-8	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 356.93**	**$ 0.00**	**$ 356.93**	
AGE OF CLAIMANT						
30-34	5	35.7	202.93	0.00	202.93	56.8
35-39	1	7.1	104.00	0.00	104.00	29.1
45-49	3	21.4	50.00	0.00	50.00	14.0
20-24	1	7.1	0.00	0.00	0.00	0.0
25-29	2	14.2	0.00	0.00	0.00	0.0
50-54	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 356.93**	**$ 0.00**	**$ 356.93**	
SEX OF CLAIMANT						
Female	6	42.8	202.93	0.00	202.93	56.8
Male	8	57.1	154.00	0.00	154.00	43.1
	14		**$ 356.93**	**$ 0.00**	**$ 356.93**	
LOSS CAUSE						
Hand tool, not powered, NOC	7	50.0	150.00	0.00	150.00	42.0
Sharp objects, not otherwise classified	1	7.1	104.00	0.00	104.00	29.1
Walking surface, outside, dry	1	7.1	102.93	0.00	102.93	28.8
Furniture / fixtures	1	7.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	7.1	0.00	0.00	0.00	0.0
Infectious agent	1	7.1	0.00	0.00	0.00	0.0
Patient / Inmate	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 356.93**	**$ 0.00**	**$ 356.93**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	7	50.0	150.00	0.00	150.00	42.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	7.1	104.00	0.00	104.00	29.1
Fall or Slip (From Different Level)	1	7.1	102.93	0.00	102.93	28.8
Assault	1	7.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Emergency Medicine Dept (57)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	2	14.2	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
Stuck, injured by fellow worker, patient	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 356.93**	**$ 0.00**	**$ 356.93**	

**BODY PART

Finger(s)	4
Knee	1
Hand	4
Eye(s)	1
Lower Arm	1
Mouth	1
Thumb	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

Puncture	8
Strain	1
Foreign Body	1
Laceration	4
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Endoscopy / Bronchoscopy (61)

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						
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 (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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Environmental Services (64)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	50.0	292.34	0.00	292.34	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 292.34**	**$ 0.00**	**$ 292.34**	
LENGTH OF SERVICE						
20-22	1	50.0	292.34	0.00	292.34	100.0
22-24	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 292.34**	**$ 0.00**	**$ 292.34**	
AGE OF CLAIMANT						
50-54	1	50.0	292.34	0.00	292.34	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 292.34**	**$ 0.00**	**$ 292.34**	
SEX OF CLAIMANT						
Male	1	50.0	292.34	0.00	292.34	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 292.34**	**$ 0.00**	**$ 292.34**	
LOSS CAUSE						
Metal items	1	50.0	292.34	0.00	292.34	100.0
Minerals / dirt	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 292.34**	**$ 0.00**	**$ 292.34**	
ACCIDENT TYPE						
Strike Against/Step On Obj. Being Lifted or Handle	1	50.0	292.34	0.00	292.34	100.0
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 292.34**	**$ 0.00**	**$ 292.34**	
***BODY PART**						
Finger(s)	1					
Eye(s)	1					
	2					

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

***INJURY**	
Puncture	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 2001

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Ep Lab (65)

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						
14-16	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
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**		
Laceration	1	
	1	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Family Medicine (68)

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						
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						
Absorb, Ingest, Inhalation	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Hand	1					
	1					

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Finance (69)

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						
0-2	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
LOSS CAUSE						
Office equipment	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Geographic Medicine (73)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	183.40	0.00	183.40	100.0
	1		**$ 183.40**	**$ 0.00**	**$ 183.40**	
LENGTH OF SERVICE						
8-10	1	100.0	183.40	0.00	183.40	100.0
	1		**$ 183.40**	**$ 0.00**	**$ 183.40**	
AGE OF CLAIMANT						
50-54	1	100.0	183.40	0.00	183.40	100.0
	1		**$ 183.40**	**$ 0.00**	**$ 183.40**	
SEX OF CLAIMANT						
Female	1	100.0	183.40	0.00	183.40	100.0
	1		**$ 183.40**	**$ 0.00**	**$ 183.40**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	183.40	0.00	183.40	100.0
	1		**$ 183.40**	**$ 0.00**	**$ 183.40**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	183.40	0.00	183.40	100.0
	1		**$ 183.40**	**$ 0.00**	**$ 183.40**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	8.3	0.00	750.00	750.00	61.2
10AM-11:59AM	3	25.0	370.23	0.00	370.23	30.2
12PM-1:59PM	2	16.6	104.00	0.00	104.00	8.5
2PM-3:59PM	3	25.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	8.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
6PM-7:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 474.23**	**$ 750.00**	**$ 1,224.23**	
LENGTH OF SERVICE						
0-2	9	75.0	370.23	750.00	1,120.23	91.5
20-22	1	8.3	104.00	0.00	104.00	8.5
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		**$ 474.23**	**$ 750.00**	**$ 1,224.23**	
AGE OF CLAIMANT						
40-44	2	16.6	0.00	750.00	750.00	61.2
45-49	2	16.6	370.23	0.00	370.23	30.2
50-54	1	8.3	104.00	0.00	104.00	8.5
15-19	1	8.3	0.00	0.00	0.00	0.0
20-24	1	8.3	0.00	0.00	0.00	0.0
25-29	1	8.3	0.00	0.00	0.00	0.0
35-39	3	25.0	0.00	0.00	0.00	0.0
55-59	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 474.23**	**$ 750.00**	**$ 1,224.23**	
SEX OF CLAIMANT						
Female	4	33.3	0.00	750.00	750.00	61.2
Male	8	66.6	474.23	0.00	474.23	38.7
	12		**$ 474.23**	**$ 750.00**	**$ 1,224.23**	
LOSS CAUSE						
Stone / rock / brick	1	8.3	0.00	750.00	750.00	61.2
Vehicle, not otherwise classified	4	33.3	297.00	0.00	297.00	24.2
Patient / Inmate	1	8.3	177.23	0.00	177.23	14.4
Building parts / doors	1	8.3	0.00	0.00	0.00	0.0
Furniture / fixtures	4	33.3	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 474.23**	**$ 750.00**	**$ 1,224.23**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	16.6	0.00	750.00	750.00	61.2
Pushing Or Pulling (Strain or Injury by)	1	8.3	193.00	0.00	193.00	15.7
Holding Or Carrying (Strain or Injury by)	2	16.6	177.23	0.00	177.23	14.4
Vehicle Upset	1	8.3	104.00	0.00	104.00	8.5
Fall or Slip (From Different Level)	1	8.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	16.6	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Transportation / Inter Trans / Guest Rel (74)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Reaching (Strain or Injury by)	1	8.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 474.23**	**$ 750.00**	**$ 1,224.23**	

**BODY PART

Ankle	3
Shoulder	2
Facial, Other Soft Tissue	1
Lower Leg	1
Finger(s)	1
Hand	2
Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Thumb	1
Wrist	1
	12

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

**INJURY

Sprain	2
Contusion	7
Strain	4
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Heart Center Laboratories (77)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
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						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Home Health (78)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LENGTH OF SERVICE						
2-4	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
AGE OF CLAIMANT						
30-34	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
SEX OF CLAIMANT						
Female	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LOSS CAUSE						
Stairs, steps	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	102.93	0.00	102.93	100.0
	1		**$ 102.93**	**$ 0.00**	**$ 102.93**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Internal Medicine Dept (82)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	3	60.0	50.00	0.00	50.00	100.0
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 50.00***	***$ 0.00***	***$ 50.00***	
LENGTH OF SERVICE						
2-4	4	80.0	50.00	0.00	50.00	100.0
0-2	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 50.00***	***$ 0.00***	***$ 50.00***	
AGE OF CLAIMANT						
30-34	4	80.0	50.00	0.00	50.00	100.0
25-29	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 50.00***	***$ 0.00***	***$ 50.00***	
SEX OF CLAIMANT						
Female	2	40.0	50.00	0.00	50.00	100.0
Male	3	60.0	0.00	0.00	0.00	0.0
	5		***$ 50.00***	***$ 0.00***	***$ 50.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	4	80.0	50.00	0.00	50.00	100.0
Chemicals, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		***$ 50.00***	***$ 0.00***	***$ 50.00***	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	20.0	50.00	0.00	50.00	100.0
Foreign Body In Eye	1	20.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	3	60.0	0.00	0.00	0.00	0.0
	5		***$ 50.00***	***$ 0.00***	***$ 50.00***	
****BODY PART***						
Facial, Other Soft Tissue	1					
Eye(s)	1					
Finger(s)	2					
Thumb	1					
	5					

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

****INJURY***	
Foreign Body	2
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Kcrc (84)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	20.0	64.59	0.00	64.59	100.0
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	20.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 64.59**	**$ 0.00**	**$ 64.59**	
LENGTH OF SERVICE						
2-4	2	40.0	64.59	0.00	64.59	100.0
0-2	1	20.0	0.00	0.00	0.00	0.0
16-18	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		**$ 64.59**	**$ 0.00**	**$ 64.59**	
AGE OF CLAIMANT						
25-29	1	20.0	64.59	0.00	64.59	100.0
20-24	1	20.0	0.00	0.00	0.00	0.0
40-44	1	20.0	0.00	0.00	0.00	0.0
45-49	1	20.0	0.00	0.00	0.00	0.0
55-59	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 64.59**	**$ 0.00**	**$ 64.59**	
SEX OF CLAIMANT						
Female	4	80.0	64.59	0.00	64.59	100.0
Male	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 64.59**	**$ 0.00**	**$ 64.59**	
LOSS CAUSE						
Patient / Inmate	1	20.0	64.59	0.00	64.59	100.0
Furniture / fixtures	2	40.0	0.00	0.00	0.00	0.0
Metal items	1	20.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 64.59**	**$ 0.00**	**$ 64.59**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	20.0	64.59	0.00	64.59	100.0
Pushing Or Pulling (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
Strike Against/Step on Stationary Object	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 64.59**	**$ 0.00**	**$ 64.59**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Facial, Other Soft Tissue	1					
Hand	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Kcrc (84)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	3					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
30-34	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						
Chemicals, not otherwise classified	1	100.0	65.00	0.00	65.00	100.0
	1		***$ 65.00***	***$ 0.00***	***$ 65.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	65.00	0.00	65.00	100.0
	1		***$ 65.00***	***$ 0.00***	***$ 65.00***	
****BODY PART***						
Eye(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Medical Intensive Care Unit / Micu (91)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	40.0	486.40	0.00	486.40	80.3
8AM-9:59AM	1	20.0	102.93	0.00	102.93	17.0
12PM-1:59PM	1	20.0	15.70	0.00	15.70	2.5
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 605.03**	**$ 0.00**	**$ 605.03**	
LENGTH OF SERVICE						
0-2	1	20.0	419.80	0.00	419.80	69.3
22-24	1	20.0	102.93	0.00	102.93	17.0
10-12	2	40.0	66.60	0.00	66.60	11.0
4-6	1	20.0	15.70	0.00	15.70	2.5
	5		**$ 605.03**	**$ 0.00**	**$ 605.03**	
AGE OF CLAIMANT						
30-34	1	20.0	419.80	0.00	419.80	69.3
45-49	1	20.0	102.93	0.00	102.93	17.0
35-39	2	40.0	66.60	0.00	66.60	11.0
40-44	1	20.0	15.70	0.00	15.70	2.5
	5		**$ 605.03**	**$ 0.00**	**$ 605.03**	
SEX OF CLAIMANT						
Female	4	80.0	502.10	0.00	502.10	82.9
Male	1	20.0	102.93	0.00	102.93	17.0
	5		**$ 605.03**	**$ 0.00**	**$ 605.03**	
LOSS CAUSE						
Patient / Inmate	3	60.0	435.50	0.00	435.50	71.9
Boxes / containers	1	20.0	102.93	0.00	102.93	17.0
Chemicals, not otherwise classified	1	20.0	66.60	0.00	66.60	11.0
	5		**$ 605.03**	**$ 0.00**	**$ 605.03**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	40.0	435.50	0.00	435.50	71.9
Struck/Injured by Falling or Flying Object	1	20.0	102.93	0.00	102.93	17.0
Absorb, Ingest, Inhalation	1	20.0	66.60	0.00	66.60	11.0
Holding Or Carrying (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 605.03**	**$ 0.00**	**$ 605.03**	
****BODY PART**						
Soft Tissue - Neck	1					
Great Toe	1					
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
	5					

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

****INJURY**	
Strain	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Medical Intensive Care Unit / Micu (91)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Medical Record Department (92)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	25.0	0.00	750.00	750.00	77.4
6AM-7:59AM	2	50.0	218.40	0.00	218.40	22.5
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 218.40**	**$ 750.00**	**$ 968.40**	
LENGTH OF SERVICE						
2-4	2	50.0	0.00	750.00	750.00	77.4
4-6	1	25.0	218.40	0.00	218.40	22.5
0-2	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 218.40**	**$ 750.00**	**$ 968.40**	
AGE OF CLAIMANT						
25-29	1	25.0	0.00	750.00	750.00	77.4
35-39	1	25.0	218.40	0.00	218.40	22.5
50-54	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		**$ 218.40**	**$ 750.00**	**$ 968.40**	
SEX OF CLAIMANT						
Male	2	50.0	0.00	750.00	750.00	77.4
Female	2	50.0	218.40	0.00	218.40	22.5
	4		**$ 218.40**	**$ 750.00**	**$ 968.40**	
LOSS CAUSE						
Office equipment	1	25.0	0.00	750.00	750.00	77.4
Furniture / fixtures	1	25.0	218.40	0.00	218.40	22.5
Vehicle, 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		**$ 218.40**	**$ 750.00**	**$ 968.40**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	25.0	0.00	750.00	750.00	77.4
Object Handled (caught in or between)	1	25.0	218.40	0.00	218.40	22.5
Pushing Or Pulling (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
	4		**$ 218.40**	**$ 750.00**	**$ 968.40**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Thumb	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	3
Laceration	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Medical Record Department (92)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:00

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Mjh Psychiatry - Rucker 3 (95)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	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
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	50.0	0.00	0.00	0.00	0.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Patient / Inmate	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	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**						
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	2					

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

****INJURY**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Nephrology (97)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LENGTH OF SERVICE						
2-4	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
AGE OF CLAIMANT						
35-39	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
SEX OF CLAIMANT						
Male	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Neuro Icu Nnicu (98)

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						
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						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Neurology Department (99)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	177.58	0.00	177.58	100.0
	1		**$ 177.58**	**$ 0.00**	**$ 177.58**	
LENGTH OF SERVICE						
16-18	1	100.0	177.58	0.00	177.58	100.0
	1		**$ 177.58**	**$ 0.00**	**$ 177.58**	
AGE OF CLAIMANT						
45-49	1	100.0	177.58	0.00	177.58	100.0
	1		**$ 177.58**	**$ 0.00**	**$ 177.58**	
SEX OF CLAIMANT						
Male	1	100.0	177.58	0.00	177.58	100.0
	1		**$ 177.58**	**$ 0.00**	**$ 177.58**	
LOSS CAUSE						
Patient / Inmate	1	100.0	177.58	0.00	177.58	100.0
	1		**$ 177.58**	**$ 0.00**	**$ 177.58**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	100.0	177.58	0.00	177.58	100.0
	1		**$ 177.58**	**$ 0.00**	**$ 177.58**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Neurosurgery Department (101)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
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						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Newborn Icu / Ecmo / Nicu (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	50.0	206.93	0.00	206.93	100.0
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 206.93**	**$ 0.00**	**$ 206.93**	
LENGTH OF SERVICE						
2-4	2	50.0	104.00	0.00	104.00	50.2
0-2	1	25.0	102.93	0.00	102.93	49.7
14-16	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 206.93**	**$ 0.00**	**$ 206.93**	
AGE OF CLAIMANT						
20-24	1	25.0	104.00	0.00	104.00	50.2
40-44	1	25.0	102.93	0.00	102.93	49.7
35-39	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		**$ 206.93**	**$ 0.00**	**$ 206.93**	
SEX OF CLAIMANT						
Female	4	100.0	206.93	0.00	206.93	100.0
	4		**$ 206.93**	**$ 0.00**	**$ 206.93**	
LOSS CAUSE						
Electrical equipment	1	25.0	104.00	0.00	104.00	50.2
Furniture / fixtures	2	50.0	102.93	0.00	102.93	49.7
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 206.93**	**$ 0.00**	**$ 206.93**	
ACCIDENT TYPE						
Contact with Electric Current	1	25.0	104.00	0.00	104.00	50.2
Fall or Slip (From Different Level)	2	50.0	102.93	0.00	102.93	49.7
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 206.93**	**$ 0.00**	**$ 206.93**	
****BODY PART**						
Hand	2					
Elbow	1					
Thumb	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	4					

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

****INJURY**	
Puncture	1
Contusion	1
Laceration	1
Foreign Body	1
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Newborn Icu / Ecmo / Nicu (103)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Northridge Internal Medicine (104)

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						
25-29	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Abdomen including Groin	1					
Ankle	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
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Ob/gyn Clinic (107)

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						
20-22	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						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**						
Strain	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Obstetrics & Gynecology Dept (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	152.93	0.00	152.93	100.0
6AM-7:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 152.93**	**$ 0.00**	**$ 152.93**	
LENGTH OF SERVICE						
2-4	2	100.0	152.93	0.00	152.93	100.0
	2		**$ 152.93**	**$ 0.00**	**$ 152.93**	
AGE OF CLAIMANT						
25-29	1	50.0	152.93	0.00	152.93	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 152.93**	**$ 0.00**	**$ 152.93**	
SEX OF CLAIMANT						
Female	2	100.0	152.93	0.00	152.93	100.0
	2		**$ 152.93**	**$ 0.00**	**$ 152.93**	
LOSS CAUSE						
Hand tool, not powered, NOC	2	100.0	152.93	0.00	152.93	100.0
	2		**$ 152.93**	**$ 0.00**	**$ 152.93**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	152.93	0.00	152.93	100.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 152.93**	**$ 0.00**	**$ 152.93**	
****BODY PART**						
Thumb	1					
Finger(s)	1					
	2					

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****INJURY**		
Puncture	2	
	2	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	20.0	349.80	400.20	750.00	45.0
8AM-9:59AM	1	10.0	0.00	750.00	750.00	45.0
2PM-3:59PM	4	40.0	165.00	0.00	165.00	9.9
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		**$ 514.80**	**$ 1,150.20**	**$ 1,665.00**	
LENGTH OF SERVICE						
32-34	1	10.0	0.00	750.00	750.00	45.0
4-6	1	10.0	349.80	400.20	750.00	45.0
0-2	4	40.0	165.00	0.00	165.00	9.9
10-12	1	10.0	0.00	0.00	0.00	0.0
12-14	1	10.0	0.00	0.00	0.00	0.0
14-16	1	10.0	0.00	0.00	0.00	0.0
16-18	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 514.80**	**$ 1,150.20**	**$ 1,665.00**	
AGE OF CLAIMANT						
50-54	5	50.0	349.80	1,150.20	1,500.00	90.0
35-39	1	10.0	165.00	0.00	165.00	9.9
40-44	2	20.0	0.00	0.00	0.00	0.0
45-49	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		**$ 514.80**	**$ 1,150.20**	**$ 1,665.00**	
SEX OF CLAIMANT						
Female	9	90.0	514.80	400.20	915.00	54.9
Male	1	10.0	0.00	750.00	750.00	45.0
	10		**$ 514.80**	**$ 1,150.20**	**$ 1,665.00**	
LOSS CAUSE						
Patient / Inmate	1	10.0	349.80	400.20	750.00	45.0
Walking surface, inside, dry	2	20.0	0.00	750.00	750.00	45.0
Furniture / fixtures	2	20.0	165.00	0.00	165.00	9.9
Building parts / doors	1	10.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	20.0	0.00	0.00	0.00	0.0
Vehicle, 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		**$ 514.80**	**$ 1,150.20**	**$ 1,665.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	30.0	0.00	750.00	750.00	45.0
Lifting (strain or Injury by)	1	10.0	349.80	400.20	750.00	45.0
Fall or Slip (From Different Level)	1	10.0	165.00	0.00	165.00	9.9
Object being lifted/handled (cut,punc.scrape,inj b	2	20.0	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
Struck/Injured by Falling or Flying Object	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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Operating Room (111)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 514.80**	**$ 1,150.20**	**$ 1,665.00**	

**BODY PART

Abdomen including Groin	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	6
Knee	1
Hip	1
Shoulder	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	2
Laceration	1
Puncture	2
Sprain	1
	10

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Organizational Support (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	40.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	20.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
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
15-19	2	40.0	0.00	0.00	0.00	0.0
35-39	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	5	100.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Food	1	20.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	20.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	20.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Contact With Hot Object or Substances	1	20.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	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
Object Handled (caught in or between)	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Lower Leg	1					
Finger(s)	1					
Foot	1					
Hand	1					
Lower Arm	1					
	5					

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

*****INJURY***

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Organizational Support (114)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Burn	1					
Strain	1					
Contusion	4					
	5					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Prosth & Ortho Division (116)

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						
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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Hand tool, powered, NOC	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Otolaryngology (117)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Pathology Clinical Laboratories (118)

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						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Patient & Family Counsel (119)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
LENGTH OF SERVICE						
0-2	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
AGE OF CLAIMANT						
55-59	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
SEX OF CLAIMANT						
Female	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	104.00	0.00	104.00	100.0
	1		***$ 104.00***	***$ 0.00***	***$ 104.00***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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						
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						
Furniture / fixtures	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Patient Finance (121)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
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						
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**						
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Pediatric Icu (125)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	147.04	0.00	147.04	100.0
	1		**$ 147.04**	**$ 0.00**	**$ 147.04**	
LENGTH OF SERVICE						
4-6	1	100.0	147.04	0.00	147.04	100.0
	1		**$ 147.04**	**$ 0.00**	**$ 147.04**	
AGE OF CLAIMANT						
50-54	1	100.0	147.04	0.00	147.04	100.0
	1		**$ 147.04**	**$ 0.00**	**$ 147.04**	
SEX OF CLAIMANT						
Female	1	100.0	147.04	0.00	147.04	100.0
	1		**$ 147.04**	**$ 0.00**	**$ 147.04**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	147.04	0.00	147.04	100.0
	1		**$ 147.04**	**$ 0.00**	**$ 147.04**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	147.04	0.00	147.04	100.0
	1		**$ 147.04**	**$ 0.00**	**$ 147.04**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Pediatrics Department (126)

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						
6-8	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
55-59	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Electrical equipment	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Holding Or Carrying (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					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Pharmacy (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	33.3	0.00	750.00	750.00	76.3
2PM-3:59PM	1	33.3	232.93	0.00	232.93	23.7
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 232.93**	**$ 750.00**	**$ 982.93**	
LENGTH OF SERVICE						
0-2	1	33.3	0.00	750.00	750.00	76.3
24-26	1	33.3	232.93	0.00	232.93	23.7
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 232.93**	**$ 750.00**	**$ 982.93**	
AGE OF CLAIMANT						
30-34	1	33.3	0.00	750.00	750.00	76.3
50-54	1	33.3	232.93	0.00	232.93	23.7
25-29	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 232.93**	**$ 750.00**	**$ 982.93**	
SEX OF CLAIMANT						
Female	3	100.0	232.93	750.00	982.93	100.0
	3		**$ 232.93**	**$ 750.00**	**$ 982.93**	
LOSS CAUSE						
Metal items	1	33.3	0.00	750.00	750.00	76.3
Furniture / fixtures	1	33.3	232.93	0.00	232.93	23.7
Machine, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 232.93**	**$ 750.00**	**$ 982.93**	
ACCIDENT TYPE						
Repetitive Motion	1	33.3	0.00	750.00	750.00	76.3
Fall or Slip (On Same Level)	1	33.3	232.93	0.00	232.93	23.7
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 232.93**	**$ 750.00**	**$ 982.93**	
****BODY PART**						
Wrist	1					
Knee	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Plastic Surgery (128)

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						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
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 2001

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Pacu / Sas / Pac (129)

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						
10-12	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						
Unknown	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**						
Brain	1					
	1					

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

****INJURY**						
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 2001

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01/18/2003 12:02:01

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	33.3	336.03	0.00	336.03	77.0
6PM-7:59PM	1	16.6	100.00	0.00	100.00	22.9
2PM-3:59PM	1	16.6	0.00	0.00	0.00	0.0
10AM-11:59AM	1	16.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 436.03**	**$ 0.00**	**$ 436.03**	
LENGTH OF SERVICE						
0-2	2	33.3	436.03	0.00	436.03	100.0
26-28	1	16.6	0.00	0.00	0.00	0.0
2-4	2	33.3	0.00	0.00	0.00	0.0
20-22	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 436.03**	**$ 0.00**	**$ 436.03**	
AGE OF CLAIMANT						
30-34	2	33.3	436.03	0.00	436.03	100.0
45-49	1	16.6	0.00	0.00	0.00	0.0
35-39	1	16.6	0.00	0.00	0.00	0.0
55-59	1	16.6	0.00	0.00	0.00	0.0
60-64	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 436.03**	**$ 0.00**	**$ 436.03**	
SEX OF CLAIMANT						
Male	3	50.0	436.03	0.00	436.03	100.0
Female	3	50.0	0.00	0.00	0.00	0.0
	6		**$ 436.03**	**$ 0.00**	**$ 436.03**	
LOSS CAUSE						
Hand tool, not powered, NOC	2	33.3	436.03	0.00	436.03	100.0
Machine, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Metal items	1	16.6	0.00	0.00	0.00	0.0
Patient / Inmate	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 436.03**	**$ 0.00**	**$ 436.03**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	436.03	0.00	436.03	100.0
Pushing Or Pulling (Strain or Injury by)	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
Lifting (strain or Injury by)	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 436.03**	**$ 0.00**	**$ 436.03**	
****BODY PART**						
Finger(s)	1					
Hand	2					
Shoulder	1					
Eye(s)	1					
Foot	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Radiology (135)

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***

Puncture	2
Strain	2
Contusion	1
Laceration	1
	6

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Renal Unit (137)

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						
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						
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						
Object Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
******BODY PART***						
Finger(s)	1					
	1					

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

******INJURY***		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Risk Management (139)

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						
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, 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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Surgery Department (143)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
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	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						
Patient / Inmate	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						
Absorb, Ingest, Inhalation	1	50.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
Nose	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Surgical Icu (145)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	102.93	0.00	102.93	100.0
10AM-11:59AM	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		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LENGTH OF SERVICE						
8-10	2	66.6	102.93	0.00	102.93	100.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 102.93**	**$ 0.00**	**$ 102.93**	
AGE OF CLAIMANT						
45-49	1	33.3	102.93	0.00	102.93	100.0
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
	3		**$ 102.93**	**$ 0.00**	**$ 102.93**	
SEX OF CLAIMANT						
Female	2	66.6	102.93	0.00	102.93	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 102.93**	**$ 0.00**	**$ 102.93**	
LOSS CAUSE						
Walking surface, inside, wet	1	33.3	102.93	0.00	102.93	100.0
Infectious agent	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		**$ 102.93**	**$ 0.00**	**$ 102.93**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	33.3	102.93	0.00	102.93	100.0
Infectious Disease Exposure	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		**$ 102.93**	**$ 0.00**	**$ 102.93**	
****BODY PART**						
Ankle	1					
Eye(s)	2					
Facial, Other Soft Tissue	1					
	3					

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

****INJURY**		
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Surgical Services Administration (146)

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						
8-10	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						
Infectious agent	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***						
Eye(s)	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***						
Foreign Body	2					
	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Tcv - Perfusion Dept (148)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	25.0	114.70	0.00	114.70	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 114.70**	**$ 0.00**	**$ 114.70**	
LENGTH OF SERVICE						
0-2	3	75.0	114.70	0.00	114.70	100.0
16-18	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 114.70**	**$ 0.00**	**$ 114.70**	
AGE OF CLAIMANT						
20-24	1	25.0	114.70	0.00	114.70	100.0
25-29	1	25.0	0.00	0.00	0.00	0.0
30-34	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		**$ 114.70**	**$ 0.00**	**$ 114.70**	
SEX OF CLAIMANT						
Male	3	75.0	114.70	0.00	114.70	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 114.70**	**$ 0.00**	**$ 114.70**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	25.0	114.70	0.00	114.70	100.0
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Patient / Inmate	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 114.70**	**$ 0.00**	**$ 114.70**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	114.70	0.00	114.70	100.0
Holding Or Carrying (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Infectious Disease Exposure	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		**$ 114.70**	**$ 0.00**	**$ 114.70**	

****BODY PART**	
Thumb	1
Eye(s)	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
	4

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Tcv - Perfusion Dept (148)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uma - University Medical Associates (151)

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						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-blue Ridge Administration (402)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	100.0	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	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						
Hand tool, not powered, NOC	1	50.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	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
Vehicle Upset	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	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**		
No Physical Injury	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Emergency Room (500)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	13.3	1,652.56	5,350.77	7,003.33	55.5
2AM-3:59AM	4	13.3	1,809.20	0.00	1,809.20	14.3
4PM-5:59PM	6	20.0	1,371.18	0.00	1,371.18	10.8
Unknown	7	23.3	902.73	65.52	968.25	7.6
12PM-1:59PM	2	6.6	600.80	0.00	600.80	4.7
8AM-9:59AM	2	6.6	396.16	0.00	396.16	3.1
6PM-7:59PM	2	6.6	263.32	0.00	263.32	2.0
10AM-11:59AM	3	10.0	193.32	0.00	193.32	1.5
	30		**$ 7,189.27**	**$ 5,416.29**	**$ 12,605.56**	
LENGTH OF SERVICE						
2-4	6	20.0	1,620.49	5,350.77	6,971.26	55.3
0-2	15	50.0	3,373.14	65.52	3,438.66	27.2
12-14	2	6.6	827.56	0.00	827.56	6.5
8-10	2	6.6	514.72	0.00	514.72	4.0
4-6	2	6.6	432.40	0.00	432.40	3.4
10-12	2	6.6	420.96	0.00	420.96	3.3
18-20	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 7,189.27**	**$ 5,416.29**	**$ 12,605.56**	
AGE OF CLAIMANT						
30-34	6	20.0	1,927.08	5,416.29	7,343.37	58.2
35-39	5	16.6	1,582.42	0.00	1,582.42	12.5
25-29	8	26.6	1,114.69	0.00	1,114.69	8.8
45-49	4	13.3	900.50	0.00	900.50	7.1
20-24	4	13.3	845.60	0.00	845.60	6.7
55-59	1	3.3	541.34	0.00	541.34	4.2
40-44	1	3.3	277.64	0.00	277.64	2.2
50-54	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 7,189.27**	**$ 5,416.29**	**$ 12,605.56**	
SEX OF CLAIMANT						
Male	14	46.6	4,108.91	5,350.77	9,459.68	75.0
Female	16	53.3	3,080.36	65.52	3,145.88	24.9
	30		**$ 7,189.27**	**$ 5,416.29**	**$ 12,605.56**	
LOSS CAUSE						
Hand tool, not powered, NOC	14	46.6	3,113.94	5,416.29	8,530.23	67.6
Patient / Inmate	6	20.0	1,625.91	0.00	1,625.91	12.9
Infectious agent	3	10.0	684.28	0.00	684.28	5.4
Vehicle, not otherwise classified	3	10.0	628.92	0.00	628.92	4.9
Boxes / containers	1	3.3	541.34	0.00	541.34	4.2
Walking surface, outside, wet	1	3.3	310.96	0.00	310.96	2.4
Sharp objects, not otherwise classified	1	3.3	218.40	0.00	218.40	1.7
Metal items	1	3.3	65.52	0.00	65.52	0.5
	30		**$ 7,189.27**	**$ 5,416.29**	**$ 12,605.56**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	6.6	767.76	5,350.77	6,118.53	48.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Emergency Room (500)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object being lifted/handled (cut,punc.scrape,inj b	8	26.6	1,609.98	65.52	1,675.50	13.2
Lifting (strain or Injury by)	2	6.6	1,559.04	0.00	1,559.04	12.3
Infectious Disease Exposure	3	10.0	558.21	0.00	558.21	4.4
Struck/Injured by Falling or Flying Object	3	10.0	539.52	0.00	539.52	4.2
Pushing Or Pulling (Strain or Injury by)	1	3.3	382.40	0.00	382.40	3.0
Fall or slip (on ice or snow)	1	3.3	310.96	0.00	310.96	2.4
Foreign Body In Eye	2	6.6	277.64	0.00	277.64	2.2
Absorb, Ingest, Inhalation	1	3.3	263.32	0.00	263.32	2.0
Object Handled (caught in or between)	2	6.6	258.84	0.00	258.84	2.0
Struck/Injured by Hand Tool/Machine In Use	1	3.3	227.64	0.00	227.64	1.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.3	218.40	0.00	218.40	1.7
Struck/Injured by Object Handled By Other	1	3.3	137.56	0.00	137.56	1.0
Holding Or Carrying (Strain or Injury by)	2	6.6	78.00	0.00	78.00	0.6
	30		***$ 7,189.27***	***$ 5,416.29***	***$ 12,605.56***	

***BODY PART**

Finger(s)	7
Internal Organs	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Multiple Neck Injury	1
Thumb	6
Hand	5
Eye(s)	4
Shoulder	2
Lower Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	1
Elbow	1
Facial, Other Soft Tissue	1
Lower Arm	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**

Puncture	16
Contagious Disease	1
Strain	7
Foreign Body	8
Contusion	1
Laceration	1
Crushing	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-credit Union (501)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	-411.34	-411.34	100.0
	1		**$ 0.00**	**$ -411.34**	**$ -411.34**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	-411.34	-411.34	100.0
	1		**$ 0.00**	**$ -411.34**	**$ -411.34**	
AGE OF CLAIMANT						
25-29	1	100.0	0.00	-411.34	-411.34	100.0
	1		**$ 0.00**	**$ -411.34**	**$ -411.34**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	-411.34	-411.34	100.0
	1		**$ 0.00**	**$ -411.34**	**$ -411.34**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	-411.34	-411.34	100.0
	1		**$ 0.00**	**$ -411.34**	**$ -411.34**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	-411.34	-411.34	100.0
	1		**$ 0.00**	**$ -411.34**	**$ -411.34**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-hospital Health Affairs (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	103.00	0.00	103.00	100.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LENGTH OF SERVICE						
0-2	2	66.6	103.00	0.00	103.00	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 0.00**	**$ 103.00**	
AGE OF CLAIMANT						
50-54	1	33.3	103.00	0.00	103.00	100.0
20-24	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 103.00**	**$ 0.00**	**$ 103.00**	
SEX OF CLAIMANT						
Female	3	100.0	103.00	0.00	103.00	100.0
	3		**$ 103.00**	**$ 0.00**	**$ 103.00**	
LOSS CAUSE						
Metal items	1	33.3	103.00	0.00	103.00	100.0
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
	3		**$ 103.00**	**$ 0.00**	**$ 103.00**	
ACCIDENT TYPE						
Strike Against/Step On Obj. Being Lifted or Handle	1	33.3	103.00	0.00	103.00	100.0
Twisting, 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		**$ 103.00**	**$ 0.00**	**$ 103.00**	
****BODY PART**						
Finger(s)	1					
Lower Arm	1					
Knee	1					
Upper Back Area (Thoracic Area)	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medicine Center (503)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	14.2	7,034.16	0.00	7,034.16	102.8
4AM-5:59AM	3	42.8	100.84	0.00	100.84	1.4
6AM-7:59AM	1	14.2	0.00	-296.20	-296.20	-4.3
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 7,135.00**	**$ -296.20**	**$ 6,838.80**	
LENGTH OF SERVICE						
2-4	3	42.8	7,034.16	-296.20	6,737.96	98.5
0-2	3	42.8	100.84	0.00	100.84	1.4
4-6	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 7,135.00**	**$ -296.20**	**$ 6,838.80**	
AGE OF CLAIMANT						
35-39	2	28.5	7,034.16	0.00	7,034.16	102.8
20-24	1	14.2	100.84	0.00	100.84	1.4
25-29	1	14.2	0.00	-296.20	-296.20	-4.3
40-44	3	42.8	0.00	0.00	0.00	0.0
	7		**$ 7,135.00**	**$ -296.20**	**$ 6,838.80**	
SEX OF CLAIMANT						
Female	6	85.7	7,135.00	0.00	7,135.00	104.3
Male	1	14.2	0.00	-296.20	-296.20	-4.3
	7		**$ 7,135.00**	**$ -296.20**	**$ 6,838.80**	
LOSS CAUSE						
Patient / Inmate	2	28.5	7,034.16	0.00	7,034.16	102.8
Sharp objects, not otherwise classified	2	28.5	100.84	0.00	100.84	1.4
Person	1	14.2	0.00	-296.20	-296.20	-4.3
Furniture / fixtures	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		**$ 7,135.00**	**$ -296.20**	**$ 6,838.80**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	14.2	7,034.16	0.00	7,034.16	102.8
Misc. (Cut, Puncture, Scrape)	2	28.5	100.84	0.00	100.84	1.4
Contact with Cold Objects or Substances	1	14.2	0.00	-296.20	-296.20	-4.3
Holding Or Carrying (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	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		**$ 7,135.00**	**$ -296.20**	**$ 6,838.80**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	2					
Eye(s)	1					
Elbow	1					
Mouth	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:02

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medicine Center (503)

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	2
Laceration	1
Foreign Body	1
Contusion	2
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-kluge Chid Rehab Ctr (504)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	36.3	288.27	0.00	288.27	64.8
10AM-11:59AM	2	18.1	103.00	0.00	103.00	23.1
2AM-3:59AM	1	9.0	53.00	0.00	53.00	11.9
6PM-7:59PM	1	9.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	9.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	9.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 444.27**	**$ 0.00**	**$ 444.27**	
LENGTH OF SERVICE						
10-12	2	18.1	391.27	0.00	391.27	88.0
18-20	1	9.0	53.00	0.00	53.00	11.9
14-16	1	9.0	0.00	0.00	0.00	0.0
20-22	2	18.1	0.00	0.00	0.00	0.0
0-2	4	36.3	0.00	0.00	0.00	0.0
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 444.27**	**$ 0.00**	**$ 444.27**	
AGE OF CLAIMANT						
40-44	4	36.3	341.27	0.00	341.27	76.8
35-39	1	9.0	103.00	0.00	103.00	23.1
50-54	2	18.1	0.00	0.00	0.00	0.0
25-29	3	27.2	0.00	0.00	0.00	0.0
30-34	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 444.27**	**$ 0.00**	**$ 444.27**	
SEX OF CLAIMANT						
Male	1	9.0	288.27	0.00	288.27	64.8
Female	10	90.9	156.00	0.00	156.00	35.1
	11		**$ 444.27**	**$ 0.00**	**$ 444.27**	
LOSS CAUSE						
Building parts / doors	1	9.0	288.27	0.00	288.27	64.8
Furniture / fixtures	2	18.1	156.00	0.00	156.00	35.1
Patient / Inmate	5	45.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	9.0	0.00	0.00	0.00	0.0
Electrical equipment	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
	11		**$ 444.27**	**$ 0.00**	**$ 444.27**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	9.0	288.27	0.00	288.27	64.8
Lifting (strain or Injury by)	5	45.4	103.00	0.00	103.00	23.1
Fall or Slip (On Same Level)	2	18.1	53.00	0.00	53.00	11.9
Holding Or Carrying (Strain or Injury by)	2	18.1	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-kluge Chid Rehab Ctr (504)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 444.27**	**$ 0.00**	**$ 444.27**	
*****BODY PART***						
Finger(s)	2					
Knee	1					
Ankle	1					
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	6					
Soft Tissue - Neck	1					
Upper Back Area (Thoracic Area)	2					
	11					

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

*****INJURY***						
Crushing	1					
Strain	10					
Sprain	1					
Contusion	1					
Laceration	1					
	11					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Administration (506)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	33.3	218.40	0.00	218.40	100.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 218.40**	**$ 0.00**	**$ 218.40**	
LENGTH OF SERVICE						
0-2	2	66.6	218.40	0.00	218.40	100.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 218.40**	**$ 0.00**	**$ 218.40**	
AGE OF CLAIMANT						
40-44	1	33.3	218.40	0.00	218.40	100.0
50-54	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		**$ 218.40**	**$ 0.00**	**$ 218.40**	
SEX OF CLAIMANT						
Female	3	100.0	218.40	0.00	218.40	100.0
	3		**$ 218.40**	**$ 0.00**	**$ 218.40**	
LOSS CAUSE						
Building parts / doors	1	33.3	218.40	0.00	218.40	100.0
Office equipment	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		**$ 218.40**	**$ 0.00**	**$ 218.40**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	218.40	0.00	218.40	100.0
Lifting (strain or Injury by)	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 218.40**	**$ 0.00**	**$ 218.40**	
****BODY PART**						
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
	3					

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

****INJURY**	
Laceration	1
Strain	2
	3

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Admitting Office (507)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	54.20	0.00	54.20	50.5
4PM-5:59PM	1	50.0	53.00	0.00	53.00	49.4
	2		**$ 107.20**	**$ 0.00**	**$ 107.20**	
LENGTH OF SERVICE						
4-6	1	50.0	54.20	0.00	54.20	50.5
12-14	1	50.0	53.00	0.00	53.00	49.4
	2		**$ 107.20**	**$ 0.00**	**$ 107.20**	
AGE OF CLAIMANT						
25-29	1	50.0	54.20	0.00	54.20	50.5
35-39	1	50.0	53.00	0.00	53.00	49.4
	2		**$ 107.20**	**$ 0.00**	**$ 107.20**	
SEX OF CLAIMANT						
Female	2	100.0	107.20	0.00	107.20	100.0
	2		**$ 107.20**	**$ 0.00**	**$ 107.20**	
LOSS CAUSE						
Furniture / fixtures	2	100.0	107.20	0.00	107.20	100.0
	2		**$ 107.20**	**$ 0.00**	**$ 107.20**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	54.20	0.00	54.20	50.5
Struck/Injured by Object Being Lifted/Handled	1	50.0	53.00	0.00	53.00	49.4
	2		**$ 107.20**	**$ 0.00**	**$ 107.20**	
****BODY PART**						
Upper Back Area (Thoracic Area)	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	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 2001

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Blood Bank (508)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
Glass bottle / sheet	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 (Broken Glass)	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Cardiac Lab (510)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	13.3	2,406.04	0.00	2,406.04	68.0
Unknown	4	26.6	731.17	0.00	731.17	20.6
6PM-7:59PM	1	6.6	227.64	0.00	227.64	6.4
2PM-3:59PM	2	13.3	102.93	0.00	102.93	2.9
4AM-5:59AM	1	6.6	70.00	0.00	70.00	1.9
4PM-5:59PM	3	20.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,537.78**	**$ 0.00**	**$ 3,537.78**	
LENGTH OF SERVICE						
14-16	1	6.6	2,236.20	0.00	2,236.20	63.2
0-2	3	20.0	731.17	0.00	731.17	20.6
4-6	3	20.0	397.48	0.00	397.48	11.2
6-8	3	20.0	102.93	0.00	102.93	2.9
2-4	4	26.6	70.00	0.00	70.00	1.9
8-10	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,537.78**	**$ 0.00**	**$ 3,537.78**	
AGE OF CLAIMANT						
35-39	4	26.6	3,137.21	0.00	3,137.21	88.6
30-34	4	26.6	227.64	0.00	227.64	6.4
25-29	2	13.3	102.93	0.00	102.93	2.9
50-54	1	6.6	70.00	0.00	70.00	1.9
20-24	2	13.3	0.00	0.00	0.00	0.0
40-44	1	6.6	0.00	0.00	0.00	0.0
45-49	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,537.78**	**$ 0.00**	**$ 3,537.78**	
SEX OF CLAIMANT						
Female	10	66.6	3,297.94	0.00	3,297.94	93.2
Male	5	33.3	239.84	0.00	239.84	6.7
	15		**$ 3,537.78**	**$ 0.00**	**$ 3,537.78**	
LOSS CAUSE						
Machine, not otherwise classified	1	6.6	2,236.20	0.00	2,236.20	63.2
Patient / Inmate	2	13.3	731.17	0.00	731.17	20.6
Hand tool, not powered, NOC	10	66.6	570.41	0.00	570.41	16.1
Walking surface, inside, dry	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		**$ 3,537.78**	**$ 0.00**	**$ 3,537.78**	
ACCIDENT TYPE						
Struck/Injured by Moving Part Of Machine	1	6.6	2,236.20	0.00	2,236.20	63.2
Pushing Or Pulling (Strain or Injury by)	1	6.6	731.17	0.00	731.17	20.6
Object being lifted/handled (cut,punc.scrape,inj b	7	46.6	297.64	0.00	297.64	8.4
Object Handled (caught in or between)	3	20.0	272.77	0.00	272.77	7.7
Fall or Slip (On Same Level)	1	6.6	0.00	0.00	0.00	0.0
Assault	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Cardiac Lab (510)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Handled By Other	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 3,537.78**	**$ 0.00**	**$ 3,537.78**	

**BODY PART

Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Hip	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	6
Hand	3
Ankle	1
Mouth	1
Thumb	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	5
Puncture	10
Contusion	1
Laceration	1
	15

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Clinical Laboratory (511)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	41.6	792.07	0.00	792.07	57.5
4PM-5:59PM	1	8.3	428.40	0.00	428.40	31.1
2PM-3:59PM	1	8.3	102.93	0.00	102.93	7.4
6AM-7:59AM	3	25.0	53.00	0.00	53.00	3.8
10AM-11:59AM	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		**$ 1,376.40**	**$ 0.00**	**$ 1,376.40**	
LENGTH OF SERVICE						
8-10	1	8.3	588.23	0.00	588.23	42.7
0-2	4	33.3	584.33	0.00	584.33	42.4
16-18	3	25.0	203.84	0.00	203.84	14.8
14-16	2	16.6	0.00	0.00	0.00	0.0
18-20	1	8.3	0.00	0.00	0.00	0.0
20-22	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,376.40**	**$ 0.00**	**$ 1,376.40**	
AGE OF CLAIMANT						
40-44	5	41.6	792.07	0.00	792.07	57.5
25-29	1	8.3	428.40	0.00	428.40	31.1
55-59	1	8.3	102.93	0.00	102.93	7.4
20-24	1	8.3	53.00	0.00	53.00	3.8
35-39	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		**$ 1,376.40**	**$ 0.00**	**$ 1,376.40**	
SEX OF CLAIMANT						
Female	9	75.0	1,069.63	0.00	1,069.63	77.7
Male	3	25.0	306.77	0.00	306.77	22.2
	12		**$ 1,376.40**	**$ 0.00**	**$ 1,376.40**	
LOSS CAUSE						
Hand tool, not powered, NOC	9	75.0	735.17	0.00	735.17	53.4
Patient / Inmate	1	8.3	588.23	0.00	588.23	42.7
Furniture / fixtures	1	8.3	53.00	0.00	53.00	3.8
Glass bottle / sheet	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,376.40**	**$ 0.00**	**$ 1,376.40**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	7	58.3	735.17	0.00	735.17	53.4
Reaching (Strain or Injury by)	1	8.3	588.23	0.00	588.23	42.7
Fall or Slip (From Different Level)	1	8.3	53.00	0.00	53.00	3.8
Cut,puncture,scrape, injured by (Broken Glass)	1	8.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 1,376.40**	**$ 0.00**	**$ 1,376.40**	
****BODY PART**						
Finger(s)	4					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Clinical Laboratory (511)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Thumb	5					
Hand	1					
	12					

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

*****INJURY***

Strain	3					
Sprain	1					
Puncture	8					
Laceration	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Sterile Supply (513)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	33.3	483.40	0.00	483.40	73.1
Unknown	2	33.3	102.93	0.00	102.93	15.5
10AM-11:59AM	1	16.6	75.00	0.00	75.00	11.3
8AM-9:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 661.33**	**$ 0.00**	**$ 661.33**	
LENGTH OF SERVICE						
2-4	4	66.6	586.33	0.00	586.33	88.6
0-2	2	33.3	75.00	0.00	75.00	11.3
	6		**$ 661.33**	**$ 0.00**	**$ 661.33**	
AGE OF CLAIMANT						
25-29	1	16.6	483.40	0.00	483.40	73.1
50-54	2	33.3	102.93	0.00	102.93	15.5
45-49	2	33.3	75.00	0.00	75.00	11.3
30-34	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 661.33**	**$ 0.00**	**$ 661.33**	
SEX OF CLAIMANT						
Male	2	33.3	586.33	0.00	586.33	88.6
Female	4	66.6	75.00	0.00	75.00	11.3
	6		**$ 661.33**	**$ 0.00**	**$ 661.33**	
LOSS CAUSE						
Stairs, steps	1	16.6	483.40	0.00	483.40	73.1
Walking surface, outside, wet	1	16.6	102.93	0.00	102.93	15.5
Boxes / containers	1	16.6	75.00	0.00	75.00	11.3
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	16.6	0.00	0.00	0.00	0.0
Metal items	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 661.33**	**$ 0.00**	**$ 661.33**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	16.6	483.40	0.00	483.40	73.1
Fall or slip (on ice or snow)	1	16.6	102.93	0.00	102.93	15.5
Lifting (strain or Injury by)	1	16.6	75.00	0.00	75.00	11.3
Object Handled (caught in or between)	1	16.6	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	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		**$ 661.33**	**$ 0.00**	**$ 661.33**	
****BODY PART**						
Hand	1					
Buttocks	1					
Shoulder	1					
Finger(s)	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Sterile Supply (513)

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	2
Strain	1
Crushing	1
Laceration	1
Puncture	1
	6

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Computing (514)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	749.79	0.00	749.79	66.7
Unknown	1	33.3	278.00	0.00	278.00	24.7
10AM-11:59AM	1	33.3	96.00	0.00	96.00	8.5
	3		**$ 1,123.79**	**$ 0.00**	**$ 1,123.79**	
LENGTH OF SERVICE						
14-16	1	33.3	749.79	0.00	749.79	66.7
0-2	2	66.6	374.00	0.00	374.00	33.2
	3		**$ 1,123.79**	**$ 0.00**	**$ 1,123.79**	
AGE OF CLAIMANT						
45-49	2	66.6	1,027.79	0.00	1,027.79	91.4
20-24	1	33.3	96.00	0.00	96.00	8.5
	3		**$ 1,123.79**	**$ 0.00**	**$ 1,123.79**	
SEX OF CLAIMANT						
Female	2	66.6	1,027.79	0.00	1,027.79	91.4
Male	1	33.3	96.00	0.00	96.00	8.5
	3		**$ 1,123.79**	**$ 0.00**	**$ 1,123.79**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	749.79	0.00	749.79	66.7
Stairs, steps	1	33.3	278.00	0.00	278.00	24.7
Office equipment	1	33.3	96.00	0.00	96.00	8.5
	3		**$ 1,123.79**	**$ 0.00**	**$ 1,123.79**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	33.3	749.79	0.00	749.79	66.7
Fall or slip (on stairs)	1	33.3	278.00	0.00	278.00	24.7
Lifting (strain or Injury by)	1	33.3	96.00	0.00	96.00	8.5
	3		**$ 1,123.79**	**$ 0.00**	**$ 1,123.79**	
****BODY PART**						
Hand	2					
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	3	
Strain	1	
	3	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-endoscopy/bronchoscop (516)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	14.2	1,365.52	0.00	1,365.52	63.5
12PM-1:59PM	2	28.5	784.74	0.00	784.74	36.5
6AM-7:59AM	1	14.2	0.00	0.00	0.00	0.0
2PM-3:59PM	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
	7		**$ 2,150.26**	**$ 0.00**	**$ 2,150.26**	
LENGTH OF SERVICE						
0-2	2	28.5	1,365.52	0.00	1,365.52	63.5
8-10	1	14.2	784.74	0.00	784.74	36.5
6-8	1	14.2	0.00	0.00	0.00	0.0
12-14	1	14.2	0.00	0.00	0.00	0.0
2-4	1	14.2	0.00	0.00	0.00	0.0
4-6	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,150.26**	**$ 0.00**	**$ 2,150.26**	
AGE OF CLAIMANT						
30-34	3	42.8	1,365.52	0.00	1,365.52	63.5
45-49	1	14.2	784.74	0.00	784.74	36.5
50-54	2	28.5	0.00	0.00	0.00	0.0
25-29	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,150.26**	**$ 0.00**	**$ 2,150.26**	
SEX OF CLAIMANT						
Female	4	57.1	2,150.26	0.00	2,150.26	100.0
Male	3	42.8	0.00	0.00	0.00	0.0
	7		**$ 2,150.26**	**$ 0.00**	**$ 2,150.26**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	28.5	1,365.52	0.00	1,365.52	63.5
Patient / Inmate	1	14.2	784.74	0.00	784.74	36.5
Hand tool, not powered, NOC	2	28.5	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	14.2	0.00	0.00	0.00	0.0
Infectious agent	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 2,150.26**	**$ 0.00**	**$ 2,150.26**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	28.5	1,365.52	0.00	1,365.52	63.5
Lifting (strain or Injury by)	1	14.2	784.74	0.00	784.74	36.5
Pushing Or Pulling (Strain or Injury by)	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
Object Handled (caught in or between)	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 2,150.26**	**$ 0.00**	**$ 2,150.26**	
****BODY PART**						
Finger(s)	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	1					
Facial, Other Soft Tissue	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-endoscopy/bronchoscop (516)

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***

Puncture	4
Strain	2
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-patient Accounting (517)

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						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Wrist	1					
	1					

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

****INJURY***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Dietary Department (518)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	147.93	0.00	147.93	66.9
10AM-11:59AM	1	50.0	73.20	0.00	73.20	33.1
	2		**$ 221.13**	**$ 0.00**	**$ 221.13**	
LENGTH OF SERVICE						
8-10	1	50.0	147.93	0.00	147.93	66.9
20-22	1	50.0	73.20	0.00	73.20	33.1
	2		**$ 221.13**	**$ 0.00**	**$ 221.13**	
AGE OF CLAIMANT						
55-59	1	50.0	147.93	0.00	147.93	66.9
40-44	1	50.0	73.20	0.00	73.20	33.1
	2		**$ 221.13**	**$ 0.00**	**$ 221.13**	
SEX OF CLAIMANT						
Female	2	100.0	221.13	0.00	221.13	100.0
	2		**$ 221.13**	**$ 0.00**	**$ 221.13**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	50.0	147.93	0.00	147.93	66.9
Boxes / containers	1	50.0	73.20	0.00	73.20	33.1
	2		**$ 221.13**	**$ 0.00**	**$ 221.13**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	50.0	147.93	0.00	147.93	66.9
Reaching (Strain or Injury by)	1	50.0	73.20	0.00	73.20	33.1
	2		**$ 221.13**	**$ 0.00**	**$ 221.13**	
****BODY PART**						
Foot	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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-delivery & Labor Rooms (519)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	215.09	0.00	215.09	56.1
2PM-3:59PM	1	33.3	167.93	0.00	167.93	43.8
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 383.02**	**$ 0.00**	**$ 383.02**	
LENGTH OF SERVICE						
8-10	1	33.3	215.09	0.00	215.09	56.1
28-30	1	33.3	167.93	0.00	167.93	43.8
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 383.02**	**$ 0.00**	**$ 383.02**	
AGE OF CLAIMANT						
45-49	1	33.3	215.09	0.00	215.09	56.1
55-59	1	33.3	167.93	0.00	167.93	43.8
30-34	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 383.02**	**$ 0.00**	**$ 383.02**	
SEX OF CLAIMANT						
Female	3	100.0	383.02	0.00	383.02	100.0
	3		**$ 383.02**	**$ 0.00**	**$ 383.02**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	33.3	215.09	0.00	215.09	56.1
Furniture / fixtures	1	33.3	167.93	0.00	167.93	43.8
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 383.02**	**$ 0.00**	**$ 383.02**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	33.3	215.09	0.00	215.09	56.1
Pushing Or Pulling (Strain or Injury by)	1	33.3	167.93	0.00	167.93	43.8
Lifting (strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 383.02**	**$ 0.00**	**$ 383.02**	
****BODY PART**						
Finger(s)	1					
Shoulder	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**	
Puncture	1
Strain	2
	3

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-intensive Care Service (527)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	25.0	867.28	0.00	867.28	39.6
10AM-11:59AM	6	50.0	660.50	0.00	660.50	30.1
2PM-3:59PM	1	8.3	450.05	0.00	450.05	20.5
8AM-9:59AM	1	8.3	212.05	0.00	212.05	9.6
4PM-5:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 2,189.88**	**$ 0.00**	**$ 2,189.88**	
LENGTH OF SERVICE						
0-2	8	66.6	1,461.79	0.00	1,461.79	66.7
2-4	2	16.6	381.77	0.00	381.77	17.4
4-6	2	16.6	346.32	0.00	346.32	15.8
	12		**$ 2,189.88**	**$ 0.00**	**$ 2,189.88**	
AGE OF CLAIMANT						
25-29	6	50.0	1,073.94	0.00	1,073.94	49.0
30-34	2	16.6	557.57	0.00	557.57	25.4
40-44	1	8.3	346.32	0.00	346.32	15.8
20-24	1	8.3	212.05	0.00	212.05	9.6
45-49	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 2,189.88**	**$ 0.00**	**$ 2,189.88**	
SEX OF CLAIMANT						
Female	11	91.6	1,911.04	0.00	1,911.04	87.2
Male	1	8.3	278.84	0.00	278.84	12.7
	12		**$ 2,189.88**	**$ 0.00**	**$ 2,189.88**	
LOSS CAUSE						
Patient / Inmate	5	41.6	1,219.67	0.00	1,219.67	55.7
Infectious agent	4	33.3	449.25	0.00	449.25	20.5
Sharp objects, not otherwise classified	1	8.3	277.64	0.00	277.64	12.6
Hand tool, not powered, NOC	2	16.6	243.32	0.00	243.32	11.1
	12		**$ 2,189.88**	**$ 0.00**	**$ 2,189.88**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	3	25.0	662.10	0.00	662.10	30.2
Struck/Injured by Falling or Flying Object	1	8.3	346.32	0.00	346.32	15.8
Holding Or Carrying (Strain or Injury by)	1	8.3	278.84	0.00	278.84	12.7
Lifting (strain or Injury by)	1	8.3	278.73	0.00	278.73	12.7
Misc. (Cut, Puncture, Scrape)	1	8.3	277.64	0.00	277.64	12.6
Object being lifted/handled (cut,punc.scrape,inj b	2	16.6	243.32	0.00	243.32	11.1
Foreign Body In Eye	3	25.0	102.93	0.00	102.93	4.7
	12		**$ 2,189.88**	**$ 0.00**	**$ 2,189.88**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Eye(s)	4					
Finger(s)	2					
Hand	1					
Facial, Other Soft Tissue	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-intensive Care Service (527)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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
Foreign Body	5
Laceration	1
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-clinical Engr & Equip (528)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	20.0	1,346.60	0.00	1,346.60	75.6
10AM-11:59AM	2	40.0	432.48	0.00	432.48	24.3
Unknown	1	20.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,779.08**	**$ 0.00**	**$ 1,779.08**	
LENGTH OF SERVICE						
30-32	2	40.0	1,346.60	0.00	1,346.60	75.6
0-2	1	20.0	432.48	0.00	432.48	24.3
8-10	1	20.0	0.00	0.00	0.00	0.0
20-22	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,779.08**	**$ 0.00**	**$ 1,779.08**	
AGE OF CLAIMANT						
55-59	1	20.0	1,346.60	0.00	1,346.60	75.6
25-29	1	20.0	432.48	0.00	432.48	24.3
60-64	2	40.0	0.00	0.00	0.00	0.0
50-54	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,779.08**	**$ 0.00**	**$ 1,779.08**	
SEX OF CLAIMANT						
Male	5	100.0	1,779.08	0.00	1,779.08	100.0
	5		**$ 1,779.08**	**$ 0.00**	**$ 1,779.08**	
LOSS CAUSE						
Electrical equipment	1	20.0	1,346.60	0.00	1,346.60	75.6
Stone / rock / brick	1	20.0	432.48	0.00	432.48	24.3
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,779.08**	**$ 0.00**	**$ 1,779.08**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	20.0	1,346.60	0.00	1,346.60	75.6
Struck/Injured by Object Being Lifted/Handled	1	20.0	432.48	0.00	432.48	24.3
Twisting, strain or injury by	1	20.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	20.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,779.08**	**$ 0.00**	**$ 1,779.08**	
****BODY PART**						
Shoulder	1					
Hand	1					
Knee	1					
Lower Arm	1					
Thumb	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-clinical Engr & Equip (528)

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
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-environmental Services (531)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	28.5	10,472.25	72,774.75	83,247.00	99.3
Unknown	1	14.2	274.94	0.00	274.94	0.3
12PM-1:59PM	2	28.5	202.52	0.00	202.52	0.2
6AM-7:59AM	1	14.2	102.93	0.00	102.93	0.1
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 11,052.64**	**$ 72,774.75**	**$ 83,827.39**	
LENGTH OF SERVICE						
4-6	1	14.2	9,575.25	72,774.75	82,350.00	98.2
2-4	2	28.5	999.93	0.00	999.93	1.1
18-20	2	28.5	274.94	0.00	274.94	0.3
0-2	1	14.2	202.52	0.00	202.52	0.2
16-18	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 11,052.64**	**$ 72,774.75**	**$ 83,827.39**	
AGE OF CLAIMANT						
35-39	2	28.5	9,777.77	72,774.75	82,552.52	98.4
25-29	1	14.2	897.00	0.00	897.00	1.0
60-64	2	28.5	377.87	0.00	377.87	0.4
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		**$ 11,052.64**	**$ 72,774.75**	**$ 83,827.39**	
SEX OF CLAIMANT						
Male	5	71.4	11,052.64	72,774.75	83,827.39	100.0
Female	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 11,052.64**	**$ 72,774.75**	**$ 83,827.39**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	28.5	9,678.18	72,774.75	82,452.93	98.3
Boxes / containers	2	28.5	1,171.94	0.00	1,171.94	1.4
Electrical equipment	1	14.2	202.52	0.00	202.52	0.2
Chemicals, not otherwise classified	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 11,052.64**	**$ 72,774.75**	**$ 83,827.39**	
ACCIDENT TYPE						
Vehicle Upset	1	14.2	9,575.25	72,774.75	82,350.00	98.2
Pushing Or Pulling (Strain or Injury by)	1	14.2	897.00	0.00	897.00	1.0
Lifting (strain or Injury by)	1	14.2	274.94	0.00	274.94	0.3
Contact with Electric Current	1	14.2	202.52	0.00	202.52	0.2
Struck/Injured by Falling or Flying Object	1	14.2	102.93	0.00	102.93	0.1
Allergic Reaction	1	14.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 11,052.64**	**$ 72,774.75**	**$ 83,827.39**	
****BODY PART**						
Lower Leg	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Hand	1					
Knee	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-environmental Services (531)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Nose	1					
Lower Arm	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					
Fracture	1					
Strain	2					
Contusion	2					
Burn	1					
Dermatitis	1					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-linen Services Department (532)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	203.88	0.00	203.88	52.7
12PM-1:59PM	2	66.6	183.00	0.00	183.00	47.3
	3		**$ 386.88**	**$ 0.00**	**$ 386.88**	
LENGTH OF SERVICE						
16-18	2	66.6	386.88	0.00	386.88	100.0
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 386.88**	**$ 0.00**	**$ 386.88**	
AGE OF CLAIMANT						
40-44	2	66.6	386.88	0.00	386.88	100.0
60-64	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 386.88**	**$ 0.00**	**$ 386.88**	
SEX OF CLAIMANT						
Male	2	66.6	386.88	0.00	386.88	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 386.88**	**$ 0.00**	**$ 386.88**	
LOSS CAUSE						
Vehicle, fork truck	1	33.3	203.88	0.00	203.88	52.7
Boxes / containers	1	33.3	183.00	0.00	183.00	47.3
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 386.88**	**$ 0.00**	**$ 386.88**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	33.3	203.88	0.00	203.88	52.7
Lifting (strain or Injury by)	1	33.3	183.00	0.00	183.00	47.3
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 386.88**	**$ 0.00**	**$ 386.88**	
****BODY PART**						
Toe(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hip	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center (533)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	1,245.00	0.00	1,245.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,245.00**	**$ 0.00**	**$ 1,245.00**	
LENGTH OF SERVICE						
0-2	2	100.0	1,245.00	0.00	1,245.00	100.0
	2		**$ 1,245.00**	**$ 0.00**	**$ 1,245.00**	
AGE OF CLAIMANT						
25-29	1	50.0	1,245.00	0.00	1,245.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,245.00**	**$ 0.00**	**$ 1,245.00**	
SEX OF CLAIMANT						
Female	2	100.0	1,245.00	0.00	1,245.00	100.0
	2		**$ 1,245.00**	**$ 0.00**	**$ 1,245.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	1,245.00	0.00	1,245.00	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,245.00**	**$ 0.00**	**$ 1,245.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	1,245.00	0.00	1,245.00	100.0
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,245.00**	**$ 0.00**	**$ 1,245.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-patient Transportation (537)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	33.3	2,530.08	15,132.10	17,662.18	81.0
2PM-3:59PM	3	25.0	202.20	1,750.00	1,952.20	8.9
6AM-7:59AM	1	8.3	1,182.00	0.00	1,182.00	5.4
6PM-7:59PM	2	16.6	566.84	0.00	566.84	2.6
4PM-5:59PM	1	8.3	332.77	0.00	332.77	1.5
Unknown	1	8.3	102.93	0.00	102.93	0.4
	12		**$ 4,916.82**	**$ 16,882.10**	**$ 21,798.92**	
LENGTH OF SERVICE						
10-12	2	16.6	1,765.34	16,882.10	18,647.44	85.5
16-18	1	8.3	1,182.00	0.00	1,182.00	5.4
0-2	2	16.6	669.77	0.00	669.77	3.0
20-22	2	16.6	435.77	0.00	435.77	2.0
8-10	1	8.3	350.00	0.00	350.00	1.6
22-24	1	8.3	257.00	0.00	257.00	1.1
14-16	1	8.3	157.74	0.00	157.74	0.7
2-4	1	8.3	99.20	0.00	99.20	0.4
4-6	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,916.82**	**$ 16,882.10**	**$ 21,798.92**	
AGE OF CLAIMANT						
50-54	4	33.3	2,435.18	16,882.10	19,317.28	88.6
35-39	1	8.3	1,182.00	0.00	1,182.00	5.4
40-44	3	25.0	939.77	0.00	939.77	4.3
55-59	3	25.0	260.67	0.00	260.67	1.2
30-34	1	8.3	99.20	0.00	99.20	0.4
	12		**$ 4,916.82**	**$ 16,882.10**	**$ 21,798.92**	
SEX OF CLAIMANT						
Female	5	41.6	2,589.12	15,132.10	17,721.22	81.2
Male	7	58.3	2,327.70	1,750.00	4,077.70	18.7
	12		**$ 4,916.82**	**$ 16,882.10**	**$ 21,798.92**	
LOSS CAUSE						
Furniture / fixtures	2	16.6	1,923.08	15,132.10	17,055.18	78.2
Boxes / containers	4	33.3	1,874.77	0.00	1,874.77	8.6
Minerals / dirt	1	8.3	0.00	1,750.00	1,750.00	8.0
Patient / Inmate	3	25.0	1,016.04	0.00	1,016.04	4.6
Vehicle, not otherwise classified	1	8.3	102.93	0.00	102.93	0.4
Animal, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,916.82**	**$ 16,882.10**	**$ 21,798.92**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	16.6	1,923.08	15,132.10	17,055.18	78.2
Foreign Body In Eye	1	8.3	0.00	1,750.00	1,750.00	8.0
Pushing Or Pulling (Strain or Injury by)	4	33.3	1,716.90	0.00	1,716.90	7.8
Holding Or Carrying (Strain or Injury by)	1	8.3	566.84	0.00	566.84	2.6
Lifting (strain or Injury by)	2	16.6	360.00	0.00	360.00	1.6
Infectious Disease Exposure	1	8.3	350.00	0.00	350.00	1.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-patient Transportation (537)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal Or Insect	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 4,916.82**	**$ 16,882.10**	**$ 21,798.92**	

**BODY PART

Knee	2
Shoulder	5
Hip	2
Lower Arm	1
Lower Leg	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Soft Tissue - Neck	3
Nose	1
Abdomen including Groin	1
Upper Arm (Inc: Clavicle and Scapula)	1
Wrist	1
Hand	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
Strain	12
Sprain	1
Foreign Body	1
Infection	1
Inflamation	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 2001

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-cardiovascular Dept (539)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	26.0	2,876.67	0.00	2,876.67	49.8
2PM-3:59PM	3	13.0	1,239.25	0.00	1,239.25	21.4
6AM-7:59AM	2	8.6	801.20	0.00	801.20	13.8
12PM-1:59PM	4	17.3	430.70	0.00	430.70	7.4
Unknown	2	8.6	227.64	0.00	227.64	3.9
10AM-11:59AM	4	17.3	192.93	0.00	192.93	3.3
4AM-5:59AM	1	4.3	0.00	0.00	0.00	0.0
2AM-3:59AM	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 5,768.39**	**$ 0.00**	**$ 5,768.39**	
LENGTH OF SERVICE						
4-6	4	17.3	3,105.07	0.00	3,105.07	53.8
0-2	6	26.0	1,137.37	0.00	1,137.37	19.7
10-12	3	13.0	950.50	0.00	950.50	16.4
2-4	6	26.0	477.45	0.00	477.45	8.2
6-8	2	8.6	98.00	0.00	98.00	1.7
8-10	1	4.3	0.00	0.00	0.00	0.0
20-22	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 5,768.39**	**$ 0.00**	**$ 5,768.39**	
AGE OF CLAIMANT						
40-44	5	21.7	3,280.94	0.00	3,280.94	56.8
45-49	5	21.7	962.78	0.00	962.78	16.6
35-39	3	13.0	748.20	0.00	748.20	12.9
25-29	4	17.3	476.17	0.00	476.17	8.2
30-34	4	17.3	255.30	0.00	255.30	4.4
50-54	2	8.6	45.00	0.00	45.00	0.7
	23		**$ 5,768.39**	**$ 0.00**	**$ 5,768.39**	
SEX OF CLAIMANT						
Female	20	86.9	5,135.13	0.00	5,135.13	89.0
Male	3	13.0	633.26	0.00	633.26	10.9
	23		**$ 5,768.39**	**$ 0.00**	**$ 5,768.39**	
LOSS CAUSE						
Patient / Inmate	11	47.8	4,560.35	0.00	4,560.35	79.0
Electrical equipment	3	13.0	678.26	0.00	678.26	11.7
Hand tool, not powered, NOC	3	13.0	227.64	0.00	227.64	3.9
Stairs, steps	1	4.3	202.30	0.00	202.30	3.5
Office equipment	1	4.3	99.84	0.00	99.84	1.7
Walking surface, inside, dry	1	4.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	4.3	0.00	0.00	0.00	0.0
Infectious agent	1	4.3	0.00	0.00	0.00	0.0
Metal items	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 5,768.39**	**$ 0.00**	**$ 5,768.39**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	4.3	2,243.41	0.00	2,243.41	38.8
Pushing Or Pulling (Strain or Injury by)	6	26.0	2,116.01	0.00	2,116.01	36.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-cardiovascular Dept (539)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	1	4.3	633.26	0.00	633.26	10.9
Object being lifted/handled (cut,punc.scrape,inj b	4	17.3	227.64	0.00	227.64	3.9
Fall or Slip (On Same Level)	1	4.3	202.30	0.00	202.30	3.5
Holding Or Carrying (Strain or Injury by)	3	13.0	200.93	0.00	200.93	3.4
Strike Against/Step on Stationary Object	1	4.3	99.84	0.00	99.84	1.7
Repetitive Motion	1	4.3	45.00	0.00	45.00	0.7
Cumulative (Not Otherwise Classified)	1	4.3	0.00	0.00	0.00	0.0
Assault	1	4.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	4.3	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	4.3	0.00	0.00	0.00	0.0
	23		***$ 5,768.39***	***$ 0.00***	***$ 5,768.39***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	9
Upper Arm (Inc: Clavicle and Scapula)	2
Shoulder	2
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Finger(s)	2
Ankle	1
Hand	2
Nose	1
Wrist	1
Foot	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	1
Knee	1
Thumb	2
	23

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

***INJURY**

Strain	15
Contusion	4
Puncture	3
Carpal Tunnel Syndrome	1
Foreign Body	1
Laceration	2
Sprain	2
	23

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-blue Ridge Nursing (540)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	28.5	523.89	0.00	523.89	59.0
8AM-9:59AM	2	28.5	362.93	0.00	362.93	40.9
6AM-7:59AM	1	14.2	0.00	0.00	0.00	0.0
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
Unknown	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 886.82**	**$ 0.00**	**$ 886.82**	
LENGTH OF SERVICE						
0-2	3	42.8	523.89	0.00	523.89	59.0
2-4	4	57.1	362.93	0.00	362.93	40.9
	7		**$ 886.82**	**$ 0.00**	**$ 886.82**	
AGE OF CLAIMANT						
50-54	1	14.2	362.93	0.00	362.93	40.9
25-29	2	28.5	330.57	0.00	330.57	37.2
30-34	1	14.2	193.32	0.00	193.32	21.8
45-49	2	28.5	0.00	0.00	0.00	0.0
20-24	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 886.82**	**$ 0.00**	**$ 886.82**	
SEX OF CLAIMANT						
Female	6	85.7	886.82	0.00	886.82	100.0
Male	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 886.82**	**$ 0.00**	**$ 886.82**	
LOSS CAUSE						
Patient / Inmate	1	14.2	362.93	0.00	362.93	40.9
Boxes / containers	1	14.2	330.57	0.00	330.57	37.2
Hand tool, not powered, NOC	2	28.5	193.32	0.00	193.32	21.8
Walking surface, outside, dry	1	14.2	0.00	0.00	0.00	0.0
Infectious agent	1	14.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 886.82**	**$ 0.00**	**$ 886.82**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	3	42.8	523.89	0.00	523.89	59.0
Holding Or Carrying (Strain or Injury by)	1	14.2	362.93	0.00	362.93	40.9
Fall or Slip (From Different Level)	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
Fall or Slip (From Liquid/Grease spills)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 886.82**	**$ 0.00**	**$ 886.82**	
****BODY PART**						
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	1					
Hand	2					
Knee	1					
Facial, Other Soft Tissue	1					
Thumb	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-blue Ridge Nursing (540)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Leg	1					
	7					

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

*****INJURY***

Strain	2
Foreign Body	2
Puncture	2
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-operating Rooms (546)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	4.5	0.00	2,750.00	2,750.00	68.0
6PM-7:59PM	3	13.6	330.57	0.00	330.57	8.1
Unknown	3	13.6	277.64	0.00	277.64	6.8
2AM-3:59AM	1	4.5	272.84	0.00	272.84	6.7
12AM-1:59AM	2	9.0	263.32	0.00	263.32	6.5
12PM-1:59PM	3	13.6	65.00	0.00	65.00	1.6
6AM-7:59AM	1	4.5	50.00	0.00	50.00	1.2
10AM-11:59AM	6	27.2	35.00	0.00	35.00	0.8
2PM-3:59PM	2	9.0	0.00	0.00	0.00	0.0
	22		**$ 1,294.37**	**$ 2,750.00**	**$ 4,044.37**	
LENGTH OF SERVICE						
6-8	1	4.5	0.00	2,750.00	2,750.00	68.0
0-2	6	27.2	366.25	0.00	366.25	9.0
2-4	5	22.7	312.64	0.00	312.64	7.7
12-14	3	13.6	272.84	0.00	272.84	6.7
8-10	2	9.0	227.64	0.00	227.64	5.6
4-6	3	13.6	65.00	0.00	65.00	1.6
16-18	1	4.5	50.00	0.00	50.00	1.2
10-12	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 1,294.37**	**$ 2,750.00**	**$ 4,044.37**	
AGE OF CLAIMANT						
35-39	7	31.8	85.00	2,750.00	2,835.00	70.1
40-44	3	13.6	536.16	0.00	536.16	13.2
25-29	3	13.6	380.57	0.00	380.57	9.4
55-59	2	9.0	227.64	0.00	227.64	5.6
30-34	1	4.5	65.00	0.00	65.00	1.6
15-19	1	4.5	0.00	0.00	0.00	0.0
20-24	3	13.6	0.00	0.00	0.00	0.0
45-49	1	4.5	0.00	0.00	0.00	0.0
50-54	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 1,294.37**	**$ 2,750.00**	**$ 4,044.37**	
SEX OF CLAIMANT						
Male	8	36.3	430.57	2,750.00	3,180.57	78.6
Female	14	63.6	863.80	0.00	863.80	21.3
	22		**$ 1,294.37**	**$ 2,750.00**	**$ 4,044.37**	
LOSS CAUSE						
Patient / Inmate	2	9.0	277.64	2,750.00	3,027.64	74.8
Hand tool, not powered, NOC	9	40.9	678.89	0.00	678.89	16.7
Electrical equipment	2	9.0	272.84	0.00	272.84	6.7
Building parts / doors	1	4.5	65.00	0.00	65.00	1.6
Boxes / containers	2	9.0	0.00	0.00	0.00	0.0
Clothing / jewelry	1	4.5	0.00	0.00	0.00	0.0
Metal items	5	22.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-operating Rooms (546)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	22		**$ 1,294.37**	**$ 2,750.00**	**$ 4,044.37**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	4.5	0.00	2,750.00	2,750.00	68.0
Strike Against/Step on Stationary Object	4	18.1	313.32	0.00	313.32	7.7
Foreign Body In Eye	1	4.5	277.64	0.00	277.64	6.8
Fall or Slip (On Same Level)	2	9.0	272.84	0.00	272.84	6.7
Object being lifted/handled (cut,punc.scrape,inj b	6	27.2	262.64	0.00	262.64	6.4
Struck/Injured by Object Handled By Other	2	9.0	102.93	0.00	102.93	2.5
Object Handled (caught in or between)	4	18.1	65.00	0.00	65.00	1.6
Struck/Injured by Falling or Flying Object	1	4.5	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 1,294.37**	**$ 2,750.00**	**$ 4,044.37**	

****BODY PART**	
Abdomen including Groin	2
Finger(s)	7
Eye(s)	1
Shoulder	1
Facial, Other Soft Tissue	2
Hand	4
Hip	2
Thumb	3
Upper Leg	3
	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**	
Hernia	1
Puncture	11
Foreign Body	2
Sprain	1
Laceration	4
Contusion	4
Strain	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.**

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Pharmacy (547)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	25.0	167.93	0.00	167.93	45.5
8AM-9:59AM	1	25.0	147.93	0.00	147.93	40.1
6AM-7:59AM	1	25.0	53.00	0.00	53.00	14.3
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 368.86**	**$ 0.00**	**$ 368.86**	
LENGTH OF SERVICE						
8-10	3	75.0	368.86	0.00	368.86	100.0
20-22	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 368.86**	**$ 0.00**	**$ 368.86**	
AGE OF CLAIMANT						
40-44	3	75.0	220.93	0.00	220.93	59.9
35-39	1	25.0	147.93	0.00	147.93	40.1
	4		**$ 368.86**	**$ 0.00**	**$ 368.86**	
SEX OF CLAIMANT						
Male	2	50.0	220.93	0.00	220.93	59.9
Female	2	50.0	147.93	0.00	147.93	40.1
	4		**$ 368.86**	**$ 0.00**	**$ 368.86**	
LOSS CAUSE						
Boxes / containers	1	25.0	167.93	0.00	167.93	45.5
Machine, not otherwise classified	1	25.0	147.93	0.00	147.93	40.1
Office equipment	2	50.0	53.00	0.00	53.00	14.3
	4		**$ 368.86**	**$ 0.00**	**$ 368.86**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	167.93	0.00	167.93	45.5
Object Handled (caught in or between)	1	25.0	147.93	0.00	147.93	40.1
Contact With Hot Object or Substances	1	25.0	53.00	0.00	53.00	14.3
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 368.86**	**$ 0.00**	**$ 368.86**	

****BODY PART**	
Wrist	1
Soft Tissue - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	1
Finger(s)	1
Hand	1
	4

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

****INJURY**	
Strain	3
Burn	1
Laceration	1

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Pharmacy (547)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-physical Therapy Dept (548)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
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						
Holding Or Carrying (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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-pulmonary Lab (549)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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 Handled (caught in or between)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Finger(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-primary Care (551)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	790.27	0.00	790.27	100.0
	1		**$ 790.27**	**$ 0.00**	**$ 790.27**	
LENGTH OF SERVICE						
2-4	1	100.0	790.27	0.00	790.27	100.0
	1		**$ 790.27**	**$ 0.00**	**$ 790.27**	
AGE OF CLAIMANT						
35-39	1	100.0	790.27	0.00	790.27	100.0
	1		**$ 790.27**	**$ 0.00**	**$ 790.27**	
SEX OF CLAIMANT						
Female	1	100.0	790.27	0.00	790.27	100.0
	1		**$ 790.27**	**$ 0.00**	**$ 790.27**	
LOSS CAUSE						
Stairs, steps	1	100.0	790.27	0.00	790.27	100.0
	1		**$ 790.27**	**$ 0.00**	**$ 790.27**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	790.27	0.00	790.27	100.0
	1		**$ 790.27**	**$ 0.00**	**$ 790.27**	
****BODY PART**						
Ankle	1					
Elbow	1					
Lower Leg	1					
	1					

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

****INJURY**						
Contusion	1					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Renal Unit (552)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	44.4	1,731.25	0.00	1,731.25	83.8
4AM-5:59AM	1	11.1	334.19	0.00	334.19	16.1
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
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		**$ 2,065.44**	**$ 0.00**	**$ 2,065.44**	
LENGTH OF SERVICE						
0-2	3	33.3	2,065.44	0.00	2,065.44	100.0
10-12	1	11.1	0.00	0.00	0.00	0.0
2-4	2	22.2	0.00	0.00	0.00	0.0
4-6	2	22.2	0.00	0.00	0.00	0.0
8-10	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 2,065.44**	**$ 0.00**	**$ 2,065.44**	
AGE OF CLAIMANT						
30-34	3	33.3	1,834.49	0.00	1,834.49	88.8
40-44	1	11.1	230.95	0.00	230.95	11.1
25-29	3	33.3	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		**$ 2,065.44**	**$ 0.00**	**$ 2,065.44**	
SEX OF CLAIMANT						
Female	7	77.7	1,731.25	0.00	1,731.25	83.8
Male	2	22.2	334.19	0.00	334.19	16.1
	9		**$ 2,065.44**	**$ 0.00**	**$ 2,065.44**	
LOSS CAUSE						
Patient / Inmate	2	22.2	1,500.30	0.00	1,500.30	72.6
Boxes / containers	1	11.1	334.19	0.00	334.19	16.1
Hand tool, not powered, NOC	5	55.5	230.95	0.00	230.95	11.1
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 2,065.44**	**$ 0.00**	**$ 2,065.44**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	2	22.2	1,500.30	0.00	1,500.30	72.6
Reaching (Strain or Injury by)	1	11.1	334.19	0.00	334.19	16.1
Object being lifted/handled (cut,punc.scrape,inj b	5	55.5	230.95	0.00	230.95	11.1
Strike Against/Step on Stationary Object	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 2,065.44**	**$ 0.00**	**$ 2,065.44**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Upper Back Area (Thoracic Area)	2					
Finger(s)	5					
Lower Arm	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medical Center Renal Unit (552)

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***

Strain	6
Puncture	5
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-respiratory Therapy (554)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	278.44	0.00	278.44	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 278.44**	**$ 0.00**	**$ 278.44**	
LENGTH OF SERVICE						
2-4	1	50.0	278.44	0.00	278.44	100.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 278.44**	**$ 0.00**	**$ 278.44**	
AGE OF CLAIMANT						
45-49	2	100.0	278.44	0.00	278.44	100.0
	2		**$ 278.44**	**$ 0.00**	**$ 278.44**	
SEX OF CLAIMANT						
Male	1	50.0	278.44	0.00	278.44	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 278.44**	**$ 0.00**	**$ 278.44**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	278.44	0.00	278.44	100.0
Electrical equipment	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 278.44**	**$ 0.00**	**$ 278.44**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	278.44	0.00	278.44	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 278.44**	**$ 0.00**	**$ 278.44**	
****BODY PART**						
Finger(s)	1					
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**		
Puncture	1	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:03

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-hrk Hospital (558)

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						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Facial, Other Soft Tissue	1					
Knee	1					
Shoulder	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-meicine Health Sciences (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	212.95	0.00	212.95	100.0
	1		**$ 212.95**	**$ 0.00**	**$ 212.95**	
LENGTH OF SERVICE						
8-10	1	100.0	212.95	0.00	212.95	100.0
	1		**$ 212.95**	**$ 0.00**	**$ 212.95**	
AGE OF CLAIMANT						
60-64	1	100.0	212.95	0.00	212.95	100.0
	1		**$ 212.95**	**$ 0.00**	**$ 212.95**	
SEX OF CLAIMANT						
Female	1	100.0	212.95	0.00	212.95	100.0
	1		**$ 212.95**	**$ 0.00**	**$ 212.95**	
LOSS CAUSE						
Patient / Inmate	1	100.0	212.95	0.00	212.95	100.0
	1		**$ 212.95**	**$ 0.00**	**$ 212.95**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	212.95	0.00	212.95	100.0
	1		**$ 212.95**	**$ 0.00**	**$ 212.95**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-anesthesiology Department (607)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	8.3	234.33	0.00	234.33	51.6
4AM-5:59AM	2	16.6	120.00	0.00	120.00	26.4
Unknown	1	8.3	99.84	0.00	99.84	21.9
10AM-11:59AM	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
2AM-3:59AM	1	8.3	0.00	0.00	0.00	0.0
2PM-3:59PM	2	16.6	0.00	0.00	0.00	0.0
6AM-7:59AM	2	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 454.17**	**$ 0.00**	**$ 454.17**	
LENGTH OF SERVICE						
2-4	8	66.6	354.33	0.00	354.33	78.0
0-2	3	25.0	99.84	0.00	99.84	21.9
4-6	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 454.17**	**$ 0.00**	**$ 454.17**	
AGE OF CLAIMANT						
30-34	5	41.6	384.17	0.00	384.17	84.5
25-29	2	16.6	70.00	0.00	70.00	15.4
35-39	3	25.0	0.00	0.00	0.00	0.0
40-44	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 454.17**	**$ 0.00**	**$ 454.17**	
SEX OF CLAIMANT						
Female	5	41.6	354.33	0.00	354.33	78.0
Male	7	58.3	99.84	0.00	99.84	21.9
	12		**$ 454.17**	**$ 0.00**	**$ 454.17**	
LOSS CAUSE						
Infectious agent	3	25.0	284.33	0.00	284.33	62.6
Hand tool, not powered, NOC	7	58.3	169.84	0.00	169.84	37.4
Metal items	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
	12		**$ 454.17**	**$ 0.00**	**$ 454.17**	
ACCIDENT TYPE						
Foreign Body In Eye	2	16.6	234.33	0.00	234.33	51.6
Object being lifted/handled (cut,punc.scrape,inj b	7	58.3	169.84	0.00	169.84	37.4
Fall or Slip (From Different Level)	1	8.3	50.00	0.00	50.00	11.0
Misc. (Cut, Puncture, Scrape)	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
	12		**$ 454.17**	**$ 0.00**	**$ 454.17**	
****BODY PART**						
Eye(s)	3					
Thumb	2					
Finger(s)	6					
Facial, Other Soft Tissue	1					
Hand	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-anesthesiology Department (607)

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

Foreign Body	4
Puncture	9
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-dentistry (612)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	147.04	0.00	147.04	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
LENGTH OF SERVICE						
0-2	2	100.0	147.04	0.00	147.04	100.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
AGE OF CLAIMANT						
50-54	1	50.0	147.04	0.00	147.04	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
SEX OF CLAIMANT						
Female	1	50.0	147.04	0.00	147.04	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
LOSS CAUSE						
Clothing / jewelry	1	50.0	147.04	0.00	147.04	100.0
Hand tool, not powered, NOC	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
ACCIDENT TYPE						
Allergic Reaction	1	50.0	147.04	0.00	147.04	100.0
Object Handled (caught in or between)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 147.04**	**$ 0.00**	**$ 147.04**	
****BODY PART**						
Hand	1					
Internal Organs	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**		
Dermatitis	1	
Respiratory Disorders	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-dermatology (614)

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						
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						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medicine Department (615)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	25.0	1,061.72	0.00	1,061.72	100.0
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
4AM-5:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,061.72**	**$ 0.00**	**$ 1,061.72**	
LENGTH OF SERVICE						
10-12	1	25.0	1,061.72	0.00	1,061.72	100.0
0-2	2	50.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,061.72**	**$ 0.00**	**$ 1,061.72**	
AGE OF CLAIMANT						
35-39	1	25.0	1,061.72	0.00	1,061.72	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
60-64	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,061.72**	**$ 0.00**	**$ 1,061.72**	
SEX OF CLAIMANT						
Female	4	100.0	1,061.72	0.00	1,061.72	100.0
	4		**$ 1,061.72**	**$ 0.00**	**$ 1,061.72**	
LOSS CAUSE						
Patient / Inmate	3	75.0	1,061.72	0.00	1,061.72	100.0
Hand tool, not powered, NOC	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,061.72**	**$ 0.00**	**$ 1,061.72**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	1,061.72	0.00	1,061.72	100.0
Holding Or Carrying (Strain or Injury by)	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
Stuck, injured by fellow worker, patient	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,061.72**	**$ 0.00**	**$ 1,061.72**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	1					
Hand	1					
Lower Arm	1					
	4					

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

****INJURY**	
Strain	3
Puncture	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-medicine Department (615)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-internal Med Department (617)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	11	33.3	2,346.35	0.00	2,346.35	58.5
2PM-3:59PM	6	18.1	1,156.44	0.00	1,156.44	28.8
12PM-1:59PM	6	18.1	363.75	0.00	363.75	9.0
4PM-5:59PM	1	3.0	75.00	0.00	75.00	1.8
6AM-7:59AM	2	6.0	65.00	0.00	65.00	1.6
2AM-3:59AM	1	3.0	0.00	0.00	0.00	0.0
12AM-1:59AM	2	6.0	0.00	0.00	0.00	0.0
8AM-9:59AM	4	12.1	0.00	0.00	0.00	0.0
	33		**$ 4,006.54**	**$ 0.00**	**$ 4,006.54**	
LENGTH OF SERVICE						
8-10	4	12.1	1,383.55	0.00	1,383.55	34.5
0-2	13	39.3	979.95	0.00	979.95	24.4
12-14	1	3.0	765.11	0.00	765.11	19.1
4-6	3	9.0	700.00	0.00	700.00	17.4
2-4	7	21.2	102.93	0.00	102.93	2.5
10-12	2	6.0	75.00	0.00	75.00	1.8
26-28	1	3.0	0.00	0.00	0.00	0.0
28-30	1	3.0	0.00	0.00	0.00	0.0
6-8	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 4,006.54**	**$ 0.00**	**$ 4,006.54**	
AGE OF CLAIMANT						
40-44	4	12.1	1,170.03	0.00	1,170.03	29.2
35-39	12	36.3	1,137.33	0.00	1,137.33	28.3
50-54	2	6.0	765.11	0.00	765.11	19.1
30-34	4	12.1	312.83	0.00	312.83	7.8
45-49	3	9.0	288.40	0.00	288.40	7.2
25-29	5	15.1	257.84	0.00	257.84	6.4
55-59	1	3.0	75.00	0.00	75.00	1.8
20-24	2	6.0	0.00	0.00	0.00	0.0
	33		**$ 4,006.54**	**$ 0.00**	**$ 4,006.54**	
SEX OF CLAIMANT						
Female	26	78.7	3,659.78	0.00	3,659.78	91.3
Male	7	21.2	346.76	0.00	346.76	8.6
	33		**$ 4,006.54**	**$ 0.00**	**$ 4,006.54**	
LOSS CAUSE						
Patient / Inmate	10	30.3	2,130.79	0.00	2,130.79	53.1
Walking surface, inside, dry	1	3.0	765.11	0.00	765.11	19.1
Chemicals, not otherwise classified	3	9.0	363.40	0.00	363.40	9.0
Metal items	2	6.0	334.40	0.00	334.40	8.3
Hand tool, not powered, NOC	7	21.2	204.84	0.00	204.84	5.1
Person	1	3.0	90.00	0.00	90.00	2.2
Water	1	3.0	65.00	0.00	65.00	1.6
Animal, not otherwise classified	1	3.0	53.00	0.00	53.00	1.3
Building parts / doors	2	6.0	0.00	0.00	0.00	0.0
Electrical equipment	1	3.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-internal Med Department (617)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, dry	1	3.0	0.00	0.00	0.00	0.0
Boxes / containers	1	3.0	0.00	0.00	0.00	0.0
Clothing / jewelry	1	3.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 4,006.54**	**$ 0.00**	**$ 4,006.54**	

ACCIDENT TYPE

Lifting (strain or Injury by)	2	6.0	1,238.94	0.00	1,238.94	30.9
Strike Against/Step on Stationary Object	4	12.1	780.23	0.00	780.23	19.4
Stuck, injured by fellow worker, patient	1	3.0	700.00	0.00	700.00	17.4
Struck/Injured by Falling or Flying Object	2	6.0	319.28	0.00	319.28	7.9
Absorb, Ingest, Inhalation	2	6.0	288.40	0.00	288.40	7.2
Infectious Disease Exposure	5	15.1	281.85	0.00	281.85	7.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	6.0	204.84	0.00	204.84	5.1
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	3.0	75.00	0.00	75.00	1.8
Fall or Slip (From Liquid/Grease spills)	1	3.0	65.00	0.00	65.00	1.6
Animal Or Insect	1	3.0	53.00	0.00	53.00	1.3
Jumping (Strain or Injury by)	1	3.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	3.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	3.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	9.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	6.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	3	9.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 4,006.54**	**$ 0.00**	**$ 4,006.54**	

**BODY PART

Upper Leg	4
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Hip	1
Hand	3
Foot	1
Lungs	2
Thumb	2
Finger(s)	8
Mouth	1
Eye(s)	2
Facial, Other Soft Tissue	3
Multiple Neck Injury	1
Ankle	2
Elbow	1
Lower Arm	1
Knee	1
Shoulder	1
Wrist	1
	33

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-internal Med Department (617)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Strain	11					
Contusion	8					
Respiratory Disorders	2					
Laceration	4					
Contagious Disease	1					
Infection	1					
Foreign Body	4					
Inflamation	1					
Puncture	6					
Sprain	1					
	33					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-neurology Department (621)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	20.0	3,887.65	0.00	3,887.65	72.7
12AM-1:59AM	1	10.0	1,084.00	0.00	1,084.00	20.2
6PM-7:59PM	1	10.0	277.64	0.00	277.64	5.1
2PM-3:59PM	2	20.0	98.00	0.00	98.00	1.8
8AM-9:59AM	1	10.0	0.00	0.00	0.00	0.0
12PM-1:59PM	3	30.0	0.00	0.00	0.00	0.0
	10		**$ 5,347.29**	**$ 0.00**	**$ 5,347.29**	
LENGTH OF SERVICE						
30-32	1	10.0	3,050.83	0.00	3,050.83	57.0
8-10	1	10.0	1,084.00	0.00	1,084.00	20.2
6-8	1	10.0	836.82	0.00	836.82	15.6
0-2	4	40.0	277.64	0.00	277.64	5.1
2-4	2	20.0	98.00	0.00	98.00	1.8
4-6	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 5,347.29**	**$ 0.00**	**$ 5,347.29**	
AGE OF CLAIMANT						
55-59	1	10.0	3,050.83	0.00	3,050.83	57.0
45-49	3	30.0	1,920.82	0.00	1,920.82	35.9
30-34	2	20.0	375.64	0.00	375.64	7.0
20-24	1	10.0	0.00	0.00	0.00	0.0
35-39	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		**$ 5,347.29**	**$ 0.00**	**$ 5,347.29**	
SEX OF CLAIMANT						
Female	9	90.0	5,347.29	0.00	5,347.29	100.0
Male	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 5,347.29**	**$ 0.00**	**$ 5,347.29**	
LOSS CAUSE						
Patient / Inmate	3	30.0	4,134.83	0.00	4,134.83	77.3
Person	1	10.0	836.82	0.00	836.82	15.6
Infectious agent	2	20.0	277.64	0.00	277.64	5.1
Walking surface, inside, wet	1	10.0	98.00	0.00	98.00	1.8
Vehicle, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 5,347.29**	**$ 0.00**	**$ 5,347.29**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	2	20.0	3,050.83	0.00	3,050.83	57.0
Holding Or Carrying (Strain or Injury by)	1	10.0	1,084.00	0.00	1,084.00	20.2
Lifting (strain or Injury by)	1	10.0	836.82	0.00	836.82	15.6
Absorb, Ingest, Inhalation	1	10.0	277.64	0.00	277.64	5.1
Fall or Slip (On Same Level)	1	10.0	98.00	0.00	98.00	1.8
Struck/Injured by Motor Vehicle	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
Struck/Injured by Hand Tool/Machine In Use	2	20.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-neurology Department (621)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 5,347.29**	**$ 0.00**	**$ 5,347.29**	
*****BODY PART***						
Shoulder	2					
Soft Tissue - Neck	1					
Upper Back Area (Thoracic Area)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Hand	1					
Upper Leg	1					
Knee	1					
Wrist	1					
Facial, Other Soft Tissue	1					
Finger(s)	2					
	10					

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

*****INJURY***	
Strain	6
Foreign Body	2
Contusion	1
Sprain	3
Puncture	2
	10

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-neurosurgery Department (622)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	12.5	4,276.98	1,000.00	5,276.98	82.9
10AM-11:59AM	3	37.5	602.77	0.00	602.77	9.4
6PM-7:59PM	1	12.5	331.64	0.00	331.64	5.2
2PM-3:59PM	1	12.5	147.93	0.00	147.93	2.3
4AM-5:59AM	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		**$ 5,359.32**	**$ 1,000.00**	**$ 6,359.32**	
LENGTH OF SERVICE						
4-6	1	12.5	4,276.98	1,000.00	5,276.98	82.9
0-2	4	50.0	750.70	0.00	750.70	11.8
8-10	1	12.5	331.64	0.00	331.64	5.2
2-4	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 5,359.32**	**$ 1,000.00**	**$ 6,359.32**	
AGE OF CLAIMANT						
55-59	1	12.5	4,276.98	1,000.00	5,276.98	82.9
20-24	1	12.5	549.77	0.00	549.77	8.6
25-29	3	37.5	384.64	0.00	384.64	6.0
30-34	3	37.5	147.93	0.00	147.93	2.3
	8		**$ 5,359.32**	**$ 1,000.00**	**$ 6,359.32**	
SEX OF CLAIMANT						
Female	6	75.0	5,306.32	1,000.00	6,306.32	99.1
Male	2	25.0	53.00	0.00	53.00	0.8
	8		**$ 5,359.32**	**$ 1,000.00**	**$ 6,359.32**	
LOSS CAUSE						
Walking surface, outside, wet	1	12.5	4,276.98	1,000.00	5,276.98	82.9
Patient / Inmate	4	50.0	1,029.34	0.00	1,029.34	16.1
Animal, not otherwise classified	1	12.5	53.00	0.00	53.00	0.8
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		**$ 5,359.32**	**$ 1,000.00**	**$ 6,359.32**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	12.5	4,276.98	1,000.00	5,276.98	82.9
Pushing Or Pulling (Strain or Injury by)	1	12.5	549.77	0.00	549.77	8.6
Absorb, Ingest, Inhalation	1	12.5	331.64	0.00	331.64	5.2
Lifting (strain or Injury by)	1	12.5	147.93	0.00	147.93	2.3
Animal Or Insect	1	12.5	53.00	0.00	53.00	0.8
Contact With Hot Object or Substances	1	12.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 5,359.32**	**$ 1,000.00**	**$ 6,359.32**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Arm (Inc: Clavicle and Scapula)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-neurosurgery Department (622)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Facial, Other Soft Tissue	1					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
Thumb	1					
Finger(s)	2					
Hand	1					
	8					

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

*****INJURY***

Strain	4
Fracture	1
Foreign Body	2
Puncture	2
Burn	1
	8

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-obstetrics & Gyn Department (623)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	3	18.7	3,275.67	5,603.17	8,878.84	88.2
2AM-3:59AM	1	6.2	801.23	0.00	801.23	7.9
4PM-5:59PM	2	12.5	269.68	0.00	269.68	2.6
12AM-1:59AM	1	6.2	115.52	0.00	115.52	1.1
2PM-3:59PM	1	6.2	0.00	0.00	0.00	0.0
10AM-11:59AM	2	12.5	0.00	0.00	0.00	0.0
12PM-1:59PM	3	18.7	0.00	0.00	0.00	0.0
6AM-7:59AM	2	12.5	0.00	0.00	0.00	0.0
6PM-7:59PM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 4,462.10**	**$ 5,603.17**	**$ 10,065.27**	
LENGTH OF SERVICE						
0-2	4	25.0	2,962.35	5,603.17	8,565.52	85.1
16-18	1	6.2	801.23	0.00	801.23	7.9
2-4	6	37.5	428.84	0.00	428.84	4.2
10-12	2	12.5	269.68	0.00	269.68	2.6
14-16	1	6.2	0.00	0.00	0.00	0.0
30-32	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		**$ 4,462.10**	**$ 5,603.17**	**$ 10,065.27**	
AGE OF CLAIMANT						
20-24	2	12.5	2,962.35	5,603.17	8,565.52	85.1
55-59	1	6.2	801.23	0.00	801.23	7.9
30-34	4	25.0	428.84	0.00	428.84	4.2
50-54	3	18.7	269.68	0.00	269.68	2.6
25-29	5	31.2	0.00	0.00	0.00	0.0
40-44	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 4,462.10**	**$ 5,603.17**	**$ 10,065.27**	
SEX OF CLAIMANT						
Female	12	75.0	4,148.78	5,603.17	9,751.95	96.8
Male	4	25.0	313.32	0.00	313.32	3.1
	16		**$ 4,462.10**	**$ 5,603.17**	**$ 10,065.27**	
LOSS CAUSE						
Furniture / fixtures	3	18.7	3,763.58	5,603.17	9,366.75	93.0
Vehicle, not otherwise classified	1	6.2	269.68	0.00	269.68	2.6
Hand tool, not powered, NOC	3	18.7	243.32	0.00	243.32	2.4
Infectious agent	2	12.5	115.52	0.00	115.52	1.1
Metal items	2	12.5	70.00	0.00	70.00	0.7
Office equipment	1	6.2	0.00	0.00	0.00	0.0
Patient / Inmate	2	12.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 4,462.10**	**$ 5,603.17**	**$ 10,065.27**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	12.5	2,962.35	5,603.17	8,565.52	85.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-obstetrics & Gyn Department (623)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (From Different Level)	1	6.2	801.23	0.00	801.23	7.9
Vehicle Upset	1	6.2	269.68	0.00	269.68	2.6
Object being lifted/handled (cut,punc.scrape,inj b	5	31.2	243.32	0.00	243.32	2.4
Absorb, Ingest, Inhalation	2	12.5	115.52	0.00	115.52	1.1
Object Handled (caught in or between)	1	6.2	70.00	0.00	70.00	0.7
Holding Or Carrying (Strain or Injury by)	1	6.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	6.2	0.00	0.00	0.00	0.0
Human Bite	1	6.2	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 4,462.10***	***$ 5,603.17***	***$ 10,065.27***	

**BODY PART

Facial, Other Soft Tissue	1
Buttocks	1
Knee	2
Soft Tissue - Neck	1
Hand	3
Finger(s)	6
Abdomen including Groin	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Eye(s)	1
Foot	1
Lower Arm	2
Lower Leg	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	3
Puncture	7
Strain	3
Foreign Body	6
Laceration	1
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-neuroscience Department (624)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	102.93	0.00	102.93	100.0
	1		***$ 102.93***	***$ 0.00***	***$ 102.93***	
LENGTH OF SERVICE						
2-4	1	100.0	102.93	0.00	102.93	100.0
	1		***$ 102.93***	***$ 0.00***	***$ 102.93***	
AGE OF CLAIMANT						
35-39	1	100.0	102.93	0.00	102.93	100.0
	1		***$ 102.93***	***$ 0.00***	***$ 102.93***	
SEX OF CLAIMANT						
Male	1	100.0	102.93	0.00	102.93	100.0
	1		***$ 102.93***	***$ 0.00***	***$ 102.93***	
LOSS CAUSE						
Patient / Inmate	1	100.0	102.93	0.00	102.93	100.0
	1		***$ 102.93***	***$ 0.00***	***$ 102.93***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	102.93	0.00	102.93	100.0
	1		***$ 102.93***	***$ 0.00***	***$ 102.93***	
*****BODY PART***						
Ear(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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-ophthalmology Department (625)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	0.00	0.00	0.00	0.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	33.3	0.00	0.00	0.00	0.0
2-4	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
25-29	1	33.3	0.00	0.00	0.00	0.0
30-34	2	66.6	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						
Hand tool, not powered, NOC	2	66.6	0.00	0.00	0.00	0.0
Metal items	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	2	66.6	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**						
Finger(s)	1					
Thumb	1					
Upper Leg	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-orthopedics Department (626)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	16.6	480.70	0.00	480.70	67.8
6PM-7:59PM	1	16.6	227.64	0.00	227.64	32.1
10AM-11:59AM	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
6AM-7:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 708.34**	**$ 0.00**	**$ 708.34**	
LENGTH OF SERVICE						
2-4	1	16.6	480.70	0.00	480.70	67.8
0-2	4	66.6	227.64	0.00	227.64	32.1
4-6	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 708.34**	**$ 0.00**	**$ 708.34**	
AGE OF CLAIMANT						
30-34	3	50.0	480.70	0.00	480.70	67.8
25-29	2	33.3	227.64	0.00	227.64	32.1
40-44	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 708.34**	**$ 0.00**	**$ 708.34**	
SEX OF CLAIMANT						
Male	5	83.3	708.34	0.00	708.34	100.0
Female	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 708.34**	**$ 0.00**	**$ 708.34**	
LOSS CAUSE						
Hand tool, not powered, NOC	3	50.0	708.34	0.00	708.34	100.0
Infectious agent	1	16.6	0.00	0.00	0.00	0.0
Metal items	1	16.6	0.00	0.00	0.00	0.0
Patient / Inmate	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 708.34**	**$ 0.00**	**$ 708.34**	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	3	50.0	480.70	0.00	480.70	67.8
Object being lifted/handled (cut,punc.scrape,inj b	1	16.6	227.64	0.00	227.64	32.1
Absorb, Ingest, Inhalation	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
	6		**$ 708.34**	**$ 0.00**	**$ 708.34**	
****BODY PART**						
Finger(s)	1					
Thumb	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Hand	1					
Lower Arm	1					
Shoulder	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-orthopedics Department (626)

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***

Puncture	2
Foreign Body	2
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-otolaryngology Department (629)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	25.0	245.90	0.00	245.90	100.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 245.90**	**$ 0.00**	**$ 245.90**	
LENGTH OF SERVICE						
20-22	1	25.0	245.90	0.00	245.90	100.0
14-16	1	25.0	0.00	0.00	0.00	0.0
4-6	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 245.90**	**$ 0.00**	**$ 245.90**	
AGE OF CLAIMANT						
40-44	1	25.0	245.90	0.00	245.90	100.0
25-29	1	25.0	0.00	0.00	0.00	0.0
30-34	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		**$ 245.90**	**$ 0.00**	**$ 245.90**	
SEX OF CLAIMANT						
Male	3	75.0	245.90	0.00	245.90	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 245.90**	**$ 0.00**	**$ 245.90**	
LOSS CAUSE						
Walking surface, inside, wet	1	25.0	245.90	0.00	245.90	100.0
Hand tool, not powered, NOC	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 245.90**	**$ 0.00**	**$ 245.90**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	25.0	245.90	0.00	245.90	100.0
Object Handled (caught in or between)	2	50.0	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		**$ 245.90**	**$ 0.00**	**$ 245.90**	

****BODY PART**

Buttocks	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	2
Thumb	1
	4

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

****INJURY**

Contusion	2
Puncture	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-otolaryngology Department (629)

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 2001

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-pathology (631)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	25.0	5,667.51	0.00	5,667.51	55.3
12PM-1:59PM	2	12.5	2,382.71	0.00	2,382.71	23.2
6AM-7:59AM	1	6.2	1,911.59	0.00	1,911.59	18.6
4PM-5:59PM	1	6.2	277.64	0.00	277.64	2.7
10AM-11:59AM	4	25.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	6.2	0.00	0.00	0.00	0.0
2PM-3:59PM	3	18.7	0.00	0.00	0.00	0.0
	16		**$ 10,239.45**	**$ 0.00**	**$ 10,239.45**	
LENGTH OF SERVICE						
14-16	3	18.7	5,622.51	0.00	5,622.51	54.9
16-18	1	6.2	2,382.71	0.00	2,382.71	23.2
0-2	7	43.7	2,189.23	0.00	2,189.23	21.3
22-24	1	6.2	45.00	0.00	45.00	0.4
2-4	1	6.2	0.00	0.00	0.00	0.0
28-30	1	6.2	0.00	0.00	0.00	0.0
30-32	1	6.2	0.00	0.00	0.00	0.0
8-10	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 10,239.45**	**$ 0.00**	**$ 10,239.45**	
AGE OF CLAIMANT						
35-39	3	18.7	5,622.51	0.00	5,622.51	54.9
50-54	5	31.2	2,427.71	0.00	2,427.71	23.7
25-29	2	12.5	1,911.59	0.00	1,911.59	18.6
20-24	1	6.2	277.64	0.00	277.64	2.7
15-19	1	6.2	0.00	0.00	0.00	0.0
30-34	2	12.5	0.00	0.00	0.00	0.0
40-44	1	6.2	0.00	0.00	0.00	0.0
55-59	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 10,239.45**	**$ 0.00**	**$ 10,239.45**	
SEX OF CLAIMANT						
Male	6	37.5	5,865.15	0.00	5,865.15	57.2
Female	10	62.5	4,374.30	0.00	4,374.30	42.7
	16		**$ 10,239.45**	**$ 0.00**	**$ 10,239.45**	
LOSS CAUSE						
Metal items	2	12.5	5,587.51	0.00	5,587.51	54.5
Furniture / fixtures	2	12.5	2,382.71	0.00	2,382.71	23.2
Patient / Inmate	2	12.5	1,911.59	0.00	1,911.59	18.6
Infectious agent	2	12.5	277.64	0.00	277.64	2.7
Clothing / jewelry	1	6.2	45.00	0.00	45.00	0.4
Sharp objects, not otherwise classified	1	6.2	35.00	0.00	35.00	0.3
Building parts / doors	1	6.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	4	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-pathology (631)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	16		**$ 10,239.45**	**$ 0.00**	**$ 10,239.45**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	6	37.5	5,587.51	0.00	5,587.51	54.5
Fall or Slip (On Same Level)	2	12.5	2,382.71	0.00	2,382.71	23.2
Pushing Or Pulling (Strain or Injury by)	1	6.2	1,911.59	0.00	1,911.59	18.6
Struck/Injured by Hand Tool/Machine In Use	1	6.2	277.64	0.00	277.64	2.7
Allergic Reaction	1	6.2	45.00	0.00	45.00	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	6.2	35.00	0.00	35.00	0.3
Lifting (strain or Injury by)	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
Object Handled (caught in or between)	1	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 10,239.45**	**$ 0.00**	**$ 10,239.45**	

****BODY PART**	
Thumb	5
Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Hand	1
Finger(s)	4
Facial, Other Soft Tissue	1
Knee	1
Lower Arm	1
Shoulder	1
	16

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

****INJURY**	
Laceration	6
Fracture	1
Strain	3
Puncture	3
Dermatitis	1
Contusion	4
Foreign Body	1
	16

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-pediatrics Department (632)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	8.3	1,076.52	0.00	1,076.52	37.6
6AM-7:59AM	3	12.5	441.24	0.00	441.24	15.4
10AM-11:59AM	5	20.8	323.40	0.00	323.40	11.3
2AM-3:59AM	1	4.1	306.22	0.00	306.22	10.7
12PM-1:59PM	2	8.3	210.48	0.00	210.48	7.3
8AM-9:59AM	4	16.6	202.23	0.00	202.23	7.0
4PM-5:59PM	3	12.5	193.32	0.00	193.32	6.7
12AM-1:59AM	1	4.1	103.00	0.00	103.00	3.6
2PM-3:59PM	3	12.5	0.00	0.00	0.00	0.0
	24		**$ 2,856.41**	**$ 0.00**	**$ 2,856.41**	
LENGTH OF SERVICE						
0-2	10	41.6	2,219.53	0.00	2,219.53	77.7
2-4	3	12.5	323.40	0.00	323.40	11.3
4-6	3	12.5	210.48	0.00	210.48	7.3
10-12	2	8.3	103.00	0.00	103.00	3.6
18-20	1	4.1	0.00	0.00	0.00	0.0
20-22	1	4.1	0.00	0.00	0.00	0.0
24-26	2	8.3	0.00	0.00	0.00	0.0
26-28	1	4.1	0.00	0.00	0.00	0.0
36-38	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 2,856.41**	**$ 0.00**	**$ 2,856.41**	
AGE OF CLAIMANT						
20-24	1	4.1	1,076.52	0.00	1,076.52	37.6
25-29	5	20.8	940.78	0.00	940.78	32.9
35-39	2	8.3	323.40	0.00	323.40	11.3
45-49	6	25.0	210.48	0.00	210.48	7.3
50-54	3	12.5	202.23	0.00	202.23	7.0
30-34	2	8.3	103.00	0.00	103.00	3.6
40-44	4	16.6	0.00	0.00	0.00	0.0
70-74	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 2,856.41**	**$ 0.00**	**$ 2,856.41**	
SEX OF CLAIMANT						
Female	24	100.0	2,856.41	0.00	2,856.41	100.0
	24		**$ 2,856.41**	**$ 0.00**	**$ 2,856.41**	
LOSS CAUSE						
Electrical equipment	1	4.1	1,076.52	0.00	1,076.52	37.6
Hand tool, not powered, NOC	10	41.6	516.72	0.00	516.72	18.0
Stairs, steps	1	4.1	441.24	0.00	441.24	15.4
Patient / Inmate	3	12.5	313.48	0.00	313.48	10.9
Insufficient data	1	4.1	306.22	0.00	306.22	10.7
Vehicle, not otherwise classified	2	8.3	202.23	0.00	202.23	7.0
Unknown	1	4.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.1	0.00	0.00	0.00	0.0
Boxes / containers	1	4.1	0.00	0.00	0.00	0.0
Building parts / doors	1	4.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-pediatrics Department (632)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chemicals, not otherwise classified	1	4.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 2,856.41**	**$ 0.00**	**$ 2,856.41**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	1	4.1	1,076.52	0.00	1,076.52	37.6
Fall or slip (on stairs)	1	4.1	441.24	0.00	441.24	15.4
Strike Against/Step On Obj. Being Lifted or Handle	2	8.3	323.40	0.00	323.40	11.3
Struck/Injured by Hand Tool/Machine In Use	1	4.1	306.22	0.00	306.22	10.7
Lifting (strain or Injury by)	1	4.1	210.48	0.00	210.48	7.3
Struck/Injured by Motor Vehicle	1	4.1	202.23	0.00	202.23	7.0
Object being lifted/handled (cut,punc.scrape,inj b	8	33.3	193.32	0.00	193.32	6.7
Pushing Or Pulling (Strain or Injury by)	2	8.3	103.00	0.00	103.00	3.6
Cumulative (Not Otherwise Classified)	1	4.1	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	4.1	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	4.1	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	8.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 2,856.41**	**$ 0.00**	**$ 2,856.41**	

**BODY PART

Lower Arm	4
Shoulder	2
Finger(s)	6
Upper Back Area (Thoracic Area)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hip	1
Facial, Other Soft Tissue	1
Knee	2
Eye(s)	2
Foot	1
Thumb	5
	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	9
Strain	6
Puncture	10
Laceration	2
Foreign Body	1
Inflamation	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-physiology Department (636)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	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						
45-49	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						
Patient / Inmate	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
ACCIDENT TYPE						
Assault	1	100.0	65.00	0.00	65.00	100.0
	1		**$ 65.00**	**$ 0.00**	**$ 65.00**	
****BODY PART**						
Multiple Head Injury	1					
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**		
Contusion	3	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-plastic Surgery Department (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	2	15.3	18,629.64	7,355.53	25,985.17	95.9
2PM-3:59PM	1	7.6	393.23	0.00	393.23	1.4
12AM-1:59AM	1	7.6	346.20	0.00	346.20	1.2
Unknown	2	15.3	193.32	0.00	193.32	0.7
12PM-1:59PM	2	15.3	171.91	0.00	171.91	0.6
8AM-9:59AM	2	15.3	0.00	0.00	0.00	0.0
10AM-11:59AM	1	7.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	7.6	0.00	0.00	0.00	0.0
4PM-5:59PM	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 19,734.30**	**$ 7,355.53**	**$ 27,089.83**	
LENGTH OF SERVICE						
4-6	1	7.6	18,629.64	7,355.53	25,985.17	95.9
0-2	5	38.4	739.43	0.00	739.43	2.7
6-8	1	7.6	193.32	0.00	193.32	0.7
2-4	2	15.3	171.91	0.00	171.91	0.6
24-26	3	23.0	0.00	0.00	0.00	0.0
28-30	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 19,734.30**	**$ 7,355.53**	**$ 27,089.83**	
AGE OF CLAIMANT						
45-49	3	23.0	18,629.64	7,355.53	25,985.17	95.9
35-39	4	30.7	911.34	0.00	911.34	3.3
40-44	1	7.6	193.32	0.00	193.32	0.7
60-64	1	7.6	0.00	0.00	0.00	0.0
25-29	1	7.6	0.00	0.00	0.00	0.0
30-34	1	7.6	0.00	0.00	0.00	0.0
55-59	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 19,734.30**	**$ 7,355.53**	**$ 27,089.83**	
SEX OF CLAIMANT						
Female	10	76.9	19,734.30	7,355.53	27,089.83	100.0
Male	3	23.0	0.00	0.00	0.00	0.0
	13		**$ 19,734.30**	**$ 7,355.53**	**$ 27,089.83**	
LOSS CAUSE						
Patient / Inmate	5	38.4	19,388.10	7,355.53	26,743.63	98.7
Infectious agent	2	15.3	346.20	0.00	346.20	1.2
Furniture / fixtures	1	7.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	15.3	0.00	0.00	0.00	0.0
Metal items	1	7.6	0.00	0.00	0.00	0.0
Needle stick	1	7.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 19,734.30**	**$ 7,355.53**	**$ 27,089.83**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	7.6	18,629.64	7,355.53	25,985.17	95.9
Foreign Body In Eye	2	15.3	539.52	0.00	539.52	1.9
Lifting (strain or Injury by)	2	15.3	393.23	0.00	393.23	1.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:04

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-plastic Surgery Department (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pushing Or Pulling (Strain or Injury by)	2	15.3	171.91	0.00	171.91	0.6
Absorb, Ingest, Inhalation	1	7.6	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
Fall or Slip (On Same Level)	1	7.6	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	7.6	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	7.6	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	7.6	0.00	0.00	0.00	0.0
	13		***$ 19,734.30***	***$ 7,355.53***	***$ 27,089.83***	

***BODY PART**

Shoulder	2
Soft Tissue - Neck	1
Eye(s)	2
Abdomen including Groin	1
Upper Leg	1
Upper Arm (Inc: Clavicle and Scapula)	1
Internal Organs	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Ankle	1
Finger(s)	4
Upper Back Area (Thoracic Area)	1
	13

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

***INJURY**

Strain	8
Foreign Body	2
Infection	1
Puncture	4
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-psychiatry Department (638)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	20.0	431.48	0.00	431.48	45.9
4PM-5:59PM	3	30.0	327.64	0.00	327.64	34.8
10AM-11:59AM	2	20.0	179.93	0.00	179.93	19.1
4AM-5:59AM	1	10.0	0.00	0.00	0.00	0.0
8AM-9:59AM	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 939.05**	**$ 0.00**	**$ 939.05**	
LENGTH OF SERVICE						
0-2	7	70.0	632.28	0.00	632.28	67.3
2-4	1	10.0	203.84	0.00	203.84	21.7
4-6	1	10.0	102.93	0.00	102.93	10.9
16-18	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 939.05**	**$ 0.00**	**$ 939.05**	
AGE OF CLAIMANT						
25-29	1	10.0	277.64	0.00	277.64	29.5
50-54	1	10.0	227.64	0.00	227.64	24.2
45-49	1	10.0	203.84	0.00	203.84	21.7
40-44	2	20.0	102.93	0.00	102.93	10.9
20-24	2	20.0	77.00	0.00	77.00	8.2
30-34	3	30.0	50.00	0.00	50.00	5.3
	10		**$ 939.05**	**$ 0.00**	**$ 939.05**	
SEX OF CLAIMANT						
Female	8	80.0	711.41	0.00	711.41	75.7
Male	2	20.0	227.64	0.00	227.64	24.2
	10		**$ 939.05**	**$ 0.00**	**$ 939.05**	
LOSS CAUSE						
Hand tool, not powered, NOC	5	50.0	430.57	0.00	430.57	45.8
Patient / Inmate	3	30.0	304.64	0.00	304.64	32.4
Furniture / fixtures	1	10.0	203.84	0.00	203.84	21.7
Boxes / containers	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 939.05**	**$ 0.00**	**$ 939.05**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	3	30.0	327.64	0.00	327.64	34.8
Stuck, injured by fellow worker, patient	2	20.0	227.64	0.00	227.64	24.2
Fall or Slip (On Same Level)	2	20.0	203.84	0.00	203.84	21.7
Object Handled (caught in or between)	1	10.0	102.93	0.00	102.93	10.9
Lifting (strain or Injury by)	1	10.0	77.00	0.00	77.00	8.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 939.05**	**$ 0.00**	**$ 939.05**	
****BODY PART**						
Finger(s)	2					
Hand	2					
Upper Back Area (Thoracic Area)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Thumb	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-psychiatry Department (638)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	2					
Lower Leg	1					
Multiple Head Injury	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***

Puncture	5					
Strain	2					
Contusion	4					
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-radiology (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	10.5	6,043.40	0.00	6,043.40	49.2
2PM-3:59PM	4	21.0	2,924.88	0.00	2,924.88	23.8
12AM-1:59AM	1	5.2	1,594.22	0.00	1,594.22	13.0
10AM-11:59AM	3	15.7	1,080.08	0.00	1,080.08	8.8
12PM-1:59PM	3	15.7	357.50	0.00	357.50	2.9
6PM-7:59PM	1	5.2	218.40	0.00	218.40	1.7
8AM-9:59AM	3	15.7	45.00	0.00	45.00	0.3
4PM-5:59PM	2	10.5	0.00	0.00	0.00	0.0
	19		**$ 12,263.48**	**$ 0.00**	**$ 12,263.48**	
LENGTH OF SERVICE						
10-12	3	15.7	6,088.40	0.00	6,088.40	49.6
18-20	1	5.2	2,731.88	0.00	2,731.88	22.2
0-2	3	15.7	1,759.58	0.00	1,759.58	14.3
12-14	1	5.2	1,080.08	0.00	1,080.08	8.8
4-6	2	10.5	218.40	0.00	218.40	1.7
8-10	1	5.2	192.14	0.00	192.14	1.5
6-8	2	10.5	103.00	0.00	103.00	0.8
24-26	1	5.2	90.00	0.00	90.00	0.7
2-4	3	15.7	0.00	0.00	0.00	0.0
20-22	1	5.2	0.00	0.00	0.00	0.0
26-28	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 12,263.48**	**$ 0.00**	**$ 12,263.48**	
AGE OF CLAIMANT						
35-39	3	15.7	8,878.28	0.00	8,878.28	72.4
20-24	2	10.5	1,759.58	0.00	1,759.58	14.3
45-49	3	15.7	1,125.08	0.00	1,125.08	9.1
30-34	5	26.3	410.54	0.00	410.54	3.3
40-44	1	5.2	90.00	0.00	90.00	0.7
25-29	3	15.7	0.00	0.00	0.00	0.0
50-54	2	10.5	0.00	0.00	0.00	0.0
	19		**$ 12,263.48**	**$ 0.00**	**$ 12,263.48**	
SEX OF CLAIMANT						
Female	13	68.4	11,749.94	0.00	11,749.94	95.8
Male	6	31.5	513.54	0.00	513.54	4.1
	19		**$ 12,263.48**	**$ 0.00**	**$ 12,263.48**	
LOSS CAUSE						
Patient / Inmate	6	31.5	8,910.70	0.00	8,910.70	72.6
Boxes / containers	2	10.5	2,731.88	0.00	2,731.88	22.2
Vehicle, not otherwise classified	2	10.5	357.50	0.00	357.50	2.9
Hand tool, not powered, NOC	4	21.0	218.40	0.00	218.40	1.7
Machine, not otherwise classified	1	5.2	45.00	0.00	45.00	0.3
Electrical equipment	1	5.2	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	10.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	5.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-radiology (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	19		**$ 12,263.48**	**$ 0.00**	**$ 12,263.48**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	4	21.0	7,830.62	0.00	7,830.62	63.8
Lifting (strain or Injury by)	3	15.7	3,811.96	0.00	3,811.96	31.0
Object being lifted/handled (cut,punc.scrape,inj b	3	15.7	218.40	0.00	218.40	1.7
Twisting, strain or injury by	1	5.2	192.14	0.00	192.14	1.5
Object Handled (caught in or between)	2	10.5	165.36	0.00	165.36	1.3
Struck/Injured by Object Handled By Other	1	5.2	45.00	0.00	45.00	0.3
Repetitive Motion	1	5.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	5.2	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	5.2	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	5.2	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 12,263.48**	**$ 0.00**	**$ 12,263.48**	

*****BODY PART***

Shoulder	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Wrist	1
Hand	2
Ankle	1
Finger(s)	6
Elbow	1
Upper Back Area (Thoracic Area)	1
Buttocks	1
Facial, Other Soft Tissue	1
Hip	2
	19

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

*****INJURY***

Strain	8
Puncture	5
Contusion	5
Inflamation	1
Foreign Body	1
Laceration	1
	19

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-surgery Department (645)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	12.5	1,510.87	4,082.04	5,592.91	60.3
4PM-5:59PM	10	25.0	1,726.17	0.00	1,726.17	18.6
Unknown	4	10.0	640.80	0.00	640.80	6.9
8AM-9:59AM	5	12.5	511.33	0.00	511.33	5.5
4AM-5:59AM	1	2.5	296.25	0.00	296.25	3.1
6AM-7:59AM	3	7.5	277.64	0.00	277.64	2.9
12AM-1:59AM	1	2.5	227.64	0.00	227.64	2.4
2PM-3:59PM	4	10.0	0.00	0.00	0.00	0.0
6PM-7:59PM	3	7.5	0.00	0.00	0.00	0.0
12PM-1:59PM	3	7.5	0.00	0.00	0.00	0.0
2AM-3:59AM	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 5,190.70**	**$ 4,082.04**	**$ 9,272.74**	
LENGTH OF SERVICE						
2-4	9	22.5	2,062.27	2,332.04	4,394.31	47.3
0-2	18	45.0	2,354.70	1,750.00	4,104.70	44.2
4-6	4	10.0	380.57	0.00	380.57	4.1
6-8	4	10.0	277.64	0.00	277.64	2.9
12-14	1	2.5	115.52	0.00	115.52	1.2
16-18	1	2.5	0.00	0.00	0.00	0.0
22-24	1	2.5	0.00	0.00	0.00	0.0
8-10	2	5.0	0.00	0.00	0.00	0.0
	40		**$ 5,190.70**	**$ 4,082.04**	**$ 9,272.74**	
AGE OF CLAIMANT						
45-49	5	12.5	1,422.99	4,082.04	5,505.03	59.3
25-29	12	30.0	1,427.88	0.00	1,427.88	15.4
30-34	11	27.5	1,122.78	0.00	1,122.78	12.1
35-39	6	15.0	546.25	0.00	546.25	5.8
40-44	4	10.0	393.16	0.00	393.16	4.2
20-24	1	2.5	277.64	0.00	277.64	2.9
50-54	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 5,190.70**	**$ 4,082.04**	**$ 9,272.74**	
SEX OF CLAIMANT						
Female	24	60.0	3,061.42	2,332.04	5,393.46	58.1
Male	16	40.0	2,129.28	1,750.00	3,879.28	41.8
	40		**$ 5,190.70**	**$ 4,082.04**	**$ 9,272.74**	
LOSS CAUSE						
Boxes / containers	2	5.0	1,395.35	2,332.04	3,727.39	40.2
Infectious agent	5	12.5	851.53	1,750.00	2,601.53	28.0
Hand tool, not powered, NOC	18	45.0	1,754.13	0.00	1,754.13	18.9
Patient / Inmate	7	17.5	639.28	0.00	639.28	6.8
Electrical equipment	1	2.5	277.64	0.00	277.64	2.9
Furniture / fixtures	1	2.5	169.84	0.00	169.84	1.8
Stairs, steps	1	2.5	102.93	0.00	102.93	1.1
Building parts / doors	1	2.5	0.00	0.00	0.00	0.0
Clothing / jewelry	1	2.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-surgery Department (645)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Metal items	1	2.5	0.00	0.00	0.00	0.0
Paratech battering ram	1	2.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 5,190.70**	**$ 4,082.04**	**$ 9,272.74**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	1	2.5	1,145.35	2,332.04	3,477.39	37.5
Absorb, Ingest, Inhalation	1	2.5	0.00	1,750.00	1,750.00	18.8
Object being lifted/handled (cut,punc.scrape,inj b	14	35.0	1,444.69	0.00	1,444.69	15.5
Holding Or Carrying (Strain or Injury by)	2	5.0	639.28	0.00	639.28	6.8
Object Handled (caught in or between)	5	12.5	578.24	0.00	578.24	6.2
Struck/Injured by Falling or Flying Object	4	10.0	573.89	0.00	573.89	6.1
Foreign Body In Eye	1	2.5	277.64	0.00	277.64	2.9
Struck/Injured by Object Handled By Other	2	5.0	258.84	0.00	258.84	2.7
Strike Against/Step on Stationary Object	1	2.5	169.84	0.00	169.84	1.8
Fall or slip (on stairs)	1	2.5	102.93	0.00	102.93	1.1
Lifting (strain or Injury by)	1	2.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	3	7.5	0.00	0.00	0.00	0.0
Allergic Reaction	1	2.5	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	3	7.5	0.00	0.00	0.00	0.0
	40		**$ 5,190.70**	**$ 4,082.04**	**$ 9,272.74**	

**BODY PART

Knee	1
Internal Organs	1
Facial, Other Soft Tissue	5
Finger(s)	12
Hand	6
Thumb	5
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Eye(s)	2
Ankle	1
Lower Arm	2
Shoulder	1
Upper Leg	1
	40

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

**INJURY

Strain	7
Puncture	20
Infection	1
Foreign Body	7
Sprain	2
Contusion	3
Dermatitis	1
Laceration	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-surgery Department (645)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	40					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-urology (646)

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						
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						
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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-air Transport Program (660)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	187.00	0.00	187.00	100.0
	1		**$ 187.00**	**$ 0.00**	**$ 187.00**	
LENGTH OF SERVICE						
2-4	1	100.0	187.00	0.00	187.00	100.0
	1		**$ 187.00**	**$ 0.00**	**$ 187.00**	
AGE OF CLAIMANT						
35-39	1	100.0	187.00	0.00	187.00	100.0
	1		**$ 187.00**	**$ 0.00**	**$ 187.00**	
SEX OF CLAIMANT						
Male	1	100.0	187.00	0.00	187.00	100.0
	1		**$ 187.00**	**$ 0.00**	**$ 187.00**	
LOSS CAUSE						
Office equipment	1	100.0	187.00	0.00	187.00	100.0
	1		**$ 187.00**	**$ 0.00**	**$ 187.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	187.00	0.00	187.00	100.0
	1		**$ 187.00**	**$ 0.00**	**$ 187.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Uva Medical Center (209)
SubAgency: Uva-student Health (670)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	66.6	725.29	0.00	725.29	93.1
2AM-3:59AM	1	33.3	53.00	0.00	53.00	6.8
	3		**$ 778.29**	**$ 0.00**	**$ 778.29**	
LENGTH OF SERVICE						
Unknown	2	66.6	725.29	0.00	725.29	93.1
0-2	1	33.3	53.00	0.00	53.00	6.8
	3		**$ 778.29**	**$ 0.00**	**$ 778.29**	
AGE OF CLAIMANT						
50-54	2	66.6	725.29	0.00	725.29	93.1
40-44	1	33.3	53.00	0.00	53.00	6.8
	3		**$ 778.29**	**$ 0.00**	**$ 778.29**	
SEX OF CLAIMANT						
Female	3	100.0	778.29	0.00	778.29	100.0
	3		**$ 778.29**	**$ 0.00**	**$ 778.29**	
LOSS CAUSE						
Stairs, steps	1	33.3	578.25	0.00	578.25	74.3
Furniture / fixtures	1	33.3	147.04	0.00	147.04	18.8
Metal items	1	33.3	53.00	0.00	53.00	6.8
	3		**$ 778.29**	**$ 0.00**	**$ 778.29**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	33.3	578.25	0.00	578.25	74.3
Fall or Slip (From Different Level)	1	33.3	147.04	0.00	147.04	18.8
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	53.00	0.00	53.00	6.8
	3		**$ 778.29**	**$ 0.00**	**$ 778.29**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Sacrum And Coccyx	1					
Finger(s)	1					
	3					

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

****INJURY**		
Laceration	2	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Military Institute (211)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	14	26.4	16,409.25	1,179.62	17,588.87	51.8
10AM-11:59AM	12	22.6	9,577.10	750.00	10,327.10	30.4
8AM-9:59AM	13	24.5	3,092.49	1,750.00	4,842.49	14.2
6AM-7:59AM	5	9.4	508.97	0.00	508.97	1.5
4PM-5:59PM	2	3.7	428.43	0.00	428.43	1.2
2PM-3:59PM	6	11.3	260.15	0.00	260.15	0.7
4AM-5:59AM	1	1.8	0.00	0.00	0.00	0.0
	53		**$ 30,276.39**	**$ 3,679.62**	**$ 33,956.01**	
LENGTH OF SERVICE						
4-6	7	13.2	10,610.00	1,085.00	11,695.00	34.4
18-20	2	3.7	8,602.62	0.00	8,602.62	25.3
2-4	10	18.8	6,475.23	94.62	6,569.85	19.3
22-24	2	3.7	59.00	1,750.00	1,809.00	5.3
12-14	5	9.4	1,573.39	0.00	1,573.39	4.6
10-12	2	3.7	1,250.45	0.00	1,250.45	3.6
0-2	10	18.8	804.21	0.00	804.21	2.3
14-16	3	5.6	0.00	750.00	750.00	2.2
20-22	6	11.3	434.38	0.00	434.38	1.2
8-10	3	5.6	193.79	0.00	193.79	0.5
44-46	1	1.8	183.32	0.00	183.32	0.5
28-30	1	1.8	90.00	0.00	90.00	0.2
24-26	1	1.8	0.00	0.00	0.00	0.0
	53		**$ 30,276.39**	**$ 3,679.62**	**$ 33,956.01**	
AGE OF CLAIMANT						
45-49	8	15.0	16,917.31	1,929.62	18,846.93	55.5
40-44	13	24.5	10,332.94	0.00	10,332.94	30.4
50-54	10	18.8	1,046.22	1,750.00	2,796.22	8.2
30-34	3	5.6	1,233.49	0.00	1,233.49	3.6
35-39	11	20.7	672.43	0.00	672.43	1.9
55-59	3	5.6	74.00	0.00	74.00	0.2
20-24	1	1.8	0.00	0.00	0.00	0.0
25-29	3	5.6	0.00	0.00	0.00	0.0
60-64	1	1.8	0.00	0.00	0.00	0.0
	53		**$ 30,276.39**	**$ 3,679.62**	**$ 33,956.01**	
SEX OF CLAIMANT						
Male	26	49.0	18,524.13	844.62	19,368.75	57.0
Female	27	50.9	11,752.26	2,835.00	14,587.26	42.9
	53		**$ 30,276.39**	**$ 3,679.62**	**$ 33,956.01**	
LOSS CAUSE						
Machine, not otherwise classified	1	1.8	10,471.56	1,085.00	11,556.56	34.0
Excavations	1	1.8	8,602.62	0.00	8,602.62	25.3
Electrical equipment	3	5.6	6,121.01	94.62	6,215.63	18.3
Stairs, steps	4	7.5	335.01	1,750.00	2,085.01	6.1
Metal items	6	11.3	1,276.15	0.00	1,276.15	3.7
Elevators, escalators	1	1.8	1,233.49	0.00	1,233.49	3.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates
01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Military Institute (211)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, dry	3	5.6	404.18	750.00	1,154.18	3.4
Furniture / fixtures	6	11.3	482.25	0.00	482.25	1.4
Boxes / containers	5	9.4	383.29	0.00	383.29	1.1
CO / 2 extinguisher	1	1.8	329.20	0.00	329.20	0.9
Ladder, 14' extension	1	1.8	197.45	0.00	197.45	0.5
Hand tool, powered, NOC	1	1.8	191.81	0.00	191.81	0.5
Clothing / jewelry	4	7.5	99.37	0.00	99.37	0.2
Chemicals, not otherwise classified	1	1.8	90.00	0.00	90.00	0.2
Vehicle, not otherwise classified	1	1.8	59.00	0.00	59.00	0.1
Hand tool, not powered, NOC	2	3.7	0.00	0.00	0.00	0.0
Office equipment	1	1.8	0.00	0.00	0.00	0.0
Animal / bee type	1	1.8	0.00	0.00	0.00	0.0
Building parts / doors	1	1.8	0.00	0.00	0.00	0.0
Heating equipment	5	9.4	0.00	0.00	0.00	0.0
Ladder, 10' folding	2	3.7	0.00	0.00	0.00	0.0
Minerals / dirt	1	1.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	1.8	0.00	0.00	0.00	0.0
	53		**$ 30,276.39**	**$ 3,679.62**	**$ 33,956.01**	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	5	9.4	10,530.56	1,085.00	11,615.56	34.2
Twisting, strain or injury by	3	5.6	8,701.99	0.00	8,701.99	25.6
Holding Or Carrying (Strain or Injury by)	2	3.7	5,947.95	94.62	6,042.57	17.8
Fall or slip (on stairs)	4	7.5	335.01	1,750.00	2,085.01	6.1
Struck/Injured by Falling or Flying Object	3	5.6	1,669.65	0.00	1,669.65	4.9
Struck or injured by misc.	1	1.8	1,233.49	0.00	1,233.49	3.6
Fall or Slip (On Same Level)	3	5.6	242.81	750.00	992.81	2.9
Fall or Slip (From Different Level)	3	5.6	404.18	0.00	404.18	1.1
Object being lifted/handled (cut,punc.scrape,inj b	4	7.5	385.60	0.00	385.60	1.1
Lifting (strain or Injury by)	5	9.4	313.54	0.00	313.54	0.9
Strike Against/Step on Stationary Object	5	9.4	288.46	0.00	288.46	0.8
Fall or Slip (From Ladder/Scaffolding)	3	5.6	197.45	0.00	197.45	0.5
Struck/Injured by Hand Tool/Machine In Use	1	1.8	15.00	0.00	15.00	0.0
Foreign Body In Eye	3	5.6	10.70	0.00	10.70	0.0
Cumulative (Not Otherwise Classified)	1	1.8	0.00	0.00	0.00	0.0
Animal Or Insect	1	1.8	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	3	5.6	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	1.8	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	1.8	0.00	0.00	0.00	0.0
	53		**$ 30,276.39**	**$ 3,679.62**	**$ 33,956.01**	

**BODY PART

Lower Arm	6
Upper Arm (Inc: Clavicle and Scapula)	2
Knee	4
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Upper Leg	2
Ankle	5
Finger(s)	6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Military Institute (211)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand	3					
Wrist	1					
Soft Tissue - Neck	3					
Nose	1					
Teeth	1					
Foot	1					
Hip	2					
Thumb	2					
Abdomen including Groin	4					
Shoulder	2					
Upper Back Area (Thoracic Area)	1					
No Physical Problem	1					
Eye(s)	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Facial, Other Soft Tissue	2					
Sacrum And Coccyx	1					
	53					

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

*****INJURY***

Strain	22
Contusion	17
Sprain	5
Laceration	7
Dislocation	1
Crushing	1
Foreign Body	4
No Physical Injury	1
Burn	5
Inflamation	2
Puncture	1
	53

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:05

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va State University (212)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	12.5	0.00	7,750.00	7,750.00	71.4
10AM-11:59AM	3	37.5	1,451.71	0.00	1,451.71	13.3
12PM-1:59PM	1	12.5	571.86	178.14	750.00	6.9
8AM-9:59AM	1	12.5	0.00	750.00	750.00	6.9
2PM-3:59PM	2	25.0	148.00	0.00	148.00	1.3
	8		**$ 2,171.57**	**$ 8,678.14**	**$ 10,849.71**	
LENGTH OF SERVICE						
4-6	2	25.0	1,074.46	7,750.00	8,824.46	81.3
2-4	2	25.0	749.86	178.14	928.00	8.5
8-10	1	12.5	0.00	750.00	750.00	6.9
12-14	1	12.5	199.25	0.00	199.25	1.8
14-16	1	12.5	148.00	0.00	148.00	1.3
0-2	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 2,171.57**	**$ 8,678.14**	**$ 10,849.71**	
AGE OF CLAIMANT						
45-49	4	50.0	1,646.32	7,928.14	9,574.46	88.2
55-59	1	12.5	0.00	750.00	750.00	6.9
50-54	2	25.0	347.25	0.00	347.25	3.2
25-29	1	12.5	178.00	0.00	178.00	1.6
	8		**$ 2,171.57**	**$ 8,678.14**	**$ 10,849.71**	
SEX OF CLAIMANT						
Female	4	50.0	749.86	7,928.14	8,678.00	79.9
Male	4	50.0	1,421.71	750.00	2,171.71	20.0
	8		**$ 2,171.57**	**$ 8,678.14**	**$ 10,849.71**	
LOSS CAUSE						
Metal items	2	25.0	178.00	7,750.00	7,928.00	73.0
Mechanical powered	1	12.5	1,074.46	0.00	1,074.46	9.9
Stairs, steps	2	25.0	148.00	750.00	898.00	8.2
Walking surface, outside, dry	1	12.5	571.86	178.14	750.00	6.9
Vehicle, not otherwise classified	1	12.5	199.25	0.00	199.25	1.8
Stone / rock / brick	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 2,171.57**	**$ 8,678.14**	**$ 10,849.71**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	12.5	0.00	7,750.00	7,750.00	71.4
Object being lifted/handled (cut,punc.scrape,inj b	2	25.0	1,252.46	0.00	1,252.46	11.5
Fall or slip (on stairs)	2	25.0	148.00	750.00	898.00	8.2
Fall or Slip (On Same Level)	1	12.5	571.86	178.14	750.00	6.9
Collapsing materials (Slides of Earth)	1	12.5	199.25	0.00	199.25	1.8
Struck/Injured by Object Being Lifted/Handled	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 2,171.57**	**$ 8,678.14**	**$ 10,849.71**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Knee	3					
Upper Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va State University (212)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Elbow	1					
Facial, Other Soft Tissue	1					
Hand	1					
Hip	1					
Lower Arm	1					
Internal Organs	1					
Finger(s)	2					
	8					

