

### Industrial Claims Report



Description	# Claims	%	Paid	Est Future Costs	Incurred	%
<b>TIME OF INJURY</b>						
12PM - 1:59PM	900	15.2	1,725,625.12	4,070,849.69	5,796,474.81	18.8
10AM - 11:59AM	1,049	17.7	2,041,541.04	3,158,559.49	5,200,100.53	16.9
8AM - 9:59AM	875	14.8	1,587,885.98	2,334,396.32	3,922,282.30	12.7
12AM - 1:59AM	150	2.5	780,600.12	2,826,075.67	3,606,675.79	11.7
2PM - 3:59PM	783	13.2	980,506.03	2,384,348.82	3,364,854.85	10.9
4PM - 5:59PM	522	8.8	701,469.77	1,589,640.73	2,291,110.50	7.4
6AM - 7:59AM	500	8.4	585,707.49	1,320,220.01	1,905,927.50	6.2
6PM - 7:59PM	471	8.0	833,048.78	1,013,021.97	1,846,070.75	6.0
8PM - 9:59PM	299	5.0	382,487.20	641,527.09	1,024,014.29	3.3
4AM - 5:59AM	142	2.4	306,098.58	584,913.51	891,012.09	2.9
10PM - 11:59PM	149	2.5	256,511.82	415,581.62	672,093.44	2.2
2AM - 3:59AM	83	1.4	79,183.31	256,253.32	335,436.63	1.1
<b>Totals:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	

**LENGTH OF SERVICE**

0 - 2	2,844	48.0	3,441,528.81	6,404,219.15	9,845,747.96	31.9
2 - 4	782	13.2	1,318,119.89	3,837,711.93	5,155,831.82	16.7
4 - 6	555	9.4	1,643,762.79	3,491,229.48	5,134,992.27	16.6
6 - 8	351	5.9	575,164.57	876,330.92	1,451,495.49	4.7
16 - 18	150	2.5	503,726.62	746,425.25	1,250,151.87	4.1
8 - 10	249	4.2	278,817.26	866,893.68	1,145,710.94	3.7
14 - 16	119	2.0	332,387.30	629,223.62	961,610.92	3.1
10 - 12	179	3.0	313,323.60	572,000.27	885,323.87	2.9
18 - 20	114	1.9	394,213.76	283,836.20	678,049.96	2.2
20 - 22	78	1.3	247,159.24	414,308.90	661,468.14	2.1
24 - 26	94	1.6	179,840.57	470,008.34	649,848.91	2.1
22 - 24	76	1.3	258,634.38	390,536.45	649,170.83	2.1
12 - 14	130	2.2	194,275.01	374,658.72	568,933.73	1.8
36 - 38	14	0.2	198,863.75	176,923.93	375,787.68	1.2
26 - 28	52	0.9	71,155.89	296,087.59	367,243.48	1.2
38 - 40	16	0.3	76,543.72	219,810.17	296,353.89	1.0
28 - 30	33	0.6	72,828.51	195,607.24	268,435.75	0.9
34 - 36	27	0.5	89,103.69	151,705.83	240,809.52	0.8
42 - 44	7	0.1	47,973.78	93,375.52	141,349.30	0.5
32 - 34	21	0.4	3,986.62	78,182.00	82,168.62	0.3
30 - 32	26	0.4	11,878.48	12,051.70	23,930.18	0.1
40 - 42	3	0.1	4,044.85	14,261.35	18,306.20	0.1
48 - 50	1	0.0	1,698.28	0.00	1,698.28	0.0
46 - 48	1	0.0	1,633.87	0.00	1,633.87	0.0
44 - 46	1	0.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	

**Age of Claimant**

35 - 39	578	9.8	1,149,499.63	3,769,057.14	4,918,556.77	15.9
25 - 29	811	13.7	979,036.40	2,915,414.27	3,894,450.67	12.6
60 - 64	487	8.2	1,282,964.83	2,508,048.82	3,791,013.65	12.3
50 - 54	578	9.8	1,397,072.61	2,175,009.33	3,572,081.94	11.6
40 - 44	496	8.4	1,263,526.59	2,262,431.28	3,525,957.87	11.4

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55 - 59	529	8.9	1,431,646.48	2,090,180.24	3,521,826.72	11.4
45 - 49	518	8.7	887,544.96	1,593,693.69	2,481,238.65	8.0
30 - 34	771	13.0	909,825.74	1,528,266.72	2,438,092.46	7.9
65 - 69	168	2.8	440,031.20	912,950.30	1,352,981.50	4.4
20 - 24	799	13.5	369,694.54	697,413.93	1,067,108.47	3.5
70 - 74	56	0.9	48,803.15	76,111.37	124,914.52	0.4
80 - 84	8	0.1	50,205.78	33,877.86	84,083.64	0.3
15 - 19	109	1.8	43,702.21	26,806.44	70,508.65	0.2
75 - 79	14	0.2	7,111.12	6,126.85	13,237.97	0.0
10 - 14	1	0.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	
<b>SEX OF CLAIMANT</b>						
Male	2,911	49.1	6,235,488.09	13,054,229.32	19,289,717.41	62.5
Female	3,012	50.9	4,025,177.15	7,541,158.92	11,566,336.07	37.5
<b>Totals:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1,667	28.1	2,598,195.09	4,650,000.39	7,248,195.48	23.5
Vehicle/car/truck	318	5.4	1,258,898.93	1,901,695.79	3,160,594.72	10.2
Gun / gunshot	18	0.3	560,932.64	2,359,795.34	2,920,727.98	9.5
Vehicle, not otherwise classified	44	0.7	369,123.46	2,017,166.12	2,386,289.58	7.7
Person	279	4.7	416,595.05	745,322.94	1,161,917.99	3.8
Walking surface, outside, dry	148	2.5	140,987.00	707,460.35	848,447.35	2.7
Floor	167	2.8	291,747.49	500,615.72	792,363.21	2.6
Object on Floor	45	0.8	413,729.16	364,381.68	778,110.84	2.5
Walking surface, outside, wet	74	1.2	207,410.03	457,552.60	664,962.63	2.2
Chair	89	1.5	217,069.71	393,217.95	610,287.66	2.0
Boxes / containers	103	1.7	166,533.33	391,170.15	557,703.48	1.8
Door	133	2.2	140,097.57	346,070.17	486,167.74	1.6
Outside Surface	120	2.0	190,133.82	235,298.49	425,432.31	1.4
Package	9	0.2	189,968.59	217,697.45	407,666.04	1.3
Water	54	0.9	204,478.92	191,758.37	396,237.29	1.3
Cart	57	1.0	163,746.93	200,439.87	364,186.80	1.2
Animal, not otherwise classified	115	1.9	189,231.23	172,786.78	362,018.01	1.2
Wood Items	27	0.5	118,896.18	210,458.20	329,354.38	1.1
Furniture / fixtures	92	1.6	90,922.24	236,594.76	327,517.00	1.1
N/A	54	0.9	33,600.85	293,370.13	326,970.98	1.1
Cords	15	0.3	34,507.72	273,105.19	307,612.91	1.0
Recreational equipment	17	0.3	77,313.40	226,025.06	303,338.46	1.0
Wall	22	0.4	20,600.74	256,004.60	276,605.34	0.9
Metal items	79	1.3	89,850.59	147,928.18	237,778.77	0.8
Walking surface, inside, dry	80	1.4	95,125.64	137,684.20	232,809.84	0.8
Machine, not otherwise classified	57	1.0	61,746.60	151,333.54	213,080.14	0.7
Forklift	4	0.1	54,004.00	155,431.54	209,435.54	0.7
Walking surface, inside, wet	50	0.8	68,230.28	140,708.03	208,938.31	0.7
Overhead Object	25	0.4	127,273.01	72,661.84	199,934.85	0.6
Uneven Surface	56	0.9	86,371.61	113,357.75	199,729.36	0.6
Ladder - Portable	11	0.2	45,877.12	152,641.82	198,518.94	0.6
Lift	11	0.2	73,408.34	123,501.13	196,909.47	0.6

Company: Commonwealth of Virginia

DOI Period: 07/01/2023-06/30/2024

Financials As of: 06/30/2024

Claims added as of: 06/30/2024

## Industrial Claims Report



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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Environmental conditions	128	2.2	33,484.85	162,164.69	195,649.54	0.6
Scrap, Debris, Waste Material	8	0.1	87,596.21	103,744.21	191,340.42	0.6
Stone / rock / brick	22	0.4	60,543.43	109,836.17	170,379.60	0.6
Brush / tree / log	32	0.5	51,488.02	111,900.32	163,388.34	0.5
Ladder - Fixed	3	0.1	80,632.36	74,658.97	155,291.33	0.5
Stairs, steps	88	1.5	22,941.57	123,153.55	146,095.12	0.5
Training \ Drills	43	0.7	48,551.00	89,703.56	138,254.56	0.4
Step stool	8	0.1	53,324.96	83,184.25	136,509.21	0.4
Stairs	45	0.8	71,867.46	63,174.69	135,042.15	0.4
Pallet, Skid, Flat	11	0.2	45,888.88	85,704.68	131,593.56	0.4
Minerals / dirt	10	0.2	50,043.46	76,990.64	127,034.10	0.4
Fencing	33	0.6	31,278.30	87,722.04	119,000.34	0.4
Wheelchair	13	0.2	42,776.98	68,371.78	111,148.76	0.4
Rope, cord	4	0.1	30,406.29	73,490.53	103,896.82	0.3
Hand Truck (2w)	4	0.1	56,147.85	43,599.53	99,747.38	0.3
Clothing / jewelry	13	0.2	46,844.86	33,699.60	80,544.46	0.3
Organic Material	11	0.2	30,297.45	34,227.02	64,524.47	0.2
Battering ram	2	0.0	61,511.58	1,159.59	62,671.17	0.2
Office equipment	24	0.4	13,673.03	45,756.08	59,429.11	0.2
Needle stick	75	1.3	34,245.19	21,911.24	56,156.43	0.2
Elevators, escalators	16	0.3	21,957.35	32,255.52	54,212.87	0.2
Pipe	19	0.3	50,773.28	3,244.73	54,018.01	0.2
Electrical equipment	11	0.2	17,702.27	34,956.33	52,658.60	0.2
Chemicals, not otherwise classified	119	2.0	26,255.30	24,097.27	50,352.57	0.2
Tire	8	0.1	41,619.98	0.00	41,619.98	0.1
Cabinet	27	0.5	8,798.44	31,357.19	40,155.63	0.1
Foreign Object	21	0.4	6,083.34	32,385.70	38,469.04	0.1
Glass bottle / sheet	38	0.6	7,033.83	30,300.94	37,334.77	0.1
Platforms	4	0.1	8,197.33	28,761.41	36,958.74	0.1
Working Surface	7	0.1	12,688.96	23,933.73	36,622.69	0.1
Tractor	4	0.1	10,239.52	24,775.50	35,015.02	0.1
Trash receptacle	23	0.4	13,502.01	18,808.06	32,310.07	0.1
Hot/Cold Object, Liquid, Substance	30	0.5	8,182.09	21,939.29	30,121.38	0.1
Animal / insect, not otherwise classified	42	0.7	15,592.14	13,132.15	28,724.29	0.1
Hand tool, not powered, NOC	27	0.5	8,662.03	20,021.63	28,683.66	0.1
Shovel	5	0.1	26,030.93	0.00	26,030.93	0.1
J-hook	1	0.0	25,885.48	0.00	25,885.48	0.1
Floor Jack	1	0.0	4,614.38	18,181.14	22,795.52	0.1
Roll cart	3	0.1	3,412.40	15,268.38	18,680.78	0.1
Building parts / doors	30	0.5	8,138.42	10,174.08	18,312.50	0.1
Blade	14	0.2	4,118.50	11,100.00	15,218.50	0.0
Bacteria	11	0.2	1,103.69	13,723.40	14,827.09	0.0
Sharp objects, not otherwise classified	46	0.8	9,145.98	5,482.39	14,628.37	0.0
Mowers	10	0.2	2,656.57	11,671.20	14,327.77	0.0
Knife, Utility	23	0.4	11,411.49	2,500.00	13,911.49	0.0
Dust	21	0.4	331.39	13,548.35	13,879.74	0.0
Electricity	6	0.1	10,525.49	1,932.49	12,457.98	0.0
Infectious agent	17	0.3	3,003.58	9,250.00	12,253.58	0.0
Fire / Flame / Smoke	37	0.6	11,026.02	475.91	11,501.93	0.0

Company: Commonwealth of Virginia

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Financials As of: 06/30/2024

Claims added as of: 06/30/2024

## Industrial Claims Report



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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Animal / tick, spider, etc.	108	1.8	1,522.33	9,837.52	11,359.85	0.0
Dolly	8	0.1	6,433.64	3,993.70	10,427.34	0.0
Irregular Train	1	0.0	2,260.05	7,558.77	9,818.82	0.0
Chainsaw	5	0.1	8,476.49	1,250.00	9,726.49	0.0
Cleaning Products	28	0.5	3,290.83	6,375.09	9,665.92	0.0
Racks	13	0.2	8,537.58	1,102.20	9,639.78	0.0
Ceiling	8	0.1	8,188.89	1,250.00	9,438.89	0.0
Ground control unit/aerial	11	0.2	4,074.58	4,970.24	9,044.82	0.0
Roller	2	0.0	1,432.08	7,100.11	8,532.19	0.0
Wires	12	0.2	6,508.15	1,784.78	8,292.93	0.0
Baggage/Luggage	8	0.1	1,075.83	7,062.93	8,138.76	0.0
Heating equipment	11	0.2	4,690.32	1,970.65	6,660.97	0.0
Scalpel	7	0.1	4,846.11	1,588.52	6,434.63	0.0
Trailer Flap	2	0.0	1,361.90	4,791.15	6,153.05	0.0
Beam	7	0.1	1,107.33	5,000.00	6,107.33	0.0
Razor blade	11	0.2	4,654.64	1,250.00	5,904.64	0.0
Animal / bee type	36	0.6	3,151.40	2,500.00	5,651.40	0.0
Hand tool, powered, NOC	12	0.2	4,223.21	966.88	5,190.09	0.0
Keyboard	2	0.0	2,791.39	2,025.50	4,816.89	0.0
Oil	4	0.1	4,692.82	0.00	4,692.82	0.0
Roll bar	2	0.0	4,440.60	0.00	4,440.60	0.0
Gas / Fumes	24	0.4	2,072.78	2,052.12	4,124.90	0.0
Pots/pans	9	0.2	3,986.12	0.00	3,986.12	0.0
Hazardous Material	10	0.2	3,598.31	0.00	3,598.31	0.0
Nail	7	0.1	344.72	3,130.24	3,474.96	0.0
Knife, NOC	21	0.4	3,308.28	0.00	3,308.28	0.0
Miscellaneous	30	0.5	2,419.66	672.85	3,092.51	0.0
Wheel	6	0.1	3,070.67	0.00	3,070.67	0.0
Pressure vessels	2	0.0	1,737.81	1,250.00	2,987.81	0.0
Work surface	9	0.2	1,672.42	1,250.00	2,922.42	0.0
Laundry	3	0.1	737.65	2,002.77	2,740.42	0.0
Mechanical powered	2	0.0	2,658.57	0.00	2,658.57	0.0
Ladder, 8' step	3	0.1	44.69	2,455.31	2,500.00	0.0
Trash hook	1	0.0	2,240.05	0.00	2,240.05	0.0
Ladder, 10' folding	5	0.1	1,992.84	0.00	1,992.84	0.0
Propane Tank	3	0.1	563.61	1,250.00	1,813.61	0.0
Docks,Ramps,Loading Platforms	11	0.2	946.22	650.75	1,596.97	0.0
Blower 18"	2	0.0	249.84	1,250.00	1,499.84	0.0
Electric Drill	3	0.1	1,433.36	0.00	1,433.36	0.0
Trailer Landing Gear	2	0.0	141.15	1,250.00	1,391.15	0.0
Roll	1	0.0	1,387.32	0.00	1,387.32	0.0
Shelving	13	0.2	257.96	1,083.60	1,341.56	0.0
Ergonomic Conditions	9	0.2	50.32	1,250.00	1,300.32	0.0
Straps	2	0.0	398.08	887.49	1,285.57	0.0
Air pressure	2	0.0	0.00	1,250.00	1,250.00	0.0
Belt Loaders	1	0.0	314.64	935.36	1,250.00	0.0
Blower 24"	1	0.0	21.74	1,228.26	1,250.00	0.0
Flexible knife	2	0.0	0.00	1,250.00	1,250.00	0.0
Paper/Pulp items	1	0.0	0.00	1,250.00	1,250.00	0.0

Company: Commonwealth of Virginia

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Claims added as of: 06/30/2024

## Industrial Claims Report



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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Radiation / X-Ray	5	0.1	0.00	1,250.00	1,250.00	0.0
Screwdriver	4	0.1	10.63	1,239.37	1,250.00	0.0
Splinter/Burr	4	0.1	660.76	589.24	1,250.00	0.0
Tool Holder	1	0.0	0.00	1,250.00	1,250.00	0.0
Tractor trailer equipment	2	0.0	0.00	1,250.00	1,250.00	0.0
Welding equipment	2	0.0	833.22	416.78	1,250.00	0.0
Battery	6	0.1	890.58	0.00	890.58	0.0
Computer Work Station	5	0.1	697.77	0.00	697.77	0.0
Ladders (also - Lite Aluminum)	1	0.0	691.69	0.00	691.69	0.0
Grease	5	0.1	666.12	0.00	666.12	0.0
Hose (indicator # carried)	2	0.0	472.08	0.00	472.08	0.0
Poisonous agent / plant	11	0.2	394.10	0.00	394.10	0.0
Gloves	2	0.0	368.60	0.00	368.60	0.0
Trailer Dolly	1	0.0	366.00	0.00	366.00	0.0
Air tool	2	0.0	347.17	0.00	347.17	0.0
Grinder	2	0.0	333.54	0.00	333.54	0.0
Portable air tank	1	0.0	323.76	0.00	323.76	0.0
Nail Gun	1	0.0	247.80	0.00	247.80	0.0
Hammer	1	0.0	232.32	0.00	232.32	0.0
Insufficient data	14	0.2	202.86	0.00	202.86	0.0
Assembly	1	0.0	189.45	0.00	189.45	0.0
Container Sort Platform	2	0.0	130.00	0.00	130.00	0.0
Food	39	0.7	98.20	0.00	98.20	0.0
Steam / exhaust	9	0.2	72.27	0.00	72.27	0.0
Animal / snake	5	0.1	38.24	0.00	38.24	0.0
Ladders, scaffolding	2	0.0	28.11	0.00	28.11	0.0
Sprayer	3	0.1	23.70	0.00	23.70	0.0
CO / 2 extinguisher	1	0.0	18.82	0.00	18.82	0.0
Pallet Jack	2	0.0	18.82	0.00	18.82	0.0
Paper / Pulp	2	0.0	18.82	0.00	18.82	0.0
Racking	2	0.0	18.82	0.00	18.82	0.0
Wheel Balancer	1	0.0	18.82	0.00	18.82	0.0
Aircraft	3	0.1	0.00	0.00	0.00	0.0
Air Ramp Equipment	1	0.0	0.00	0.00	0.00	0.0
Axe, pickheaded	1	0.0	0.00	0.00	0.00	0.0
Bag Machine	1	0.0	0.00	0.00	0.00	0.0
Bearing Press	1	0.0	0.00	0.00	0.00	0.0
Broom	1	0.0	0.00	0.00	0.00	0.0
Center Post	1	0.0	0.00	0.00	0.00	0.0
Chain Saw	1	0.0	0.00	0.00	0.00	0.0
Coates 4040	1	0.0	0.00	0.00	0.00	0.0
Cone	2	0.0	0.00	0.00	0.00	0.0
Dishes	4	0.1	0.00	0.00	0.00	0.0
Dry chemical extinguisher	1	0.0	0.00	0.00	0.00	0.0
Excavations	3	0.1	0.00	0.00	0.00	0.0
Fiberglass	1	0.0	0.00	0.00	0.00	0.0
Film	1	0.0	0.00	0.00	0.00	0.0
Flex Handle	1	0.0	0.00	0.00	0.00	0.0
Hose / hydair H2O	2	0.0	0.00	0.00	0.00	0.0

### Industrial Claims Report



Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Jack	2	0.0	0.00	0.00	0.00	0.0
Ladder, 14' extension	1	0.0	0.00	0.00	0.00	0.0
Ladder, 28' extension	1	0.0	0.00	0.00	0.00	0.0
Paper cutter	1	0.0	0.00	0.00	0.00	0.0
Pike pole 10'	2	0.0	0.00	0.00	0.00	0.0
Pike pole 12'	1	0.0	0.00	0.00	0.00	0.0
Pike pole 6'	1	0.0	0.00	0.00	0.00	0.0
Pike pole 8'	1	0.0	0.00	0.00	0.00	0.0
Power tool (not hand)	1	0.0	0.00	0.00	0.00	0.0
Press	1	0.0	0.00	0.00	0.00	0.0
Razor Blades	2	0.0	0.00	0.00	0.00	0.0
Shears	2	0.0	0.00	0.00	0.00	0.0
Shifter	1	0.0	0.00	0.00	0.00	0.0
Sledge hammer	1	0.0	0.00	0.00	0.00	0.0
Solvent pump	2	0.0	0.00	0.00	0.00	0.0
Sproket/Ratchet	1	0.0	0.00	0.00	0.00	0.0
Totes	1	0.0	0.00	0.00	0.00	0.0
Valve Stems	3	0.1	0.00	0.00	0.00	0.0
Window frame	6	0.1	0.00	0.00	0.00	0.0
Wrench	4	0.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	

**ACCIDENT TYPE**

Struck/Injured By Fellow Worker, Patient	1,171	19.8	1,974,987.10	3,981,753.26	5,956,740.36	19.3
Gunshot	4	0.1	556,059.62	2,357,400.95	2,913,460.57	9.4
Fall On the Same Level	484	8.2	1,014,806.30	1,773,955.46	2,788,761.76	9.0
Struck/Injured By Motor Vehicle	65	1.1	379,701.95	2,147,767.62	2,527,469.57	8.2
Lifting	202	3.4	943,024.87	1,252,596.31	2,195,621.18	7.1
Collision with Another Vehicle	100	1.7	535,082.70	634,210.25	1,169,292.95	3.8
Person in Act of Crime	261	4.4	481,196.86	601,633.58	1,082,830.44	3.5
Twisting	135	2.3	314,054.98	752,580.91	1,066,635.89	3.5
Fall/Slip From a Different Level	125	2.1	213,230.50	829,666.02	1,042,896.52	3.4
Struck or Injury By, NOC	234	4.0	345,042.17	503,190.00	848,232.17	2.7
Pushing or Pulling	70	1.2	316,932.82	484,168.71	801,101.53	2.6
Strike Against/Step On Stationary Objec	100	1.7	261,397.06	532,282.49	793,679.55	2.6
Strain or Injury By, NOC	142	2.4	248,778.36	475,106.08	723,884.44	2.3
Fall/Slip on Ice or Snow	46	0.8	179,568.62	404,650.88	584,219.50	1.9
Collision with a Fixed Object	78	1.3	282,496.23	298,941.52	581,437.75	1.9
Struck/Injured By Object Being Lifted or	85	1.4	168,535.27	305,470.28	474,005.55	1.5
Fall/Slip From Ladder or Scaffolding	17	0.3	128,449.35	312,041.07	440,490.42	1.4
Struck/Injured By Falling or Flying Objec	89	1.5	175,587.88	242,419.18	418,007.06	1.4
Fall, Slip or Trip, NOC	143	2.4	148,751.19	245,896.84	394,648.03	1.3
Struck/Injured By Animal or Insect	245	4.1	198,348.92	191,483.53	389,832.45	1.3
Fall/Slip From Liquid or Grease Spills	65	1.1	144,714.33	222,945.78	367,660.11	1.2
Other Injury NEC	210	3.5	69,326.35	219,830.22	289,156.57	0.9
Striking Against or Stepping On, NOC	67	1.1	109,945.58	158,593.28	268,538.86	0.9
Fall/Slip on Stairs	107	1.8	89,226.61	151,414.19	240,640.80	0.8
Cut, Punctured, Scraped, NOC	191	3.2	99,337.55	126,937.58	226,275.13	0.7

### Industrial Claims Report



Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Other than Physical Cause of Injury	130	2.2	36,857.28	185,860.38	222,717.66	0.7
Caught In/Between-Object Handled	54	0.9	114,362.40	93,681.15	208,043.55	0.7
Caught In, Under or Between, NOC	93	1.6	81,984.76	119,404.26	201,389.02	0.7
Object Being Lifted or Handled	86	1.5	102,988.48	64,104.55	167,093.03	0.5
Hand Tool, Utensil; Not Powered	149	2.5	93,445.26	68,581.91	162,027.17	0.5
Jumping	15	0.3	29,222.56	112,400.84	141,623.40	0.5
Caught In/Between-Machine or Machine	15	0.3	60,405.59	55,290.80	115,696.39	0.4
Absorption, Ingestion or Inhalation NOC	199	3.4	60,647.37	53,492.64	114,140.01	0.4
Fall/Slip into Openings	21	0.4	45,528.86	56,410.45	101,939.31	0.3
Holding or Carrying	29	0.5	11,339.15	88,708.81	100,047.96	0.3
Reaching	18	0.3	23,187.67	74,969.09	98,156.76	0.3
Motor Vehicle, NOC	24	0.4	51,382.57	34,830.14	86,212.71	0.3
Continual Noise	6	0.1	4,883.46	76,750.00	81,633.46	0.3
Cumulative (All Other)	9	0.2	1,176.25	62,316.00	63,492.25	0.2
Vehicle Upset	35	0.6	27,097.10	35,800.46	62,897.56	0.2
Repetitive Motion (after 7/1/94)	33	0.6	5,200.45	53,466.92	58,667.37	0.2
Contact with Electrical Current	9	0.2	18,008.24	36,406.42	54,414.66	0.2
Slipped, Did Not Fall	36	0.6	7,083.86	22,182.90	29,266.76	0.1
Contact with Hot Object or Substance	36	0.6	5,817.72	22,613.70	28,431.42	0.1
Steam or Hot Fluids	8	0.1	5,151.22	18,208.11	23,359.33	0.1
Foreign Body in Eye	55	0.9	15,731.39	3,712.89	19,444.28	0.1
Welding or Throwing	1	0.0	1,610.76	17,558.06	19,168.82	0.1
Dust, Gases, Fumes or Vapors	72	1.2	4,652.08	13,100.47	17,752.55	0.1
Repetitive Motion	2	0.0	16,962.19	0.00	16,962.19	0.1
Broken Glass	36	0.6	9,844.89	4,596.78	14,441.67	0.0
Natural Disasters	3	0.1	9,300.06	0.00	9,300.06	0.0
Struck/Injured By Moving Parts of Machi	14	0.2	3,374.73	3,968.56	7,343.29	0.0
Powered Hand Tool; Appliance	16	0.3	5,256.51	1,538.52	6,795.03	0.0
Contact With Not Otherwise Classified	161	2.7	6,783.98	0.00	6,783.98	0.0
Struck/Injured By Hand Tool or Machine	19	0.3	3,717.03	2,489.37	6,206.40	0.0
Temperature Extremes	6	0.1	4,380.80	0.00	4,380.80	0.0
Strain By Using Tool or Machine	7	0.1	2,389.68	1,250.00	3,639.68	0.0
Crash of Water Vehicle	1	0.0	2,691.46	0.00	2,691.46	0.0
Fire or Flame	8	0.1	2,430.59	0.00	2,430.59	0.0
Stepping on Sharp Object	7	0.1	2,073.38	0.00	2,073.38	0.0
Rubbed or Abraded, NOC	5	0.1	383.99	1,230.00	1,613.99	0.0
Burn or Scald-Chemicals	4	0.1	1,299.09	229.91	1,529.00	0.0
Strike Against/Step On Obj Being Lifted	10	0.2	1,464.89	0.00	1,464.89	0.0
Crash of Airplane	1	0.0	10.63	1,239.37	1,250.00	0.0
Radiation	1	0.0	43.81	1,206.19	1,250.00	0.0
Crash of Rail Vehicle	1	0.0	347.40	852.60	1,200.00	0.0
Contact With Cold Object or Substance	3	0.1	799.53	0.00	799.53	0.0
Strike Against Moving Parts of Machine	2	0.0	352.03	0.00	352.03	0.0
Contact with Infectious Disease	2	0.0	328.47	0.00	328.47	0.0
Bending	3	0.1	82.45	0.00	82.45	0.0
Bitten	26	0.4	0.00	0.00	0.00	0.0
Bodily Reaction	2	0.0	0.00	0.00	0.00	0.0
Contact with Abnormal Air Pressure	1	0.0	0.00	0.00	0.00	0.0
Mold, Including Mildew	3	0.1	0.00	0.00	0.00	0.0