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

*****INJURY***

Strain	2
Contusion	6
Laceration	3
Puncture	1
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Norfolk State University (213)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	8	25.8	14,693.65	5,909.63	20,603.28	49.6
8AM-9:59AM	4	12.9	9,826.97	971.19	10,798.16	26.0
10AM-11:59AM	9	29.0	3,672.74	0.00	3,672.74	8.8
12AM-1:59AM	2	6.4	250.00	2,750.00	3,000.00	7.2
4PM-5:59PM	2	6.4	1,753.64	750.00	2,503.64	6.0
12PM-1:59PM	2	6.4	504.01	0.00	504.01	1.2
Unknown	3	9.6	405.00	0.00	405.00	0.9
6AM-7:59AM	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 31,106.01**	**$ 10,380.82**	**$ 41,486.83**	
LENGTH OF SERVICE						
22-24	4	12.9	11,027.37	971.19	11,998.56	28.9
0-2	10	32.2	4,231.19	6,749.66	10,980.85	26.4
28-30	1	3.2	10,302.85	0.00	10,302.85	24.8
6-8	1	3.2	1,342.03	1,909.97	3,252.00	7.8
4-6	2	6.4	2,692.92	0.00	2,692.92	6.4
2-4	4	12.9	1,005.64	0.00	1,005.64	2.4
26-28	1	3.2	0.00	750.00	750.00	1.8
20-22	2	6.4	323.41	0.00	323.41	0.7
30-32	1	3.2	180.60	0.00	180.60	0.4
16-18	1	3.2	0.00	0.00	0.00	0.0
8-10	2	6.4	0.00	0.00	0.00	0.0
10-12	1	3.2	0.00	0.00	0.00	0.0
12-14	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 31,106.01**	**$ 10,380.82**	**$ 41,486.83**	
AGE OF CLAIMANT						
45-49	8	25.8	9,214.49	3,631.16	12,845.65	30.9
35-39	7	22.5	5,354.41	6,749.66	12,104.07	29.1
50-54	4	12.9	10,483.45	0.00	10,483.45	25.2
40-44	4	12.9	3,581.32	0.00	3,581.32	8.6
25-29	1	3.2	2,380.92	0.00	2,380.92	5.7
55-59	2	6.4	91.42	0.00	91.42	0.2
30-34	1	3.2	0.00	0.00	0.00	0.0
15-19	2	6.4	0.00	0.00	0.00	0.0
60-64	2	6.4	0.00	0.00	0.00	0.0
	31		**$ 31,106.01**	**$ 10,380.82**	**$ 41,486.83**	
SEX OF CLAIMANT						
Female	21	67.7	25,240.71	4,231.16	29,471.87	71.0
Male	10	32.2	5,865.30	6,149.66	12,014.96	28.9
	31		**$ 31,106.01**	**$ 10,380.82**	**$ 41,486.83**	
LOSS CAUSE						
Furniture / fixtures	5	16.1	18,651.54	971.19	19,622.73	47.3
Walking surface, inside, wet	3	9.6	4,467.12	600.00	5,067.12	12.2
Vehicle, not otherwise classified	2	6.4	1,260.33	3,399.66	4,659.99	11.2
Recreational equipment	3	9.6	1,900.64	2,750.00	4,650.64	11.2
Boxes / containers	2	6.4	1,342.03	1,909.97	3,252.00	7.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Norfolk State University (213)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Mechanical powered	2	6.4	2,380.92	0.00	2,380.92	5.7
Office equipment	1	3.2	0.00	750.00	750.00	1.8
Hand tool, not powered, NOC	1	3.2	323.41	0.00	323.41	0.7
Fire / Flame / Smoke	1	3.2	312.00	0.00	312.00	0.7
Walking surface, inside, dry	1	3.2	180.60	0.00	180.60	0.4
Building parts / doors	1	3.2	103.00	0.00	103.00	0.2
Ladder, 10' folding	1	3.2	93.00	0.00	93.00	0.2
Walking surface, outside, dry	2	6.4	91.42	0.00	91.42	0.2
Environmental conditions	1	3.2	0.00	0.00	0.00	0.0
Electrical equipment	2	6.4	0.00	0.00	0.00	0.0
Excavations	1	3.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	3.2	0.00	0.00	0.00	0.0
Stairs, steps	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 31,106.01**	**$ 10,380.82**	**$ 41,486.83**	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	2	6.4	11,205.49	0.00	11,205.49	27.0
Fall or Slip (From Different Level)	2	6.4	7,446.05	971.19	8,417.24	20.2
Lifting (strain or Injury by)	5	16.1	1,489.03	5,409.97	6,899.00	16.6
Struck/Injured by Object Being Lifted/Handled	1	3.2	1,260.33	3,399.66	4,659.99	11.2
Fall or Slip (From Liquid/Grease spills)	1	3.2	3,581.32	0.00	3,581.32	8.6
Struck/Injured by Object Handled By Other	1	3.2	2,380.92	0.00	2,380.92	5.7
Struck/Injured by Falling or Flying Object	2	6.4	1,856.64	0.00	1,856.64	4.4
Fall or Slip (On Same Level)	7	22.5	1,157.82	600.00	1,757.82	4.2
Repetitive Motion	1	3.2	323.41	0.00	323.41	0.7
Absorb, Ingest, Inhalation	1	3.2	312.00	0.00	312.00	0.7
Strike Against/Step on Stationary Object	2	6.4	93.00	0.00	93.00	0.2
Dust,gases,fumes,vapors	1	3.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	3.2	0.00	0.00	0.00	0.0
Vehicle Upset	1	3.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.2	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 31,106.01**	**$ 10,380.82**	**$ 41,486.83**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Hip	2
Lower Leg	3
Upper Back Area (Thoracic Area)	3
Upper Leg	2
Soft Tissue - Neck	2
Foot	2
Ankle	4
Lower Arm	1
Multiple Neck Injury	1
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	2
Wrist	2
Facial Bones	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Norfolk State University (213)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Nose	1					
Hand	2					
Lungs	2					
Facial, Other Soft Tissue	3					
Knee	7					
Finger(s)	3					
Thumb	1					
Abdomen including Groin	1					
Eye(s)	1					
	31					

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

*****INJURY***

Strain	18
Contusion	21
Fracture	2
Sprain	5
Respiratory Disorders	2
Laceration	4
Foreign Body	1
	31

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Longwood College (214)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	22.2	1,083.83	7,594.17	8,678.00	78.3
10AM-11:59AM	6	33.3	1,014.47	0.00	1,014.47	9.1
12PM-1:59PM	2	11.1	109.15	640.85	750.00	6.7
6AM-7:59AM	2	11.1	536.29	0.00	536.29	4.8
4PM-5:59PM	2	11.1	60.00	0.00	60.00	0.5
8AM-9:59AM	2	11.1	40.00	0.00	40.00	0.3
	18		**$ 2,843.74**	**$ 8,235.02**	**$ 11,078.76**	
LENGTH OF SERVICE						
2-4	2	11.1	974.83	7,594.17	8,569.00	77.3
6-8	3	16.6	508.90	640.85	1,149.75	10.3
Unknown	1	5.5	909.47	0.00	909.47	8.2
0-2	3	16.6	196.54	0.00	196.54	1.7
24-26	2	11.1	109.00	0.00	109.00	0.9
4-6	1	5.5	105.00	0.00	105.00	0.9
8-10	3	16.6	40.00	0.00	40.00	0.3
22-24	3	16.6	0.00	0.00	0.00	0.0
	18		**$ 2,843.74**	**$ 8,235.02**	**$ 11,078.76**	
AGE OF CLAIMANT						
30-34	1	5.5	655.83	7,594.17	8,250.00	74.4
50-54	3	16.6	548.90	640.85	1,189.75	10.7
20-24	1	5.5	909.47	0.00	909.47	8.2
25-29	2	11.1	379.00	0.00	379.00	3.4
45-49	4	22.2	214.00	0.00	214.00	1.9
35-39	3	16.6	136.54	0.00	136.54	1.2
40-44	1	5.5	0.00	0.00	0.00	0.0
55-59	2	11.1	0.00	0.00	0.00	0.0
60-64	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 2,843.74**	**$ 8,235.02**	**$ 11,078.76**	
SEX OF CLAIMANT						
Female	3	16.6	1,625.30	7,594.17	9,219.47	83.2
Male	15	83.3	1,218.44	640.85	1,859.29	16.7
	18		**$ 2,843.74**	**$ 8,235.02**	**$ 11,078.76**	
LOSS CAUSE						
Stairs, steps	1	5.5	655.83	7,594.17	8,250.00	74.4
Furniture / fixtures	3	16.6	1,046.01	0.00	1,046.01	9.4
Ladder, 10’ folding	1	5.5	109.15	640.85	750.00	6.7
Vehicle, not otherwise classified	1	5.5	399.75	0.00	399.75	3.6
Machine, not otherwise classified	1	5.5	319.00	0.00	319.00	2.8
Electrical equipment	2	11.1	165.00	0.00	165.00	1.4
Hand tool, not powered, NOC	2	11.1	109.00	0.00	109.00	0.9
Metal items	1	5.5	40.00	0.00	40.00	0.3
Boxes / containers	1	5.5	0.00	0.00	0.00	0.0
Building parts / doors	1	5.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	3	16.6	0.00	0.00	0.00	0.0
Minerals / dirt	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Longwood College (214)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	18		**$ 2,843.74**	**$ 8,235.02**	**$ 11,078.76**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	5.5	655.83	7,594.17	8,250.00	74.4
Fall or Slip (On Same Level)	1	5.5	909.47	0.00	909.47	8.2
Fall or Slip (From Ladder/Scaffolding)	1	5.5	109.15	640.85	750.00	6.7
Struck/Injured by Motor Vehicle	1	5.5	399.75	0.00	399.75	3.6
Object Handled (caught in or between)	1	5.5	319.00	0.00	319.00	2.8
Pushing Or Pulling (Strain or Injury by)	3	16.6	214.00	0.00	214.00	1.9
Lifting (strain or Injury by)	3	16.6	136.54	0.00	136.54	1.2
Cumulative (Not Otherwise Classified)	1	5.5	60.00	0.00	60.00	0.5
Foreign Body In Eye	2	11.1	40.00	0.00	40.00	0.3
Absorb, Ingest, Inhalation	3	16.6	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 2,843.74**	**$ 8,235.02**	**$ 11,078.76**	

**BODY PART	
Foot	1
Wrist	1
Lower Leg	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Finger(s)	1
Upper Arm (Inc: Clavicle and Scapula)	1
Hand	1
Shoulder	1
Eye(s)	5
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	1
Lungs	2
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	
Fracture	1
Strain	9
Contusion	2
Burn	1
Foreign Body	2
Asbestosis	1
Inflamation	2
Poisoning - Chemical	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mary Washington College (215)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	15.0	816.28	990.38	1,806.66	24.2
8AM-9:59AM	10	25.0	981.45	750.00	1,731.45	23.2
10AM-11:59AM	14	35.0	942.25	750.00	1,692.25	22.6
12PM-1:59PM	3	7.5	0.00	750.00	750.00	10.0
4PM-5:59PM	2	5.0	635.00	0.00	635.00	8.5
2AM-3:59AM	1	2.5	466.37	0.00	466.37	6.2
6PM-7:59PM	2	5.0	380.00	0.00	380.00	5.0
4AM-5:59AM	1	2.5	0.00	0.00	0.00	0.0
Unknown	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 4,221.35**	**$ 3,240.38**	**$ 7,461.73**	
LENGTH OF SERVICE						
0-2	18	45.0	2,912.37	990.38	3,902.75	52.3
12-14	4	10.0	237.45	750.00	987.45	13.2
8-10	4	10.0	56.66	750.00	806.66	10.8
30-32	1	2.5	0.00	750.00	750.00	10.0
20-22	1	2.5	466.37	0.00	466.37	6.2
24-26	1	2.5	200.00	0.00	200.00	2.6
2-4	5	12.5	190.00	0.00	190.00	2.5
10-12	1	2.5	158.50	0.00	158.50	2.1
22-24	1	2.5	0.00	0.00	0.00	0.0
6-8	2	5.0	0.00	0.00	0.00	0.0
36-38	1	2.5	0.00	0.00	0.00	0.0
4-6	1	2.5	0.00	0.00	0.00	0.0
	40		**$ 4,221.35**	**$ 3,240.38**	**$ 7,461.73**	
AGE OF CLAIMANT						
55-59	7	17.5	1,594.62	1,740.38	3,335.00	44.6
50-54	5	12.5	466.37	750.00	1,216.37	16.3
40-44	8	20.0	158.50	750.00	908.50	12.1
15-19	2	5.0	668.75	0.00	668.75	8.9
30-34	2	5.0	495.00	0.00	495.00	6.6
25-29	3	7.5	335.00	0.00	335.00	4.4
45-49	6	15.0	265.66	0.00	265.66	3.5
60-64	2	5.0	237.45	0.00	237.45	3.1
35-39	2	5.0	0.00	0.00	0.00	0.0
20-24	3	7.5	0.00	0.00	0.00	0.0
	40		**$ 4,221.35**	**$ 3,240.38**	**$ 7,461.73**	
SEX OF CLAIMANT						
Female	21	52.5	1,846.07	2,490.38	4,336.45	58.1
Male	19	47.5	2,375.28	750.00	3,125.28	41.8
	40		**$ 4,221.35**	**$ 3,240.38**	**$ 7,461.73**	
LOSS CAUSE						
Stairs, steps	3	7.5	1,094.62	990.38	2,085.00	27.9
Hand tool, not powered, NOC	3	7.5	0.00	750.00	750.00	10.0
Office equipment	1	2.5	0.00	750.00	750.00	10.0
Walking surface, outside, dry	1	2.5	0.00	750.00	750.00	10.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mary Washington College (215)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Environmental conditions	1	2.5	668.75	0.00	668.75	8.9
Stone / rock / brick	1	2.5	635.00	0.00	635.00	8.5
Vehicle, not otherwise classified	4	10.0	581.37	0.00	581.37	7.7
Furniture / fixtures	4	10.0	437.45	0.00	437.45	5.8
Person	1	2.5	380.00	0.00	380.00	5.0
Fiberglass	1	2.5	158.50	0.00	158.50	2.1
Unknown	1	2.5	134.00	0.00	134.00	1.8
Ladder, 14' extension	1	2.5	75.00	0.00	75.00	1.0
Building parts / doors	1	2.5	56.66	0.00	56.66	0.7
Animal / bee type	3	7.5	0.00	0.00	0.00	0.0
Electrical equipment	2	5.0	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	2	5.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.5	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	2.5	0.00	0.00	0.00	0.0
Heating equipment	1	2.5	0.00	0.00	0.00	0.0
Ladder, 10' folding	1	2.5	0.00	0.00	0.00	0.0
Metal items	1	2.5	0.00	0.00	0.00	0.0
Miscellaneous	1	2.5	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	2.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	5.0	0.00	0.00	0.00	0.0
	40		***$ 4,221.35***	***$ 3,240.38***	***$ 7,461.73***	

ACCIDENT TYPE

Cumulative (Not Otherwise Classified)	5	12.5	802.75	1,500.00	2,302.75	30.8
Fall or slip (on stairs)	3	7.5	1,094.62	990.38	2,085.00	27.9
Fall or Slip (On Same Level)	8	20.0	580.00	750.00	1,330.00	17.8
Fall or Slip (From Different Level)	3	7.5	710.00	0.00	710.00	9.5
Struck/Injured by Object Being Lifted/Handled	1	2.5	466.37	0.00	466.37	6.2
Lifting (strain or Injury by)	2	5.0	237.45	0.00	237.45	3.1
Foreign Body In Eye	1	2.5	158.50	0.00	158.50	2.1
Struck/Injured by Motor Vehicle	2	5.0	115.00	0.00	115.00	1.5
Strike Against/Step on Sanding,Scraping,Cleaning	1	2.5	56.66	0.00	56.66	0.7
Animal Or Insect	4	10.0	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	2.5	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	2	5.0	0.00	0.00	0.00	0.0
Allergic Reaction	1	2.5	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	2.5	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	2.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	5.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	5.0	0.00	0.00	0.00	0.0
	40		***$ 4,221.35***	***$ 3,240.38***	***$ 7,461.73***	

***BODY PART

Foot	4
Lower Leg	7
Knee	7
Hand	2
Ankle	5
Lower Arm	6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mary Washington College (215)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	2					
Finger(s)	5					
Lungs	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	8					
Buttocks	2					
Upper Leg	5					
Eye(s)	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hip	1					
No Physical Problem	1					
Elbow	1					
Facial, Other Soft Tissue	1					
Great Toe	1					
Thumb	1					
Wrist	2					
	40					

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

*****INJURY***

Strain	22
Contusion	20
Laceration	9
Fracture	1
Sprain	2
Respiratory Disorders	1
Foreign Body	1
Puncture	1
Inflamation	7
No Physical Injury	1
Burn	1
	40

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	6	3.0	5,599.01	34,015.10	39,614.11	33.0
10AM-11:59AM	36	18.0	8,402.70	10,416.32	18,819.02	15.7
8AM-9:59AM	39	19.5	13,175.24	735.00	13,910.24	11.6
12PM-1:59PM	35	17.5	9,998.16	2,250.00	12,248.16	10.2
4PM-5:59PM	15	7.5	9,423.69	0.00	9,423.69	7.8
6AM-7:59AM	20	10.0	7,340.35	2,060.50	9,400.85	7.8
2PM-3:59PM	26	13.0	4,885.20	4,403.18	9,288.38	7.7
12AM-1:59AM	3	1.5	2,592.50	0.00	2,592.50	2.1
Unknown	6	3.0	1,792.29	750.00	2,542.29	2.1
4AM-5:59AM	7	3.5	428.20	750.00	1,178.20	0.9
2AM-3:59AM	6	3.0	725.75	0.00	725.75	0.6
	199		**$ 64,363.09**	**$ 55,380.10**	**$ 119,743.19**	
LENGTH OF SERVICE						
0-2	61	30.6	23,206.10	48,792.58	71,998.68	60.1
2-4	43	21.6	9,146.44	2,250.00	11,396.44	9.5
10-12	10	5.0	7,560.00	1,500.00	9,060.00	7.5
4-6	27	13.5	4,692.81	1,037.20	5,730.01	4.7
12-14	14	7.0	4,678.08	500.32	5,178.40	4.3
6-8	10	5.0	3,359.96	550.00	3,909.96	3.2
14-16	14	7.0	2,720.76	0.00	2,720.76	2.2
16-18	7	3.5	2,677.97	0.00	2,677.97	2.2
20-22	5	2.5	2,606.37	0.00	2,606.37	2.1
18-20	1	0.5	2,259.30	0.00	2,259.30	1.8
22-24	2	1.0	1,295.30	0.00	1,295.30	1.0
26-28	1	0.5	0.00	750.00	750.00	0.6
8-10	2	1.0	160.00	0.00	160.00	0.1
24-26	2	1.0	0.00	0.00	0.00	0.0
	199		**$ 64,363.09**	**$ 55,380.10**	**$ 119,743.19**	
AGE OF CLAIMANT						
60-64	8	4.0	5,844.75	34,288.40	40,133.15	33.5
45-49	33	16.5	15,542.87	5,114.56	20,657.43	17.2
20-24	27	13.5	5,471.05	9,116.32	14,587.37	12.1
50-54	26	13.0	9,284.67	2,060.50	11,345.17	9.4
40-44	34	17.0	9,818.15	550.00	10,368.15	8.6
30-34	15	7.5	8,200.13	750.00	8,950.13	7.4
35-39	26	13.0	5,659.41	500.32	6,159.73	5.1
55-59	18	9.0	2,252.80	2,250.00	4,502.80	3.7
25-29	9	4.5	1,140.10	750.00	1,890.10	1.5
65-69	1	0.5	1,149.16	0.00	1,149.16	0.9
15-19	1	0.5	0.00	0.00	0.00	0.0
80-84	1	0.5	0.00	0.00	0.00	0.0
	199		**$ 64,363.09**	**$ 55,380.10**	**$ 119,743.19**	
SEX OF CLAIMANT						
Female	122	61.3	39,027.10	49,491.92	88,519.02	73.9
Male	77	38.6	25,335.99	5,888.18	31,224.17	26.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	199		**$ 64,363.09**	**$ 55,380.10**	**$ 119,743.19**	
LOSS CAUSE						
Building parts / doors	7	3.5	3,390.69	34,288.40	37,679.09	31.4
Walking surface, outside, dry	8	4.0	9,795.23	9,666.32	19,461.55	16.2
Boxes / containers	25	12.5	10,326.03	750.00	11,076.03	9.2
Miscellaneous	19	9.5	6,712.39	2,045.50	8,757.89	7.3
Machine, not otherwise classified	12	6.0	8,595.55	-273.30	8,322.25	6.9
Vehicle, not otherwise classified	13	6.5	6,695.38	1,265.32	7,960.70	6.6
Furniture / fixtures	18	9.0	1,981.12	3,137.86	5,118.98	4.2
Walking surface, outside, wet	8	4.0	2,387.14	750.00	3,137.14	2.6
Walking surface, inside, dry	7	3.5	1,275.90	1,500.00	2,775.90	2.3
Hand tool, not powered, NOC	11	5.5	2,207.04	0.00	2,207.04	1.8
Fencing	1	0.5	1,924.96	0.00	1,924.96	1.6
Mechanical powered	3	1.5	1,594.00	0.00	1,594.00	1.3
Ladder, 10’ folding	1	0.5	1,275.30	0.00	1,275.30	1.0
Stairs, steps	3	1.5	485.20	750.00	1,235.20	1.0
Hand tool, powered, NOC	6	3.0	1,114.91	0.00	1,114.91	0.9
Brush / tree / log	5	2.5	1,094.20	0.00	1,094.20	0.9
Office equipment	5	2.5	70.00	750.00	820.00	0.6
Metal items	6	3.0	787.96	0.00	787.96	0.6
Food	1	0.5	0.00	750.00	750.00	0.6
Glass bottle / sheet	3	1.5	732.00	0.00	732.00	0.6
Sharp objects, not otherwise classified	6	3.0	376.69	0.00	376.69	0.3
Animal / bee type	5	2.5	360.00	0.00	360.00	0.3
Excavations	1	0.5	333.20	0.00	333.20	0.2
Walking surface, inside, wet	7	3.5	266.90	0.00	266.90	0.2
Person	2	1.0	227.90	0.00	227.90	0.1
Electrical equipment	2	1.0	188.40	0.00	188.40	0.1
Poisonous agent / plant	3	1.5	120.00	0.00	120.00	0.1
Recreational equipment	1	0.5	45.00	0.00	45.00	0.0
Chemicals, not otherwise classified	1	0.5	0.00	0.00	0.00	0.0
Minerals / dirt	3	1.5	0.00	0.00	0.00	0.0
Air pressure	1	0.5	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.5	0.00	0.00	0.00	0.0
Heating equipment	1	0.5	0.00	0.00	0.00	0.0
Infectious agent	1	0.5	0.00	0.00	0.00	0.0
Ladder, 8’ step	1	0.5	0.00	0.00	0.00	0.0
Pipe	1	0.5	0.00	0.00	0.00	0.0
	199		**$ 64,363.09**	**$ 55,380.10**	**$ 119,743.19**	
ACCIDENT TYPE						
Repetitive Motion	3	1.5	2,651.10	35,598.90	38,250.00	31.9
Fall or Slip (On Same Level)	19	9.5	6,394.04	10,416.32	16,810.36	14.0
Lifting (strain or Injury by)	24	12.0	7,165.64	3,887.86	11,053.50	9.2
Twisting, strain or injury by	11	5.5	8,065.40	2,250.00	10,315.40	8.6
Struck/Injured by Falling or Flying Object	13	6.5	6,357.27	0.00	6,357.27	5.3
Object being lifted/handled (cut,punc.scrape,inj b	14	7.0	5,968.99	0.00	5,968.99	4.9
Strike Against/Step on Stationary Object	19	9.5	4,465.25	750.00	5,215.25	4.3
Pushing Or Pulling (Strain or Injury by)	5	2.5	5,185.49	-273.30	4,912.19	4.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Holding Or Carrying (Strain or Injury by)	3	1.5	2,592.50	0.00	2,592.50	2.1
Fall or slip (on ice or snow)	5	2.5	2,387.14	0.00	2,387.14	1.9
Allergic Reaction	6	3.0	858.40	1,500.00	2,358.40	1.9
Struck/Injured by Motor Vehicle	2	1.0	2,259.30	0.00	2,259.30	1.8
Slipped, Did Not Fall	4	2.0	1,955.09	0.00	1,955.09	1.6
Vehicle Upset	2	1.0	852.97	515.32	1,368.29	1.1
Fall or slip (on stairs)	3	1.5	485.20	750.00	1,235.20	1.0
Contact With Hot Object or Substances	9	4.5	1,214.34	-15.00	1,199.34	1.0
Fall or Slip (From Different Level)	3	1.5	1,009.70	0.00	1,009.70	0.8
Reaching (Strain or Injury by)	2	1.0	923.70	0.00	923.70	0.7
Struck/Injured by Object Being Lifted/Handled	1	0.5	715.30	0.00	715.30	0.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	8	4.0	680.83	0.00	680.83	0.5
Object Handled (caught in or between)	12	6.0	593.26	0.00	593.26	0.5
Strike Against/Step On Moving Part Of Machine	2	1.0	394.26	0.00	394.26	0.3
Animal Or Insect	5	2.5	360.00	0.00	360.00	0.3
Fall or Slip (From Liquid/Grease spills)	6	3.0	266.90	0.00	266.90	0.2
Strike Against/Step On Obj. Being Lifted or Handle	2	1.0	214.77	0.00	214.77	0.1
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.5	125.30	0.00	125.30	0.1
Struck/Injured by Object Handled By Other	4	2.0	120.95	0.00	120.95	0.1
Absorb, Ingest, Inhalation	1	0.5	80.00	0.00	80.00	0.0
Exposure to Poisonous Agent / Plant	2	1.0	20.00	0.00	20.00	0.0
Foreign Body In Eye	2	1.0	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.5	0.00	0.00	0.00	0.0
Contact with Electric Current	2	1.0	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	0.5	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	0.5	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	0.5	0.00	0.00	0.00	0.0
	199		***$ 64,363.09***	***$ 55,380.10***	***$ 119,743.19***	

*****BODY PART***

Upper Arm (Inc: Clavicle and Scapula)	4
Lower Back Area (Lumbar and Lumbo-Sacral)	37
Foot	11
Knee	17
Shoulder	8
Hand	22
Thumb	13
Finger(s)	30
Hip	8
Wrist	12
Nose	3
Lower Leg	5
Lower Arm	20
Elbow	6
Buttocks	6
Facial, Other Soft Tissue	12
Ankle	8
Chest (Inc: Ribs, Sternum and Soft Tissue)	7
Soft Tissue - Neck	5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: James Madison University (216)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Head Injury	2					
Mouth	1					
Trachea	1					
Upper Leg	5					
Toe(s)	2					
Eye(s)	5					
Whole Body	1					
	199					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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	69
Fracture	4
Laceration	42
Sprain	12
Inflamation	15
Dislocation	1
Burn	15
Dermatitis	5
Puncture	4
Foreign Body	3
Crushing	2
Electric Shock	1
	199

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	8	5.9	12,022.42	3,188.95	15,211.37	26.5
8AM-9:59AM	26	19.2	7,358.65	7,604.00	14,962.65	26.1
6AM-7:59AM	13	9.6	7,936.15	0.00	7,936.15	13.8
12PM-1:59PM	28	20.7	2,264.57	3,721.00	5,985.57	10.4
4PM-5:59PM	8	5.9	4,335.54	750.00	5,085.54	8.8
2PM-3:59PM	17	12.5	3,425.80	750.00	4,175.80	7.2
10AM-11:59AM	27	20.0	2,644.61	0.00	2,644.61	4.6
6PM-7:59PM	4	2.9	945.00	0.00	945.00	1.6
4AM-5:59AM	3	2.2	311.25	0.00	311.25	0.5
2AM-3:59AM	1	0.7	0.00	0.00	0.00	0.0
	135		**$ 41,243.99**	**$ 16,013.95**	**$ 57,257.94**	
LENGTH OF SERVICE						
0-2	54	40.0	24,134.62	5,209.95	29,344.57	51.2
6-8	9	6.6	2,966.56	7,083.00	10,049.56	17.5
2-4	17	12.5	6,984.10	2,250.00	9,234.10	16.1
4-6	20	14.8	1,839.50	750.00	2,589.50	4.5
30-32	2	1.4	1,996.43	0.00	1,996.43	3.4
8-10	6	4.4	220.46	721.00	941.46	1.6
26-28	2	1.4	817.90	0.00	817.90	1.4
10-12	4	2.9	602.24	0.00	602.24	1.0
18-20	4	2.9	460.30	0.00	460.30	0.8
12-14	2	1.4	379.53	0.00	379.53	0.6
14-16	5	3.7	363.75	0.00	363.75	0.6
28-30	2	1.4	302.60	0.00	302.60	0.5
34-36	1	0.7	111.00	0.00	111.00	0.1
24-26	3	2.2	65.00	0.00	65.00	0.1
16-18	3	2.2	0.00	0.00	0.00	0.0
22-24	1	0.7	0.00	0.00	0.00	0.0
	135		**$ 41,243.99**	**$ 16,013.95**	**$ 57,257.94**	
AGE OF CLAIMANT						
30-34	8	5.9	11,412.28	3,188.95	14,601.23	25.5
45-49	24	17.7	3,647.54	7,833.00	11,480.54	20.0
35-39	16	11.8	6,974.75	721.00	7,695.75	13.4
50-54	9	6.6	5,618.94	750.00	6,368.94	11.1
40-44	18	13.3	4,312.17	1,271.00	5,583.17	9.7
20-24	23	17.0	917.20	2,250.00	3,167.20	5.5
25-29	13	9.6	2,514.07	0.00	2,514.07	4.3
15-19	6	4.4	2,168.19	0.00	2,168.19	3.7
55-59	8	5.9	2,118.43	0.00	2,118.43	3.7
65-69	4	2.9	610.00	0.00	610.00	1.0
60-64	5	3.7	567.30	0.00	567.30	0.9
70-74	1	0.7	383.12	0.00	383.12	0.6
	135		**$ 41,243.99**	**$ 16,013.95**	**$ 57,257.94**	
SEX OF CLAIMANT						
Male	59	43.7	25,989.65	3,188.95	29,178.60	50.9
Female	76	56.2	15,254.34	12,825.00	28,079.34	49.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	135		**$ 41,243.99**	**$ 16,013.95**	**$ 57,257.94**	
LOSS CAUSE						
Walking surface, outside, wet	6	4.4	11,680.63	3,188.95	14,869.58	25.9
Walking surface, outside, dry	8	5.9	964.51	7,833.00	8,797.51	15.3
Hand tool, powered, NOC	3	2.2	5,497.74	0.00	5,497.74	9.6
Machine, not otherwise classified	4	2.9	5,115.12	0.00	5,115.12	8.9
Furniture / fixtures	18	13.3	3,829.55	750.00	4,579.55	8.0
Stairs, steps	7	5.1	1,183.46	2,021.00	3,204.46	5.6
Boxes / containers	10	7.4	2,942.42	0.00	2,942.42	5.1
Hand tool, not powered, NOC	9	6.6	2,175.05	0.00	2,175.05	3.8
Building parts / doors	20	14.8	2,098.90	0.00	2,098.90	3.6
Miscellaneous	5	3.7	2,000.53	0.00	2,000.53	3.4
Chemicals, not otherwise classified	5	3.7	383.12	750.00	1,133.12	1.9
Insufficient data	1	0.7	961.83	0.00	961.83	1.6
Person	2	1.4	0.00	750.00	750.00	1.3
Ladder, 12’ roof	1	0.7	0.00	721.00	721.00	1.2
Vehicle, not otherwise classified	3	2.2	645.53	0.00	645.53	1.1
Electrical equipment	2	1.4	564.00	0.00	564.00	0.9
Elevators, escalators	1	0.7	264.19	0.00	264.19	0.4
Ladder, 10’ folding	2	1.4	245.60	0.00	245.60	0.4
Fire / Flame / Smoke	2	1.4	162.75	0.00	162.75	0.2
Walking surface, inside, wet	6	4.4	158.00	0.00	158.00	0.2
Poisonous agent / plant	1	0.7	126.06	0.00	126.06	0.2
Minerals / dirt	2	1.4	125.00	0.00	125.00	0.2
Unknown	2	1.4	57.00	0.00	57.00	0.1
Heating equipment	1	0.7	43.00	0.00	43.00	0.0
Metal items	4	2.9	20.00	0.00	20.00	0.0
Animal / bee type	1	0.7	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.7	0.00	0.00	0.00	0.0
Office equipment	2	1.4	0.00	0.00	0.00	0.0
Pipe	2	1.4	0.00	0.00	0.00	0.0
Recreational equipment	1	0.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	1.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	0.7	0.00	0.00	0.00	0.0
	135		**$ 41,243.99**	**$ 16,013.95**	**$ 57,257.94**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	10	7.4	12,043.36	3,188.95	15,232.31	26.6
Lifting (strain or Injury by)	11	8.1	8,169.14	0.00	8,169.14	14.2
Repetitive Motion	1	0.7	0.00	7,083.00	7,083.00	12.3
Object Handled (caught in or between)	16	11.8	6,651.31	0.00	6,651.31	11.6
Pushing Or Pulling (Strain or Injury by)	5	3.7	4,048.46	0.00	4,048.46	7.0
Twisting, strain or injury by	8	5.9	3,175.76	750.00	3,925.76	6.8
Fall or slip (on stairs)	6	4.4	1,417.86	2,021.00	3,438.86	6.0
Strike Against/Step on Stationary Object	13	9.6	632.23	750.00	1,382.23	2.4
Fall or Slip (From Ladder/Scaffolding)	3	2.2	245.60	721.00	966.60	1.6
Other (Not Otherwise Classified)	1	0.7	961.83	0.00	961.83	1.6
Allergic Reaction	3	2.2	126.06	750.00	876.06	1.5
Fall or Slip (From Different Level)	3	2.2	819.03	0.00	819.03	1.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stress	1	0.7	0.00	750.00	750.00	1.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	5.1	579.94	0.00	579.94	1.0
Object being lifted/handled (cut,punc.scrape,inj b	7	5.1	499.00	0.00	499.00	0.8
Foreign Body In Eye	3	2.2	425.12	0.00	425.12	0.7
Fall or slip (on ice or snow)	3	2.2	259.57	0.00	259.57	0.4
Struck/Injured by Hand Tool/Machine In Use	1	0.7	224.77	0.00	224.77	0.3
Contact With Hot Object or Substances	3	2.2	205.75	0.00	205.75	0.3
Strike Against/Step On Obj. Being Lifted or Handle	1	0.7	202.00	0.00	202.00	0.3
Struck/Injured by Falling or Flying Object	11	8.1	188.46	0.00	188.46	0.3
Slipped, Did Not Fall	1	0.7	125.74	0.00	125.74	0.2
Abnormal Air Pressure	1	0.7	83.00	0.00	83.00	0.1
Reaching (Strain or Injury by)	1	0.7	57.00	0.00	57.00	0.1
Cumulative (Not Otherwise Classified)	2	1.4	52.00	0.00	52.00	0.0
Fall or Slip (From Liquid/Grease spills)	3	2.2	51.00	0.00	51.00	0.0
Absorb, Ingest, Inhalation	2	1.4	0.00	0.00	0.00	0.0
Animal Or Insect	1	0.7	0.00	0.00	0.00	0.0
Assault	1	0.7	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	0.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	1.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	0.7	0.00	0.00	0.00	0.0
Vehicle Upset	2	1.4	0.00	0.00	0.00	0.0
	135		***$ 41,243.99***	***$ 16,013.95***	***$ 57,257.94***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	20
Elbow	4
Finger(s)	24
Ankle	10
Hip	8
Foot	6
Buttocks	2
Knee	14
Whole Body	2
Abdomen including Groin	1
Hand	15
Facial, Other Soft Tissue	8
Lower Leg	5
Lower Arm	9
Shoulder	5
Eye(s)	5
Skull	3
Wrist	5
Toe(s)	1
Upper Leg	4
Upper Arm (Inc: Clavicle and Scapula)	3
Ear(s)	2
Internal Organs	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Lungs	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Radford University (217)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Nose	1					
Soft Tissue - Neck	3					
Thumb	3					
Upper Back Area (Thoracic Area)	3					
	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	43
Laceration	30
Contusion	54
Sprain	16
Fracture	4
Mental Stress	1
Poisoning - Chemical	1
Inflamation	4
Burn	4
Puncture	4
Dermatitis	3
Foreign Body	2
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
Amputation	1
Multiple Physical Injuries Only	1
Respiratory Disorders	1
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	12.5	2,469.05	0.00	2,469.05	57.7
6AM-7:59AM	2	8.3	612.14	0.00	612.14	14.3
8AM-9:59AM	5	20.8	518.00	0.00	518.00	12.1
6PM-7:59PM	2	8.3	335.18	0.00	335.18	7.8
Unknown	3	12.5	203.50	0.00	203.50	4.7
4PM-5:59PM	5	20.8	285.00	-147.00	138.00	3.2
10AM-11:59AM	2	8.3	0.00	0.00	0.00	0.0
12PM-1:59PM	2	8.3	0.00	0.00	0.00	0.0
	24		***$ 4,422.87***	***$ -147.00***	***$ 4,275.87***	
LENGTH OF SERVICE						
6-8	2	8.3	2,329.05	0.00	2,329.05	54.4
10-12	4	16.6	853.18	0.00	853.18	19.9
0-2	7	29.1	752.14	0.00	752.14	17.5
24-26	1	4.1	285.00	0.00	285.00	6.6
4-6	2	8.3	203.50	0.00	203.50	4.7
28-30	2	8.3	0.00	-147.00	-147.00	-3.4
16-18	1	4.1	0.00	0.00	0.00	0.0
2-4	2	8.3	0.00	0.00	0.00	0.0
20-22	2	8.3	0.00	0.00	0.00	0.0
26-28	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 4,422.87***	***$ -147.00***	***$ 4,275.87***	
AGE OF CLAIMANT						
50-54	4	16.6	2,329.05	0.00	2,329.05	54.4
45-49	6	25.0	823.68	-147.00	676.68	15.8
30-34	1	4.1	612.14	0.00	612.14	14.3
40-44	5	20.8	518.00	0.00	518.00	12.1
35-39	2	8.3	140.00	0.00	140.00	3.2
20-24	2	8.3	0.00	0.00	0.00	0.0
55-59	2	8.3	0.00	0.00	0.00	0.0
60-64	2	8.3	0.00	0.00	0.00	0.0
	24		***$ 4,422.87***	***$ -147.00***	***$ 4,275.87***	
SEX OF CLAIMANT						
Female	18	75.0	4,422.87	0.00	4,422.87	103.4
Male	6	25.0	0.00	-147.00	-147.00	-3.4
	24		***$ 4,422.87***	***$ -147.00***	***$ 4,275.87***	
LOSS CAUSE						
Furniture / fixtures	2	8.3	2,329.05	0.00	2,329.05	54.4
Chemicals, not otherwise classified	2	8.3	853.18	0.00	853.18	19.9
Walking surface, outside, wet	1	4.1	612.14	0.00	612.14	14.3
Sharp objects, not otherwise classified	1	4.1	285.00	0.00	285.00	6.6
Miscellaneous	4	16.6	203.50	0.00	203.50	4.7
Patient / Inmate	4	16.6	140.00	0.00	140.00	3.2
Person	2	8.3	0.00	-147.00	-147.00	-3.4
Building parts / doors	2	8.3	0.00	0.00	0.00	0.0
Environmental conditions	1	4.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stairs, steps	1	4.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	4.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	4.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	8.3	0.00	0.00	0.00	0.0
	24		**$ 4,422.87**	**$ -147.00**	**$ 4,275.87**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	7	29.1	2,329.05	0.00	2,329.05	54.4
Foreign Body In Eye	3	12.5	853.18	0.00	853.18	19.9
Fall or slip (on ice or snow)	1	4.1	612.14	0.00	612.14	14.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.1	285.00	0.00	285.00	6.6
Struck or injured by misc.	1	4.1	203.50	0.00	203.50	4.7
Stuck, injured by fellow worker, patient	3	12.5	140.00	0.00	140.00	3.2
Lifting (strain or Injury by)	1	4.1	0.00	-147.00	-147.00	-3.4
Fall or Slip (From Different Level)	1	4.1	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
Slipped, Did Not Fall	1	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	4.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 4,422.87**	**$ -147.00**	**$ 4,275.87**	

**BODY PART

Shoulder	5
Eye(s)	4
Knee	3
Foot	3
Lower Arm	3
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Ankle	2
Buttocks	2
Elbow	1
Facial, Other Soft Tissue	1
Hand	2
Hip	2
Lower Leg	1
Skull	1
Soft Tissue - Neck	1
Upper Leg	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	14
Contusion	12
Burn	1
Foreign Body	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Deaf/blind 218, Va School For The (218)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	2					
Laceration	2					
Sprain	2					
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:06

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	12	25.0	399.57	0.00	399.57	24.7
6PM-7:59PM	3	6.2	379.00	0.00	379.00	23.5
10AM-11:59AM	10	20.8	258.83	0.00	258.83	16.0
6AM-7:59AM	6	12.5	177.80	0.00	177.80	11.0
Unknown	8	16.6	163.00	0.00	163.00	10.1
2PM-3:59PM	3	6.2	128.90	0.00	128.90	8.0
12PM-1:59PM	3	6.2	85.00	0.00	85.00	5.2
4PM-5:59PM	2	4.1	19.88	0.00	19.88	1.2
12AM-1:59AM	1	2.0	0.00	0.00	0.00	0.0
	48		**$ 1,611.98**	**$ 0.00**	**$ 1,611.98**	
LENGTH OF SERVICE						
0-2	22	45.8	659.75	0.00	659.75	40.9
8-10	3	6.2	379.00	0.00	379.00	23.5
10-12	5	10.4	258.83	0.00	258.83	16.0
14-16	3	6.2	163.00	0.00	163.00	10.1
2-4	7	14.5	128.90	0.00	128.90	8.0
16-18	1	2.0	22.50	0.00	22.50	1.4
12-14	1	2.0	0.00	0.00	0.00	0.0
24-26	1	2.0	0.00	0.00	0.00	0.0
30-32	1	2.0	0.00	0.00	0.00	0.0
4-6	3	6.2	0.00	0.00	0.00	0.0
6-8	1	2.0	0.00	0.00	0.00	0.0
	48		**$ 1,611.98**	**$ 0.00**	**$ 1,611.98**	
AGE OF CLAIMANT						
50-54	17	35.4	619.51	0.00	619.51	38.4
30-34	7	14.5	464.00	0.00	464.00	28.7
40-44	4	8.3	197.70	0.00	197.70	12.2
25-29	6	12.5	179.37	0.00	179.37	11.1
55-59	2	4.1	128.90	0.00	128.90	8.0
60-64	2	4.1	22.50	0.00	22.50	1.4
20-24	1	2.0	0.00	0.00	0.00	0.0
35-39	8	16.6	0.00	0.00	0.00	0.0
45-49	1	2.0	0.00	0.00	0.00	0.0
	48		**$ 1,611.98**	**$ 0.00**	**$ 1,611.98**	
SEX OF CLAIMANT						
Female	32	66.6	841.28	0.00	841.28	52.1
Male	16	33.3	770.70	0.00	770.70	47.8
	48		**$ 1,611.98**	**$ 0.00**	**$ 1,611.98**	
LOSS CAUSE						
Person	9	18.7	520.17	0.00	520.17	32.2
Walking surface, inside, dry	2	4.1	401.50	0.00	401.50	24.9
Patient / Inmate	16	33.3	278.71	0.00	278.71	17.2
Walking surface, outside, dry	2	4.1	197.70	0.00	197.70	12.2
Chemicals, not otherwise classified	1	2.0	128.90	0.00	128.90	8.0
Miscellaneous	3	6.2	85.00	0.00	85.00	5.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / bee type	2	4.1	0.00	0.00	0.00	0.0
Building parts / doors	2	4.1	0.00	0.00	0.00	0.0
Furniture / fixtures	2	4.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	3	6.2	0.00	0.00	0.00	0.0
Office equipment	1	2.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	2.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	4.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.0	0.00	0.00	0.00	0.0
Water	1	2.0	0.00	0.00	0.00	0.0
	48		**$ 1,611.98**	**$ 0.00**	**$ 1,611.98**	

ACCIDENT TYPE

Twisting, strain or injury by	3	6.2	379.00	0.00	379.00	23.5
Stuck, injured by fellow worker, patient	14	29.1	342.37	0.00	342.37	21.2
Strike Against/Step on Stationary Object	2	4.1	262.80	0.00	262.80	16.3
Struck/Injured by Falling or Flying Object	3	6.2	258.83	0.00	258.83	16.0
Fall or Slip (On Same Level)	3	6.2	220.20	0.00	220.20	13.6
Foreign Body In Eye	1	2.0	128.90	0.00	128.90	8.0
Human Bite	3	6.2	19.88	0.00	19.88	1.2
Animal Or Insect	2	4.1	0.00	0.00	0.00	0.0
Assault	2	4.1	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	2.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	4	8.3	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	2.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	2.0	0.00	0.00	0.00	0.0
Repetitive Motion	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	3	6.2	0.00	0.00	0.00	0.0
Vehicle Upset	2	4.1	0.00	0.00	0.00	0.0
	48		**$ 1,611.98**	**$ 0.00**	**$ 1,611.98**	

**BODY PART

Foot	1
Knee	4
Ankle	2
Hip	3
Thumb	4
Lower Arm	5
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Eye(s)	1
Finger(s)	2
No Physical Problem	5
Upper Arm (Inc: Clavicle and Scapula)	2
Hand	4
Lower Leg	2
Mouth	3
Nose	1
Shoulder	2
Skull	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Deaf/blind 219, Va School For The (219)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Leg	1					
Wrist	1					
	48					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Contusion	12
Foreign Body	1
Laceration	11
No Physical Injury	10
Burn	1
Inflamation	1
Puncture	2
	48

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	21	27.6	22,244.27	750.00	22,994.27	35.6
4PM-5:59PM	4	5.2	18,316.81	0.00	18,316.81	28.4
8AM-9:59AM	16	21.0	6,696.15	2,378.54	9,074.69	14.0
6AM-7:59AM	9	11.8	3,340.30	3,136.86	6,477.16	10.0
2PM-3:59PM	13	17.1	4,707.93	0.00	4,707.93	7.3
12AM-1:59AM	3	3.9	1,573.60	0.00	1,573.60	2.4
10AM-11:59AM	8	10.5	1,185.41	0.00	1,185.41	1.8
2AM-3:59AM	1	1.3	143.29	0.00	143.29	0.2
Unknown	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 58,207.76**	**$ 6,265.40**	**$ 64,473.16**	
LENGTH OF SERVICE						
20-22	2	2.6	20,282.46	0.00	20,282.46	31.4
0-2	25	32.8	11,764.29	1,750.00	13,514.29	20.9
12-14	2	2.6	12,144.73	0.00	12,144.73	18.8
4-6	11	14.4	4,166.10	1,386.86	5,552.96	8.6
2-4	11	14.4	4,474.28	0.00	4,474.28	6.9
22-24	2	2.6	844.54	2,378.54	3,223.08	5.0
8-10	5	6.5	2,637.10	0.00	2,637.10	4.0
16-18	3	3.9	824.34	750.00	1,574.34	2.4
14-16	3	3.9	443.15	0.00	443.15	0.6
18-20	3	3.9	223.77	0.00	223.77	0.3
10-12	2	2.6	172.00	0.00	172.00	0.2
32-34	1	1.3	130.00	0.00	130.00	0.2
6-8	5	6.5	101.00	0.00	101.00	0.1
Unknown	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 58,207.76**	**$ 6,265.40**	**$ 64,473.16**	
AGE OF CLAIMANT						
55-59	4	5.2	21,498.17	0.00	21,498.17	33.3
45-49	19	25.0	18,722.89	1,386.86	20,109.75	31.1
40-44	12	15.7	8,319.98	0.00	8,319.98	12.9
50-54	8	10.5	982.20	4,878.54	5,860.74	9.0
25-29	8	10.5	2,909.67	0.00	2,909.67	4.5
30-34	5	6.5	2,434.88	0.00	2,434.88	3.7
35-39	7	9.2	1,973.14	0.00	1,973.14	3.0
20-24	6	7.8	861.21	0.00	861.21	1.3
60-64	7	9.2	505.62	0.00	505.62	0.7
	76		**$ 58,207.76**	**$ 6,265.40**	**$ 64,473.16**	
SEX OF CLAIMANT						
Female	41	53.9	43,718.64	4,878.54	48,597.18	75.3
Male	35	46.0	14,489.12	1,386.86	15,875.98	24.6
	76		**$ 58,207.76**	**$ 6,265.40**	**$ 64,473.16**	
LOSS CAUSE						
Walking surface, outside, dry	3	3.9	20,085.66	0.00	20,085.66	31.1
Recreational equipment	1	1.3	12,144.73	0.00	12,144.73	18.8
Person	2	2.6	6,448.01	0.00	6,448.01	10.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	5	6.5	2,235.48	2,378.54	4,614.02	7.1
Ladder, 10' folding	1	1.3	2,815.02	1,386.86	4,201.88	6.5
Hand tool, not powered, NOC	6	7.8	3,198.01	0.00	3,198.01	4.9
Vehicle, not otherwise classified	3	3.9	2,943.18	0.00	2,943.18	4.5
Building parts / doors	6	7.8	2,117.85	0.00	2,117.85	3.2
Electrical equipment	2	2.6	143.29	1,750.00	1,893.29	2.9
Patient / Inmate	1	1.3	1,573.60	0.00	1,573.60	2.4
Heating equipment	2	2.6	1,382.93	0.00	1,382.93	2.1
Walking surface, inside, dry	2	2.6	0.00	750.00	750.00	1.1
Minerals / dirt	6	7.8	675.99	0.00	675.99	1.0
Furniture / fixtures	15	19.7	562.71	0.00	562.71	0.8
Chemicals, not otherwise classified	5	6.5	543.41	0.00	543.41	0.8
Ladder, 12' roof	1	1.3	443.15	0.00	443.15	0.6
Hand tool, powered, NOC	3	3.9	381.99	0.00	381.99	0.5
Excavations	2	2.6	325.00	0.00	325.00	0.5
Walking surface, inside, wet	4	5.2	187.75	0.00	187.75	0.2
Office equipment	1	1.3	0.00	0.00	0.00	0.0
Brush / tree / log	2	2.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.3	0.00	0.00	0.00	0.0
Metal items	1	1.3	0.00	0.00	0.00	0.0
Miscellaneous	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 58,207.76**	**$ 6,265.40**	**$ 64,473.16**	

ACCIDENT TYPE

Fall or Slip (On Same Level)	10	13.1	20,413.50	1,750.00	22,163.50	34.3
Twisting, strain or injury by	2	2.6	12,860.23	0.00	12,860.23	19.9
Stuck, injured by fellow worker, patient	1	1.3	5,948.31	0.00	5,948.31	9.2
Fall or Slip (From Ladder/Scaffolding)	1	1.3	2,815.02	1,386.86	4,201.88	6.5
Lifting (strain or Injury by)	5	6.5	1,790.34	2,378.54	4,168.88	6.4
Object being lifted/handled (cut,punc.scrape,inj b	9	11.8	3,248.67	0.00	3,248.67	5.0
Vehicle Upset	2	2.6	2,629.97	0.00	2,629.97	4.0
Holding Or Carrying (Strain or Injury by)	4	5.2	2,009.47	0.00	2,009.47	3.1
Assault	1	1.3	1,573.60	0.00	1,573.60	2.4
Fall or Slip (From Different Level)	4	5.2	573.15	750.00	1,323.15	2.0
Pushing Or Pulling (Strain or Injury by)	2	2.6	1,097.42	0.00	1,097.42	1.7
Struck/Injured by Falling or Flying Object	5	6.5	790.66	0.00	790.66	1.2
Foreign Body In Eye	6	7.8	730.48	0.00	730.48	1.1
Object Handled (caught in or between)	4	5.2	632.64	0.00	632.64	0.9
Strike Against/Step on Stationary Object	7	9.2	312.67	0.00	312.67	0.4
Fall or slip (into Openings)	1	1.3	221.49	0.00	221.49	0.3
Contact with Electric Current	1	1.3	172.00	0.00	172.00	0.2
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	1.3	151.85	0.00	151.85	0.2
Strike Against/Step On Moving Part Of Machine	1	1.3	143.29	0.00	143.29	0.2
Allergic Reaction	1	1.3	93.00	0.00	93.00	0.1
Absorb, Ingest, Inhalation	1	1.3	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	1.3	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.3	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	1.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Old Dominion University (221)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step On Obj. Being Lifted or Handle	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
Struck/Injured by Object Handled By Other	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 58,207.76**	**$ 6,265.40**	**$ 64,473.16**	

**BODY PART

Knee	14
Lower Back Area (Lumbar and Lumbo-Sacral)	12
Shoulder	6
Facial, Other Soft Tissue	7
Wrist	4
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Hand	9
Elbow	4
Mouth	1
Finger(s)	6
Lower Leg	4
Foot	6
Lower Arm	5
Eye(s)	10
Great Toe	1
Upper Leg	6
Ankle	4
Toe(s)	1
Soft Tissue - Neck	4
Buttocks	1
Hip	1
Lungs	1
Abdomen including Groin	1
	76

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

**INJURY

Contusion	49
Sprain	8
Fracture	1
Strain	29
Foreign Body	11
Burn	4
Laceration	5
Puncture	1
Dermatitis	1
Poisoning - Chemical	1
	76

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Prof & Occup. Reg., Dept. (222)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	14.2	0.00	750.00	750.00	100.0
10AM-11:59AM	2	28.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
6AM-7:59AM	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
	7		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
20-22	3	42.8	0.00	750.00	750.00	100.0
0-2	3	42.8	0.00	0.00	0.00	0.0
2-4	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	14.2	0.00	750.00	750.00	100.0
25-29	1	14.2	0.00	0.00	0.00	0.0
35-39	1	14.2	0.00	0.00	0.00	0.0
40-44	1	14.2	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
60-64	1	14.2	0.00	0.00	0.00	0.0
65-69	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	3	42.8	0.00	750.00	750.00	100.0
Male	4	57.1	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, dry	3	42.8	0.00	750.00	750.00	100.0
Boxes / containers	2	28.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Miscellaneous	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	42.8	0.00	750.00	750.00	100.0
Contact With Hot Object or Substances	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	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
Lifting (strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Abdomen including Groin	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Knee	3					
Ankle	1					
Eye(s)	1					
Finger(s)	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Prof & Occup. Reg., Dept. (222)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand	1					
Lower Arm	1					
Wrist	1					
	7					

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

*****INJURY***

Contusion	6
Burn	3
Inflamation	1
Laceration	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health Professions Dept. (223)
SubAgency: Funeral Directors, Va Board Of (225)

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						
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, wet	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Elbow	1					
Hip	1					
Shoulder	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**		
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health Professions Dept. (223)
SubAgency: Examinations, Virginia Board Of (226)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	20.0	455.00	0.00	455.00	92.0
10AM-11:59AM	1	20.0	39.50	0.00	39.50	7.9
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
2PM-3:59PM	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 494.50**	**$ 0.00**	**$ 494.50**	
LENGTH OF SERVICE						
4-6	1	20.0	455.00	0.00	455.00	92.0
0-2	2	40.0	39.50	0.00	39.50	7.9
12-14	1	20.0	0.00	0.00	0.00	0.0
14-16	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 494.50**	**$ 0.00**	**$ 494.50**	
AGE OF CLAIMANT						
35-39	2	40.0	455.00	0.00	455.00	92.0
55-59	1	20.0	39.50	0.00	39.50	7.9
40-44	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		**$ 494.50**	**$ 0.00**	**$ 494.50**	
SEX OF CLAIMANT						
Male	2	40.0	494.50	0.00	494.50	100.0
Female	3	60.0	0.00	0.00	0.00	0.0
	5		**$ 494.50**	**$ 0.00**	**$ 494.50**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	20.0	455.00	0.00	455.00	92.0
Walking surface, outside, dry	1	20.0	39.50	0.00	39.50	7.9
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Miscellaneous	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		**$ 494.50**	**$ 0.00**	**$ 494.50**	
ACCIDENT TYPE						
Vehicle Upset	1	20.0	455.00	0.00	455.00	92.0
Fall or Slip (On Same Level)	2	40.0	39.50	0.00	39.50	7.9
Object being lifted/handled (cut,punc.scrape,inj b	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		**$ 494.50**	**$ 0.00**	**$ 494.50**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Elbow	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Finger(s)	1					
Eye(s)	1					
Knee	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health Professions Dept. (223)
SubAgency: Examinations, Virginia Board Of (226)

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
Contusion	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health Professions Dept. (223)
SubAgency: Va St Board Of (227)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	175.20	0.00	175.20	100.0
	1		**$ 175.20**	**$ 0.00**	**$ 175.20**	
LENGTH OF SERVICE						
2-4	1	100.0	175.20	0.00	175.20	100.0
	1		**$ 175.20**	**$ 0.00**	**$ 175.20**	
AGE OF CLAIMANT						
50-54	1	100.0	175.20	0.00	175.20	100.0
	1		**$ 175.20**	**$ 0.00**	**$ 175.20**	
SEX OF CLAIMANT						
Female	1	100.0	175.20	0.00	175.20	100.0
	1		**$ 175.20**	**$ 0.00**	**$ 175.20**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	175.20	0.00	175.20	100.0
	1		**$ 175.20**	**$ 0.00**	**$ 175.20**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	175.20	0.00	175.20	100.0
	1		**$ 175.20**	**$ 0.00**	**$ 175.20**	
****BODY PART**						
Elbow	1					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
	1					

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

****INJURY**		
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health Professions Dept. (223)
SubAgency: Pharmacy, Virginia Board Of (229)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	453.17	0.00	453.17	100.0
	1		***$ 453.17***	***$ 0.00***	***$ 453.17***	
LENGTH OF SERVICE						
18-20	1	100.0	453.17	0.00	453.17	100.0
	1		***$ 453.17***	***$ 0.00***	***$ 453.17***	
AGE OF CLAIMANT						
45-49	1	100.0	453.17	0.00	453.17	100.0
	1		***$ 453.17***	***$ 0.00***	***$ 453.17***	
SEX OF CLAIMANT						
Female	1	100.0	453.17	0.00	453.17	100.0
	1		***$ 453.17***	***$ 0.00***	***$ 453.17***	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	453.17	0.00	453.17	100.0
	1		***$ 453.17***	***$ 0.00***	***$ 453.17***	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	453.17	0.00	453.17	100.0
	1		***$ 453.17***	***$ 0.00***	***$ 453.17***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health Professions Dept. (223)
SubAgency: Veterinary Medicine (230)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
LENGTH OF SERVICE						
12-14	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
AGE OF CLAIMANT						
45-49	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
SEX OF CLAIMANT						
Female	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	174.00	0.00	174.00	100.0
	1		***$ 174.00***	***$ 0.00***	***$ 174.00***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Purchasing (18)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	550.50	0.00	550.50	100.0
	1		**$ 550.50**	**$ 0.00**	**$ 550.50**	
LENGTH OF SERVICE						
0-2	1	100.0	550.50	0.00	550.50	100.0
	1		**$ 550.50**	**$ 0.00**	**$ 550.50**	
AGE OF CLAIMANT						
45-49	1	100.0	550.50	0.00	550.50	100.0
	1		**$ 550.50**	**$ 0.00**	**$ 550.50**	
SEX OF CLAIMANT						
Female	1	100.0	550.50	0.00	550.50	100.0
	1		**$ 550.50**	**$ 0.00**	**$ 550.50**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	550.50	0.00	550.50	100.0
	1		**$ 550.50**	**$ 0.00**	**$ 550.50**	
ACCIDENT TYPE						
Misc. (Caught in or Between)	1	100.0	550.50	0.00	550.50	100.0
	1		**$ 550.50**	**$ 0.00**	**$ 550.50**	
****BODY PART**						
Foot	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Telecommunication Service (19)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Computer Center (22)

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						
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**						
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 2001

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univ Advancement Services (30)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	78.00	0.00	78.00	100.0
	1		***$ 78.00***	***$ 0.00***	***$ 78.00***	
LENGTH OF SERVICE						
0-2	1	100.0	78.00	0.00	78.00	100.0
	1		***$ 78.00***	***$ 0.00***	***$ 78.00***	
AGE OF CLAIMANT						
20-24	1	100.0	78.00	0.00	78.00	100.0
	1		***$ 78.00***	***$ 0.00***	***$ 78.00***	
SEX OF CLAIMANT						
Male	1	100.0	78.00	0.00	78.00	100.0
	1		***$ 78.00***	***$ 0.00***	***$ 78.00***	
LOSS CAUSE						
Food	1	100.0	78.00	0.00	78.00	100.0
	1		***$ 78.00***	***$ 0.00***	***$ 78.00***	
ACCIDENT TYPE						
Contact With Hot Object or Substances	1	100.0	78.00	0.00	78.00	100.0
	1		***$ 78.00***	***$ 0.00***	***$ 78.00***	
*****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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Director Of Athletics (36)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	8,624.57	1,728.84	10,353.41	100.0
	1		**$ 8,624.57**	**$ 1,728.84**	**$ 10,353.41**	
LENGTH OF SERVICE						
2-4	1	100.0	8,624.57	1,728.84	10,353.41	100.0
	1		**$ 8,624.57**	**$ 1,728.84**	**$ 10,353.41**	
AGE OF CLAIMANT						
60-64	1	100.0	8,624.57	1,728.84	10,353.41	100.0
	1		**$ 8,624.57**	**$ 1,728.84**	**$ 10,353.41**	
SEX OF CLAIMANT						
Male	1	100.0	8,624.57	1,728.84	10,353.41	100.0
	1		**$ 8,624.57**	**$ 1,728.84**	**$ 10,353.41**	
LOSS CAUSE						
Elevators, escalators	1	100.0	8,624.57	1,728.84	10,353.41	100.0
	1		**$ 8,624.57**	**$ 1,728.84**	**$ 10,353.41**	
ACCIDENT TYPE						
Strike Against/Step On Obj. Being Lifted or Handle	1	100.0	8,624.57	1,728.84	10,353.41	100.0
	1		**$ 8,624.57**	**$ 1,728.84**	**$ 10,353.41**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Crafts (46)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	3,719.07	17,780.93	21,500.00	99.6
10AM-11:59AM	1	50.0	67.00	0.00	67.00	0.3
	2		**$ 3,786.07**	**$ 17,780.93**	**$ 21,567.00**	
LENGTH OF SERVICE						
4-6	1	50.0	3,719.07	17,780.93	21,500.00	99.6
0-2	1	50.0	67.00	0.00	67.00	0.3
	2		**$ 3,786.07**	**$ 17,780.93**	**$ 21,567.00**	
AGE OF CLAIMANT						
35-39	1	50.0	3,719.07	17,780.93	21,500.00	99.6
20-24	1	50.0	67.00	0.00	67.00	0.3
	2		**$ 3,786.07**	**$ 17,780.93**	**$ 21,567.00**	
SEX OF CLAIMANT						
Male	1	50.0	3,719.07	17,780.93	21,500.00	99.6
Female	1	50.0	67.00	0.00	67.00	0.3
	2		**$ 3,786.07**	**$ 17,780.93**	**$ 21,567.00**	
LOSS CAUSE						
Miscellaneous	1	50.0	3,719.07	17,780.93	21,500.00	99.6
Machine, not otherwise classified	1	50.0	67.00	0.00	67.00	0.3
	2		**$ 3,786.07**	**$ 17,780.93**	**$ 21,567.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	3,719.07	17,780.93	21,500.00	99.6
Machinery (caught in or between)	1	50.0	67.00	0.00	67.00	0.3
	2		**$ 3,786.07**	**$ 17,780.93**	**$ 21,567.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
	2					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Painting And Printmaking (52)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	177.00	0.00	177.00	100.0
	1		**$ 177.00**	**$ 0.00**	**$ 177.00**	
LENGTH OF SERVICE						
22-24	1	100.0	177.00	0.00	177.00	100.0
	1		**$ 177.00**	**$ 0.00**	**$ 177.00**	
AGE OF CLAIMANT						
45-49	1	100.0	177.00	0.00	177.00	100.0
	1		**$ 177.00**	**$ 0.00**	**$ 177.00**	
SEX OF CLAIMANT						
Female	1	100.0	177.00	0.00	177.00	100.0
	1		**$ 177.00**	**$ 0.00**	**$ 177.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	177.00	0.00	177.00	100.0
	1		**$ 177.00**	**$ 0.00**	**$ 177.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	177.00	0.00	177.00	100.0
	1		**$ 177.00**	**$ 0.00**	**$ 177.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Sculpture (54)

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						
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						
Metal items	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Eye(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Theatre Department (55)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	288.98	0.00	288.98	100.0
	1		**$ 288.98**	**$ 0.00**	**$ 288.98**	
LENGTH OF SERVICE						
0-2	1	100.0	288.98	0.00	288.98	100.0
	1		**$ 288.98**	**$ 0.00**	**$ 288.98**	
AGE OF CLAIMANT						
25-29	1	100.0	288.98	0.00	288.98	100.0
	1		**$ 288.98**	**$ 0.00**	**$ 288.98**	
SEX OF CLAIMANT						
Male	1	100.0	288.98	0.00	288.98	100.0
	1		**$ 288.98**	**$ 0.00**	**$ 288.98**	
LOSS CAUSE						
Metal items	1	100.0	288.98	0.00	288.98	100.0
	1		**$ 288.98**	**$ 0.00**	**$ 288.98**	
ACCIDENT TYPE						
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	100.0	288.98	0.00	288.98	100.0
	1		**$ 288.98**	**$ 0.00**	**$ 288.98**	
****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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Chemistry (67)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	8,700.22	-48.00	8,652.22	100.0
	1		**$ 8,700.22**	**$ -48.00**	**$ 8,652.22**	
LENGTH OF SERVICE						
0-2	1	100.0	8,700.22	-48.00	8,652.22	100.0
	1		**$ 8,700.22**	**$ -48.00**	**$ 8,652.22**	
AGE OF CLAIMANT						
25-29	1	100.0	8,700.22	-48.00	8,652.22	100.0
	1		**$ 8,700.22**	**$ -48.00**	**$ 8,652.22**	
SEX OF CLAIMANT						
Male	1	100.0	8,700.22	-48.00	8,652.22	100.0
	1		**$ 8,700.22**	**$ -48.00**	**$ 8,652.22**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	8,700.22	-48.00	8,652.22	100.0
	1		**$ 8,700.22**	**$ -48.00**	**$ 8,652.22**	
ACCIDENT TYPE						
Cut,puncture,scrape, injured by (Broken Glass)	1	100.0	8,700.22	-48.00	8,652.22	100.0
	1		**$ 8,700.22**	**$ -48.00**	**$ 8,652.22**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Physics (80)

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						
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						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:07

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Psychology (83)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
24-26	1	50.0	0.00	750.00	750.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
45-49	1	50.0	0.00	750.00	750.00	100.0
20-24	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Stairs, steps	1	50.0	0.00	750.00	750.00	100.0
Animal / insect, not otherwise classified	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
Animal Or Insect	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Sociology & Anthropology (86)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	35.37	0.00	35.37	100.0
	1		**$ 35.37**	**$ 0.00**	**$ 35.37**	
LENGTH OF SERVICE						
0-2	1	100.0	35.37	0.00	35.37	100.0
	1		**$ 35.37**	**$ 0.00**	**$ 35.37**	
AGE OF CLAIMANT						
40-44	1	100.0	35.37	0.00	35.37	100.0
	1		**$ 35.37**	**$ 0.00**	**$ 35.37**	
SEX OF CLAIMANT						
Female	1	100.0	35.37	0.00	35.37	100.0
	1		**$ 35.37**	**$ 0.00**	**$ 35.37**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	35.37	0.00	35.37	100.0
	1		**$ 35.37**	**$ 0.00**	**$ 35.37**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	35.37	0.00	35.37	100.0
	1		**$ 35.37**	**$ 0.00**	**$ 35.37**	
****BODY PART**						
Buttocks	1					
	1					

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

****INJURY**						
Contusion	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Management (96)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	452.44	0.00	452.44	100.0
	1		***$ 452.44***	***$ 0.00***	***$ 452.44***	
LENGTH OF SERVICE						
14-16	1	100.0	452.44	0.00	452.44	100.0
	1		***$ 452.44***	***$ 0.00***	***$ 452.44***	
AGE OF CLAIMANT						
40-44	1	100.0	452.44	0.00	452.44	100.0
	1		***$ 452.44***	***$ 0.00***	***$ 452.44***	
SEX OF CLAIMANT						
Female	1	100.0	452.44	0.00	452.44	100.0
	1		***$ 452.44***	***$ 0.00***	***$ 452.44***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	452.44	0.00	452.44	100.0
	1		***$ 452.44***	***$ 0.00***	***$ 452.44***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	452.44	0.00	452.44	100.0
	1		***$ 452.44***	***$ 0.00***	***$ 452.44***	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Education Department (112)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
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 (On Same Level)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
No Physical Problem	1					
	1					

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

****INJURY**						
No Physical Injury	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Social Work Bachelor Program (127)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	6,251.05	11,048.95	17,300.00	100.0
	1		**$ 6,251.05**	**$ 11,048.95**	**$ 17,300.00**	
LENGTH OF SERVICE						
4-6	1	100.0	6,251.05	11,048.95	17,300.00	100.0
	1		**$ 6,251.05**	**$ 11,048.95**	**$ 17,300.00**	
AGE OF CLAIMANT						
50-54	1	100.0	6,251.05	11,048.95	17,300.00	100.0
	1		**$ 6,251.05**	**$ 11,048.95**	**$ 17,300.00**	
SEX OF CLAIMANT						
Female	1	100.0	6,251.05	11,048.95	17,300.00	100.0
	1		**$ 6,251.05**	**$ 11,048.95**	**$ 17,300.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	6,251.05	11,048.95	17,300.00	100.0
	1		**$ 6,251.05**	**$ 11,048.95**	**$ 17,300.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	6,251.05	11,048.95	17,300.00	100.0
	1		**$ 6,251.05**	**$ 11,048.95**	**$ 17,300.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ues/recruitment (136)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ues/records & Registration (137)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	36.16	0.00	36.16	100.0
	1		**$ 36.16**	**$ 0.00**	**$ 36.16**	
LENGTH OF SERVICE						
14-16	1	100.0	36.16	0.00	36.16	100.0
	1		**$ 36.16**	**$ 0.00**	**$ 36.16**	
AGE OF CLAIMANT						
50-54	1	100.0	36.16	0.00	36.16	100.0
	1		**$ 36.16**	**$ 0.00**	**$ 36.16**	
SEX OF CLAIMANT						
Female	1	100.0	36.16	0.00	36.16	100.0
	1		**$ 36.16**	**$ 0.00**	**$ 36.16**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	36.16	0.00	36.16	100.0
	1		**$ 36.16**	**$ 0.00**	**$ 36.16**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	36.16	0.00	36.16	100.0
	1		**$ 36.16**	**$ 0.00**	**$ 36.16**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ues/admissions (139)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	39.60	5,710.40	5,750.00	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 39.60**	**$ 5,710.40**	**$ 5,750.00**	
LENGTH OF SERVICE						
2-4	1	50.0	39.60	5,710.40	5,750.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 39.60**	**$ 5,710.40**	**$ 5,750.00**	
AGE OF CLAIMANT						
20-24	1	50.0	39.60	5,710.40	5,750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 39.60**	**$ 5,710.40**	**$ 5,750.00**	
SEX OF CLAIMANT						
Female	2	100.0	39.60	5,710.40	5,750.00	100.0
	2		**$ 39.60**	**$ 5,710.40**	**$ 5,750.00**	
LOSS CAUSE						
Boxes / containers	2	100.0	39.60	5,710.40	5,750.00	100.0
	2		**$ 39.60**	**$ 5,710.40**	**$ 5,750.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	39.60	5,710.40	5,750.00	100.0
Reaching (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 39.60**	**$ 5,710.40**	**$ 5,750.00**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Lca : Access Services (148)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	667.43	8,882.57	9,550.00	100.0
	1		**$ 667.43**	**$ 8,882.57**	**$ 9,550.00**	
LENGTH OF SERVICE						
26-28	1	100.0	667.43	8,882.57	9,550.00	100.0
	1		**$ 667.43**	**$ 8,882.57**	**$ 9,550.00**	
AGE OF CLAIMANT						
60-64	1	100.0	667.43	8,882.57	9,550.00	100.0
	1		**$ 667.43**	**$ 8,882.57**	**$ 9,550.00**	
SEX OF CLAIMANT						
Female	1	100.0	667.43	8,882.57	9,550.00	100.0
	1		**$ 667.43**	**$ 8,882.57**	**$ 9,550.00**	
LOSS CAUSE						
Office equipment	1	100.0	667.43	8,882.57	9,550.00	100.0
	1		**$ 667.43**	**$ 8,882.57**	**$ 9,550.00**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	667.43	8,882.57	9,550.00	100.0
	1		**$ 667.43**	**$ 8,882.57**	**$ 9,550.00**	
****BODY PART**						
Wrist	1					
	1					

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

****INJURY**						
Sprain	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	5	14.2	373.92	3,876.08	4,250.00	42.5
4AM-5:59AM	3	8.5	2,017.92	0.00	2,017.92	20.2
10AM-11:59AM	5	14.2	1,213.00	0.00	1,213.00	12.1
2AM-3:59AM	9	25.7	451.72	750.00	1,201.72	12.0
8AM-9:59AM	4	11.4	352.46	750.00	1,102.46	11.0
6AM-7:59AM	7	20.0	192.60	0.00	192.60	1.9
12PM-1:59PM	1	2.8	0.00	0.00	0.00	0.0
4PM-5:59PM	1	2.8	0.00	0.00	0.00	0.0
	35		**$ 4,601.62**	**$ 5,376.08**	**$ 9,977.70**	
LENGTH OF SERVICE						
16-18	2	5.7	373.92	3,126.08	3,500.00	35.0
0-2	8	22.8	154.48	2,250.00	2,404.48	24.1
14-16	3	8.5	1,854.62	0.00	1,854.62	18.5
4-6	4	11.4	1,040.46	0.00	1,040.46	10.4
2-4	7	20.0	613.14	0.00	613.14	6.1
6-8	4	11.4	443.50	0.00	443.50	4.4
20-22	1	2.8	121.50	0.00	121.50	1.2
8-10	3	8.5	0.00	0.00	0.00	0.0
12-14	1	2.8	0.00	0.00	0.00	0.0
26-28	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		**$ 4,601.62**	**$ 5,376.08**	**$ 9,977.70**	
AGE OF CLAIMANT						
45-49	7	20.0	804.99	3,126.08	3,931.07	39.4
25-29	7	20.0	274.10	2,250.00	2,524.10	25.3
50-54	3	8.5	1,854.62	0.00	1,854.62	18.5
35-39	5	14.2	1,002.26	0.00	1,002.26	10.0
30-34	6	17.1	349.67	0.00	349.67	3.5
55-59	1	2.8	161.50	0.00	161.50	1.6
20-24	2	5.7	154.48	0.00	154.48	1.5
40-44	4	11.4	0.00	0.00	0.00	0.0
	35		**$ 4,601.62**	**$ 5,376.08**	**$ 9,977.70**	
SEX OF CLAIMANT						
Female	9	25.7	2,228.54	3,876.08	6,104.62	61.1
Male	26	74.2	2,373.08	1,500.00	3,873.08	38.8
	35		**$ 4,601.62**	**$ 5,376.08**	**$ 9,977.70**	
LOSS CAUSE						
Furniture / fixtures	4	11.4	1,297.90	3,126.08	4,423.98	44.3
Walking surface, outside, dry	6	17.1	2,461.42	0.00	2,461.42	24.6
Vehicle, not otherwise classified	4	11.4	0.00	1,500.00	1,500.00	15.0
Patient / Inmate	7	20.0	121.50	750.00	871.50	8.7
Person	6	17.1	406.70	0.00	406.70	4.0
Fencing	1	2.8	161.50	0.00	161.50	1.6
Insufficient data	1	2.8	152.60	0.00	152.60	1.5
Gun / gunshot	1	2.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
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
Walking surface, inside, dry	2	5.7	0.00	0.00	0.00	0.0
Metal items	1	2.8	0.00	0.00	0.00	0.0
	35		***$ 4,601.62***	***$ 5,376.08***	***$ 9,977.70***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	3	8.5	495.42	3,126.08	3,621.50	36.3
Fall or Slip (On Same Level)	4	11.4	2,356.89	0.00	2,356.89	23.6
Strike Against/Step on Stationary Object	3	8.5	923.98	0.00	923.98	9.2
Collision/sideswipe with Another Vehicle	1	2.8	0.00	750.00	750.00	7.5
Lifting (strain or Injury by)	1	2.8	0.00	750.00	750.00	7.5
Struck/Injured by Object Being Lifted/Handled	2	5.7	0.00	750.00	750.00	7.5
Assault	7	20.0	500.53	0.00	500.53	5.0
Repetitive Motion	1	2.8	163.30	0.00	163.30	1.6
Object being lifted/handled (cut,punc.scrape,inj b	3	8.5	161.50	0.00	161.50	1.6
Fall or slip (into Openings)	2	5.7	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	2.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	2.8	0.00	0.00	0.00	0.0
Noise, continual, strain or injury by	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
Human Bite	1	2.8	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	2.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	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		***$ 4,601.62***	***$ 5,376.08***	***$ 9,977.70***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Knee	4
Thumb	2
Ankle	2
Multiple Upper Extremities	1
Hand	7
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Wrist	3
Elbow	3
Lower Leg	1
Multiple Neck Injury	1
Ear(s)	1
Eye(s)	1
Multiple Lower Extremities	1
No Physical Problem	2
Shoulder	1
Abdomen including Groin	1
Finger(s)	3
Lower Arm	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Campus Police (164)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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	8
Sprain	8
Laceration	11
Strain	5
Fracture	1
Foreign Body	2
Hearing Loss or Impairment (Traumatic only)	1
No Physical Injury	2
Infection	1
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Academic Campus Cmputng Svcs (178)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	1,416.60	0.00	1,416.60	100.0
	1		**$ 1,416.60**	**$ 0.00**	**$ 1,416.60**	
LENGTH OF SERVICE						
0-2	1	100.0	1,416.60	0.00	1,416.60	100.0
	1		**$ 1,416.60**	**$ 0.00**	**$ 1,416.60**	
AGE OF CLAIMANT						
35-39	1	100.0	1,416.60	0.00	1,416.60	100.0
	1		**$ 1,416.60**	**$ 0.00**	**$ 1,416.60**	
SEX OF CLAIMANT						
Female	1	100.0	1,416.60	0.00	1,416.60	100.0
	1		**$ 1,416.60**	**$ 0.00**	**$ 1,416.60**	
LOSS CAUSE						
Electrical equipment	1	100.0	1,416.60	0.00	1,416.60	100.0
	1		**$ 1,416.60**	**$ 0.00**	**$ 1,416.60**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	1,416.60	0.00	1,416.60	100.0
	1		**$ 1,416.60**	**$ 0.00**	**$ 1,416.60**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ppd Administration (187)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
20-22	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
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						
Boxes / containers	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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Housekeeping-west (189)

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						
20-22	1	50.0	0.00	0.00	0.00	0.0
28-30	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
60-64	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, 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 ice or snow)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	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**	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Labor (201)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	50.0	179.70	1,570.30	1,750.00	50.3
8AM-9:59AM	1	25.0	1,338.36	0.00	1,338.36	38.4
4AM-5:59AM	1	25.0	390.30	0.00	390.30	11.2
	4		**$ 1,908.36**	**$ 1,570.30**	**$ 3,478.66**	
LENGTH OF SERVICE						
18-20	2	50.0	570.00	1,570.30	2,140.30	61.5
2-4	1	25.0	1,338.36	0.00	1,338.36	38.4
8-10	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,908.36**	**$ 1,570.30**	**$ 3,478.66**	
AGE OF CLAIMANT						
50-54	2	50.0	570.00	1,570.30	2,140.30	61.5
30-34	1	25.0	1,338.36	0.00	1,338.36	38.4
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,908.36**	**$ 1,570.30**	**$ 3,478.66**	
SEX OF CLAIMANT						
Male	4	100.0	1,908.36	1,570.30	3,478.66	100.0
	4		**$ 1,908.36**	**$ 1,570.30**	**$ 3,478.66**	
LOSS CAUSE						
Boxes / containers	1	25.0	179.70	1,570.30	1,750.00	50.3
Stairs, steps	1	25.0	1,338.36	0.00	1,338.36	38.4
Walking surface, outside, dry	1	25.0	390.30	0.00	390.30	11.2
Miscellaneous	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,908.36**	**$ 1,570.30**	**$ 3,478.66**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	25.0	179.70	1,570.30	1,750.00	50.3
Fall or Slip (On Same Level)	1	25.0	1,338.36	0.00	1,338.36	38.4
Twisting, strain or injury by	1	25.0	390.30	0.00	390.30	11.2
Misc. (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,908.36**	**$ 1,570.30**	**$ 3,478.66**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Multiple Neck Injury	1
Shoulder	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**	
Contusion	2
Sprain	2
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Labor (201)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Locksmith (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	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						
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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Grounds (205)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	20.0	29.74	7,270.26	7,300.00	93.4
12AM-1:59AM	1	20.0	358.76	0.00	358.76	4.5
8AM-9:59AM	1	20.0	125.06	0.00	125.06	1.6
2AM-3:59AM	2	40.0	27.67	0.00	27.67	0.3
	5		**$ 541.23**	**$ 7,270.26**	**$ 7,811.49**	
LENGTH OF SERVICE						
22-24	1	20.0	29.74	7,270.26	7,300.00	93.4
6-8	2	40.0	483.82	0.00	483.82	6.1
2-4	1	20.0	27.67	0.00	27.67	0.3
0-2	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 541.23**	**$ 7,270.26**	**$ 7,811.49**	
AGE OF CLAIMANT						
40-44	1	20.0	29.74	7,270.26	7,300.00	93.4
30-34	1	20.0	358.76	0.00	358.76	4.5
35-39	1	20.0	125.06	0.00	125.06	1.6
25-29	1	20.0	27.67	0.00	27.67	0.3
20-24	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 541.23**	**$ 7,270.26**	**$ 7,811.49**	
SEX OF CLAIMANT						
Male	5	100.0	541.23	7,270.26	7,811.49	100.0
	5		**$ 541.23**	**$ 7,270.26**	**$ 7,811.49**	
LOSS CAUSE						
Boxes / containers	1	20.0	29.74	7,270.26	7,300.00	93.4
Brush / tree / log	1	20.0	358.76	0.00	358.76	4.5
Walking surface, outside, wet	1	20.0	125.06	0.00	125.06	1.6
Vehicle, not otherwise classified	1	20.0	27.67	0.00	27.67	0.3
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 541.23**	**$ 7,270.26**	**$ 7,811.49**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	20.0	29.74	7,270.26	7,300.00	93.4
Strike Against/Step on Sanding,Scraping,Cleaning	1	20.0	358.76	0.00	358.76	4.5
Twisting, strain or injury by	1	20.0	125.06	0.00	125.06	1.6
Collision with a Fixed Object	1	20.0	27.67	0.00	27.67	0.3
Misc. (Cut, Puncture, Scrape)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 541.23**	**$ 7,270.26**	**$ 7,811.49**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	1					
Knee	1					
Multiple Neck Injury	1					
Lower Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Grounds (205)

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
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univeristy Housing (229)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	14.2	885.60	0.00	885.60	39.0
4AM-5:59AM	1	14.2	0.00	750.00	750.00	33.1
2AM-3:59AM	3	42.8	590.85	0.00	590.85	26.0
8AM-9:59AM	2	28.5	39.58	0.00	39.58	1.7
	7		**$ 1,516.03**	**$ 750.00**	**$ 2,266.03**	
LENGTH OF SERVICE						
6-8	2	28.5	590.85	750.00	1,340.85	59.1
28-30	1	14.2	885.60	0.00	885.60	39.0
0-2	2	28.5	39.58	0.00	39.58	1.7
4-6	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 1,516.03**	**$ 750.00**	**$ 2,266.03**	
AGE OF CLAIMANT						
55-59	2	28.5	1,476.45	0.00	1,476.45	65.1
35-39	2	28.5	22.00	750.00	772.00	34.0
25-29	1	14.2	17.58	0.00	17.58	0.7
50-54	1	14.2	0.00	0.00	0.00	0.0
45-49	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,516.03**	**$ 750.00**	**$ 2,266.03**	
SEX OF CLAIMANT						
Female	4	57.1	907.60	750.00	1,657.60	73.1
Male	3	42.8	608.43	0.00	608.43	26.8
	7		**$ 1,516.03**	**$ 750.00**	**$ 2,266.03**	
LOSS CAUSE						
Water	1	14.2	885.60	0.00	885.60	39.0
Walking surface, outside, dry	1	14.2	0.00	750.00	750.00	33.1
Building parts / doors	2	28.5	590.85	0.00	590.85	26.0
Chemicals, not otherwise classified	2	28.5	22.00	0.00	22.00	0.9
Sharp objects, not otherwise classified	1	14.2	17.58	0.00	17.58	0.7
	7		**$ 1,516.03**	**$ 750.00**	**$ 2,266.03**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	14.2	885.60	0.00	885.60	39.0
Fall or Slip (On Same Level)	1	14.2	0.00	750.00	750.00	33.1
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	590.85	0.00	590.85	26.0
Allergic Reaction	1	14.2	22.00	0.00	22.00	0.9
Misc. (Cut, Puncture, Scrape)	1	14.2	17.58	0.00	17.58	0.7
Strike Against/Step on Stationary Object	1	14.2	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
	7		**$ 1,516.03**	**$ 750.00**	**$ 2,266.03**	
****BODY PART**						
Insufficient Information	1					
Multiple Head Injury	1					
Facial, Other Soft Tissue	2					
Lower Arm	2					
Finger(s)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Univeristy Housing (229)

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

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

*****INJURY***

Laceration	3
Sprain	1
Dermatitis	1
Contusion	1
Burn	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Career Center (231)

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						
4-6	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
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**						
Eye(s)	1					
Knee	1					
Shoulder	1					
	1					

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

****INJURY**		
Contusion	2	
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 2001

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu University Student Health (232)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	12.90	0.00	12.90	100.0
	1		***$ 12.90***	***$ 0.00***	***$ 12.90***	
LENGTH OF SERVICE						
2-4	1	100.0	12.90	0.00	12.90	100.0
	1		***$ 12.90***	***$ 0.00***	***$ 12.90***	
AGE OF CLAIMANT						
35-39	1	100.0	12.90	0.00	12.90	100.0
	1		***$ 12.90***	***$ 0.00***	***$ 12.90***	
SEX OF CLAIMANT						
Female	1	100.0	12.90	0.00	12.90	100.0
	1		***$ 12.90***	***$ 0.00***	***$ 12.90***	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	12.90	0.00	12.90	100.0
	1		***$ 12.90***	***$ 0.00***	***$ 12.90***	
ACCIDENT TYPE						
Allergic Reaction	1	100.0	12.90	0.00	12.90	100.0
	1		***$ 12.90***	***$ 0.00***	***$ 12.90***	
****BODY PART***						
Finger(s)	1					
Wrist	1					
	1					

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

****INJURY***	
Infection	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 2001

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Vp For Health Sciences (247)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	91.50	0.00	91.50	100.0
	1		***$ 91.50***	***$ 0.00***	***$ 91.50***	
LENGTH OF SERVICE						
2-4	1	100.0	91.50	0.00	91.50	100.0
	1		***$ 91.50***	***$ 0.00***	***$ 91.50***	
AGE OF CLAIMANT						
35-39	1	100.0	91.50	0.00	91.50	100.0
	1		***$ 91.50***	***$ 0.00***	***$ 91.50***	
SEX OF CLAIMANT						
Female	1	100.0	91.50	0.00	91.50	100.0
	1		***$ 91.50***	***$ 0.00***	***$ 91.50***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	91.50	0.00	91.50	100.0
	1		***$ 91.50***	***$ 0.00***	***$ 91.50***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	91.50	0.00	91.50	100.0
	1		***$ 91.50***	***$ 0.00***	***$ 91.50***	
*****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 2001

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01/18/2003 12:02:08

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cancer Center (248)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	8.58	0.00	8.58	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.58**	**$ 0.00**	**$ 8.58**	
LENGTH OF SERVICE						
0-2	1	50.0	8.58	0.00	8.58	100.0
10-12	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.58**	**$ 0.00**	**$ 8.58**	
AGE OF CLAIMANT						
35-39	1	50.0	8.58	0.00	8.58	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.58**	**$ 0.00**	**$ 8.58**	
SEX OF CLAIMANT						
Female	2	100.0	8.58	0.00	8.58	100.0
	2		**$ 8.58**	**$ 0.00**	**$ 8.58**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	8.58	0.00	8.58	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.58**	**$ 0.00**	**$ 8.58**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	8.58	0.00	8.58	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.58**	**$ 0.00**	**$ 8.58**	
****BODY PART**						
Knee	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**		
Contusion	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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Anaomy (262)

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						
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						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Biochemistry & Molecular (263)

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						
0-2	1	50.0	0.00	0.00	0.00	0.0
26-28	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
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
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	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 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Genetics (265)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
18-20	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	1	50.0	0.00	0.00	0.00	0.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Contact with Cold Objects or Substances	1	50.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Hand	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**		
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 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Microbiology & Immunology (266)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	100.34	0.00	100.34	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 100.34**	**$ 0.00**	**$ 100.34**	
LENGTH OF SERVICE						
0-2	1	50.0	100.34	0.00	100.34	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 100.34**	**$ 0.00**	**$ 100.34**	
AGE OF CLAIMANT						
20-24	2	100.0	100.34	0.00	100.34	100.0
	2		**$ 100.34**	**$ 0.00**	**$ 100.34**	
SEX OF CLAIMANT						
Female	2	100.0	100.34	0.00	100.34	100.0
	2		**$ 100.34**	**$ 0.00**	**$ 100.34**	
LOSS CAUSE						
Boxes / containers	1	50.0	100.34	0.00	100.34	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 100.34**	**$ 0.00**	**$ 100.34**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	50.0	100.34	0.00	100.34	100.0
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 100.34**	**$ 0.00**	**$ 100.34**	
****BODY PART**						
Insufficient Information	1					
Facial, Other Soft Tissue	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 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacology & Toxicology (267)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	11.1	0.00	750.00	750.00	77.5
2AM-3:59AM	3	33.3	179.28	0.00	179.28	18.5
10AM-11:59AM	1	11.1	37.35	0.00	37.35	3.8
12PM-1:59PM	3	33.3	0.00	0.00	0.00	0.0
12AM-1:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 216.63**	**$ 750.00**	**$ 966.63**	
LENGTH OF SERVICE						
6-8	1	11.1	0.00	750.00	750.00	77.5
8-10	1	11.1	179.28	0.00	179.28	18.5
0-2	5	55.5	37.35	0.00	37.35	3.8
10-12	1	11.1	0.00	0.00	0.00	0.0
2-4	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 216.63**	**$ 750.00**	**$ 966.63**	
AGE OF CLAIMANT						
40-44	3	33.3	0.00	750.00	750.00	77.5
35-39	2	22.2	179.28	0.00	179.28	18.5
20-24	4	44.4	37.35	0.00	37.35	3.8
	9		**$ 216.63**	**$ 750.00**	**$ 966.63**	
SEX OF CLAIMANT						
Female	2	22.2	0.00	750.00	750.00	77.5
Male	7	77.7	216.63	0.00	216.63	22.4
	9		**$ 216.63**	**$ 750.00**	**$ 966.63**	
LOSS CAUSE						
Walking surface, inside, dry	1	11.1	0.00	750.00	750.00	77.5
Animal, not otherwise classified	5	55.5	179.28	0.00	179.28	18.5
Animal / insect, not otherwise classified	1	11.1	37.35	0.00	37.35	3.8
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
Blower 18"	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 216.63**	**$ 750.00**	**$ 966.63**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	11.1	0.00	750.00	750.00	77.5
Animal Or Insect	6	66.6	216.63	0.00	216.63	22.4
Pushing Or Pulling (Strain or Injury by)	1	11.1	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 216.63**	**$ 750.00**	**$ 966.63**	
****BODY PART**						
Finger(s)	4					
Knee	1					
Shoulder	1					
Lower Arm	2					
Insufficient Information	3					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacology & Toxicology (267)

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***

Sprain	3
Laceration	3
Puncture	4
Strain	1
Burn	1
	9

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Physiology (269)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	66.6	592.40	1,157.60	1,750.00	100.0
10AM-11:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 592.40**	**$ 1,157.60**	**$ 1,750.00**	
LENGTH OF SERVICE						
0-2	2	66.6	592.40	1,157.60	1,750.00	100.0
24-26	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 592.40**	**$ 1,157.60**	**$ 1,750.00**	
AGE OF CLAIMANT						
35-39	1	33.3	592.40	1,157.60	1,750.00	100.0
25-29	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		**$ 592.40**	**$ 1,157.60**	**$ 1,750.00**	
SEX OF CLAIMANT						
Male	1	33.3	592.40	1,157.60	1,750.00	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 592.40**	**$ 1,157.60**	**$ 1,750.00**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	592.40	1,157.60	1,750.00	100.0
Animal, not otherwise classified	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		**$ 592.40**	**$ 1,157.60**	**$ 1,750.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	33.3	592.40	1,157.60	1,750.00	100.0
Allergic Reaction	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		**$ 592.40**	**$ 1,157.60**	**$ 1,750.00**	
****BODY PART**						
Wrist	1					
Eye(s)	1					
Finger(s)	1					
	3					

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

****INJURY**		
Sprain	1	
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Biomedical Engineering (271)

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						
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						
Minerals / dirt	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Eye(s)	1					
	1					

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

****INJURY**		
Foreign Body	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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						
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						
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**						
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 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic (276)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LOSS CAUSE						
Hand tool, powered, NOC	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
ACCIDENT TYPE						
Repetitive Motion	1	100.0	0.00	1,750.00	1,750.00	100.0
	1		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
****BODY PART**						
Wrist	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pediatric Denistry (287)

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						
10-12	1	50.0	0.00	0.00	0.00	0.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	50.0	0.00	0.00	0.00	0.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	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						
Misc. (Cut, Puncture, Scrape)	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
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**	
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Periodontic (288)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	68.52	2,181.48	2,250.00	100.0
	1		***$ 68.52***	***$ 2,181.48***	***$ 2,250.00***	
LENGTH OF SERVICE						
6-8	1	100.0	68.52	2,181.48	2,250.00	100.0
	1		***$ 68.52***	***$ 2,181.48***	***$ 2,250.00***	
AGE OF CLAIMANT						
50-54	1	100.0	68.52	2,181.48	2,250.00	100.0
	1		***$ 68.52***	***$ 2,181.48***	***$ 2,250.00***	
SEX OF CLAIMANT						
Female	1	100.0	68.52	2,181.48	2,250.00	100.0
	1		***$ 68.52***	***$ 2,181.48***	***$ 2,250.00***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	68.52	2,181.48	2,250.00	100.0
	1		***$ 68.52***	***$ 2,181.48***	***$ 2,250.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	68.52	2,181.48	2,250.00	100.0
	1		***$ 68.52***	***$ 2,181.48***	***$ 2,250.00***	
*****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***						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Faculty Practice (293)

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						
16-18	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						
Chemicals, 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**						
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**						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Deans Office (294)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	0.00	750.00	750.00	50.0
4AM-5:59AM	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
LENGTH OF SERVICE						
0-2	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						
20-24	1	50.0	0.00	750.00	750.00	50.0
40-44	1	50.0	0.00	750.00	750.00	50.0
	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						
Stairs, steps	1	50.0	0.00	750.00	750.00	50.0
Walking surface, inside, dry	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
Fall or slip (on stairs)	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 0.00**	**$ 1,500.00**	**$ 1,500.00**	
****BODY PART**						
Knee	1					
Nose	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Anesthesiology (298)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	20.0	0.00	0.00	0.00	0.0
12PM-1:59PM	2	40.0	0.00	0.00	0.00	0.0
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
10-12	1	20.0	0.00	0.00	0.00	0.0
0-2	1	20.0	0.00	0.00	0.00	0.0
12-14	1	20.0	0.00	0.00	0.00	0.0
16-18	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	3	60.0	0.00	0.00	0.00	0.0
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
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	4	80.0	0.00	0.00	0.00	0.0
Female	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Insufficient data	1	20.0	0.00	0.00	0.00	0.0
Recreational equipment	1	20.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	60.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Misc. (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	40.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	20.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 0.00**	**$ 0.00**	**$ 0.00**	
***BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	2					
Insufficient Information	2					
	5					

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

***INJURY**	
Sprain	1
Infection	1
Puncture	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Anesthesiology (298)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Internal Medicine (306)

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						
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						
Misc. (Cut, Puncture, Scrape)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Medicine Clinic (307)

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						
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						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cardiology/cath (311)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
24-26	1	33.3	0.00	0.00	0.00	0.0
8-10	2	66.6	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	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						
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Metal items	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						
Fall or slip (on stairs)	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
Struck/Injured by Hand Tool/Machine In Use	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Elbow	1					
Knee	1					
Eye(s)	1					
Hip	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Cardiology (312)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	313.30	1,436.70	1,750.00	100.0
	1		**$ 313.30**	**$ 1,436.70**	**$ 1,750.00**	
LENGTH OF SERVICE						
10-12	1	100.0	313.30	1,436.70	1,750.00	100.0
	1		**$ 313.30**	**$ 1,436.70**	**$ 1,750.00**	
AGE OF CLAIMANT						
55-59	1	100.0	313.30	1,436.70	1,750.00	100.0
	1		**$ 313.30**	**$ 1,436.70**	**$ 1,750.00**	
SEX OF CLAIMANT						
Female	1	100.0	313.30	1,436.70	1,750.00	100.0
	1		**$ 313.30**	**$ 1,436.70**	**$ 1,750.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	313.30	1,436.70	1,750.00	100.0
	1		**$ 313.30**	**$ 1,436.70**	**$ 1,750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	313.30	1,436.70	1,750.00	100.0
	1		**$ 313.30**	**$ 1,436.70**	**$ 1,750.00**	
****BODY PART**						
Multiple Head Injury	1					
	1					

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

****INJURY**						
Contusion	1					
	1					

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Clinical Research (316)

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						
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						
Stairs, steps	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Wrist	1					
	1					

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

****INJURY**						
Sprain	1					
	1					

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Gastroenterology (320)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	38.79	0.00	38.79	100.0
	1		**$ 38.79**	**$ 0.00**	**$ 38.79**	
LENGTH OF SERVICE						
2-4	1	100.0	38.79	0.00	38.79	100.0
	1		**$ 38.79**	**$ 0.00**	**$ 38.79**	
AGE OF CLAIMANT						
35-39	1	100.0	38.79	0.00	38.79	100.0
	1		**$ 38.79**	**$ 0.00**	**$ 38.79**	
SEX OF CLAIMANT						
Female	1	100.0	38.79	0.00	38.79	100.0
	1		**$ 38.79**	**$ 0.00**	**$ 38.79**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	38.79	0.00	38.79	100.0
	1		**$ 38.79**	**$ 0.00**	**$ 38.79**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	38.79	0.00	38.79	100.0
	1		**$ 38.79**	**$ 0.00**	**$ 38.79**	
****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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Hematology (321)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
8-10	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Immunology (322)

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						
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						
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**						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Neurology (323)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	66.6	23.76	0.00	23.76	100.0
2AM-3:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 23.76**	**$ 0.00**	**$ 23.76**	
LENGTH OF SERVICE						
0-2	1	33.3	23.76	0.00	23.76	100.0
6-8	1	33.3	0.00	0.00	0.00	0.0
20-22	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 23.76**	**$ 0.00**	**$ 23.76**	
AGE OF CLAIMANT						
35-39	1	33.3	23.76	0.00	23.76	100.0
45-49	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 23.76**	**$ 0.00**	**$ 23.76**	
SEX OF CLAIMANT						
Male	1	33.3	23.76	0.00	23.76	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 23.76**	**$ 0.00**	**$ 23.76**	
LOSS CAUSE						
Person	1	33.3	23.76	0.00	23.76	100.0
Elevators, escalators	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		**$ 23.76**	**$ 0.00**	**$ 23.76**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	33.3	23.76	0.00	23.76	100.0
Fall or Slip (On Same Level)	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		**$ 23.76**	**$ 0.00**	**$ 23.76**	

****BODY PART**	
Internal Organs	1
Knee	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**	
Contagious Disease	1
Sprain	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 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Ophthalmology (325)

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						
18-20	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Otolaryngology (326)

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						
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						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pediatrics (327)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	9.72	0.00	9.72	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 9.72**	**$ 0.00**	**$ 9.72**	
LENGTH OF SERVICE						
16-18	1	50.0	9.72	0.00	9.72	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 9.72**	**$ 0.00**	**$ 9.72**	
AGE OF CLAIMANT						
45-49	1	50.0	9.72	0.00	9.72	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 9.72**	**$ 0.00**	**$ 9.72**	
SEX OF CLAIMANT						
Male	1	50.0	9.72	0.00	9.72	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 9.72**	**$ 0.00**	**$ 9.72**	
LOSS CAUSE						
Patient / Inmate	1	50.0	9.72	0.00	9.72	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 9.72**	**$ 0.00**	**$ 9.72**	
ACCIDENT TYPE						
Infectious Disease Exposure	1	50.0	9.72	0.00	9.72	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 9.72**	**$ 0.00**	**$ 9.72**	
****BODY PART**						
Internal Organs	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**		
Contagious Disease	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Psychiatry (329)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	66.6	138.00	0.00	138.00	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 138.00**	**$ 0.00**	**$ 138.00**	
LENGTH OF SERVICE						
0-2	3	100.0	138.00	0.00	138.00	100.0
	3		**$ 138.00**	**$ 0.00**	**$ 138.00**	
AGE OF CLAIMANT						
20-24	1	33.3	138.00	0.00	138.00	100.0
25-29	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		**$ 138.00**	**$ 0.00**	**$ 138.00**	
SEX OF CLAIMANT						
Male	1	33.3	138.00	0.00	138.00	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 138.00**	**$ 0.00**	**$ 138.00**	
LOSS CAUSE						
Patient / Inmate	2	66.6	138.00	0.00	138.00	100.0
Walking surface, inside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 138.00**	**$ 0.00**	**$ 138.00**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	2	66.6	138.00	0.00	138.00	100.0
Reaching (Strain or Injury by)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 138.00**	**$ 0.00**	**$ 138.00**	
****BODY PART**						
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Lower Extremities	1					
Facial, Other Soft Tissue	1					
	3					

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

****INJURY**						
Contusion	2					
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Radiology (330)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	642.80	0.00	642.80	71.8
12AM-1:59AM	1	33.3	252.00	0.00	252.00	28.1
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 894.80**	**$ 0.00**	**$ 894.80**	
LENGTH OF SERVICE						
4-6	1	33.3	642.80	0.00	642.80	71.8
22-24	1	33.3	252.00	0.00	252.00	28.1
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 894.80**	**$ 0.00**	**$ 894.80**	
AGE OF CLAIMANT						
40-44	2	66.6	642.80	0.00	642.80	71.8
60-64	1	33.3	252.00	0.00	252.00	28.1
	3		**$ 894.80**	**$ 0.00**	**$ 894.80**	
SEX OF CLAIMANT						
Female	1	33.3	642.80	0.00	642.80	71.8
Male	2	66.6	252.00	0.00	252.00	28.1
	3		**$ 894.80**	**$ 0.00**	**$ 894.80**	
LOSS CAUSE						
Office equipment	1	33.3	642.80	0.00	642.80	71.8
Sharp objects, not otherwise classified	2	66.6	252.00	0.00	252.00	28.1
	3		**$ 894.80**	**$ 0.00**	**$ 894.80**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	33.3	642.80	0.00	642.80	71.8
Misc. (Cut, Puncture, Scrape)	2	66.6	252.00	0.00	252.00	28.1
	3		**$ 894.80**	**$ 0.00**	**$ 894.80**	
****BODY PART**						
Finger(s)	1					
Wrist	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**	
Sprain	2
Puncture	2
	3

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Surgery (332)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	16.6	639.30	30,960.70	31,600.00	87.6
12AM-1:59AM	1	16.6	2,553.04	1,000.00	3,553.04	9.8
8AM-9:59AM	2	33.3	152.26	750.00	902.26	2.5
2AM-3:59AM	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
	6		**$ 3,344.60**	**$ 32,710.70**	**$ 36,055.30**	
LENGTH OF SERVICE						
16-18	1	16.6	639.30	30,960.70	31,600.00	87.6
18-20	2	33.3	2,553.04	1,750.00	4,303.04	11.9
6-8	1	16.6	152.26	0.00	152.26	0.4
0-2	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 3,344.60**	**$ 32,710.70**	**$ 36,055.30**	
AGE OF CLAIMANT						
50-54	4	66.6	3,192.34	31,960.70	35,153.04	97.5
45-49	1	16.6	0.00	750.00	750.00	2.0
40-44	1	16.6	152.26	0.00	152.26	0.4
	6		**$ 3,344.60**	**$ 32,710.70**	**$ 36,055.30**	
SEX OF CLAIMANT						
Female	6	100.0	3,344.60	32,710.70	36,055.30	100.0
	6		**$ 3,344.60**	**$ 32,710.70**	**$ 36,055.30**	
LOSS CAUSE						
Walking surface, outside, wet	1	16.6	639.30	30,960.70	31,600.00	87.6
Ladder, 10’ folding	1	16.6	2,553.04	1,000.00	3,553.04	9.8
Building parts / doors	1	16.6	0.00	750.00	750.00	2.0
Pike pole 6’	1	16.6	152.26	0.00	152.26	0.4
Animal / insect, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Insufficient data	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,344.60**	**$ 32,710.70**	**$ 36,055.30**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	16.6	639.30	30,960.70	31,600.00	87.6
Fall or Slip (From Ladder/Scaffolding)	1	16.6	2,553.04	1,000.00	3,553.04	9.8
Twisting, strain or injury by	1	16.6	0.00	750.00	750.00	2.0
Struck/Injured by Falling or Flying Object	1	16.6	152.26	0.00	152.26	0.4
Allergic Reaction	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
	6		**$ 3,344.60**	**$ 32,710.70**	**$ 36,055.30**	
****BODY PART**						
Shoulder	1					
Knee	2					
Hip	1					
Insufficient Information	1					
Finger(s)	1					
Wrist	1					

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Surgery (332)

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***

Fracture	1
Strain	2
Sprain	1
Contusion	1
Dermatitis	1
Puncture	1
	6

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Surgery (333)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	40.0	321.00	0.00	321.00	100.0
2AM-3:59AM	1	20.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 321.00**	**$ 0.00**	**$ 321.00**	
LENGTH OF SERVICE						
18-20	1	20.0	321.00	0.00	321.00	100.0
0-2	1	20.0	0.00	0.00	0.00	0.0
2-4	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		**$ 321.00**	**$ 0.00**	**$ 321.00**	
AGE OF CLAIMANT						
50-54	1	20.0	321.00	0.00	321.00	100.0
35-39	2	40.0	0.00	0.00	0.00	0.0
45-49	1	20.0	0.00	0.00	0.00	0.0
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 321.00**	**$ 0.00**	**$ 321.00**	
SEX OF CLAIMANT						
Male	4	80.0	321.00	0.00	321.00	100.0
Female	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 321.00**	**$ 0.00**	**$ 321.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	5	100.0	321.00	0.00	321.00	100.0
	5		**$ 321.00**	**$ 0.00**	**$ 321.00**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	1	20.0	321.00	0.00	321.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	60.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 321.00**	**$ 0.00**	**$ 321.00**	
****BODY PART**						
Insufficient Information	3					
Finger(s)	2					
	5					

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

****INJURY**						
Puncture	5					
	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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pathology (335)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
2AM-3:59AM	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	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						
30-34	1	33.3	0.00	0.00	0.00	0.0
20-24	1	33.3	0.00	0.00	0.00	0.0
65-69	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 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						
Sharp objects, not otherwise classified	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						
Misc. (Cut, Puncture, Scrape)	2	66.6	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	2					
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**	
Laceration	1
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Family Practice (341)

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						
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						
Contact with Cold Objects or Substances	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Nursing-dean's Office (346)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Miscellaneous	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:09

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmacy-dean's Office (352)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	27.70	0.00	27.70	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 27.70**	**$ 0.00**	**$ 27.70**	
LENGTH OF SERVICE						
4-6	1	50.0	27.70	0.00	27.70	100.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 27.70**	**$ 0.00**	**$ 27.70**	
AGE OF CLAIMANT						
30-34	1	50.0	27.70	0.00	27.70	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 27.70**	**$ 0.00**	**$ 27.70**	
SEX OF CLAIMANT						
Male	1	50.0	27.70	0.00	27.70	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 27.70**	**$ 0.00**	**$ 27.70**	
LOSS CAUSE						
Hand tool, powered, NOC	1	50.0	27.70	0.00	27.70	100.0
Unknown	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 27.70**	**$ 0.00**	**$ 27.70**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	50.0	27.70	0.00	27.70	100.0
Unknown	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 27.70**	**$ 0.00**	**$ 27.70**	
****BODY PART**						
Finger(s)	1					
Hand	1					
	2					

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

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

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

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Medicinal Chemistry (353)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	152.46	3,347.54	3,500.00	100.0
	1		**$ 152.46**	**$ 3,347.54**	**$ 3,500.00**	
LENGTH OF SERVICE						
12-14	1	100.0	152.46	3,347.54	3,500.00	100.0
	1		**$ 152.46**	**$ 3,347.54**	**$ 3,500.00**	
AGE OF CLAIMANT						
40-44	1	100.0	152.46	3,347.54	3,500.00	100.0
	1		**$ 152.46**	**$ 3,347.54**	**$ 3,500.00**	
SEX OF CLAIMANT						
Female	1	100.0	152.46	3,347.54	3,500.00	100.0
	1		**$ 152.46**	**$ 3,347.54**	**$ 3,500.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	152.46	3,347.54	3,500.00	100.0
	1		**$ 152.46**	**$ 3,347.54**	**$ 3,500.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	152.46	3,347.54	3,500.00	100.0
	1		**$ 152.46**	**$ 3,347.54**	**$ 3,500.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Pharmaceutics (354)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
35-39	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Chemicals, not otherwise classified	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***						
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***		
Dermatitis	1	
	1	

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Human Resources (363)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
8-10	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
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						
Hoist / crane	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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Housekeeping-east (366)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	43.85	4,706.15	4,750.00	84.1
12PM-1:59PM	1	25.0	0.00	750.00	750.00	13.2
6AM-7:59AM	1	25.0	134.10	0.00	134.10	2.3
2AM-3:59AM	1	25.0	13.86	0.00	13.86	0.2
	4		**$ 191.81**	**$ 5,456.15**	**$ 5,647.96**	
LENGTH OF SERVICE						
14-16	3	75.0	57.71	5,456.15	5,513.86	97.6
28-30	1	25.0	134.10	0.00	134.10	2.3
	4		**$ 191.81**	**$ 5,456.15**	**$ 5,647.96**	
AGE OF CLAIMANT						
60-64	2	50.0	43.85	5,456.15	5,500.00	97.3
65-69	1	25.0	134.10	0.00	134.10	2.3
50-54	1	25.0	13.86	0.00	13.86	0.2
	4		**$ 191.81**	**$ 5,456.15**	**$ 5,647.96**	
SEX OF CLAIMANT						
Female	3	75.0	57.71	5,456.15	5,513.86	97.6
Male	1	25.0	134.10	0.00	134.10	2.3
	4		**$ 191.81**	**$ 5,456.15**	**$ 5,647.96**	
LOSS CAUSE						
Ladder, 10' folding	1	25.0	43.85	4,706.15	4,750.00	84.1
Walking surface, outside, dry	1	25.0	0.00	750.00	750.00	13.2
Walking surface, inside, wet	1	25.0	134.10	0.00	134.10	2.3
Boxes / containers	1	25.0	13.86	0.00	13.86	0.2
	4		**$ 191.81**	**$ 5,456.15**	**$ 5,647.96**	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	1	25.0	43.85	4,706.15	4,750.00	84.1
Fall or Slip (On Same Level)	1	25.0	0.00	750.00	750.00	13.2
Fall or Slip (From Liquid/Grease spills)	1	25.0	134.10	0.00	134.10	2.3
Struck/Injured by Object Handled By Other	1	25.0	13.86	0.00	13.86	0.2
	4		**$ 191.81**	**$ 5,456.15**	**$ 5,647.96**	
****BODY PART**						
Shoulder	1					
Wrist	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Leg	1					
	4					

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Research & Grad Studies (372)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	750.00	750.00	76.3
10AM-11:59AM	1	50.0	232.02	0.00	232.02	23.6
	2		***$ 232.02***	***$ 750.00***	***$ 982.02***	
LENGTH OF SERVICE						
20-22	2	100.0	232.02	750.00	982.02	100.0
	2		***$ 232.02***	***$ 750.00***	***$ 982.02***	
AGE OF CLAIMANT						
45-49	2	100.0	232.02	750.00	982.02	100.0
	2		***$ 232.02***	***$ 750.00***	***$ 982.02***	
SEX OF CLAIMANT						
Female	2	100.0	232.02	750.00	982.02	100.0
	2		***$ 232.02***	***$ 750.00***	***$ 982.02***	
LOSS CAUSE						
Stairs, steps	1	50.0	0.00	750.00	750.00	76.3
Boxes / containers	1	50.0	232.02	0.00	232.02	23.6
	2		***$ 232.02***	***$ 750.00***	***$ 982.02***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	50.0	0.00	750.00	750.00	76.3
Struck/Injured by Falling or Flying Object	1	50.0	232.02	0.00	232.02	23.6
	2		***$ 232.02***	***$ 750.00***	***$ 982.02***	
*****BODY PART***						
Knee	1					
Hand	1					
	2					

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

*****INJURY***	
Sprain	1
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Virginia Center On Aging (375)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	33.3	544.50	1,205.50	1,750.00	53.8
10AM-11:59AM	1	33.3	0.00	750.00	750.00	23.0
12PM-1:59PM	1	33.3	0.00	750.00	750.00	23.0
	3		**$ 544.50**	**$ 2,705.50**	**$ 3,250.00**	
LENGTH OF SERVICE						
2-4	1	33.3	544.50	1,205.50	1,750.00	53.8
12-14	1	33.3	0.00	750.00	750.00	23.0
8-10	1	33.3	0.00	750.00	750.00	23.0
	3		**$ 544.50**	**$ 2,705.50**	**$ 3,250.00**	
AGE OF CLAIMANT						
55-59	1	33.3	544.50	1,205.50	1,750.00	53.8
35-39	1	33.3	0.00	750.00	750.00	23.0
45-49	1	33.3	0.00	750.00	750.00	23.0
	3		**$ 544.50**	**$ 2,705.50**	**$ 3,250.00**	
SEX OF CLAIMANT						
Female	3	100.0	544.50	2,705.50	3,250.00	100.0
	3		**$ 544.50**	**$ 2,705.50**	**$ 3,250.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	544.50	1,205.50	1,750.00	53.8
Insufficient data	1	33.3	0.00	750.00	750.00	23.0
Water	1	33.3	0.00	750.00	750.00	23.0
	3		**$ 544.50**	**$ 2,705.50**	**$ 3,250.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	33.3	544.50	1,205.50	1,750.00	53.8
Fall or Slip (From Liquid/Grease spills)	1	33.3	0.00	750.00	750.00	23.0
Other (Not Otherwise Classified)	1	33.3	0.00	750.00	750.00	23.0
	3		**$ 544.50**	**$ 2,705.50**	**$ 3,250.00**	

****BODY PART**	
Insufficient Information	2
Brain	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**	
No Physical Injury	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Animal Resources (377)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	2,009.49	0.00	2,009.49	95.3
6AM-7:59AM	2	33.3	90.00	0.00	90.00	4.2
8AM-9:59AM	1	16.6	8.06	0.00	8.06	0.3
12PM-1:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,107.55**	**$ 0.00**	**$ 2,107.55**	
LENGTH OF SERVICE						
0-2	1	16.6	2,009.49	0.00	2,009.49	95.3
14-16	2	33.3	98.06	0.00	98.06	4.6
28-30	1	16.6	0.00	0.00	0.00	0.0
10-12	1	16.6	0.00	0.00	0.00	0.0
12-14	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,107.55**	**$ 0.00**	**$ 2,107.55**	
AGE OF CLAIMANT						
40-44	1	16.6	2,009.49	0.00	2,009.49	95.3
35-39	1	16.6	90.00	0.00	90.00	4.2
45-49	3	50.0	8.06	0.00	8.06	0.3
60-64	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,107.55**	**$ 0.00**	**$ 2,107.55**	
SEX OF CLAIMANT						
Female	1	16.6	2,009.49	0.00	2,009.49	95.3
Male	5	83.3	98.06	0.00	98.06	4.6
	6		**$ 2,107.55**	**$ 0.00**	**$ 2,107.55**	
LOSS CAUSE						
Glass bottle / sheet	1	16.6	2,009.49	0.00	2,009.49	95.3
Building parts / doors	1	16.6	90.00	0.00	90.00	4.2
Insufficient data	1	16.6	8.06	0.00	8.06	0.3
Walking surface, inside, dry	1	16.6	0.00	0.00	0.00	0.0
Metal items	1	16.6	0.00	0.00	0.00	0.0
Water	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,107.55**	**$ 0.00**	**$ 2,107.55**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	16.6	2,009.49	0.00	2,009.49	95.3
Strike Against/Step on Stationary Object	2	33.3	90.00	0.00	90.00	4.2
Foreign Body In Eye	2	33.3	8.06	0.00	8.06	0.3
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 2,107.55**	**$ 0.00**	**$ 2,107.55**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Hand	1					
Eye(s)	2					
Finger(s)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Animal Resources (377)

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	1
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Environmental Hlth & Safety (378)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
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						
Misc. (Cut, Puncture, Scrape)	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					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Survey Research (383)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	3,504.11	0.00	3,504.11	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 3,504.11**	**$ 0.00**	**$ 3,504.11**	
LENGTH OF SERVICE						
0-2	2	100.0	3,504.11	0.00	3,504.11	100.0
	2		**$ 3,504.11**	**$ 0.00**	**$ 3,504.11**	
AGE OF CLAIMANT						
45-49	1	50.0	3,504.11	0.00	3,504.11	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 3,504.11**	**$ 0.00**	**$ 3,504.11**	
SEX OF CLAIMANT						
Female	2	100.0	3,504.11	0.00	3,504.11	100.0
	2		**$ 3,504.11**	**$ 0.00**	**$ 3,504.11**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	3,504.11	0.00	3,504.11	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 3,504.11**	**$ 0.00**	**$ 3,504.11**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	3,504.11	0.00	3,504.11	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 3,504.11**	**$ 0.00**	**$ 3,504.11**	
****BODY PART**						
Ankle	1					
Knee	1					
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**	
Contusion	1
Sprain	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Development Disabilities (387)

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						
14-16	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						
45-49	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						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Building parts / doors	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
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**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Head Injury	1					
	2					

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

****INJURY**		
Sprain	1	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Chemical Safety (395)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	0.00	750.00	750.00	97.8
10AM-11:59AM	1	33.3	16.80	0.00	16.80	2.1
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 16.80**	**$ 750.00**	**$ 766.80**	
LENGTH OF SERVICE						
4-6	2	66.6	16.80	750.00	766.80	100.0
8-10	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 16.80**	**$ 750.00**	**$ 766.80**	
AGE OF CLAIMANT						
25-29	1	33.3	0.00	750.00	750.00	97.8
40-44	2	66.6	16.80	0.00	16.80	2.1
	3		**$ 16.80**	**$ 750.00**	**$ 766.80**	
SEX OF CLAIMANT						
Male	3	100.0	16.80	750.00	766.80	100.0
	3		**$ 16.80**	**$ 750.00**	**$ 766.80**	
LOSS CAUSE						
Boxes / containers	1	33.3	0.00	750.00	750.00	97.8
Walking surface, inside, dry	1	33.3	16.80	0.00	16.80	2.1
Clothing / jewelry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 16.80**	**$ 750.00**	**$ 766.80**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	0.00	750.00	750.00	97.8
Twisting, strain or injury by	1	33.3	16.80	0.00	16.80	2.1
Allergic Reaction	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 16.80**	**$ 750.00**	**$ 766.80**	
****BODY PART**						
Abdomen including Groin	1					
Knee	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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Rehab Research (396)

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						
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						
Gloves	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**						
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**						
Dermatitis	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Communications Systems (419)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	20.0	217.64	6,382.36	6,600.00	78.9
8AM-9:59AM	3	60.0	265.00	1,500.00	1,765.00	21.1
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 482.64**	**$ 7,882.36**	**$ 8,365.00**	
LENGTH OF SERVICE						
8-10	1	20.0	217.64	6,382.36	6,600.00	78.9
16-18	2	40.0	0.00	1,500.00	1,500.00	17.9
10-12	1	20.0	265.00	0.00	265.00	3.1
12-14	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 482.64**	**$ 7,882.36**	**$ 8,365.00**	
AGE OF CLAIMANT						
40-44	4	80.0	217.64	7,882.36	8,100.00	96.8
35-39	1	20.0	265.00	0.00	265.00	3.1
	5		**$ 482.64**	**$ 7,882.36**	**$ 8,365.00**	
SEX OF CLAIMANT						
Male	3	60.0	217.64	7,882.36	8,100.00	96.8
Female	2	40.0	265.00	0.00	265.00	3.1
	5		**$ 482.64**	**$ 7,882.36**	**$ 8,365.00**	
LOSS CAUSE						
Boxes / containers	1	20.0	217.64	6,382.36	6,600.00	78.9
Stairs, steps	3	60.0	265.00	1,500.00	1,765.00	21.1
Recreational equipment	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 482.64**	**$ 7,882.36**	**$ 8,365.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	20.0	217.64	6,382.36	6,600.00	78.9
Fall or slip (on stairs)	2	40.0	265.00	750.00	1,015.00	12.1
Twisting, strain or injury by	1	20.0	0.00	750.00	750.00	8.9
Strike Against/Step on Stationary Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 482.64**	**$ 7,882.36**	**$ 8,365.00**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Ankle	2
Wrist	1
Multiple Head Injury	1
	5

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Communications Systems (419)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu General & Trauma (428)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	25.0	0.00	0.00	0.00	0.0
6AM-7:59AM	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	2	50.0	0.00	0.00	0.00	0.0
2-4	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	3	75.0	0.00	0.00	0.00	0.0
35-39	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						
Sharp objects, not otherwise classified	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	75.0	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**	
Insufficient Information	3
Multiple Lower Extremities	1
	4

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

****INJURY**	
Laceration	1
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Dental Clinic/sterilization (440)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	25.0	252.00	0.00	252.00	100.0
12AM-1:59AM	1	25.0	0.00	0.00	0.00	0.0
6AM-7:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 252.00**	**$ 0.00**	**$ 252.00**	
LENGTH OF SERVICE						
0-2	4	100.0	252.00	0.00	252.00	100.0
	4		**$ 252.00**	**$ 0.00**	**$ 252.00**	
AGE OF CLAIMANT						
50-54	1	25.0	252.00	0.00	252.00	100.0
25-29	2	50.0	0.00	0.00	0.00	0.0
30-34	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 252.00**	**$ 0.00**	**$ 252.00**	
SEX OF CLAIMANT						
Female	2	50.0	252.00	0.00	252.00	100.0
Male	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 252.00**	**$ 0.00**	**$ 252.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	4	100.0	252.00	0.00	252.00	100.0
	4		**$ 252.00**	**$ 0.00**	**$ 252.00**	
ACCIDENT TYPE						
Rubbed/Abraded not otherwise classified	1	25.0	252.00	0.00	252.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	50.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 252.00**	**$ 0.00**	**$ 252.00**	

****BODY PART**	
Insufficient Information	1
Finger(s)	1
Hand	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	4
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu Intrnl Medicine-sbstnce Abus (445)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
30-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Physical Plant (564)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	1,180.28	6,719.72	7,900.00	100.0
	1		***$ 1,180.28***	***$ 6,719.72***	***$ 7,900.00***	
LENGTH OF SERVICE						
8-10	1	100.0	1,180.28	6,719.72	7,900.00	100.0
	1		***$ 1,180.28***	***$ 6,719.72***	***$ 7,900.00***	
AGE OF CLAIMANT						
50-54	1	100.0	1,180.28	6,719.72	7,900.00	100.0
	1		***$ 1,180.28***	***$ 6,719.72***	***$ 7,900.00***	
SEX OF CLAIMANT						
Male	1	100.0	1,180.28	6,719.72	7,900.00	100.0
	1		***$ 1,180.28***	***$ 6,719.72***	***$ 7,900.00***	
LOSS CAUSE						
Hand tool, powered, NOC	1	100.0	1,180.28	6,719.72	7,900.00	100.0
	1		***$ 1,180.28***	***$ 6,719.72***	***$ 7,900.00***	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	100.0	1,180.28	6,719.72	7,900.00	100.0
	1		***$ 1,180.28***	***$ 6,719.72***	***$ 7,900.00***	
*****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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:10

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-dept Of Orthopaedic Surgery (578)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	24.39	0.00	24.39	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 24.39**	**$ 0.00**	**$ 24.39**	
LENGTH OF SERVICE						
24-26	2	100.0	24.39	0.00	24.39	100.0
	2		**$ 24.39**	**$ 0.00**	**$ 24.39**	
AGE OF CLAIMANT						
55-59	2	100.0	24.39	0.00	24.39	100.0
	2		**$ 24.39**	**$ 0.00**	**$ 24.39**	
SEX OF CLAIMANT						
Male	2	100.0	24.39	0.00	24.39	100.0
	2		**$ 24.39**	**$ 0.00**	**$ 24.39**	
LOSS CAUSE						
Sharp objects, not otherwise classified	2	100.0	24.39	0.00	24.39	100.0
	2		**$ 24.39**	**$ 0.00**	**$ 24.39**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	24.39	0.00	24.39	100.0
Misc. (Cut, Puncture, Scrape)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 24.39**	**$ 0.00**	**$ 24.39**	
****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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-graduate Studies (584)

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						
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						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower 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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-enrollment Services (589)

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						
20-22	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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-franklin Street Corrider (598)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	312.86	0.00	312.86	100.0
	1		**$ 312.86**	**$ 0.00**	**$ 312.86**	
LENGTH OF SERVICE						
12-14	1	100.0	312.86	0.00	312.86	100.0
	1		**$ 312.86**	**$ 0.00**	**$ 312.86**	
AGE OF CLAIMANT						
55-59	1	100.0	312.86	0.00	312.86	100.0
	1		**$ 312.86**	**$ 0.00**	**$ 312.86**	
SEX OF CLAIMANT						
Female	1	100.0	312.86	0.00	312.86	100.0
	1		**$ 312.86**	**$ 0.00**	**$ 312.86**	
LOSS CAUSE						
Minerals / dirt	1	100.0	312.86	0.00	312.86	100.0
	1		**$ 312.86**	**$ 0.00**	**$ 312.86**	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	312.86	0.00	312.86	100.0
	1		**$ 312.86**	**$ 0.00**	**$ 312.86**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	3	75.0	818.64	13,512.96	14,331.60	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 818.64**	**$ 13,512.96**	**$ 14,331.60**	
LENGTH OF SERVICE						
10-12	2	50.0	737.04	13,512.96	14,250.00	99.4
0-2	1	25.0	81.60	0.00	81.60	0.5
12-14	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 818.64**	**$ 13,512.96**	**$ 14,331.60**	
AGE OF CLAIMANT						
55-59	1	25.0	737.04	13,512.96	14,250.00	99.4
30-34	1	25.0	81.60	0.00	81.60	0.5
50-54	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		**$ 818.64**	**$ 13,512.96**	**$ 14,331.60**	
SEX OF CLAIMANT						
Male	3	75.0	818.64	13,512.96	14,331.60	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 818.64**	**$ 13,512.96**	**$ 14,331.60**	
LOSS CAUSE						
Ladder, 10' folding	1	25.0	737.04	13,512.96	14,250.00	99.4
Chemicals, not otherwise classified	2	50.0	81.60	0.00	81.60	0.5
Animal / bee type	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 818.64**	**$ 13,512.96**	**$ 14,331.60**	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	25.0	737.04	13,512.96	14,250.00	99.4
Exposure to Poisonous Agent / Plant	2	50.0	81.60	0.00	81.60	0.5
Animal Or Insect	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 818.64**	**$ 13,512.96**	**$ 14,331.60**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Back Area (Thoracic Area)	1					
Whole Body	2					
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**	
Strain	2
Poisoning - Chemical	2
Foreign Body	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-floyd/main Street Corridor (599)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-clay Street Corrider (600)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	0.00	750.00	750.00	100.0
12AM-1:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
24-26	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
35-39	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						
Ladder, 10' folding	1	50.0	0.00	750.00	750.00	100.0
Pipe	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
Contact With Hot Object or Substances	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Upper Back Area (Thoracic Area)	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**	
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-marshall Street Corridor (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	50.0	736.43	0.00	736.43	78.7
6AM-7:59AM	1	50.0	198.96	0.00	198.96	21.2
	2		**$ 935.39**	**$ 0.00**	**$ 935.39**	
LENGTH OF SERVICE						
0-2	2	100.0	935.39	0.00	935.39	100.0
	2		**$ 935.39**	**$ 0.00**	**$ 935.39**	
AGE OF CLAIMANT						
20-24	2	100.0	935.39	0.00	935.39	100.0
	2		**$ 935.39**	**$ 0.00**	**$ 935.39**	
SEX OF CLAIMANT						
Male	2	100.0	935.39	0.00	935.39	100.0
	2		**$ 935.39**	**$ 0.00**	**$ 935.39**	
LOSS CAUSE						
Pipe	1	50.0	736.43	0.00	736.43	78.7
Stairs, steps	1	50.0	198.96	0.00	198.96	21.2
	2		**$ 935.39**	**$ 0.00**	**$ 935.39**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	736.43	0.00	736.43	78.7
Fall or slip (on ice or snow)	1	50.0	198.96	0.00	198.96	21.2
	2		**$ 935.39**	**$ 0.00**	**$ 935.39**	
****BODY PART**						
Finger(s)	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**	
Laceration	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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-central Mechanic/electric (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	14.2	910.54	0.00	910.54	42.4
2AM-3:59AM	1	14.2	11.40	738.60	750.00	34.9
12AM-1:59AM	1	14.2	230.93	0.00	230.93	10.7
8AM-9:59AM	3	42.8	227.16	0.00	227.16	10.5
4AM-5:59AM	1	14.2	27.36	0.00	27.36	1.2
	7		**$ 1,407.39**	**$ 738.60**	**$ 2,145.99**	
LENGTH OF SERVICE						
8-10	1	14.2	910.54	0.00	910.54	42.4
14-16	2	28.5	11.40	738.60	750.00	34.9
0-2	3	42.8	386.29	0.00	386.29	18.0
2-4	1	14.2	99.16	0.00	99.16	4.6
	7		**$ 1,407.39**	**$ 738.60**	**$ 2,145.99**	
AGE OF CLAIMANT						
30-34	4	57.1	397.69	738.60	1,136.29	52.9
55-59	1	14.2	910.54	0.00	910.54	42.4
65-69	1	14.2	99.16	0.00	99.16	4.6
45-49	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,407.39**	**$ 738.60**	**$ 2,145.99**	
SEX OF CLAIMANT						
Male	7	100.0	1,407.39	738.60	2,145.99	100.0
	7		**$ 1,407.39**	**$ 738.60**	**$ 2,145.99**	
LOSS CAUSE						
Building parts / doors	3	42.8	1,037.06	0.00	1,037.06	48.3
Infectious agent	1	14.2	11.40	738.60	750.00	34.9
Mechanical powered	1	14.2	230.93	0.00	230.93	10.7
Machine, not otherwise classified	1	14.2	128.00	0.00	128.00	5.9
Walking surface, outside, dry	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,407.39**	**$ 738.60**	**$ 2,145.99**	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	14.2	910.54	0.00	910.54	42.4
Other than physical cause of injury	1	14.2	11.40	738.60	750.00	34.9
Strike Against/Step on Stationary Object	2	28.5	330.09	0.00	330.09	15.3
Struck/Injured by Hand Tool/Machine In Use	1	14.2	128.00	0.00	128.00	5.9
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	14.2	27.36	0.00	27.36	1.2
Fall or Slip (From Different Level)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,407.39**	**$ 738.60**	**$ 2,145.99**	
****BODY PART**						
Finger(s)	2					
Knee	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Multiple Head Injury	1					
Teeth	1					
Hand	1					
Ankle	1					

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Industrial Claims for Plan Year 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-central Mechanic/electric (602)

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

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

*****INJURY***

Laceration	2
Strain	1
Contusion	2
Dislocation	1
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-roofing Dept Phys Plnt (604)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	2,712.53	3,037.47	5,750.00	76.6
8AM-9:59AM	1	50.0	639.47	1,110.53	1,750.00	23.3
	2		**$ 3,352.00**	**$ 4,148.00**	**$ 7,500.00**	
LENGTH OF SERVICE						
4-6	1	50.0	2,712.53	3,037.47	5,750.00	76.6
2-4	1	50.0	639.47	1,110.53	1,750.00	23.3
	2		**$ 3,352.00**	**$ 4,148.00**	**$ 7,500.00**	
AGE OF CLAIMANT						
50-54	1	50.0	2,712.53	3,037.47	5,750.00	76.6
25-29	1	50.0	639.47	1,110.53	1,750.00	23.3
	2		**$ 3,352.00**	**$ 4,148.00**	**$ 7,500.00**	
SEX OF CLAIMANT						
Male	2	100.0	3,352.00	4,148.00	7,500.00	100.0
	2		**$ 3,352.00**	**$ 4,148.00**	**$ 7,500.00**	
LOSS CAUSE						
Insufficient data	1	50.0	2,712.53	3,037.47	5,750.00	76.6
Boxes / containers	1	50.0	639.47	1,110.53	1,750.00	23.3
	2		**$ 3,352.00**	**$ 4,148.00**	**$ 7,500.00**	
ACCIDENT TYPE						
Other (Not Otherwise Classified)	1	50.0	2,712.53	3,037.47	5,750.00	76.6
Lifting (strain or Injury by)	1	50.0	639.47	1,110.53	1,750.00	23.3
	2		**$ 3,352.00**	**$ 4,148.00**	**$ 7,500.00**	
****BODY PART**						
Insufficient Information	1					
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**		
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-administration Systems (605)

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						
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**						
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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-computing Services (607)

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						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**						
Sprain	1					
	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-multimedia Dev Center (608)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	59.72	690.28	750.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 59.72**	**$ 690.28**	**$ 750.00**	
LENGTH OF SERVICE						
4-6	1	50.0	59.72	690.28	750.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 59.72**	**$ 690.28**	**$ 750.00**	
AGE OF CLAIMANT						
40-44	1	50.0	59.72	690.28	750.00	100.0
20-24	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 59.72**	**$ 690.28**	**$ 750.00**	
SEX OF CLAIMANT						
Female	1	50.0	59.72	690.28	750.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 59.72**	**$ 690.28**	**$ 750.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	59.72	690.28	750.00	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 59.72**	**$ 690.28**	**$ 750.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	59.72	690.28	750.00	100.0
Struck/Injured by Hand Tool/Machine In Use	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 59.72**	**$ 690.28**	**$ 750.00**	
****BODY PART**						
Insufficient Information	1					
Hand	1					
	2					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-human & Sci Off Of Athl Adv (620)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	50.0	193.50	0.00	193.50	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.50**	**$ 0.00**	**$ 193.50**	
LENGTH OF SERVICE						
4-6	1	50.0	193.50	0.00	193.50	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.50**	**$ 0.00**	**$ 193.50**	
AGE OF CLAIMANT						
30-34	1	50.0	193.50	0.00	193.50	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.50**	**$ 0.00**	**$ 193.50**	
SEX OF CLAIMANT						
Male	2	100.0	193.50	0.00	193.50	100.0
	2		**$ 193.50**	**$ 0.00**	**$ 193.50**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	50.0	193.50	0.00	193.50	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.50**	**$ 0.00**	**$ 193.50**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	193.50	0.00	193.50	100.0
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.50**	**$ 0.00**	**$ 193.50**	
****BODY PART**						
Finger(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Commonwealth Universi (236)
SubAgency: Vcu-recycling Department (621)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	360.17	4,889.83	5,250.00	100.0
	2		**$ 360.17**	**$ 4,889.83**	**$ 5,250.00**	
LENGTH OF SERVICE						
2-4	1	50.0	360.17	4,889.83	5,250.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 360.17**	**$ 4,889.83**	**$ 5,250.00**	
AGE OF CLAIMANT						
45-49	1	50.0	360.17	4,889.83	5,250.00	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 360.17**	**$ 4,889.83**	**$ 5,250.00**	
SEX OF CLAIMANT						
Male	2	100.0	360.17	4,889.83	5,250.00	100.0
	2		**$ 360.17**	**$ 4,889.83**	**$ 5,250.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	360.17	4,889.83	5,250.00	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 360.17**	**$ 4,889.83**	**$ 5,250.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	360.17	4,889.83	5,250.00	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 360.17**	**$ 4,889.83**	**$ 5,250.00**	
****BODY PART**						
Shoulder	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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Museum Of Fine Arts (238)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	12.5	524.40	0.00	524.40	37.1
2PM-3:59PM	4	25.0	331.35	0.00	331.35	23.4
4AM-5:59AM	1	6.2	199.80	0.00	199.80	14.1
10AM-11:59AM	4	25.0	197.77	0.00	197.77	14.0
8AM-9:59AM	2	12.5	158.40	0.00	158.40	11.2
6AM-7:59AM	1	6.2	0.00	0.00	0.00	0.0
6PM-7:59PM	1	6.2	0.00	0.00	0.00	0.0
Unknown	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 1,411.72**	**$ 0.00**	**$ 1,411.72**	
LENGTH OF SERVICE						
2-4	4	25.0	724.20	0.00	724.20	51.3
12-14	1	6.2	287.25	0.00	287.25	20.3
10-12	2	12.5	197.77	0.00	197.77	14.0
16-18	2	12.5	158.40	0.00	158.40	11.2
14-16	1	6.2	44.10	0.00	44.10	3.1
0-2	2	12.5	0.00	0.00	0.00	0.0
18-20	1	6.2	0.00	0.00	0.00	0.0
22-24	1	6.2	0.00	0.00	0.00	0.0
4-6	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 1,411.72**	**$ 0.00**	**$ 1,411.72**	
AGE OF CLAIMANT						
40-44	3	18.7	524.40	0.00	524.40	37.1
35-39	2	12.5	485.02	0.00	485.02	34.3
45-49	4	25.0	202.50	0.00	202.50	14.3
25-29	1	6.2	199.80	0.00	199.80	14.1
30-34	2	12.5	0.00	0.00	0.00	0.0
50-54	2	12.5	0.00	0.00	0.00	0.0
55-59	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 1,411.72**	**$ 0.00**	**$ 1,411.72**	
SEX OF CLAIMANT						
Female	11	68.7	1,213.95	0.00	1,213.95	85.9
Male	5	31.2	197.77	0.00	197.77	14.0
	16		**$ 1,411.72**	**$ 0.00**	**$ 1,411.72**	
LOSS CAUSE						
Machine, not otherwise classified	1	6.2	524.40	0.00	524.40	37.1
Chemicals, not otherwise classified	2	12.5	485.02	0.00	485.02	34.3
Hand tool, not powered, NOC	2	12.5	199.80	0.00	199.80	14.1
Furniture / fixtures	5	31.2	158.40	0.00	158.40	11.2
Walking surface, outside, dry	1	6.2	44.10	0.00	44.10	3.1
Boxes / containers	1	6.2	0.00	0.00	0.00	0.0
Miscellaneous	1	6.2	0.00	0.00	0.00	0.0
Office equipment	2	12.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Museum Of Fine Arts (238)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	16		**$ 1,411.72**	**$ 0.00**	**$ 1,411.72**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	6.2	524.40	0.00	524.40	37.1
Foreign Body In Eye	1	6.2	287.25	0.00	287.25	20.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	12.5	199.80	0.00	199.80	14.1
Absorb, Ingest, Inhalation	1	6.2	197.77	0.00	197.77	14.0
Lifting (strain or Injury by)	4	25.0	158.40	0.00	158.40	11.2
Fall or Slip (On Same Level)	2	12.5	44.10	0.00	44.10	3.1
Pushing Or Pulling (Strain or Injury by)	3	18.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 1,411.72**	**$ 0.00**	**$ 1,411.72**	

*****BODY PART***

Finger(s)	4
Eye(s)	1
Lungs	1
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Facial, Other Soft Tissue	1
Foot	2
Hand	1
Lower Leg	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	7
Inflamation	1
Laceration	3
Respiratory Disorders	1
Sprain	1
Contusion	3
Fracture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	5	33.3	393.00	24,196.00	24,589.00	94.6
10AM-11:59AM	4	26.6	330.00	750.00	1,080.00	4.1
2PM-3:59PM	1	6.6	300.13	0.00	300.13	1.1
12PM-1:59PM	2	13.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.6	0.00	0.00	0.00	0.0
8AM-9:59AM	2	13.3	0.00	0.00	0.00	0.0
	15		**$ 1,023.13**	**$ 24,946.00**	**$ 25,969.13**	
LENGTH OF SERVICE						
0-2	7	46.6	693.13	24,196.00	24,889.13	95.8
4-6	1	6.6	0.00	750.00	750.00	2.8
10-12	3	20.0	330.00	0.00	330.00	1.2
2-4	3	20.0	0.00	0.00	0.00	0.0
6-8	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,023.13**	**$ 24,946.00**	**$ 25,969.13**	
AGE OF CLAIMANT						
40-44	1	6.6	0.00	24,196.00	24,196.00	93.1
25-29	2	13.3	300.13	750.00	1,050.13	4.0
45-49	3	20.0	330.00	0.00	330.00	1.2
30-34	2	13.3	253.00	0.00	253.00	0.9
20-24	3	20.0	140.00	0.00	140.00	0.5
35-39	2	13.3	0.00	0.00	0.00	0.0
50-54	1	6.6	0.00	0.00	0.00	0.0
55-59	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,023.13**	**$ 24,946.00**	**$ 25,969.13**	
SEX OF CLAIMANT						
Male	6	40.0	330.00	24,196.00	24,526.00	94.4
Female	9	60.0	693.13	750.00	1,443.13	5.5
	15		**$ 1,023.13**	**$ 24,946.00**	**$ 25,969.13**	
LOSS CAUSE						
Walking surface, inside, dry	1	6.6	0.00	24,196.00	24,196.00	93.1
Miscellaneous	4	26.6	0.00	750.00	750.00	2.8
Animal, not otherwise classified	2	13.3	393.00	0.00	393.00	1.5
Sharp objects, not otherwise classified	2	13.3	330.00	0.00	330.00	1.2
Hand tool, not powered, NOC	1	6.6	300.13	0.00	300.13	1.1
Animal / insect, not otherwise classified	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
Hand tool, powered, NOC	1	6.6	0.00	0.00	0.00	0.0
Ladders, scaffolding	1	6.6	0.00	0.00	0.00	0.0
Metal items	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,023.13**	**$ 24,946.00**	**$ 25,969.13**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	6.6	0.00	24,196.00	24,196.00	93.1
Allergic Reaction	1	6.6	0.00	750.00	750.00	2.8
Animal Or Insect	3	20.0	393.00	0.00	393.00	1.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Frontier Culture Museum (239)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	1	6.6	330.00	0.00	330.00	1.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	13.3	300.13	0.00	300.13	1.1
Lifting (strain or Injury by)	3	20.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	6.6	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	6.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	6.6	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 1,023.13**	**$ 24,946.00**	**$ 25,969.13**	

**BODY PART

Knee	1
Hand	3
Finger(s)	4
Foot	2
Wrist	1
Abdomen including Groin	1
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Multiple Head Injury	1
Shoulder	1
Upper Back Area (Thoracic Area)	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	4
Dermatitis	1
Laceration	2
Puncture	6
Contusion	4
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Richard Bland College (241)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	75.0	567.73	0.00	567.73	67.7
2PM-3:59PM	1	25.0	270.14	0.00	270.14	32.2
	4		**$ 837.87**	**$ 0.00**	**$ 837.87**	
LENGTH OF SERVICE						
2-4	2	50.0	434.23	0.00	434.23	51.8
10-12	1	25.0	270.14	0.00	270.14	32.2
8-10	1	25.0	133.50	0.00	133.50	15.9
	4		**$ 837.87**	**$ 0.00**	**$ 837.87**	
AGE OF CLAIMANT						
40-44	2	50.0	434.23	0.00	434.23	51.8
45-49	2	50.0	403.64	0.00	403.64	48.1
	4		**$ 837.87**	**$ 0.00**	**$ 837.87**	
SEX OF CLAIMANT						
Female	3	75.0	704.37	0.00	704.37	84.0
Male	1	25.0	133.50	0.00	133.50	15.9
	4		**$ 837.87**	**$ 0.00**	**$ 837.87**	
LOSS CAUSE						
Walking surface, inside, wet	1	25.0	270.14	0.00	270.14	32.2
Animal / tick, spider, etc.	1	25.0	235.23	0.00	235.23	28.0
Furniture / fixtures	1	25.0	199.00	0.00	199.00	23.7
Animal / insect, not otherwise classified	1	25.0	133.50	0.00	133.50	15.9
	4		**$ 837.87**	**$ 0.00**	**$ 837.87**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	50.0	469.14	0.00	469.14	55.9
Animal Or Insect	2	50.0	368.73	0.00	368.73	44.0
	4		**$ 837.87**	**$ 0.00**	**$ 837.87**	
****BODY PART**						
Knee	2					
Elbow	1					
Wrist	1					
Lower Arm	1					
	4					