### Industrial Claims Report

Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Needle Stick	2	0.0	0.00	0.00	0.00	0.0
Pandemic	1	0.0	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flare Bac	2	0.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled By Otr	5	0.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1,100	18.6	3,185,381.30	8,115,182.56	11,300,563.86	36.6
Upper Extremities Shoulder(s)	227	3.8	1,292,870.14	2,819,212.75	4,112,082.89	13.3
Lower Extremities Knee	425	7.2	1,075,876.60	1,692,268.39	2,768,144.99	9.0
Trunk Low Back Area (Incl. Lumbar & L	285	4.8	639,042.61	1,036,026.19	1,675,068.80	5.4
Lower Extremities Ankle	183	3.1	327,753.64	636,038.35	963,791.99	3.1
Head Other facial soft tissue	274	4.6	275,625.25	529,540.24	805,165.49	2.6
Neck Disc (Neck)	18	0.3	355,344.78	235,468.95	590,813.73	1.9
Head Multiple Head Injury	85	1.4	200,135.60	388,096.63	588,232.23	1.9
Upper Extremities Finger(s)	384	6.5	265,952.44	307,490.75	573,443.19	1.9
Lower Extremities Lower Leg	147	2.5	261,581.76	295,052.69	556,634.45	1.8
Upper Extremities Hand	387	6.5	244,861.67	299,919.54	544,781.21	1.8
Upper Extremities Wrist(s) and Hand(s)	35	0.6	111,563.55	406,817.57	518,381.12	1.7
Head Skull	148	2.5	122,539.20	394,263.68	516,802.88	1.7
Lower Extremities Foot	128	2.2	108,499.30	327,801.39	436,300.69	1.4
Upper Extremities Elbow	97	1.6	211,098.12	216,321.89	427,420.01	1.4
Lower Extremities Hip	60	1.0	108,845.68	289,076.95	397,922.63	1.3
Upper Extremities Upper Arm (Incl. Clav	98	1.7	91,085.07	254,615.59	345,700.66	1.1
Upper Extremities Multiple Upper Extr	46	0.8	105,651.03	237,320.64	342,971.67	1.1
Upper Extremities Lower Arm	227	3.8	145,356.07	191,744.17	337,100.24	1.1
Upper Extremities Wrist	123	2.1	127,119.61	161,074.67	288,194.28	0.9
Trunk Upper Back Area (Thoracic Area)	40	0.7	149,097.90	135,998.01	285,095.91	0.9
Lower Extremities Upper Leg	75	1.3	96,669.15	164,409.21	261,078.36	0.8
Trunk Heart	21	0.4	29,163.94	230,305.83	259,469.77	0.8
Upper Extremities Thumb	126	2.1	115,695.39	118,290.85	233,986.24	0.8
Head Brain	45	0.8	56,242.78	155,210.95	211,453.73	0.7
Head Facial Bones	86	1.5	85,939.07	96,016.61	181,955.68	0.6
Multiple Body Parts No Physical Injury	243	4.1	15,107.74	158,200.35	173,308.09	0.6
Head Eye(s)	201	3.4	69,739.90	54,784.38	124,524.28	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	99	1.7	59,699.77	64,550.01	124,249.78	0.4
Trunk Lumbar and/or Sacral Vertebrae	65	1.1	50,783.03	51,151.91	101,934.94	0.3
Head Ear(s)	27	0.5	9,648.34	80,500.00	90,148.34	0.3
Head Teeth	5	0.1	13,043.33	68,683.70	81,727.03	0.3
Trunk Buttocks	22	0.4	12,842.57	68,434.69	81,277.26	0.3
Lower Extremities Multiple Lower Extr	22	0.4	33,136.87	45,101.33	78,238.20	0.3
Lower Extremities Great Toe	15	0.3	24,592.49	48,081.95	72,674.44	0.2
Trunk Multiple Trunk	8	0.1	27,279.43	26,386.05	53,665.48	0.2
Head Nose	33	0.6	10,625.29	37,736.76	48,362.05	0.2
Trunk Abdomen Including Groin	72	1.2	38,936.78	8,770.60	47,707.38	0.2
Trunk Disc (Back)	5	0.1	6,072.67	27,005.15	33,077.82	0.1
Trunk Internal Organs	7	0.1	24,675.78	7,150.00	31,825.78	0.1
Neck Soft Tissue-Neck	32	0.5	11,960.62	17,880.50	29,841.12	0.1
Trunk Lung(s)	52	0.9	10,723.95	13,938.26	24,662.21	0.1



### Industrial Claims Report



Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Multiple Body Parts Whole Body	26	0.4	9,325.49	15,219.72	24,545.21	0.1
Neck Multiple Neck Injury	16	0.3	9,628.40	11,675.70	21,304.10	0.1
Lower Extremities Toe(s)	22	0.4	7,025.09	13,522.97	20,548.06	0.1
Multiple Body Parts Insufficient Info to l	3	0.1	18.82	19,400.00	19,418.82	0.1
Head Mouth	37	0.6	11,037.37	3,760.65	14,798.02	0.0
Head Scalp	3	0.1	6,481.68	3,877.92	10,359.60	0.0
Trunk Sacrum and Coccyx	5	0.1	3,574.14	6,252.67	9,826.81	0.0
Multiple Body Parts Body Systems & Mt	14	0.2	18.82	7,481.18	7,500.00	0.0
Trunk Spinal Cord	2	0.0	3,862.80	0.00	3,862.80	0.0
Neck Spinal Cord	3	0.1	917.76	1,026.74	1,944.50	0.0
Neck Vertebrae	6	0.1	468.14	1,250.00	1,718.14	0.0
Neck Larynx	3	0.1	446.52	0.00	446.52	0.0
Neck Trachea	3	0.1	0.00	0.00	0.00	0.0
Trunk Pelvis	2	0.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	

**INJURY**

Strain	842	14.2	2,598,376.92	4,068,973.36	6,667,350.28	21.6
Multiple Physical Injury Only	347	5.9	1,790,204.58	4,614,232.23	6,404,436.81	20.8
Sprain	434	7.3	1,208,823.15	2,468,061.02	3,676,884.17	11.9
Contusion (Bruise, Skin Surface)	1,283	21.7	1,349,227.32	2,297,446.40	3,646,673.72	11.8
All Other (Specific) Injuries, NOC	352	5.9	734,989.49	2,826,237.16	3,561,226.65	11.5
Fracture	122	2.1	577,862.71	1,299,460.34	1,877,323.05	6.1
Concussion (Brain, Cerebral)	125	2.1	338,366.04	798,441.18	1,136,807.22	3.7
Laceration	586	9.9	397,059.16	393,850.35	790,909.51	2.6
Multiple Injury Inc. Physical & Psycholog	76	1.3	341,643.70	430,265.99	771,909.69	2.5
Dislocation	23	0.4	326,960.89	256,662.12	583,623.01	1.9
Crushing	87	1.5	87,807.25	171,223.15	259,030.40	0.8
Puncture	204	3.4	121,767.90	130,191.36	251,959.26	0.8
Myocardial Infarction (Heart Attack)	7	0.1	28,748.45	220,905.83	249,654.28	0.8
Inflammation	169	2.9	61,524.60	130,612.41	192,137.01	0.6
No Physical Injury	560	9.5	29,971.55	155,259.61	185,231.16	0.6
Contagious Disease	178	3.0	102,472.37	62,285.25	164,757.62	0.5
Rupture	6	0.1	55,083.02	28,527.03	83,610.05	0.3
Loss of Hearing	3	0.1	37.64	76,750.00	76,787.64	0.2
Burn	156	2.6	18,922.23	42,071.81	60,994.04	0.2
Electric Shock	9	0.2	25,298.71	34,473.93	59,772.64	0.2
Foreign Body (Eye)	65	1.1	18,583.48	31,504.30	50,087.78	0.2
All Other Cumulative Injury	5	0.1	290.30	25,100.00	25,390.30	0.1
Respiratory Disorders(Gases,Fumes,Ch	24	0.4	11,574.38	8,158.63	19,733.01	0.1
Asbestosis	3	0.1	208.11	8,548.35	8,756.46	0.0
Infection	21	0.4	2,264.58	6,150.72	8,415.30	0.0
Adverse reaction to a vaccination or inoc	3	0.1	7,951.76	0.00	7,951.76	0.0
Heat Prostration	12	0.2	4,399.62	2,500.00	6,899.62	0.0
Poisoning - Chemical (Other than Metal)	29	0.5	5,881.60	577.61	6,459.21	0.0
Dermatitis	84	1.4	2,933.46	2,500.00	5,433.46	0.0
Hearing Loss or Impairment	1	0.0	4,845.82	0.00	4,845.82	0.0
Syncope	14	0.2	3,512.65	1,250.00	4,762.65	0.0
Vision Loss	3	0.1	18.82	1,250.00	1,268.82	0.0

Company: Commonwealth of Virginia

DOI Period: 07/01/2023-06/30/2024

Financials As of: 06/30/2024

Claims added as of: 06/30/2024

## Industrial Claims Report



07/1/2024 6:33:35 AM

Description	# Claims	%	Paid	Est Future Costs	Incurred	%
AIDS	1	0.0	581.90	668.10	1,250.00	0.0
COVID-19	2	0.0	0.00	1,250.00	1,250.00	0.0
Poisoning - Metal	2	0.0	924.36	0.00	924.36	0.0
All Other Occupational Disease	5	0.1	722.18	0.00	722.18	0.0
Asphyxiation	1	0.0	446.52	0.00	446.52	0.0
Mental Stress	65	1.1	189.61	0.00	189.61	0.0
Poisoning-General (Not OD or Cum Injur	6	0.1	87.14	0.00	87.14	0.0
Hernia (Rupture)	2	0.0	63.63	0.00	63.63	0.0
Angina Pectoris (Condition assc w/Heart	2	0.0	37.64	0.00	37.64	0.0
Carpal Tunnel Syndrome	1	0.0	0.00	0.00	0.00	0.0
Dust Disease NOC(All Other Pneumocoi	3	0.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5,923</b>		<b>\$10,260,665.24</b>	<b>\$20,595,388.24</b>	<b>\$30,856,053.48</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>100 - Senate of Virginia</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	427.01	822.99	1,250.00	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	50.0	\$427.01	822.99	1,250.00	100.0
0 - 2	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	50.0	\$427.01	822.99	1,250.00	100.0
70 - 74	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	\$427.01	822.99	1,250.00	100.0
Female	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	50.0	\$427.01	822.99	1,250.00	100.0
Outside Surface	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying C	1	50.0	427.01	822.99	1,250.00	100.0
Strain or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Toe(s)	1	50.0	427.01	822.99	1,250.00	100.0
Lower Extremities Foot	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	427.01	822.99	1,250.00	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>101 - HOUSE OF DELEGATES</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	50.0	6,854.33	3,645.67	10,500.00	100.0
6PM - 7:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	\$6,854.33	3,645.67	10,500.00	100.0
14 - 16	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>Age of Claimant</b>						
75 - 79	1	50.0	\$6,854.33	3,645.67	10,500.00	100.0
65 - 69	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$6,854.33	3,645.67	10,500.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	50.0	\$6,854.33	3,645.67	10,500.00	100.0
Nail	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	6,854.33	3,645.67	10,500.00	100.0
Stepping on Sharp Object	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	50.0	6,854.33	3,645.67	10,500.00	100.0
Lower Extremities Great Toe	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	100.0	6,854.33	3,645.67	10,500.00	100.0
<b>Sum:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>103 - MAGISTRATE SYSTEM</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	16.7	0.00	6,550.00	6,550.00	99.1
10PM - 11:59PM	2	33.3	58.77	0.00	58.77	0.9
8AM - 9:59AM	1	16.7	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	16.7	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	50.0	\$58.77	6,550.00	6,608.77	100.0
2 - 4	1	16.7	\$0.00	0.00	0.00	0.0
4 - 6	1	16.7	\$0.00	0.00	0.00	0.0
22 - 24	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>Age of Claimant</b>						
50 - 54	2	33.3	\$0.00	6,550.00	6,550.00	99.1
25 - 29	1	16.7	\$58.77	0.00	58.77	0.9
45 - 49	2	33.3	\$0.00	0.00	0.00	0.0
55 - 59	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	50.0	\$0.00	6,550.00	6,550.00	99.1
Male	3	50.0	\$58.77	0.00	58.77	0.9
<b>Totals:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>LOSS CAUSE</b>						
Door	1	16.7	\$0.00	6,550.00	6,550.00	99.1
Furniture / fixtures	1	16.7	\$58.77	0.00	58.77	0.9
Computer Work Station	1	16.7	\$0.00	0.00	0.00	0.0
Floor	2	33.3	\$0.00	0.00	0.00	0.0
Stairs, steps	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	16.7	0.00	6,550.00	6,550.00	99.1
Other Injury NEC	1	16.7	58.77	0.00	58.77	0.9
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From Liquid or Grease Spi	1	16.7	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	16.7	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	16.7	0.00	6,550.00	6,550.00	99.1
Head Skull	1	16.7	58.77	0.00	58.77	0.9
Lower Extremities Knee	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	
<b>INJURY</b>						
Crushing	1	16.7	0.00	6,550.00	6,550.00	99.1
No Physical Injury	2	33.3	58.77	0.00	58.77	0.9
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
Inflammation	1	16.7	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$58.77</b>	<b>\$6,550.00</b>	<b>\$6,608.77</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>109 - LEGISLATIVE AUTOMATED SYSTEMS</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>LENGTH OF SERVICE</b>						
30 - 32	1	100.0	\$213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	\$213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	\$213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>LOSS CAUSE</b>						
Computer Work Station	1	100.0	\$213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	213.10	0.00	213.10	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	100.0	213.10	0.00	213.10	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>INJURY</b>						
Laceration	1	100.0	213.10	0.00	213.10	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>111 - SUPREME COURT OF VIRGINIA</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	2	9.5	48,523.28	0.00	48,523.28	92.3
10AM - 11:59AM	8	38.1	2,339.78	0.00	2,339.78	4.5
12AM - 1:59AM	1	4.8	0.00	1,250.00	1,250.00	2.4
12PM - 1:59PM	4	19.0	411.03	0.00	411.03	0.8
8AM - 9:59AM	4	19.0	18.82	0.00	18.82	0.0
2AM - 3:59AM	1	4.8	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	4.8	\$48,523.28	0.00	48,523.28	92.3
0 - 2	8	38.1	\$1,123.58	1,250.00	2,373.58	4.5
2 - 4	5	23.8	\$1,646.05	0.00	1,646.05	3.1
6 - 8	2	9.5	\$0.00	0.00	0.00	0.0
8 - 10	1	4.8	\$0.00	0.00	0.00	0.0
18 - 20	1	4.8	\$0.00	0.00	0.00	0.0
24 - 26	1	4.8	\$0.00	0.00	0.00	0.0
34 - 36	1	4.8	\$0.00	0.00	0.00	0.0
30 - 32	1	4.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	
<b>Age of Claimant</b>						
60 - 64	3	14.3	\$48,523.28	0.00	48,523.28	92.3
40 - 44	5	23.8	\$1,038.73	1,250.00	2,288.73	4.4
50 - 54	3	14.3	\$1,043.05	0.00	1,043.05	2.0
25 - 29	1	4.8	\$411.03	0.00	411.03	0.8
30 - 34	3	14.3	\$258.00	0.00	258.00	0.5
45 - 49	2	9.5	\$18.82	0.00	18.82	0.0
55 - 59	1	4.8	\$0.00	0.00	0.00	0.0
65 - 69	1	4.8	\$0.00	0.00	0.00	0.0
70 - 74	1	4.8	\$0.00	0.00	0.00	0.0
75 - 79	1	4.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	20	95.2	\$51,292.91	1,250.00	52,542.91	100.0
Male	1	4.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	
<b>LOSS CAUSE</b>						
Floor	4	19.0	\$48,523.28	0.00	48,523.28	92.3
Office equipment	2	9.5	\$0.00	1,250.00	1,250.00	2.4
Stairs, steps	2	9.5	\$1,043.05	0.00	1,043.05	2.0
Metal items	2	9.5	\$693.73	0.00	693.73	1.3
Chemicals, not otherwise classified	1	4.8	\$603.00	0.00	603.00	1.1
Ceiling	1	4.8	\$411.03	0.00	411.03	0.8
N/A	1	4.8	\$18.82	0.00	18.82	0.0
Chair	1	4.8	\$0.00	0.00	0.00	0.0
Door	1	4.8	\$0.00	0.00	0.00	0.0
Object on Floor	1	4.8	\$0.00	0.00	0.00	0.0
Outside Surface	1	4.8	\$0.00	0.00	0.00	0.0
Person	1	4.8	\$0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	9.5	\$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	4.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spi	2	9.5	48,523.28	0.00	48,523.28	92.3
Struck or Injury By, NOC	1	4.8	0.00	1,250.00	1,250.00	2.4
Fall/Slip on Stairs	1	4.8	1,043.05	0.00	1,043.05	2.0
Dust, Gases, Fumes or Vapors	2	9.5	1,014.03	0.00	1,014.03	1.9
Striking Against or Stepping On, NC	2	9.5	435.73	0.00	435.73	0.8
Caught In, Under or Between, NOC	1	4.8	258.00	0.00	258.00	0.5
Other Injury NEC	2	9.5	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation	1	4.8	0.00	0.00	0.00	0.0
Fall On the Same Level	4	19.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	4	19.0	0.00	0.00	0.00	0.0
Reaching	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	4.8	48,523.28	0.00	48,523.28	92.3
Head Eye(s)	3	14.3	1,014.03	1,250.00	2,264.03	4.3
Upper Extremities Wrist	1	4.8	1,043.05	0.00	1,043.05	2.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Toe(s)	1	4.8	435.73	0.00	435.73	0.8
Lower Extremities Foot	1	4.8	258.00	0.00	258.00	0.5
Trunk Heart	1	4.8	18.82	0.00	18.82	0.0
Head Skull	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Knee	4	19.0	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	4.8	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	3	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hai	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	

### INJURY

Fracture	2	9.5	48,523.28	0.00	48,523.28	92.3
Strain	2	9.5	1,454.08	0.00	1,454.08	2.8
Vision Loss	1	4.8	0.00	1,250.00	1,250.00	2.4
Poisoning - Chemical (Other than M	1	4.8	603.00	0.00	603.00	1.1
All Other (Specific) Injuries, NOC	2	9.5	435.73	0.00	435.73	0.8
Sprain	3	14.3	258.00	0.00	258.00	0.5
No Physical Injury	4	19.0	18.82	0.00	18.82	0.0
Contagious Disease	1	4.8	0.00	0.00	0.00	0.0
Inflammation	2	9.5	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	3	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$51,292.91</b>	<b>\$1,250.00</b>	<b>\$52,542.91</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>121 - GOVERNOR'S OFFICE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>123 - MILITARY AFFAIRS, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	16	4.8	320,874.76	230,064.71	550,939.47	74.3
12AM - 1:59AM	4	1.2	16,361.73	34,473.93	50,835.66	6.9
8AM - 9:59AM	10	3.0	24,550.60	25,174.94	49,725.54	6.7
6AM - 7:59AM	83	24.8	27,952.33	16,071.14	44,023.47	5.9
6PM - 7:59PM	71	21.2	8,123.49	19,877.28	28,000.77	3.8
12PM - 1:59PM	36	10.7	7,404.58	8,456.90	15,861.48	2.1
2PM - 3:59PM	36	10.7	339.43	1,213.43	1,552.86	0.2
4AM - 5:59AM	2	0.6	459.74	0.00	459.74	0.1
8PM - 9:59PM	35	10.4	280.45	0.00	280.45	0.0
4PM - 5:59PM	38	11.3	18.82	0.00	18.82	0.0
2AM - 3:59AM	3	0.9	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	309	92.2	\$379,948.38	215,819.99	595,768.37	80.3
16 - 18	2	0.6	\$12,863.12	64,881.50	77,744.62	10.5
2 - 4	12	3.6	\$13,341.83	44,480.84	57,822.67	7.8
6 - 8	2	0.6	\$37.64	7,100.00	7,137.64	1.0
24 - 26	2	0.6	\$0.00	3,050.00	3,050.00	0.4
8 - 10	1	0.3	\$174.96	0.00	174.96	0.0
4 - 6	3	0.9	\$0.00	0.00	0.00	0.0
10 - 12	2	0.6	\$0.00	0.00	0.00	0.0
12 - 14	1	0.3	\$0.00	0.00	0.00	0.0
14 - 16	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	
<b>Age of Claimant</b>						
40 - 44	7	2.1	\$335,385.53	212,531.88	547,917.41	73.9
25 - 29	78	23.3	\$22,549.18	65,958.88	88,508.06	11.9
35 - 39	30	9.0	\$16,361.73	34,473.93	50,835.66	6.9
20 - 24	127	37.9	\$24,456.70	1,213.43	25,670.13	3.5
50 - 54	10	3.0	\$6,828.65	10,404.21	17,232.86	2.3
55 - 59	7	2.1	\$465.26	10,750.00	11,215.26	1.5
30 - 34	60	17.9	\$300.06	0.00	300.06	0.0
45 - 49	12	3.6	\$18.82	0.00	18.82	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	2	0.6	\$0.00	0.00	0.00	0.0
75 - 79	1	0.3	\$0.00	0.00	0.00	0.0
80 - 84	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

**SEX OF CLAIMANT**

Male	224	66.9	\$391,692.15	327,018.90	718,711.05	96.9
Female	111	33.1	\$14,673.78	8,313.43	22,987.21	3.1
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

**LOSS CAUSE**

Object on Floor	1	0.3	\$296,717.20	105,902.37	402,619.57	54.3
Recreational equipment	2	0.6	\$12,863.12	64,881.50	77,744.62	10.5
Walking surface, outside, dry	9	2.7	\$17,763.77	53,635.05	71,398.82	9.6
Patient / Inmate	6	1.8	\$29,254.75	39,996.08	69,250.83	9.3
Electrical equipment	1	0.3	\$16,342.91	34,473.93	50,816.84	6.9
Vehicle/car/truck	36	10.7	\$23,238.24	4,263.43	27,501.67	3.7
Water	2	0.6	\$7,133.10	5,406.90	12,540.00	1.7
Furniture / fixtures	1	0.3	\$1,410.75	10,723.07	12,133.82	1.6
N/A	2	0.6	\$37.64	7,700.00	7,737.64	1.0
Walking surface, inside, dry	1	0.3	\$18.82	7,100.00	7,118.82	1.0
Animal / insect, not otherwise class	3	0.9	\$0.00	1,250.00	1,250.00	0.2
Person	61	18.2	\$497.38	0.00	497.38	0.1
Metal items	2	0.6	\$302.86	0.00	302.86	0.0
Overhead Object	1	0.3	\$280.45	0.00	280.45	0.0
Chemicals, not otherwise classified	8	2.4	\$271.48	0.00	271.48	0.0
Nail	1	0.3	\$174.96	0.00	174.96	0.0
Environmental conditions	97	29.0	\$58.50	0.00	58.50	0.0
Aircraft	3	0.9	\$0.00	0.00	0.00	0.0
Animal / bee type	1	0.3	\$0.00	0.00	0.00	0.0
Battery	1	0.3	\$0.00	0.00	0.00	0.0
Boxes / containers	1	0.3	\$0.00	0.00	0.00	0.0
Clothing / jewelry	7	2.1	\$0.00	0.00	0.00	0.0
Dust	2	0.6	\$0.00	0.00	0.00	0.0
Floor	1	0.3	\$0.00	0.00	0.00	0.0
Food	23	6.9	\$0.00	0.00	0.00	0.0
Gun / gunshot	2	0.6	\$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.3	\$0.00	0.00	0.00	0.0
Infectious agent	6	1.8	\$0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Miscellaneous	21	6.3	\$0.00	0.00	0.00	0.0
Outside Surface	25	7.5	\$0.00	0.00	0.00	0.0
Pipe	1	0.3	\$0.00	0.00	0.00	0.0
Poisonous agent / plant	1	0.3	\$0.00	0.00	0.00	0.0
Stairs	1	0.3	\$0.00	0.00	0.00	0.0
Tire	1	0.3	\$0.00	0.00	0.00	0.0
Uneven Surface	2	0.6	\$0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

### ACCIDENT TYPE

Lifting	29	8.7	316,993.87	176,190.77	493,184.64	66.5
Twisting	12	3.6	44,776.55	84,659.99	129,436.54	17.5
Contact with Electrical Current	1	0.3	16,342.91	34,473.93	50,816.84	6.9
Vehicle Upset	10	3.0	23,051.29	4,263.43	27,314.72	3.7
Strike Against/Step On Stationary C	2	0.6	2,147.68	16,071.14	18,218.82	2.5
Fall/Slip on Stairs	1	0.3	1,410.75	10,723.07	12,133.82	1.6
Other Injury NEC	47	14.0	37.64	7,700.00	7,737.64	1.0
Struck/Injured By Animal or Insect	4	1.2	0.00	1,250.00	1,250.00	0.2
Struck/Injured By Fellow Worker, P	1	0.3	459.74	0.00	459.74	0.1
Hand Tool, Utensil; Not Powered	2	0.6	302.86	0.00	302.86	0.0
Pushing or Pulling	1	0.3	300.06	0.00	300.06	0.0
Absorption, Ingestion or Inhalation	6	1.8	271.48	0.00	271.48	0.0
Struck/Injured By Falling or Flying C	1	0.3	174.96	0.00	174.96	0.0
Other than Physical Cause of Injury	84	25.1	96.14	0.00	96.14	0.0
Caught In, Under or Between, NOC	1	0.3	0.00	0.00	0.00	0.0
Contact with Infectious Disease	1	0.3	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classif	103	30.7	0.00	0.00	0.00	0.0
Continual Noise	2	0.6	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.3	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	6	1.8	0.00	0.00	0.00	0.0
Fall On the Same Level	6	1.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	0.3	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	0.6	0.00	0.00	0.00	0.0
Holding or Carrying	1	0.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.3	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	4	1.2	0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Striking Against or Stepping On, NC	1	0.3	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flare	1	0.3	0.00	0.00	0.00	0.0
Temperature Extremes	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