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

****INJURY**		
Contusion	3	
Inflamation	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	7	23.3	20,556.50	23,820.88	44,377.38	61.0
10AM-11:59AM	7	23.3	350.14	14,250.00	14,600.14	20.0
4PM-5:59PM	1	3.3	6,717.64	0.00	6,717.64	9.2
2PM-3:59PM	5	16.6	1,857.75	1,500.00	3,357.75	4.6
12PM-1:59PM	7	23.3	844.37	1,500.00	2,344.37	3.2
Unknown	2	6.6	565.33	750.00	1,315.33	1.8
6AM-7:59AM	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 30,891.73**	**$ 41,820.88**	**$ 72,712.61**	
LENGTH OF SERVICE						
0-2	7	23.3	20,468.64	25,320.88	45,789.52	62.9
18-20	1	3.3	0.00	12,750.00	12,750.00	17.5
2-4	4	13.3	7,554.35	1,500.00	9,054.35	12.4
4-6	12	40.0	1,825.91	750.00	2,575.91	3.5
22-24	1	3.3	0.00	750.00	750.00	1.0
6-8	3	10.0	0.00	750.00	750.00	1.0
12-14	1	3.3	565.33	0.00	565.33	0.7
10-12	1	3.3	477.50	0.00	477.50	0.6
	30		**$ 30,891.73**	**$ 41,820.88**	**$ 72,712.61**	
AGE OF CLAIMANT						
20-24	3	10.0	18,681.68	24,570.88	43,252.56	59.4
50-54	3	10.0	0.00	13,500.00	13,500.00	18.5
30-34	3	10.0	6,820.01	0.00	6,820.01	9.3
40-44	7	23.3	1,589.78	750.00	2,339.78	3.2
15-19	2	6.6	1,824.01	0.00	1,824.01	2.5
25-29	4	13.3	113.14	1,500.00	1,613.14	2.2
35-39	3	10.0	391.47	750.00	1,141.47	1.5
55-59	1	3.3	793.64	0.00	793.64	1.0
60-64	1	3.3	0.00	750.00	750.00	1.0
45-49	3	10.0	678.00	0.00	678.00	0.9
	30		**$ 30,891.73**	**$ 41,820.88**	**$ 72,712.61**	
SEX OF CLAIMANT						
Male	15	50.0	23,013.45	26,820.88	49,834.33	68.5
Female	15	50.0	7,878.28	15,000.00	22,878.28	31.4
	30		**$ 30,891.73**	**$ 41,820.88**	**$ 72,712.61**	
LOSS CAUSE						
Pipe	1	3.3	18,429.12	23,820.88	42,250.00	58.1
Recreational equipment	1	3.3	0.00	12,750.00	12,750.00	17.5
Walking surface, inside, wet	1	3.3	6,717.64	0.00	6,717.64	9.2
Furniture / fixtures	5	16.6	1,734.01	750.00	2,484.01	3.4
Boxes / containers	4	13.3	917.38	1,500.00	2,417.38	3.3
Office equipment	2	6.6	0.00	1,500.00	1,500.00	2.0
Hand tool, not powered, NOC	3	10.0	453.06	750.00	1,203.06	1.6
Hand tool, powered, NOC	3	10.0	836.71	0.00	836.71	1.1
Vehicle, not otherwise classified	1	3.3	0.00	750.00	750.00	1.0
Metal items	2	6.6	721.97	0.00	721.97	0.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Building parts / doors	1	3.3	565.33	0.00	565.33	0.7
Electrical equipment	2	6.6	177.14	0.00	177.14	0.2
Elevators, escalators	1	3.3	147.00	0.00	147.00	0.2
Heating equipment	1	3.3	102.37	0.00	102.37	0.1
Food	1	3.3	90.00	0.00	90.00	0.1
Walking surface, outside, dry	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 30,891.73**	**$ 41,820.88**	**$ 72,712.61**	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	1	3.3	18,429.12	23,820.88	42,250.00	58.1
Fall or Slip (From Different Level)	3	10.0	565.33	13,500.00	14,065.33	19.3
Fall or Slip (On Same Level)	4	13.3	8,451.65	750.00	9,201.65	12.6
Lifting (strain or Injury by)	4	13.3	1,394.88	750.00	2,144.88	2.9
Object being lifted/handled (cut,punc.scrape,inj b	6	20.0	1,353.77	750.00	2,103.77	2.8
Cumulative (Not Otherwise Classified)	1	3.3	0.00	750.00	750.00	1.0
Holding Or Carrying (Strain or Injury by)	2	6.6	0.00	750.00	750.00	1.0
Repetitive Motion	2	6.6	0.00	750.00	750.00	1.0
Struck/Injured by Falling or Flying Object	1	3.3	244.47	0.00	244.47	0.3
Contact With Hot Object or Substances	2	6.6	192.37	0.00	192.37	0.2
Struck/Injured by Moving Part Of Machine	1	3.3	147.00	0.00	147.00	0.2
Pushing Or Pulling (Strain or Injury by)	2	6.6	113.14	0.00	113.14	0.1
Slipped, Did Not Fall	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 30,891.73**	**$ 41,820.88**	**$ 72,712.61**	

**BODY PART

Knee	5
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Upper Leg	3
Hip	2
Lower Leg	1
Elbow	2
Foot	1
Hand	4
Upper Arm (Inc: Clavicle and Scapula)	2
Ankle	3
Shoulder	2
Wrist	2
Lower Arm	2
Upper Back Area (Thoracic Area)	2
Finger(s)	4
Thumb	1
Multiple Neck Injury	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	6
Fracture	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Christopher Newport University (242)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	4					
Strain	15					
Sprain	7					
Foreign Body	1					
Burn	2					
Puncture	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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Council Higher Education (245)
SubAgency:

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						
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, 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**						
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	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Clinch Valley College (246)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	169.60	0.00	169.60	-0.4
2PM-3:59PM	1	16.6	0.00	0.00	0.00	0.0
10AM-11:59AM	2	33.3	274.73	-35,000.00	-34,725.27	100.4
12PM-1:59PM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 444.33**	**$ -35,000.00**	**$ -34,555.67**	
LENGTH OF SERVICE						
10-12	1	16.6	169.60	0.00	169.60	-0.4
20-22	1	16.6	0.00	0.00	0.00	0.0
0-2	2	33.3	274.73	-35,000.00	-34,725.27	100.4
16-18	1	16.6	0.00	0.00	0.00	0.0
22-24	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 444.33**	**$ -35,000.00**	**$ -34,555.67**	
AGE OF CLAIMANT						
50-54	3	50.0	169.60	0.00	169.60	-0.4
40-44	2	33.3	274.73	-35,000.00	-34,725.27	100.4
75-79	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 444.33**	**$ -35,000.00**	**$ -34,555.67**	
SEX OF CLAIMANT						
Male	1	16.6	169.60	0.00	169.60	-0.4
Female	5	83.3	274.73	-35,000.00	-34,725.27	100.4
	6		**$ 444.33**	**$ -35,000.00**	**$ -34,555.67**	
LOSS CAUSE						
Brush / tree / log	1	16.6	169.60	0.00	169.60	-0.4
Stairs, steps	1	16.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	33.3	274.73	-35,000.00	-34,725.27	100.4
Building parts / doors	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		**$ 444.33**	**$ -35,000.00**	**$ -34,555.67**	
ACCIDENT TYPE						
Allergic Reaction	1	16.6	169.60	0.00	169.60	-0.4
Fall or slip (on stairs)	1	16.6	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	33.3	274.73	-35,000.00	-34,725.27	100.4
Struck/Injured by Falling or Flying Object	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 444.33**	**$ -35,000.00**	**$ -34,555.67**	
****BODY PART**						
Multiple Body Parts	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper Back Area (Thoracic Area)	1					
Hand	1					
Lower Arm	1					
Lower Leg	1					
Soft Tissue - Neck	2					
Facial, Other Soft Tissue	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Clinch Valley College (246)
SubAgency:

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

Infection	1					
Strain	5					
Contusion	4					
Laceration	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	28	22.0	50,648.11	29,323.24	79,971.35	35.7
10AM-11:59AM	31	24.4	29,041.51	14,133.93	43,175.44	19.3
8AM-9:59AM	15	11.8	21,384.85	16,217.19	37,602.04	16.8
6AM-7:59AM	11	8.6	8,679.23	19,227.72	27,906.95	12.4
4PM-5:59PM	7	5.5	791.41	14,950.00	15,741.41	7.0
6PM-7:59PM	8	6.2	11,073.20	802.35	11,875.55	5.3
2PM-3:59PM	17	13.3	4,756.13	1,006.25	5,762.38	2.5
12AM-1:59AM	2	1.5	694.24	55.76	750.00	0.3
Unknown	7	5.5	0.00	750.00	750.00	0.3
2AM-3:59AM	1	0.7	0.00	0.00	0.00	0.0
	127		**$ 127,068.68**	**$ 96,466.44**	**$ 223,535.12**	
LENGTH OF SERVICE						
26-28	1	0.7	46,571.55	19,178.45	65,750.00	29.4
2-4	28	22.0	33,191.95	24,663.41	57,855.36	25.8
0-2	52	40.9	33,249.19	21,095.43	54,344.62	24.3
28-30	1	0.7	0.00	14,950.00	14,950.00	6.6
8-10	4	3.1	8,860.13	505.96	9,366.09	4.1
24-26	3	2.3	1,430.21	7,894.79	9,325.00	4.1
18-20	1	0.7	0.00	3,700.00	3,700.00	1.6
4-6	13	10.2	777.85	1,978.40	2,756.25	1.2
12-14	2	1.5	107.25	1,750.00	1,857.25	0.8
6-8	7	5.5	946.95	750.00	1,696.95	0.7
10-12	6	4.7	685.71	0.00	685.71	0.3
16-18	2	1.5	369.20	0.00	369.20	0.1
32-34	1	0.7	338.70	0.00	338.70	0.1
14-16	1	0.7	262.70	0.00	262.70	0.1
22-24	3	2.3	227.45	0.00	227.45	0.1
20-22	2	1.5	49.84	0.00	49.84	0.0
	127		**$ 127,068.68**	**$ 96,466.44**	**$ 223,535.12**	
AGE OF CLAIMANT						
60-64	6	4.7	47,926.76	42,023.24	89,950.00	40.2
35-39	8	6.2	23,048.86	15,795.87	38,844.73	17.3
25-29	19	14.9	20,475.20	14,482.76	34,957.96	15.6
30-34	24	18.8	5,145.40	9,006.81	14,152.21	6.3
50-54	12	9.4	9,136.62	4,205.96	13,342.58	5.9
45-49	13	10.2	10,693.83	0.00	10,693.83	4.7
15-19	5	3.9	1,413.30	6,597.55	8,010.85	3.5
55-59	10	7.8	947.09	3,500.00	4,447.09	1.9
20-24	15	11.8	3,128.27	1,104.25	4,232.52	1.8
65-69	5	3.9	3,957.85	0.00	3,957.85	1.7
40-44	9	7.0	774.90	-250.00	524.90	0.2
75-79	1	0.7	420.60	0.00	420.60	0.1
	127		**$ 127,068.68**	**$ 96,466.44**	**$ 223,535.12**	
SEX OF CLAIMANT						
Female	55	43.3	98,020.47	68,504.73	166,525.20	74.5
Male	72	56.6	29,048.21	27,961.71	57,009.92	25.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	127		**$ 127,068.68**	**$ 96,466.44**	**$ 223,535.12**	
LOSS CAUSE						
Walking surface, outside, dry	14	11.0	57,579.73	27,028.79	84,608.52	37.8
Walking surface, inside, wet	5	3.9	4,729.41	22,844.79	27,574.20	12.3
Person	5	3.9	19,143.76	7,883.53	27,027.29	12.0
Vehicle, not otherwise classified	6	4.7	8,263.68	14,993.52	23,257.20	10.4
Furniture / fixtures	16	12.5	8,050.33	6,597.55	14,647.88	6.5
Ladder, 16' extension	1	0.7	10,360.20	802.35	11,162.55	4.9
Recreational equipment	3	2.3	758.57	8,691.43	9,450.00	4.2
Stone / rock / brick	4	3.1	8,453.08	505.96	8,959.04	4.0
Chemicals, not otherwise classified	6	4.7	263.29	3,700.00	3,963.29	1.7
Electrical equipment	3	2.3	1,145.75	1,104.25	2,250.00	1.0
Walking surface, outside, wet	7	5.5	1,987.70	0.00	1,987.70	0.8
Hand tool, powered, NOC	4	3.1	810.75	1,076.40	1,887.15	0.8
Hand tool, not powered, NOC	4	3.1	1,141.50	696.00	1,837.50	0.8
Animal / bee type	4	3.1	860.13	0.00	860.13	0.3
Ladder, 10' folding	1	0.7	694.24	55.76	750.00	0.3
Walking surface, inside, dry	5	3.9	0.00	750.00	750.00	0.3
Boxes / containers	6	4.7	638.87	0.00	638.87	0.2
Glass bottle / sheet	3	2.3	576.55	-13.89	562.66	0.2
Building parts / doors	4	3.1	480.10	0.00	480.10	0.2
Metal items	2	1.5	434.40	0.00	434.40	0.1
Fencing	1	0.7	333.99	0.00	333.99	0.1
Animal / insect, not otherwise classified	1	0.7	157.65	0.00	157.65	0.0
Clothing / jewelry	1	0.7	130.00	0.00	130.00	0.0
Elevators, escalators	1	0.7	75.00	0.00	75.00	0.0
Unknown	1	0.7	0.00	0.00	0.00	0.0
Environmental conditions	6	4.7	0.00	0.00	0.00	0.0
Office equipment	2	1.5	0.00	0.00	0.00	0.0
Stairs, steps	5	3.9	0.00	-250.00	-250.00	-0.1
Heating equipment	1	0.7	0.00	0.00	0.00	0.0
Minerals / dirt	1	0.7	0.00	0.00	0.00	0.0
Patient / Inmate	4	3.1	0.00	0.00	0.00	0.0
	127		**$ 127,068.68**	**$ 96,466.44**	**$ 223,535.12**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	29	22.8	70,222.36	50,477.54	120,699.90	54.0
Twisting, strain or injury by	3	2.3	19,027.12	7,883.53	26,910.65	12.0
Struck/Injured by Motor Vehicle	1	0.7	7,736.98	14,993.52	22,730.50	10.1
Lifting (strain or Injury by)	11	8.6	7,679.36	6,257.48	13,936.84	6.2
Pushing Or Pulling (Strain or Injury by)	3	2.3	10,780.80	802.35	11,583.15	5.1
Fall or Slip (From Different Level)	10	7.8	1,940.20	6,499.55	8,439.75	3.7
Jumping (Strain or Injury by)	1	0.7	661.80	3,538.20	4,200.00	1.8
Absorb, Ingest, Inhalation	12	9.4	263.29	3,700.00	3,963.29	1.7
Object being lifted/handled (cut,punc.scrape,inj b	7	5.5	1,751.31	55.76	1,807.07	0.8
Cumulative (Not Otherwise Classified)	6	4.7	777.65	750.00	1,527.65	0.6
Reaching (Strain or Injury by)	2	1.5	477.60	1,022.40	1,500.00	0.6
Slipped, Did Not Fall	3	2.3	1,440.80	0.00	1,440.80	0.6
Fall or slip (on ice or snow)	7	5.5	1,254.80	0.00	1,254.80	0.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	6	4.7	1,235.39	0.00	1,235.39	0.5
Animal Or Insect	5	3.9	1,017.78	0.00	1,017.78	0.4
Repetitive Motion	1	0.7	0.00	750.00	750.00	0.3
Object Handled (caught in or between)	3	2.3	390.80	0.00	390.80	0.1
Foreign Body In Eye	2	1.5	216.18	-13.89	202.29	0.0
Struck/Injured by Falling or Flying Object	4	3.1	194.46	0.00	194.46	0.0
Holding Or Carrying (Strain or Injury by)	1	0.7	0.00	0.00	0.00	0.0
Vehicle Upset	1	0.7	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	3	2.3	0.00	-250.00	-250.00	-0.1
Contact With Hot Object or Substances	1	0.7	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.7	0.00	0.00	0.00	0.0
Infectious Disease Exposure	4	3.1	0.00	0.00	0.00	0.0
	127		***$ 127,068.68***	***$ 96,466.44***	***$ 223,535.12***	

**BODY PART

Hip	8
Knee	21
Lower Back Area (Lumbar and Lumbo-Sacral)	18
Upper Leg	6
Elbow	4
Lower Leg	3
Foot	8
Toe(s)	3
Abdomen including Groin	2
Lungs	11
Wrist	6
Ankle	12
Facial, Other Soft Tissue	10
Finger(s)	9
Shoulder	8
Hand	14
Skull	1
Thumb	3
Eye(s)	4
Lower Arm	3
Soft Tissue - Neck	6
Whole Body	1
Upper Arm (Inc: Clavicle and Scapula)	1
Internal Organs	3
No Physical Problem	1
Nose	1
Sacrum And Coccyx	1
Upper Back Area (Thoracic Area)	1
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Great Toe	2
Insufficient Information	2
Mouth	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: George Mason University (247)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	127					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	12
Sprain	25
Strain	34
Contusion	47
Laceration	23
Respiratory Disorders	8
Inflamation	6
Puncture	3
Hernia	1
Dislocation	1
Unknown	2
Burn	2
Poisoning - Chemical	3
All Other Cumulative	2
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
No Physical Injury	2
Foreign Body	4
	127

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Community College (261)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	185.50	0.00	185.50	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 185.50**	**$ 0.00**	**$ 185.50**	
LENGTH OF SERVICE						
14-16	1	50.0	185.50	0.00	185.50	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 185.50**	**$ 0.00**	**$ 185.50**	
AGE OF CLAIMANT						
45-49	1	50.0	185.50	0.00	185.50	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 185.50**	**$ 0.00**	**$ 185.50**	
SEX OF CLAIMANT						
Female	2	100.0	185.50	0.00	185.50	100.0
	2		**$ 185.50**	**$ 0.00**	**$ 185.50**	
LOSS CAUSE						
Elevators, escalators	1	50.0	185.50	0.00	185.50	100.0
Unknown	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 185.50**	**$ 0.00**	**$ 185.50**	
ACCIDENT TYPE						
Struck/Injured by Moving Part Of Machine	1	50.0	185.50	0.00	185.50	100.0
Other than physical cause of injury	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 185.50**	**$ 0.00**	**$ 185.50**	
****BODY PART**						
Hand	1					
Wrist	1					
Brain	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
Vascular Loss	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:11

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: New River Community College (275)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	20.0	0.00	750.00	750.00	70.7
12PM-1:59PM	1	20.0	244.35	0.00	244.35	23.0
10AM-11:59AM	2	40.0	66.00	0.00	66.00	6.2
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 310.35**	**$ 750.00**	**$ 1,060.35**	
LENGTH OF SERVICE						
8-10	2	40.0	66.00	750.00	816.00	76.9
14-16	1	20.0	244.35	0.00	244.35	23.0
12-14	1	20.0	0.00	0.00	0.00	0.0
20-22	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 310.35**	**$ 750.00**	**$ 1,060.35**	
AGE OF CLAIMANT						
40-44	3	60.0	66.00	750.00	816.00	76.9
55-59	1	20.0	244.35	0.00	244.35	23.0
65-69	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 310.35**	**$ 750.00**	**$ 1,060.35**	
SEX OF CLAIMANT						
Female	3	60.0	66.00	750.00	816.00	76.9
Male	2	40.0	244.35	0.00	244.35	23.0
	5		**$ 310.35**	**$ 750.00**	**$ 1,060.35**	
LOSS CAUSE						
Furniture / fixtures	1	20.0	0.00	750.00	750.00	70.7
Metal items	1	20.0	244.35	0.00	244.35	23.0
Sharp objects, not otherwise classified	1	20.0	66.00	0.00	66.00	6.2
Chemicals, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 310.35**	**$ 750.00**	**$ 1,060.35**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	0.00	750.00	750.00	70.7
Struck/Injured by Falling or Flying Object	1	20.0	244.35	0.00	244.35	23.0
Strike Against/Step on Stationary Object	1	20.0	66.00	0.00	66.00	6.2
Absorb, Ingest, Inhalation	1	20.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 310.35**	**$ 750.00**	**$ 1,060.35**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Leg	1					
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lungs	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: New River Community College (275)

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	1
Laceration	1
Puncture	1
Poisoning - Chemical	1
Strain	1
	5

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Southside Va. Community College (276)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	14.2	845.20	0.00	845.20	64.4
12PM-1:59PM	4	57.1	466.92	0.00	466.92	35.5
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
10AM-11:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,312.12**	**$ 0.00**	**$ 1,312.12**	
LENGTH OF SERVICE						
2-4	1	14.2	845.20	0.00	845.20	64.4
0-2	3	42.8	466.92	0.00	466.92	35.5
26-28	1	14.2	0.00	0.00	0.00	0.0
28-30	1	14.2	0.00	0.00	0.00	0.0
8-10	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,312.12**	**$ 0.00**	**$ 1,312.12**	
AGE OF CLAIMANT						
45-49	3	42.8	1,312.12	0.00	1,312.12	100.0
55-59	2	28.5	0.00	0.00	0.00	0.0
30-34	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		**$ 1,312.12**	**$ 0.00**	**$ 1,312.12**	
SEX OF CLAIMANT						
Male	2	28.5	845.20	0.00	845.20	64.4
Female	5	71.4	466.92	0.00	466.92	35.5
	7		**$ 1,312.12**	**$ 0.00**	**$ 1,312.12**	
LOSS CAUSE						
Mechanical powered	1	14.2	845.20	0.00	845.20	64.4
Furniture / fixtures	3	42.8	466.92	0.00	466.92	35.5
Hand tool, powered, NOC	1	14.2	0.00	0.00	0.00	0.0
Stairs, steps	1	14.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 1,312.12**	**$ 0.00**	**$ 1,312.12**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	14.2	845.20	0.00	845.20	64.4
Object Handled (caught in or between)	1	14.2	466.92	0.00	466.92	35.5
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 1,312.12**	**$ 0.00**	**$ 1,312.12**	
****BODY PART**						
Finger(s)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Upper Back Area (Thoracic Area)	1					
Foot	1					
Hand	1					
Hip	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Southside Va. Community College (276)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	2					
Lower Arm	1					
Lower Leg	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Buttocks	1					
Elbow	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
Fracture	1
Laceration	1
Contusion	11
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Paul D Camp Community College (277)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	2	50.0	409.75	0.00	409.75	76.6
4PM-5:59PM	1	25.0	125.00	0.00	125.00	23.3
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 534.75***	***$ 0.00***	***$ 534.75***	
LENGTH OF SERVICE						
26-28	1	25.0	409.75	0.00	409.75	76.6
24-26	1	25.0	125.00	0.00	125.00	23.3
12-14	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		***$ 534.75***	***$ 0.00***	***$ 534.75***	
AGE OF CLAIMANT						
50-54	3	75.0	534.75	0.00	534.75	100.0
45-49	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 534.75***	***$ 0.00***	***$ 534.75***	
SEX OF CLAIMANT						
Female	4	100.0	534.75	0.00	534.75	100.0
	4		***$ 534.75***	***$ 0.00***	***$ 534.75***	
LOSS CAUSE						
Stairs, steps	1	25.0	409.75	0.00	409.75	76.6
Furniture / fixtures	1	25.0	125.00	0.00	125.00	23.3
Electrical equipment	1	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
	4		***$ 534.75***	***$ 0.00***	***$ 534.75***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	25.0	409.75	0.00	409.75	76.6
Fall or Slip (From Different Level)	1	25.0	125.00	0.00	125.00	23.3
Fall or Slip (On Same Level)	2	50.0	0.00	0.00	0.00	0.0
	4		***$ 534.75***	***$ 0.00***	***$ 534.75***	
*****BODY PART***						
Knee	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	1					
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	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***	
Contusion	6
Strain	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Paul D Camp Community College (277)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Rappannock Community College (278)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	0.00	750.00	750.00	100.0
6AM-7:59AM	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**	**$ 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
28-30	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
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		**$ 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						
Stairs, steps	2	66.6	0.00	750.00	750.00	100.0
Walking surface, outside, dry	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 (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Ankle	1					
Knee	3					
Lower Arm	1					
Upper Back Area (Thoracic Area)	1					
Hand	3					
Wrist	1					
	3					

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

****INJURY**	
Contusion	6
Sprain	1
Laceration	2
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Rappannock Community College (278)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Danville Community College (279)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	75.0	619.00	0.00	619.00	86.5
8AM-9:59AM	1	25.0	96.56	0.00	96.56	13.4
	4		**$ 715.56**	**$ 0.00**	**$ 715.56**	
LENGTH OF SERVICE						
14-16	1	25.0	619.00	0.00	619.00	86.5
26-28	1	25.0	96.56	0.00	96.56	13.4
0-2	1	25.0	0.00	0.00	0.00	0.0
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 715.56**	**$ 0.00**	**$ 715.56**	
AGE OF CLAIMANT						
60-64	2	50.0	619.00	0.00	619.00	86.5
45-49	1	25.0	96.56	0.00	96.56	13.4
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 715.56**	**$ 0.00**	**$ 715.56**	
SEX OF CLAIMANT						
Male	3	75.0	715.56	0.00	715.56	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 715.56**	**$ 0.00**	**$ 715.56**	
LOSS CAUSE						
Ladder, 10' folding	1	25.0	619.00	0.00	619.00	86.5
Hand tool, powered, NOC	1	25.0	96.56	0.00	96.56	13.4
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Animal / bee type	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 715.56**	**$ 0.00**	**$ 715.56**	
ACCIDENT TYPE						
Fall or Slip (From Ladder/Scaffolding)	1	25.0	619.00	0.00	619.00	86.5
Holding Or Carrying (Strain or Injury by)	1	25.0	96.56	0.00	96.56	13.4
Fall or slip (on stairs)	1	25.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 715.56**	**$ 0.00**	**$ 715.56**	
****BODY PART**						
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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	1
Strain	1
Sprain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Danville Community College (279)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Inflamation	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	11.7	48,161.33	1,274.13	49,435.46	55.9
8AM-9:59AM	8	23.5	12,679.76	7,135.31	19,815.07	22.4
4PM-5:59PM	4	11.7	6,188.24	7,290.45	13,478.69	15.2
2PM-3:59PM	8	23.5	1,472.03	2,194.22	3,666.25	4.1
10AM-11:59AM	4	11.7	300.67	750.00	1,050.67	1.1
12AM-1:59AM	1	2.9	675.50	0.00	675.50	0.7
4AM-5:59AM	1	2.9	148.50	0.00	148.50	0.1
6AM-7:59AM	3	8.8	108.05	0.00	108.05	0.1
6PM-7:59PM	1	2.9	0.00	0.00	0.00	0.0
	34		**$ 69,734.08**	**$ 18,644.11**	**$ 88,378.19**	
LENGTH OF SERVICE						
4-6	7	20.5	48,924.75	1,274.13	50,198.88	56.8
18-20	2	5.8	11,771.62	6,385.31	18,156.93	20.5
0-2	6	17.6	6,629.54	7,290.45	13,919.99	15.7
8-10	1	2.9	0.00	1,750.00	1,750.00	1.9
10-12	4	11.7	1,134.67	444.22	1,578.89	1.7
16-18	2	5.8	165.00	750.00	915.00	1.0
22-24	2	5.8	0.00	750.00	750.00	0.8
6-8	2	5.8	675.50	0.00	675.50	0.7
12-14	2	5.8	284.50	0.00	284.50	0.3
2-4	2	5.8	148.50	0.00	148.50	0.1
26-28	2	5.8	0.00	0.00	0.00	0.0
14-16	1	2.9	0.00	0.00	0.00	0.0
30-32	1	2.9	0.00	0.00	0.00	0.0
	34		**$ 69,734.08**	**$ 18,644.11**	**$ 88,378.19**	
AGE OF CLAIMANT						
50-54	7	20.5	48,307.27	2,024.13	50,331.40	56.9
60-64	6	17.6	12,077.40	6,829.53	18,906.93	21.3
25-29	2	5.8	6,188.24	7,290.45	13,478.69	15.2
45-49	4	11.7	791.00	1,750.00	2,541.00	2.8
30-34	2	5.8	976.17	0.00	976.17	1.1
40-44	4	11.7	850.50	0.00	850.50	0.9
55-59	4	11.7	0.00	750.00	750.00	0.8
35-39	4	11.7	543.50	0.00	543.50	0.6
65-69	1	2.9	0.00	0.00	0.00	0.0
	34		**$ 69,734.08**	**$ 18,644.11**	**$ 88,378.19**	
SEX OF CLAIMANT						
Male	22	64.7	69,433.41	17,894.11	87,327.52	98.8
Female	12	35.2	300.67	750.00	1,050.67	1.1
	34		**$ 69,734.08**	**$ 18,644.11**	**$ 88,378.19**	
LOSS CAUSE						
Ladder, 10’ folding	2	5.8	47,828.08	1,274.13	49,102.21	55.5
Walking surface, outside, wet	3	8.8	12,104.87	6,385.31	18,490.18	20.9
Vehicle, not otherwise classified	4	11.7	6,494.02	9,484.67	15,978.69	18.0
Walking surface, outside, dry	2	5.8	675.50	750.00	1,425.50	1.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	6	17.6	284.50	750.00	1,034.50	1.1
Metal items	2	5.8	908.14	0.00	908.14	1.0
Building parts / doors	1	2.9	457.75	0.00	457.75	0.5
Food	1	2.9	300.67	0.00	300.67	0.3
Hand tool, powered, NOC	1	2.9	259.00	0.00	259.00	0.2
Person	2	5.8	165.00	0.00	165.00	0.1
Animal / bee type	1	2.9	148.50	0.00	148.50	0.1
Animal, not otherwise classified	1	2.9	108.05	0.00	108.05	0.1
Unknown	1	2.9	0.00	0.00	0.00	0.0
Stairs, steps	2	5.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	5.8	0.00	0.00	0.00	0.0
Boxes / containers	1	2.9	0.00	0.00	0.00	0.0
Electrical equipment	1	2.9	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.9	0.00	0.00	0.00	0.0
	34		***$ 69,734.08***	***$ 18,644.11***	***$ 88,378.19***	

ACCIDENT TYPE

Fall or Slip (From Ladder/Scaffolding)	1	2.9	47,828.08	1,274.13	49,102.21	55.5
Fall or slip (on ice or snow)	3	8.8	12,104.87	6,385.31	18,490.18	20.9
Vehicle Upset	4	11.7	6,494.02	9,484.67	15,978.69	18.0
Strike Against/Step on Stationary Object	5	14.7	1,583.64	0.00	1,583.64	1.7
Lifting (strain or Injury by)	4	11.7	543.50	750.00	1,293.50	1.4
Fall or Slip (On Same Level)	6	17.6	300.67	750.00	1,050.67	1.1
Object being lifted/handled (cut,punc.scrape,inj b	2	5.8	457.75	0.00	457.75	0.5
Animal Or Insect	2	5.8	256.55	0.00	256.55	0.2
Holding Or Carrying (Strain or Injury by)	1	2.9	165.00	0.00	165.00	0.1
Cumulative (Not Otherwise Classified)	1	2.9	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	5.8	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	2.9	0.00	0.00	0.00	0.0
Repetitive Motion	1	2.9	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	2.9	0.00	0.00	0.00	0.0
	34		***$ 69,734.08***	***$ 18,644.11***	***$ 88,378.19***	

***BODY PART*

Lower Leg	4
Ankle	4
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Shoulder	4
Vertebrae - Neck	1
Facial, Other Soft Tissue	6
Lower Arm	3
Finger(s)	2
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Leg	3
Hand	4
Foot	2
Hip	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Upper Back Area (Thoracic Area)	1
Knee	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Northern Va Community College (280)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lungs	1					
Nose	2					
Buttocks	1					
Elbow	2					
Soft Tissue - Neck	2					
	34					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	5					
Contusion	30					
Strain	13					
Crushing	1					
Laceration	4					
Sprain	3					
Inflamation	1					
Respiratory Disorders	1					
	34					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Piedmont Va Community College (282)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	25.0	680.05	0.00	680.05	100.0
10AM-11:59AM	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 680.05**	**$ 0.00**	**$ 680.05**	
LENGTH OF SERVICE						
14-16	2	50.0	680.05	0.00	680.05	100.0
18-20	1	25.0	0.00	0.00	0.00	0.0
28-30	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 680.05**	**$ 0.00**	**$ 680.05**	
AGE OF CLAIMANT						
50-54	1	25.0	680.05	0.00	680.05	100.0
35-39	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
	4		**$ 680.05**	**$ 0.00**	**$ 680.05**	
SEX OF CLAIMANT						
Male	3	75.0	680.05	0.00	680.05	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 680.05**	**$ 0.00**	**$ 680.05**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	680.05	0.00	680.05	100.0
Office equipment	2	50.0	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 680.05**	**$ 0.00**	**$ 680.05**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	680.05	0.00	680.05	100.0
Pushing Or Pulling (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Repetitive Motion	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		**$ 680.05**	**$ 0.00**	**$ 680.05**	

****BODY PART**	
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	1
Upper Back Area (Thoracic Area)	1
Soft Tissue - Neck	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	1
Laceration	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Piedmont Va Community College (282)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
Carpal Tunnel Syndrome	1					
Strain	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: J Sargeant Reynolds (283)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	22.2	8,079.92	5,602.67	13,682.59	45.0
10AM-11:59AM	3	16.6	4,173.71	3,829.28	8,002.99	26.3
8AM-9:59AM	6	33.3	4,947.64	750.00	5,697.64	18.7
6AM-7:59AM	2	11.1	1,527.60	0.00	1,527.60	5.0
4PM-5:59PM	2	11.1	1,044.20	0.00	1,044.20	3.4
6PM-7:59PM	1	5.5	419.13	0.00	419.13	1.3
	18		**$ 20,192.20**	**$ 10,181.95**	**$ 30,374.15**	
LENGTH OF SERVICE						
22-24	3	16.6	9,350.32	5,602.67	14,952.99	49.2
0-2	5	27.7	7,365.38	0.00	7,365.38	24.2
2-4	1	5.5	1,220.72	3,829.28	5,050.00	16.6
6-8	1	5.5	1,302.17	0.00	1,302.17	4.2
10-12	2	11.1	0.00	750.00	750.00	2.4
26-28	2	11.1	419.13	0.00	419.13	1.3
18-20	1	5.5	288.08	0.00	288.08	0.9
14-16	2	11.1	169.00	0.00	169.00	0.5
8-10	1	5.5	77.40	0.00	77.40	0.2
	18		**$ 20,192.20**	**$ 10,181.95**	**$ 30,374.15**	
AGE OF CLAIMANT						
45-49	7	38.8	7,974.39	6,352.67	14,327.06	47.1
40-44	4	22.2	6,241.70	3,829.28	10,070.98	33.1
65-69	1	5.5	2,755.50	0.00	2,755.50	9.0
25-29	1	5.5	1,300.20	0.00	1,300.20	4.2
55-59	1	5.5	1,044.20	0.00	1,044.20	3.4
50-54	3	16.6	588.13	0.00	588.13	1.9
35-39	1	5.5	288.08	0.00	288.08	0.9
	18		**$ 20,192.20**	**$ 10,181.95**	**$ 30,374.15**	
SEX OF CLAIMANT						
Female	9	50.0	13,432.89	9,431.95	22,864.84	75.2
Male	9	50.0	6,759.31	750.00	7,509.31	24.7
	18		**$ 20,192.20**	**$ 10,181.95**	**$ 30,374.15**	
LOSS CAUSE						
Metal items	2	11.1	6,397.33	5,602.67	12,000.00	39.5
Boxes / containers	5	27.7	4,880.92	3,829.28	8,710.20	28.6
Furniture / fixtures	3	16.6	5,703.76	0.00	5,703.76	18.7
Building parts / doors	2	11.1	1,511.62	0.00	1,511.62	4.9
Walking surface, inside, wet	1	5.5	1,302.17	0.00	1,302.17	4.2
Electrical equipment	1	5.5	0.00	750.00	750.00	2.4
Walking surface, outside, wet	1	5.5	227.40	0.00	227.40	0.7
Chemicals, not otherwise classified	1	5.5	169.00	0.00	169.00	0.5
Hand tool, not powered, NOC	1	5.5	0.00	0.00	0.00	0.0
Office equipment	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: J Sargeant Reynolds (283)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	18		**$ 20,192.20**	**$ 10,181.95**	**$ 30,374.15**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	11.1	6,624.73	5,602.67	12,227.40	40.2
Holding Or Carrying (Strain or Injury by)	3	16.6	7,756.79	0.00	7,756.79	25.5
Lifting (strain or Injury by)	4	22.2	1,783.69	3,829.28	5,612.97	18.4
Pushing Or Pulling (Strain or Injury by)	3	16.6	1,300.20	750.00	2,050.20	6.7
Fall or Slip (From Liquid/Grease spills)	1	5.5	1,302.17	0.00	1,302.17	4.2
Struck/Injured by Falling or Flying Object	2	11.1	1,044.20	0.00	1,044.20	3.4
Object Handled (caught in or between)	1	5.5	211.42	0.00	211.42	0.7
Absorb, Ingest, Inhalation	1	5.5	169.00	0.00	169.00	0.5
Struck/Injured by Object Being Lifted/Handled	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 20,192.20**	**$ 10,181.95**	**$ 30,374.15**	

*****BODY PART***	
Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Upper Back Area (Thoracic Area)	3
Wrist	3
Shoulder	3
Hand	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Lower Arm	1
Knee	1
Great Toe	1
Hip	2
Lungs	1
Eye(s)	1
Mouth	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	18
Fracture	1
Contusion	4
Sprain	2
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Patrick Henry Community College (285)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	15,758.91	2,621.20	18,380.11	95.6
6PM-7:59PM	1	33.3	654.00	0.00	654.00	3.4
8AM-9:59AM	1	33.3	173.00	0.00	173.00	0.9
	3		**$ 16,585.91**	**$ 2,621.20**	**$ 19,207.11**	
LENGTH OF SERVICE						
2-4	2	66.6	16,412.91	2,621.20	19,034.11	99.1
0-2	1	33.3	173.00	0.00	173.00	0.9
	3		**$ 16,585.91**	**$ 2,621.20**	**$ 19,207.11**	
AGE OF CLAIMANT						
35-39	2	66.6	15,931.91	2,621.20	18,553.11	96.6
30-34	1	33.3	654.00	0.00	654.00	3.4
	3		**$ 16,585.91**	**$ 2,621.20**	**$ 19,207.11**	
SEX OF CLAIMANT						
Male	2	66.6	16,412.91	2,621.20	19,034.11	99.1
Female	1	33.3	173.00	0.00	173.00	0.9
	3		**$ 16,585.91**	**$ 2,621.20**	**$ 19,207.11**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	15,758.91	2,621.20	18,380.11	95.6
Excavations	1	33.3	654.00	0.00	654.00	3.4
Furniture / fixtures	1	33.3	173.00	0.00	173.00	0.9
	3		**$ 16,585.91**	**$ 2,621.20**	**$ 19,207.11**	
ACCIDENT TYPE						
Vehicle Upset	1	33.3	15,758.91	2,621.20	18,380.11	95.6
Fall or Slip (From Different Level)	1	33.3	654.00	0.00	654.00	3.4
Struck/Injured by Object Being Lifted/Handled	1	33.3	173.00	0.00	173.00	0.9
	3		**$ 16,585.91**	**$ 2,621.20**	**$ 19,207.11**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Soft Tissue - Neck	1					
Upper Back Area (Thoracic Area)	1					
Ankle	1					
Foot	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	2
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Patrick Henry Community College (285)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Va Western Community College (286)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	14.2	10,063.65	18,638.15	28,701.80	85.8
2PM-3:59PM	3	21.4	1,336.39	1,805.71	3,142.10	9.4
12PM-1:59PM	3	21.4	1,358.04	0.00	1,358.04	4.0
8AM-9:59AM	2	14.2	118.40	0.00	118.40	0.3
6PM-7:59PM	2	14.2	91.00	0.00	91.00	0.2
Unknown	2	14.2	11.59	0.00	11.59	0.0
	14		**$ 12,979.07**	**$ 20,443.86**	**$ 33,422.93**	
LENGTH OF SERVICE						
2-4	6	42.8	11,402.23	20,443.86	31,846.09	95.2
16-18	1	7.1	819.81	0.00	819.81	2.4
0-2	3	21.4	416.79	0.00	416.79	1.2
10-12	1	7.1	249.24	0.00	249.24	0.7
28-30	1	7.1	91.00	0.00	91.00	0.2
22-24	1	7.1	0.00	0.00	0.00	0.0
6-8	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 12,979.07**	**$ 20,443.86**	**$ 33,422.93**	
AGE OF CLAIMANT						
35-39	3	21.4	10,313.94	18,638.15	28,952.09	86.6
25-29	3	21.4	1,493.49	1,805.71	3,299.20	9.8
55-59	2	14.2	910.81	0.00	910.81	2.7
40-44	3	21.4	249.24	0.00	249.24	0.7
30-34	1	7.1	11.59	0.00	11.59	0.0
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
	14		**$ 12,979.07**	**$ 20,443.86**	**$ 33,422.93**	
SEX OF CLAIMANT						
Male	8	57.1	12,549.73	20,443.86	32,993.59	98.7
Female	6	42.8	429.34	0.00	429.34	1.2
	14		**$ 12,979.07**	**$ 20,443.86**	**$ 33,422.93**	
LOSS CAUSE						
Furniture / fixtures	4	28.5	10,274.19	18,638.15	28,912.34	86.5
Vehicle, not otherwise classified	1	7.1	1,247.29	1,805.71	3,053.00	9.1
Boxes / containers	2	14.2	947.61	0.00	947.61	2.8
Walking surface, outside, dry	1	7.1	288.99	0.00	288.99	0.8
Minerals / dirt	1	7.1	118.40	0.00	118.40	0.3
Stairs, steps	2	14.2	91.00	0.00	91.00	0.2
Office equipment	1	7.1	11.59	0.00	11.59	0.0
Person	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 12,979.07**	**$ 20,443.86**	**$ 33,422.93**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	7.1	9,935.85	18,638.15	28,574.00	85.4
Fall or Slip (From Different Level)	1	7.1	1,247.29	1,805.71	3,053.00	9.1
Struck/Injured by Falling or Flying Object	3	21.4	947.61	0.00	947.61	2.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Va Western Community College (286)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	2	14.2	378.09	0.00	378.09	1.1
Object being lifted/handled (cut,punc.scrape,inj b	1	7.1	249.24	0.00	249.24	0.7
Fall or Slip (On Same Level)	1	7.1	118.40	0.00	118.40	0.3
Fall or slip (on stairs)	2	14.2	91.00	0.00	91.00	0.2
Foreign Body In Eye	1	7.1	11.59	0.00	11.59	0.0
Assault	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
	14		**$ 12,979.07**	**$ 20,443.86**	**$ 33,422.93**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	4
Finger(s)	2
Ankle	2
Hand	3
Foot	1
Elbow	1
Eye(s)	1
Buttocks	1
Facial, Other Soft Tissue	1
Lower Arm	1
Lower Leg	1
Upper Leg	1
Wrist	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	2
Sprain	5
Fracture	2
Contusion	10
Laceration	4
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	28.5	469.81	-142.00	327.81	44.4
10AM-11:59AM	2	28.5	198.00	0.00	198.00	26.8
12PM-1:59PM	2	28.5	135.40	0.00	135.40	18.3
4PM-5:59PM	1	14.2	76.00	0.00	76.00	10.3
	7		**$ 879.21**	**$ -142.00**	**$ 737.21**	
LENGTH OF SERVICE						
0-2	2	28.5	667.81	-142.00	525.81	71.3
8-10	1	14.2	135.40	0.00	135.40	18.3
4-6	1	14.2	76.00	0.00	76.00	10.3
12-14	1	14.2	0.00	0.00	0.00	0.0
28-30	1	14.2	0.00	0.00	0.00	0.0
14-16	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 879.21**	**$ -142.00**	**$ 737.21**	
AGE OF CLAIMANT						
35-39	2	28.5	469.81	-142.00	327.81	44.4
50-54	3	42.8	274.00	0.00	274.00	37.1
45-49	2	28.5	135.40	0.00	135.40	18.3
	7		**$ 879.21**	**$ -142.00**	**$ 737.21**	
SEX OF CLAIMANT						
Female	4	57.1	409.40	0.00	409.40	55.5
Male	3	42.8	469.81	-142.00	327.81	44.4
	7		**$ 879.21**	**$ -142.00**	**$ 737.21**	
LOSS CAUSE						
Minerals / dirt	1	14.2	469.81	-142.00	327.81	44.4
Walking surface, outside, wet	1	14.2	198.00	0.00	198.00	26.8
Walking surface, inside, wet	1	14.2	135.40	0.00	135.40	18.3
Hand tool, not powered, NOC	1	14.2	76.00	0.00	76.00	10.3
Brush / tree / log	1	14.2	0.00	0.00	0.00	0.0
Furniture / fixtures	1	14.2	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 879.21**	**$ -142.00**	**$ 737.21**	
ACCIDENT TYPE						
Foreign Body In Eye	1	14.2	469.81	-142.00	327.81	44.4
Fall or Slip (From Liquid/Grease spills)	1	14.2	198.00	0.00	198.00	26.8
Fall or Slip (On Same Level)	2	28.5	135.40	0.00	135.40	18.3
Struck/Injured by Object Handled By Other	1	14.2	76.00	0.00	76.00	10.3
Lifting (strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 879.21**	**$ -142.00**	**$ 737.21**	
****BODY PART**						
Eye(s)	1					
Foot	1					
Knee	3					
Lower Arm	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Dabney S Lancaster Comm. Coll. (287)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Nose	1					
Abdomen including Groin	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***

Fracture	2
Foreign Body	1
Contusion	5
Strain	1
	7

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Wytheville Community College (288)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	50.0	3,171.41	0.00	3,171.41	92.9
8AM-9:59AM	1	25.0	241.10	0.00	241.10	7.0
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 3,412.51**	**$ 0.00**	**$ 3,412.51**	
LENGTH OF SERVICE						
2-4	1	25.0	3,171.41	0.00	3,171.41	92.9
0-2	1	25.0	241.10	0.00	241.10	7.0
26-28	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		**$ 3,412.51**	**$ 0.00**	**$ 3,412.51**	
AGE OF CLAIMANT						
35-39	1	25.0	3,171.41	0.00	3,171.41	92.9
40-44	1	25.0	241.10	0.00	241.10	7.0
30-34	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		**$ 3,412.51**	**$ 0.00**	**$ 3,412.51**	
SEX OF CLAIMANT						
Male	2	50.0	3,412.51	0.00	3,412.51	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 3,412.51**	**$ 0.00**	**$ 3,412.51**	
LOSS CAUSE						
Machine, not otherwise classified	1	25.0	3,171.41	0.00	3,171.41	92.9
Hand tool, not powered, NOC	1	25.0	241.10	0.00	241.10	7.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 3,412.51**	**$ 0.00**	**$ 3,412.51**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	25.0	3,171.41	0.00	3,171.41	92.9
Object being lifted/handled (cut,punc.scrape,inj b	1	25.0	241.10	0.00	241.10	7.0
Fall or Slip (On Same Level)	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
	4		**$ 3,412.51**	**$ 0.00**	**$ 3,412.51**	
****BODY PART**						
Knee	3					
Hand	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	2
Laceration	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Wytheville Community College (288)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: John Tyler Community College (290)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	14.2	16,456.22	24,018.78	40,475.00	97.8
10AM-11:59AM	1	14.2	774.28	0.00	774.28	1.8
2PM-3:59PM	1	14.2	115.00	0.00	115.00	0.2
4PM-5:59PM	1	14.2	0.00	0.00	0.00	0.0
12PM-1:59PM	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
	7		**$ 17,345.50**	**$ 24,018.78**	**$ 41,364.28**	
LENGTH OF SERVICE						
2-4	3	42.8	16,456.22	24,018.78	40,475.00	97.8
0-2	2	28.5	889.28	0.00	889.28	2.1
4-6	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 17,345.50**	**$ 24,018.78**	**$ 41,364.28**	
AGE OF CLAIMANT						
30-34	1	14.2	16,456.22	24,018.78	40,475.00	97.8
25-29	1	14.2	774.28	0.00	774.28	1.8
40-44	2	28.5	115.00	0.00	115.00	0.2
55-59	3	42.8	0.00	0.00	0.00	0.0
	7		**$ 17,345.50**	**$ 24,018.78**	**$ 41,364.28**	
SEX OF CLAIMANT						
Female	5	71.4	16,571.22	24,018.78	40,590.00	98.1
Male	2	28.5	774.28	0.00	774.28	1.8
	7		**$ 17,345.50**	**$ 24,018.78**	**$ 41,364.28**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	14.2	16,456.22	24,018.78	40,475.00	97.8
Ladder, 10' folding	1	14.2	774.28	0.00	774.28	1.8
Walking surface, outside, dry	1	14.2	115.00	0.00	115.00	0.2
Stairs, steps	1	14.2	0.00	0.00	0.00	0.0
Boxes / containers	1	14.2	0.00	0.00	0.00	0.0
Furniture / fixtures	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 17,345.50**	**$ 24,018.78**	**$ 41,364.28**	
ACCIDENT TYPE						
Vehicle Upset	1	14.2	16,456.22	24,018.78	40,475.00	97.8
Strike Against/Step on Stationary Object	1	14.2	774.28	0.00	774.28	1.8
Fall or Slip (On Same Level)	1	14.2	115.00	0.00	115.00	0.2
Fall or slip (on stairs)	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
Object Handled (caught in or between)	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 17,345.50**	**$ 24,018.78**	**$ 41,364.28**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
Facial, Other Soft Tissue	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: John Tyler Community College (290)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	2					
Ankle	1					
Foot	1					
Lower Leg	1					
Elbow	1					
Finger(s)	1					
	7					

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

*****INJURY***

Contusion	9
Laceration	3
Sprain	2
Strain	1
	7

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Blue Ridge Community College (291)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	14.2	5,554.27	6,695.73	12,250.00	47.7
10AM-11:59AM	3	42.8	5,041.88	2,089.00	7,130.88	27.7
12PM-1:59PM	2	28.5	4,027.68	0.00	4,027.68	15.7
8AM-9:59AM	1	14.2	1,671.99	578.01	2,250.00	8.7
	7		**$ 16,295.82**	**$ 9,362.74**	**$ 25,658.56**	
LENGTH OF SERVICE						
10-12	2	28.5	5,554.27	6,695.73	12,250.00	47.7
28-30	1	14.2	5,041.88	2,089.00	7,130.88	27.7
4-6	1	14.2	3,976.68	0.00	3,976.68	15.5
22-24	1	14.2	1,671.99	578.01	2,250.00	8.7
12-14	1	14.2	51.00	0.00	51.00	0.2
0-2	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 16,295.82**	**$ 9,362.74**	**$ 25,658.56**	
AGE OF CLAIMANT						
45-49	2	28.5	7,226.26	7,273.74	14,500.00	56.5
50-54	2	28.5	5,041.88	2,089.00	7,130.88	27.7
55-59	2	28.5	3,976.68	0.00	3,976.68	15.5
35-39	1	14.2	51.00	0.00	51.00	0.2
	7		**$ 16,295.82**	**$ 9,362.74**	**$ 25,658.56**	
SEX OF CLAIMANT						
Female	3	42.8	7,226.26	7,273.74	14,500.00	56.5
Male	4	57.1	9,069.56	2,089.00	11,158.56	43.4
	7		**$ 16,295.82**	**$ 9,362.74**	**$ 25,658.56**	
LOSS CAUSE						
Electrical equipment	1	14.2	5,554.27	6,695.73	12,250.00	47.7
Vehicle, not otherwise classified	1	14.2	5,041.88	2,089.00	7,130.88	27.7
Walking surface, outside, wet	1	14.2	3,976.68	0.00	3,976.68	15.5
Walking surface, outside, dry	1	14.2	1,671.99	578.01	2,250.00	8.7
Furniture / fixtures	2	28.5	51.00	0.00	51.00	0.2
Unknown	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 16,295.82**	**$ 9,362.74**	**$ 25,658.56**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	14.2	5,554.27	6,695.73	12,250.00	47.7
Struck/Injured by Object Being Lifted/Handled	1	14.2	5,041.88	2,089.00	7,130.88	27.7
Fall or slip (on ice or snow)	1	14.2	3,976.68	0.00	3,976.68	15.5
Twisting, strain or injury by	1	14.2	1,671.99	578.01	2,250.00	8.7
Fall or Slip (From Different Level)	1	14.2	51.00	0.00	51.00	0.2
Cumulative (Not Otherwise Classified)	1	14.2	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 16,295.82**	**$ 9,362.74**	**$ 25,658.56**	
****BODY PART**						
Foot	1					
Hip	2					
Lower Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Blue Ridge Community College (291)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	2					
Knee	2					
Soft Tissue - Neck	1					
Chest (Inc: Ribs, Sternum and 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***

Fracture	1					
Sprain	3					
Laceration	1					
Contusion	3					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Central Va Community College (292)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	40.0	169.63	0.00	169.63	50.6
12PM-1:59PM	1	20.0	165.00	0.00	165.00	49.3
8AM-9:59AM	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 334.63**	**$ 0.00**	**$ 334.63**	
LENGTH OF SERVICE						
2-4	1	20.0	165.00	0.00	165.00	49.3
6-8	2	40.0	88.57	0.00	88.57	26.4
0-2	2	40.0	81.06	0.00	81.06	24.2
	5		**$ 334.63**	**$ 0.00**	**$ 334.63**	
AGE OF CLAIMANT						
55-59	2	40.0	165.00	0.00	165.00	49.3
45-49	1	20.0	88.57	0.00	88.57	26.4
15-19	1	20.0	81.06	0.00	81.06	24.2
30-34	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 334.63**	**$ 0.00**	**$ 334.63**	
SEX OF CLAIMANT						
Female	3	60.0	169.63	0.00	169.63	50.6
Male	2	40.0	165.00	0.00	165.00	49.3
	5		**$ 334.63**	**$ 0.00**	**$ 334.63**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	20.0	165.00	0.00	165.00	49.3
Boxes / containers	1	20.0	88.57	0.00	88.57	26.4
Machine, not otherwise classified	1	20.0	81.06	0.00	81.06	24.2
Walking surface, outside, wet	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 334.63**	**$ 0.00**	**$ 334.63**	
ACCIDENT TYPE						
Vehicle Upset	1	20.0	165.00	0.00	165.00	49.3
Lifting (strain or Injury by)	1	20.0	88.57	0.00	88.57	26.4
Reaching (Strain or Injury by)	1	20.0	81.06	0.00	81.06	24.2
Fall or slip (on ice or snow)	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 334.63**	**$ 0.00**	**$ 334.63**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Knee	1					
Shoulder	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	1					
Buttocks	1					
Wrist	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Central Va Community College (292)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Contusion	5					
Strain	1					
Laceration	1					
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:12

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Thomas Nelson Community College (293)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	30.0	2,259.10	415.00	2,674.10	76.0
6AM-7:59AM	1	10.0	391.50	0.00	391.50	11.1
2PM-3:59PM	4	40.0	391.45	0.00	391.45	11.1
10AM-11:59AM	2	20.0	60.00	0.00	60.00	1.7
	10		**$ 3,102.05**	**$ 415.00**	**$ 3,517.05**	
LENGTH OF SERVICE						
4-6	2	20.0	2,650.60	415.00	3,065.60	87.1
0-2	3	30.0	391.45	0.00	391.45	11.1
2-4	2	20.0	60.00	0.00	60.00	1.7
12-14	1	10.0	0.00	0.00	0.00	0.0
24-26	1	10.0	0.00	0.00	0.00	0.0
32-34	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 3,102.05**	**$ 415.00**	**$ 3,517.05**	
AGE OF CLAIMANT						
55-59	3	30.0	2,405.03	415.00	2,820.03	80.1
25-29	1	10.0	391.50	0.00	391.50	11.1
40-44	1	10.0	245.52	0.00	245.52	6.9
45-49	2	20.0	60.00	0.00	60.00	1.7
60-64	2	20.0	0.00	0.00	0.00	0.0
35-39	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 3,102.05**	**$ 415.00**	**$ 3,517.05**	
SEX OF CLAIMANT						
Female	6	60.0	2,504.62	415.00	2,919.62	83.0
Male	4	40.0	597.43	0.00	597.43	16.9
	10		**$ 3,102.05**	**$ 415.00**	**$ 3,517.05**	
LOSS CAUSE						
Walking surface, outside, dry	2	20.0	2,259.10	415.00	2,674.10	76.0
Unknown	1	10.0	391.50	0.00	391.50	11.1
Metal items	1	10.0	245.52	0.00	245.52	6.9
Excavations	1	10.0	145.93	0.00	145.93	4.1
Building parts / doors	1	10.0	60.00	0.00	60.00	1.7
Electrical equipment	1	10.0	0.00	0.00	0.00	0.0
Fencing	1	10.0	0.00	0.00	0.00	0.0
Furniture / fixtures	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		**$ 3,102.05**	**$ 415.00**	**$ 3,517.05**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	4	40.0	2,405.03	415.00	2,820.03	80.1
Pushing Or Pulling (Strain or Injury by)	1	10.0	391.50	0.00	391.50	11.1
Strike Against/Step on Stationary Object	2	20.0	245.52	0.00	245.52	6.9
Object being lifted/handled (cut,punc.scrape,inj b	1	10.0	60.00	0.00	60.00	1.7
Fall or Slip (From Different Level)	1	10.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Thomas Nelson Community College (293)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 3,102.05**	**$ 415.00**	**$ 3,517.05**	
*****BODY PART***						
Finger(s)	2					
Shoulder	2					
Ankle	1					
Hand	2					
Knee	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Soft Tissue - Neck	1					
Buttocks	1					
Facial, Other Soft Tissue	2					
Hip	1					
Lower Arm	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***						
Fracture	1					
Strain	4					
Laceration	5					
Sprain	1					
Foreign Body	1					
Contusion	7					
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Southwest Va. Community College (294)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	468.49	0.00	468.49	100.0
	1		***$ 468.49***	***$ 0.00***	***$ 468.49***	
LENGTH OF SERVICE						
8-10	1	100.0	468.49	0.00	468.49	100.0
	1		***$ 468.49***	***$ 0.00***	***$ 468.49***	
AGE OF CLAIMANT						
50-54	1	100.0	468.49	0.00	468.49	100.0
	1		***$ 468.49***	***$ 0.00***	***$ 468.49***	
SEX OF CLAIMANT						
Male	1	100.0	468.49	0.00	468.49	100.0
	1		***$ 468.49***	***$ 0.00***	***$ 468.49***	
LOSS CAUSE						
Metal items	1	100.0	468.49	0.00	468.49	100.0
	1		***$ 468.49***	***$ 0.00***	***$ 468.49***	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	100.0	468.49	0.00	468.49	100.0
	1		***$ 468.49***	***$ 0.00***	***$ 468.49***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	9	28.1	3,047.14	1,227.29	4,274.43	36.2
12PM-1:59PM	6	18.7	3,817.13	0.00	3,817.13	32.3
2PM-3:59PM	9	28.1	1,065.40	750.00	1,815.40	15.3
8AM-9:59AM	4	12.5	907.39	0.00	907.39	7.6
6AM-7:59AM	1	3.1	580.03	0.00	580.03	4.9
4PM-5:59PM	1	3.1	401.70	0.00	401.70	3.4
2AM-3:59AM	1	3.1	0.00	0.00	0.00	0.0
4AM-5:59AM	1	3.1	0.00	0.00	0.00	0.0
	32		**$ 9,818.79**	**$ 1,977.29**	**$ 11,796.08**	
LENGTH OF SERVICE						
8-10	4	12.5	3,824.13	0.00	3,824.13	32.4
2-4	8	25.0	2,355.22	0.00	2,355.22	19.9
16-18	4	12.5	1,529.71	477.29	2,007.00	17.0
4-6	5	15.6	1,389.03	0.00	1,389.03	11.7
12-14	3	9.3	401.70	750.00	1,151.70	9.7
24-26	1	3.1	0.00	750.00	750.00	6.3
0-2	4	12.5	319.00	0.00	319.00	2.7
10-12	1	3.1	0.00	0.00	0.00	0.0
14-16	1	3.1	0.00	0.00	0.00	0.0
6-8	1	3.1	0.00	0.00	0.00	0.0
	32		**$ 9,818.79**	**$ 1,977.29**	**$ 11,796.08**	
AGE OF CLAIMANT						
45-49	9	28.1	6,231.22	477.29	6,708.51	56.8
25-29	3	9.3	1,716.45	0.00	1,716.45	14.5
55-59	4	12.5	401.70	750.00	1,151.70	9.7
50-54	5	15.6	0.00	750.00	750.00	6.3
35-39	5	15.6	676.03	0.00	676.03	5.7
30-34	1	3.1	564.39	0.00	564.39	4.7
60-64	2	6.2	157.00	0.00	157.00	1.3
20-24	2	6.2	72.00	0.00	72.00	0.6
40-44	1	3.1	0.00	0.00	0.00	0.0
	32		**$ 9,818.79**	**$ 1,977.29**	**$ 11,796.08**	
SEX OF CLAIMANT						
Female	19	59.3	5,989.26	1,500.00	7,489.26	63.4
Male	13	40.6	3,829.53	477.29	4,306.82	36.5
	32		**$ 9,818.79**	**$ 1,977.29**	**$ 11,796.08**	
LOSS CAUSE						
Walking surface, inside, dry	1	3.1	3,728.13	0.00	3,728.13	31.6
Furniture / fixtures	7	21.8	2,004.13	750.00	2,754.13	23.3
Excavations	1	3.1	1,372.71	477.29	1,850.00	15.6
Boxes / containers	4	12.5	720.00	750.00	1,470.00	12.4
Hand tool, powered, NOC	2	6.2	580.03	0.00	580.03	4.9
Walking surface, outside, dry	1	3.1	564.39	0.00	564.39	4.7
Mechanical powered	1	3.1	247.00	0.00	247.00	2.0
Vehicle, not otherwise classified	3	9.3	185.00	0.00	185.00	1.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fencing	1	3.1	182.02	0.00	182.02	1.5
Electrical equipment	1	3.1	163.38	0.00	163.38	1.3
Glass bottle / sheet	1	3.1	72.00	0.00	72.00	0.6
Stairs, steps	1	3.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	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
Metal items	2	6.2	0.00	0.00	0.00	0.0
Office equipment	2	6.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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		***$ 9,818.79***	***$ 1,977.29***	***$ 11,796.08***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	8	25.0	5,502.54	1,227.29	6,729.83	57.0
Holding Or Carrying (Strain or Injury by)	1	3.1	1,445.43	0.00	1,445.43	12.2
Lifting (strain or Injury by)	3	9.3	902.02	0.00	902.02	7.6
Object being lifted/handled (cut,punc.scrape,inj b	5	15.6	899.03	0.00	899.03	7.6
Pushing Or Pulling (Strain or Injury by)	2	6.2	96.00	750.00	846.00	7.1
Fall or Slip (From Different Level)	5	15.6	721.39	0.00	721.39	6.1
Struck/Injured by Falling or Flying Object	3	9.3	163.38	0.00	163.38	1.3
Vehicle Upset	1	3.1	89.00	0.00	89.00	0.7
Fall or slip (on stairs)	1	3.1	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	3.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	3.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	3.1	0.00	0.00	0.00	0.0
	32		***$ 9,818.79***	***$ 1,977.29***	***$ 11,796.08***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	10
Hip	2
Hand	3
Knee	6
Finger(s)	4
Upper Leg	3
Ankle	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Foot	1
Soft Tissue - Neck	3
Thumb	1
Upper Back Area (Thoracic Area)	1
Elbow	1
Buttocks	2
Eye(s)	1
Facial, Other Soft Tissue	1
Lower Arm	2
Lungs	1
Nose	1
Shoulder	1
Upper Arm (Inc: Clavicle and Scapula)	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Tidewater Community College (295)

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***

Contusion	22
Strain	16
Sprain	3
Foreign Body	1
Laceration	5
Inflamation	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Va Highlands Community College (296)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	20.0	260.20	0.00	260.20	68.5
Unknown	1	20.0	119.31	0.00	119.31	31.4
10AM-11:59AM	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		**$ 379.51**	**$ 0.00**	**$ 379.51**	
LENGTH OF SERVICE						
28-30	1	20.0	260.20	0.00	260.20	68.5
8-10	1	20.0	119.31	0.00	119.31	31.4
0-2	1	20.0	0.00	0.00	0.00	0.0
12-14	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 379.51**	**$ 0.00**	**$ 379.51**	
AGE OF CLAIMANT						
60-64	1	20.0	260.20	0.00	260.20	68.5
20-24	1	20.0	119.31	0.00	119.31	31.4
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
45-49	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 379.51**	**$ 0.00**	**$ 379.51**	
SEX OF CLAIMANT						
Female	3	60.0	260.20	0.00	260.20	68.5
Male	2	40.0	119.31	0.00	119.31	31.4
	5		**$ 379.51**	**$ 0.00**	**$ 379.51**	
LOSS CAUSE						
Walking surface, outside, dry	1	20.0	260.20	0.00	260.20	68.5
Furniture / fixtures	2	40.0	119.31	0.00	119.31	31.4
Chemicals, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 379.51**	**$ 0.00**	**$ 379.51**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	20.0	260.20	0.00	260.20	68.5
Fall or Slip (From Different Level)	1	20.0	119.31	0.00	119.31	31.4
Absorb, Ingest, Inhalation	2	40.0	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		**$ 379.51**	**$ 0.00**	**$ 379.51**	
****BODY PART**						
Knee	2					
Facial, Other Soft Tissue	2					
Finger(s)	2					
Teeth	1					
Eye(s)	1					
Lungs	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Va Highlands Community College (296)

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
Dislocation	1
Fracture	1
Sprain	1
Inflamation	2
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Germanna Community College (297)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	0.00	750.00	750.00	88.2
8AM-9:59AM	1	33.3	100.00	0.00	100.00	11.7
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 750.00**	**$ 850.00**	
LENGTH OF SERVICE						
4-6	1	33.3	0.00	750.00	750.00	88.2
0-2	1	33.3	100.00	0.00	100.00	11.7
12-14	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 750.00**	**$ 850.00**	
AGE OF CLAIMANT						
30-34	1	33.3	0.00	750.00	750.00	88.2
35-39	1	33.3	100.00	0.00	100.00	11.7
60-64	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 750.00**	**$ 850.00**	
SEX OF CLAIMANT						
Male	2	66.6	100.00	750.00	850.00	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 750.00**	**$ 850.00**	
LOSS CAUSE						
Office equipment	1	33.3	0.00	750.00	750.00	88.2
Boxes / containers	1	33.3	100.00	0.00	100.00	11.7
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 750.00**	**$ 850.00**	
ACCIDENT TYPE						
Repetitive Motion	1	33.3	0.00	750.00	750.00	88.2
Object being lifted/handled (cut,punc.scrape,inj b	1	33.3	100.00	0.00	100.00	11.7
Fall or Slip (On Same Level)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 100.00**	**$ 750.00**	**$ 850.00**	
****BODY PART**						
Wrist	1					
Finger(s)	1					
Hand	1					
Knee	1					
Lower Arm	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	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Germanna Community College (297)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Lord Fairfax Community College (298)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	42.8	208.00	0.00	208.00	41.2
10AM-11:59AM	2	28.5	206.72	0.00	206.72	41.0
8AM-9:59AM	1	14.2	89.00	0.00	89.00	17.6
6PM-7:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 503.72**	**$ 0.00**	**$ 503.72**	
LENGTH OF SERVICE						
2-4	1	14.2	206.72	0.00	206.72	41.0
14-16	1	14.2	104.00	0.00	104.00	20.6
6-8	1	14.2	104.00	0.00	104.00	20.6
12-14	1	14.2	89.00	0.00	89.00	17.6
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
4-6	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 503.72**	**$ 0.00**	**$ 503.72**	
AGE OF CLAIMANT						
40-44	3	42.8	310.72	0.00	310.72	61.6
35-39	1	14.2	104.00	0.00	104.00	20.6
45-49	2	28.5	89.00	0.00	89.00	17.6
55-59	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 503.72**	**$ 0.00**	**$ 503.72**	
SEX OF CLAIMANT						
Male	5	71.4	399.72	0.00	399.72	79.3
Female	2	28.5	104.00	0.00	104.00	20.6
	7		**$ 503.72**	**$ 0.00**	**$ 503.72**	
LOSS CAUSE						
Hand tool, not powered, NOC	2	28.5	295.72	0.00	295.72	58.7
Electrical equipment	1	14.2	104.00	0.00	104.00	20.6
Walking surface, inside, dry	1	14.2	104.00	0.00	104.00	20.6
Furniture / fixtures	1	14.2	0.00	0.00	0.00	0.0
Metal items	1	14.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 503.72**	**$ 0.00**	**$ 503.72**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	28.5	295.72	0.00	295.72	58.7
Fall or Slip (On Same Level)	1	14.2	104.00	0.00	104.00	20.6
Holding Or Carrying (Strain or Injury by)	2	28.5	104.00	0.00	104.00	20.6
Object Handled (caught in or between)	1	14.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 503.72**	**$ 0.00**	**$ 503.72**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Thumb	2					
Ankle	1					
Knee	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Lord Fairfax Community College (298)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Nose	1					
Abdomen including Groin	1					
	7					

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

*****INJURY***

Contusion	4					
Laceration	2					
Strain	2					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Mountain Empire (299)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	158.77	0.00	158.77	100.0
8AM-9:59AM	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 158.77**	**$ 0.00**	**$ 158.77**	
LENGTH OF SERVICE						
4-6	1	25.0	158.77	0.00	158.77	100.0
24-26	1	25.0	0.00	0.00	0.00	0.0
8-10	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 158.77**	**$ 0.00**	**$ 158.77**	
AGE OF CLAIMANT						
40-44	1	25.0	158.77	0.00	158.77	100.0
55-59	1	25.0	0.00	0.00	0.00	0.0
45-49	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		**$ 158.77**	**$ 0.00**	**$ 158.77**	
SEX OF CLAIMANT						
Male	1	25.0	158.77	0.00	158.77	100.0
Female	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 158.77**	**$ 0.00**	**$ 158.77**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	25.0	158.77	0.00	158.77	100.0
Walking surface, outside, dry	1	25.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 158.77**	**$ 0.00**	**$ 158.77**	
ACCIDENT TYPE						
Foreign Body In Eye	1	25.0	158.77	0.00	158.77	100.0
Fall or Slip (On Same Level)	2	50.0	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		**$ 158.77**	**$ 0.00**	**$ 158.77**	
****BODY PART**						
Eye(s)	1					
Hand	1					
Hip	1					
Knee	2					
Ankle	1					
Soft Tissue - Neck	1					
	4					

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

****INJURY**	
Foreign Body	1
Contusion	5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Community College System (261)
SubAgency: Mountain Empire (299)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	1.7	21.47	16,045.17	16,066.64	37.0
2PM-3:59PM	11	19.2	405.39	11,109.34	11,514.73	26.5
Unknown	6	10.5	3,612.81	5,174.39	8,787.20	20.2
12PM-1:59PM	8	14.0	1,111.43	2,538.31	3,649.74	8.4
10AM-11:59AM	8	14.0	402.63	750.00	1,152.63	2.6
4AM-5:59AM	6	10.5	912.66	0.00	912.66	2.1
2AM-3:59AM	2	3.5	0.00	750.00	750.00	1.7
8AM-9:59AM	6	10.5	350.00	0.00	350.00	0.8
4PM-5:59PM	7	12.2	140.00	0.00	140.00	0.3
6AM-7:59AM	1	1.7	0.00	0.00	0.00	0.0
6PM-7:59PM	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 6,956.39***	***$ 36,367.21***	***$ 43,323.60***	
LENGTH OF SERVICE						
2-4	7	12.2	799.26	16,795.17	17,594.43	40.6
4-6	8	14.0	896.65	10,647.65	11,544.30	26.6
30-32	1	1.7	3,472.81	5,174.39	8,647.20	19.9
0-2	10	17.5	365.00	1,500.00	1,865.00	4.3
6-8	4	7.0	236.05	750.00	986.05	2.2
8-10	7	12.2	158.00	750.00	908.00	2.1
22-24	1	1.7	0.00	750.00	750.00	1.7
10-12	8	14.0	295.00	0.00	295.00	0.6
28-30	2	3.5	246.11	0.00	246.11	0.5
34-36	1	1.7	190.51	0.00	190.51	0.4
20-22	2	3.5	140.00	0.00	140.00	0.3
12-14	3	5.2	87.00	0.00	87.00	0.2
16-18	1	1.7	70.00	0.00	70.00	0.1
14-16	1	1.7	0.00	0.00	0.00	0.0
18-20	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 6,956.39***	***$ 36,367.21***	***$ 43,323.60***	
AGE OF CLAIMANT						
40-44	11	19.2	552.57	16,045.17	16,597.74	38.3
30-34	8	14.0	892.60	10,359.34	11,251.94	25.9
55-59	3	5.2	3,750.32	5,174.39	8,924.71	20.6
45-49	13	22.8	917.80	2,538.31	3,456.11	7.9
50-54	10	17.5	444.10	1,500.00	1,944.10	4.4
35-39	5	8.7	133.00	750.00	883.00	2.0
25-29	3	5.2	188.00	0.00	188.00	0.4
60-64	2	3.5	78.00	0.00	78.00	0.1
20-24	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		***$ 6,956.39***	***$ 36,367.21***	***$ 43,323.60***	
SEX OF CLAIMANT						
Male	22	38.5	4,661.95	23,469.56	28,131.51	64.9
Female	35	61.4	2,294.44	12,897.65	15,192.09	35.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	57		**$ 6,956.39**	**$ 36,367.21**	**$ 43,323.60**	
LOSS CAUSE						
Hand tool, not powered, NOC	3	5.2	21.47	16,795.17	16,816.64	38.8
Chemicals, not otherwise classified	2	3.5	11.34	11,109.34	11,120.68	25.6
Patient / Inmate	8	14.0	4,012.91	5,924.39	9,937.30	22.9
Sharp objects, not otherwise classified	4	7.0	620.25	750.00	1,370.25	3.1
Brush / tree / log	1	1.7	0.00	750.00	750.00	1.7
Furniture / fixtures	7	12.2	0.00	750.00	750.00	1.7
Vehicle, not otherwise classified	3	5.2	461.69	288.31	750.00	1.7
Fire / Flame / Smoke	3	5.2	455.05	0.00	455.05	1.0
Building parts / doors	2	3.5	246.11	0.00	246.11	0.5
Boxes / containers	3	5.2	226.52	0.00	226.52	0.5
Miscellaneous	4	7.0	220.00	0.00	220.00	0.5
Metal items	1	1.7	166.05	0.00	166.05	0.3
Elevators, escalators	1	1.7	140.00	0.00	140.00	0.3
Walking surface, inside, dry	2	3.5	87.00	0.00	87.00	0.2
Walking surface, outside, dry	3	5.2	78.00	0.00	78.00	0.1
Infectious agent	1	1.7	70.00	0.00	70.00	0.1
Minerals / dirt	2	3.5	70.00	0.00	70.00	0.1
Stairs, steps	1	1.7	70.00	0.00	70.00	0.1
Machine, not otherwise classified	2	3.5	0.00	0.00	0.00	0.0
Office equipment	1	1.7	0.00	0.00	0.00	0.0
Pipe	1	1.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	3.5	0.00	0.00	0.00	0.0
	57		**$ 6,956.39**	**$ 36,367.21**	**$ 43,323.60**	
ACCIDENT TYPE						
Repetitive Motion	1	1.7	21.47	16,045.17	16,066.64	37.0
Absorb, Ingest, Inhalation	4	7.0	241.34	11,109.34	11,350.68	26.2
Assault	1	1.7	3,472.81	5,174.39	8,647.20	19.9
Twisting, strain or injury by	5	8.7	386.11	750.00	1,136.11	2.6
Exposure to Poisonous Agent / Plant	2	3.5	80.00	750.00	830.00	1.9
Allergic Reaction	2	3.5	70.00	750.00	820.00	1.8
Lifting (strain or Injury by)	8	14.0	773.62	0.00	773.62	1.7
Collision/sideswipe with Another Vehicle	1	1.7	461.69	288.31	750.00	1.7
Other than physical cause of injury	1	1.7	0.00	750.00	750.00	1.7
Struck/Injured by Object Handled By Other	1	1.7	0.00	750.00	750.00	1.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	3.5	620.25	0.00	620.25	1.4
Dust,gases,fumes,vapors	1	1.7	225.05	0.00	225.05	0.5
Struck/Injured by Falling or Flying Object	4	7.0	166.05	0.00	166.05	0.3
Fall or Slip (On Same Level)	5	8.7	165.00	0.00	165.00	0.3
Pushing Or Pulling (Strain or Injury by)	1	1.7	80.00	0.00	80.00	0.1
Fall or slip (on stairs)	1	1.7	70.00	0.00	70.00	0.1
Foreign Body In Eye	2	3.5	70.00	0.00	70.00	0.1
Stuck, injured by fellow worker, patient	1	1.7	53.00	0.00	53.00	0.1
Contact With Hot Object or Substances	2	3.5	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	1.7	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	1.7	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	2	3.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (into Openings)	1	1.7	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	1.7	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	4	7.0	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	1.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	1.7	0.00	0.00	0.00	0.0
	57		**$ 6,956.39**	**$ 36,367.21**	**$ 43,323.60**	

**BODY PART

Insufficient Information	1
Whole Body	1
Shoulder	7
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Nose	2
No Physical Problem	3
Eye(s)	4
Hand	8
Facial, Other Soft Tissue	1
Lower Arm	4
Mouth	1
Multiple Neck Injury	1
Trachea	2
Lungs	2
Knee	6
Finger(s)	2
Foot	2
Ankle	4
Abdomen including Groin	1
Upper Leg	2
Elbow	2
Hip	2
Lower Leg	2
Skull	2
	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

Contusion	21
Dermatitis	3
Respiratory Disorders	4
No Physical Injury	7
Strain	22
Sprain	5
Laceration	5
Inflamation	2
Puncture	1
Foreign Body	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Rehab Services, Dept. Of (262)
SubAgency: Woodrow Wilson Rehab Cntr (203)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Burn	2					
Fracture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	14.2	16,016.79	18,296.29	34,313.08	91.4
2PM-3:59PM	3	21.4	918.00	750.00	1,668.00	4.4
12PM-1:59PM	1	7.1	210.00	540.00	750.00	2.0
8AM-9:59AM	3	21.4	0.00	750.00	750.00	2.0
4AM-5:59AM	2	14.2	51.00	0.00	51.00	0.1
2AM-3:59AM	1	7.1	0.00	0.00	0.00	0.0
6AM-7:59AM	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 17,195.79**	**$ 20,336.29**	**$ 37,532.08**	
LENGTH OF SERVICE						
2-4	1	7.1	16,016.79	18,296.29	34,313.08	91.4
34-36	1	7.1	918.00	0.00	918.00	2.4
0-2	3	21.4	210.00	540.00	750.00	2.0
10-12	3	21.4	0.00	750.00	750.00	2.0
8-10	2	14.2	0.00	750.00	750.00	2.0
20-22	2	14.2	51.00	0.00	51.00	0.1
18-20	1	7.1	0.00	0.00	0.00	0.0
6-8	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 17,195.79**	**$ 20,336.29**	**$ 37,532.08**	
AGE OF CLAIMANT						
35-39	2	14.2	16,016.79	19,046.29	35,063.08	93.4
50-54	3	21.4	210.00	1,290.00	1,500.00	4.0
55-59	5	35.7	969.00	0.00	969.00	2.5
30-34	1	7.1	0.00	0.00	0.00	0.0
40-44	2	14.2	0.00	0.00	0.00	0.0
65-69	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 17,195.79**	**$ 20,336.29**	**$ 37,532.08**	
SEX OF CLAIMANT						
Female	13	92.8	17,195.79	20,336.29	37,532.08	100.0
Male	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 17,195.79**	**$ 20,336.29**	**$ 37,532.08**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	35.7	16,226.79	19,586.29	35,813.08	95.4
Walking surface, inside, dry	1	7.1	918.00	0.00	918.00	2.4
Miscellaneous	1	7.1	0.00	750.00	750.00	2.0
Office equipment	2	14.2	51.00	0.00	51.00	0.1
Boxes / containers	1	7.1	0.00	0.00	0.00	0.0
Furniture / fixtures	3	21.4	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 17,195.79**	**$ 20,336.29**	**$ 37,532.08**	
ACCIDENT TYPE						
Vehicle Upset	4	28.5	16,016.79	19,046.29	35,063.08	93.4
Fall or Slip (On Same Level)	4	28.5	969.00	0.00	969.00	2.5
Collision/sideswipe with Another Vehicle	1	7.1	210.00	540.00	750.00	2.0
Pushing Or Pulling (Strain or Injury by)	1	7.1	0.00	750.00	750.00	2.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Rehab Services, Dept. Of (262)
SubAgency: Rehabilitative Services, Dept Of (262)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Slipped, Did Not Fall	1	7.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	7.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	7.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 17,195.79**	**$ 20,336.29**	**$ 37,532.08**	

**BODY PART

Knee	2
Ankle	2
Upper Back Area (Thoracic Area)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Hand	1
Hip	3
Lower Arm	1
Multiple Neck Injury	1
Shoulder	2
Pelvis	1
Foot	1
Lower Leg	1
No Physical Problem	1
Soft Tissue - Neck	1
Toe(s)	1
Upper 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

Strain	13
Sprain	4
Contusion	7
Laceration	1
No Physical 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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	10	18.1	2,506.99	9,075.22	11,582.21	60.9
6AM-7:59AM	2	3.6	3,148.02	0.00	3,148.02	16.5
10AM-11:59AM	19	34.5	2,072.59	0.00	2,072.59	10.9
12PM-1:59PM	9	16.3	1,858.43	-60.00	1,798.43	9.4
8AM-9:59AM	9	16.3	320.16	-5.72	314.44	1.6
12AM-1:59AM	1	1.8	84.00	0.00	84.00	0.4
4AM-5:59AM	1	1.8	0.00	0.00	0.00	0.0
4PM-5:59PM	3	5.4	0.00	0.00	0.00	0.0
6PM-7:59PM	1	1.8	0.00	0.00	0.00	0.0
	55		**$ 9,990.19**	**$ 9,009.50**	**$ 18,999.69**	
LENGTH OF SERVICE						
16-18	1	1.8	1,599.98	9,075.22	10,675.20	56.1
2-4	16	29.0	4,150.19	-5.72	4,144.47	21.8
0-2	14	25.4	2,292.52	0.00	2,292.52	12.0
28-30	1	1.8	712.00	0.00	712.00	3.7
4-6	5	9.0	480.93	-60.00	420.93	2.2
14-16	3	5.4	348.00	0.00	348.00	1.8
24-26	3	5.4	230.49	0.00	230.49	1.2
6-8	3	5.4	105.00	0.00	105.00	0.5
26-28	1	1.8	71.08	0.00	71.08	0.3
10-12	2	3.6	0.00	0.00	0.00	0.0
20-22	1	1.8	0.00	0.00	0.00	0.0
8-10	5	9.0	0.00	0.00	0.00	0.0
	55		**$ 9,990.19**	**$ 9,009.50**	**$ 18,999.69**	
AGE OF CLAIMANT						
70-74	1	1.8	1,599.98	9,075.22	10,675.20	56.1
25-29	12	21.8	3,621.54	0.00	3,621.54	19.0
40-44	7	12.7	2,626.45	-60.00	2,566.45	13.5
55-59	2	3.6	913.01	0.00	913.01	4.8
45-49	7	12.7	578.49	0.00	578.49	3.0
35-39	4	7.2	243.64	-5.72	237.92	1.2
30-34	10	18.1	171.00	0.00	171.00	0.9
60-64	2	3.6	105.00	0.00	105.00	0.5
50-54	4	7.2	71.08	0.00	71.08	0.3
20-24	3	5.4	60.00	0.00	60.00	0.3
15-19	2	3.6	0.00	0.00	0.00	0.0
65-69	1	1.8	0.00	0.00	0.00	0.0
	55		**$ 9,990.19**	**$ 9,009.50**	**$ 18,999.69**	
SEX OF CLAIMANT						
Male	28	50.9	7,209.22	9,069.50	16,278.72	85.6
Female	27	49.0	2,780.97	-60.00	2,720.97	14.3
	55		**$ 9,990.19**	**$ 9,009.50**	**$ 18,999.69**	
LOSS CAUSE						
Ladder, 8' step	1	1.8	1,599.98	9,075.22	10,675.20	56.1
Sharp objects, not otherwise classified	3	5.4	3,232.02	0.00	3,232.02	17.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, dry	4	7.2	2,086.43	0.00	2,086.43	10.9
Brush / tree / log	1	1.8	712.00	0.00	712.00	3.7
Miscellaneous	5	9.0	718.01	-60.00	658.01	3.4
Walking surface, inside, dry	1	1.8	494.09	0.00	494.09	2.6
Animal / insect, not otherwise classified	3	5.4	273.93	0.00	273.93	1.4
Water	1	1.8	230.49	0.00	230.49	1.2
Animal / tick, spider, etc.	7	12.7	158.64	-5.72	152.92	0.8
Minerals / dirt	1	1.8	105.00	0.00	105.00	0.5
Hand tool, not powered, NOC	1	1.8	94.00	0.00	94.00	0.4
Furniture / fixtures	2	3.6	87.00	0.00	87.00	0.4
Metal items	3	5.4	71.08	0.00	71.08	0.3
Animal, not otherwise classified	3	5.4	67.52	0.00	67.52	0.3
Chemicals, not otherwise classified	2	3.6	60.00	0.00	60.00	0.3
Boxes / containers	2	3.6	0.00	0.00	0.00	0.0
Building parts / doors	1	1.8	0.00	0.00	0.00	0.0
Environmental conditions	1	1.8	0.00	0.00	0.00	0.0
Glass bottle / sheet	3	5.4	0.00	0.00	0.00	0.0
Infectious agent	1	1.8	0.00	0.00	0.00	0.0
Office equipment	1	1.8	0.00	0.00	0.00	0.0
Recreational equipment	1	1.8	0.00	0.00	0.00	0.0
Stairs, steps	2	3.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	5	9.0	0.00	0.00	0.00	0.0
	55		***$ 9,990.19***	***$ 9,009.50***	***$ 18,999.69***	

ACCIDENT TYPE

Fall or Slip (From Ladder/Scaffolding)	1	1.8	1,599.98	9,075.22	10,675.20	56.1
Cut,puncture,scrape, injured by (Broken Glass)	4	7.2	3,148.02	0.00	3,148.02	16.5
Twisting, strain or injury by	4	7.2	1,738.43	0.00	1,738.43	9.1
Struck/Injured by Object Being Lifted/Handled	3	5.4	779.52	0.00	779.52	4.1
Fall or Slip (On Same Level)	1	1.8	494.09	0.00	494.09	2.6
Struck/Injured by Falling or Flying Object	3	5.4	383.08	0.00	383.08	2.0
Repetitive Motion	1	1.8	348.00	0.00	348.00	1.8
Strike Against/Step on Stationary Object	4	7.2	286.01	0.00	286.01	1.5
Object being lifted/handled (cut,punc.scrape,inj b	1	1.8	273.93	0.00	273.93	1.4
Other than physical cause of injury	1	1.8	230.49	0.00	230.49	1.2
Foreign Body In Eye	3	5.4	285.00	-60.00	225.00	1.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	5.4	178.00	0.00	178.00	0.9
Animal Or Insect	8	14.5	158.64	-5.72	152.92	0.8
Object Handled (caught in or between)	1	1.8	87.00	0.00	87.00	0.4
Abnormal Air Pressure	1	1.8	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	2	3.6	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	1.8	0.00	0.00	0.00	0.0
Allergic Reaction	1	1.8	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	1.8	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	3.6	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	3.6	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	3.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	1.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Handled By Other	1	1.8	0.00	0.00	0.00	0.0
Vehicle Upset	2	3.6	0.00	0.00	0.00	0.0
	55		**$ 9,990.19**	**$ 9,009.50**	**$ 18,999.69**	

**BODY PART

Lower Leg	2
Finger(s)	12
Knee	4
Shoulder	10
Ankle	3
Hand	2
Upper Back Area (Thoracic Area)	1
Eye(s)	5
Wrist(s) & Hand(s)	1
Ear(s)	1
Wrist	2
Upper Leg	3
Mouth	2
Nose	1
Hip	2
Abdomen including Groin	1
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Elbow	2
Facial, Other Soft Tissue	1
Foot	1
Lower Arm	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Lungs	1
Multiple Head Injury	1
Multiple Upper Extremities	1
Skull	2
Soft Tissue - Neck	2
Thumb	1
	55

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Laceration	13
Contusion	9
Sprain	3
Puncture	19
Infection	3
Inflamation	3
Foreign Body	1
Burn	1
Dermatitis	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Science, Va Inst. Of (268)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Physical Injuries Only	1					
No Physical Injury	1					
Respiratory Disorders	1					
	55					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	10	34.4	39,483.47	56,787.87	96,271.34	71.1
2PM-3:59PM	2	6.8	12,549.98	8,126.66	20,676.64	15.2
10AM-11:59AM	6	20.6	6,399.91	11,602.85	18,002.76	13.3
4PM-5:59PM	2	6.8	314.87	0.00	314.87	0.2
6AM-7:59AM	3	10.3	130.50	0.00	130.50	0.1
8AM-9:59AM	6	20.6	0.00	0.00	0.00	0.0
	29		**$ 58,878.73**	**$ 76,517.38**	**$ 135,396.11**	
LENGTH OF SERVICE						
6-8	4	13.7	27,969.50	28,411.41	56,380.91	41.6
10-12	2	6.8	12,388.77	23,678.07	36,066.84	26.6
20-22	1	3.4	12,549.98	8,126.66	20,676.64	15.2
2-4	2	6.8	4,115.87	16,328.84	20,444.71	15.1
4-6	5	17.2	735.44	0.00	735.44	0.5
0-2	6	20.6	675.77	0.00	675.77	0.5
16-18	4	13.7	284.40	-27.60	256.80	0.1
30-32	1	3.4	104.00	0.00	104.00	0.0
8-10	2	6.8	55.00	0.00	55.00	0.0
12-14	1	3.4	0.00	0.00	0.00	0.0
22-24	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 58,878.73**	**$ 76,517.38**	**$ 135,396.11**	
AGE OF CLAIMANT						
60-64	4	13.7	27,348.29	25,295.26	52,643.55	38.8
65-69	1	3.4	12,388.77	23,678.07	36,066.84	26.6
45-49	6	20.6	13,850.69	11,242.81	25,093.50	18.5
30-34	3	10.3	4,780.47	16,328.84	21,109.31	15.5
25-29	2	6.8	228.27	0.00	228.27	0.1
40-44	3	10.3	156.40	-27.60	128.80	0.1
55-59	4	13.7	125.84	0.00	125.84	0.0
15-19	2	6.8	0.00	0.00	0.00	0.0
20-24	1	3.4	0.00	0.00	0.00	0.0
50-54	3	10.3	0.00	0.00	0.00	0.0
	29		**$ 58,878.73**	**$ 76,517.38**	**$ 135,396.11**	
SEX OF CLAIMANT						
Male	16	55.1	46,028.85	68,390.72	114,419.57	84.5
Female	13	44.8	12,849.88	8,126.66	20,976.54	15.4
	29		**$ 58,878.73**	**$ 76,517.38**	**$ 135,396.11**	
LOSS CAUSE						
Machine, not otherwise classified	4	13.7	35,202.57	24,907.62	60,110.19	44.4
Metal items	1	3.4	12,388.77	23,678.07	36,066.84	26.6
Hand tool, not powered, NOC	4	13.7	4,981.81	16,328.84	21,310.65	15.7
Boxes / containers	3	10.3	4,535.10	8,486.70	13,021.80	9.6
Walking surface, outside, dry	3	10.3	1,170.21	3,116.15	4,286.36	3.1
Animal, not otherwise classified	2	6.8	372.00	0.00	372.00	0.2
Vehicle, not otherwise classified	2	6.8	186.87	0.00	186.87	0.1
Glass bottle / sheet	1	3.4	41.40	0.00	41.40	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Agric & Consumer Servs, Dept. Of (301)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Infectious agent	1	3.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
Furniture / fixtures	1	3.4	0.00	0.00	0.00	0.0
Miscellaneous	1	3.4	0.00	0.00	0.00	0.0
Stairs, steps	2	6.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.4	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	6.8	0.00	0.00	0.00	0.0
	29		**$ 58,878.73**	**$ 76,517.38**	**$ 135,396.11**	

ACCIDENT TYPE

Lifting (strain or Injury by)	5	17.2	16,923.87	32,164.77	49,088.64	36.2
Machinery (caught in or between)	1	3.4	22,652.59	16,780.96	39,433.55	29.1
Repetitive Motion	1	3.4	12,549.98	8,126.66	20,676.64	15.2
Struck/Injured by Falling or Flying Object	1	3.4	4,115.87	16,328.84	20,444.71	15.1
Strike Against/Step on Stationary Object	1	3.4	1,042.21	3,116.15	4,158.36	3.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	10.3	735.44	0.00	735.44	0.5
Animal Or Insect	2	6.8	372.00	0.00	372.00	0.2
Vehicle Upset	2	6.8	186.87	0.00	186.87	0.1
Object Handled (caught in or between)	1	3.4	130.50	0.00	130.50	0.1
Twisting, strain or injury by	1	3.4	128.00	0.00	128.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	3.4	41.40	0.00	41.40	0.0
Exposure to Poisonous Agent / Plant	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
Fall or Slip (On Same Level)	4	13.7	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	6.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	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		**$ 58,878.73**	**$ 76,517.38**	**$ 135,396.11**	

**BODY PART

Finger(s)	8
Shoulder	6
Hand	1
Elbow	3
Lower Arm	1
Soft Tissue - Neck	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Ankle	3
Whole Body	1
Wrist	1
Foot	1
Thumb	1
Knee	5
No Physical Problem	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Eye(s)	1
Facial, Other Soft Tissue	1
Hip	1
Wrist(s) & Hand(s)	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Agric & Consumer Servs, Dept. Of (301)
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	16
Laceration	8
Fracture	1
Sprain	5
Contusion	10
Contagious Disease	1
No Physical Injury	1
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Resources Commission (402)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	23.0	41,238.23	2,705.94	43,944.17	73.8
8AM-9:59AM	4	15.3	6,292.26	750.00	7,042.26	11.8
12PM-1:59PM	4	15.3	4,300.60	0.00	4,300.60	7.2
2AM-3:59AM	1	3.8	1,764.88	0.00	1,764.88	2.9
10AM-11:59AM	6	23.0	1,014.65	0.00	1,014.65	1.7
4PM-5:59PM	2	7.6	666.12	0.00	666.12	1.1
6AM-7:59AM	1	3.8	546.66	0.00	546.66	0.9
6PM-7:59PM	2	7.6	240.91	0.00	240.91	0.4
	26		**$ 56,064.31**	**$ 3,455.94**	**$ 59,520.25**	
LENGTH OF SERVICE						
14-16	4	15.3	45,604.15	2,705.94	48,310.09	81.1
2-4	3	11.5	4,300.60	0.00	4,300.60	7.2
4-6	3	11.5	2,311.54	0.00	2,311.54	3.8
8-10	1	3.8	1,157.93	0.00	1,157.93	1.9
6-8	1	3.8	925.41	0.00	925.41	1.5
12-14	5	19.2	160.20	750.00	910.20	1.5
24-26	1	3.8	666.12	0.00	666.12	1.1
20-22	2	7.6	527.45	0.00	527.45	0.8
26-28	1	3.8	240.91	0.00	240.91	0.4
22-24	1	3.8	170.00	0.00	170.00	0.2
0-2	3	11.5	0.00	0.00	0.00	0.0
16-18	1	3.8	0.00	0.00	0.00	0.0
	26		**$ 56,064.31**	**$ 3,455.94**	**$ 59,520.25**	
AGE OF CLAIMANT						
40-44	7	26.9	41,447.22	3,455.94	44,903.16	75.4
45-49	7	26.9	6,307.16	0.00	6,307.16	10.6
55-59	3	11.5	6,292.26	0.00	6,292.26	10.5
50-54	2	7.6	1,085.61	0.00	1,085.61	1.8
35-39	6	23.0	703.66	0.00	703.66	1.1
25-29	1	3.8	228.40	0.00	228.40	0.3
	26		**$ 56,064.31**	**$ 3,455.94**	**$ 59,520.25**	
SEX OF CLAIMANT						
Male	22	84.6	55,904.11	2,705.94	58,610.05	98.4
Female	4	15.3	160.20	750.00	910.20	1.5
	26		**$ 56,064.31**	**$ 3,455.94**	**$ 59,520.25**	
LOSS CAUSE						
Vehicle, not otherwise classified	6	23.0	43,773.75	2,705.94	46,479.69	78.0
Miscellaneous	2	7.6	6,292.26	0.00	6,292.26	10.5
Walking surface, outside, dry	5	19.2	4,005.22	0.00	4,005.22	6.7
Hand tool, not powered, NOC	2	7.6	170.00	750.00	920.00	1.5
Metal items	1	3.8	666.12	0.00	666.12	1.1
Furniture / fixtures	1	3.8	527.45	0.00	527.45	0.8
Person	2	7.6	469.31	0.00	469.31	0.7
Sharp objects, not otherwise classified	2	7.6	160.20	0.00	160.20	0.2
Animal, not otherwise classified	2	7.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Resources Commission (402)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	1	3.8	0.00	0.00	0.00	0.0
Building parts / doors	1	3.8	0.00	0.00	0.00	0.0
Water	1	3.8	0.00	0.00	0.00	0.0
	26		**$ 56,064.31**	**$ 3,455.94**	**$ 59,520.25**	

ACCIDENT TYPE

Slipped, Did Not Fall	1	3.8	39,154.89	2,705.94	41,860.83	70.3
Lifting (strain or Injury by)	4	15.3	6,533.17	0.00	6,533.17	10.9
Twisting, strain or injury by	4	15.3	4,738.32	0.00	4,738.32	7.9
Fall or Slip (On Same Level)	5	19.2	2,858.40	0.00	2,858.40	4.8
Repetitive Motion	1	3.8	1,764.88	0.00	1,764.88	2.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.8	0.00	750.00	750.00	1.2
Struck/Injured by Falling or Flying Object	1	3.8	527.45	0.00	527.45	0.8
Struck/Injured by Hand Tool/Machine In Use	1	3.8	170.00	0.00	170.00	0.2
Object being lifted/handled (cut,punc.scrape,inj b	2	7.6	160.20	0.00	160.20	0.2
Fall or slip (into Openings)	1	3.8	157.00	0.00	157.00	0.2
Foreign Body In Eye	1	3.8	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	3.8	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	3.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	7.6	0.00	0.00	0.00	0.0
	26		**$ 56,064.31**	**$ 3,455.94**	**$ 59,520.25**	

**BODY PART

Disc - Neck	1
Elbow	2
Abdomen including Groin	1
Knee	4
Lower Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Buttocks	1
Soft Tissue - Neck	1
Thumb	1
Ankle	1
Finger(s)	6
Wrist	2
Foot	1
Eye(s)	1
Hand	1
Hip	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

Sprain	4
Rupture	1
Strain	10
Contusion	6
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Marine Resources Commission (402)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	7					
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	7	14.0	1,535.24	37,097.56	38,632.80	30.0
10AM-11:59AM	8	16.0	6,287.91	26,956.60	33,244.51	25.8
Unknown	5	10.0	16,200.66	9,339.12	25,539.78	19.8
6PM-7:59PM	4	8.0	0.00	20,750.00	20,750.00	16.1
8AM-9:59AM	11	22.0	5,839.34	496.11	6,335.45	4.9
2PM-3:59PM	8	16.0	1,671.53	1,500.00	3,171.53	2.4
4PM-5:59PM	5	10.0	24.00	750.00	774.00	0.6
12AM-1:59AM	1	2.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 31,558.68**	**$ 96,889.39**	**$ 128,448.07**	
LENGTH OF SERVICE						
6-8	4	8.0	498.70	30,000.00	30,498.70	23.7
12-14	7	14.0	615.44	27,847.56	28,463.00	22.1
16-18	3	6.0	5,043.64	21,532.04	26,575.68	20.6
28-30	4	8.0	14,660.82	9,339.12	23,999.94	18.6
8-10	5	10.0	6,104.95	0.00	6,104.95	4.7
36-38	1	2.0	0.00	5,424.56	5,424.56	4.2
20-22	2	4.0	2,280.30	0.00	2,280.30	1.7
18-20	2	4.0	472.16	496.11	968.27	0.7
22-24	1	2.0	763.77	0.00	763.77	0.5
14-16	5	10.0	0.00	750.00	750.00	0.5
30-32	1	2.0	0.00	750.00	750.00	0.5
32-34	2	4.0	0.00	750.00	750.00	0.5
2-4	7	14.0	537.90	0.00	537.90	0.4
0-2	3	6.0	354.70	0.00	354.70	0.2
24-26	1	2.0	135.00	0.00	135.00	0.1
4-6	2	4.0	91.30	0.00	91.30	0.0
	50		**$ 31,558.68**	**$ 96,889.39**	**$ 128,448.07**	
AGE OF CLAIMANT						
40-44	9	18.0	5,781.79	72,282.04	78,063.83	60.7
55-59	6	12.0	16,048.62	14,763.68	30,812.30	23.9
35-39	9	18.0	1,037.14	7,847.56	8,884.70	6.9
50-54	5	10.0	3,563.16	750.00	4,313.16	3.3
45-49	5	10.0	3,299.52	496.11	3,795.63	2.9
30-34	6	12.0	935.85	0.00	935.85	0.7
60-64	1	2.0	0.00	750.00	750.00	0.5
20-24	3	6.0	456.49	0.00	456.49	0.3
15-19	1	2.0	330.70	0.00	330.70	0.2
25-29	4	8.0	105.41	0.00	105.41	0.0
70-74	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 31,558.68**	**$ 96,889.39**	**$ 128,448.07**	
SEX OF CLAIMANT						
Male	45	90.0	30,531.02	96,393.28	126,924.30	98.8
Female	5	10.0	1,027.66	496.11	1,523.77	1.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	50		**$ 31,558.68**	**$ 96,889.39**	**$ 128,448.07**	
LOSS CAUSE						
Vehicle, not otherwise classified	8	16.0	21,101.55	38,718.72	59,820.27	46.5
Miscellaneous	5	10.0	719.75	30,000.00	30,719.75	23.9
Brush / tree / log	5	10.0	961.20	20,750.00	21,711.20	16.9
Environmental conditions	2	4.0	0.00	6,174.56	6,174.56	4.8
Animal, not otherwise classified	3	6.0	3,537.81	0.00	3,537.81	2.7
Walking surface, outside, dry	3	6.0	2,250.34	0.00	2,250.34	1.7
Walking surface, outside, wet	5	10.0	1,232.17	0.00	1,232.17	0.9
Person	5	10.0	954.18	0.00	954.18	0.7
Boxes / containers	3	6.0	345.19	496.11	841.30	0.6
Hand tool, not powered, NOC	1	2.0	0.00	750.00	750.00	0.5
Furniture / fixtures	1	2.0	251.49	0.00	251.49	0.2
Ladder, 12’ roof	1	2.0	181.00	0.00	181.00	0.1
Machine, not otherwise classified	1	2.0	24.00	0.00	24.00	0.0
Office equipment	1	2.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	4	8.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.0	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 31,558.68**	**$ 96,889.39**	**$ 128,448.07**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	4	8.0	5,239.68	29,379.60	34,619.28	26.9
Pushing Or Pulling (Strain or Injury by)	1	2.0	389.05	30,000.00	30,389.05	23.6
Vehicle Upset	1	2.0	14,137.07	9,339.12	23,476.19	18.2
Fall or Slip (On Same Level)	8	16.0	790.15	20,750.00	21,540.15	16.7
Stress	2	4.0	0.00	6,174.56	6,174.56	4.8
Twisting, strain or injury by	10	20.0	4,030.66	750.00	4,780.66	3.7
Animal Or Insect	5	10.0	3,215.16	0.00	3,215.16	2.5
Lifting (strain or Injury by)	8	16.0	1,494.04	496.11	1,990.15	1.5
Fall or slip (on ice or snow)	1	2.0	763.77	0.00	763.77	0.5
Stuck, injured by fellow worker, patient	3	6.0	735.91	0.00	735.91	0.5
Strike Against/Step on Stationary Object	2	4.0	582.19	0.00	582.19	0.4
Fall or Slip (From Ladder/Scaffolding)	1	2.0	181.00	0.00	181.00	0.1
Repetitive Motion	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	2.0	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 31,558.68**	**$ 96,889.39**	**$ 128,448.07**	
*****BODY PART***						
Knee	8					
Elbow	2					
Lower Leg	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	9					
Soft Tissue - Neck	2					
Hand	5					
Lower Arm	4					
Whole Body	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Game & Inland Fisheries, Dept Of (403)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Finger(s)	4					
Hip	3					
Upper Leg	2					
Shoulder	2					
Facial, Other Soft Tissue	2					
Upper Back Area (Thoracic Area)	2					
Foot	1					
Eye(s)	2					
Wrist	2					
No Physical Problem	1					
Ankle	1					
	50					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Sprain	8
Contusion	8
Puncture	7
Mental Stress	2
Fracture	1
Laceration	3
Carpal Tunnel Syndrome	1
No Physical Injury	2
	50

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:13

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Virginia Port Authority (407)
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						
8-10	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 / tick, spider, etc.	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**						
Puncture	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Energy, Division Of (8)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	33.3	69.75	0.00	69.75	100.0
10AM-11:59AM	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 69.75**	**$ 0.00**	**$ 69.75**	
LENGTH OF SERVICE						
16-18	1	33.3	69.75	0.00	69.75	100.0
6-8	1	33.3	0.00	0.00	0.00	0.0
8-10	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 69.75**	**$ 0.00**	**$ 69.75**	
AGE OF CLAIMANT						
55-59	1	33.3	69.75	0.00	69.75	100.0
50-54	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 69.75**	**$ 0.00**	**$ 69.75**	
SEX OF CLAIMANT						
Female	1	33.3	69.75	0.00	69.75	100.0
Male	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 69.75**	**$ 0.00**	**$ 69.75**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	69.75	0.00	69.75	100.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 69.75**	**$ 0.00**	**$ 69.75**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	69.75	0.00	69.75	100.0
Fall or Slip (From Liquid/Grease spills)	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		**$ 69.75**	**$ 0.00**	**$ 69.75**	
****BODY PART**						
Shoulder	1					
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Mined, Land, Reclamation, Div Of (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	50.0	6,368.79	20,111.21	26,480.00	97.2
8AM-9:59AM	1	16.6	0.00	750.00	750.00	2.7
10AM-11:59AM	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
	6		**$ 6,368.79**	**$ 20,861.21**	**$ 27,230.00**	
LENGTH OF SERVICE						
8-10	2	33.3	6,368.79	20,111.21	26,480.00	97.2
18-20	1	16.6	0.00	750.00	750.00	2.7
14-16	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		**$ 6,368.79**	**$ 20,861.21**	**$ 27,230.00**	
AGE OF CLAIMANT						
45-49	2	33.3	6,368.79	20,111.21	26,480.00	97.2
55-59	2	33.3	0.00	750.00	750.00	2.7
30-34	1	16.6	0.00	0.00	0.00	0.0
50-54	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,368.79**	**$ 20,861.21**	**$ 27,230.00**	
SEX OF CLAIMANT						
Male	6	100.0	6,368.79	20,861.21	27,230.00	100.0
	6		**$ 6,368.79**	**$ 20,861.21**	**$ 27,230.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	50.0	6,368.79	20,861.21	27,230.00	100.0
Walking surface, outside, dry	2	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,368.79**	**$ 20,861.21**	**$ 27,230.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	16.6	6,368.79	20,111.21	26,480.00	97.2
Twisting, strain or injury by	1	16.6	0.00	750.00	750.00	2.7
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	33.3	0.00	0.00	0.00	0.0
Vehicle Upset	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 6,368.79**	**$ 20,861.21**	**$ 27,230.00**	
****BODY PART**						
Elbow	1					
Shoulder	1					
Wrist	1					
Knee	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	6					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Mined, Land, Reclamation, Div Of (10)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Sprain	4					
Fracture	1					
Strain	3					
	6					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mines, Minerals, Energy, Dept Of (409)
SubAgency: Administration, Division Of (24)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	8.76	0.00	8.76	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.76**	**$ 0.00**	**$ 8.76**	
LENGTH OF SERVICE						
22-24	1	50.0	8.76	0.00	8.76	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.76**	**$ 0.00**	**$ 8.76**	
AGE OF CLAIMANT						
50-54	2	100.0	8.76	0.00	8.76	100.0
	2		**$ 8.76**	**$ 0.00**	**$ 8.76**	
SEX OF CLAIMANT						
Female	1	50.0	8.76	0.00	8.76	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.76**	**$ 0.00**	**$ 8.76**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	100.0	8.76	0.00	8.76	100.0
	2		**$ 8.76**	**$ 0.00**	**$ 8.76**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	8.76	0.00	8.76	100.0
Struck/Injured by Motor Vehicle	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 8.76**	**$ 0.00**	**$ 8.76**	
****BODY PART**						
Buttocks	1					
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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	30	22.2	25,549.83	93,330.08	118,879.91	83.4
2AM-3:59AM	7	5.1	5,570.90	2,019.50	7,590.40	5.3
4AM-5:59AM	2	1.4	6,767.12	0.00	6,767.12	4.7
Unknown	5	3.7	59.00	5,365.00	5,424.00	3.8
12PM-1:59PM	33	24.4	2,007.70	0.00	2,007.70	1.4
2PM-3:59PM	24	17.7	559.16	217.84	777.00	0.5
4PM-5:59PM	13	9.6	674.78	0.00	674.78	0.4
6AM-7:59AM	4	2.9	204.16	0.00	204.16	0.1
6PM-7:59PM	5	3.7	112.16	0.00	112.16	0.0
12AM-1:59AM	3	2.2	0.00	0.00	0.00	0.0
8AM-9:59AM	9	6.6	0.00	0.00	0.00	0.0
	135		**$ 41,504.81**	**$ 100,932.42**	**$ 142,437.23**	
LENGTH OF SERVICE						
0-2	22	16.2	17,149.38	88,168.34	105,317.72	73.9
28-30	2	1.4	11,427.32	0.00	11,427.32	8.0
12-14	8	5.9	3,059.07	5,365.00	8,424.07	5.9
8-10	10	7.4	5,570.90	2,019.50	7,590.40	5.3
16-18	7	5.1	1,889.74	5,133.26	7,023.00	4.9
2-4	23	17.0	1,755.06	246.32	2,001.38	1.4
22-24	6	4.4	232.40	0.00	232.40	0.1
20-22	6	4.4	146.00	0.00	146.00	0.1
6-8	5	3.7	125.94	0.00	125.94	0.0
18-20	6	4.4	92.00	0.00	92.00	0.0
14-16	8	5.9	57.00	0.00	57.00	0.0
10-12	3	2.2	0.00	0.00	0.00	0.0
24-26	1	0.7	0.00	0.00	0.00	0.0
26-28	6	4.4	0.00	0.00	0.00	0.0
30-32	7	5.1	0.00	0.00	0.00	0.0
32-34	4	2.9	0.00	0.00	0.00	0.0
34-36	1	0.7	0.00	0.00	0.00	0.0
4-6	10	7.4	0.00	0.00	0.00	0.0
	135		**$ 41,504.81**	**$ 100,932.42**	**$ 142,437.23**	
AGE OF CLAIMANT						
20-24	13	9.6	10,207.11	86,886.18	97,093.29	68.1
50-54	12	8.8	11,888.10	5,365.00	17,253.10	12.1
60-64	6	4.4	5,570.90	2,769.50	8,340.40	5.8
35-39	10	7.4	1,889.74	5,133.26	7,023.00	4.9
40-44	24	17.7	6,937.81	0.00	6,937.81	4.8
30-34	13	9.6	3,094.86	0.00	3,094.86	2.1
25-29	17	12.5	1,532.58	28.48	1,561.06	1.1
45-49	27	20.0	383.71	750.00	1,133.71	0.8
15-19	1	0.7	0.00	0.00	0.00	0.0
55-59	11	8.1	0.00	0.00	0.00	0.0
65-69	1	0.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	135		**$ 41,504.81**	**$ 100,932.42**	**$ 142,437.23**	
SEX OF CLAIMANT						
Male	111	82.2	41,357.81	100,153.94	141,511.75	99.3
Female	24	17.7	147.00	778.48	925.48	0.6
	135		**$ 41,504.81**	**$ 100,932.42**	**$ 142,437.23**	
LOSS CAUSE						
Hand tool, powered, NOC	1	0.7	9,562.79	86,668.34	96,231.13	67.5
Walking surface, outside, dry	13	9.6	24,981.92	2,769.50	27,751.42	19.4
Boxes / containers	5	3.7	4,293.72	5,133.26	9,426.98	6.6
Vehicle, not otherwise classified	6	4.4	460.78	5,365.00	5,825.78	4.0
Brush / tree / log	10	7.4	1,093.16	217.84	1,311.00	0.9
Chemicals, not otherwise classified	1	0.7	0.00	750.00	750.00	0.5
Fire / Flame / Smoke	5	3.7	308.32	0.00	308.32	0.2
Poisonous agent / plant	1	0.7	258.47	0.00	258.47	0.1
Sharp objects, not otherwise classified	3	2.2	153.71	0.00	153.71	0.1
Infectious agent	4	2.9	120.00	28.48	148.48	0.1
Furniture / fixtures	2	1.4	146.00	0.00	146.00	0.1
Animal / bee type	3	2.2	125.94	0.00	125.94	0.0
Environmental conditions	1	0.7	0.00	0.00	0.00	0.0
Fencing	3	2.2	0.00	0.00	0.00	0.0
Food	1	0.7	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	67	49.6	0.00	0.00	0.00	0.0
Building parts / doors	1	0.7	0.00	0.00	0.00	0.0
Electrical equipment	1	0.7	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Miscellaneous	1	0.7	0.00	0.00	0.00	0.0
Pipe	1	0.7	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.7	0.00	0.00	0.00	0.0
Tractor trailer equipment	1	0.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.7	0.00	0.00	0.00	0.0
	135		**$ 41,504.81**	**$ 100,932.42**	**$ 142,437.23**	
ACCIDENT TYPE						
Misc. (Struck / Injured by)	1	0.7	9,562.79	86,668.34	96,231.13	67.5
Twisting, strain or injury by	5	3.7	12,680.68	750.00	13,430.68	9.4
Lifting (strain or Injury by)	9	6.6	4,293.72	5,133.26	9,426.98	6.6
Fall or Slip (From Liquid/Grease spills)	2	1.4	5,570.90	2,019.50	7,590.40	5.3
Fall or Slip (From Different Level)	4	2.9	7,040.12	0.00	7,040.12	4.9
Vehicle Upset	1	0.7	59.00	5,365.00	5,424.00	3.8
Absorb, Ingest, Inhalation	7	5.1	308.32	750.00	1,058.32	0.7
Fall or Slip (On Same Level)	12	8.8	799.00	0.00	799.00	0.5
Struck/Injured by Falling or Flying Object	4	2.9	532.16	217.84	750.00	0.5
Allergic Reaction	3	2.2	258.47	0.00	258.47	0.1
Strike Against/Step on Stationary Object	3	2.2	153.71	0.00	153.71	0.1
Infectious Disease Exposure	2	1.4	120.00	28.48	148.48	0.1
Animal Or Insect	71	52.5	125.94	0.00	125.94	0.0
Contact With Hot Object or Substances	2	1.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	1	0.7	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	0.7	0.00	0.00	0.00	0.0
Noise, continual, strain or injury by	1	0.7	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	1.4	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	0.7	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.7	0.00	0.00	0.00	0.0
	135		***$ 41,504.81***	***$ 100,932.42***	***$ 142,437.23***	

***BODY PART**

Finger(s)	5
Knee	8
Lower Back Area (Lumbar and Lumbo-Sacral)	20
Foot	5
Shoulder	8
Upper Arm (Inc: Clavicle and Scapula)	11
Chest (Inc: Ribs, Sternum and Soft Tissue)	5
Lower Leg	17
Eye(s)	4
Ankle	8
Multiple Body Parts	2
Lower Arm	13
Hip	13
Whole Body	2
Lungs	3
Wrist	2
Trachea	1
Elbow	3
Larynx	1
Abdomen including Groin	2
Buttocks	1
Ear(s)	2
Facial, Other Soft Tissue	1
Great Toe	1
Hand	5
Insufficient Information	2
Multiple Head Injury	1
Skull	3
Soft Tissue - Neck	2
Thumb	1
Upper Back Area (Thoracic Area)	1
Upper Leg	19
	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**

Laceration	7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Forestry, Department Of (411)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	30					
Sprain	10					
Fracture	2					
Contusion	10					
Multiple Physical Injuries Only	1					
Inflamation	6					
Puncture	84					
Infection	1					
Dermatitis	11					
Respiratory Disorders	2					
Poisoning	1					
Burn	3					
Foreign Body	2					
Hearing Loss or Impairment (Traumatic only)	1					
Vascular Loss	1					
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Gunston Hall (417)
SubAgency:

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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Mowers	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Slipped, Did Not Fall	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Air Pollution Cntrl Board (422)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	8,568.68	0.00	8,568.68	100.0
	1		**$ 8,568.68**	**$ 0.00**	**$ 8,568.68**	
LENGTH OF SERVICE						
6-8	1	100.0	8,568.68	0.00	8,568.68	100.0
	1		**$ 8,568.68**	**$ 0.00**	**$ 8,568.68**	
AGE OF CLAIMANT						
35-39	1	100.0	8,568.68	0.00	8,568.68	100.0
	1		**$ 8,568.68**	**$ 0.00**	**$ 8,568.68**	
SEX OF CLAIMANT						
Male	1	100.0	8,568.68	0.00	8,568.68	100.0
	1		**$ 8,568.68**	**$ 0.00**	**$ 8,568.68**	
LOSS CAUSE						
Power tool (not hand)	1	100.0	8,568.68	0.00	8,568.68	100.0
	1		**$ 8,568.68**	**$ 0.00**	**$ 8,568.68**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	8,568.68	0.00	8,568.68	100.0
	1		**$ 8,568.68**	**$ 0.00**	**$ 8,568.68**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	5	17.8	21,356.67	8,064.03	29,420.70	86.3
8AM-9:59AM	6	21.4	1,045.49	1,443.51	2,489.00	7.3
2PM-3:59PM	6	21.4	53.14	750.00	803.14	2.3
10AM-11:59AM	5	17.8	541.60	0.00	541.60	1.5
4PM-5:59PM	3	10.7	492.42	0.00	492.42	1.4
4AM-5:59AM	1	3.5	273.78	0.00	273.78	0.8
6PM-7:59PM	1	3.5	67.52	0.00	67.52	0.2
2AM-3:59AM	1	3.5	0.00	0.00	0.00	0.0
	28		**$ 23,830.62**	**$ 10,257.54**	**$ 34,088.16**	
LENGTH OF SERVICE						
6-8	2	7.1	21,268.67	8,004.03	29,272.70	85.8
0-2	13	46.4	1,571.24	879.34	2,450.58	7.1
4-6	5	17.8	213.36	750.00	963.36	2.8
12-14	1	3.5	125.83	624.17	750.00	2.2
2-4	3	10.7	474.82	0.00	474.82	1.3
16-18	2	7.1	123.56	0.00	123.56	0.3
18-20	1	3.5	53.14	0.00	53.14	0.1
14-16	1	3.5	0.00	0.00	0.00	0.0
	28		**$ 23,830.62**	**$ 10,257.54**	**$ 34,088.16**	
AGE OF CLAIMANT						
40-44	4	14.2	21,321.81	8,004.03	29,325.84	86.0
50-54	6	21.4	492.42	1,560.00	2,052.42	6.0
45-49	1	3.5	680.66	69.34	750.00	2.2
65-69	2	7.1	125.83	624.17	750.00	2.2
25-29	4	14.2	544.00	0.00	544.00	1.6
30-34	2	7.1	341.30	0.00	341.30	1.0
35-39	3	10.7	324.60	0.00	324.60	0.9
15-19	3	10.7	0.00	0.00	0.00	0.0
55-59	1	3.5	0.00	0.00	0.00	0.0
60-64	2	7.1	0.00	0.00	0.00	0.0
	28		**$ 23,830.62**	**$ 10,257.54**	**$ 34,088.16**	
SEX OF CLAIMANT						
Female	21	75.0	23,302.66	9,507.54	32,810.20	96.2
Male	7	25.0	527.96	750.00	1,277.96	3.7
	28		**$ 23,830.62**	**$ 10,257.54**	**$ 34,088.16**	
LOSS CAUSE						
Miscellaneous	4	14.2	21,321.81	8,004.03	29,325.84	86.0
Vehicle, not otherwise classified	2	7.1	806.49	693.51	1,500.00	4.4
Hand tool, not powered, NOC	4	14.2	213.36	750.00	963.36	2.8
Building parts / doors	1	3.5	0.00	750.00	750.00	2.2
Metal items	2	7.1	474.82	0.00	474.82	1.3
Furniture / fixtures	3	10.7	306.52	0.00	306.52	0.9
Walking surface, outside, dry	2	7.1	279.06	0.00	279.06	0.8
Animal / snake	1	3.5	217.00	0.00	217.00	0.6
Walking surface, inside, dry	1	3.5	123.56	0.00	123.56	0.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Jamestown-yorktown Foundation (425)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / insect, not otherwise classified	1	3.5	88.00	0.00	88.00	0.2
Walking surface, inside, wet	1	3.5	0.00	60.00	60.00	0.1
Infectious agent	1	3.5	0.00	0.00	0.00	0.0
Ladder, 10' folding	1	3.5	0.00	0.00	0.00	0.0
Ladder, 8' step	1	3.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	3.5	0.00	0.00	0.00	0.0
Minerals / dirt	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		***$ 23,830.62***	***$ 10,257.54***	***$ 34,088.16***	

ACCIDENT TYPE

Twisting, strain or injury by	3	10.7	21,321.81	8,004.03	29,325.84	86.0
Vehicle Upset	2	7.1	806.49	693.51	1,500.00	4.4
Object Handled (caught in or between)	2	7.1	0.00	750.00	750.00	2.2
Repetitive Motion	1	3.5	0.00	750.00	750.00	2.2
Animal Or Insect	2	7.1	305.00	0.00	305.00	0.8
Fall or Slip (On Same Level)	1	3.5	279.06	0.00	279.06	0.8
Stepping On Sharp Object	1	3.5	273.78	0.00	273.78	0.8
Struck/Injured by Falling or Flying Object	2	7.1	239.00	0.00	239.00	0.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	10.7	213.36	0.00	213.36	0.6
Foreign Body In Eye	2	7.1	201.04	0.00	201.04	0.5
Slipped, Did Not Fall	1	3.5	123.56	0.00	123.56	0.3
Lifting (strain or Injury by)	1	3.5	67.52	0.00	67.52	0.2
Fall or Slip (From Liquid/Grease spills)	1	3.5	0.00	60.00	60.00	0.1
Exposure to Poisonous Agent / Plant	1	3.5	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	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
Strike Against/Step on Stationary Object	1	3.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	7.1	0.00	0.00	0.00	0.0
	28		***$ 23,830.62***	***$ 10,257.54***	***$ 34,088.16***	

***BODY PART*

Thumb	2
Wrist	2
Soft Tissue - Neck	5
Knee	5
Finger(s)	5
Upper Back Area (Thoracic Area)	2
Hip	3
Lower Leg	1
Hand	1
Upper Leg	1
Eye(s)	2
Foot	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Abdomen including Groin	1
Ankle	1
Facial, Other Soft Tissue	1
Mouth	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Jamestown-yorktown Foundation (425)
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	14
Puncture	4
Laceration	4
Dermatitis	2
Inflamation	1
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	15.7	8.40	28,013.28	28,021.68	72.5
10AM-11:59AM	6	31.5	3,155.67	4,550.90	7,706.57	19.9
8AM-9:59AM	4	21.0	0.00	1,500.00	1,500.00	3.8
2PM-3:59PM	3	15.7	88.44	750.00	838.44	2.1
4PM-5:59PM	1	5.2	489.57	0.00	489.57	1.2
2AM-3:59AM	1	5.2	72.00	0.00	72.00	0.1
12PM-1:59PM	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 3,814.08**	**$ 34,814.18**	**$ 38,628.26**	
LENGTH OF SERVICE						
2-4	3	15.7	614.57	28,013.28	28,627.85	74.1
14-16	3	15.7	1,177.59	4,198.90	5,376.49	13.9
4-6	1	5.2	1,629.08	0.00	1,629.08	4.2
12-14	4	21.0	80.40	750.00	830.40	2.1
0-2	3	15.7	0.00	750.00	750.00	1.9
8-10	1	5.2	0.00	750.00	750.00	1.9
40-42	2	10.5	0.00	352.00	352.00	0.9
36-38	1	5.2	224.00	0.00	224.00	0.5
10-12	1	5.2	88.44	0.00	88.44	0.2
	19		**$ 3,814.08**	**$ 34,814.18**	**$ 38,628.26**	
AGE OF CLAIMANT						
40-44	6	31.5	2,127.05	29,115.28	31,242.33	80.8
50-54	5	26.3	1,463.03	4,198.90	5,661.93	14.6
35-39	1	5.2	0.00	750.00	750.00	1.9
45-49	1	5.2	0.00	750.00	750.00	1.9
55-59	1	5.2	224.00	0.00	224.00	0.5
30-34	1	5.2	0.00	0.00	0.00	0.0
20-24	3	15.7	0.00	0.00	0.00	0.0
60-64	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 3,814.08**	**$ 34,814.18**	**$ 38,628.26**	
SEX OF CLAIMANT						
Female	8	42.1	1,338.03	34,064.18	35,402.21	91.6
Male	11	57.8	2,476.05	750.00	3,226.05	8.3
	19		**$ 3,814.08**	**$ 34,814.18**	**$ 38,628.26**	
LOSS CAUSE						
Person	1	5.2	0.00	28,013.28	28,013.28	72.5
Vehicle, not otherwise classified	5	26.3	2,806.67	5,300.90	8,107.57	20.9
Miscellaneous	2	10.5	0.00	750.00	750.00	1.9
Walking surface, outside, dry	2	10.5	0.00	750.00	750.00	1.9
Ladder, 12’ roof	1	5.2	489.57	0.00	489.57	1.2
Stairs, steps	2	10.5	349.00	0.00	349.00	0.9
Sharp objects, not otherwise classified	1	5.2	88.44	0.00	88.44	0.2
Office equipment	2	10.5	72.00	0.00	72.00	0.1
Environmental conditions	1	5.2	8.40	0.00	8.40	0.0
Animal / tick, spider, etc.	1	5.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	5.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	19		**$ 3,814.08**	**$ 34,814.18**	**$ 38,628.26**	
ACCIDENT TYPE						
Assault	1	5.2	0.00	28,013.28	28,013.28	72.5
Vehicle Upset	4	21.0	2,806.67	5,300.90	8,107.57	20.9
Twisting, strain or injury by	4	21.0	125.00	750.00	875.00	2.2
Reaching (Strain or Injury by)	1	5.2	0.00	750.00	750.00	1.9
Fall or Slip (From Ladder/Scaffolding)	1	5.2	489.57	0.00	489.57	1.2
Fall or slip (on stairs)	1	5.2	224.00	0.00	224.00	0.5
Struck/Injured by Object Being Lifted/Handled	1	5.2	88.44	0.00	88.44	0.2
Repetitive Motion	3	15.7	80.40	0.00	80.40	0.2
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	5.2	0.00	0.00	0.00	0.0
Animal Or Insect	1	5.2	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 3,814.08**	**$ 34,814.18**	**$ 38,628.26**	

*****BODY PART***	
Soft Tissue - Neck	2
Shoulder	4
Lower Arm	3
Facial, Other Soft Tissue	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	1
Skull	1
Finger(s)	2
Foot	2
Upper Leg	1
Wrist(s) & Hand(s)	1
Lower Leg	1
Lungs	1
Abdomen including Groin	2
Ankle	1
	19

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

*****INJURY***	
Contusion	4
Strain	11
Laceration	2
Multiple Physical Injuries Only	1
Puncture	2
Carpal Tunnel Syndrome	1
Vascular Loss	2
Burn	1
Dermatitis	1
Sprain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Environmental Quality, Div Of (440)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	19					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-commission (9)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
36-38	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
60-64	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Location (12)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	50.0	303.97	0.00	303.97	71.4
2PM-3:59PM	1	50.0	121.50	0.00	121.50	28.5
	2		**$ 425.47**	**$ 0.00**	**$ 425.47**	
LENGTH OF SERVICE						
34-36	1	50.0	303.97	0.00	303.97	71.4
14-16	1	50.0	121.50	0.00	121.50	28.5
	2		**$ 425.47**	**$ 0.00**	**$ 425.47**	
AGE OF CLAIMANT						
50-54	2	100.0	425.47	0.00	425.47	100.0
	2		**$ 425.47**	**$ 0.00**	**$ 425.47**	
SEX OF CLAIMANT						
Female	2	100.0	425.47	0.00	425.47	100.0
	2		**$ 425.47**	**$ 0.00**	**$ 425.47**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	303.97	0.00	303.97	71.4
Miscellaneous	1	50.0	121.50	0.00	121.50	28.5
	2		**$ 425.47**	**$ 0.00**	**$ 425.47**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	303.97	0.00	303.97	71.4
Cut,puncture,scrape, injured by (Broken Glass)	1	50.0	121.50	0.00	121.50	28.5
	2		**$ 425.47**	**$ 0.00**	**$ 425.47**	
****BODY PART**						
Foot	1					
Knee	1					
Teeth	1					
Eye(s)	1					
	2					

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

****INJURY**		
Strain	2	
Dislocation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Admin S (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	66.6	319.65	0.00	319.65	100.0
10AM-11:59AM	1	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 319.65**	**$ 0.00**	**$ 319.65**	
LENGTH OF SERVICE						
32-34	1	16.6	319.65	0.00	319.65	100.0
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
30-32	2	33.3	0.00	0.00	0.00	0.0
38-40	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 319.65**	**$ 0.00**	**$ 319.65**	
AGE OF CLAIMANT						
55-59	3	50.0	319.65	0.00	319.65	100.0
40-44	1	16.6	0.00	0.00	0.00	0.0
50-54	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 319.65**	**$ 0.00**	**$ 319.65**	
SEX OF CLAIMANT						
Female	5	83.3	319.65	0.00	319.65	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 319.65**	**$ 0.00**	**$ 319.65**	
LOSS CAUSE						
Furniture / fixtures	1	16.6	319.65	0.00	319.65	100.0
Building parts / doors	1	16.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 319.65**	**$ 0.00**	**$ 319.65**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	2	33.3	319.65	0.00	319.65	100.0
Fall or Slip (On Same Level)	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	16.6	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	16.6	0.00	0.00	0.00	0.0
Vehicle Upset	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 319.65**	**$ 0.00**	**$ 319.65**	
****BODY PART**						
Elbow	1					
Ankle	1					
Buttocks	1					
Nose	1					
Shoulder	2					
Upper Arm (Inc: Clavicle and Scapula)	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:14

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Admin S (13)

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

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

*****INJURY***

Contusion	3
Strain	5
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Human Resources (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	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
12-14	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	1	33.3	0.00	0.00	0.00	0.0
45-49	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						
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Building parts / doors	1	33.3	0.00	0.00	0.00	0.0
Furniture / fixtures	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
Struck/Injured by Falling or Flying 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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
Hand	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bridge (16)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	17,042.32	22,830.26	39,872.58	100.0
	1		***$ 17,042.32***	***$ 22,830.26***	***$ 39,872.58***	
LENGTH OF SERVICE						
0-2	1	100.0	17,042.32	22,830.26	39,872.58	100.0
	1		***$ 17,042.32***	***$ 22,830.26***	***$ 39,872.58***	
AGE OF CLAIMANT						
55-59	1	100.0	17,042.32	22,830.26	39,872.58	100.0
	1		***$ 17,042.32***	***$ 22,830.26***	***$ 39,872.58***	
SEX OF CLAIMANT						
Female	1	100.0	17,042.32	22,830.26	39,872.58	100.0
	1		***$ 17,042.32***	***$ 22,830.26***	***$ 39,872.58***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	17,042.32	22,830.26	39,872.58	100.0
	1		***$ 17,042.32***	***$ 22,830.26***	***$ 39,872.58***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	17,042.32	22,830.26	39,872.58	100.0
	1		***$ 17,042.32***	***$ 22,830.26***	***$ 39,872.58***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Maintenance (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						
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						
Clothing / jewelry	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***						
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***						
Dermatitis	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	242.90	0.00	242.90	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.90**	**$ 0.00**	**$ 242.90**	
LENGTH OF SERVICE						
10-12	1	50.0	242.90	0.00	242.90	100.0
32-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.90**	**$ 0.00**	**$ 242.90**	
AGE OF CLAIMANT						
50-54	2	100.0	242.90	0.00	242.90	100.0
	2		**$ 242.90**	**$ 0.00**	**$ 242.90**	
SEX OF CLAIMANT						
Female	1	50.0	242.90	0.00	242.90	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.90**	**$ 0.00**	**$ 242.90**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	242.90	0.00	242.90	100.0
Miscellaneous	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.90**	**$ 0.00**	**$ 242.90**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	242.90	0.00	242.90	100.0
Struck/Injured by Hand Tool/Machine In Use	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 242.90**	**$ 0.00**	**$ 242.90**	
****BODY PART**						
Ankle	1					
Knee	1					
Skull	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
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Environment (21)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	92.59	657.41	750.00	50.0
8AM-9:59AM	1	50.0	0.00	750.00	750.00	50.0
	2		**$ 92.59**	**$ 1,407.41**	**$ 1,500.00**	
LENGTH OF SERVICE						
0-2	2	100.0	92.59	1,407.41	1,500.00	100.0
	2		**$ 92.59**	**$ 1,407.41**	**$ 1,500.00**	
AGE OF CLAIMANT						
35-39	1	50.0	0.00	750.00	750.00	50.0
50-54	1	50.0	92.59	657.41	750.00	50.0
	2		**$ 92.59**	**$ 1,407.41**	**$ 1,500.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	50.0
Male	1	50.0	92.59	657.41	750.00	50.0
	2		**$ 92.59**	**$ 1,407.41**	**$ 1,500.00**	
LOSS CAUSE						
Animal / insect, not otherwise classified	1	50.0	0.00	750.00	750.00	50.0
Vehicle, not otherwise classified	1	50.0	92.59	657.41	750.00	50.0
	2		**$ 92.59**	**$ 1,407.41**	**$ 1,500.00**	
ACCIDENT TYPE						
Animal Or Insect	1	50.0	0.00	750.00	750.00	50.0
Twisting, strain or injury by	1	50.0	92.59	657.41	750.00	50.0
	2		**$ 92.59**	**$ 1,407.41**	**$ 1,500.00**	
****BODY PART**						
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Neck Injury	1					
Shoulder	1					
Upper 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**						
Sprain	4					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Program (22)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
26-28	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, 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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
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***						
Skull	1					
	1					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fleet Management (60)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	555.25	21,750.00	22,305.25	98.5
6AM-7:59AM	1	33.3	338.20	0.00	338.20	1.4
	3		**$ 893.45**	**$ 21,750.00**	**$ 22,643.45**	
LENGTH OF SERVICE						
4-6	1	33.3	0.00	21,750.00	21,750.00	96.0
14-16	1	33.3	555.25	0.00	555.25	2.4
40-42	1	33.3	338.20	0.00	338.20	1.4
	3		**$ 893.45**	**$ 21,750.00**	**$ 22,643.45**	
AGE OF CLAIMANT						
35-39	2	66.6	555.25	21,750.00	22,305.25	98.5
60-64	1	33.3	338.20	0.00	338.20	1.4
	3		**$ 893.45**	**$ 21,750.00**	**$ 22,643.45**	
SEX OF CLAIMANT						
Female	1	33.3	0.00	21,750.00	21,750.00	96.0
Male	2	66.6	893.45	0.00	893.45	3.9
	3		**$ 893.45**	**$ 21,750.00**	**$ 22,643.45**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	33.3	0.00	21,750.00	21,750.00	96.0
Glass bottle / sheet	1	33.3	555.25	0.00	555.25	2.4
Walking surface, outside, wet	1	33.3	338.20	0.00	338.20	1.4
	3		**$ 893.45**	**$ 21,750.00**	**$ 22,643.45**	
ACCIDENT TYPE						
Vehicle Upset	1	33.3	0.00	21,750.00	21,750.00	96.0
Cut,puncture,scrape, injured by (Broken Glass)	1	33.3	555.25	0.00	555.25	2.4
Fall or Slip (From Liquid/Grease spills)	1	33.3	338.20	0.00	338.20	1.4
	3		**$ 893.45**	**$ 21,750.00**	**$ 22,643.45**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
Shoulder	1					
Hand	1					
Knee	1					
	3					

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fleet Management (60)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Equipment (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	60.0	879.90	14,167.79	15,047.69	100.0
4PM-5:59PM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 879.90**	**$ 14,167.79**	**$ 15,047.69**	
LENGTH OF SERVICE						
10-12	1	20.0	582.21	14,167.79	14,750.00	98.0
26-28	1	20.0	217.69	0.00	217.69	1.4
0-2	1	20.0	80.00	0.00	80.00	0.5
18-20	1	20.0	0.00	0.00	0.00	0.0
30-32	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 879.90**	**$ 14,167.79**	**$ 15,047.69**	
AGE OF CLAIMANT						
45-49	2	40.0	799.90	14,167.79	14,967.69	99.4
30-34	1	20.0	80.00	0.00	80.00	0.5
50-54	1	20.0	0.00	0.00	0.00	0.0
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 879.90**	**$ 14,167.79**	**$ 15,047.69**	
SEX OF CLAIMANT						
Male	5	100.0	879.90	14,167.79	15,047.69	100.0
	5		**$ 879.90**	**$ 14,167.79**	**$ 15,047.69**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	60.0	662.21	14,167.79	14,830.00	98.5
Minerals / dirt	1	20.0	217.69	0.00	217.69	1.4
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 879.90**	**$ 14,167.79**	**$ 15,047.69**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	582.21	14,167.79	14,750.00	98.0
Foreign Body In Eye	1	20.0	217.69	0.00	217.69	1.4
Twisting, strain or injury by	1	20.0	80.00	0.00	80.00	0.5
Fall or slip (on stairs)	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		**$ 879.90**	**$ 14,167.79**	**$ 15,047.69**	
****BODY PART**						
Shoulder	2					
Eye(s)	1					
Soft Tissue - Neck	1					
Hand	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Equipment (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Traffic (74)

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						
6-8	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
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						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Research (79)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	100.0	247.95	750.00	997.95	100.0
	2		**$ 247.95**	**$ 750.00**	**$ 997.95**	
LENGTH OF SERVICE						
8-10	1	50.0	0.00	750.00	750.00	75.1
2-4	1	50.0	247.95	0.00	247.95	24.8
	2		**$ 247.95**	**$ 750.00**	**$ 997.95**	
AGE OF CLAIMANT						
40-44	1	50.0	0.00	750.00	750.00	75.1
30-34	1	50.0	247.95	0.00	247.95	24.8
	2		**$ 247.95**	**$ 750.00**	**$ 997.95**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	75.1
Male	1	50.0	247.95	0.00	247.95	24.8
	2		**$ 247.95**	**$ 750.00**	**$ 997.95**	
LOSS CAUSE						
Office equipment	1	50.0	0.00	750.00	750.00	75.1
Sharp objects, not otherwise classified	1	50.0	247.95	0.00	247.95	24.8
	2		**$ 247.95**	**$ 750.00**	**$ 997.95**	
ACCIDENT TYPE						
Repetitive Motion	1	50.0	0.00	750.00	750.00	75.1
Strike Against/Step on Stationary Object	1	50.0	247.95	0.00	247.95	24.8
	2		**$ 247.95**	**$ 750.00**	**$ 997.95**	
****BODY PART**						
Hand	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Information Systems (91)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	80.00	0.00	80.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 80.00***	***$ 0.00***	***$ 80.00***	
LENGTH OF SERVICE						
2-4	1	50.0	80.00	0.00	80.00	100.0
38-40	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 80.00***	***$ 0.00***	***$ 80.00***	
AGE OF CLAIMANT						
50-54	1	50.0	80.00	0.00	80.00	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 80.00***	***$ 0.00***	***$ 80.00***	
SEX OF CLAIMANT						
Female	2	100.0	80.00	0.00	80.00	100.0
	2		***$ 80.00***	***$ 0.00***	***$ 80.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	80.00	0.00	80.00	100.0
Walking surface, inside, wet	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 80.00***	***$ 0.00***	***$ 80.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	80.00	0.00	80.00	100.0
Fall or Slip (From Liquid/Grease spills)	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 80.00***	***$ 0.00***	***$ 80.00***	
****BODY PART***						
Knee	1					
Hip	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Management Services (92)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Slipped, Did Not Fall	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wise (101)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	25.0	41,289.73	750.00	42,039.73	30.2
10AM-11:59AM	3	18.7	3,870.81	29,750.00	33,620.81	24.1
2PM-3:59PM	5	31.2	2,001.39	22,653.46	24,654.85	17.7
8AM-9:59AM	2	12.5	15,095.28	8,792.17	23,887.45	17.1
4PM-5:59PM	2	12.5	12,134.60	2,638.36	14,772.96	10.6
	16		**$ 74,391.81**	**$ 64,583.99**	**$ 138,975.80**	
LENGTH OF SERVICE						
28-30	3	18.7	37,002.51	29,750.00	66,752.51	48.0
22-24	4	25.0	14,927.28	20,542.17	35,469.45	25.5
14-16	2	12.5	4,694.84	10,903.46	15,598.30	11.2
16-18	1	6.2	10,219.14	2,638.36	12,857.50	9.2
6-8	1	6.2	5,934.98	0.00	5,934.98	4.2
2-4	2	12.5	1,142.36	0.00	1,142.36	0.8
8-10	2	12.5	203.00	750.00	953.00	0.6
24-26	1	6.2	267.70	0.00	267.70	0.1
	16		**$ 74,391.81**	**$ 64,583.99**	**$ 138,975.80**	
AGE OF CLAIMANT						
50-54	3	18.7	37,002.51	11,750.00	48,752.51	35.0
40-44	4	25.0	16,193.09	19,695.63	35,888.72	25.8
45-49	3	18.7	5,934.98	29,750.00	35,684.98	25.6
60-64	1	6.2	10,219.14	2,638.36	12,857.50	9.2
30-34	3	18.7	4,839.09	0.00	4,839.09	3.4
55-59	1	6.2	0.00	750.00	750.00	0.5
35-39	1	6.2	203.00	0.00	203.00	0.1
	16		**$ 74,391.81**	**$ 64,583.99**	**$ 138,975.80**	
SEX OF CLAIMANT						
Male	15	93.7	64,172.67	61,945.63	126,118.30	90.7
Female	1	6.2	10,219.14	2,638.36	12,857.50	9.2
	16		**$ 74,391.81**	**$ 64,583.99**	**$ 138,975.80**	
LOSS CAUSE						
Vehicle, not otherwise classified	4	25.0	38,783.78	41,500.00	80,283.78	57.7
Walking surface, outside, dry	2	12.5	20,827.26	8,792.17	29,619.43	21.3
Walking surface, inside, dry	1	6.2	10,219.14	2,638.36	12,857.50	9.2
Machine, not otherwise classified	1	6.2	998.11	10,903.46	11,901.57	8.5
Brush / tree / log	2	12.5	2,118.46	0.00	2,118.46	1.5
Pike pole 10’	1	6.2	968.28	0.00	968.28	0.7
Chemicals, not otherwise classified	1	6.2	0.00	750.00	750.00	0.5
Building parts / doors	1	6.2	267.70	0.00	267.70	0.1
Poisonous agent / plant	1	6.2	174.08	0.00	174.08	0.1
Person	2	12.5	35.00	0.00	35.00	0.0
	16		**$ 74,391.81**	**$ 64,583.99**	**$ 138,975.80**	
ACCIDENT TYPE						
Vehicle Upset	3	18.7	3,696.73	41,500.00	45,196.73	32.5
Fall or Slip (From Different Level)	1	6.2	35,087.05	0.00	35,087.05	25.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wise (101)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	2	12.5	20,827.26	8,792.17	29,619.43	21.3
Lifting (strain or Injury by)	2	12.5	2,913.57	10,903.46	13,817.03	9.9
Fall or Slip (On Same Level)	1	6.2	10,219.14	2,638.36	12,857.50	9.2
Pushing Or Pulling (Strain or Injury by)	1	6.2	968.28	0.00	968.28	0.7
Allergic Reaction	2	12.5	174.08	750.00	924.08	0.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	6.2	267.70	0.00	267.70	0.1
Struck/Injured by Object Being Lifted/Handled	1	6.2	203.00	0.00	203.00	0.1
Stuck, injured by fellow worker, patient	2	12.5	35.00	0.00	35.00	0.0
	16		***$ 74,391.81***	***$ 64,583.99***	***$ 138,975.80***	

***BODY PART**

Knee	2
Lower Arm	2
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Mouth	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Hip	3
Ankle	1
Lower Leg	2
Shoulder	2
Abdomen including Groin	1
Whole Body	1
Finger(s)	1
Multiple Body Parts	1
Soft Tissue - Neck	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	12
Contusion	7
Fracture	2
Laceration	2
Respiratory Disorders	1
Dermatitis	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	13	43.3	5,499.04	6,418.41	11,917.45	64.9
12PM-1:59PM	7	23.3	3,642.70	750.00	4,392.70	23.9
4PM-5:59PM	2	6.6	814.57	750.00	1,564.57	8.5
2PM-3:59PM	6	20.0	381.24	0.00	381.24	2.0
8AM-9:59AM	1	3.3	82.00	0.00	82.00	0.4
Unknown	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 10,419.55**	**$ 7,918.41**	**$ 18,337.96**	
LENGTH OF SERVICE						
12-14	3	10.0	5,096.81	5,918.58	11,015.39	60.0
0-2	4	13.3	2,109.97	750.00	2,859.97	15.6
36-38	2	6.6	391.57	750.00	1,141.57	6.2
6-8	3	10.0	831.57	0.00	831.57	4.5
10-12	2	6.6	750.15	0.00	750.15	4.0
8-10	2	6.6	70.00	499.83	569.83	3.1
4-6	2	6.6	319.64	0.00	319.64	1.7
14-16	2	6.6	279.70	0.00	279.70	1.5
28-30	2	6.6	258.90	0.00	258.90	1.4
22-24	2	6.6	185.81	0.00	185.81	1.0
34-36	1	3.3	125.43	0.00	125.43	0.6
20-22	1	3.3	0.00	0.00	0.00	0.0
18-20	2	6.6	0.00	0.00	0.00	0.0
24-26	1	3.3	0.00	0.00	0.00	0.0
30-32	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 10,419.55**	**$ 7,918.41**	**$ 18,337.96**	
AGE OF CLAIMANT						
60-64	2	6.6	4,081.42	5,918.58	10,000.00	54.5
25-29	2	6.6	2,191.97	0.00	2,191.97	11.9
35-39	5	16.6	1,295.09	750.00	2,045.09	11.1
55-59	4	13.3	534.00	750.00	1,284.00	7.0
45-49	4	13.3	820.15	0.00	820.15	4.4
40-44	2	6.6	814.57	0.00	814.57	4.4
50-54	10	33.3	682.35	0.00	682.35	3.7
30-34	1	3.3	0.00	499.83	499.83	2.7
	30		**$ 10,419.55**	**$ 7,918.41**	**$ 18,337.96**	
SEX OF CLAIMANT						
Male	25	83.3	8,001.94	6,668.58	14,670.52	80.0
Female	5	16.6	2,417.61	1,249.83	3,667.44	20.0
	30		**$ 10,419.55**	**$ 7,918.41**	**$ 18,337.96**	
LOSS CAUSE						
Gun / gunshot	1	3.3	4,081.42	5,918.58	10,000.00	54.5
Vehicle, not otherwise classified	4	13.3	2,109.97	499.83	2,609.80	14.2
Building parts / doors	3	10.0	319.64	750.00	1,069.64	5.8
Hand tool, not powered, NOC	4	13.3	1,022.60	0.00	1,022.60	5.5
Metal items	2	6.6	1,015.39	0.00	1,015.39	5.5
Miscellaneous	5	16.6	1,000.38	0.00	1,000.38	5.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chemicals, not otherwise classified	1	3.3	0.00	750.00	750.00	4.0
Walking surface, inside, wet	1	3.3	524.25	0.00	524.25	2.8
Pike pole 6'	1	3.3	188.90	0.00	188.90	1.0
Fencing	1	3.3	70.00	0.00	70.00	0.3
Sharp objects, not otherwise classified	1	3.3	70.00	0.00	70.00	0.3
Walking surface, outside, dry	1	3.3	17.00	0.00	17.00	0.0
Animal / bee type	1	3.3	0.00	0.00	0.00	0.0
Ladder, 12' roof	1	3.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	3	10.0	0.00	0.00	0.00	0.0
	30		***$ 10,419.55***	***$ 7,918.41***	***$ 18,337.96***	

ACCIDENT TYPE

Struck/Injured by Object Handled By Other	1	3.3	4,081.42	5,918.58	10,000.00	54.5
Collision/sideswipe with Another Vehicle	1	3.3	2,109.97	0.00	2,109.97	11.5
Struck/Injured by Falling or Flying Object	3	10.0	1,441.93	0.00	1,441.93	7.8
Strike Against/Step on Stationary Object	2	6.6	70.00	750.00	820.00	4.4
Fall or Slip (On Same Level)	1	3.3	814.57	0.00	814.57	4.4
Absorb, Ingest, Inhalation	1	3.3	0.00	750.00	750.00	4.0
Fall or Slip (From Liquid/Grease spills)	1	3.3	524.25	0.00	524.25	2.8
Vehicle Upset	2	6.6	0.00	499.83	499.83	2.7
Twisting, strain or injury by	5	16.6	391.57	0.00	391.57	2.1
Struck/Injured by Object Being Lifted/Handled	2	6.6	307.90	0.00	307.90	1.6
Pushing Or Pulling (Strain or Injury by)	2	6.6	279.70	0.00	279.70	1.5
Lifting (strain or Injury by)	4	13.3	185.81	0.00	185.81	1.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	6.6	125.43	0.00	125.43	0.6
Stepping On Sharp Object	1	3.3	70.00	0.00	70.00	0.3
Fall or Slip (From Different Level)	1	3.3	17.00	0.00	17.00	0.0
Animal Or Insect	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 10,419.55***	***$ 7,918.41***	***$ 18,337.96***	

***BODY PART**

Whole Body	1
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Abdomen including Groin	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Shoulder	5
Multiple Neck Injury	1
Upper Back Area (Thoracic Area)	2
Hand	2
Wrist	3
Facial, Other Soft Tissue	1
Nose	1
Hip	1
Soft Tissue - Neck	1
Upper Arm (Inc: Clavicle and Scapula)	2
Lower Arm	1
Elbow	1
Skull	1
Lower Leg	1
Finger(s)	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bristol (102)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Teeth	1					
Foot	1					
Upper Leg	1					
Knee	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	11
Sprain	3
Strain	14
Vascular Loss	2
Puncture	5
Laceration	3
Dislocation	1
Fracture	1
Inflamation	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Abingdon (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	6	31.5	3,070.42	18,642.43	21,712.85	93.1
8AM-9:59AM	3	15.7	1,061.22	0.00	1,061.22	4.5
12PM-1:59PM	3	15.7	294.30	0.00	294.30	1.2
2PM-3:59PM	5	26.3	167.00	0.00	167.00	0.7
4PM-5:59PM	2	10.5	70.00	0.00	70.00	0.3
	19		***$ 4,662.94***	***$ 18,642.43***	***$ 23,305.37***	
LENGTH OF SERVICE						
24-26	2	10.5	373.78	15,691.62	16,065.40	68.9
26-28	1	5.2	1,208.80	2,950.81	4,159.61	17.8
8-10	2	10.5	1,104.85	0.00	1,104.85	4.7
22-24	1	5.2	491.20	0.00	491.20	2.1
0-2	4	21.0	358.41	0.00	358.41	1.5
28-30	2	10.5	349.50	0.00	349.50	1.5
16-18	2	10.5	345.22	0.00	345.22	1.4
14-16	1	5.2	266.80	0.00	266.80	1.1
6-8	2	10.5	164.38	0.00	164.38	0.7
32-34	1	5.2	0.00	0.00	0.00	0.0
4-6	1	5.2	0.00	0.00	0.00	0.0
	19		***$ 4,662.94***	***$ 18,642.43***	***$ 23,305.37***	
AGE OF CLAIMANT						
50-54	3	15.7	349.78	15,691.62	16,041.40	68.8
45-49	4	21.0	1,396.29	2,950.81	4,347.10	18.6
30-34	2	10.5	1,140.77	0.00	1,140.77	4.8
40-44	4	21.0	836.42	0.00	836.42	3.5
25-29	1	5.2	331.50	0.00	331.50	1.4
55-59	2	10.5	318.80	0.00	318.80	1.3
35-39	2	10.5	164.38	0.00	164.38	0.7
20-24	1	5.2	125.00	0.00	125.00	0.5
	19		***$ 4,662.94***	***$ 18,642.43***	***$ 23,305.37***	
SEX OF CLAIMANT						
Male	19	100.0	4,662.94	18,642.43	23,305.37	100.0
	19		***$ 4,662.94***	***$ 18,642.43***	***$ 23,305.37***	
LOSS CAUSE						
Hand tool, not powered, NOC	1	5.2	331.78	15,691.62	16,023.40	68.7
Pike pole 6’	1	5.2	1,208.80	2,950.81	4,159.61	17.8
Miscellaneous	4	21.0	1,899.27	0.00	1,899.27	8.1
Walking surface, outside, dry	4	21.0	616.30	0.00	616.30	2.6
Animal / bee type	1	5.2	164.38	0.00	164.38	0.7
Mechanical powered	1	5.2	145.49	0.00	145.49	0.6
Sharp objects, not otherwise classified	1	5.2	125.00	0.00	125.00	0.5
Infectious agent	1	5.2	87.92	0.00	87.92	0.3
Animal / insect, not otherwise classified	1	5.2	42.00	0.00	42.00	0.1
Machine, not otherwise classified	1	5.2	42.00	0.00	42.00	0.1
Hand tool, powered, NOC	1	5.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	5.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Abingdon (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, wet	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 4,662.94**	**$ 18,642.43**	**$ 23,305.37**	
ACCIDENT TYPE						
Twisting, strain or injury by	8	42.1	3,405.85	18,642.43	22,048.28	94.6
Slipped, Did Not Fall	3	15.7	598.30	0.00	598.30	2.5
Animal Or Insect	2	10.5	206.38	0.00	206.38	0.8
Lifting (strain or Injury by)	2	10.5	187.49	0.00	187.49	0.8
Strike Against/Step on Stationary Object	1	5.2	125.00	0.00	125.00	0.5
Allergic Reaction	1	5.2	87.92	0.00	87.92	0.3
Object Handled (caught in or between)	1	5.2	52.00	0.00	52.00	0.2
Foreign Body In Eye	1	5.2	0.00	0.00	0.00	0.0
	19		**$ 4,662.94**	**$ 18,642.43**	**$ 23,305.37**	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Lower Leg	1
Shoulder	4
Ankle	3
Hand	3
Knee	1
Lower Arm	1
Finger(s)	1
Abdomen including Groin	1
Upper Arm (Inc: Clavicle and Scapula)	1
Eye(s)	1
	19

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

*****INJURY***

Strain	16
Dermatitis	2
Laceration	1
Contusion	1
Puncture	1
Sprain	2
Foreign Body	1
	19

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lebanon (104)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	9.0	26,111.98	4,889.36	31,001.34	66.5
8AM-9:59AM	5	45.4	6,069.35	6,612.11	12,681.46	27.2
2PM-3:59PM	4	36.3	2,680.35	0.00	2,680.35	5.7
12PM-1:59PM	1	9.0	243.82	0.00	243.82	0.5
	11		**$ 35,105.50**	**$ 11,501.47**	**$ 46,606.97**	
LENGTH OF SERVICE						
4-6	1	9.0	26,111.98	4,889.36	31,001.34	66.5
24-26	1	9.0	5,771.27	6,612.11	12,383.38	26.5
16-18	3	27.2	2,193.95	0.00	2,193.95	4.7
14-16	1	9.0	486.40	0.00	486.40	1.0
12-14	1	9.0	298.08	0.00	298.08	0.6
2-4	2	18.1	243.82	0.00	243.82	0.5
0-2	1	9.0	0.00	0.00	0.00	0.0
8-10	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 35,105.50**	**$ 11,501.47**	**$ 46,606.97**	
AGE OF CLAIMANT						
50-54	2	18.1	26,598.38	4,889.36	31,487.74	67.5
45-49	4	36.3	7,965.22	6,612.11	14,577.33	31.2
40-44	4	36.3	541.90	0.00	541.90	1.1
35-39	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 35,105.50**	**$ 11,501.47**	**$ 46,606.97**	
SEX OF CLAIMANT						
Male	11	100.0	35,105.50	11,501.47	46,606.97	100.0
	11		**$ 35,105.50**	**$ 11,501.47**	**$ 46,606.97**	
LOSS CAUSE						
Metal items	1	9.0	26,111.98	4,889.36	31,001.34	66.5
Hand tool, not powered, NOC	3	27.2	8,205.30	6,612.11	14,817.41	31.7
Fencing	1	9.0	486.40	0.00	486.40	1.0
Animal, not otherwise classified	1	9.0	243.82	0.00	243.82	0.5
Miscellaneous	1	9.0	58.00	0.00	58.00	0.1
Environmental conditions	1	9.0	0.00	0.00	0.00	0.0
Brush / tree / log	1	9.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 35,105.50**	**$ 11,501.47**	**$ 46,606.97**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	9.0	26,111.98	4,889.36	31,001.34	66.5
Twisting, strain or injury by	3	27.2	6,257.67	6,612.11	12,869.78	27.6
Struck/Injured by Hand Tool/Machine In Use	1	9.0	2,135.95	0.00	2,135.95	4.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	298.08	0.00	298.08	0.6
Animal Or Insect	1	9.0	243.82	0.00	243.82	0.5
Struck/Injured by Falling or Flying Object	1	9.0	58.00	0.00	58.00	0.1
Noise, continual, strain or injury by	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
Lifting (strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lebanon (104)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 35,105.50**	**$ 11,501.47**	**$ 46,606.97**	
*****BODY PART***						
Shoulder	2					
Upper Back Area (Thoracic Area)	1					
Foot	1					
Hand	2					
Thumb	1					
Lower Arm	2					
Ear(s)	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
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***						
Contusion	2					
Strain	6					
Puncture	2					
Sprain	1					
Laceration	1					
Foreign Body	1					
Hearing Loss or Impairment (Traumatic only)	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Tazewell (106)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	66.6	3,085.97	10,131.70	13,217.67	97.4
4AM-5:59AM	1	16.6	186.00	0.00	186.00	1.3
6AM-7:59AM	1	16.6	154.68	0.00	154.68	1.1
	6		**$ 3,426.65**	**$ 10,131.70**	**$ 13,558.35**	
LENGTH OF SERVICE						
2-4	1	16.6	1,618.30	10,131.70	11,750.00	86.6
28-30	1	16.6	1,114.43	0.00	1,114.43	8.2
8-10	1	16.6	353.24	0.00	353.24	2.6
30-32	1	16.6	186.00	0.00	186.00	1.3
10-12	1	16.6	154.68	0.00	154.68	1.1
22-24	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,426.65**	**$ 10,131.70**	**$ 13,558.35**	
AGE OF CLAIMANT						
20-24	1	16.6	1,618.30	10,131.70	11,750.00	86.6
45-49	2	33.3	1,467.67	0.00	1,467.67	10.8
50-54	1	16.6	186.00	0.00	186.00	1.3
40-44	2	33.3	154.68	0.00	154.68	1.1
	6		**$ 3,426.65**	**$ 10,131.70**	**$ 13,558.35**	
SEX OF CLAIMANT						
Female	1	16.6	1,618.30	10,131.70	11,750.00	86.6
Male	5	83.3	1,808.35	0.00	1,808.35	13.3
	6		**$ 3,426.65**	**$ 10,131.70**	**$ 13,558.35**	
LOSS CAUSE						
Walking surface, outside, dry	1	16.6	1,618.30	10,131.70	11,750.00	86.6
Vehicle, not otherwise classified	2	33.3	1,114.43	0.00	1,114.43	8.2
Metal items	1	16.6	353.24	0.00	353.24	2.6
Walking surface, outside, wet	1	16.6	186.00	0.00	186.00	1.3
Animal / bee type	1	16.6	154.68	0.00	154.68	1.1
	6		**$ 3,426.65**	**$ 10,131.70**	**$ 13,558.35**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	33.3	1,618.30	10,131.70	11,750.00	86.6
Vehicle Upset	1	16.6	1,114.43	0.00	1,114.43	8.2
Strike Against/Step on Stationary Object	1	16.6	353.24	0.00	353.24	2.6
Fall or slip (on ice or snow)	1	16.6	186.00	0.00	186.00	1.3
Animal Or Insect	1	16.6	154.68	0.00	154.68	1.1
	6		**$ 3,426.65**	**$ 10,131.70**	**$ 13,558.35**	
****BODY PART**						
Knee	2					
Foot	1					
Skull	1					
Wrist	1					
Lower Arm	2					

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Industrial Claims for Plan Year 2001

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01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Tazewell (106)

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

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

*****INJURY***

Strain	4
Puncture	2
Fracture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wytheville (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	27.2	60.81	32,500.00	32,560.81	92.6
6AM-7:59AM	1	9.0	1,344.12	0.00	1,344.12	3.8
12PM-1:59PM	3	27.2	709.58	0.00	709.58	2.0
10AM-11:59AM	2	18.1	469.00	0.00	469.00	1.3
2PM-3:59PM	1	9.0	62.31	0.00	62.31	0.1
4AM-5:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,645.82**	**$ 32,500.00**	**$ 35,145.82**	
LENGTH OF SERVICE						
24-26	1	9.0	0.00	31,750.00	31,750.00	90.3
12-14	1	9.0	1,344.12	0.00	1,344.12	3.8
0-2	3	27.2	184.81	750.00	934.81	2.6
10-12	2	18.1	585.58	0.00	585.58	1.6
28-30	1	9.0	469.00	0.00	469.00	1.3
2-4	2	18.1	62.31	0.00	62.31	0.1
4-6	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,645.82**	**$ 32,500.00**	**$ 35,145.82**	
AGE OF CLAIMANT						
45-49	3	27.2	585.58	31,750.00	32,335.58	92.0
60-64	1	9.0	1,344.12	0.00	1,344.12	3.8
25-29	2	18.1	0.00	750.00	750.00	2.1
50-54	1	9.0	469.00	0.00	469.00	1.3
30-34	1	9.0	124.00	0.00	124.00	0.3
35-39	2	18.1	62.31	0.00	62.31	0.1
55-59	1	9.0	60.81	0.00	60.81	0.1
	11		**$ 2,645.82**	**$ 32,500.00**	**$ 35,145.82**	
SEX OF CLAIMANT						
Male	10	90.9	2,585.01	32,500.00	35,085.01	99.8
Female	1	9.0	60.81	0.00	60.81	0.1
	11		**$ 2,645.82**	**$ 32,500.00**	**$ 35,145.82**	
LOSS CAUSE						
Walking surface, outside, dry	2	18.1	60.81	31,750.00	31,810.81	90.5
Vehicle, not otherwise classified	3	27.2	1,875.43	0.00	1,875.43	5.3
Sharp objects, not otherwise classified	2	18.1	0.00	750.00	750.00	2.1
Walking surface, outside, wet	1	9.0	585.58	0.00	585.58	1.6
Miscellaneous	1	9.0	124.00	0.00	124.00	0.3
Chemicals, not otherwise classified	1	9.0	0.00	0.00	0.00	0.0
Metal items	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,645.82**	**$ 32,500.00**	**$ 35,145.82**	
ACCIDENT TYPE						
Twisting, strain or injury by	2	18.1	60.81	31,750.00	31,810.81	90.5
Vehicle Upset	2	18.1	1,813.12	0.00	1,813.12	5.1
Pushing Or Pulling (Strain or Injury by)	1	9.0	0.00	750.00	750.00	2.1
Fall or slip (on ice or snow)	1	9.0	585.58	0.00	585.58	1.6
Lifting (strain or Injury by)	1	9.0	124.00	0.00	124.00	0.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Wytheville (108)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	1	9.0	62.31	0.00	62.31	0.1
Contact With Hot Object or Substances	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
Struck/Injured by Hand Tool/Machine In Use	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,645.82**	**$ 32,500.00**	**$ 35,145.82**	

**BODY PART

Shoulder	1
Lower Leg	4
Knee	2
No Physical Problem	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower Arm	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	3
Contusion	4
Sprain	2
No Physical Injury	1
Burn	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:15

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Jonesville (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	42.8	27,623.62	24,045.94	51,669.56	96.6
4PM-5:59PM	1	14.2	777.66	0.00	777.66	1.4
8AM-9:59AM	1	14.2	701.00	0.00	701.00	1.3
12AM-1:59AM	1	14.2	280.00	0.00	280.00	0.5
2PM-3:59PM	1	14.2	59.00	0.00	59.00	0.1
	7		**$ 29,441.28**	**$ 24,045.94**	**$ 53,487.22**	
LENGTH OF SERVICE						
14-16	1	14.2	19,421.86	21,328.14	40,750.00	76.1
18-20	1	14.2	6,532.20	2,717.80	9,250.00	17.2
10-12	1	14.2	1,669.56	0.00	1,669.56	3.1
6-8	2	28.5	981.00	0.00	981.00	1.8
0-2	1	14.2	777.66	0.00	777.66	1.4
12-14	1	14.2	59.00	0.00	59.00	0.1
	7		**$ 29,441.28**	**$ 24,045.94**	**$ 53,487.22**	
AGE OF CLAIMANT						
35-39	2	28.5	19,480.86	21,328.14	40,809.00	76.3
45-49	3	42.8	8,902.76	2,717.80	11,620.56	21.7
60-64	1	14.2	777.66	0.00	777.66	1.4
30-34	1	14.2	280.00	0.00	280.00	0.5
	7		**$ 29,441.28**	**$ 24,045.94**	**$ 53,487.22**	
SEX OF CLAIMANT						
Male	6	85.7	28,663.62	24,045.94	52,709.56	98.5
Female	1	14.2	777.66	0.00	777.66	1.4
	7		**$ 29,441.28**	**$ 24,045.94**	**$ 53,487.22**	
LOSS CAUSE						
Walking surface, outside, dry	2	28.5	20,199.52	21,328.14	41,527.66	77.6
Stairs, steps	1	14.2	6,532.20	2,717.80	9,250.00	17.2
Hand tool, not powered, NOC	1	14.2	1,669.56	0.00	1,669.56	3.1
Sharp objects, not otherwise classified	2	28.5	981.00	0.00	981.00	1.8
Brush / tree / log	1	14.2	59.00	0.00	59.00	0.1
	7		**$ 29,441.28**	**$ 24,045.94**	**$ 53,487.22**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	28.5	20,199.52	21,328.14	41,527.66	77.6
Other than physical cause of injury	1	14.2	6,532.20	2,717.80	9,250.00	17.2
Repetitive Motion	1	14.2	1,669.56	0.00	1,669.56	3.1
Struck/Injured by Object Being Lifted/Handled	1	14.2	701.00	0.00	701.00	1.3
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	280.00	0.00	280.00	0.5
Lifting (strain or Injury by)	1	14.2	59.00	0.00	59.00	0.1
	7		**$ 29,441.28**	**$ 24,045.94**	**$ 53,487.22**	
****BODY PART**						
Lower Arm	1					
Knee	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Jonesville (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hip	1					
Teeth	1					
Hand	1					
	7					

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

*****INJURY***

Fracture	1					
Sprain	1					
Contusion	3					
Strain	2					
Dislocation	1					
Puncture	1					
	7					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	37.5	9,162.01	1,485.51	10,647.52	52.2
12PM-1:59PM	6	37.5	7,391.74	846.00	8,237.74	40.4
6PM-7:59PM	1	6.2	923.93	0.00	923.93	4.5
8AM-9:59AM	1	6.2	471.49	0.00	471.49	2.3
10AM-11:59AM	2	12.5	107.00	0.00	107.00	0.5
	16		**$ 18,056.17**	**$ 2,331.51**	**$ 20,387.68**	
LENGTH OF SERVICE						
20-22	2	12.5	8,309.46	2,235.51	10,544.97	51.7
6-8	1	6.2	6,666.36	96.00	6,762.36	33.1
12-14	4	25.0	1,271.77	0.00	1,271.77	6.2
32-34	1	6.2	923.93	0.00	923.93	4.5
14-16	1	6.2	353.40	0.00	353.40	1.7
22-24	3	18.7	294.45	0.00	294.45	1.4
0-2	2	12.5	236.80	0.00	236.80	1.1
10-12	1	6.2	0.00	0.00	0.00	0.0
2-4	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 18,056.17**	**$ 2,331.51**	**$ 20,387.68**	
AGE OF CLAIMANT						
50-54	4	25.0	15,865.85	1,581.51	17,447.36	85.5
55-59	3	18.7	1,748.82	0.00	1,748.82	8.5
60-64	2	12.5	204.70	750.00	954.70	4.6
40-44	5	31.2	129.80	0.00	129.80	0.6
20-24	1	6.2	107.00	0.00	107.00	0.5
45-49	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 18,056.17**	**$ 2,331.51**	**$ 20,387.68**	
SEX OF CLAIMANT						
Male	15	93.7	18,056.17	1,581.51	19,637.68	96.3
Female	1	6.2	0.00	750.00	750.00	3.6
	16		**$ 18,056.17**	**$ 2,331.51**	**$ 20,387.68**	
LOSS CAUSE						
Vehicle, not otherwise classified	7	43.7	9,269.01	1,485.51	10,754.52	52.7
Metal items	3	18.7	7,391.74	96.00	7,487.74	36.7
Walking surface, inside, wet	1	6.2	923.93	0.00	923.93	4.5
Walking surface, inside, dry	1	6.2	0.00	750.00	750.00	3.6
Hand tool, powered, NOC	1	6.2	471.49	0.00	471.49	2.3
Animal / insect, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0
Miscellaneous	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
	16		**$ 18,056.17**	**$ 2,331.51**	**$ 20,387.68**	
ACCIDENT TYPE						
Vehicle Upset	4	25.0	8,974.56	1,485.51	10,460.07	51.3
Lifting (strain or Injury by)	3	18.7	7,261.94	96.00	7,357.94	36.0
Fall or Slip (From Liquid/Grease spills)	1	6.2	923.93	0.00	923.93	4.5
Fall or Slip (On Same Level)	2	12.5	0.00	750.00	750.00	3.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (202)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	1	6.2	471.49	0.00	471.49	2.3
Collision/sideswipe with Another Vehicle	1	6.2	294.45	0.00	294.45	1.4
Struck/Injured by Falling or Flying Object	1	6.2	129.80	0.00	129.80	0.6
Animal Or Insect	1	6.2	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	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		***$ 18,056.17***	***$ 2,331.51***	***$ 20,387.68***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	5
Knee	4
Ankle	1
Skull	1
Ear(s)	1
Facial, Other Soft Tissue	1
Lower Leg	2
Thumb	1
Multiple Body Parts	1
Shoulder	1
	16

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

***INJURY**

Strain	9
Laceration	3
Fracture	1
Puncture	1
Contusion	3
Dermatitis	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Hillsville (209)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	10.0	11,345.13	29,404.87	40,750.00	80.5
2PM-3:59PM	3	30.0	536.63	5,200.00	5,736.63	11.3
10AM-11:59AM	5	50.0	4,084.57	0.00	4,084.57	8.0
12PM-1:59PM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,966.33**	**$ 34,604.87**	**$ 50,571.20**	
LENGTH OF SERVICE						
22-24	1	10.0	11,345.13	29,404.87	40,750.00	80.5
4-6	1	10.0	0.00	5,200.00	5,200.00	10.2
2-4	1	10.0	3,897.57	0.00	3,897.57	7.7
8-10	2	20.0	645.63	0.00	645.63	1.2
0-2	1	10.0	78.00	0.00	78.00	0.1
28-30	2	20.0	0.00	0.00	0.00	0.0
6-8	2	20.0	0.00	0.00	0.00	0.0
	10		**$ 15,966.33**	**$ 34,604.87**	**$ 50,571.20**	
AGE OF CLAIMANT						
40-44	3	30.0	11,423.13	34,604.87	46,028.00	91.0
55-59	1	10.0	3,897.57	0.00	3,897.57	7.7
45-49	2	20.0	536.63	0.00	536.63	1.0
25-29	1	10.0	109.00	0.00	109.00	0.2
35-39	2	20.0	0.00	0.00	0.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,966.33**	**$ 34,604.87**	**$ 50,571.20**	
SEX OF CLAIMANT						
Male	10	100.0	15,966.33	34,604.87	50,571.20	100.0
	10		**$ 15,966.33**	**$ 34,604.87**	**$ 50,571.20**	
LOSS CAUSE						
Walking surface, outside, dry	4	40.0	11,881.76	34,604.87	46,486.63	91.9
Fencing	1	10.0	3,897.57	0.00	3,897.57	7.7
Vehicle, not otherwise classified	3	30.0	109.00	0.00	109.00	0.2
Infectious agent	1	10.0	78.00	0.00	78.00	0.1
Metal items	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,966.33**	**$ 34,604.87**	**$ 50,571.20**	
ACCIDENT TYPE						
Slipped, Did Not Fall	2	20.0	11,454.13	29,404.87	40,859.00	80.7
Twisting, strain or injury by	4	40.0	536.63	5,200.00	5,736.63	11.3
Object Handled (caught in or between)	1	10.0	3,897.57	0.00	3,897.57	7.7
Exposure to Poisonous Agent / Plant	1	10.0	78.00	0.00	78.00	0.1
Foreign Body In Eye	1	10.0	0.00	0.00	0.00	0.0
Vehicle Upset	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 15,966.33**	**$ 34,604.87**	**$ 50,571.20**	
****BODY PART**						
Disc - Neck	1					
Finger(s)	2					
Ankle	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Hillsville (209)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Toe(s)	1					
Lower Arm	3					
Hand	1					
Wrist(s) & Hand(s)	1					
Eye(s)	1					
Knee	1					
Shoulder	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***

Rupture	1
Laceration	2
Strain	6
Contusion	3
Dermatitis	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	2	8.3	26,873.75	13,354.63	40,228.38	30.2
2PM-3:59PM	6	25.0	21,440.56	14,743.38	36,183.94	27.2
4PM-5:59PM	2	8.3	6,498.78	26,639.88	33,138.66	24.9
10AM-11:59AM	5	20.8	19,176.37	-50.98	19,125.39	14.4
8AM-9:59AM	6	25.0	3,811.32	0.00	3,811.32	2.8
12AM-1:59AM	1	4.1	252.51	0.00	252.51	0.1
12PM-1:59PM	1	4.1	100.00	0.00	100.00	0.0
2AM-3:59AM	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 78,153.29***	***$ 54,686.91***	***$ 132,840.20***	
LENGTH OF SERVICE						
2-4	6	25.0	25,183.53	19,339.61	44,523.14	33.5
6-8	2	8.3	26,747.88	13,354.63	40,102.51	30.1
10-12	4	16.6	18,619.63	6,417.76	25,037.39	18.8
4-6	1	4.1	2,424.38	7,575.62	10,000.00	7.5
8-10	2	8.3	1,508.73	7,300.27	8,809.00	6.6
22-24	1	4.1	3,009.33	0.00	3,009.33	2.2
26-28	2	8.3	43.34	750.00	793.34	0.6
0-2	2	8.3	293.62	0.00	293.62	0.2
14-16	1	4.1	222.85	-50.98	171.87	0.1
12-14	1	4.1	100.00	0.00	100.00	0.0
28-30	1	4.1	0.00	0.00	0.00	0.0
24-26	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 78,153.29***	***$ 54,686.91***	***$ 132,840.20***	
AGE OF CLAIMANT						
25-29	5	20.8	33,391.34	32,694.24	66,085.58	49.7
40-44	4	16.6	15,854.77	13,718.03	29,572.80	22.2
45-49	3	12.5	18,514.89	0.00	18,514.89	13.9
35-39	3	12.5	2,647.23	7,524.64	10,171.87	7.6
30-34	5	20.8	4,963.06	0.00	4,963.06	3.7
50-54	4	16.6	2,782.00	750.00	3,532.00	2.6
	24		***$ 78,153.29***	***$ 54,686.91***	***$ 132,840.20***	
SEX OF CLAIMANT						
Male	18	75.0	56,509.44	21,353.92	77,863.36	58.6
Female	6	25.0	21,643.85	33,332.99	54,976.84	41.3
	24		***$ 78,153.29***	***$ 54,686.91***	***$ 132,840.20***	
LOSS CAUSE						
Vehicle, not otherwise classified	6	25.0	45,318.36	27,072.66	72,391.02	54.4
Machine, not otherwise classified	2	8.3	17,929.94	7,575.62	25,505.56	19.2
Walking surface, outside, wet	1	4.1	5,049.05	19,339.61	24,388.66	18.3
Metal items	6	25.0	5,617.63	-50.98	5,566.65	4.1
Fencing	1	4.1	1,938.77	0.00	1,938.77	1.4
Building parts / doors	1	4.1	1,468.54	0.00	1,468.54	1.1
Walking surface, outside, dry	3	12.5	293.62	750.00	1,043.62	0.7
Furniture / fixtures	1	4.1	378.38	0.00	378.38	0.2
Pipe	1	4.1	100.00	0.00	100.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chemicals, not otherwise classified	1	4.1	59.00	0.00	59.00	0.0
Hand tool, powered, NOC	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 78,153.29***	***$ 54,686.91***	***$ 132,840.20***	
ACCIDENT TYPE						
Vehicle Upset	2	8.3	27,945.10	20,654.90	48,600.00	36.5
Fall or slip (on ice or snow)	1	4.1	5,049.05	19,339.61	24,388.66	18.3
Slipped, Did Not Fall	1	4.1	14,068.08	6,417.76	20,485.84	15.4
Twisting, strain or injury by	4	16.6	19,912.10	0.00	19,912.10	14.9
Pushing Or Pulling (Strain or Injury by)	2	8.3	2,467.72	7,575.62	10,043.34	7.5
Lifting (strain or Injury by)	5	20.8	6,288.85	0.00	6,288.85	4.7
Struck/Injured by Object Handled By Other	1	4.1	1,468.54	0.00	1,468.54	1.1
Fall or Slip (On Same Level)	2	8.3	293.62	750.00	1,043.62	0.7
Struck/Injured by Falling or Flying Object	3	12.5	601.23	-50.98	550.25	0.4
Foreign Body In Eye	1	4.1	59.00	0.00	59.00	0.0
Repetitive Motion	1	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 78,153.29***	***$ 54,686.91***	***$ 132,840.20***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Ankle	3
Facial, Other Soft Tissue	1
Lower Leg	1
Soft Tissue - Neck	1
Knee	1
Finger(s)	3
Hand	2
Foot	1
Ear(s)	1
Eye(s)	1
Elbow	1
Lower Arm	1
Upper Leg	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***

Laceration	2
Strain	14
Fracture	2
Contusion	6
Sprain	2
Burn	2
Foreign Body	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Christianburg (211)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Martinsville (212)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	12	46.1	16,216.24	22,362.59	38,578.83	96.1
12PM-1:59PM	5	19.2	95.03	1,450.63	1,545.66	3.8
2PM-3:59PM	2	7.6	0.00	0.00	0.00	0.0
4PM-5:59PM	3	11.5	0.00	0.00	0.00	0.0
6PM-7:59PM	1	3.8	0.00	0.00	0.00	0.0
8AM-9:59AM	3	11.5	0.00	0.00	0.00	0.0
	26		**$ 16,311.27**	**$ 23,813.22**	**$ 40,124.49**	
LENGTH OF SERVICE						
14-16	3	11.5	9,906.67	16,280.33	26,187.00	65.2
26-28	3	11.5	5,912.17	6,032.89	11,945.06	29.7
10-12	2	7.6	0.00	1,500.00	1,500.00	3.7
4-6	4	15.3	247.25	0.00	247.25	0.6
22-24	2	7.6	89.52	0.00	89.52	0.2
24-26	1	3.8	60.00	0.00	60.00	0.1
2-4	3	11.5	50.00	0.00	50.00	0.1
8-10	1	3.8	45.66	0.00	45.66	0.1
0-2	4	15.3	0.00	0.00	0.00	0.0
16-18	3	11.5	0.00	0.00	0.00	0.0
	26		**$ 16,311.27**	**$ 23,813.22**	**$ 40,124.49**	
AGE OF CLAIMANT						
45-49	10	38.4	10,114.73	16,280.33	26,395.06	65.7
55-59	2	7.6	5,727.11	6,032.89	11,760.00	29.3
30-34	3	11.5	0.00	750.00	750.00	1.8
40-44	2	7.6	0.00	750.00	750.00	1.8
60-64	1	3.8	247.25	0.00	247.25	0.6
50-54	3	11.5	126.52	0.00	126.52	0.3
35-39	3	11.5	50.00	0.00	50.00	0.1
25-29	2	7.6	45.66	0.00	45.66	0.1
	26		**$ 16,311.27**	**$ 23,813.22**	**$ 40,124.49**	
SEX OF CLAIMANT						
Male	26	100.0	16,311.27	23,813.22	40,124.49	100.0
	26		**$ 16,311.27**	**$ 23,813.22**	**$ 40,124.49**	
LOSS CAUSE						
Brush / tree / log	2	7.6	9,865.96	15,579.70	25,445.66	63.4
Hand tool, not powered, NOC	2	7.6	5,727.11	6,032.89	11,760.00	29.3
Animal / insect, not otherwise classified	1	3.8	49.37	700.63	750.00	1.8
Stairs, steps	2	7.6	0.00	750.00	750.00	1.8
Walking surface, outside, dry	4	15.3	0.00	750.00	750.00	1.8
Sharp objects, not otherwise classified	1	3.8	247.25	0.00	247.25	0.6
Vehicle, not otherwise classified	4	15.3	185.06	0.00	185.06	0.4
Machine, not otherwise classified	1	3.8	89.52	0.00	89.52	0.2
Miscellaneous	1	3.8	60.00	0.00	60.00	0.1
Infectious agent	1	3.8	50.00	0.00	50.00	0.1
Animal, not otherwise classified	2	7.6	37.00	0.00	37.00	0.0
Animal / bee type	1	3.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Martinsville (212)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Glass bottle / sheet	1	3.8	0.00	0.00	0.00	0.0
Mechanical powered	1	3.8	0.00	0.00	0.00	0.0
Mowers	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		***$ 16,311.27***	***$ 23,813.22***	***$ 40,124.49***	

ACCIDENT TYPE

Struck/Injured by Falling or Flying Object	2	7.6	9,865.96	15,579.70	25,445.66	63.4
Twisting, strain or injury by	8	30.7	5,727.11	7,532.89	13,260.00	33.0
Animal Or Insect	3	11.5	86.37	700.63	787.00	1.9
Object being lifted/handled (cut,punc.scrape,inj b	1	3.8	247.25	0.00	247.25	0.6
Struck/Injured by Hand Tool/Machine In Use	1	3.8	185.06	0.00	185.06	0.4
Strike Against/Step on Stationary Object	1	3.8	89.52	0.00	89.52	0.2
Fall or Slip (On Same Level)	3	11.5	60.00	0.00	60.00	0.1
Exposure to Poisonous Agent / Plant	1	3.8	50.00	0.00	50.00	0.1
Fall or slip (on ice or snow)	1	3.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.8	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	3.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 16,311.27***	***$ 23,813.22***	***$ 40,124.49***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Shoulder	2
Soft Tissue - Neck	2
Hip	2
Abdomen including Groin	1
Knee	5
Skull	1
Ear(s)	1
Hand	1
Eye(s)	2
Lower Arm	2
Lower Leg	1
Wrist	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Foot	1
Upper Back Area (Thoracic Area)	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	15
Puncture	3
Laceration	1
Contusion	5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Martinsville (212)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	4					
Dermatitis	1					
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Rocky Mount (213)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	50.0	18,251.27	64,325.96	82,577.23	97.1
12PM-1:59PM	2	20.0	2,409.94	0.00	2,409.94	2.8
6AM-7:59AM	1	10.0	42.00	0.00	42.00	0.0
2PM-3:59PM	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		**$ 20,703.21**	**$ 64,325.96**	**$ 85,029.17**	
LENGTH OF SERVICE						
4-6	5	50.0	20,536.21	64,325.96	84,862.17	99.8
36-38	1	10.0	63.00	0.00	63.00	0.0
2-4	1	10.0	62.00	0.00	62.00	0.0
10-12	1	10.0	42.00	0.00	42.00	0.0
12-14	1	10.0	0.00	0.00	0.00	0.0
14-16	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 20,703.21**	**$ 64,325.96**	**$ 85,029.17**	
AGE OF CLAIMANT						
25-29	2	20.0	17,839.72	64,325.96	82,165.68	96.6
30-34	2	20.0	2,408.94	0.00	2,408.94	2.8
40-44	2	20.0	349.55	0.00	349.55	0.4
55-59	1	10.0	63.00	0.00	63.00	0.0
45-49	2	20.0	42.00	0.00	42.00	0.0
50-54	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 20,703.21**	**$ 64,325.96**	**$ 85,029.17**	
SEX OF CLAIMANT						
Male	8	80.0	18,314.27	64,325.96	82,640.23	97.1
Female	2	20.0	2,388.94	0.00	2,388.94	2.8
	10		**$ 20,703.21**	**$ 64,325.96**	**$ 85,029.17**	
LOSS CAUSE						
Dry chemical extinguisher	1	10.0	17,771.00	64,325.96	82,096.96	96.5
Vehicle, not otherwise classified	1	10.0	2,346.94	0.00	2,346.94	2.7
Minerals / dirt	1	10.0	287.55	0.00	287.55	0.3
Infectious agent	4	40.0	255.72	0.00	255.72	0.3
Miscellaneous	1	10.0	42.00	0.00	42.00	0.0
Walking surface, inside, dry	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		**$ 20,703.21**	**$ 64,325.96**	**$ 85,029.17**	
ACCIDENT TYPE						
Contact with Electric Current	1	10.0	17,771.00	64,325.96	82,096.96	96.5
Vehicle Upset	1	10.0	2,346.94	0.00	2,346.94	2.7
Foreign Body In Eye	1	10.0	287.55	0.00	287.55	0.3
Exposure to Poisonous Agent / Plant	3	30.0	192.72	0.00	192.72	0.2
Allergic Reaction	1	10.0	63.00	0.00	63.00	0.0
Fall or Slip (On Same Level)	2	20.0	42.00	0.00	42.00	0.0
Slipped, Did Not Fall	1	10.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Rocky Mount (213)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 20,703.21**	**$ 64,325.96**	**$ 85,029.17**	
*****BODY PART***						
Hand	3					
Elbow	1					
Upper Back Area (Thoracic Area)	1					
Soft Tissue - Neck	2					
Abdomen including Groin	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Mouth	1					
Eye(s)	1					
Facial, Other Soft Tissue	3					
Lower Arm	2					
Nose	1					
Lower Leg	2					
Ankle	1					
Hip	2					
Wrist	1					
	10					

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

*****INJURY***		
Burn	3	
Strain	6	
Contusion	4	
Unknown	1	
Dermatitis	9	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	5.8	9,694.30	3,856.75	13,551.05	38.5
10AM-11:59AM	3	17.6	705.66	12,044.34	12,750.00	36.2
12PM-1:59PM	4	23.5	459.10	6,290.90	6,750.00	19.2
8AM-9:59AM	5	29.4	998.36	0.00	998.36	2.8
4PM-5:59PM	1	5.8	0.00	750.00	750.00	2.1
2PM-3:59PM	2	11.7	195.59	0.00	195.59	0.5
6AM-7:59AM	1	5.8	161.15	0.00	161.15	0.4
	17		**$ 12,214.16**	**$ 22,941.99**	**$ 35,156.15**	
LENGTH OF SERVICE						
14-16	3	17.6	9,694.30	3,856.75	13,551.05	38.5
16-18	1	5.8	0.00	10,750.00	10,750.00	30.5
4-6	2	11.7	620.25	6,290.90	6,911.15	19.6
12-14	1	5.8	705.66	1,294.34	2,000.00	5.6
28-30	1	5.8	998.36	0.00	998.36	2.8
22-24	1	5.8	0.00	750.00	750.00	2.1
6-8	1	5.8	195.59	0.00	195.59	0.5
0-2	2	11.7	0.00	0.00	0.00	0.0
10-12	2	11.7	0.00	0.00	0.00	0.0
2-4	2	11.7	0.00	0.00	0.00	0.0
24-26	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 12,214.16**	**$ 22,941.99**	**$ 35,156.15**	
AGE OF CLAIMANT						
35-39	5	29.4	9,855.45	3,856.75	13,712.20	39.0
45-49	3	17.6	998.36	10,750.00	11,748.36	33.4
30-34	3	17.6	1,164.76	7,585.24	8,750.00	24.8
40-44	1	5.8	0.00	750.00	750.00	2.1
25-29	2	11.7	195.59	0.00	195.59	0.5
20-24	2	11.7	0.00	0.00	0.00	0.0
55-59	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 12,214.16**	**$ 22,941.99**	**$ 35,156.15**	
SEX OF CLAIMANT						
Male	15	88.2	12,053.01	22,941.99	34,995.00	99.5
Female	2	11.7	161.15	0.00	161.15	0.4
	17		**$ 12,214.16**	**$ 22,941.99**	**$ 35,156.15**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	17.6	459.10	17,040.90	17,500.00	49.7
Metal items	2	11.7	10,692.66	3,856.75	14,549.41	41.3
Minerals / dirt	1	5.8	705.66	1,294.34	2,000.00	5.6
Animal / bee type	1	5.8	0.00	750.00	750.00	2.1
Miscellaneous	3	17.6	195.59	0.00	195.59	0.5
Hand tool, not powered, NOC	2	11.7	161.15	0.00	161.15	0.4
Chemicals, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	5.8	0.00	0.00	0.00	0.0
Infectious agent	2	11.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Salem (214)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17		**$ 12,214.16**	**$ 22,941.99**	**$ 35,156.15**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	5.8	9,694.30	3,856.75	13,551.05	38.5
Twisting, strain or injury by	2	11.7	0.00	10,750.00	10,750.00	30.5
Vehicle Upset	1	5.8	459.10	6,290.90	6,750.00	19.2
Lifting (strain or Injury by)	4	23.5	1,899.61	1,294.34	3,193.95	9.0
Animal Or Insect	1	5.8	0.00	750.00	750.00	2.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	161.15	0.00	161.15	0.4
Allergic Reaction	2	11.7	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	5.8	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	5.8	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	5.8	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	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		**$ 12,214.16**	**$ 22,941.99**	**$ 35,156.15**	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Shoulder	2
Hip	1
Lower Leg	2
Lower Arm	4
Upper Back Area (Thoracic Area)	2
Hand	3
Facial, Other Soft Tissue	1
Finger(s)	1
	17

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

*****INJURY***	
Strain	10
Sprain	4
Contusion	2
Puncture	2
Dermatitis	5
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -bedford (216)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	60.0	6,775.10	647.50	7,422.60	98.3
2AM-3:59AM	1	20.0	121.21	0.00	121.21	1.6
4AM-5:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 6,896.31**	**$ 647.50**	**$ 7,543.81**	
LENGTH OF SERVICE						
34-36	1	20.0	6,775.10	647.50	7,422.60	98.3
2-4	1	20.0	121.21	0.00	121.21	1.6
22-24	3	60.0	0.00	0.00	0.00	0.0
	5		**$ 6,896.31**	**$ 647.50**	**$ 7,543.81**	
AGE OF CLAIMANT						
55-59	1	20.0	6,775.10	647.50	7,422.60	98.3
40-44	1	20.0	121.21	0.00	121.21	1.6
45-49	1	20.0	0.00	0.00	0.00	0.0
50-54	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 6,896.31**	**$ 647.50**	**$ 7,543.81**	
SEX OF CLAIMANT						
Male	5	100.0	6,896.31	647.50	7,543.81	100.0
	5		**$ 6,896.31**	**$ 647.50**	**$ 7,543.81**	
LOSS CAUSE						
Boxes / containers	1	20.0	6,775.10	647.50	7,422.60	98.3
Hand tool, not powered, NOC	1	20.0	121.21	0.00	121.21	1.6
Building parts / doors	1	20.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 6,896.31**	**$ 647.50**	**$ 7,543.81**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	20.0	6,775.10	647.50	7,422.60	98.3
Cut,puncture,scrape, injured by (Broken Glass)	1	20.0	121.21	0.00	121.21	1.6
Fall or Slip (From Different Level)	1	20.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 6,896.31**	**$ 647.50**	**$ 7,543.81**	
****BODY PART**						
Finger(s)	1					
Eye(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Leg	2					
	5					

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

****INJURY**	
Laceration	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -bedford (216)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	1					
Contusion	2					
Strain	1					
	5					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:16

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	28.5	418.43	0.00	418.43	51.8
12PM-1:59PM	1	14.2	175.43	0.00	175.43	21.7
8AM-9:59AM	1	14.2	117.72	0.00	117.72	14.5
4PM-5:59PM	2	28.5	95.00	0.00	95.00	11.7
2PM-3:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 806.58**	**$ 0.00**	**$ 806.58**	
LENGTH OF SERVICE						
26-28	1	14.2	210.99	0.00	210.99	26.1
2-4	1	14.2	207.44	0.00	207.44	25.7
12-14	1	14.2	175.43	0.00	175.43	21.7
0-2	2	28.5	117.72	0.00	117.72	14.5
16-18	1	14.2	95.00	0.00	95.00	11.7
14-16	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 806.58**	**$ 0.00**	**$ 806.58**	
AGE OF CLAIMANT						
30-34	2	28.5	325.16	0.00	325.16	40.3
45-49	1	14.2	210.99	0.00	210.99	26.1
55-59	1	14.2	175.43	0.00	175.43	21.7
50-54	1	14.2	95.00	0.00	95.00	11.7
35-39	1	14.2	0.00	0.00	0.00	0.0
60-64	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 806.58**	**$ 0.00**	**$ 806.58**	
SEX OF CLAIMANT						
Male	7	100.0	806.58	0.00	806.58	100.0
	7		**$ 806.58**	**$ 0.00**	**$ 806.58**	
LOSS CAUSE						
Building parts / doors	1	14.2	210.99	0.00	210.99	26.1
Walking surface, outside, dry	1	14.2	207.44	0.00	207.44	25.7
Miscellaneous	1	14.2	175.43	0.00	175.43	21.7
Metal items	1	14.2	117.72	0.00	117.72	14.5
Brush / tree / log	1	14.2	95.00	0.00	95.00	11.7
Vehicle, not otherwise classified	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 806.58**	**$ 0.00**	**$ 806.58**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	28.5	302.44	0.00	302.44	37.5
Strike Against/Step on Stationary Object	1	14.2	210.99	0.00	210.99	26.1
Struck/Injured by Falling or Flying Object	1	14.2	175.43	0.00	175.43	21.7
Struck/Injured by Object Handled By Other	1	14.2	117.72	0.00	117.72	14.5
Pushing Or Pulling (Strain or Injury by)	1	14.2	0.00	0.00	0.00	0.0
Vehicle Upset	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 806.58**	**$ 0.00**	**$ 806.58**	
***BODY PART**						
Nose	1					
Ankle	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Lynchburg (302)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Leg	1					
Hand	1					
Skull	1					
Mouth	1					
Elbow	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	7					

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

*****INJURY***

Sprain	2
Laceration	2
Contusion	2
Fracture	1
Strain	1
	7

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chatham (317)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	50.0	1,339.29	0.00	1,339.29	74.5
10AM-11:59AM	2	25.0	267.00	0.00	267.00	14.8
2PM-3:59PM	1	12.5	141.00	0.00	141.00	7.8
12PM-1:59PM	1	12.5	49.00	0.00	49.00	2.7
	8		**$ 1,796.29**	**$ 0.00**	**$ 1,796.29**	
LENGTH OF SERVICE						
22-24	1	12.5	1,024.68	0.00	1,024.68	57.0
4-6	4	50.0	316.00	0.00	316.00	17.5
18-20	1	12.5	187.61	0.00	187.61	10.4
14-16	1	12.5	141.00	0.00	141.00	7.8
10-12	1	12.5	127.00	0.00	127.00	7.0
	8		**$ 1,796.29**	**$ 0.00**	**$ 1,796.29**	
AGE OF CLAIMANT						
45-49	3	37.5	1,292.68	0.00	1,292.68	71.9
35-39	3	37.5	399.61	0.00	399.61	22.2
30-34	2	25.0	104.00	0.00	104.00	5.7
	8		**$ 1,796.29**	**$ 0.00**	**$ 1,796.29**	
SEX OF CLAIMANT						
Male	8	100.0	1,796.29	0.00	1,796.29	100.0
	8		**$ 1,796.29**	**$ 0.00**	**$ 1,796.29**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	37.5	1,424.29	0.00	1,424.29	79.2
Minerals / dirt	2	25.0	190.00	0.00	190.00	10.5
Walking surface, outside, dry	1	12.5	127.00	0.00	127.00	7.0
Miscellaneous	1	12.5	55.00	0.00	55.00	3.0
Unknown	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,796.29**	**$ 0.00**	**$ 1,796.29**	
ACCIDENT TYPE						
Vehicle Upset	2	25.0	1,212.29	0.00	1,212.29	67.4
Twisting, strain or injury by	3	37.5	394.00	0.00	394.00	21.9
Foreign Body In Eye	2	25.0	190.00	0.00	190.00	10.5
Cumulative (Not Otherwise Classified)	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,796.29**	**$ 0.00**	**$ 1,796.29**	
****BODY PART**						
Multiple Neck Injury	1					
Soft Tissue - Neck	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Eye(s)	2					
Knee	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chatham (317)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8					

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

*****INJURY***

Sprain	1
Strain	6
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	28.5	10,447.54	0.00	10,447.54	80.6
2PM-3:59PM	5	35.7	878.09	750.00	1,628.09	12.5
12PM-1:59PM	2	14.2	0.00	750.00	750.00	5.7
12AM-1:59AM	1	7.1	78.00	0.00	78.00	0.6
4PM-5:59PM	1	7.1	50.26	0.00	50.26	0.3
8AM-9:59AM	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 11,453.89**	**$ 1,500.00**	**$ 12,953.89**	
LENGTH OF SERVICE						
28-30	2	14.2	10,282.54	0.00	10,282.54	79.3
16-18	4	28.5	633.19	1,500.00	2,133.19	16.4
8-10	2	14.2	322.90	0.00	322.90	2.4
34-36	1	7.1	165.00	0.00	165.00	1.2
2-4	2	14.2	50.26	0.00	50.26	0.3
0-2	1	7.1	0.00	0.00	0.00	0.0
10-12	1	7.1	0.00	0.00	0.00	0.0
6-8	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 11,453.89**	**$ 1,500.00**	**$ 12,953.89**	
AGE OF CLAIMANT						
50-54	4	28.5	11,080.73	0.00	11,080.73	85.5
60-64	2	14.2	0.00	1,500.00	1,500.00	11.5
40-44	4	28.5	244.90	0.00	244.90	1.8
45-49	1	7.1	78.00	0.00	78.00	0.6
25-29	1	7.1	50.26	0.00	50.26	0.3
35-39	1	7.1	0.00	0.00	0.00	0.0
55-59	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 11,453.89**	**$ 1,500.00**	**$ 12,953.89**	
SEX OF CLAIMANT						
Male	12	85.7	11,453.89	1,500.00	12,953.89	100.0
Female	2	14.2	0.00	0.00	0.00	0.0
	14		**$ 11,453.89**	**$ 1,500.00**	**$ 12,953.89**	
LOSS CAUSE						
Hand tool, not powered, NOC	3	21.4	10,282.54	0.00	10,282.54	79.3
Vehicle, not otherwise classified	3	21.4	0.00	1,500.00	1,500.00	11.5
Pipe	1	7.1	633.19	0.00	633.19	4.8
Light cord and reel	1	7.1	244.90	0.00	244.90	1.8
Hose / hydair H2O	2	14.2	165.00	0.00	165.00	1.2
Building parts / doors	2	14.2	78.00	0.00	78.00	0.6
Walking surface, outside, dry	1	7.1	50.26	0.00	50.26	0.3
Infectious agent	1	7.1	0.00	0.00	0.00	0.0
	14		**$ 11,453.89**	**$ 1,500.00**	**$ 12,953.89**	
ACCIDENT TYPE						
Twisting, strain or injury by	3	21.4	10,332.80	0.00	10,332.80	79.7
Collision/sideswipe with Another Vehicle	1	7.1	0.00	750.00	750.00	5.7
Vehicle Upset	1	7.1	0.00	750.00	750.00	5.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Halifax (318)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Handled By Other	2	14.2	633.19	0.00	633.19	4.8
Object Handled (caught in or between)	1	7.1	244.90	0.00	244.90	1.8
Struck/Injured by Falling or Flying Object	1	7.1	165.00	0.00	165.00	1.2
Lifting (strain or Injury by)	1	7.1	78.00	0.00	78.00	0.6
Allergic Reaction	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
Strike Against/Step on Stationary Object	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	7.1	0.00	0.00	0.00	0.0
	14		***$ 11,453.89***	***$ 1,500.00***	***$ 12,953.89***	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Shoulder	4
Soft Tissue - Neck	4
Upper Leg	3
Finger(s)	2
Nose	1
Abdomen including Groin	1
Ankle	1
Facial, Other Soft Tissue	1
Lower Arm	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
Crushing	1
Laceration	2
Sprain	2
Burn	1
Contusion	2
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	6	60.0	6,921.76	0.00	6,921.76	73.8
4PM-5:59PM	2	20.0	1,911.00	0.00	1,911.00	20.3
12PM-1:59PM	2	20.0	540.39	0.00	540.39	5.7
	10		**$ 9,373.15**	**$ 0.00**	**$ 9,373.15**	
LENGTH OF SERVICE						
6-8	2	20.0	6,651.21	0.00	6,651.21	70.9
2-4	3	30.0	2,138.00	0.00	2,138.00	22.8
24-26	1	10.0	366.39	0.00	366.39	3.9
4-6	2	20.0	146.00	0.00	146.00	1.5
0-2	2	20.0	71.55	0.00	71.55	0.7
	10		**$ 9,373.15**	**$ 0.00**	**$ 9,373.15**	
AGE OF CLAIMANT						
35-39	3	30.0	6,797.21	0.00	6,797.21	72.5
20-24	3	30.0	2,138.00	0.00	2,138.00	22.8
40-44	3	30.0	437.94	0.00	437.94	4.6
45-49	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 9,373.15**	**$ 0.00**	**$ 9,373.15**	
SEX OF CLAIMANT						
Male	10	100.0	9,373.15	0.00	9,373.15	100.0
	10		**$ 9,373.15**	**$ 0.00**	**$ 9,373.15**	
LOSS CAUSE						
Walking surface, outside, dry	1	10.0	6,612.21	0.00	6,612.21	70.5
Vehicle, not otherwise classified	1	10.0	1,872.00	0.00	1,872.00	19.9
Brush / tree / log	1	10.0	366.39	0.00	366.39	3.9
Machine, not otherwise classified	2	20.0	185.00	0.00	185.00	1.9
Hand tool, not powered, NOC	1	10.0	174.00	0.00	174.00	1.8
Boxes / containers	1	10.0	92.00	0.00	92.00	0.9
Miscellaneous	2	20.0	71.55	0.00	71.55	0.7
Animal / tick, spider, etc.	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 9,373.15**	**$ 0.00**	**$ 9,373.15**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	10.0	6,612.21	0.00	6,612.21	70.5
Vehicle Upset	1	10.0	1,872.00	0.00	1,872.00	19.9
Struck/Injured by Falling or Flying Object	1	10.0	366.39	0.00	366.39	3.9
Lifting (strain or Injury by)	4	40.0	309.55	0.00	309.55	3.3
Object being lifted/handled (cut,punc.scrape,inj b	1	10.0	174.00	0.00	174.00	1.8
Fall or Slip (On Same Level)	1	10.0	39.00	0.00	39.00	0.4
Animal Or Insect	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 9,373.15**	**$ 0.00**	**$ 9,373.15**	
****BODY PART**						
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Lower Leg	3					
Shoulder	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dillwyn (319)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Abdomen including Groin	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***

Fracture	1
Sprain	1
Laceration	3
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	1,027.05	7.08	1,034.13	50.8
12PM-1:59PM	1	25.0	712.31	287.69	1,000.00	49.1
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,739.36**	**$ 294.77**	**$ 2,034.13**	
LENGTH OF SERVICE						
12-14	1	25.0	1,027.05	7.08	1,034.13	50.8
34-36	1	25.0	712.31	287.69	1,000.00	49.1
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		**$ 1,739.36**	**$ 294.77**	**$ 2,034.13**	
AGE OF CLAIMANT						
55-59	2	50.0	1,739.36	294.77	2,034.13	100.0
40-44	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		**$ 1,739.36**	**$ 294.77**	**$ 2,034.13**	
SEX OF CLAIMANT						
Female	2	50.0	1,027.05	7.08	1,034.13	50.8
Male	2	50.0	712.31	287.69	1,000.00	49.1
	4		**$ 1,739.36**	**$ 294.77**	**$ 2,034.13**	
LOSS CAUSE						
Brush / tree / log	1	25.0	1,027.05	7.08	1,034.13	50.8
Vehicle, not otherwise classified	1	25.0	712.31	287.69	1,000.00	49.1
Animal / bee type	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		**$ 1,739.36**	**$ 294.77**	**$ 2,034.13**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	1,027.05	7.08	1,034.13	50.8
Vehicle Upset	1	25.0	712.31	287.69	1,000.00	49.1
Animal Or Insect	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		**$ 1,739.36**	**$ 294.77**	**$ 2,034.13**	
****BODY PART**						
Facial, Other Soft Tissue	1					
No Physical Problem	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	1					
Hip	1					
	4					

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

****INJURY**	
Laceration	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-appomattox (320)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
No Physical Injury	1					
Puncture	1					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amherst (322)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	29.4	7,987.86	0.00	7,987.86	80.7
12PM-1:59PM	3	17.6	1,191.90	200.00	1,391.90	14.0
2PM-3:59PM	3	17.6	210.00	0.00	210.00	2.1
10AM-11:59AM	5	29.4	176.24	0.00	176.24	1.7
4PM-5:59PM	1	5.8	122.46	0.00	122.46	1.2
	17		**$ 9,688.46**	**$ 200.00**	**$ 9,888.46**	
LENGTH OF SERVICE						
10-12	1	5.8	6,663.10	0.00	6,663.10	67.3
8-10	3	17.6	1,475.66	200.00	1,675.66	16.9
16-18	2	11.7	726.00	0.00	726.00	7.3
2-4	4	23.5	404.13	0.00	404.13	4.0
30-32	1	5.8	130.00	0.00	130.00	1.3
14-16	2	11.7	106.57	0.00	106.57	1.0
0-2	2	11.7	103.00	0.00	103.00	1.0
6-8	1	5.8	80.00	0.00	80.00	0.8
12-14	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 9,688.46**	**$ 200.00**	**$ 9,888.46**	
AGE OF CLAIMANT						
30-34	4	23.5	6,732.77	0.00	6,732.77	68.0
45-49	3	17.6	1,475.66	200.00	1,675.66	16.9
40-44	3	17.6	806.00	0.00	806.00	8.1
35-39	3	17.6	441.03	0.00	441.03	4.4
50-54	2	11.7	130.00	0.00	130.00	1.3
20-24	1	5.8	103.00	0.00	103.00	1.0
55-59	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 9,688.46**	**$ 200.00**	**$ 9,888.46**	
SEX OF CLAIMANT						
Male	11	64.7	9,416.33	200.00	9,616.33	97.2
Female	6	35.2	272.13	0.00	272.13	2.7
	17		**$ 9,688.46**	**$ 200.00**	**$ 9,888.46**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	11.7	6,663.10	0.00	6,663.10	67.3
Brush / tree / log	3	17.6	1,191.90	200.00	1,391.90	14.0
Machine, not otherwise classified	1	5.8	726.00	0.00	726.00	7.3
Boxes / containers	3	17.6	342.00	0.00	342.00	3.4
Sharp objects, not otherwise classified	1	5.8	283.76	0.00	283.76	2.8
Hand tool, not powered, NOC	2	11.7	209.57	0.00	209.57	2.1
Miscellaneous	1	5.8	122.46	0.00	122.46	1.2
Animal / bee type	1	5.8	80.00	0.00	80.00	0.8
Office equipment	1	5.8	69.67	0.00	69.67	0.7
Hand tool, powered, NOC	1	5.8	0.00	0.00	0.00	0.0
Pipe	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amherst (322)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17		**$ 9,688.46**	**$ 200.00**	**$ 9,888.46**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	5.8	6,663.10	0.00	6,663.10	67.3
Lifting (strain or Injury by)	6	35.2	1,190.46	0.00	1,190.46	12.0
Object being lifted/handled (cut,punc.scrape,inj b	3	17.6	722.67	200.00	922.67	9.3
Struck/Injured by Falling or Flying Object	1	5.8	641.90	0.00	641.90	6.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	283.76	0.00	283.76	2.8
Struck/Injured by Hand Tool/Machine In Use	1	5.8	106.57	0.00	106.57	1.0
Animal Or Insect	1	5.8	80.00	0.00	80.00	0.8
Allergic Reaction	1	5.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	5.8	0.00	0.00	0.00	0.0
Vehicle Upset	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 9,688.46**	**$ 200.00**	**$ 9,888.46**	

**BODY PART

Ankle	1
Ear(s)	1
Abdomen including Groin	1
Foot	1
Thumb	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Upper Arm (Inc: Clavicle and Scapula)	1
Eye(s)	1
Facial, Other Soft Tissue	1
Finger(s)	3
Hip	1
Lower Arm	1
Lower Leg	1
Teeth	1
	17

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

**INJURY

Fracture	1
Laceration	5
Strain	6
Contusion	3
Inflamation	1
Puncture	1
Dermatitis	1
Dislocation	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Richmond (402)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	9	50.0	27,009.54	24,459.60	51,469.14	82.3
2PM-3:59PM	2	11.1	8,775.20	0.00	8,775.20	14.0
12PM-1:59PM	2	11.1	187.72	750.00	937.72	1.5
8AM-9:59AM	1	5.5	0.00	750.00	750.00	1.2
6AM-7:59AM	3	16.6	344.50	0.00	344.50	0.5
2AM-3:59AM	1	5.5	213.21	0.00	213.21	0.3
	18		**$ 36,530.17**	**$ 25,959.60**	**$ 62,489.77**	
LENGTH OF SERVICE						
26-28	1	5.5	14,238.27	18,511.73	32,750.00	52.4
16-18	1	5.5	11,836.53	2,947.87	14,784.40	23.6
12-14	2	11.1	8,980.90	0.00	8,980.90	14.3
2-4	9	50.0	1,197.43	2,250.00	3,447.43	5.5
0-2	2	11.1	0.00	1,500.00	1,500.00	2.4
4-6	1	5.5	0.00	750.00	750.00	1.2
14-16	1	5.5	277.04	0.00	277.04	0.4
20-22	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 36,530.17**	**$ 25,959.60**	**$ 62,489.77**	
AGE OF CLAIMANT						
45-49	3	16.6	26,074.80	22,209.60	48,284.40	77.2
30-34	5	27.7	8,900.20	1,500.00	10,400.20	16.6
25-29	2	11.1	0.00	1,500.00	1,500.00	2.4
40-44	3	16.6	490.25	750.00	1,240.25	1.9
35-39	2	11.1	639.72	0.00	639.72	1.0
50-54	1	5.5	219.50	0.00	219.50	0.3
55-59	2	11.1	205.70	0.00	205.70	0.3
	18		**$ 36,530.17**	**$ 25,959.60**	**$ 62,489.77**	
SEX OF CLAIMANT						
Male	13	72.2	35,979.97	25,209.60	61,189.57	97.9
Female	5	27.7	550.20	750.00	1,300.20	2.0
	18		**$ 36,530.17**	**$ 25,959.60**	**$ 62,489.77**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	27.7	14,238.27	21,511.73	35,750.00	57.2
Walking surface, outside, wet	2	11.1	12,056.03	2,947.87	15,003.90	24.0
Glass bottle / sheet	1	5.5	8,775.20	0.00	8,775.20	14.0
Animal / insect, not otherwise classified	1	5.5	0.00	750.00	750.00	1.2
Environmental conditions	1	5.5	0.00	750.00	750.00	1.2
Metal items	1	5.5	452.00	0.00	452.00	0.7
Furniture / fixtures	2	11.1	393.42	0.00	393.42	0.6
Hand tool, not powered, NOC	1	5.5	277.04	0.00	277.04	0.4
Brush / tree / log	1	5.5	213.21	0.00	213.21	0.3
Animal, not otherwise classified	2	11.1	125.00	0.00	125.00	0.2
Machine, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Richmond (402)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	18		**$ 36,530.17**	**$ 25,959.60**	**$ 62,489.77**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	5.5	14,238.27	18,511.73	32,750.00	52.4
Twisting, strain or injury by	1	5.5	11,836.53	2,947.87	14,784.40	23.6
Fall or Slip (On Same Level)	2	11.1	9,052.24	0.00	9,052.24	14.4
Collision/sideswipe with Another Vehicle	3	16.6	0.00	2,250.00	2,250.00	3.6
Animal Or Insect	3	16.6	125.00	750.00	875.00	1.4
Struck/Injured by Falling or Flying Object	3	16.6	870.91	0.00	870.91	1.3
Allergic Reaction	1	5.5	0.00	750.00	750.00	1.2
Vehicle Upset	1	5.5	0.00	750.00	750.00	1.2
Fall or slip (on ice or snow)	1	5.5	219.50	0.00	219.50	0.3
Lifting (strain or Injury by)	1	5.5	187.72	0.00	187.72	0.3
Object Handled (caught in or between)	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 36,530.17**	**$ 25,959.60**	**$ 62,489.77**	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Knee	2
Hand	1
Insufficient Information	3
Soft Tissue - Neck	2
Upper Arm (Inc: Clavicle and Scapula)	2
Ear(s)	1
Lower Arm	1
Lower Leg	1
Upper Back Area (Thoracic Area)	1
Finger(s)	1
Foot	2
Eye(s)	1
Thumb	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.**

*****INJURY***	
Strain	4
Sprain	1
Laceration	3
Dermatitis	4
No Physical Injury	3
Contusion	4
Puncture	3
Fracture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot South Hill (423)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	31.2	2,926.91	750.00	3,676.91	62.2
8AM-9:59AM	5	31.2	1,218.59	873.13	2,091.72	35.4
2PM-3:59PM	1	6.2	140.00	0.00	140.00	2.3
12PM-1:59PM	1	6.2	0.00	0.00	0.00	0.0
4AM-5:59AM	1	6.2	0.00	0.00	0.00	0.0
4PM-5:59PM	1	6.2	0.00	0.00	0.00	0.0
6AM-7:59AM	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 4,285.50**	**$ 1,623.13**	**$ 5,908.63**	
LENGTH OF SERVICE						
12-14	5	31.2	2,920.67	0.00	2,920.67	49.4
26-28	2	12.5	883.11	873.13	1,756.24	29.7
4-6	2	12.5	140.00	750.00	890.00	15.0
0-2	2	12.5	341.72	0.00	341.72	5.7
10-12	3	18.7	0.00	0.00	0.00	0.0
24-26	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		**$ 4,285.50**	**$ 1,623.13**	**$ 5,908.63**	
AGE OF CLAIMANT						
40-44	4	25.0	2,920.67	750.00	3,670.67	62.1
45-49	3	18.7	883.11	873.13	1,756.24	29.7
30-34	5	31.2	341.72	0.00	341.72	5.7
25-29	1	6.2	140.00	0.00	140.00	2.3
35-39	1	6.2	0.00	0.00	0.00	0.0
50-54	1	6.2	0.00	0.00	0.00	0.0
55-59	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 4,285.50**	**$ 1,623.13**	**$ 5,908.63**	
SEX OF CLAIMANT						
Male	15	93.7	4,285.50	873.13	5,158.63	87.3
Female	1	6.2	0.00	750.00	750.00	12.6
	16		**$ 4,285.50**	**$ 1,623.13**	**$ 5,908.63**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	12.5	2,920.67	0.00	2,920.67	49.4
Brush / tree / log	1	6.2	876.87	873.13	1,750.00	29.6
Walking surface, inside, dry	1	6.2	0.00	750.00	750.00	12.6
Walking surface, outside, dry	2	12.5	341.72	0.00	341.72	5.7
Walking surface, outside, wet	2	12.5	140.00	0.00	140.00	2.3
Infectious agent	1	6.2	6.24	0.00	6.24	0.1
Animal / bee type	1	6.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	3	18.7	0.00	0.00	0.00	0.0
Miscellaneous	2	12.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 4,285.50**	**$ 1,623.13**	**$ 5,908.63**	
ACCIDENT TYPE						
Vehicle Upset	1	6.2	2,920.67	0.00	2,920.67	49.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot South Hill (423)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Falling or Flying Object	2	12.5	876.87	873.13	1,750.00	29.6
Fall or Slip (On Same Level)	2	12.5	0.00	750.00	750.00	12.6
Twisting, strain or injury by	2	12.5	341.72	0.00	341.72	5.7
Slipped, Did Not Fall	2	12.5	140.00	0.00	140.00	2.3
Exposure to Poisonous Agent / Plant	1	6.2	6.24	0.00	6.24	0.1
Animal Or Insect	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
Machinery (caught in or between)	1	6.2	0.00	0.00	0.00	0.0
Pushing Or Pulling (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
Struck/Injured by Hand Tool/Machine In Use	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 4,285.50***	***$ 1,623.13***	***$ 5,908.63***	

**BODY PART

Shoulder	2
Soft Tissue - Neck	1
Wrist	1
Foot	1
Elbow	2
Hip	3
Knee	2
Ankle	2
Facial, Other Soft Tissue	2
Finger(s)	1
Hand	1
Lower Back Area (Lumbar and Lumbo-Sacral)	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	6
Strain	6
Laceration	3
Sprain	1
Dermatitis	1
Inflamation	1
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:17

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amelia (424)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	33.3	4,194.42	67,555.58	71,750.00	78.2
10AM-11:59AM	2	22.2	163.37	10,500.00	10,663.37	11.6
12PM-1:59PM	2	22.2	727.01	8,272.99	9,000.00	9.8
2AM-3:59AM	1	11.1	275.85	0.00	275.85	0.3
8AM-9:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,360.65**	**$ 86,328.57**	**$ 91,689.22**	
LENGTH OF SERVICE						
0-2	2	22.2	4,921.43	75,828.57	80,750.00	88.0
10-12	1	11.1	0.00	10,500.00	10,500.00	11.4
2-4	1	11.1	275.85	0.00	275.85	0.3
6-8	1	11.1	163.37	0.00	163.37	0.1
4-6	2	22.2	0.00	0.00	0.00	0.0
20-22	1	11.1	0.00	0.00	0.00	0.0
32-34	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,360.65**	**$ 86,328.57**	**$ 91,689.22**	
AGE OF CLAIMANT						
55-59	3	33.3	4,357.79	67,555.58	71,913.37	78.4
35-39	3	33.3	727.01	18,772.99	19,500.00	21.2
40-44	1	11.1	275.85	0.00	275.85	0.3
25-29	1	11.1	0.00	0.00	0.00	0.0
20-24	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,360.65**	**$ 86,328.57**	**$ 91,689.22**	
SEX OF CLAIMANT						
Male	9	100.0	5,360.65	86,328.57	91,689.22	100.0
	9		**$ 5,360.65**	**$ 86,328.57**	**$ 91,689.22**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	22.2	4,921.43	75,828.57	80,750.00	88.0
Pike pole 6’	1	11.1	0.00	10,500.00	10,500.00	11.4
Stone / rock / brick	1	11.1	275.85	0.00	275.85	0.3
Machine, not otherwise classified	2	22.2	163.37	0.00	163.37	0.1
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
Boxes / containers	1	11.1	0.00	0.00	0.00	0.0
Brush / tree / log	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 5,360.65**	**$ 86,328.57**	**$ 91,689.22**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	11.1	4,194.42	67,555.58	71,750.00	78.2
Fall or Slip (On Same Level)	1	11.1	0.00	10,500.00	10,500.00	11.4
Vehicle Upset	1	11.1	727.01	8,272.99	9,000.00	9.8
Lifting (strain or Injury by)	2	22.2	275.85	0.00	275.85	0.3
Strike Against/Step On Obj. Being Lifted or Handle	1	11.1	163.37	0.00	163.37	0.1
Twisting, strain or injury by	1	11.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Amelia (424)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 5,360.65**	**$ 86,328.57**	**$ 91,689.22**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Shoulder	3					
Soft Tissue - Neck	2					
Facial, Other Soft Tissue	2					
Knee	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***						
Sprain	3					
Strain	8					
Laceration	2					
Contusion	1					
	9					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Petersburg (425)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	7.6	10,080.36	37,032.52	47,112.88	77.8
10AM-11:59AM	3	23.0	604.22	10,895.78	11,500.00	19.0
8AM-9:59AM	5	38.4	114.66	1,493.09	1,607.75	2.6
12PM-1:59PM	2	15.3	116.00	0.00	116.00	0.1
4AM-5:59AM	1	7.6	99.00	0.00	99.00	0.1
Unknown	1	7.6	96.00	0.00	96.00	0.1
	13		**$ 11,110.24**	**$ 49,421.39**	**$ 60,531.63**	
LENGTH OF SERVICE						
6-8	2	15.3	10,080.36	37,032.52	47,112.88	77.8
2-4	1	7.6	604.22	10,895.78	11,500.00	19.0
12-14	3	23.0	105.91	1,493.09	1,599.00	2.6
18-20	1	7.6	116.00	0.00	116.00	0.1
16-18	2	15.3	107.75	0.00	107.75	0.1
8-10	2	15.3	96.00	0.00	96.00	0.1
0-2	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 11,110.24**	**$ 49,421.39**	**$ 60,531.63**	
AGE OF CLAIMANT						
25-29	1	7.6	10,080.36	37,032.52	47,112.88	77.8
35-39	3	23.0	604.22	11,645.78	12,250.00	20.2
50-54	4	30.7	105.91	743.09	849.00	1.4
45-49	1	7.6	116.00	0.00	116.00	0.1
40-44	1	7.6	107.75	0.00	107.75	0.1
55-59	3	23.0	96.00	0.00	96.00	0.1
	13		**$ 11,110.24**	**$ 49,421.39**	**$ 60,531.63**	
SEX OF CLAIMANT						
Male	13	100.0	11,110.24	49,421.39	60,531.63	100.0
	13		**$ 11,110.24**	**$ 49,421.39**	**$ 60,531.63**	
LOSS CAUSE						
Vehicle, not otherwise classified	4	30.7	10,195.02	38,525.61	48,720.63	80.4
Metal items	2	15.3	604.22	10,895.78	11,500.00	19.0
Walking surface, outside, dry	3	23.0	212.00	0.00	212.00	0.3
Office equipment	1	7.6	99.00	0.00	99.00	0.1
Hand tool, powered, NOC	1	7.6	0.00	0.00	0.00	0.0
Ladder, 12’ roof	1	7.6	0.00	0.00	0.00	0.0
Miscellaneous	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 11,110.24**	**$ 49,421.39**	**$ 60,531.63**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	15.3	10,080.36	37,032.52	47,112.88	77.8
Twisting, strain or injury by	4	30.7	604.22	11,645.78	12,250.00	20.2
Vehicle Upset	1	7.6	6.91	743.09	750.00	1.2
Slipped, Did Not Fall	1	7.6	116.00	0.00	116.00	0.1
Allergic Reaction	1	7.6	107.75	0.00	107.75	0.1
Repetitive Motion	1	7.6	99.00	0.00	99.00	0.1
Fall or Slip (On Same Level)	1	7.6	96.00	0.00	96.00	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Petersburg (425)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	7.6	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 11,110.24**	**$ 49,421.39**	**$ 60,531.63**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Shoulder	2
Foot	1
Soft Tissue - Neck	1
Elbow	1
Hip	2
Abdomen including Groin	1
Hand	1
Knee	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	9
Dermatitis	1
Contusion	1
Laceration	1
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chesterfield (426)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	33.3	3,491.30	0.00	3,491.30	59.3
8AM-9:59AM	2	13.3	1,591.28	-40.00	1,551.28	26.3
12PM-1:59PM	4	26.6	534.05	0.00	534.05	9.0
2PM-3:59PM	3	20.0	197.97	0.00	197.97	3.3
4PM-5:59PM	1	6.6	103.92	0.00	103.92	1.7
	15		**$ 5,918.52**	**$ -40.00**	**$ 5,878.52**	
LENGTH OF SERVICE						
0-2	4	26.6	2,442.11	0.00	2,442.11	41.5
6-8	2	13.3	1,510.96	-40.00	1,470.96	25.0
10-12	2	13.3	787.23	0.00	787.23	13.3
24-26	1	6.6	328.70	0.00	328.70	5.5
4-6	1	6.6	299.10	0.00	299.10	5.0
16-18	2	13.3	205.35	0.00	205.35	3.4
20-22	1	6.6	147.10	0.00	147.10	2.5
2-4	1	6.6	104.85	0.00	104.85	1.7
12-14	1	6.6	93.12	0.00	93.12	1.5
	15		**$ 5,918.52**	**$ -40.00**	**$ 5,878.52**	
AGE OF CLAIMANT						
55-59	2	13.3	2,287.17	0.00	2,287.17	38.9
25-29	2	13.3	1,810.06	-40.00	1,770.06	30.1
45-49	2	13.3	854.01	0.00	854.01	14.5
40-44	2	13.3	328.70	0.00	328.70	5.5
35-39	2	13.3	310.20	0.00	310.20	5.2
30-34	2	13.3	144.14	0.00	144.14	2.4
20-24	1	6.6	103.92	0.00	103.92	1.7
60-64	1	6.6	80.32	0.00	80.32	1.3
50-54	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 5,918.52**	**$ -40.00**	**$ 5,878.52**	
SEX OF CLAIMANT						
Male	15	100.0	5,918.52	-40.00	5,878.52	100.0
	15		**$ 5,918.52**	**$ -40.00**	**$ 5,878.52**	
LOSS CAUSE						
Hand tool, not powered, NOC	2	13.3	2,194.05	0.00	2,194.05	37.3
Vehicle, not otherwise classified	1	6.6	1,510.96	-40.00	1,470.96	25.0
Mowers	1	6.6	706.91	0.00	706.91	12.0
Brush / tree / log	3	20.0	403.32	0.00	403.32	6.8
Miscellaneous	1	6.6	328.70	0.00	328.70	5.5
Metal items	1	6.6	299.10	0.00	299.10	5.0
Infectious agent	3	20.0	248.06	0.00	248.06	4.2
Animal / bee type	1	6.6	147.10	0.00	147.10	2.5
Animal / insect, not otherwise classified	1	6.6	80.32	0.00	80.32	1.3
Walking surface, outside, dry	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Chesterfield (426)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	15		**$ 5,918.52**	**$ -40.00**	**$ 5,878.52**	
ACCIDENT TYPE						
Twisting, strain or injury by	3	20.0	2,900.96	0.00	2,900.96	49.3
Vehicle Upset	1	6.6	1,510.96	-40.00	1,470.96	25.0
Strike Against/Step on Stationary Object	1	6.6	328.70	0.00	328.70	5.5
Pushing Or Pulling (Strain or Injury by)	1	6.6	299.10	0.00	299.10	5.0
Animal Or Insect	2	13.3	227.42	0.00	227.42	3.8
Stepping On Sharp Object	1	6.6	205.35	0.00	205.35	3.4
Allergic Reaction	2	13.3	144.14	0.00	144.14	2.4
Lifting (strain or Injury by)	1	6.6	104.85	0.00	104.85	1.7
Exposure to Poisonous Agent / Plant	1	6.6	103.92	0.00	103.92	1.7
Foreign Body In Eye	1	6.6	93.12	0.00	93.12	1.5
Repetitive Motion	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 5,918.52**	**$ -40.00**	**$ 5,878.52**	

*****BODY PART***	
Shoulder	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Ankle	2
Thumb	1
Lower Arm	4
Facial, Other Soft Tissue	2
Elbow	1
Lower Leg	1
Multiple Neck Injury	1
Wrist	1
Abdomen including Groin	1
Eye(s)	1
Soft Tissue - Neck	1
Hand	1
Knee	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***	
Sprain	2
Contusion	3
Puncture	8
Strain	4
Dermatitis	5
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	33.3	22,070.68	40,681.17	62,751.85	58.5
2AM-3:59AM	1	8.3	14,298.07	3,822.78	18,120.85	16.9
8AM-9:59AM	3	25.0	2,800.56	11,934.77	14,735.33	13.7
2PM-3:59PM	2	16.6	60.30	6,750.00	6,810.30	6.3
4PM-5:59PM	1	8.3	4,785.11	0.00	4,785.11	4.4
6AM-7:59AM	1	8.3	45.00	0.00	45.00	0.0
	12		**$ 44,059.72**	**$ 63,188.72**	**$ 107,248.44**	
LENGTH OF SERVICE						
0-2	3	25.0	36,286.89	56,438.72	92,725.61	86.4
2-4	7	58.3	7,712.53	6,750.00	14,462.53	13.4
6-8	1	8.3	60.30	0.00	60.30	0.0
22-24	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 44,059.72**	**$ 63,188.72**	**$ 107,248.44**	
AGE OF CLAIMANT						
25-29	1	8.3	19,568.83	40,681.17	60,250.00	56.1
40-44	4	33.3	19,173.75	15,757.55	34,931.30	32.5
35-39	2	16.6	4,785.11	6,750.00	11,535.11	10.7
30-34	3	25.0	425.57	0.00	425.57	0.4
55-59	1	8.3	106.46	0.00	106.46	0.1
60-64	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 44,059.72**	**$ 63,188.72**	**$ 107,248.44**	
SEX OF CLAIMANT						
Male	11	91.6	44,059.72	63,188.72	107,248.44	100.0
Female	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 44,059.72**	**$ 63,188.72**	**$ 107,248.44**	
LOSS CAUSE						
Vehicle, not otherwise classified	4	33.3	36,331.89	56,438.72	92,770.61	86.5
Walking surface, outside, dry	1	8.3	0.00	6,750.00	6,750.00	6.2
Miscellaneous	2	16.6	5,090.68	0.00	5,090.68	4.7
Hand tool, not powered, NOC	1	8.3	2,395.39	0.00	2,395.39	2.2
Brush / tree / log	1	8.3	106.46	0.00	106.46	0.1
Infectious agent	1	8.3	75.00	0.00	75.00	0.0
Fencing	1	8.3	60.30	0.00	60.30	0.0
Stairs, steps	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 44,059.72**	**$ 63,188.72**	**$ 107,248.44**	
ACCIDENT TYPE						
Twisting, strain or injury by	3	25.0	21,964.22	47,431.17	69,395.39	64.7
Fall or Slip (From Different Level)	1	8.3	14,298.07	3,822.78	18,120.85	16.9
Collision/sideswipe with Another Vehicle	1	8.3	2,419.99	11,934.77	14,354.76	13.3
Struck/Injured by Falling or Flying Object	2	16.6	4,845.41	0.00	4,845.41	4.5
Contact With Hot Object or Substances	1	8.3	305.57	0.00	305.57	0.2
Pushing Or Pulling (Strain or Injury by)	1	8.3	106.46	0.00	106.46	0.1
Exposure to Poisonous Agent / Plant	1	8.3	75.00	0.00	75.00	0.0
Object Handled (caught in or between)	1	8.3	45.00	0.00	45.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Sandston (427)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 44,059.72**	**$ 63,188.72**	**$ 107,248.44**	

**BODY PART

Ankle	4
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower Leg	2
Upper Back Area (Thoracic Area)	2
Hand	2
Facial, Other Soft Tissue	2
Lower Arm	1
Soft Tissue - Neck	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

Sprain	3
Strain	4
Fracture	1
Laceration	2
Burn	1
Dermatitis	4
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Ashland (428)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	11	64.7	490.29	10,534.50	11,024.79	50.6
2PM-3:59PM	2	11.7	7,411.77	2,431.28	9,843.05	45.1
12PM-1:59PM	2	11.7	911.65	0.00	911.65	4.1
8AM-9:59AM	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 8,813.71**	**$ 12,965.78**	**$ 21,779.49**	
LENGTH OF SERVICE						
2-4	11	64.7	8,674.51	12,965.78	21,640.29	99.3
10-12	1	5.8	84.80	0.00	84.80	0.3
6-8	3	17.6	54.40	0.00	54.40	0.2
0-2	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 8,813.71**	**$ 12,965.78**	**$ 21,779.49**	
AGE OF CLAIMANT						
50-54	4	23.5	7,428.97	13,079.28	20,508.25	94.1
20-24	1	5.8	911.65	0.00	911.65	4.1
25-29	4	23.5	174.80	0.00	174.80	0.8
35-39	3	17.6	243.89	-113.50	130.39	0.6
45-49	2	11.7	54.40	0.00	54.40	0.2
30-34	2	11.7	0.00	0.00	0.00	0.0
40-44	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 8,813.71**	**$ 12,965.78**	**$ 21,779.49**	
SEX OF CLAIMANT						
Male	16	94.1	8,813.71	12,965.78	21,779.49	100.0
Female	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 8,813.71**	**$ 12,965.78**	**$ 21,779.49**	
LOSS CAUSE						
Metal items	2	11.7	345.89	10,534.50	10,880.39	49.9
Vehicle, not otherwise classified	1	5.8	7,326.97	2,431.28	9,758.25	44.8
Brush / tree / log	4	23.5	996.45	0.00	996.45	4.5
Animal / bee type	4	23.5	90.00	0.00	90.00	0.4
Hand tool, not powered, NOC	1	5.8	54.40	0.00	54.40	0.2
Machine, not otherwise classified	2	11.7	0.00	0.00	0.00	0.0
Miscellaneous	3	17.6	0.00	0.00	0.00	0.0
	17		**$ 8,813.71**	**$ 12,965.78**	**$ 21,779.49**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	23.5	102.00	10,648.00	10,750.00	49.3
Vehicle Upset	1	5.8	7,326.97	2,431.28	9,758.25	44.8
Twisting, strain or injury by	3	17.6	1,050.85	0.00	1,050.85	4.8
Struck/Injured by Falling or Flying Object	5	29.4	243.89	-113.50	130.39	0.6
Animal Or Insect	3	17.6	90.00	0.00	90.00	0.4
Allergic Reaction	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 8,813.71**	**$ 12,965.78**	**$ 21,779.49**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Lower Leg	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Ashland (428)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ankle	1					
Upper Leg	1					
Facial, Other Soft Tissue	1					
Knee	1					
Ear(s)	2					
Elbow	2					
Foot	1					
Hand	3					
Lower Arm	2					
Multiple Head Injury	1					
Multiple Neck Injury	1					
Shoulder	1					
Skull	1					
Wrist	1					
	17					

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

*****INJURY***

Strain	5
Contusion	7
Sprain	2
Puncture	6
Laceration	4
No Physical Injury	1
	17

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-powhite Parkway (498)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	567.37	0.00	567.37	100.0
	1		**$ 567.37**	**$ 0.00**	**$ 567.37**	
LENGTH OF SERVICE						
20-22	1	100.0	567.37	0.00	567.37	100.0
	1		**$ 567.37**	**$ 0.00**	**$ 567.37**	
AGE OF CLAIMANT						
55-59	1	100.0	567.37	0.00	567.37	100.0
	1		**$ 567.37**	**$ 0.00**	**$ 567.37**	
SEX OF CLAIMANT						
Female	1	100.0	567.37	0.00	567.37	100.0
	1		**$ 567.37**	**$ 0.00**	**$ 567.37**	
LOSS CAUSE						
Fencing	1	100.0	567.37	0.00	567.37	100.0
	1		**$ 567.37**	**$ 0.00**	**$ 567.37**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	567.37	0.00	567.37	100.0
	1		**$ 567.37**	**$ 0.00**	**$ 567.37**	
****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**		
Laceration	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	16.6	51,022.14	86,926.55	137,948.69	50.9
10AM-11:59AM	18	50.0	64,930.81	45,915.06	110,845.87	40.9
4AM-5:59AM	1	2.7	105.53	14,644.47	14,750.00	5.4
8AM-9:59AM	2	5.5	0.00	4,250.00	4,250.00	1.5
12PM-1:59PM	7	19.4	2,007.33	0.00	2,007.33	0.7
Unknown	1	2.7	933.75	0.00	933.75	0.3
4PM-5:59PM	1	2.7	281.49	0.00	281.49	0.1
	36		**$ 119,281.05**	**$ 151,736.08**	**$ 271,017.13**	
LENGTH OF SERVICE						
14-16	2	5.5	33,842.25	58,765.63	92,607.88	34.1
2-4	8	22.2	9,033.08	39,422.47	48,455.55	17.8
34-36	1	2.7	16,753.09	27,410.92	44,164.01	16.3
12-14	6	16.6	18,966.28	9,605.12	28,571.40	10.5
8-10	1	2.7	27,261.00	1,137.47	28,398.47	10.4
10-12	2	5.5	316.39	14,644.47	14,960.86	5.5
4-6	2	5.5	8,311.03	0.00	8,311.03	3.0
20-22	2	5.5	2,546.04	0.00	2,546.04	0.9
0-2	6	16.6	1,829.38	0.00	1,829.38	0.6
6-8	3	8.3	18.38	750.00	768.38	0.2
22-24	2	5.5	404.13	0.00	404.13	0.1
16-18	1	2.7	0.00	0.00	0.00	0.0
	36		**$ 119,281.05**	**$ 151,736.08**	**$ 271,017.13**	
AGE OF CLAIMANT						
50-54	8	22.2	58,286.50	121,349.02	179,635.52	66.2
35-39	4	11.1	35,741.54	15,781.94	51,523.48	19.0
45-49	3	8.3	17,681.26	9,605.12	27,286.38	10.0
20-24	2	5.5	0.00	4,250.00	4,250.00	1.5
40-44	6	16.6	4,243.25	0.00	4,243.25	1.5
30-34	5	13.8	1,574.46	750.00	2,324.46	0.8
55-59	3	8.3	1,045.75	0.00	1,045.75	0.3
65-69	2	5.5	426.80	0.00	426.80	0.1
25-29	3	8.3	281.49	0.00	281.49	0.1
	36		**$ 119,281.05**	**$ 151,736.08**	**$ 271,017.13**	
SEX OF CLAIMANT						
Male	32	88.8	118,807.70	150,986.08	269,793.78	99.5
Female	4	11.1	473.35	750.00	1,223.35	0.4
	36		**$ 119,281.05**	**$ 151,736.08**	**$ 271,017.13**	
LOSS CAUSE						
Walking surface, outside, wet	1	2.7	33,534.37	58,765.63	92,300.00	34.0
Walking surface, outside, dry	2	5.5	16,753.09	27,410.92	44,164.01	16.3
Metal items	5	13.8	28,071.99	15,781.94	43,853.93	16.1
Ladders, scaffolding	1	2.7	7,284.73	35,172.47	42,457.20	15.6
Furniture / fixtures	3	8.3	19,690.92	9,605.12	29,296.04	10.8
Vehicle, not otherwise classified	6	16.6	8,888.84	0.00	8,888.84	3.2
Fencing	1	2.7	0.00	4,250.00	4,250.00	1.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Miscellaneous	2	5.5	1,464.56	0.00	1,464.56	0.5
Pipe	1	2.7	933.75	0.00	933.75	0.3
Brush / tree / log	1	2.7	921.25	0.00	921.25	0.3
Office equipment	1	2.7	0.00	750.00	750.00	0.2
Machine, not otherwise classified	2	5.5	727.48	0.00	727.48	0.2
Sharp objects, not otherwise classified	3	8.3	483.86	0.00	483.86	0.1
Walking surface, inside, dry	2	5.5	275.35	0.00	275.35	0.1
Animal / bee type	1	2.7	210.86	0.00	210.86	0.0
Minerals / dirt	1	2.7	40.00	0.00	40.00	0.0
Glass bottle / sheet	1	2.7	0.00	0.00	0.00	0.0
Ladder, 12' roof	1	2.7	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.7	0.00	0.00	0.00	0.0
	36		***$ 119,281.05***	***$ 151,736.08***	***$ 271,017.13***	

ACCIDENT TYPE

Twisting, strain or injury by	6	16.6	50,954.60	68,370.75	119,325.35	44.0
Fall or Slip (From Different Level)	2	5.5	16,951.09	27,410.92	44,362.01	16.3
Pushing Or Pulling (Strain or Injury by)	2	5.5	7,460.71	35,172.47	42,633.18	15.7
Struck/Injured by Falling or Flying Object	2	5.5	28,387.18	1,137.47	29,524.65	10.8
Reaching (Strain or Injury by)	2	5.5	105.53	14,644.47	14,750.00	5.4
Lifting (strain or Injury by)	5	13.8	11,934.22	0.00	11,934.22	4.4
Object Handled (caught in or between)	3	8.3	596.36	4,250.00	4,846.36	1.7
Strike Against/Step on Stationary Object	3	8.3	1,327.24	0.00	1,327.24	0.4
Fall or Slip (On Same Level)	1	2.7	921.25	0.00	921.25	0.3
Repetitive Motion	1	2.7	0.00	750.00	750.00	0.2
Stepping On Sharp Object	1	2.7	307.88	0.00	307.88	0.1
Animal Or Insect	1	2.7	210.86	0.00	210.86	0.0
Vehicle Upset	2	5.5	84.13	0.00	84.13	0.0
Foreign Body In Eye	2	5.5	40.00	0.00	40.00	0.0
Contact With Hot Object or Substances	1	2.7	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	2.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	2.7	0.00	0.00	0.00	0.0
	36		***$ 119,281.05***	***$ 151,736.08***	***$ 271,017.13***	

***BODY PART*

Lower Leg	3
Shoulder	4
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Upper Leg	1
Abdomen including Groin	1
Finger(s)	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Soft Tissue - Neck	1
Ankle	3
Wrist	1
Hand	3
Foot	3
Thumb	1
No Physical Problem	1
Eye(s)	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (502)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Elbow	1					
Facial, Other Soft Tissue	1					
Lower Arm	2					
Upper Back Area (Thoracic Area)	1					
	36					

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

*****INJURY***

Strain	17
Fracture	2
Hernia	1
Contusion	5
Laceration	5
Sprain	4
Puncture	3
No Physical Injury	1
Foreign Body	1
Burn	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Franklin (531)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	6	37.5	45,150.00	53,030.74	98,180.74	94.0
4PM-5:59PM	3	18.7	5,043.71	-235.00	4,808.71	4.6
10AM-11:59AM	5	31.2	495.27	750.00	1,245.27	1.1
2AM-3:59AM	1	6.2	143.50	0.00	143.50	0.1
8AM-9:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 50,832.48**	**$ 53,545.74**	**$ 104,378.22**	
LENGTH OF SERVICE						
24-26	1	6.2	43,348.36	38,037.38	81,385.74	77.9
16-18	2	12.5	1,801.64	14,993.36	16,795.00	16.0
14-16	1	6.2	4,069.91	-235.00	3,834.91	3.6
6-8	2	12.5	1,169.57	0.00	1,169.57	1.1
12-14	2	12.5	0.00	750.00	750.00	0.7
8-10	3	18.7	164.19	0.00	164.19	0.1
0-2	2	12.5	143.50	0.00	143.50	0.1
2-4	3	18.7	135.31	0.00	135.31	0.1
	16		**$ 50,832.48**	**$ 53,545.74**	**$ 104,378.22**	
AGE OF CLAIMANT						
50-54	3	18.7	43,491.86	38,037.38	81,529.24	78.1
45-49	1	6.2	1,756.64	14,993.36	16,750.00	16.0
40-44	3	18.7	4,429.87	-235.00	4,194.87	4.0
55-59	2	12.5	919.34	0.00	919.34	0.8
35-39	2	12.5	135.31	750.00	885.31	0.8
25-29	4	25.0	99.46	0.00	99.46	0.1
30-34	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 50,832.48**	**$ 53,545.74**	**$ 104,378.22**	
SEX OF CLAIMANT						
Male	13	81.2	48,780.61	38,552.38	87,332.99	83.6
Female	3	18.7	2,051.87	14,993.36	17,045.23	16.3
	16		**$ 50,832.48**	**$ 53,545.74**	**$ 104,378.22**	
LOSS CAUSE						
Miscellaneous	1	6.2	43,348.36	38,037.38	81,385.74	77.9
Stairs, steps	1	6.2	1,756.64	14,993.36	16,750.00	16.0
Machine, not otherwise classified	1	6.2	4,069.91	-235.00	3,834.91	3.6
Sharp objects, not otherwise classified	1	6.2	874.34	0.00	874.34	0.8
Animal / insect, not otherwise classified	1	6.2	0.00	750.00	750.00	0.7
Pike pole 6’	1	6.2	295.23	0.00	295.23	0.2
Brush / tree / log	2	12.5	188.50	0.00	188.50	0.1
Metal items	1	6.2	135.31	0.00	135.31	0.1
Boxes / containers	1	6.2	99.46	0.00	99.46	0.1
Infectious agent	4	25.0	64.73	0.00	64.73	0.0
Furniture / fixtures	1	6.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Franklin (531)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	16		**$ 50,832.48**	**$ 53,545.74**	**$ 104,378.22**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	6.2	43,348.36	38,037.38	81,385.74	77.9
Fall or slip (on stairs)	1	6.2	1,756.64	14,993.36	16,750.00	16.0
Slipped, Did Not Fall	1	6.2	4,069.91	-235.00	3,834.91	3.6
Strike Against/Step on Stationary Object	1	6.2	874.34	0.00	874.34	0.8
Animal Or Insect	1	6.2	0.00	750.00	750.00	0.7
Lifting (strain or Injury by)	3	18.7	530.00	0.00	530.00	0.5
Allergic Reaction	4	25.0	208.23	0.00	208.23	0.2
Fall or Slip (From Different Level)	2	12.5	45.00	0.00	45.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	6.2	0.00	0.00	0.00	0.0
Exposure to Poisonous Agent / Plant	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 50,832.48**	**$ 53,545.74**	**$ 104,378.22**	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Ankle	1
Upper Arm (Inc: Clavicle and Scapula)	4
Finger(s)	2
Upper Leg	1
Shoulder	2
Facial, Other Soft Tissue	1
Multiple Neck Injury	1
Abdomen including Groin	1
Lower Arm	1
Hand	1
Knee	1
Multiple Body Parts	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***	
Sprain	2
Strain	7
Laceration	3
Puncture	1
Dermatitis	9
Foreign Body	1
	16

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Waverly (532)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	5.8	529.55	25,337.17	25,866.72	57.5
4PM-5:59PM	3	17.6	17,104.52	-87.00	17,017.52	37.8
10AM-11:59AM	5	29.4	1,079.38	0.00	1,079.38	2.4
12PM-1:59PM	2	11.7	475.92	0.00	475.92	1.0
8AM-9:59AM	3	17.6	241.00	0.00	241.00	0.5
4AM-5:59AM	1	5.8	163.55	0.00	163.55	0.3
2AM-3:59AM	1	5.8	110.00	0.00	110.00	0.2
12AM-1:59AM	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 19,703.92**	**$ 25,250.17**	**$ 44,954.09**	
LENGTH OF SERVICE						
2-4	2	11.7	654.55	25,337.17	25,991.72	57.8
28-30	1	5.8	16,310.38	-87.00	16,223.38	36.0
4-6	3	17.6	942.06	0.00	942.06	2.1
10-12	2	11.7	821.16	0.00	821.16	1.8
0-2	2	11.7	368.22	0.00	368.22	0.8
8-10	3	17.6	241.00	0.00	241.00	0.5
14-16	1	5.8	203.00	0.00	203.00	0.4
6-8	1	5.8	163.55	0.00	163.55	0.3
16-18	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 19,703.92**	**$ 25,250.17**	**$ 44,954.09**	
AGE OF CLAIMANT						
35-39	5	29.4	1,323.69	25,337.17	26,660.86	59.3
50-54	1	5.8	16,310.38	-87.00	16,223.38	36.0
40-44	1	5.8	711.16	0.00	711.16	1.5
30-34	4	23.5	623.92	0.00	623.92	1.3
55-59	3	17.6	313.00	0.00	313.00	0.7
45-49	2	11.7	258.22	0.00	258.22	0.5
65-69	1	5.8	163.55	0.00	163.55	0.3
	17		**$ 19,703.92**	**$ 25,250.17**	**$ 44,954.09**	
SEX OF CLAIMANT						
Male	17	100.0	19,703.92	25,250.17	44,954.09	100.0
	17		**$ 19,703.92**	**$ 25,250.17**	**$ 44,954.09**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	17.6	17,035.93	25,250.17	42,286.10	94.0
Vehicle/car/truck	1	5.8	711.16	0.00	711.16	1.5
Walking surface, outside, dry	2	11.7	669.14	0.00	669.14	1.4
Boxes / containers	1	5.8	272.92	0.00	272.92	0.6
Brush / tree / log	1	5.8	258.22	0.00	258.22	0.5
Metal items	1	5.8	203.00	0.00	203.00	0.4
Minerals / dirt	1	5.8	163.55	0.00	163.55	0.3
Infectious agent	1	5.8	125.00	0.00	125.00	0.2
Hose (indicator # carried)	1	5.8	110.00	0.00	110.00	0.2
Tractor trailer equipment	1	5.8	110.00	0.00	110.00	0.2
Animal / bee type	1	5.8	45.00	0.00	45.00	0.1
Hand tool, not powered, NOC	2	11.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Waverly (532)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Miscellaneous	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 19,703.92**	**$ 25,250.17**	**$ 44,954.09**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	4	23.5	912.47	25,337.17	26,249.64	58.3
Vehicle Upset	3	17.6	17,217.54	-87.00	17,130.54	38.1
Fall or slip (into Openings)	2	11.7	669.14	0.00	669.14	1.4
Twisting, strain or injury by	1	5.8	258.22	0.00	258.22	0.5
Strike Against/Step on Stationary Object	2	11.7	203.00	0.00	203.00	0.4
Foreign Body In Eye	1	5.8	163.55	0.00	163.55	0.3
Exposure to Poisonous Agent / Plant	1	5.8	125.00	0.00	125.00	0.2
Fall or Slip (On Same Level)	1	5.8	110.00	0.00	110.00	0.2
Animal Or Insect	1	5.8	45.00	0.00	45.00	0.1
Struck/Injured by Hand Tool/Machine In Use	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 19,703.92**	**$ 25,250.17**	**$ 44,954.09**	

*****BODY PART***

Soft Tissue - Neck	3
Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Ankle	3
Knee	1
Lower Leg	1
Upper Arm (Inc: Clavicle and Scapula)	1
Eye(s)	2
Thumb	1
Lower Arm	1
Abdomen including Groin	1
Mouth	1
Buttocks	1
Finger(s)	2
	17

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

*****INJURY***

Strain	9
Contusion	5
Laceration	2
Sprain	3
Foreign Body	1
Dermatitis	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (533)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	80.0	1,555.32	750.00	2,305.32	100.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,555.32**	**$ 750.00**	**$ 2,305.32**	
LENGTH OF SERVICE						
14-16	1	20.0	1,142.46	0.00	1,142.46	49.5
10-12	1	20.0	0.00	750.00	750.00	32.5
0-2	1	20.0	311.86	0.00	311.86	13.5
36-38	1	20.0	101.00	0.00	101.00	4.3
4-6	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,555.32**	**$ 750.00**	**$ 2,305.32**	
AGE OF CLAIMANT						
40-44	1	20.0	1,142.46	0.00	1,142.46	49.5
35-39	1	20.0	0.00	750.00	750.00	32.5
30-34	2	40.0	311.86	0.00	311.86	13.5
55-59	1	20.0	101.00	0.00	101.00	4.3
	5		**$ 1,555.32**	**$ 750.00**	**$ 2,305.32**	
SEX OF CLAIMANT						
Male	5	100.0	1,555.32	750.00	2,305.32	100.0
	5		**$ 1,555.32**	**$ 750.00**	**$ 2,305.32**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	20.0	1,142.46	0.00	1,142.46	49.5
Hand tool, not powered, NOC	1	20.0	0.00	750.00	750.00	32.5
Miscellaneous	1	20.0	311.86	0.00	311.86	13.5
Animal, not otherwise classified	1	20.0	101.00	0.00	101.00	4.3
Metal items	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,555.32**	**$ 750.00**	**$ 2,305.32**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	20.0	1,142.46	0.00	1,142.46	49.5
Twisting, strain or injury by	1	20.0	0.00	750.00	750.00	32.5
Struck/Injured by Falling or Flying Object	1	20.0	311.86	0.00	311.86	13.5
Lifting (strain or Injury by)	1	20.0	101.00	0.00	101.00	4.3
Pushing Or Pulling (Strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,555.32**	**$ 750.00**	**$ 2,305.32**	
****BODY PART**						
Skull	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Facial, Other Soft Tissue	1					
Shoulder	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Suffolk (533)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Crushing	1					
Strain	2					
Laceration	1					
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Norfolk (534)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	25.0	28,108.80	74,064.64	102,173.44	97.2
10AM-11:59AM	2	25.0	2,210.00	0.00	2,210.00	2.1
12PM-1:59PM	2	25.0	482.94	0.00	482.94	0.4
4PM-5:59PM	1	12.5	122.19	0.00	122.19	0.1
8AM-9:59AM	1	12.5	103.90	0.00	103.90	0.1
	8		**$ 31,027.83**	**$ 74,064.64**	**$ 105,092.47**	
LENGTH OF SERVICE						
10-12	1	12.5	11,577.05	48,846.39	60,423.44	57.5
0-2	2	25.0	18,587.75	25,218.25	43,806.00	41.6
14-16	1	12.5	393.94	0.00	393.94	0.3
16-18	1	12.5	154.00	0.00	154.00	0.1
2-4	1	12.5	122.19	0.00	122.19	0.1
4-6	1	12.5	103.90	0.00	103.90	0.1
22-24	1	12.5	89.00	0.00	89.00	0.0
	8		**$ 31,027.83**	**$ 74,064.64**	**$ 105,092.47**	
AGE OF CLAIMANT						
55-59	2	25.0	13,633.05	48,846.39	62,479.44	59.4
40-44	4	50.0	17,136.88	25,218.25	42,355.13	40.3
30-34	2	25.0	257.90	0.00	257.90	0.2
	8		**$ 31,027.83**	**$ 74,064.64**	**$ 105,092.47**	
SEX OF CLAIMANT						
Male	8	100.0	31,027.83	74,064.64	105,092.47	100.0
	8		**$ 31,027.83**	**$ 74,064.64**	**$ 105,092.47**	
LOSS CAUSE						
Walking surface, outside, wet	1	12.5	11,577.05	48,846.39	60,423.44	57.5
Vehicle, not otherwise classified	2	25.0	16,925.69	25,218.25	42,143.94	40.1
Walking surface, outside, dry	1	12.5	2,056.00	0.00	2,056.00	1.9
Brush / tree / log	2	25.0	226.09	0.00	226.09	0.2
Machine, not otherwise classified	1	12.5	154.00	0.00	154.00	0.1
Minerals / dirt	1	12.5	89.00	0.00	89.00	0.0
	8		**$ 31,027.83**	**$ 74,064.64**	**$ 105,092.47**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	12.5	11,577.05	48,846.39	60,423.44	57.5
Stuck, injured by fellow worker, patient	1	12.5	16,531.75	25,218.25	41,750.00	39.7
Fall or Slip (On Same Level)	1	12.5	2,056.00	0.00	2,056.00	1.9
Vehicle Upset	1	12.5	393.94	0.00	393.94	0.3
Foreign Body In Eye	2	25.0	211.19	0.00	211.19	0.2
Noise, continual, strain or injury by	1	12.5	154.00	0.00	154.00	0.1
Lifting (strain or Injury by)	1	12.5	103.90	0.00	103.90	0.1
	8		**$ 31,027.83**	**$ 74,064.64**	**$ 105,092.47**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Soft Tissue - Neck	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:18

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Norfolk (534)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	1					
Knee	1					
Eye(s)	2					
Ear(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***

Sprain	2					
Strain	5					
Fracture	1					
Hearing Loss or Impairment (Traumatic only)	1					
Laceration	1					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	7	28.0	1,392.76	25,682.48	27,075.24	73.3
12PM-1:59PM	4	16.0	2,617.51	1,999.39	4,616.90	12.5
2AM-3:59AM	3	12.0	2,083.85	0.00	2,083.85	5.6
2PM-3:59PM	7	28.0	1,971.27	0.00	1,971.27	5.3
Unknown	1	4.0	675.35	74.65	750.00	2.0
8AM-9:59AM	3	12.0	425.32	0.00	425.32	1.1
	25		**$ 9,166.06**	**$ 27,756.52**	**$ 36,922.58**	
LENGTH OF SERVICE						
2-4	4	16.0	410.42	25,682.48	26,092.90	70.6
0-2	6	24.0	4,270.01	799.73	5,069.74	13.7
6-8	3	12.0	888.63	1,274.31	2,162.94	5.8
20-22	3	12.0	1,971.27	0.00	1,971.27	5.3
4-6	5	20.0	1,447.81	0.00	1,447.81	3.9
12-14	2	8.0	177.92	0.00	177.92	0.4
16-18	1	4.0	0.00	0.00	0.00	0.0
26-28	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 9,166.06**	**$ 27,756.52**	**$ 36,922.58**	
AGE OF CLAIMANT						
45-49	3	12.0	2,262.78	25,682.48	27,945.26	75.6
40-44	3	12.0	2,941.65	725.08	3,666.73	9.9
25-29	1	4.0	671.63	1,274.31	1,945.94	5.2
30-34	5	20.0	1,018.25	74.65	1,092.90	2.9
60-64	2	8.0	842.50	0.00	842.50	2.2
35-39	5	20.0	676.09	0.00	676.09	1.8
50-54	2	8.0	391.92	0.00	391.92	1.0
20-24	4	16.0	361.24	0.00	361.24	0.9
	25		**$ 9,166.06**	**$ 27,756.52**	**$ 36,922.58**	
SEX OF CLAIMANT						
Female	2	8.0	220.44	25,682.48	25,902.92	70.1
Male	23	92.0	8,945.62	2,074.04	11,019.66	29.8
	25		**$ 9,166.06**	**$ 27,756.52**	**$ 36,922.58**	
LOSS CAUSE						
Furniture / fixtures	2	8.0	67.52	25,682.48	25,750.00	69.7
Vehicle, not otherwise classified	7	28.0	5,590.22	2,074.04	7,664.26	20.7
Animal, not otherwise classified	1	4.0	1,414.86	0.00	1,414.86	3.8
Hand tool, not powered, NOC	5	20.0	1,123.30	0.00	1,123.30	3.0
Miscellaneous	3	12.0	217.00	0.00	217.00	0.5
Animal / tick, spider, etc.	1	4.0	214.00	0.00	214.00	0.5
Hand tool, powered, NOC	1	4.0	208.32	0.00	208.32	0.5
Walking surface, outside, dry	1	4.0	177.92	0.00	177.92	0.4
Chemicals, not otherwise classified	1	4.0	152.92	0.00	152.92	0.4
Brush / tree / log	1	4.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	4.0	0.00	0.00	0.00	0.0
Pipe	1	4.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	25		**$ 9,166.06**	**$ 27,756.52**	**$ 36,922.58**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	4.0	67.52	25,682.48	25,750.00	69.7
Vehicle Upset	5	20.0	5,131.13	2,074.04	7,205.17	19.5
Animal Or Insect	2	8.0	1,628.86	0.00	1,628.86	4.4
Repetitive Motion	1	4.0	780.40	0.00	780.40	2.1
Fall or slip (on stairs)	1	4.0	459.09	0.00	459.09	1.2
Struck/Injured by Hand Tool/Machine In Use	3	12.0	418.22	0.00	418.22	1.1
Struck/Injured by Object Being Lifted/Handled	1	4.0	217.00	0.00	217.00	0.5
Fall or Slip (On Same Level)	2	8.0	177.92	0.00	177.92	0.4
Allergic Reaction	1	4.0	152.92	0.00	152.92	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.0	133.00	0.00	133.00	0.3
Lifting (strain or Injury by)	3	12.0	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
Strike Against/Step on Stationary Object	2	8.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	4.0	0.00	0.00	0.00	0.0
	25		**$ 9,166.06**	**$ 27,756.52**	**$ 36,922.58**	

*****BODY PART***	
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Shoulder	6
Soft Tissue - Neck	3
Lower Arm	2
Finger(s)	4
Knee	1
Wrist	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	1
Ankle	1
Facial, Other Soft Tissue	4
Teeth	1
Thumb	1
Abdomen including Groin	1
Lower Leg	1
Skull	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	4
Strain	15
Puncture	3
Contusion	7
Dislocation	1
Dermatitis	1
Laceration	2
No Physical Injury	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Williamsburg (535)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Accomac (536)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	33.3	790.26	86.00	876.26	65.3
12PM-1:59PM	1	33.3	379.98	0.00	379.98	28.3
10AM-11:59AM	1	33.3	85.00	0.00	85.00	6.3
	3		**$ 1,255.24**	**$ 86.00**	**$ 1,341.24**	
LENGTH OF SERVICE						
2-4	2	66.6	875.26	86.00	961.26	71.6
12-14	1	33.3	379.98	0.00	379.98	28.3
	3		**$ 1,255.24**	**$ 86.00**	**$ 1,341.24**	
AGE OF CLAIMANT						
25-29	1	33.3	790.26	86.00	876.26	65.3
45-49	1	33.3	379.98	0.00	379.98	28.3
35-39	1	33.3	85.00	0.00	85.00	6.3
	3		**$ 1,255.24**	**$ 86.00**	**$ 1,341.24**	
SEX OF CLAIMANT						
Male	3	100.0	1,255.24	86.00	1,341.24	100.0
	3		**$ 1,255.24**	**$ 86.00**	**$ 1,341.24**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	790.26	86.00	876.26	65.3
Hand tool, not powered, NOC	1	33.3	379.98	0.00	379.98	28.3
Stone / rock / brick	1	33.3	85.00	0.00	85.00	6.3
	3		**$ 1,255.24**	**$ 86.00**	**$ 1,341.24**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	33.3	790.26	86.00	876.26	65.3
Object Handled (caught in or between)	1	33.3	379.98	0.00	379.98	28.3
Fall or Slip (On Same Level)	1	33.3	85.00	0.00	85.00	6.3
	3		**$ 1,255.24**	**$ 86.00**	**$ 1,341.24**	
****BODY PART**						
Ankle	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**		
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-monitor Merrimac Mem Brg Tl (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	17.6	8,139.54	750.00	8,889.54	58.0
8AM-9:59AM	3	17.6	4,020.22	0.00	4,020.22	26.2
6AM-7:59AM	1	5.8	779.27	0.00	779.27	5.0
12PM-1:59PM	2	11.7	544.81	0.00	544.81	3.5
10AM-11:59AM	2	11.7	394.00	0.00	394.00	2.5
Unknown	2	11.7	228.08	0.00	228.08	1.4
12AM-1:59AM	1	5.8	207.20	0.00	207.20	1.3
6PM-7:59PM	1	5.8	119.90	0.00	119.90	0.7
4PM-5:59PM	1	5.8	79.00	0.00	79.00	0.5
4AM-5:59AM	1	5.8	65.00	0.00	65.00	0.4
	17		**$ 14,577.02**	**$ 750.00**	**$ 15,327.02**	
LENGTH OF SERVICE						
2-4	4	23.5	8,580.98	0.00	8,580.98	55.9
0-2	4	23.5	3,870.22	0.00	3,870.22	25.2
10-12	2	11.7	209.55	750.00	959.55	6.2
16-18	1	5.8	779.27	0.00	779.27	5.0
4-6	3	17.6	600.90	0.00	600.90	3.9
22-24	1	5.8	209.00	0.00	209.00	1.3
8-10	1	5.8	207.20	0.00	207.20	1.3
12-14	1	5.8	119.90	0.00	119.90	0.7
	17		**$ 14,577.02**	**$ 750.00**	**$ 15,327.02**	
AGE OF CLAIMANT						
40-44	2	11.7	8,122.64	0.00	8,122.64	53.0
45-49	4	23.5	4,741.39	0.00	4,741.39	30.9
55-59	2	11.7	209.55	750.00	959.55	6.2
30-34	3	17.6	618.10	0.00	618.10	4.0
25-29	4	23.5	485.08	0.00	485.08	3.1
50-54	2	11.7	400.26	0.00	400.26	2.6
	17		**$ 14,577.02**	**$ 750.00**	**$ 15,327.02**	
SEX OF CLAIMANT						
Male	10	58.8	13,551.02	0.00	13,551.02	88.4
Female	7	41.1	1,026.00	750.00	1,776.00	11.5
	17		**$ 14,577.02**	**$ 750.00**	**$ 15,327.02**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	29.4	12,713.13	0.00	12,713.13	82.9
Boxes / containers	2	11.7	209.55	750.00	959.55	6.2
Miscellaneous	1	5.8	335.26	0.00	335.26	2.1
Furniture / fixtures	1	5.8	225.90	0.00	225.90	1.4
Sharp objects, not otherwise classified	1	5.8	209.00	0.00	209.00	1.3
Building parts / doors	1	5.8	207.20	0.00	207.20	1.3
Walking surface, outside, dry	1	5.8	185.00	0.00	185.00	1.2
Stairs, steps	1	5.8	147.08	0.00	147.08	0.9
Person	2	11.7	144.00	0.00	144.00	0.9
Minerals / dirt	1	5.8	119.90	0.00	119.90	0.7
Chemicals, not otherwise classified	1	5.8	81.00	0.00	81.00	0.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-monitor Merrimac Mem Brg Tl (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	17		**$ 14,577.02**	**$ 750.00**	**$ 15,327.02**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	3	17.6	8,918.81	0.00	8,918.81	58.1
Fall or slip (on stairs)	1	5.8	3,645.22	0.00	3,645.22	23.7
Lifting (strain or Injury by)	3	17.6	544.81	750.00	1,294.81	8.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	209.00	0.00	209.00	1.3
Object Handled (caught in or between)	1	5.8	207.20	0.00	207.20	1.3
Machinery (caught in or between)	1	5.8	197.00	0.00	197.00	1.2
Fall or Slip (On Same Level)	1	5.8	185.00	0.00	185.00	1.2
Vehicle Upset	1	5.8	178.00	0.00	178.00	1.1
Slipped, Did Not Fall	1	5.8	147.08	0.00	147.08	0.9
Stress	2	11.7	144.00	0.00	144.00	0.9
Foreign Body In Eye	1	5.8	119.90	0.00	119.90	0.7
Struck/Injured by Falling or Flying Object	1	5.8	81.00	0.00	81.00	0.5
	17		**$ 14,577.02**	**$ 750.00**	**$ 15,327.02**	

****BODY PART**	
Knee	6
Lower Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Finger(s)	3
Elbow	1
Eye(s)	2
Ankle	1
Whole Body	2
Lower Arm	1
Mouth	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
Puncture	1
Sprain	2
Contusion	3
Laceration	2
Burn	3
Foreign Body	1
Mental Stress	1
Mental Disorder	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-hrbt (594)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	3	16.6	21,801.52	42,625.88	64,427.40	81.1
6AM-7:59AM	1	5.5	8,883.20	0.00	8,883.20	11.1
6PM-7:59PM	1	5.5	2,582.54	0.00	2,582.54	3.2
12PM-1:59PM	3	16.6	309.58	750.00	1,059.58	1.3
10AM-11:59AM	4	22.2	316.35	594.94	911.29	1.1
2AM-3:59AM	2	11.1	141.00	750.00	891.00	1.1
12AM-1:59AM	1	5.5	244.50	0.00	244.50	0.3
2PM-3:59PM	1	5.5	216.00	0.00	216.00	0.2
8AM-9:59AM	2	11.1	154.57	0.00	154.57	0.1
	18		**$ 34,649.26**	**$ 44,720.82**	**$ 79,370.08**	
LENGTH OF SERVICE						
10-12	3	16.6	24,064.51	42,625.88	66,690.39	84.0
8-10	2	11.1	8,897.77	0.00	8,897.77	11.2
14-16	2	11.1	155.06	1,344.94	1,500.00	1.8
2-4	2	11.1	216.00	750.00	966.00	1.2
4-6	4	22.2	531.60	0.00	531.60	0.6
0-2	1	5.5	362.32	0.00	362.32	0.4
12-14	1	5.5	141.00	0.00	141.00	0.1
6-8	1	5.5	141.00	0.00	141.00	0.1
16-18	1	5.5	140.00	0.00	140.00	0.1
22-24	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 34,649.26**	**$ 44,720.82**	**$ 79,370.08**	
AGE OF CLAIMANT						
40-44	4	22.2	24,281.43	42,625.88	66,907.31	84.3
35-39	4	22.2	9,341.49	0.00	9,341.49	11.7
45-49	3	16.6	323.64	1,344.94	1,668.58	2.1
60-64	1	5.5	0.00	750.00	750.00	0.9
25-29	1	5.5	362.32	0.00	362.32	0.4
50-54	2	11.1	200.00	0.00	200.00	0.2
55-59	3	16.6	140.38	0.00	140.38	0.1
	18		**$ 34,649.26**	**$ 44,720.82**	**$ 79,370.08**	
SEX OF CLAIMANT						
Male	12	66.6	24,835.60	43,375.88	68,211.48	85.9
Female	6	33.3	9,813.66	1,344.94	11,158.60	14.0
	18		**$ 34,649.26**	**$ 44,720.82**	**$ 79,370.08**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	27.7	32,793.70	43,375.88	76,169.58	95.9
Walking surface, outside, dry	2	11.1	216.00	750.00	966.00	1.2
Ladders, scaffolding	1	5.5	155.06	594.94	750.00	0.9
Stairs, steps	1	5.5	362.32	0.00	362.32	0.4
Miscellaneous	3	16.6	329.87	0.00	329.87	0.4
Animal / insect, not otherwise classified	1	5.5	244.50	0.00	244.50	0.3
Hand tool, not powered, NOC	1	5.5	141.00	0.00	141.00	0.1
Metal items	1	5.5	141.00	0.00	141.00	0.1
Animal / bee type	1	5.5	140.00	0.00	140.00	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-hrbt (594)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Minerals / dirt	1	5.5	125.81	0.00	125.81	0.1
Ladder, 12' roof	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 34,649.26**	**$ 44,720.82**	**$ 79,370.08**	

ACCIDENT TYPE

Struck/Injured by Falling or Flying Object	1	5.5	21,313.39	42,625.88	63,939.27	80.5
Slipped, Did Not Fall	1	5.5	8,883.20	0.00	8,883.20	11.1
Twisting, strain or injury by	6	33.3	2,959.83	1,500.00	4,459.83	5.6
Fall or Slip (From Ladder/Scaffolding)	2	11.1	155.06	594.94	750.00	0.9
Animal Or Insect	2	11.1	384.50	0.00	384.50	0.4
Fall or slip (on stairs)	1	5.5	362.32	0.00	362.32	0.4
Foreign Body In Eye	2	11.1	294.39	0.00	294.39	0.3
Strike Against/Step on Stationary Object	1	5.5	141.00	0.00	141.00	0.1
Struck/Injured by Hand Tool/Machine In Use	1	5.5	141.00	0.00	141.00	0.1
Stress	1	5.5	14.57	0.00	14.57	0.0
	18		**$ 34,649.26**	**$ 44,720.82**	**$ 79,370.08**	

**BODY PART

Knee	5
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Facial, Other Soft Tissue	4
Lower Leg	1
Shoulder	1
Eye(s)	3
Wrist	2
Finger(s)	1
Hand	1
Lower Arm	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	8
Sprain	2
Contusion	4
Puncture	3
Laceration	2
Foreign Body	3
Mental Disorder	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	9.0	6,718.65	0.00	6,718.65	33.8
10AM-11:59AM	3	13.6	6,080.34	0.00	6,080.34	30.6
12PM-1:59PM	2	9.0	3,855.62	0.00	3,855.62	19.4
Unknown	5	22.7	448.00	750.00	1,198.00	6.0
4AM-5:59AM	3	13.6	0.00	750.00	750.00	3.7
4PM-5:59PM	2	9.0	539.25	0.00	539.25	2.7
6AM-7:59AM	1	4.5	363.55	0.00	363.55	1.8
8AM-9:59AM	4	18.1	341.00	0.00	341.00	1.7
	22		**$ 18,346.41**	**$ 1,500.00**	**$ 19,846.41**	
LENGTH OF SERVICE						
10-12	4	18.1	6,949.20	750.00	7,699.20	38.7
2-4	4	18.1	5,527.90	0.00	5,527.90	27.8
4-6	3	13.6	3,674.64	750.00	4,424.64	22.2
0-2	5	22.7	1,015.25	0.00	1,015.25	5.1
8-10	2	9.0	894.44	0.00	894.44	4.5
20-22	1	4.5	284.98	0.00	284.98	1.4
12-14	3	13.6	0.00	0.00	0.00	0.0
	22		**$ 18,346.41**	**$ 1,500.00**	**$ 19,846.41**	
AGE OF CLAIMANT						
40-44	4	18.1	7,586.09	750.00	8,336.09	42.0
45-49	8	36.3	6,380.72	750.00	7,130.72	35.9
55-59	1	4.5	3,493.07	0.00	3,493.07	17.6
35-39	4	18.1	468.55	0.00	468.55	2.3
50-54	1	4.5	284.98	0.00	284.98	1.4
60-64	2	9.0	133.00	0.00	133.00	0.6
20-24	1	4.5	0.00	0.00	0.00	0.0
30-34	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 18,346.41**	**$ 1,500.00**	**$ 19,846.41**	
SEX OF CLAIMANT						
Male	8	36.3	13,266.54	0.00	13,266.54	66.8
Female	14	63.6	5,079.87	1,500.00	6,579.87	33.1
	22		**$ 18,346.41**	**$ 1,500.00**	**$ 19,846.41**	
LOSS CAUSE						
Elevators, escalators	2	9.0	6,585.65	750.00	7,335.65	36.9
Metal items	3	13.6	3,856.62	0.00	3,856.62	19.4
Walking surface, outside, wet	1	4.5	3,570.64	0.00	3,570.64	17.9
Machine, not otherwise classified	1	4.5	1,929.83	0.00	1,929.83	9.7
Infectious agent	1	4.5	0.00	750.00	750.00	3.7
Hand tool, not powered, NOC	1	4.5	657.44	0.00	657.44	3.3
Building parts / doors	2	9.0	539.25	0.00	539.25	2.7
Miscellaneous	3	13.6	476.00	0.00	476.00	2.4
Chemicals, not otherwise classified	3	13.6	342.00	0.00	342.00	1.7
Walking surface, outside, dry	2	9.0	284.98	0.00	284.98	1.4
Animal / bee type	1	4.5	104.00	0.00	104.00	0.5
Furniture / fixtures	1	4.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Minerals / dirt	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 18,346.41***	***$ 1,500.00***	***$ 19,846.41***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	4.5	6,585.65	0.00	6,585.65	33.1
Struck/Injured by Falling or Flying Object	2	9.0	4,032.32	0.00	4,032.32	20.3
Fall or Slip (On Same Level)	3	13.6	3,855.62	0.00	3,855.62	19.4
Lifting (strain or Injury by)	2	9.0	2,272.83	0.00	2,272.83	11.4
Allergic Reaction	2	9.0	0.00	750.00	750.00	3.7
Object Handled (caught in or between)	2	9.0	0.00	750.00	750.00	3.7
Object being lifted/handled (cut,punc.scrape,inj b	1	4.5	657.44	0.00	657.44	3.3
Twisting, strain or injury by	1	4.5	363.55	0.00	363.55	1.8
Foreign Body In Eye	3	13.6	238.00	0.00	238.00	1.2
Absorb, Ingest, Inhalation	1	4.5	237.00	0.00	237.00	1.1
Animal Or Insect	1	4.5	104.00	0.00	104.00	0.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	4.5	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	4.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 18,346.41***	***$ 1,500.00***	***$ 19,846.41***	

*****BODY PART***

Shoulder	3
Knee	3
Foot	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Facial, Other Soft Tissue	3
Multiple Upper Extremities	1
Finger(s)	4
Elbow	1
Lower Leg	1
Hand	1
Eye(s)	3
Whole Body	1
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Multiple Head Injury	1
Thumb	1
	22

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

*****INJURY***

Strain	3
Contusion	12
Sprain	1
Dermatitis	3
Crushing	1
Laceration	3
Foreign Body	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-e.r.tunnel (595)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Poisoning - Chemical	1					
Puncture	1					
	22					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-coleman Bridge (599)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	295.50	0.00	295.50	100.0
	1		**$ 295.50**	**$ 0.00**	**$ 295.50**	
LENGTH OF SERVICE						
4-6	1	100.0	295.50	0.00	295.50	100.0
	1		**$ 295.50**	**$ 0.00**	**$ 295.50**	
AGE OF CLAIMANT						
25-29	1	100.0	295.50	0.00	295.50	100.0
	1		**$ 295.50**	**$ 0.00**	**$ 295.50**	
SEX OF CLAIMANT						
Female	1	100.0	295.50	0.00	295.50	100.0
	1		**$ 295.50**	**$ 0.00**	**$ 295.50**	
LOSS CAUSE						
Miscellaneous	1	100.0	295.50	0.00	295.50	100.0
	1		**$ 295.50**	**$ 0.00**	**$ 295.50**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	295.50	0.00	295.50	100.0
	1		**$ 295.50**	**$ 0.00**	**$ 295.50**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**						
Sprain	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fredericksburg (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	20.0	8,816.80	0.00	8,816.80	48.4
12PM-1:59PM	6	30.0	1,437.31	5,747.84	7,185.15	39.4
8AM-9:59AM	4	20.0	1,339.49	0.00	1,339.49	7.3
10AM-11:59AM	5	25.0	727.54	0.00	727.54	4.0
6AM-7:59AM	1	5.0	141.00	0.00	141.00	0.7
	20		**$ 12,462.14**	**$ 5,747.84**	**$ 18,209.98**	
LENGTH OF SERVICE						
22-24	2	10.0	8,224.81	0.00	8,224.81	45.1
2-4	3	15.0	1,248.51	5,747.84	6,996.35	38.4
18-20	1	5.0	802.86	0.00	802.86	4.4
34-36	1	5.0	416.63	0.00	416.63	2.2
38-40	1	5.0	331.99	0.00	331.99	1.8
0-2	2	10.0	329.80	0.00	329.80	1.8
6-8	2	10.0	291.31	0.00	291.31	1.6
4-6	4	20.0	260.00	0.00	260.00	1.4
24-26	1	5.0	241.03	0.00	241.03	1.3
12-14	1	5.0	120.00	0.00	120.00	0.6
8-10	1	5.0	114.00	0.00	114.00	0.6
14-16	1	5.0	81.20	0.00	81.20	0.4
	20		**$ 12,462.14**	**$ 5,747.84**	**$ 18,209.98**	
AGE OF CLAIMANT						
50-54	6	30.0	9,541.18	0.00	9,541.18	52.4
30-34	3	15.0	1,248.51	5,747.84	6,996.35	38.4
55-59	3	15.0	868.62	0.00	868.62	4.7
40-44	3	15.0	260.00	0.00	260.00	1.4
60-64	1	5.0	241.03	0.00	241.03	1.3
25-29	2	10.0	188.80	0.00	188.80	1.0
45-49	2	10.0	114.00	0.00	114.00	0.6
	20		**$ 12,462.14**	**$ 5,747.84**	**$ 18,209.98**	
SEX OF CLAIMANT						
Male	17	85.0	12,050.83	5,747.84	17,798.67	97.7
Female	3	15.0	411.31	0.00	411.31	2.2
	20		**$ 12,462.14**	**$ 5,747.84**	**$ 18,209.98**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	10.0	9,027.67	0.00	9,027.67	49.5
Miscellaneous	2	10.0	1,227.36	5,747.84	6,975.20	38.3
Hand tool, powered, NOC	2	10.0	445.99	0.00	445.99	2.4
Walking surface, outside, dry	1	5.0	416.63	0.00	416.63	2.2
Ladder, 10’ folding	2	10.0	329.80	0.00	329.80	1.8
Walking surface, inside, dry	1	5.0	291.31	0.00	291.31	1.6
Hand tool, not powered, NOC	2	10.0	260.00	0.00	260.00	1.4
Minerals / dirt	2	10.0	241.03	0.00	241.03	1.3
Stairs, steps	3	15.0	120.00	0.00	120.00	0.6
Walking surface, outside, wet	1	5.0	102.35	0.00	102.35	0.5
Animal / bee type	1	5.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fredericksburg (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Machine, not otherwise classified	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 12,462.14**	**$ 5,747.84**	**$ 18,209.98**	

ACCIDENT TYPE

Fall or Slip (From Different Level)	2	10.0	8,224.81	0.00	8,224.81	45.1
Twisting, strain or injury by	3	15.0	2,051.37	5,747.84	7,799.21	42.8
Fall or Slip (On Same Level)	2	10.0	707.94	0.00	707.94	3.8
Struck/Injured by Hand Tool/Machine In Use	2	10.0	374.00	0.00	374.00	2.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	10.0	331.99	0.00	331.99	1.8
Foreign Body In Eye	2	10.0	241.03	0.00	241.03	1.3
Fall or Slip (From Ladder/Scaffolding)	1	5.0	188.80	0.00	188.80	1.0
Holding Or Carrying (Strain or Injury by)	1	5.0	141.00	0.00	141.00	0.7
Fall or slip (on stairs)	2	10.0	120.00	0.00	120.00	0.6
Lifting (strain or Injury by)	2	10.0	81.20	0.00	81.20	0.4
Animal Or Insect	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 12,462.14**	**$ 5,747.84**	**$ 18,209.98**	

**BODY PART

Shoulder	3
Upper Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Lower Leg	3
Hip	1
Lower Arm	3
Finger(s)	1
Elbow	1
Wrist	1
Nose	1
Eye(s)	2
Ankle	3
Knee	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Thumb	1
Buttocks	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	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	5
Fracture	1
Contusion	3
Foreign Body	2
Sprain	1
Puncture	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot-fredericksburg (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2001

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Saluda (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	25.0	290.00	0.00	290.00	86.5
2AM-3:59AM	1	25.0	45.00	0.00	45.00	13.4
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 335.00**	**$ 0.00**	**$ 335.00**	
LENGTH OF SERVICE						
2-4	2	50.0	290.00	0.00	290.00	86.5
22-24	1	25.0	45.00	0.00	45.00	13.4
20-22	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 335.00**	**$ 0.00**	**$ 335.00**	
AGE OF CLAIMANT						
50-54	1	25.0	290.00	0.00	290.00	86.5
40-44	1	25.0	45.00	0.00	45.00	13.4
25-29	1	25.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 335.00**	**$ 0.00**	**$ 335.00**	
SEX OF CLAIMANT						
Male	4	100.0	335.00	0.00	335.00	100.0
	4		**$ 335.00**	**$ 0.00**	**$ 335.00**	
LOSS CAUSE						
Metal items	1	25.0	290.00	0.00	290.00	86.5
Boxes / containers	1	25.0	45.00	0.00	45.00	13.4
Machine, not otherwise classified	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
	4		**$ 335.00**	**$ 0.00**	**$ 335.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	25.0	290.00	0.00	290.00	86.5
Lifting (strain or Injury by)	1	25.0	45.00	0.00	45.00	13.4
Fall or Slip (On Same Level)	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		**$ 335.00**	**$ 0.00**	**$ 335.00**	
****BODY PART**						
Eye(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	1					
Lower Leg	1					
Skull	1					
	4					

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

****INJURY**	
Foreign Body	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Saluda (637)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	1					
Contusion	2					
Puncture	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:19

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Warsaw (639)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	7,885.25	22,644.07	30,529.32	98.9
Unknown	1	25.0	260.00	0.00	260.00	0.8
2PM-3:59PM	1	25.0	54.68	0.00	54.68	0.1
	4		**$ 8,199.93**	**$ 22,644.07**	**$ 30,844.00**	
LENGTH OF SERVICE						
12-14	1	25.0	7,383.10	22,644.07	30,027.17	97.3
24-26	1	25.0	502.15	0.00	502.15	1.6
0-2	1	25.0	260.00	0.00	260.00	0.8
14-16	1	25.0	54.68	0.00	54.68	0.1
	4		**$ 8,199.93**	**$ 22,644.07**	**$ 30,844.00**	
AGE OF CLAIMANT						
50-54	1	25.0	7,383.10	22,644.07	30,027.17	97.3
45-49	2	50.0	556.83	0.00	556.83	1.8
20-24	1	25.0	260.00	0.00	260.00	0.8
	4		**$ 8,199.93**	**$ 22,644.07**	**$ 30,844.00**	
SEX OF CLAIMANT						
Male	4	100.0	8,199.93	22,644.07	30,844.00	100.0
	4		**$ 8,199.93**	**$ 22,644.07**	**$ 30,844.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	7,383.10	22,644.07	30,027.17	97.3
Animal / insect, not otherwise classified	1	25.0	502.15	0.00	502.15	1.6
Miscellaneous	1	25.0	260.00	0.00	260.00	0.8
Infectious agent	1	25.0	54.68	0.00	54.68	0.1
	4		**$ 8,199.93**	**$ 22,644.07**	**$ 30,844.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	25.0	7,383.10	22,644.07	30,027.17	97.3
Animal Or Insect	1	25.0	502.15	0.00	502.15	1.6
Foreign Body In Eye	1	25.0	260.00	0.00	260.00	0.8
Exposure to Poisonous Agent / Plant	1	25.0	54.68	0.00	54.68	0.1
	4		**$ 8,199.93**	**$ 22,644.07**	**$ 30,844.00**	
****BODY PART**						
Shoulder	2					
Soft Tissue - Neck	2					
Facial, Other Soft Tissue	1					
Eye(s)	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	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Warsaw (639)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Dermatitis	6					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fredericksburg (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	33.3	2,530.45	0.00	2,530.45	66.6
10AM-11:59AM	1	11.1	579.41	0.00	579.41	15.2
2PM-3:59PM	2	22.2	263.00	0.00	263.00	6.9
8AM-9:59AM	2	22.2	250.00	0.00	250.00	6.5
6PM-7:59PM	1	11.1	172.00	0.00	172.00	4.5
	9		**$ 3,794.86**	**$ 0.00**	**$ 3,794.86**	
LENGTH OF SERVICE						
2-4	2	22.2	2,569.45	0.00	2,569.45	67.7
0-2	2	22.2	729.41	0.00	729.41	19.2
4-6	3	33.3	396.00	0.00	396.00	10.4
38-40	1	11.1	100.00	0.00	100.00	2.6
6-8	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 3,794.86**	**$ 0.00**	**$ 3,794.86**	
AGE OF CLAIMANT						
30-34	3	33.3	2,741.45	0.00	2,741.45	72.2
50-54	1	11.1	579.41	0.00	579.41	15.2
45-49	1	11.1	150.00	0.00	150.00	3.9
60-64	1	11.1	124.00	0.00	124.00	3.2
35-39	1	11.1	100.00	0.00	100.00	2.6
55-59	2	22.2	100.00	0.00	100.00	2.6
	9		**$ 3,794.86**	**$ 0.00**	**$ 3,794.86**	
SEX OF CLAIMANT						
Male	7	77.7	3,522.86	0.00	3,522.86	92.8
Female	2	22.2	272.00	0.00	272.00	7.1
	9		**$ 3,794.86**	**$ 0.00**	**$ 3,794.86**	
LOSS CAUSE						
Vehicle, not otherwise classified	4	44.4	3,248.86	0.00	3,248.86	85.6
Infectious agent	1	11.1	172.00	0.00	172.00	4.5
Building parts / doors	1	11.1	150.00	0.00	150.00	3.9
Animal, not otherwise classified	1	11.1	124.00	0.00	124.00	3.2
Animal / bee type	1	11.1	100.00	0.00	100.00	2.6
Minerals / dirt	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 3,794.86**	**$ 0.00**	**$ 3,794.86**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	11.1	2,430.45	0.00	2,430.45	64.0
Strike Against/Step On Moving Part Of Machine	1	11.1	579.41	0.00	579.41	15.2
Animal Or Insect	2	22.2	224.00	0.00	224.00	5.9
Exposure to Poisonous Agent / Plant	1	11.1	172.00	0.00	172.00	4.5
Struck or injured by misc.	1	11.1	150.00	0.00	150.00	3.9
Struck/Injured by Motor Vehicle	1	11.1	139.00	0.00	139.00	3.6
Twisting, strain or injury by	1	11.1	100.00	0.00	100.00	2.6
Foreign Body In Eye	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fredericksburg (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 3,794.86**	**$ 0.00**	**$ 3,794.86**	
*****BODY PART***						
Hand	2					
Ankle	1					
Knee	1					
Finger(s)	2					
Lower Arm	2					
Lower Leg	2					
Facial, Other Soft Tissue	1					
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Back Area (Thoracic Area)	1					
Wrist	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***						
Laceration	2					
Sprain	2					
Dermatitis	4					
Puncture	4					
Contusion	3					
Strain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bowling Green (641)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	20.0	1,025.17	131.50	1,156.67	96.1
12PM-1:59PM	1	20.0	46.00	0.00	46.00	3.8
8AM-9:59AM	3	60.0	0.00	0.00	0.00	0.0
	5		**$ 1,071.17**	**$ 131.50**	**$ 1,202.67**	
LENGTH OF SERVICE						
8-10	1	20.0	1,025.17	131.50	1,156.67	96.1
16-18	1	20.0	46.00	0.00	46.00	3.8
0-2	1	20.0	0.00	0.00	0.00	0.0
12-14	1	20.0	0.00	0.00	0.00	0.0
2-4	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,071.17**	**$ 131.50**	**$ 1,202.67**	
AGE OF CLAIMANT						
45-49	2	40.0	1,025.17	131.50	1,156.67	96.1
55-59	1	20.0	46.00	0.00	46.00	3.8
20-24	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		**$ 1,071.17**	**$ 131.50**	**$ 1,202.67**	
SEX OF CLAIMANT						
Male	4	80.0	1,071.17	131.50	1,202.67	100.0
Female	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,071.17**	**$ 131.50**	**$ 1,202.67**	
LOSS CAUSE						
Animal / insect, not otherwise classified	1	20.0	1,025.17	131.50	1,156.67	96.1
Animal, not otherwise classified	1	20.0	46.00	0.00	46.00	3.8
Furniture / fixtures	1	20.0	0.00	0.00	0.00	0.0
Metal items	1	20.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,071.17**	**$ 131.50**	**$ 1,202.67**	
ACCIDENT TYPE						
Animal Or Insect	2	40.0	1,071.17	131.50	1,202.67	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	20.0	0.00	0.00	0.00	0.0
Vehicle Upset	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,071.17**	**$ 131.50**	**$ 1,202.67**	
****BODY PART**						
Lower Arm	2					
Elbow	1					
Hand	1					
Soft Tissue - Neck	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Bowling Green (641)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Puncture	2					
Contusion	1					
Laceration	1					
Strain	1					
	5					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	7	43.7	3,037.45	38,760.14	41,797.59	68.9
8AM-9:59AM	2	12.5	503.73	15,750.00	16,253.73	26.8
12PM-1:59PM	4	25.0	1,753.06	0.00	1,753.06	2.8
6AM-7:59AM	1	6.2	534.79	0.00	534.79	0.8
12AM-1:59AM	1	6.2	303.26	0.00	303.26	0.5
10AM-11:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 6,132.29**	**$ 54,510.14**	**$ 60,642.43**	
LENGTH OF SERVICE						
24-26	2	12.5	1,939.41	38,760.14	40,699.55	67.1
6-8	4	25.0	713.86	15,750.00	16,463.86	27.1
10-12	1	6.2	1,570.94	0.00	1,570.94	2.5
4-6	1	6.2	566.30	0.00	566.30	0.9
2-4	4	25.0	534.79	0.00	534.79	0.8
34-36	1	6.2	503.73	0.00	503.73	0.8
16-18	1	6.2	303.26	0.00	303.26	0.5
0-2	1	6.2	0.00	0.00	0.00	0.0
20-22	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 6,132.29**	**$ 54,510.14**	**$ 60,642.43**	
AGE OF CLAIMANT						
50-54	2	12.5	2,443.14	38,010.14	40,453.28	66.7
40-44	4	25.0	838.05	15,750.00	16,588.05	27.3
35-39	3	18.7	2,601.98	0.00	2,601.98	4.2
45-49	3	18.7	182.12	750.00	932.12	1.5
25-29	2	12.5	67.00	0.00	67.00	0.1
15-19	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 6,132.29**	**$ 54,510.14**	**$ 60,642.43**	
SEX OF CLAIMANT						
Male	13	81.2	5,163.82	54,510.14	59,673.96	98.4
Female	3	18.7	968.47	0.00	968.47	1.6
	16		**$ 6,132.29**	**$ 54,510.14**	**$ 60,642.43**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	31.2	4,045.14	38,760.14	42,805.28	70.5
Machine, not otherwise classified	1	6.2	0.00	15,750.00	15,750.00	25.9
Person	1	6.2	566.30	0.00	566.30	0.9
Walking surface, outside, wet	1	6.2	503.73	0.00	503.73	0.8
Office equipment	1	6.2	464.74	0.00	464.74	0.7
Boxes / containers	3	18.7	303.26	0.00	303.26	0.5
Sharp objects, not otherwise classified	1	6.2	182.12	0.00	182.12	0.3
Walking surface, outside, dry	1	6.2	67.00	0.00	67.00	0.1
Infectious agent	1	6.2	0.00	0.00	0.00	0.0
Metal items	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 6,132.29**	**$ 54,510.14**	**$ 60,642.43**	
ACCIDENT TYPE						
Cumulative (Not Otherwise Classified)	1	6.2	1,939.41	38,010.14	39,949.55	65.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (702)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	2	12.5	0.00	15,750.00	15,750.00	25.9
Vehicle Upset	2	12.5	2,105.73	0.00	2,105.73	3.4
Repetitive Motion	1	6.2	0.00	750.00	750.00	1.2
Stuck, injured by fellow worker, patient	1	6.2	566.30	0.00	566.30	0.9
Fall or Slip (On Same Level)	1	6.2	503.73	0.00	503.73	0.8
Struck/Injured by Object Being Lifted/Handled	1	6.2	464.74	0.00	464.74	0.7
Lifting (strain or Injury by)	2	12.5	303.26	0.00	303.26	0.5
Stepping On Sharp Object	1	6.2	182.12	0.00	182.12	0.3
Strike Against/Step on Stationary Object	1	6.2	67.00	0.00	67.00	0.1
Allergic Reaction	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
Foreign Body In Eye	1	6.2	0.00	0.00	0.00	0.0
	16		***$ 6,132.29***	***$ 54,510.14***	***$ 60,642.43***	