#### BODY PART

Neck Disc (Neck)	1	0.3	296,717.20	105,902.37	402,619.57	54.3
Upper Extremities Shoulder(s)	4	1.2	14,928.54	64,881.50	79,810.04	10.8
Multiple Body Parts Multiple Body	200	59.7	39,687.61	37,523.93	77,211.54	10.4
Lower Extremities Ankle	4	1.2	11,237.98	44,480.84	55,718.82	7.5
Lower Extremities Knee	5	1.5	24,375.64	23,924.94	48,300.58	6.5
Trunk Low Back Area (Incl. Lumba	6	1.8	9,190.54	16,129.97	25,320.51	3.4
Lower Extremities Foot	3	0.9	6,544.61	16,254.21	22,798.82	3.1
Lower Extremities Great Toe	1	0.3	2,147.68	16,071.14	18,218.82	2.5
Trunk Heart	2	0.6	37.64	7,700.00	7,737.64	1.0
Neck Soft Tissue-Neck	2	0.6	36.57	1,213.43	1,250.00	0.2
Trunk Chest (Incl. Ribs, Sternum &	2	0.6	0.00	1,250.00	1,250.00	0.2
Upper Extremities Wrist	2	0.6	946.46	0.00	946.46	0.1
Upper Extremities Hand	2	0.6	302.86	0.00	302.86	0.0
Head Eye(s)	3	0.9	174.96	0.00	174.96	0.0
Multiple Body Parts No Physical In	10	3.0	18.82	0.00	18.82	0.0
Trunk Internal Organs	1	0.3	18.82	0.00	18.82	0.0
Head Ear(s)	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	0.6	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	23	6.9	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertel	50	14.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	0.3	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	3	0.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	0.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hai	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

#### INJURY

Strain	76	22.7	354,033.68	232,035.04	586,068.72	79.0
Sprain	6	1.8	26,432.79	34,648.01	61,080.80	8.2
Electric Shock	1	0.3	16,342.91	34,473.93	50,816.84	6.9

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	1	0.3	2,147.68	16,071.14	18,218.82	2.5
Contusion (Bruise, Skin Surface)	12	3.6	6,700.75	9,154.21	15,854.96	2.1
All Other (Specific) Injuries, NOC	6	1.8	56.46	7,700.00	7,756.46	1.0
Inflammation	4	1.2	0.00	1,250.00	1,250.00	0.2
Laceration	2	0.6	302.86	0.00	302.86	0.0
All Other Cumulative Injury	1	0.3	271.48	0.00	271.48	0.0
No Physical Injury	35	10.4	58.50	0.00	58.50	0.0
Mental Stress	59	17.6	18.82	0.00	18.82	0.0
Burn	57	17.0	0.00	0.00	0.00	0.0
Dermatitis	69	20.6	0.00	0.00	0.00	0.0
Infection	3	0.9	0.00	0.00	0.00	0.0
Loss of Hearing	1	0.3	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	2	0.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	



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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>133 - AUDITOR OF PUBLIC ACCOUNTS</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
70 - 74	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>140 - CRIMINAL JUSTICE SERVICES</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	433.58	0.00	433.58	92.4
6AM - 7:59AM	1	50.0	35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	\$433.58	0.00	433.58	92.4
0 - 2	1	50.0	\$35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	\$433.58	0.00	433.58	92.4
45 - 49	1	50.0	\$35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$469.15	0.00	469.15	100.0
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>LOSS CAUSE</b>						
Sharp objects, not otherwise classif	1	50.0	\$433.58	0.00	433.58	92.4
Overhead Object	1	50.0	\$35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary C	1	50.0	433.58	0.00	433.58	92.4
Strike Against/Step On Obj Being L	1	50.0	35.57	0.00	35.57	7.6
<b>Sum:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	433.58	0.00	433.58	92.4
Head Brain	1	50.0	35.57	0.00	35.57	7.6
<b>Sum:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>INJURY</b>						
Crushing	1	50.0	433.58	0.00	433.58	92.4
Concussion (Brain, Cerebral)	1	50.0	35.57	0.00	35.57	7.6
<b>Sum:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>141 - ATTORNEY GENERAL'S OFFICE</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	33.3	0.00	1,250.00	1,250.00	85.5
10AM - 11:59AM	1	33.3	186.55	0.00	186.55	12.8
8AM - 9:59AM	1	33.3	24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	33.3	\$0.00	1,250.00	1,250.00	85.5
4 - 6	1	33.3	\$186.55	0.00	186.55	12.8
0 - 2	1	33.3	\$24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>Age of Claimant</b>						
45 - 49	1	33.3	\$0.00	1,250.00	1,250.00	85.5
40 - 44	1	33.3	\$186.55	0.00	186.55	12.8
25 - 29	1	33.3	\$24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	\$211.42	1,250.00	1,461.42	100.0
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	33.3	\$0.00	1,250.00	1,250.00	85.5
Cabinet	1	33.3	\$186.55	0.00	186.55	12.8
Person	1	33.3	\$24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying C	1	33.3	0.00	1,250.00	1,250.00	85.5
Strike Against/Step On Stationary C	1	33.3	186.55	0.00	186.55	12.8
Absorption, Ingestion or Inhalation	1	33.3	24.87	0.00	24.87	1.7
<b>Sum:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>BODY PART</b>						
Lower Extremities Great Toe	1	33.3	0.00	1,250.00	1,250.00	85.5
Head Eye(s)	1	33.3	186.55	0.00	186.55	12.8
Upper Extremities Finger(s)	1	33.3	24.87	0.00	24.87	1.7
<b>Sum:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>INJURY</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Crushing	1	33.3	0.00	1,250.00	1,250.00	85.5
Contusion (Bruise, Skin Surface)	1	33.3	186.55	0.00	186.55	12.8
Contagious Disease	1	33.3	24.87	0.00	24.87	1.7
<b>Sum:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>146 - SCIENCE MUSEUM OF VIRGINIA</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	3	75.0	0.00	1,250.00	1,250.00	100.0
2PM - 3:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	25.0	\$0.00	1,250.00	1,250.00	100.0
0 - 2	2	50.0	\$0.00	0.00	0.00	0.0
6 - 8	1	25.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	25.0	\$0.00	1,250.00	1,250.00	100.0
20 - 24	1	25.0	\$0.00	0.00	0.00	0.0
25 - 29	2	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	\$0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	25.0	\$0.00	1,250.00	1,250.00	100.0
Machine, not otherwise classified	2	50.0	\$0.00	0.00	0.00	0.0
Stairs, steps	1	25.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	25.0	0.00	1,250.00	1,250.00	100.0
Contact With Not Otherwise Classif	2	50.0	0.00	0.00	0.00	0.0
Twisting	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	25.0	0.00	1,250.00	1,250.00	100.0
Head Other facial soft tissue	1	25.0	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other (Specific) Injuries, NOC	1	25.0	0.00	1,250.00	1,250.00	100.0
Burn	2	50.0	0.00	0.00	0.00	0.0
Sprain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>151 - ACCOUNTS, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	478.56	0.00	478.56	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	50.0	\$478.56	0.00	478.56	100.0
0 - 2	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	\$478.56	0.00	478.56	100.0
35 - 39	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$478.56	0.00	478.56	100.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>LOSS CAUSE</b>						
Stairs	1	50.0	\$478.56	0.00	478.56	100.0
Stairs, steps	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	2	100.0	478.56	0.00	478.56	100.0
<b>Sum:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	50.0	478.56	0.00	478.56	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	100.0	478.56	0.00	478.56	100.0
<b>Sum:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	9	32.1	16,682.67	163,780.72	180,463.39	58.9
4PM - 5:59PM	2	7.1	30,603.16	70,606.54	101,209.70	33.0
12PM - 1:59PM	5	17.9	9,522.32	4,450.42	13,972.74	4.6
2PM - 3:59PM	4	14.3	2,699.80	1,654.71	4,354.51	1.4
8PM - 9:59PM	1	3.6	119.39	3,699.43	3,818.82	1.2
8AM - 9:59AM	4	14.3	1,105.78	852.60	1,958.38	0.6
12AM - 1:59AM	1	3.6	513.62	0.00	513.62	0.2
6AM - 7:59AM	2	7.1	61.64	0.00	61.64	0.0
<b>Totals:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	10.7	\$5,512.45	167,643.75	173,156.20	56.5
0 - 2	14	50.0	\$40,795.03	72,349.47	113,144.50	36.9
6 - 8	1	3.6	\$7,072.71	3,246.11	10,318.82	3.4
30 - 32	2	7.1	\$5,028.86	0.00	5,028.86	1.6
4 - 6	3	10.7	\$652.35	1,130.09	1,782.44	0.6
48 - 50	1	3.6	\$1,698.28	0.00	1,698.28	0.6
24 - 26	1	3.6	\$54.82	675.00	729.82	0.2
12 - 14	1	3.6	\$475.06	0.00	475.06	0.2
38 - 40	1	3.6	\$18.82	0.00	18.82	0.0
8 - 10	1	3.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	
<b>Age of Claimant</b>						
25 - 29	4	14.3	\$12,144.50	159,210.11	171,354.61	55.9
50 - 54	5	17.9	\$36,029.77	56,607.41	92,637.18	30.2
40 - 44	4	14.3	\$998.21	18,627.43	19,625.64	6.4
45 - 49	2	7.1	\$7,118.40	4,450.42	11,568.82	3.8
35 - 39	2	7.1	\$119.39	4,949.43	5,068.82	1.7
20 - 24	3	10.7	\$2,385.10	0.00	2,385.10	0.8
70 - 74	1	3.6	\$1,698.28	0.00	1,698.28	0.6
55 - 59	4	14.3	\$722.27	524.62	1,246.89	0.4
60 - 64	2	7.1	\$73.64	675.00	748.64	0.2
30 - 34	1	3.6	\$18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	18	64.3	\$40,397.20	227,905.09	268,302.29	87.6
Male	10	35.7	\$20,911.18	17,139.33	38,050.51	12.4
<b>Totals:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	7	25.0	\$11,909.44	178,967.63	190,877.07	62.3
Walking surface, outside, wet	1	3.6	\$30,367.38	55,477.32	85,844.70	28.0
Step stool	2	7.1	\$7,733.34	3,770.73	11,504.07	3.8
Object on Floor	1	3.6	\$4,745.54	0.00	4,745.54	1.5
Animal / insect, not otherwise class	1	3.6	\$119.39	3,699.43	3,818.82	1.2
Wires	1	3.6	\$2,366.28	0.00	2,366.28	0.8
Ladder - Portable	1	3.6	\$1,698.28	0.00	1,698.28	0.6
Person	2	7.1	\$283.32	1,250.00	1,533.32	0.5
Chair	2	7.1	\$64.51	1,204.31	1,268.82	0.4
Floor	2	7.1	\$568.44	675.00	1,243.44	0.4
Door	1	3.6	\$657.14	0.00	657.14	0.2
Metal items	1	3.6	\$475.06	0.00	475.06	0.2
Furniture / fixtures	1	3.6	\$220.98	0.00	220.98	0.1
Walking surface, outside, dry	3	10.7	\$80.46	0.00	80.46	0.0
Docks,Ramps,Loading Platforms	1	3.6	\$18.82	0.00	18.82	0.0
Glass bottle / sheet	1	3.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	3.6	5,157.28	148,815.10	153,972.38	50.3
Fall/Slip on Ice or Snow	1	3.6	30,367.38	55,477.32	85,844.70	28.0
Strike Against/Step On Stationary C	1	3.6	5,982.68	9,542.41	15,525.09	5.1
Collision with Another Vehicle	2	7.1	235.78	15,129.22	15,365.00	5.0
Fall/Slip From Ladder or Scaffolding	1	3.6	7,072.71	3,246.11	10,318.82	3.4
Collision with a Fixed Object	2	7.1	186.30	4,628.30	4,814.60	1.6
Other Injury NEC	1	3.6	4,745.54	0.00	4,745.54	1.5
Struck/Injured By Animal or Insect	1	3.6	119.39	3,699.43	3,818.82	1.2
Fall/Slip From a Different Level	3	10.7	725.14	1,728.93	2,454.07	0.8
Fall, Slip or Trip, NOC	1	3.6	2,366.28	0.00	2,366.28	0.8
Lifting	1	3.6	1,698.28	0.00	1,698.28	0.6
Hand Tool, Utensil; Not Powered	1	3.6	0.00	1,250.00	1,250.00	0.4
Crash of Rail Vehicle	1	3.6	347.40	852.60	1,200.00	0.4
Fall On the Same Level	2	7.1	73.64	675.00	748.64	0.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In/Between-Object Handlec	1	3.6	657.14	0.00	657.14	0.2
Slipped, Did Not Fall	1	3.6	513.62	0.00	513.62	0.2
Caught In, Under or Between, NOC	1	3.6	475.06	0.00	475.06	0.2
Struck/Injured By Fellow Worker, P	1	3.6	283.32	0.00	283.32	0.1
Struck or Injury By, NOC	1	3.6	220.98	0.00	220.98	0.1
Fall/Slip on Stairs	1	3.6	42.82	0.00	42.82	0.0
Striking Against or Stepping On, NC	2	7.1	37.64	0.00	37.64	0.0
Object Being Lifted or Handled	1	3.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	9	32.1	40,031.75	220,621.26	260,653.01	85.1
Trunk Low Back Area (Incl. Lumba	3	10.7	8,028.36	10,395.01	18,423.37	6.0
Upper Extremities Shoulder(s)	2	7.1	7,192.10	6,945.54	14,137.64	4.6
Trunk Chest (Incl. Ribs, Sternum &	2	7.1	5,028.86	0.00	5,028.86	1.6
Lower Extremities Knee	4	14.3	247.94	4,628.30	4,876.24	1.6
Head Skull	2	7.1	266.67	1,204.31	1,470.98	0.5
Upper Extremities Wrist	1	3.6	0.00	1,250.00	1,250.00	0.4
Upper Extremities Finger(s)	2	7.1	493.88	0.00	493.88	0.2
Lower Extremities Foot	1	3.6	18.82	0.00	18.82	0.0
Head Other facial soft tissue	1	3.6	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	3.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	
<b>INJURY</b>						
Fracture	2	7.1	5,276.67	152,514.53	157,791.20	51.5
Strain	6	21.4	39,811.91	59,576.03	99,387.94	32.4
Contusion (Bruise, Skin Surface)	7	25.0	1,591.92	19,757.52	21,349.44	7.0
Sprain	2	7.1	8,348.96	9,542.41	17,891.37	5.8
All Other (Specific) Injuries, NOC	2	7.1	4,800.36	675.00	5,475.36	1.8
No Physical Injury	3	10.7	266.67	1,204.31	1,470.98	0.5
Puncture	2	7.1	18.82	1,250.00	1,268.82	0.4
Multiple Injury Inc. Physical & Psycl	1	3.6	660.63	524.62	1,185.25	0.4
Multiple Physical Injury Only	2	7.1	532.44	0.00	532.44	0.2
Laceration	1	3.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>28</b>		<b>\$61,308.38</b>	<b>\$245,044.42</b>	<b>\$306,352.80</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	55	15.2	201,536.59	1,673,129.71	1,874,666.30	46.3
8AM - 9:59AM	43	11.8	304,862.70	294,575.07	599,437.77	14.8
10AM - 11:59AM	53	14.6	128,234.17	300,612.45	428,846.62	10.6
6PM - 7:59PM	34	9.4	216,947.95	100,880.85	317,828.80	7.8
10PM - 11:59PM	31	8.5	54,350.68	148,454.85	202,805.53	5.0
2AM - 3:59AM	6	1.7	27,764.50	152,140.32	179,904.82	4.4
12AM - 1:59AM	22	6.1	86,093.16	40,687.68	126,780.84	3.1
4PM - 5:59PM	33	9.1	62,609.00	59,170.59	121,779.59	3.0
2PM - 3:59PM	33	9.1	34,868.34	64,257.79	99,126.13	2.4
4AM - 5:59AM	13	3.6	14,093.92	33,131.25	47,225.17	1.2
6AM - 7:59AM	24	6.6	5,580.90	35,183.40	40,764.30	1.0
8PM - 9:59PM	16	4.4	1,289.67	9,379.15	10,668.82	0.3
<b>Totals:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	52	14.3	\$350,910.38	1,701,801.57	2,052,711.95	50.7
18 - 20	19	5.2	\$210,113.76	159,255.21	369,368.97	9.1
0 - 2	75	20.7	\$97,893.59	134,228.68	232,122.27	5.7
26 - 28	7	1.9	\$33,543.37	161,900.11	195,443.48	4.8
20 - 22	13	3.6	\$97,394.01	95,256.55	192,650.56	4.8
22 - 24	10	2.8	\$62,540.52	115,384.42	177,924.94	4.4
8 - 10	20	5.5	\$24,370.12	146,823.35	171,193.47	4.2
10 - 12	34	9.4	\$40,690.62	112,257.74	152,948.36	3.8
4 - 6	48	13.2	\$96,292.23	24,143.69	120,435.92	3.0
24 - 26	13	3.6	\$6,124.23	95,411.28	101,535.51	2.5
34 - 36	5	1.4	\$12,921.43	70,033.62	82,955.05	2.0
16 - 18	14	3.9	\$18,577.03	35,138.87	53,715.90	1.3
14 - 16	2	0.6	\$30,198.92	9,979.90	40,178.82	1.0
42 - 44	1	0.3	\$26,414.45	8,931.16	35,345.61	0.9
6 - 8	28	7.7	\$27,543.12	5,936.16	33,479.28	0.8
12 - 14	13	3.6	\$2,180.49	28,132.26	30,312.75	0.7
28 - 30	2	0.6	\$74.67	3,344.15	3,418.82	0.1
36 - 38	3	0.8	\$448.64	1,144.39	1,593.03	0.0
38 - 40	1	0.3	\$0.00	1,250.00	1,250.00	0.0
40 - 42	1	0.3	\$0.00	1,250.00	1,250.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
32 - 34	1	0.3	\$0.00	0.00	0.00	0.0
30 - 32	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

### Age of Claimant

25 - 29	89	24.5	\$254,412.80	1,709,845.85	1,964,258.65	48.5
30 - 34	62	17.1	\$279,899.10	171,919.63	451,818.73	11.2
50 - 54	26	7.2	\$113,489.04	288,716.53	402,205.57	9.9
45 - 49	42	11.6	\$154,625.23	195,381.06	350,006.29	8.6
40 - 44	28	7.7	\$105,444.20	195,362.70	300,806.90	7.4
35 - 39	51	14.0	\$50,958.40	241,976.34	292,934.74	7.2
55 - 59	16	4.4	\$139,643.23	28,903.81	168,547.04	4.2
60 - 64	14	3.9	\$11,593.97	33,797.21	45,391.18	1.1
65 - 69	6	1.7	\$26,433.27	12,681.16	39,114.43	1.0
20 - 24	28	7.7	\$1,651.34	33,018.82	34,670.16	0.9
80 - 84	1	0.3	\$81.00	0.00	81.00	0.0
<b>Totals:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

### SEX OF CLAIMANT

Male	301	82.9	\$877,307.08	2,638,617.25	3,515,924.33	86.8
Female	62	17.1	\$260,924.50	272,985.86	533,910.36	13.2
<b>Totals:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

### LOSS CAUSE

Vehicle, not otherwise classified	8	2.2	\$116,252.79	1,696,099.13	1,812,351.92	44.8
Vehicle/car/truck	79	21.8	\$471,275.94	539,111.10	1,010,387.04	24.9
N/A	9	2.5	\$29,368.12	236,272.08	265,640.20	6.6
Person	58	16.0	\$78,169.35	88,456.09	166,625.44	4.1
Scrap, Debris, Waste Material	1	0.3	\$81,917.29	59,077.53	140,994.82	3.5
Rope, cord	1	0.3	\$30,406.29	72,240.53	102,646.82	2.5
Package	2	0.6	\$87,931.31	1,250.00	89,181.31	2.2
Outside Surface	16	4.4	\$49,019.64	35,743.47	84,763.11	2.1
Floor	3	0.8	\$12,805.65	51,488.97	64,294.62	1.6
Battering ram	1	0.3	\$57,751.17	0.00	57,751.17	1.4
Animal, not otherwise classified	15	4.1	\$28,649.64	10,288.05	38,937.69	1.0
Working Surface	1	0.3	\$11,416.27	22,702.55	34,118.82	0.8
Stone / rock / brick	4	1.1	\$4,588.72	22,811.28	27,400.00	0.7
Elevators, escalators	1	0.3	\$1,134.65	25,884.17	27,018.82	0.7
Training \ Drills	9	2.5	\$22,734.13	0.00	22,734.13	0.6
Walking surface, outside, dry	19	5.2	\$13,527.83	7,072.47	20,600.30	0.5

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Boxes / containers	4	1.1	\$1,092.56	15,476.26	16,568.82	0.4
Walking surface, inside, dry	5	1.4	\$13,750.04	0.00	13,750.04	0.3
Walking surface, outside, wet	7	1.9	\$5,034.01	2,461.42	7,495.43	0.2
Wood Items	1	0.3	\$2,754.82	3,204.77	5,959.59	0.1
Hot/Cold Object, Liquid, Substance	1	0.3	\$4,256.41	0.00	4,256.41	0.1
Environmental conditions	1	0.3	\$18.82	3,800.00	3,818.82	0.1
Dust	4	1.1	\$0.00	3,750.00	3,750.00	0.1
Walking surface, inside, wet	2	0.6	\$74.67	3,344.15	3,418.82	0.1
Sharp objects, not otherwise classif	4	1.1	\$3,241.49	0.00	3,241.49	0.1
Glass bottle / sheet	6	1.7	\$75.30	2,424.70	2,500.00	0.1
Gun / gunshot	5	1.4	\$105.61	2,394.39	2,500.00	0.1
Knife, Utility	2	0.6	\$1,219.30	1,250.00	2,469.30	0.1
Foreign Object	2	0.6	\$2,246.77	0.00	2,246.77	0.1
Animal / insect, not otherwise class	3	0.8	\$1,967.19	0.00	1,967.19	0.0
Ground control unit/aerial	1	0.3	\$1,431.75	0.00	1,431.75	0.0
Animal / bee type	2	0.6	\$0.00	1,250.00	1,250.00	0.0
Animal / tick, spider, etc.	6	1.7	\$0.00	1,250.00	1,250.00	0.0
Ergonomic Conditions	1	0.3	\$0.00	1,250.00	1,250.00	0.0
Paper/Pulp items	1	0.3	\$0.00	1,250.00	1,250.00	0.0
Cabinet	1	0.3	\$1,160.57	0.00	1,160.57	0.0
Chemicals, not otherwise classified	29	8.0	\$776.16	0.00	776.16	0.0
Ladders (also - Lite Aluminum)	1	0.3	\$691.69	0.00	691.69	0.0
Uneven Surface	2	0.6	\$432.51	0.00	432.51	0.0
Beam	1	0.3	\$375.34	0.00	375.34	0.0
Tire	2	0.6	\$293.46	0.00	293.46	0.0
Brush / tree / log	2	0.6	\$186.95	0.00	186.95	0.0
Hazardous Material	1	0.3	\$40.31	0.00	40.31	0.0
Animal / snake	1	0.3	\$27.37	0.00	27.37	0.0
Door	4	1.1	\$18.82	0.00	18.82	0.0
Fencing	8	2.2	\$10.87	0.00	10.87	0.0
Building parts / doors	1	0.3	\$0.00	0.00	0.00	0.0
Chair	1	0.3	\$0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.3	\$0.00	0.00	0.00	0.0
Computer Work Station	1	0.3	\$0.00	0.00	0.00	0.0
Cords	2	0.6	\$0.00	0.00	0.00	0.0
Dishes	1	0.3	\$0.00	0.00	0.00	0.0
Excavations	1	0.3	\$0.00	0.00	0.00	0.0
Forklift	3	0.8	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, not powered, NOC	1	0.3	\$0.00	0.00	0.00	0.0
Infectious agent	1	0.3	\$0.00	0.00	0.00	0.0
Jack	1	0.3	\$0.00	0.00	0.00	0.0
Metal items	1	0.3	\$0.00	0.00	0.00	0.0
Object on Floor	1	0.3	\$0.00	0.00	0.00	0.0
Patient / Inmate	5	1.4	\$0.00	0.00	0.00	0.0
Poisonous agent / plant	2	0.6	\$0.00	0.00	0.00	0.0
Water	3	0.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

#### ACCIDENT TYPE

Struck/Injured By Motor Vehicle	32	8.8	194,242.09	1,731,945.81	1,926,187.90	47.6
Collision with Another Vehicle	28	7.7	357,226.96	277,302.42	634,529.38	15.7
Other than Physical Cause of Injury	9	2.5	27,938.36	184,639.83	212,578.19	5.2
Strain or Injury By, NOC	17	4.7	48,708.64	135,401.03	184,109.67	4.5
Lifting	9	2.5	146,885.94	10,675.93	157,561.87	3.9
Strike Against/Step On Stationary C	10	2.8	82,122.94	60,308.83	142,431.77	3.5
Fall On the Same Level	25	6.9	59,471.98	66,783.10	126,255.08	3.1
Cut, Punctured, Scraped, NOC	14	3.9	33,990.81	72,240.53	106,231.34	2.6
Pushing or Pulling	8	2.2	6,263.99	82,441.54	88,705.53	2.2
Struck/Injured By Fellow Worker, P	18	5.0	21,822.62	59,147.43	80,970.05	2.0
Collision with a Fixed Object	6	1.7	27,993.40	34,815.33	62,808.73	1.6
Cumulative (All Other)	3	0.8	1,089.96	56,666.00	57,755.96	1.4
Fall/Slip From a Different Level	9	2.5	15,970.39	37,150.81	53,121.20	1.3
Struck/Injured By Animal or Insect	22	6.1	30,178.95	11,538.05	41,717.00	1.0
Jumping	4	1.1	5,207.99	29,821.70	35,029.69	0.9
Vehicle Upset	2	0.6	186.56	26,832.26	27,018.82	0.7
Motor Vehicle, NOC	6	1.7	24,840.38	913.74	25,754.12	0.6
Caught In/Between-Object Handlec	1	0.3	22,734.13	0.00	22,734.13	0.6
Absorption, Ingestion or Inhalation	27	7.4	6,426.05	4,042.18	10,468.23	0.3
Striking Against or Stepping On, NC	3	0.8	3,582.46	5,629.72	9,212.18	0.2
Holding or Carrying	3	0.8	1,073.74	7,276.26	8,350.00	0.2
Twisting	7	1.9	3,780.45	4,155.95	7,936.40	0.2
Fall, Slip or Trip, NOC	3	0.8	3,780.52	2,461.42	6,241.94	0.2
Temperature Extremes	1	0.3	4,256.41	0.00	4,256.41	0.1
Fall/Slip From Liquid or Grease Spi	3	0.8	74.67	3,344.15	3,418.82	0.1
Broken Glass	9	2.5	75.30	2,424.70	2,500.00	0.1
Hand Tool, Utensil; Not Powered	3	0.8	1,219.30	1,250.00	2,469.30	0.1
Struck/Injured By Object Being Lift	3	0.8	2,246.77	0.00	2,246.77	0.1

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	14	3.9	456.17	1,250.00	1,706.17	0.0
Repetitive Motion (after 7/1/94)	1	0.3	105.61	1,144.39	1,250.00	0.0
Contact With Not Otherwise Classif	2	0.6	1,176.66	0.00	1,176.66	0.0
Struck or Injury By, NOC	16	4.4	1,003.97	0.00	1,003.97	0.0
Fall/Slip on Ice or Snow	2	0.6	957.26	0.00	957.26	0.0
Contact With Cold Object or Substanc	1	0.3	776.16	0.00	776.16	0.0
Rubbed or Abraded, NOC	2	0.6	363.99	0.00	363.99	0.0
Bitten	1	0.3	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	2	0.6	0.00	0.00	0.00	0.0
Contact with Abnormal Air Pressur	1	0.3	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	0.3	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	26	7.2	0.00	0.00	0.00	0.0
Fall/Slip into Openings	2	0.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	0.3	0.00	0.00	0.00	0.0
Gunshot	1	0.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	3	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