***BODY PART**

Knee	3
Abdomen including Groin	1
Lower Leg	2
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Upper Arm (Inc: Clavicle and Scapula)	1
Finger(s)	1
Shoulder	1
Thumb	1
Foot	1
Elbow	1
Eye(s)	1
Facial, Other Soft Tissue	1
Lower Arm	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**

Sprain	1
Strain	8
Fracture	1
Dislocation	1
Contusion	4
Puncture	1
Dermatitis	1
Laceration	2
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Louisa (742)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	18.1	1,867.64	0.00	1,867.64	70.7
10AM-11:59AM	4	36.3	387.00	0.00	387.00	14.6
2PM-3:59PM	1	9.0	147.00	0.00	147.00	5.5
12PM-1:59PM	2	18.1	139.62	0.00	139.62	5.2
8AM-9:59AM	2	18.1	98.00	0.00	98.00	3.7
	11		**$ 2,639.26**	**$ 0.00**	**$ 2,639.26**	
LENGTH OF SERVICE						
0-2	3	27.2	1,107.98	0.00	1,107.98	41.9
30-32	1	9.0	915.28	0.00	915.28	34.6
12-14	3	27.2	249.00	0.00	249.00	9.4
4-6	1	9.0	147.00	0.00	147.00	5.5
20-22	1	9.0	115.00	0.00	115.00	4.3
24-26	1	9.0	60.00	0.00	60.00	2.2
8-10	1	9.0	45.00	0.00	45.00	1.7
	11		**$ 2,639.26**	**$ 0.00**	**$ 2,639.26**	
AGE OF CLAIMANT						
20-24	1	9.0	952.36	0.00	952.36	36.0
55-59	1	9.0	915.28	0.00	915.28	34.6
35-39	6	54.5	511.62	0.00	511.62	19.3
40-44	2	18.1	207.00	0.00	207.00	7.8
15-19	1	9.0	53.00	0.00	53.00	2.0
	11		**$ 2,639.26**	**$ 0.00**	**$ 2,639.26**	
SEX OF CLAIMANT						
Male	11	100.0	2,639.26	0.00	2,639.26	100.0
	11		**$ 2,639.26**	**$ 0.00**	**$ 2,639.26**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	27.2	1,904.64	0.00	1,904.64	72.1
Machine, not otherwise classified	2	18.1	274.00	0.00	274.00	10.3
Miscellaneous	1	9.0	147.00	0.00	147.00	5.5
Hand tool, not powered, NOC	1	9.0	102.62	0.00	102.62	3.8
Stairs, steps	1	9.0	60.00	0.00	60.00	2.2
Metal items	1	9.0	53.00	0.00	53.00	2.0
Minerals / dirt	1	9.0	53.00	0.00	53.00	2.0
Office equipment	1	9.0	45.00	0.00	45.00	1.7
	11		**$ 2,639.26**	**$ 0.00**	**$ 2,639.26**	
ACCIDENT TYPE						
Vehicle Upset	3	27.2	1,904.64	0.00	1,904.64	72.1
Pushing Or Pulling (Strain or Injury by)	2	18.1	306.00	0.00	306.00	11.5
Object Handled (caught in or between)	1	9.0	115.00	0.00	115.00	4.3
Foreign Body In Eye	1	9.0	102.62	0.00	102.62	3.8
Lifting (strain or Injury by)	2	18.1	98.00	0.00	98.00	3.7
Fall or slip (on stairs)	1	9.0	60.00	0.00	60.00	2.2
Struck/Injured by Object Handled By Other	1	9.0	53.00	0.00	53.00	2.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Louisa (742)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 2,639.26**	**$ 0.00**	**$ 2,639.26**	
*****BODY PART***						
Shoulder	3					
Hand	1					
Lower Leg	1					
Thumb	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Finger(s)	1					
Eye(s)	1					
Hip	1					
Lower Arm	1					
Facial, Other Soft Tissue	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	7
Fracture	1
Vision Loss	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	5.8	3,755.21	0.00	3,755.21	68.8
12AM-1:59AM	1	5.8	0.00	750.00	750.00	13.7
10AM-11:59AM	10	58.8	505.74	0.00	505.74	9.2
12PM-1:59PM	4	23.5	387.60	0.00	387.60	7.1
8AM-9:59AM	1	5.8	53.00	0.00	53.00	0.9
	17		**$ 4,701.55**	**$ 750.00**	**$ 5,451.55**	
LENGTH OF SERVICE						
28-30	1	5.8	3,755.21	0.00	3,755.21	68.8
4-6	3	17.6	0.00	750.00	750.00	13.7
8-10	2	11.7	525.60	0.00	525.60	9.6
16-18	3	17.6	307.74	0.00	307.74	5.6
2-4	7	41.1	113.00	0.00	113.00	2.0
30-32	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 4,701.55**	**$ 750.00**	**$ 5,451.55**	
AGE OF CLAIMANT						
50-54	2	11.7	3,755.21	0.00	3,755.21	68.8
35-39	3	17.6	138.00	750.00	888.00	16.2
40-44	7	41.1	748.34	0.00	748.34	13.7
30-34	2	11.7	60.00	0.00	60.00	1.1
45-49	2	11.7	0.00	0.00	0.00	0.0
55-59	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 4,701.55**	**$ 750.00**	**$ 5,451.55**	
SEX OF CLAIMANT						
Male	17	100.0	4,701.55	750.00	5,451.55	100.0
	17		**$ 4,701.55**	**$ 750.00**	**$ 5,451.55**	
LOSS CAUSE						
Metal items	1	5.8	3,755.21	0.00	3,755.21	68.8
Hand tool, not powered, NOC	2	11.7	0.00	750.00	750.00	13.7
Minerals / dirt	1	5.8	387.60	0.00	387.60	7.1
Brush / tree / log	3	17.6	267.74	0.00	267.74	4.9
Vehicle, not otherwise classified	3	17.6	191.00	0.00	191.00	3.5
Miscellaneous	3	17.6	60.00	0.00	60.00	1.1
Chemicals, not otherwise classified	1	5.8	40.00	0.00	40.00	0.7
Boxes / containers	1	5.8	0.00	0.00	0.00	0.0
Stone / rock / brick	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
	17		**$ 4,701.55**	**$ 750.00**	**$ 5,451.55**	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	11.7	3,755.21	0.00	3,755.21	68.8
Object being lifted/handled (cut,punc.scrape,inj b	1	5.8	0.00	750.00	750.00	13.7
Foreign Body In Eye	2	11.7	427.60	0.00	427.60	7.8
Struck/Injured by Falling or Flying Object	3	17.6	327.74	0.00	327.74	6.0
Strike Against/Step on Stationary Object	2	11.7	138.00	0.00	138.00	2.5
Fall or Slip (From Different Level)	1	5.8	53.00	0.00	53.00	0.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Charlottesville (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (On Same Level)	2	11.7	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	3	17.6	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	5.8	0.00	0.00	0.00	0.0
	17		***$ 4,701.55***	***$ 750.00***	***$ 5,451.55***	

**BODY PART

Finger(s)	2
Lower Arm	1
Eye(s)	2
Multiple Neck Injury	1
Shoulder	1
Teeth	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Abdomen including Groin	1
Ankle	1
Facial, Other Soft Tissue	1
Hip	1
Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower 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

Amputation	1
Sprain	3
Contusion	5
Foreign Body	2
Dislocation	2
Laceration	1
Strain	5
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:20

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	13.3	13,621.54	131.00	13,752.54	78.0
8AM-9:59AM	1	6.6	389.65	1,360.35	1,750.00	9.9
2PM-3:59PM	4	26.6	297.30	750.00	1,047.30	5.9
10AM-11:59AM	6	40.0	60.00	750.00	810.00	4.6
6AM-7:59AM	2	13.3	261.16	0.00	261.16	1.4
	15		**$ 14,629.65**	**$ 2,991.35**	**$ 17,621.00**	
LENGTH OF SERVICE						
8-10	2	13.3	13,621.54	131.00	13,752.54	78.0
6-8	4	26.6	626.95	1,360.35	1,987.30	11.2
4-6	3	20.0	261.16	750.00	1,011.16	5.7
12-14	1	6.6	0.00	750.00	750.00	4.2
0-2	2	13.3	60.00	0.00	60.00	0.3
30-32	1	6.6	60.00	0.00	60.00	0.3
22-24	2	13.3	0.00	0.00	0.00	0.0
	15		**$ 14,629.65**	**$ 2,991.35**	**$ 17,621.00**	
AGE OF CLAIMANT						
50-54	1	6.6	13,561.54	131.00	13,692.54	77.7
25-29	5	33.3	686.95	1,360.35	2,047.30	11.6
20-24	4	26.6	321.16	750.00	1,071.16	6.0
40-44	2	13.3	0.00	750.00	750.00	4.2
45-49	1	6.6	60.00	0.00	60.00	0.3
15-19	1	6.6	0.00	0.00	0.00	0.0
55-59	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 14,629.65**	**$ 2,991.35**	**$ 17,621.00**	
SEX OF CLAIMANT						
Male	15	100.0	14,629.65	2,991.35	17,621.00	100.0
	15		**$ 14,629.65**	**$ 2,991.35**	**$ 17,621.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	6.6	13,561.54	131.00	13,692.54	77.7
Minerals / dirt	1	6.6	389.65	1,360.35	1,750.00	9.9
Vehicle, not otherwise classified	2	13.3	60.00	750.00	810.00	4.6
Brush / tree / log	1	6.6	0.00	750.00	750.00	4.2
Machine, not otherwise classified	3	20.0	438.46	0.00	438.46	2.4
Animal / bee type	1	6.6	60.00	0.00	60.00	0.3
Boxes / containers	2	13.3	60.00	0.00	60.00	0.3
Walking surface, outside, dry	3	20.0	60.00	0.00	60.00	0.3
Sharp objects, not otherwise classified	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 14,629.65**	**$ 2,991.35**	**$ 17,621.00**	
ACCIDENT TYPE						
Struck/Injured by Hand Tool/Machine In Use	1	6.6	13,561.54	131.00	13,692.54	77.7
Lifting (strain or Injury by)	4	26.6	650.81	1,360.35	2,011.16	11.4
Struck/Injured by Falling or Flying Object	2	13.3	0.00	750.00	750.00	4.2
Struck/Injured by Motor Vehicle	1	6.6	0.00	750.00	750.00	4.2
Machinery (caught in or between)	2	13.3	237.30	0.00	237.30	1.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:21

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Culpeper (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	3	20.0	120.00	0.00	120.00	0.6
Animal Or Insect	1	6.6	60.00	0.00	60.00	0.3
Fall or Slip (On Same Level)	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 14,629.65**	**$ 2,991.35**	**$ 17,621.00**	

**BODY PART

Finger(s)	3
Hand	2
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Knee	3
No Physical Problem	1
Abdomen including Groin	1
Upper Leg	1
Ankle	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

Crushing	2
Laceration	1
Strain	7
No Physical Injury	1
Contusion	5
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:21

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Warrenton (746)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	37.5	13,719.47	0.00	13,719.47	81.5
8AM-9:59AM	2	25.0	1,988.19	0.00	1,988.19	11.8
12PM-1:59PM	1	12.5	429.59	320.41	750.00	4.4
2PM-3:59PM	2	25.0	367.95	0.00	367.95	2.1
	8		**$ 16,505.20**	**$ 320.41**	**$ 16,825.61**	
LENGTH OF SERVICE						
12-14	1	12.5	11,747.06	0.00	11,747.06	69.8
10-12	1	12.5	1,775.19	0.00	1,775.19	10.5
0-2	2	25.0	1,706.61	0.00	1,706.61	10.1
4-6	1	12.5	429.59	320.41	750.00	4.4
8-10	1	12.5	367.95	0.00	367.95	2.1
6-8	1	12.5	265.80	0.00	265.80	1.5
16-18	1	12.5	213.00	0.00	213.00	1.2
	8		**$ 16,505.20**	**$ 320.41**	**$ 16,825.61**	
AGE OF CLAIMANT						
50-54	1	12.5	11,747.06	0.00	11,747.06	69.8
30-34	3	37.5	2,340.36	0.00	2,340.36	13.9
35-39	2	25.0	1,988.19	0.00	1,988.19	11.8
25-29	2	25.0	429.59	320.41	750.00	4.4
	8		**$ 16,505.20**	**$ 320.41**	**$ 16,825.61**	
SEX OF CLAIMANT						
Female	2	25.0	13,453.67	0.00	13,453.67	79.9
Male	6	75.0	3,051.53	320.41	3,371.94	20.0
	8		**$ 16,505.20**	**$ 320.41**	**$ 16,825.61**	
LOSS CAUSE						
Walking surface, outside, dry	1	12.5	11,747.06	0.00	11,747.06	69.8
Brush / tree / log	1	12.5	1,775.19	0.00	1,775.19	10.5
Metal items	1	12.5	1,706.61	0.00	1,706.61	10.1
Vehicle, not otherwise classified	2	25.0	695.39	320.41	1,015.80	6.0
Hand tool, not powered, NOC	1	12.5	367.95	0.00	367.95	2.1
Hand tool, powered, NOC	1	12.5	213.00	0.00	213.00	1.2
Minerals / dirt	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 16,505.20**	**$ 320.41**	**$ 16,825.61**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	12.5	11,747.06	0.00	11,747.06	69.8
Struck/Injured by Falling or Flying Object	1	12.5	1,775.19	0.00	1,775.19	10.5
Object being lifted/handled (cut,punc.scrape,inj b	1	12.5	1,706.61	0.00	1,706.61	10.1
Vehicle Upset	1	12.5	429.59	320.41	750.00	4.4
Foreign Body In Eye	2	25.0	367.95	0.00	367.95	2.1
Fall or Slip (From Different Level)	1	12.5	265.80	0.00	265.80	1.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	213.00	0.00	213.00	1.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:21

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot Warrenton (746)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 16,505.20**	**$ 320.41**	**$ 16,825.61**	
*****BODY PART***						
Knee	2					
Finger(s)	2					
Foot	1					
Soft Tissue - Neck	1					
Eye(s)	2					
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***						
Laceration	4					
Contusion	2					
Fracture	1					
Strain	1					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:21

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -staunton (802)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	8.3	3,326.15	12,323.85	15,650.00	87.8
2PM-3:59PM	2	16.6	1,006.92	0.00	1,006.92	5.6
10AM-11:59AM	4	33.3	727.31	0.00	727.31	4.0
8AM-9:59AM	3	25.0	227.00	0.00	227.00	1.2
12PM-1:59PM	1	8.3	207.00	0.00	207.00	1.1
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 5,494.38**	**$ 12,323.85**	**$ 17,818.23**	
LENGTH OF SERVICE						
0-2	2	16.6	3,326.15	12,323.85	15,650.00	87.8
10-12	1	8.3	963.92	0.00	963.92	5.4
14-16	3	25.0	780.31	0.00	780.31	4.3
8-10	1	8.3	207.00	0.00	207.00	1.1
32-34	2	16.6	174.00	0.00	174.00	0.9
2-4	1	8.3	43.00	0.00	43.00	0.2
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		**$ 5,494.38**	**$ 12,323.85**	**$ 17,818.23**	
AGE OF CLAIMANT						
55-59	1	8.3	3,326.15	12,323.85	15,650.00	87.8
30-34	3	25.0	987.31	0.00	987.31	5.5
40-44	1	8.3	963.92	0.00	963.92	5.4
50-54	4	33.3	217.00	0.00	217.00	1.2
35-39	1	8.3	0.00	0.00	0.00	0.0
45-49	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 5,494.38**	**$ 12,323.85**	**$ 17,818.23**	
SEX OF CLAIMANT						
Male	9	75.0	5,113.38	12,323.85	17,437.23	97.8
Female	3	25.0	381.00	0.00	381.00	2.1
	12		**$ 5,494.38**	**$ 12,323.85**	**$ 17,818.23**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	8.3	3,326.15	12,323.85	15,650.00	87.8
Hand tool, not powered, NOC	3	25.0	1,744.23	0.00	1,744.23	9.7
Stairs, steps	1	8.3	207.00	0.00	207.00	1.1
Walking surface, inside, dry	1	8.3	174.00	0.00	174.00	0.9
Sharp objects, not otherwise classified	1	8.3	43.00	0.00	43.00	0.2
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
Office equipment	1	8.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	8.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 5,494.38**	**$ 12,323.85**	**$ 17,818.23**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	8.3	3,326.15	12,323.85	15,650.00	87.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	963.92	0.00	963.92	5.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:21

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -staunton (802)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lifting (strain or Injury by)	3	25.0	780.31	0.00	780.31	4.3
Fall or slip (on stairs)	1	8.3	207.00	0.00	207.00	1.1
Fall or Slip (On Same Level)	2	16.6	174.00	0.00	174.00	0.9
Struck/Injured by Object Being Lifted/Handled	1	8.3	43.00	0.00	43.00	0.2
Fall or Slip (From Liquid/Grease spills)	1	8.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	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		***$ 5,494.38***	***$ 12,323.85***	***$ 17,818.23***	

***BODY PART**

Multiple Neck Injury	1
Upper Back Area (Thoracic Area)	1
Shoulder	4
Wrist	1
Soft Tissue - Neck	2
Facial, Other Soft Tissue	2
Foot	1
Elbow	2
Thumb	1
Knee	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
	12

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

***INJURY**

Sprain	2
Strain	8
Laceration	3
Fracture	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	15.0	501.77	281,754.65	282,256.42	82.3
4PM-5:59PM	1	5.0	7,456.94	28,293.06	35,750.00	10.4
10AM-11:59AM	5	25.0	12,278.95	10,221.05	22,500.00	6.5
8AM-9:59AM	4	20.0	1,338.50	-106.00	1,232.50	0.3
2PM-3:59PM	2	10.0	636.94	0.00	636.94	0.1
2AM-3:59AM	4	20.0	260.88	0.00	260.88	0.0
6AM-7:59AM	1	5.0	130.00	0.00	130.00	0.0
	20		**$ 22,603.98**	**$ 320,162.76**	**$ 342,766.74**	
LENGTH OF SERVICE						
30-32	2	10.0	732.29	281,754.65	282,486.94	82.4
22-24	1	5.0	7,456.94	28,293.06	35,750.00	10.4
16-18	3	15.0	12,812.54	10,221.05	23,033.59	6.7
28-30	2	10.0	804.91	-106.00	698.91	0.2
0-2	2	10.0	359.42	0.00	359.42	0.1
10-12	4	20.0	307.88	0.00	307.88	0.0
12-14	1	5.0	130.00	0.00	130.00	0.0
14-16	2	10.0	0.00	0.00	0.00	0.0
20-22	1	5.0	0.00	0.00	0.00	0.0
4-6	1	5.0	0.00	0.00	0.00	0.0
8-10	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 22,603.98**	**$ 320,162.76**	**$ 342,766.74**	
AGE OF CLAIMANT						
50-54	5	25.0	289.52	281,754.65	282,044.17	82.2
40-44	4	20.0	8,120.53	28,293.06	36,413.59	10.6
35-39	3	15.0	12,539.83	10,221.05	22,760.88	6.6
55-59	1	5.0	636.94	0.00	636.94	0.1
60-64	1	5.0	657.74	-106.00	551.74	0.1
30-34	2	10.0	359.42	0.00	359.42	0.1
25-29	1	5.0	0.00	0.00	0.00	0.0
45-49	3	15.0	0.00	0.00	0.00	0.0
	20		**$ 22,603.98**	**$ 320,162.76**	**$ 342,766.74**	
SEX OF CLAIMANT						
Male	18	90.0	21,809.51	320,162.76	341,972.27	99.7
Female	2	10.0	794.47	0.00	794.47	0.2
	20		**$ 22,603.98**	**$ 320,162.76**	**$ 342,766.74**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	25.0	13,292.92	291,869.70	305,162.62	89.0
Machine, not otherwise classified	3	15.0	8,093.88	28,293.06	36,386.94	10.6
Miscellaneous	2	10.0	533.59	0.00	533.59	0.1
Walking surface, outside, dry	3	15.0	359.42	0.00	359.42	0.1
Sharp objects, not otherwise classified	1	5.0	147.17	0.00	147.17	0.0
Hand tool, not powered, NOC	1	5.0	130.00	0.00	130.00	0.0
Brush / tree / log	1	5.0	47.00	0.00	47.00	0.0
Animal / tick, spider, etc.	1	5.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	5.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand tool, powered, NOC	1	5.0	0.00	0.00	0.00	0.0
Minerals / dirt	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 22,603.98**	**$ 320,162.76**	**$ 342,766.74**	

ACCIDENT TYPE

Struck/Injured by Motor Vehicle	1	5.0	95.35	281,754.65	281,850.00	82.2
Slipped, Did Not Fall	2	10.0	7,456.94	28,293.06	35,750.00	10.4
Object Handled (caught in or between)	1	5.0	12,278.95	10,221.05	22,500.00	6.5
Strike Against/Step on Stationary Object	3	15.0	897.82	0.00	897.82	0.2
Vehicle Upset	1	5.0	657.74	-106.00	551.74	0.1
Struck/Injured by Falling or Flying Object	1	5.0	533.59	0.00	533.59	0.1
Fall or Slip (On Same Level)	2	10.0	359.42	0.00	359.42	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	15.0	277.17	0.00	277.17	0.0
Foreign Body In Eye	2	10.0	47.00	0.00	47.00	0.0
Absorb, Ingest, Inhalation	1	5.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	5.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	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		**$ 22,603.98**	**$ 320,162.76**	**$ 342,766.74**	

**BODY PART

Lower Leg	4
Finger(s)	4
Shoulder	3
Facial, Other Soft Tissue	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Soft Tissue - Neck	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Elbow	1
Eye(s)	2
Hip	1
Knee	2
Lungs	1
Trachea	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

Multiple Physical Injuries Only	1
Dislocation	1
Laceration	5
Crushing	1
Contusion	5
Strain	6
Foreign Body	1
Poisoning - Chemical	2
Puncture	1
Sprain	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot -lexington (850)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Staunton (853)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	25.0	1,595.94	6,904.06	8,500.00	88.9
2PM-3:59PM	3	25.0	194.00	750.00	944.00	9.8
10AM-11:59AM	2	16.6	80.00	0.00	80.00	0.8
4PM-5:59PM	3	25.0	31.48	0.00	31.48	0.3
12PM-1:59PM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,901.42**	**$ 7,654.06**	**$ 9,555.48**	
LENGTH OF SERVICE						
6-8	4	33.3	1,789.94	7,654.06	9,444.00	98.8
14-16	1	8.3	80.00	0.00	80.00	0.8
0-2	3	25.0	31.48	0.00	31.48	0.3
10-12	1	8.3	0.00	0.00	0.00	0.0
18-20	1	8.3	0.00	0.00	0.00	0.0
2-4	1	8.3	0.00	0.00	0.00	0.0
28-30	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,901.42**	**$ 7,654.06**	**$ 9,555.48**	
AGE OF CLAIMANT						
35-39	4	33.3	1,789.94	7,654.06	9,444.00	98.8
45-49	4	33.3	111.48	0.00	111.48	1.1
30-34	1	8.3	0.00	0.00	0.00	0.0
50-54	3	25.0	0.00	0.00	0.00	0.0
	12		**$ 1,901.42**	**$ 7,654.06**	**$ 9,555.48**	
SEX OF CLAIMANT						
Male	11	91.6	1,901.42	7,654.06	9,555.48	100.0
Female	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 1,901.42**	**$ 7,654.06**	**$ 9,555.48**	
LOSS CAUSE						
Glass bottle / sheet	1	8.3	1,595.94	6,904.06	8,500.00	88.9
Office equipment	1	8.3	0.00	750.00	750.00	7.8
Hand tool, not powered, NOC	1	8.3	194.00	0.00	194.00	2.0
Miscellaneous	1	8.3	80.00	0.00	80.00	0.8
Infectious agent	2	16.6	31.48	0.00	31.48	0.3
Animal / insect, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Fencing	1	8.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	16.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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		**$ 1,901.42**	**$ 7,654.06**	**$ 9,555.48**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	8.3	1,595.94	6,904.06	8,500.00	88.9
Repetitive Motion	1	8.3	0.00	750.00	750.00	7.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	8.3	194.00	0.00	194.00	2.0
Twisting, strain or injury by	3	25.0	80.00	0.00	80.00	0.8
Allergic Reaction	2	16.6	31.48	0.00	31.48	0.3
Animal Or Insect	1	8.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Staunton (853)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (From Liquid/Grease spills)	1	8.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	16.6	0.00	0.00	0.00	0.0
	12		**$ 1,901.42**	**$ 7,654.06**	**$ 9,555.48**	

**BODY PART

Knee	2
Hand	2
Elbow	1
Finger(s)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Abdomen including Groin	1
Facial, Other Soft Tissue	1
Foot	1
Lower Arm	1
Lower Leg	1
Shoulder	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
Carpal Tunnel Syndrome	1
Laceration	2
Dermatitis	5
Contusion	2
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Harrisonburg (854)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	6	37.5	1,174.50	750.00	1,924.50	54.3
12AM-1:59AM	1	6.2	887.21	0.00	887.21	25.0
10AM-11:59AM	3	18.7	463.01	0.00	463.01	13.0
12PM-1:59PM	2	12.5	165.16	0.00	165.16	4.6
8AM-9:59AM	2	12.5	100.00	0.00	100.00	2.8
2AM-3:59AM	1	6.2	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 2,789.88**	**$ 750.00**	**$ 3,539.88**	
LENGTH OF SERVICE						
2-4	4	25.0	987.21	750.00	1,737.21	49.0
0-2	7	43.7	941.76	0.00	941.76	26.6
22-24	1	6.2	578.50	0.00	578.50	16.3
28-30	2	12.5	282.41	0.00	282.41	7.9
8-10	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 2,789.88**	**$ 750.00**	**$ 3,539.88**	
AGE OF CLAIMANT						
50-54	3	18.7	1,169.62	0.00	1,169.62	33.0
20-24	3	18.7	305.00	750.00	1,055.00	29.8
40-44	3	18.7	612.60	0.00	612.60	17.3
55-59	2	12.5	578.50	0.00	578.50	16.3
25-29	2	12.5	124.16	0.00	124.16	3.5
30-34	2	12.5	0.00	0.00	0.00	0.0
45-49	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 2,789.88**	**$ 750.00**	**$ 3,539.88**	
SEX OF CLAIMANT						
Male	16	100.0	2,789.88	750.00	3,539.88	100.0
	16		**$ 2,789.88**	**$ 750.00**	**$ 3,539.88**	
LOSS CAUSE						
Building parts / doors	1	6.2	887.21	0.00	887.21	25.0
Brush / tree / log	3	18.7	819.91	0.00	819.91	23.1
Minerals / dirt	1	6.2	0.00	750.00	750.00	21.1
Hand tool, not powered, NOC	3	18.7	512.60	0.00	512.60	14.4
Metal items	2	12.5	305.00	0.00	305.00	8.6
Vehicle, not otherwise classified	2	12.5	224.16	0.00	224.16	6.3
Animal / bee type	1	6.2	41.00	0.00	41.00	1.1
Miscellaneous	2	12.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 2,789.88**	**$ 750.00**	**$ 3,539.88**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	2	12.5	1,192.21	0.00	1,192.21	33.6
Struck/Injured by Falling or Flying Object	3	18.7	819.91	0.00	819.91	23.1
Foreign Body In Eye	1	6.2	0.00	750.00	750.00	21.1
Pushing Or Pulling (Strain or Injury by)	2	12.5	291.00	0.00	291.00	8.2
Struck/Injured by Hand Tool/Machine In Use	1	6.2	221.60	0.00	221.60	6.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Harrisonburg (854)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Object Handled (caught in or between)	1	6.2	124.16	0.00	124.16	3.5
Lifting (strain or Injury by)	2	12.5	100.00	0.00	100.00	2.8
Animal Or Insect	1	6.2	41.00	0.00	41.00	1.1
Fall or Slip (On Same Level)	1	6.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	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		**$ 2,789.88**	**$ 750.00**	**$ 3,539.88**	

**BODY PART

Finger(s)	4
Eye(s)	2
Wrist	1
Abdomen including Groin	1
Knee	2
Facial, Other Soft Tissue	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Lower Arm	1
Shoulder	1
Thumb	1
Upper Leg	2
	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

Foreign Body	2
Strain	7
Contusion	3
Laceration	4
Puncture	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Edinburg (855)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	8	47.0	1,062.85	0.00	1,062.85	59.1
2PM-3:59PM	1	5.8	439.20	0.00	439.20	24.4
10AM-11:59AM	4	23.5	293.67	0.00	293.67	16.3
12PM-1:59PM	4	23.5	0.00	0.00	0.00	0.0
	17		**$ 1,795.72**	**$ 0.00**	**$ 1,795.72**	
LENGTH OF SERVICE						
14-16	1	5.8	439.20	0.00	439.20	24.4
22-24	1	5.8	434.67	0.00	434.67	24.2
30-32	1	5.8	315.00	0.00	315.00	17.5
0-2	2	11.7	293.67	0.00	293.67	16.3
6-8	1	5.8	171.18	0.00	171.18	9.5
8-10	1	5.8	142.00	0.00	142.00	7.9
4-6	1	5.8	0.00	0.00	0.00	0.0
10-12	2	11.7	0.00	0.00	0.00	0.0
12-14	2	11.7	0.00	0.00	0.00	0.0
16-18	3	17.6	0.00	0.00	0.00	0.0
24-26	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 1,795.72**	**$ 0.00**	**$ 1,795.72**	
AGE OF CLAIMANT						
35-39	5	29.4	606.85	0.00	606.85	33.7
60-64	1	5.8	439.20	0.00	439.20	24.4
45-49	2	11.7	434.67	0.00	434.67	24.2
50-54	4	23.5	315.00	0.00	315.00	17.5
55-59	3	17.6	0.00	0.00	0.00	0.0
40-44	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 1,795.72**	**$ 0.00**	**$ 1,795.72**	
SEX OF CLAIMANT						
Male	16	94.1	1,795.72	0.00	1,795.72	100.0
Female	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,795.72**	**$ 0.00**	**$ 1,795.72**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	17.6	457.00	0.00	457.00	25.4
Walking surface, outside, dry	3	17.6	439.20	0.00	439.20	24.4
Hand tool, not powered, NOC	3	17.6	434.67	0.00	434.67	24.2
Brush / tree / log	2	11.7	293.67	0.00	293.67	16.3
Insufficient data	1	5.8	171.18	0.00	171.18	9.5
Boxes / containers	1	5.8	0.00	0.00	0.00	0.0
Fencing	1	5.8	0.00	0.00	0.00	0.0
Miscellaneous	1	5.8	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	5.8	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	5.8	0.00	0.00	0.00	0.0
	17		**$ 1,795.72**	**$ 0.00**	**$ 1,795.72**	
ACCIDENT TYPE						
Twisting, strain or injury by	7	41.1	610.38	0.00	610.38	33.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Edinburg (855)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	5.8	434.67	0.00	434.67	24.2
Strike Against/Step on Stationary Object	1	5.8	315.00	0.00	315.00	17.5
Struck/Injured by Falling or Flying Object	2	11.7	293.67	0.00	293.67	16.3
Lifting (strain or Injury by)	1	5.8	142.00	0.00	142.00	7.9
Cumulative (Not Otherwise Classified)	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
Object Handled (caught in or between)	1	5.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	11.7	0.00	0.00	0.00	0.0
	17		***$ 1,795.72***	***$ 0.00***	***$ 1,795.72***	

*****BODY PART***

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Ankle	2
Finger(s)	3
Shoulder	3
Upper Back Area (Thoracic Area)	1
Soft Tissue - Neck	1
Elbow	1
Foot	1
Knee	2
Wrist	1
	17

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

*****INJURY***

Contusion	8
Sprain	2
Laceration	2
Strain	5
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Luray (856)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	6	75.0	3,570.57	0.00	3,570.57	65.9
6AM-7:59AM	2	25.0	92.95	1,750.00	1,842.95	34.0
	8		**$ 3,663.52**	**$ 1,750.00**	**$ 5,413.52**	
LENGTH OF SERVICE						
14-16	1	12.5	3,413.82	0.00	3,413.82	63.0
2-4	1	12.5	0.00	1,750.00	1,750.00	32.3
26-28	1	12.5	92.95	0.00	92.95	1.7
0-2	1	12.5	52.25	0.00	52.25	0.9
12-14	2	25.0	52.25	0.00	52.25	0.9
16-18	1	12.5	52.25	0.00	52.25	0.9
8-10	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 3,663.52**	**$ 1,750.00**	**$ 5,413.52**	
AGE OF CLAIMANT						
55-59	1	12.5	3,413.82	0.00	3,413.82	63.0
20-24	2	25.0	52.25	1,750.00	1,802.25	33.2
45-49	1	12.5	92.95	0.00	92.95	1.7
35-39	1	12.5	52.25	0.00	52.25	0.9
50-54	1	12.5	52.25	0.00	52.25	0.9
30-34	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 3,663.52**	**$ 1,750.00**	**$ 5,413.52**	
SEX OF CLAIMANT						
Male	8	100.0	3,663.52	1,750.00	5,413.52	100.0
	8		**$ 3,663.52**	**$ 1,750.00**	**$ 5,413.52**	
LOSS CAUSE						
Metal items	1	12.5	3,413.82	0.00	3,413.82	63.0
Animal, not otherwise classified	1	12.5	0.00	1,750.00	1,750.00	32.3
Animal / insect, not otherwise classified	3	37.5	156.75	0.00	156.75	2.9
Stairs, steps	1	12.5	92.95	0.00	92.95	1.7
Brush / tree / log	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		**$ 3,663.52**	**$ 1,750.00**	**$ 5,413.52**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	25.0	3,413.82	0.00	3,413.82	63.0
Lifting (strain or Injury by)	1	12.5	0.00	1,750.00	1,750.00	32.3
Animal Or Insect	3	37.5	156.75	0.00	156.75	2.9
Slipped, Did Not Fall	1	12.5	92.95	0.00	92.95	1.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 3,663.52**	**$ 1,750.00**	**$ 5,413.52**	
****BODY PART**						
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Abdomen including Groin	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Lower Arm	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Luray (856)

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

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

*****INJURY***

Contusion	1
Strain	1
Puncture	10
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	7	15.9	6,131.89	32,069.70	38,201.59	59.0
6PM-7:59PM	2	4.5	898.00	7,000.00	7,898.00	12.2
4PM-5:59PM	4	9.0	2,534.91	3,572.69	6,107.60	9.4
Unknown	1	2.2	3,329.18	0.00	3,329.18	5.1
2PM-3:59PM	8	18.1	1,498.80	1,403.00	2,901.80	4.4
2AM-3:59AM	2	4.5	1,962.58	0.00	1,962.58	3.0
10AM-11:59AM	11	25.0	707.80	750.00	1,457.80	2.2
6AM-7:59AM	1	2.2	1,257.50	0.00	1,257.50	1.9
4AM-5:59AM	1	2.2	911.37	0.00	911.37	1.4
12PM-1:59PM	7	15.9	2,105.97	-1,415.00	690.97	1.0
	44		***$ 21,338.00***	***$ 43,380.39***	***$ 64,718.39***	
LENGTH OF SERVICE						
12-14	7	15.9	5,302.35	38,319.70	43,622.05	67.4
0-2	4	9.0	3,502.56	1,995.09	5,497.65	8.4
2-4	9	20.4	3,228.90	750.00	3,978.90	6.1
22-24	2	4.5	3,528.84	0.00	3,528.84	5.4
36-38	2	4.5	1,896.79	750.00	2,646.79	4.0
4-6	7	15.9	1,833.39	0.00	1,833.39	2.8
14-16	4	9.0	1,219.37	-97.00	1,122.37	1.7
6-8	2	4.5	110.00	912.60	1,022.60	1.5
18-20	1	2.2	0.00	750.00	750.00	1.1
10-12	3	6.8	715.80	0.00	715.80	1.1
16-18	1	2.2	0.00	0.00	0.00	0.0
8-10	2	4.5	0.00	0.00	0.00	0.0
	44		***$ 21,338.00***	***$ 43,380.39***	***$ 64,718.39***	
AGE OF CLAIMANT						
45-49	7	15.9	1,186.62	17,816.43	19,003.05	29.3
35-39	8	18.1	4,650.65	13,406.27	18,056.92	27.9
30-34	6	13.6	887.00	7,000.00	7,887.00	12.1
50-54	3	6.8	3,405.71	3,410.09	6,815.80	10.5
55-59	6	13.6	4,897.87	1,662.60	6,560.47	10.1
40-44	4	9.0	4,669.83	-1,415.00	3,254.83	5.0
20-24	5	11.3	1,172.92	0.00	1,172.92	1.8
25-29	1	2.2	0.00	750.00	750.00	1.1
60-64	2	4.5	0.00	750.00	750.00	1.1
65-69	2	4.5	467.40	0.00	467.40	0.7
	44		***$ 21,338.00***	***$ 43,380.39***	***$ 64,718.39***	
SEX OF CLAIMANT						
Male	35	79.5	20,857.00	41,977.39	62,834.39	97.0
Female	9	20.4	481.00	1,403.00	1,884.00	2.9
	44		***$ 21,338.00***	***$ 43,380.39***	***$ 64,718.39***	
LOSS CAUSE						
Vehicle, not otherwise classified	11	25.0	10,869.54	20,588.27	31,457.81	48.6
Walking surface, outside, wet	1	2.2	433.57	17,816.43	18,250.00	28.2
Walking surface, outside, dry	6	13.6	2,668.91	4,160.09	6,829.00	10.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Pike pole 8’	1	2.2	3,329.18	0.00	3,329.18	5.1
Furniture / fixtures	6	13.6	2,035.86	-97.00	1,938.86	3.0
Heating equipment	1	2.2	0.00	750.00	750.00	1.1
Ladder, 10’ folding	1	2.2	412.80	0.00	412.80	0.6
Metal items	4	9.0	367.00	0.00	367.00	0.5
Boxes / containers	1	2.2	298.00	0.00	298.00	0.4
Stairs, steps	1	2.2	110.00	162.60	272.60	0.4
Brush / tree / log	1	2.2	189.55	0.00	189.55	0.2
Animal / bee type	1	2.2	178.00	0.00	178.00	0.2
Hand tool, not powered, NOC	2	4.5	175.00	0.00	175.00	0.2
Animal, not otherwise classified	1	2.2	140.59	0.00	140.59	0.2
Minerals / dirt	1	2.2	130.00	0.00	130.00	0.2
Office equipment	2	4.5	0.00	0.00	0.00	0.0
Building parts / doors	1	2.2	0.00	0.00	0.00	0.0
Pike pole 10’	1	2.2	0.00	0.00	0.00	0.0
Pipe	1	2.2	0.00	0.00	0.00	0.0
	44		**$ 21,338.00**	**$ 43,380.39**	**$ 64,718.39**	

ACCIDENT TYPE

Vehicle Upset	6	13.6	6,539.23	21,253.27	27,792.50	42.9
Fall or Slip (On Same Level)	7	15.9	4,670.27	21,879.52	26,549.79	41.0
Struck/Injured by Object Being Lifted/Handled	1	2.2	3,329.18	0.00	3,329.18	5.1
Fall or slip (on stairs)	3	6.8	2,278.87	162.60	2,441.47	3.7
Struck/Injured by Falling or Flying Object	3	6.8	1,065.80	0.00	1,065.80	1.6
Strike Against/Step on Stationary Object	3	6.8	770.40	0.00	770.40	1.1
Cumulative (Not Otherwise Classified)	1	2.2	0.00	750.00	750.00	1.1
Pushing Or Pulling (Strain or Injury by)	1	2.2	0.00	750.00	750.00	1.1
Lifting (strain or Injury by)	5	11.3	582.66	0.00	582.66	0.9
Object being lifted/handled (cut,punc.scrape,inj b	1	2.2	412.80	0.00	412.80	0.6
Fall or Slip (From Different Level)	1	2.2	329.00	0.00	329.00	0.5
Animal Or Insect	2	4.5	318.59	0.00	318.59	0.4
Twisting, strain or injury by	2	4.5	315.00	0.00	315.00	0.4
Foreign Body In Eye	2	4.5	272.00	0.00	272.00	0.4
Slipped, Did Not Fall	1	2.2	189.55	0.00	189.55	0.2
Repetitive Motion	1	2.2	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	2.2	264.65	-1,415.00	-1,150.35	-1.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.2	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	2.2	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	2.2	0.00	0.00	0.00	0.0
	44		**$ 21,338.00**	**$ 43,380.39**	**$ 64,718.39**	

**BODY PART

Knee	3
Skull	2
Lower Back Area (Lumbar and Lumbo-Sacral)	13
Soft Tissue - Neck	6
Shoulder	8
Lower Arm	4
Finger(s)	6
Lower Leg	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Northern (902)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Back Area (Thoracic Area)	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Ear(s)	1					
Facial, Other Soft Tissue	1					
Upper Leg	1					
Hand	1					
Wrist	1					
Ankle	1					
Eye(s)	2					
Abdomen including Groin	1					
Foot	2					
Toe(s)	1					
Upper Arm (Inc: Clavicle and Scapula)	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	36
Fracture	1
Multiple Physical Injuries Only	1
Amputation	1
Contusion	11
Puncture	3
Laceration	4
Inflamation	1
Sprain	2
Foreign Body	2
	44

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	2	6.8	13,762.35	0.00	13,762.35	45.7
12PM-1:59PM	6	20.6	4,795.76	0.00	4,795.76	15.9
Unknown	1	3.4	4,782.58	0.00	4,782.58	15.8
10AM-11:59AM	8	27.5	3,477.31	0.00	3,477.31	11.5
8AM-9:59AM	10	34.4	2,858.29	130.95	2,989.24	9.9
4PM-5:59PM	1	3.4	289.20	0.00	289.20	0.9
2PM-3:59PM	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 29,965.49**	**$ 130.95**	**$ 30,096.44**	
LENGTH OF SERVICE						
0-2	5	17.2	13,915.33	0.00	13,915.33	46.2
6-8	7	24.1	6,990.15	0.00	6,990.15	23.2
8-10	3	10.3	4,782.58	0.00	4,782.58	15.8
12-14	5	17.2	3,034.93	130.95	3,165.88	10.5
2-4	4	13.7	678.30	0.00	678.30	2.2
22-24	2	6.8	289.20	0.00	289.20	0.9
14-16	1	3.4	150.00	0.00	150.00	0.5
10-12	2	6.8	125.00	0.00	125.00	0.4
	29		**$ 29,965.49**	**$ 130.95**	**$ 30,096.44**	
AGE OF CLAIMANT						
45-49	4	13.7	14,343.92	0.00	14,343.92	47.6
30-34	7	24.1	7,615.44	0.00	7,615.44	25.3
55-59	3	10.3	4,645.76	0.00	4,645.76	15.4
35-39	3	10.3	1,970.05	130.95	2,101.00	6.9
40-44	8	27.5	1,237.34	0.00	1,237.34	4.1
20-24	2	6.8	152.98	0.00	152.98	0.5
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		**$ 29,965.49**	**$ 130.95**	**$ 30,096.44**	
SEX OF CLAIMANT						
Male	25	86.2	23,831.91	130.95	23,962.86	79.6
Female	4	13.7	6,133.58	0.00	6,133.58	20.3
	29		**$ 29,965.49**	**$ 130.95**	**$ 30,096.44**	
LOSS CAUSE						
Vehicle, not otherwise classified	5	17.2	15,113.35	0.00	15,113.35	50.2
Brush / tree / log	1	3.4	4,782.58	0.00	4,782.58	15.8
Metal items	2	6.8	4,645.76	0.00	4,645.76	15.4
Tractor trailer equipment	1	3.4	1,879.31	0.00	1,879.31	6.2
Miscellaneous	4	13.7	805.74	0.00	805.74	2.6
Boxes / containers	2	6.8	619.05	130.95	750.00	2.4
Pike pole 6’	2	6.8	601.85	0.00	601.85	2.0
Hand tool, not powered, NOC	1	3.4	456.57	0.00	456.57	1.5
Machine, not otherwise classified	2	6.8	431.60	0.00	431.60	1.4
Walking surface, outside, dry	2	6.8	246.70	0.00	246.70	0.8
Infectious agent	2	6.8	152.98	0.00	152.98	0.5
Animal / bee type	1	3.4	150.00	0.00	150.00	0.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, wet	1	3.4	80.00	0.00	80.00	0.2
Animal / insect, not otherwise classified	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
Walking surface, inside, dry	1	3.4	0.00	0.00	0.00	0.0
	29		***$ 29,965.49***	***$ 130.95***	***$ 30,096.44***	

ACCIDENT TYPE

Vehicle Upset	3	10.3	13,762.35	0.00	13,762.35	45.7
Lifting (strain or Injury by)	5	17.2	6,786.89	0.00	6,786.89	22.5
Contact with Electric Current	1	3.4	4,645.76	0.00	4,645.76	15.4
Twisting, strain or injury by	3	10.3	1,351.00	0.00	1,351.00	4.4
Wielding or throwing, strain or injury by	1	3.4	619.05	130.95	750.00	2.4
Struck/Injured by Object Being Lifted/Handled	1	3.4	516.54	0.00	516.54	1.7
Pushing Or Pulling (Strain or Injury by)	1	3.4	476.85	0.00	476.85	1.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.4	456.57	0.00	456.57	1.5
Struck/Injured by Hand Tool/Machine In Use	1	3.4	431.60	0.00	431.60	1.4
Fall or Slip (From Different Level)	1	3.4	289.20	0.00	289.20	0.9
Fall or Slip (On Same Level)	2	6.8	246.70	0.00	246.70	0.8
Exposure to Poisonous Agent / Plant	2	6.8	152.98	0.00	152.98	0.5
Animal Or Insect	2	6.8	150.00	0.00	150.00	0.5
Fall or Slip (From Liquid/Grease spills)	1	3.4	80.00	0.00	80.00	0.2
Object Handled (caught in or between)	2	6.8	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	6.8	0.00	0.00	0.00	0.0
	29		***$ 29,965.49***	***$ 130.95***	***$ 30,096.44***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	10
Soft Tissue - Neck	3
Lower Arm	5
Shoulder	4
Lower Leg	3
Hand	2
Wrist	1
Ankle	1
Elbow	1
Eye(s)	1
Finger(s)	1
Nose	1
Teeth	1
Upper Arm (Inc: Clavicle and Scapula)	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**

Strain	17
Puncture	3
Laceration	2
Contusion	5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:22

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Fairfax (947)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	3					
Dermatitis	3					
Dislocation	1					
Foreign Body	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Manassas (948)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	13.3	216.14	1,750.00	1,966.14	40.9
10AM-11:59AM	6	40.0	1,044.25	0.00	1,044.25	21.7
12PM-1:59PM	1	6.6	0.00	750.00	750.00	15.6
2PM-3:59PM	3	20.0	623.72	0.00	623.72	13.0
4PM-5:59PM	1	6.6	415.00	0.00	415.00	8.6
6AM-7:59AM	1	6.6	0.00	0.00	0.00	0.0
6PM-7:59PM	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 2,299.11***	***$ 2,500.00***	***$ 4,799.11***	
LENGTH OF SERVICE						
8-10	3	20.0	351.00	1,750.00	2,101.00	43.7
6-8	2	13.3	878.72	0.00	878.72	18.3
0-2	2	13.3	0.00	750.00	750.00	15.6
4-6	1	6.6	693.25	0.00	693.25	14.4
2-4	2	13.3	216.14	0.00	216.14	4.5
16-18	2	13.3	160.00	0.00	160.00	3.3
24-26	1	6.6	0.00	0.00	0.00	0.0
14-16	2	13.3	0.00	0.00	0.00	0.0
	15		***$ 2,299.11***	***$ 2,500.00***	***$ 4,799.11***	
AGE OF CLAIMANT						
35-39	7	46.6	1,371.97	1,750.00	3,121.97	65.0
40-44	4	26.6	376.14	750.00	1,126.14	23.4
45-49	1	6.6	415.00	0.00	415.00	8.6
30-34	1	6.6	136.00	0.00	136.00	2.8
25-29	1	6.6	0.00	0.00	0.00	0.0
55-59	1	6.6	0.00	0.00	0.00	0.0
	15		***$ 2,299.11***	***$ 2,500.00***	***$ 4,799.11***	
SEX OF CLAIMANT						
Male	13	86.6	2,299.11	2,500.00	4,799.11	100.0
Female	2	13.3	0.00	0.00	0.00	0.0
	15		***$ 2,299.11***	***$ 2,500.00***	***$ 4,799.11***	
LOSS CAUSE						
Miscellaneous	2	13.3	216.14	1,750.00	1,966.14	40.9
Machine, not otherwise classified	1	6.6	0.00	750.00	750.00	15.6
Walking surface, outside, wet	1	6.6	693.25	0.00	693.25	14.4
Sharp objects, not otherwise classified	1	6.6	463.72	0.00	463.72	9.6
Fencing	1	6.6	415.00	0.00	415.00	8.6
Chemicals, not otherwise classified	1	6.6	215.00	0.00	215.00	4.4
Minerals / dirt	1	6.6	160.00	0.00	160.00	3.3
Animal / insect, not otherwise classified	1	6.6	136.00	0.00	136.00	2.8
Vehicle, not otherwise classified	2	13.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	6.6	0.00	0.00	0.00	0.0
Mowers	1	6.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	6.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Manassas (948)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	15		**$ 2,299.11**	**$ 2,500.00**	**$ 4,799.11**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	3	20.0	216.14	1,750.00	1,966.14	40.9
Struck/Injured by Object Being Lifted/Handled	1	6.6	0.00	750.00	750.00	15.6
Fall or Slip (On Same Level)	1	6.6	693.25	0.00	693.25	14.4
Object being lifted/handled (cut,punc.scrape,inj b	1	6.6	463.72	0.00	463.72	9.6
Pushing Or Pulling (Strain or Injury by)	1	6.6	415.00	0.00	415.00	8.6
Absorb, Ingest, Inhalation	1	6.6	215.00	0.00	215.00	4.4
Foreign Body In Eye	1	6.6	160.00	0.00	160.00	3.3
Animal Or Insect	1	6.6	136.00	0.00	136.00	2.8
Slipped, Did Not Fall	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
Struck/Injured by Moving Part Of Machine	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
Vehicle Upset	1	6.6	0.00	0.00	0.00	0.0
	15		**$ 2,299.11**	**$ 2,500.00**	**$ 4,799.11**	

****BODY PART**	
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Teeth	1
Lower Leg	2
Finger(s)	1
Shoulder	2
Body System & Multiple Body Parts	1
Eye(s)	1
Lower Arm	2
Ankle	3
Hip	1
Soft Tissue - Neck	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
Dislocation	1
Laceration	1
All Other Cumulative	1
Foreign Body	1
Puncture	1
Burn	1
Contusion	1
Sprain	2
	15

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Leesburg (949)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	16.6	279.61	33,477.00	33,756.61	61.9
8AM-9:59AM	7	29.1	13,267.22	5,667.12	18,934.34	34.7
10AM-11:59AM	6	25.0	1,748.13	0.00	1,748.13	3.2
Unknown	1	4.1	64.00	0.00	64.00	0.1
2PM-3:59PM	5	20.8	0.00	0.00	0.00	0.0
2AM-3:59AM	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 15,358.96**	**$ 39,144.12**	**$ 54,503.08**	
LENGTH OF SERVICE						
8-10	2	8.3	694.65	33,477.00	34,171.65	62.7
2-4	6	25.0	13,261.62	5,667.12	18,928.74	34.7
14-16	1	4.1	952.46	0.00	952.46	1.7
6-8	2	8.3	388.62	0.00	388.62	0.7
24-26	1	4.1	55.00	0.00	55.00	0.1
12-14	3	12.5	6.61	0.00	6.61	0.0
4-6	4	16.6	0.00	0.00	0.00	0.0
0-2	1	4.1	0.00	0.00	0.00	0.0
10-12	1	4.1	0.00	0.00	0.00	0.0
16-18	1	4.1	0.00	0.00	0.00	0.0
22-24	1	4.1	0.00	0.00	0.00	0.0
30-32	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 15,358.96**	**$ 39,144.12**	**$ 54,503.08**	
AGE OF CLAIMANT						
50-54	7	29.1	13,058.57	39,144.12	52,202.69	95.7
70-74	1	4.1	952.46	0.00	952.46	1.7
45-49	2	8.3	421.65	0.00	421.65	0.7
35-39	2	8.3	407.05	0.00	407.05	0.7
30-34	3	12.5	388.62	0.00	388.62	0.7
20-24	4	16.6	124.00	0.00	124.00	0.2
40-44	4	16.6	6.61	0.00	6.61	0.0
55-59	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 15,358.96**	**$ 39,144.12**	**$ 54,503.08**	
SEX OF CLAIMANT						
Male	23	95.8	15,358.96	39,144.12	54,503.08	100.0
Female	1	4.1	0.00	0.00	0.00	0.0
	24		**$ 15,358.96**	**$ 39,144.12**	**$ 54,503.08**	
LOSS CAUSE						
Hand tool, not powered, NOC	2	8.3	279.61	33,477.00	33,756.61	61.9
Walking surface, outside, dry	1	4.1	12,730.57	5,667.12	18,397.69	33.7
Vehicle, not otherwise classified	6	25.0	1,438.11	0.00	1,438.11	2.6
Pipe	1	4.1	407.05	0.00	407.05	0.7
Machine, not otherwise classified	3	12.5	388.62	0.00	388.62	0.7
Metal items	1	4.1	60.00	0.00	60.00	0.1
Animal, not otherwise classified	1	4.1	55.00	0.00	55.00	0.1
Mowers	1	4.1	0.00	0.00	0.00	0.0
Brush / tree / log	3	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Leesburg (949)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	1	4.1	0.00	0.00	0.00	0.0
Miscellaneous	2	8.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	4.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 15,358.96***	***$ 39,144.12***	***$ 54,503.08***	

ACCIDENT TYPE

Pushing Or Pulling (Strain or Injury by)	5	20.8	1,101.70	33,477.00	34,578.70	63.4
Fall or Slip (On Same Level)	1	4.1	12,730.57	5,667.12	18,397.69	33.7
Slipped, Did Not Fall	1	4.1	952.46	0.00	952.46	1.7
Lifting (strain or Injury by)	5	20.8	452.62	0.00	452.62	0.8
Struck/Injured by Falling or Flying Object	1	4.1	60.00	0.00	60.00	0.1
Animal Or Insect	1	4.1	55.00	0.00	55.00	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	8.3	6.61	0.00	6.61	0.0
Fall or Slip (From Different Level)	2	8.3	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	4.1	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	4.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	12.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 15,358.96***	***$ 39,144.12***	***$ 54,503.08***	

***BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	10
Knee	4
Facial, Other Soft Tissue	1
Upper Back Area (Thoracic Area)	2
Lower Leg	2
Abdomen including Groin	1
Upper Leg	2
Finger(s)	1
Elbow	1
Eye(s)	1
Foot	1
Hand	1
Lower Arm	1
Shoulder	1
Skull	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	16
Inflamation	1
Contusion	6
Laceration	1
Foreign Body	1
Puncture	3
Sprain	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Leesburg (949)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dulles (997)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	4	33.3	11,122.84	15,010.27	26,133.11	77.6
2PM-3:59PM	3	25.0	2,190.29	3,059.71	5,250.00	15.5
6PM-7:59PM	1	8.3	965.75	0.00	965.75	2.8
10AM-11:59AM	1	8.3	0.00	750.00	750.00	2.2
4PM-5:59PM	1	8.3	430.00	0.00	430.00	1.2
4AM-5:59AM	2	16.6	136.00	0.00	136.00	0.4
	12		**$ 14,844.88**	**$ 18,819.98**	**$ 33,664.86**	
LENGTH OF SERVICE						
8-10	5	41.6	8,722.45	8,059.71	16,782.16	49.8
10-12	1	8.3	5,739.73	10,010.27	15,750.00	46.7
0-2	1	8.3	0.00	750.00	750.00	2.2
12-14	3	25.0	246.70	0.00	246.70	0.7
2-4	1	8.3	136.00	0.00	136.00	0.4
6-8	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 14,844.88**	**$ 18,819.98**	**$ 33,664.86**	
AGE OF CLAIMANT						
50-54	2	16.6	5,986.43	10,010.27	15,996.70	47.5
30-34	2	16.6	5,136.41	5,000.00	10,136.41	30.1
35-39	3	25.0	2,326.29	3,059.71	5,386.00	16.0
60-64	1	8.3	965.75	0.00	965.75	2.8
45-49	2	16.6	0.00	750.00	750.00	2.2
40-44	2	16.6	430.00	0.00	430.00	1.2
	12		**$ 14,844.88**	**$ 18,819.98**	**$ 33,664.86**	
SEX OF CLAIMANT						
Male	7	58.3	13,496.43	18,069.98	31,566.41	93.7
Female	5	41.6	1,348.45	750.00	2,098.45	6.2
	12		**$ 14,844.88**	**$ 18,819.98**	**$ 33,664.86**	
LOSS CAUSE						
Boxes / containers	1	8.3	5,739.73	10,010.27	15,750.00	46.7
Vehicle, not otherwise classified	2	16.6	5,566.41	5,000.00	10,566.41	31.3
Stairs, steps	1	8.3	2,190.29	3,059.71	5,250.00	15.5
Walking surface, outside, dry	2	16.6	965.75	0.00	965.75	2.8
Walking surface, inside, dry	1	8.3	0.00	750.00	750.00	2.2
Pike pole 6’	1	8.3	246.70	0.00	246.70	0.7
Walking surface, outside, wet	1	8.3	136.00	0.00	136.00	0.4
Chemicals, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	8.3	0.00	0.00	0.00	0.0
Miscellaneous	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 14,844.88**	**$ 18,819.98**	**$ 33,664.86**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	2	16.6	5,739.73	10,010.27	15,750.00	46.7
Vehicle Upset	1	8.3	5,136.41	5,000.00	10,136.41	30.1
Fall or slip (on stairs)	1	8.3	2,190.29	3,059.71	5,250.00	15.5
Fall or Slip (On Same Level)	4	33.3	1,101.75	0.00	1,101.75	3.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Highways & Trans, Dept Of (501)
SubAgency: Vdot - Dulles (997)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Twisting, strain or injury by	2	16.6	246.70	750.00	996.70	2.9
Struck/Injured by Motor Vehicle	1	8.3	430.00	0.00	430.00	1.2
Foreign Body In Eye	1	8.3	0.00	0.00	0.00	0.0
	12		***$ 14,844.88***	***$ 18,819.98***	***$ 33,664.86***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Hip	2
Soft Tissue - Neck	4
Knee	3
Hand	2
Facial, Other Soft Tissue	1
Foot	1
Lower Leg	1
Eye(s)	1
Shoulder	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	11
Contusion	8
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Accomack County Health Dept. (1)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	294.00	0.00	294.00	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 294.00**	**$ 0.00**	**$ 294.00**	
LENGTH OF SERVICE						
2-4	1	50.0	294.00	0.00	294.00	100.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 294.00**	**$ 0.00**	**$ 294.00**	
AGE OF CLAIMANT						
25-29	1	50.0	294.00	0.00	294.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 294.00**	**$ 0.00**	**$ 294.00**	
SEX OF CLAIMANT						
Female	2	100.0	294.00	0.00	294.00	100.0
	2		**$ 294.00**	**$ 0.00**	**$ 294.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	50.0	294.00	0.00	294.00	100.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 294.00**	**$ 0.00**	**$ 294.00**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	1	50.0	294.00	0.00	294.00	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 294.00**	**$ 0.00**	**$ 294.00**	
****BODY PART**						
Finger(s)	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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Amherst County Health Dept. (9)

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						
Person	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Foreign Body In Eye	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Eye(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Arlington Health Department (13)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	70.77	0.00	70.77	100.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 70.77**	**$ 0.00**	**$ 70.77**	
LENGTH OF SERVICE						
0-2	3	100.0	70.77	0.00	70.77	100.0
	3		**$ 70.77**	**$ 0.00**	**$ 70.77**	
AGE OF CLAIMANT						
30-34	1	33.3	70.77	0.00	70.77	100.0
25-29	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		**$ 70.77**	**$ 0.00**	**$ 70.77**	
SEX OF CLAIMANT						
Female	3	100.0	70.77	0.00	70.77	100.0
	3		**$ 70.77**	**$ 0.00**	**$ 70.77**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	33.3	70.77	0.00	70.77	100.0
Animal / insect, 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		**$ 70.77**	**$ 0.00**	**$ 70.77**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	1	33.3	70.77	0.00	70.77	100.0
Animal Or Insect	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		**$ 70.77**	**$ 0.00**	**$ 70.77**	
****BODY PART**						
Finger(s)	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	3					

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

****INJURY**		
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:23

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Augusta Health Department (15)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	684.20	0.00	684.20	100.0
12AM-1:59AM	1	50.0	11.71	-11.71	0.00	0.0
	2		**$ 695.91**	**$ -11.71**	**$ 684.20**	
LENGTH OF SERVICE						
24-26	1	50.0	684.20	0.00	684.20	100.0
8-10	1	50.0	11.71	-11.71	0.00	0.0
	2		**$ 695.91**	**$ -11.71**	**$ 684.20**	
AGE OF CLAIMANT						
60-64	1	50.0	684.20	0.00	684.20	100.0
40-44	1	50.0	11.71	-11.71	0.00	0.0
	2		**$ 695.91**	**$ -11.71**	**$ 684.20**	
SEX OF CLAIMANT						
Male	2	100.0	695.91	-11.71	684.20	100.0
	2		**$ 695.91**	**$ -11.71**	**$ 684.20**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	50.0	684.20	0.00	684.20	100.0
Brush / tree / log	1	50.0	11.71	-11.71	0.00	0.0
	2		**$ 695.91**	**$ -11.71**	**$ 684.20**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	50.0	684.20	0.00	684.20	100.0
Struck/Injured by Falling or Flying Object	1	50.0	11.71	-11.71	0.00	0.0
	2		**$ 695.91**	**$ -11.71**	**$ 684.20**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Leg	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**		
Fracture	1	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:24

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Bath County Health Department (17)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	94.1
2AM-3:59AM	1	50.0	47.00	0.00	47.00	5.9
	2		**$ 47.00**	**$ 750.00**	**$ 797.00**	
LENGTH OF SERVICE						
10-12	1	50.0	0.00	750.00	750.00	94.1
0-2	1	50.0	47.00	0.00	47.00	5.9
	2		**$ 47.00**	**$ 750.00**	**$ 797.00**	
AGE OF CLAIMANT						
35-39	2	100.0	47.00	750.00	797.00	100.0
	2		**$ 47.00**	**$ 750.00**	**$ 797.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	750.00	750.00	94.1
Male	1	50.0	47.00	0.00	47.00	5.9
	2		**$ 47.00**	**$ 750.00**	**$ 797.00**	
LOSS CAUSE						
Environmental conditions	1	50.0	0.00	750.00	750.00	94.1
Stone / rock / brick	1	50.0	47.00	0.00	47.00	5.9
	2		**$ 47.00**	**$ 750.00**	**$ 797.00**	
ACCIDENT TYPE						
Allergic Reaction	1	50.0	0.00	750.00	750.00	94.1
Twisting, strain or injury by	1	50.0	47.00	0.00	47.00	5.9
	2		**$ 47.00**	**$ 750.00**	**$ 797.00**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Upper 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**		
Dermatitis	1	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:24

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	25.0	0.00	0.00	0.00	0.0
2AM-3:59AM	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
4AM-5:59AM	1	25.0	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
10-12	1	25.0	0.00	0.00	0.00	0.0
16-18	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
40-44	2	50.0	0.00	0.00	0.00	0.0
45-49	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 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						
Animal / insect, not otherwise classified	2	50.0	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						
Animal Or Insect	2	50.0	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
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**						
Knee	1					
Lower Leg	1					
Multiple Neck Injury	1					
Soft Tissue - Neck	1					
	4					

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

****INJURY**	
Laceration	1
Puncture	1
Sprain	1
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:25

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Bedford County Health Dept. (19)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:25

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Bland Health Department (21)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	53,183.89	62,064.37	115,248.26	100.0
	1		**$ 53,183.89**	**$ 62,064.37**	**$ 115,248.26**	
LENGTH OF SERVICE						
12-14	1	100.0	53,183.89	62,064.37	115,248.26	100.0
	1		**$ 53,183.89**	**$ 62,064.37**	**$ 115,248.26**	
AGE OF CLAIMANT						
70-74	1	100.0	53,183.89	62,064.37	115,248.26	100.0
	1		**$ 53,183.89**	**$ 62,064.37**	**$ 115,248.26**	
SEX OF CLAIMANT						
Male	1	100.0	53,183.89	62,064.37	115,248.26	100.0
	1		**$ 53,183.89**	**$ 62,064.37**	**$ 115,248.26**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	53,183.89	62,064.37	115,248.26	100.0
	1		**$ 53,183.89**	**$ 62,064.37**	**$ 115,248.26**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	100.0	53,183.89	62,064.37	115,248.26	100.0
	1		**$ 53,183.89**	**$ 62,064.37**	**$ 115,248.26**	
****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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:25

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Botetourt County Health Dept. (23)

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						
10-12	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
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						
Sharp objects, 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						
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****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	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Brunswick County Health Dept. (25)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	793.00	0.00	793.00	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 793.00**	**$ 0.00**	**$ 793.00**	
LENGTH OF SERVICE						
8-10	1	50.0	793.00	0.00	793.00	100.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 793.00**	**$ 0.00**	**$ 793.00**	
AGE OF CLAIMANT						
50-54	1	50.0	793.00	0.00	793.00	100.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 793.00**	**$ 0.00**	**$ 793.00**	
SEX OF CLAIMANT						
Female	1	50.0	793.00	0.00	793.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 793.00**	**$ 0.00**	**$ 793.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	2	100.0	793.00	0.00	793.00	100.0
	2		**$ 793.00**	**$ 0.00**	**$ 793.00**	
ACCIDENT TYPE						
Misc. (Cut, Puncture, Scrape)	1	50.0	793.00	0.00	793.00	100.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 793.00**	**$ 0.00**	**$ 793.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Buchanan County Health Dept. (27)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	55.00	0.00	55.00	100.0
	1		**$ 55.00**	**$ 0.00**	**$ 55.00**	
LENGTH OF SERVICE						
8-10	1	100.0	55.00	0.00	55.00	100.0
	1		**$ 55.00**	**$ 0.00**	**$ 55.00**	
AGE OF CLAIMANT						
40-44	1	100.0	55.00	0.00	55.00	100.0
	1		**$ 55.00**	**$ 0.00**	**$ 55.00**	
SEX OF CLAIMANT						
Male	1	100.0	55.00	0.00	55.00	100.0
	1		**$ 55.00**	**$ 0.00**	**$ 55.00**	
LOSS CAUSE						
Hand tool, powered, NOC	1	100.0	55.00	0.00	55.00	100.0
	1		**$ 55.00**	**$ 0.00**	**$ 55.00**	
ACCIDENT TYPE						
Using Tool Or Machine (Strain or Injury by)	1	100.0	55.00	0.00	55.00	100.0
	1		**$ 55.00**	**$ 0.00**	**$ 55.00**	
****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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Buckingham Health Department (29)

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
4AM-5:59AM	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
6-8	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
45-49	3	100.0	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						
Metal items	1	33.3	0.00	0.00	0.00	0.0
Patient / Inmate	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
Foreign Body In Eye	1	33.3	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	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**	
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Caroline Health Department (33)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	345.00	0.00	345.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 345.00**	**$ 0.00**	**$ 345.00**	
LENGTH OF SERVICE						
28-30	1	50.0	345.00	0.00	345.00	100.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 345.00**	**$ 0.00**	**$ 345.00**	
AGE OF CLAIMANT						
40-44	2	100.0	345.00	0.00	345.00	100.0
	2		**$ 345.00**	**$ 0.00**	**$ 345.00**	
SEX OF CLAIMANT						
Female	2	100.0	345.00	0.00	345.00	100.0
	2		**$ 345.00**	**$ 0.00**	**$ 345.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	345.00	0.00	345.00	100.0
Pipe	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 345.00**	**$ 0.00**	**$ 345.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	345.00	0.00	345.00	100.0
Fall or Slip (From Different Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 345.00**	**$ 0.00**	**$ 345.00**	
****BODY PART**						
Finger(s)	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**		
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Carroll Health Department (35)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	2,011.95	0.00	2,011.95	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,011.95**	**$ 0.00**	**$ 2,011.95**	
LENGTH OF SERVICE						
24-26	1	50.0	2,011.95	0.00	2,011.95	100.0
14-16	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,011.95**	**$ 0.00**	**$ 2,011.95**	
AGE OF CLAIMANT						
60-64	2	100.0	2,011.95	0.00	2,011.95	100.0
	2		**$ 2,011.95**	**$ 0.00**	**$ 2,011.95**	
SEX OF CLAIMANT						
Female	2	100.0	2,011.95	0.00	2,011.95	100.0
	2		**$ 2,011.95**	**$ 0.00**	**$ 2,011.95**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	2,011.95	0.00	2,011.95	100.0
Animal / insect, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,011.95**	**$ 0.00**	**$ 2,011.95**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	2,011.95	0.00	2,011.95	100.0
Animal Or Insect	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,011.95**	**$ 0.00**	**$ 2,011.95**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Hand	1					
	2					

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

****INJURY**		
Laceration	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 2001

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Charles City County Hth.dept. (36)

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						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
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	

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Charlotte County Health Dept. (37)

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						
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						
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	2	100.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Insufficient data	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						
Misc. (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Wrist	1					
Hip	1					
	2					

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

****INJURY**		
Sprain	1	
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Chesterfield County Health Dept. (41)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	16.6	57.60	0.00	57.60	100.0
4AM-5:59AM	2	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	16.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 57.60**	**$ 0.00**	**$ 57.60**	
LENGTH OF SERVICE						
10-12	1	16.6	57.60	0.00	57.60	100.0
4-6	1	16.6	0.00	0.00	0.00	0.0
0-2	1	16.6	0.00	0.00	0.00	0.0
14-16	2	33.3	0.00	0.00	0.00	0.0
18-20	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 57.60**	**$ 0.00**	**$ 57.60**	
AGE OF CLAIMANT						
50-54	1	16.6	57.60	0.00	57.60	100.0
40-44	2	33.3	0.00	0.00	0.00	0.0
25-29	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		**$ 57.60**	**$ 0.00**	**$ 57.60**	
SEX OF CLAIMANT						
Female	5	83.3	57.60	0.00	57.60	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 57.60**	**$ 0.00**	**$ 57.60**	
LOSS CAUSE						
Walking surface, outside, wet	1	16.6	57.60	0.00	57.60	100.0
Water	1	16.6	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
Office equipment	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
Vehicle, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 57.60**	**$ 0.00**	**$ 57.60**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	16.6	57.60	0.00	57.60	100.0
Fall or Slip (From Liquid/Grease spills)	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
Struck/Injured by Falling or Flying Object	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 57.60**	**$ 0.00**	**$ 57.60**	
****BODY PART**						
Knee	2					
Lower Leg	1					
Facial, Other Soft Tissue	1					
Hand	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Chesterfield County Health Dept. (41)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Neck Injury	1					
No Physical Problem	1					
Shoulder	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	4
Sprain	2
Foreign Body	1
No Physical Injury	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Culpeper County Health Dept. (47)

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						
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						
Jumping (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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Dickenson County Health Dept. (51)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
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						
Furniture / fixtures	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**						
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
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					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Essex County Health Dept. (57)

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						
4-6	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
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						
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	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
Vehicle Upset	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Finger(s)	1					
Multiple Neck Injury	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	
Crushing	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Fauquier County Health Dept. (61)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	189.64	0.00	189.64	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 189.64**	**$ 0.00**	**$ 189.64**	
LENGTH OF SERVICE						
10-12	1	50.0	189.64	0.00	189.64	100.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 189.64**	**$ 0.00**	**$ 189.64**	
AGE OF CLAIMANT						
45-49	1	50.0	189.64	0.00	189.64	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 189.64**	**$ 0.00**	**$ 189.64**	
SEX OF CLAIMANT						
Female	2	100.0	189.64	0.00	189.64	100.0
	2		**$ 189.64**	**$ 0.00**	**$ 189.64**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	189.64	0.00	189.64	100.0
Person	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 189.64**	**$ 0.00**	**$ 189.64**	
ACCIDENT TYPE						
Fall or slip (into Openings)	1	50.0	189.64	0.00	189.64	100.0
Struck/Injured by Falling or Flying Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 189.64**	**$ 0.00**	**$ 189.64**	
****BODY PART**						
Ankle	1					
Upper 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**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Floyd County Health Dept. (63)

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						
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						
Stairs, steps	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	0.00	750.00	750.00	100.0
	1		***$ 0.00***	***$ 750.00***	***$ 750.00***	
*****BODY PART***						
Ankle	1					
Buttocks	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***		
Sprain	2	
Contusion	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Fluvanna County Health Dept. (65)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	85.00	0.00	85.00	100.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 85.00**	**$ 0.00**	**$ 85.00**	
LENGTH OF SERVICE						
16-18	1	50.0	85.00	0.00	85.00	100.0
8-10	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 85.00**	**$ 0.00**	**$ 85.00**	
AGE OF CLAIMANT						
35-39	1	50.0	85.00	0.00	85.00	100.0
55-59	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 85.00**	**$ 0.00**	**$ 85.00**	
SEX OF CLAIMANT						
Female	1	50.0	85.00	0.00	85.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 85.00**	**$ 0.00**	**$ 85.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	85.00	0.00	85.00	100.0
Animal / tick, spider, etc.	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 85.00**	**$ 0.00**	**$ 85.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	85.00	0.00	85.00	100.0
Animal Or Insect	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 85.00**	**$ 0.00**	**$ 85.00**	
****BODY PART**						
Lower Arm	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**	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Franklin County Health Dept. (67)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	42.00	0.00	42.00	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 42.00**	**$ 0.00**	**$ 42.00**	
LENGTH OF SERVICE						
0-2	1	50.0	42.00	0.00	42.00	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 42.00**	**$ 0.00**	**$ 42.00**	
AGE OF CLAIMANT						
35-39	1	50.0	42.00	0.00	42.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 42.00**	**$ 0.00**	**$ 42.00**	
SEX OF CLAIMANT						
Female	2	100.0	42.00	0.00	42.00	100.0
	2		**$ 42.00**	**$ 0.00**	**$ 42.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	42.00	0.00	42.00	100.0
Sharp objects, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 42.00**	**$ 0.00**	**$ 42.00**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	42.00	0.00	42.00	100.0
Misc. (Cut, Puncture, Scrape)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 42.00**	**$ 0.00**	**$ 42.00**	
****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:26

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Frederick Health Department (69)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	100.0	123.00	0.00	123.00	100.0
	1		***$ 123.00***	***$ 0.00***	***$ 123.00***	
LENGTH OF SERVICE						
2-4	1	100.0	123.00	0.00	123.00	100.0
	1		***$ 123.00***	***$ 0.00***	***$ 123.00***	
AGE OF CLAIMANT						
25-29	1	100.0	123.00	0.00	123.00	100.0
	1		***$ 123.00***	***$ 0.00***	***$ 123.00***	
SEX OF CLAIMANT						
Female	1	100.0	123.00	0.00	123.00	100.0
	1		***$ 123.00***	***$ 0.00***	***$ 123.00***	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	123.00	0.00	123.00	100.0
	1		***$ 123.00***	***$ 0.00***	***$ 123.00***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	123.00	0.00	123.00	100.0
	1		***$ 123.00***	***$ 0.00***	***$ 123.00***	
*****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Giles County Health Dept. (71)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
0-2	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
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 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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Goochland County Health Dept. (75)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Water	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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Halifax County Health Department (83)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	33.3	87.00	750.00	837.00	91.3
12PM-1:59PM	1	16.6	79.55	0.00	79.55	8.6
10AM-11:59AM	1	16.6	0.00	0.00	0.00	0.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
8AM-9:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 166.55**	**$ 750.00**	**$ 916.55**	
LENGTH OF SERVICE						
20-22	1	16.6	0.00	750.00	750.00	81.8
10-12	2	33.3	87.00	0.00	87.00	9.4
8-10	1	16.6	79.55	0.00	79.55	8.6
0-2	1	16.6	0.00	0.00	0.00	0.0
14-16	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 166.55**	**$ 750.00**	**$ 916.55**	
AGE OF CLAIMANT						
55-59	2	33.3	0.00	750.00	750.00	81.8
40-44	2	33.3	87.00	0.00	87.00	9.4
60-64	1	16.6	79.55	0.00	79.55	8.6
45-49	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 166.55**	**$ 750.00**	**$ 916.55**	
SEX OF CLAIMANT						
Female	6	100.0	166.55	750.00	916.55	100.0
	6		**$ 166.55**	**$ 750.00**	**$ 916.55**	
LOSS CAUSE						
Walking surface, inside, dry	1	16.6	0.00	750.00	750.00	81.8
Furniture / fixtures	1	16.6	87.00	0.00	87.00	9.4
Animal / insect, not otherwise classified	2	33.3	79.55	0.00	79.55	8.6
Animal / bee type	1	16.6	0.00	0.00	0.00	0.0
Electrical equipment	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 166.55**	**$ 750.00**	**$ 916.55**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	33.3	0.00	750.00	750.00	81.8
Pushing Or Pulling (Strain or Injury by)	1	16.6	87.00	0.00	87.00	9.4
Animal Or Insect	3	50.0	79.55	0.00	79.55	8.6
	6		**$ 166.55**	**$ 750.00**	**$ 916.55**	
****BODY PART**						
Facial, Other Soft Tissue	2					
Wrist	1					
Buttocks	1					
Upper Back Area (Thoracic Area)	1					
Upper Leg	1					
Abdomen including Groin	2					
Knee	1					
Upper Arm (Inc: Clavicle and Scapula)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Halifax County Health Department (83)

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	2
Puncture	7
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Hanover Health Department (85)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	25.0	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
2-4	1	25.0	0.00	0.00	0.00	0.0
4-6	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
35-39	2	50.0	0.00	0.00	0.00	0.0
25-29	1	25.0	0.00	0.00	0.00	0.0
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	25.0	0.00	0.00	0.00	0.0
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Person	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Using Tool Or Machine (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Human Bite	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
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**						
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Hand	1					
	4					

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

****INJURY**	
Sprain	1
Puncture	1
Strain	2
	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Henrico County Health Dept. (87)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	11.1	270.00	0.00	270.00	59.7
10AM-11:59AM	4	44.4	205.00	0.00	205.00	45.3
8AM-9:59AM	2	22.2	0.00	-23.00	-23.00	-5.0
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
2AM-3:59AM	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 475.00**	**$ -23.00**	**$ 452.00**	
LENGTH OF SERVICE						
0-2	4	44.4	270.00	0.00	270.00	59.7
20-22	1	11.1	205.00	0.00	205.00	45.3
16-18	1	11.1	0.00	0.00	0.00	0.0
18-20	1	11.1	0.00	-23.00	-23.00	-5.0
14-16	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		**$ 475.00**	**$ -23.00**	**$ 452.00**	
AGE OF CLAIMANT						
25-29	2	22.2	270.00	0.00	270.00	59.7
45-49	3	33.3	205.00	-23.00	182.00	40.2
55-59	1	11.1	0.00	0.00	0.00	0.0
40-44	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		**$ 475.00**	**$ -23.00**	**$ 452.00**	
SEX OF CLAIMANT						
Female	7	77.7	475.00	-23.00	452.00	100.0
Male	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 475.00**	**$ -23.00**	**$ 452.00**	
LOSS CAUSE						
Building parts / doors	1	11.1	270.00	0.00	270.00	59.7
Furniture / fixtures	3	33.3	205.00	0.00	205.00	45.3
Vehicle, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Office equipment	1	11.1	0.00	-23.00	-23.00	-5.0
Boxes / containers	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
Metal items	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 475.00**	**$ -23.00**	**$ 452.00**	
ACCIDENT TYPE						
Misc. (Caught in or Between)	1	11.1	270.00	0.00	270.00	59.7
Strike Against/Step on Stationary Object	1	11.1	205.00	0.00	205.00	45.3
Collision/sideswipe with Another Vehicle	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
Repetitive Motion	1	11.1	0.00	-23.00	-23.00	-5.0
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	2	22.2	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Henrico County Health Dept. (87)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 475.00**	**$ -23.00**	**$ 452.00**	
*****BODY PART***						
Finger(s)	2					
Multiple Neck Injury	1					
Shoulder	1					
Hand	1					
Knee	1					
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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***						
Crushing	1					
Dislocation	1					
Sprain	1					
Strain	2					
Inflamation	1					
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Isle Wright County Health Dept. (93)

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						
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						
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***						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: King George County Health Dept. (99)

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						
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						
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***						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Lancaster County Health Dept. (103)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	722.76	0.00	722.76	74.6
4AM-5:59AM	2	66.6	245.65	0.00	245.65	25.3
	3		**$ 968.41**	**$ 0.00**	**$ 968.41**	
LENGTH OF SERVICE						
8-10	1	33.3	722.76	0.00	722.76	74.6
28-30	1	33.3	245.65	0.00	245.65	25.3
24-26	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 968.41**	**$ 0.00**	**$ 968.41**	
AGE OF CLAIMANT						
60-64	1	33.3	722.76	0.00	722.76	74.6
45-49	1	33.3	245.65	0.00	245.65	25.3
50-54	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 968.41**	**$ 0.00**	**$ 968.41**	
SEX OF CLAIMANT						
Female	3	100.0	968.41	0.00	968.41	100.0
	3		**$ 968.41**	**$ 0.00**	**$ 968.41**	
LOSS CAUSE						
Walking surface, inside, dry	1	33.3	722.76	0.00	722.76	74.6
Boxes / containers	1	33.3	245.65	0.00	245.65	25.3
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 968.41**	**$ 0.00**	**$ 968.41**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	66.6	722.76	0.00	722.76	74.6
Lifting (strain or Injury by)	1	33.3	245.65	0.00	245.65	25.3
	3		**$ 968.41**	**$ 0.00**	**$ 968.41**	
****BODY PART**						
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Hand	1					
	3					

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

****INJURY**		
Contusion	1	
Strain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: 601lee County Health Dept. (105)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	33.3	2,431.85	0.00	2,431.85	100.0
2AM-3:59AM	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 2,431.85**	**$ 0.00**	**$ 2,431.85**	
LENGTH OF SERVICE						
0-2	1	33.3	2,431.85	0.00	2,431.85	100.0
6-8	1	33.3	0.00	0.00	0.00	0.0
22-24	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 2,431.85**	**$ 0.00**	**$ 2,431.85**	
AGE OF CLAIMANT						
45-49	1	33.3	2,431.85	0.00	2,431.85	100.0
50-54	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		**$ 2,431.85**	**$ 0.00**	**$ 2,431.85**	
SEX OF CLAIMANT						
Female	3	100.0	2,431.85	0.00	2,431.85	100.0
	3		**$ 2,431.85**	**$ 0.00**	**$ 2,431.85**	
LOSS CAUSE						
Stairs, steps	1	33.3	2,431.85	0.00	2,431.85	100.0
Walking surface, inside, wet	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		**$ 2,431.85**	**$ 0.00**	**$ 2,431.85**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	33.3	2,431.85	0.00	2,431.85	100.0
Fall or Slip (From Liquid/Grease spills)	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		**$ 2,431.85**	**$ 0.00**	**$ 2,431.85**	

****BODY PART**	
Ankle	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Wrist	1
Knee	1
Finger(s)	1
	3

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

****INJURY**	
Sprain	2
Fracture	1
Contusion	1
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: 601lee County Health Dept. (105)

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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Lousia County Health Dept. (109)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	94.00	0.00	94.00	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 94.00***	***$ 0.00***	***$ 94.00***	
LENGTH OF SERVICE						
0-2	1	50.0	94.00	0.00	94.00	100.0
30-32	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 94.00***	***$ 0.00***	***$ 94.00***	
AGE OF CLAIMANT						
25-29	1	50.0	94.00	0.00	94.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 94.00***	***$ 0.00***	***$ 94.00***	
SEX OF CLAIMANT						
Male	1	50.0	94.00	0.00	94.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 94.00***	***$ 0.00***	***$ 94.00***	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	94.00	0.00	94.00	100.0
Building parts / doors	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 94.00***	***$ 0.00***	***$ 94.00***	
ACCIDENT TYPE						
Repetitive Motion	1	50.0	94.00	0.00	94.00	100.0
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 94.00***	***$ 0.00***	***$ 94.00***	
*****BODY PART***						
Elbow	1					
Facial, Other Soft Tissue	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Madison County Health Dept. (113)

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						
28-30	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						
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						
Vehicle, not otherwise classified	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						
Vehicle Upset	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***						
No Physical Problem	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***	
No Physical Injury	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	646.55	0.00	646.55	93.4
12AM-1:59AM	1	50.0	45.00	0.00	45.00	6.5
	2		**$ 691.55**	**$ 0.00**	**$ 691.55**	
LENGTH OF SERVICE						
0-2	1	50.0	646.55	0.00	646.55	93.4
24-26	1	50.0	45.00	0.00	45.00	6.5
	2		**$ 691.55**	**$ 0.00**	**$ 691.55**	
AGE OF CLAIMANT						
55-59	2	100.0	691.55	0.00	691.55	100.0
	2		**$ 691.55**	**$ 0.00**	**$ 691.55**	
SEX OF CLAIMANT						
Female	2	100.0	691.55	0.00	691.55	100.0
	2		**$ 691.55**	**$ 0.00**	**$ 691.55**	
LOSS CAUSE						
Miscellaneous	1	50.0	646.55	0.00	646.55	93.4
Sharp objects, not otherwise classified	1	50.0	45.00	0.00	45.00	6.5
	2		**$ 691.55**	**$ 0.00**	**$ 691.55**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	646.55	0.00	646.55	93.4
Misc. (Cut, Puncture, Scrape)	1	50.0	45.00	0.00	45.00	6.5
	2		**$ 691.55**	**$ 0.00**	**$ 691.55**	
****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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Animal / insect, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Northampton County Health Dept. (131)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	309.10	0.00	309.10	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 309.10**	**$ 0.00**	**$ 309.10**	
LENGTH OF SERVICE						
2-4	2	50.0	309.10	0.00	309.10	100.0
8-10	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 309.10**	**$ 0.00**	**$ 309.10**	
AGE OF CLAIMANT						
55-59	1	25.0	309.10	0.00	309.10	100.0
35-39	1	25.0	0.00	0.00	0.00	0.0
30-34	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		**$ 309.10**	**$ 0.00**	**$ 309.10**	
SEX OF CLAIMANT						
Male	1	25.0	309.10	0.00	309.10	100.0
Female	3	75.0	0.00	0.00	0.00	0.0
	4		**$ 309.10**	**$ 0.00**	**$ 309.10**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	25.0	309.10	0.00	309.10	100.0
Patient / Inmate	2	50.0	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		**$ 309.10**	**$ 0.00**	**$ 309.10**	
ACCIDENT TYPE						
Animal Or Insect	1	25.0	309.10	0.00	309.10	100.0
Pushing Or Pulling (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	25.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 309.10**	**$ 0.00**	**$ 309.10**	
****BODY PART**						
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	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**	
Foreign Body	1
Sprain	1
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Northampton County Health Dept. (131)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Page County Health Dept. (139)

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						
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						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Prince Edward County Hth.dept. (147)

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						
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						
40-44	1	50.0	0.00	0.00	0.00	0.0
45-49	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	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						
Electrical 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						
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***						
Shoulder	1					
Knee	1					
	2					

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

*****INJURY***	
Strain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Prince George County Hth.dept. (149)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	198.04	0.00	198.04	100.0
	1		***$ 198.04***	***$ 0.00***	***$ 198.04***	
LENGTH OF SERVICE						
0-2	1	100.0	198.04	0.00	198.04	100.0
	1		***$ 198.04***	***$ 0.00***	***$ 198.04***	
AGE OF CLAIMANT						
30-34	1	100.0	198.04	0.00	198.04	100.0
	1		***$ 198.04***	***$ 0.00***	***$ 198.04***	
SEX OF CLAIMANT						
Female	1	100.0	198.04	0.00	198.04	100.0
	1		***$ 198.04***	***$ 0.00***	***$ 198.04***	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	198.04	0.00	198.04	100.0
	1		***$ 198.04***	***$ 0.00***	***$ 198.04***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	198.04	0.00	198.04	100.0
	1		***$ 198.04***	***$ 0.00***	***$ 198.04***	
*****BODY PART***						
Hip	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Prince William County Hth.dept. (153)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
2PM-3:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
10-12	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
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						
Boxes / containers	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 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**						
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	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						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Heating equipment	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					
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**						
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Roanoke County/vinton Hlth Dept. (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	28.5	43.00	750.00	793.00	51.3
4AM-5:59AM	2	28.5	0.00	750.00	750.00	48.6
12AM-1:59AM	1	14.2	0.00	0.00	0.00	0.0
12PM-1:59PM	1	14.2	0.00	0.00	0.00	0.0
8AM-9:59AM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 43.00**	**$ 1,500.00**	**$ 1,543.00**	
LENGTH OF SERVICE						
12-14	1	14.2	0.00	750.00	750.00	48.6
2-4	2	28.5	0.00	750.00	750.00	48.6
0-2	1	14.2	43.00	0.00	43.00	2.7
16-18	1	14.2	0.00	0.00	0.00	0.0
8-10	1	14.2	0.00	0.00	0.00	0.0
Unknown	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 43.00**	**$ 1,500.00**	**$ 1,543.00**	
AGE OF CLAIMANT						
45-49	3	42.8	0.00	750.00	750.00	48.6
50-54	3	42.8	0.00	750.00	750.00	48.6
30-34	1	14.2	43.00	0.00	43.00	2.7
	7		**$ 43.00**	**$ 1,500.00**	**$ 1,543.00**	
SEX OF CLAIMANT						
Female	6	85.7	43.00	1,500.00	1,543.00	100.0
Male	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 43.00**	**$ 1,500.00**	**$ 1,543.00**	
LOSS CAUSE						
Electrical equipment	1	14.2	0.00	750.00	750.00	48.6
Walking surface, outside, dry	2	28.5	0.00	750.00	750.00	48.6
Boxes / containers	1	14.2	43.00	0.00	43.00	2.7
Furniture / fixtures	2	28.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 43.00**	**$ 1,500.00**	**$ 1,543.00**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	3	42.8	0.00	750.00	750.00	48.6
Twisting, strain or injury by	1	14.2	0.00	750.00	750.00	48.6
Lifting (strain or Injury by)	1	14.2	43.00	0.00	43.00	2.7
Fall or Slip (On Same Level)	1	14.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 43.00**	**$ 1,500.00**	**$ 1,543.00**	
****BODY PART**						
Ankle	1					
Foot	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Body System & Multiple Body Parts	1					
Finger(s)	1					
Hip	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Roanoke County/vinton Hlth Dept. (161)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Head Injury	1					
Multiple Neck Injury	1					
Upper Back Area (Thoracic Area)	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	2
Strain	1
Contusion	5
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Rockingham Health Department (165)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	297.47	0.00	297.47	100.0
	1		**$ 297.47**	**$ 0.00**	**$ 297.47**	
LENGTH OF SERVICE						
0-2	1	100.0	297.47	0.00	297.47	100.0
	1		**$ 297.47**	**$ 0.00**	**$ 297.47**	
AGE OF CLAIMANT						
35-39	1	100.0	297.47	0.00	297.47	100.0
	1		**$ 297.47**	**$ 0.00**	**$ 297.47**	
SEX OF CLAIMANT						
Male	1	100.0	297.47	0.00	297.47	100.0
	1		**$ 297.47**	**$ 0.00**	**$ 297.47**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	297.47	0.00	297.47	100.0
	1		**$ 297.47**	**$ 0.00**	**$ 297.47**	
ACCIDENT TYPE						
Fall or Slip (From Liquid/Grease spills)	1	100.0	297.47	0.00	297.47	100.0
	1		**$ 297.47**	**$ 0.00**	**$ 297.47**	
****BODY PART**						
Hand	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					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	50.0	157.60	0.00	157.60	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 157.60**	**$ 0.00**	**$ 157.60**	
LENGTH OF SERVICE						
26-28	1	50.0	157.60	0.00	157.60	100.0
2-4	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 157.60**	**$ 0.00**	**$ 157.60**	
AGE OF CLAIMANT						
45-49	2	100.0	157.60	0.00	157.60	100.0
	2		**$ 157.60**	**$ 0.00**	**$ 157.60**	
SEX OF CLAIMANT						
Male	1	50.0	157.60	0.00	157.60	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 157.60**	**$ 0.00**	**$ 157.60**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	157.60	0.00	157.60	100.0
Walking surface, inside, wet	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 157.60**	**$ 0.00**	**$ 157.60**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	157.60	0.00	157.60	100.0
Fall or Slip (From Liquid/Grease spills)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 157.60**	**$ 0.00**	**$ 157.60**	
****BODY PART**						
Knee	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**						
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	109.00	0.00	109.00	100.0
	1		***$ 109.00***	***$ 0.00***	***$ 109.00***	
LENGTH OF SERVICE						
14-16	1	100.0	109.00	0.00	109.00	100.0
	1		***$ 109.00***	***$ 0.00***	***$ 109.00***	
AGE OF CLAIMANT						
50-54	1	100.0	109.00	0.00	109.00	100.0
	1		***$ 109.00***	***$ 0.00***	***$ 109.00***	
SEX OF CLAIMANT						
Female	1	100.0	109.00	0.00	109.00	100.0
	1		***$ 109.00***	***$ 0.00***	***$ 109.00***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	100.0	109.00	0.00	109.00	100.0
	1		***$ 109.00***	***$ 0.00***	***$ 109.00***	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	109.00	0.00	109.00	100.0
	1		***$ 109.00***	***$ 0.00***	***$ 109.00***	
*****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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Shenandoah County Health Dept. (171)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	268.00	0.00	268.00	100.0
4AM-5:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 268.00**	**$ 0.00**	**$ 268.00**	
LENGTH OF SERVICE						
2-4	1	50.0	268.00	0.00	268.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 268.00**	**$ 0.00**	**$ 268.00**	
AGE OF CLAIMANT						
35-39	1	50.0	268.00	0.00	268.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 268.00**	**$ 0.00**	**$ 268.00**	
SEX OF CLAIMANT						
Female	2	100.0	268.00	0.00	268.00	100.0
	2		**$ 268.00**	**$ 0.00**	**$ 268.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	268.00	0.00	268.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 268.00**	**$ 0.00**	**$ 268.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	50.0	268.00	0.00	268.00	100.0
Fall or Slip (On Same Level)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 268.00**	**$ 0.00**	**$ 268.00**	
****BODY PART**						
Multiple Head Injury	1					
Multiple Neck Injury	1					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					
Hip	2					
Lower Arm	1					
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**		
Contusion	8	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:27

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Smyth County Health Dept. (173)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LENGTH OF SERVICE						
2-4	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Mechanical powered	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***						
Eye(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Spotsylvania County Health Dept. (177)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	759.72	0.00	759.72	81.4
2AM-3:59AM	1	33.3	173.00	0.00	173.00	18.5
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 932.72**	**$ 0.00**	**$ 932.72**	
LENGTH OF SERVICE						
8-10	2	66.6	759.72	0.00	759.72	81.4
14-16	1	33.3	173.00	0.00	173.00	18.5
	3		**$ 932.72**	**$ 0.00**	**$ 932.72**	
AGE OF CLAIMANT						
45-49	2	66.6	759.72	0.00	759.72	81.4
40-44	1	33.3	173.00	0.00	173.00	18.5
	3		**$ 932.72**	**$ 0.00**	**$ 932.72**	
SEX OF CLAIMANT						
Female	2	66.6	759.72	0.00	759.72	81.4
Male	1	33.3	173.00	0.00	173.00	18.5
	3		**$ 932.72**	**$ 0.00**	**$ 932.72**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	759.72	0.00	759.72	81.4
Brush / tree / log	1	33.3	173.00	0.00	173.00	18.5
Chemicals, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 932.72**	**$ 0.00**	**$ 932.72**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	33.3	759.72	0.00	759.72	81.4
Foreign Body In Eye	1	33.3	173.00	0.00	173.00	18.5
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 932.72**	**$ 0.00**	**$ 932.72**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
	3					

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

****INJURY**		
Sprain	1	
Contusion	1	
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Stafford County Health Dept. (179)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	682.40	0.00	682.40	100.0
12PM-1:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 682.40**	**$ 0.00**	**$ 682.40**	
LENGTH OF SERVICE						
2-4	2	66.6	682.40	0.00	682.40	100.0
0-2	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 682.40**	**$ 0.00**	**$ 682.40**	
AGE OF CLAIMANT						
45-49	2	66.6	682.40	0.00	682.40	100.0
55-59	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 682.40**	**$ 0.00**	**$ 682.40**	
SEX OF CLAIMANT						
Female	3	100.0	682.40	0.00	682.40	100.0
	3		**$ 682.40**	**$ 0.00**	**$ 682.40**	
LOSS CAUSE						
Heating equipment	1	33.3	406.70	0.00	406.70	59.6
Fire / Flame / Smoke	1	33.3	275.70	0.00	275.70	40.4
Vehicle, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 682.40**	**$ 0.00**	**$ 682.40**	
ACCIDENT TYPE						
Explosion / Flare Back	2	66.6	682.40	0.00	682.40	100.0
Collision/sideswipe with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 682.40**	**$ 0.00**	**$ 682.40**	
****BODY PART**						
Trachea	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**		
Poisoning - Chemical	2	
No Physical Injury	1	
	3	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Surry County Health Department (181)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	703.65	0.00	703.65	100.0
10AM-11:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 703.65**	**$ 0.00**	**$ 703.65**	
LENGTH OF SERVICE						
18-20	2	100.0	703.65	0.00	703.65	100.0
	2		**$ 703.65**	**$ 0.00**	**$ 703.65**	
AGE OF CLAIMANT						
55-59	2	100.0	703.65	0.00	703.65	100.0
	2		**$ 703.65**	**$ 0.00**	**$ 703.65**	
SEX OF CLAIMANT						
Male	2	100.0	703.65	0.00	703.65	100.0
	2		**$ 703.65**	**$ 0.00**	**$ 703.65**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	50.0	703.65	0.00	703.65	100.0
Insufficient data	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 703.65**	**$ 0.00**	**$ 703.65**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	50.0	703.65	0.00	703.65	100.0
Twisting, strain or injury by	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 703.65**	**$ 0.00**	**$ 703.65**	
****BODY PART**						
Finger(s)	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**		
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Sussex County Health Dept. (183)

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						
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						
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						
Allergic Reaction	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
****BODY PART***						
Whole Body	1					
	1					

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

****INJURY***		
All Other	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Warren County Health Dept. (187)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	50.0	2,593.58	21,057.62	23,651.20	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,593.58**	**$ 21,057.62**	**$ 23,651.20**	
LENGTH OF SERVICE						
2-4	1	50.0	2,593.58	21,057.62	23,651.20	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,593.58**	**$ 21,057.62**	**$ 23,651.20**	
AGE OF CLAIMANT						
45-49	1	50.0	2,593.58	21,057.62	23,651.20	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,593.58**	**$ 21,057.62**	**$ 23,651.20**	
SEX OF CLAIMANT						
Female	2	100.0	2,593.58	21,057.62	23,651.20	100.0
	2		**$ 2,593.58**	**$ 21,057.62**	**$ 23,651.20**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	2,593.58	21,057.62	23,651.20	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,593.58**	**$ 21,057.62**	**$ 23,651.20**	
ACCIDENT TYPE						
Object Handled (caught in or between)	1	50.0	2,593.58	21,057.62	23,651.20	100.0
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 2,593.58**	**$ 21,057.62**	**$ 23,651.20**	
****BODY PART**						
Shoulder	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**						
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 2001

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Wise/norton Health Department (195)

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						
0-2	2	66.6	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						
75-79	1	33.3	0.00	0.00	0.00	0.0
35-39	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Male	1	33.3	0.00	0.00	0.00	0.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Heating equipment	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	33.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	33.3	0.00	0.00	0.00	0.0
Allergic Reaction	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Shoulder	1					
Larynx	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**	
Sprain	1
Infection	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Wythe County Health Dept. (197)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	904.59	0.00	904.59	100.0
	1		***$ 904.59***	***$ 0.00***	***$ 904.59***	
LENGTH OF SERVICE						
18-20	1	100.0	904.59	0.00	904.59	100.0
	1		***$ 904.59***	***$ 0.00***	***$ 904.59***	
AGE OF CLAIMANT						
45-49	1	100.0	904.59	0.00	904.59	100.0
	1		***$ 904.59***	***$ 0.00***	***$ 904.59***	
SEX OF CLAIMANT						
Female	1	100.0	904.59	0.00	904.59	100.0
	1		***$ 904.59***	***$ 0.00***	***$ 904.59***	
LOSS CAUSE						
Furniture / fixtures	1	100.0	904.59	0.00	904.59	100.0
	1		***$ 904.59***	***$ 0.00***	***$ 904.59***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	904.59	0.00	904.59	100.0
	1		***$ 904.59***	***$ 0.00***	***$ 904.59***	
*****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	100.0	433.39	0.00	433.39	100.0
	1		***$ 433.39***	***$ 0.00***	***$ 433.39***	
LENGTH OF SERVICE						
26-28	1	100.0	433.39	0.00	433.39	100.0
	1		***$ 433.39***	***$ 0.00***	***$ 433.39***	
AGE OF CLAIMANT						
55-59	1	100.0	433.39	0.00	433.39	100.0
	1		***$ 433.39***	***$ 0.00***	***$ 433.39***	
SEX OF CLAIMANT						
Male	1	100.0	433.39	0.00	433.39	100.0
	1		***$ 433.39***	***$ 0.00***	***$ 433.39***	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	433.39	0.00	433.39	100.0
	1		***$ 433.39***	***$ 0.00***	***$ 433.39***	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	100.0	433.39	0.00	433.39	100.0
	1		***$ 433.39***	***$ 0.00***	***$ 433.39***	
*****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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Albermarle/charltesvl Hlth Dept. (540)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	25.0	965.90	0.00	965.90	45.9
12AM-1:59AM	1	25.0	637.00	0.00	637.00	30.2
10AM-11:59AM	1	25.0	501.40	0.00	501.40	23.8
4AM-5:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 2,104.30**	**$ 0.00**	**$ 2,104.30**	
LENGTH OF SERVICE						
14-16	1	25.0	965.90	0.00	965.90	45.9
16-18	1	25.0	637.00	0.00	637.00	30.2
22-24	1	25.0	501.40	0.00	501.40	23.8
2-4	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 2,104.30**	**$ 0.00**	**$ 2,104.30**	
AGE OF CLAIMANT						
50-54	3	75.0	2,104.30	0.00	2,104.30	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 2,104.30**	**$ 0.00**	**$ 2,104.30**	
SEX OF CLAIMANT						
Female	3	75.0	2,104.30	0.00	2,104.30	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 2,104.30**	**$ 0.00**	**$ 2,104.30**	
LOSS CAUSE						
Furniture / fixtures	2	50.0	1,138.40	0.00	1,138.40	54.1
Building parts / doors	1	25.0	965.90	0.00	965.90	45.9
Chemicals, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 2,104.30**	**$ 0.00**	**$ 2,104.30**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	25.0	965.90	0.00	965.90	45.9
Pushing Or Pulling (Strain or Injury by)	1	25.0	637.00	0.00	637.00	30.2
Fall or Slip (From Different Level)	1	25.0	501.40	0.00	501.40	23.8
Absorb, Ingest, Inhalation	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 2,104.30**	**$ 0.00**	**$ 2,104.30**	
****BODY PART**						
Hip	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Knee	1					
Lower Leg	1					
Multiple Head Injury	1					
Multiple Neck Injury	1					
Upper Leg	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lungs	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Albermarle/charltesvl Hlth Dept. (540)

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***

Sprain	4
Contusion	5
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Chesapeake Health Department (550)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	14.2	4,900.23	0.00	4,900.23	84.5
8AM-9:59AM	1	14.2	892.85	0.00	892.85	15.4
Unknown	1	14.2	0.00	0.00	0.00	0.0
10AM-11:59AM	3	42.8	0.00	0.00	0.00	0.0
12PM-1:59PM	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 5,793.08**	**$ 0.00**	**$ 5,793.08**	
LENGTH OF SERVICE						
26-28	1	14.2	4,900.23	0.00	4,900.23	84.5
18-20	1	14.2	892.85	0.00	892.85	15.4
12-14	1	14.2	0.00	0.00	0.00	0.0
20-22	1	14.2	0.00	0.00	0.00	0.0
4-6	2	28.5	0.00	0.00	0.00	0.0
8-10	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 5,793.08**	**$ 0.00**	**$ 5,793.08**	
AGE OF CLAIMANT						
50-54	2	28.5	4,900.23	0.00	4,900.23	84.5
40-44	1	14.2	892.85	0.00	892.85	15.4
45-49	3	42.8	0.00	0.00	0.00	0.0
25-29	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 5,793.08**	**$ 0.00**	**$ 5,793.08**	
SEX OF CLAIMANT						
Female	7	100.0	5,793.08	0.00	5,793.08	100.0
	7		**$ 5,793.08**	**$ 0.00**	**$ 5,793.08**	
LOSS CAUSE						
Furniture / fixtures	2	28.5	4,900.23	0.00	4,900.23	84.5
Boxes / containers	3	42.8	892.85	0.00	892.85	15.4
Animal / insect, not otherwise classified	1	14.2	0.00	0.00	0.00	0.0
Metal items	1	14.2	0.00	0.00	0.00	0.0
	7		**$ 5,793.08**	**$ 0.00**	**$ 5,793.08**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	14.2	4,900.23	0.00	4,900.23	84.5
Lifting (strain or Injury by)	2	28.5	892.85	0.00	892.85	15.4
Fall or Slip (From Different Level)	1	14.2	0.00	0.00	0.00	0.0
Animal Or Insect	1	14.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	28.5	0.00	0.00	0.00	0.0
	7		**$ 5,793.08**	**$ 0.00**	**$ 5,793.08**	
****BODY PART**						
Knee	1					
Shoulder	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Finger(s)	1					
Multiple Neck Injury	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Facial, Other Soft Tissue	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Chesapeake Health Department (550)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Nose	1					
Upper Leg	1					
	7					

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

*****INJURY***

Contusion	5					
Sprain	4					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Danville City Health Dept. (590)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	33.3	1,112.98	0.00	1,112.98	50.7
12AM-1:59AM	2	33.3	153.00	750.00	903.00	41.1
4AM-5:59AM	1	16.6	177.00	0.00	177.00	8.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,442.98**	**$ 750.00**	**$ 2,192.98**	
LENGTH OF SERVICE						
6-8	1	16.6	821.00	0.00	821.00	37.4
14-16	1	16.6	0.00	750.00	750.00	34.2
8-10	1	16.6	291.98	0.00	291.98	13.3
0-2	1	16.6	177.00	0.00	177.00	8.0
32-34	1	16.6	153.00	0.00	153.00	6.9
34-36	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,442.98**	**$ 750.00**	**$ 2,192.98**	
AGE OF CLAIMANT						
50-54	4	66.6	621.98	750.00	1,371.98	62.5
60-64	1	16.6	821.00	0.00	821.00	37.4
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,442.98**	**$ 750.00**	**$ 2,192.98**	
SEX OF CLAIMANT						
Female	5	83.3	1,265.98	750.00	2,015.98	91.9
Male	1	16.6	177.00	0.00	177.00	8.0
	6		**$ 1,442.98**	**$ 750.00**	**$ 2,192.98**	
LOSS CAUSE						
Walking surface, inside, dry	1	16.6	821.00	0.00	821.00	37.4
Walking surface, outside, dry	1	16.6	0.00	750.00	750.00	34.2
Sharp objects, not otherwise classified	2	33.3	468.98	0.00	468.98	21.3
Furniture / fixtures	2	33.3	153.00	0.00	153.00	6.9
	6		**$ 1,442.98**	**$ 750.00**	**$ 2,192.98**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	33.3	821.00	750.00	1,571.00	71.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	33.3	468.98	0.00	468.98	21.3
Twisting, strain or injury by	1	16.6	153.00	0.00	153.00	6.9
Fall or Slip (From Different Level)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 1,442.98**	**$ 750.00**	**$ 2,192.98**	
****BODY PART**						
Foot	2					
Knee	3					
Ankle	1					
Shoulder	1					
Finger(s)	2					
Multiple Head Injury	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:28

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Danville City Health Dept. (590)

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

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

*****INJURY***

Contusion	5
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Fredericksburg City Hth.dept. (630)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
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
4AM-5:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
0-2	2	50.0	0.00	0.00	0.00	0.0
2-4	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
40-44	1	25.0	0.00	0.00	0.00	0.0
45-49	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	4	100.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	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
Walking surface, inside, wet	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	50.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	25.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Elbow	2					
Finger(s)	2					
Hand	1					
Knee	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	2
Laceration	4
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Fredericksburg City Hth.dept. (630)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Galax City Health Dept. (640)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	54.73	0.00	54.73	100.0
	1		***$ 54.73***	***$ 0.00***	***$ 54.73***	
LENGTH OF SERVICE						
10-12	1	100.0	54.73	0.00	54.73	100.0
	1		***$ 54.73***	***$ 0.00***	***$ 54.73***	
AGE OF CLAIMANT						
35-39	1	100.0	54.73	0.00	54.73	100.0
	1		***$ 54.73***	***$ 0.00***	***$ 54.73***	
SEX OF CLAIMANT						
Female	1	100.0	54.73	0.00	54.73	100.0
	1		***$ 54.73***	***$ 0.00***	***$ 54.73***	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	54.73	0.00	54.73	100.0
	1		***$ 54.73***	***$ 0.00***	***$ 54.73***	
ACCIDENT TYPE						
Animal Or Insect	1	100.0	54.73	0.00	54.73	100.0
	1		***$ 54.73***	***$ 0.00***	***$ 54.73***	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Hampton City Health Dept. (650)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	6.2	29,261.33	6,488.67	35,750.00	93.2
12PM-1:59PM	4	25.0	1,729.70	0.00	1,729.70	4.5
8AM-9:59AM	2	12.5	619.52	0.00	619.52	1.6
10AM-11:59AM	5	31.2	225.00	0.00	225.00	0.5
2AM-3:59AM	4	25.0	0.00	0.00	0.00	0.0
	16		**$ 31,835.55**	**$ 6,488.67**	**$ 38,324.22**	
LENGTH OF SERVICE						
18-20	2	12.5	29,486.33	6,488.67	35,975.00	93.8
34-36	2	12.5	2,245.22	0.00	2,245.22	5.8
6-8	1	6.2	104.00	0.00	104.00	0.2
12-14	2	12.5	0.00	0.00	0.00	0.0
14-16	1	6.2	0.00	0.00	0.00	0.0
22-24	1	6.2	0.00	0.00	0.00	0.0
4-6	2	12.5	0.00	0.00	0.00	0.0
8-10	3	18.7	0.00	0.00	0.00	0.0
10-12	1	6.2	0.00	0.00	0.00	0.0
26-28	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 31,835.55**	**$ 6,488.67**	**$ 38,324.22**	
AGE OF CLAIMANT						
45-49	4	25.0	29,486.33	6,488.67	35,975.00	93.8
50-54	4	25.0	1,625.70	0.00	1,625.70	4.2
55-59	2	12.5	619.52	0.00	619.52	1.6
35-39	2	12.5	104.00	0.00	104.00	0.2
60-64	2	12.5	0.00	0.00	0.00	0.0
30-34	1	6.2	0.00	0.00	0.00	0.0
40-44	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 31,835.55**	**$ 6,488.67**	**$ 38,324.22**	
SEX OF CLAIMANT						
Female	13	81.2	31,610.55	6,488.67	38,099.22	99.4
Male	3	18.7	225.00	0.00	225.00	0.5
	16		**$ 31,835.55**	**$ 6,488.67**	**$ 38,324.22**	
LOSS CAUSE						
Building parts / doors	2	12.5	29,261.33	6,488.67	35,750.00	93.2
Boxes / containers	4	25.0	1,729.70	0.00	1,729.70	4.5
Walking surface, inside, wet	2	12.5	844.52	0.00	844.52	2.2
Vehicle, not otherwise classified	2	12.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	12.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	6.2	0.00	0.00	0.00	0.0
Furniture / fixtures	2	12.5	0.00	0.00	0.00	0.0
Metal items	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 31,835.55**	**$ 6,488.67**	**$ 38,324.22**	
ACCIDENT TYPE						
Reaching (Strain or Injury by)	1	6.2	29,261.33	6,488.67	35,750.00	93.2
Lifting (strain or Injury by)	2	12.5	1,729.70	0.00	1,729.70	4.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Hampton City Health Dept. (650)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (From Liquid/Grease spills)	1	6.2	619.52	0.00	619.52	1.6
Fall or Slip (On Same Level)	6	37.5	225.00	0.00	225.00	0.5
Collision with a Fixed Object	1	6.2	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	6.2	0.00	0.00	0.00	0.0
Misc. (Caught in or Between)	1	6.2	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	12.5	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		***$ 31,835.55***	***$ 6,488.67***	***$ 38,324.22***	

**BODY PART

Shoulder	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Ankle	3
Upper Arm (Inc: Clavicle and Scapula)	2
Multiple Neck Injury	1
Buttocks	1
Hand	3
Knee	3
Lower Leg	1
No Physical Problem	1
Pelvis	1
Upper Leg	1
Finger(s)	3
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	8
Sprain	3
Contusion	10
Laceration	4
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Rockbrgd/lexington Health Dept. (678)

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						
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						
Brush / tree / log	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
Multiple Head Injury	1					
	1					

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

*****INJURY***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	11.1	703.45	0.00	703.45	94.9
12AM-1:59AM	1	11.1	37.14	0.00	37.14	5.0
10AM-11:59AM	3	33.3	0.00	0.00	0.00	0.0
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
2AM-3:59AM	1	11.1	0.00	0.00	0.00	0.0
4AM-5:59AM	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 740.59**	**$ 0.00**	**$ 740.59**	
LENGTH OF SERVICE						
2-4	2	22.2	703.45	0.00	703.45	94.9
4-6	4	44.4	37.14	0.00	37.14	5.0
0-2	2	22.2	0.00	0.00	0.00	0.0
6-8	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 740.59**	**$ 0.00**	**$ 740.59**	
AGE OF CLAIMANT						
60-64	2	22.2	703.45	0.00	703.45	94.9
55-59	1	11.1	37.14	0.00	37.14	5.0
25-29	2	22.2	0.00	0.00	0.00	0.0
30-34	1	11.1	0.00	0.00	0.00	0.0
45-49	1	11.1	0.00	0.00	0.00	0.0
50-54	1	11.1	0.00	0.00	0.00	0.0
65-69	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 740.59**	**$ 0.00**	**$ 740.59**	
SEX OF CLAIMANT						
Female	7	77.7	740.59	0.00	740.59	100.0
Male	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 740.59**	**$ 0.00**	**$ 740.59**	
LOSS CAUSE						
Office equipment	1	11.1	703.45	0.00	703.45	94.9
Boxes / containers	1	11.1	37.14	0.00	37.14	5.0
Sharp objects, not otherwise classified	2	22.2	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	3	33.3	0.00	0.00	0.00	0.0
Furniture / fixtures	2	22.2	0.00	0.00	0.00	0.0
	9		**$ 740.59**	**$ 0.00**	**$ 740.59**	
ACCIDENT TYPE						
Struck/Injured by Object Being Lifted/Handled	1	11.1	703.45	0.00	703.45	94.9
Fall or Slip (From Liquid/Grease spills)	1	11.1	37.14	0.00	37.14	5.0
Collision/sideswipe with Another Vehicle	2	22.2	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
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	11.1	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	11.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	22.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Lynchburg City Health Dept. (680)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 740.59**	**$ 0.00**	**$ 740.59**	
*****BODY PART***						
Finger(s)	4					
Ankle	1					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Neck Injury	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	1					
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Knee	1					
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***						
Laceration	3					
Puncture	1					
Contusion	5					
Sprain	4					
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Manassas Health Department (683)

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						
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						
Water	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***						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	66.6	4,949.14	3,233.28	8,182.42	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4,949.14**	**$ 3,233.28**	**$ 8,182.42**	
LENGTH OF SERVICE						
20-22	1	33.3	4,949.14	3,233.28	8,182.42	100.0
0-2	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 4,949.14**	**$ 3,233.28**	**$ 8,182.42**	
AGE OF CLAIMANT						
45-49	3	100.0	4,949.14	3,233.28	8,182.42	100.0
	3		**$ 4,949.14**	**$ 3,233.28**	**$ 8,182.42**	
SEX OF CLAIMANT						
Male	1	33.3	4,949.14	3,233.28	8,182.42	100.0
Female	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 4,949.14**	**$ 3,233.28**	**$ 8,182.42**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	33.3	4,949.14	3,233.28	8,182.42	100.0
Insufficient data	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		**$ 4,949.14**	**$ 3,233.28**	**$ 8,182.42**	
ACCIDENT TYPE						
Repetitive Motion	1	33.3	4,949.14	3,233.28	8,182.42	100.0
Other than physical cause of injury	1	33.3	0.00	0.00	0.00	0.0
Machinery (caught in or between)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4,949.14**	**$ 3,233.28**	**$ 8,182.42**	
****BODY PART**						
Abdomen including Groin	1					
Multiple Head Injury	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**		
Hernia	1	
Concussion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Newport News City Hth.dept. (700)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	16.6	3,221.32	0.00	3,221.32	95.6
8AM-9:59AM	1	16.6	146.00	0.00	146.00	4.3
10AM-11:59AM	3	50.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,367.32**	**$ 0.00**	**$ 3,367.32**	
LENGTH OF SERVICE						
0-2	2	33.3	3,221.32	0.00	3,221.32	95.6
18-20	2	33.3	146.00	0.00	146.00	4.3
2-4	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		**$ 3,367.32**	**$ 0.00**	**$ 3,367.32**	
AGE OF CLAIMANT						
40-44	1	16.6	3,221.32	0.00	3,221.32	95.6
45-49	1	16.6	146.00	0.00	146.00	4.3
30-34	1	16.6	0.00	0.00	0.00	0.0
35-39	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		**$ 3,367.32**	**$ 0.00**	**$ 3,367.32**	
SEX OF CLAIMANT						
Female	5	83.3	3,367.32	0.00	3,367.32	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,367.32**	**$ 0.00**	**$ 3,367.32**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	16.6	3,221.32	0.00	3,221.32	95.6
Furniture / fixtures	1	16.6	146.00	0.00	146.00	4.3
Glass bottle / sheet	1	16.6	0.00	0.00	0.00	0.0
Office equipment	1	16.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	33.3	0.00	0.00	0.00	0.0
	6		**$ 3,367.32**	**$ 0.00**	**$ 3,367.32**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	16.6	3,221.32	0.00	3,221.32	95.6
Strike Against/Step on Stationary Object	1	16.6	146.00	0.00	146.00	4.3
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
Misc. (Cut, Puncture, Scrape)	1	16.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 3,367.32**	**$ 0.00**	**$ 3,367.32**	
****BODY PART**						
Brain	1					
Facial, Other Soft Tissue	1					
Soft Tissue - Neck	1					
Knee	2					
Finger(s)	1					
Hand	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Newport News City Hth.dept. (700)

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

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

*****INJURY***

Contusion	6
Strain	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	1	3.4	1,711.01	3,788.99	5,500.00	49.4
2AM-3:59AM	9	31.0	4,135.86	0.00	4,135.86	37.1
10AM-11:59AM	5	17.2	744.36	750.00	1,494.36	13.4
4AM-5:59AM	5	17.2	0.00	0.00	0.00	0.0
8AM-9:59AM	5	17.2	0.00	0.00	0.00	0.0
12PM-1:59PM	3	10.3	0.00	0.00	0.00	0.0
6AM-7:59AM	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 6,591.23**	**$ 4,538.99**	**$ 11,130.22**	
LENGTH OF SERVICE						
22-24	3	10.3	1,865.01	3,788.99	5,654.00	50.8
8-10	5	17.2	3,011.37	0.00	3,011.37	27.0
14-16	2	6.8	1,211.00	0.00	1,211.00	10.8
10-12	3	10.3	323.85	750.00	1,073.85	9.6
24-26	2	6.8	105.00	0.00	105.00	0.9
28-30	1	3.4	75.00	0.00	75.00	0.6
12-14	2	6.8	0.00	0.00	0.00	0.0
20-22	2	6.8	0.00	0.00	0.00	0.0
0-2	2	6.8	0.00	0.00	0.00	0.0
18-20	1	3.4	0.00	0.00	0.00	0.0
26-28	2	6.8	0.00	0.00	0.00	0.0
32-34	2	6.8	0.00	0.00	0.00	0.0
6-8	2	6.8	0.00	0.00	0.00	0.0
	29		**$ 6,591.23**	**$ 4,538.99**	**$ 11,130.22**	
AGE OF CLAIMANT						
40-44	2	6.8	1,711.01	3,788.99	5,500.00	49.4
45-49	7	24.1	3,084.85	750.00	3,834.85	34.4
55-59	4	13.7	1,211.00	0.00	1,211.00	10.8
50-54	11	37.9	266.51	0.00	266.51	2.3
35-39	3	10.3	163.86	0.00	163.86	1.4
65-69	2	6.8	154.00	0.00	154.00	1.3
	29		**$ 6,591.23**	**$ 4,538.99**	**$ 11,130.22**	
SEX OF CLAIMANT						
Male	3	10.3	1,874.87	3,788.99	5,663.86	50.8
Female	26	89.6	4,716.36	750.00	5,466.36	49.1
	29		**$ 6,591.23**	**$ 4,538.99**	**$ 11,130.22**	
LOSS CAUSE						
Metal items	1	3.4	1,711.01	3,788.99	5,500.00	49.4
Electrical equipment	1	3.4	2,656.00	0.00	2,656.00	23.8
Walking surface, inside, dry	1	3.4	1,211.00	0.00	1,211.00	10.8
Vehicle, not otherwise classified	1	3.4	0.00	750.00	750.00	6.7
Furniture / fixtures	3	10.3	323.85	0.00	323.85	2.9
Mechanical powered	1	3.4	191.51	0.00	191.51	1.7
Sharp objects, not otherwise classified	5	17.2	180.00	0.00	180.00	1.6
Animal, not otherwise classified	2	6.8	163.86	0.00	163.86	1.4
Building parts / doors	2	6.8	154.00	0.00	154.00	1.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	2	6.8	0.00	0.00	0.00	0.0
Office equipment	3	10.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
Fencing	1	3.4	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
Pipe	1	3.4	0.00	0.00	0.00	0.0
Stairs, steps	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
	29		**$ 6,591.23**	**$ 4,538.99**	**$ 11,130.22**	

ACCIDENT TYPE

Struck/Injured by Object Being Lifted/Handled	4	13.7	2,034.86	3,788.99	5,823.85	52.3
Fall or Slip (On Same Level)	2	6.8	3,867.00	0.00	3,867.00	34.7
Fall or Slip (From Different Level)	3	10.3	0.00	750.00	750.00	6.7
Struck/Injured by Falling or Flying Object	1	3.4	191.51	0.00	191.51	1.7
Animal Or Insect	1	3.4	163.86	0.00	163.86	1.4
Struck/Injured by Object Handled By Other	1	3.4	154.00	0.00	154.00	1.3
Object being lifted/handled (cut,punc.scrape,inj b	4	13.7	105.00	0.00	105.00	0.9
Foreign Body In Eye	1	3.4	75.00	0.00	75.00	0.6
Cut,puncture,scrape, injured by (Broken Glass)	2	6.8	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	3.4	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	3.4	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	3.4	0.00	0.00	0.00	0.0
Allergic Reaction	2	6.8	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 (From Liquid/Grease spills)	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)	1	3.4	0.00	0.00	0.00	0.0
Stepping On Sharp Object	1	3.4	0.00	0.00	0.00	0.0
	29		**$ 6,591.23**	**$ 4,538.99**	**$ 11,130.22**	

**BODY PART

Toe(s)	1
Knee	3
Multiple Head Injury	1
Multiple Neck Injury	1
Ankle	2
Wrist	4
Finger(s)	11
Foot	2
Lower Leg	3
Hip	2
Lower Arm	2
Upper Arm (Inc: Clavicle and Scapula)	1
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Thumb	1
Abdomen including Groin	1
Hand	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Norfolk City Health Dept. (710)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Body Parts	1					
Nose	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	20
Sprain	5
Puncture	8
Foreign Body	1
Strain	1
Infection	3
Laceration	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Petersburg City Health Dept. (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	50.0	0.00	1,750.00	1,750.00	100.0
8AM-9:59AM	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
2AM-3:59AM	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LENGTH OF SERVICE						
6-8	2	33.3	0.00	1,750.00	1,750.00	100.0
14-16	1	16.6	0.00	0.00	0.00	0.0
18-20	1	16.6	0.00	0.00	0.00	0.0
2-4	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		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
AGE OF CLAIMANT						
30-34	1	16.6	0.00	1,750.00	1,750.00	100.0
45-49	1	16.6	0.00	0.00	0.00	0.0
50-54	2	33.3	0.00	0.00	0.00	0.0
25-29	1	16.6	0.00	0.00	0.00	0.0
40-44	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
SEX OF CLAIMANT						
Female	5	83.3	0.00	1,750.00	1,750.00	100.0
Male	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
LOSS CAUSE						
Office equipment	1	16.6	0.00	1,750.00	1,750.00	100.0
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Stairs, steps	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
Water	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
ACCIDENT TYPE						
Repetitive Motion	1	16.6	0.00	1,750.00	1,750.00	100.0
Fall or Slip (From Different Level)	1	16.6	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	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 (From Liquid/Grease spills)	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		**$ 0.00**	**$ 1,750.00**	**$ 1,750.00**	
****BODY PART**						
Wrist(s) & Hand(s)	1					
Hip	1					
Knee	2					
Multiple Head Injury	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Petersburg City Health Dept. (730)

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

Carpal Tunnel Syndrome	1
Contusion	4
Laceration	1
Puncture	1
	6

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Portsmouth City Health Dept. (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	10.0	0.00	750.00	750.00	47.9
12PM-1:59PM	2	20.0	470.00	0.00	470.00	30.0
10AM-11:59AM	6	60.0	344.65	0.00	344.65	22.0
12AM-1:59AM	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 814.65**	**$ 750.00**	**$ 1,564.65**	
LENGTH OF SERVICE						
2-4	3	30.0	629.00	750.00	1,379.00	88.1
8-10	2	20.0	148.00	0.00	148.00	9.4
4-6	2	20.0	37.65	0.00	37.65	2.4
10-12	1	10.0	0.00	0.00	0.00	0.0
14-16	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		**$ 814.65**	**$ 750.00**	**$ 1,564.65**	
AGE OF CLAIMANT						
35-39	4	40.0	307.00	750.00	1,057.00	67.5
50-54	2	20.0	470.00	0.00	470.00	30.0
30-34	1	10.0	37.65	0.00	37.65	2.4
60-64	3	30.0	0.00	0.00	0.00	0.0
	10		**$ 814.65**	**$ 750.00**	**$ 1,564.65**	
SEX OF CLAIMANT						
Female	9	90.0	655.65	750.00	1,405.65	89.8
Male	1	10.0	159.00	0.00	159.00	10.1
	10		**$ 814.65**	**$ 750.00**	**$ 1,564.65**	
LOSS CAUSE						
Furniture / fixtures	3	30.0	307.00	750.00	1,057.00	67.5
Sharp objects, not otherwise classified	1	10.0	470.00	0.00	470.00	30.0
Walking surface, inside, dry	1	10.0	37.65	0.00	37.65	2.4
Stairs, steps	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
Animal / insect, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	10.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
	10		**$ 814.65**	**$ 750.00**	**$ 1,564.65**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	10.0	0.00	750.00	750.00	47.9
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	10.0	470.00	0.00	470.00	30.0
Struck/Injured by Falling or Flying Object	1	10.0	159.00	0.00	159.00	10.1
Fall or Slip (From Different Level)	2	20.0	148.00	0.00	148.00	9.4
Fall or Slip (On Same Level)	2	20.0	37.65	0.00	37.65	2.4
Twisting, strain or injury by	1	10.0	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Portsmouth City Health Dept. (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	10		**$ 814.65**	**$ 750.00**	**$ 1,564.65**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Finger(s)	2					
Knee	3					
Foot	2					
Elbow	1					
Lower Arm	1					
Ankle	1					
Upper Back Area (Thoracic Area)	1					
Upper Leg	1					
Insufficient Information	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	1					
Contusion	3					
Sprain	7					
Dermatitis	1					
Laceration	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	5	23.8	39,400.55	53,436.12	92,836.67	97.0
6AM-7:59AM	1	4.7	890.36	1,000.00	1,890.36	1.9
12AM-1:59AM	3	14.2	0.00	750.00	750.00	0.7
12PM-1:59PM	3	14.2	229.95	0.00	229.95	0.2
10AM-11:59AM	5	23.8	0.00	0.00	0.00	0.0
2AM-3:59AM	2	9.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	4.7	0.00	0.00	0.00	0.0
4AM-5:59AM	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 40,520.86**	**$ 55,186.12**	**$ 95,706.98**	
LENGTH OF SERVICE						
2-4	6	28.5	40,047.89	55,186.12	95,234.01	99.5
4-6	2	9.5	243.02	0.00	243.02	0.2
0-2	7	33.3	187.95	0.00	187.95	0.2
14-16	1	4.7	42.00	0.00	42.00	0.0
20-22	1	4.7	0.00	0.00	0.00	0.0
12-14	1	4.7	0.00	0.00	0.00	0.0
6-8	2	9.5	0.00	0.00	0.00	0.0
8-10	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 40,520.86**	**$ 55,186.12**	**$ 95,706.98**	
AGE OF CLAIMANT						
45-49	5	23.8	39,157.53	53,436.12	92,593.65	96.7
50-54	7	33.3	1,120.31	1,750.00	2,870.31	3.0
30-34	2	9.5	243.02	0.00	243.02	0.2
35-39	4	19.0	0.00	0.00	0.00	0.0
20-24	1	4.7	0.00	0.00	0.00	0.0
40-44	2	9.5	0.00	0.00	0.00	0.0
	21		**$ 40,520.86**	**$ 55,186.12**	**$ 95,706.98**	
SEX OF CLAIMANT						
Female	15	71.4	39,630.50	54,186.12	93,816.62	98.0
Male	6	28.5	890.36	1,000.00	1,890.36	1.9
	21		**$ 40,520.86**	**$ 55,186.12**	**$ 95,706.98**	
LOSS CAUSE						
Person	3	14.2	39,157.53	53,436.12	92,593.65	96.7
Walking surface, inside, wet	2	9.5	890.36	1,000.00	1,890.36	1.9
Walking surface, outside, dry	2	9.5	0.00	750.00	750.00	0.7
Furniture / fixtures	4	19.0	243.02	0.00	243.02	0.2
Animal / insect, not otherwise classified	1	4.7	187.95	0.00	187.95	0.2
Chemicals, not otherwise classified	2	9.5	42.00	0.00	42.00	0.0
Building parts / doors	1	4.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	14.2	0.00	0.00	0.00	0.0
Boxes / containers	2	9.5	0.00	0.00	0.00	0.0
Recreational equipment	1	4.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:29

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	21		**$ 40,520.86**	**$ 55,186.12**	**$ 95,706.98**	
ACCIDENT TYPE						
Holding Or Carrying (Strain or Injury by)	1	4.7	39,157.53	53,436.12	92,593.65	96.7
Fall or Slip (From Liquid/Grease spills)	1	4.7	890.36	1,000.00	1,890.36	1.9
Fall or Slip (On Same Level)	3	14.2	0.00	750.00	750.00	0.7
Pushing Or Pulling (Strain or Injury by)	2	9.5	243.02	0.00	243.02	0.2
Animal Or Insect	1	4.7	187.95	0.00	187.95	0.2
Absorb, Ingest, Inhalation	1	4.7	42.00	0.00	42.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	14.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	4.7	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	4.7	0.00	0.00	0.00	0.0
Stress	1	4.7	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
Contact with Cold Objects or Substances	1	4.7	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	1	4.7	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 40,520.86**	**$ 55,186.12**	**$ 95,706.98**	

*****BODY PART***

Shoulder	3
Disc - Neck	1
Wrist	2
Toe(s)	1
Foot	2
Lower Leg	1
Lungs	1
Brain	1
Facial, Other Soft Tissue	3
Hand	1
Thumb	1
Whole Body	1
Elbow	1
Finger(s)	1
Great Toe	1
Knee	2
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	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***

Unknown	3
Contusion	9
Fracture	2
Inflamation	1
Puncture	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Vdh- Central Office (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Respiratory Disorders	1					
Contagious Disease	1					
Laceration	2					
Mental Disorder	1					
Foreign Body	1					
Sprain	1					
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Roanoke City Health Dept. (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	644.75	0.00	644.75	100.0
2AM-3:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 644.75**	**$ 0.00**	**$ 644.75**	
LENGTH OF SERVICE						
16-18	1	50.0	644.75	0.00	644.75	100.0
4-6	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 644.75**	**$ 0.00**	**$ 644.75**	
AGE OF CLAIMANT						
50-54	2	100.0	644.75	0.00	644.75	100.0
	2		**$ 644.75**	**$ 0.00**	**$ 644.75**	
SEX OF CLAIMANT						
Female	2	100.0	644.75	0.00	644.75	100.0
	2		**$ 644.75**	**$ 0.00**	**$ 644.75**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	50.0	644.75	0.00	644.75	100.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 644.75**	**$ 0.00**	**$ 644.75**	
ACCIDENT TYPE						
Object being lifted/handled (cut,punc.scrape,inj b	1	50.0	644.75	0.00	644.75	100.0
Pushing Or Pulling (Strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 644.75**	**$ 0.00**	**$ 644.75**	
****BODY PART**						
Finger(s)	1					
Multiple Neck Injury	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Roanoke County/salem Hlth Dept. (775)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	100.0	279.34	0.00	279.34	100.0
	1		**$ 279.34**	**$ 0.00**	**$ 279.34**	
LENGTH OF SERVICE						
10-12	1	100.0	279.34	0.00	279.34	100.0
	1		**$ 279.34**	**$ 0.00**	**$ 279.34**	
AGE OF CLAIMANT						
40-44	1	100.0	279.34	0.00	279.34	100.0
	1		**$ 279.34**	**$ 0.00**	**$ 279.34**	
SEX OF CLAIMANT						
Female	1	100.0	279.34	0.00	279.34	100.0
	1		**$ 279.34**	**$ 0.00**	**$ 279.34**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	279.34	0.00	279.34	100.0
	1		**$ 279.34**	**$ 0.00**	**$ 279.34**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	100.0	279.34	0.00	279.34	100.0
	1		**$ 279.34**	**$ 0.00**	**$ 279.34**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Augusta/staunton Health Dept. (790)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	33.3	0.00	0.00	0.00	0.0
10AM-11:59AM	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						
8-10	1	33.3	0.00	0.00	0.00	0.0
10-12	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
55-59	1	33.3	0.00	0.00	0.00	0.0
50-54	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	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						
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
Animal Or Insect	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Hand	2					
Insufficient Information	1					
	3					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Suffolk City Health Dept. (800)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	20.0	4,451.16	10,230.24	14,681.40	100.0
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
8AM-9:59AM	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 4,451.16**	**$ 10,230.24**	**$ 14,681.40**	
LENGTH OF SERVICE						
14-16	2	40.0	4,451.16	10,230.24	14,681.40	100.0
10-12	1	20.0	0.00	0.00	0.00	0.0
12-14	1	20.0	0.00	0.00	0.00	0.0
30-32	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,451.16**	**$ 10,230.24**	**$ 14,681.40**	
AGE OF CLAIMANT						
40-44	1	20.0	4,451.16	10,230.24	14,681.40	100.0
45-49	1	20.0	0.00	0.00	0.00	0.0
55-59	2	40.0	0.00	0.00	0.00	0.0
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,451.16**	**$ 10,230.24**	**$ 14,681.40**	
SEX OF CLAIMANT						
Female	4	80.0	4,451.16	10,230.24	14,681.40	100.0
Male	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,451.16**	**$ 10,230.24**	**$ 14,681.40**	
LOSS CAUSE						
Patient / Inmate	1	20.0	4,451.16	10,230.24	14,681.40	100.0
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 4,451.16**	**$ 10,230.24**	**$ 14,681.40**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	20.0	4,451.16	10,230.24	14,681.40	100.0
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
Misc. (Cut, Puncture, Scrape)	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,451.16**	**$ 10,230.24**	**$ 14,681.40**	
****BODY PART**						
Hand	2					
Lower Arm	1					
Multiple Neck Injury	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
Elbow	1					
Finger(s)	1					
Hip	1					
No Physical Problem	1					
Shoulder	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Suffolk City Health Dept. (800)

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

Strain	4
Contusion	7
No Physical Injury	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Virginia Beach Ciyt H.dept. (810)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	4	36.3	7,597.33	24,574.68	32,172.01	99.0
8AM-9:59AM	2	18.1	294.00	0.00	294.00	0.9
12AM-1:59AM	4	36.3	0.00	0.00	0.00	0.0
2AM-3:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 7,891.33**	**$ 24,574.68**	**$ 32,466.01**	
LENGTH OF SERVICE						
12-14	1	9.0	7,597.33	24,574.68	32,172.01	99.0
2-4	1	9.0	294.00	0.00	294.00	0.9
0-2	1	9.0	0.00	0.00	0.00	0.0
10-12	2	18.1	0.00	0.00	0.00	0.0
28-30	1	9.0	0.00	0.00	0.00	0.0
4-6	5	45.4	0.00	0.00	0.00	0.0
	11		**$ 7,891.33**	**$ 24,574.68**	**$ 32,466.01**	
AGE OF CLAIMANT						
40-44	2	18.1	7,597.33	24,574.68	32,172.01	99.0
25-29	1	9.0	294.00	0.00	294.00	0.9
35-39	1	9.0	0.00	0.00	0.00	0.0
45-49	5	45.4	0.00	0.00	0.00	0.0
50-54	2	18.1	0.00	0.00	0.00	0.0
	11		**$ 7,891.33**	**$ 24,574.68**	**$ 32,466.01**	
SEX OF CLAIMANT						
Female	6	54.5	7,891.33	24,574.68	32,466.01	100.0
Male	5	45.4	0.00	0.00	0.00	0.0
	11		**$ 7,891.33**	**$ 24,574.68**	**$ 32,466.01**	
LOSS CAUSE						
Furniture / fixtures	1	9.0	7,597.33	24,574.68	32,172.01	99.0
Vehicle, not otherwise classified	3	27.2	294.00	0.00	294.00	0.9
Chemicals, not otherwise classified	2	18.1	0.00	0.00	0.00	0.0
Minerals / dirt	1	9.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	18.1	0.00	0.00	0.00	0.0
Stairs, steps	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		**$ 7,891.33**	**$ 24,574.68**	**$ 32,466.01**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	9.0	7,597.33	24,574.68	32,172.01	99.0
Collision/sideswipe with Another Vehicle	3	27.2	294.00	0.00	294.00	0.9
Allergic Reaction	3	27.2	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	9.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	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
Stepping On Sharp Object	1	9.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Virginia Beach Ciyt H.dept. (810)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	11		**$ 7,891.33**	**$ 24,574.68**	**$ 32,466.01**	
*****BODY PART***						
Buttocks	1					
Multiple Neck Injury	1					
Finger(s)	1					
Foot	1					
Hip	2					
Internal Organs	2					
Knee	1					
Lower Arm	1					
Lungs	1					
No Physical Problem	2					
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***	
Contusion	5
Strain	1
Laceration	1
No Physical Injury	2
Poisoning - Chemical	3
Puncture	1
Sprain	1
	11

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Health, Department Of (601)
SubAgency: Williamsburg City Health Dept. (830)

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						
10-12	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
LOSS CAUSE						
Vehicle, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
	1		***$ 0.00***	***$ 0.00***	***$ 0.00***	
*****BODY PART***						
No Physical Problem	1					
	1					

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

*****INJURY***		
No Physical Injury	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Medical Asst. Servs., Dept. Of (602)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	674.93	1,075.07	1,750.00	65.8
4PM-5:59PM	1	50.0	906.25	0.00	906.25	34.1
	2		**$ 1,581.18**	**$ 1,075.07**	**$ 2,656.25**	
LENGTH OF SERVICE						
0-2	1	50.0	674.93	1,075.07	1,750.00	65.8
30-32	1	50.0	906.25	0.00	906.25	34.1
	2		**$ 1,581.18**	**$ 1,075.07**	**$ 2,656.25**	
AGE OF CLAIMANT						
45-49	2	100.0	1,581.18	1,075.07	2,656.25	100.0
	2		**$ 1,581.18**	**$ 1,075.07**	**$ 2,656.25**	
SEX OF CLAIMANT						
Female	2	100.0	1,581.18	1,075.07	2,656.25	100.0
	2		**$ 1,581.18**	**$ 1,075.07**	**$ 2,656.25**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	674.93	1,075.07	1,750.00	65.8
Walking surface, inside, dry	1	50.0	906.25	0.00	906.25	34.1
	2		**$ 1,581.18**	**$ 1,075.07**	**$ 2,656.25**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	100.0	1,581.18	1,075.07	2,656.25	100.0
	2		**$ 1,581.18**	**$ 1,075.07**	**$ 2,656.25**	

****BODY PART**	
Eye(s)	1
Knee	1
Hand	1
	2

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

****INJURY**	
Contusion	2
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Board For People With Disabilities (606)
SubAgency:

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						
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						
Furniture / fixtures	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Pulaski Correctional Unit #1 (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	23.0	865.47	0.00	865.47	73.1
12PM-1:59PM	2	15.3	150.13	0.00	150.13	12.6
10AM-11:59AM	3	23.0	96.00	0.00	96.00	8.1
Unknown	2	15.3	71.00	0.00	71.00	6.0
6AM-7:59AM	2	15.3	0.00	0.00	0.00	0.0
6PM-7:59PM	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,182.60**	**$ 0.00**	**$ 1,182.60**	
LENGTH OF SERVICE						
6-8	3	23.0	865.47	0.00	865.47	73.1
0-2	3	23.0	150.13	0.00	150.13	12.6
10-12	3	23.0	96.00	0.00	96.00	8.1
8-10	1	7.6	71.00	0.00	71.00	6.0
2-4	2	15.3	0.00	0.00	0.00	0.0
12-14	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,182.60**	**$ 0.00**	**$ 1,182.60**	
AGE OF CLAIMANT						
45-49	4	30.7	587.07	0.00	587.07	49.6
30-34	2	15.3	278.40	0.00	278.40	23.5
25-29	2	15.3	150.13	0.00	150.13	12.6
35-39	2	15.3	96.00	0.00	96.00	8.1
55-59	1	7.6	71.00	0.00	71.00	6.0
20-24	1	7.6	0.00	0.00	0.00	0.0
40-44	1	7.6	0.00	0.00	0.00	0.0
	13		**$ 1,182.60**	**$ 0.00**	**$ 1,182.60**	
SEX OF CLAIMANT						
Male	8	61.5	961.47	0.00	961.47	81.3
Female	5	38.4	221.13	0.00	221.13	18.7
	13		**$ 1,182.60**	**$ 0.00**	**$ 1,182.60**	
LOSS CAUSE						
Walking surface, inside, dry	2	15.3	587.07	0.00	587.07	49.6
Walking surface, outside, dry	2	15.3	278.40	0.00	278.40	23.5
Minerals / dirt	1	7.6	150.13	0.00	150.13	12.6
Brush / tree / log	1	7.6	96.00	0.00	96.00	8.1
Building parts / doors	1	7.6	71.00	0.00	71.00	6.0
Metal items	1	7.6	0.00	0.00	0.00	0.0
Boxes / containers	1	7.6	0.00	0.00	0.00	0.0
Electrical equipment	1	7.6	0.00	0.00	0.00	0.0
Furniture / fixtures	3	23.0	0.00	0.00	0.00	0.0
	13		**$ 1,182.60**	**$ 0.00**	**$ 1,182.60**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	5	38.4	865.47	0.00	865.47	73.1
Foreign Body In Eye	2	15.3	246.13	0.00	246.13	20.8
Pushing Or Pulling (Strain or Injury by)	1	7.6	71.00	0.00	71.00	6.0
Object Handled (caught in or between)	1	7.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Pulaski Correctional Unit #1 (157)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Holding Or Carrying (Strain or Injury by)	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
Strike Against/Step on Stationary Object	2	15.3	0.00	0.00	0.00	0.0
	13		**$ 1,182.60**	**$ 0.00**	**$ 1,182.60**	