#### BODY PART

Multiple Body Parts Multiple Body	82	22.6	639,261.81	2,106,740.86	2,746,002.67	67.8
Trunk Heart	8	2.2	28,950.37	218,505.83	247,456.20	6.1
Trunk Low Back Area (Incl. Lumba	19	5.2	123,187.41	119,994.98	243,182.39	6.0
Upper Extremities Shoulder(s)	13	3.6	76,421.90	128,489.82	204,911.72	5.1
Lower Extremities Ankle	17	4.7	30,910.73	101,010.53	131,921.26	3.3
Lower Extremities Knee	29	8.0	46,593.12	44,948.14	91,541.26	2.3
Upper Extremities Thumb	5	1.4	36,356.53	33,887.33	70,243.86	1.7
Head Other facial soft tissue	6	1.7	40,619.77	14,756.52	55,376.29	1.4
Upper Extremities Finger(s)	15	4.1	29,868.30	3,254.77	33,123.07	0.8
Lower Extremities Foot	5	1.4	841.69	27,427.13	28,268.82	0.7
Upper Extremities Elbow	4	1.1	1,158.72	27,110.10	28,268.82	0.7
Lower Extremities Lower Leg	13	3.6	17,829.63	4,718.91	22,548.54	0.6
Neck Disc (Neck)	1	0.3	7,896.11	11,998.71	19,894.82	0.5
Upper Extremities Hand	32	8.8	9,571.22	8,340.04	17,911.26	0.4
Multiple Body Parts Insufficient Inf	1	0.3	18.82	16,900.00	16,918.82	0.4
Trunk Upper Back Area (Thoracic	4	1.1	6,216.67	9,841.54	16,058.21	0.4
Lower Extremities Great Toe	1	0.3	13,750.04	0.00	13,750.04	0.3
Trunk Chest (Incl. Ribs, Sternum &	2	0.6	18.82	9,450.00	9,468.82	0.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Brain	3	0.8	9,140.68	0.00	9,140.68	0.2
Trunk Internal Organs	2	0.6	18.82	5,900.00	5,918.82	0.1
Multiple Body Parts Whole Body	3	0.8	4,378.90	1,131.75	5,510.65	0.1
Multiple Body Parts No Physical In	29	8.0	4,401.99	292.18	4,694.17	0.1
Upper Extremities Multiple Upper E	5	1.4	1,115.12	2,658.75	3,773.87	0.1
Lower Extremities Multiple Lower E	2	0.6	74.67	3,344.15	3,418.82	0.1
Head Facial Bones	1	0.3	992.14	2,279.71	3,271.85	0.1
Upper Extremities Lower Arm	11	3.0	1,187.12	1,250.00	2,437.12	0.1
Upper Extremities Wrist	8	2.2	2,372.92	0.00	2,372.92	0.1
Lower Extremities Upper Leg	9	2.5	253.96	1,250.00	1,503.96	0.0
Upper Extremities Upper Arm (Incl	2	0.6	279.31	1,144.39	1,423.70	0.0
Head Eye(s)	5	1.4	1,338.45	0.00	1,338.45	0.0
Head Multiple Head Injury	2	0.6	0.00	1,250.00	1,250.00	0.0
Multiple Body Parts Body Systems	1	0.3	0.00	1,250.00	1,250.00	0.0
Neck Soft Tissue-Neck	2	0.6	936.77	313.23	1,250.00	0.0
Upper Extremities Wrist(s) and Ha	1	0.3	0.00	1,250.00	1,250.00	0.0
Trunk Lumbar and/or Sacral Vertel	1	0.3	305.08	913.74	1,218.82	0.0
Trunk Abdomen Including Groin	2	0.6	1,176.66	0.00	1,176.66	0.0
Head Skull	4	1.1	787.33	0.00	787.33	0.0
Head Ear(s)	1	0.3	0.00	0.00	0.00	0.0
Head Nose	3	0.8	0.00	0.00	0.00	0.0
Lower Extremities Hip	2	0.6	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	0.3	0.00	0.00	0.00	0.0
Neck Spinal Cord	1	0.3	0.00	0.00	0.00	0.0
Trunk Lung(s)	5	1.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

#### INJURY

Multiple Physical Injury Only	37	10.2	586,780.08	2,035,123.10	2,621,903.18	64.7
Strain	76	20.9	237,106.67	237,590.45	474,697.12	11.7
Myocardial Infarction (Heart Attack)	4	1.1	28,729.63	215,805.83	244,535.46	6.0
Contusion (Bruise, Skin Surface)	38	10.5	59,484.76	97,358.46	156,843.22	3.9
Sprain	19	5.2	38,634.93	89,689.85	128,324.78	3.2
Fracture	5	1.4	41,097.51	78,561.45	119,658.96	3.0
All Other (Specific) Injuries, NOC	24	6.6	22,363.63	47,136.06	69,499.69	1.7
Concussion (Brain, Cerebral)	8	2.2	50,899.36	16,006.52	66,905.88	1.7
Dislocation	3	0.8	14,171.09	25,907.32	40,078.41	1.0
Multiple Injury Inc. Physical & Psycl	7	1.9	8,080.55	30,063.84	38,144.39	0.9
Puncture	12	3.3	27,411.04	9,657.00	37,068.04	0.9



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	56	15.4	2,336.89	15,785.22	18,122.11	0.4
Laceration	35	9.6	8,312.46	5,555.75	13,868.21	0.3
Contagious Disease	12	3.3	6,426.05	292.18	6,718.23	0.2
Inflammation	8	2.2	98.74	4,570.08	4,668.82	0.1
Heat Prostration	1	0.3	4,256.41	0.00	4,256.41	0.1
Respiratory Disorders(Gases,Fume	3	0.8	0.00	2,500.00	2,500.00	0.1
Burn	3	0.8	1,176.66	0.00	1,176.66	0.0
Foreign Body (Eye)	1	0.3	776.16	0.00	776.16	0.0
Mental Stress	1	0.3	88.96	0.00	88.96	0.0
All Other Cumulative Injury	1	0.3	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than M	5	1.4	0.00	0.00	0.00	0.0
Poisoning-General (Not OD or Curr	2	0.6	0.00	0.00	0.00	0.0
Rupture	1	0.3	0.00	0.00	0.00	0.0
Syncope	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>363</b>		<b>\$1,138,231.58</b>	<b>\$2,911,603.11</b>	<b>\$4,049,834.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>161 - TAXATION, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	2	40.0	1,389.82	6,035.82	7,425.64	81.2
10AM - 11:59AM	2	40.0	473.09	1,250.00	1,723.09	18.8
12PM - 1:59PM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	20.0	\$514.18	6,035.82	6,550.00	71.6
0 - 2	2	40.0	\$473.09	1,250.00	1,723.09	18.8
4 - 6	1	20.0	\$875.64	0.00	875.64	9.6
8 - 10	1	20.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>Age of Claimant</b>						
60 - 64	1	20.0	\$514.18	6,035.82	6,550.00	71.6
55 - 59	2	40.0	\$1,348.73	0.00	1,348.73	14.7
30 - 34	1	20.0	\$0.00	1,250.00	1,250.00	13.7
45 - 49	1	20.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	80.0	\$1,862.91	6,035.82	7,898.73	86.3
Male	1	20.0	\$0.00	1,250.00	1,250.00	13.7
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	20.0	\$514.18	6,035.82	6,550.00	71.6
Vehicle/car/truck	1	20.0	\$0.00	1,250.00	1,250.00	13.7
Floor	1	20.0	\$875.64	0.00	875.64	9.6
Cleaning Products	1	20.0	\$473.09	0.00	473.09	5.2
Stairs	1	20.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	40.0	1,389.82	6,035.82	7,425.64	81.2
Vehicle Upset	1	20.0	0.00	1,250.00	1,250.00	13.7
Fall/Slip From Liquid or Grease Spi	1	20.0	473.09	0.00	473.09	5.2
Other Injury NEC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Lower Extremities Knee	2	40.0	514.18	6,035.82	6,550.00	71.6
Upper Extremities Thumb	1	20.0	0.00	1,250.00	1,250.00	13.7
Multiple Body Parts Multiple Body	1	20.0	875.64	0.00	875.64	9.6
Upper Extremities Multiple Upper E	1	20.0	473.09	0.00	473.09	5.2
<b>Sum:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>INJURY</b>						
Inflammation	1	20.0	514.18	6,035.82	6,550.00	71.6
Sprain	2	40.0	473.09	1,250.00	1,723.09	18.8
Multiple Physical Injury Only	1	20.0	875.64	0.00	875.64	9.6
Dislocation	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>166 - SECRETARY OF THE COMMONWEALTH</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Abdomen Including Groin	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>171 - STATE CORPORATION COMMISSION</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	16.7	3,080.99	0.00	3,080.99	99.4
4AM - 5:59AM	1	16.7	18.82	0.00	18.82	0.6
10AM - 11:59AM	2	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	33.3	\$3,080.99	0.00	3,080.99	99.4
12 - 14	1	16.7	\$18.82	0.00	18.82	0.6
20 - 22	1	16.7	\$0.00	0.00	0.00	0.0
34 - 36	1	16.7	\$0.00	0.00	0.00	0.0
30 - 32	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>Age of Claimant</b>						
40 - 44	1	16.7	\$3,080.99	0.00	3,080.99	99.4
60 - 64	1	16.7	\$18.82	0.00	18.82	0.6
50 - 54	1	16.7	\$0.00	0.00	0.00	0.0
55 - 59	1	16.7	\$0.00	0.00	0.00	0.0
65 - 69	2	33.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	50.0	\$3,080.99	0.00	3,080.99	99.4
Male	3	50.0	\$18.82	0.00	18.82	0.6
<b>Totals:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>LOSS CAUSE</b>						
Package	1	16.7	\$3,080.99	0.00	3,080.99	99.4
Vehicle/car/truck	1	16.7	\$18.82	0.00	18.82	0.6
Stairs	1	16.7	\$0.00	0.00	0.00	0.0
Stairs, steps	2	33.3	\$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying C	1	16.7	3,080.99	0.00	3,080.99	99.4
Fall, Slip or Trip, NOC	3	50.0	18.82	0.00	18.82	0.6

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with a Fixed Object	1	16.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	16.7	3,080.99	0.00	3,080.99	99.4
Lower Extremities Hip	1	16.7	18.82	0.00	18.82	0.6
Head Multiple Head Injury	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	33.3	3,099.81	0.00	3,099.81	100.0
Inflammation	1	16.7	0.00	0.00	0.00	0.0
No Physical Injury	2	33.3	0.00	0.00	0.00	0.0
Sprain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	

Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>172 - Virginia Lottery</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	28.6	7,435.18	0.00	7,435.18	100.0
12AM - 1:59AM	1	14.3	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	14.3	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	14.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	1	14.3	\$7,414.07	0.00	7,414.07	99.7
2 - 4	1	14.3	\$21.11	0.00	21.11	0.3
0 - 2	3	42.9	\$0.00	0.00	0.00	0.0
12 - 14	1	14.3	\$0.00	0.00	0.00	0.0
26 - 28	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>Age of Claimant</b>						
55 - 59	3	42.9	\$7,414.07	0.00	7,414.07	99.7
60 - 64	3	42.9	\$21.11	0.00	21.11	0.3
25 - 29	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	71.4	\$7,435.18	0.00	7,435.18	100.0
Male	2	28.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>LOSS CAUSE</b>						
Floor	4	57.1	\$7,435.18	0.00	7,435.18	100.0
Ground control unit/aerial	1	14.3	\$0.00	0.00	0.00	0.0
Knife, Utility	1	14.3	\$0.00	0.00	0.00	0.0
Vehicle/car/truck	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	14.3	7,414.07	0.00	7,414.07	99.7
Fall On the Same Level	4	57.1	21.11	0.00	21.11	0.3
Collision with Another Vehicle	1	14.3	0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand Tool, Utensil; Not Powered	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	1	14.3	7,414.07	0.00	7,414.07	99.7
Upper Extremities Hand	3	42.9	21.11	0.00	21.11	0.3
Head Other facial soft tissue	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	2	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	14.3	7,414.07	0.00	7,414.07	99.7
Contusion (Bruise, Skin Surface)	1	14.3	21.11	0.00	21.11	0.3
Laceration	1	14.3	0.00	0.00	0.00	0.0
No Physical Injury	4	57.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	



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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>174 - Commonwealth Savers Plan</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumba	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>180 - ADMINISTRATION, SECRETARY OF</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>181 - LABOR AND INDUSTRY, DEPT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	\$18.82	0.00	18.82	100.0
8 - 10	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
50 - 54	2	100.0	\$18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	\$18.82	0.00	18.82	100.0
Male	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Hazardous Material	1	50.0	\$18.82	0.00	18.82	100.0
Keyboard	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation	1	50.0	18.82	0.00	18.82	100.0
Repetitive Motion (after 7/1/94)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Trunk Lung(s)	1	50.0	18.82	0.00	18.82	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Asbestosis	1	50.0	18.82	0.00	18.82	100.0
Carpal Tunnel Syndrome	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>182 - VIRGINIA EMPLOYMENT COMMISSION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	5	25.0	2,575.07	5,993.75	8,568.82	67.8
6AM - 7:59AM	2	10.0	2,630.77	1,438.05	4,068.82	32.2
10AM - 11:59AM	2	10.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	10.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	6	30.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	3	15.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	4	20.0	\$2,575.07	5,993.75	8,568.82	67.8
2 - 4	7	35.0	\$2,630.77	1,438.05	4,068.82	32.2
0 - 2	4	20.0	\$0.00	0.00	0.00	0.0
4 - 6	1	5.0	\$0.00	0.00	0.00	0.0
18 - 20	1	5.0	\$0.00	0.00	0.00	0.0
20 - 22	1	5.0	\$0.00	0.00	0.00	0.0
24 - 26	2	10.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>Age of Claimant</b>						
50 - 54	2	10.0	\$2,575.07	5,993.75	8,568.82	67.8
65 - 69	2	10.0	\$2,630.77	1,438.05	4,068.82	32.2
20 - 24	1	5.0	\$0.00	0.00	0.00	0.0
25 - 29	1	5.0	\$0.00	0.00	0.00	0.0
40 - 44	1	5.0	\$0.00	0.00	0.00	0.0
55 - 59	1	5.0	\$0.00	0.00	0.00	0.0
60 - 64	10	50.0	\$0.00	0.00	0.00	0.0
75 - 79	2	10.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>SEX OF CLAIMANT</b>						
Female	18	90.0	\$5,205.84	7,431.80	12,637.64	100.0
Male	2	10.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	4	20.0	\$2,575.07	5,993.75	8,568.82	67.8
Floor	2	10.0	\$2,630.77	1,438.05	4,068.82	32.2
Animal / insect, not otherwise class	1	5.0	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Food	1	5.0	\$0.00	0.00	0.00	0.0
Gas / Fumes	4	20.0	\$0.00	0.00	0.00	0.0
Office equipment	2	10.0	\$0.00	0.00	0.00	0.0
Outside Surface	1	5.0	\$0.00	0.00	0.00	0.0
Paper / Pulp	1	5.0	\$0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	10.0	\$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	5.0	\$0.00	0.00	0.00	0.0
Water	1	5.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	

**ACCIDENT TYPE**

Fall On the Same Level	5	25.0	5,205.84	7,431.80	12,637.64	100.0
Fall, Slip or Trip, NOC	6	30.0	0.00	0.00	0.00	0.0
Other Injury NEC	5	25.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	5.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	

**BODY PART**

Multiple Body Parts Multiple Body	4	20.0	5,205.84	7,431.80	12,637.64	100.0
Head Facial Bones	1	5.0	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	5.0	0.00	0.00	0.00	0.0
Head Skull	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Ankle	3	15.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	5.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	5	25.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	5.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	

**INJURY**

Multiple Physical Injury Only	4	20.0	5,205.84	7,431.80	12,637.64	100.0
All Other (Specific) Injuries, NOC	1	5.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	2	10.0	0.00	0.00	0.00	0.0
No Physical Injury	11	55.0	0.00	0.00	0.00	0.0
Sprain	2	10.0	0.00	0.00	0.00	0.0

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### Industrial Claims Report



Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>191 - VA WORKERS' COMP. COMMISSION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	\$489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	\$489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	\$489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	\$489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	489.40	0.00	489.40	100.0
<b>Sum:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>BODY PART</b>						
Neck Multiple Neck Injury	1	100.0	489.40	0.00	489.40	100.0
<b>Sum:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>INJURY</b>						
Strain	1	100.0	489.40	0.00	489.40	100.0
<b>Sum:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>194 - DEPT. OF GENERAL SERVICES</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	2	6.5	852.30	18,266.52	19,118.82	52.2
8AM - 9:59AM	11	35.5	890.84	9,892.22	10,783.06	29.4
12PM - 1:59PM	7	22.6	208.94	3,750.00	3,958.94	10.8
10AM - 11:59AM	3	9.7	18.82	2,600.00	2,618.82	7.1
4PM - 5:59PM	2	6.5	175.21	0.00	175.21	0.5
2PM - 3:59PM	6	19.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	16	51.6	\$1,061.24	20,766.52	21,827.76	59.5
6 - 8	3	9.7	\$37.64	6,450.00	6,487.64	17.7
8 - 10	3	9.7	\$445.42	3,850.00	4,295.42	11.7
4 - 6	2	6.5	\$426.60	3,442.22	3,868.82	10.6
12 - 14	1	3.2	\$175.21	0.00	175.21	0.5
2 - 4	1	3.2	\$0.00	0.00	0.00	0.0
10 - 12	1	3.2	\$0.00	0.00	0.00	0.0
18 - 20	1	3.2	\$0.00	0.00	0.00	0.0
22 - 24	1	3.2	\$0.00	0.00	0.00	0.0
30 - 32	2	6.5	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	
<b>Age of Claimant</b>						
30 - 34	7	22.6	\$1,724.32	23,058.74	24,783.06	67.6
35 - 39	4	12.9	\$212.85	6,450.00	6,662.85	18.2
20 - 24	5	16.1	\$0.00	2,500.00	2,500.00	6.8
40 - 44	1	3.2	\$0.00	1,250.00	1,250.00	3.4
45 - 49	3	9.7	\$0.00	1,250.00	1,250.00	3.4
25 - 29	6	19.4	\$208.94	0.00	208.94	0.6
55 - 59	3	9.7	\$0.00	0.00	0.00	0.0
60 - 64	1	3.2	\$0.00	0.00	0.00	0.0
65 - 69	1	3.2	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	
<b>SEX OF CLAIMANT</b>						
Female	26	83.9	\$2,146.11	32,008.74	34,154.85	93.2
Male	5	16.1	\$0.00	2,500.00	2,500.00	6.8
<b>Totals:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	



Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	3	9.7	\$852.30	18,266.52	19,118.82	52.2
Bacteria	9	29.0	\$1,084.87	12,492.22	13,577.09	37.0
Air pressure	1	3.2	\$0.00	1,250.00	1,250.00	3.4
Door	2	6.5	\$0.00	1,250.00	1,250.00	3.4
Stairs	2	6.5	\$0.00	1,250.00	1,250.00	3.4
Cabinet	2	6.5	\$208.94	0.00	208.94	0.6
Animal, not otherwise classified	1	3.2	\$0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	3.2	\$0.00	0.00	0.00	0.0
Boxes / containers	2	6.5	\$0.00	0.00	0.00	0.0
Chair	2	6.5	\$0.00	0.00	0.00	0.0
Foreign Object	1	3.2	\$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	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
Hot/Cold Object, Liquid, Substance	1	3.2	\$0.00	0.00	0.00	0.0
Screwdriver	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
<b>Totals:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation	11	35.5	1,937.17	30,758.74	32,695.91	89.2
Collision with a Fixed Object	2	6.5	0.00	1,250.00	1,250.00	3.4
Fall/Slip From a Different Level	2	6.5	0.00	1,250.00	1,250.00	3.4
Foreign Body in Eye	1	3.2	0.00	1,250.00	1,250.00	3.4
Struck/Injured By Falling or Flying C	1	3.2	208.94	0.00	208.94	0.6
Bitten	1	3.2	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	3.2	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	3.2	0.00	0.00	0.00	0.0
Fall On the Same Level	1	3.2	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	6.5	0.00	0.00	0.00	0.0
Lifting	2	6.5	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	2	6.5	0.00	0.00	0.00	0.0
Other Injury NEC	2	6.5	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	3.2	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	3.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	4	12.9	852.30	18,266.52	19,118.82	52.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical In	9	29.0	1,084.87	12,492.22	13,577.09	37.0
Head Eye(s)	1	3.2	0.00	1,250.00	1,250.00	3.4
Lower Extremities Ankle	1	3.2	0.00	1,250.00	1,250.00	3.4
Upper Extremities Finger(s)	6	19.4	0.00	1,250.00	1,250.00	3.4
Head Multiple Head Injury	1	3.2	208.94	0.00	208.94	0.6
Head Other facial soft tissue	1	3.2	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	3.2	0.00	0.00	0.00	0.0
Trunk Buttocks	1	3.2	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	3.2	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	9.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	3.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	3.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	

#### INJURY

All Other (Specific) Injuries, NOC	12	38.7	1,761.96	28,258.74	30,020.70	81.9
Contagious Disease	3	9.7	0.00	2,500.00	2,500.00	6.8
No Physical Injury	4	12.9	175.21	1,250.00	1,425.21	3.9
Crushing	1	3.2	0.00	1,250.00	1,250.00	3.4
Sprain	1	3.2	0.00	1,250.00	1,250.00	3.4
Contusion (Bruise, Skin Surface)	3	9.7	208.94	0.00	208.94	0.6
Burn	1	3.2	0.00	0.00	0.00	0.0
Laceration	1	3.2	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	3.2	0.00	0.00	0.00	0.0
Puncture	3	9.7	0.00	0.00	0.00	0.0
Strain	1	3.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>31</b>		<b>\$2,146.11</b>	<b>\$34,508.74</b>	<b>\$36,654.85</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	11	6.2	29.69	27,500.00	27,529.69	25.2
8AM - 9:59AM	15	8.5	21,461.84	3,322.79	24,784.63	22.7
12PM - 1:59PM	44	24.9	17,361.80	0.00	17,361.80	15.9
10AM - 11:59AM	58	32.8	8,688.03	5,450.00	14,138.03	12.9
8PM - 9:59PM	2	1.1	11,433.48	0.00	11,433.48	10.5
2PM - 3:59PM	29	16.4	4,667.84	5,050.00	9,717.84	8.9
6PM - 7:59PM	9	5.1	549.51	3,750.00	4,299.51	3.9
2AM - 3:59AM	4	2.3	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	0.6	0.00	0.00	0.00	0.0
6AM - 7:59AM	3	1.7	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	0.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	117	66.1	\$50,520.92	13,772.79	64,293.71	58.8
2 - 4	30	16.9	\$11,037.49	28,750.00	39,787.49	36.4
4 - 6	8	4.5	\$2,413.44	2,550.00	4,963.44	4.5
36 - 38	1	0.6	\$148.48	0.00	148.48	0.1
10 - 12	3	1.7	\$71.86	0.00	71.86	0.1
6 - 8	3	1.7	\$0.00	0.00	0.00	0.0
8 - 10	5	2.8	\$0.00	0.00	0.00	0.0
16 - 18	3	1.7	\$0.00	0.00	0.00	0.0
18 - 20	4	2.3	\$0.00	0.00	0.00	0.0
22 - 24	1	0.6	\$0.00	0.00	0.00	0.0
32 - 34	2	1.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	
<b>Age of Claimant</b>						
50 - 54	8	4.5	\$1,348.44	26,250.00	27,598.44	25.3
25 - 29	25	14.1	\$14,027.10	3,750.00	17,777.10	16.3
30 - 34	16	9.0	\$11,802.65	4,150.00	15,952.65	14.6
15 - 19	16	9.0	\$15,794.52	0.00	15,794.52	14.5
20 - 24	50	28.2	\$7,218.21	5,872.79	13,091.00	12.0
60 - 64	15	8.5	\$10,330.29	0.00	10,330.29	9.5
70 - 74	4	2.3	\$1,433.36	2,550.00	3,983.36	3.6
45 - 49	7	4.0	\$1,872.67	1,250.00	3,122.67	2.9

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	10	5.6	\$204.93	1,250.00	1,454.93	1.3
55 - 59	5	2.8	\$85.87	0.00	85.87	0.1
80 - 84	1	0.6	\$53.04	0.00	53.04	0.0
65 - 69	11	6.2	\$21.11	0.00	21.11	0.0
35 - 39	8	4.5	\$0.00	0.00	0.00	0.0
10 - 14	1	0.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	
<b>SEX OF CLAIMANT</b>						
Male	108	61.0	\$27,424.20	34,622.79	62,046.99	56.8
Female	69	39.0	\$36,767.99	10,450.00	47,217.99	43.2
<b>Totals:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	
<b>LOSS CAUSE</b>						
Brush / tree / log	2	1.1	\$2,432.26	26,250.00	28,682.26	26.3
Animal, not otherwise classified	3	1.7	\$27,259.63	0.00	27,259.63	24.9
Wood Items	5	2.8	\$10,387.90	0.00	10,387.90	9.5
Chair	1	0.6	\$10,162.99	0.00	10,162.99	9.3
Ceiling	1	0.6	\$5,962.77	0.00	5,962.77	5.5
Animal / tick, spider, etc.	78	44.1	\$0.00	5,000.00	5,000.00	4.6
Outside Surface	6	3.4	\$505.66	2,550.00	3,055.66	2.8
Boxes / containers	3	1.7	\$73.07	2,900.00	2,973.07	2.7
Baggage/Luggage	1	0.6	\$0.00	2,550.00	2,550.00	2.3
Door	2	1.1	\$477.21	2,072.79	2,550.00	2.3
Wall	2	1.1	\$1,502.58	0.00	1,502.58	1.4
Electric Drill	1	0.6	\$1,433.36	0.00	1,433.36	1.3
Knife, NOC	1	0.6	\$1,329.62	0.00	1,329.62	1.2
Hand tool, not powered, NOC	2	1.1	\$0.00	1,250.00	1,250.00	1.1
Hot/Cold Object, Liquid, Substance	1	0.6	\$0.00	1,250.00	1,250.00	1.1
Uneven Surface	2	1.1	\$0.00	1,250.00	1,250.00	1.1
Sharp objects, not otherwise classif	2	1.1	\$935.23	0.00	935.23	0.9
Furniture / fixtures	3	1.7	\$610.79	0.00	610.79	0.6
Poisonous agent / plant	2	1.1	\$222.53	0.00	222.53	0.2
Machine, not otherwise classified	2	1.1	\$204.93	0.00	204.93	0.2
Foreign Object	1	0.6	\$194.75	0.00	194.75	0.2
Mowers	5	2.8	\$169.59	0.00	169.59	0.2
Trailer Landing Gear	1	0.6	\$141.15	0.00	141.15	0.1
Ladder, 10' folding	1	0.6	\$85.87	0.00	85.87	0.1
Insufficient data	1	0.6	\$51.79	0.00	51.79	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Environmental conditions	5	2.8	\$18.82	0.00	18.82	0.0
Recreational equipment	1	0.6	\$18.82	0.00	18.82	0.0
Animal / snake	2	1.1	\$10.87	0.00	10.87	0.0
Animal / bee type	2	1.1	\$0.00	0.00	0.00	0.0
Animal / insect, not otherwise class	4	2.3	\$0.00	0.00	0.00	0.0
Axe, pickheaded	1	0.6	\$0.00	0.00	0.00	0.0
Chain Saw	1	0.6	\$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.6	\$0.00	0.00	0.00	0.0
Excavations	1	0.6	\$0.00	0.00	0.00	0.0
Fencing	1	0.6	\$0.00	0.00	0.00	0.0
Floor	1	0.6	\$0.00	0.00	0.00	0.0
Glass bottle / sheet	2	1.1	\$0.00	0.00	0.00	0.0
Gun / gunshot	1	0.6	\$0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	0.6	\$0.00	0.00	0.00	0.0
Jack	1	0.6	\$0.00	0.00	0.00	0.0
Knife, Utility	1	0.6	\$0.00	0.00	0.00	0.0
Ladder, 28' extension	1	0.6	\$0.00	0.00	0.00	0.0
Ladder - Portable	1	0.6	\$0.00	0.00	0.00	0.0
Metal items	2	1.1	\$0.00	0.00	0.00	0.0
Nail	1	0.6	\$0.00	0.00	0.00	0.0
Object on Floor	1	0.6	\$0.00	0.00	0.00	0.0
Office equipment	1	0.6	\$0.00	0.00	0.00	0.0
Paper cutter	1	0.6	\$0.00	0.00	0.00	0.0
Pipe	1	0.6	\$0.00	0.00	0.00	0.0
Pots/pans	1	0.6	\$0.00	0.00	0.00	0.0
Rope, cord	1	0.6	\$0.00	0.00	0.00	0.0
Splinter/Burr	2	1.1	\$0.00	0.00	0.00	0.0
Tractor trailer equipment	1	0.6	\$0.00	0.00	0.00	0.0
Trash receptacle	2	1.1	\$0.00	0.00	0.00	0.0
Vehicle/car/truck	3	1.7	\$0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	1.1	\$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	

**ACCIDENT TYPE**

Collision with a Fixed Object	4	2.3	10,600.26	26,250.00	36,850.26	33.7
Struck/Injured By Animal or Insect	68	38.4	27,270.50	5,000.00	32,270.50	29.5
Fall/Slip From a Different Level	6	3.4	6,118.37	2,550.00	8,668.37	7.9
Struck/Injured By Object Being Lift	1	0.6	5,622.12	0.00	5,622.12	5.1

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary C	2	1.1	4,765.78	0.00	4,765.78	4.4
Holding or Carrying	6	3.4	262.95	3,800.00	4,062.95	3.7
Caught In, Under or Between, NOC	1	0.6	477.21	2,072.79	2,550.00	2.3
Struck or Injury By, NOC	2	1.1	2,413.44	0.00	2,413.44	2.2
Hand Tool, Utensil; Not Powered	5	2.8	1,757.84	0.00	1,757.84	1.6
Object Being Lifted or Handled	5	2.8	73.07	1,650.00	1,723.07	1.6
Struck/Injured By Fellow Worker, P	1	0.6	1,502.58	0.00	1,502.58	1.4
Strain By Using Tool or Machine	1	0.6	1,433.36	0.00	1,433.36	1.3
Contact with Hot Object or Substan	1	0.6	0.00	1,250.00	1,250.00	1.1
Other Injury NEC	2	1.1	0.00	1,250.00	1,250.00	1.1
Struck/Injured By Hand Tool or Mar	3	1.7	0.00	1,250.00	1,250.00	1.1
Cut, Punctured, Scraped, NOC	6	3.4	655.49	0.00	655.49	0.6
Twisting	3	1.7	501.95	0.00	501.95	0.5
Contact With Not Otherwise Classif	5	2.8	241.35	0.00	241.35	0.2
Foreign Body in Eye	1	0.6	194.75	0.00	194.75	0.2
Lifting	2	1.1	141.15	0.00	141.15	0.1
Fall/Slip on Stairs	3	1.7	85.87	0.00	85.87	0.1
Fall On the Same Level	7	4.0	53.04	0.00	53.04	0.0
Dust, Gases, Fumes or Vapors	1	0.6	21.11	0.00	21.11	0.0
Bitten	20	11.3	0.00	0.00	0.00	0.0
Bodily Reaction	1	0.6	0.00	0.00	0.00	0.0
Broken Glass	1	0.6	0.00	0.00	0.00	0.0
Caught In/Between-Machine or Mar	2	1.1	0.00	0.00	0.00	0.0
Caught In/Between-Object Handlec	1	0.6	0.00	0.00	0.00	0.0
Collision with Another Vehicle	2	1.1	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	2	1.1	0.00	0.00	0.00	0.0
Fall/Slip into Openings	2	1.1	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	0.6	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	0.6	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	2	1.1	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	0.6	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	2	1.1	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	2	1.1	0.00	0.00	0.00	0.0
Temperature Extremes	1	0.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	

**BODY PART**

Upper Extremities Lower Arm	7	4.0	29,123.56	0.00	29,123.56	26.7
Head Brain	1	0.6	18.82	26,250.00	26,268.82	24.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Abdomen Including Groin	3	1.7	10,162.99	0.00	10,162.99	9.3
Trunk Chest (Incl. Ribs, Sternum &	4	2.3	5,962.77	3,800.00	9,762.77	8.9
Lower Extremities Hip	7	4.0	5,622.12	1,250.00	6,872.12	6.3
Upper Extremities Finger(s)	13	7.3	2,801.98	2,072.79	4,874.77	4.5
Head Scalp	1	0.6	4,765.78	0.00	4,765.78	4.4
Lower Extremities Knee	16	9.0	297.02	2,500.00	2,797.02	2.6
Trunk Low Back Area (Incl. Lumba	9	5.1	18.82	2,550.00	2,568.82	2.4
Upper Extremities Thumb	4	2.3	507.01	1,650.00	2,157.01	2.0
Upper Extremities Hand	9	5.1	2,062.96	0.00	2,062.96	1.9
Upper Extremities Wrist	6	3.4	1,779.44	0.00	1,779.44	1.6
Lower Extremities Ankle	3	1.7	155.60	1,250.00	1,405.60	1.3
Head Skull	3	1.7	85.87	1,250.00	1,335.87	1.2
Trunk Buttocks	2	1.1	0.00	1,250.00	1,250.00	1.1
Trunk Lumbar and/or Sacral Vertel	1	0.6	0.00	1,250.00	1,250.00	1.1
Head Eye(s)	3	1.7	288.93	0.00	288.93	0.3
Head Mouth	1	0.6	222.53	0.00	222.53	0.2
Upper Extremities Shoulder(s)	3	1.7	192.34	0.00	192.34	0.2
Multiple Body Parts No Physical In	11	6.2	104.83	0.00	104.83	0.1
Multiple Body Parts Whole Body	2	1.1	18.82	0.00	18.82	0.0
Head Ear(s)	1	0.6	0.00	0.00	0.00	0.0
Head Multiple Head Injury	2	1.1	0.00	0.00	0.00	0.0
Head Nose	1	0.6	0.00	0.00	0.00	0.0
Head Other facial soft tissue	3	1.7	0.00	0.00	0.00	0.0
Lower Extremities Foot	4	2.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	18	10.2	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	0.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	13	7.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	11	6.2	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	2	1.1	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.6	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	0.6	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	3	1.7	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	0.6	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	5	2.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	0.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	

**INJURY**

Contusion (Bruise, Skin Surface)	22	12.4	25,425.92	2,072.79	27,498.71	25.2
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Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contagious Disease	2	1.1	26,710.12	0.00	26,710.12	24.4
Concussion (Brain, Cerebral)	1	0.6	18.82	26,250.00	26,268.82	24.0
Multiple Physical Injury Only	4	2.3	6,171.63	0.00	6,171.63	5.6
No Physical Injury	66	37.3	104.83	3,750.00	3,854.83	3.5
Laceration	18	10.2	2,483.71	1,250.00	3,733.71	3.4
Sprain	9	5.1	676.37	2,900.00	3,576.37	3.3
Strain	8	4.5	192.34	2,550.00	2,742.34	2.5
Fracture	2	1.1	0.00	2,550.00	2,550.00	2.3
Puncture	17	9.6	517.88	1,250.00	1,767.88	1.6
Adverse reaction to a vaccination o	1	0.6	1,433.36	0.00	1,433.36	1.3
All Other (Specific) Injuries, NOC	10	5.6	0.00	1,250.00	1,250.00	1.1
Burn	3	1.7	0.00	1,250.00	1,250.00	1.1
Inflammation	6	3.4	243.64	0.00	243.64	0.2
Foreign Body (Eye)	1	0.6	194.75	0.00	194.75	0.2
Heat Prostration	2	1.1	18.82	0.00	18.82	0.0
Crushing	3	1.7	0.00	0.00	0.00	0.0
Infection	2	1.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>177</b>		<b>\$64,192.19</b>	<b>\$45,072.79</b>	<b>\$109,264.98</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>201 - EDUCATION, STATE DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	16.7	18.82	25,100.00	25,118.82	35.7
2PM - 3:59PM	1	16.7	6,517.60	17,601.22	24,118.82	34.3
10AM - 11:59AM	2	33.3	1,894.62	12,837.97	14,732.59	21.0
8AM - 9:59AM	1	16.7	18.82	6,300.00	6,318.82	9.0
4PM - 5:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	16.7	\$18.82	25,100.00	25,118.82	35.7
2 - 4	2	33.3	\$7,031.37	17,601.22	24,632.59	35.0
8 - 10	1	16.7	\$1,380.85	12,837.97	14,218.82	20.2
0 - 2	2	33.3	\$18.82	6,300.00	6,318.82	9.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>Age of Claimant</b>						
55 - 59	2	33.3	\$6,536.42	42,701.22	49,237.64	70.1
40 - 44	1	16.7	\$1,380.85	12,837.97	14,218.82	20.2
60 - 64	1	16.7	\$18.82	6,300.00	6,318.82	9.0
30 - 34	1	16.7	\$513.77	0.00	513.77	0.7
50 - 54	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	\$8,449.86	61,839.19	70,289.05	100.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	2	33.3	\$18.82	25,100.00	25,118.82	35.7
Floor	1	16.7	\$6,517.60	17,601.22	24,118.82	34.3
Vehicle/car/truck	1	16.7	\$1,380.85	12,837.97	14,218.82	20.2
Person	1	16.7	\$18.82	6,300.00	6,318.82	9.0
Elevators, escalators	1	16.7	\$513.77	0.00	513.77	0.7
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	2	33.3	532.59	25,100.00	25,632.59	36.5
Fall/Slip From Liquid or Grease Spi	1	16.7	6,517.60	17,601.22	24,118.82	34.3
Motor Vehicle, NOC	1	16.7	1,380.85	12,837.97	14,218.82	20.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Slipped, Did Not Fall	1	16.7	18.82	6,300.00	6,318.82	9.0
Fall/Slip on Stairs	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumba	1	16.7	18.82	25,100.00	25,118.82	35.7
Multiple Body Parts Multiple Body	1	16.7	6,517.60	17,601.22	24,118.82	34.3
Multiple Body Parts Whole Body	1	16.7	1,380.85	12,837.97	14,218.82	20.2
Lower Extremities Ankle	2	33.3	18.82	6,300.00	6,318.82	9.0
Neck Disc (Neck)	1	16.7	513.77	0.00	513.77	0.7
<b>Sum:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	2	33.3	6,536.42	23,901.22	30,437.64	43.3
All Other Cumulative Injury	1	16.7	18.82	25,100.00	25,118.82	35.7
Multiple Physical Injury Only	1	16.7	1,380.85	12,837.97	14,218.82	20.2
Strain	1	16.7	513.77	0.00	513.77	0.7
No Physical Injury	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>202 - Library of Virginia</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	9,788.49	16,830.33	26,618.82	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	\$9,788.49	16,830.33	26,618.82	100.0
2 - 4	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	\$9,788.49	16,830.33	26,618.82	100.0
35 - 39	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$9,788.49	16,830.33	26,618.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>LOSS CAUSE</b>						
Floor	1	50.0	\$9,788.49	16,830.33	26,618.82	100.0
Elevators, escalators	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	9,788.49	16,830.33	26,618.82	100.0
Caught In, Under or Between, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>BODY PART</b>						
Upper Extremities Multiple Upper E	1	50.0	9,788.49	16,830.33	26,618.82	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	50.0	9,788.49	16,830.33	26,618.82	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>204 - COLLEGE OF WILLIAM &amp; MARY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	14	25.5	7,402.17	19,550.72	26,952.89	40.8
4AM - 5:59AM	2	3.6	8,242.19	2,611.07	10,853.26	16.4
8AM - 9:59AM	11	20.0	10,378.49	0.00	10,378.49	15.7
4PM - 5:59PM	4	7.3	4,742.00	4,665.84	9,407.84	14.2
2PM - 3:59PM	10	18.2	3,912.54	1,231.18	5,143.72	7.8
10AM - 11:59AM	6	10.9	534.68	1,120.00	1,654.68	2.5
6AM - 7:59AM	5	9.1	1,074.05	0.00	1,074.05	1.6
6PM - 7:59PM	1	1.8	470.40	0.00	470.40	0.7
2AM - 3:59AM	1	1.8	196.36	0.00	196.36	0.3
10PM - 11:59PM	1	1.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	6	10.9	\$8,227.09	5,897.02	14,124.11	21.4
14 - 16	3	5.5	\$5,298.95	7,431.28	12,730.23	19.2
2 - 4	7	12.7	\$10,324.31	2,123.05	12,447.36	18.8
12 - 14	2	3.6	\$196.07	9,866.39	10,062.46	15.2
0 - 2	17	30.9	\$4,630.86	2,611.07	7,241.93	11.0
24 - 26	2	3.6	\$4,427.60	0.00	4,427.60	6.7
16 - 18	2	3.6	\$2,705.75	0.00	2,705.75	4.1
22 - 24	3	5.5	\$260.64	1,250.00	1,510.64	2.3
10 - 12	3	5.5	\$558.30	0.00	558.30	0.8
6 - 8	4	7.3	\$215.18	0.00	215.18	0.3
8 - 10	1	1.8	\$89.31	0.00	89.31	0.1
20 - 22	2	3.6	\$18.82	0.00	18.82	0.0
18 - 20	1	1.8	\$0.00	0.00	0.00	0.0
28 - 30	2	3.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	
<b>Age of Claimant</b>						
50 - 54	8	14.5	\$14,160.44	8,551.28	22,711.72	34.3
55 - 59	9	16.4	\$7,702.09	11,116.39	18,818.48	28.5
30 - 34	3	5.5	\$4,491.80	4,665.84	9,157.64	13.8
60 - 64	9	16.4	\$4,400.39	2,611.07	7,011.46	10.6
70 - 74	4	7.3	\$5,032.34	0.00	5,032.34	7.6
45 - 49	5	9.1	\$612.04	1,003.05	1,615.09	2.4

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	5	9.1	\$18.82	1,231.18	1,250.00	1.9
40 - 44	5	9.1	\$534.96	0.00	534.96	0.8
15 - 19	1	1.8	\$0.00	0.00	0.00	0.0
20 - 24	3	5.5	\$0.00	0.00	0.00	0.0
25 - 29	2	3.6	\$0.00	0.00	0.00	0.0
65 - 69	1	1.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	

#### SEX OF CLAIMANT

Female	29	52.7	\$27,919.42	8,020.07	35,939.49	54.3
Male	26	47.3	\$9,033.46	21,158.74	30,192.20	45.7
<b>Totals:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	

#### LOSS CAUSE

Stairs	3	5.5	\$9,066.35	5,668.89	14,735.24	22.3
Uneven Surface	2	3.6	\$6,949.47	7,431.28	14,380.75	21.7
Water	1	1.8	\$18.82	9,866.39	9,885.21	14.9
Machine, not otherwise classified	3	5.5	\$9,857.21	0.00	9,857.21	14.9
Stairs, steps	5	9.1	\$4,554.01	2,611.07	7,165.08	10.8
Boxes / containers	1	1.8	\$3,716.47	0.00	3,716.47	5.6
Needle stick	1	1.8	\$130.00	1,120.00	1,250.00	1.9
Office equipment	1	1.8	\$0.00	1,250.00	1,250.00	1.9
Vehicle/car/truck	2	3.6	\$18.82	1,231.18	1,250.00	1.9
Foreign Object	2	3.6	\$1,055.23	0.00	1,055.23	1.6
Wheel	1	1.8	\$289.28	0.00	289.28	0.4
Furniture / fixtures	2	3.6	\$279.46	0.00	279.46	0.4
Walking surface, outside, dry	2	3.6	\$273.83	0.00	273.83	0.4
Sharp objects, not otherwise classif	1	1.8	\$260.64	0.00	260.64	0.4
Door	5	9.1	\$230.47	0.00	230.47	0.3
Floor	2	3.6	\$196.36	0.00	196.36	0.3
Animal / insect, not otherwise class	1	1.8	\$18.82	0.00	18.82	0.0
Docks,Ramps,Loading Platforms	2	3.6	\$18.82	0.00	18.82	0.0
Ground control unit/aerial	1	1.8	\$18.82	0.00	18.82	0.0
Broom	1	1.8	\$0.00	0.00	0.00	0.0
Brush / tree / log	1	1.8	\$0.00	0.00	0.00	0.0
Cabinet	1	1.8	\$0.00	0.00	0.00	0.0
Fire / Flame / Smoke	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
Hot/Cold Object, Liquid, Substance	1	1.8	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Knife, NOC	1	1.8	\$0.00	0.00	0.00	0.0
Ladder - Portable	1	1.8	\$0.00	0.00	0.00	0.0
Metal items	1	1.8	\$0.00	0.00	0.00	0.0
Outside Surface	1	1.8	\$0.00	0.00	0.00	0.0
Radiation / X-Ray	4	7.3	\$0.00	0.00	0.00	0.0
Trash receptacle	1	1.8	\$0.00	0.00	0.00	0.0
Vehicle, 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
<b>Totals:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	

#### ACCIDENT TYPE

Fall/Slip on Stairs	6	10.9	9,640.00	4,665.84	14,305.84	21.6
Fall, Slip or Trip, NOC	3	5.5	4,440.08	7,431.28	11,871.36	18.0
Caught In/Between-Machine or Ma	1	1.8	18.82	9,866.39	9,885.21	14.9
Lifting	1	1.8	9,767.90	0.00	9,767.90	14.8
Strike Against/Step On Stationary C	2	3.6	3,814.59	2,611.07	6,425.66	9.7
Cut, Punctured, Scraped, NOC	4	7.3	4,107.11	1,120.00	5,227.11	7.9
Fall On the Same Level	6	10.9	3,876.38	0.00	3,876.38	5.9
Fall/Slip From a Different Level	4	7.3	361.84	1,003.05	1,364.89	2.1
Absorption, Ingestion or Inhalation	1	1.8	18.82	1,231.18	1,250.00	1.9
Collision with a Fixed Object	3	5.5	0.00	1,250.00	1,250.00	1.9
Hand Tool, Utensil; Not Powered	2	3.6	289.28	0.00	289.28	0.4
Strain By Using Tool or Machine	1	1.8	260.64	0.00	260.64	0.4
Struck/Injured By Hand Tool or Mar	1	1.8	230.47	0.00	230.47	0.3
Strain or Injury By, NOC	3	5.5	126.95	0.00	126.95	0.2
Caught In, Under or Between, NOC	1	1.8	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	1.8	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	1.8	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	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
Other Injury NEC	4	7.3	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	1.8	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lift	2	3.6	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	1.8	0.00	0.00	0.00	0.0
Twisting	2	3.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Lower Extremities Ankle	4	7.3	9,162.97	12,097.12	21,260.09	32.1
Trunk Lumbar and/or Sacral Vertel	2	3.6	9,964.26	0.00	9,964.26	15.1
Upper Extremities Elbow	1	1.8	18.82	9,866.39	9,885.21	14.9
Multiple Body Parts Multiple Body	16	29.1	8,774.38	0.00	8,774.38	13.3
Head Skull	4	7.3	3,814.59	2,611.07	6,425.66	9.7
Upper Extremities Hand	3	5.5	3,716.47	0.00	3,716.47	5.6
Upper Extremities Thumb	3	5.5	651.28	1,120.00	1,771.28	2.7
Multiple Body Parts Body Systems	1	1.8	18.82	1,231.18	1,250.00	1.9
Upper Extremities Finger(s)	3	5.5	0.00	1,250.00	1,250.00	1.9
Lower Extremities Lower Leg	4	7.3	165.77	1,003.05	1,168.82	1.8
Lower Extremities Upper Leg	1	1.8	289.28	0.00	289.28	0.4
Lower Extremities Toe(s)	1	1.8	230.47	0.00	230.47	0.3
Trunk Low Back Area (Incl. Lumba	4	7.3	126.95	0.00	126.95	0.2
Trunk Abdomen Including Groin	1	1.8	18.82	0.00	18.82	0.0
Head Eye(s)	2	3.6	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	1.8	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	1.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	1.8	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	1.8	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	
<b>INJURY</b>						
Sprain	4	7.3	4,708.81	17,297.67	22,006.48	33.3
Strain	6	10.9	10,072.39	0.00	10,072.39	15.2
Fracture	4	7.3	4,741.09	4,665.84	9,406.93	14.2
Concussion (Brain, Cerebral)	2	3.6	3,814.59	2,611.07	6,425.66	9.7
Contusion (Bruise, Skin Surface)	9	16.4	4,708.77	1,003.05	5,711.82	8.6
Laceration	6	10.9	4,237.75	0.00	4,237.75	6.4
All Other (Specific) Injuries, NOC	13	23.6	1,074.05	2,481.18	3,555.23	5.4
Multiple Physical Injury Only	5	9.1	3,176.15	0.00	3,176.15	4.8
Puncture	2	3.6	130.00	1,120.00	1,250.00	1.9
Foreign Body (Eye)	1	1.8	289.28	0.00	289.28	0.4
Burn	1	1.8	0.00	0.00	0.00	0.0
Crushing	1	1.8	0.00	0.00	0.00	0.0
No Physical Injury	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$36,952.88</b>	<b>\$29,178.81</b>	<b>\$66,131.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	23	28.8	127,948.61	126,106.45	254,055.06	38.2
8AM - 9:59AM	17	21.3	57,254.50	104,803.97	162,058.47	24.4
12PM - 1:59PM	9	11.3	65,697.92	81,644.28	147,342.20	22.2
2PM - 3:59PM	14	17.5	9,318.40	33,987.76	43,306.16	6.5
6AM - 7:59AM	3	3.8	7,077.87	23,178.91	30,256.78	4.5
12AM - 1:59AM	1	1.3	2,049.75	18,535.10	20,584.85	3.1
2AM - 3:59AM	1	1.3	3,052.75	0.00	3,052.75	0.5
4PM - 5:59PM	9	11.3	952.87	1,231.18	2,184.05	0.3
8PM - 9:59PM	1	1.3	0.00	1,250.00	1,250.00	0.2
6PM - 7:59PM	2	2.5	994.50	0.00	994.50	0.1
<b>Totals:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	10	12.5	\$63,439.99	93,382.08	156,822.07	23.6
0 - 2	28	35.0	\$36,619.64	89,923.00	126,542.64	19.0
6 - 8	7	8.8	\$96,315.27	19,718.26	116,033.53	17.4
26 - 28	2	2.5	\$16,978.27	66,214.55	83,192.82	12.5
32 - 34	1	1.3	\$59.32	73,000.00	73,059.32	11.0
8 - 10	2	2.5	\$7,022.57	23,178.91	30,201.48	4.5
10 - 12	3	3.8	\$28,272.91	0.00	28,272.91	4.3
16 - 18	4	5.0	\$5,550.40	11,225.76	16,776.16	2.5
4 - 6	10	12.5	\$9,339.91	1,250.00	10,589.91	1.6
14 - 16	2	2.5	\$6,348.22	3,993.70	10,341.92	1.6
12 - 14	2	2.5	\$119.27	7,623.13	7,742.40	1.2
22 - 24	4	5.0	\$3,769.98	0.00	3,769.98	0.6
18 - 20	5	6.3	\$511.42	1,228.26	1,739.68	0.3
<b>Totals:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	
<b>Age of Claimant</b>						
60 - 64	10	12.5	\$63,245.74	163,414.73	226,660.47	34.1
65 - 69	2	2.5	\$17,000.01	67,442.81	84,442.82	12.7
25 - 29	11	13.8	\$51,376.15	28,630.85	80,007.00	12.0
40 - 44	6	7.5	\$45,338.92	20,923.57	66,262.49	10.0
35 - 39	9	11.3	\$31,012.58	21,600.31	52,612.89	7.9
45 - 49	11	13.8	\$17,045.03	26,682.43	43,727.46	6.6
30 - 34	10	12.5	\$17,021.33	22,954.59	39,975.92	6.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	8	10.0	\$5,820.26	27,471.53	33,291.79	5.0
50 - 54	8	10.0	\$13,048.65	7,623.13	20,671.78	3.1
55 - 59	5	6.3	\$13,438.50	3,993.70	17,432.20	2.6
<b>Totals:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	55	68.8	\$243,425.60	220,919.78	464,345.38	69.8
Female	25	31.3	\$30,921.57	169,817.87	200,739.44	30.2
<b>Totals:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	3	3.8	\$66,388.73	80,394.28	146,783.01	22.1
Walking surface, outside, dry	10	12.5	\$16,707.29	94,124.40	110,831.69	16.7
Walking surface, outside, wet	3	3.8	\$18,400.92	69,611.90	88,012.82	13.2
Walking surface, inside, wet	7	8.8	\$45,343.23	19,718.26	65,061.49	9.8
Vehicle, not otherwise classified	2	2.5	\$44,412.68	0.00	44,412.68	6.7
Ladder - Portable	3	3.8	\$11,193.98	33,199.36	44,393.34	6.7
Door	2	2.5	\$6,162.38	20,482.20	26,644.58	4.0
Foreign Object	1	1.3	\$522.25	24,046.57	24,568.82	3.7
Patient / Inmate	4	5.0	\$2,806.53	18,535.10	21,341.63	3.2
Elevators, escalators	1	1.3	\$18,785.39	0.00	18,785.39	2.8
Boxes / containers	3	3.8	\$8,549.68	7,623.13	16,172.81	2.4
Dolly	1	1.3	\$6,105.12	3,993.70	10,098.82	1.5
Wood Items	3	3.8	\$1,180.06	8,871.12	10,051.18	1.5
Battering ram	1	1.3	\$3,760.41	1,159.59	4,920.00	0.7
Heating equipment	1	1.3	\$3,870.99	0.00	3,870.99	0.6
Person	5	6.3	\$3,249.86	0.00	3,249.86	0.5
Furniture / fixtures	3	3.8	\$1,926.44	1,250.00	3,176.44	0.5
Hand tool, not powered, NOC	1	1.3	\$2,118.97	0.00	2,118.97	0.3
Racks	1	1.3	\$1,812.50	0.00	1,812.50	0.3
Fire / Flame / Smoke	2	2.5	\$1,163.29	475.91	1,639.20	0.2
Pipe	1	1.3	\$1,412.93	0.00	1,412.93	0.2
Metal items	2	2.5	\$1,312.13	0.00	1,312.13	0.2
Wires	1	1.3	\$1,260.70	0.00	1,260.70	0.2
Animal / tick, spider, etc.	1	1.3	\$137.25	1,112.75	1,250.00	0.2
Blower 24"	1	1.3	\$21.74	1,228.26	1,250.00	0.2
Ladder, 8' step	1	1.3	\$44.69	1,205.31	1,250.00	0.2
Minerals / dirt	1	1.3	\$18.82	1,231.18	1,250.00	0.2
Package	1	1.3	\$0.00	1,250.00	1,250.00	0.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Wall	1	1.3	\$25.37	1,224.63	1,250.00	0.2
Floor	1	1.3	\$1,171.63	0.00	1,171.63	0.2
Office equipment	1	1.3	\$1,048.84	0.00	1,048.84	0.2
Overhead Object	1	1.3	\$975.68	0.00	975.68	0.1
Tractor	1	1.3	\$846.72	0.00	846.72	0.1
Chemicals, not otherwise classified	1	1.3	\$718.39	0.00	718.39	0.1
Trash receptacle	1	1.3	\$688.52	0.00	688.52	0.1
Cleaning Products	1	1.3	\$73.58	0.00	73.58	0.0
Animal, not otherwise classified	1	1.3	\$48.15	0.00	48.15	0.0
Poisonous agent / plant	1	1.3	\$24.87	0.00	24.87	0.0
Dust	1	1.3	\$18.82	0.00	18.82	0.0
Infectious agent	1	1.3	\$18.82	0.00	18.82	0.0
Racking	1	1.3	\$18.82	0.00	18.82	0.0
Needle stick	1	1.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	