**BODY PART

Wrist	2
Shoulder	3
Upper Leg	2
Knee	3
Hand	3
Eye(s)	2
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Finger(s)	1
Hip	1
Lower Leg	2
	13

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

**INJURY

Contusion	13
Strain	1
Laceration	3
Sprain	1
Foreign Body	2
	13

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Baskerville Correctional Unit (158)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	66.6	0.00	750.00	750.00	100.0
12AM-1:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	2	66.6	0.00	750.00	750.00	100.0
20-22	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
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		**$ 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 / insect, not otherwise classified	1	33.3	0.00	750.00	750.00	100.0
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Animal Or Insect	1	33.3	0.00	750.00	750.00	100.0
Other than physical cause of injury	1	33.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Soft Tissue - Neck	1					
Brain	1					
Ankle	1					
Knee	1					
	3					

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

****INJURY**	
Inflamation	1
Syncope	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Caroline Correctional Unit #2 (159)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	0.00	750.00	750.00	100.0
6AM-7:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
18-20	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						
55-59	1	50.0	0.00	750.00	750.00	100.0
40-44	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	750.00	750.00	100.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	0.00	750.00	750.00	100.0
Stairs, steps	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
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Lower Arm	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Knee	1					
	2					

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

****INJURY**	
Contusion	2
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Correctional Unit #13 (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	50.0	7,052.72	12,697.28	19,750.00	92.9
2AM-3:59AM	1	25.0	0.00	750.00	750.00	3.5
4PM-5:59PM	1	25.0	0.00	750.00	750.00	3.5
	4		**$ 7,052.72**	**$ 14,197.28**	**$ 21,250.00**	
LENGTH OF SERVICE						
0-2	2	50.0	7,052.72	13,447.28	20,500.00	96.4
6-8	1	25.0	0.00	750.00	750.00	3.5
22-24	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 7,052.72**	**$ 14,197.28**	**$ 21,250.00**	
AGE OF CLAIMANT						
30-34	2	50.0	7,052.72	13,447.28	20,500.00	96.4
35-39	1	25.0	0.00	750.00	750.00	3.5
45-49	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 7,052.72**	**$ 14,197.28**	**$ 21,250.00**	
SEX OF CLAIMANT						
Female	4	100.0	7,052.72	14,197.28	21,250.00	100.0
	4		**$ 7,052.72**	**$ 14,197.28**	**$ 21,250.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	7,052.72	12,697.28	19,750.00	92.9
Minerals / dirt	1	25.0	0.00	750.00	750.00	3.5
Stairs, steps	1	25.0	0.00	750.00	750.00	3.5
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 7,052.72**	**$ 14,197.28**	**$ 21,250.00**	
ACCIDENT TYPE						
Struck/Injured by Motor Vehicle	1	25.0	7,052.72	12,697.28	19,750.00	92.9
Fall or slip (on stairs)	1	25.0	0.00	750.00	750.00	3.5
Foreign Body In Eye	1	25.0	0.00	750.00	750.00	3.5
Fall or Slip (From Different Level)	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 7,052.72**	**$ 14,197.28**	**$ 21,250.00**	
****BODY PART**						
Shoulder	2					
Soft Tissue - Neck	2					
Upper Back Area (Thoracic Area)	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Knee	1					
Wrist	1					
Buttocks	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Correctional Unit #13 (160)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
****INJURY**						
Contusion	8					
Strain	3					
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: White Post Detention Center (259)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	5	31.2	2,237.91	975.77	3,213.68	65.4
6AM-7:59AM	3	18.7	0.00	750.00	750.00	15.2
12PM-1:59PM	3	18.7	461.00	0.00	461.00	9.3
8AM-9:59AM	2	12.5	318.00	0.00	318.00	6.4
4PM-5:59PM	2	12.5	171.00	0.00	171.00	3.4
12AM-1:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 3,187.91**	**$ 1,725.77**	**$ 4,913.68**	
LENGTH OF SERVICE						
2-4	4	25.0	2,050.91	975.77	3,026.68	61.6
6-8	6	37.5	779.00	750.00	1,529.00	31.1
4-6	3	18.7	358.00	0.00	358.00	7.2
0-2	3	18.7	0.00	0.00	0.00	0.0
	16		**$ 3,187.91**	**$ 1,725.77**	**$ 4,913.68**	
AGE OF CLAIMANT						
30-34	3	18.7	1,844.23	1,725.77	3,570.00	72.6
45-49	7	43.7	1,156.68	0.00	1,156.68	23.5
60-64	2	12.5	187.00	0.00	187.00	3.8
25-29	1	6.2	0.00	0.00	0.00	0.0
50-54	2	12.5	0.00	0.00	0.00	0.0
55-59	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 3,187.91**	**$ 1,725.77**	**$ 4,913.68**	
SEX OF CLAIMANT						
Male	7	43.7	2,221.91	975.77	3,197.68	65.0
Female	9	56.2	966.00	750.00	1,716.00	34.9
	16		**$ 3,187.91**	**$ 1,725.77**	**$ 4,913.68**	
LOSS CAUSE						
Walking surface, outside, wet	3	18.7	2,623.23	975.77	3,599.00	73.2
Stone / rock / brick	1	6.2	0.00	750.00	750.00	15.2
Boxes / containers	2	12.5	206.68	0.00	206.68	4.2
Hand tool, not powered, NOC	1	6.2	187.00	0.00	187.00	3.8
Metal items	1	6.2	171.00	0.00	171.00	3.4
Animal, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0
Building parts / doors	1	6.2	0.00	0.00	0.00	0.0
Excavations	1	6.2	0.00	0.00	0.00	0.0
Furniture / fixtures	2	12.5	0.00	0.00	0.00	0.0
Stairs, steps	1	6.2	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	6.2	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 3,187.91**	**$ 1,725.77**	**$ 4,913.68**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	2	12.5	2,162.23	975.77	3,138.00	63.8
Fall or Slip (On Same Level)	3	18.7	461.00	750.00	1,211.00	24.6
Lifting (strain or Injury by)	1	6.2	206.68	0.00	206.68	4.2
Object Handled (caught in or between)	2	12.5	187.00	0.00	187.00	3.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: White Post Detention Center (259)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Falling or Flying Object	3	18.7	171.00	0.00	171.00	3.4
Animal Or Insect	1	6.2	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	3	18.7	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 3,187.91**	**$ 1,725.77**	**$ 4,913.68**	

**BODY PART

Upper Back Area (Thoracic Area)	2
Ankle	2
Lower Arm	4
Knee	2
Elbow	1
Soft Tissue - Neck	2
Finger(s)	3
Foot	1
Facial, Other Soft Tissue	2
Hand	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Shoulder	2
Upper Leg	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	8
Contusion	13
Sprain	2
Puncture	1
Laceration	2
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Chesterfield Mens Diversion Center (334)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	0.00	44,250.00	44,250.00	98.8
12PM-1:59PM	2	33.3	523.32	0.00	523.32	1.1
10AM-11:59AM	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
	6		**$ 523.32**	**$ 44,250.00**	**$ 44,773.32**	
LENGTH OF SERVICE						
2-4	3	50.0	523.32	44,250.00	44,773.32	100.0
14-16	1	16.6	0.00	0.00	0.00	0.0
24-26	1	16.6	0.00	0.00	0.00	0.0
Unknown	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 523.32**	**$ 44,250.00**	**$ 44,773.32**	
AGE OF CLAIMANT						
50-54	1	16.6	0.00	44,250.00	44,250.00	98.8
40-44	2	33.3	523.32	0.00	523.32	1.1
30-34	1	16.6	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		**$ 523.32**	**$ 44,250.00**	**$ 44,773.32**	
SEX OF CLAIMANT						
Female	2	33.3	0.00	44,250.00	44,250.00	98.8
Male	4	66.6	523.32	0.00	523.32	1.1
	6		**$ 523.32**	**$ 44,250.00**	**$ 44,773.32**	
LOSS CAUSE						
Walking surface, inside, wet	2	33.3	153.45	44,250.00	44,403.45	99.1
Vehicle, not otherwise classified	1	16.6	369.87	0.00	369.87	0.8
Furniture / fixtures	1	16.6	0.00	0.00	0.00	0.0
Patient / Inmate	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		**$ 523.32**	**$ 44,250.00**	**$ 44,773.32**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	50.0	153.45	44,250.00	44,403.45	99.1
Vehicle Upset	1	16.6	369.87	0.00	369.87	0.8
Fall or Slip (From Different Level)	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
	6		**$ 523.32**	**$ 44,250.00**	**$ 44,773.32**	
****BODY PART**						
Hip	3					
Knee	3					
Finger(s)	1					
Hand	1					
Lower Arm	1					
Abdomen including Groin	1					
Ankle	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Chesterfield Mens Diversion Center (334)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	1					
Mouth	1					
Upper Leg	1					
	6					

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

*****INJURY***

Contusion	5					
Sprain	5					
Laceration	2					
Strain	3					
	6					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Cold Springs County Crctnl Unit (357)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
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
6AM-7:59AM	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
6-8	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
25-29	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						
Vehicle, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Recreational 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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Vehicle Upset	1	33.3	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	33.3	0.00	0.00	0.00	0.0
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**						
No Physical Problem	1					
Buttocks	1					
Ear(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**		
No Physical Injury	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Chatam Diversion Center (358)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	50.0	177.93	0.00	177.93	73.9
12PM-1:59PM	1	50.0	42.57	20.00	62.57	26.0
	2		**$ 220.50**	**$ 20.00**	**$ 240.50**	
LENGTH OF SERVICE						
18-20	1	50.0	177.93	0.00	177.93	73.9
14-16	1	50.0	42.57	20.00	62.57	26.0
	2		**$ 220.50**	**$ 20.00**	**$ 240.50**	
AGE OF CLAIMANT						
40-44	1	50.0	177.93	0.00	177.93	73.9
60-64	1	50.0	42.57	20.00	62.57	26.0
	2		**$ 220.50**	**$ 20.00**	**$ 240.50**	
SEX OF CLAIMANT						
Male	2	100.0	220.50	20.00	240.50	100.0
	2		**$ 220.50**	**$ 20.00**	**$ 240.50**	
LOSS CAUSE						
Walking surface, inside, wet	1	50.0	177.93	0.00	177.93	73.9
Stairs, steps	1	50.0	42.57	20.00	62.57	26.0
	2		**$ 220.50**	**$ 20.00**	**$ 240.50**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	177.93	0.00	177.93	73.9
Fall or slip (on stairs)	1	50.0	42.57	20.00	62.57	26.0
	2		**$ 220.50**	**$ 20.00**	**$ 240.50**	
****BODY PART**						
Ankle	1					
Knee	1					
	2					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Harrisonburg Diversion Center (359)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	50.0	2,838.28	6,111.37	8,949.65	80.1
6AM-7:59AM	2	33.3	2,114.31	0.00	2,114.31	18.9
12PM-1:59PM	1	16.6	98.00	0.00	98.00	0.8
	6		**$ 5,050.59**	**$ 6,111.37**	**$ 11,161.96**	
LENGTH OF SERVICE						
12-14	1	16.6	2,798.63	5,361.37	8,160.00	73.1
4-6	2	33.3	2,153.96	0.00	2,153.96	19.3
20-22	1	16.6	0.00	750.00	750.00	6.7
2-4	1	16.6	98.00	0.00	98.00	0.8
24-26	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,050.59**	**$ 6,111.37**	**$ 11,161.96**	
AGE OF CLAIMANT						
35-39	2	33.3	4,912.94	5,361.37	10,274.31	92.0
40-44	2	33.3	98.00	750.00	848.00	7.6
30-34	1	16.6	39.65	0.00	39.65	0.3
55-59	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,050.59**	**$ 6,111.37**	**$ 11,161.96**	
SEX OF CLAIMANT						
Male	6	100.0	5,050.59	6,111.37	11,161.96	100.0
	6		**$ 5,050.59**	**$ 6,111.37**	**$ 11,161.96**	
LOSS CAUSE						
Boxes / containers	1	16.6	2,798.63	5,361.37	8,160.00	73.1
Hand tool, not powered, NOC	2	33.3	2,212.31	0.00	2,212.31	19.8
Unknown	1	16.6	0.00	750.00	750.00	6.7
Furniture / fixtures	1	16.6	39.65	0.00	39.65	0.3
Chemicals, not otherwise classified	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,050.59**	**$ 6,111.37**	**$ 11,161.96**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	16.6	2,798.63	5,361.37	8,160.00	73.1
Object being lifted/handled (cut,punc.scrape,inj b	2	33.3	2,212.31	0.00	2,212.31	19.8
Cumulative (Not Otherwise Classified)	1	16.6	0.00	750.00	750.00	6.7
Twisting, strain or injury by	1	16.6	39.65	0.00	39.65	0.3
Absorb, Ingest, Inhalation	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 5,050.59**	**$ 6,111.37**	**$ 11,161.96**	
****BODY PART**						
Abdomen including Groin	1					
Wrist	1					
Ear(s)	2					
Hand	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lungs	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Harrisonburg Diversion Center (359)

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***

Hernia	1
Contusion	1
Hearing Loss or Impairment (Traumatic only)	2
Laceration	1
Strain	1
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Tidewater Detention Ctr For Women (361)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	6,625.59	4,962.50	11,588.09	74.0
2PM-3:59PM	1	16.6	2,883.90	0.00	2,883.90	18.4
10AM-11:59AM	2	33.3	845.08	147.00	992.08	6.3
6AM-7:59AM	1	16.6	187.50	0.00	187.50	1.2
	6		**$ 10,542.07**	**$ 5,109.50**	**$ 15,651.57**	
LENGTH OF SERVICE						
2-4	2	33.3	7,329.67	5,109.50	12,439.17	79.4
16-18	1	16.6	2,883.90	0.00	2,883.90	18.4
24-26	1	16.6	187.50	0.00	187.50	1.2
6-8	1	16.6	141.00	0.00	141.00	0.9
0-2	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 10,542.07**	**$ 5,109.50**	**$ 15,651.57**	
AGE OF CLAIMANT						
45-49	5	83.3	10,542.07	5,109.50	15,651.57	100.0
40-44	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 10,542.07**	**$ 5,109.50**	**$ 15,651.57**	
SEX OF CLAIMANT						
Male	3	50.0	10,213.57	5,109.50	15,323.07	97.9
Female	3	50.0	328.50	0.00	328.50	2.1
	6		**$ 10,542.07**	**$ 5,109.50**	**$ 15,651.57**	
LOSS CAUSE						
Furniture / fixtures	2	33.3	6,625.59	4,962.50	11,588.09	74.0
Ladder, 10’ folding	1	16.6	2,883.90	0.00	2,883.90	18.4
Vehicle, not otherwise classified	1	16.6	704.08	147.00	851.08	5.4
Chemicals, not otherwise classified	1	16.6	187.50	0.00	187.50	1.2
Building parts / doors	1	16.6	141.00	0.00	141.00	0.9
	6		**$ 10,542.07**	**$ 5,109.50**	**$ 15,651.57**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	2	33.3	9,509.49	4,962.50	14,471.99	92.4
Vehicle Upset	1	16.6	704.08	147.00	851.08	5.4
Foreign Body In Eye	1	16.6	187.50	0.00	187.50	1.2
Object Handled (caught in or between)	1	16.6	141.00	0.00	141.00	0.9
Fall or Slip (From Different Level)	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 10,542.07**	**$ 5,109.50**	**$ 15,651.57**	
****BODY PART**						
Finger(s)	2					
Soft Tissue - Neck	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	1					
Lower Arm	1					
Eye(s)	1					
Buttocks	1					
Wrist	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Tidewater Detention Ctr For Women (361)

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	7
Inflamation	1
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Wise Correctional Unit #18 (457)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	40.0	4,876.13	5,019.63	9,895.76	100.0
6AM-7:59AM	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		**$ 4,876.13**	**$ 5,019.63**	**$ 9,895.76**	
LENGTH OF SERVICE						
6-8	1	20.0	4,876.13	4,269.63	9,145.76	92.4
0-2	1	20.0	0.00	750.00	750.00	7.5
30-32	1	20.0	0.00	0.00	0.00	0.0
8-10	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 4,876.13**	**$ 5,019.63**	**$ 9,895.76**	
AGE OF CLAIMANT						
50-54	3	60.0	4,876.13	4,269.63	9,145.76	92.4
35-39	1	20.0	0.00	750.00	750.00	7.5
30-34	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 4,876.13**	**$ 5,019.63**	**$ 9,895.76**	
SEX OF CLAIMANT						
Male	5	100.0	4,876.13	5,019.63	9,895.76	100.0
	5		**$ 4,876.13**	**$ 5,019.63**	**$ 9,895.76**	
LOSS CAUSE						
Boxes / containers	1	20.0	4,876.13	4,269.63	9,145.76	92.4
Unknown	1	20.0	0.00	750.00	750.00	7.5
Brush / tree / log	1	20.0	0.00	0.00	0.00	0.0
Furniture / fixtures	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		**$ 4,876.13**	**$ 5,019.63**	**$ 9,895.76**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	40.0	4,876.13	4,269.63	9,145.76	92.4
Twisting, strain or injury by	1	20.0	0.00	750.00	750.00	7.5
Fall or Slip (From Different Level)	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 4,876.13**	**$ 5,019.63**	**$ 9,895.76**	
****BODY PART**						
Lower Leg	2					
Lower Back Area (Lumbar and Lumbo-Sacral)	3					
Knee	1					
Hip	1					
Shoulder	1					
Upper Leg	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***

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Wise Correctional Unit #18 (457)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	5					
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Halifax Correctional Unit #23 (458)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	2	18.1	1,172.00	0.00	1,172.00	31.8
4PM-5:59PM	2	18.1	1,114.58	0.00	1,114.58	30.2
2PM-3:59PM	2	18.1	0.00	750.00	750.00	20.3
6AM-7:59AM	2	18.1	407.86	0.00	407.86	11.0
4AM-5:59AM	1	9.0	235.00	0.00	235.00	6.3
8AM-9:59AM	1	9.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,929.44**	**$ 750.00**	**$ 3,679.44**	
LENGTH OF SERVICE						
24-26	1	9.0	1,172.00	0.00	1,172.00	31.8
Unknown	1	9.0	1,069.58	0.00	1,069.58	29.0
2-4	2	18.1	0.00	750.00	750.00	20.3
0-2	2	18.1	407.86	0.00	407.86	11.0
14-16	1	9.0	235.00	0.00	235.00	6.3
18-20	1	9.0	45.00	0.00	45.00	1.2
12-14	1	9.0	0.00	0.00	0.00	0.0
20-22	1	9.0	0.00	0.00	0.00	0.0
8-10	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,929.44**	**$ 750.00**	**$ 3,679.44**	
AGE OF CLAIMANT						
45-49	8	72.7	2,521.58	750.00	3,271.58	88.9
25-29	2	18.1	407.86	0.00	407.86	11.0
35-39	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,929.44**	**$ 750.00**	**$ 3,679.44**	
SEX OF CLAIMANT						
Male	8	72.7	1,859.86	0.00	1,859.86	50.5
Female	3	27.2	1,069.58	750.00	1,819.58	49.4
	11		**$ 2,929.44**	**$ 750.00**	**$ 3,679.44**	
LOSS CAUSE						
Building parts / doors	2	18.1	1,477.44	0.00	1,477.44	40.1
Stone / rock / brick	1	9.0	1,172.00	0.00	1,172.00	31.8
Vehicle, not otherwise classified	1	9.0	0.00	750.00	750.00	20.3
Stairs, steps	2	18.1	235.00	0.00	235.00	6.3
Animal / tick, spider, etc.	1	9.0	45.00	0.00	45.00	1.2
Office equipment	1	9.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	9.0	0.00	0.00	0.00	0.0
Electrical equipment	1	9.0	0.00	0.00	0.00	0.0
Recreational equipment	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,929.44**	**$ 750.00**	**$ 3,679.44**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	9.0	1,172.00	0.00	1,172.00	31.8
Object Handled (caught in or between)	1	9.0	1,069.58	0.00	1,069.58	29.0
Vehicle Upset	1	9.0	0.00	750.00	750.00	20.3
Struck/Injured by Falling or Flying Object	2	18.1	407.86	0.00	407.86	11.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:30

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Halifax Correctional Unit #23 (458)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	2	18.1	235.00	0.00	235.00	6.3
Animal Or Insect	1	9.0	45.00	0.00	45.00	1.2
Fall or Slip (On Same Level)	1	9.0	0.00	0.00	0.00	0.0
Repetitive Motion	1	9.0	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 2,929.44**	**$ 750.00**	**$ 3,679.44**	

**BODY PART

Finger(s)	2
Ankle	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Soft Tissue - Neck	3
Shoulder	1
Elbow	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	1
Eye(s)	1
Knee	1
	11

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

**INJURY

Strain	8
Sprain	2
Fracture	1
Contusion	4
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Haynesville Crctnl Unit #17 (559)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	100.0	192.22	0.00	192.22	100.0
	1		**$ 192.22**	**$ 0.00**	**$ 192.22**	
LENGTH OF SERVICE						
4-6	1	100.0	192.22	0.00	192.22	100.0
	1		**$ 192.22**	**$ 0.00**	**$ 192.22**	
AGE OF CLAIMANT						
35-39	1	100.0	192.22	0.00	192.22	100.0
	1		**$ 192.22**	**$ 0.00**	**$ 192.22**	
SEX OF CLAIMANT						
Female	1	100.0	192.22	0.00	192.22	100.0
	1		**$ 192.22**	**$ 0.00**	**$ 192.22**	
LOSS CAUSE						
Stairs, steps	1	100.0	192.22	0.00	192.22	100.0
	1		**$ 192.22**	**$ 0.00**	**$ 192.22**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	192.22	0.00	192.22	100.0
	1		**$ 192.22**	**$ 0.00**	**$ 192.22**	
****BODY PART**						
Ankle	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
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**		
Contusion	3	
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	3	15.0	324.55	1,510.05	1,834.60	25.7
2PM-3:59PM	6	30.0	1,047.11	750.00	1,797.11	25.2
6PM-7:59PM	1	5.0	659.45	1,090.55	1,750.00	24.5
6AM-7:59AM	2	10.0	846.23	0.00	846.23	11.8
4AM-5:59AM	1	5.0	0.00	750.00	750.00	10.5
10AM-11:59AM	5	25.0	149.38	0.00	149.38	2.1
4PM-5:59PM	1	5.0	0.00	0.00	0.00	0.0
Unknown	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 3,026.72**	**$ 4,100.60**	**$ 7,127.32**	
LENGTH OF SERVICE						
12-14	2	10.0	1,202.46	1,510.05	2,712.51	38.0
8-10	3	15.0	744.05	1,090.55	1,834.60	25.7
4-6	7	35.0	666.48	750.00	1,416.48	19.8
0-2	3	15.0	0.00	750.00	750.00	10.5
10-12	4	20.0	413.73	0.00	413.73	5.8
6-8	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 3,026.72**	**$ 4,100.60**	**$ 7,127.32**	
AGE OF CLAIMANT						
50-54	2	10.0	239.95	2,260.05	2,500.00	35.0
45-49	1	5.0	659.45	1,090.55	1,750.00	24.5
30-34	6	30.0	751.08	750.00	1,501.08	21.0
60-64	1	5.0	962.51	0.00	962.51	13.5
55-59	3	15.0	413.73	0.00	413.73	5.8
25-29	2	10.0	0.00	0.00	0.00	0.0
35-39	4	20.0	0.00	0.00	0.00	0.0
40-44	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 3,026.72**	**$ 4,100.60**	**$ 7,127.32**	
SEX OF CLAIMANT						
Male	11	55.0	2,031.11	2,600.60	4,631.71	64.9
Female	9	45.0	995.61	1,500.00	2,495.61	35.0
	20		**$ 3,026.72**	**$ 4,100.60**	**$ 7,127.32**	
LOSS CAUSE						
Furniture / fixtures	4	20.0	899.40	2,600.60	3,500.00	49.1
Glass bottle / sheet	1	5.0	962.51	0.00	962.51	13.5
Unknown	1	5.0	0.00	750.00	750.00	10.5
Office equipment	1	5.0	0.00	750.00	750.00	10.5
Building parts / doors	2	10.0	581.88	0.00	581.88	8.1
Stairs, steps	2	10.0	264.35	0.00	264.35	3.7
Boxes / containers	1	5.0	149.38	0.00	149.38	2.1
Fencing	1	5.0	84.60	0.00	84.60	1.1
Metal items	2	10.0	84.60	0.00	84.60	1.1
Animal / bee type	1	5.0	0.00	0.00	0.00	0.0
Brush / tree / log	1	5.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	5.0	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	5.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Vehicle, not otherwise classified	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 3,026.72**	**$ 4,100.60**	**$ 7,127.32**	

ACCIDENT TYPE

Lifting (strain or Injury by)	2	10.0	389.33	1,510.05	1,899.38	26.6
Fall or Slip (From Different Level)	1	5.0	659.45	1,090.55	1,750.00	24.5
Struck/Injured by Falling or Flying Object	3	15.0	1,544.39	0.00	1,544.39	21.6
Cumulative (Not Otherwise Classified)	1	5.0	0.00	750.00	750.00	10.5
Twisting, strain or injury by	1	5.0	0.00	750.00	750.00	10.5
Fall or slip (on ice or snow)	1	5.0	264.35	0.00	264.35	3.7
Object being lifted/handled (cut,punc.scrape,inj b	2	10.0	84.60	0.00	84.60	1.1
Strike Against/Step on Stationary Object	3	15.0	84.60	0.00	84.60	1.1
Absorb, Ingest, Inhalation	1	5.0	0.00	0.00	0.00	0.0
Animal Or Insect	1	5.0	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	5.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	5.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	5.0	0.00	0.00	0.00	0.0
	20		**$ 3,026.72**	**$ 4,100.60**	**$ 7,127.32**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	3
Buttocks	1
Hand	5
Soft Tissue - Neck	3
Upper Back Area (Thoracic Area)	2
Wrist	1
Elbow	2
Knee	3
Upper Leg	1
Finger(s)	4
Disc - Neck	1
Eye(s)	1
Facial, Other Soft Tissue	1
Internal Organs	1
Lower Arm	1
Lungs	1
Upper Arm (Inc: Clavicle and Scapula)	2
	20

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

**INJURY

Contusion	13
Strain	7
Laceration	5
Puncture	3
Inflamation	2
No Physical Injury	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Botetourt Correctional Unit#25 (657)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Poisoning - Chemical	1					
Syncope	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Stafford Detention Center (659)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	50.0	162.00	0.00	162.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 162.00***	***$ 0.00***	***$ 162.00***	
LENGTH OF SERVICE						
4-6	1	50.0	162.00	0.00	162.00	100.0
6-8	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 162.00***	***$ 0.00***	***$ 162.00***	
AGE OF CLAIMANT						
40-44	1	50.0	162.00	0.00	162.00	100.0
50-54	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 162.00***	***$ 0.00***	***$ 162.00***	
SEX OF CLAIMANT						
Female	1	50.0	162.00	0.00	162.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 162.00***	***$ 0.00***	***$ 162.00***	
LOSS CAUSE						
Excavations	1	50.0	162.00	0.00	162.00	100.0
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 162.00***	***$ 0.00***	***$ 162.00***	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	1	50.0	162.00	0.00	162.00	100.0
Foreign Body In Eye	1	50.0	0.00	0.00	0.00	0.0
	2		***$ 162.00***	***$ 0.00***	***$ 162.00***	
****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Eye(s)	1					
	2					

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

****INJURY***	
Strain	1
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Corrections Administration (701)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	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		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
2-4	2	50.0	0.00	0.00	0.00	0.0
0-2	1	25.0	0.00	0.00	0.00	0.0
20-22	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	4	100.0	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						
Walking surface, outside, dry	1	25.0	0.00	0.00	0.00	0.0
Building parts / doors	1	25.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	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
Fall or slip (on ice or snow)	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Facial, Other Soft Tissue	2					
Ankle	1					
No Physical Problem	1					
Shoulder	1					
Soft Tissue - Neck	1					
	4					

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

****INJURY**	
Laceration	1
Contusion	3
No Physical Injury	1
Strain	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Corrections Administration (701)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	13	20.9	5,924.76	575.43	6,500.19	33.1
8AM-9:59AM	15	24.1	3,661.91	1,694.60	5,356.51	27.3
4PM-5:59PM	5	8.0	614.40	2,215.50	2,829.90	14.4
10AM-11:59AM	5	8.0	118.00	1,750.00	1,868.00	9.5
12PM-1:59PM	9	14.5	698.04	659.60	1,357.64	6.9
6AM-7:59AM	4	6.4	950.58	0.00	950.58	4.8
Unknown	6	9.6	647.60	0.00	647.60	3.3
2AM-3:59AM	2	3.2	104.00	0.00	104.00	0.5
4AM-5:59AM	1	1.6	0.00	0.00	0.00	0.0
6PM-7:59PM	2	3.2	0.00	0.00	0.00	0.0
	62		**$ 12,719.29**	**$ 6,895.13**	**$ 19,614.42**	
LENGTH OF SERVICE						
4-6	8	12.9	4,018.32	0.00	4,018.32	20.4
14-16	4	6.4	190.53	3,500.00	3,690.53	18.8
10-12	2	3.2	3,110.31	575.43	3,685.74	18.7
0-2	21	33.8	2,533.25	443.00	2,976.25	15.1
8-10	3	4.8	123.30	2,376.70	2,500.00	12.7
2-4	10	16.1	1,282.45	0.00	1,282.45	6.5
6-8	8	12.9	683.66	0.00	683.66	3.4
20-22	2	3.2	503.40	0.00	503.40	2.5
22-24	1	1.6	274.07	0.00	274.07	1.4
16-18	1	1.6	0.00	0.00	0.00	0.0
18-20	1	1.6	0.00	0.00	0.00	0.0
Unknown	1	1.6	0.00	0.00	0.00	0.0
	62		**$ 12,719.29**	**$ 6,895.13**	**$ 19,614.42**	
AGE OF CLAIMANT						
45-49	4	6.4	55.40	5,194.60	5,250.00	26.7
30-34	10	16.1	4,729.96	0.00	4,729.96	24.1
40-44	10	16.1	3,618.04	575.43	4,193.47	21.3
50-54	7	11.2	1,441.43	682.10	2,123.53	10.8
20-24	11	17.7	736.00	465.50	1,201.50	6.1
35-39	9	14.5	1,059.27	0.00	1,059.27	5.4
25-29	6	9.6	778.05	0.00	778.05	3.9
55-59	4	6.4	301.14	-22.50	278.64	1.4
60-64	1	1.6	0.00	0.00	0.00	0.0
	62		**$ 12,719.29**	**$ 6,895.13**	**$ 19,614.42**	
SEX OF CLAIMANT						
Male	35	56.4	11,174.79	2,819.70	13,994.49	71.3
Female	27	43.5	1,544.50	4,075.43	5,619.93	28.6
	62		**$ 12,719.29**	**$ 6,895.13**	**$ 19,614.42**	
LOSS CAUSE						
Furniture / fixtures	3	4.8	3,785.05	0.00	3,785.05	19.3
Food	2	3.2	2,935.74	0.00	2,935.74	14.9
Vehicle, not otherwise classified	5	8.0	338.90	2,215.50	2,554.40	13.0
Walking surface, inside, wet	6	9.6	615.86	1,750.00	2,365.86	12.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stairs, steps	5	8.0	203.90	1,694.60	1,898.50	9.6
Building parts / doors	5	8.0	927.65	682.10	1,609.75	8.2
Chemicals, not otherwise classified	3	4.8	921.44	0.00	921.44	4.7
Hand tool, not powered, NOC	3	4.8	194.37	575.43	769.80	3.9
Walking surface, inside, dry	3	4.8	725.01	0.00	725.01	3.7
Person	5	8.0	574.57	-22.50	552.07	2.8
Unknown	2	3.2	495.60	0.00	495.60	2.5
Walking surface, outside, dry	2	3.2	449.00	0.00	449.00	2.2
Boxes / containers	3	4.8	226.20	0.00	226.20	1.1
Metal items	1	1.6	222.00	0.00	222.00	1.1
Animal / insect, not otherwise classified	1	1.6	104.00	0.00	104.00	0.5
Animal / bee type	3	4.8	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	1.6	0.00	0.00	0.00	0.0
Electrical equipment	1	1.6	0.00	0.00	0.00	0.0
Elevators, escalators	1	1.6	0.00	0.00	0.00	0.0
Fencing	1	1.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.6	0.00	0.00	0.00	0.0
Ladder, 12' roof	1	1.6	0.00	0.00	0.00	0.0
Patient / Inmate	2	3.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.6	0.00	0.00	0.00	0.0
Water	1	1.6	0.00	0.00	0.00	0.0
	62		***$ 12,719.29***	***$ 6,895.13***	***$ 19,614.42***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	2	3.2	3,785.05	0.00	3,785.05	19.3
Absorb, Ingest, Inhalation	4	6.4	3,635.41	0.00	3,635.41	18.5
Fall or Slip (On Same Level)	9	14.5	1,615.41	1,727.50	3,342.91	17.0
Twisting, strain or injury by	3	4.8	123.30	2,376.70	2,500.00	12.7
Vehicle Upset	2	3.2	284.50	2,215.50	2,500.00	12.7
Object being lifted/handled (cut,punc.scrape,inj b	4	6.4	468.67	575.43	1,044.10	5.3
Struck/Injured by Object Handled By Other	2	3.2	502.25	0.00	502.25	2.5
Fall or Slip (From Liquid/Grease spills)	1	1.6	475.60	0.00	475.60	2.4
Pushing Or Pulling (Strain or Injury by)	1	1.6	451.50	0.00	451.50	2.3
Struck/Injured by Falling or Flying Object	2	3.2	330.20	0.00	330.20	1.6
Foreign Body In Eye	2	3.2	221.77	0.00	221.77	1.1
Stuck, injured by fellow worker, patient	3	4.8	190.53	0.00	190.53	0.9
Fall or slip (on stairs)	4	6.4	148.50	0.00	148.50	0.7
Object Handled (caught in or between)	1	1.6	137.60	0.00	137.60	0.7
Lifting (strain or Injury by)	2	3.2	118.00	0.00	118.00	0.6
Animal Or Insect	5	8.0	104.00	0.00	104.00	0.5
Human Bite	2	3.2	82.90	0.00	82.90	0.4
Repetitive Motion	3	4.8	44.10	0.00	44.10	0.2
Strike Against/Step on Stationary Object	4	6.4	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	1.6	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	1.6	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	1.6	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	1.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	2	3.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Powhatan Correctional Center (709)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	62		**$ 12,719.29**	**$ 6,895.13**	**$ 19,614.42**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	14					
Upper Back Area (Thoracic Area)	5					
Ankle	9					
Elbow	6					
Internal Organs	3					
Soft Tissue - Neck	8					
Shoulder	2					
Upper Leg	1					
Lower Arm	3					
Wrist	4					
Foot	4					
Knee	4					
Toe(s)	2					
Lungs	1					
Hand	4					
Facial, Other Soft Tissue	5					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Eye(s)	2					
Teeth	1					
Finger(s)	4					
Hip	1					
Buttocks	2					
Lower Leg	2					
Mouth	1					
Nose	1					
	62					

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

*****INJURY***		
Strain	20	
Contusion	39	
Sprain	10	
Inflamation	6	
Laceration	7	
Respiratory Disorders	1	
Foreign Body	3	
Poisoning - Chemical	1	
Puncture	3	
Poisoning	1	
	62	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Enterprises (711)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	1	33.3	225.39	10,524.61	10,750.00	100.0
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 225.39**	**$ 10,524.61**	**$ 10,750.00**	
LENGTH OF SERVICE						
2-4	2	66.6	225.39	10,524.61	10,750.00	100.0
10-12	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 225.39**	**$ 10,524.61**	**$ 10,750.00**	
AGE OF CLAIMANT						
50-54	3	100.0	225.39	10,524.61	10,750.00	100.0
	3		**$ 225.39**	**$ 10,524.61**	**$ 10,750.00**	
SEX OF CLAIMANT						
Female	1	33.3	225.39	10,524.61	10,750.00	100.0
Male	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 225.39**	**$ 10,524.61**	**$ 10,750.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	66.6	225.39	10,524.61	10,750.00	100.0
Vehicle, fork truck	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 225.39**	**$ 10,524.61**	**$ 10,750.00**	
ACCIDENT TYPE						
Collision/sideswipe with Another Vehicle	1	33.3	225.39	10,524.61	10,750.00	100.0
Struck/Injured by Hand Tool/Machine In Use	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		**$ 225.39**	**$ 10,524.61**	**$ 10,750.00**	

****BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	1
Foot	2
Knee	1
Lower Leg	1
Upper Leg	1
	3

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

****INJURY**

Strain	1
Contusion	4
Fracture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	3	9.0	13,123.06	9,626.94	22,750.00	91.3
12PM-1:59PM	6	18.1	154.40	750.00	904.40	3.6
2PM-3:59PM	8	24.2	755.82	0.00	755.82	3.0
10AM-11:59AM	7	21.2	394.09	0.00	394.09	1.5
4PM-5:59PM	3	9.0	112.60	0.00	112.60	0.4
4AM-5:59AM	1	3.0	0.00	0.00	0.00	0.0
2AM-3:59AM	1	3.0	0.00	0.00	0.00	0.0
6PM-7:59PM	1	3.0	0.00	0.00	0.00	0.0
8AM-9:59AM	3	9.0	0.00	0.00	0.00	0.0
	33		**$ 14,539.97**	**$ 10,376.94**	**$ 24,916.91**	
LENGTH OF SERVICE						
6-8	8	24.2	13,123.06	9,626.94	22,750.00	91.3
4-6	7	21.2	893.39	0.00	893.39	3.5
10-12	2	6.0	0.00	750.00	750.00	3.0
2-4	3	9.0	255.40	0.00	255.40	1.0
0-2	6	18.1	248.32	0.00	248.32	1.0
14-16	1	3.0	19.80	0.00	19.80	0.0
16-18	3	9.0	0.00	0.00	0.00	0.0
20-22	1	3.0	0.00	0.00	0.00	0.0
18-20	1	3.0	0.00	0.00	0.00	0.0
8-10	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 14,539.97**	**$ 10,376.94**	**$ 24,916.91**	
AGE OF CLAIMANT						
40-44	7	21.2	13,123.06	9,626.94	22,750.00	91.3
45-49	6	18.1	903.14	0.00	903.14	3.6
60-64	1	3.0	0.00	750.00	750.00	3.0
25-29	5	15.1	348.20	0.00	348.20	1.4
35-39	7	21.2	145.77	0.00	145.77	0.5
55-59	5	15.1	19.80	0.00	19.80	0.0
30-34	2	6.0	0.00	0.00	0.00	0.0
	33		**$ 14,539.97**	**$ 10,376.94**	**$ 24,916.91**	
SEX OF CLAIMANT						
Female	28	84.8	14,291.65	10,376.94	24,668.59	99.0
Male	5	15.1	248.32	0.00	248.32	1.0
	33		**$ 14,539.97**	**$ 10,376.94**	**$ 24,916.91**	
LOSS CAUSE						
Walking surface, outside, wet	1	3.0	13,123.06	9,626.94	22,750.00	91.3
Stairs, steps	4	12.1	92.80	750.00	842.80	3.3
Furniture / fixtures	4	12.1	755.82	0.00	755.82	3.0
Heating equipment	1	3.0	248.32	0.00	248.32	1.0
Walking surface, inside, wet	4	12.1	154.40	0.00	154.40	0.6
Office equipment	1	3.0	145.77	0.00	145.77	0.5
Hand tool, not powered, NOC	3	9.0	19.80	0.00	19.80	0.0
Minerals / dirt	1	3.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	6.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / insect, not otherwise classified	2	6.0	0.00	0.00	0.00	0.0
Building parts / doors	4	12.1	0.00	0.00	0.00	0.0
Metal items	1	3.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	3.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	3	9.0	0.00	0.00	0.00	0.0
Welding equipment	1	3.0	0.00	0.00	0.00	0.0
	33		***$ 14,539.97***	***$ 10,376.94***	***$ 24,916.91***	

ACCIDENT TYPE

Fall or slip (on ice or snow)	1	3.0	13,123.06	9,626.94	22,750.00	91.3
Cumulative (Not Otherwise Classified)	1	3.0	0.00	750.00	750.00	3.0
Fall or Slip (From Different Level)	5	15.1	654.82	0.00	654.82	2.6
Reaching (Strain or Injury by)	1	3.0	248.32	0.00	248.32	1.0
Fall or Slip (On Same Level)	5	15.1	154.40	0.00	154.40	0.6
Contact with Electric Current	1	3.0	145.77	0.00	145.77	0.5
Struck/Injured by Object Handled By Other	4	12.1	101.00	0.00	101.00	0.4
Fall or slip (on stairs)	3	9.0	92.80	0.00	92.80	0.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.0	19.80	0.00	19.80	0.0
Animal Or Insect	2	6.0	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	3.0	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	3.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	3.0	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	6.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	3.0	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	3.0	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	3.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	3.0	0.00	0.00	0.00	0.0
	33		***$ 14,539.97***	***$ 10,376.94***	***$ 24,916.91***	

***BODY PART**

Knee	11
Facial, Other Soft Tissue	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Soft Tissue - Neck	1
Upper Leg	2
Upper Back Area (Thoracic Area)	1
Ear(s)	1
Ankle	3
Foot	2
Hip	1
Shoulder	1
Wrist	1
Eye(s)	1
Finger(s)	6
Hand	3
Lower Arm	3
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Lower Leg	1
Thumb	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Virginia Correctional Ctr For Women (716)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	33					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	24
Strain	3
Burn	2
Laceration	4
Crushing	1
Foreign Body	1
Inflamation	1
Puncture	2
	33

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	5	19.2	7,068.22	14,509.55	21,577.77	66.6
6PM-7:59PM	3	11.5	2,147.10	3,340.23	5,487.33	16.9
4PM-5:59PM	5	19.2	149.60	2,992.40	3,142.00	9.7
8AM-9:59AM	6	23.0	252.50	750.00	1,002.50	3.1
12PM-1:59PM	3	11.5	980.73	0.00	980.73	3.0
6AM-7:59AM	2	7.6	188.00	0.00	188.00	0.5
10AM-11:59AM	2	7.6	0.00	0.00	0.00	0.0
	26		**$ 10,786.15**	**$ 21,592.18**	**$ 32,378.33**	
LENGTH OF SERVICE						
10-12	1	3.8	296.41	12,448.63	12,745.04	39.3
18-20	1	3.8	6,754.21	2,060.92	8,815.13	27.2
4-6	3	11.5	1,748.70	3,340.23	5,088.93	15.7
0-2	13	50.0	1,919.50	2,992.40	4,911.90	15.1
2-4	6	23.0	49.73	750.00	799.73	2.4
24-26	1	3.8	17.60	0.00	17.60	0.0
6-8	1	3.8	0.00	0.00	0.00	0.0
	26		**$ 10,786.15**	**$ 21,592.18**	**$ 32,378.33**	
AGE OF CLAIMANT						
40-44	2	7.6	346.14	12,448.63	12,794.77	39.5
45-49	3	11.5	6,771.81	2,060.92	8,832.73	27.2
30-34	7	26.9	1,710.30	6,332.63	8,042.93	24.8
50-54	4	15.3	931.00	750.00	1,681.00	5.1
25-29	4	15.3	520.90	0.00	520.90	1.6
20-24	2	7.6	318.00	0.00	318.00	0.9
35-39	4	15.3	188.00	0.00	188.00	0.5
	26		**$ 10,786.15**	**$ 21,592.18**	**$ 32,378.33**	
SEX OF CLAIMANT						
Male	19	73.0	10,088.42	20,842.18	30,930.60	95.5
Female	7	26.9	697.73	750.00	1,447.73	4.4
	26		**$ 10,786.15**	**$ 21,592.18**	**$ 32,378.33**	
LOSS CAUSE						
Hand tool, powered, NOC	1	3.8	296.41	12,448.63	12,745.04	39.3
Furniture / fixtures	3	11.5	6,754.21	2,810.92	9,565.13	29.5
Food	1	3.8	1,560.70	3,340.23	4,900.93	15.1
Patient / Inmate	3	11.5	7.60	2,242.40	2,250.00	6.9
Fencing	1	3.8	931.00	0.00	931.00	2.8
Gun / gunshot	1	3.8	0.00	750.00	750.00	2.3
Unknown	2	7.6	394.50	0.00	394.50	1.2
Walking surface, outside, dry	2	7.6	318.00	0.00	318.00	0.9
Glass bottle / sheet	1	3.8	268.40	0.00	268.40	0.8
Building parts / doors	2	7.6	237.73	0.00	237.73	0.7
Stairs, steps	1	3.8	17.60	0.00	17.60	0.0
Environmental conditions	1	3.8	0.00	0.00	0.00	0.0
Person	1	3.8	0.00	0.00	0.00	0.0
Infectious agent	2	7.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Metal items	3	11.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.8	0.00	0.00	0.00	0.0
	26		***$ 10,786.15***	***$ 21,592.18***	***$ 32,378.33***	

ACCIDENT TYPE

Object Handled (caught in or between)	2	7.6	346.14	12,448.63	12,794.77	39.5
Struck/Injured by Falling or Flying Object	4	15.3	7,685.21	2,060.92	9,746.13	30.1
Fall or Slip (On Same Level)	3	11.5	1,878.70	3,340.23	5,218.93	16.1
Assault	1	3.8	7.60	2,242.40	2,250.00	6.9
Cumulative (Not Otherwise Classified)	4	15.3	394.50	750.00	1,144.50	3.5
Strike Against/Step on Stationary Object	5	19.2	268.40	750.00	1,018.40	3.1
Struck/Injured by Object Handled By Other	1	3.8	188.00	0.00	188.00	0.5
Fall or slip (on stairs)	1	3.8	17.60	0.00	17.60	0.0
Allergic Reaction	1	3.8	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	3.8	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	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		***$ 10,786.15***	***$ 21,592.18***	***$ 32,378.33***	

***BODY PART

Thumb	2
Facial, Other Soft Tissue	7
Soft Tissue - Neck	2
Ankle	4
Hip	2
Nose	1
Shoulder	1
Knee	1
Hand	2
Upper Leg	1
Wrist	1
Abdomen including Groin	1
Finger(s)	4
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
No Physical Problem	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

Laceration	7
Contusion	10
Sprain	3
Burn	1
Inflamation	2
Strain	5
Foreign Body	2
No Physical Injury	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southhampton Correctional Center (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	13.6	38,257.11	14,033.17	52,290.28	95.4
10AM-11:59AM	4	18.1	819.37	0.00	819.37	1.5
2PM-3:59PM	3	13.6	620.54	0.00	620.54	1.1
12PM-1:59PM	5	22.7	548.03	0.00	548.03	1.0
4PM-5:59PM	3	13.6	495.75	0.00	495.75	0.9
Unknown	1	4.5	22.50	0.00	22.50	0.0
4AM-5:59AM	1	4.5	0.00	0.00	0.00	0.0
6AM-7:59AM	1	4.5	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 40,763.30**	**$ 14,033.17**	**$ 54,796.47**	
LENGTH OF SERVICE						
8-10	2	9.0	38,257.11	14,033.17	52,290.28	95.4
6-8	2	9.0	726.50	0.00	726.50	1.3
10-12	1	4.5	620.54	0.00	620.54	1.1
2-4	4	18.1	583.37	0.00	583.37	1.0
14-16	3	13.6	382.03	0.00	382.03	0.7
24-26	1	4.5	166.00	0.00	166.00	0.3
4-6	1	4.5	22.50	0.00	22.50	0.0
16-18	2	9.0	5.25	0.00	5.25	0.0
18-20	2	9.0	0.00	0.00	0.00	0.0
0-2	1	4.5	0.00	0.00	0.00	0.0
20-22	2	9.0	0.00	0.00	0.00	0.0
26-28	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 40,763.30**	**$ 14,033.17**	**$ 54,796.47**	
AGE OF CLAIMANT						
45-49	3	13.6	38,257.11	14,033.17	52,290.28	95.4
40-44	2	9.0	726.50	0.00	726.50	1.3
60-64	3	13.6	625.79	0.00	625.79	1.1
20-24	2	9.0	490.50	0.00	490.50	0.9
50-54	6	27.2	404.53	0.00	404.53	0.7
55-59	1	4.5	166.00	0.00	166.00	0.3
25-29	2	9.0	92.87	0.00	92.87	0.1
35-39	2	9.0	0.00	0.00	0.00	0.0
30-34	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 40,763.30**	**$ 14,033.17**	**$ 54,796.47**	
SEX OF CLAIMANT						
Male	18	81.8	39,411.01	14,033.17	53,444.18	97.5
Female	4	18.1	1,352.29	0.00	1,352.29	2.4
	22		**$ 40,763.30**	**$ 14,033.17**	**$ 54,796.47**	
LOSS CAUSE						
Pipe	2	9.0	38,639.14	14,033.17	52,672.31	96.1
Hand tool, not powered, NOC	2	9.0	726.50	0.00	726.50	1.3
Boxes / containers	2	9.0	620.54	0.00	620.54	1.1
Vehicle, not otherwise classified	3	13.6	495.75	0.00	495.75	0.9
Patient / Inmate	2	9.0	166.00	0.00	166.00	0.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, wet	1	4.5	92.87	0.00	92.87	0.1
Stairs, steps	1	4.5	22.50	0.00	22.50	0.0
Minerals / dirt	1	4.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.5	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	4.5	0.00	0.00	0.00	0.0
Building parts / doors	1	4.5	0.00	0.00	0.00	0.0
Electrical equipment	1	4.5	0.00	0.00	0.00	0.0
Food	1	4.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	4.5	0.00	0.00	0.00	0.0
Metal items	1	4.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 40,763.30***	***$ 14,033.17***	***$ 54,796.47***	

ACCIDENT TYPE

Object being lifted/handled (cut,punc.scrape,inj b	3	13.6	38,983.61	14,033.17	53,016.78	96.7
Struck/Injured by Object Being Lifted/Handled	1	4.5	620.54	0.00	620.54	1.1
Vehicle Upset	2	9.0	495.75	0.00	495.75	0.9
Strike Against/Step on Stationary Object	1	4.5	382.03	0.00	382.03	0.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	9.0	166.00	0.00	166.00	0.3
Fall or Slip (From Liquid/Grease spills)	1	4.5	92.87	0.00	92.87	0.1
Fall or slip (on stairs)	1	4.5	22.50	0.00	22.50	0.0
Fall or Slip (On Same Level)	1	4.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	4.5	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	4.5	0.00	0.00	0.00	0.0
Animal Or Insect	1	4.5	0.00	0.00	0.00	0.0
Contact with Electric Current	1	4.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	4.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	2	9.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	4.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 40,763.30***	***$ 14,033.17***	***$ 54,796.47***	

***BODY PART*

Thumb	2
Facial, Other Soft Tissue	2
Lower Leg	1
Hip	1
Lower Arm	2
Finger(s)	5
No Physical Problem	2
Ankle	1
Soft Tissue - Neck	2
Eye(s)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Internal Organs	1
Shoulder	1
Upper Back Area (Thoracic Area)	1
Wrist	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Bland Correctional Unit (718)

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.**

*****INJURY***

Foreign Body	2
Contusion	8
Laceration	4
Puncture	3
No Physical Injury	2
Sprain	1
Strain	4
Poisoning	1
	22

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	4	10.2	24,101.31	6,097.46	30,198.77	85.4
8AM-9:59AM	10	25.6	4,406.38	0.00	4,406.38	12.4
10AM-11:59AM	6	15.3	458.14	0.00	458.14	1.3
4PM-5:59PM	3	7.6	105.49	0.00	105.49	0.3
12AM-1:59AM	1	2.5	95.60	0.00	95.60	0.2
12PM-1:59PM	8	20.5	78.40	0.00	78.40	0.2
4AM-5:59AM	3	7.6	0.00	0.00	0.00	0.0
6AM-7:59AM	3	7.6	0.00	0.00	0.00	0.0
Unknown	1	2.5	0.00	0.00	0.00	0.0
	39		**$ 29,245.32**	**$ 6,097.46**	**$ 35,342.78**	
LENGTH OF SERVICE						
14-16	1	2.5	23,870.31	6,097.46	29,967.77	84.7
20-22	2	5.1	2,960.04	0.00	2,960.04	8.3
2-4	6	15.3	910.49	0.00	910.49	2.5
0-2	11	28.2	470.08	0.00	470.08	1.3
18-20	2	5.1	381.85	0.00	381.85	1.0
4-6	6	15.3	249.60	0.00	249.60	0.7
6-8	4	10.2	231.00	0.00	231.00	0.6
8-10	1	2.5	171.95	0.00	171.95	0.4
34-36	1	2.5	0.00	0.00	0.00	0.0
10-12	1	2.5	0.00	0.00	0.00	0.0
24-26	3	7.6	0.00	0.00	0.00	0.0
26-28	1	2.5	0.00	0.00	0.00	0.0
	39		**$ 29,245.32**	**$ 6,097.46**	**$ 35,342.78**	
AGE OF CLAIMANT						
40-44	8	20.5	23,975.80	6,097.46	30,073.26	85.0
50-54	5	12.8	3,246.29	0.00	3,246.29	9.1
30-34	2	5.1	910.49	0.00	910.49	2.5
35-39	8	20.5	652.55	0.00	652.55	1.8
20-24	3	7.6	286.19	0.00	286.19	0.8
45-49	7	17.9	95.60	0.00	95.60	0.2
25-29	1	2.5	78.40	0.00	78.40	0.2
55-59	4	10.2	0.00	0.00	0.00	0.0
60-64	1	2.5	0.00	0.00	0.00	0.0
	39		**$ 29,245.32**	**$ 6,097.46**	**$ 35,342.78**	
SEX OF CLAIMANT						
Male	23	58.9	28,698.63	6,097.46	34,796.09	98.4
Female	16	41.0	546.69	0.00	546.69	1.5
	39		**$ 29,245.32**	**$ 6,097.46**	**$ 35,342.78**	
LOSS CAUSE						
Ladder, 14' extension	1	2.5	23,870.31	6,097.46	29,967.77	84.7
Fencing	1	2.5	2,864.44	0.00	2,864.44	8.1
Building parts / doors	2	5.1	910.49	0.00	910.49	2.5
Walking surface, outside, wet	2	5.1	381.85	0.00	381.85	1.0
Animal / bee type	5	12.8	286.19	0.00	286.19	0.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stone / rock / brick	1	2.5	249.60	0.00	249.60	0.7
Person	2	5.1	201.49	0.00	201.49	0.5
Gun / gunshot	1	2.5	171.95	0.00	171.95	0.4
Vehicle, not otherwise classified	4	10.2	135.00	0.00	135.00	0.3
Animal, not otherwise classified	1	2.5	95.60	0.00	95.60	0.2
Brush / tree / log	1	2.5	78.40	0.00	78.40	0.2
Animal / insect, not otherwise classified	1	2.5	0.00	0.00	0.00	0.0
Boxes / containers	2	5.1	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	2.5	0.00	0.00	0.00	0.0
Excavations	1	2.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.5	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.5	0.00	0.00	0.00	0.0
Metal items	3	7.6	0.00	0.00	0.00	0.0
Minerals / dirt	1	2.5	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.5	0.00	0.00	0.00	0.0
Stairs, steps	2	5.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	3	7.6	0.00	0.00	0.00	0.0
	39		***$ 29,245.32***	***$ 6,097.46***	***$ 35,342.78***	

ACCIDENT TYPE

Reaching (Strain or Injury by)	1	2.5	23,870.31	6,097.46	29,967.77	84.7
Struck/Injured by Falling or Flying Object	2	5.1	2,864.44	0.00	2,864.44	8.1
Strike Against/Step on Stationary Object	3	7.6	910.49	0.00	910.49	2.5
Fall or slip (on ice or snow)	1	2.5	381.85	0.00	381.85	1.0
Animal Or Insect	8	20.5	381.79	0.00	381.79	1.0
Fall or Slip (On Same Level)	5	12.8	249.60	0.00	249.60	0.7
Object being lifted/handled (cut,punc.scrape,inj b	2	5.1	171.95	0.00	171.95	0.4
Vehicle Upset	1	2.5	135.00	0.00	135.00	0.3
Cumulative (Not Otherwise Classified)	1	2.5	105.49	0.00	105.49	0.3
Stuck, injured by fellow worker, patient	1	2.5	96.00	0.00	96.00	0.2
Foreign Body In Eye	2	5.1	78.40	0.00	78.40	0.2
Pushing Or Pulling (Strain or Injury by)	1	2.5	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	2.5	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	3	7.6	0.00	0.00	0.00	0.0
Fall or slip (into Openings)	1	2.5	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	2	5.1	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	2.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	2.5	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	2.5	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	2.5	0.00	0.00	0.00	0.0
	39		***$ 29,245.32***	***$ 6,097.46***	***$ 35,342.78***	

***BODY PART

Shoulder	5
Mouth	3
Teeth	2
Soft Tissue - Neck	5
Skull	1
Ankle	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: James River Correctional Center (719)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Arm	3					
Upper Back Area (Thoracic Area)	1					
Internal Organs	1					
Finger(s)	4					
Eye(s)	2					
Foot	2					
Lower Leg	3					
Upper Leg	2					
Elbow	4					
Facial, Other Soft Tissue	3					
Hand	3					
Hip	1					
Knee	4					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Nose	1					
Wrist	2					
	39					

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

*****INJURY***

Strain	6
Laceration	12
Dislocation	2
No Physical Injury	1
Contusion	18
Inflamation	10
Sprain	4
Heat Prostration	1
Puncture	1
Foreign Body	1
	39

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Powatan Reception & Classification Ctr (721)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	1	9.0	2,780.20	0.00	2,780.20	53.6
8AM-9:59AM	4	36.3	281.26	1,679.74	1,961.00	37.8
Unknown	2	18.1	293.60	0.00	293.60	5.6
10AM-11:59AM	2	18.1	146.00	0.00	146.00	2.8
12PM-1:59PM	1	9.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 3,501.06**	**$ 1,679.74**	**$ 5,180.80**	
LENGTH OF SERVICE						
2-4	3	27.2	2,991.20	0.00	2,991.20	57.7
8-10	1	9.0	70.26	1,679.74	1,750.00	33.7
4-6	1	9.0	202.40	0.00	202.40	3.9
20-22	1	9.0	146.00	0.00	146.00	2.8
0-2	4	36.3	91.20	0.00	91.20	1.7
10-12	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 3,501.06**	**$ 1,679.74**	**$ 5,180.80**	
AGE OF CLAIMANT						
50-54	2	18.1	2,871.40	0.00	2,871.40	55.4
40-44	2	18.1	70.26	1,679.74	1,750.00	33.7
45-49	2	18.1	357.00	0.00	357.00	6.8
30-34	3	27.2	202.40	0.00	202.40	3.9
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
	11		**$ 3,501.06**	**$ 1,679.74**	**$ 5,180.80**	
SEX OF CLAIMANT						
Female	5	45.4	2,982.60	0.00	2,982.60	57.5
Male	6	54.5	518.46	1,679.74	2,198.20	42.4
	11		**$ 3,501.06**	**$ 1,679.74**	**$ 5,180.80**	
LOSS CAUSE						
Walking surface, inside, wet	2	18.1	2,780.20	0.00	2,780.20	53.6
Animal, not otherwise classified	1	9.0	70.26	1,679.74	1,750.00	33.7
Vehicle, not otherwise classified	1	9.0	211.00	0.00	211.00	4.0
Walking surface, outside, dry	1	9.0	202.40	0.00	202.40	3.9
Boxes / containers	1	9.0	146.00	0.00	146.00	2.8
Furniture / fixtures	2	18.1	91.20	0.00	91.20	1.7
Metal items	2	18.1	0.00	0.00	0.00	0.0
Stairs, steps	1	9.0	0.00	0.00	0.00	0.0
	11		**$ 3,501.06**	**$ 1,679.74**	**$ 5,180.80**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	3	27.2	2,982.60	0.00	2,982.60	57.5
Infectious Disease Exposure	1	9.0	70.26	1,679.74	1,750.00	33.7
Vehicle Upset	1	9.0	211.00	0.00	211.00	4.0
Holding Or Carrying (Strain or Injury by)	1	9.0	146.00	0.00	146.00	2.8
Strike Against/Step on Stationary Object	1	9.0	91.20	0.00	91.20	1.7
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Powatan Reception & Classification Ctr (721)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	1	9.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	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
	11		***$ 3,501.06***	***$ 1,679.74***	***$ 5,180.80***	

***BODY PART**

Knee	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Soft Tissue - Neck	2
Upper Back Area (Thoracic Area)	1
Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Elbow	1
Finger(s)	2
Lower Arm	1
No Physical Problem	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	5
Infection	1
Strain	3
Sprain	1
Laceration	2
No Physical Injury	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	14	33.3	4,162.52	3,110.23	7,272.75	49.0
12PM-1:59PM	6	14.2	4,569.60	0.00	4,569.60	30.8
8AM-9:59AM	2	4.7	0.00	750.00	750.00	5.0
12AM-1:59AM	2	4.7	692.25	0.00	692.25	4.6
Unknown	5	11.9	421.00	0.00	421.00	2.8
2PM-3:59PM	4	9.5	371.00	0.00	371.00	2.5
2AM-3:59AM	2	4.7	292.00	0.00	292.00	1.9
4PM-5:59PM	5	11.9	285.00	0.00	285.00	1.9
6AM-7:59AM	2	4.7	176.91	0.00	176.91	1.1
	42		**$ 10,970.28**	**$ 3,860.23**	**$ 14,830.51**	
LENGTH OF SERVICE						
18-20	5	11.9	4,771.61	0.00	4,771.61	32.1
0-2	6	14.2	3,290.15	560.23	3,850.38	25.9
4-6	7	16.6	622.78	1,750.00	2,372.78	16.0
6-8	9	21.4	771.50	1,500.00	2,271.50	15.3
16-18	2	4.7	692.25	0.00	692.25	4.6
10-12	2	4.7	359.47	0.00	359.47	2.4
2-4	6	14.2	171.52	50.00	221.52	1.4
8-10	3	7.1	156.00	0.00	156.00	1.0
12-14	2	4.7	135.00	0.00	135.00	0.9
	42		**$ 10,970.28**	**$ 3,860.23**	**$ 14,830.51**	
AGE OF CLAIMANT						
45-49	4	9.5	4,574.61	0.00	4,574.61	30.8
35-39	5	11.9	3,826.78	560.23	4,387.01	29.5
25-29	6	14.2	368.00	1,750.00	2,118.00	14.2
50-54	6	14.2	422.91	1,500.00	1,922.91	12.9
55-59	9	21.4	834.47	0.00	834.47	5.6
20-24	2	4.7	562.00	0.00	562.00	3.7
40-44	5	11.9	251.52	50.00	301.52	2.0
30-34	4	9.5	129.99	0.00	129.99	0.8
70-74	1	2.3	0.00	0.00	0.00	0.0
	42		**$ 10,970.28**	**$ 3,860.23**	**$ 14,830.51**	
SEX OF CLAIMANT						
Female	24	57.1	4,337.43	3,810.23	8,147.66	54.9
Male	18	42.8	6,632.85	50.00	6,682.85	45.0
	42		**$ 10,970.28**	**$ 3,860.23**	**$ 14,830.51**	
LOSS CAUSE						
Ladder, 10’ folding	1	2.3	4,439.61	0.00	4,439.61	29.9
Walking surface, inside, dry	1	2.3	2,550.15	560.23	3,110.38	20.9
Walking surface, inside, wet	4	9.5	125.00	1,750.00	1,875.00	12.6
Building parts / doors	5	11.9	1,405.25	0.00	1,405.25	9.4
Stairs, steps	2	4.7	0.00	750.00	750.00	5.0
Walking surface, outside, dry	1	2.3	0.00	750.00	750.00	5.0
Furniture / fixtures	10	23.8	669.31	50.00	719.31	4.8
Vehicle, not otherwise classified	2	4.7	629.59	0.00	629.59	4.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chemicals, not otherwise classified	1	2.3	359.47	0.00	359.47	2.4
Hand tool, not powered, NOC	3	7.1	184.00	0.00	184.00	1.2
Walking surface, outside, wet	2	4.7	176.91	0.00	176.91	1.1
Boxes / containers	4	9.5	135.00	0.00	135.00	0.9
Brush / tree / log	1	2.3	129.99	0.00	129.99	0.8
Hand tool, powered, NOC	1	2.3	86.00	0.00	86.00	0.5
Fencing	1	2.3	80.00	0.00	80.00	0.5
Metal items	2	4.7	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 10,970.28***	***$ 3,860.23***	***$ 14,830.51***	

ACCIDENT TYPE

Fall or Slip (From Ladder/Scaffolding)	1	2.3	4,439.61	0.00	4,439.61	29.9
Slipped, Did Not Fall	2	4.7	2,550.15	560.23	3,110.38	20.9
Fall or Slip (On Same Level)	3	7.1	156.00	1,750.00	1,906.00	12.8
Strike Against/Step on Stationary Object	3	7.1	0.00	750.00	750.00	5.0
Twisting, strain or injury by	2	4.7	0.00	750.00	750.00	5.0
Struck/Injured by Object Being Lifted/Handled	1	2.3	692.25	0.00	692.25	4.6
Object Handled (caught in or between)	4	9.5	676.79	0.00	676.79	4.5
Strike Against/Step On Obj. Being Lifted or Handle	2	4.7	561.59	0.00	561.59	3.7
Allergic Reaction	2	4.7	489.46	0.00	489.46	3.3
Lifting (strain or Injury by)	4	9.5	306.52	50.00	356.52	2.4
Object being lifted/handled (cut,punc.scrape,inj b	4	9.5	350.00	0.00	350.00	2.3
Fall or Slip (From Different Level)	6	14.2	260.00	0.00	260.00	1.7
Fall or slip (on ice or snow)	1	2.3	176.91	0.00	176.91	1.1
Vehicle Upset	1	2.3	160.00	0.00	160.00	1.0
Pushing Or Pulling (Strain or Injury by)	1	2.3	151.00	0.00	151.00	1.0
Fall or slip (on stairs)	1	2.3	0.00	0.00	0.00	0.0
Assault	1	2.3	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	2.3	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
Struck/Injured by Object Handled By Other	1	2.3	0.00	0.00	0.00	0.0
	42		***$ 10,970.28***	***$ 3,860.23***	***$ 14,830.51***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Abdomen including Groin	2
Lower Arm	5
Hand	8
Shoulder	3
Knee	7
Finger(s)	7
Wrist	4
Elbow	3
Lower Leg	2
Hip	2
Thumb	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Upper Arm (Inc: Clavicle and Scapula)	1
Ankle	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Brunswick Correctional Center (730)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Facial, Other Soft Tissue	2					
Buttocks	1					
Soft Tissue - Neck	3					
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	16
Contusion	32
Laceration	9
Dermatitis	1
Puncture	5
Inflamation	2
Foreign Body	1
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	5	8.9	13,869.19	11,132.30	25,001.49	74.1
4PM-5:59PM	5	8.9	415.81	1,750.00	2,165.81	6.4
Unknown	6	10.7	296.00	1,750.00	2,046.00	6.0
10AM-11:59AM	11	19.6	384.00	1,500.00	1,884.00	5.5
12PM-1:59PM	7	12.5	344.26	750.00	1,094.26	3.2
2AM-3:59AM	3	5.3	230.00	750.00	980.00	2.9
6AM-7:59AM	4	7.1	408.36	0.00	408.36	1.2
8AM-9:59AM	5	8.9	132.16	0.00	132.16	0.3
2PM-3:59PM	8	14.2	0.00	0.00	0.00	0.0
6PM-7:59PM	2	3.5	0.00	0.00	0.00	0.0
	56		**$ 16,079.78**	**$ 17,632.30**	**$ 33,712.08**	
LENGTH OF SERVICE						
14-16	4	7.1	13,305.58	11,132.30	24,437.88	72.4
2-4	16	28.5	1,136.68	1,750.00	2,886.68	8.5
0-2	11	19.6	322.00	2,500.00	2,822.00	8.3
24-26	4	7.1	72.00	1,500.00	1,572.00	4.6
4-6	6	10.7	502.26	750.00	1,252.26	3.7
18-20	3	5.3	336.36	0.00	336.36	1.0
8-10	2	3.5	223.00	0.00	223.00	0.6
16-18	2	3.5	122.90	0.00	122.90	0.3
36-38	1	1.7	59.00	0.00	59.00	0.1
10-12	2	3.5	0.00	0.00	0.00	0.0
12-14	2	3.5	0.00	0.00	0.00	0.0
20-22	1	1.7	0.00	0.00	0.00	0.0
6-8	2	3.5	0.00	0.00	0.00	0.0
	56		**$ 16,079.78**	**$ 17,632.30**	**$ 33,712.08**	
AGE OF CLAIMANT						
50-54	11	19.6	13,641.94	12,882.30	26,524.24	78.6
30-34	13	23.2	1,629.68	1,750.00	3,379.68	10.0
45-49	9	16.0	354.00	1,500.00	1,854.00	5.5
40-44	7	12.5	444.90	750.00	1,194.90	3.5
25-29	6	10.7	0.00	750.00	750.00	2.2
35-39	5	8.9	9.26	0.00	9.26	0.0
55-59	1	1.7	0.00	0.00	0.00	0.0
20-24	4	7.1	0.00	0.00	0.00	0.0
	56		**$ 16,079.78**	**$ 17,632.30**	**$ 33,712.08**	
SEX OF CLAIMANT						
Male	31	55.3	14,696.61	15,132.30	29,828.91	88.4
Female	25	44.6	1,383.17	2,500.00	3,883.17	11.5
	56		**$ 16,079.78**	**$ 17,632.30**	**$ 33,712.08**	
LOSS CAUSE						
Furniture / fixtures	4	7.1	13,230.58	11,132.30	24,362.88	72.2
Unknown	3	5.3	92.00	2,500.00	2,592.00	7.6
Walking surface, inside, dry	2	3.5	0.00	2,500.00	2,500.00	7.4
Walking surface, outside, dry	2	3.5	0.00	1,500.00	1,500.00	4.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand tool, not powered, NOC	3	5.3	588.62	0.00	588.62	1.7
Animal / insect, not otherwise classified	1	1.7	415.81	0.00	415.81	1.2
Stairs, steps	4	7.1	415.61	0.00	415.61	1.2
Animal / bee type	5	8.9	368.00	0.00	368.00	1.0
Excavations	1	1.7	250.00	0.00	250.00	0.7
Sharp objects, not otherwise classified	1	1.7	230.00	0.00	230.00	0.6
Walking surface, inside, wet	1	1.7	223.00	0.00	223.00	0.6
Electrical equipment	3	5.3	181.90	0.00	181.90	0.5
Walking surface, outside, wet	4	7.1	75.00	0.00	75.00	0.2
Metal items	4	7.1	9.26	0.00	9.26	0.0
Chemicals, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	4	7.1	0.00	0.00	0.00	0.0
Boxes / containers	2	3.5	0.00	0.00	0.00	0.0
Brush / tree / log	1	1.7	0.00	0.00	0.00	0.0
Building parts / doors	3	5.3	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.7	0.00	0.00	0.00	0.0
Patient / Inmate	4	7.1	0.00	0.00	0.00	0.0
Recreational equipment	1	1.7	0.00	0.00	0.00	0.0
Stone / rock / brick	1	1.7	0.00	0.00	0.00	0.0
	56		***$ 16,079.78***	***$ 17,632.30***	***$ 33,712.08***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	3	5.3	13,480.58	11,132.30	24,612.88	73.0
Cumulative (Not Otherwise Classified)	2	3.5	0.00	2,500.00	2,500.00	7.4
Fall or Slip (On Same Level)	7	12.5	282.00	1,500.00	1,782.00	5.2
Twisting, strain or injury by	1	1.7	0.00	1,750.00	1,750.00	5.1
Repetitive Motion	3	5.3	344.26	750.00	1,094.26	3.2
Animal Or Insect	6	10.7	783.81	0.00	783.81	2.3
Fall or slip (on stairs)	4	7.1	415.61	0.00	415.61	1.2
Object Handled (caught in or between)	4	7.1	336.36	0.00	336.36	1.0
Misc. (Cut, Puncture, Scrape)	1	1.7	230.00	0.00	230.00	0.6
Object being lifted/handled (cut,punc.scrape,inj b	5	8.9	122.90	0.00	122.90	0.3
Fall or slip (on ice or snow)	2	3.5	75.00	0.00	75.00	0.2
Foreign Body In Eye	1	1.7	9.26	0.00	9.26	0.0
Absorb, Ingest, Inhalation	1	1.7	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	1	1.7	0.00	0.00	0.00	0.0
Assault	1	1.7	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	1.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	1.7	0.00	0.00	0.00	0.0
Lifting (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
Strike Against/Step on Stationary Object	1	1.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	3	5.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.7	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	3.5	0.00	0.00	0.00	0.0
Vehicle Upset	3	5.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Staunton Correctional Center (731)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	56		**$ 16,079.78**	**$ 17,632.30**	**$ 33,712.08**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Hand	8					
Knee	12					
Foot	2					
Internal Organs	1					
Ankle	5					
Lower Arm	5					
Hip	2					
Upper Leg	1					
Elbow	2					
Finger(s)	9					
Abdomen including Groin	1					
Eye(s)	2					
Lungs	1					
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Great Toe	1					
Lower Leg	1					
Mouth	1					
No Physical Problem	5					
Shoulder	1					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	2					
	56					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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					
Sprain	7					
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1					
Strain	8					
Inflamation	7					
Puncture	4					
Laceration	6					
Foreign Body	3					
Respiratory Disorders	1					
No Physical Injury	5					
	56					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	6	16.2	35,880.15	15,547.22	51,427.37	79.8
8AM-9:59AM	4	10.8	3,182.12	750.00	3,932.12	6.1
12AM-1:59AM	2	5.4	3,801.83	0.00	3,801.83	5.9
2PM-3:59PM	8	21.6	1,036.86	1,750.00	2,786.86	4.3
12PM-1:59PM	4	10.8	911.00	884.00	1,795.00	2.7
10AM-11:59AM	7	18.9	404.42	0.00	404.42	0.6
4AM-5:59AM	2	5.4	222.50	0.00	222.50	0.3
6PM-7:59PM	2	5.4	45.00	0.00	45.00	0.0
2AM-3:59AM	1	2.7	0.00	0.00	0.00	0.0
Unknown	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 45,483.88***	***$ 18,931.22***	***$ 64,415.10***	
LENGTH OF SERVICE						
2-4	24	64.8	36,491.33	15,547.22	52,038.55	80.7
0-2	7	18.9	5,091.10	3,250.00	8,341.10	12.9
8-10	1	2.7	2,181.16	0.00	2,181.16	3.3
4-6	3	8.1	1,104.29	0.00	1,104.29	1.7
6-8	1	2.7	616.00	134.00	750.00	1.1
18-20	1	2.7	0.00	0.00	0.00	0.0
	37		***$ 45,483.88***	***$ 18,931.22***	***$ 64,415.10***	
AGE OF CLAIMANT						
25-29	7	18.9	35,827.32	13,797.22	49,624.54	77.0
40-44	4	10.8	6,085.74	0.00	6,085.74	9.4
35-39	11	29.7	1,123.39	3,384.00	4,507.39	7.0
20-24	3	8.1	272.00	1,750.00	2,022.00	3.1
45-49	4	10.8	1,101.93	0.00	1,101.93	1.7
30-34	6	16.2	1,073.50	0.00	1,073.50	1.6
50-54	2	5.4	0.00	0.00	0.00	0.0
	37		***$ 45,483.88***	***$ 18,931.22***	***$ 64,415.10***	
SEX OF CLAIMANT						
Male	14	37.8	41,030.13	13,931.22	54,961.35	85.3
Female	23	62.1	4,453.75	5,000.00	9,453.75	14.6
	37		***$ 45,483.88***	***$ 18,931.22***	***$ 64,415.10***	
LOSS CAUSE						
Vehicle, not otherwise classified	5	13.5	35,457.17	13,797.22	49,254.39	76.4
Patient / Inmate	3	8.1	6,598.99	134.00	6,732.99	10.4
Boxes / containers	4	10.8	1,774.76	1,750.00	3,524.76	5.4
Unknown	1	2.7	0.00	1,750.00	1,750.00	2.7
Walking surface, inside, wet	3	8.1	317.12	750.00	1,067.12	1.6
Building parts / doors	9	24.3	966.00	0.00	966.00	1.5
Walking surface, outside, dry	3	8.1	99.00	750.00	849.00	1.3
Metal items	2	5.4	225.84	0.00	225.84	0.3
Chemicals, not otherwise classified	1	2.7	45.00	0.00	45.00	0.0
Office equipment	1	2.7	0.00	0.00	0.00	0.0
Stairs, steps	1	2.7	0.00	0.00	0.00	0.0
Electrical equipment	1	2.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:31

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fencing	1	2.7	0.00	0.00	0.00	0.0
Furniture / fixtures	2	5.4	0.00	0.00	0.00	0.0
	37		**$ 45,483.88**	**$ 18,931.22**	**$ 64,415.10**	

ACCIDENT TYPE

Lifting (strain or Injury by)	6	16.2	39,920.62	15,547.22	55,467.84	86.1
Assault	2	5.4	2,797.16	134.00	2,931.16	4.5
Cumulative (Not Otherwise Classified)	2	5.4	0.00	1,750.00	1,750.00	2.7
Fall or Slip (On Same Level)	4	10.8	416.12	750.00	1,166.12	1.8
Holding Or Carrying (Strain or Injury by)	1	2.7	901.62	0.00	901.62	1.4
Repetitive Motion	1	2.7	0.00	750.00	750.00	1.1
Struck/Injured by Object Being Lifted/Handled	1	2.7	288.31	0.00	288.31	0.4
Wielding or throwing, strain or injury by	1	2.7	272.00	0.00	272.00	0.4
Strike Against/Step on Stationary Object	4	10.8	225.84	0.00	225.84	0.3
Object being lifted/handled (cut,punc.scrape,inj b	1	2.7	222.50	0.00	222.50	0.3
Pushing Or Pulling (Strain or Injury by)	3	8.1	211.52	0.00	211.52	0.3
Struck/Injured by Object Handled By Other	2	5.4	183.19	0.00	183.19	0.2
Absorb, Ingest, Inhalation	1	2.7	45.00	0.00	45.00	0.0
Fall or slip (on stairs)	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
Object Handled (caught in or between)	2	5.4	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	2.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	3	8.1	0.00	0.00	0.00	0.0
	37		**$ 45,483.88**	**$ 18,931.22**	**$ 64,415.10**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Lower Leg	1
Shoulder	6
Knee	8
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Upper Back Area (Thoracic Area)	1
Internal Organs	1
Foot	2
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Leg	1
Finger(s)	6
Elbow	6
Lower Arm	4
Hand	2
Buttocks	1
Abdomen including Groin	1
Ankle	1
Soft Tissue - Neck	2
Ear(s)	1
Thumb	1
Wrist	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Sussex I State Prison (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	37					

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

*****INJURY***

Strain	19
Contusion	24
Sprain	4
Angina Pectoris (Cond. Assoc. w/Heart Disease)	1
Laceration	6
Inflamation	1
Fracture	1
Crushing	1
Hearing Loss or Impairment (Traumatic only)	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	8	18.1	7,716.51	5,173.12	12,889.63	32.4
4PM-5:59PM	4	9.0	1,266.44	10,370.00	11,636.44	29.2
10AM-11:59AM	8	18.1	6,648.19	408.29	7,056.48	17.7
8AM-9:59AM	10	22.7	2,660.18	1,821.25	4,481.43	11.2
6AM-7:59AM	5	11.3	1,326.53	0.00	1,326.53	3.3
6PM-7:59PM	4	9.0	1,318.44	0.00	1,318.44	3.3
2AM-3:59AM	2	4.5	549.68	0.00	549.68	1.3
4AM-5:59AM	2	4.5	519.47	0.00	519.47	1.3
12AM-1:59AM	1	2.2	0.00	0.00	0.00	0.0
	44		**$ 22,005.44**	**$ 17,772.66**	**$ 39,778.10**	
LENGTH OF SERVICE						
2-4	24	54.5	16,084.78	6,953.68	23,038.46	57.9
0-2	13	29.5	4,446.62	10,741.00	15,187.62	38.1
Unknown	2	4.5	612.36	0.00	612.36	1.5
4-6	1	2.2	549.68	0.00	549.68	1.3
6-8	2	4.5	80.00	77.98	157.98	0.4
20-22	1	2.2	134.97	0.00	134.97	0.3
8-10	1	2.2	97.03	0.00	97.03	0.2
	44		**$ 22,005.44**	**$ 17,772.66**	**$ 39,778.10**	
AGE OF CLAIMANT						
30-34	11	25.0	6,653.98	6,738.12	13,392.10	33.6
20-24	2	4.5	547.36	10,370.00	10,917.36	27.4
25-29	8	18.1	6,035.03	115.27	6,150.30	15.4
35-39	8	18.1	4,556.17	371.00	4,927.17	12.3
40-44	6	13.6	3,274.96	0.00	3,274.96	8.2
55-59	1	2.2	645.94	178.27	824.21	2.0
50-54	3	6.8	194.97	0.00	194.97	0.4
45-49	5	11.3	97.03	0.00	97.03	0.2
	44		**$ 22,005.44**	**$ 17,772.66**	**$ 39,778.10**	
SEX OF CLAIMANT						
Male	34	77.2	20,100.17	16,207.66	36,307.83	91.2
Female	10	22.7	1,905.27	1,565.00	3,470.27	8.7
	44		**$ 22,005.44**	**$ 17,772.66**	**$ 39,778.10**	
LOSS CAUSE						
Stairs, steps	5	11.3	5,851.88	6,816.10	12,667.98	31.8
Unknown	1	2.2	80.00	10,370.00	10,450.00	26.2
Patient / Inmate	7	15.9	7,437.62	37.29	7,474.91	18.7
Walking surface, inside, wet	8	18.1	2,328.95	371.00	2,699.95	6.7
Metal items	2	4.5	1,377.40	0.00	1,377.40	3.4
Building parts / doors	3	6.8	1,113.30	178.27	1,291.57	3.2
Walking surface, outside, wet	3	6.8	1,266.53	0.00	1,266.53	3.1
Walking surface, inside, dry	4	9.0	766.10	0.00	766.10	1.9
Walking surface, outside, dry	1	2.2	598.69	0.00	598.69	1.5
Boxes / containers	3	6.8	581.33	0.00	581.33	1.4
Animal, not otherwise classified	1	2.2	195.60	0.00	195.60	0.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Gun / gunshot	1	2.2	145.00	0.00	145.00	0.3
Heating equipment	1	2.2	97.03	0.00	97.03	0.2
Hand tool, powered, NOC	1	2.2	83.01	0.00	83.01	0.2
Stone / rock / brick	1	2.2	83.00	0.00	83.00	0.2
Hand tool, not powered, NOC	1	2.2	0.00	0.00	0.00	0.0
Infectious agent	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 22,005.44***	***$ 17,772.66***	***$ 39,778.10***	

ACCIDENT TYPE

Fall or slip (on stairs)	5	11.3	5,851.88	6,816.10	12,667.98	31.8
Repetitive Motion	1	2.2	80.00	10,370.00	10,450.00	26.2
Infectious Disease Exposure	2	4.5	5,555.33	37.29	5,592.62	14.0
Object Handled (caught in or between)	5	11.3	2,635.70	178.27	2,813.97	7.0
Fall or Slip (On Same Level)	7	15.9	2,032.62	371.00	2,403.62	6.0
Fall or slip (on ice or snow)	3	6.8	1,266.53	0.00	1,266.53	3.1
Twisting, strain or injury by	3	6.8	906.67	0.00	906.67	2.2
Strike Against/Step on Stationary Object	3	6.8	737.10	0.00	737.10	1.8
Cumulative (Not Otherwise Classified)	1	2.2	598.69	0.00	598.69	1.5
Holding Or Carrying (Strain or Injury by)	1	2.2	581.33	0.00	581.33	1.4
Assault	2	4.5	565.30	0.00	565.30	1.4
Pushing Or Pulling (Strain or Injury by)	1	2.2	410.32	0.00	410.32	1.0
Fall or Slip (From Liquid/Grease spills)	3	6.8	408.33	0.00	408.33	1.0
Animal Or Insect	1	2.2	195.60	0.00	195.60	0.4
Contact With Hot Object or Substances	1	2.2	97.03	0.00	97.03	0.2
Struck/Injured by Falling or Flying Object	3	6.8	83.01	0.00	83.01	0.2
Lifting (strain or Injury by)	1	2.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	2.2	0.00	0.00	0.00	0.0
	44		***$ 22,005.44***	***$ 17,772.66***	***$ 39,778.10***	

***BODY PART*

Knee	11
Ankle	7
Facial, Other Soft Tissue	6
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Soft Tissue - Neck	2
Upper Back Area (Thoracic Area)	1
Hand	3
Finger(s)	1
Thumb	3
Elbow	4
Wrist	1
Hip	1
Pelvis	1
Lower Arm	3
Buttocks	1
Lower Leg	2
Foot	1
No Physical Problem	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Sussex Ii State Prison (734)

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

Sprain	12
Strain	13
Foreign Body	2
Contusion	17
Laceration	8
Puncture	1
Burn	1
Dislocation	1
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	5	6.9	35,941.63	22,269.77	58,211.40	65.5
4PM-5:59PM	7	9.7	8,404.74	5,861.52	14,266.26	16.0
2PM-3:59PM	9	12.5	2,392.83	1,750.00	4,142.83	4.6
Unknown	13	18.0	3,195.00	0.00	3,195.00	3.6
8AM-9:59AM	9	12.5	1,265.87	1,632.00	2,897.87	3.2
10AM-11:59AM	9	12.5	1,071.61	1,750.00	2,821.61	3.1
6AM-7:59AM	12	16.6	1,615.44	750.00	2,365.44	2.6
2AM-3:59AM	2	2.7	969.76	0.00	969.76	1.0
6PM-7:59PM	3	4.1	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	2	2.7	0.00	0.00	0.00	0.0
	72		**$ 54,856.88**	**$ 34,013.29**	**$ 88,870.17**	
LENGTH OF SERVICE						
2-4	48	66.6	44,078.46	28,885.57	72,964.03	82.1
0-2	18	25.0	8,700.41	3,377.72	12,078.13	13.5
14-16	1	1.3	0.00	1,750.00	1,750.00	1.9
4-6	2	2.7	1,048.25	0.00	1,048.25	1.1
12-14	1	1.3	602.76	0.00	602.76	0.6
10-12	2	2.7	427.00	0.00	427.00	0.4
	72		**$ 54,856.88**	**$ 34,013.29**	**$ 88,870.17**	
AGE OF CLAIMANT						
25-29	24	33.3	45,678.48	25,647.49	71,325.97	80.2
35-39	10	13.8	5,185.65	2,365.80	7,551.45	8.5
30-34	15	20.8	1,454.59	1,750.00	3,204.59	3.6
20-24	13	18.0	2,187.08	750.00	2,937.08	3.3
45-49	5	6.9	0.00	1,750.00	1,750.00	1.9
50-54	1	1.3	0.00	1,750.00	1,750.00	1.9
40-44	4	5.5	351.08	0.00	351.08	0.4
	72		**$ 54,856.88**	**$ 34,013.29**	**$ 88,870.17**	
SEX OF CLAIMANT						
Female	11	15.2	35,994.66	24,019.77	60,014.43	67.5
Male	61	84.7	18,862.22	9,993.52	28,855.74	32.4
	72		**$ 54,856.88**	**$ 34,013.29**	**$ 88,870.17**	
LOSS CAUSE						
Walking surface, inside, wet	3	4.1	36,350.51	22,269.77	58,620.28	65.9
Patient / Inmate	21	29.1	9,551.97	7,611.52	17,163.49	19.3
Building parts / doors	11	15.2	3,399.09	0.00	3,399.09	3.8
Boxes / containers	10	13.8	1,836.86	632.00	2,468.86	2.7
Unknown	2	2.7	0.00	1,750.00	1,750.00	1.9
Walking surface, outside, dry	1	1.3	0.00	1,750.00	1,750.00	1.9
Infectious agent	2	2.7	1,370.75	0.00	1,370.75	1.5
Vehicle, not otherwise classified	3	4.1	652.50	0.00	652.50	0.7
Furniture / fixtures	4	5.5	583.00	0.00	583.00	0.6
Heating equipment	2	2.7	510.76	0.00	510.76	0.5
Walking surface, outside, wet	1	1.3	186.83	0.00	186.83	0.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / bee type	1	1.3	174.00	0.00	174.00	0.2
Minerals / dirt	1	1.3	143.61	0.00	143.61	0.1
Stairs, steps	4	5.5	97.00	0.00	97.00	0.1
Environmental conditions	1	1.3	0.00	0.00	0.00	0.0
Fencing	2	2.7	0.00	0.00	0.00	0.0
Food	1	1.3	0.00	0.00	0.00	0.0
Metal items	2	2.7	0.00	0.00	0.00	0.0
	72		***$ 54,856.88***	***$ 34,013.29***	***$ 88,870.17***	

ACCIDENT TYPE

Fall or Slip (From Liquid/Grease spills)	1	1.3	35,734.16	22,269.77	58,003.93	65.2
Assault	11	15.2	8,083.42	5,861.52	13,944.94	15.6
Cumulative (Not Otherwise Classified)	3	4.1	0.00	3,500.00	3,500.00	3.9
Lifting (strain or Injury by)	3	4.1	2,826.83	-118.00	2,708.83	3.0
Struck/Injured by Falling or Flying Object	6	8.3	1,761.85	750.00	2,511.85	2.8
Fall or Slip (On Same Level)	4	5.5	408.88	1,750.00	2,158.88	2.4
Object Handled (caught in or between)	2	2.7	994.76	0.00	994.76	1.1
Strike Against/Step on Stationary Object	5	6.9	974.00	0.00	974.00	1.1
Pushing Or Pulling (Strain or Injury by)	1	1.3	901.17	0.00	901.17	1.0
Absorb, Ingest, Inhalation	1	1.3	510.76	0.00	510.76	0.5
Slipped, Did Not Fall	2	2.7	394.30	0.00	394.30	0.4
Infectious Disease Exposure	1	1.3	367.00	0.00	367.00	0.4
Struck/Injured by Object Handled By Other	2	2.7	349.76	0.00	349.76	0.3
Object being lifted/handled (cut,punc.scrape,inj b	8	11.1	315.50	0.00	315.50	0.3
Holding Or Carrying (Strain or Injury by)	3	4.1	305.70	0.00	305.70	0.3
Stuck, injured by fellow worker, patient	2	2.7	273.00	0.00	273.00	0.3
Fall or Slip (From Different Level)	2	2.7	230.50	0.00	230.50	0.2
Animal Or Insect	1	1.3	174.00	0.00	174.00	0.2
Foreign Body In Eye	1	1.3	143.61	0.00	143.61	0.1
Fall or slip (on stairs)	2	2.7	55.00	0.00	55.00	0.0
Repetitive Motion	1	1.3	42.00	0.00	42.00	0.0
Human Bite	2	2.7	10.68	0.00	10.68	0.0
Twisting, strain or injury by	1	1.3	0.00	0.00	0.00	0.0
Allergic Reaction	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
Contact with Electric Current	2	2.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	1.3	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	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
	72		***$ 54,856.88***	***$ 34,013.29***	***$ 88,870.17***	

***BODY PART*

Knee	10
Hand	10
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Upper Leg	1
Mouth	4
Shoulder	7
Wrist	2
Nose	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Wallens Ridge State Prison (735)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Brain	2					
Facial, Other Soft Tissue	9					
Eye(s)	8					
Upper Arm (Inc: Clavicle and Scapula)	3					
Internal Organs	1					
Finger(s)	14					
Lower Leg	3					
Upper Back Area (Thoracic Area)	2					
Soft Tissue - Neck	4					
Lungs	1					
Abdomen including Groin	4					
Foot	2					
No Physical Problem	1					
Lower Arm	9					
Thumb	1					
Ear(s)	1					
Elbow	2					
	72					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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	34
Laceration	23
Foreign Body	9
Mental Stress	2
Unknown	1
Fracture	2
Asphyxiation/Drowning / strangulation	1
Sprain	2
No Physical Injury	3
Inflamation	1
Puncture	5
Burn	4
	72

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southampton Intensive Treatment Ctr (736)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	1	33.3	4.80	0.00	4.80	100.0
8AM-9:59AM	1	33.3	0.00	0.00	0.00	0.0
Unknown	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4.80**	**$ 0.00**	**$ 4.80**	
LENGTH OF SERVICE						
4-6	2	66.6	4.80	0.00	4.80	100.0
2-4	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4.80**	**$ 0.00**	**$ 4.80**	
AGE OF CLAIMANT						
35-39	1	33.3	4.80	0.00	4.80	100.0
30-34	2	66.6	0.00	0.00	0.00	0.0
	3		**$ 4.80**	**$ 0.00**	**$ 4.80**	
SEX OF CLAIMANT						
Male	3	100.0	4.80	0.00	4.80	100.0
	3		**$ 4.80**	**$ 0.00**	**$ 4.80**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	33.3	4.80	0.00	4.80	100.0
Animal / tick, spider, etc.	1	33.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 4.80**	**$ 0.00**	**$ 4.80**	
ACCIDENT TYPE						
Allergic Reaction	1	33.3	4.80	0.00	4.80	100.0
Animal Or Insect	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		**$ 4.80**	**$ 0.00**	**$ 4.80**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Lower Arm	1					
Upper Leg	1					
	3					

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

****INJURY**	
Inflamation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	16.0	9,758.59	5,256.75	15,015.34	39.1
Unknown	2	8.0	9,247.80	5,252.20	14,500.00	37.7
2PM-3:59PM	3	12.0	932.69	1,750.00	2,682.69	6.9
12PM-1:59PM	6	24.0	662.90	1,750.00	2,412.90	6.2
4AM-5:59AM	2	8.0	1,873.48	0.00	1,873.48	4.8
6AM-7:59AM	3	12.0	652.03	0.00	652.03	1.7
10AM-11:59AM	3	12.0	548.12	0.00	548.12	1.4
6PM-7:59PM	1	4.0	454.89	0.00	454.89	1.1
4PM-5:59PM	1	4.0	266.72	0.00	266.72	0.6
	25		***$ 24,397.22***	***$ 14,008.95***	***$ 38,406.17***	
LENGTH OF SERVICE						
2-4	12	48.0	14,425.84	7,002.20	21,428.04	55.7
22-24	2	8.0	8,795.46	5,256.75	14,052.21	36.5
0-2	5	20.0	698.63	1,750.00	2,448.63	6.3
10-12	1	4.0	319.00	0.00	319.00	0.8
4-6	4	16.0	158.29	0.00	158.29	0.4
14-16	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 24,397.22***	***$ 14,008.95***	***$ 38,406.17***	
AGE OF CLAIMANT						
55-59	3	12.0	9,566.80	5,252.20	14,819.00	38.5
60-64	1	4.0	8,795.46	5,256.75	14,052.21	36.5
40-44	6	24.0	887.66	1,750.00	2,637.66	6.8
25-29	4	16.0	729.49	1,750.00	2,479.49	6.4
45-49	3	12.0	2,328.37	0.00	2,328.37	6.0
30-34	7	28.0	2,089.44	0.00	2,089.44	5.4
50-54	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 24,397.22***	***$ 14,008.95***	***$ 38,406.17***	
SEX OF CLAIMANT						
Male	13	52.0	20,609.99	12,258.95	32,868.94	85.5
Female	12	48.0	3,787.23	1,750.00	5,537.23	14.4
	25		***$ 24,397.22***	***$ 14,008.95***	***$ 38,406.17***	
LOSS CAUSE						
Boxes / containers	2	8.0	10,668.94	5,256.75	15,925.69	41.4
Walking surface, inside, wet	2	8.0	9,539.80	5,252.20	14,792.00	38.5
Unknown	3	12.0	491.88	1,750.00	2,241.88	5.8
Person	1	4.0	0.00	1,750.00	1,750.00	4.5
Stone / rock / brick	1	4.0	672.84	0.00	672.84	1.7
Patient / Inmate	3	12.0	613.69	0.00	613.69	1.6
Furniture / fixtures	2	8.0	454.89	0.00	454.89	1.1
Building parts / doors	2	8.0	437.74	0.00	437.74	1.1
Walking surface, outside, wet	1	4.0	404.19	0.00	404.19	1.0
Stairs, steps	1	4.0	319.00	0.00	319.00	0.8
Machine, not otherwise classified	1	4.0	256.12	0.00	256.12	0.6
Gun / gunshot	1	4.0	247.84	0.00	247.84	0.6
Chemicals, not otherwise classified	1	4.0	158.29	0.00	158.29	0.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Vehicle, not otherwise classified	1	4.0	132.00	0.00	132.00	0.3
Animal / tick, spider, etc.	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
Walking surface, inside, dry	1	4.0	0.00	0.00	0.00	0.0
	25		***$ 24,397.22***	***$ 14,008.95***	***$ 38,406.17***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	8	32.0	21,285.77	10,508.95	31,794.72	82.7
Assault	3	12.0	613.69	1,750.00	2,363.69	6.1
Twisting, strain or injury by	1	4.0	0.00	1,750.00	1,750.00	4.5
Fall or Slip (From Different Level)	2	8.0	773.89	0.00	773.89	2.0
Other than physical cause of injury	1	4.0	310.51	0.00	310.51	0.8
Object Handled (caught in or between)	2	8.0	303.02	0.00	303.02	0.7
Struck/Injured by Object Handled By Other	1	4.0	266.72	0.00	266.72	0.6
Struck/Injured by Hand Tool/Machine In Use	1	4.0	256.12	0.00	256.12	0.6
Lifting (strain or Injury by)	1	4.0	247.84	0.00	247.84	0.6
Cumulative (Not Otherwise Classified)	1	4.0	181.37	0.00	181.37	0.4
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	4.0	158.29	0.00	158.29	0.4
Animal Or Insect	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
	25		***$ 24,397.22***	***$ 14,008.95***	***$ 38,406.17***	

***BODY PART*

Shoulder	6
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Soft Tissue - Neck	2
Lower Arm	2
Wrist	1
Knee	5
Brain	1
Buttocks	1
Upper Back Area (Thoracic Area)	2
Ankle	3
Upper Arm (Inc: Clavicle and Scapula)	2
Internal Organs	1
Multiple Head Injury	1
Finger(s)	2
Facial, Other Soft Tissue	1
Hand	1
Thumb	1
Upper Leg	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	13
Strain	12
Dislocation	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: St Brides Correctional Center (737)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Mental Stress	1					
Sprain	6					
Laceration	1					
No Physical Injury	1					
Burn	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southampton Recpt. & Class Ctr (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	19.0	17,242.28	6,440.60	23,682.88	67.9
6PM-7:59PM	3	14.2	4,158.60	1,750.00	5,908.60	16.9
10AM-11:59AM	4	19.0	4,414.45	0.00	4,414.45	12.6
4PM-5:59PM	1	4.7	282.40	0.00	282.40	0.8
4AM-5:59AM	1	4.7	262.75	0.00	262.75	0.7
2PM-3:59PM	3	14.2	157.00	0.00	157.00	0.4
6AM-7:59AM	4	19.0	137.87	0.00	137.87	0.4
Unknown	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 26,655.35**	**$ 8,190.60**	**$ 34,845.95**	
LENGTH OF SERVICE						
16-18	3	14.2	21,565.13	6,440.60	28,005.73	80.3
14-16	2	9.5	4,136.20	0.00	4,136.20	11.8
8-10	2	9.5	0.00	1,750.00	1,750.00	5.0
2-4	4	19.0	419.75	0.00	419.75	1.2
20-22	1	4.7	282.40	0.00	282.40	0.8
18-20	1	4.7	137.87	0.00	137.87	0.4
12-14	1	4.7	114.00	0.00	114.00	0.3
10-12	2	9.5	0.00	0.00	0.00	0.0
0-2	2	9.5	0.00	0.00	0.00	0.0
4-6	3	14.2	0.00	0.00	0.00	0.0
	21		**$ 26,655.35**	**$ 8,190.60**	**$ 34,845.95**	
AGE OF CLAIMANT						
50-54	2	9.5	17,128.28	6,440.60	23,568.88	67.6
40-44	4	19.0	4,574.72	0.00	4,574.72	13.1
45-49	2	9.5	3,491.58	0.00	3,491.58	10.0
30-34	5	23.8	262.75	1,750.00	2,012.75	5.7
35-39	5	23.8	1,041.02	0.00	1,041.02	2.9
25-29	2	9.5	157.00	0.00	157.00	0.4
20-24	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 26,655.35**	**$ 8,190.60**	**$ 34,845.95**	
SEX OF CLAIMANT						
Male	15	71.4	26,541.35	8,190.60	34,731.95	99.6
Female	6	28.5	114.00	0.00	114.00	0.3
	21		**$ 26,655.35**	**$ 8,190.60**	**$ 34,845.95**	
LOSS CAUSE						
Mechanical powered	1	4.7	17,128.28	6,440.60	23,568.88	67.6
Patient / Inmate	6	28.5	8,589.67	0.00	8,589.67	24.6
Furniture / fixtures	2	9.5	0.00	1,750.00	1,750.00	5.0
Walking surface, inside, dry	2	9.5	282.40	0.00	282.40	0.8
Vehicle, not otherwise classified	1	4.7	278.25	0.00	278.25	0.8
Boxes / containers	1	4.7	262.75	0.00	262.75	0.7
Metal items	2	9.5	114.00	0.00	114.00	0.3
Animal / bee type	1	4.7	0.00	0.00	0.00	0.0
Building parts / doors	3	14.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	4.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southampton Recpt. & Class Ctr (740)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Water	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 26,655.35**	**$ 8,190.60**	**$ 34,845.95**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	3	14.2	21,424.75	6,440.60	27,865.35	79.9
Stuck, injured by fellow worker, patient	1	4.7	3,209.18	0.00	3,209.18	9.2
Fall or Slip (From Different Level)	2	9.5	0.00	1,750.00	1,750.00	5.0
Assault	2	9.5	927.02	0.00	927.02	2.6
Fall or Slip (On Same Level)	2	9.5	282.40	0.00	282.40	0.8
Strike Against/Step on Stationary Object	1	4.7	278.25	0.00	278.25	0.8
Lifting (strain or Injury by)	1	4.7	262.75	0.00	262.75	0.7
Holding Or Carrying (Strain or Injury by)	1	4.7	157.00	0.00	157.00	0.4
Object being lifted/handled (cut,punc.scrape,inj b	4	19.0	114.00	0.00	114.00	0.3
Animal Or Insect	1	4.7	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	4.7	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	4.7	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		**$ 26,655.35**	**$ 8,190.60**	**$ 34,845.95**	

*****BODY PART***

Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	5
Finger(s)	7
Great Toe	1
Buttocks	1
Upper Leg	1
Eye(s)	1
Knee	2
Facial, Other Soft Tissue	2
Nose	1
Lower Arm	2
Soft Tissue - Neck	1
Hand	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***

Sprain	1
Contusion	13
Strain	5
Laceration	6
Foreign Body	1
Inflamation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	32	25.1	10,358.71	1,835.78	12,194.49	43.7
4PM-5:59PM	13	10.2	3,299.33	0.00	3,299.33	11.8
6AM-7:59AM	11	8.6	3,095.95	0.00	3,095.95	11.1
10AM-11:59AM	20	15.7	1,186.24	1,373.76	2,560.00	9.1
6PM-7:59PM	5	3.9	1,621.15	0.00	1,621.15	5.8
2PM-3:59PM	16	12.5	777.00	750.00	1,527.00	5.4
Unknown	9	7.0	1,388.24	0.00	1,388.24	4.9
12PM-1:59PM	14	11.0	1,286.82	0.00	1,286.82	4.6
12AM-1:59AM	2	1.5	547.34	0.00	547.34	1.9
2AM-3:59AM	1	0.7	351.50	0.00	351.50	1.2
4AM-5:59AM	4	3.1	0.00	0.00	0.00	0.0
	127		***$ 23,912.28***	***$ 3,959.54***	***$ 27,871.82***	
LENGTH OF SERVICE						
2-4	83	65.3	13,854.27	1,373.76	15,228.03	54.6
0-2	36	28.3	9,988.01	2,585.78	12,573.79	45.1
42-44	1	0.7	70.00	0.00	70.00	0.2
10-12	1	0.7	0.00	0.00	0.00	0.0
14-16	1	0.7	0.00	0.00	0.00	0.0
4-6	4	3.1	0.00	0.00	0.00	0.0
8-10	1	0.7	0.00	0.00	0.00	0.0
	127		***$ 23,912.28***	***$ 3,959.54***	***$ 27,871.82***	
AGE OF CLAIMANT						
30-34	23	18.1	8,172.59	2,585.78	10,758.37	38.6
25-29	48	37.7	5,870.85	1,373.76	7,244.61	25.9
20-24	16	12.5	4,319.85	0.00	4,319.85	15.5
45-49	14	11.0	3,614.84	0.00	3,614.84	12.9
40-44	10	7.8	1,032.17	0.00	1,032.17	3.7
50-54	9	7.0	901.98	0.00	901.98	3.2
35-39	6	4.7	0.00	0.00	0.00	0.0
55-59	1	0.7	0.00	0.00	0.00	0.0
	127		***$ 23,912.28***	***$ 3,959.54***	***$ 27,871.82***	
SEX OF CLAIMANT						
Male	109	85.8	22,311.73	3,959.54	26,271.27	94.2
Female	18	14.1	1,600.55	0.00	1,600.55	5.7
	127		***$ 23,912.28***	***$ 3,959.54***	***$ 27,871.82***	
LOSS CAUSE						
Patient / Inmate	40	31.4	10,464.27	3,209.54	13,673.81	49.0
Walking surface, outside, wet	2	1.5	3,236.45	0.00	3,236.45	11.6
Building parts / doors	10	7.8	1,685.00	0.00	1,685.00	6.0
Walking surface, inside, dry	2	1.5	1,658.71	0.00	1,658.71	5.9
Walking surface, inside, wet	7	5.5	1,331.53	0.00	1,331.53	4.7
Furniture / fixtures	5	3.9	1,281.16	0.00	1,281.16	4.6
Metal items	6	4.7	1,149.87	0.00	1,149.87	4.1
Infectious agent	13	10.2	983.24	0.00	983.24	3.5
Water	6	4.7	810.00	0.00	810.00	2.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Unknown	1	0.7	0.00	750.00	750.00	2.6
Vehicle, not otherwise classified	5	3.9	550.99	0.00	550.99	1.9
Animal, not otherwise classified	2	1.5	289.32	0.00	289.32	1.0
Stairs, steps	3	2.3	212.00	0.00	212.00	0.7
Boxes / containers	11	8.6	114.47	0.00	114.47	0.4
Hand tool, not powered, NOC	2	1.5	75.27	0.00	75.27	0.2
Electrical equipment	1	0.7	70.00	0.00	70.00	0.2
Animal / insect, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.7	0.00	0.00	0.00	0.0
Food	3	2.3	0.00	0.00	0.00	0.0
Gun / gunshot	2	1.5	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	0.7	0.00	0.00	0.00	0.0
Person	2	1.5	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.7	0.00	0.00	0.00	0.0
	127		***$ 23,912.28***	***$ 3,959.54***	***$ 27,871.82***	

ACCIDENT TYPE

Twisting, strain or injury by	5	3.9	6,618.81	3,209.54	9,828.35	35.2
Fall or Slip (On Same Level)	10	7.8	5,875.19	0.00	5,875.19	21.0
Assault	15	11.8	2,154.58	0.00	2,154.58	7.7
Struck/Injured by Moving Part Of Machine	1	0.7	1,488.00	0.00	1,488.00	5.3
Struck/Injured by Falling or Flying Object	27	21.2	1,388.24	0.00	1,388.24	4.9
Fall or Slip (From Different Level)	3	2.3	1,281.16	0.00	1,281.16	4.6
Infectious Disease Exposure	4	3.1	1,080.68	0.00	1,080.68	3.8
Cumulative (Not Otherwise Classified)	1	0.7	0.00	750.00	750.00	2.6
Strike Against/Step on Stationary Object	3	2.3	713.55	0.00	713.55	2.5
Struck/Injured by Object Being Lifted/Handled	2	1.5	536.99	0.00	536.99	1.9
Foreign Body In Eye	1	0.7	436.32	0.00	436.32	1.5
Stuck, injured by fellow worker, patient	9	7.0	431.20	0.00	431.20	1.5
Struck/Injured by Object Handled By Other	4	3.1	405.00	0.00	405.00	1.4
Fall or slip (on ice or snow)	1	0.7	351.50	0.00	351.50	1.2
Animal Or Insect	3	2.3	289.32	0.00	289.32	1.0
Holding Or Carrying (Strain or Injury by)	10	7.8	254.00	0.00	254.00	0.9
Slipped, Did Not Fall	2	1.5	212.00	0.00	212.00	0.7
Pushing Or Pulling (Strain or Injury by)	2	1.5	211.00	0.00	211.00	0.7
Object Handled (caught in or between)	7	5.5	75.27	0.00	75.27	0.2
Object being lifted/handled (cut,punc.scrape,inj b	7	5.5	70.00	0.00	70.00	0.2
Lifting (strain or Injury by)	1	0.7	39.47	0.00	39.47	0.1
Fall or slip (on stairs)	1	0.7	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	3	2.3	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.7	0.00	0.00	0.00	0.0
Human Bite	1	0.7	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.7	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	0.7	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	0.7	0.00	0.00	0.00	0.0
	127		***$ 23,912.28***	***$ 3,959.54***	***$ 27,871.82***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	6
Upper Back Area (Thoracic Area)	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Red Onion State Prison (741)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Knee	9					
Lower Arm	16					
Facial, Other Soft Tissue	10					
Hand	13					
Chest (Inc: Ribs, Sternum and Soft Tissue)	9					
Shoulder	7					
Wrist	7					
Lungs	1					
Lower Leg	8					
Eye(s)	2					
Multiple Body Parts	2					
No Physical Problem	6					
Whole Body	1					
Thumb	4					
Upper Arm (Inc: Clavicle and Scapula)	4					
Buttocks	3					
Ankle	4					
Foot	2					
Finger(s)	18					
Abdomen including Groin	3					
Elbow	2					
Hip	2					
Mouth	2					
Multiple Neck Injury	1					
Soft Tissue - Neck	1					
Upper Leg	5					
	127					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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	55
Foreign Body	29
Laceration	22
Puncture	5
Fracture	1
Respiratory Disorders	1
Contagious Disease	1
No Physical Injury	10
Sprain	4
Dermatitis	2
Infection	3
	127

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	25.0	0.00	0.00	0.00	0.0
2PM-3:59PM	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
16-18	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
40-44	2	50.0	0.00	0.00	0.00	0.0
55-59	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	2	50.0	0.00	0.00	0.00	0.0
Male	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Metal items	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
Walking surface, inside, wet	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	50.0	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
Vehicle Upset	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Ankle	1					
Elbow	1					
Hand	2					
Knee	2					
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**	
Burn	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Academy For Staff Development (742)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	2					
Laceration	5					
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	6	10.0	5,143.12	13,234.56	18,377.68	58.5
12PM-1:59PM	15	25.0	4,259.73	0.00	4,259.73	13.5
2PM-3:59PM	11	18.3	2,579.93	625.61	3,205.54	10.2
10AM-11:59AM	7	11.6	2,013.32	0.00	2,013.32	6.4
8AM-9:59AM	6	10.0	1,146.24	0.00	1,146.24	3.6
4PM-5:59PM	4	6.6	726.90	0.00	726.90	2.3
4AM-5:59AM	2	3.3	555.90	0.00	555.90	1.7
6PM-7:59PM	3	5.0	451.80	0.00	451.80	1.4
12AM-1:59AM	3	5.0	371.15	0.00	371.15	1.1
Unknown	3	5.0	255.75	0.00	255.75	0.8
	60		**$ 17,503.84**	**$ 13,860.17**	**$ 31,364.01**	
LENGTH OF SERVICE						
2-4	33	55.0	12,032.58	13,860.17	25,892.75	82.5
4-6	6	10.0	3,154.73	0.00	3,154.73	10.0
0-2	16	26.6	1,881.53	0.00	1,881.53	6.0
12-14	2	3.3	275.00	0.00	275.00	0.8
16-18	1	1.6	104.00	0.00	104.00	0.3
8-10	1	1.6	56.00	0.00	56.00	0.1
22-24	1	1.6	0.00	0.00	0.00	0.0
	60		**$ 17,503.84**	**$ 13,860.17**	**$ 31,364.01**	
AGE OF CLAIMANT						
35-39	11	18.3	6,890.89	13,234.56	20,125.45	64.1
40-44	6	10.0	4,103.31	625.61	4,728.92	15.0
45-49	9	15.0	1,901.54	0.00	1,901.54	6.0
25-29	8	13.3	1,350.55	0.00	1,350.55	4.3
30-34	11	18.3	1,344.50	0.00	1,344.50	4.2
50-54	5	8.3	1,104.50	0.00	1,104.50	3.5
20-24	7	11.6	731.55	0.00	731.55	2.3
55-59	1	1.6	77.00	0.00	77.00	0.2
60-64	1	1.6	0.00	0.00	0.00	0.0
65-69	1	1.6	0.00	0.00	0.00	0.0
	60		**$ 17,503.84**	**$ 13,860.17**	**$ 31,364.01**	
SEX OF CLAIMANT						
Female	40	66.6	15,754.29	13,860.17	29,614.46	94.4
Male	20	33.3	1,749.55	0.00	1,749.55	5.5
	60		**$ 17,503.84**	**$ 13,860.17**	**$ 31,364.01**	
LOSS CAUSE						
Walking surface, inside, wet	6	10.0	6,289.53	13,860.17	20,149.70	64.2
Patient / Inmate	9	15.0	4,669.28	0.00	4,669.28	14.8
Person	6	10.0	1,724.28	0.00	1,724.28	5.5
Boxes / containers	9	15.0	1,606.44	0.00	1,606.44	5.1
Stairs, steps	6	10.0	805.05	0.00	805.05	2.5
Gun / gunshot	1	1.6	761.00	0.00	761.00	2.4
Walking surface, outside, dry	2	3.3	598.90	0.00	598.90	1.9
Building parts / doors	4	6.6	429.00	0.00	429.00	1.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Metal items	4	6.6	307.32	0.00	307.32	0.9
Animal / insect, not otherwise classified	1	1.6	98.00	0.00	98.00	0.3
Electrical equipment	1	1.6	94.04	0.00	94.04	0.3
Walking surface, inside, dry	3	5.0	77.00	0.00	77.00	0.2
Food	1	1.6	44.00	0.00	44.00	0.1
Unknown	1	1.6	0.00	0.00	0.00	0.0
Environmental conditions	1	1.6	0.00	0.00	0.00	0.0
Animal / bee type	1	1.6	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	3.3	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	1.6	0.00	0.00	0.00	0.0
Pipe	1	1.6	0.00	0.00	0.00	0.0
	60		***$ 17,503.84***	***$ 13,860.17***	***$ 31,364.01***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	5	8.3	5,958.14	13,234.56	19,192.70	61.1
Twisting, strain or injury by	5	8.3	3,808.28	0.00	3,808.28	12.1
Stuck, injured by fellow worker, patient	6	10.0	1,654.28	0.00	1,654.28	5.2
Strike Against/Step on Stationary Object	7	11.6	1,071.12	0.00	1,071.12	3.4
Lifting (strain or Injury by)	4	6.6	1,066.99	0.00	1,066.99	3.4
Slipped, Did Not Fall	2	3.3	380.14	625.61	1,005.75	3.2
Fall or Slip (From Liquid/Grease spills)	2	3.3	901.90	0.00	901.90	2.8
Struck/Injured by Hand Tool/Machine In Use	1	1.6	761.00	0.00	761.00	2.4
Holding Or Carrying (Strain or Injury by)	3	5.0	645.00	0.00	645.00	2.0
Object being lifted/handled (cut,punc.scrape,inj b	5	8.3	296.00	0.00	296.00	0.9
Struck/Injured by Falling or Flying Object	3	5.0	252.00	0.00	252.00	0.8
Object Handled (caught in or between)	2	3.3	217.45	0.00	217.45	0.6
Fall or slip (on stairs)	3	5.0	195.50	0.00	195.50	0.6
Pushing Or Pulling (Strain or Injury by)	1	1.6	104.00	0.00	104.00	0.3
Animal Or Insect	2	3.3	98.00	0.00	98.00	0.3
Explosion / Flare Back	1	1.6	94.04	0.00	94.04	0.3
Cumulative (Not Otherwise Classified)	2	3.3	0.00	0.00	0.00	0.0
Repetitive Motion	2	3.3	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	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
Strike Against/Step On Obj. Being Lifted or Handle	1	1.6	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	1.6	0.00	0.00	0.00	0.0
	60		***$ 17,503.84***	***$ 13,860.17***	***$ 31,364.01***	

***BODY PART*

Upper Leg	4
Abdomen including Groin	1
Lower Back Area (Lumbar and Lumbo-Sacral)	9
Knee	10
Shoulder	7
Ankle	3
Hip	2
Facial, Other Soft Tissue	3
Finger(s)	6
Lower Arm	4
Soft Tissue - Neck	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Fluvanna Correctional Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand	4					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Wrist	1					
Lower Leg	3					
Eye(s)	2					
Teeth	1					
Foot	2					
Lungs	2					
Upper Back Area (Thoracic Area)	1					
Thumb	1					
	60					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Contusion	21
Laceration	7
Sprain	4
Foreign Body	4
Burn	2
Puncture	1
Inflamation	2
Dislocation	1
Respiratory Disorders	1
Poisoning - Chemical	1
	60

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	8	23.5	404.00	750.00	1,154.00	50.6
12AM-1:59AM	3	8.8	117.00	633.00	750.00	32.9
6PM-7:59PM	3	8.8	220.95	0.00	220.95	9.7
8AM-9:59AM	2	5.8	153.00	0.00	153.00	6.7
12PM-1:59PM	6	17.6	0.00	0.00	0.00	0.0
2PM-3:59PM	6	17.6	0.00	0.00	0.00	0.0
4PM-5:59PM	2	5.8	0.00	0.00	0.00	0.0
6AM-7:59AM	2	5.8	0.00	0.00	0.00	0.0
Unknown	1	2.9	0.00	0.00	0.00	0.0
2AM-3:59AM	1	2.9	0.00	0.00	0.00	0.0
	34		**$ 894.95**	**$ 1,383.00**	**$ 2,277.95**	
LENGTH OF SERVICE						
12-14	3	8.8	417.93	633.00	1,050.93	46.1
2-4	5	14.7	217.00	750.00	967.00	42.4
0-2	10	29.4	260.02	0.00	260.02	11.4
10-12	2	5.8	0.00	0.00	0.00	0.0
22-24	5	14.7	0.00	0.00	0.00	0.0
4-6	4	11.7	0.00	0.00	0.00	0.0
16-18	2	5.8	0.00	0.00	0.00	0.0
24-26	1	2.9	0.00	0.00	0.00	0.0
6-8	1	2.9	0.00	0.00	0.00	0.0
8-10	1	2.9	0.00	0.00	0.00	0.0
	34		**$ 894.95**	**$ 1,383.00**	**$ 2,277.95**	
AGE OF CLAIMANT						
40-44	8	23.5	0.00	750.00	750.00	32.9
55-59	4	11.7	117.00	633.00	750.00	32.9
25-29	6	17.6	477.02	0.00	477.02	20.9
45-49	4	11.7	187.00	0.00	187.00	8.2
60-64	2	5.8	113.93	0.00	113.93	5.0
20-24	1	2.9	0.00	0.00	0.00	0.0
30-34	3	8.8	0.00	0.00	0.00	0.0
35-39	4	11.7	0.00	0.00	0.00	0.0
50-54	2	5.8	0.00	0.00	0.00	0.0
	34		**$ 894.95**	**$ 1,383.00**	**$ 2,277.95**	
SEX OF CLAIMANT						
Female	17	50.0	383.93	1,383.00	1,766.93	77.5
Male	17	50.0	511.02	0.00	511.02	22.4
	34		**$ 894.95**	**$ 1,383.00**	**$ 2,277.95**	
LOSS CAUSE						
Stairs, steps	3	8.8	117.00	1,383.00	1,500.00	65.8
Patient / Inmate	2	5.8	217.00	0.00	217.00	9.5
Metal items	1	2.9	187.00	0.00	187.00	8.2
Furniture / fixtures	6	17.6	153.00	0.00	153.00	6.7
Walking surface, outside, wet	1	2.9	113.93	0.00	113.93	5.0
Walking surface, outside, dry	2	5.8	107.02	0.00	107.02	4.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:32

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / insect, not otherwise classified	2	5.8	0.00	0.00	0.00	0.0
Office equipment	1	2.9	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.9	0.00	0.00	0.00	0.0
Animal / bee type	2	5.8	0.00	0.00	0.00	0.0
Boxes / containers	1	2.9	0.00	0.00	0.00	0.0
Building parts / doors	5	14.7	0.00	0.00	0.00	0.0
Gun / gunshot	2	5.8	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	3	8.8	0.00	0.00	0.00	0.0
Heating equipment	1	2.9	0.00	0.00	0.00	0.0
Recreational equipment	1	2.9	0.00	0.00	0.00	0.0
	34		***$ 894.95***	***$ 1,383.00***	***$ 2,277.95***	

ACCIDENT TYPE

Fall or slip (on stairs)	2	5.8	117.00	633.00	750.00	32.9
Slipped, Did Not Fall	1	2.9	0.00	750.00	750.00	32.9
Holding Or Carrying (Strain or Injury by)	1	2.9	217.00	0.00	217.00	9.5
Struck/Injured by Falling or Flying Object	4	11.7	187.00	0.00	187.00	8.2
Strike Against/Step on Stationary Object	2	5.8	153.00	0.00	153.00	6.7
Fall or Slip (On Same Level)	3	8.8	113.93	0.00	113.93	5.0
Twisting, strain or injury by	1	2.9	107.02	0.00	107.02	4.7
Animal Or Insect	3	8.8	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	5.8	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	2	5.8	0.00	0.00	0.00	0.0
Fall or Slip (From Ladder/Scaffolding)	1	2.9	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	2.9	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	3	8.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	5	14.7	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	5.8	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	2.9	0.00	0.00	0.00	0.0
	34		***$ 894.95***	***$ 1,383.00***	***$ 2,277.95***	

***BODY PART*

Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Foot	1
Lower Arm	2
Lower Leg	1
Toe(s)	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Facial, Other Soft Tissue	5
Hip	2
Ankle	1
Knee	3
Soft Tissue - Neck	2
Upper Back Area (Thoracic Area)	2
Eye(s)	1
Finger(s)	7
Hand	4
No Physical Problem	1
Shoulder	1
Wrist	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Mecklenburg Correctional Center (744)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	34					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Strain	7
Sprain	2
Fracture	2
Inflamation	3
Laceration	5
Foreign Body	1
No Physical Injury	1
	34

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	14	24.5	6,280.05	15,907.70	22,187.75	54.8
8AM-9:59AM	12	21.0	4,393.40	4,330.00	8,723.40	21.5
4AM-5:59AM	2	3.5	1,176.00	4,567.30	5,743.30	14.2
4PM-5:59PM	4	7.0	718.00	750.00	1,468.00	3.6
2PM-3:59PM	4	7.0	971.05	0.00	971.05	2.4
Unknown	4	7.0	614.86	0.00	614.86	1.5
12AM-1:59AM	4	7.0	736.25	-277.25	459.00	1.1
12PM-1:59PM	8	14.0	277.00	0.00	277.00	0.6
2AM-3:59AM	1	1.7	0.00	0.00	0.00	0.0
6AM-7:59AM	3	5.2	0.00	0.00	0.00	0.0
6PM-7:59PM	1	1.7	0.00	0.00	0.00	0.0
	57		**$ 15,166.61**	**$ 25,277.75**	**$ 40,444.36**	
LENGTH OF SERVICE						
14-16	12	21.0	9,437.45	8,518.70	17,956.15	44.4
0-2	6	10.5	1,819.30	4,567.30	6,386.60	15.7
12-14	6	10.5	477.00	4,639.00	5,116.00	12.6
20-22	1	1.7	0.00	4,330.00	4,330.00	10.7
4-6	9	15.7	813.87	2,750.00	3,563.87	8.8
2-4	9	15.7	1,969.00	-277.25	1,691.75	4.1
6-8	8	14.0	181.74	750.00	931.74	2.3
10-12	2	3.5	368.25	0.00	368.25	0.9
18-20	1	1.7	100.00	0.00	100.00	0.2
16-18	2	3.5	0.00	0.00	0.00	0.0
8-10	1	1.7	0.00	0.00	0.00	0.0
	57		**$ 15,166.61**	**$ 25,277.75**	**$ 40,444.36**	
AGE OF CLAIMANT						
35-39	7	12.2	5,531.30	8,518.70	14,050.00	34.7
40-44	7	12.2	500.00	12,542.00	13,042.00	32.2
55-59	5	8.7	2,322.25	4,290.05	6,612.30	16.3
45-49	12	21.0	3,883.15	-73.00	3,810.15	9.4
25-29	6	10.5	1,158.42	0.00	1,158.42	2.8
30-34	9	15.7	904.75	0.00	904.75	2.2
20-24	5	8.7	548.00	0.00	548.00	1.3
65-69	1	1.7	181.74	0.00	181.74	0.4
50-54	3	5.2	100.00	0.00	100.00	0.2
15-19	1	1.7	37.00	0.00	37.00	0.0
60-64	1	1.7	0.00	0.00	0.00	0.0
	57		**$ 15,166.61**	**$ 25,277.75**	**$ 40,444.36**	
SEX OF CLAIMANT						
Female	30	52.6	11,808.19	15,763.00	27,571.19	68.1
Male	27	47.3	3,358.42	9,514.75	12,873.17	31.8
	57		**$ 15,166.61**	**$ 25,277.75**	**$ 40,444.36**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	1.7	5,531.30	8,518.70	14,050.00	34.7
Furniture / fixtures	6	10.5	477.00	8,969.00	9,446.00	23.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, wet	4	7.0	1,176.00	5,317.30	6,493.30	16.0
Walking surface, inside, wet	1	1.7	3,658.15	0.00	3,658.15	9.0
Fire / Flame / Smoke	2	3.5	0.00	2,750.00	2,750.00	6.8
Building parts / doors	8	14.0	1,245.74	0.00	1,245.74	3.0
Walking surface, outside, dry	3	5.2	1,342.55	-277.25	1,065.30	2.6
Hand tool, not powered, NOC	2	3.5	410.00	0.00	410.00	1.0
Boxes / containers	3	5.2	371.00	0.00	371.00	0.9
Patient / Inmate	8	14.0	320.00	0.00	320.00	0.7
Ladder, 10' folding	1	1.7	277.00	0.00	277.00	0.6
Animal, not otherwise classified	1	1.7	171.75	0.00	171.75	0.4
Chemicals, not otherwise classified	2	3.5	113.12	0.00	113.12	0.2
Unknown	1	1.7	37.00	0.00	37.00	0.0
Pipe	1	1.7	36.00	0.00	36.00	0.0
Office equipment	1	1.7	0.00	0.00	0.00	0.0
Person	1	1.7	0.00	0.00	0.00	0.0
Stairs, steps	4	7.0	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	3.5	0.00	0.00	0.00	0.0
Hand tool, 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
Mechanical powered	1	1.7	0.00	0.00	0.00	0.0
Stone / rock / brick	1	1.7	0.00	0.00	0.00	0.0
	57		***$ 15,166.61***	***$ 25,277.75***	***$ 40,444.36***	

ACCIDENT TYPE

Vehicle Upset	1	1.7	5,531.30	8,518.70	14,050.00	34.7
Fall or slip (on ice or snow)	1	1.7	1,176.00	4,567.30	5,743.30	14.2
Struck/Injured by Falling or Flying Object	4	7.0	388.00	4,712.00	5,100.00	12.6
Fall or Slip (On Same Level)	6	10.5	5,000.70	-277.25	4,723.45	11.6
Fall or Slip (From Different Level)	1	1.7	0.00	4,330.00	4,330.00	10.7
Absorb, Ingest, Inhalation	3	5.2	113.12	2,750.00	2,863.12	7.0
Twisting, strain or injury by	1	1.7	0.00	750.00	750.00	1.8
Object Handled (caught in or between)	5	8.7	670.74	0.00	670.74	1.6
Object being lifted/handled (cut,punc.scrape,inj b	5	8.7	529.00	0.00	529.00	1.3
Strike Against/Step on Stationary Object	5	8.7	593.25	-73.00	520.25	1.2
Struck/Injured by Object Being Lifted/Handled	2	3.5	364.75	0.00	364.75	0.9
Holding Or Carrying (Strain or Injury by)	3	5.2	320.00	0.00	320.00	0.7
Lifting (strain or Injury by)	2	3.5	271.00	0.00	271.00	0.6
Animal Or Insect	4	7.0	171.75	0.00	171.75	0.4
Other than physical cause of injury	2	3.5	37.00	0.00	37.00	0.0
Fall or slip (on stairs)	3	5.2	0.00	0.00	0.00	0.0
Repetitive Motion	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
Assault	2	3.5	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.7	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
Struck/Injured by Object Handled By Other	1	1.7	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	3.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Nottoway Correctional Center (745)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	57		**$ 15,166.61**	**$ 25,277.75**	**$ 40,444.36**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Upper Arm (Inc: Clavicle and Scapula)	3					
Hand	4					
Soft Tissue - Neck	2					
Wrist	3					
Elbow	4					
Shoulder	2					
Upper Leg	1					
Knee	4					
Lower Leg	3					
Buttocks	1					
Lungs	3					
Finger(s)	13					
Mouth	4					
Foot	2					
Ankle	2					
Nose	2					
Thumb	6					
Abdomen including Groin	1					
Facial, Other Soft Tissue	5					
Lower Arm	4					
No Physical Problem	1					
Eye(s)	1					
Toe(s)	4					
Upper Back Area (Thoracic Area)	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	12					
Contusion	27					
Sprain	7					
Respiratory Disorders	3					
Laceration	17					
Puncture	3					
Burn	4					
Mental Stress	1					
Foreign Body	2					
Inflamation	5					
	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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	7	30.4	12,312.00	11,036.97	23,348.97	83.3
2AM-3:59AM	1	4.3	3,373.87	0.00	3,373.87	12.0
10AM-11:59AM	1	4.3	505.34	0.00	505.34	1.8
12PM-1:59PM	1	4.3	375.40	0.00	375.40	1.3
Unknown	6	26.0	196.35	0.00	196.35	0.7
6AM-7:59AM	2	8.6	318.62	-174.00	144.62	0.5
2PM-3:59PM	2	8.6	62.31	0.00	62.31	0.2
4AM-5:59AM	1	4.3	0.00	0.00	0.00	0.0
4PM-5:59PM	1	4.3	0.00	0.00	0.00	0.0
6PM-7:59PM	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 17,143.89**	**$ 10,862.97**	**$ 28,006.86**	
LENGTH OF SERVICE						
16-18	1	4.3	8,084.03	11,036.97	19,121.00	68.2
20-22	3	13.0	5,585.39	0.00	5,585.39	19.9
2-4	5	21.7	2,175.11	0.00	2,175.11	7.7
10-12	3	13.0	880.74	0.00	880.74	3.1
6-8	5	21.7	306.31	0.00	306.31	1.0
0-2	2	8.6	112.31	-174.00	-61.69	-0.2
12-14	1	4.3	0.00	0.00	0.00	0.0
14-16	1	4.3	0.00	0.00	0.00	0.0
4-6	2	8.6	0.00	0.00	0.00	0.0
	23		**$ 17,143.89**	**$ 10,862.97**	**$ 28,006.86**	
AGE OF CLAIMANT						
50-54	2	8.6	11,457.90	11,036.97	22,494.87	80.3
35-39	2	8.6	2,067.52	0.00	2,067.52	7.3
20-24	4	17.3	1,958.45	0.00	1,958.45	6.9
40-44	5	21.7	681.71	0.00	681.71	2.4
30-34	4	17.3	505.34	0.00	505.34	1.8
25-29	2	8.6	154.35	0.00	154.35	0.5
45-49	4	17.3	318.62	-174.00	144.62	0.5
	23		**$ 17,143.89**	**$ 10,862.97**	**$ 28,006.86**	
SEX OF CLAIMANT						
Male	18	78.2	16,725.27	11,036.97	27,762.24	99.1
Female	5	21.7	418.62	-174.00	244.62	0.8
	23		**$ 17,143.89**	**$ 10,862.97**	**$ 28,006.86**	
LOSS CAUSE						
Walking surface, inside, dry	2	8.6	8,084.03	11,036.97	19,121.00	68.2
Patient / Inmate	6	26.0	7,543.84	0.00	7,543.84	26.9
Building parts / doors	4	17.3	813.69	0.00	813.69	2.9
Excavations	1	4.3	375.40	0.00	375.40	1.3
Hand tool, not powered, NOC	2	8.6	264.62	-174.00	90.62	0.3
Boxes / containers	1	4.3	62.31	0.00	62.31	0.2
Walking surface, inside, wet	4	17.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	4.3	0.00	0.00	0.00	0.0
Metal items	1	4.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Vehicle, not otherwise classified	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 17,143.89**	**$ 10,862.97**	**$ 28,006.86**	

ACCIDENT TYPE

Twisting, strain or injury by	1	4.3	8,084.03	11,036.97	19,121.00	68.2
Contact with Cold Objects or Substances	3	13.0	7,295.53	0.00	7,295.53	26.0
Strike Against/Step on Stationary Object	2	8.6	505.34	0.00	505.34	1.8
Object being lifted/handled (cut,punc.scrape,inj b	6	26.0	572.97	-174.00	398.97	1.4
Fall or Slip (From Different Level)	1	4.3	375.40	0.00	375.40	1.3
Assault	2	8.6	206.31	0.00	206.31	0.7
Lifting (strain or Injury by)	1	4.3	62.31	0.00	62.31	0.2
Stuck, injured by fellow worker, patient	1	4.3	42.00	0.00	42.00	0.1
Fall or Slip (On Same Level)	4	17.3	0.00	0.00	0.00	0.0
Repetitive Motion	1	4.3	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	4.3	0.00	0.00	0.00	0.0
	23		**$ 17,143.89**	**$ 10,862.97**	**$ 28,006.86**	

**BODY PART

Knee	4
Eye(s)	2
Facial, Other Soft Tissue	3
Multiple Upper Extremities	2
Mouth	1
Hand	2
Finger(s)	5
Foot	2
Nose	1
Abdomen including Groin	1
Lower Back Area (Lumbar and Lumbo-Sacral)	1
Wrist	1
Ankle	1
Elbow	2
Hip	2
Lower Leg	2
Shoulder	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

Sprain	4
Foreign Body	7
Laceration	8
Contusion	9
Strain	2
Puncture	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Marion Correctional Treatment Center (747)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	5	6.4	17,604.75	38,502.75	56,107.50	34.7
8AM-9:59AM	18	23.3	5,043.44	31,168.00	36,211.44	22.4
2PM-3:59PM	10	12.9	2,264.02	25,125.77	27,389.79	16.9
Unknown	6	7.7	247.00	18,950.00	19,197.00	11.8
12PM-1:59PM	11	14.2	588.75	13,700.00	14,288.75	8.8
2AM-3:59AM	4	5.1	3,220.10	1,840.40	5,060.50	3.1
4AM-5:59AM	3	3.8	419.73	750.00	1,169.73	0.7
10AM-11:59AM	7	9.0	999.10	-73.00	926.10	0.5
6AM-7:59AM	11	14.2	746.74	-21.00	725.74	0.4
12AM-1:59AM	1	1.2	353.00	0.00	353.00	0.2
6PM-7:59PM	1	1.2	152.49	0.00	152.49	0.0
	77		***$ 31,639.12***	***$ 129,942.92***	***$ 161,582.04***	
LENGTH OF SERVICE						
2-4	28	36.3	23,914.01	96,455.52	120,369.53	74.4
8-10	4	5.1	3,482.00	28,018.00	31,500.00	19.4
0-2	23	29.8	1,346.10	3,750.00	5,096.10	3.1
18-20	3	3.8	929.73	1,400.00	2,329.73	1.4
4-6	6	7.7	892.50	0.00	892.50	0.5
12-14	4	5.1	409.60	340.40	750.00	0.4
10-12	4	5.1	464.15	0.00	464.15	0.2
6-8	3	3.8	201.03	-21.00	180.03	0.1
14-16	2	2.5	0.00	0.00	0.00	0.0
	77		***$ 31,639.12***	***$ 129,942.92***	***$ 161,582.04***	
AGE OF CLAIMANT						
30-34	11	14.2	21,086.75	51,770.75	72,857.50	45.0
25-29	12	15.5	1,747.45	32,071.77	33,819.22	20.9
40-44	9	11.6	1,745.39	18,594.40	20,339.79	12.5
45-49	5	6.4	705.15	18,200.00	18,905.15	11.7
55-59	4	5.1	2,810.50	3,250.00	6,060.50	3.7
35-39	16	20.7	1,167.13	2,479.00	3,646.13	2.2
20-24	12	15.5	1,104.71	2,177.00	3,281.71	2.0
60-64	1	1.2	929.73	1,400.00	2,329.73	1.4
15-19	1	1.2	342.31	0.00	342.31	0.2
50-54	6	7.7	0.00	0.00	0.00	0.0
	77		***$ 31,639.12***	***$ 129,942.92***	***$ 161,582.04***	
SEX OF CLAIMANT						
Male	46	59.7	27,149.35	83,359.92	110,509.27	68.3
Female	31	40.2	4,489.77	46,583.00	51,072.77	31.6
	77		***$ 31,639.12***	***$ 129,942.92***	***$ 161,582.04***	
LOSS CAUSE						
Boxes / containers	8	10.3	18,940.54	56,706.75	75,647.29	46.8
Animal, not otherwise classified	2	2.5	3,774.50	26,268.00	30,042.50	18.5
Stairs, steps	7	9.0	928.23	23,121.77	24,050.00	14.8
Building parts / doors	12	15.5	2,090.94	18,106.00	20,196.94	12.5
Walking surface, inside, wet	6	7.7	3,099.90	1,500.00	4,599.90	2.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	12	15.5	1,895.17	1,400.00	3,295.17	2.0
Walking surface, inside, dry	4	5.1	0.00	1,750.00	1,750.00	1.0
Hand tool, powered, NOC	1	1.2	409.60	340.40	750.00	0.4
Vehicle, not otherwise classified	3	3.8	0.00	750.00	750.00	0.4
Animal / bee type	6	7.7	174.75	0.00	174.75	0.1
Hand tool, not powered, NOC	3	3.8	173.00	0.00	173.00	0.1
Fencing	1	1.2	152.49	0.00	152.49	0.0
Unknown	1	1.2	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	2.5	0.00	0.00	0.00	0.0
Ground control unit/aerial	1	1.2	0.00	0.00	0.00	0.0
Miscellaneous	1	1.2	0.00	0.00	0.00	0.0
Clothing / jewelry	1	1.2	0.00	0.00	0.00	0.0
Metal items	2	2.5	0.00	0.00	0.00	0.0
Office equipment	1	1.2	0.00	0.00	0.00	0.0
Patient / Inmate	2	2.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.2	0.00	0.00	0.00	0.0
	77		***$ 31,639.12***	***$ 129,942.92***	***$ 161,582.04***	

ACCIDENT TYPE

Holding Or Carrying (Strain or Injury by)	2	2.5	17,604.75	24,752.75	42,357.50	26.2
Animal Or Insect	10	12.9	3,949.25	26,268.00	30,217.25	18.7
Fall or slip (on stairs)	7	9.0	928.23	23,121.77	24,050.00	14.8
Strike Against/Step on Stationary Object	8	10.3	386.00	18,127.00	18,513.00	11.4
Pushing Or Pulling (Strain or Injury by)	2	2.5	746.00	17,504.00	18,250.00	11.2
Lifting (strain or Injury by)	4	5.1	589.79	14,450.00	15,039.79	9.3
Fall or Slip (On Same Level)	7	9.0	4,029.63	2,900.00	6,929.63	4.2
Twisting, strain or injury by	5	6.4	0.00	1,750.00	1,750.00	1.0
Reaching (Strain or Injury by)	2	2.5	409.60	340.40	750.00	0.4
Vehicle Upset	2	2.5	0.00	750.00	750.00	0.4
Object Handled (caught in or between)	7	9.0	666.73	0.00	666.73	0.4
Struck/Injured by Moving Part Of Machine	2	2.5	662.91	0.00	662.91	0.4
Struck/Injured by Falling or Flying Object	6	7.7	594.00	0.00	594.00	0.3
Fall or Slip (From Different Level)	4	5.1	545.71	0.00	545.71	0.3
Object being lifted/handled (cut,punc.scrape,inj b	3	3.8	201.03	-21.00	180.03	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	1.2	173.00	0.00	173.00	0.1
Struck/Injured by Object Being Lifted/Handled	1	1.2	152.49	0.00	152.49	0.0
Cumulative (Not Otherwise Classified)	3	3.8	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	1.2	0.00	0.00	0.00	0.0
	77		***$ 31,639.12***	***$ 129,942.92***	***$ 161,582.04***	

***BODY PART

Knee	14
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Wrist	4
Finger(s)	15
Upper Back Area (Thoracic Area)	4
Upper Leg	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	3
Foot	3
Ankle	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Buckingham Correctional Center (749)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	4					
Hip	1					
Abdomen including Groin	1					
Facial, Other Soft Tissue	3					
Hand	8					
Elbow	3					
Lower Arm	3					
Soft Tissue - Neck	5					
Lower Leg	1					
Buttocks	5					
Upper Arm (Inc: Clavicle and Scapula)	2					
Insufficient Information	1					
Sacrum And Coccyx	1					
Thumb	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***

Contusion	49
Strain	13
Sprain	10
Laceration	13
Inflamation	9
No Physical Injury	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	7	23.3	415.14	1,800.00	2,215.14	38.5
6AM-7:59AM	2	6.6	507.27	750.00	1,257.27	21.9
4PM-5:59PM	5	16.6	257.28	750.00	1,007.28	17.5
12PM-1:59PM	3	10.0	0.00	750.00	750.00	13.0
2PM-3:59PM	4	13.3	438.31	0.00	438.31	7.6
8AM-9:59AM	3	10.0	72.80	0.00	72.80	1.2
2AM-3:59AM	1	3.3	0.00	0.00	0.00	0.0
4AM-5:59AM	2	6.6	0.00	0.00	0.00	0.0
Unknown	2	6.6	0.00	0.00	0.00	0.0
12AM-1:59AM	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 1,690.80**	**$ 4,050.00**	**$ 5,740.80**	
LENGTH OF SERVICE						
0-2	9	30.0	458.91	2,250.00	2,708.91	47.1
2-4	8	26.6	643.41	1,800.00	2,443.41	42.5
6-8	1	3.3	279.00	0.00	279.00	4.8
10-12	6	20.0	226.80	0.00	226.80	3.9
4-6	2	6.6	72.80	0.00	72.80	1.2
20-22	1	3.3	9.88	0.00	9.88	0.1
12-14	1	3.3	0.00	0.00	0.00	0.0
18-20	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		**$ 1,690.80**	**$ 4,050.00**	**$ 5,740.80**	
AGE OF CLAIMANT						
45-49	4	13.3	362.94	1,800.00	2,162.94	37.6
30-34	4	13.3	72.80	750.00	822.80	14.3
15-19	1	3.3	0.00	750.00	750.00	13.0
20-24	2	6.6	0.00	750.00	750.00	13.0
35-39	9	30.0	718.78	0.00	718.78	12.5
55-59	1	3.3	279.00	0.00	279.00	4.8
25-29	4	13.3	247.40	0.00	247.40	4.3
40-44	4	13.3	9.88	0.00	9.88	0.1
60-64	1	3.3	0.00	0.00	0.00	0.0
	30		**$ 1,690.80**	**$ 4,050.00**	**$ 5,740.80**	
SEX OF CLAIMANT						
Female	18	60.0	1,329.12	2,550.00	3,879.12	67.5
Male	12	40.0	361.68	1,500.00	1,861.68	32.4
	30		**$ 1,690.80**	**$ 4,050.00**	**$ 5,740.80**	
LOSS CAUSE						
Gun / gunshot	1	3.3	136.14	1,800.00	1,936.14	33.7
Unknown	2	6.6	0.00	750.00	750.00	13.0
Food	1	3.3	0.00	750.00	750.00	13.0
Stairs, steps	1	3.3	0.00	750.00	750.00	13.0
Furniture / fixtures	6	20.0	743.95	0.00	743.95	12.9
Infectious agent	1	3.3	279.00	0.00	279.00	4.8
Walking surface, outside, dry	1	3.3	247.40	0.00	247.40	4.3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Animal / bee type	2	6.6	211.51	0.00	211.51	3.6
Patient / Inmate	4	13.3	72.80	0.00	72.80	1.2
Chemicals, not otherwise classified	1	3.3	0.00	0.00	0.00	0.0
Excavations	1	3.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	6.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.3	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	3.3	0.00	0.00	0.00	0.0
Boxes / containers	1	3.3	0.00	0.00	0.00	0.0
Building parts / doors	1	3.3	0.00	0.00	0.00	0.0
Electrical equipment	1	3.3	0.00	0.00	0.00	0.0
Fencing	1	3.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 1,690.80***	***$ 4,050.00***	***$ 5,740.80***	