#### ACCIDENT TYPE

Fall On the Same Level	13	16.3	53,125.49	92,718.26	145,843.75	21.9
Struck/Injured By Motor Vehicle	2	2.5	58,373.29	80,394.28	138,767.57	20.9
Fall/Slip on Ice or Snow	3	3.8	18,400.92	69,611.90	88,012.82	13.2
Collision with a Fixed Object	5	6.3	45,363.92	8,871.12	54,235.04	8.2
Lifting	5	6.3	27,230.51	24,410.09	51,640.60	7.8
Strain or Injury By, NOC	9	11.3	24,096.83	10,032.72	34,129.55	5.1
Fall/Slip into Openings	1	1.3	8,843.70	21,124.40	29,968.10	4.5
Striking Against or Stepping On, NC	2	2.5	4,358.51	20,482.20	24,840.71	3.7
Struck/Injured By Object Being Lifted	1	1.3	522.25	24,046.57	24,568.82	3.7
Struck/Injured By Fellow Worker, P	4	5.0	2,327.99	18,535.10	20,863.09	3.1
Caught In, Under or Between, NOC	7	8.8	12,651.55	5,243.70	17,895.25	2.7
Fall/Slip From Ladder or Scaffolding	3	3.8	4,898.76	11,225.76	16,124.52	2.4
Cut, Punctured, Scraped, NOC	5	6.3	4,480.03	0.00	4,480.03	0.7
Struck/Injured By Falling or Flying Object	1	1.3	3,870.99	0.00	3,870.99	0.6
Struck or Injury By, NOC	3	3.8	2,575.85	0.00	2,575.85	0.4
Foreign Body in Eye	3	3.8	758.95	1,228.26	1,987.21	0.3
Absorption, Ingestion or Inhalation	3	3.8	811.73	475.91	1,287.64	0.2
Strike Against/Step On Stationary Object	1	1.3	25.37	1,224.63	1,250.00	0.2
Struck/Injured By Animal or Insect	1	1.3	137.25	1,112.75	1,250.00	0.2
Other than Physical Cause of Injury	2	2.5	949.73	0.00	949.73	0.1
Fire or Flame	1	1.3	389.20	0.00	389.20	0.1
Fall/Slip From a Different Level	2	2.5	66.97	0.00	66.97	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Repetitive Motion (after 7/1/94)	1	1.3	43.69	0.00	43.69	0.0
Contact With Not Otherwise Classif	1	1.3	24.87	0.00	24.87	0.0
Fall/Slip on Stairs	1	1.3	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	

#### BODY PART

Multiple Body Parts Multiple Body	17	21.3	95,935.70	190,825.14	286,760.84	43.1
Lower Extremities Upper Leg	2	2.5	905.95	73,000.00	73,905.95	11.1
Lower Extremities Knee	5	6.3	43,013.15	19,718.26	62,731.41	9.4
Upper Extremities Shoulder(s)	6	7.5	27,338.57	25,569.68	52,908.25	8.0
Lower Extremities Lower Leg	3	3.8	43,363.42	1,250.00	44,613.42	6.7
Head Brain	5	6.3	4,747.01	34,142.32	38,889.33	5.8
Lower Extremities Multiple Lower E	1	1.3	8,843.70	21,124.40	29,968.10	4.5
Trunk Lumbar and/or Sacral Vertel	1	1.3	18,785.39	0.00	18,785.39	2.8
Lower Extremities Foot	2	2.5	5,186.14	10,020.45	15,206.59	2.3
Trunk Low Back Area (Incl. Lumba	3	3.8	2,546.06	7,623.13	10,169.19	1.5
Lower Extremities Ankle	4	5.0	4,100.49	2,174.96	6,275.45	0.9
Upper Extremities Finger(s)	4	5.0	5,217.04	0.00	5,217.04	0.8
Upper Extremities Hand	2	2.5	2,861.34	0.00	2,861.34	0.4
Head Eye(s)	3	3.8	758.95	1,228.26	1,987.21	0.3
Upper Extremities Thumb	3	3.8	688.52	1,250.00	1,938.52	0.3
Lower Extremities Toe(s)	1	1.3	1,752.67	0.00	1,752.67	0.3
Trunk Lung(s)	3	3.8	1,182.11	475.91	1,658.02	0.2
Head Other facial soft tissue	1	1.3	1,412.93	0.00	1,412.93	0.2
Lower Extremities Hip	1	1.3	97.61	1,222.39	1,320.00	0.2
Trunk Abdomen Including Groin	1	1.3	137.25	1,112.75	1,250.00	0.2
Upper Extremities Upper Arm (Incl	1	1.3	1,212.40	0.00	1,212.40	0.2
Upper Extremities Wrist	2	2.5	1,203.67	0.00	1,203.67	0.2
Head Facial Bones	1	1.3	975.68	0.00	975.68	0.1
Multiple Body Parts No Physical In	2	2.5	943.18	0.00	943.18	0.1
Trunk Disc (Back)	1	1.3	719.14	0.00	719.14	0.1
Head Nose	1	1.3	240.60	0.00	240.60	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	1.3	73.58	0.00	73.58	0.0
Upper Extremities Elbow	1	1.3	60.73	0.00	60.73	0.0
Trunk Heart	1	1.3	25.37	0.00	25.37	0.0
Trunk Multiple Trunk	1	1.3	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	

#### INJURY

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	16	20.0	77,258.47	117,671.20	194,929.67	29.3
Fracture	12	15.0	56,892.30	101,555.55	158,447.85	23.8
Multiple Physical Injury Only	6	7.5	39,104.20	67,419.86	106,524.06	16.0
Rupture	3	3.8	52,822.97	19,718.26	72,541.23	10.9
Sprain	8	10.0	24,951.05	24,458.95	49,410.00	7.4
Concussion (Brain, Cerebral)	5	6.3	4,747.01	34,142.32	38,889.33	5.8
Contusion (Bruise, Skin Surface)	9	11.3	5,680.28	21,704.59	27,384.87	4.1
Crushing	3	3.8	3,931.47	1,250.00	5,181.47	0.8
Laceration	4	5.0	4,321.92	0.00	4,321.92	0.6
Respiratory Disorders(Gases,Fume	3	3.8	1,182.11	475.91	1,658.02	0.2
Foreign Body (Eye)	2	2.5	40.56	1,228.26	1,268.82	0.2
No Physical Injury	2	2.5	156.07	1,112.75	1,268.82	0.2
Poisoning - Metal	1	1.3	924.36	0.00	924.36	0.1
Puncture	2	2.5	846.63	0.00	846.63	0.1
Inflammation	1	1.3	719.14	0.00	719.14	0.1
Burn	1	1.3	718.39	0.00	718.39	0.1
Mental Stress	1	1.3	25.37	0.00	25.37	0.0
Contagious Disease	1	1.3	24.87	0.00	24.87	0.0
<b>Sum:</b>	<b>80</b>		<b>\$274,347.17</b>	<b>\$390,737.65</b>	<b>\$665,084.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	78	20.1	107,962.69	265,519.76	373,482.45	34.1
8AM - 9:59AM	54	13.9	89,839.83	247,710.18	337,550.01	30.9
2PM - 3:59PM	48	12.3	57,223.53	108,743.41	165,966.94	15.2
6PM - 7:59PM	29	7.5	33,174.49	96,795.12	129,969.61	11.9
10PM - 11:59PM	9	2.3	1,989.26	30,725.50	32,714.76	3.0
12AM - 1:59AM	42	10.8	9,046.64	14,401.68	23,448.32	2.1
12PM - 1:59PM	52	13.4	9,202.62	4,791.96	13,994.58	1.3
8PM - 9:59PM	17	4.4	8,858.88	1,250.00	10,108.88	0.9
6AM - 7:59AM	27	6.9	2,814.98	0.00	2,814.98	0.3
2AM - 3:59AM	7	1.8	30.63	2,469.37	2,500.00	0.2
4AM - 5:59AM	7	1.8	137.45	1,250.00	1,387.45	0.1
4PM - 5:59PM	19	4.9	193.19	0.00	193.19	0.0
<b>Totals:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	228	58.6	\$145,104.73	335,555.93	480,660.66	43.9
20 - 22	6	1.5	\$54,045.41	155,431.54	209,476.95	19.1
2 - 4	52	13.4	\$37,265.94	170,472.74	207,738.68	19.0
10 - 12	12	3.1	\$31,439.27	90,898.06	122,337.33	11.2
14 - 16	9	2.3	\$39,301.62	1,920.39	41,222.01	3.8
4 - 6	17	4.4	\$2,347.38	9,787.72	12,135.10	1.1
6 - 8	18	4.6	\$4,114.46	7,128.24	11,242.70	1.0
12 - 14	7	1.8	\$3,479.33	0.00	3,479.33	0.3
8 - 10	12	3.1	\$640.06	2,462.36	3,102.42	0.3
16 - 18	5	1.3	\$1,466.31	0.00	1,466.31	0.1
22 - 24	6	1.5	\$1,018.82	0.00	1,018.82	0.1
30 - 32	1	0.3	\$189.45	0.00	189.45	0.0
28 - 30	1	0.3	\$22.59	0.00	22.59	0.0
18 - 20	5	1.3	\$20.00	0.00	20.00	0.0
38 - 40	1	0.3	\$18.82	0.00	18.82	0.0
24 - 26	4	1.0	\$0.00	0.00	0.00	0.0
32 - 34	2	0.5	\$0.00	0.00	0.00	0.0
34 - 36	3	0.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	
<b>Age of Claimant</b>						

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	24	6.2	\$66,965.16	206,640.26	273,605.42	25.0
60 - 64	17	4.4	\$30,259.66	171,364.26	201,623.92	18.4
25 - 29	62	15.9	\$78,220.37	80,760.89	158,981.26	14.5
35 - 39	32	8.2	\$35,454.08	114,047.27	149,501.35	13.7
45 - 49	20	5.1	\$22,864.36	100,778.74	123,643.10	11.3
50 - 54	30	7.7	\$53,862.02	55,038.31	108,900.33	10.0
20 - 24	93	23.9	\$17,019.94	36,962.94	53,982.88	4.9
30 - 34	38	9.8	\$8,617.44	3,686.81	12,304.25	1.1
40 - 44	26	6.7	\$3,935.73	3,146.32	7,082.05	0.6
65 - 69	11	2.8	\$1,489.94	1,231.18	2,721.12	0.2
15 - 19	31	8.0	\$1,762.90	0.00	1,762.90	0.2
70 - 74	4	1.0	\$22.59	0.00	22.59	0.0
75 - 79	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	
<b>SEX OF CLAIMANT</b>						
Male	170	43.7	\$134,049.81	483,703.11	617,752.92	56.5
Female	219	56.3	\$186,424.38	289,953.87	476,378.25	43.5
<b>Totals:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	33	8.5	\$93,706.99	150,605.66	244,312.65	22.3
Forklift	1	0.3	\$54,004.00	155,431.54	209,435.54	19.1
Package	2	0.5	\$27,562.35	170,237.27	197,799.62	18.1
Object on Floor	5	1.3	\$17,655.40	100,778.74	118,434.14	10.8
Floor	28	7.2	\$12,031.79	59,042.19	71,073.98	6.5
Chair	5	1.3	\$21,791.89	40,988.43	62,780.32	5.7
Machine, not otherwise classified	6	1.5	\$12,377.86	43,641.88	56,019.74	5.1
Outside Surface	4	1.0	\$38,258.83	0.00	38,258.83	3.5
Hot/Cold Object, Liquid, Substance	15	3.9	\$3,502.08	18,208.11	21,710.19	2.0
Walking surface, outside, dry	6	1.5	\$3,065.79	7,128.24	10,194.03	0.9
Dust	9	2.3	\$293.75	8,548.35	8,842.10	0.8
Door	14	3.6	\$5,915.08	0.00	5,915.08	0.5
Oil	2	0.5	\$3,882.80	0.00	3,882.80	0.4
Wall	3	0.8	\$3,440.51	0.00	3,440.51	0.3
Knife, Utility	10	2.6	\$3,439.32	0.00	3,439.32	0.3
Animal / insect, not otherwise class	10	2.6	\$285.41	2,455.93	2,741.34	0.3
Furniture / fixtures	7	1.8	\$34.13	2,489.37	2,523.50	0.2
Walking surface, inside, wet	3	0.8	\$2,216.52	0.00	2,216.52	0.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Tractor	2	0.5	\$2,040.41	0.00	2,040.41	0.2
Boxes / containers	11	2.8	\$1,127.01	848.98	1,975.99	0.2
Office equipment	2	0.5	\$1,816.33	0.00	1,816.33	0.2
Pots/pans	5	1.3	\$1,652.45	0.00	1,652.45	0.2
Metal items	7	1.8	\$297.60	1,250.00	1,547.60	0.1
N/A	9	2.3	\$168.81	1,220.55	1,389.36	0.1
Stairs, steps	6	1.5	\$121.77	1,231.18	1,352.95	0.1
Vehicle/car/truck	8	2.1	\$1,345.21	0.00	1,345.21	0.1
Needle stick	7	1.8	\$258.76	1,071.41	1,330.17	0.1
Shelving	6	1.5	\$186.40	1,083.60	1,270.00	0.1
Bacteria	1	0.3	\$18.82	1,231.18	1,250.00	0.1
Fencing	1	0.3	\$10.63	1,239.37	1,250.00	0.1
Ground control unit/aerial	2	0.5	\$20.00	1,230.00	1,250.00	0.1
Hand tool, not powered, NOC	2	0.5	\$44.37	1,205.63	1,250.00	0.1
Screwdriver	1	0.3	\$10.63	1,239.37	1,250.00	0.1
Tractor trailer equipment	1	0.3	\$0.00	1,250.00	1,250.00	0.1
Pipe	2	0.5	\$953.76	0.00	953.76	0.1
Wood Items	2	0.5	\$687.42	0.00	687.42	0.1
Knife, NOC	11	2.8	\$615.35	0.00	615.35	0.1
Beam	2	0.5	\$604.69	0.00	604.69	0.1
Trash receptacle	5	1.3	\$527.24	0.00	527.24	0.0
Hand tool, powered, NOC	2	0.5	\$484.43	0.00	484.43	0.0
Hose (indicator # carried)	1	0.3	\$472.08	0.00	472.08	0.0
Trailer Dolly	1	0.3	\$366.00	0.00	366.00	0.0
Blade	3	0.8	\$349.16	0.00	349.16	0.0
Sharp objects, not otherwise classif	12	3.1	\$308.33	0.00	308.33	0.0
Racks	4	1.0	\$304.74	0.00	304.74	0.0
Heating equipment	5	1.3	\$289.98	0.00	289.98	0.0
Roll cart	1	0.3	\$233.87	0.00	233.87	0.0
Cart	5	1.3	\$204.56	0.00	204.56	0.0
Brush / tree / log	2	0.5	\$196.37	0.00	196.37	0.0
Assembly	1	0.3	\$189.45	0.00	189.45	0.0
Docks,Ramps,Loading Platforms	1	0.3	\$134.99	0.00	134.99	0.0
Cleaning Products	5	1.3	\$128.88	0.00	128.88	0.0
Ladder, 10' folding	1	0.3	\$127.88	0.00	127.88	0.0
Poisonous agent / plant	1	0.3	\$127.88	0.00	127.88	0.0
Chemicals, not otherwise classified	9	2.3	\$126.23	0.00	126.23	0.0
Person	7	1.8	\$66.62	0.00	66.62	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / bee type	3	0.8	\$49.69	0.00	49.69	0.0
Water	7	1.8	\$46.65	0.00	46.65	0.0
Gloves	1	0.3	\$44.94	0.00	44.94	0.0
Insufficient data	1	0.3	\$44.81	0.00	44.81	0.0
Hazardous Material	6	1.5	\$42.32	0.00	42.32	0.0
Foreign Object	2	0.5	\$24.37	0.00	24.37	0.0
Sprayer	1	0.3	\$23.70	0.00	23.70	0.0
Grinder	1	0.3	\$20.00	0.00	20.00	0.0
Pallet Jack	1	0.3	\$18.82	0.00	18.82	0.0
Pallet,Skid,Flat	2	0.5	\$18.82	0.00	18.82	0.0
Vehicle, not otherwise classified	1	0.3	\$18.82	0.00	18.82	0.0
Walking surface, inside, dry	3	0.8	\$18.82	0.00	18.82	0.0
Working Surface	1	0.3	\$18.82	0.00	18.82	0.0
Battery	1	0.3	\$0.00	0.00	0.00	0.0
Building parts / doors	1	0.3	\$0.00	0.00	0.00	0.0
Cabinet	2	0.5	\$0.00	0.00	0.00	0.0
Coates 4040	1	0.3	\$0.00	0.00	0.00	0.0
Cords	1	0.3	\$0.00	0.00	0.00	0.0
Dishes	1	0.3	\$0.00	0.00	0.00	0.0
Dolly	1	0.3	\$0.00	0.00	0.00	0.0
Electrical equipment	1	0.3	\$0.00	0.00	0.00	0.0
Electricity	1	0.3	\$0.00	0.00	0.00	0.0
Elevators, escalators	1	0.3	\$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.3	\$0.00	0.00	0.00	0.0
Food	2	0.5	\$0.00	0.00	0.00	0.0
Glass bottle / sheet	6	1.5	\$0.00	0.00	0.00	0.0
Grease	2	0.5	\$0.00	0.00	0.00	0.0
Infectious agent	1	0.3	\$0.00	0.00	0.00	0.0
Miscellaneous	1	0.3	\$0.00	0.00	0.00	0.0
Mowers	1	0.3	\$0.00	0.00	0.00	0.0
Press	1	0.3	\$0.00	0.00	0.00	0.0
Razor blade	1	0.3	\$0.00	0.00	0.00	0.0
Stairs	3	0.8	\$0.00	0.00	0.00	0.0
Steam / exhaust	3	0.8	\$0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.3	\$0.00	0.00	0.00	0.0
Training \ Drills	3	0.8	\$0.00	0.00	0.00	0.0
Uneven Surface	2	0.5	\$0.00	0.00	0.00	0.0
Valve Stems	1	0.3	\$0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	0.3	\$0.00	0.00	0.00	0.0
Wrench	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	

**ACCIDENT TYPE**

Lifting	12	3.1	46,745.55	271,016.01	317,761.56	29.0
Struck or Injury By, NOC	30	7.7	84,028.68	197,669.97	281,698.65	25.7
Struck/Injured By Animal or Insect	32	8.2	88,577.48	151,811.59	240,389.07	22.0
Fall/Slip From Liquid or Grease Spi	6	1.5	12,845.14	49,958.72	62,803.86	5.7
Struck/Injured By Object Being Lift	5	1.3	6,149.00	43,641.88	49,790.88	4.6
Fall On the Same Level	26	6.7	43,452.18	3,589.35	47,041.53	4.3
Steam or Hot Fluids	4	1.0	2,999.34	18,208.11	21,207.45	1.9
Dust, Gases, Fumes or Vapors	7	1.8	189.29	8,548.35	8,737.64	0.8
Fall/Slip From a Different Level	3	0.8	2,443.84	5,897.06	8,340.90	0.8
Fall, Slip or Trip, NOC	10	2.6	749.53	6,725.30	7,474.83	0.7
Cut, Punctured, Scraped, NOC	27	6.9	4,527.15	2,155.01	6,682.16	0.6
Twisting	7	1.8	5,497.10	848.98	6,346.08	0.6
Hand Tool, Utensil; Not Powered	34	8.7	4,499.11	1,239.37	5,738.48	0.5
Caught In, Under or Between, NOC	17	4.4	5,593.43	0.00	5,593.43	0.5
Strain or Injury By, NOC	8	2.1	2,039.08	1,250.00	3,289.08	0.3
Strike Against/Step On Stationary C	4	1.0	2,601.71	0.00	2,601.71	0.2
Striking Against or Stepping On, NC	5	1.3	1,316.30	1,250.00	2,566.30	0.2
Repetitive Motion (after 7/1/94)	2	0.5	419.07	1,205.63	1,624.70	0.1
Other than Physical Cause of Injury	10	2.6	219.28	1,220.55	1,439.83	0.1
Fall/Slip on Stairs	7	1.8	121.77	1,231.18	1,352.95	0.1
Struck/Injured By Falling or Flying C	6	1.5	1,347.93	0.00	1,347.93	0.1
Absorption, Ingestion or Inhalation	9	2.3	65.47	1,231.18	1,296.65	0.1
Pushing or Pulling	5	1.3	18.82	1,250.00	1,268.82	0.1
Crash of Airplane	1	0.3	10.63	1,239.37	1,250.00	0.1
Rubbed or Abraded, NOC	1	0.3	20.00	1,230.00	1,250.00	0.1
Struck/Injured By Hand Tool or Ma	1	0.3	10.63	1,239.37	1,250.00	0.1
Collision with a Fixed Object	5	1.3	951.13	0.00	951.13	0.1
Contact With Not Otherwise Classif	20	5.1	844.67	0.00	844.67	0.1
Other Injury NEC	27	6.9	577.92	0.00	577.92	0.1
Powered Hand Tool; Appliance	3	0.8	484.43	0.00	484.43	0.0
Caught In/Between-Object Handlec	4	1.0	445.80	0.00	445.80	0.0
Foreign Body in Eye	6	1.5	342.60	0.00	342.60	0.0
Contact with Hot Object or Substan	16	4.1	206.89	0.00	206.89	0.0
Cumulative (All Other)	1	0.3	48.65	0.00	48.65	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Object Being Lifted or Handled	3	0.8	42.59	0.00	42.59	0.0
Strike Against/Step On Obj Being L	1	0.3	42.00	0.00	42.00	0.0
Bitten	1	0.3	0.00	0.00	0.00	0.0
Broken Glass	8	2.1	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	1	0.3	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	0.3	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	0.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	2	0.5	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	2	0.5	0.00	0.00	0.00	0.0
Jumping	2	0.5	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	0.3	0.00	0.00	0.00	0.0
Reaching	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.3	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, P	1	0.3	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	2	0.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	

**BODY PART**

Upper Extremities Shoulder(s)	8	2.1	77,324.98	195,270.28	272,595.26	24.9
Lower Extremities Hip	7	1.8	46,583.38	190,426.80	237,010.18	21.7
Upper Extremities Multiple Upper E	1	0.3	54,004.00	155,431.54	209,435.54	19.1
Head Facial Bones	1	0.3	21,791.89	40,988.43	62,780.32	5.7
Upper Extremities Elbow	10	2.6	9,611.84	51,189.90	60,801.74	5.6
Trunk Lumbar and/or Sacral Vertel	1	0.3	5,461.58	43,641.88	49,103.46	4.5
Lower Extremities Ankle	12	3.1	39,394.88	7,007.72	46,402.60	4.2
Multiple Body Parts Multiple Body	33	8.5	16,368.46	28,904.08	45,272.54	4.1
Head Multiple Head Injury	8	2.1	2,195.71	29,475.50	31,671.21	2.9
Upper Extremities Hand	54	13.9	11,041.73	3,519.53	14,561.26	1.3
Trunk Lung(s)	10	2.6	274.93	8,548.35	8,823.28	0.8
Trunk Abdomen Including Groin	4	1.0	7,375.62	0.00	7,375.62	0.7
Upper Extremities Finger(s)	49	12.6	4,854.94	1,071.41	5,926.35	0.5
Upper Extremities Wrist	13	3.3	3,043.81	2,445.00	5,488.81	0.5
Head Skull	8	2.1	2,620.53	2,500.00	5,120.53	0.5
Trunk Low Back Area (Incl. Lumba	18	4.6	4,194.32	0.00	4,194.32	0.4
Trunk Spinal Cord	2	0.5	3,862.80	0.00	3,862.80	0.4
Upper Extremities Thumb	22	5.7	2,520.03	1,250.00	3,770.03	0.3
Lower Extremities Knee	20	5.1	1,385.06	848.98	2,234.04	0.2
Head Eye(s)	13	3.3	887.20	1,239.37	2,126.57	0.2
Head Brain	1	0.3	2,040.41	0.00	2,040.41	0.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Sacrum and Coccyx	3	0.8	726.42	1,225.93	1,952.35	0.2
Lower Extremities Lower Leg	11	2.8	564.57	1,250.00	1,814.57	0.2
Head Other facial soft tissue	8	2.1	327.62	1,231.18	1,558.80	0.1
Head Ear(s)	2	0.5	236.34	1,250.00	1,486.34	0.1
Multiple Body Parts No Physical In	16	4.1	205.86	1,220.55	1,426.41	0.1
Upper Extremities Lower Arm	15	3.9	88.27	1,239.37	1,327.64	0.1
Head Teeth	1	0.3	0.00	1,250.00	1,250.00	0.1
Lower Extremities Multiple Lower E	2	0.5	18.82	1,231.18	1,250.00	0.1
Lower Extremities Foot	12	3.1	836.22	0.00	836.22	0.1
Trunk Upper Back Area (Thoracic	2	0.5	482.00	0.00	482.00	0.0
Upper Extremities Upper Arm (Incl	5	1.3	60.13	0.00	60.13	0.0
Trunk Internal Organs	1	0.3	46.65	0.00	46.65	0.0
Trunk Chest (Incl. Ribs, Sternum &	3	0.8	24.37	0.00	24.37	0.0
Multiple Body Parts Whole Body	3	0.8	18.82	0.00	18.82	0.0
Head Mouth	1	0.3	0.00	0.00	0.00	0.0
Head Nose	2	0.5	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	3	0.8	0.00	0.00	0.00	0.0
Neck Larynx	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hai	2	0.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	

**INJURY**

Strain	40	10.3	68,771.40	261,135.33	329,906.73	30.2
All Other (Specific) Injuries, NOC	28	7.2	58,378.52	157,887.17	216,265.69	19.8
Fracture	9	2.3	64,853.40	146,882.98	211,736.38	19.4
Contusion (Bruise, Skin Surface)	58	14.9	32,658.07	75,369.97	108,028.04	9.9
Dislocation	1	0.3	49,781.45	26,264.19	76,045.64	7.0
Concussion (Brain, Cerebral)	9	2.3	16,241.30	57,105.78	73,347.08	6.7
Burn	40	10.3	4,182.84	18,208.11	22,390.95	2.0
Laceration	55	14.1	10,726.23	3,552.97	14,279.20	1.3
Sprain	20	5.1	4,383.08	8,983.69	13,366.77	1.2
Asbestosis	2	0.5	189.29	8,548.35	8,737.64	0.8
Puncture	32	8.2	3,649.80	3,516.71	7,166.51	0.7
Crushing	24	6.2	3,573.60	0.00	3,573.60	0.3
Multiple Physical Injury Only	9	2.3	2,262.00	1,250.00	3,512.00	0.3
Foreign Body (Eye)	7	1.8	342.60	1,250.00	1,592.60	0.1
No Physical Injury	33	8.5	354.00	1,220.55	1,574.55	0.1
Infection	2	0.5	65.47	1,231.18	1,296.65	0.1