ACCIDENT TYPE

Struck/Injured by Object Being Lifted/Handled	1	3.3	136.14	1,800.00	1,936.14	33.7
Cumulative (Not Otherwise Classified)	3	10.0	9.88	750.00	759.88	13.2
Absorb, Ingest, Inhalation	2	6.6	0.00	750.00	750.00	13.0
Fall or slip (on stairs)	1	3.3	0.00	750.00	750.00	13.0
Fall or Slip (From Different Level)	2	6.6	507.27	0.00	507.27	8.8
Fall or Slip (On Same Level)	3	10.0	474.20	0.00	474.20	8.2
Struck/Injured by Falling or Flying Object	2	6.6	279.00	0.00	279.00	4.8
Animal Or Insect	3	10.0	211.51	0.00	211.51	3.6
Holding Or Carrying (Strain or Injury by)	2	6.6	72.80	0.00	72.80	1.2
Fall or Slip (From Liquid/Grease spills)	1	3.3	0.00	0.00	0.00	0.0
Repetitive Motion	1	3.3	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	4	13.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	4	13.3	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	3.3	0.00	0.00	0.00	0.0
	30		***$ 1,690.80***	***$ 4,050.00***	***$ 5,740.80***	

***BODY PART

Shoulder	2
Wrist	3
Abdomen including Groin	1
Ankle	2
Internal Organs	1
Facial, Other Soft Tissue	1
Upper Leg	2
Finger(s)	3
Lower Arm	2
Thumb	2
Upper Arm (Inc: Clavicle and Scapula)	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Foot	2
Knee	5
Lower Leg	4
Ear(s)	1
Elbow	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Deep Meadow Correctional Center (752)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	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	12
Strain	5
Inflamation	7
Sprain	3
Syncope	1
Foreign Body	1
Laceration	7
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Deerfield Correctional Center (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	8	44.4	845.00	750.00	1,595.00	68.0
8AM-9:59AM	3	16.6	415.07	0.00	415.07	17.7
Unknown	1	5.5	329.48	0.00	329.48	14.0
2PM-3:59PM	2	11.1	4.30	0.00	4.30	0.1
6AM-7:59AM	1	5.5	0.00	0.00	0.00	0.0
12AM-1:59AM	1	5.5	0.00	0.00	0.00	0.0
12PM-1:59PM	1	5.5	0.00	0.00	0.00	0.0
4PM-5:59PM	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 1,593.85***	***$ 750.00***	***$ 2,343.85***	
LENGTH OF SERVICE						
4-6	2	11.1	329.48	750.00	1,079.48	46.0
6-8	6	33.3	626.00	0.00	626.00	26.7
Unknown	1	5.5	415.07	0.00	415.07	17.7
2-4	2	11.1	129.30	0.00	129.30	5.5
18-20	1	5.5	94.00	0.00	94.00	4.0
0-2	3	16.6	0.00	0.00	0.00	0.0
22-24	2	11.1	0.00	0.00	0.00	0.0
26-28	1	5.5	0.00	0.00	0.00	0.0
	18		***$ 1,593.85***	***$ 750.00***	***$ 2,343.85***	
AGE OF CLAIMANT						
30-34	6	33.3	1,166.07	750.00	1,916.07	81.7
50-54	2	11.1	329.48	0.00	329.48	14.0
15-19	1	5.5	94.00	0.00	94.00	4.0
40-44	3	16.6	4.30	0.00	4.30	0.1
35-39	1	5.5	0.00	0.00	0.00	0.0
20-24	1	5.5	0.00	0.00	0.00	0.0
25-29	1	5.5	0.00	0.00	0.00	0.0
45-49	1	5.5	0.00	0.00	0.00	0.0
60-64	2	11.1	0.00	0.00	0.00	0.0
	18		***$ 1,593.85***	***$ 750.00***	***$ 2,343.85***	
SEX OF CLAIMANT						
Male	10	55.5	1,178.78	0.00	1,178.78	50.2
Female	8	44.4	415.07	750.00	1,165.07	49.7
	18		***$ 1,593.85***	***$ 750.00***	***$ 2,343.85***	
LOSS CAUSE						
Building parts / doors	4	22.2	955.48	0.00	955.48	40.7
Animal, not otherwise classified	1	5.5	0.00	750.00	750.00	32.0
Hand tool, not powered, NOC	2	11.1	540.07	0.00	540.07	23.0
Fencing	1	5.5	94.00	0.00	94.00	4.0
Boxes / containers	1	5.5	4.30	0.00	4.30	0.1
Vehicle, not otherwise classified	1	5.5	0.00	0.00	0.00	0.0
Animal / bee type	1	5.5	0.00	0.00	0.00	0.0
Metal items	1	5.5	0.00	0.00	0.00	0.0
Patient / Inmate	2	11.1	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Deerfield Correctional Center (753)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, wet	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
Walking surface, outside, wet	1	5.5	0.00	0.00	0.00	0.0
	18		**$ 1,593.85**	**$ 750.00**	**$ 2,343.85**	

ACCIDENT TYPE

Object Handled (caught in or between)	2	11.1	955.48	0.00	955.48	40.7
Allergic Reaction	1	5.5	0.00	750.00	750.00	32.0
Object being lifted/handled (cut,punc.scrape,inj b	4	22.2	634.07	0.00	634.07	27.0
Pushing Or Pulling (Strain or Injury by)	2	11.1	4.30	0.00	4.30	0.1
Animal Or Insect	1	5.5	0.00	0.00	0.00	0.0
Assault	1	5.5	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	2	11.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	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
Struck/Injured by Object Handled By Other	1	5.5	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	11.1	0.00	0.00	0.00	0.0
	18		**$ 1,593.85**	**$ 750.00**	**$ 2,343.85**	

**BODY PART

Finger(s)	8
Lower Arm	1
Lower Leg	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	1
Knee	1
Shoulder	1
Upper Back Area (Thoracic Area)	2
Upper Leg	1
	18

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

**INJURY

Inflamation	3
Contusion	12
Puncture	2
Strain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	11	17.4	36,511.41	13,331.92	49,843.33	43.2
6PM-7:59PM	8	12.6	7,175.92	28,913.58	36,089.50	31.2
4AM-5:59AM	2	3.1	1,021.18	10,798.82	11,820.00	10.2
6AM-7:59AM	7	11.1	7,334.17	750.00	8,084.17	7.0
Unknown	11	17.4	2,812.19	645.44	3,457.63	3.0
2PM-3:59PM	4	6.3	959.81	1,182.53	2,142.34	1.8
4PM-5:59PM	5	7.9	787.85	984.90	1,772.75	1.5
12AM-1:59AM	3	4.7	1,006.35	0.00	1,006.35	0.8
10AM-11:59AM	6	9.5	990.52	0.00	990.52	0.8
12PM-1:59PM	4	6.3	174.45	0.00	174.45	0.1
2AM-3:59AM	2	3.1	0.00	0.00	0.00	0.0
	63		**$ 58,773.85**	**$ 56,607.19**	**$ 115,381.04**	
LENGTH OF SERVICE						
0-2	13	20.6	9,645.40	29,346.11	38,991.51	33.7
4-6	7	11.1	27,689.03	6,976.50	34,665.53	30.0
14-16	10	15.8	11,727.52	6,355.42	18,082.94	15.6
6-8	8	12.6	985.18	11,548.82	12,534.00	10.8
2-4	17	26.9	4,449.81	2,380.34	6,830.15	5.9
8-10	2	3.1	4,017.91	0.00	4,017.91	3.4
10-12	1	1.5	184.00	0.00	184.00	0.1
18-20	1	1.5	75.00	0.00	75.00	0.0
12-14	4	6.3	0.00	0.00	0.00	0.0
	63		**$ 58,773.85**	**$ 56,607.19**	**$ 115,381.04**	
AGE OF CLAIMANT						
30-34	11	17.4	29,074.87	8,371.94	37,446.81	32.4
25-29	11	17.4	7,851.52	28,398.48	36,250.00	31.4
40-44	8	12.6	11,270.93	6,618.92	17,889.85	15.5
45-49	6	9.5	986.18	10,798.82	11,785.00	10.2
35-39	10	15.8	5,884.83	0.00	5,884.83	5.1
20-24	9	14.2	2,249.01	750.00	2,999.01	2.6
50-54	4	6.3	923.72	1,669.03	2,592.75	2.2
55-59	4	6.3	532.79	0.00	532.79	0.4
	63		**$ 58,773.85**	**$ 56,607.19**	**$ 115,381.04**	
SEX OF CLAIMANT						
Female	24	38.0	23,362.74	46,894.19	70,256.93	60.8
Male	39	61.9	35,411.11	9,713.00	45,124.11	39.1
	63		**$ 58,773.85**	**$ 56,607.19**	**$ 115,381.04**	
LOSS CAUSE						
Stairs, steps	7	11.1	19,663.05	33,282.50	52,945.55	45.8
Food	1	1.5	25,117.98	6,976.50	32,094.48	27.8
Walking surface, outside, dry	2	3.1	951.18	11,548.82	12,500.00	10.8
Boxes / containers	8	12.6	10,047.48	1,630.34	11,677.82	10.1
Walking surface, inside, dry	2	3.1	567.47	1,932.53	2,500.00	2.1
Metal items	3	4.7	447.50	486.50	934.00	0.8
Hand tool, not powered, NOC	3	4.7	0.00	750.00	750.00	0.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Person	2	3.1	582.57	0.00	582.57	0.5
Machine, not otherwise classified	1	1.5	358.34	0.00	358.34	0.3
Walking surface, inside, wet	1	1.5	235.00	0.00	235.00	0.2
Furniture / fixtures	8	12.6	229.63	0.00	229.63	0.2
Patient / Inmate	5	7.9	217.95	0.00	217.95	0.1
Vehicle, not otherwise classified	2	3.1	174.45	0.00	174.45	0.1
Electrical equipment	3	4.7	158.50	0.00	158.50	0.1
Minerals / dirt	2	3.1	22.75	0.00	22.75	0.0
Unknown	2	3.1	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	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
Building parts / doors	1	1.5	0.00	0.00	0.00	0.0
Fencing	2	3.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	3.1	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	1.5	0.00	0.00	0.00	0.0
Infectious agent	1	1.5	0.00	0.00	0.00	0.0
Miscellaneous	1	1.5	0.00	0.00	0.00	0.0
	63		***$ 58,773.85***	***$ 56,607.19***	***$ 115,381.04***	

ACCIDENT TYPE

Fall or slip (on stairs)	5	7.9	18,406.35	33,282.50	51,688.85	44.8
Fall or Slip (On Same Level)	6	9.5	26,374.16	17,775.32	44,149.48	38.2
Lifting (strain or Injury by)	7	11.1	6,531.97	645.44	7,177.41	6.2
Fall or Slip (From Different Level)	7	11.1	2,325.42	984.90	3,310.32	2.8
Holding Or Carrying (Strain or Injury by)	2	3.1	2,807.91	0.00	2,807.91	2.4
Repetitive Motion	1	1.5	567.47	1,182.53	1,750.00	1.5
Cumulative (Not Otherwise Classified)	5	7.9	250.35	750.00	1,000.35	0.8
Strike Against/Step on Stationary Object	5	7.9	174.45	750.00	924.45	0.8
Twisting, strain or injury by	2	3.1	75.00	750.00	825.00	0.7
Pushing Or Pulling (Strain or Injury by)	5	7.9	297.50	486.50	784.00	0.6
Fall or Slip (From Ladder/Scaffolding)	1	1.5	582.57	0.00	582.57	0.5
Strike Against/Step On Obj. Being Lifted or Handle	1	1.5	184.00	0.00	184.00	0.1
Assault	1	1.5	173.95	0.00	173.95	0.1
Foreign Body In Eye	3	4.7	22.75	0.00	22.75	0.0
Absorb, Ingest, Inhalation	2	3.1	0.00	0.00	0.00	0.0
Allergic Reaction	1	1.5	0.00	0.00	0.00	0.0
Vehicle Upset	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
Collapsing materials (Slides of Earth)	1	1.5	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	2	3.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	3.1	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	1.5	0.00	0.00	0.00	0.0
	63		***$ 58,773.85***	***$ 56,607.19***	***$ 115,381.04***	

***BODY PART*

Knee	14
Lower Back Area (Lumbar and Lumbo-Sacral)	15
Hip	5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Augusta Correction Center (754)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Lower Arm	4					
Ankle	4					
Lower Leg	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	2					
Shoulder	6					
Elbow	3					
Hand	8					
Facial, Other Soft Tissue	4					
Finger(s)	2					
Upper Back Area (Thoracic Area)	2					
Buttocks	1					
Eye(s)	4					
Brain	1					
Insufficient Information	1					
Lungs	2					
Foot	1					
Sacrum And Coccyx	1					
Soft Tissue - Neck	2					
Thumb	1					
Wrist	1					
	63					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	8
Contusion	30
Strain	27
Inflamation	7
Laceration	6
Foreign Body	3
Dermatitis	1
Poisoning - Chemical	2
Syncope	1
Vascular Loss	1
Puncture	1
	63

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Institutions Administration (756)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	3	33.3	55,704.62	25,312.12	81,016.74	99.2
8AM-9:59AM	2	22.2	290.00	0.00	290.00	0.3
6AM-7:59AM	1	11.1	243.30	0.00	243.30	0.3
6PM-7:59PM	1	11.1	84.60	0.00	84.60	0.1
12PM-1:59PM	1	11.1	0.00	0.00	0.00	0.0
Unknown	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 56,322.52**	**$ 25,312.12**	**$ 81,634.64**	
LENGTH OF SERVICE						
2-4	2	22.2	55,564.18	25,312.12	80,876.30	99.0
16-18	1	11.1	290.00	0.00	290.00	0.3
6-8	1	11.1	199.32	0.00	199.32	0.2
18-20	1	11.1	184.42	0.00	184.42	0.2
10-12	2	22.2	84.60	0.00	84.60	0.1
0-2	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		**$ 56,322.52**	**$ 25,312.12**	**$ 81,634.64**	
AGE OF CLAIMANT						
40-44	4	44.4	55,748.60	25,312.12	81,060.72	99.3
55-59	2	22.2	489.32	0.00	489.32	0.6
35-39	2	22.2	84.60	0.00	84.60	0.1
50-54	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 56,322.52**	**$ 25,312.12**	**$ 81,634.64**	
SEX OF CLAIMANT						
Female	8	88.8	56,138.10	25,312.12	81,450.22	99.7
Male	1	11.1	184.42	0.00	184.42	0.2
	9		**$ 56,322.52**	**$ 25,312.12**	**$ 81,634.64**	
LOSS CAUSE						
Walking surface, inside, wet	2	22.2	55,610.88	25,312.12	80,923.00	99.1
Furniture / fixtures	1	11.1	243.30	0.00	243.30	0.3
Walking surface, inside, dry	1	11.1	199.32	0.00	199.32	0.2
Animal, not otherwise classified	1	11.1	184.42	0.00	184.42	0.2
Vehicle, not otherwise classified	1	11.1	84.60	0.00	84.60	0.1
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	11.1	0.00	0.00	0.00	0.0
Metal items	1	11.1	0.00	0.00	0.00	0.0
	9		**$ 56,322.52**	**$ 25,312.12**	**$ 81,634.64**	
ACCIDENT TYPE						
Fall or slip (on ice or snow)	1	11.1	55,320.88	25,312.12	80,633.00	98.7
Fall or Slip (On Same Level)	2	22.2	489.32	0.00	489.32	0.6
Strike Against/Step on Stationary Object	2	22.2	243.30	0.00	243.30	0.3
Struck/Injured by Object Being Lifted/Handled	1	11.1	184.42	0.00	184.42	0.2
Vehicle Upset	1	11.1	84.60	0.00	84.60	0.1
Fall or slip (on stairs)	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Institutions Administration (756)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	9		**$ 56,322.52**	**$ 25,312.12**	**$ 81,634.64**	
*****BODY PART***						
Upper Back Area (Thoracic Area)	2					
Knee	3					
Hip	1					
Foot	3					
Hand	1					
Shoulder	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Ankle	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***		
Contusion	10	
Strain	2	
Sprain	2	
Puncture	1	
	9	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Patrick Henry Corrction Unit #28 (757)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	4	100.0	733.45	0.00	733.45	100.0
	4		**$ 733.45**	**$ 0.00**	**$ 733.45**	
LENGTH OF SERVICE						
6-8	2	50.0	471.45	0.00	471.45	64.2
0-2	1	25.0	140.00	0.00	140.00	19.0
2-4	1	25.0	122.00	0.00	122.00	16.6
	4		**$ 733.45**	**$ 0.00**	**$ 733.45**	
AGE OF CLAIMANT						
50-54	1	25.0	471.45	0.00	471.45	64.2
40-44	1	25.0	140.00	0.00	140.00	19.0
25-29	1	25.0	122.00	0.00	122.00	16.6
35-39	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 733.45**	**$ 0.00**	**$ 733.45**	
SEX OF CLAIMANT						
Male	2	50.0	471.45	0.00	471.45	64.2
Female	2	50.0	262.00	0.00	262.00	35.7
	4		**$ 733.45**	**$ 0.00**	**$ 733.45**	
LOSS CAUSE						
Brush / tree / log	1	25.0	471.45	0.00	471.45	64.2
Stone / rock / brick	1	25.0	140.00	0.00	140.00	19.0
Boxes / containers	1	25.0	122.00	0.00	122.00	16.6
Miscellaneous	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 733.45**	**$ 0.00**	**$ 733.45**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	25.0	471.45	0.00	471.45	64.2
Fall or Slip (From Different Level)	1	25.0	140.00	0.00	140.00	19.0
Lifting (strain or Injury by)	2	50.0	122.00	0.00	122.00	16.6
	4		**$ 733.45**	**$ 0.00**	**$ 733.45**	
****BODY PART**						
Hand	1					
Ankle	1					
Knee	1					
Shoulder	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**	
Sprain	3
Strain	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Patrick Henry Corrction Unit #28 (757)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Corectional Unit #13 (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	25.0	1,689.90	9,333.37	11,023.27	98.6
4PM-5:59PM	1	25.0	154.62	0.00	154.62	1.3
2PM-3:59PM	1	25.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,844.52**	**$ 9,333.37**	**$ 11,177.89**	
LENGTH OF SERVICE						
0-2	3	75.0	1,689.90	9,333.37	11,023.27	98.6
6-8	1	25.0	154.62	0.00	154.62	1.3
	4		**$ 1,844.52**	**$ 9,333.37**	**$ 11,177.89**	
AGE OF CLAIMANT						
25-29	1	25.0	1,689.90	9,333.37	11,023.27	98.6
35-39	1	25.0	154.62	0.00	154.62	1.3
30-34	1	25.0	0.00	0.00	0.00	0.0
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,844.52**	**$ 9,333.37**	**$ 11,177.89**	
SEX OF CLAIMANT						
Female	4	100.0	1,844.52	9,333.37	11,177.89	100.0
	4		**$ 1,844.52**	**$ 9,333.37**	**$ 11,177.89**	
LOSS CAUSE						
Ladder, 10' folding	1	25.0	1,689.90	9,333.37	11,023.27	98.6
Animal / insect, not otherwise classified	1	25.0	154.62	0.00	154.62	1.3
Animal / tick, spider, etc.	1	25.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,844.52**	**$ 9,333.37**	**$ 11,177.89**	
ACCIDENT TYPE						
Struck/Injured by Object Handled By Other	1	25.0	1,689.90	9,333.37	11,023.27	98.6
Foreign Body In Eye	1	25.0	154.62	0.00	154.62	1.3
Animal Or Insect	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		**$ 1,844.52**	**$ 9,333.37**	**$ 11,177.89**	
****BODY PART**						
Knee	1					
Eye(s)	1					
Upper Arm (Inc: Clavicle and Scapula)	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**	
Sprain	1
Foreign Body	1
Contusion	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Pocahontas Corectional Unit #13 (760)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Inflamation	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	12	37.5	1,807.33	2,845.51	4,652.84	50.3
2PM-3:59PM	6	18.7	1,479.09	1,398.28	2,877.37	31.1
12PM-1:59PM	3	9.3	672.95	0.00	672.95	7.2
8AM-9:59AM	7	21.8	618.15	0.00	618.15	6.6
4PM-5:59PM	3	9.3	284.50	0.00	284.50	3.0
2AM-3:59AM	1	3.1	142.71	0.00	142.71	1.5
	32		**$ 5,004.73**	**$ 4,243.79**	**$ 9,248.52**	
LENGTH OF SERVICE						
12-14	3	9.3	433.39	2,845.51	3,278.90	35.4
0-2	8	25.0	1,591.08	750.00	2,341.08	25.3
4-6	7	21.8	919.40	648.28	1,567.68	16.9
2-4	4	12.5	781.85	0.00	781.85	8.4
6-8	4	12.5	591.50	0.00	591.50	6.4
20-22	1	3.1	284.50	0.00	284.50	3.0
8-10	2	6.2	215.25	0.00	215.25	2.3
10-12	3	9.3	187.76	0.00	187.76	2.0
	32		**$ 5,004.73**	**$ 4,243.79**	**$ 9,248.52**	
AGE OF CLAIMANT						
35-39	9	28.1	727.39	2,095.51	2,822.90	30.5
40-44	2	6.2	1,377.37	750.00	2,127.37	23.0
30-34	5	15.6	470.22	648.28	1,118.50	12.0
45-49	5	15.6	251.61	750.00	1,001.61	10.8
50-54	3	9.3	973.18	0.00	973.18	10.5
25-29	5	15.6	801.95	0.00	801.95	8.6
55-59	3	9.3	403.01	0.00	403.01	4.3
	32		**$ 5,004.73**	**$ 4,243.79**	**$ 9,248.52**	
SEX OF CLAIMANT						
Female	20	62.5	2,902.65	3,493.79	6,396.44	69.1
Male	12	37.5	2,102.08	750.00	2,852.08	30.8
	32		**$ 5,004.73**	**$ 4,243.79**	**$ 9,248.52**	
LOSS CAUSE						
Furniture / fixtures	3	9.3	942.64	2,095.51	3,038.15	32.8
Vehicle, not otherwise classified	5	15.6	101.72	2,148.28	2,250.00	24.3
Person	3	9.3	1,659.13	0.00	1,659.13	17.9
Building parts / doors	1	3.1	1,377.37	0.00	1,377.37	14.8
Metal items	3	9.3	355.50	0.00	355.50	3.8
Stairs, steps	2	6.2	251.61	0.00	251.61	2.7
Animal, not otherwise classified	1	3.1	187.76	0.00	187.76	2.0
Walking surface, outside, dry	3	9.3	129.00	0.00	129.00	1.3
Animal / insect, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Office equipment	1	3.1	0.00	0.00	0.00	0.0
Animal / bee type	2	6.2	0.00	0.00	0.00	0.0
Boxes / containers	1	3.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Gun / gunshot	2	6.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, wet	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		**$ 5,004.73**	**$ 4,243.79**	**$ 9,248.52**	
ACCIDENT TYPE						
Object Handled (caught in or between)	2	6.2	433.39	2,095.51	2,528.90	27.3
Strike Against/Step on Stationary Object	3	9.3	1,886.62	0.00	1,886.62	20.4
Vehicle Upset	4	12.5	0.00	1,500.00	1,500.00	16.2
Struck/Injured by Motor Vehicle	1	3.1	101.72	648.28	750.00	8.1
Pushing Or Pulling (Strain or Injury by)	1	3.1	688.68	0.00	688.68	7.4
Assault	1	3.1	672.95	0.00	672.95	7.2
Holding Or Carrying (Strain or Injury by)	1	3.1	297.50	0.00	297.50	3.2
Struck/Injured by Object Handled By Other	2	6.2	284.50	0.00	284.50	3.0
Fall or slip (on stairs)	2	6.2	251.61	0.00	251.61	2.7
Animal Or Insect	4	12.5	187.76	0.00	187.76	2.0
Fall or Slip (On Same Level)	5	15.6	129.00	0.00	129.00	1.3
Object being lifted/handled (cut,punc.scrape,inj b	2	6.2	71.00	0.00	71.00	0.7
Repetitive Motion	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
Foreign Body In Eye	1	3.1	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	3.1	0.00	0.00	0.00	0.0
	32		**$ 5,004.73**	**$ 4,243.79**	**$ 9,248.52**	

*****BODY PART***

Hand	7
Soft Tissue - Neck	6
Knee	7
Upper Back Area (Thoracic Area)	2
Finger(s)	4
Lower Leg	3
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Shoulder	4
Facial, Other Soft Tissue	2
Thumb	1
Wrist	2
Eye(s)	2
Buttocks	1
Foot	2
Ankle	3
Abdomen including Groin	1
Great Toe	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	15
Contusion	18
Dislocation	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Community Corrections Administration (767)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Puncture	4					
Sprain	4					
Laceration	5					
Inflamation	4					
Foreign 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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	3	5.5	24,292.92	7,253.34	31,546.26	46.1
6AM-7:59AM	6	11.1	23,324.58	2,484.99	25,809.57	37.7
Unknown	4	7.4	2,482.43	1,000.00	3,482.43	5.0
8AM-9:59AM	6	11.1	2,134.82	0.00	2,134.82	3.1
12PM-1:59PM	10	18.5	1,180.91	890.80	2,071.71	3.0
2PM-3:59PM	5	9.2	120.00	1,750.00	1,870.00	2.7
12AM-1:59AM	1	1.8	0.00	750.00	750.00	1.1
4PM-5:59PM	10	18.5	0.00	750.00	750.00	1.1
10AM-11:59AM	6	11.1	0.00	0.00	0.00	0.0
2AM-3:59AM	1	1.8	0.00	0.00	0.00	0.0
4AM-5:59AM	2	3.7	0.00	0.00	0.00	0.0
	54		**$ 53,535.66**	**$ 14,879.13**	**$ 68,414.79**	
LENGTH OF SERVICE						
12-14	1	1.8	23,884.92	7,253.34	31,138.26	45.5
8-10	1	1.8	23,324.58	2,484.99	25,809.57	37.7
6-8	10	18.5	2,890.43	1,750.00	4,640.43	6.7
2-4	22	40.7	780.11	2,500.00	3,280.11	4.7
10-12	10	18.5	2,134.82	0.00	2,134.82	3.1
0-2	5	9.2	0.00	750.00	750.00	1.1
4-6	5	9.2	520.80	140.80	661.60	0.9
	54		**$ 53,535.66**	**$ 14,879.13**	**$ 68,414.79**	
AGE OF CLAIMANT						
45-49	7	12.9	48,018.30	9,879.13	57,897.43	84.6
25-29	23	42.5	2,482.43	5,000.00	7,482.43	10.9
35-39	3	5.5	2,134.82	0.00	2,134.82	3.1
30-34	7	12.9	900.11	0.00	900.11	1.3
40-44	8	14.8	0.00	0.00	0.00	0.0
20-24	3	5.5	0.00	0.00	0.00	0.0
50-54	2	3.7	0.00	0.00	0.00	0.0
60-64	1	1.8	0.00	0.00	0.00	0.0
	54		**$ 53,535.66**	**$ 14,879.13**	**$ 68,414.79**	
SEX OF CLAIMANT						
Male	48	88.8	53,127.66	14,879.13	68,006.79	99.4
Female	6	11.1	408.00	0.00	408.00	0.6
	54		**$ 53,535.66**	**$ 14,879.13**	**$ 68,414.79**	
LOSS CAUSE						
Furniture / fixtures	6	11.1	24,285.72	7,394.14	31,679.86	46.3
Vehicle, not otherwise classified	2	3.7	23,324.58	2,484.99	25,809.57	37.7
Minerals / dirt	1	1.8	2,482.43	1,000.00	3,482.43	5.0
Patient / Inmate	7	12.9	2,134.82	0.00	2,134.82	3.1
Walking surface, inside, wet	3	5.5	0.00	1,750.00	1,750.00	2.5
Stairs, steps	6	11.1	0.00	1,500.00	1,500.00	2.1
Brush / tree / log	1	1.8	780.11	0.00	780.11	1.1
Animal / tick, spider, etc.	1	1.8	0.00	750.00	750.00	1.1
Walking surface, outside, wet	3	5.5	408.00	0.00	408.00	0.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chemicals, not otherwise classified	2	3.7	120.00	0.00	120.00	0.1
Building parts / doors	5	9.2	0.00	0.00	0.00	0.0
Ladder, 10' folding	1	1.8	0.00	0.00	0.00	0.0
Animal / bee type	2	3.7	0.00	0.00	0.00	0.0
Boxes / containers	2	3.7	0.00	0.00	0.00	0.0
Clothing / jewelry	1	1.8	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.8	0.00	0.00	0.00	0.0
Infectious agent	3	5.5	0.00	0.00	0.00	0.0
Metal items	4	7.4	0.00	0.00	0.00	0.0
Miscellaneous	1	1.8	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.8	0.00	0.00	0.00	0.0
	54		***$ 53,535.66***	***$ 14,879.13***	***$ 68,414.79***	

ACCIDENT TYPE

Fall or Slip (From Different Level)	2	3.7	23,884.92	7,253.34	31,138.26	45.5
Object Handled (caught in or between)	4	7.4	23,324.58	2,484.99	25,809.57	37.7
Fall or Slip (On Same Level)	5	9.2	2,482.43	2,750.00	5,232.43	7.6
Holding Or Carrying (Strain or Injury by)	1	1.8	2,134.82	0.00	2,134.82	3.1
Struck/Injured by Falling or Flying Object	7	12.9	780.11	0.00	780.11	1.1
Animal Or Insect	3	5.5	0.00	750.00	750.00	1.1
Fall or slip (on stairs)	4	7.4	0.00	750.00	750.00	1.1
Slipped, Did Not Fall	2	3.7	0.00	750.00	750.00	1.1
Strike Against/Step on Stationary Object	5	9.2	400.80	140.80	541.60	0.7
Fall or slip (on ice or snow)	3	5.5	408.00	0.00	408.00	0.6
Absorb, Ingest, Inhalation	2	3.7	120.00	0.00	120.00	0.1
Repetitive Motion	1	1.8	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	1.8	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	1.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	10	18.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	2	3.7	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	1.8	0.00	0.00	0.00	0.0
	54		***$ 53,535.66***	***$ 14,879.13***	***$ 68,414.79***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	7
Shoulder	2
Soft Tissue - Neck	2
Knee	7
Elbow	1
Upper Back Area (Thoracic Area)	1
Buttocks	1
Finger(s)	8
Lower Arm	6
Facial, Other Soft Tissue	8
Skull	1
Eye(s)	5
Upper Leg	4
Foot	2
Hand	6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Keen Mountain Correctional Cntr (768)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hip	1					
Lower Leg	2					
Nose	1					
Thumb	3					
	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	10
Contusion	21
Laceration	11
Inflamation	5
Fracture	1
Foreign Body	17
Puncture	2
Sprain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	28	20.4	8,295.61	2,408.89	10,704.50	33.8
10AM-11:59AM	16	11.6	6,420.75	0.00	6,420.75	20.2
12PM-1:59PM	18	13.1	2,430.37	1,786.18	4,216.55	13.3
2PM-3:59PM	22	16.0	3,831.67	0.00	3,831.67	12.1
4PM-5:59PM	15	10.9	1,652.98	1,750.00	3,402.98	10.7
Unknown	15	10.9	1,366.88	0.00	1,366.88	4.3
4AM-5:59AM	9	6.5	18.00	977.00	995.00	3.1
6PM-7:59PM	5	3.6	638.00	0.00	638.00	2.0
6AM-7:59AM	5	3.6	65.00	0.00	65.00	0.2
2AM-3:59AM	1	0.7	0.00	0.00	0.00	0.0
12AM-1:59AM	3	2.1	0.00	0.00	0.00	0.0
	137		***$ 24,719.26***	***$ 6,922.07***	***$ 31,641.33***	
LENGTH OF SERVICE						
2-4	53	38.6	9,483.30	3,536.18	13,019.48	41.1
0-2	20	14.5	5,790.74	1,750.00	7,540.74	23.8
4-6	24	17.5	6,005.33	885.89	6,891.22	21.7
10-12	18	13.1	2,512.08	750.00	3,262.08	10.3
6-8	10	7.2	673.56	0.00	673.56	2.1
18-20	1	0.7	204.52	0.00	204.52	0.6
12-14	1	0.7	49.73	0.00	49.73	0.1
8-10	9	6.5	0.00	0.00	0.00	0.0
24-26	1	0.7	0.00	0.00	0.00	0.0
	137		***$ 24,719.26***	***$ 6,922.07***	***$ 31,641.33***	
AGE OF CLAIMANT						
25-29	25	18.2	6,407.60	977.00	7,384.60	23.3
30-34	29	21.1	4,806.80	1,695.07	6,501.87	20.5
45-49	13	9.4	4,556.08	0.00	4,556.08	14.4
35-39	29	21.1	2,781.05	1,750.00	4,531.05	14.3
40-44	17	12.4	3,412.42	750.00	4,162.42	13.1
20-24	11	8.0	654.00	1,750.00	2,404.00	7.6
55-59	6	4.3	1,189.33	0.00	1,189.33	3.7
50-54	7	5.1	911.98	0.00	911.98	2.8
	137		***$ 24,719.26***	***$ 6,922.07***	***$ 31,641.33***	
SEX OF CLAIMANT						
Female	84	61.3	17,814.73	5,263.18	23,077.91	72.9
Male	53	38.6	6,904.53	1,658.89	8,563.42	27.0
	137		***$ 24,719.26***	***$ 6,922.07***	***$ 31,641.33***	
LOSS CAUSE						
Infectious agent	3	2.1	2,870.80	1,750.00	4,620.80	14.6
Stairs, steps	8	5.8	2,584.51	1,750.00	4,334.51	13.7
Walking surface, outside, dry	7	5.1	1,188.46	2,500.00	3,688.46	11.6
Walking surface, inside, wet	11	8.0	2,999.65	0.00	2,999.65	9.4
Building parts / doors	17	12.4	2,728.00	0.00	2,728.00	8.6
Boxes / containers	7	5.1	2,355.16	0.00	2,355.16	7.4
Vehicle, not otherwise classified	10	7.2	1,379.63	908.89	2,288.52	7.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	14	10.2	1,217.71	750.00	1,967.71	6.2
Metal items	7	5.1	1,399.03	0.00	1,399.03	4.4
Chemicals, not otherwise classified	3	2.1	1,054.44	0.00	1,054.44	3.3
Patient / Inmate	14	10.2	1,023.00	0.00	1,023.00	3.2
Hand tool, not powered, NOC	5	3.6	956.00	0.00	956.00	3.0
Person	2	1.4	683.53	0.00	683.53	2.1
Food	2	1.4	584.08	0.00	584.08	1.8
Minerals / dirt	2	1.4	431.56	0.00	431.56	1.3
Electrical equipment	1	0.7	378.94	0.00	378.94	1.2
Animal / bee type	2	1.4	351.00	0.00	351.00	1.1
Unknown	3	2.1	228.73	0.00	228.73	0.7
Water	4	2.9	203.33	0.00	203.33	0.6
Walking surface, inside, dry	2	1.4	83.70	36.18	119.88	0.3
Animal / insect, not otherwise classified	2	1.4	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	1.4	0.00	0.00	0.00	0.0
Miscellaneous	1	0.7	0.00	0.00	0.00	0.0
Stone / rock / brick	3	2.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.7	0.00	0.00	0.00	0.0
Heating equipment	1	0.7	18.00	-773.00	-755.00	-2.3
Fencing	1	0.7	0.00	0.00	0.00	0.0
Office equipment	1	0.7	0.00	0.00	0.00	0.0
Vehicle, fork truck	1	0.7	0.00	0.00	0.00	0.0
	137		***$ 24,719.26***	***$ 6,922.07***	***$ 31,641.33***	

ACCIDENT TYPE

Fall or Slip (On Same Level)	20	14.5	3,601.36	2,536.18	6,137.54	19.4
Foreign Body In Eye	5	3.6	4,356.80	0.00	4,356.80	13.7
Fall or slip (on stairs)	7	5.1	2,584.51	1,750.00	4,334.51	13.7
Struck/Injured by Falling or Flying Object	13	9.4	1,665.00	750.00	2,415.00	7.6
Fall or Slip (From Different Level)	7	5.1	1,453.84	908.89	2,362.73	7.4
Lifting (strain or Injury by)	6	4.3	2,355.16	0.00	2,355.16	7.4
Strike Against/Step on Stationary Object	8	5.8	1,945.95	0.00	1,945.95	6.1
Cumulative (Not Otherwise Classified)	3	2.1	0.00	1,750.00	1,750.00	5.5
Fall or Slip (From Liquid/Grease spills)	3	2.1	1,145.65	0.00	1,145.65	3.6
Holding Or Carrying (Strain or Injury by)	5	3.6	1,023.00	0.00	1,023.00	3.2
Object being lifted/handled (cut,punc.scrape,inj b	6	4.3	956.00	0.00	956.00	3.0
Struck/Injured by Moving Part Of Machine	3	2.1	737.00	0.00	737.00	2.3
Pushing Or Pulling (Strain or Injury by)	1	0.7	402.03	0.00	402.03	1.2
Animal Or Insect	6	4.3	351.00	0.00	351.00	1.1
Object Handled (caught in or between)	9	6.5	1,115.00	-773.00	342.00	1.0
Stuck, injured by fellow worker, patient	5	3.6	281.50	0.00	281.50	0.8
Repetitive Motion	1	0.7	228.73	0.00	228.73	0.7
Struck/Injured by Object Handled By Other	7	5.1	204.52	0.00	204.52	0.6
Contact With Hot Object or Substances	2	1.4	203.33	0.00	203.33	0.6
Slipped, Did Not Fall	3	2.1	108.88	0.00	108.88	0.3
Allergic Reaction	1	0.7	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	0.7	0.00	0.00	0.00	0.0
Vehicle Upset	5	3.6	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.7	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:33

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Assault	5	3.6	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	0.7	0.00	0.00	0.00	0.0
Contact with Electric Current	1	0.7	0.00	0.00	0.00	0.0
Misc. (Caught in or Between)	1	0.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.7	0.00	0.00	0.00	0.0
	137		***$ 24,719.26***	***$ 6,922.07***	***$ 31,641.33***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	15
Ankle	13
Eye(s)	7
Facial, Other Soft Tissue	9
Finger(s)	19
Chest (Inc: Ribs, Sternum and Soft Tissue)	8
Foot	6
Shoulder	4
Knee	9
Teeth	1
Upper Leg	5
Soft Tissue - Neck	6
Lower Arm	10
Lower Leg	5
Thumb	4
Hand	12
Upper Arm (Inc: Clavicle and Scapula)	7
Upper Back Area (Thoracic Area)	6
Elbow	4
Artificial Appliance (Brace)	1
Abdomen including Groin	4
Wrist	3
Hip	2
Internal Organs	3
Lungs	1
Toe(s)	1
Whole Body	1
Buttocks	1
Ear(s)	1
No Physical Problem	7
	137

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

***INJURY**

Contusion	74
Strain	28
Sprain	16
Foreign Body	11
Laceration	14
Infection	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Greenville Correctional Center (769)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Dislocation	1					
Burn	4					
Inflamation	10					
Crushing	2					
Puncture	3					
No Physical Injury	8					
Poisoning	1					
Respiratory Disorders	1					
Syncope	1					
	137					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	14.2	3,902.89	29,121.11	33,024.00	89.4
2PM-3:59PM	7	25.0	1,002.81	1,750.00	2,752.81	7.4
2AM-3:59AM	2	7.1	0.00	750.00	750.00	2.0
8AM-9:59AM	6	21.4	370.50	0.00	370.50	1.0
10AM-11:59AM	3	10.7	44.00	0.00	44.00	0.1
4PM-5:59PM	4	14.2	0.00	0.00	0.00	0.0
6AM-7:59AM	1	3.5	0.00	0.00	0.00	0.0
Unknown	1	3.5	0.00	0.00	0.00	0.0
	28		**$ 5,320.20**	**$ 31,621.11**	**$ 36,941.31**	
LENGTH OF SERVICE						
10-12	3	10.7	3,672.89	29,121.11	32,794.00	88.7
0-2	7	25.0	668.91	1,750.00	2,418.91	6.5
2-4	5	17.8	0.00	750.00	750.00	2.0
6-8	3	10.7	663.40	0.00	663.40	1.8
4-6	5	17.8	315.00	0.00	315.00	0.8
12-14	2	7.1	0.00	0.00	0.00	0.0
14-16	1	3.5	0.00	0.00	0.00	0.0
32-34	1	3.5	0.00	0.00	0.00	0.0
8-10	1	3.5	0.00	0.00	0.00	0.0
	28		**$ 5,320.20**	**$ 31,621.11**	**$ 36,941.31**	
AGE OF CLAIMANT						
40-44	6	21.4	4,043.39	29,871.11	33,914.50	91.8
20-24	2	7.1	0.00	1,750.00	1,750.00	4.7
35-39	4	14.2	589.00	0.00	589.00	1.5
30-34	7	25.0	389.40	0.00	389.40	1.0
25-29	4	14.2	298.41	0.00	298.41	0.8
45-49	3	10.7	0.00	0.00	0.00	0.0
50-54	1	3.5	0.00	0.00	0.00	0.0
60-64	1	3.5	0.00	0.00	0.00	0.0
	28		**$ 5,320.20**	**$ 31,621.11**	**$ 36,941.31**	
SEX OF CLAIMANT						
Female	18	64.2	4,358.39	29,121.11	33,479.50	90.6
Male	10	35.7	961.81	2,500.00	3,461.81	9.3
	28		**$ 5,320.20**	**$ 31,621.11**	**$ 36,941.31**	
LOSS CAUSE						
Boxes / containers	3	10.7	3,628.89	29,871.11	33,500.00	90.6
Walking surface, inside, dry	1	3.5	0.00	1,750.00	1,750.00	4.7
Furniture / fixtures	2	7.1	389.40	0.00	389.40	1.0
Halligan tool	1	3.5	370.50	0.00	370.50	1.0
Metal items	3	10.7	342.41	0.00	342.41	0.9
Building parts / doors	3	10.7	315.00	0.00	315.00	0.8
Unknown	4	14.2	274.00	0.00	274.00	0.7
Stairs, steps	2	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.5	0.00	0.00	0.00	0.0
Animal / bee type	2	7.1	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Chemicals, not otherwise classified	1	3.5	0.00	0.00	0.00	0.0
Fencing	1	3.5	0.00	0.00	0.00	0.0
Patient / Inmate	2	7.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	7.1	0.00	0.00	0.00	0.0
	28		**$ 5,320.20**	**$ 31,621.11**	**$ 36,941.31**	

ACCIDENT TYPE

Holding Or Carrying (Strain or Injury by)	2	7.1	3,628.89	29,121.11	32,750.00	88.6
Fall or Slip (On Same Level)	1	3.5	0.00	1,750.00	1,750.00	4.7
Lifting (strain or Injury by)	1	3.5	0.00	750.00	750.00	2.0
Object being lifted/handled (cut,punc.scrape,inj b	2	7.1	668.91	0.00	668.91	1.8
Fall or Slip (From Different Level)	1	3.5	389.40	0.00	389.40	1.0
Object Handled (caught in or between)	5	17.8	359.00	0.00	359.00	0.9
Cumulative (Not Otherwise Classified)	3	10.7	274.00	0.00	274.00	0.7
Fall or slip (on stairs)	2	7.1	0.00	0.00	0.00	0.0
Repetitive Motion	1	3.5	0.00	0.00	0.00	0.0
Absorb, Ingest, Inhalation	1	3.5	0.00	0.00	0.00	0.0
Animal Or Insect	2	7.1	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	3.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	3.5	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	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
Vehicle Upset	2	7.1	0.00	0.00	0.00	0.0
	28		**$ 5,320.20**	**$ 31,621.11**	**$ 36,941.31**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	2
Shoulder	1
Soft Tissue - Neck	4
Finger(s)	6
Lower Arm	3
Hand	1
Foot	2
Knee	3
Lower Leg	1
Lungs	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Facial, Other Soft Tissue	2
Hip	1
No Physical Problem	2
Thumb	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.**

**INJURY

Strain	9
Laceration	7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Dillwyn Correctional Center (770)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	9					
Puncture	1					
Respiratory Disorders	1					
Inflamation	2					
No Physical Injury	2					
Poisoning - Chemical	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	5	10.6	33,432.72	19,124.81	52,557.53	55.1
12PM-1:59PM	6	12.7	10,731.71	12,136.89	22,868.60	23.9
10AM-11:59AM	4	8.5	1,301.03	10,750.00	12,051.03	12.6
8AM-9:59AM	8	17.0	3,307.51	0.00	3,307.51	3.4
2PM-3:59PM	5	10.6	2,992.67	-49.50	2,943.17	3.0
6AM-7:59AM	5	10.6	640.82	0.00	640.82	0.6
6PM-7:59PM	5	10.6	524.92	0.00	524.92	0.5
4PM-5:59PM	6	12.7	485.07	0.00	485.07	0.5
4AM-5:59AM	2	4.2	0.00	0.00	0.00	0.0
12AM-1:59AM	1	2.1	0.00	0.00	0.00	0.0
	47		**$ 53,416.45**	**$ 41,962.20**	**$ 95,378.65**	
LENGTH OF SERVICE						
0-2	9	19.1	9,269.60	31,991.54	41,261.14	43.2
4-6	13	27.6	31,455.22	8,070.16	39,525.38	41.4
6-8	6	12.7	7,777.05	1,150.50	8,927.55	9.3
2-4	13	27.6	3,594.83	0.00	3,594.83	3.7
12-14	2	4.2	304.17	750.00	1,054.17	1.1
8-10	3	6.3	1,015.58	0.00	1,015.58	1.0
24-26	1	2.1	0.00	0.00	0.00	0.0
	47		**$ 53,416.45**	**$ 41,962.20**	**$ 95,378.65**	
AGE OF CLAIMANT						
45-49	7	14.8	30,881.37	8,070.16	38,951.53	40.8
60-64	2	4.2	5,392.39	10,186.89	15,579.28	16.3
25-29	3	6.3	2,888.65	11,054.65	13,943.30	14.6
50-54	5	10.6	755.04	10,750.00	11,505.04	12.0
30-34	7	14.8	7,460.66	1,200.00	8,660.66	9.0
40-44	11	23.4	3,574.05	750.00	4,324.05	4.5
55-59	3	6.3	1,034.55	0.00	1,034.55	1.0
35-39	7	14.8	1,051.22	-49.50	1,001.72	1.0
20-24	2	4.2	378.52	0.00	378.52	0.4
	47		**$ 53,416.45**	**$ 41,962.20**	**$ 95,378.65**	
SEX OF CLAIMANT						
Female	22	46.8	45,512.63	42,011.70	87,524.33	91.7
Male	25	53.1	7,903.82	-49.50	7,854.32	8.2
	47		**$ 53,416.45**	**$ 41,962.20**	**$ 95,378.65**	
LOSS CAUSE						
Walking surface, inside, wet	6	12.7	31,580.79	18,820.16	50,400.95	52.8
Boxes / containers	3	6.3	5,392.39	10,186.89	15,579.28	16.3
Patient / Inmate	7	14.8	3,477.37	11,054.65	14,532.02	15.2
Building parts / doors	4	8.5	4,823.97	1,200.00	6,023.97	6.3
Person	1	2.1	2,747.87	0.00	2,747.87	2.8
Walking surface, outside, wet	4	8.5	2,624.82	0.00	2,624.82	2.7
Walking surface, outside, dry	2	4.2	928.21	0.00	928.21	0.9
Office equipment	1	2.1	0.00	750.00	750.00	0.7
Gun / gunshot	1	2.1	730.38	0.00	730.38	0.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Furniture / fixtures	3	6.3	374.25	0.00	374.25	0.3
Stairs, steps	2	4.2	270.62	0.00	270.62	0.2
Fencing	3	6.3	220.98	0.00	220.98	0.2
Infectious agent	1	2.1	244.80	-49.50	195.30	0.2
Unknown	1	2.1	0.00	0.00	0.00	0.0
Clothing / jewelry	1	2.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	4.2	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	2.1	0.00	0.00	0.00	0.0
Metal items	2	4.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	4.2	0.00	0.00	0.00	0.0
	47		***$ 53,416.45***	***$ 41,962.20***	***$ 95,378.65***	

ACCIDENT TYPE

Fall or Slip (From Liquid/Grease spills)	1	2.1	30,418.45	8,070.16	38,488.61	40.3
Object Handled (caught in or between)	2	4.2	5,592.26	10,186.89	15,779.15	16.5
Fall or Slip (On Same Level)	12	25.5	4,622.05	10,750.00	15,372.05	16.1
Struck/Injured by Falling or Flying Object	3	6.3	2,992.15	11,005.15	13,997.30	14.6
Struck/Injured by Object Handled By Other	3	6.3	4,123.93	1,200.00	5,323.93	5.5
Stuck, injured by fellow worker, patient	3	6.3	2,889.17	0.00	2,889.17	3.0
Cumulative (Not Otherwise Classified)	2	4.2	378.52	750.00	1,128.52	1.1
Struck/Injured by Object Being Lifted/Handled	1	2.1	730.38	0.00	730.38	0.7
Object being lifted/handled (cut,punc.scrape,inj b	3	6.3	414.28	0.00	414.28	0.4
Fall or Slip (From Different Level)	1	2.1	374.25	0.00	374.25	0.3
Strike Against/Step on Stationary Object	5	10.6	306.22	0.00	306.22	0.3
Struck/Injured by Moving Part Of Machine	1	2.1	304.17	0.00	304.17	0.3
Fall or slip (on stairs)	2	4.2	270.62	0.00	270.62	0.2
Lifting (strain or Injury by)	2	4.2	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	2.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	2.1	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	4.2	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	2.1	0.00	0.00	0.00	0.0
Repetitive Motion	1	2.1	0.00	0.00	0.00	0.0
	47		***$ 53,416.45***	***$ 41,962.20***	***$ 95,378.65***	

***BODY PART**

Knee	13
Thumb	3
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Upper Arm (Inc: Clavicle and Scapula)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Ankle	1
Facial, Other Soft Tissue	3
Hip	1
Finger(s)	7
Elbow	2
Lower Arm	2
Hand	5
Foot	2
Lower Leg	5
Wrist	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Indian Creek Correctional Center (771)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Abdomen including Groin	1					
Shoulder	2					
Soft Tissue - Neck	1					
Eye(s)	1					
No Physical Problem	1					
	47					

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

*****INJURY***

Contusion	28
Strain	10
Crushing	1
Sprain	6
Laceration	10
Foreign Body	4
Inflamation	1
No Physical Injury	1
Puncture	2
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	4	16.6	15,635.03	6,893.47	22,528.50	47.7
6AM-7:59AM	1	4.1	2,759.24	14,144.09	16,903.33	35.8
12AM-1:59AM	2	8.3	2,842.23	298.71	3,140.94	6.6
Unknown	5	20.8	3,085.25	0.00	3,085.25	6.5
4PM-5:59PM	2	8.3	65.00	685.00	750.00	1.5
12PM-1:59PM	4	16.6	474.01	0.00	474.01	1.0
2AM-3:59AM	1	4.1	264.81	0.00	264.81	0.5
8AM-9:59AM	3	12.5	75.00	0.00	75.00	0.1
2PM-3:59PM	1	4.1	0.00	0.00	0.00	0.0
4AM-5:59AM	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 25,200.57***	***$ 22,021.27***	***$ 47,221.84***	
LENGTH OF SERVICE						
12-14	1	4.1	15,454.53	6,143.47	21,598.00	45.7
6-8	5	20.8	3,400.52	14,144.09	17,544.61	37.1
2-4	3	12.5	4,441.73	298.71	4,740.44	10.0
0-2	10	41.6	1,092.46	750.00	1,842.46	3.9
28-30	1	4.1	65.00	685.00	750.00	1.5
20-22	1	4.1	581.65	0.00	581.65	1.2
4-6	1	4.1	89.68	0.00	89.68	0.1
8-10	2	8.3	75.00	0.00	75.00	0.1
	24		***$ 25,200.57***	***$ 22,021.27***	***$ 47,221.84***	
AGE OF CLAIMANT						
50-54	5	20.8	16,536.14	6,828.47	23,364.61	49.4
30-34	5	20.8	2,923.92	14,894.09	17,818.01	37.7
35-39	4	16.6	2,851.23	298.71	3,149.94	6.6
25-29	2	8.3	898.02	0.00	898.02	1.9
55-59	2	8.3	881.98	0.00	881.98	1.8
60-64	1	4.1	581.65	0.00	581.65	1.2
20-24	2	8.3	264.81	0.00	264.81	0.5
45-49	2	8.3	262.82	0.00	262.82	0.5
40-44	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 25,200.57***	***$ 22,021.27***	***$ 47,221.84***	
SEX OF CLAIMANT						
Male	13	54.1	19,348.22	7,127.18	26,475.40	56.0
Female	11	45.8	5,852.35	14,894.09	20,746.44	43.9
	24		***$ 25,200.57***	***$ 22,021.27***	***$ 47,221.84***	
LOSS CAUSE						
Furniture / fixtures	4	16.6	15,454.53	6,143.47	21,598.00	45.7
Stairs, steps	2	8.3	5,601.47	14,442.80	20,044.27	42.4
Boxes / containers	3	12.5	1,599.50	0.00	1,599.50	3.3
Building parts / doors	4	16.6	1,461.92	0.00	1,461.92	3.1
Unknown	1	4.1	0.00	750.00	750.00	1.5
Vehicle, not otherwise classified	2	8.3	65.00	685.00	750.00	1.5
Office equipment	1	4.1	581.65	0.00	581.65	1.2
Animal / tick, spider, etc.	1	4.1	262.82	0.00	262.82	0.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Ladder, 10' folding	1	4.1	89.68	0.00	89.68	0.1
Electrical equipment	1	4.1	75.00	0.00	75.00	0.1
Chemicals, not otherwise classified	1	4.1	9.00	0.00	9.00	0.0
Walking surface, outside, wet	1	4.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	4.1	0.00	0.00	0.00	0.0
Steam / exhaust	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 25,200.57***	***$ 22,021.27***	***$ 47,221.84***	

ACCIDENT TYPE

Strike Against/Step on Stationary Object	2	8.3	15,454.53	6,143.47	21,598.00	45.7
Fall or slip (on stairs)	1	4.1	2,759.24	14,144.09	16,903.33	35.8
Twisting, strain or injury by	1	4.1	2,842.23	298.71	3,140.94	6.6
Lifting (strain or Injury by)	2	8.3	898.02	0.00	898.02	1.9
Cumulative (Not Otherwise Classified)	2	8.3	0.00	750.00	750.00	1.5
Vehicle Upset	1	4.1	65.00	685.00	750.00	1.5
Holding Or Carrying (Strain or Injury by)	2	8.3	701.48	0.00	701.48	1.4
Pushing Or Pulling (Strain or Injury by)	1	4.1	641.28	0.00	641.28	1.3
Contact with Electric Current	1	4.1	581.65	0.00	581.65	1.2
Object Handled (caught in or between)	1	4.1	375.33	0.00	375.33	0.7
Strike Against/Step On Obj. Being Lifted or Handle	1	4.1	264.81	0.00	264.81	0.5
Animal Or Insect	1	4.1	262.82	0.00	262.82	0.5
Object being lifted/handled (cut,punc.scrape,inj b	2	8.3	180.50	0.00	180.50	0.3
Fall or Slip (From Ladder/Scaffolding)	1	4.1	89.68	0.00	89.68	0.1
Explosion / Flare Back	1	4.1	75.00	0.00	75.00	0.1
Absorb, Ingest, Inhalation	1	4.1	9.00	0.00	9.00	0.0
Fall or slip (on ice or snow)	1	4.1	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	1	4.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	4.1	0.00	0.00	0.00	0.0
	24		***$ 25,200.57***	***$ 22,021.27***	***$ 47,221.84***	

***BODY PART

Knee	5
Shoulder	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Finger(s)	6
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Wrist	2
Elbow	1
Lower Arm	1
Upper Arm (Inc: Clavicle and Scapula)	1
Hand	4
Nose	1
Eye(s)	1
Lungs	1
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Haynesville Correctional Center (772)

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.**

*****INJURY***

Contusion	8
Strain	10
Sprain	1
Burn	5
Laceration	3
Inflamation	1
Respiratory Disorders	1
Hernia	1
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	5	22.7	23,053.60	10,204.85	33,258.45	89.0
8AM-9:59AM	4	18.1	2,020.78	0.00	2,020.78	5.4
10AM-11:59AM	6	27.2	1,373.99	0.00	1,373.99	3.6
Unknown	1	4.5	312.65	0.00	312.65	0.8
2PM-3:59PM	2	9.0	231.68	0.00	231.68	0.6
4PM-5:59PM	4	18.1	147.00	0.00	147.00	0.3
	22		**$ 27,139.70**	**$ 10,204.85**	**$ 37,344.55**	
LENGTH OF SERVICE						
6-8	6	27.2	23,539.95	10,204.85	33,744.80	90.3
0-2	7	31.8	1,847.08	0.00	1,847.08	4.9
4-6	4	18.1	1,527.49	0.00	1,527.49	4.0
2-4	4	18.1	225.18	0.00	225.18	0.6
22-24	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 27,139.70**	**$ 10,204.85**	**$ 37,344.55**	
AGE OF CLAIMANT						
55-59	1	4.5	22,505.15	10,204.85	32,710.00	87.5
45-49	1	4.5	1,484.65	0.00	1,484.65	3.9
50-54	3	13.6	1,373.99	0.00	1,373.99	3.6
35-39	4	18.1	630.45	0.00	630.45	1.6
40-44	2	9.0	398.88	0.00	398.88	1.0
20-24	3	13.6	362.43	0.00	362.43	0.9
25-29	1	4.5	312.65	0.00	312.65	0.8
30-34	7	31.8	71.50	0.00	71.50	0.1
	22		**$ 27,139.70**	**$ 10,204.85**	**$ 37,344.55**	
SEX OF CLAIMANT						
Female	11	50.0	25,856.64	10,204.85	36,061.49	96.5
Male	11	50.0	1,283.06	0.00	1,283.06	3.4
	22		**$ 27,139.70**	**$ 10,204.85**	**$ 37,344.55**	
LOSS CAUSE						
Walking surface, outside, wet	2	9.0	23,879.14	10,204.85	34,083.99	91.2
Fencing	1	4.5	1,484.65	0.00	1,484.65	3.9
Pipe	1	4.5	483.45	0.00	483.45	1.2
Machine, not otherwise classified	1	4.5	362.43	0.00	362.43	0.9
Furniture / fixtures	2	9.0	312.65	0.00	312.65	0.8
Clothing / jewelry	1	4.5	225.18	0.00	225.18	0.6
Walking surface, inside, dry	4	18.1	212.00	0.00	212.00	0.5
Walking surface, inside, wet	1	4.5	173.70	0.00	173.70	0.4
Environmental conditions	1	4.5	6.50	0.00	6.50	0.0
Boxes / containers	4	18.1	0.00	0.00	0.00	0.0
Stairs, steps	3	13.6	0.00	0.00	0.00	0.0
Building parts / doors	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 27,139.70**	**$ 10,204.85**	**$ 37,344.55**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	6	27.2	23,885.64	10,204.85	34,090.49	91.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Coffeewood Correctional Center (773)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strike Against/Step on Stationary Object	5	22.7	2,059.08	0.00	2,059.08	5.5
Struck/Injured by Object Being Lifted/Handled	1	4.5	483.45	0.00	483.45	1.2
Struck/Injured by Falling or Flying Object	1	4.5	312.65	0.00	312.65	0.8
Object Handled (caught in or between)	2	9.0	225.18	0.00	225.18	0.6
Slipped, Did Not Fall	1	4.5	173.70	0.00	173.70	0.4
Fall or slip (on stairs)	2	9.0	0.00	0.00	0.00	0.0
Reaching (Strain or Injury by)	1	4.5	0.00	0.00	0.00	0.0
Holding Or Carrying (Strain or Injury by)	1	4.5	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	4.5	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 27,139.70***	***$ 10,204.85***	***$ 37,344.55***	

**BODY PART

Foot	1
Soft Tissue - Neck	2
Elbow	1
No Physical Problem	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Knee	3
Facial, Other Soft Tissue	3
Shoulder	2
Finger(s)	2
Nose	2
Ankle	1
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower Leg	1
Buttocks	1
Eye(s)	1
Lower Arm	1
	22

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

**INJURY

Fracture	2
Contusion	15
N/A	1
Laceration	1
Puncture	1
Strain	5
Sprain	1
	22

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Lunenberg Correctional Center (774)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	9	40.9	27,088.70	14,820.24	41,908.94	94.5
4AM-5:59AM	1	4.5	0.00	750.00	750.00	1.6
4PM-5:59PM	3	13.6	686.50	0.00	686.50	1.5
10AM-11:59AM	2	9.0	657.96	0.00	657.96	1.4
2PM-3:59PM	2	9.0	326.20	0.00	326.20	0.7
6AM-7:59AM	1	4.5	0.00	0.00	0.00	0.0
12PM-1:59PM	2	9.0	0.00	0.00	0.00	0.0
6PM-7:59PM	2	9.0	0.00	0.00	0.00	0.0
	22		**$ 28,759.36**	**$ 15,570.24**	**$ 44,329.60**	
LENGTH OF SERVICE						
4-6	11	50.0	28,061.52	13,320.24	41,381.76	93.3
0-2	4	18.1	686.50	750.00	1,436.50	3.2
2-4	1	4.5	0.00	750.00	750.00	1.6
6-8	1	4.5	0.00	750.00	750.00	1.6
10-12	2	9.0	11.34	0.00	11.34	0.0
14-16	1	4.5	0.00	0.00	0.00	0.0
8-10	2	9.0	0.00	0.00	0.00	0.0
	22		**$ 28,759.36**	**$ 15,570.24**	**$ 44,329.60**	
AGE OF CLAIMANT						
35-39	6	27.2	12,874.08	12,887.26	25,761.34	58.1
50-54	3	13.6	14,901.12	1,182.98	16,084.10	36.2
40-44	6	27.2	326.20	1,500.00	1,826.20	4.1
30-34	4	18.1	657.96	0.00	657.96	1.4
20-24	1	4.5	0.00	0.00	0.00	0.0
60-64	1	4.5	0.00	0.00	0.00	0.0
45-49	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 28,759.36**	**$ 15,570.24**	**$ 44,329.60**	
SEX OF CLAIMANT						
Female	9	40.9	13,188.94	12,887.26	26,076.20	58.8
Male	13	59.0	15,570.42	2,682.98	18,253.40	41.1
	22		**$ 28,759.36**	**$ 15,570.24**	**$ 44,329.60**	
LOSS CAUSE						
Vehicle, not otherwise classified	3	13.6	27,735.32	11,820.24	39,555.56	89.2
Chemicals, not otherwise classified	9	40.9	0.00	3,750.00	3,750.00	8.4
Patient / Inmate	1	4.5	686.50	0.00	686.50	1.5
Minerals / dirt	1	4.5	326.20	0.00	326.20	0.7
Unknown	2	9.0	11.34	0.00	11.34	0.0
Animal / insect, not otherwise classified	2	9.0	0.00	0.00	0.00	0.0
Building parts / doors	2	9.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	4.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	4.5	0.00	0.00	0.00	0.0
	22		**$ 28,759.36**	**$ 15,570.24**	**$ 44,329.60**	
ACCIDENT TYPE						
Vehicle Upset	2	9.0	27,077.36	11,820.24	38,897.60	87.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Lunenberg Correctional Center (774)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Allergic Reaction	7	31.8	0.00	3,750.00	3,750.00	8.4
Assault	1	4.5	686.50	0.00	686.50	1.5
Object being lifted/handled (cut,punc.scrape,inj b	2	9.0	657.96	0.00	657.96	1.4
Foreign Body In Eye	1	4.5	326.20	0.00	326.20	0.7
Cumulative (Not Otherwise Classified)	2	9.0	11.34	0.00	11.34	0.0
Absorb, Ingest, Inhalation	2	9.0	0.00	0.00	0.00	0.0
Animal Or Insect	2	9.0	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	1	4.5	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	4.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	4.5	0.00	0.00	0.00	0.0
	22		***$ 28,759.36***	***$ 15,570.24***	***$ 44,329.60***	

**BODY PART

Soft Tissue - Neck	2
Hip	1
Multiple Neck Injury	1
Shoulder	1
Thumb	2
Lower Back Area (Lumbar and Lumbo-Sacral)	3
Lower Arm	8
Facial, Other Soft Tissue	2
Wrist	1
Finger(s)	3
Eye(s)	1
Buttocks	1
Upper Leg	2
Internal Organs	1
Lower Leg	1
Lungs	1
	22

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

**INJURY

Strain	7
Contusion	6
Sprain	2
Inflamation	10
Laceration	3
Foreign Body	1
Poisoning	1
Respiratory Disorders	1
	22

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Tazewell Correctional Unit #31 (857)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	25.0	448.00	0.00	448.00	100.0
10AM-11:59AM	1	25.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
4PM-5:59PM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 448.00**	**$ 0.00**	**$ 448.00**	
LENGTH OF SERVICE						
10-12	2	50.0	448.00	0.00	448.00	100.0
12-14	1	25.0	0.00	0.00	0.00	0.0
20-22	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 448.00**	**$ 0.00**	**$ 448.00**	
AGE OF CLAIMANT						
35-39	2	50.0	448.00	0.00	448.00	100.0
45-49	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		**$ 448.00**	**$ 0.00**	**$ 448.00**	
SEX OF CLAIMANT						
Male	3	75.0	448.00	0.00	448.00	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 448.00**	**$ 0.00**	**$ 448.00**	
LOSS CAUSE						
Minerals / dirt	1	25.0	448.00	0.00	448.00	100.0
Boxes / containers	1	25.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
Person	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 448.00**	**$ 0.00**	**$ 448.00**	
ACCIDENT TYPE						
Foreign Body In Eye	1	25.0	448.00	0.00	448.00	100.0
Holding Or Carrying (Strain or Injury by)	1	25.0	0.00	0.00	0.00	0.0
Infectious Disease Exposure	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		**$ 448.00**	**$ 0.00**	**$ 448.00**	
****BODY PART**						
Eye(s)	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Hand	1					
Lower Arm	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**	
Laceration	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Tazewell Correctional Unit #31 (857)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foreign Body	2					
Strain	2					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Fairfax Correctional Unit #30 (859)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	3	60.0	1,620.93	0.00	1,620.93	100.0
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM-9:59AM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,620.93**	**$ 0.00**	**$ 1,620.93**	
LENGTH OF SERVICE						
0-2	1	20.0	1,175.58	0.00	1,175.58	72.5
12-14	1	20.0	445.35	0.00	445.35	27.4
18-20	1	20.0	0.00	0.00	0.00	0.0
2-4	1	20.0	0.00	0.00	0.00	0.0
24-26	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,620.93**	**$ 0.00**	**$ 1,620.93**	
AGE OF CLAIMANT						
30-34	2	40.0	1,175.58	0.00	1,175.58	72.5
55-59	1	20.0	445.35	0.00	445.35	27.4
50-54	1	20.0	0.00	0.00	0.00	0.0
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,620.93**	**$ 0.00**	**$ 1,620.93**	
SEX OF CLAIMANT						
Female	2	40.0	1,175.58	0.00	1,175.58	72.5
Male	3	60.0	445.35	0.00	445.35	27.4
	5		**$ 1,620.93**	**$ 0.00**	**$ 1,620.93**	
LOSS CAUSE						
Patient / Inmate	1	20.0	1,175.58	0.00	1,175.58	72.5
Stairs, steps	2	40.0	445.35	0.00	445.35	27.4
Building parts / doors	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 1,620.93**	**$ 0.00**	**$ 1,620.93**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	20.0	1,175.58	0.00	1,175.58	72.5
Fall or slip (on stairs)	1	20.0	445.35	0.00	445.35	27.4
Lifting (strain or Injury by)	1	20.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	20.0	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 1,620.93**	**$ 0.00**	**$ 1,620.93**	
****BODY PART**						
Hip	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	2					
Lower Leg	1					
Finger(s)	1					
Shoulder	1					
Upper Back Area (Thoracic Area)	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Fairfax Correctional Unit #30 (859)

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***

Fracture	1
Contusion	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Department Of Corrections (701)
SubAgency: Southhampton Detention Center (882)

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						
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						
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***						
Toe(s)	1					
	1					

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

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

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	8	25.8	535.00	5,750.00	6,285.00	71.3
4PM-5:59PM	6	19.3	1,262.26	0.00	1,262.26	14.3
6AM-7:59AM	4	12.9	0.00	750.00	750.00	8.5
12PM-1:59PM	5	16.1	267.00	0.00	267.00	3.0
8AM-9:59AM	5	16.1	129.00	0.00	129.00	1.4
10AM-11:59AM	3	9.6	117.22	0.00	117.22	1.3
	31		**$ 2,310.48**	**$ 6,500.00**	**$ 8,810.48**	
LENGTH OF SERVICE						
4-6	2	6.4	0.00	5,000.00	5,000.00	56.7
0-2	8	25.8	640.18	750.00	1,390.18	15.7
2-4	4	12.9	245.00	750.00	995.00	11.2
10-12	4	12.9	517.10	0.00	517.10	5.8
6-8	3	9.6	508.20	0.00	508.20	5.7
28-30	1	3.2	400.00	0.00	400.00	4.5
12-14	1	3.2	0.00	0.00	0.00	0.0
22-24	2	6.4	0.00	0.00	0.00	0.0
30-32	1	3.2	0.00	0.00	0.00	0.0
18-20	2	6.4	0.00	0.00	0.00	0.0
8-10	3	9.6	0.00	0.00	0.00	0.0
	31		**$ 2,310.48**	**$ 6,500.00**	**$ 8,810.48**	
AGE OF CLAIMANT						
50-54	5	16.1	503.20	5,000.00	5,503.20	62.4
35-39	4	12.9	233.22	750.00	983.22	11.1
20-24	2	6.4	0.00	750.00	750.00	8.5
45-49	5	16.1	529.00	0.00	529.00	6.0
30-34	2	6.4	490.18	0.00	490.18	5.5
55-59	5	16.1	287.88	0.00	287.88	3.2
65-69	1	3.2	192.00	0.00	192.00	2.1
40-44	5	16.1	75.00	0.00	75.00	0.8
25-29	1	3.2	0.00	0.00	0.00	0.0
60-64	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 2,310.48**	**$ 6,500.00**	**$ 8,810.48**	
SEX OF CLAIMANT						
Male	15	48.3	1,590.60	6,500.00	8,090.60	91.8
Female	16	51.6	719.88	0.00	719.88	8.1
	31		**$ 2,310.48**	**$ 6,500.00**	**$ 8,810.48**	
LOSS CAUSE						
Boxes / containers	7	22.5	671.38	5,000.00	5,671.38	64.3
Walking surface, outside, dry	4	12.9	192.00	750.00	942.00	10.6
Hand tool, not powered, NOC	1	3.2	0.00	750.00	750.00	8.5
Miscellaneous	2	6.4	400.00	0.00	400.00	4.5
Stairs, steps	1	3.2	287.88	0.00	287.88	3.2
Vehicle, not otherwise classified	1	3.2	187.00	0.00	187.00	2.1
Metal items	1	3.2	135.00	0.00	135.00	1.5
Office equipment	1	3.2	129.00	0.00	129.00	1.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sharp objects, not otherwise classified	2	6.4	117.22	0.00	117.22	1.3
Furniture / fixtures	3	9.6	116.00	0.00	116.00	1.3
Machine, not otherwise classified	4	12.9	75.00	0.00	75.00	0.8
Brush / tree / log	1	3.2	0.00	0.00	0.00	0.0
Building parts / doors	1	3.2	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	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		**$ 2,310.48**	**$ 6,500.00**	**$ 8,810.48**	

ACCIDENT TYPE

Lifting (strain or Injury by)	8	25.8	875.38	5,000.00	5,875.38	66.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	3.2	0.00	750.00	750.00	8.5
Fall or Slip (On Same Level)	4	12.9	0.00	750.00	750.00	8.5
Strike Against/Step on Stationary Object	4	12.9	516.00	0.00	516.00	5.8
Fall or slip (on stairs)	1	3.2	287.88	0.00	287.88	3.2
Fall or Slip (From Different Level)	1	3.2	192.00	0.00	192.00	2.1
Vehicle Upset	1	3.2	187.00	0.00	187.00	2.1
Struck/Injured by Falling or Flying Object	3	9.6	135.00	0.00	135.00	1.5
Struck/Injured by Object Handled By Other	1	3.2	75.00	0.00	75.00	0.8
Stuck, injured by fellow worker, patient	1	3.2	42.22	0.00	42.22	0.4
Reaching (Strain or Injury by)	1	3.2	0.00	0.00	0.00	0.0
Machinery (caught in or between)	2	6.4	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	3.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 2,310.48**	**$ 6,500.00**	**$ 8,810.48**	

**BODY PART

Lower Back Area (Lumbar and Lumbo-Sacral)	9
Finger(s)	7
Teeth	3
Knee	6
Hand	1
Shoulder	1
Soft Tissue - Neck	1
Upper Back Area (Thoracic Area)	1
Foot	2
Thumb	1
Hip	2
Wrist	1
Elbow	1
Facial, Other Soft Tissue	1
No Physical Problem	1
	31

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

**INJURY

Strain	14

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Laceration	9					
Puncture	6					
Dislocation	2					
Contusion	5					
Crushing	1					
No Physical Injury	1					
	31					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency: Virginia Rehab, Center For (263)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	50.0	1,934.20	18,815.80	20,750.00	100.0
12PM-1:59PM	1	25.0	0.00	0.00	0.00	0.0
6AM-7:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,934.20**	**$ 18,815.80**	**$ 20,750.00**	
LENGTH OF SERVICE						
8-10	1	25.0	1,934.20	18,815.80	20,750.00	100.0
0-2	1	25.0	0.00	0.00	0.00	0.0
16-18	1	25.0	0.00	0.00	0.00	0.0
20-22	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,934.20**	**$ 18,815.80**	**$ 20,750.00**	
AGE OF CLAIMANT						
45-49	1	25.0	1,934.20	18,815.80	20,750.00	100.0
35-39	1	25.0	0.00	0.00	0.00	0.0
40-44	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		**$ 1,934.20**	**$ 18,815.80**	**$ 20,750.00**	
SEX OF CLAIMANT						
Female	2	50.0	1,934.20	18,815.80	20,750.00	100.0
Male	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 1,934.20**	**$ 18,815.80**	**$ 20,750.00**	
LOSS CAUSE						
Person	1	25.0	1,934.20	18,815.80	20,750.00	100.0
Building parts / doors	1	25.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Water	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,934.20**	**$ 18,815.80**	**$ 20,750.00**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	1	25.0	1,934.20	18,815.80	20,750.00	100.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	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
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 1,934.20**	**$ 18,815.80**	**$ 20,750.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Multiple Lower Extremities	1					
Finger(s)	3					
	4					

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

****INJURY**	
Contusion	2
Crushing	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Dept. F/t Visually Handicaped (702)
SubAgency: Virginia Rehab, Center For (263)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Burn	1					
Laceration	1					
	4					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	33.3	462.62	0.00	462.62	62.3
6AM-7:59AM	1	33.3	278.88	0.00	278.88	37.6
2PM-3:59PM	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 741.50**	**$ 0.00**	**$ 741.50**	
LENGTH OF SERVICE						
0-2	1	33.3	462.62	0.00	462.62	62.3
10-12	1	33.3	278.88	0.00	278.88	37.6
6-8	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 741.50**	**$ 0.00**	**$ 741.50**	
AGE OF CLAIMANT						
35-39	1	33.3	462.62	0.00	462.62	62.3
45-49	1	33.3	278.88	0.00	278.88	37.6
40-44	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 741.50**	**$ 0.00**	**$ 741.50**	
SEX OF CLAIMANT						
Male	1	33.3	462.62	0.00	462.62	62.3
Female	2	66.6	278.88	0.00	278.88	37.6
	3		**$ 741.50**	**$ 0.00**	**$ 741.50**	
LOSS CAUSE						
Patient / Inmate	2	66.6	462.62	0.00	462.62	62.3
Sharp objects, not otherwise classified	1	33.3	278.88	0.00	278.88	37.6
	3		**$ 741.50**	**$ 0.00**	**$ 741.50**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	2	66.6	462.62	0.00	462.62	62.3
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	33.3	278.88	0.00	278.88	37.6
	3		**$ 741.50**	**$ 0.00**	**$ 741.50**	
****BODY PART**						
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Upper Arm (Inc: Clavicle and Scapula)	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**	
Contusion	3
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:34

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	57	16.5	43,658.17	37,934.64	81,592.81	34.8
2AM-3:59AM	35	10.1	37,195.59	3,604.54	40,800.13	17.4
12PM-1:59PM	46	13.3	19,314.22	16,398.34	35,712.56	15.2
4AM-5:59AM	29	8.4	20,357.02	4,545.70	24,902.72	10.6
10AM-11:59AM	77	22.3	18,365.13	3,784.67	22,149.80	9.4
2PM-3:59PM	11	3.1	6,360.39	4,507.00	10,867.39	4.6
6AM-7:59AM	33	9.5	4,627.01	750.00	5,377.01	2.3
6PM-7:59PM	7	2.0	4,363.00	0.00	4,363.00	1.8
12AM-1:59AM	20	5.8	3,424.55	750.00	4,174.55	1.7
4PM-5:59PM	18	5.2	3,017.65	0.00	3,017.65	1.2
Unknown	11	3.1	1,208.49	0.00	1,208.49	0.5
	344		**$ 161,891.22**	**$ 72,274.89**	**$ 234,166.11**	
LENGTH OF SERVICE						
28-30	17	4.9	51,221.71	24,028.47	75,250.18	32.1
2-4	68	19.7	24,364.34	6,646.98	31,011.32	13.2
0-2	68	19.7	22,618.54	1,309.24	23,927.78	10.2
6-8	26	7.5	7,653.70	15,678.91	23,332.61	9.9
4-6	41	11.9	14,974.70	5,257.00	20,231.70	8.6
14-16	14	4.0	5,405.84	14,578.82	19,984.66	8.5
8-10	23	6.6	11,578.76	2,533.89	14,112.65	6.0
12-14	22	6.3	13,102.18	0.00	13,102.18	5.6
24-26	9	2.6	5,576.24	0.00	5,576.24	2.3
22-24	9	2.6	1,599.98	750.00	2,349.98	1.0
18-20	7	2.0	680.37	750.00	1,430.37	0.6
10-12	12	3.4	1,333.71	0.00	1,333.71	0.5
32-34	1	0.2	8.42	741.58	750.00	0.3
36-38	5	1.4	582.52	0.00	582.52	0.2
30-32	7	2.0	442.57	0.00	442.57	0.1
26-28	5	1.4	439.32	0.00	439.32	0.1
16-18	3	0.8	183.19	0.00	183.19	0.0
34-36	1	0.2	114.00	0.00	114.00	0.0
Unknown	1	0.2	11.13	0.00	11.13	0.0
20-22	5	1.4	0.00	0.00	0.00	0.0
	344		**$ 161,891.22**	**$ 72,274.89**	**$ 234,166.11**	
AGE OF CLAIMANT						
45-49	69	20.0	80,201.03	29,285.47	109,486.50	46.7
40-44	57	16.5	14,956.11	18,882.19	33,838.30	14.4
50-54	46	13.3	14,641.53	14,578.82	29,220.35	12.4
35-39	35	10.1	15,357.40	3,795.70	19,153.10	8.1
30-34	43	12.5	10,299.69	3,116.89	13,416.58	5.7
25-29	44	12.7	12,239.16	0.00	12,239.16	5.2
20-24	19	5.5	8,174.19	1,315.00	9,489.19	4.0
55-59	23	6.6	4,744.83	1,300.82	6,045.65	2.5
60-64	7	2.0	1,277.28	0.00	1,277.28	0.5
65-69	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	344		**$ 161,891.22**	**$ 72,274.89**	**$ 234,166.11**	
SEX OF CLAIMANT						
Female	251	72.9	120,491.83	35,603.38	156,095.21	66.6
Male	93	27.0	41,399.39	36,671.51	78,070.90	33.3
	344		**$ 161,891.22**	**$ 72,274.89**	**$ 234,166.11**	
LOSS CAUSE						
Patient / Inmate	258	75.0	127,856.82	65,323.03	193,179.85	82.5
Walking surface, outside, dry	9	2.6	8,154.00	6,951.86	15,105.86	6.4
Furniture / fixtures	17	4.9	6,552.19	0.00	6,552.19	2.8
Walking surface, inside, dry	8	2.3	5,896.57	0.00	5,896.57	2.5
Person	5	1.4	4,142.05	0.00	4,142.05	1.7
Building parts / doors	9	2.6	2,350.14	0.00	2,350.14	1.0
Boxes / containers	3	0.8	1,515.15	0.00	1,515.15	0.6
Walking surface, inside, wet	2	0.5	1,472.67	0.00	1,472.67	0.6
Stairs, steps	2	0.5	1,388.75	0.00	1,388.75	0.5
Sharp objects, not otherwise classified	2	0.5	883.91	0.00	883.91	0.3
Vehicle, not otherwise classified	4	1.1	590.72	0.00	590.72	0.2
Recreational equipment	1	0.2	281.90	0.00	281.90	0.1
Animal / bee type	3	0.8	243.46	0.00	243.46	0.1
Unknown	1	0.2	238.40	0.00	238.40	0.1
Infectious agent	1	0.2	96.00	0.00	96.00	0.0
Glass bottle / sheet	1	0.2	90.35	0.00	90.35	0.0
Chemicals, not otherwise classified	2	0.5	85.00	0.00	85.00	0.0
Metal items	5	1.4	53.14	0.00	53.14	0.0
Animal, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Miscellaneous	3	0.8	0.00	0.00	0.00	0.0
Paratech battering ram	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
Animal / insect, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	0.2	0.00	0.00	0.00	0.0
Office equipment	1	0.2	0.00	0.00	0.00	0.0
	344		**$ 161,891.22**	**$ 72,274.89**	**$ 234,166.11**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	225	65.4	99,677.51	59,622.92	159,300.43	68.0
Twisting, strain or injury by	9	2.6	25,811.69	8,853.12	34,664.81	14.8
Lifting (strain or Injury by)	7	2.0	12,046.12	565.00	12,611.12	5.3
Fall or Slip (On Same Level)	8	2.3	5,275.90	1,703.28	6,979.18	2.9
Pushing Or Pulling (Strain or Injury by)	9	2.6	4,230.97	780.57	5,011.54	2.1
Struck/Injured by Object Being Lifted/Handled	5	1.4	3,753.70	0.00	3,753.70	1.6
Assault	14	4.0	1,710.53	750.00	2,460.53	1.0
Repetitive Motion	3	0.8	1,828.03	0.00	1,828.03	0.7
Fall or Slip (From Liquid/Grease spills)	3	0.8	1,472.67	0.00	1,472.67	0.6
Holding Or Carrying (Strain or Injury by)	5	1.4	1,466.56	0.00	1,466.56	0.6
Human Bite	7	2.0	1,069.64	0.00	1,069.64	0.4
Strike Against/Step on Stationary Object	9	2.6	789.53	0.00	789.53	0.3
Misc. (Cut, Puncture, Scrape)	1	0.2	529.38	0.00	529.38	0.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Falling or Flying Object	6	1.7	520.30	0.00	520.30	0.2
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.2	354.53	0.00	354.53	0.1
Object Handled (caught in or between)	4	1.1	345.72	0.00	345.72	0.1
Misc. (Strain or Injury by)	1	0.2	286.86	0.00	286.86	0.1
Animal Or Insect	5	1.4	243.46	0.00	243.46	0.1
Fall or slip (on stairs)	3	0.8	218.12	0.00	218.12	0.0
Allergic Reaction	3	0.8	181.00	0.00	181.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	2	0.5	79.00	0.00	79.00	0.0
Fall or slip (into Openings)	2	0.5	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	0.2	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	0.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	6	1.7	0.00	0.00	0.00	0.0
Misc. (Struck / Injured by)	1	0.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	3	0.8	0.00	0.00	0.00	0.0
	344		***$ 161,891.22***	***$ 72,274.89***	***$ 234,166.11***	

***BODY PART**

Upper Arm (Inc: Clavicle and Scapula)	18
Lower Back Area (Lumbar and Lumbo-Sacral)	34
Upper Leg	15
Facial, Other Soft Tissue	55
Shoulder	28
Ankle	16
Multiple Neck Injury	25
Knee	26
Elbow	6
Wrist	16
Upper Back Area (Thoracic Area)	23
Eye(s)	33
Lower Arm	31
Lower Leg	20
Finger(s)	16
Multiple Head Injury	30
Hand	34
Mouth	9
Chest (Inc: Ribs, Sternum and Soft Tissue)	13
Abdomen including Groin	13
Teeth	3
Nose	12
Ear(s)	10
Foot	7
Insufficient Information	1
Wrist(s) & Hand(s)	3
Thumb	4
Toe(s)	4
No Physical Problem	6
Lungs	1
Hip	1
Buttocks	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central State Hospital (703)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Upper Extremities	3					
Skull	1					
Soft Tissue - Neck	1					
	344					

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

*****INJURY***

Contusion	342
Sprain	51
Strain	28
Laceration	47
Puncture	19
Dislocation	4
Foreign Body	11
Unknown	2
Burn	1
Concussion	1
Crushing	3
No Physical Injury	6
Dermatitis	2
Poisoning - Chemical	1
Multiple Physical Injuries Only	1
	344

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	46	19.9	46,109.73	35,024.43	81,134.16	25.5
4AM-5:59AM	27	11.6	53,343.22	26,806.36	80,149.58	25.2
2AM-3:59AM	27	11.6	13,880.33	34,572.03	48,452.36	15.2
6AM-7:59AM	37	16.0	36,475.09	8,659.73	45,134.82	14.2
12PM-1:59PM	25	10.8	17,254.76	9,306.03	26,560.79	8.3
8AM-9:59AM	46	19.9	20,269.82	2,129.16	22,398.98	7.0
12AM-1:59AM	21	9.0	10,505.52	2,260.05	12,765.57	4.0
Unknown	1	0.4	311.00	0.00	311.00	0.1
6PM-7:59PM	1	0.4	238.00	0.00	238.00	0.0
	231		**$ 198,387.47**	**$ 118,757.79**	**$ 317,145.26**	
LENGTH OF SERVICE						
0-2	93	40.2	107,163.77	43,325.14	150,488.91	47.4
2-4	32	13.8	22,681.19	38,822.03	61,503.22	19.3
14-16	8	3.4	3,949.47	16,435.00	20,384.47	6.4
22-24	3	1.2	9,446.36	5,811.05	15,257.41	4.8
20-22	1	0.4	10,303.86	3,500.00	13,803.86	4.3
16-18	5	2.1	9,621.47	2,810.92	12,432.39	3.9
6-8	24	10.3	9,778.13	2,316.20	12,094.33	3.8
4-6	21	9.0	8,117.10	2,000.00	10,117.10	3.1
12-14	11	4.7	8,300.42	0.00	8,300.42	2.6
8-10	18	7.7	2,568.48	2,237.45	4,805.93	1.5
10-12	8	3.4	3,412.88	750.00	4,162.88	1.3
18-20	2	0.8	2,061.40	0.00	2,061.40	0.6
Unknown	2	0.8	394.60	750.00	1,144.60	0.3
28-30	2	0.8	483.32	0.00	483.32	0.1
30-32	1	0.4	105.02	0.00	105.02	0.0
	231		**$ 198,387.47**	**$ 118,757.79**	**$ 317,145.26**	
AGE OF CLAIMANT						
50-54	46	19.9	61,688.32	34,459.64	96,147.96	30.3
45-49	53	22.9	39,216.13	39,888.55	79,104.68	24.9
30-34	21	9.0	24,609.19	12,350.82	36,960.01	11.6
40-44	39	16.8	29,239.33	7,192.53	36,431.86	11.4
25-29	20	8.6	18,753.01	12,969.89	31,722.90	10.0
55-59	18	7.7	10,918.59	2,396.36	13,314.95	4.2
35-39	18	7.7	7,811.64	2,250.00	10,061.64	3.1
20-24	7	3.0	927.88	5,750.00	6,677.88	2.1
60-64	7	3.0	5,148.38	1,500.00	6,648.38	2.1
65-69	1	0.4	75.00	0.00	75.00	0.0
70-74	1	0.4	0.00	0.00	0.00	0.0
	231		**$ 198,387.47**	**$ 118,757.79**	**$ 317,145.26**	
SEX OF CLAIMANT						
Female	193	83.5	187,176.44	110,701.76	297,878.20	93.9
Male	38	16.4	11,211.03	8,056.03	19,267.06	6.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	231		**$ 198,387.47**	**$ 118,757.79**	**$ 317,145.26**	
LOSS CAUSE						
Patient / Inmate	158	68.3	159,383.27	83,727.03	243,110.30	76.6
Stairs, steps	2	0.8	14,543.06	17,960.42	32,503.48	10.2
Furniture / fixtures	13	5.6	3,699.94	9,442.53	13,142.47	4.1
Clothing / jewelry	3	1.2	7,479.46	2,939.68	10,419.14	3.2
Boxes / containers	4	1.7	995.79	1,741.45	2,737.24	0.8
Building parts / doors	7	3.0	2,718.64	0.00	2,718.64	0.8
Walking surface, inside, wet	2	0.8	2,293.92	0.00	2,293.92	0.7
Sharp objects, not otherwise classified	5	2.1	1,456.11	750.00	2,206.11	0.7
Walking surface, outside, dry	4	1.7	469.60	750.00	1,219.60	0.3
Walking surface, inside, dry	3	1.2	232.84	750.00	982.84	0.3
Water	3	1.2	764.81	0.00	764.81	0.2
Hand tool, not powered, NOC	1	0.4	683.80	66.20	750.00	0.2
Machine, not otherwise classified	2	0.8	119.52	630.48	750.00	0.2
Fire / Flame / Smoke	4	1.7	736.96	0.00	736.96	0.2
Metal items	2	0.8	495.80	0.00	495.80	0.1
Mechanical powered	2	0.8	457.24	0.00	457.24	0.1
Miscellaneous	4	1.7	452.00	0.00	452.00	0.1
Brush / tree / log	1	0.4	339.22	0.00	339.22	0.1
Recreational equipment	1	0.4	339.20	0.00	339.20	0.1
Electrical equipment	1	0.4	171.00	0.00	171.00	0.0
Insufficient data	2	0.8	132.52	0.00	132.52	0.0
Animal / bee type	1	0.4	111.00	0.00	111.00	0.0
Vehicle, not otherwise classified	2	0.8	105.02	0.00	105.02	0.0
Chemicals, not otherwise classified	1	0.4	85.40	0.00	85.40	0.0
CO / 2 extinguisher	1	0.4	75.00	0.00	75.00	0.0
Glass bottle / sheet	1	0.4	25.00	0.00	25.00	0.0
Person	1	0.4	21.35	0.00	21.35	0.0
	231		**$ 198,387.47**	**$ 118,757.79**	**$ 317,145.26**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	136	58.8	141,875.45	80,753.24	222,628.69	70.2
Lifting (strain or Injury by)	13	5.6	22,351.24	3,203.21	25,554.45	8.0
Fall or slip (on stairs)	1	0.4	65.00	15,685.00	15,750.00	4.9
Twisting, strain or injury by	11	4.7	7,655.22	1,000.00	8,655.22	2.7
Jumping (Strain or Injury by)	2	0.8	1,704.31	4,884.89	6,589.20	2.0
Struck/Injured by Falling or Flying Object	6	2.5	5,162.62	1,293.32	6,455.94	2.0
Strike Against/Step on Stationary Object	4	1.7	704.48	5,630.48	6,334.96	2.0
Pushing Or Pulling (Strain or Injury by)	9	3.8	5,117.10	0.00	5,117.10	1.6
Fall or Slip (On Same Level)	10	4.3	3,331.00	750.00	4,081.00	1.2
Repetitive Motion	7	3.0	824.87	2,557.65	3,382.52	1.0
Fall or Slip (From Liquid/Grease spills)	4	1.7	2,473.71	750.00	3,223.71	1.0
Human Bite	3	1.2	2,953.12	0.00	2,953.12	0.9
Allergic Reaction	3	1.2	141.00	1,500.00	1,641.00	0.5
Object Handled (caught in or between)	2	0.8	201.00	750.00	951.00	0.3
Object being lifted/handled (cut,punc.scrape,inj b	3	1.2	898.22	0.00	898.22	0.2
Absorb, Ingest, Inhalation	5	2.1	822.36	0.00	822.36	0.2
Struck/Injured by Object Being Lifted/Handled	3	1.2	784.26	0.00	784.26	0.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Hand Tool/Machine In Use	1	0.4	618.40	0.00	618.40	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.4	217.11	0.00	217.11	0.0
Contact with Electric Current	1	0.4	171.00	0.00	171.00	0.0
Animal Or Insect	1	0.4	111.00	0.00	111.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.4	75.00	0.00	75.00	0.0
Assault	1	0.4	65.00	0.00	65.00	0.0
Fall or Slip (From Different Level)	1	0.4	65.00	0.00	65.00	0.0
Other than physical cause of injury	1	0.4	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.4	0.00	0.00	0.00	0.0
	231		***$ 198,387.47***	***$ 118,757.79***	***$ 317,145.26***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	22
Shoulder	22
Abdomen including Groin	8
Facial, Other Soft Tissue	21
Multiple Head Injury	16
Multiple Neck Injury	16
Knee	18
Wrist	20
Eye(s)	12
Soft Tissue - Neck	1
Hip	3
Ankle	13
Finger(s)	26
Hand	19
Lower Arm	12
Upper Back Area (Thoracic Area)	11
Upper Arm (Inc: Clavicle and Scapula)	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	10
Upper Leg	6
Ear(s)	3
Buttocks	2
Foot	4
Toe(s)	2
Nose	6
Lower Leg	4
Larynx	2
No Physical Problem	2
Lungs	2
Elbow	2
Whole Body	1
Multiple Upper Extremities	1
	231

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

***INJURY**

Contusion	130

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Eastern State Hospital (704)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	43					
Unknown	3					
Sprain	59					
Fracture	7					
Laceration	22					
Concussion	1					
Puncture	10					
Inflamation	3					
Asphyxiation/Drowning / strangulation	1					
Dermatitis	2					
No Physical Injury	2					
Foreign Body	1					
Poisoning - Chemical	3					
Respiratory Disorders	1					
Burn	1					
	231					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	39	16.7	13,456.26	24,562.17	38,018.43	45.1
12PM-1:59PM	25	10.7	17,831.44	776.58	18,608.02	22.0
Unknown	20	8.5	374.62	10,486.43	10,861.05	12.8
4AM-5:59AM	26	11.1	5,966.54	0.00	5,966.54	7.0
12AM-1:59AM	10	4.2	5,403.64	0.00	5,403.64	6.4
2AM-3:59AM	13	5.5	2,289.75	0.00	2,289.75	2.7
6PM-7:59PM	17	7.2	125.00	1,500.00	1,625.00	1.9
8AM-9:59AM	41	17.5	610.35	7.74	618.09	0.7
6AM-7:59AM	16	6.8	492.35	0.00	492.35	0.5
2PM-3:59PM	20	8.5	397.88	0.00	397.88	0.4
4PM-5:59PM	6	2.5	0.00	0.00	0.00	0.0
	233		**$ 46,947.83**	**$ 37,332.92**	**$ 84,280.75**	
LENGTH OF SERVICE						
24-26	5	2.1	6,456.11	23,813.48	30,269.59	35.9
2-4	59	25.3	11,459.63	11,235.12	22,694.75	26.9
0-2	54	23.1	20,136.60	34.32	20,170.92	23.9
10-12	13	5.5	5,422.16	0.00	5,422.16	6.4
8-10	24	10.3	971.98	750.00	1,721.98	2.0
14-16	7	3.0	751.40	0.00	751.40	0.8
20-22	3	1.2	0.00	750.00	750.00	0.8
28-30	3	1.2	0.00	750.00	750.00	0.8
6-8	17	7.2	562.90	0.00	562.90	0.6
12-14	7	3.0	551.75	0.00	551.75	0.6
4-6	25	10.7	339.85	0.00	339.85	0.4
26-28	10	4.2	232.09	0.00	232.09	0.2
22-24	2	0.8	63.36	0.00	63.36	0.0
30-32	2	0.8	0.00	0.00	0.00	0.0
32-34	2	0.8	0.00	0.00	0.00	0.0
	233		**$ 46,947.83**	**$ 37,332.92**	**$ 84,280.75**	
AGE OF CLAIMANT						
50-54	36	15.4	38,080.24	25,338.75	63,418.99	75.2
45-49	37	15.8	959.46	10,486.43	11,445.89	13.5
40-44	45	19.3	3,972.11	757.74	4,729.85	5.6
55-59	28	12.0	2,529.04	750.00	3,279.04	3.8
25-29	21	9.0	766.09	0.00	766.09	0.9
35-39	14	6.0	259.00	0.00	259.00	0.3
30-34	29	12.4	204.29	0.00	204.29	0.2
60-64	7	3.0	177.60	0.00	177.60	0.2
20-24	15	6.4	0.00	0.00	0.00	0.0
70-74	1	0.4	0.00	0.00	0.00	0.0
	233		**$ 46,947.83**	**$ 37,332.92**	**$ 84,280.75**	
SEX OF CLAIMANT						
Female	177	75.9	37,360.51	12,769.44	50,129.95	59.4
Male	56	24.0	9,587.32	24,563.48	34,150.80	40.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas\| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	233		**$ 46,947.83**	**$ 37,332.92**	**$ 84,280.75**	
LOSS CAUSE						
Patient / Inmate	171	73.3	31,745.83	10,520.75	42,266.58	50.1
Walking surface, inside, dry	4	1.7	6,560.11	23,813.48	30,373.59	36.0
Walking surface, outside, dry	4	1.7	6,551.77	-1.31	6,550.46	7.7
Stairs, steps	1	0.4	1,013.11	0.00	1,013.11	1.2
Machine, not otherwise classified	2	0.8	0.00	750.00	750.00	0.8
Person	2	0.8	0.00	750.00	750.00	0.8
Recreational equipment	1	0.4	0.00	750.00	750.00	0.8
Vehicle, not otherwise classified	2	0.8	0.00	750.00	750.00	0.8
Sharp objects, not otherwise classified	4	1.7	559.76	0.00	559.76	0.6
Metal items	5	2.1	177.60	0.00	177.60	0.2
Water	2	0.8	133.00	0.00	133.00	0.1
Furniture / fixtures	12	5.1	82.29	0.00	82.29	0.1
Boxes / containers	5	2.1	63.36	0.00	63.36	0.0
Food	2	0.8	61.00	0.00	61.00	0.0
Unknown	2	0.8	0.00	0.00	0.00	0.0
Animal / bee type	1	0.4	0.00	0.00	0.00	0.0
Building parts / doors	7	3.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.4	0.00	0.00	0.00	0.0
Heating equipment	1	0.4	0.00	0.00	0.00	0.0
Insufficient data	1	0.4	0.00	0.00	0.00	0.0
Office equipment	1	0.4	0.00	0.00	0.00	0.0
Steam / exhaust	1	0.4	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.4	0.00	0.00	0.00	0.0
	233		**$ 46,947.83**	**$ 37,332.92**	**$ 84,280.75**	
ACCIDENT TYPE						
Twisting, strain or injury by	3	1.2	12,854.88	23,812.17	36,667.05	43.5
Lifting (strain or Injury by)	7	3.0	21,899.13	26.58	21,925.71	26.0
Stuck, injured by fellow worker, patient	149	63.9	8,290.32	11,244.17	19,534.49	23.1
Pushing Or Pulling (Strain or Injury by)	5	2.1	338.85	750.00	1,088.85	1.2
Fall or slip (on stairs)	1	0.4	1,013.11	0.00	1,013.11	1.2
Foreign Body In Eye	3	1.2	761.80	0.00	761.80	0.9
Object Handled (caught in or between)	2	0.8	0.00	750.00	750.00	0.8
Struck/Injured by Falling or Flying Object	9	3.8	0.00	750.00	750.00	0.8
Strike Against/Step on Stationary Object	7	3.0	519.09	0.00	519.09	0.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	0.8	480.76	0.00	480.76	0.5
Fall or Slip (On Same Level)	7	3.0	183.00	0.00	183.00	0.2
Struck/Injured by Object Being Lifted/Handled	3	1.2	177.60	0.00	177.60	0.2
Fall or Slip (From Liquid/Grease spills)	1	0.4	133.00	0.00	133.00	0.1
Misc. (Cut, Puncture, Scrape)	2	0.8	79.00	0.00	79.00	0.0
Fall or slip (into Openings)	1	0.4	74.00	0.00	74.00	0.0
Holding Or Carrying (Strain or Injury by)	1	0.4	71.29	0.00	71.29	0.0
Contact With Hot Object or Substances	3	1.2	61.00	0.00	61.00	0.0
Fall or Slip (From Different Level)	2	0.8	11.00	0.00	11.00	0.0
Unknown	2	0.8	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	2	0.8	0.00	0.00	0.00	0.0
Animal Or Insect	1	0.4	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Assault	1	0.4	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	3	1.2	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	1	0.4	0.00	0.00	0.00	0.0
Human Bite	3	1.2	0.00	0.00	0.00	0.0
Misc. (Caught in or Between)	1	0.4	0.00	0.00	0.00	0.0
Misc. (Strain or Injury by)	1	0.4	0.00	0.00	0.00	0.0
Misc. (Struck / Injured by)	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
Reaching (Strain or Injury by)	1	0.4	0.00	0.00	0.00	0.0
Repetitive Motion	2	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	3	1.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	2	0.8	0.00	0.00	0.00	0.0
	233		***$ 46,947.83***	***$ 37,332.92***	***$ 84,280.75***	

***BODY PART**

Knee	14
Lower Back Area (Lumbar and Lumbo-Sacral)	17
Shoulder	16
Foot	6
Multiple Neck Injury	12
Upper Leg	3
Finger(s)	17
Multiple Head Injury	14
Facial, Other Soft Tissue	29
Wrist	14
Ankle	8
Hand	22
Elbow	6
Lower Arm	31
Eye(s)	7
Thumb	4
No Physical Problem	5
Upper Arm (Inc: Clavicle and Scapula)	7
Toe(s)	4
Hip	4
Abdomen including Groin	3
Mouth	3
Nose	5
Lower Leg	9
Upper Back Area (Thoracic Area)	3
Chest (Inc: Ribs, Sternum and Soft Tissue)	11
Ear(s)	1
Great Toe	1
Insufficient Information	1
Larynx	1
Soft Tissue - Neck	1
Teeth	1
Wrist(s) & Hand(s)	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Swvmhi (705)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	233					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Sprain	20
Contusion	147
Laceration	64
Foreign Body	4
No Physical Injury	6
Burn	6
Puncture	8
Unknown	1
Carpal Tunnel Syndrome	1
Crushing	1
Dislocation	2
Inflamation	1
	233

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	40	16.0	14,412.84	40,539.86	54,952.70	38.7
10AM-11:59AM	38	15.2	8,905.15	10,551.01	19,456.16	13.7
2PM-3:59PM	29	11.6	9,078.32	7,602.63	16,680.95	11.7
4AM-5:59AM	12	4.8	2,923.15	13,132.90	16,056.05	11.3
Unknown	23	9.2	4,391.20	7,256.72	11,647.92	8.2
2AM-3:59AM	9	3.6	7,717.41	0.00	7,717.41	5.4
12PM-1:59PM	21	8.4	4,612.48	0.00	4,612.48	3.2
6AM-7:59AM	31	12.4	3,203.51	750.00	3,953.51	2.7
4PM-5:59PM	24	9.6	2,319.85	172.00	2,491.85	1.7
6PM-7:59PM	17	6.8	2,442.38	34.31	2,476.69	1.7
12AM-1:59AM	5	2.0	769.53	1,198.47	1,968.00	1.3
	249		**$ 60,775.82**	**$ 81,237.90**	**$ 142,013.72**	
LENGTH OF SERVICE						
0-2	87	34.9	32,720.47	34,608.52	67,328.99	47.4
10-12	6	2.4	2,258.48	21,989.16	24,247.64	17.0
2-4	33	13.2	5,981.12	15,839.99	21,821.11	15.3
8-10	10	4.0	865.19	5,658.66	6,523.85	4.5
28-30	6	2.4	3,762.27	1,878.50	5,640.77	3.9
6-8	5	2.0	4,778.56	0.00	4,778.56	3.3
12-14	8	3.2	2,678.86	0.00	2,678.86	1.8
22-24	16	6.4	1,631.31	622.00	2,253.31	1.5
16-18	16	6.4	1,700.36	34.31	1,734.67	1.2
14-16	18	7.2	1,318.64	0.00	1,318.64	0.9
30-32	3	1.2	963.15	0.00	963.15	0.6
4-6	11	4.4	509.25	306.76	816.01	0.5
54-56	2	0.8	0.00	750.00	750.00	0.5
24-26	6	2.4	431.95	0.00	431.95	0.3
20-22	4	1.6	414.44	0.00	414.44	0.2
26-28	4	1.6	616.77	-450.00	166.77	0.1
18-20	8	3.2	145.00	0.00	145.00	0.1
32-34	4	1.6	0.00	0.00	0.00	0.0
42-44	1	0.4	0.00	0.00	0.00	0.0
50-52	1	0.4	0.00	0.00	0.00	0.0
	249		**$ 60,775.82**	**$ 81,237.90**	**$ 142,013.72**	
AGE OF CLAIMANT						
35-39	22	8.8	15,556.07	53,246.83	68,802.90	48.4
40-44	47	18.8	14,673.10	16,448.87	31,121.97	21.9
45-49	46	18.4	13,667.33	5,965.42	19,632.75	13.8
55-59	31	12.4	6,764.92	2,094.00	8,858.92	6.2
50-54	43	17.2	2,737.46	1,500.00	4,237.46	2.9
30-34	20	8.0	1,948.70	1,948.47	3,897.17	2.7
60-64	14	5.6	2,173.80	34.31	2,208.11	1.5
65-69	4	1.6	1,744.54	0.00	1,744.54	1.2
20-24	9	3.6	938.29	0.00	938.29	0.6
25-29	12	4.8	399.61	0.00	399.61	0.2
15-19	1	0.4	172.00	0.00	172.00	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	249		**$ 60,775.82**	**$ 81,237.90**	**$ 142,013.72**	
SEX OF CLAIMANT						
Female	189	75.9	38,860.53	56,892.92	95,753.45	67.4
Male	60	24.0	21,915.29	24,344.98	46,260.27	32.5
	249		**$ 60,775.82**	**$ 81,237.90**	**$ 142,013.72**	
LOSS CAUSE						
Patient / Inmate	148	59.4	34,188.50	29,916.65	64,105.15	45.1
Boxes / containers	5	2.0	8,391.28	29,591.79	37,983.07	26.7
Walking surface, inside, dry	9	3.6	4,044.15	18,635.20	22,679.35	15.9
Walking surface, inside, wet	2	0.8	4,013.30	0.00	4,013.30	2.8
Walking surface, outside, wet	6	2.4	2,751.48	665.50	3,416.98	2.4
Building parts / doors	13	5.2	2,315.17	622.00	2,937.17	2.0
Furniture / fixtures	13	5.2	1,950.63	0.00	1,950.63	1.3
Walking surface, outside, dry	9	3.6	1,423.30	306.76	1,730.06	1.2
Vehicle, not otherwise classified	3	1.2	196.00	750.00	946.00	0.6
Stairs, steps	1	0.4	0.00	750.00	750.00	0.5
Clothing / jewelry	3	1.2	463.05	0.00	463.05	0.3
Sharp objects, not otherwise classified	5	2.0	389.96	0.00	389.96	0.2
Animal / bee type	2	0.8	369.00	0.00	369.00	0.2
Ladder, 10’ folding	2	0.8	140.00	0.00	140.00	0.1
Metal items	4	1.6	140.00	0.00	140.00	0.1
Chemicals, not otherwise classified	4	1.6	0.00	0.00	0.00	0.0
Electrical equipment	3	1.2	0.00	0.00	0.00	0.0
Fencing	1	0.4	0.00	0.00	0.00	0.0
Food	1	0.4	0.00	0.00	0.00	0.0
Recreational equipment	2	0.8	0.00	0.00	0.00	0.0
Water	3	1.2	0.00	0.00	0.00	0.0
Elevators, escalators	2	0.8	0.00	0.00	0.00	0.0
Foreign Object	1	0.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	0.4	0.00	0.00	0.00	0.0
Infectious agent	1	0.4	0.00	0.00	0.00	0.0
Insufficient data	1	0.4	0.00	0.00	0.00	0.0
Machine, not otherwise classified	3	1.2	0.00	0.00	0.00	0.0
Miscellaneous	1	0.4	0.00	0.00	0.00	0.0
	249		**$ 60,775.82**	**$ 81,237.90**	**$ 142,013.72**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	119	47.7	18,218.49	28,683.87	46,902.36	33.0
Lifting (strain or Injury by)	9	3.6	9,090.91	29,591.79	38,682.70	27.2
Fall or Slip (On Same Level)	28	11.2	13,847.58	19,083.67	32,931.25	23.1
Fall or Slip (From Liquid/Grease spills)	4	1.6	4,427.74	0.00	4,427.74	3.1
Holding Or Carrying (Strain or Injury by)	1	0.4	4,067.19	0.00	4,067.19	2.8
Fall or slip (on ice or snow)	5	2.0	2,337.04	665.50	3,002.54	2.1
Fall or Slip (From Different Level)	3	1.2	1,477.86	0.00	1,477.86	1.0
Struck/Injured by Object Handled By Other	1	0.4	1,294.08	0.00	1,294.08	0.9
Pushing Or Pulling (Strain or Injury by)	4	1.6	463.05	750.00	1,213.05	0.8
Strike Against/Step on Stationary Object	13	5.2	300.77	750.00	1,050.77	0.7
Object Handled (caught in or between)	8	3.2	411.00	622.00	1,033.00	0.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Assault	6	2.4	955.28	34.31	989.59	0.7
Twisting, strain or injury by	4	1.6	911.00	0.00	911.00	0.6
Human Bite	4	1.6	837.85	0.00	837.85	0.5
Fall or slip (into Openings)	2	0.8	443.24	306.76	750.00	0.5
Fall or slip (on stairs)	1	0.4	0.00	750.00	750.00	0.5
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	5	2.0	389.96	0.00	389.96	0.2
Animal Or Insect	2	0.8	369.00	0.00	369.00	0.2
Struck/Injured by Motor Vehicle	1	0.4	282.78	0.00	282.78	0.2
Object being lifted/handled (cut,punc.scrape,inj b	3	1.2	199.00	0.00	199.00	0.1
Struck/Injured by Object Being Lifted/Handled	3	1.2	172.00	0.00	172.00	0.1
Reaching (Strain or Injury by)	2	0.8	140.00	0.00	140.00	0.1
Struck/Injured by Hand Tool/Machine In Use	1	0.4	140.00	0.00	140.00	0.1
Allergic Reaction	3	1.2	0.00	0.00	0.00	0.0
Repetitive Motion	2	0.8	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	0.4	0.00	0.00	0.00	0.0
Vehicle Upset	1	0.4	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.4	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	2	0.8	0.00	0.00	0.00	0.0
Misc. (Strain or Injury by)	1	0.4	0.00	0.00	0.00	0.0
Other than physical cause of injury	2	0.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.4	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	2	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	2	0.8	0.00	0.00	0.00	0.0
Strike Against/Step on Sanding,Scraping,Cleaning	1	0.4	0.00	0.00	0.00	0.0
	249		***$ 60,775.82***	***$ 81,237.90***	***$ 142,013.72***	

*****BODY PART***

Shoulder	20
Lower Back Area (Lumbar and Lumbo-Sacral)	24
Lower Leg	12
Multiple Neck Injury	11
Facial, Other Soft Tissue	20
Finger(s)	20
Eye(s)	9
Mouth	8
Upper Leg	4
Knee	25
Upper Arm (Inc: Clavicle and Scapula)	10
Ankle	10
Foot	4
Lower Arm	25
Multiple Head Injury	17
Chest (Inc: Ribs, Sternum and Soft Tissue)	13
Wrist	16
Hand	27
Multiple Lower Extremities	2
Elbow	2
Nose	7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Western State Hospital (706)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Soft Tissue - Neck	1					
Abdomen including Groin	5					
No Physical Problem	5					
Hip	3					
Buttocks	2					
Pelvis	1					
Wrist(s) & Hand(s)	1					
Lungs	1					
Multiple Upper Extremities	2					
Upper Back Area (Thoracic Area)	4					
Ear(s)	1					
Insufficient Information	1					
Skull	1					
Thumb	1					
	249					

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

*****INJURY***

Contusion	164
Sprain	35
Strain	41
Laceration	38
Asphyxiation/Drowning / strangulation	1
Puncture	11
Crushing	1
Fracture	1
No Physical Injury	5
Foreign Body	8
Poisoning - Chemical	3
Burn	5
Inflamation	1
Multiple Physical Injuries Only	1
	249

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:35

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	49	11.1	15,812.03	37,917.76	53,729.79	23.8
8AM-9:59AM	99	22.5	26,379.53	24,967.53	51,347.06	22.7
10AM-11:59AM	100	22.7	26,604.42	20,438.04	47,042.46	20.8
4PM-5:59PM	13	2.9	392.38	26,146.62	26,539.00	11.7
12AM-1:59AM	27	6.1	15,997.69	4,811.61	20,809.30	9.2
2PM-3:59PM	25	5.6	5,779.26	6,061.80	11,841.06	5.2
4AM-5:59AM	32	7.2	3,684.32	980.34	4,664.66	2.0
12PM-1:59PM	39	8.8	607.95	3,060.62	3,668.57	1.6
2AM-3:59AM	31	7.0	1,357.66	1,500.00	2,857.66	1.2
Unknown	16	3.6	1,057.91	750.00	1,807.91	0.8
6PM-7:59PM	8	1.8	1,474.54	0.00	1,474.54	0.6
	439		**$ 99,147.69**	**$ 126,634.32**	**$ 225,782.01**	
LENGTH OF SERVICE						
16-18	18	4.1	24,077.97	52,109.79	76,187.76	33.7
20-22	26	5.9	3,171.02	36,437.90	39,608.92	17.5
0-2	149	33.9	14,557.35	6,477.55	21,034.90	9.3
22-24	28	6.3	11,330.02	7,221.00	18,551.02	8.2
10-12	16	3.6	9,617.62	7,135.32	16,752.94	7.4
26-28	17	3.8	11,429.29	4,900.00	16,329.29	7.2
14-16	25	5.6	7,514.78	0.00	7,514.78	3.3
30-32	7	1.5	5,733.61	1,561.80	7,295.41	3.2
8-10	21	4.7	4,256.36	750.00	5,006.36	2.2
28-30	13	2.9	1,695.27	3,060.62	4,755.89	2.1
2-4	26	5.9	1,487.13	3,000.00	4,487.13	1.9
4-6	14	3.1	1,129.65	1,730.34	2,859.99	1.2
12-14	29	6.6	1,448.11	750.00	2,198.11	0.9
32-34	5	1.1	849.97	750.00	1,599.97	0.7
24-26	15	3.4	827.67	0.00	827.67	0.3
18-20	18	4.1	21.87	750.00	771.87	0.3
6-8	9	2.0	0.00	0.00	0.00	0.0
Unknown	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
	439		**$ 99,147.69**	**$ 126,634.32**	**$ 225,782.01**	
AGE OF CLAIMANT						
25-29	25	5.6	12,714.68	40,167.76	52,882.44	23.4
55-59	57	12.9	17,974.60	31,475.73	49,450.33	21.9
40-44	67	15.2	15,944.87	15,194.59	31,139.46	13.7
60-64	23	5.2	12,797.46	13,167.64	25,965.10	11.5
45-49	75	17.0	20,890.06	4,961.80	25,851.86	11.4
50-54	63	14.3	8,119.05	17,498.52	25,617.57	11.3
35-39	64	14.5	8,827.52	1,500.00	10,327.52	4.5
30-34	33	7.5	1,400.30	2,668.28	4,068.58	1.8
15-19	8	1.8	456.65	0.00	456.65	0.2
20-24	20	4.5	22.50	0.00	22.50	0.0
65-69	3	0.6	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
70-74	1	0.2	0.00	0.00	0.00	0.0
	439		***$ 99,147.69***	***$ 126,634.32***	***$ 225,782.01***	
SEX OF CLAIMANT						
Female	374	85.1	65,276.88	79,757.68	145,034.56	64.2
Male	65	14.8	33,870.81	46,876.64	80,747.45	35.7
	439		***$ 99,147.69***	***$ 126,634.32***	***$ 225,782.01***	
LOSS CAUSE						
Patient / Inmate	165	37.5	38,208.92	53,241.44	91,450.36	40.5
Stairs, steps	8	1.8	14,793.06	13,167.64	27,960.70	12.3
Hand tool, not powered, NOC	3	0.6	1,604.66	20,000.00	21,604.66	9.5
Walking surface, inside, wet	6	1.3	11,838.29	8,389.28	20,227.57	8.9
Vehicle, not otherwise classified	16	3.6	12,945.13	1,900.00	14,845.13	6.5
Boxes / containers	18	4.1	1,987.39	6,791.28	8,778.67	3.8
Clothing / jewelry	16	3.6	1,807.45	6,730.34	8,537.79	3.7
Walking surface, outside, dry	10	2.2	4,847.00	1,743.33	6,590.33	2.9
Person	4	0.9	151.36	5,396.62	5,547.98	2.4
Machine, not otherwise classified	10	2.2	3,613.31	1,774.39	5,387.70	2.3
Water	5	1.1	0.00	3,000.00	3,000.00	1.3
Walking surface, outside, wet	5	1.1	1,751.04	0.00	1,751.04	0.7
Furniture / fixtures	34	7.7	1,719.35	0.00	1,719.35	0.7
Walking surface, inside, dry	13	2.9	1,675.66	0.00	1,675.66	0.7
Insufficient data	6	1.3	0.00	1,500.00	1,500.00	0.6
Animal / insect, not otherwise classified	7	1.5	152.42	750.00	902.42	0.4
Building parts / doors	18	4.1	770.22	0.00	770.22	0.3
Chemicals, not otherwise classified	13	2.9	9.23	750.00	759.23	0.3
Animal / tick, spider, etc.	1	0.2	0.00	750.00	750.00	0.3
Office equipment	7	1.5	0.00	750.00	750.00	0.3
Sharp objects, not otherwise classified	24	5.4	718.14	0.00	718.14	0.3
Ladder, 10’ folding	1	0.2	327.67	0.00	327.67	0.1
Brush / tree / log	2	0.4	75.67	0.00	75.67	0.0
Battering ram	3	0.6	60.07	0.00	60.07	0.0
Miscellaneous	6	1.3	43.00	0.00	43.00	0.0
Light cord and reel	1	0.2	17.67	0.00	17.67	0.0
Animal / bee type	7	1.5	13.91	0.00	13.91	0.0
Glass bottle / sheet	4	0.9	11.62	0.00	11.62	0.0
Mechanical powered	2	0.4	5.45	0.00	5.45	0.0
Heating equipment	1	0.2	0.00	0.00	0.00	0.0
Metal items	12	2.7	0.00	0.00	0.00	0.0
Minerals / dirt	6	1.3	0.00	0.00	0.00	0.0
Elevators, escalators	3	0.6	0.00	0.00	0.00	0.0
Infectious agent	2	0.4	0.00	0.00	0.00	0.0
	439		***$ 99,147.69***	***$ 126,634.32***	***$ 225,782.01***	
ACCIDENT TYPE						
Lifting (strain or Injury by)	31	7.0	20,485.75	52,028.27	72,514.02	32.1
Stuck, injured by fellow worker, patient	100	22.7	15,431.57	14,425.46	29,857.03	13.2
Fall or slip (on ice or snow)	5	1.1	11,077.78	12,417.64	23,495.42	10.4
Fall or Slip (From Liquid/Grease spills)	7	1.5	11,843.44	8,389.28	20,232.72	8.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	3	0.6	0.00	20,000.00	20,000.00	8.8
Strike Against/Step On Obj. Being Lifted or Handle	15	3.4	11,551.96	1,900.00	13,451.96	5.9
Fall or slip (on stairs)	9	2.0	5,460.70	3,750.00	9,210.70	4.0
Fall or Slip (On Same Level)	22	5.0	8,110.90	0.00	8,110.90	3.5
Allergic Reaction	29	6.6	1,036.69	6,500.00	7,536.69	3.3
Fall or slip (into Openings)	2	0.4	2,228.47	1,743.33	3,971.80	1.7
Holding Or Carrying (Strain or Injury by)	2	0.4	3,800.08	0.00	3,800.08	1.6
Pushing Or Pulling (Strain or Injury by)	24	5.4	1,926.59	750.00	2,676.59	1.1
Repetitive Motion	7	1.5	11.62	2,250.00	2,261.62	1.0
Strike Against/Step on Stationary Object	23	5.2	1,832.67	0.00	1,832.67	0.8
Reaching (Strain or Injury by)	4	0.9	851.83	980.34	1,832.17	0.8
Animal Or Insect	15	3.4	166.33	1,500.00	1,666.33	0.7
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	1.5	707.71	0.00	707.71	0.3
Slipped, Did Not Fall	1	0.2	576.87	0.00	576.87	0.2
Other than physical cause of injury	2	0.4	420.24	0.00	420.24	0.1
Strike Against/Step On Moving Part Of Machine	4	0.9	331.27	0.00	331.27	0.1
Fall or Slip (From Ladder/Scaffolding)	1	0.2	327.67	0.00	327.67	0.1
Human Bite	17	3.8	283.59	0.00	283.59	0.1
Struck/Injured by Object Being Lifted/Handled	8	1.8	267.84	0.00	267.84	0.1
Infectious Disease Exposure	3	0.6	149.76	0.00	149.76	0.0
Foreign Body In Eye	20	4.5	133.89	0.00	133.89	0.0
Object being lifted/handled (cut,punc.scrape,inj b	15	3.4	49.34	0.00	49.34	0.0
Object Handled (caught in or between)	11	2.5	32.93	0.00	32.93	0.0
Fall or Slip (From Different Level)	5	1.1	19.01	0.00	19.01	0.0
Twisting, strain or injury by	9	2.0	11.07	0.00	11.07	0.0
Struck/Injured by Moving Part Of Machine	3	0.6	9.48	0.00	9.48	0.0
Misc. (Cut, Puncture, Scrape)	14	3.1	5.36	0.00	5.36	0.0
Struck/Injured by Falling or Flying Object	7	1.5	5.28	0.00	5.28	0.0
Noise, continual, strain or injury by	2	0.4	0.00	0.00	0.00	0.0
Stepping On Sharp Object	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
Struck/Injured by Object Handled By Other	1	0.2	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
Contact with Cold Objects or Substances	1	0.2	0.00	0.00	0.00	0.0
Fire Or Flame	1	0.2	0.00	0.00	0.00	0.0
Misc. (Burn,Scald,Heat or Cold Exposure)	1	0.2	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
Strike Against/Step on Sanding,Scraping,Cleaning	1	0.2	0.00	0.00	0.00	0.0
Struck/Injured by Hand Tool/Machine In Use	2	0.4	0.00	0.00	0.00	0.0
	439		***$ 99,147.69***	***$ 126,634.32***	***$ 225,782.01***	

***BODY PART**

Shoulder	35
Upper Arm (Inc: Clavicle and Scapula)	11
Hand	53
Knee	37
Finger(s)	76
Lower Back Area (Lumbar and Lumbo-Sacral)	40

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Elbow	9					
Lower Arm	34					
Thumb	6					
Upper Leg	9					
Upper Back Area (Thoracic Area)	9					
Buttocks	9					
Wrist	30					
Ankle	12					
Multiple Neck Injury	12					
Chest (Inc: Ribs, Sternum and Soft Tissue)	11					
Foot	12					
Multiple Head Injury	13					
Hip	6					
No Physical Problem	8					
Eye(s)	33					
Mouth	7					
Abdomen including Groin	4					
Nose	4					
Multiple Upper Extremities	2					
Lower Leg	13					
Teeth	1					
Whole Body	2					
Facial, Other Soft Tissue	9					
Internal Organs	1					
Ear(s)	2					
Insufficient Information	2					
Toe(s)	5					
	439					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	99
Contusion	158
Laceration	74
Fracture	6
Strain	52
Dermatitis	26
Puncture	37
Infection	5
Concussion	1
Inflamation	3
No Physical Injury	8
Carpal Tunnel Syndrome	1
Foreign Body	35
Unknown	1
Dislocation	2
Contagious Disease	1
Crushing	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Central Va Training Center (707)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Burn	3					
Hearing Loss or Impairment (Traumatic only)	1					
	439					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	5	3.7	0.00	5,000.00	5,000.00	27.7
2AM-3:59AM	16	12.0	3,901.48	750.00	4,651.48	25.7
Unknown	11	8.2	1,277.48	750.00	2,027.48	11.2
10AM-11:59AM	18	13.5	1,815.97	0.00	1,815.97	10.0
8AM-9:59AM	34	25.5	1,475.61	0.00	1,475.61	8.1
12PM-1:59PM	11	8.2	323.40	672.60	996.00	5.5
6AM-7:59AM	17	12.7	700.52	0.00	700.52	3.8
2PM-3:59PM	7	5.2	505.87	0.00	505.87	2.8
4PM-5:59PM	5	3.7	455.00	0.00	455.00	2.5
6PM-7:59PM	4	3.0	409.00	0.00	409.00	2.2
4AM-5:59AM	5	3.7	0.00	0.00	0.00	0.0
	133		***$ 10,864.33***	***$ 7,172.60***	***$ 18,036.93***	
LENGTH OF SERVICE						
0-2	79	59.3	4,344.66	750.00	5,094.66	28.2
18-20	4	3.0	0.00	5,000.00	5,000.00	27.7
2-4	26	19.5	4,105.98	672.60	4,778.58	26.4
4-6	6	4.5	1,647.47	750.00	2,397.47	13.2
14-16	2	1.5	520.22	0.00	520.22	2.8
16-18	6	4.5	246.00	0.00	246.00	1.3
22-24	1	0.7	0.00	0.00	0.00	0.0
8-10	2	1.5	0.00	0.00	0.00	0.0
10-12	2	1.5	0.00	0.00	0.00	0.0
20-22	2	1.5	0.00	0.00	0.00	0.0
26-28	1	0.7	0.00	0.00	0.00	0.0
6-8	2	1.5	0.00	0.00	0.00	0.0
	133		***$ 10,864.33***	***$ 7,172.60***	***$ 18,036.93***	
AGE OF CLAIMANT						
55-59	7	5.2	0.00	5,000.00	5,000.00	27.7
25-29	22	16.5	4,560.74	0.00	4,560.74	25.2
20-24	52	39.0	2,970.68	750.00	3,720.68	20.6
50-54	10	7.5	2,181.89	750.00	2,931.89	16.2
30-34	10	7.5	583.27	672.60	1,255.87	6.9
45-49	12	9.0	327.75	0.00	327.75	1.8
35-39	9	6.7	140.00	0.00	140.00	0.7
60-64	5	3.7	100.00	0.00	100.00	0.5
40-44	6	4.5	0.00	0.00	0.00	0.0
	133		***$ 10,864.33***	***$ 7,172.60***	***$ 18,036.93***	
SEX OF CLAIMANT						
Female	97	72.9	7,536.51	5,750.00	13,286.51	73.6
Male	36	27.0	3,327.82	1,422.60	4,750.42	26.3
	133		***$ 10,864.33***	***$ 7,172.60***	***$ 18,036.93***	
LOSS CAUSE						
Patient / Inmate	121	90.9	8,682.49	7,172.60	15,855.09	87.9
Walking surface, inside, dry	1	0.7	1,501.97	0.00	1,501.97	8.3
Recreational equipment	2	1.5	505.87	0.00	505.87	2.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Building parts / doors	1	0.7	174.00	0.00	174.00	0.9
Furniture / fixtures	2	1.5	0.00	0.00	0.00	0.0
Person	2	1.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.7	0.00	0.00	0.00	0.0
Water	2	1.5	0.00	0.00	0.00	0.0
	133		***$ 10,864.33***	***$ 7,172.60***	***$ 18,036.93***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	91	68.4	1,858.28	7,172.60	9,030.88	50.0
Twisting, strain or injury by	1	0.7	3,614.58	0.00	3,614.58	20.0
Human Bite	21	15.7	2,113.43	0.00	2,113.43	11.7
Strike Against/Step on Stationary Object	3	2.2	1,501.97	0.00	1,501.97	8.3
Pushing Or Pulling (Strain or Injury by)	5	3.7	514.00	0.00	514.00	2.8
Fall or Slip (On Same Level)	4	3.0	505.87	0.00	505.87	2.8
Assault	1	0.7	455.00	0.00	455.00	2.5
Object Handled (caught in or between)	2	1.5	174.00	0.00	174.00	0.9
Holding Or Carrying (Strain or Injury by)	2	1.5	127.20	0.00	127.20	0.7
Contact with Cold Objects or Substances	1	0.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.7	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	1	0.7	0.00	0.00	0.00	0.0
	133		***$ 10,864.33***	***$ 7,172.60***	***$ 18,036.93***	

***BODY PART*

Multiple Neck Injury	3
Wrist	6
Finger(s)	6
Lower Arm	22
Soft Tissue - Neck	2
Hand	22
Facial, Other Soft Tissue	23
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Ankle	3
Toe(s)	1
Vertebrae - Neck	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Upper Leg	1
Nose	3
Hip	3
No Physical Problem	3
Shoulder	8
Upper Arm (Inc: Clavicle and Scapula)	2
Knee	8
Upper Back Area (Thoracic Area)	3
Abdomen including Groin	2
Foot	3
Elbow	1
Eye(s)	1
Insufficient Information	2
Lower Leg	7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Ccca (dejarnette) (708)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Mouth	2					
Multiple Head Injury	4					
Teeth	2					
Thumb	1					
	133					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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
Contusion	60
Fracture	3
Puncture	20
Strain	14
Laceration	32
Inflamation	1
No Physical Injury	3
Crushing	1
Dislocation	2
Foreign Body	2
	133

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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						
4AM-5:59AM	4	33.3	12,461.00	1,736.38	14,197.38	66.7
10AM-11:59AM	3	25.0	161.08	5,000.00	5,161.08	24.2
12PM-1:59PM	2	16.6	123.86	750.00	873.86	4.1
12AM-1:59AM	1	8.3	230.40	519.60	750.00	3.5
2PM-3:59PM	1	8.3	298.41	0.00	298.41	1.4
6AM-7:59AM	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,274.75**	**$ 8,005.98**	**$ 21,280.73**	
LENGTH OF SERVICE						
0-2	4	33.3	11,809.55	6,736.38	18,545.93	87.1
2-4	2	16.6	579.88	519.60	1,099.48	5.1
8-10	2	16.6	161.08	750.00	911.08	4.2
26-28	1	8.3	301.97	0.00	301.97	1.4
20-22	1	8.3	298.41	0.00	298.41	1.4
22-24	1	8.3	123.86	0.00	123.86	0.5
24-26	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,274.75**	**$ 8,005.98**	**$ 21,280.73**	
AGE OF CLAIMANT						
45-49	3	25.0	12,107.96	1,736.38	13,844.34	65.0
50-54	3	25.0	301.97	5,750.00	6,051.97	28.4
35-39	1	8.3	230.40	519.60	750.00	3.5
30-34	1	8.3	349.48	0.00	349.48	1.6
40-44	3	25.0	284.94	0.00	284.94	1.3
20-24	1	8.3	0.00	0.00	0.00	0.0
	12		**$ 13,274.75**	**$ 8,005.98**	**$ 21,280.73**	
SEX OF CLAIMANT						
Female	12	100.0	13,274.75	8,005.98	21,280.73	100.0
	12		**$ 13,274.75**	**$ 8,005.98**	**$ 21,280.73**	
LOSS CAUSE						
Walking surface, outside, dry	1	8.3	11,809.55	1,736.38	13,545.93	63.6
Walking surface, inside, dry	2	16.6	0.00	5,750.00	5,750.00	27.0
Vehicle, not otherwise classified	1	8.3	230.40	519.60	750.00	3.5
Furniture / fixtures	2	16.6	647.89	0.00	647.89	3.0
Building parts / doors	1	8.3	301.97	0.00	301.97	1.4
Office equipment	2	16.6	284.94	0.00	284.94	1.3
Animal / insect, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Patient / Inmate	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
	12		**$ 13,274.75**	**$ 8,005.98**	**$ 21,280.73**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	16.6	11,809.55	2,486.38	14,295.93	67.1
Twisting, strain or injury by	1	8.3	0.00	5,000.00	5,000.00	23.5
Collision/sideswipe with Another Vehicle	1	8.3	230.40	519.60	750.00	3.5
Strike Against/Step on Stationary Object	1	8.3	349.48	0.00	349.48	1.6
Pushing Or Pulling (Strain or Injury by)	1	8.3	301.97	0.00	301.97	1.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Mental Hlth/ret-admin, Dept Of (720)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (From Different Level)	1	8.3	298.41	0.00	298.41	1.4
Reaching (Strain or Injury by)	1	8.3	161.08	0.00	161.08	0.7
Repetitive Motion	1	8.3	123.86	0.00	123.86	0.5
Animal Or Insect	1	8.3	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	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
	12		***$ 13,274.75***	***$ 8,005.98***	***$ 21,280.73***	

***BODY PART**

Knee	3
Wrist	1
Insufficient Information	2
Multiple Head Injury	1
Multiple Neck Injury	1
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Foot	1
Shoulder	1
Wrist(s) & Hand(s)	1
Facial, Other Soft Tissue	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**

Sprain	5
Contusion	6
Strain	1
Carpal Tunnel Syndrome	1
Puncture	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	19	16.9	5,677.76	2,271.06	7,948.82	20.9
2AM-3:59AM	3	2.6	3,611.23	3,818.20	7,429.43	19.5
8AM-9:59AM	22	19.6	5,547.13	1,439.81	6,986.94	18.4
4PM-5:59PM	8	7.1	4,385.92	67.52	4,453.44	11.7
12PM-1:59PM	17	15.1	2,166.76	0.00	2,166.76	5.7
12AM-1:59AM	6	5.3	2,122.90	0.00	2,122.90	5.6
Unknown	9	8.0	1,993.92	0.00	1,993.92	5.2
4AM-5:59AM	7	6.2	1,790.77	0.00	1,790.77	4.7
6AM-7:59AM	7	6.2	1,225.20	0.00	1,225.20	3.2
2PM-3:59PM	8	7.1	1,205.78	0.00	1,205.78	3.1
6PM-7:59PM	6	5.3	591.96	0.00	591.96	1.5
	112		**$ 30,319.33**	**$ 7,596.59**	**$ 37,915.92**	
LENGTH OF SERVICE						
12-14	3	2.6	7,058.53	3,818.20	10,876.73	28.6
2-4	30	26.7	10,400.44	67.52	10,467.96	27.6
0-2	28	25.0	3,160.52	2,960.87	6,121.39	16.1
14-16	3	2.6	2,789.15	0.00	2,789.15	7.3
4-6	11	9.8	1,025.07	750.00	1,775.07	4.6
22-24	5	4.4	1,753.11	0.00	1,753.11	4.6
6-8	10	8.9	932.91	0.00	932.91	2.4
8-10	5	4.4	911.25	0.00	911.25	2.4
24-26	5	4.4	594.57	0.00	594.57	1.5
18-20	3	2.6	552.79	0.00	552.79	1.4
10-12	4	3.5	529.99	0.00	529.99	1.4
26-28	1	0.8	450.80	0.00	450.80	1.1
16-18	3	2.6	160.20	0.00	160.20	0.4
20-22	1	0.8	0.00	0.00	0.00	0.0
	112		**$ 30,319.33**	**$ 7,596.59**	**$ 37,915.92**	
AGE OF CLAIMANT						
45-49	18	16.0	13,633.36	3,885.72	17,519.08	46.2
40-44	20	17.8	5,303.95	0.00	5,303.95	13.9
50-54	15	13.3	4,009.35	0.00	4,009.35	10.5
35-39	11	9.8	2,939.92	0.00	2,939.92	7.7
30-34	15	13.3	1,310.56	1,439.81	2,750.37	7.2
60-64	4	3.5	565.57	1,521.06	2,086.63	5.5
25-29	10	8.9	1,269.01	0.00	1,269.01	3.3
55-59	10	8.9	450.80	750.00	1,200.80	3.1
20-24	9	8.0	836.81	0.00	836.81	2.2
	112		**$ 30,319.33**	**$ 7,596.59**	**$ 37,915.92**	
SEX OF CLAIMANT						
Female	91	81.2	24,628.75	2,338.58	26,967.33	71.1
Male	21	18.7	5,690.58	5,258.01	10,948.59	28.8
	112		**$ 30,319.33**	**$ 7,596.59**	**$ 37,915.92**	
LOSS CAUSE						
Patient / Inmate	75	66.9	13,413.89	2,189.81	15,603.70	41.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Electrical equipment	1	0.8	3,240.31	3,818.20	7,058.51	18.6
Clothing / jewelry	4	3.5	4,475.68	0.00	4,475.68	11.8
Walking surface, inside, dry	3	2.6	4,240.91	67.52	4,308.43	11.3
Furniture / fixtures	4	3.5	2,717.39	0.00	2,717.39	7.1
Sharp objects, not otherwise classified	2	1.7	228.94	1,521.06	1,750.00	4.6
Walking surface, inside, wet	3	2.6	450.80	0.00	450.80	1.1
Vehicle, not otherwise classified	3	2.6	329.61	0.00	329.61	0.8
Boxes / containers	2	1.7	266.73	0.00	266.73	0.7
Mechanical powered	1	0.8	255.92	0.00	255.92	0.6
Building parts / doors	3	2.6	239.98	0.00	239.98	0.6
Animal / bee type	2	1.7	212.91	0.00	212.91	0.5
Glass bottle / sheet	3	2.6	145.01	0.00	145.01	0.3
Water	1	0.8	101.25	0.00	101.25	0.2
Animal / insect, not otherwise classified	2	1.7	0.00	0.00	0.00	0.0
Metal items	1	0.8	0.00	0.00	0.00	0.0
Office equipment	1	0.8	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.8	0.00	0.00	0.00	0.0
	112		***$ 30,319.33***	***$ 7,596.59***	***$ 37,915.92***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	54	48.2	8,294.49	1,439.81	9,734.30	25.6
Fall or Slip (On Same Level)	10	8.9	8,948.76	67.52	9,016.28	23.7
Pushing Or Pulling (Strain or Injury by)	4	3.5	4,340.28	3,818.20	8,158.48	21.5
Lifting (strain or Injury by)	6	5.3	2,367.48	750.00	3,117.48	8.2
Fall or Slip (From Different Level)	3	2.6	2,717.39	0.00	2,717.39	7.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	1.7	228.94	1,521.06	1,750.00	4.6
Human Bite	9	8.0	1,275.53	0.00	1,275.53	3.3
Strike Against/Step On Obj. Being Lifted or Handle	3	2.6	662.06	0.00	662.06	1.7
Object Handled (caught in or between)	4	3.5	564.99	0.00	564.99	1.4
Struck/Injured by Object Being Lifted/Handled	2	1.7	522.65	0.00	522.65	1.3
Animal Or Insect	2	1.7	150.50	0.00	150.50	0.4
Struck/Injured by Falling or Flying Object	3	2.6	145.01	0.00	145.01	0.3
Contact With Hot Object or Substances	1	0.8	101.25	0.00	101.25	0.2
Foreign Body In Eye	1	0.8	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	0.8	0.00	0.00	0.00	0.0
Allergic Reaction	1	0.8	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	0.8	0.00	0.00	0.00	0.0
Fall or Slip (From Liquid/Grease spills)	2	1.7	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.8	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	0.8	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	0.8	0.00	0.00	0.00	0.0
	112		***$ 30,319.33***	***$ 7,596.59***	***$ 37,915.92***	

***BODY PART*

Lower Back Area (Lumbar and Lumbo-Sacral)	11
Shoulder	6
Elbow	3
Knee	13
Finger(s)	7
Upper Back Area (Thoracic Area)	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southeast Va Traing Center (723)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Foot	2					
Hand	15					
Multiple Head Injury	8					
Facial, Other Soft Tissue	5					
Upper Arm (Inc: Clavicle and Scapula)	7					
Nose	2					
Multiple Neck Injury	6					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Wrist	3					
Soft Tissue - Neck	1					
Lower Arm	9					
Abdomen including Groin	3					
Upper Leg	2					
Lower Leg	3					
Eye(s)	4					
Hip	2					
No Physical Problem	2					
Multiple Upper Extremities	1					
Ankle	1					
Insufficient Information	2					
Mouth	2					
Thumb	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***

Contusion	62
Sprain	18
Strain	10
Puncture	13
Crushing	1
Laceration	17
Fracture	1
Inflamation	1
Infection	1
No Physical Injury	2
Burn	1
Foreign Body	1
Dermatitis	1
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	2	1.7	53,886.24	15,191.91	69,078.15	76.1
10AM-11:59AM	16	13.6	7,639.11	0.00	7,639.11	8.4
8AM-9:59AM	30	25.6	3,308.26	702.78	4,011.04	4.4
6AM-7:59AM	20	17.0	1,947.36	1,095.84	3,043.20	3.3
2AM-3:59AM	15	12.8	3,107.65	-74.70	3,032.95	3.3
12AM-1:59AM	8	6.8	812.75	1,365.85	2,178.60	2.4
12PM-1:59PM	12	10.2	1,587.11	0.00	1,587.11	1.7
4AM-5:59AM	8	6.8	175.62	0.00	175.62	0.1
4PM-5:59PM	2	1.7	0.00	0.00	0.00	0.0
6PM-7:59PM	3	2.5	0.00	0.00	0.00	0.0
Unknown	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 72,464.10**	**$ 18,281.68**	**$ 90,745.78**	
LENGTH OF SERVICE						
0-2	45	38.4	58,538.79	15,807.76	74,346.55	81.9
10-12	7	5.9	6,541.53	0.00	6,541.53	7.2
2-4	31	26.4	3,710.94	702.78	4,413.72	4.8
28-30	2	1.7	566.90	579.84	1,146.74	1.2
16-18	3	2.5	380.18	750.00	1,130.18	1.2
26-28	7	5.9	874.87	0.00	874.87	0.9
22-24	1	0.8	234.00	516.00	750.00	0.8
4-6	8	6.8	600.94	-74.70	526.24	0.5
8-10	5	4.2	442.00	0.00	442.00	0.4
20-22	2	1.7	258.30	0.00	258.30	0.2
6-8	1	0.8	185.00	0.00	185.00	0.2
12-14	2	1.7	130.65	0.00	130.65	0.1
18-20	2	1.7	0.00	0.00	0.00	0.0
32-34	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 72,464.10**	**$ 18,281.68**	**$ 90,745.78**	
AGE OF CLAIMANT						
45-49	21	17.9	56,699.43	15,771.75	72,471.18	79.8
55-59	12	10.2	6,638.96	0.00	6,638.96	7.3
40-44	18	15.3	2,361.65	702.78	3,064.43	3.3
35-39	20	17.0	1,893.95	-74.70	1,819.25	2.0
70-74	1	0.8	1,790.56	0.00	1,790.56	1.9
50-54	15	12.8	801.22	750.00	1,551.22	1.7
30-34	6	5.1	471.15	615.85	1,087.00	1.2
60-64	7	5.9	234.00	516.00	750.00	0.8
25-29	8	6.8	631.70	0.00	631.70	0.7
15-19	1	0.8	591.67	0.00	591.67	0.6
20-24	7	5.9	349.81	0.00	349.81	0.3
65-69	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 72,464.10**	**$ 18,281.68**	**$ 90,745.78**	
SEX OF CLAIMANT						
Female	82	70.0	63,204.24	17,073.76	80,278.00	88.4
Male	35	29.9	9,259.86	1,207.92	10,467.78	11.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	117		**$ 72,464.10**	**$ 18,281.68**	**$ 90,745.78**	
LOSS CAUSE						
Person	3	2.5	53,788.43	15,191.91	68,980.34	76.0
Patient / Inmate	80	68.3	9,426.99	1,898.47	11,325.46	12.4
Metal items	3	2.5	6,777.70	-74.70	6,703.00	7.3
Walking surface, outside, dry	1	0.8	0.00	750.00	750.00	0.8
Walking surface, outside, wet	4	3.4	234.00	516.00	750.00	0.8
Water	2	1.7	591.67	0.00	591.67	0.6
Chemicals, not otherwise classified	4	3.4	570.40	0.00	570.40	0.6
Building parts / doors	4	3.4	522.38	0.00	522.38	0.5
Sharp objects, not otherwise classified	3	2.5	286.18	0.00	286.18	0.3
Hand tool, powered, NOC	1	0.8	130.65	0.00	130.65	0.1
Furniture / fixtures	5	4.2	109.70	0.00	109.70	0.1
Walking surface, inside, wet	1	0.8	26.00	0.00	26.00	0.0
Insufficient data	2	1.7	0.00	0.00	0.00	0.0
Unknown	1	0.8	0.00	0.00	0.00	0.0
Animal / bee type	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	1	0.8	0.00	0.00	0.00	0.0
	117		**$ 72,464.10**	**$ 18,281.68**	**$ 90,745.78**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	3	2.5	53,627.94	15,191.91	68,819.85	75.8
Stuck, injured by fellow worker, patient	69	58.9	8,396.31	615.85	9,012.16	9.9
Lifting (strain or Injury by)	5	4.2	6,417.41	1,282.62	7,700.03	8.4
Fall or Slip (On Same Level)	2	1.7	565.34	750.00	1,315.34	1.4
Foreign Body In Eye	3	2.5	903.77	0.00	903.77	1.0
Fall or slip (on ice or snow)	3	2.5	234.00	516.00	750.00	0.8
Strike Against/Step On Obj. Being Lifted or Handle	1	0.8	537.57	0.00	537.57	0.5
Human Bite	7	5.9	396.50	0.00	396.50	0.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.8	286.18	0.00	286.18	0.3
Allergic Reaction	3	2.5	258.30	0.00	258.30	0.2
Misc. (Caught in or Between)	1	0.8	263.94	-74.70	189.24	0.2
Pushing Or Pulling (Strain or Injury by)	3	2.5	160.49	0.00	160.49	0.1
Object Handled (caught in or between)	4	3.4	150.00	0.00	150.00	0.1
Reaching (Strain or Injury by)	1	0.8	130.65	0.00	130.65	0.1
Strike Against/Step on Stationary Object	1	0.8	109.70	0.00	109.70	0.1
Fall or Slip (From Liquid/Grease spills)	2	1.7	26.00	0.00	26.00	0.0
Other (Not Otherwise Classified)	1	0.8	0.00	0.00	0.00	0.0
Unknown	1	0.8	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.8	0.00	0.00	0.00	0.0
Animal Or Insect	1	0.8	0.00	0.00	0.00	0.0
Jumping (Strain or Injury by)	1	0.8	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	0.8	0.00	0.00	0.00	0.0
Steam Or Hot Fluids	1	0.8	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	0.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	117		**$ 72,464.10**	**$ 18,281.68**	**$ 90,745.78**	
*****BODY PART***						
Lower Arm	17					
Lower Back Area (Lumbar and Lumbo-Sacral)	13					
Chest (Inc: Ribs, Sternum and Soft Tissue)	6					
Facial, Other Soft Tissue	15					
Shoulder	8					
Hand	11					
Teeth	1					
Wrist	10					
Finger(s)	14					
Eye(s)	6					
Knee	4					
Ankle	1					
Multiple Neck Injury	3					
Upper Leg	3					
Upper Arm (Inc: Clavicle and Scapula)	7					
Multiple Head Injury	3					
Elbow	2					
Upper Back Area (Thoracic Area)	4					
Mouth	2					
Hip	3					
Wrist(s) & Hand(s)	2					
Lungs	1					
Abdomen including Groin	1					
Buttocks	2					
Foot	1					
Insufficient Information	1					
Internal Organs	1					
Lower Leg	1					
No Physical Problem	1					
	117					

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

*****INJURY***	
Dislocation	2
Strain	14
Contusion	65
Sprain	20
Foreign Body	3
Dermatitis	2
Puncture	15
Laceration	18
Respiratory Disorders	1
Burn	2
No Physical Injury	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Catawba Hospital (724)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	117					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	23	16.6	36,470.20	18,474.87	54,945.07	34.8
2AM-3:59AM	8	5.7	26,956.13	0.00	26,956.13	17.1
Unknown	7	5.0	620.95	22,500.00	23,120.95	14.6
10AM-11:59AM	26	18.8	10,178.27	5,644.41	15,822.68	10.0
2PM-3:59PM	10	7.2	9,358.25	5,291.65	14,649.90	9.3
12PM-1:59PM	16	11.5	9,352.40	772.55	10,124.95	6.4
6AM-7:59AM	18	13.0	5,408.35	2,750.89	8,159.24	5.1
4PM-5:59PM	12	8.6	1,031.92	728.17	1,760.09	1.1
4AM-5:59AM	6	4.3	1,455.02	0.00	1,455.02	0.9
6PM-7:59PM	9	6.5	327.60	0.00	327.60	0.2
12AM-1:59AM	3	2.1	287.00	0.00	287.00	0.1
	138		**$ 101,446.09**	**$ 56,162.54**	**$ 157,608.63**	
LENGTH OF SERVICE						
2-4	44	31.8	30,727.23	16,178.81	46,906.04	29.7
12-14	6	4.3	33,619.72	1,522.55	35,142.27	22.3
0-2	30	21.7	20,824.12	7,190.47	28,014.59	17.7
4-6	16	11.5	1,750.31	22,478.17	24,228.48	15.3
10-12	11	7.9	3,196.87	4,541.65	7,738.52	4.9
8-10	12	8.6	4,567.68	2,750.89	7,318.57	4.6
6-8	5	3.6	6,103.74	750.00	6,853.74	4.3
22-24	1	0.7	0.00	750.00	750.00	0.4
14-16	5	3.6	349.19	0.00	349.19	0.2
18-20	1	0.7	196.02	0.00	196.02	0.1
24-26	3	2.1	111.21	0.00	111.21	0.0
16-18	3	2.1	0.00	0.00	0.00	0.0
20-22	1	0.7	0.00	0.00	0.00	0.0
	138		**$ 101,446.09**	**$ 56,162.54**	**$ 157,608.63**	
AGE OF CLAIMANT						
50-54	18	13.0	51,921.15	9,876.10	61,797.25	39.2
25-29	7	5.0	3,772.93	23,017.57	26,790.50	17.0
40-44	26	18.8	12,002.54	9,179.55	21,182.09	13.4
45-49	24	17.3	12,611.51	5,773.44	18,384.95	11.6
35-39	22	15.9	12,590.95	3,000.00	15,590.95	9.8
55-59	11	7.9	3,449.74	4,541.65	7,991.39	5.0
30-34	15	10.8	4,356.61	46.06	4,402.67	2.7
20-24	5	3.6	562.80	728.17	1,290.97	0.8
65-69	3	2.1	177.86	0.00	177.86	0.1
60-64	7	5.0	0.00	0.00	0.00	0.0
	138		**$ 101,446.09**	**$ 56,162.54**	**$ 157,608.63**	
SEX OF CLAIMANT						
Female	108	78.2	91,358.14	24,359.83	115,717.97	73.4
Male	30	21.7	10,087.95	31,802.71	41,890.66	26.5
	138		**$ 101,446.09**	**$ 56,162.54**	**$ 157,608.63**	
LOSS CAUSE						
Patient / Inmate	65	47.1	43,699.96	29,651.96	73,351.92	46.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, inside, wet	5	3.6	31,177.39	12,126.10	43,303.49	27.4
Walking surface, outside, dry	5	3.6	7,836.22	1,522.55	9,358.77	5.9
Furniture / fixtures	12	8.6	3,365.66	5,552.71	8,918.37	5.6
Building parts / doors	4	2.8	2,458.35	4,541.65	7,000.00	4.4
Person	2	1.4	5,845.14	0.00	5,845.14	3.7
Metal items	1	0.7	2,844.73	517.57	3,362.30	2.1
Office equipment	3	2.1	0.00	1,500.00	1,500.00	0.9
Boxes / containers	7	5.0	1,194.66	0.00	1,194.66	0.7
Walking surface, inside, dry	4	2.8	322.57	750.00	1,072.57	0.6
Mechanical powered	3	2.1	746.10	0.00	746.10	0.4
Walking surface, outside, wet	3	2.1	327.65	0.00	327.65	0.2
Sharp objects, not otherwise classified	2	1.4	271.10	0.00	271.10	0.1
Fire / Flame / Smoke	2	1.4	270.15	0.00	270.15	0.1
Insufficient data	1	0.7	259.70	0.00	259.70	0.1
Vehicle, not otherwise classified	3	2.1	251.25	0.00	251.25	0.1
Brush / tree / log	1	0.7	223.85	0.00	223.85	0.1
Animal / bee type	2	1.4	175.40	0.00	175.40	0.1
Minerals / dirt	1	0.7	111.21	0.00	111.21	0.0
Chemicals, not otherwise classified	2	1.4	65.00	0.00	65.00	0.0
Electrical equipment	2	1.4	0.00	0.00	0.00	0.0
Miscellaneous	1	0.7	0.00	0.00	0.00	0.0
Stairs, steps	1	0.7	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Environmental conditions	1	0.7	0.00	0.00	0.00	0.0
Food	1	0.7	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	1.4	0.00	0.00	0.00	0.0
Water	1	0.7	0.00	0.00	0.00	0.0
	138		***$ 101,446.09***	***$ 56,162.54***	***$ 157,608.63***	

ACCIDENT TYPE

Fall or Slip (From Liquid/Grease spills)	6	4.3	31,177.39	12,126.10	43,303.49	27.4
Stuck, injured by fellow worker, patient	47	34.0	10,168.02	26,025.12	36,193.14	22.9
Lifting (strain or Injury by)	6	4.3	28,157.11	5,552.71	33,709.82	21.3
Fall or Slip (From Different Level)	5	3.6	8,842.08	772.55	9,614.63	6.1
Twisting, strain or injury by	3	2.1	5,514.36	3,626.84	9,141.20	5.8
Fall or Slip (On Same Level)	8	5.7	2,486.35	6,041.65	8,528.00	5.4
Pushing Or Pulling (Strain or Injury by)	8	5.7	6,976.81	750.00	7,726.81	4.9
Struck/Injured by Falling or Flying Object	6	4.3	3,192.19	517.57	3,709.76	2.3
Repetitive Motion	2	1.4	322.57	750.00	1,072.57	0.6
Strike Against/Step On Obj. Being Lifted or Handle	2	1.4	599.37	0.00	599.37	0.3
Object Handled (caught in or between)	5	3.6	438.04	0.00	438.04	0.2
Strike Against/Step on Sanding,Scraping,Cleaning	1	0.7	419.80	0.00	419.80	0.2
Contact with Cold Objects or Substances	1	0.7	382.47	0.00	382.47	0.2
Foreign Body In Eye	2	1.4	353.28	0.00	353.28	0.2
Fall or slip (on ice or snow)	3	2.1	327.65	0.00	327.65	0.2
Strike Against/Step On Moving Part Of Machine	1	0.7	326.30	0.00	326.30	0.2
Struck/Injured by Object Being Lifted/Handled	3	2.1	303.10	0.00	303.10	0.1
Allergic Reaction	6	4.3	288.85	0.00	288.85	0.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	0.7	271.10	0.00	271.10	0.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Absorb, Ingest, Inhalation	2	1.4	270.15	0.00	270.15	0.1
Misc. (Strain or Injury by)	2	1.4	259.70	0.00	259.70	0.1
Human Bite	7	5.0	194.00	0.00	194.00	0.1
Animal Or Insect	2	1.4	175.40	0.00	175.40	0.1
Fall or slip (on stairs)	1	0.7	0.00	0.00	0.00	0.0
Using Tool Or Machine (Strain or Injury by)	1	0.7	0.00	0.00	0.00	0.0
Acid Chemicals Burn or Scald - Heat or Cold Exp.	1	0.7	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	0.7	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	1.4	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	3	2.1	0.00	0.00	0.00	0.0
	138		***$ 101,446.09***	***$ 56,162.54***	***$ 157,608.63***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	13
Shoulder	9
Multiple Neck Injury	3
Hand	7
Ankle	7
Facial, Other Soft Tissue	6
Mouth	2
Sacrum And Coccyx	2
Multiple Head Injury	7
Foot	4
Wrist	8
Toe(s)	6
Finger(s)	13
Nose	3
Eye(s)	10
Lower Arm	7
Hip	2
Wrist(s) & Hand(s)	2
Lower Leg	6
Upper Back Area (Thoracic Area)	4
Whole Body	3
Knee	7
Elbow	4
Abdomen including Groin	2
Insufficient Information	6
Lungs	2
Ear(s)	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	5
Multiple Lower Extremities	1
No Physical Problem	2
	138

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

***INJURY**

Contusion	59

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Training Center (725)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Sprain	19					
Strain	23					
Fracture	2					
Laceration	13					
Inflamation	3					
Carpal Tunnel Syndrome	2					
Puncture	13					
Infection	2					
Foreign Body	6					
Crushing	3					
Respiratory Disorders	2					
Dermatitis	3					
Dislocation	1					
Burn	1					
No Physical Injury	2					
	138					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
10AM-11:59AM	95	23.1	68,494.56	60,752.28	129,246.84	36.0
8AM-9:59AM	108	26.3	34,542.88	72,927.07	107,469.95	29.9
2AM-3:59AM	56	13.6	35,850.03	28,204.50	64,054.53	17.8
12PM-1:59PM	32	7.8	22,000.53	5,295.89	27,296.42	7.6
2PM-3:59PM	6	1.4	944.12	16,750.00	17,694.12	4.9
6AM-7:59AM	50	12.1	6,889.18	750.00	7,639.18	2.1
4AM-5:59AM	38	9.2	1,833.53	750.00	2,583.53	0.7
12AM-1:59AM	25	6.0	2,378.18	0.00	2,378.18	0.6
	410		**$ 172,933.01**	**$ 185,429.74**	**$ 358,362.75**	
LENGTH OF SERVICE						
0-2	129	31.4	41,261.73	91,166.20	132,427.93	36.9
2-4	55	13.4	26,874.62	15,498.61	42,373.23	11.8
14-16	11	2.6	21,989.34	10,059.99	32,049.33	8.9
16-18	12	2.9	22,245.98	9,428.39	31,674.37	8.8
26-28	23	5.6	6,057.20	17,114.64	23,171.84	6.4
4-6	20	4.8	16,578.72	3,022.10	19,600.82	5.4
10-12	25	6.0	5,337.92	14,250.00	19,587.92	5.4
30-32	6	1.4	437.00	16,750.00	17,187.00	4.8
28-30	11	2.6	10,650.45	2,203.12	12,853.57	3.5
20-22	13	3.1	2,858.94	3,012.32	5,871.26	1.6
12-14	18	4.3	5,813.36	0.00	5,813.36	1.6
22-24	22	5.3	3,361.77	1,342.77	4,704.54	1.3
8-10	17	4.1	3,382.62	831.60	4,214.22	1.1
24-26	20	4.8	2,673.13	750.00	3,423.13	0.9
6-8	15	3.6	1,990.95	0.00	1,990.95	0.5
18-20	11	2.6	1,300.99	0.00	1,300.99	0.3
Unknown	1	0.2	118.29	0.00	118.29	0.0
42-44	1	0.2	0.00	0.00	0.00	0.0
	410		**$ 172,933.01**	**$ 185,429.74**	**$ 358,362.75**	
AGE OF CLAIMANT						
45-49	73	17.8	84,340.90	110,159.12	194,500.02	54.2
50-54	67	16.3	44,216.87	32,968.75	77,185.62	21.5
40-44	65	15.8	12,691.40	14,032.53	26,723.93	7.4
60-64	13	3.1	4,678.33	14,592.77	19,271.10	5.3
35-39	46	11.2	7,732.13	3,232.98	10,965.11	3.0
20-24	46	11.2	5,649.62	5,235.29	10,884.91	3.0
25-29	31	7.5	3,476.09	3,585.89	7,061.98	1.9
55-59	26	6.3	6,596.92	0.00	6,596.92	1.8
30-34	29	7.0	2,996.85	872.41	3,869.26	1.0
15-19	10	2.4	326.47	750.00	1,076.47	0.3
65-69	4	0.9	227.43	0.00	227.43	0.0
	410		**$ 172,933.01**	**$ 185,429.74**	**$ 358,362.75**	
SEX OF CLAIMANT						
Female	342	83.4	141,120.90	161,579.18	302,700.08	84.4
Male	68	16.5	31,812.11	23,850.56	55,662.67	15.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	410		**$ 172,933.01**	**$ 185,429.74**	**$ 358,362.75**	
LOSS CAUSE						
Patient / Inmate	208	50.7	50,145.43	87,324.67	137,470.10	38.3
Furniture / fixtures	35	8.5	20,765.28	14,395.88	35,161.16	9.8
Boxes / containers	15	3.6	24,586.50	10,177.09	34,763.59	9.7
Walking surface, inside, dry	13	3.1	14,323.45	18,579.31	32,902.76	9.1
Hand tool, powered, NOC	2	0.4	13,695.10	11,810.80	25,505.90	7.1
Glass bottle / sheet	1	0.2	15,500.31	8,302.11	23,802.42	6.6
Machine, not otherwise classified	8	1.9	11,400.11	3,022.10	14,422.21	4.0
Hand tool, not powered, NOC	2	0.4	0.00	12,500.00	12,500.00	3.4
Stone / rock / brick	1	0.2	512.59	9,237.41	9,750.00	2.7
Walking surface, outside, wet	4	0.9	5,308.23	1,342.77	6,651.00	1.8
Walking surface, inside, wet	7	1.7	2,631.27	4,000.00	6,631.27	1.8
Building parts / doors	23	5.6	5,695.07	872.41	6,567.48	1.8
Walking surface, outside, dry	8	1.9	1,934.68	0.00	1,934.68	0.5
Sharp objects, not otherwise classified	11	2.6	1,796.72	0.00	1,796.72	0.5
Laundry	1	0.2	134.81	1,615.19	1,750.00	0.4
Vehicle, not otherwise classified	14	3.4	91.35	1,500.00	1,591.35	0.4
Metal items	12	2.9	1,444.74	0.00	1,444.74	0.4
Chemicals, not otherwise classified	7	1.7	241.46	750.00	991.46	0.2
Miscellaneous	3	0.7	771.75	0.00	771.75	0.2
Clothing / jewelry	3	0.7	577.48	0.00	577.48	0.1
Blower 18"	2	0.4	459.00	0.00	459.00	0.1
Animal / insect, not otherwise classified	3	0.7	239.90	0.00	239.90	0.0
Smoke Ejector	1	0.2	227.43	0.00	227.43	0.0
Office equipment	2	0.4	188.37	0.00	188.37	0.0
Food	4	0.9	162.98	0.00	162.98	0.0
Mechanical powered	1	0.2	99.00	0.00	99.00	0.0
Animal / bee type	3	0.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	0.2	0.00	0.00	0.00	0.0
Insufficient data	1	0.2	0.00	0.00	0.00	0.0
Stairs, steps	4	0.9	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	0.2	0.00	0.00	0.00	0.0
Brush / tree / log	1	0.2	0.00	0.00	0.00	0.0
Cart	1	0.2	0.00	0.00	0.00	0.0
Electrical equipment	1	0.2	0.00	0.00	0.00	0.0
Ladder, 10’ folding	1	0.2	0.00	0.00	0.00	0.0
Needle stick	1	0.2	0.00	0.00	0.00	0.0
Person	3	0.7	0.00	0.00	0.00	0.0
Water	1	0.2	0.00	0.00	0.00	0.0
	410		**$ 172,933.01**	**$ 185,429.74**	**$ 358,362.75**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	151	36.8	39,005.19	70,241.77	109,246.96	30.4
Fall or Slip (On Same Level)	36	8.7	41,997.71	44,099.17	86,096.88	24.0
Lifting (strain or Injury by)	28	6.8	21,355.38	26,883.71	48,239.09	13.4
Struck/Injured by Object Being Lifted/Handled	10	2.4	19,483.38	10,059.99	29,543.37	8.2
Strike Against/Step On Obj. Being Lifted or Handle	8	1.9	16,637.77	11,810.80	28,448.57	7.9
Struck/Injured by Hand Tool/Machine In Use	4	0.9	10,684.05	3,022.10	13,706.15	3.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or Slip (From Different Level)	13	3.1	996.68	10,737.41	11,734.09	3.2
Strike Against/Step on Stationary Object	19	4.6	1,831.94	4,458.30	6,290.24	1.7
Pushing Or Pulling (Strain or Injury by)	16	3.9	4,974.16	251.30	5,225.46	1.4
Twisting, strain or injury by	8	1.9	1,865.45	2,365.19	4,230.64	1.1
Holding Or Carrying (Strain or Injury by)	4	0.9	2,549.47	0.00	2,549.47	0.7
Struck/Injured by Falling or Flying Object	7	1.7	2,441.45	0.00	2,441.45	0.6
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	1.7	1,700.03	0.00	1,700.03	0.4
Object Handled (caught in or between)	13	3.1	1,140.70	0.00	1,140.70	0.3
Fall or Slip (From Liquid/Grease spills)	4	0.9	1,013.82	0.00	1,013.82	0.2
Human Bite	19	4.6	962.10	0.00	962.10	0.2
Reaching (Strain or Injury by)	1	0.2	850.43	0.00	850.43	0.2
Foreign Body In Eye	2	0.4	75.00	750.00	825.00	0.2
Repetitive Motion	3	0.7	0.00	750.00	750.00	0.2
Fall or slip (into Openings)	3	0.7	703.75	0.00	703.75	0.2
Allergic Reaction	6	1.4	698.84	0.00	698.84	0.2
Fall or slip (on ice or snow)	1	0.2	632.06	0.00	632.06	0.1
Fire Or Flame	1	0.2	287.00	0.00	287.00	0.0
Animal Or Insect	7	1.7	239.90	0.00	239.90	0.0
Object being lifted/handled (cut,punc.scrape,inj b	6	1.4	213.12	0.00	213.12	0.0
Strike Against/Step On Moving Part Of Machine	1	0.2	198.24	0.00	198.24	0.0
Misc. (Cut, Puncture, Scrape)	5	1.2	172.00	0.00	172.00	0.0
Temperature Extremes	1	0.2	127.39	0.00	127.39	0.0
Machinery (caught in or between)	2	0.4	96.00	0.00	96.00	0.0
Absorb, Ingest, Inhalation	1	0.2	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	0.2	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	0.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	3	0.7	0.00	0.00	0.00	0.0
Misc. (Strain or Injury by)	4	0.9	0.00	0.00	0.00	0.0
Struck/Injured by Motor Vehicle	2	0.4	0.00	0.00	0.00	0.0
Assault	1	0.2	0.00	0.00	0.00	0.0
Contact With Hot Object or Substances	3	0.7	0.00	0.00	0.00	0.0
Cut,Puncture,Scrape,injured by (Powered Hand Tool,	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
Other (Not Otherwise Classified)	1	0.2	0.00	0.00	0.00	0.0
Rubbed/Abraded not otherwise classified	2	0.4	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	3	0.7	0.00	0.00	0.00	0.0
	410		***$ 172,933.01***	***$ 185,429.74***	***$ 358,362.75***	

***BODY PART**

No Physical Problem	4
Lumbar and/or Sacral Vertebrae	1
Lower Back Area (Lumbar and Lumbo-Sacral)	43
Hip	20
Shoulder	30
Knee	30
Upper Arm (Inc: Clavicle and Scapula)	14
Hand	46
Lower Arm	34
Wrist(s) & Hand(s)	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:36

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Upper Leg	11					
Ankle	11					
Upper Back Area (Thoracic Area)	17					
Elbow	7					
Chest (Inc: Ribs, Sternum and Soft Tissue)	33					
Foot	10					
Abdomen including Groin	8					
Finger(s)	43					
Multiple Neck Injury	8					
Facial, Other Soft Tissue	19					
Buttocks	7					
Eye(s)	21					
Lower Leg	32					
Wrist	12					
Teeth	1					
Multiple Head Injury	9					
Soft Tissue - Neck	1					
Ear(s)	2					
Toe(s)	3					
Nose	6					
Multiple Body Parts	2					
Multiple Lower Extremities	1					
Thumb	2					
Whole Body	2					
Insufficient Information	2					
Mouth	2					
Multiple Upper Extremities	1					
	410					

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

*****INJURY***

Contusion	265
Sprain	67
Unknown	3
No Physical Injury	4
Strain	39
Fracture	2
Laceration	62
Puncture	32
Inflamation	5
Foreign Body	5
Dislocation	2
Dermatitis	4
Burn	5
Infection	1
Crushing	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southside Va Training Center (726)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	410					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	7	8.4	1,499.99	4,750.00	6,249.99	26.8
8AM-9:59AM	17	20.4	3,408.39	750.00	4,158.39	17.8
10AM-11:59AM	11	13.2	3,024.94	667.55	3,692.49	15.8
12AM-1:59AM	5	6.0	2,680.48	0.00	2,680.48	11.5
4AM-5:59AM	8	9.6	1,879.34	0.00	1,879.34	8.0
12PM-1:59PM	8	9.6	1,860.41	0.00	1,860.41	8.0
4PM-5:59PM	7	8.4	1,241.28	0.00	1,241.28	5.3
6AM-7:59AM	5	6.0	924.87	0.00	924.87	3.9
2AM-3:59AM	4	4.8	394.64	0.00	394.64	1.7
6PM-7:59PM	4	4.8	179.33	0.00	179.33	0.7
Unknown	7	8.4	0.00	0.00	0.00	0.0
	83		**$ 17,093.67**	**$ 6,167.55**	**$ 23,261.22**	
LENGTH OF SERVICE						
0-2	36	43.3	8,209.32	1,417.55	9,626.87	41.3
8-10	2	2.4	215.86	4,750.00	4,965.86	21.3
2-4	27	32.5	3,457.66	0.00	3,457.66	14.8
10-12	4	4.8	3,075.10	0.00	3,075.10	13.2
14-16	2	2.4	858.37	0.00	858.37	3.6
6-8	2	2.4	660.90	0.00	660.90	2.8
24-26	1	1.2	430.51	0.00	430.51	1.8
4-6	6	7.2	119.45	0.00	119.45	0.5
12-14	1	1.2	66.50	0.00	66.50	0.2
18-20	1	1.2	0.00	0.00	0.00	0.0
30-32	1	1.2	0.00	0.00	0.00	0.0
	83		**$ 17,093.67**	**$ 6,167.55**	**$ 23,261.22**	
AGE OF CLAIMANT						
35-39	21	25.3	5,336.96	0.00	5,336.96	22.9
70-74	1	1.2	0.00	4,750.00	4,750.00	20.4
40-44	11	13.2	3,304.11	667.55	3,971.66	17.0
55-59	7	8.4	3,499.13	0.00	3,499.13	15.0
30-34	15	18.0	1,556.27	0.00	1,556.27	6.6
50-54	9	10.8	1,426.16	0.00	1,426.16	6.1
20-24	4	4.8	1,074.70	0.00	1,074.70	4.6
45-49	4	4.8	165.75	750.00	915.75	3.9
25-29	7	8.4	473.32	0.00	473.32	2.0
60-64	4	4.8	257.27	0.00	257.27	1.1
	83		**$ 17,093.67**	**$ 6,167.55**	**$ 23,261.22**	
SEX OF CLAIMANT						
Female	62	74.6	13,798.32	5,500.00	19,298.32	82.9
Male	21	25.3	3,295.35	667.55	3,962.90	17.0
	83		**$ 17,093.67**	**$ 6,167.55**	**$ 23,261.22**	
LOSS CAUSE						
Patient / Inmate	51	61.4	11,740.43	667.55	12,407.98	53.3
Walking surface, inside, dry	2	2.4	5.00	4,750.00	4,755.00	20.4
Furniture / fixtures	8	9.6	2,266.34	0.00	2,266.34	9.7

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	1	1.2	767.27	0.00	767.27	3.3
Insufficient data	1	1.2	0.00	750.00	750.00	3.2
Person	2	2.4	548.25	0.00	548.25	2.3
Vehicle, not otherwise classified	1	1.2	430.51	0.00	430.51	1.8
Building parts / doors	1	1.2	335.50	0.00	335.50	1.4
Machine, not otherwise classified	1	1.2	209.60	0.00	209.60	0.9
Walking surface, outside, wet	1	1.2	207.20	0.00	207.20	0.8
Sharp objects, not otherwise classified	3	3.6	200.72	0.00	200.72	0.8
Water	1	1.2	190.77	0.00	190.77	0.8
Chemicals, not otherwise classified	2	2.4	186.54	0.00	186.54	0.8
Vehicle, fork truck	1	1.2	5.54	0.00	5.54	0.0
Stairs, steps	1	1.2	0.00	0.00	0.00	0.0
Unknown	1	1.2	0.00	0.00	0.00	0.0
Clothing / jewelry	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
Metal items	2	2.4	0.00	0.00	0.00	0.0
Needle stick	1	1.2	0.00	0.00	0.00	0.0
	83		**$ 17,093.67**	**$ 6,167.55**	**$ 23,261.22**	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	39	46.9	9,448.03	0.00	9,448.03	40.6
Fall or Slip (On Same Level)	6	7.2	1,319.94	4,750.00	6,069.94	26.0
Lifting (strain or Injury by)	3	3.6	1,139.06	0.00	1,139.06	4.9
Foreign Body In Eye	2	2.4	878.90	0.00	878.90	3.7
Strike Against/Step on Stationary Object	6	7.2	797.60	0.00	797.60	3.4
Assault	2	2.4	768.60	0.00	768.60	3.3
Holding Or Carrying (Strain or Injury by)	1	1.2	82.45	667.55	750.00	3.2
Other than physical cause of injury	1	1.2	0.00	750.00	750.00	3.2
Struck/Injured by Object Being Lifted/Handled	2	2.4	509.95	0.00	509.95	2.1
Pushing Or Pulling (Strain or Injury by)	2	2.4	463.80	0.00	463.80	1.9
Struck/Injured by Motor Vehicle	1	1.2	430.51	0.00	430.51	1.8
Human Bite	3	3.6	260.00	0.00	260.00	1.1
Object being lifted/handled (cut,punc.scrape,inj b	2	2.4	209.60	0.00	209.60	0.9
Fall or slip (on ice or snow)	1	1.2	207.20	0.00	207.20	0.8
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	3	3.6	200.72	0.00	200.72	0.8
Contact With Hot Object or Substances	1	1.2	190.77	0.00	190.77	0.8
Dust,gases,fumes,vapors	1	1.2	186.54	0.00	186.54	0.8
Fall or Slip (From Different Level)	1	1.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	1.2	0.00	0.00	0.00	0.0
Unknown	1	1.2	0.00	0.00	0.00	0.0
Contact with Cold Objects or Substances	1	1.2	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	1.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	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
	83		**$ 17,093.67**	**$ 6,167.55**	**$ 23,261.22**	

**BODY PART

Knee	6
Nose	5
Lower Arm	5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Northern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hip	3					
Finger(s)	10					
Chest (Inc: Ribs, Sternum and Soft Tissue)	8					
Abdomen including Groin	4					
Lower Leg	3					
Foot	5					
Upper Back Area (Thoracic Area)	4					
Eye(s)	7					
Multiple Head Injury	3					
Lower Back Area (Lumbar and Lumbo-Sacral)	4					
Upper Leg	2					
Upper Arm (Inc: Clavicle and Scapula)	1					
Multiple Neck Injury	3					
Hand	4					
Shoulder	5					
Wrist	3					
Facial, Other Soft Tissue	8					
Lungs	1					
Mouth	2					
Ankle	1					
Toe(s)	1					
Insufficient Information	1					
Multiple Lower Extremities	1					
No Physical Problem	1					
Skull	1					
Thumb	1					
	83					

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

*****INJURY***

Contusion	64
Fracture	2
Inflamation	1
Strain	10
Burn	2
Laceration	7
Sprain	5
Puncture	7
Poisoning - Chemical	1
Foreign Body	3
No Physical Injury	1
	83

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	14	16.6	738.91	3,400.00	4,138.91	47.2
8AM-9:59AM	21	25.0	2,064.72	0.00	2,064.72	23.5
10AM-11:59AM	11	13.0	97.10	750.00	847.10	9.6
2PM-3:59PM	7	8.3	0.00	750.00	750.00	8.5
Unknown	8	9.5	0.00	750.00	750.00	8.5
12AM-1:59AM	3	3.5	210.00	0.00	210.00	2.4
2AM-3:59AM	4	4.7	0.00	0.00	0.00	0.0
12PM-1:59PM	6	7.1	0.00	0.00	0.00	0.0
4AM-5:59AM	3	3.5	0.00	0.00	0.00	0.0
4PM-5:59PM	4	4.7	0.00	0.00	0.00	0.0
6PM-7:59PM	3	3.5	0.00	0.00	0.00	0.0
	84		**$ 3,110.73**	**$ 5,650.00**	**$ 8,760.73**	
LENGTH OF SERVICE						
0-2	27	32.1	852.47	4,150.00	5,002.47	57.1
2-4	22	26.1	1,295.26	750.00	2,045.26	23.3
4-6	12	14.2	210.00	750.00	960.00	10.9
6-8	6	7.1	753.00	0.00	753.00	8.6
26-28	3	3.5	0.00	0.00	0.00	0.0
8-10	3	3.5	0.00	0.00	0.00	0.0
10-12	2	2.3	0.00	0.00	0.00	0.0
12-14	3	3.5	0.00	0.00	0.00	0.0
16-18	3	3.5	0.00	0.00	0.00	0.0
18-20	1	1.1	0.00	0.00	0.00	0.0
24-26	1	1.1	0.00	0.00	0.00	0.0
30-32	1	1.1	0.00	0.00	0.00	0.0
	84		**$ 3,110.73**	**$ 5,650.00**	**$ 8,760.73**	
AGE OF CLAIMANT						
45-49	17	20.2	1,395.26	3,400.00	4,795.26	54.7
40-44	13	15.4	663.00	750.00	1,413.00	16.1
30-34	10	11.9	638.91	750.00	1,388.91	15.8
50-54	16	19.0	0.00	750.00	750.00	8.5
35-39	5	5.9	316.46	0.00	316.46	3.6
55-59	6	7.1	90.00	0.00	90.00	1.0
20-24	1	1.1	7.10	0.00	7.10	0.0
15-19	1	1.1	0.00	0.00	0.00	0.0
25-29	7	8.3	0.00	0.00	0.00	0.0
60-64	6	7.1	0.00	0.00	0.00	0.0
65-69	1	1.1	0.00	0.00	0.00	0.0
70-74	1	1.1	0.00	0.00	0.00	0.0
	84		**$ 3,110.73**	**$ 5,650.00**	**$ 8,760.73**	
SEX OF CLAIMANT						
Female	77	91.6	3,004.27	5,650.00	8,654.27	98.7
Male	7	8.3	106.46	0.00	106.46	1.2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	84		**$ 3,110.73**	**$ 5,650.00**	**$ 8,760.73**	
LOSS CAUSE						
Patient / Inmate	65	77.3	1,718.82	4,150.00	5,868.82	66.9
Animal / insect, not otherwise classified	1	1.1	0.00	750.00	750.00	8.5
Insufficient data	1	1.1	0.00	750.00	750.00	8.5
Walking surface, inside, wet	1	1.1	663.00	0.00	663.00	7.5
Boxes / containers	2	2.3	638.91	0.00	638.91	7.2
Stairs, steps	1	1.1	90.00	0.00	90.00	1.0
Walking surface, outside, dry	1	1.1	0.00	0.00	0.00	0.0
Building parts / doors	2	2.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	1.1	0.00	0.00	0.00	0.0
Clothing / jewelry	1	1.1	0.00	0.00	0.00	0.0
Electrical equipment	2	2.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	4	4.7	0.00	0.00	0.00	0.0
Water	1	1.1	0.00	0.00	0.00	0.0
	84		**$ 3,110.73**	**$ 5,650.00**	**$ 8,760.73**	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	5	5.9	206.46	3,400.00	3,606.46	41.1
Stuck, injured by fellow worker, patient	54	64.2	1,505.26	750.00	2,255.26	25.7
Foreign Body In Eye	3	3.5	7.10	750.00	757.10	8.6
Animal Or Insect	1	1.1	0.00	750.00	750.00	8.5
Fall or Slip (From Liquid/Grease spills)	2	2.3	663.00	0.00	663.00	7.5
Lifting (strain or Injury by)	3	3.5	638.91	0.00	638.91	7.2
Fall or slip (on stairs)	1	1.1	90.00	0.00	90.00	1.0
Fall or Slip (On Same Level)	1	1.1	0.00	0.00	0.00	0.0
Human Bite	1	1.1	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	1.1	0.00	0.00	0.00	0.0
Allergic Reaction	2	2.3	0.00	0.00	0.00	0.0
Other (Not Otherwise Classified)	1	1.1	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	1	1.1	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	2	2.3	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	2	2.3	0.00	0.00	0.00	0.0
Struck/Injured by Moving Part Of Machine	1	1.1	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.1	0.00	0.00	0.00	0.0
Twisting, strain or injury by	2	2.3	0.00	0.00	0.00	0.0
	84		**$ 3,110.73**	**$ 5,650.00**	**$ 8,760.73**	
****BODY PART**						
Shoulder	3					
Eye(s)	9					
Knee	4					
Lower Arm	17					
Lower Back Area (Lumbar and Lumbo-Sacral)	5					
Hip	1					
Facial, Other Soft Tissue	12					
Abdomen including Groin	4					
Foot	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Piedmont Geriatric Hospital (729)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Whole Body	1					
Wrist	2					
Ankle	1					
Buttocks	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Ear(s)	1					
Finger(s)	1					
Hand	8					
Insufficient Information	1					
Lower Leg	2					
Mouth	2					
Multiple Lower Extremities	1					
No Physical Problem	2					
Nose	1					
Toe(s)	2					
Upper Arm (Inc: Clavicle and Scapula)	3					
	84					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	10
Strain	5
Inflamation	1
Infection	3
Puncture	5
Contusion	41
Foreign Body	8
Laceration	15
No Physical Injury	2
	84

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	7	7.0	42,606.38	23,707.48	66,313.86	36.3
8AM-9:59AM	17	17.0	32,733.38	1,049.21	33,782.59	18.5
12PM-1:59PM	7	7.0	18,617.51	13,861.46	32,478.97	17.8
10AM-11:59AM	18	18.0	26,448.33	2,599.73	29,048.06	15.9
4AM-5:59AM	5	5.0	6,975.11	4,229.92	11,205.03	6.1
Unknown	7	7.0	394.30	5,000.00	5,394.30	2.9
2PM-3:59PM	18	18.0	1,264.50	731.98	1,996.48	1.0
6AM-7:59AM	6	6.0	1,357.95	0.00	1,357.95	0.7
12AM-1:59AM	2	2.0	554.50	0.00	554.50	0.3
4PM-5:59PM	9	9.0	313.17	0.00	313.17	0.1
6PM-7:59PM	4	4.0	0.00	0.00	0.00	0.0
	100		**$ 131,265.13**	**$ 51,179.78**	**$ 182,444.91**	
LENGTH OF SERVICE						
0-2	21	21.0	64,135.34	24,555.55	88,690.89	48.6
4-6	11	11.0	22,649.84	13,062.60	35,712.44	19.5
8-10	11	11.0	18,139.59	5,536.85	23,676.44	12.9
24-26	9	9.0	8,316.37	1,292.80	9,609.17	5.2
6-8	5	5.0	7,051.93	0.00	7,051.93	3.8
2-4	17	17.0	6,738.91	0.00	6,738.91	3.6
22-24	6	6.0	181.80	4,981.98	5,163.78	2.8
14-16	5	5.0	983.54	1,750.00	2,733.54	1.5
12-14	9	9.0	2,651.75	0.00	2,651.75	1.4
10-12	4	4.0	179.00	0.00	179.00	0.1
16-18	1	1.0	151.01	0.00	151.01	0.0
20-22	1	1.0	86.05	0.00	86.05	0.0
	100		**$ 131,265.13**	**$ 51,179.78**	**$ 182,444.91**	
AGE OF CLAIMANT						
20-24	16	16.0	45,570.12	23,707.48	69,277.60	37.9
40-44	6	6.0	19,179.58	17,111.46	36,291.04	19.8
35-39	16	16.0	22,935.24	848.07	23,783.31	13.0
45-49	17	17.0	18,285.08	3,042.80	21,327.88	11.6
50-54	10	10.0	17,708.41	1,306.93	19,015.34	10.4
25-29	10	10.0	2,681.82	5,181.06	7,862.88	4.3
15-19	3	3.0	3,325.94	0.00	3,325.94	1.8
55-59	13	13.0	1,009.49	-18.02	991.47	0.5
30-34	7	7.0	418.44	0.00	418.44	0.2
60-64	1	1.0	151.01	0.00	151.01	0.0
65-69	1	1.0	0.00	0.00	0.00	0.0
	100		**$ 131,265.13**	**$ 51,179.78**	**$ 182,444.91**	
SEX OF CLAIMANT						
Female	84	84.0	92,431.28	37,761.39	130,192.67	71.3
Male	16	16.0	38,833.85	13,418.39	52,252.24	28.6
	100		**$ 131,265.13**	**$ 51,179.78**	**$ 182,444.91**	
LOSS CAUSE						
Patient / Inmate	67	67.0	126,776.57	43,679.78	170,456.35	93.4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, dry	3	3.0	99.00	5,750.00	5,849.00	3.2
Metal items	3	3.0	223.91	1,750.00	1,973.91	1.0
Stairs, steps	1	1.0	1,263.87	0.00	1,263.87	0.6
Furniture / fixtures	5	5.0	857.74	0.00	857.74	0.4
Building parts / doors	3	3.0	646.95	0.00	646.95	0.3
Walking surface, inside, dry	3	3.0	568.02	0.00	568.02	0.3
Person	3	3.0	281.57	0.00	281.57	0.1
Boxes / containers	3	3.0	197.16	0.00	197.16	0.1
Sharp objects, not otherwise classified	1	1.0	141.60	0.00	141.60	0.0
Pike pole 10’	1	1.0	86.05	0.00	86.05	0.0
Chemicals, not otherwise classified	1	1.0	78.00	0.00	78.00	0.0
Mechanical powered	1	1.0	44.69	0.00	44.69	0.0
Clothing / jewelry	1	1.0	0.00	0.00	0.00	0.0
Insufficient data	1	1.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Recreational equipment	1	1.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
	100		***$ 131,265.13***	***$ 51,179.78***	***$ 182,444.91***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	45	45.0	79,018.22	37,125.87	116,144.09	63.6
Lifting (strain or Injury by)	6	6.0	27,511.37	98.07	27,609.44	15.1
Twisting, strain or injury by	3	3.0	8,541.20	5,522.72	14,063.92	7.7
Pushing Or Pulling (Strain or Injury by)	5	5.0	7,733.61	0.00	7,733.61	4.2
Fall or Slip (On Same Level)	6	6.0	684.00	5,000.00	5,684.00	3.1
Reaching (Strain or Injury by)	1	1.0	1,822.01	951.14	2,773.15	1.5
Human Bite	8	8.0	1,781.50	-18.02	1,763.48	0.9
Struck/Injured by Object Being Lifted/Handled	2	2.0	0.00	1,750.00	1,750.00	0.9
Fall or slip (on stairs)	1	1.0	1,263.87	0.00	1,263.87	0.6
Fall or slip (into Openings)	1	1.0	0.00	750.00	750.00	0.4
Strike Against/Step on Stationary Object	4	4.0	726.57	0.00	726.57	0.4
Object Handled (caught in or between)	2	2.0	646.95	0.00	646.95	0.3
Strike Against/Step On Obj. Being Lifted or Handle	1	1.0	527.54	0.00	527.54	0.2
Assault	5	5.0	281.57	0.00	281.57	0.1
Struck/Injured by Falling or Flying Object	1	1.0	223.91	0.00	223.91	0.1
Holding Or Carrying (Strain or Injury by)	1	1.0	197.16	0.00	197.16	0.1
Foreign Body In Eye	2	2.0	164.05	0.00	164.05	0.0
Stepping On Sharp Object	1	1.0	141.60	0.00	141.60	0.0
Allergic Reaction	2	2.0	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	1	1.0	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	1.0	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	1.0	0.00	0.00	0.00	0.0
	100		***$ 131,265.13***	***$ 51,179.78***	***$ 182,444.91***	

***BODY PART*

Shoulder	11
Wrist	3
Knee	9
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Nose	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southwestern Va Training Cente

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Disc - Neck	1					
Insufficient Information	2					
Finger(s)	9					
Chest (Inc: Ribs, Sternum and Soft Tissue)	7					
Multiple Neck Injury	2					
Upper Leg	1					
Hand	3					
Ankle	3					
Upper Back Area (Thoracic Area)	2					
Lower Arm	11					
Upper Arm (Inc: Clavicle and Scapula)	3					
No Physical Problem	5					
Eye(s)	3					
Facial, Other Soft Tissue	4					
Multiple Head Injury	3					
Foot	1					
Lower Leg	7					
Abdomen including Groin	2					
Elbow	1					
Mouth	1					
Thumb	1					
Toe(s)	1					
	100					

**** Claims may be reported in more than one category if multiple body parts are involved; no 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	12
Strain	19
Fracture	2
Contusion	48
Unknown	1
Puncture	12
Laceration	7
Crushing	1
No Physical Injury	5
Foreign Body	2
Dermatitis	2
	100

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2AM-3:59AM	7	10.7	1,846.73	964.70	2,811.43	31.7
8AM-9:59AM	14	21.5	1,604.78	750.00	2,354.78	26.5
10AM-11:59AM	7	10.7	1,518.91	0.00	1,518.91	17.1
6AM-7:59AM	18	27.6	1,338.91	-87.70	1,251.21	14.1
4AM-5:59AM	7	10.7	798.64	0.00	798.64	9.0
12AM-1:59AM	2	3.0	130.90	0.00	130.90	1.4
2PM-3:59PM	3	4.6	0.00	0.00	0.00	0.0
4PM-5:59PM	2	3.0	0.00	0.00	0.00	0.0
12PM-1:59PM	4	6.1	0.00	0.00	0.00	0.0
Unknown	1	1.5	0.00	0.00	0.00	0.0
	65		**$ 7,238.87**	**$ 1,627.00**	**$ 8,865.87**	
LENGTH OF SERVICE						
0-2	29	44.6	2,376.48	662.30	3,038.78	34.2
10-12	7	10.7	1,990.27	964.70	2,954.97	33.3
20-22	5	7.6	1,792.84	0.00	1,792.84	20.2
4-6	6	9.2	335.95	0.00	335.95	3.7
24-26	1	1.5	197.00	0.00	197.00	2.2
30-32	3	4.6	162.43	0.00	162.43	1.8
14-16	1	1.5	143.00	0.00	143.00	1.6
12-14	2	3.0	130.90	0.00	130.90	1.4
2-4	5	7.6	55.00	0.00	55.00	0.6
8-10	2	3.0	55.00	0.00	55.00	0.6
18-20	1	1.5	0.00	0.00	0.00	0.0
22-24	2	3.0	0.00	0.00	0.00	0.0
6-8	1	1.5	0.00	0.00	0.00	0.0
	65		**$ 7,238.87**	**$ 1,627.00**	**$ 8,865.87**	
AGE OF CLAIMANT						
30-34	10	15.3	3,189.91	877.00	4,066.91	45.8
40-44	16	24.6	2,252.10	0.00	2,252.10	25.4
35-39	13	20.0	1,221.51	0.00	1,221.51	13.7
45-49	7	10.7	390.95	750.00	1,140.95	12.8
50-54	7	10.7	184.40	0.00	184.40	2.0
20-24	7	10.7	0.00	0.00	0.00	0.0
25-29	3	4.6	0.00	0.00	0.00	0.0
55-59	2	3.0	0.00	0.00	0.00	0.0
	65		**$ 7,238.87**	**$ 1,627.00**	**$ 8,865.87**	
SEX OF CLAIMANT						
Female	49	75.3	6,649.92	1,627.00	8,276.92	93.3
Male	16	24.6	588.95	0.00	588.95	6.6
	65		**$ 7,238.87**	**$ 1,627.00**	**$ 8,865.87**	
LOSS CAUSE						
Patient / Inmate	43	66.1	5,394.17	877.00	6,271.17	70.7
Stairs, steps	1	1.5	0.00	750.00	750.00	8.4
Sharp objects, not otherwise classified	2	3.0	642.51	0.00	642.51	7.2
Chemicals, not otherwise classified	1	1.5	614.24	0.00	614.24	6.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Water	1	1.5	197.00	0.00	197.00	2.2
Miscellaneous	3	4.6	193.95	0.00	193.95	2.1
Walking surface, inside, wet	2	3.0	142.00	0.00	142.00	1.6
Building parts / doors	2	3.0	55.00	0.00	55.00	0.6
Furniture / fixtures	4	6.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Recreational equipment	1	1.5	0.00	0.00	0.00	0.0
Boxes / containers	1	1.5	0.00	0.00	0.00	0.0
Mechanical powered	1	1.5	0.00	0.00	0.00	0.0
Office equipment	2	3.0	0.00	0.00	0.00	0.0
	65		***$ 7,238.87***	***$ 1,627.00***	***$ 8,865.87***	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	35	53.8	5,097.34	877.00	5,974.34	67.3
Fall or slip (on stairs)	1	1.5	0.00	750.00	750.00	8.4
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	2	3.0	642.51	0.00	642.51	7.2
Absorb, Ingest, Inhalation	1	1.5	614.24	0.00	614.24	6.9
Fall or Slip (From Liquid/Grease spills)	3	4.6	339.00	0.00	339.00	3.8
Struck/Injured by Falling or Flying Object	1	1.5	193.95	0.00	193.95	2.1
Lifting (strain or Injury by)	4	6.1	165.93	0.00	165.93	1.8
Fall or Slip (On Same Level)	2	3.0	130.90	0.00	130.90	1.4
Strike Against/Step on Stationary Object	3	4.6	55.00	0.00	55.00	0.6
Fall or Slip (From Different Level)	1	1.5	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	2	3.0	0.00	0.00	0.00	0.0
Assault	1	1.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	1.5	0.00	0.00	0.00	0.0
Human Bite	1	1.5	0.00	0.00	0.00	0.0
Infectious Disease Exposure	2	3.0	0.00	0.00	0.00	0.0
Misc. (Cut, Puncture, Scrape)	1	1.5	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	2	3.0	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
Struck/Injured by Moving Part Of Machine	1	1.5	0.00	0.00	0.00	0.0
	65		***$ 7,238.87***	***$ 1,627.00***	***$ 8,865.87***	

***BODY PART**

Lower Back Area (Lumbar and Lumbo-Sacral)	8
Multiple Head Injury	5
Chest (Inc: Ribs, Sternum and Soft Tissue)	5
Knee	12
Wrist	3
Lungs	1
Eye(s)	4
Finger(s)	5
Insufficient Information	1
Hip	2
Lower Arm	2
No Physical Problem	1
Mouth	1
Foot	2
Lower Leg	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Southern Va Mental Health Inst

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Shoulder	4					
Abdomen including Groin	2					
Facial, Other Soft Tissue	2					
Hand	3					
Multiple Neck Injury	1					
Upper Back Area (Thoracic Area)	2					
Ankle	3					
Toe(s)	3					
Upper Arm (Inc: Clavicle and Scapula)	1					
Upper Leg	2					
	65					

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

*****INJURY***

Contusion	47
Sprain	7
Puncture	2
Infection	1
Poisoning - Chemical	1
Laceration	8
Strain	7
No Physical Injury	1
Foreign Body	3
	65

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	7	22.5	2,473.20	0.00	2,473.20	47.4
8AM-9:59AM	5	16.1	2,184.82	0.00	2,184.82	41.8
4AM-5:59AM	4	12.9	426.91	0.00	426.91	8.1
10AM-11:59AM	7	22.5	132.00	0.00	132.00	2.5
12AM-1:59AM	1	3.2	0.00	0.00	0.00	0.0
12PM-1:59PM	3	9.6	0.00	0.00	0.00	0.0
2AM-3:59AM	4	12.9	0.00	0.00	0.00	0.0
	31		**$ 5,216.93**	**$ 0.00**	**$ 5,216.93**	
LENGTH OF SERVICE						
2-4	5	16.1	1,893.18	0.00	1,893.18	36.2
22-24	2	6.4	1,478.08	0.00	1,478.08	28.3
0-2	11	35.4	1,120.93	0.00	1,120.93	21.4
20-22	1	3.2	488.74	0.00	488.74	9.3
10-12	2	6.4	236.00	0.00	236.00	4.5
8-10	3	9.6	0.00	0.00	0.00	0.0
14-16	2	6.4	0.00	0.00	0.00	0.0
18-20	1	3.2	0.00	0.00	0.00	0.0
24-26	1	3.2	0.00	0.00	0.00	0.0
4-6	2	6.4	0.00	0.00	0.00	0.0
6-8	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 5,216.93**	**$ 0.00**	**$ 5,216.93**	
AGE OF CLAIMANT						
45-49	6	19.3	3,371.26	0.00	3,371.26	64.6
40-44	6	19.3	933.65	0.00	933.65	17.9
35-39	7	22.5	694.02	0.00	694.02	13.3
55-59	2	6.4	218.00	0.00	218.00	4.1
65-69	1	3.2	0.00	0.00	0.00	0.0
20-24	1	3.2	0.00	0.00	0.00	0.0
25-29	1	3.2	0.00	0.00	0.00	0.0
30-34	2	6.4	0.00	0.00	0.00	0.0
50-54	3	9.6	0.00	0.00	0.00	0.0
60-64	2	6.4	0.00	0.00	0.00	0.0
	31		**$ 5,216.93**	**$ 0.00**	**$ 5,216.93**	
SEX OF CLAIMANT						
Female	27	87.0	4,636.91	0.00	4,636.91	88.8
Male	4	12.9	580.02	0.00	580.02	11.1
	31		**$ 5,216.93**	**$ 0.00**	**$ 5,216.93**	
LOSS CAUSE						
Patient / Inmate	16	51.6	4,396.19	0.00	4,396.19	84.2
Walking surface, outside, dry	1	3.2	488.74	0.00	488.74	9.3
Hand tool, not powered, NOC	1	3.2	218.00	0.00	218.00	4.1
Sharp objects, not otherwise classified	2	6.4	114.00	0.00	114.00	2.1
Clothing / jewelry	1	3.2	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.2	0.00	0.00	0.00	0.0
Battering ram	1	3.2	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Hiram Davis Medical Center (748)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Boxes / containers	1	3.2	0.00	0.00	0.00	0.0
Building parts / doors	1	3.2	0.00	0.00	0.00	0.0
Furniture / fixtures	1	3.2	0.00	0.00	0.00	0.0
Miscellaneous	1	3.2	0.00	0.00	0.00	0.0
Person	1	3.2	0.00	0.00	0.00	0.0
Stairs, steps	2	6.4	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 5,216.93**	**$ 0.00**	**$ 5,216.93**	

ACCIDENT TYPE

Stuck, injured by fellow worker, patient	12	38.7	1,922.99	0.00	1,922.99	36.8
Lifting (strain or Injury by)	1	3.2	1,893.18	0.00	1,893.18	36.2
Twisting, strain or injury by	4	12.9	580.02	0.00	580.02	11.1
Fall or slip (into Openings)	1	3.2	488.74	0.00	488.74	9.3
Pushing Or Pulling (Strain or Injury by)	2	6.4	218.00	0.00	218.00	4.1
Misc. (Cut, Puncture, Scrape)	3	9.6	114.00	0.00	114.00	2.1
Fall or Slip (On Same Level)	1	3.2	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.2	0.00	0.00	0.00	0.0
Foreign Body In Eye	1	3.2	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	1	3.2	0.00	0.00	0.00	0.0
Other than physical cause of injury	1	3.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Being Lifted/Handled	1	3.2	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	3.2	0.00	0.00	0.00	0.0
Temperature Extremes	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 5,216.93**	**$ 0.00**	**$ 5,216.93**	

**BODY PART

Shoulder	1
Foot	1
Knee	3
Lower Leg	1
Upper Leg	1
Wrist	3
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Facial, Other Soft Tissue	5
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hand	1
Lower Arm	1
Abdomen including Groin	1
Ankle	3
Buttocks	1
Eye(s)	1
Finger(s)	4
Insufficient Information	1
Multiple Neck Injury	1
No Physical Problem	2
Upper Arm (Inc: Clavicle and Scapula)	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Mental Health/retard, Dept. Of (720)
SubAgency: Dmhmrsas| Hiram Davis Medical Center (748)

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.**

*****INJURY***

Contusion	8
Sprain	7
Strain	2
Fracture	1
Puncture	1
Laceration	10
All Other	1
Crushing	1
Foreign Body	3
No Physical Injury	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.**

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4AM-5:59AM	2	3.5	309.43	78,928.95	79,238.38	38.0
6AM-7:59AM	6	10.7	14,719.19	54,004.91	68,724.10	33.0
8AM-9:59AM	15	26.7	14,298.43	18,956.37	33,254.80	15.9
4PM-5:59PM	3	5.3	3,518.52	16,179.20	19,697.72	9.4
2PM-3:59PM	6	10.7	157.00	3,093.00	3,250.00	1.5
10AM-11:59AM	12	21.4	1,644.72	750.00	2,394.72	1.1
12PM-1:59PM	11	19.6	560.00	750.00	1,310.00	0.6
Unknown	1	1.7	201.00	0.00	201.00	0.1
	56		**$ 35,408.29**	**$ 172,662.43**	**$ 208,070.72**	
LENGTH OF SERVICE						
2-4	18	32.1	26,926.22	149,283.23	176,209.45	84.6
0-2	16	28.5	3,071.89	18,679.20	21,751.09	10.4
4-6	6	10.7	2,776.63	4,700.00	7,476.63	3.5
16-18	4	7.1	768.14	0.00	768.14	0.3
8-10	2	3.5	634.81	0.00	634.81	0.3
28-30	1	1.7	597.60	0.00	597.60	0.2
10-12	2	3.5	352.00	0.00	352.00	0.1
14-16	2	3.5	281.00	0.00	281.00	0.1
20-22	2	3.5	0.00	0.00	0.00	0.0
22-24	1	1.7	0.00	0.00	0.00	0.0
24-26	1	1.7	0.00	0.00	0.00	0.0
6-8	1	1.7	0.00	0.00	0.00	0.0
	56		**$ 35,408.29**	**$ 172,662.43**	**$ 208,070.72**	
AGE OF CLAIMANT						
25-29	5	8.9	588.43	78,928.95	79,517.38	38.2
45-49	9	16.0	14,947.75	54,004.91	68,952.66	33.1
40-44	8	14.2	10,430.34	14,256.37	24,686.71	11.8
50-54	12	21.4	4,748.32	16,179.20	20,927.52	10.0
30-34	5	8.9	987.62	6,450.00	7,437.62	3.5
55-59	8	14.2	1,452.52	2,093.00	3,545.52	1.7
35-39	8	14.2	2,253.31	750.00	3,003.31	1.4
60-64	1	1.7	0.00	0.00	0.00	0.0
	56		**$ 35,408.29**	**$ 172,662.43**	**$ 208,070.72**	
SEX OF CLAIMANT						
Female	29	51.7	30,191.34	92,233.48	122,424.82	58.8
Male	27	48.2	5,216.95	80,428.95	85,645.90	41.1
	56		**$ 35,408.29**	**$ 172,662.43**	**$ 208,070.72**	
LOSS CAUSE						
Person	3	5.3	76.83	80,678.95	80,755.78	38.8
Patient / Inmate	9	16.0	14,519.83	59,454.91	73,974.74	35.5
Walking surface, inside, wet	4	7.1	8,248.62	13,506.37	21,754.99	10.4
Furniture / fixtures	8	14.2	3,181.54	16,179.20	19,360.74	9.3
Walking surface, inside, dry	4	7.1	3,655.88	0.00	3,655.88	1.7
Boxes / containers	4	7.1	1,530.78	750.00	2,280.78	1.1
Building parts / doors	5	8.9	2,187.90	0.00	2,187.90	1.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Vehicle, not otherwise classified	3	5.3	389.60	1,343.00	1,732.60	0.8
Unknown	2	3.5	221.21	750.00	971.21	0.4
Animal / tick, spider, etc.	1	1.7	559.84	0.00	559.84	0.2
Metal items	1	1.7	279.00	0.00	279.00	0.1
Stairs, steps	2	3.5	241.82	0.00	241.82	0.1
Stone / rock / brick	1	1.7	191.67	0.00	191.67	0.0
Animal / bee type	1	1.7	107.00	0.00	107.00	0.0
Walking surface, outside, dry	4	7.1	16.77	0.00	16.77	0.0
Hand tool, not powered, NOC	1	1.7	0.00	0.00	0.00	0.0
Office equipment	1	1.7	0.00	0.00	0.00	0.0
Excavations	1	1.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.7	0.00	0.00	0.00	0.0
	56		**$ 35,408.29**	**$ 172,662.43**	**$ 208,070.72**	

ACCIDENT TYPE

Assault	6	10.7	13,953.71	138,383.86	152,337.57	73.2
Fall or Slip (On Same Level)	13	23.2	6,965.90	16,179.20	23,145.10	11.1
Fall or Slip (From Liquid/Grease spills)	1	1.7	7,982.63	13,506.37	21,489.00	10.3
Stuck, injured by fellow worker, patient	6	10.7	642.95	1,750.00	2,392.95	1.1
Strike Against/Step on Stationary Object	4	7.1	2,229.90	0.00	2,229.90	1.0
Vehicle Upset	3	5.3	389.60	1,343.00	1,732.60	0.8
Lifting (strain or Injury by)	5	8.9	969.14	750.00	1,719.14	0.8
Fall or Slip (From Different Level)	3	5.3	863.59	0.00	863.59	0.4
Other than physical cause of injury	1	1.7	0.00	750.00	750.00	0.3
Animal Or Insect	2	3.5	666.84	0.00	666.84	0.3
Pushing Or Pulling (Strain or Injury by)	1	1.7	281.00	0.00	281.00	0.1
Fall or slip (on stairs)	2	3.5	241.82	0.00	241.82	0.1
Struck or injured by misc.	1	1.7	221.21	0.00	221.21	0.1
Holding Or Carrying (Strain or Injury by)	1	1.7	0.00	0.00	0.00	0.0
Object Handled (caught in or between)	2	3.5	0.00	0.00	0.00	0.0
Repetitive Motion	1	1.7	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	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
Struck/Injured by Falling or Flying Object	1	1.7	0.00	0.00	0.00	0.0
Twisting, strain or injury by	1	1.7	0.00	0.00	0.00	0.0
	56		**$ 35,408.29**	**$ 172,662.43**	**$ 208,070.72**	

**BODY PART

Lower Arm	6
Lower Leg	2
Upper Back Area (Thoracic Area)	4
Soft Tissue - Neck	8
Lower Back Area (Lumbar and Lumbo-Sacral)	11
Knee	10
Chest (Inc: Ribs, Sternum and Soft Tissue)	2
Elbow	2
Wrist	3
Facial, Other Soft Tissue	6
Finger(s)	3
Hip	4

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Correct'al Education, Dept. Of (750)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Hand	5					
Foot	4					
Mouth	2					
Eye(s)	1					
Upper Arm (Inc: Clavicle and Scapula)	2					
Shoulder	4					
Ankle	4					
Lungs	1					
Toe(s)	1					
Buttocks	1					
Great Toe	1					
Upper Leg	2					
	56					

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

*****INJURY***

Fracture	4
Contusion	37
Strain	28
Laceration	7
Sprain	7
Foreign Body	2
Puncture	1
Inflamation	2
Unknown	1
	56

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	5	12.8	32,480.83	50,213.17	82,694.00	85.5
10AM-11:59AM	15	38.4	2,656.40	2,186.00	4,842.40	5.0
8AM-9:59AM	10	25.6	558.45	3,000.00	3,558.45	3.6
2PM-3:59PM	3	7.6	1,102.17	1,750.00	2,852.17	2.9
12PM-1:59PM	3	7.6	522.66	750.00	1,272.66	1.3
2AM-3:59AM	1	2.5	0.00	750.00	750.00	0.7
6AM-7:59AM	2	5.1	0.00	750.00	750.00	0.7
	39		**$ 37,320.51**	**$ 59,399.17**	**$ 96,719.68**	
LENGTH OF SERVICE						
12-14	3	7.6	32,174.83	50,963.17	83,138.00	85.9
10-12	6	15.3	842.71	1,500.00	2,342.71	2.4
8-10	3	7.6	1,525.22	750.00	2,275.22	2.3
16-18	2	5.1	259.46	1,750.00	2,009.46	2.0
2-4	3	7.6	1,189.95	750.00	1,939.95	2.0
0-2	8	20.5	759.25	750.00	1,509.25	1.5
14-16	2	5.1	0.00	1,500.00	1,500.00	1.5
4-6	3	7.6	462.69	686.00	1,148.69	1.1
20-22	2	5.1	0.00	750.00	750.00	0.7
22-24	4	10.2	64.80	0.00	64.80	0.0
18-20	1	2.5	41.60	0.00	41.60	0.0
6-8	2	5.1	0.00	0.00	0.00	0.0
	39		**$ 37,320.51**	**$ 59,399.17**	**$ 96,719.68**	
AGE OF CLAIMANT						
40-44	9	23.0	34,322.50	50,899.17	85,221.67	88.1
55-59	4	10.2	842.71	2,250.00	3,092.71	3.2
45-49	8	20.5	265.60	2,250.00	2,515.60	2.6
60-64	3	7.6	259.46	1,750.00	2,009.46	2.0
50-54	6	15.3	41.60	1,500.00	1,541.60	1.5
25-29	2	5.1	366.00	750.00	1,116.00	1.1
65-69	1	2.5	823.95	0.00	823.95	0.8
35-39	6	15.3	398.69	0.00	398.69	0.4
	39		**$ 37,320.51**	**$ 59,399.17**	**$ 96,719.68**	
SEX OF CLAIMANT						
Female	37	94.8	37,320.51	59,399.17	96,719.68	100.0
Male	2	5.1	0.00	0.00	0.00	0.0
	39		**$ 37,320.51**	**$ 59,399.17**	**$ 96,719.68**	
LOSS CAUSE						
Walking surface, inside, dry	6	15.3	32,156.43	51,713.17	83,869.60	86.7
Furniture / fixtures	8	20.5	1,784.68	1,750.00	3,534.68	3.6
Office equipment	4	10.2	0.00	3,000.00	3,000.00	3.1
Boxes / containers	6	15.3	923.65	686.00	1,609.65	1.6
Walking surface, outside, dry	5	12.8	664.29	750.00	1,414.29	1.4
Building parts / doors	1	2.5	842.71	0.00	842.71	0.8
Walking surface, inside, wet	1	2.5	823.95	0.00	823.95	0.8
Miscellaneous	2	5.1	64.80	750.00	814.80	0.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Stairs, steps	1	2.5	0.00	750.00	750.00	0.7
Chemicals, not otherwise classified	1	2.5	60.00	0.00	60.00	0.0
Sharp objects, not otherwise classified	1	2.5	0.00	0.00	0.00	0.0
Elevators, escalators	1	2.5	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.5	0.00	0.00	0.00	0.0
	39		**$ 37,320.51**	**$ 59,399.17**	**$ 96,719.68**	

ACCIDENT TYPE

Twisting, strain or injury by	3	7.6	32,957.54	50,963.17	83,920.71	86.7
Fall or Slip (On Same Level)	16	41.0	3,086.05	2,250.00	5,336.05	5.5
Repetitive Motion	3	7.6	0.00	2,250.00	2,250.00	2.3
Strike Against/Step on Stationary Object	2	5.1	259.46	1,750.00	2,009.46	2.0
Lifting (strain or Injury by)	4	10.2	430.00	686.00	1,116.00	1.1
Fall or slip (on stairs)	1	2.5	0.00	750.00	750.00	0.7
Object Handled (caught in or between)	1	2.5	0.00	750.00	750.00	0.7
Struck/Injured by Falling or Flying Object	3	7.6	527.46	0.00	527.46	0.5
Absorb, Ingest, Inhalation	1	2.5	60.00	0.00	60.00	0.0
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	1	2.5	0.00	0.00	0.00	0.0
Fall or Slip (From Different Level)	2	5.1	0.00	0.00	0.00	0.0
Strike Against/Step On Moving Part Of Machine	1	2.5	0.00	0.00	0.00	0.0
Vehicle Upset	1	2.5	0.00	0.00	0.00	0.0
	39		**$ 37,320.51**	**$ 59,399.17**	**$ 96,719.68**	

**BODY PART

Hip	3
Knee	15
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Wrist(s) & Hand(s)	3
Lower Leg	3
Ankle	4
Shoulder	4
Hand	3
Elbow	4
Upper Leg	3
Wrist	2
Abdomen including Groin	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Thumb	2
Facial, Other Soft Tissue	1
Foot	3
Lungs	1
Lower Arm	1
Multiple Head Injury	1
Skull	1
Upper Arm (Inc: Clavicle and Scapula)	1
Upper Back Area (Thoracic Area)	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Social Services, Dept. Of (765)
SubAgency: Social Srvs, Dept Of - Esp Work (11)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	39					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Contusion	23
Sprain	10
Carpal Tunnel Syndrome	2
Laceration	5
Respiratory Disorders	1
Concussion	1
Puncture	1
	39

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Probation & Parole Dept. (767)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	4	19.0	982.14	983.58	1,965.72	39.1
2PM-3:59PM	6	28.5	1,707.29	0.00	1,707.29	33.9
10AM-11:59AM	6	28.5	152.32	750.00	902.32	17.9
8AM-9:59AM	4	19.0	450.10	0.00	450.10	8.9
Unknown	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 3,291.85**	**$ 1,733.58**	**$ 5,025.43**	
LENGTH OF SERVICE						
2-4	9	42.8	2,075.33	0.00	2,075.33	41.3
0-2	2	9.5	766.42	983.58	1,750.00	34.8
4-6	3	14.2	0.00	750.00	750.00	14.9
10-12	3	14.2	450.10	0.00	450.10	8.9
20-22	2	9.5	0.00	0.00	0.00	0.0
12-14	1	4.7	0.00	0.00	0.00	0.0
8-10	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 3,291.85**	**$ 1,733.58**	**$ 5,025.43**	
AGE OF CLAIMANT						
35-39	5	23.8	1,721.57	750.00	2,471.57	49.1
30-34	5	23.8	766.42	983.58	1,750.00	34.8
25-29	4	19.0	576.74	0.00	576.74	11.4
40-44	2	9.5	227.12	0.00	227.12	4.5
55-59	2	9.5	0.00	0.00	0.00	0.0
60-64	1	4.7	0.00	0.00	0.00	0.0
45-49	1	4.7	0.00	0.00	0.00	0.0
50-54	1	4.7	0.00	0.00	0.00	0.0
	21		**$ 3,291.85**	**$ 1,733.58**	**$ 5,025.43**	
SEX OF CLAIMANT						
Female	13	61.9	2,703.71	1,733.58	4,437.29	88.3
Male	8	38.0	588.14	0.00	588.14	11.7
	21		**$ 3,291.85**	**$ 1,733.58**	**$ 5,025.43**	
LOSS CAUSE						
Stairs, steps	1	4.7	766.42	983.58	1,750.00	34.8
Excavations	1	4.7	1,119.15	0.00	1,119.15	22.2
Furniture / fixtures	4	19.0	152.32	750.00	902.32	17.9
Person	3	14.2	588.14	0.00	588.14	11.7
Patient / Inmate	1	4.7	450.10	0.00	450.10	8.9
Building parts / doors	1	4.7	215.72	0.00	215.72	4.2
Animal / tick, spider, etc.	1	4.7	0.00	0.00	0.00	0.0
Boxes / containers	1	4.7	0.00	0.00	0.00	0.0
Stone / rock / brick	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
Animal, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	4.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	4	19.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Probation & Parole Dept. (767)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	21		**$ 3,291.85**	**$ 1,733.58**	**$ 5,025.43**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	4.7	766.42	983.58	1,750.00	34.8
Fall or Slip (From Different Level)	2	9.5	1,119.15	0.00	1,119.15	22.2
Pushing Or Pulling (Strain or Injury by)	1	4.7	0.00	750.00	750.00	14.9
Assault	1	4.7	450.10	0.00	450.10	8.9
Stuck, injured by fellow worker, patient	1	4.7	361.02	0.00	361.02	7.1
Holding Or Carrying (Strain or Injury by)	1	4.7	227.12	0.00	227.12	4.5
Struck/Injured by Falling or Flying Object	1	4.7	215.72	0.00	215.72	4.2
Struck/Injured by Object Being Lifted/Handled	1	4.7	152.32	0.00	152.32	3.0
Animal Or Insect	2	9.5	0.00	0.00	0.00	0.0
Fall or Slip (On Same Level)	3	14.2	0.00	0.00	0.00	0.0
Strike Against/Step On Obj. Being Lifted or Handle	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
Fall or slip (on ice or snow)	3	14.2	0.00	0.00	0.00	0.0
Infectious Disease Exposure	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		**$ 3,291.85**	**$ 1,733.58**	**$ 5,025.43**	

****BODY PART**	
Facial, Other Soft Tissue	7
Ankle	5
Finger(s)	5
Knee	5
Mouth	1
Soft Tissue - Neck	3
Foot	3
Ear(s)	2
Upper Back Area (Thoracic Area)	1
Thumb	1
Facial Bones	1
Hand	2
Lower Arm	1
Lower Back Area (Lumbar and Lumbo-Sacral)	4
Teeth	1
Upper Leg	1
Buttocks	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Hip	4
Lungs	1
No Physical Problem	1
Sacrum And Coccyx	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**	
Laceration	11

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:37

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: State Probation & Parole Dept. (767)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Contusion	24					
Strain	9					
Sprain	2					
Fracture	1					
Unknown	1					
Dislocation	1					
Inflamation	1					
No Physical Injury	1					
Respiratory Disorders	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	9	11.8	42,249.06	17,230.95	59,480.01	33.9
10AM-11:59AM	13	17.1	19,280.82	8,209.05	27,489.87	15.6
8AM-9:59AM	15	19.7	9,350.18	12,494.05	21,844.23	12.4
Unknown	11	14.4	10,267.98	8,901.62	19,169.60	10.9
4PM-5:59PM	7	9.2	10,771.97	6,528.70	17,300.67	9.8
4AM-5:59AM	3	3.9	2,865.37	14,323.65	17,189.02	9.8
6PM-7:59PM	7	9.2	8,146.44	0.00	8,146.44	4.6
2PM-3:59PM	9	11.8	2,121.58	750.00	2,871.58	1.6
12AM-1:59AM	1	1.3	1,854.93	0.00	1,854.93	1.0
6AM-7:59AM	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 106,908.33**	**$ 68,438.02**	**$ 175,346.35**	
LENGTH OF SERVICE						
2-4	48	63.1	66,793.36	52,961.43	119,754.79	68.3
0-2	25	32.8	28,453.55	11,667.67	40,121.22	22.8
8-10	1	1.3	7,684.08	3,808.92	11,493.00	6.5
4-6	2	2.6	3,977.34	0.00	3,977.34	2.2
	76		**$ 106,908.33**	**$ 68,438.02**	**$ 175,346.35**	
AGE OF CLAIMANT						
45-49	6	7.8	49,620.27	19,637.49	69,257.76	39.5
35-39	9	11.8	18,569.19	23,440.35	42,009.54	23.9
50-54	6	7.8	3,852.10	11,065.35	14,917.45	8.5
40-44	9	11.8	10,633.50	3,808.92	14,442.42	8.2
20-24	14	18.4	7,468.16	4,585.78	12,053.94	6.8
25-29	18	23.6	6,656.37	5,097.70	11,754.07	6.7
30-34	12	15.7	10,108.74	802.43	10,911.17	6.2
55-59	2	2.6	0.00	0.00	0.00	0.0
	76		**$ 106,908.33**	**$ 68,438.02**	**$ 175,346.35**	
SEX OF CLAIMANT						
Male	51	67.1	72,135.72	42,974.32	115,110.04	65.6
Female	25	32.8	34,772.61	25,463.70	60,236.31	34.3
	76		**$ 106,908.33**	**$ 68,438.02**	**$ 175,346.35**	
LOSS CAUSE						
Patient / Inmate	43	56.5	80,761.88	48,805.45	129,567.33	73.8
Furniture / fixtures	3	3.9	4,020.10	14,323.65	18,343.75	10.4
Stairs, steps	2	2.6	7,684.08	3,808.92	11,493.00	6.5
Walking surface, inside, wet	3	3.9	5,301.04	0.00	5,301.04	3.0
Walking surface, outside, dry	2	2.6	2,681.69	750.00	3,431.69	1.9
Boxes / containers	3	3.9	2,459.78	0.00	2,459.78	1.4
Person	4	5.2	444.05	750.00	1,194.05	0.6
Building parts / doors	6	7.8	1,174.04	0.00	1,174.04	0.6
Walking surface, inside, dry	2	2.6	1,127.02	0.00	1,127.02	0.6
Miscellaneous	2	2.6	643.20	0.00	643.20	0.3
Glass bottle / sheet	1	1.3	464.45	0.00	464.45	0.2
Infectious agent	2	2.6	147.00	0.00	147.00	0.0
Chemicals, not otherwise classified	1	1.3	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multi-versel w/o tip	1	1.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 106,908.33**	**$ 68,438.02**	**$ 175,346.35**	
ACCIDENT TYPE						
Stuck, injured by fellow worker, patient	17	22.3	48,715.90	22,010.41	70,726.31	40.3
Twisting, strain or injury by	18	23.6	11,147.56	17,128.13	28,275.69	16.1
Fall or Slip (On Same Level)	8	10.5	14,754.98	7,742.32	22,497.30	12.8
Strike Against/Step on Stationary Object	7	9.2	2,347.95	14,323.65	16,671.60	9.5
Fall or slip (on stairs)	2	2.6	7,684.08	3,808.92	11,493.00	6.5
Struck/Injured by Object Handled By Other	4	5.2	9,929.90	52.43	9,982.33	5.6
Pushing Or Pulling (Strain or Injury by)	2	2.6	4,168.89	3,372.16	7,541.05	4.3
Reaching (Strain or Injury by)	1	1.3	1,854.93	0.00	1,854.93	1.0
Fall or Slip (From Liquid/Grease spills)	2	2.6	1,323.70	0.00	1,323.70	0.7
Object Handled (caught in or between)	3	3.9	1,169.29	0.00	1,169.29	0.6
Repetitive Motion	1	1.3	1,127.02	0.00	1,127.02	0.6
Struck/Injured by Object Being Lifted/Handled	1	1.3	958.14	0.00	958.14	0.5
Contact With Hot Object or Substances	1	1.3	643.20	0.00	643.20	0.3
Struck/Injured by Falling or Flying Object	1	1.3	553.84	0.00	553.84	0.3
Assault	1	1.3	381.95	0.00	381.95	0.2
Allergic Reaction	1	1.3	147.00	0.00	147.00	0.0
Exposure to Poisonous Agent / Plant	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
Foreign Body In Eye	1	1.3	0.00	0.00	0.00	0.0
Lifting (strain or Injury by)	1	1.3	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.3	0.00	0.00	0.00	0.0
Struck or injured by misc.	1	1.3	0.00	0.00	0.00	0.0
	76		**$ 106,908.33**	**$ 68,438.02**	**$ 175,346.35**	
*****BODY PART***						
Ankle	9					
Lower Arm	5					
Finger(s)	8					
Hand	10					
Shoulder	7					
Lower Back Area (Lumbar and Lumbo-Sacral)	6					
Nose	6					
Eye(s)	7					
Knee	11					
Thumb	1					
Upper Arm (Inc: Clavicle and Scapula)	3					
Upper Leg	2					
Elbow	6					
Foot	1					
Wrist	1					
Hip	2					
Soft Tissue - Neck	3					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Facial, Other Soft Tissue	6					
Abdomen including Groin	3					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (601)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Mouth	1					
No Physical Problem	2					
Skull	1					
	76					

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

*****INJURY***

Contusion	32
Strain	31
Puncture	3
Sprain	8
Laceration	9
Vision Loss	1
Infection	1
Fracture	3
Crushing	4
Burn	4
Dermatitis	3
Foreign Body	1
No Physical Injury	2
	76

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (602)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	66.6	373.66	0.00	373.66	77.2
10AM-11:59AM	1	33.3	110.00	0.00	110.00	22.7
	3		**$ 483.66**	**$ 0.00**	**$ 483.66**	
LENGTH OF SERVICE						
6-8	1	33.3	373.66	0.00	373.66	77.2
0-2	1	33.3	110.00	0.00	110.00	22.7
4-6	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 483.66**	**$ 0.00**	**$ 483.66**	
AGE OF CLAIMANT						
45-49	1	33.3	373.66	0.00	373.66	77.2
35-39	2	66.6	110.00	0.00	110.00	22.7
	3		**$ 483.66**	**$ 0.00**	**$ 483.66**	
SEX OF CLAIMANT						
Male	1	33.3	373.66	0.00	373.66	77.2
Female	2	66.6	110.00	0.00	110.00	22.7
	3		**$ 483.66**	**$ 0.00**	**$ 483.66**	
LOSS CAUSE						
Metal items	1	33.3	373.66	0.00	373.66	77.2
Person	1	33.3	110.00	0.00	110.00	22.7
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 483.66**	**$ 0.00**	**$ 483.66**	
ACCIDENT TYPE						
Foreign Body In Eye	1	33.3	373.66	0.00	373.66	77.2
Pushing Or Pulling (Strain or Injury by)	1	33.3	110.00	0.00	110.00	22.7
Strike Against/Step on Stationary Object	1	33.3	0.00	0.00	0.00	0.0
	3		**$ 483.66**	**$ 0.00**	**$ 483.66**	
****BODY PART**						
Eye(s)	1					
Ankle	1					
Lower Leg	1					
Facial, Other Soft Tissue	1					
	3					

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

****INJURY**	
Foreign Body	1
Inflamation	1
Sprain	1
Puncture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (603)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	1,346.31	0.00	1,346.31	100.0
	1		***$ 1,346.31***	***$ 0.00***	***$ 1,346.31***	
LENGTH OF SERVICE						
4-6	1	100.0	1,346.31	0.00	1,346.31	100.0
	1		***$ 1,346.31***	***$ 0.00***	***$ 1,346.31***	
AGE OF CLAIMANT						
35-39	1	100.0	1,346.31	0.00	1,346.31	100.0
	1		***$ 1,346.31***	***$ 0.00***	***$ 1,346.31***	
SEX OF CLAIMANT						
Male	1	100.0	1,346.31	0.00	1,346.31	100.0
	1		***$ 1,346.31***	***$ 0.00***	***$ 1,346.31***	
LOSS CAUSE						
Person	1	100.0	1,346.31	0.00	1,346.31	100.0
	1		***$ 1,346.31***	***$ 0.00***	***$ 1,346.31***	
ACCIDENT TYPE						
Pushing Or Pulling (Strain or Injury by)	1	100.0	1,346.31	0.00	1,346.31	100.0
	1		***$ 1,346.31***	***$ 0.00***	***$ 1,346.31***	
*****BODY PART***						
Hand	1					
Lower Arm	1					
	1					

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

*****INJURY***	
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12AM-1:59AM	2	4.0	8,777.10	82,010.90	90,788.00	35.9
4PM-5:59PM	4	8.0	38,139.35	27,055.09	65,194.44	25.8
10AM-11:59AM	8	16.0	3,288.69	32,672.67	35,961.36	14.2
8AM-9:59AM	5	10.0	12,824.83	6,740.56	19,565.39	7.7
6PM-7:59PM	3	6.0	7,568.57	9,939.21	17,507.78	6.9
2PM-3:59PM	6	12.0	8,261.05	750.00	9,011.05	3.5
4AM-5:59AM	3	6.0	6,861.21	0.00	6,861.21	2.7
6AM-7:59AM	10	20.0	4,065.10	974.98	5,040.08	1.9
Unknown	4	8.0	1,990.61	432.77	2,423.38	0.9
12PM-1:59PM	4	8.0	283.10	0.00	283.10	0.1
2AM-3:59AM	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 92,059.61**	**$ 160,576.18**	**$ 252,635.79**	
LENGTH OF SERVICE						
2-4	25	50.0	66,402.59	121,969.49	188,372.08	74.5
0-2	11	22.0	15,110.02	18,112.57	33,222.59	13.1
6-8	1	2.0	760.65	20,061.35	20,822.00	8.2
4-6	8	16.0	6,692.09	432.77	7,124.86	2.8
20-22	1	2.0	1,748.71	0.00	1,748.71	0.6
12-14	2	4.0	877.93	0.00	877.93	0.3
34-36	1	2.0	467.62	0.00	467.62	0.1
10-12	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 92,059.61**	**$ 160,576.18**	**$ 252,635.79**	
AGE OF CLAIMANT						
25-29	7	14.0	19,728.59	76,201.10	95,929.69	37.9
30-34	12	24.0	12,618.12	37,474.43	50,092.55	19.8
40-44	10	20.0	30,805.30	2,416.96	33,222.26	13.1
35-39	8	16.0	15,624.53	14,117.56	29,742.09	11.7
50-54	4	8.0	5,478.93	20,494.12	25,973.05	10.2
45-49	6	12.0	5,915.43	9,872.01	15,787.44	6.2
60-64	1	2.0	1,748.71	0.00	1,748.71	0.6
20-24	1	2.0	140.00	0.00	140.00	0.0
55-59	1	2.0	0.00	0.00	0.00	0.0
	50		**$ 92,059.61**	**$ 160,576.18**	**$ 252,635.79**	
SEX OF CLAIMANT						
Female	28	56.0	38,039.82	144,291.69	182,331.51	72.1
Male	22	44.0	54,019.79	16,284.49	70,304.28	27.8
	50		**$ 92,059.61**	**$ 160,576.18**	**$ 252,635.79**	
LOSS CAUSE						
Patient / Inmate	21	42.0	55,074.65	46,951.16	102,025.81	40.3
Furniture / fixtures	3	6.0	7,447.20	75,383.90	82,831.10	32.7
Walking surface, inside, dry	2	4.0	847.45	20,061.35	20,908.80	8.2
Boxes / containers	3	6.0	10,689.11	6,740.56	17,429.67	6.9
Walking surface, outside, dry	3	6.0	6,332.07	9,872.01	16,204.08	6.4
Metal items	1	2.0	4,203.45	0.00	4,203.45	1.6
Building parts / doors	3	6.0	2,394.68	0.00	2,394.68	0.9

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, wet	1	2.0	1,748.71	0.00	1,748.71	0.6
Fencing	2	4.0	1,446.50	0.00	1,446.50	0.5
Walking surface, inside, wet	2	4.0	1,212.48	67.20	1,279.68	0.5
Animal / insect, not otherwise classified	1	2.0	0.00	750.00	750.00	0.3
Stairs, steps	1	2.0	0.00	750.00	750.00	0.3
Person	5	10.0	465.71	0.00	465.71	0.1
Animal / bee type	1	2.0	197.60	0.00	197.60	0.0
Environmental conditions	1	2.0	0.00	0.00	0.00	0.0
	50		***$ 92,059.61***	***$ 160,576.18***	***$ 252,635.79***	

ACCIDENT TYPE

Twisting, strain or injury by	9	18.0	13,048.19	75,816.67	88,864.86	35.1
Fall or Slip (On Same Level)	5	10.0	5,934.56	36,560.36	42,494.92	16.8
Stuck, injured by fellow worker, patient	7	14.0	11,901.28	24,863.11	36,764.39	14.5
Struck/Injured by Falling or Flying Object	3	6.0	27,772.62	2,191.98	29,964.60	11.8
Lifting (strain or Injury by)	3	6.0	10,689.11	6,740.56	17,429.67	6.9
Assault	4	8.0	1,135.24	12,611.32	13,746.56	5.4
Strike Against/Step on Stationary Object	3	6.0	7,065.68	0.00	7,065.68	2.8
Struck/Injured by Object Being Lifted/Handled	2	4.0	4,354.95	0.00	4,354.95	1.7
Fall or slip (into Openings)	1	2.0	3,954.08	0.00	3,954.08	1.5
Struck or injured by misc.	1	2.0	1,876.81	0.00	1,876.81	0.7
Fall or slip (on ice or snow)	1	2.0	1,748.71	0.00	1,748.71	0.6
Slipped, Did Not Fall	2	4.0	987.13	67.20	1,054.33	0.4
Allergic Reaction	1	2.0	0.00	750.00	750.00	0.3
Exposure to Poisonous Agent / Plant	1	2.0	525.02	224.98	750.00	0.3
Fall or slip (on stairs)	1	2.0	0.00	750.00	750.00	0.3
Object Handled (caught in or between)	2	4.0	541.58	0.00	541.58	0.2
Fall or Slip (From Liquid/Grease spills)	1	2.0	225.35	0.00	225.35	0.0
Animal Or Insect	1	2.0	197.60	0.00	197.60	0.0
Contact with Cold Objects or Substances	1	2.0	101.70	0.00	101.70	0.0
Stress	1	2.0	0.00	0.00	0.00	0.0
	50		***$ 92,059.61***	***$ 160,576.18***	***$ 252,635.79***	

***BODY PART*

Knee	14
Upper Arm (Inc: Clavicle and Scapula)	2
Upper Leg	1
Hand	3
Ankle	2
Internal Organs	1
Facial, Other Soft Tissue	3
Lower Back Area (Lumbar and Lumbo-Sacral)	7
Finger(s)	7
Lower Arm	3
Shoulder	3
Elbow	1
Nose	2
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Multiple Head Injury	1
Upper Back Area (Thoracic Area)	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Bon Air Learning Center (712)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Whole Body	1					
Abdomen including Groin	2					
Mouth	1					
Eye(s)	1					
Multiple Body Parts	1					
Foot	1					
	50					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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	19
Sprain	6
Dislocation	1
Laceration	5
Fracture	2
Hernia	1
Amputation	1
No Physical Injury	3
Multiple Physical Injuries Only	1
Puncture	2
Foreign Body	1
Mental Stress	1
Crushing	1
Inflamation	1
	50

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	21	12.7	50,468.56	27,323.01	77,791.57	21.6
4PM-5:59PM	15	9.0	26,062.82	38,356.94	64,419.76	17.9
Unknown	34	20.6	44,921.85	19,139.22	64,061.07	17.8
6PM-7:59PM	18	10.9	16,619.44	28,498.03	45,117.47	12.5
8AM-9:59AM	14	8.4	9,508.25	30,982.83	40,491.08	11.2
2PM-3:59PM	13	7.8	17,996.38	14,528.96	32,525.34	9.0
10AM-11:59AM	19	11.5	13,946.45	11,712.27	25,658.72	7.1
6AM-7:59AM	21	12.7	6,212.82	-193.60	6,019.22	1.6
4AM-5:59AM	6	3.6	2,109.06	0.00	2,109.06	0.5
2AM-3:59AM	1	0.6	506.45	0.00	506.45	0.1
12AM-1:59AM	3	1.8	88.25	0.00	88.25	0.0
	165		***$ 188,440.33***	***$ 170,347.66***	***$ 358,787.99***	
LENGTH OF SERVICE						
0-2	67	40.6	72,772.03	64,798.77	137,570.80	38.3
2-4	43	26.0	70,652.71	61,911.88	132,564.59	36.9
22-24	2	1.2	5,092.69	28,657.31	33,750.00	9.4
4-6	21	12.7	22,515.14	6,021.93	28,537.07	7.9
12-14	3	1.8	9,992.68	8,894.77	18,887.45	5.2
6-8	10	6.0	2,788.21	0.00	2,788.21	0.7
10-12	9	5.4	2,157.84	0.00	2,157.84	0.6
20-22	1	0.6	910.44	0.00	910.44	0.2
24-26	1	0.6	693.76	63.00	756.76	0.2
14-16	4	2.4	486.53	0.00	486.53	0.1
26-28	1	0.6	214.80	0.00	214.80	0.0
16-18	1	0.6	163.50	0.00	163.50	0.0
8-10	2	1.2	0.00	0.00	0.00	0.0
	165		***$ 188,440.33***	***$ 170,347.66***	***$ 358,787.99***	
AGE OF CLAIMANT						
35-39	38	23.0	39,602.65	45,515.54	85,118.19	23.7
25-29	21	12.7	39,994.26	39,616.40	79,610.66	22.1
40-44	23	13.9	42,294.89	27,607.65	69,902.54	19.4
45-49	15	9.0	26,191.37	43,146.27	69,337.64	19.3
30-34	44	26.6	19,706.03	13,022.03	32,728.06	9.1
20-24	8	4.8	15,602.12	1,108.22	16,710.34	4.6
50-54	9	5.4	4,208.05	0.00	4,208.05	1.1
55-59	6	3.6	693.76	331.55	1,025.31	0.2
60-64	1	0.6	147.20	0.00	147.20	0.0
	165		***$ 188,440.33***	***$ 170,347.66***	***$ 358,787.99***	
SEX OF CLAIMANT						
Male	104	63.0	164,283.38	148,915.31	313,198.69	87.2
Female	61	36.9	24,156.95	21,432.35	45,589.30	12.7
	165		***$ 188,440.33***	***$ 170,347.66***	***$ 358,787.99***	
LOSS CAUSE						
Patient / Inmate	95	57.5	90,811.95	98,876.93	189,688.88	52.8
Person	8	4.8	34,275.19	18,183.07	52,458.26	14.6

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Walking surface, outside, wet	3	1.8	22,337.67	9,745.81	32,083.48	8.9
Stairs, steps	5	3.0	10,349.92	9,332.93	19,682.85	5.4
Unknown	1	0.6	0.00	18,000.00	18,000.00	5.0
Walking surface, inside, dry	5	3.0	13,887.03	1,261.82	15,148.85	4.2
Environmental conditions	1	0.6	0.00	14,090.00	14,090.00	3.9
Building parts / doors	9	5.4	4,178.49	0.00	4,178.49	1.1
Vehicle, not otherwise classified	6	3.6	2,064.45	107.10	2,171.55	0.6
Walking surface, inside, wet	5	3.0	1,733.89	0.00	1,733.89	0.4
Food	1	0.6	1,638.01	0.00	1,638.01	0.4
Machine, not otherwise classified	2	1.2	1,584.63	0.00	1,584.63	0.4
Boxes / containers	3	1.8	1,580.71	0.00	1,580.71	0.4
Miscellaneous	5	3.0	1,562.84	0.00	1,562.84	0.4
Chemicals, not otherwise classified	2	1.2	612.00	750.00	1,362.00	0.3
Sharp objects, not otherwise classified	3	1.8	1,047.23	0.00	1,047.23	0.2
Walking surface, outside, dry	2	1.2	418.52	0.00	418.52	0.1
Furniture / fixtures	4	2.4	357.80	0.00	357.80	0.1
Animal / insect, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Animal / bee type	1	0.6	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Pipe	1	0.6	0.00	0.00	0.00	0.0
Water	1	0.6	0.00	0.00	0.00	0.0
	165		***$ 188,440.33***	***$ 170,347.66***	***$ 358,787.99***	

ACCIDENT TYPE

Twisting, strain or injury by	63	38.1	68,171.46	87,988.47	156,159.93	43.5
Strike Against/Step on Stationary Object	10	6.0	22,129.61	24,823.85	46,953.46	13.0
Fall or slip (on ice or snow)	2	1.2	21,420.59	9,899.41	31,320.00	8.7
Pushing Or Pulling (Strain or Injury by)	4	2.4	16,378.66	7,778.83	24,157.49	6.7
Fall or slip (on stairs)	3	1.8	9,308.63	9,332.93	18,641.56	5.2
Holding Or Carrying (Strain or Injury by)	1	0.6	9,663.23	8,894.77	18,558.00	5.1
Stress	1	0.6	0.00	14,090.00	14,090.00	3.9
Assault	5	3.0	4,491.26	6,544.35	11,035.61	3.0
Fall or Slip (On Same Level)	14	8.4	8,527.08	-90.60	8,436.48	2.3
Stuck, injured by fellow worker, patient	20	12.1	8,395.83	-40.00	8,355.83	2.3
Struck/Injured by Falling or Flying Object	9	5.4	7,166.18	0.00	7,166.18	2.0
Object Handled (caught in or between)	4	2.4	3,803.70	107.10	3,910.80	1.0
Struck/Injured by Object Handled By Other	4	2.4	2,168.67	268.55	2,437.22	0.6
Struck/Injured by Object Being Lifted/Handled	4	2.4	2,205.66	0.00	2,205.66	0.6
Lifting (strain or Injury by)	2	1.2	1,371.91	0.00	1,371.91	0.3
Struck/Injured by Hand Tool/Machine In Use	1	0.6	900.03	0.00	900.03	0.2
Exposure to Poisonous Agent / Plant	1	0.6	0.00	750.00	750.00	0.2
Strike Against/Step On Obj. Being Lifted or Handle	1	0.6	635.87	0.00	635.87	0.1
Foreign Body In Eye	2	1.2	612.00	0.00	612.00	0.1
Slipped, Did Not Fall	1	0.6	554.76	0.00	554.76	0.1
Human Bite	1	0.6	240.00	0.00	240.00	0.0
Fall or Slip (From Liquid/Grease spills)	3	1.8	148.00	0.00	148.00	0.0
Struck or injured by misc.	1	0.6	147.20	0.00	147.20	0.0
Animal Or Insect	3	1.8	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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Motor Vehicle	1	0.6	0.00	0.00	0.00	0.0
Vehicle Upset	3	1.8	0.00	0.00	0.00	0.0
	165		**$ 188,440.33**	**$ 170,347.66**	**$ 358,787.99**	

**BODY PART

Knee	30
Finger(s)	20
Ankle	8
Wrist	9
Lower Back Area (Lumbar and Lumbo-Sacral)	21
Shoulder	11
Lower Leg	9
Elbow	9
Soft Tissue - Neck	11
Hand	17
Facial, Other Soft Tissue	13
Whole Body	2
Hip	6
Multiple Head Injury	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	4
Lower Arm	10
Upper Arm (Inc: Clavicle and Scapula)	4
Teeth	1
Foot	2
Eye(s)	5
Thumb	5
Upper Leg	2
Nose	2
Toe(s)	1
Upper Back Area (Thoracic Area)	1
Skull	2
Buttocks	2
No Physical Problem	4
	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	92
Contusion	66
Fracture	4
Sprain	18
Laceration	13
Mental Stress	1
No Physical Injury	5
Contagious Disease	1
Foreign Body	2
Puncture	7
Rupture	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Beaumont Juvenile Crctnl Cntr (713)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Multiple Physical Injuries Only	2					
	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Barrett Learning Center (714)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	2	11.7	3,683.08	0.00	3,683.08	59.4
10AM-11:59AM	2	11.7	119.68	750.00	869.68	14.0
8AM-9:59AM	5	29.4	630.07	0.00	630.07	10.1
4PM-5:59PM	3	17.6	541.40	0.00	541.40	8.7
6AM-7:59AM	3	17.6	360.67	0.00	360.67	5.8
6PM-7:59PM	2	11.7	110.00	0.00	110.00	1.7
	17		**$ 5,444.90**	**$ 750.00**	**$ 6,194.90**	
LENGTH OF SERVICE						
0-2	6	35.2	4,045.75	750.00	4,795.75	77.4
8-10	1	5.8	605.00	0.00	605.00	9.7
2-4	5	29.4	433.48	0.00	433.48	7.0
6-8	3	17.6	271.80	0.00	271.80	4.3
4-6	2	11.7	88.87	0.00	88.87	1.4
	17		**$ 5,444.90**	**$ 750.00**	**$ 6,194.90**	
AGE OF CLAIMANT						
20-24	3	17.6	3,793.08	0.00	3,793.08	61.2
30-34	4	23.5	0.00	750.00	750.00	12.1
45-49	1	5.8	605.00	0.00	605.00	9.7
40-44	1	5.8	541.40	0.00	541.40	8.7
50-54	3	17.6	391.48	0.00	391.48	6.3
35-39	4	23.5	88.87	0.00	88.87	1.4
25-29	1	5.8	25.07	0.00	25.07	0.4
	17		**$ 5,444.90**	**$ 750.00**	**$ 6,194.90**	
SEX OF CLAIMANT						
Male	11	64.7	4,407.76	750.00	5,157.76	83.2
Female	6	35.2	1,037.14	0.00	1,037.14	16.7
	17		**$ 5,444.90**	**$ 750.00**	**$ 6,194.90**	
LOSS CAUSE						
Patient / Inmate	10	58.8	4,423.15	750.00	5,173.15	83.5
Building parts / doors	1	5.8	541.40	0.00	541.40	8.7
Hand tool, not powered, NOC	2	11.7	271.80	0.00	271.80	4.3
Person	1	5.8	119.68	0.00	119.68	1.9
Animal / bee type	1	5.8	88.87	0.00	88.87	1.4
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
	17		**$ 5,444.90**	**$ 750.00**	**$ 6,194.90**	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	2	11.7	3,359.60	0.00	3,359.60	54.2
Twisting, strain or injury by	7	41.1	1,063.55	750.00	1,813.55	29.2
Struck/Injured by Hand Tool/Machine In Use	1	5.8	541.40	0.00	541.40	8.7
Object being lifted/handled (cut,punc.scrape,inj b	1	5.8	271.80	0.00	271.80	4.3
Pushing Or Pulling (Strain or Injury by)	1	5.8	119.68	0.00	119.68	1.9
Animal Or Insect	1	5.8	88.87	0.00	88.87	1.4
Fall or Slip (From Liquid/Grease spills)	1	5.8	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Barrett Learning Center (714)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Struck/Injured by Object Handled By Other	1	5.8	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	2	11.7	0.00	0.00	0.00	0.0
	17		**$ 5,444.90**	**$ 750.00**	**$ 6,194.90**	

**BODY PART

Knee	2
Lower Back Area (Lumbar and Lumbo-Sacral)	6
Hand	3
Lower Leg	2
Hip	1
Upper Leg	1
Lower Arm	2
Toe(s)	1
Elbow	1
Facial, Other Soft Tissue	1
Nose	1
Shoulder	1
Teeth	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	8
Strain	10
Puncture	3
Dislocation	1
Sprain	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	6	18.1	51,454.85	28,947.81	80,402.66	66.1
8AM-9:59AM	4	12.1	3,111.67	24,583.58	27,695.25	22.7
12AM-1:59AM	1	3.0	4,434.61	0.00	4,434.61	3.6
2PM-3:59PM	3	9.0	3,599.60	0.00	3,599.60	2.9
6AM-7:59AM	8	24.2	1,007.55	1,717.00	2,724.55	2.2
4PM-5:59PM	4	12.1	1,497.33	0.00	1,497.33	1.2
2AM-3:59AM	1	3.0	920.50	0.00	920.50	0.7
10AM-11:59AM	1	3.0	144.75	0.00	144.75	0.1
4AM-5:59AM	1	3.0	129.75	0.00	129.75	0.1
12PM-1:59PM	2	6.0	0.00	0.00	0.00	0.0
6PM-7:59PM	2	6.0	0.00	0.00	0.00	0.0
	33		**$ 66,300.61**	**$ 55,248.39**	**$ 121,549.00**	
LENGTH OF SERVICE						
6-8	2	6.0	28,049.99	26,077.13	54,127.12	44.5
4-6	9	27.2	2,880.22	26,388.58	29,268.80	24.0
24-26	2	6.0	23,684.94	0.00	23,684.94	19.4
0-2	11	33.3	6,004.96	-88.00	5,916.96	4.8
2-4	5	15.1	342.75	2,870.68	3,213.43	2.6
8-10	1	3.0	3,200.00	0.00	3,200.00	2.6
18-20	1	3.0	1,217.25	0.00	1,217.25	1.0
16-18	1	3.0	920.50	0.00	920.50	0.7
26-28	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 66,300.61**	**$ 55,248.39**	**$ 121,549.00**	
AGE OF CLAIMANT						
30-34	7	21.2	33,698.20	25,989.13	59,687.33	49.1
40-44	8	24.2	5,757.02	24,671.58	30,428.60	25.0
45-49	4	12.1	25,115.19	0.00	25,115.19	20.6
35-39	8	24.2	1,269.45	2,870.68	4,140.13	3.4
50-54	4	12.1	460.75	1,717.00	2,177.75	1.7
55-59	2	6.0	0.00	0.00	0.00	0.0
	33		**$ 66,300.61**	**$ 55,248.39**	**$ 121,549.00**	
SEX OF CLAIMANT						
Male	23	69.6	65,198.91	52,377.71	117,576.62	96.7
Female	10	30.3	1,101.70	2,870.68	3,972.38	3.2
	33		**$ 66,300.61**	**$ 55,248.39**	**$ 121,549.00**	
LOSS CAUSE						
Building parts / doors	1	3.0	28,005.74	26,077.13	54,082.87	44.4
Patient / Inmate	17	51.5	31,888.17	2,870.68	34,758.85	28.6
Walking surface, outside, dry	3	9.0	3,421.67	26,388.58	29,810.25	24.5
Miscellaneous	4	12.1	1,710.33	0.00	1,710.33	1.4
Furniture / fixtures	4	12.1	1,126.50	-88.00	1,038.50	0.8
Person	1	3.0	148.20	0.00	148.20	0.1
Boxes / containers	1	3.0	0.00	0.00	0.00	0.0
Excavations	1	3.0	0.00	0.00	0.00	0.0
Stairs, steps	1	3.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	33		**$ 66,300.61**	**$ 55,248.39**	**$ 121,549.00**	
ACCIDENT TYPE						
Struck or injured by misc.	2	6.0	28,819.74	25,989.13	54,808.87	45.0
Fall or Slip (On Same Level)	6	18.1	26,776.63	24,671.58	51,448.21	42.3
Twisting, strain or injury by	7	21.2	5,219.69	1,717.00	6,936.69	5.7
Stuck, injured by fellow worker, patient	7	21.2	3,954.80	0.00	3,954.80	3.2
Struck/Injured by Falling or Flying Object	4	12.1	0.00	2,870.68	2,870.68	2.3
Lifting (strain or Injury by)	1	3.0	1,217.25	0.00	1,217.25	1.0
Strike Against/Step on Stationary Object	2	6.0	167.75	0.00	167.75	0.1
Struck/Injured by Object Being Lifted/Handled	1	3.0	144.75	0.00	144.75	0.1
Fall or Slip (From Different Level)	1	3.0	0.00	0.00	0.00	0.0
Fall or slip (on stairs)	1	3.0	0.00	0.00	0.00	0.0
Pushing Or Pulling (Strain or Injury by)	1	3.0	0.00	0.00	0.00	0.0
	33		**$ 66,300.61**	**$ 55,248.39**	**$ 121,549.00**	

*****BODY PART***	
Finger(s)	3
Knee	8
Mouth	2
Abdomen including Groin	2
Whole Body	1
Hip	2
Lower Back Area (Lumbar and Lumbo-Sacral)	2
Shoulder	5
Foot	2
Ankle	1
Hand	4
Skull	1
Lower Leg	1
Nose	2
Facial, Other Soft Tissue	5
Elbow	1
Eye(s)	2
Soft Tissue - Neck	1
Upper Leg	1
	33

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

*****INJURY***	
Amputation	2
Strain	17
Contusion	18
Laceration	3
Mental Stress	1
Sprain	2
Puncture	1
No Physical Injury	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hanover Learning Center (715)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	33					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Hampton Halfway House (717)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	100.0	0.00	9,145.00	9,145.00	100.0
	1		***$ 0.00***	***$ 9,145.00***	***$ 9,145.00***	
LENGTH OF SERVICE						
10-12	1	100.0	0.00	9,145.00	9,145.00	100.0
	1		***$ 0.00***	***$ 9,145.00***	***$ 9,145.00***	
AGE OF CLAIMANT						
45-49	1	100.0	0.00	9,145.00	9,145.00	100.0
	1		***$ 0.00***	***$ 9,145.00***	***$ 9,145.00***	
SEX OF CLAIMANT						
Female	1	100.0	0.00	9,145.00	9,145.00	100.0
	1		***$ 0.00***	***$ 9,145.00***	***$ 9,145.00***	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	9,145.00	9,145.00	100.0
	1		***$ 0.00***	***$ 9,145.00***	***$ 9,145.00***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	100.0	0.00	9,145.00	9,145.00	100.0
	1		***$ 0.00***	***$ 9,145.00***	***$ 9,145.00***	
*****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***		
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 2001

By Agencies,SubAgencies

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Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Abraxus Halfway House (718)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LENGTH OF SERVICE						
8-10	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
AGE OF CLAIMANT						
40-44	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
SEX OF CLAIMANT						
Male	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	100.0	50.00	0.00	50.00	100.0
	1		**$ 50.00**	**$ 0.00**	**$ 50.00**	
****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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Natural Bridge Learning Center (732)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	2	12.5	5,585.39	19,317.39	24,902.78	95.7
4PM-5:59PM	2	12.5	0.00	750.00	750.00	2.8
Unknown	3	18.7	351.16	0.00	351.16	1.3
2PM-3:59PM	1	6.2	0.00	0.00	0.00	0.0
8AM-9:59AM	3	18.7	0.00	0.00	0.00	0.0
10AM-11:59AM	1	6.2	0.00	0.00	0.00	0.0
2AM-3:59AM	2	12.5	0.00	0.00	0.00	0.0
4AM-5:59AM	1	6.2	0.00	0.00	0.00	0.0
6AM-7:59AM	1	6.2	0.00	0.00	0.00	0.0
	16		**$ 5,936.55**	**$ 20,067.39**	**$ 26,003.94**	
LENGTH OF SERVICE						
8-10	2	12.5	5,297.61	19,771.39	25,069.00	96.4
20-22	1	6.2	0.00	750.00	750.00	2.8
0-2	2	12.5	200.00	0.00	200.00	0.7
2-4	5	31.2	151.16	0.00	151.16	0.5
26-28	1	6.2	0.00	0.00	0.00	0.0
4-6	4	25.0	0.00	0.00	0.00	0.0
18-20	1	6.2	287.78	-454.00	-166.22	-0.6
	16		**$ 5,936.55**	**$ 20,067.39**	**$ 26,003.94**	
AGE OF CLAIMANT						
45-49	7	43.7	5,297.61	20,521.39	25,819.00	99.2
25-29	2	12.5	200.00	0.00	200.00	0.7
40-44	4	25.0	151.16	0.00	151.16	0.5
50-54	1	6.2	287.78	-454.00	-166.22	-0.6
55-59	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 5,936.55**	**$ 20,067.39**	**$ 26,003.94**	
SEX OF CLAIMANT						
Male	13	81.2	5,936.55	20,067.39	26,003.94	100.0
Female	3	18.7	0.00	0.00	0.00	0.0
	16		**$ 5,936.55**	**$ 20,067.39**	**$ 26,003.94**	
LOSS CAUSE						
Furniture / fixtures	3	18.7	5,297.61	19,771.39	25,069.00	96.4
Walking surface, inside, dry	4	25.0	0.00	750.00	750.00	2.8
Food	1	6.2	200.00	0.00	200.00	0.7
Patient / Inmate	4	25.0	151.16	0.00	151.16	0.5
Stairs, steps	1	6.2	0.00	0.00	0.00	0.0
Brush / tree / log	1	6.2	287.78	-454.00	-166.22	-0.6
Walking surface, outside, dry	2	12.5	0.00	0.00	0.00	0.0
	16		**$ 5,936.55**	**$ 20,067.39**	**$ 26,003.94**	
ACCIDENT TYPE						
Fall or Slip (From Different Level)	2	12.5	5,297.61	19,771.39	25,069.00	96.4
Fall or Slip (On Same Level)	5	31.2	0.00	750.00	750.00	2.8
Other (Not Otherwise Classified)	1	6.2	200.00	0.00	200.00	0.7
Stuck, injured by fellow worker, patient	1	6.2	151.16	0.00	151.16	0.5

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Natural Bridge Learning Center (732)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Fall or slip (on stairs)	1	6.2	0.00	0.00	0.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	6.2	287.78	-454.00	-166.22	-0.6
Slipped, Did Not Fall	1	6.2	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	6.2	0.00	0.00	0.00	0.0
Twisting, strain or injury by	3	18.7	0.00	0.00	0.00	0.0
	16		**$ 5,936.55**	**$ 20,067.39**	**$ 26,003.94**	

**BODY PART

Shoulder	1
Knee	6
Teeth	1
Eye(s)	1
Ankle	2
Thumb	1
Foot	1
Skull	2
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	5
Laceration	2
Dislocation	1
Contusion	3
Sprain	2
Multiple Physical Injuries Only	1
No Physical Injury	2
	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	3	9.6	37,928.67	11,052.69	48,981.36	52.8
Unknown	5	16.1	6,388.65	8,793.00	15,181.65	16.3
6AM-7:59AM	4	12.9	13,944.49	-40.00	13,904.49	15.0
12PM-1:59PM	4	12.9	4,491.26	0.00	4,491.26	4.8
6PM-7:59PM	4	12.9	4,390.01	0.00	4,390.01	4.7
4PM-5:59PM	5	16.1	1,951.41	750.00	2,701.41	2.9
10AM-11:59AM	5	16.1	2,274.96	0.00	2,274.96	2.4
2PM-3:59PM	1	3.2	0.00	750.00	750.00	0.8
	31		**$ 71,369.45**	**$ 21,305.69**	**$ 92,675.14**	
LENGTH OF SERVICE						
6-8	5	16.1	37,468.17	12,552.69	50,020.86	53.9
2-4	9	29.0	10,609.23	8,793.00	19,402.23	20.9
20-22	1	3.2	5,730.82	0.00	5,730.82	6.1
10-12	1	3.2	4,079.29	0.00	4,079.29	4.4
18-20	2	6.4	3,934.82	0.00	3,934.82	4.2
4-6	3	9.6	2,917.03	0.00	2,917.03	3.1
22-24	1	3.2	2,721.99	0.00	2,721.99	2.9
14-16	3	9.6	2,014.41	0.00	2,014.41	2.1
12-14	2	6.4	895.76	-40.00	855.76	0.9
0-2	2	6.4	638.72	0.00	638.72	0.6
16-18	2	6.4	359.21	0.00	359.21	0.3
	31		**$ 71,369.45**	**$ 21,305.69**	**$ 92,675.14**	
AGE OF CLAIMANT						
55-59	3	9.6	37,724.50	11,052.69	48,777.19	52.6
40-44	13	41.9	13,519.19	10,293.00	23,812.19	25.6
45-49	2	6.4	7,140.88	0.00	7,140.88	7.7
35-39	4	12.9	7,093.01	-40.00	7,053.01	7.6
30-34	2	6.4	3,151.18	0.00	3,151.18	3.4
50-54	3	9.6	1,897.80	0.00	1,897.80	2.0
25-29	3	9.6	842.89	0.00	842.89	0.9
20-24	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 71,369.45**	**$ 21,305.69**	**$ 92,675.14**	
SEX OF CLAIMANT						
Male	27	87.0	65,246.24	21,305.69	86,551.93	93.3
Female	4	12.9	6,123.21	0.00	6,123.21	6.6
	31		**$ 71,369.45**	**$ 21,305.69**	**$ 92,675.14**	
LOSS CAUSE						
Patient / Inmate	21	67.7	54,180.40	11,762.69	65,943.09	71.1
Furniture / fixtures	2	6.4	157.00	8,793.00	8,950.00	9.6
Office equipment	1	3.2	5,730.82	0.00	5,730.82	6.1
Walking surface, outside, dry	2	6.4	4,079.29	750.00	4,829.29	5.2
Brush / tree / log	1	3.2	3,334.71	0.00	3,334.71	3.6
Building parts / doors	2	6.4	1,737.65	0.00	1,737.65	1.8
Clothing / jewelry	1	3.2	1,410.06	0.00	1,410.06	1.5
Hand tool, powered, NOC	1	3.2	739.52	0.00	739.52	0.8

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Reception & Diagnosis Center (733)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	31		**$ 71,369.45**	**$ 21,305.69**	**$ 92,675.14**	
ACCIDENT TYPE						
Assault	1	3.2	34,389.79	11,052.69	45,442.48	49.0
Twisting, strain or injury by	14	45.1	15,300.56	1,500.00	16,800.56	18.1
Fall or Slip (On Same Level)	8	25.8	13,471.11	-40.00	13,431.11	14.4
Strike Against/Step on Stationary Object	3	9.6	359.21	8,793.00	9,152.21	9.8
Slipped, Did Not Fall	1	3.2	5,730.82	0.00	5,730.82	6.1
Object Handled (caught in or between)	1	3.2	1,378.44	0.00	1,378.44	1.4
Struck/Injured by Hand Tool/Machine In Use	1	3.2	739.52	0.00	739.52	0.8
Struck/Injured by Object Handled By Other	1	3.2	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	3.2	0.00	0.00	0.00	0.0
	31		**$ 71,369.45**	**$ 21,305.69**	**$ 92,675.14**	

*****BODY PART***

Facial Bones	1
Knee	10
Shoulder	5
Lower Back Area (Lumbar and Lumbo-Sacral)	8
Hand	4
Upper Leg	3
Wrist	3
Elbow	3
Abdomen including Groin	2
Ankle	1
Hip	3
Lower Leg	1
Chest (Inc: Ribs, Sternum and Soft Tissue)	1
Upper Back Area (Thoracic Area)	1
Teeth	1
	31

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

*****INJURY***

Strain	31
Fracture	1
Contusion	11
Sprain	3
Dislocation	1
	31

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:38

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Oakridge Learning Center (743)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
Unknown	1	20.0	2,228.58	0.00	2,228.58	58.7
8AM-9:59AM	2	40.0	812.51	750.00	1,562.51	41.2
10AM-11:59AM	1	20.0	0.00	0.00	0.00	0.0
12PM-1:59PM	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,041.09**	**$ 750.00**	**$ 3,791.09**	
LENGTH OF SERVICE						
14-16	1	20.0	2,228.58	0.00	2,228.58	58.7
18-20	1	20.0	812.51	0.00	812.51	21.4
0-2	1	20.0	0.00	750.00	750.00	19.7
8-10	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 3,041.09**	**$ 750.00**	**$ 3,791.09**	
AGE OF CLAIMANT						
55-59	1	20.0	2,228.58	0.00	2,228.58	58.7
40-44	1	20.0	812.51	0.00	812.51	21.4
50-54	2	40.0	0.00	750.00	750.00	19.7
60-64	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,041.09**	**$ 750.00**	**$ 3,791.09**	
SEX OF CLAIMANT						
Male	3	60.0	3,041.09	0.00	3,041.09	80.2
Female	2	40.0	0.00	750.00	750.00	19.7
	5		**$ 3,041.09**	**$ 750.00**	**$ 3,791.09**	
LOSS CAUSE						
Furniture / fixtures	1	20.0	2,228.58	0.00	2,228.58	58.7
Fencing	1	20.0	812.51	0.00	812.51	21.4
Stairs, steps	1	20.0	0.00	750.00	750.00	19.7
Patient / Inmate	1	20.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,041.09**	**$ 750.00**	**$ 3,791.09**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	20.0	2,228.58	0.00	2,228.58	58.7
Pushing Or Pulling (Strain or Injury by)	1	20.0	812.51	0.00	812.51	21.4
Twisting, strain or injury by	1	20.0	0.00	750.00	750.00	19.7
Fall or Slip (On Same Level)	1	20.0	0.00	0.00	0.00	0.0
Stuck, injured by fellow worker, patient	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 3,041.09**	**$ 750.00**	**$ 3,791.09**	
****BODY PART**						
Shoulder	1					
Knee	2					
Elbow	1					
Facial, Other Soft Tissue	2					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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.**

*****INJURY***

Sprain	1
Strain	2
Contusion	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (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						
6-8	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***

Buttocks	1
Hand	1
Hip	1
	1

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

*****INJURY***

Contusion	2
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 7th Jud Dist Csu-newport News (849)

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						
32-34	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
50-54	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Miscellaneous	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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 1st Judicial Dist Csu-chesapeake (850)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6AM-7:59AM	1	50.0	65.00	0.00	65.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LENGTH OF SERVICE						
0-2	2	100.0	65.00	0.00	65.00	100.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
AGE OF CLAIMANT						
30-34	1	50.0	65.00	0.00	65.00	100.0
35-39	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
SEX OF CLAIMANT						
Female	2	100.0	65.00	0.00	65.00	100.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
LOSS CAUSE						
Stairs, steps	1	50.0	65.00	0.00	65.00	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	50.0	65.00	0.00	65.00	100.0
Strike Against/Step on Stationary Object	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 65.00**	**$ 0.00**	**$ 65.00**	
****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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 3rd Judicial Dist Csu-portsmouth (852)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	50.0	193.14	0.00	193.14	100.0
8AM-9:59AM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.14**	**$ 0.00**	**$ 193.14**	
LENGTH OF SERVICE						
12-14	1	50.0	193.14	0.00	193.14	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.14**	**$ 0.00**	**$ 193.14**	
AGE OF CLAIMANT						
45-49	1	50.0	193.14	0.00	193.14	100.0
30-34	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.14**	**$ 0.00**	**$ 193.14**	
SEX OF CLAIMANT						
Male	1	50.0	193.14	0.00	193.14	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.14**	**$ 0.00**	**$ 193.14**	
LOSS CAUSE						
Building parts / doors	1	50.0	193.14	0.00	193.14	100.0
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.14**	**$ 0.00**	**$ 193.14**	
ACCIDENT TYPE						
Strike Against/Step on Stationary Object	1	50.0	193.14	0.00	193.14	100.0
Lifting (strain or Injury by)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 193.14**	**$ 0.00**	**$ 193.14**	
****BODY PART**						
Hand	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**		
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 4th Judicial Dist Csu-norfolk (853)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	2	66.6	547.63	0.00	547.63	66.5
8AM-9:59AM	1	33.3	275.00	0.00	275.00	33.4
	3		**$ 822.63**	**$ 0.00**	**$ 822.63**	
LENGTH OF SERVICE						
4-6	1	33.3	286.00	0.00	286.00	34.7
24-26	1	33.3	275.00	0.00	275.00	33.4
22-24	1	33.3	261.63	0.00	261.63	31.8
	3		**$ 822.63**	**$ 0.00**	**$ 822.63**	
AGE OF CLAIMANT						
30-34	1	33.3	286.00	0.00	286.00	34.7
45-49	1	33.3	275.00	0.00	275.00	33.4
50-54	1	33.3	261.63	0.00	261.63	31.8
	3		**$ 822.63**	**$ 0.00**	**$ 822.63**	
SEX OF CLAIMANT						
Male	2	66.6	561.00	0.00	561.00	68.2
Female	1	33.3	261.63	0.00	261.63	31.8
	3		**$ 822.63**	**$ 0.00**	**$ 822.63**	
LOSS CAUSE						
Patient / Inmate	1	33.3	286.00	0.00	286.00	34.7
Miscellaneous	1	33.3	275.00	0.00	275.00	33.4
Stairs, steps	1	33.3	261.63	0.00	261.63	31.8
	3		**$ 822.63**	**$ 0.00**	**$ 822.63**	
ACCIDENT TYPE						
Twisting, strain or injury by	1	33.3	286.00	0.00	286.00	34.7
Fall or Slip (On Same Level)	1	33.3	275.00	0.00	275.00	33.4
Fall or slip (on stairs)	1	33.3	261.63	0.00	261.63	31.8
	3		**$ 822.63**	**$ 0.00**	**$ 822.63**	
****BODY PART**						
Finger(s)	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	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**						
Dislocation	1					
Strain	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Youth Services (854)

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						
16-18	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						
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***						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 9th Csu-providence Forge (856)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LENGTH OF SERVICE						
24-26	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
AGE OF CLAIMANT						
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**						
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 12th Jud Dist Csu-chesterfield (859)

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						
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 (into Openings)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Lower Leg	1					
	1					

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

****INJURY**	
Contusion	2
	1

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	25.0	0.00	750.00	750.00	100.0
10AM-11:59AM	2	50.0	0.00	0.00	0.00	0.0
12AM-1:59AM	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	1	25.0	0.00	750.00	750.00	100.0
22-24	1	25.0	0.00	0.00	0.00	0.0
4-6	2	50.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
AGE OF CLAIMANT						
25-29	1	25.0	0.00	750.00	750.00	100.0
30-34	1	25.0	0.00	0.00	0.00	0.0
35-39	1	25.0	0.00	0.00	0.00	0.0
40-44	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
SEX OF CLAIMANT						
Female	3	75.0	0.00	750.00	750.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	2	50.0	0.00	750.00	750.00	100.0
Building parts / doors	1	25.0	0.00	0.00	0.00	0.0
Environmental conditions	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
ACCIDENT TYPE						
Absorb, Ingest, Inhalation	3	75.0	0.00	750.00	750.00	100.0
Strike Against/Step on Stationary Object	1	25.0	0.00	0.00	0.00	0.0
	4		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****BODY PART**						
Whole Body	1					
Eye(s)	1					
Facial, Other Soft Tissue	1					
Lungs	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
Contusion	1
Inflamation	1
Respiratory Disorders	1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 13th Judicial Dist Csu-richmond (860)

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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 15th Jud Dist Csu-frederickburg (861)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	20.0	30,283.51	26,366.49	56,650.00	89.6
4PM-5:59PM	1	20.0	0.00	6,050.00	6,050.00	9.5
8AM-9:59AM	1	20.0	484.48	0.00	484.48	0.7
10AM-11:59AM	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 30,767.99**	**$ 32,416.49**	**$ 63,184.48**	
LENGTH OF SERVICE						
0-2	1	20.0	30,283.51	26,366.49	56,650.00	89.6
2-4	3	60.0	484.48	6,050.00	6,534.48	10.3
6-8	1	20.0	0.00	0.00	0.00	0.0
	5		**$ 30,767.99**	**$ 32,416.49**	**$ 63,184.48**	
AGE OF CLAIMANT						
35-39	1	20.0	30,283.51	26,366.49	56,650.00	89.6
30-34	2	40.0	484.48	6,050.00	6,534.48	10.3
25-29	2	40.0	0.00	0.00	0.00	0.0
	5		**$ 30,767.99**	**$ 32,416.49**	**$ 63,184.48**	
SEX OF CLAIMANT						
Female	2	40.0	30,283.51	26,366.49	56,650.00	89.6
Male	3	60.0	484.48	6,050.00	6,534.48	10.3
	5		**$ 30,767.99**	**$ 32,416.49**	**$ 63,184.48**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	20.0	30,283.51	26,366.49	56,650.00	89.6
Walking surface, outside, dry	1	20.0	0.00	6,050.00	6,050.00	9.5
Patient / Inmate	3	60.0	484.48	0.00	484.48	0.7
	5		**$ 30,767.99**	**$ 32,416.49**	**$ 63,184.48**	
ACCIDENT TYPE						
Vehicle Upset	1	20.0	30,283.51	26,366.49	56,650.00	89.6
Twisting, strain or injury by	1	20.0	0.00	6,050.00	6,050.00	9.5
Holding Or Carrying (Strain or Injury by)	3	60.0	484.48	0.00	484.48	0.7
	5		**$ 30,767.99**	**$ 32,416.49**	**$ 63,184.48**	
****BODY PART**						
Hand	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Lower Arm	1					
Ankle	1					
Thumb	1					
Eye(s)	2					
Knee	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**	
Fracture	3

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 15th Jud Dist Csu-frederickburg (861)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
Strain	2					
Contusion	3					
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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:39

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 14th Judicial Dist Csu-henrico (874)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
4PM-5:59PM	1	100.0	0.00	750.00	750.00	100.0
	1		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
20-22	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						
Office equipment	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**						
Shoulder	1					
Soft Tissue - Neck	1					
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	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: 31st Judicial Dist Csu-manassas (875)

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						
40-44	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Struck/Injured by Falling or Flying Object	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Leg	1					
	1					

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

****INJURY**		
Contusion	1	
	1	

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
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	100.0	1,206.00	3,113.00	4,319.00	100.0
	2		**$ 1,206.00**	**$ 3,113.00**	**$ 4,319.00**	
LENGTH OF SERVICE						
2-4	1	50.0	1,206.00	3,113.00	4,319.00	100.0
0-2	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,206.00**	**$ 3,113.00**	**$ 4,319.00**	
AGE OF CLAIMANT						
30-34	1	50.0	1,206.00	3,113.00	4,319.00	100.0
25-29	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,206.00**	**$ 3,113.00**	**$ 4,319.00**	
SEX OF CLAIMANT						
Female	2	100.0	1,206.00	3,113.00	4,319.00	100.0
	2		**$ 1,206.00**	**$ 3,113.00**	**$ 4,319.00**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	50.0	1,206.00	3,113.00	4,319.00	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,206.00**	**$ 3,113.00**	**$ 4,319.00**	
ACCIDENT TYPE						
Vehicle Upset	1	50.0	1,206.00	3,113.00	4,319.00	100.0
Fall or slip (on stairs)	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 1,206.00**	**$ 3,113.00**	**$ 4,319.00**	
****BODY PART**						
Facial, Other Soft Tissue	1					
Knee	2					
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	
Puncture	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 2001

By Agencies,SubAgencies

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01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Dept. Of Juvenile Justice (777)
SubAgency: Local Judicial Dist Csu-fairfax (880)

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						
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						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	100.0	0.00	0.00	0.00	0.0
	1		**$ 0.00**	**$ 0.00**	**$ 0.00**	
****BODY PART**						
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
	1					

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

****INJURY**						
Strain	1					
	1					

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

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01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Aviation, Dept. Of (841)
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						
12-14	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						
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					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Public Defender Commission (848)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	1	50.0	344.49	0.00	344.49	63.3
4PM-5:59PM	1	50.0	199.50	0.00	199.50	36.6
	2		***$ 543.99***	***$ 0.00***	***$ 543.99***	
LENGTH OF SERVICE						
10-12	1	50.0	344.49	0.00	344.49	63.3
0-2	1	50.0	199.50	0.00	199.50	36.6
	2		***$ 543.99***	***$ 0.00***	***$ 543.99***	
AGE OF CLAIMANT						
45-49	2	100.0	543.99	0.00	543.99	100.0
	2		***$ 543.99***	***$ 0.00***	***$ 543.99***	
SEX OF CLAIMANT						
Female	2	100.0	543.99	0.00	543.99	100.0
	2		***$ 543.99***	***$ 0.00***	***$ 543.99***	
LOSS CAUSE						
Miscellaneous	1	50.0	344.49	0.00	344.49	63.3
Boxes / containers	1	50.0	199.50	0.00	199.50	36.6
	2		***$ 543.99***	***$ 0.00***	***$ 543.99***	
ACCIDENT TYPE						
Fall or Slip (On Same Level)	1	50.0	344.49	0.00	344.49	63.3
Lifting (strain or Injury by)	1	50.0	199.50	0.00	199.50	36.6
	2		***$ 543.99***	***$ 0.00***	***$ 543.99***	
****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***		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Museum Of Natural History (942)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	4	50.0	1,115.70	0.00	1,115.70	59.8
Unknown	1	12.5	0.00	750.00	750.00	40.2
10AM-11:59AM	1	12.5	0.00	0.00	0.00	0.0
4PM-5:59PM	2	25.0	0.00	0.00	0.00	0.0
	8		**$ 1,115.70**	**$ 750.00**	**$ 1,865.70**	
LENGTH OF SERVICE						
10-12	1	12.5	0.00	750.00	750.00	40.2
6-8	1	12.5	747.02	0.00	747.02	40.0
2-4	2	25.0	368.68	0.00	368.68	19.7
0-2	1	12.5	0.00	0.00	0.00	0.0
14-16	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		**$ 1,115.70**	**$ 750.00**	**$ 1,865.70**	
AGE OF CLAIMANT						
45-49	1	12.5	0.00	750.00	750.00	40.2
50-54	1	12.5	747.02	0.00	747.02	40.0
30-34	3	37.5	368.68	0.00	368.68	19.7
25-29	1	12.5	0.00	0.00	0.00	0.0
35-39	1	12.5	0.00	0.00	0.00	0.0
40-44	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,115.70**	**$ 750.00**	**$ 1,865.70**	
SEX OF CLAIMANT						
Male	3	37.5	368.68	750.00	1,118.68	59.9
Female	5	62.5	747.02	0.00	747.02	40.0
	8		**$ 1,115.70**	**$ 750.00**	**$ 1,865.70**	
LOSS CAUSE						
Vehicle, not otherwise classified	2	25.0	368.68	750.00	1,118.68	59.9
Boxes / containers	1	12.5	747.02	0.00	747.02	40.0
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
Miscellaneous	1	12.5	0.00	0.00	0.00	0.0
Vehicle, fork truck	1	12.5	0.00	0.00	0.00	0.0
	8		**$ 1,115.70**	**$ 750.00**	**$ 1,865.70**	
ACCIDENT TYPE						
Twisting, strain or injury by	2	25.0	0.00	750.00	750.00	40.2
Lifting (strain or Injury by)	2	25.0	747.02	0.00	747.02	40.0
Struck/Injured by Motor Vehicle	1	12.5	368.68	0.00	368.68	19.7
Fall or Slip (On Same Level)	1	12.5	0.00	0.00	0.00	0.0
Strike Against/Step on Stationary Object	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured by Falling or Flying Object	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Va Museum Of Natural History (942)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	8		**$ 1,115.70**	**$ 750.00**	**$ 1,865.70**	
*****BODY PART***						
Ankle	2					
Shoulder	1					
Hip	2					
Elbow	1					
Hand	1					
Knee	1					
Lower Back Area (Lumbar and Lumbo-Sacral)	1					
Wrist	2					
	8					

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

*****INJURY***	
Strain	5
Contusion	4
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Fire Programs, Dept. Of (960)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
6PM-7:59PM	1	50.0	2,744.50	0.00	2,744.50	91.5
10AM-11:59AM	1	50.0	254.46	0.00	254.46	8.4
	2		**$ 2,998.96**	**$ 0.00**	**$ 2,998.96**	
LENGTH OF SERVICE						
10-12	1	50.0	2,744.50	0.00	2,744.50	91.5
4-6	1	50.0	254.46	0.00	254.46	8.4
	2		**$ 2,998.96**	**$ 0.00**	**$ 2,998.96**	
AGE OF CLAIMANT						
50-54	2	100.0	2,998.96	0.00	2,998.96	100.0
	2		**$ 2,998.96**	**$ 0.00**	**$ 2,998.96**	
SEX OF CLAIMANT						
Male	1	50.0	2,744.50	0.00	2,744.50	91.5
Female	1	50.0	254.46	0.00	254.46	8.4
	2		**$ 2,998.96**	**$ 0.00**	**$ 2,998.96**	
LOSS CAUSE						
Boxes / containers	1	50.0	2,744.50	0.00	2,744.50	91.5
Building parts / doors	1	50.0	254.46	0.00	254.46	8.4
	2		**$ 2,998.96**	**$ 0.00**	**$ 2,998.96**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	1	50.0	2,744.50	0.00	2,744.50	91.5
Struck/Injured by Falling or Flying Object	1	50.0	254.46	0.00	254.46	8.4
	2		**$ 2,998.96**	**$ 0.00**	**$ 2,998.96**	
****BODY PART**						
Shoulder	1					
Mouth	1					
	2					

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

****INJURY**		
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Capital Police (961)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
8AM-9:59AM	2	33.3	209.60	540.40	750.00	48.3
Unknown	2	33.3	443.55	0.00	443.55	28.6
12PM-1:59PM	1	16.6	208.06	108.86	316.92	20.4
2PM-3:59PM	1	16.6	40.00	0.00	40.00	2.5
	6		**$ 901.21**	**$ 649.26**	**$ 1,550.47**	
LENGTH OF SERVICE						
18-20	1	16.6	209.60	540.40	750.00	48.3
6-8	1	16.6	443.55	0.00	443.55	28.6
20-22	1	16.6	208.06	108.86	316.92	20.4
2-4	1	16.6	40.00	0.00	40.00	2.5
22-24	1	16.6	0.00	0.00	0.00	0.0
10-12	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 901.21**	**$ 649.26**	**$ 1,550.47**	
AGE OF CLAIMANT						
40-44	4	66.6	693.15	540.40	1,233.55	79.5
50-54	1	16.6	208.06	108.86	316.92	20.4
45-49	1	16.6	0.00	0.00	0.00	0.0
	6		**$ 901.21**	**$ 649.26**	**$ 1,550.47**	
SEX OF CLAIMANT						
Male	6	100.0	901.21	649.26	1,550.47	100.0
	6		**$ 901.21**	**$ 649.26**	**$ 1,550.47**	
LOSS CAUSE						
Stairs, steps	1	16.6	209.60	540.40	750.00	48.3
Walking surface, inside, dry	1	16.6	443.55	0.00	443.55	28.6
Walking surface, inside, wet	1	16.6	208.06	108.86	316.92	20.4
Furniture / fixtures	1	16.6	40.00	0.00	40.00	2.5
Miscellaneous	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		**$ 901.21**	**$ 649.26**	**$ 1,550.47**	
ACCIDENT TYPE						
Fall or slip (on stairs)	1	16.6	209.60	540.40	750.00	48.3
Fall or Slip (On Same Level)	2	33.3	443.55	0.00	443.55	28.6
Twisting, strain or injury by	2	33.3	208.06	108.86	316.92	20.4
Struck/Injured by Falling or Flying Object	1	16.6	40.00	0.00	40.00	2.5
	6		**$ 901.21**	**$ 649.26**	**$ 1,550.47**	
****BODY PART**						
Knee	3					
Foot	1					
Ankle	2					
Chest (Inc: Ribs, Sternum and Soft Tissue)	1					
Wrist	1					

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Capital Police (961)
SubAgency:

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

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

*****INJURY***

Contusion	3
Strain	3
Sprain	2
	6

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

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Employment Dispute Resolution, Dept. Of (962)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
2PM-3:59PM	1	50.0	0.00	750.00	750.00	100.0
12PM-1:59PM	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
LENGTH OF SERVICE						
2-4	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						
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						
Stairs, steps	1	50.0	0.00	750.00	750.00	100.0
Miscellaneous	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
Repetitive Motion	1	50.0	0.00	0.00	0.00	0.0
	2		**$ 0.00**	**$ 750.00**	**$ 750.00**	
****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**	
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 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
TIME OF INJURY						
12PM-1:59PM	17	18.6	31,787.89	16,326.17	48,114.06	21.0
Unknown	6	6.5	19,559.50	23,059.19	42,618.69	18.6
8AM-9:59AM	18	19.7	14,612.39	17,532.07	32,144.46	14.0
10AM-11:59AM	21	23.0	13,710.30	18,214.57	31,924.87	13.9
4PM-5:59PM	9	9.8	11,283.56	19,575.01	30,858.57	13.4
6AM-7:59AM	5	5.4	11,290.78	12,924.52	24,215.30	10.5
12AM-1:59AM	2	2.1	2,852.68	6,537.32	9,390.00	4.1
2PM-3:59PM	9	9.8	1,528.58	3,250.00	4,778.58	2.0
6PM-7:59PM	3	3.2	4,683.94	0.00	4,683.94	2.0
4AM-5:59AM	1	1.0	0.00	0.00	0.00	0.0
	91		**$ 111,309.62**	**$ 117,418.85**	**$ 228,728.47**	
LENGTH OF SERVICE						
0-2	28	30.7	18,829.19	32,881.66	51,710.85	22.6
10-12	5	5.4	26,500.30	18,659.03	45,159.33	19.7
14-16	3	3.2	14,544.35	17,845.65	32,390.00	14.1
4-6	13	14.2	5,114.91	25,293.80	30,408.71	13.2
2-4	15	16.4	9,531.03	15,532.98	25,064.01	10.9
24-26	3	3.2	5,807.91	6,455.73	12,263.64	5.3
22-24	3	3.2	11,248.14	0.00	11,248.14	4.9
28-30	3	3.2	8,914.65	0.00	8,914.65	3.9
20-22	3	3.2	6,579.28	750.00	7,329.28	3.2
6-8	3	3.2	1,532.43	0.00	1,532.43	0.6
8-10	5	5.4	1,505.51	0.00	1,505.51	0.6
18-20	3	3.2	604.90	0.00	604.90	0.2
12-14	2	2.1	527.52	0.00	527.52	0.2
16-18	1	1.0	69.50	0.00	69.50	0.0
30-32	1	1.0	0.00	0.00	0.00	0.0
	91		**$ 111,309.62**	**$ 117,418.85**	**$ 228,728.47**	
AGE OF CLAIMANT						
50-54	12	13.1	44,481.98	43,596.37	88,078.35	38.5
45-49	23	25.2	18,865.55	19,256.43	38,121.98	16.6
40-44	14	15.3	19,656.30	13,674.52	33,330.82	14.5
55-59	4	4.3	10,757.06	12,369.28	23,126.34	10.1
35-39	8	8.7	8,348.87	14,303.05	22,651.92	9.9
20-24	11	12.0	1,938.88	14,219.20	16,158.08	7.0
60-64	3	3.2	4,705.92	0.00	4,705.92	2.0
30-34	6	6.5	1,261.21	0.00	1,261.21	0.5
65-69	2	2.1	922.66	0.00	922.66	0.4
25-29	6	6.5	371.19	0.00	371.19	0.1
15-19	1	1.0	0.00	0.00	0.00	0.0
75-79	1	1.0	0.00	0.00	0.00	0.0
	91		**$ 111,309.62**	**$ 117,418.85**	**$ 228,728.47**	
SEX OF CLAIMANT						
Male	53	58.2	69,480.14	81,247.25	150,727.39	65.9
Female	38	41.7	41,829.48	36,171.60	78,001.08	34.1

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	91		**$ 111,309.62**	**$ 117,418.85**	**$ 228,728.47**	
LOSS CAUSE						
Boxes / containers	37	40.6	76,229.95	78,501.97	154,731.92	67.6
Building parts / doors	3	3.2	11,691.67	11,308.33	23,000.00	10.0
Walking surface, outside, dry	4	4.3	6,820.01	10,412.17	17,232.18	7.5
Furniture / fixtures	2	2.1	119.00	12,369.28	12,488.28	5.4
Vehicle, not otherwise classified	7	7.6	9,454.46	1,750.00	11,204.46	4.9
Miscellaneous	6	6.5	4,319.95	750.00	5,069.95	2.2
Walking surface, inside, dry	5	5.4	0.00	1,500.00	1,500.00	0.6
Hand tool, not powered, NOC	6	6.5	1,353.30	77.10	1,430.40	0.6
Environmental conditions	1	1.0	0.00	750.00	750.00	0.3
Stairs, steps	2	2.1	438.80	0.00	438.80	0.1
Machine, not otherwise classified	1	1.0	369.98	0.00	369.98	0.1
Fencing	1	1.0	190.00	0.00	190.00	0.0
Chemicals, not otherwise classified	1	1.0	174.00	0.00	174.00	0.0
Walking surface, inside, wet	2	2.1	148.50	0.00	148.50	0.0
Food	1	1.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	2.1	0.00	0.00	0.00	0.0
Metal items	3	3.2	0.00	0.00	0.00	0.0
Person	4	4.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	2.1	0.00	0.00	0.00	0.0
	91		**$ 111,309.62**	**$ 117,418.85**	**$ 228,728.47**	
ACCIDENT TYPE						
Lifting (strain or Injury by)	27	29.6	43,110.02	71,980.23	115,090.25	50.3
Struck/Injured by Falling or Flying Object	9	9.8	28,838.92	12,435.29	41,274.21	18.0
Strike Against/Step on Stationary Object	7	7.6	12,606.00	11,308.33	23,914.33	10.4
Fall or Slip (On Same Level)	11	12.0	8,413.05	11,162.17	19,575.22	8.5
Twisting, strain or injury by	9	9.8	13,571.76	750.00	14,321.76	6.2
Struck/Injured by Object Being Lifted/Handled	2	2.1	1,563.45	6,455.73	8,019.18	3.5
Object Handled (caught in or between)	2	2.1	922.66	1,750.00	2,672.66	1.1
Cut,Puncture,Scrape,Injured by (Hand Tool, Utensil	7	7.6	1,353.30	77.10	1,430.40	0.6
Foreign Body In Eye	1	1.0	0.00	750.00	750.00	0.3
Other than physical cause of injury	1	1.0	0.00	750.00	750.00	0.3
Fall or slip (on stairs)	2	2.1	438.80	0.00	438.80	0.1
Allergic Reaction	1	1.0	174.00	0.00	174.00	0.0
Object being lifted/handled (cut,punc.scrape,inj b	1	1.0	169.16	0.00	169.16	0.0
Fall or Slip (From Liquid/Grease spills)	2	2.1	148.50	0.00	148.50	0.0
Absorb, Ingest, Inhalation	1	1.0	0.00	0.00	0.00	0.0
Vehicle Upset	2	2.1	0.00	0.00	0.00	0.0
Collision/sideswipe with Another Vehicle	1	1.0	0.00	0.00	0.00	0.0
Cut,puncture,scrape, injured by (Broken Glass)	1	1.0	0.00	0.00	0.00	0.0
Fall or slip (on ice or snow)	2	2.1	0.00	0.00	0.00	0.0
Infectious Disease Exposure	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured by Object Handled By Other	1	1.0	0.00	0.00	0.00	0.0

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Alcoholic Bev Control, Dept. Of (999)
SubAgency:

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	91		**$ 111,309.62**	**$ 117,418.85**	**$ 228,728.47**	
*****BODY PART***						
Lower Back Area (Lumbar and Lumbo-Sacral)	20					
Foot	5					
Ankle	2					
Knee	10					
Shoulder	9					
Elbow	3					
Soft Tissue - Neck	7					
Lower Arm	7					
Abdomen including Groin	1					
Thumb	6					
Finger(s)	11					
Hand	4					
Upper Leg	3					
Upper Arm (Inc: Clavicle and Scapula)	4					
Brain	1					
Buttocks	1					
Eye(s)	1					
Wrist	3					
Wrist(s) & Hand(s)	1					
Skull	1					
Hip	5					
Facial, Other Soft Tissue	3					
Ear(s)	1					
Trachea	1					
Chest (Inc: Ribs, Sternum and Soft Tissue)	3					
Lower Leg	1					
Mouth	1					
No Physical Problem	1					
	91					

**** Claims may be reported in more than one category if multiple body parts are involved; no dollar 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
Contusion	31
Fracture	3
Sprain	10
Inflamation	1
Laceration	15
Foreign Body	2
Mental Disorder	1
No Physical Injury	2
Dermatitis	1
Dislocation	1
Asphyxiation/Drowning / strangulation	1
Puncture	2

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Industrial Claims for Plan Year 2001

By Agencies,SubAgencies

FrankGates

01/18/2003 12:02:40

Company: Commonwealth Of Virginia
Period: 07/01/2000 to 06/30/2001
Calculations As Of: 06/30/2001
Agency: Alcoholic Bev Control, Dept. Of (999)

Description	# Claims	%	Paid	Est. Future Costs	Total	%
	91					

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

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