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Rupture	1	0.3	0.00	1,250.00	1,250.00	0.1
Contagious Disease	3	0.8	42.32	0.00	42.32	0.0
Inflammation	7	1.8	18.82	0.00	18.82	0.0
All Other Cumulative Injury	1	0.3	0.00	0.00	0.00	0.0
Dust Disease NOC(All Other Pneu	3	0.8	0.00	0.00	0.00	0.0
Electric Shock	1	0.3	0.00	0.00	0.00	0.0
Myocardial Infarction (Heart Attack)	1	0.3	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than M	2	0.5	0.00	0.00	0.00	0.0
Vision Loss	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>389</b>		<b>\$320,474.19</b>	<b>\$773,656.98</b>	<b>\$1,094,131.17</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	37	13.6	158,145.42	226,673.78	384,819.20	20.4
2PM - 3:59PM	35	12.8	95,454.59	185,253.42	280,708.01	14.9
8PM - 9:59PM	8	2.9	115,401.99	164,335.27	279,737.26	14.8
6AM - 7:59AM	37	13.6	53,253.26	139,116.01	192,369.27	10.2
4PM - 5:59PM	26	9.5	62,495.64	93,168.84	155,664.48	8.2
10AM - 11:59AM	47	17.2	28,578.64	125,107.98	153,686.62	8.1
8AM - 9:59AM	32	11.7	44,294.89	83,055.27	127,350.16	6.7
4AM - 5:59AM	11	4.0	53,980.88	63,210.35	117,191.23	6.2
6PM - 7:59PM	16	5.9	14,141.71	82,025.63	96,167.34	5.1
10PM - 11:59PM	10	3.7	42,648.59	20,412.68	63,061.27	3.3
2AM - 3:59AM	7	2.6	5,152.72	28,808.55	33,961.27	1.8
12AM - 1:59AM	7	2.6	1,029.95	1,250.00	2,279.95	0.1
<b>Totals:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	126	46.2	\$210,493.97	588,260.90	798,754.87	42.3
4 - 6	21	7.7	\$85,783.39	134,707.47	220,490.86	11.7
36 - 38	1	0.4	\$101,351.29	114,522.44	215,873.73	11.4
16 - 18	6	2.2	\$72,531.50	129,392.46	201,923.96	10.7
8 - 10	11	4.0	\$77,199.74	51,375.55	128,575.29	6.8
2 - 4	40	14.7	\$32,244.81	63,433.36	95,678.17	5.1
14 - 16	10	3.7	\$41,128.86	48,938.48	90,067.34	4.8
6 - 8	17	6.2	\$23,339.82	45,875.64	69,215.46	3.7
22 - 24	5	1.8	\$10,920.00	18,914.80	29,834.80	1.6
40 - 42	1	0.4	\$4,044.85	13,011.35	17,056.20	0.9
12 - 14	10	3.7	\$5,040.39	1,231.18	6,271.57	0.3
10 - 12	5	1.8	\$3,173.07	1,515.02	4,688.09	0.2
18 - 20	9	3.3	\$2,154.27	1,239.13	3,393.40	0.2
24 - 26	3	1.1	\$3,098.00	0.00	3,098.00	0.2
20 - 22	4	1.5	\$1,633.93	0.00	1,633.93	0.1
32 - 34	1	0.4	\$421.57	0.00	421.57	0.0
28 - 30	1	0.4	\$18.82	0.00	18.82	0.0
26 - 28	2	0.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	
<b>Age of Claimant</b>						

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
60 - 64	26	9.5	\$189,885.44	216,649.48	406,534.92	21.5
40 - 44	41	15.0	\$132,308.17	192,260.49	324,568.66	17.2
30 - 34	40	14.7	\$81,673.00	215,332.34	297,005.34	15.7
50 - 54	24	8.8	\$108,012.60	128,329.17	236,341.77	12.5
55 - 59	21	7.7	\$37,315.60	117,754.95	155,070.55	8.2
35 - 39	25	9.2	\$44,172.32	86,701.32	130,873.64	6.9
45 - 49	21	7.7	\$25,763.43	61,342.88	87,106.31	4.6
65 - 69	7	2.6	\$29,112.71	57,817.94	86,930.65	4.6
25 - 29	38	13.9	\$11,197.85	67,805.31	79,003.16	4.2
20 - 24	28	10.3	\$13,242.38	43,759.83	57,002.21	3.0
70 - 74	2	0.7	\$1,894.78	24,664.07	26,558.85	1.4
<b>Totals:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	
<b>SEX OF CLAIMANT</b>						
Female	228	83.5	\$557,441.98	1,091,470.88	1,648,912.86	87.4
Male	45	16.5	\$117,136.30	120,946.90	238,083.20	12.6
<b>Totals:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	78	28.6	\$207,446.95	383,824.08	591,271.03	31.3
Vehicle, not otherwise classified	2	0.7	\$101,351.29	114,522.44	215,873.73	11.4
Step stool	2	0.7	\$45,537.59	79,413.52	124,951.11	6.6
Package	1	0.4	\$71,375.12	44,960.18	116,335.30	6.2
Floor	6	2.2	\$31,814.19	57,293.13	89,107.32	4.7
Walking surface, outside, wet	4	1.5	\$23,382.84	61,697.84	85,080.68	4.5
Metal items	4	1.5	\$27,716.46	53,575.58	81,292.04	4.3
Furniture / fixtures	11	4.0	\$19,934.19	58,202.77	78,136.96	4.1
Chair	13	4.8	\$8,040.77	67,009.05	75,049.82	4.0
Vehicle/car/truck	3	1.1	\$6,414.75	57,166.86	63,581.61	3.4
Water	9	3.3	\$25,954.41	37,203.78	63,158.19	3.3
Cart	9	3.3	\$35,780.24	21,208.40	56,988.64	3.0
Cords	3	1.1	\$7,626.38	41,472.38	49,098.76	2.6
Wheelchair	5	1.8	\$8,036.02	38,071.56	46,107.58	2.4
Door	7	2.6	\$3,112.05	28,416.55	31,528.60	1.7
Walking surface, inside, dry	4	1.5	\$2,234.54	20,847.00	23,081.54	1.2
Roll cart	1	0.4	\$3,178.53	15,268.38	18,446.91	1.0
Uneven Surface	6	2.2	\$2,910.42	14,800.00	17,710.42	0.9
Needle stick	11	4.0	\$0.00	6,250.00	6,250.00	0.3
Blade	3	1.1	\$3,620.52	1,250.00	4,870.52	0.3

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Stairs, steps	4	1.5	\$4,594.30	0.00	4,594.30	0.2
N/A	2	0.7	\$3,404.56	0.00	3,404.56	0.2
Walking surface, outside, dry	6	2.2	\$1,472.36	1,904.53	3,376.89	0.2
Knife, Utility	1	0.4	\$3,047.56	0.00	3,047.56	0.2
Wheel	3	1.1	\$2,781.39	0.00	2,781.39	0.1
Fire / Flame / Smoke	10	3.7	\$2,224.10	0.00	2,224.10	0.1
Chemicals, not otherwise classified	4	1.5	\$2,036.96	0.00	2,036.96	0.1
Machine, not otherwise classified	9	3.3	\$1,756.86	0.00	1,756.86	0.1
Glass bottle / sheet	1	0.4	\$1,685.48	0.00	1,685.48	0.1
Object on Floor	1	0.4	\$1,657.85	0.00	1,657.85	0.1
Boxes / containers	3	1.1	\$1,626.45	0.00	1,626.45	0.1
Gas / Fumes	3	1.1	\$1,606.08	0.00	1,606.08	0.1
Cabinet	1	0.4	\$1,563.93	0.00	1,563.93	0.1
Animal / insect, not otherwise class	1	0.4	\$47.82	1,202.18	1,250.00	0.1
Cleaning Products	2	0.7	\$1,020.09	229.91	1,250.00	0.1
Hot/Cold Object, Liquid, Substance	1	0.4	\$18.82	1,231.18	1,250.00	0.1
Organic Material	1	0.4	\$0.00	1,250.00	1,250.00	0.1
Radiation / X-Ray	1	0.4	\$0.00	1,250.00	1,250.00	0.1
Razor blade	1	0.4	\$0.00	1,250.00	1,250.00	0.1
Sharp objects, not otherwise classif	3	1.1	\$1,098.72	151.28	1,250.00	0.1
Training \ Drills	1	0.4	\$985.98	264.02	1,250.00	0.1
Working Surface	1	0.4	\$18.82	1,231.18	1,250.00	0.1
Person	5	1.8	\$1,200.77	0.00	1,200.77	0.1
Stone / rock / brick	1	0.4	\$965.83	0.00	965.83	0.1
Wall	1	0.4	\$864.63	0.00	864.63	0.0
Baggage/Luggage	1	0.4	\$795.01	0.00	795.01	0.0
Pallet,Skid,Flat	1	0.4	\$601.97	0.00	601.97	0.0
Miscellaneous	1	0.4	\$540.98	0.00	540.98	0.0
Computer Work Station	1	0.4	\$484.67	0.00	484.67	0.0
Outside Surface	1	0.4	\$421.57	0.00	421.57	0.0
Gloves	1	0.4	\$323.66	0.00	323.66	0.0
Shelving	1	0.4	\$71.56	0.00	71.56	0.0
Electrical equipment	1	0.4	\$47.82	0.00	47.82	0.0
Elevators, escalators	2	0.7	\$37.64	0.00	37.64	0.0
Ergonomic Conditions	2	0.7	\$31.50	0.00	31.50	0.0
Food	1	0.4	\$18.82	0.00	18.82	0.0
Stairs	4	1.5	\$18.82	0.00	18.82	0.0
Steam / exhaust	1	0.4	\$18.82	0.00	18.82	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Wheel Balancer	1	0.4	\$18.82	0.00	18.82	0.0
Bacteria	1	0.4	\$0.00	0.00	0.00	0.0
Electricity	1	0.4	\$0.00	0.00	0.00	0.0
Office equipment	2	0.7	\$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.4	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	

### ACCIDENT TYPE

Lifting	40	14.7	241,507.52	335,408.35	576,915.87	30.6
Struck or Injury By, NOC	9	3.3	111,086.91	152,594.00	263,680.91	14.0
Fall On the Same Level	22	8.1	70,733.46	180,775.30	251,508.76	13.3
Struck/Injured By Fellow Worker, P	27	9.9	34,776.94	110,031.67	144,808.61	7.7
Strike Against/Step On Stationary C	6	2.2	27,808.60	78,239.65	106,048.25	5.6
Fall/Slip From Liquid or Grease Spi	9	3.3	33,830.29	58,580.94	92,411.23	4.9
Fall/Slip on Ice or Snow	3	1.1	23,382.84	61,697.84	85,080.68	4.5
Collision with Another Vehicle	1	0.4	5,996.96	57,166.86	63,163.82	3.3
Fall/Slip From a Different Level	5	1.8	550.93	45,439.62	45,990.55	2.4
Pushing or Pulling	12	4.4	30,446.55	14,242.53	44,689.08	2.4
Fall, Slip or Trip, NOC	23	8.4	24,348.80	18,013.89	42,362.69	2.2
Twisting	7	2.6	20,844.65	19,596.00	40,440.65	2.1
Holding or Carrying	4	1.5	1,215.61	28,797.68	30,013.29	1.6
Struck/Injured By Object Being Lift	4	1.5	8,142.80	21,208.40	29,351.20	1.6
Striking Against or Stepping On, NC	3	1.1	3,178.53	15,268.38	18,446.91	1.0
Absorption, Ingestion or Inhalation	31	11.4	8,797.21	2,651.28	11,448.49	0.6
Hand Tool, Utensil; Not Powered	16	5.9	5,337.45	5,151.28	10,488.73	0.6
Cut, Punctured, Scraped, NOC	3	1.1	3,253.26	1,250.00	4,503.26	0.2
Other Injury NEC	4	1.5	1,781.45	2,500.00	4,281.45	0.2
Fall/Slip on Stairs	5	1.8	4,102.80	0.00	4,102.80	0.2
Other than Physical Cause of Injury	2	0.7	3,404.56	0.00	3,404.56	0.2
Struck/Injured By Moving Parts of M	3	1.1	3,016.43	0.00	3,016.43	0.2
Caught In/Between-Machine or Ma	3	1.1	1,275.45	858.00	2,133.45	0.1
Reaching	2	0.7	1,730.67	0.00	1,730.67	0.1
Collision with a Fixed Object	2	0.7	18.82	1,250.00	1,268.82	0.1
Burn or Scald-Chemicals	1	0.4	1,020.09	229.91	1,250.00	0.1
Jumping	2	0.7	985.98	264.02	1,250.00	0.1
Struck/Injured By Animal or Insect	1	0.4	47.82	1,202.18	1,250.00	0.1
Struck/Injured By Falling or Flying C	4	1.5	1,169.79	0.00	1,169.79	0.1
Strike Against Moving Parts of Mac	1	0.4	352.03	0.00	352.03	0.0
Stepping on Sharp Object	1	0.4	244.22	0.00	244.22	0.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Motor Vehicle	1	0.4	65.76	0.00	65.76	0.0
Contact with Electrical Current	2	0.7	47.82	0.00	47.82	0.0
Repetitive Motion (after 7/1/94)	2	0.7	37.64	0.00	37.64	0.0
Caught In, Under or Between, NOC	2	0.7	18.82	0.00	18.82	0.0
Contact With Not Otherwise Classif	2	0.7	18.82	0.00	18.82	0.0
Fire or Flame	1	0.4	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	0.7	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	2	0.7	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Mac	1	0.4	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled E	1	0.4	0.00	0.00	0.00	0.0
Vehicle Upset	1	0.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	

#### BODY PART

Multiple Body Parts Multiple Body	55	20.1	255,252.92	473,140.99	728,393.91	38.6
Trunk Low Back Area (Incl. Lumba	39	14.3	117,111.32	189,142.16	306,253.48	16.2
Upper Extremities Shoulder(s)	9	3.3	132,759.46	145,455.35	278,214.81	14.7
Upper Extremities Hand	18	6.6	34,743.57	64,598.95	99,342.52	5.3
Trunk Buttocks	5	1.8	12,842.57	64,684.69	77,527.26	4.1
Lower Extremities Knee	19	7.0	15,342.48	44,218.58	59,561.06	3.2
Upper Extremities Thumb	3	1.1	9,144.82	38,071.56	47,216.38	2.5
Head Facial Bones	2	0.7	6,027.92	40,690.90	46,718.82	2.5
Upper Extremities Finger(s)	22	8.1	9,721.66	31,308.55	41,030.21	2.2
Lower Extremities Ankle	6	2.2	4,981.93	34,396.00	39,377.93	2.1
Lower Extremities Foot	12	4.4	8,660.94	21,208.40	29,869.34	1.6
Head Skull	2	0.7	937.58	24,664.07	25,601.65	1.4
Trunk Internal Organs	1	0.4	24,591.49	0.00	24,591.49	1.3
Trunk Multiple Trunk	2	0.7	6,286.55	15,268.38	21,554.93	1.1
Upper Extremities Upper Arm (Incl	5	1.8	1,919.41	17,603.37	19,522.78	1.0
Head Eye(s)	11	4.0	7,475.77	1,631.19	9,106.96	0.5
Upper Extremities Wrist	5	1.8	7,827.23	1,250.00	9,077.23	0.5
Multiple Body Parts No Physical In	5	1.8	3,471.20	2,433.36	5,904.56	0.3
Trunk Lung(s)	14	5.1	3,867.82	0.00	3,867.82	0.2
Neck Multiple Neck Injury	4	1.5	2,957.56	0.00	2,957.56	0.2
Lower Extremities Lower Leg	5	1.8	1,560.99	1,250.00	2,810.99	0.1
Head Multiple Head Injury	8	2.9	2,350.81	0.00	2,350.81	0.1
Trunk Disc (Back)	1	0.4	1,356.58	0.00	1,356.58	0.1
Multiple Body Parts Insufficient Inf	1	0.4	0.00	1,250.00	1,250.00	0.1
Upper Extremities Wrist(s) and Ha	1	0.4	1,098.72	151.28	1,250.00	0.1

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Hip	4	1.5	864.15	0.00	864.15	0.0
Trunk Upper Back Area (Thoracic	1	0.4	384.23	0.00	384.23	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	0.4	370.85	0.00	370.85	0.0
Trunk Abdomen Including Groin	1	0.4	352.03	0.00	352.03	0.0
Lower Extremities Upper Leg	2	0.7	245.75	0.00	245.75	0.0
Upper Extremities Elbow	2	0.7	69.97	0.00	69.97	0.0
Head Nose	1	0.4	0.00	0.00	0.00	0.0
Head Other facial soft tissue	2	0.7	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	0.4	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems	1	0.4	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	2	0.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	

#### INJURY

Strain	89	32.6	362,507.17	568,097.08	930,604.25	49.3
Contusion (Bruise, Skin Surface)	49	17.9	62,985.62	232,532.42	295,518.04	15.7
Multiple Injury Inc. Physical & Psycl	1	0.4	101,351.29	114,522.44	215,873.73	11.4
Crushing	18	6.6	51,872.82	133,760.72	185,633.54	9.8
Multiple Physical Injury Only	11	4.0	9,813.76	92,719.56	102,533.32	5.4
Sprain	14	5.1	47,788.11	54,430.55	102,218.66	5.4
Laceration	18	6.6	12,993.52	4,608.00	17,601.52	0.9
No Physical Injury	12	4.4	6,379.35	4,983.36	11,362.71	0.6
Poisoning - Chemical (Other than M	14	5.1	3,986.09	229.91	4,216.00	0.2
Fracture	3	1.1	4,153.95	0.00	4,153.95	0.2
Contagious Disease	12	4.4	2,504.95	1,401.28	3,906.23	0.2
Puncture	9	3.3	1,098.72	2,651.28	3,750.00	0.2
Inflammation	5	1.8	1,061.55	2,481.18	3,542.73	0.2
Concussion (Brain, Cerebral)	7	2.6	2,364.82	0.00	2,364.82	0.1
Respiratory Disorders(Gases,Fume	2	0.7	1,606.08	0.00	1,606.08	0.1
Burn	2	0.7	1,332.70	0.00	1,332.70	0.1
Foreign Body (Eye)	1	0.4	406.30	0.00	406.30	0.0
Dermatitis	1	0.4	323.66	0.00	323.66	0.0
Electric Shock	3	1.1	47.82	0.00	47.82	0.0
All Other Occupational Disease	1	0.4	0.00	0.00	0.00	0.0
All Other (Specific) Injuries, NOC	1	0.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>273</b>		<b>\$674,578.28</b>	<b>\$1,212,417.78</b>	<b>\$1,886,996.06</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>211 - VA MILITARY INSTITUTE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	7	26.9	11,196.69	67,244.56	78,441.25	62.3
8PM - 9:59PM	2	7.7	6,381.63	26,178.07	32,559.70	25.8
8AM - 9:59AM	3	11.5	12,617.38	0.00	12,617.38	10.0
6AM - 7:59AM	6	23.1	903.93	1,231.18	2,135.11	1.7
12PM - 1:59PM	6	23.1	113.92	0.00	113.92	0.1
2PM - 3:59PM	2	7.7	110.12	0.00	110.12	0.1
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	
<b>LENGTH OF SERVICE</b>						
38 - 40	1	3.8	\$11,108.14	67,244.56	78,352.70	62.2
2 - 4	5	19.2	\$6,423.89	27,409.25	33,833.14	26.9
0 - 2	10	38.5	\$10,667.25	0.00	10,667.25	8.5
14 - 16	1	3.8	\$1,976.62	0.00	1,976.62	1.6
4 - 6	2	7.7	\$730.21	0.00	730.21	0.6
12 - 14	2	7.7	\$241.59	0.00	241.59	0.2
6 - 8	1	3.8	\$110.12	0.00	110.12	0.1
8 - 10	1	3.8	\$41.78	0.00	41.78	0.0
16 - 18	2	7.7	\$24.07	0.00	24.07	0.0
40 - 42	1	3.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	
<b>Age of Claimant</b>						
60 - 64	6	23.1	\$11,255.90	68,475.74	79,731.64	63.3
65 - 69	1	3.8	\$6,340.59	26,178.07	32,518.66	25.8
25 - 29	5	19.2	\$10,580.11	0.00	10,580.11	8.4
45 - 49	2	7.7	\$1,976.62	0.00	1,976.62	1.6
30 - 34	2	7.7	\$775.87	0.00	775.87	0.6
40 - 44	2	7.7	\$221.59	0.00	221.59	0.2
55 - 59	2	7.7	\$68.32	0.00	68.32	0.1
35 - 39	1	3.8	\$41.78	0.00	41.78	0.0
75 - 79	1	3.8	\$24.07	0.00	24.07	0.0
50 - 54	1	3.8	\$20.00	0.00	20.00	0.0
15 - 19	2	7.7	\$18.82	0.00	18.82	0.0
20 - 24	1	3.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	11	42.3	\$21,987.50	67,244.56	89,232.06	70.8
Female	15	57.7	\$9,336.17	27,409.25	36,745.42	29.2
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	3.8	\$11,108.14	67,244.56	78,352.70	62.2
Platforms	1	3.8	\$6,340.59	26,178.07	32,518.66	25.8
Furniture / fixtures	4	15.4	\$10,548.11	0.00	10,548.11	8.4
Environmental conditions	3	11.5	\$2,775.15	0.00	2,775.15	2.2
Walking surface, inside, dry	1	3.8	\$18.82	1,231.18	1,250.00	1.0
Object on Floor	1	3.8	\$221.59	0.00	221.59	0.2
Floor	1	3.8	\$67.76	0.00	67.76	0.1
Machine, not otherwise classified	2	7.7	\$65.66	0.00	65.66	0.1
Knife, NOC	1	3.8	\$52.14	0.00	52.14	0.0
Chemicals, not otherwise classified	1	3.8	\$41.78	0.00	41.78	0.0
Patient / Inmate	1	3.8	\$41.04	0.00	41.04	0.0
Stairs, steps	1	3.8	\$24.07	0.00	24.07	0.0
Poisonous agent / plant	1	3.8	\$18.82	0.00	18.82	0.0
Animal / insect, not otherwise class	1	3.8	\$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.8	\$0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	3.8	\$0.00	0.00	0.00	0.0
Outside Surface	1	3.8	\$0.00	0.00	0.00	0.0
Pipe	1	3.8	\$0.00	0.00	0.00	0.0
Sprayer	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
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	
<b>ACCIDENT TYPE</b>						
Lifting	2	7.7	11,329.73	67,244.56	78,574.29	62.4
Fall/Slip on Stairs	3	11.5	8,341.28	26,178.07	34,519.35	27.4
Caught In, Under or Between, NOC	3	11.5	10,529.29	0.00	10,529.29	8.4
Strain or Injury By, NOC	1	3.8	18.82	1,231.18	1,250.00	1.0
Fall/Slip on Ice or Snow	1	3.8	730.21	0.00	730.21	0.6
Absorption, Ingestion or Inhalation	2	7.7	109.36	0.00	109.36	0.1
Striking Against or Stepping On, NC	4	15.4	84.48	0.00	84.48	0.1
Fall On the Same Level	2	7.7	67.76	0.00	67.76	0.1
Hand Tool, Utensil; Not Powered	1	3.8	52.14	0.00	52.14	0.0
Dust, Gases, Fumes or Vapors	1	3.8	41.78	0.00	41.78	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	1	3.8	18.82	0.00	18.82	0.0
Cut, Punctured, Scraped, NOC	1	3.8	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	3.8	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Mac	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

### BODY PART

Upper Extremities Shoulder(s)	1	3.8	11,108.14	67,244.56	78,352.70	62.2
Lower Extremities Foot	1	3.8	6,340.59	26,178.07	32,518.66	25.8
Multiple Body Parts Multiple Body	5	19.2	12,447.93	0.00	12,447.93	9.9
Lower Extremities Knee	2	7.7	18.82	1,231.18	1,250.00	1.0
Upper Extremities Lower Arm	1	3.8	730.21	0.00	730.21	0.6
Trunk Low Back Area (Incl. Lumba	1	3.8	221.59	0.00	221.59	0.2
Upper Extremities Thumb	1	3.8	110.12	0.00	110.12	0.1
Multiple Body Parts Whole Body	1	3.8	68.32	0.00	68.32	0.1
Head Multiple Head Injury	1	3.8	67.76	0.00	67.76	0.1
Neck Soft Tissue-Neck	1	3.8	45.66	0.00	45.66	0.0
Trunk Lung(s)	1	3.8	41.78	0.00	41.78	0.0
Multiple Body Parts No Physical In	1	3.8	41.04	0.00	41.04	0.0
Upper Extremities Wrist	1	3.8	24.07	0.00	24.07	0.0
Upper Extremities Hand	3	11.5	20.00	0.00	20.00	0.0
Head Brain	1	3.8	18.82	0.00	18.82	0.0
Head Other facial soft tissue	1	3.8	18.82	0.00	18.82	0.0
Lower Extremities Ankle	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

### INJURY

Strain	3	11.5	11,348.55	68,475.74	79,824.29	63.4
Fracture	1	3.8	6,340.59	26,178.07	32,518.66	25.8
Contusion (Bruise, Skin Surface)	8	30.8	12,525.91	0.00	12,525.91	9.9
Sprain	4	15.4	799.94	0.00	799.94	0.6
Poisoning-General (Not OD or Curr	2	7.7	87.14	0.00	87.14	0.1
Puncture	4	15.4	70.96	0.00	70.96	0.1
All Other (Specific) Injuries, NOC	1	3.8	67.76	0.00	67.76	0.1
Poisoning - Chemical (Other than M	1	3.8	41.78	0.00	41.78	0.0
Contagious Disease	1	3.8	41.04	0.00	41.04	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report



Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>212 - Virginia State University</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
2PM - 3:59PM	3	37.5	9,927.41	73,035.65	82,963.06	2.7
8AM - 9:59AM	3	37.5	11,590.29	54,155.09	65,745.38	2.1
6PM - 7:59PM	1	12.5	509.63	0.00	509.63	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	12.5	\$555,929.52	2,357,400.95	2,913,330.47	95.1
2 - 4	1	12.5	\$9,927.41	73,035.65	82,963.06	2.7
0 - 2	3	37.5	\$9,654.40	54,155.09	63,809.49	2.1
22 - 24	1	12.5	\$1,935.89	0.00	1,935.89	0.1
10 - 12	1	12.5	\$509.63	0.00	509.63	0.0
16 - 18	1	12.5	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>Age of Claimant</b>						
35 - 39	1	12.5	\$555,929.52	2,357,400.95	2,913,330.47	95.1
40 - 44	2	25.0	\$9,927.41	73,035.65	82,963.06	2.7
25 - 29	1	12.5	\$9,654.40	54,155.09	63,809.49	2.1
65 - 69	2	25.0	\$2,445.52	0.00	2,445.52	0.1
45 - 49	2	25.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	62.5	\$568,302.45	2,430,436.60	2,998,739.05	97.9
Female	3	37.5	\$9,654.40	54,155.09	63,809.49	2.1
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>LOSS CAUSE</b>						
Gun / gunshot	1	12.5	\$555,929.52	2,357,400.95	2,913,330.47	95.1
Vehicle/car/truck	1	12.5	\$9,927.41	73,035.65	82,963.06	2.7
Training \ Drills	1	12.5	\$9,654.40	54,155.09	63,809.49	2.1
Floor	1	12.5	\$1,935.89	0.00	1,935.89	0.1
Person	1	12.5	\$509.63	0.00	509.63	0.0
Chair	1	12.5	\$0.00	0.00	0.00	0.0
Patient / Inmate	1	12.5	\$0.00	0.00	0.00	0.0
Work surface	1	12.5	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Gunshot	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
Fall/Slip From a Different Level	2	25.0	9,927.41	73,035.65	82,963.06	2.7
Struck/Injured By Fellow Worker, P	1	12.5	9,654.40	54,155.09	63,809.49	2.1
Fall On the Same Level	2	25.0	1,935.89	0.00	1,935.89	0.1
Fall, Slip or Trip, NOC	2	25.0	509.63	0.00	509.63	0.0
<b>Sum:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	5	62.5	556,439.15	2,357,400.95	2,913,840.10	95.1
Upper Extremities Wrist(s) and Hand	1	12.5	9,927.41	73,035.65	82,963.06	2.7
Lower Extremities Knee	1	12.5	9,654.40	54,155.09	63,809.49	2.1
Lower Extremities Hip	1	12.5	1,935.89	0.00	1,935.89	0.1
<b>Sum:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	4	50.0	556,439.15	2,357,400.95	2,913,840.10	95.1
Fracture	1	12.5	9,927.41	73,035.65	82,963.06	2.7
Multiple Physical Injury Only	2	25.0	11,590.29	54,155.09	65,745.38	2.1
Burn	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>213 - NORFOLK STATE UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	5	23.8	1,427.86	165,375.98	166,803.84	89.0
4AM - 5:59AM	1	4.8	7,588.88	1,361.43	8,950.31	4.8
2PM - 3:59PM	4	19.0	1,437.31	5,350.00	6,787.31	3.6
4PM - 5:59PM	3	14.3	736.08	1,231.18	1,967.26	1.0
12PM - 1:59PM	1	4.8	792.51	326.31	1,118.82	0.6
6PM - 7:59PM	4	19.0	164.23	677.00	841.23	0.4
10AM - 11:59AM	1	4.8	473.12	0.00	473.12	0.3
6AM - 7:59AM	1	4.8	420.98	0.00	420.98	0.2
8PM - 9:59PM	1	4.8	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	6	28.6	\$2,867.54	165,375.98	168,243.52	89.8
4 - 6	3	14.3	\$8,017.53	1,361.43	9,378.96	5.0
6 - 8	9	42.9	\$1,682.78	5,103.31	6,786.09	3.6
10 - 12	1	4.8	\$18.82	1,231.18	1,250.00	0.7
32 - 34	1	4.8	\$0.00	1,250.00	1,250.00	0.7
20 - 22	1	4.8	\$473.12	0.00	473.12	0.3
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>Age of Claimant</b>						
35 - 39	2	9.5	\$1,440.81	165,375.98	166,816.79	89.0
65 - 69	3	14.3	\$8,064.35	1,361.43	9,425.78	5.0
55 - 59	4	19.0	\$1,232.31	5,676.31	6,908.62	3.7
75 - 79	1	4.8	\$18.82	1,231.18	1,250.00	0.7
60 - 64	4	19.0	\$539.94	677.00	1,216.94	0.6
25 - 29	1	4.8	\$1,119.30	0.00	1,119.30	0.6
50 - 54	5	23.8	\$345.07	0.00	345.07	0.2
70 - 74	1	4.8	\$299.19	0.00	299.19	0.2
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>SEX OF CLAIMANT</b>						
Male	10	47.6	\$2,587.37	167,302.98	169,890.35	90.7
Female	11	52.4	\$10,472.42	7,018.92	17,491.34	9.3
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	9.5	\$1,381.04	165,375.98	166,757.02	89.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Uneven Surface	1	4.8	\$7,588.88	1,361.43	8,950.31	4.8
Chair	1	4.8	\$18.82	4,100.00	4,118.82	2.2
Furniture / fixtures	4	19.0	\$539.94	1,927.00	2,466.94	1.3
Floor	3	14.3	\$1,232.31	326.31	1,558.62	0.8
Object on Floor	1	4.8	\$18.82	1,231.18	1,250.00	0.7
Person	1	4.8	\$1,119.30	0.00	1,119.30	0.6
Overhead Object	1	4.8	\$428.65	0.00	428.65	0.2
Cleaning Products	1	4.8	\$299.19	0.00	299.19	0.2
Door	3	14.3	\$288.61	0.00	288.61	0.2
Walking surface, inside, dry	1	4.8	\$78.59	0.00	78.59	0.0
Trash receptacle	1	4.8	\$46.82	0.00	46.82	0.0
Walking surface, inside, wet	1	4.8	\$18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

### ACCIDENT TYPE

Fall On the Same Level	10	47.6	11,405.99	168,294.90	179,700.89	95.9
Fall/Slip From a Different Level	2	9.5	18.82	4,100.00	4,118.82	2.2
Strain or Injury By, NOC	3	14.3	618.53	677.00	1,295.53	0.7
Twisting	1	4.8	0.00	1,250.00	1,250.00	0.7
Struck/Injured By Falling or Flying C	1	4.8	428.65	0.00	428.65	0.2
Absorption, Ingestion or Inhalation	1	4.8	299.19	0.00	299.19	0.2
Struck/Injured By Object Being Lifted	1	4.8	288.61	0.00	288.61	0.2
Caught In/Between-Object Handled	1	4.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

### BODY PART

Upper Extremities Shoulder(s)	4	19.0	1,447.86	167,284.16	168,732.02	90.0
Multiple Body Parts Multiple Body	6	28.6	9,320.80	5,787.74	15,108.54	8.1
Trunk Lumbar and/or Sacral Vertel	1	4.8	0.00	1,250.00	1,250.00	0.7
Trunk Low Back Area (Incl. Lumba	1	4.8	1,119.30	0.00	1,119.30	0.6
Upper Extremities Elbow	1	4.8	420.98	0.00	420.98	0.2
Head Eye(s)	1	4.8	299.19	0.00	299.19	0.2
Upper Extremities Finger(s)	1	4.8	288.61	0.00	288.61	0.2
Lower Extremities Foot	1	4.8	78.59	0.00	78.59	0.0
Head Brain	1	4.8	46.82	0.00	46.82	0.0
Lower Extremities Ankle	1	4.8	18.82	0.00	18.82	0.0
Lower Extremities Knee	1	4.8	18.82	0.00	18.82	0.0
Head Multiple Head Injury	1	4.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Hand	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	4.8	1,362.22	165,375.98	166,738.20	89.0
Contusion (Bruise, Skin Surface)	3	14.3	7,607.70	1,361.43	8,969.13	4.8
Sprain	9	42.9	1,821.66	5,657.49	7,479.15	4.0
Strain	4	19.0	1,614.77	1,927.00	3,541.77	1.9
Poisoning - Chemical (Other than M	1	4.8	299.19	0.00	299.19	0.2
Crushing	1	4.8	288.61	0.00	288.61	0.2
Multiple Injury Inc. Physical & Psycl	1	4.8	46.82	0.00	46.82	0.0
Dislocation	1	4.8	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>214 - Longwood University</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	9.1	1,202.12	3,616.70	4,818.82	27.2
10AM - 11:59AM	2	18.2	3,647.17	0.00	3,647.17	20.6
4PM - 5:59PM	2	18.2	48.51	3,289.13	3,337.64	18.8
2PM - 3:59PM	3	27.3	3,124.06	0.00	3,124.06	17.6
8AM - 9:59AM	2	18.2	2,814.00	0.00	2,814.00	15.9
6PM - 7:59PM	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	18.2	\$4,830.47	3,616.70	8,447.17	47.6
14 - 16	2	18.2	\$3,792.00	0.00	3,792.00	21.4
10 - 12	1	9.1	\$29.69	3,289.13	3,318.82	18.7
22 - 24	1	9.1	\$2,127.24	0.00	2,127.24	12.0
4 - 6	1	9.1	\$18.82	0.00	18.82	0.1
6 - 8	2	18.2	\$18.82	0.00	18.82	0.1
20 - 22	1	9.1	\$18.82	0.00	18.82	0.1
16 - 18	1	9.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>Age of Claimant</b>						
35 - 39	1	9.1	\$1,202.12	3,616.70	4,818.82	27.2
60 - 64	3	27.3	\$3,810.82	0.00	3,810.82	21.5
25 - 29	1	9.1	\$3,628.35	0.00	3,628.35	20.5
45 - 49	1	9.1	\$29.69	3,289.13	3,318.82	18.7
50 - 54	1	9.1	\$2,127.24	0.00	2,127.24	12.0
55 - 59	4	36.4	\$37.64	0.00	37.64	0.2
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	54.5	\$6,800.92	3,289.13	10,090.05	56.9
Female	5	45.5	\$4,034.94	3,616.70	7,651.64	43.1
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	4	36.4	\$1,907.70	3,616.70	5,524.40	31.1
Recreational equipment	1	9.1	\$3,628.35	0.00	3,628.35	20.5
Person	1	9.1	\$29.69	3,289.13	3,318.82	18.7
Overhead Object	1	9.1	\$3,105.24	0.00	3,105.24	17.5

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Stairs	2	18.2	\$2,146.06	0.00	2,146.06	12.1
Outside Surface	1	9.1	\$18.82	0.00	18.82	0.1
Cleaning Products	1	9.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

**ACCIDENT TYPE**

Twisting	1	9.1	1,202.12	3,616.70	4,818.82	27.2
Struck/Injured By Object Being Lifted	1	9.1	3,628.35	0.00	3,628.35	20.5
Struck or Injury By, NOC	1	9.1	29.69	3,289.13	3,318.82	18.7
Other Injury NEC	1	9.1	3,105.24	0.00	3,105.24	17.5
Fall/Slip on Stairs	2	18.2	2,146.06	0.00	2,146.06	12.1
Fall/Slip into Openings	2	18.2	705.58	0.00	705.58	4.0
Fall, Slip or Trip, NOC	1	9.1	18.82	0.00	18.82	0.1
Burn or Scald-Chemicals	1	9.1	0.00	0.00	0.00	0.0
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

**BODY PART**

Multiple Body Parts Multiple Body	5	45.5	5,012.94	3,616.70	8,629.64	48.6
Upper Extremities Finger(s)	1	9.1	3,628.35	0.00	3,628.35	20.5
Lower Extremities Knee	2	18.2	48.51	3,289.13	3,337.64	18.8
Lower Extremities Ankle	1	9.1	2,127.24	0.00	2,127.24	12.0
Head Other facial soft tissue	1	9.1	18.82	0.00	18.82	0.1
Upper Extremities Upper Arm (Incl	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

**INJURY**

Sprain	3	27.3	6,957.71	3,616.70	10,574.41	59.6
Contusion (Bruise, Skin Surface)	6	54.5	772.91	3,289.13	4,062.04	22.9
All Other (Specific) Injuries, NOC	1	9.1	3,105.24	0.00	3,105.24	17.5
Burn	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>215 - University of Mary Washington</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	4	33.3	131.14	1,231.18	1,362.32	43.0
8AM - 9:59AM	2	16.7	933.83	0.00	933.83	29.5
2PM - 3:59PM	1	8.3	373.14	0.00	373.14	11.8
12PM - 1:59PM	3	25.0	306.92	0.00	306.92	9.7
6PM - 7:59PM	1	8.3	192.34	0.00	192.34	6.1
6AM - 7:59AM	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	25.0	\$18.82	1,231.18	1,250.00	39.5
16 - 18	1	8.3	\$915.01	0.00	915.01	28.9
0 - 2	4	33.3	\$584.30	0.00	584.30	18.4
2 - 4	1	8.3	\$306.92	0.00	306.92	9.7
34 - 36	1	8.3	\$112.32	0.00	112.32	3.5
8 - 10	1	8.3	\$0.00	0.00	0.00	0.0
14 - 16	1	8.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>Age of Claimant</b>						
25 - 29	1	8.3	\$18.82	1,231.18	1,250.00	39.5
55 - 59	3	25.0	\$1,027.33	0.00	1,027.33	32.4
20 - 24	3	25.0	\$565.48	0.00	565.48	17.8
50 - 54	1	8.3	\$306.92	0.00	306.92	9.7
60 - 64	3	25.0	\$18.82	0.00	18.82	0.6
40 - 44	1	8.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>SEX OF CLAIMANT</b>						
Female	8	66.7	\$1,611.63	0.00	1,611.63	50.9
Male	4	33.3	\$325.74	1,231.18	1,556.92	49.1
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	8.3	\$18.82	1,231.18	1,250.00	39.5
Outside Surface	1	8.3	\$915.01	0.00	915.01	28.9
Furniture / fixtures	2	16.7	\$565.48	0.00	565.48	17.8
Battery	1	8.3	\$306.92	0.00	306.92	9.7
Stairs, steps	2	16.7	\$131.14	0.00	131.14	4.1

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chair	1	8.3	\$0.00	0.00	0.00	0.0
Cleaning Products	1	8.3	\$0.00	0.00	0.00	0.0
Poisonous agent / plant	1	8.3	\$0.00	0.00	0.00	0.0
Stairs	1	8.3	\$0.00	0.00	0.00	0.0
Window frame	1	8.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

**ACCIDENT TYPE**

Fall, Slip or Trip, NOC	2	16.7	18.82	1,231.18	1,250.00	39.5
Fall/Slip on Ice or Snow	2	16.7	1,027.33	0.00	1,027.33	32.4
Struck/Injured By Object Being Lifted	1	8.3	373.14	0.00	373.14	11.8
Lifting	1	8.3	306.92	0.00	306.92	9.7
Struck or Injury By, NOC	3	25.0	192.34	0.00	192.34	6.1
Fall/Slip on Stairs	2	16.7	18.82	0.00	18.82	0.6
Other Injury NEC	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

**BODY PART**

Lower Extremities Ankle	2	16.7	18.82	1,231.18	1,250.00	39.5
Multiple Body Parts Multiple Body	2	16.7	1,027.33	0.00	1,027.33	32.4
Lower Extremities Foot	1	8.3	373.14	0.00	373.14	11.8
Upper Extremities Elbow	2	16.7	306.92	0.00	306.92	9.7
Lower Extremities Toe(s)	1	8.3	192.34	0.00	192.34	6.1
Upper Extremities Multiple Upper E	1	8.3	18.82	0.00	18.82	0.6
Head Other facial soft tissue	2	16.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

**INJURY**

Fracture	2	16.7	211.16	1,231.18	1,442.34	45.5
Multiple Physical Injury Only	2	16.7	933.83	0.00	933.83	29.5
Contusion (Bruise, Skin Surface)	2	16.7	373.14	0.00	373.14	11.8
Sprain	1	8.3	306.92	0.00	306.92	9.7
Inflammation	1	8.3	112.32	0.00	112.32	3.5
All Other (Specific) Injuries, NOC	1	8.3	0.00	0.00	0.00	0.0
Dermatitis	1	8.3	0.00	0.00	0.00	0.0
Strain	2	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>216 - JAMES MADISON UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	16	14.5	76,695.10	58,134.48	134,829.58	67.0
8AM - 9:59AM	27	24.5	7,075.68	6,103.33	13,179.01	6.5
10AM - 11:59AM	17	15.5	6,610.09	4,311.96	10,922.05	5.4
6PM - 7:59PM	2	1.8	1,873.81	7,100.11	8,973.92	4.5
12PM - 1:59PM	18	16.4	6,220.58	2,437.37	8,657.95	4.3
2PM - 3:59PM	13	11.8	6,206.47	1,809.80	8,016.27	4.0
4PM - 5:59PM	3	2.7	5,991.59	0.00	5,991.59	3.0
2AM - 3:59AM	2	1.8	4,688.84	0.00	4,688.84	2.3
12AM - 1:59AM	4	3.6	3,107.43	0.00	3,107.43	1.5
10PM - 11:59PM	3	2.7	284.18	1,250.00	1,534.18	0.8
8PM - 9:59PM	3	2.7	66.37	1,231.18	1,297.55	0.6
4AM - 5:59AM	2	1.8	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	7	6.4	\$47,613.18	35,591.10	83,204.28	41.4
0 - 2	54	49.1	\$26,251.36	36,495.60	62,746.96	31.2
18 - 20	2	1.8	\$25,885.48	0.00	25,885.48	12.9
4 - 6	12	10.9	\$7,970.76	4,748.39	12,719.15	6.3
6 - 8	4	3.6	\$4,577.44	0.00	4,577.44	2.3
2 - 4	13	11.8	\$1,936.24	1,830.78	3,767.02	1.9
24 - 26	3	2.7	\$745.24	1,231.18	1,976.42	1.0
16 - 18	3	2.7	\$1,510.70	0.00	1,510.70	0.8
20 - 22	1	0.9	\$18.82	1,231.18	1,250.00	0.6
36 - 38	1	0.9	\$0.00	1,250.00	1,250.00	0.6
28 - 30	1	0.9	\$1,235.05	0.00	1,235.05	0.6
8 - 10	2	1.8	\$628.76	0.00	628.76	0.3
12 - 14	5	4.5	\$447.11	0.00	447.11	0.2
14 - 16	1	0.9	\$18.82	0.00	18.82	0.0
22 - 24	1	0.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>Age of Claimant</b>						
60 - 64	13	11.8	\$50,300.08	36,432.68	86,732.76	43.1
55 - 59	11	10.0	\$31,707.59	7,334.51	39,042.10	19.4
40 - 44	8	7.3	\$5,020.95	21,452.48	26,473.43	13.2



Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	18	16.4	\$15,812.84	8,350.11	24,162.95	12.0
70 - 74	5	4.5	\$6,261.11	0.00	6,261.11	3.1
35 - 39	11	10.0	\$2,662.48	3,498.39	6,160.87	3.1
50 - 54	11	10.0	\$1,948.95	1,597.70	3,546.65	1.8
45 - 49	11	10.0	\$1,190.81	1,250.00	2,440.81	1.2
25 - 29	8	7.3	\$2,376.68	0.00	2,376.68	1.2
30 - 34	4	3.6	\$601.58	1,231.18	1,832.76	0.9
65 - 69	4	3.6	\$324.68	1,231.18	1,555.86	0.8
15 - 19	6	5.5	\$631.21	0.00	631.21	0.3
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>SEX OF CLAIMANT</b>						
Female	82	74.5	\$97,097.91	79,922.04	177,019.95	88.0
Male	28	25.5	\$21,741.05	2,456.19	24,197.24	12.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>LOSS CAUSE</b>						
Clothing / jewelry	1	0.9	\$46,835.86	33,699.60	80,535.46	40.0
J-hook	1	0.9	\$25,885.48	0.00	25,885.48	12.9
Scrap, Debris, Waste Material	1	0.9	\$2,066.34	21,452.48	23,518.82	11.7
Roller	1	0.9	\$1,408.71	7,100.11	8,508.82	4.2
Walking surface, inside, wet	4	3.6	\$1,764.32	4,559.53	6,323.85	3.1
Walking surface, inside, dry	2	1.8	\$5,991.59	0.00	5,991.59	3.0
Trash receptacle	2	1.8	\$4,688.84	0.00	4,688.84	2.3
Vehicle/car/truck	2	1.8	\$3,654.57	0.00	3,654.57	1.8
Roll bar	1	0.9	\$3,624.86	0.00	3,624.86	1.8
Floor	7	6.4	\$1,010.95	2,462.36	3,473.31	1.7
Overhead Object	3	2.7	\$3,453.51	0.00	3,453.51	1.7
Furniture / fixtures	7	6.4	\$485.74	2,751.90	3,237.64	1.6
Person	2	1.8	\$2,285.18	0.00	2,285.18	1.1
Hand tool, powered, NOC	2	1.8	\$2,229.26	0.00	2,229.26	1.1
Cleaning Products	5	4.5	\$658.71	1,231.18	1,889.89	0.9
Electrical equipment	4	3.6	\$1,311.54	482.40	1,793.94	0.9
Racks	1	0.9	\$1,510.70	0.00	1,510.70	0.8
Stairs	2	1.8	\$777.32	641.50	1,418.82	0.7
Boxes / containers	6	5.5	\$1,367.44	0.00	1,367.44	0.7
Chair	2	1.8	\$18.82	1,250.00	1,268.82	0.6
Ladder, 8' step	1	0.9	\$0.00	1,250.00	1,250.00	0.6
Ladder - Portable	1	0.9	\$0.00	1,250.00	1,250.00	0.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Machine, not otherwise classified	2	1.8	\$18.82	1,231.18	1,250.00	0.6
Stairs, steps	2	1.8	\$18.82	1,231.18	1,250.00	0.6
Wheelchair	1	0.9	\$43.81	1,206.19	1,250.00	0.6
Working Surface	2	1.8	\$1,235.05	0.00	1,235.05	0.6
Walking surface, outside, dry	3	2.7	\$950.81	0.00	950.81	0.5
Miscellaneous	1	0.9	\$240.20	578.62	818.82	0.4
Battery	1	0.9	\$583.66	0.00	583.66	0.3
Uneven Surface	1	0.9	\$515.24	0.00	515.24	0.3
Recreational equipment	2	1.8	\$512.65	0.00	512.65	0.3
Work surface	3	2.7	\$509.38	0.00	509.38	0.3
Lift	1	0.9	\$420.56	0.00	420.56	0.2
Chemicals, not otherwise classified	4	3.6	\$408.44	0.00	408.44	0.2
Needle stick	1	0.9	\$404.04	0.00	404.04	0.2
Metal items	1	0.9	\$338.61	0.00	338.61	0.2
Hand tool, not powered, NOC	2	1.8	\$320.58	0.00	320.58	0.2
Grinder	1	0.9	\$313.54	0.00	313.54	0.2
Animal / insect, not otherwise class	1	0.9	\$305.86	0.00	305.86	0.2
Platforms	1	0.9	\$284.18	0.00	284.18	0.1
Razor blade	1	0.9	\$260.00	0.00	260.00	0.1
Ground control unit/aerial	2	1.8	\$57.64	0.00	57.64	0.0
Food	1	0.9	\$29.69	0.00	29.69	0.0
N/A	1	0.9	\$18.82	0.00	18.82	0.0
Vehicle, not otherwise classified	1	0.9	\$18.82	0.00	18.82	0.0
Brush / tree / log	1	0.9	\$0.00	0.00	0.00	0.0
Cart	1	0.9	\$0.00	0.00	0.00	0.0
Door	3	2.7	\$0.00	0.00	0.00	0.0
Elevators, escalators	1	0.9	\$0.00	0.00	0.00	0.0
Environmental conditions	1	0.9	\$0.00	0.00	0.00	0.0
Fencing	1	0.9	\$0.00	0.00	0.00	0.0
Hose / hydair H2O	1	0.9	\$0.00	0.00	0.00	0.0
Ladder, 14' extension	1	0.9	\$0.00	0.00	0.00	0.0
Organic Material	1	0.9	\$0.00	0.00	0.00	0.0
Rope, cord	1	0.9	\$0.00	0.00	0.00	0.0
Step stool	1	0.9	\$0.00	0.00	0.00	0.0
Totes	1	0.9	\$0.00	0.00	0.00	0.0
Water	1	0.9	\$0.00	0.00	0.00	0.0
Wood Items	1	0.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Pushing or Pulling	3	2.7	46,835.86	34,949.60	81,785.46	40.6
Caught In/Between-Object Handle	3	2.7	25,885.48	0.00	25,885.48	12.9
Lifting	5	4.5	2,066.34	22,702.48	24,768.82	12.3
Twisting	5	4.5	9,905.18	1,809.80	11,714.98	5.8
Fall, Slip or Trip, NOC	1	0.9	1,408.71	7,100.11	8,508.82	4.2
Fall On the Same Level	14	12.7	2,158.58	5,443.01	7,601.59	3.8
Reaching	2	1.8	5,923.89	0.00	5,923.89	2.9
Caught In, Under or Between, NOC	2	1.8	4,811.82	0.00	4,811.82	2.4
Fall/Slip on Stairs	6	5.5	2,175.05	2,124.58	4,299.63	2.1
Natural Disasters	1	0.9	3,453.51	0.00	3,453.51	1.7
Object Being Lifted or Handled	6	5.5	1,330.36	1,713.58	3,043.94	1.5
Foreign Body in Eye	7	6.4	2,170.95	347.70	2,518.65	1.3
Struck/Injured By Falling or Flying C	5	4.5	0.00	2,500.00	2,500.00	1.2
Absorption, Ingestion or Inhalation	1	0.9	2,195.44	0.00	2,195.44	1.1
Collision with a Fixed Object	4	3.6	1,696.82	0.00	1,696.82	0.8
Slipped, Did Not Fall	2	1.8	1,549.52	0.00	1,549.52	0.8
Fall/Slip From Ladder or Scaffolding	2	1.8	0.00	1,250.00	1,250.00	0.6
Holding or Carrying	1	0.9	18.82	1,231.18	1,250.00	0.6
Radiation	1	0.9	43.81	1,206.19	1,250.00	0.6
Hand Tool, Utensil; Not Powered	4	3.6	1,089.96	0.00	1,089.96	0.5
Caught In/Between-Machine or Ma	2	1.8	1,042.30	0.00	1,042.30	0.5
Jumping	1	0.9	852.11	0.00	852.11	0.4
Strike Against/Step On Stationary C	4	3.6	474.33	0.00	474.33	0.2
Fall/Slip into Openings	1	0.9	420.56	0.00	420.56	0.2
Cut, Punctured, Scraped, NOC	1	0.9	404.04	0.00	404.04	0.2
Struck/Injured By Object Being Lifte	6	5.5	350.55	0.00	350.55	0.2
Struck/Injured By Animal or Insect	1	0.9	305.86	0.00	305.86	0.2
Contact With Not Otherwise Classif	1	0.9	93.22	0.00	93.22	0.0
Struck/Injured By Fellow Worker, P	1	0.9	89.74	0.00	89.74	0.0
Fall/Slip From a Different Level	4	3.6	37.64	0.00	37.64	0.0
Contact with Hot Object or Substan	1	0.9	29.69	0.00	29.69	0.0
Other than Physical Cause of Injury	1	0.9	18.82	0.00	18.82	0.0
Fall/Slip From Liquid or Grease Spi	3	2.7	0.00	0.00	0.00	0.0
Other Injury NEC	1	0.9	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	0.9	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.9	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	0.9	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
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 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Hand Tool or Mac	2	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	0.9	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	8	7.3	50,796.65	63,735.27	114,531.92	56.9
Upper Extremities Thumb	8	7.3	27,912.40	0.00	27,912.40	13.9
Lower Extremities Knee	10	9.1	6,593.17	1,231.18	7,824.35	3.9
Multiple Body Parts Multiple Body	12	10.9	5,767.20	1,206.19	6,973.39	3.5
Trunk Chest (Incl. Ribs, Sternum &	3	2.7	6,507.55	0.00	6,507.55	3.2
Lower Extremities Ankle	7	6.4	2,569.34	2,944.76	5,514.10	2.7
Trunk Low Back Area (Incl. Lumba	3	2.7	862.02	4,211.83	5,073.85	2.5
Head Other facial soft tissue	3	2.7	3,589.23	1,250.00	4,839.23	2.4
Upper Extremities Upper Arm (Incl	2	1.8	3,654.57	0.00	3,654.57	1.8
Lower Extremities Foot	4	3.6	284.18	2,500.00	2,784.18	1.4
Head Eye(s)	7	6.4	2,170.95	347.70	2,518.65	1.3
Upper Extremities Finger(s)	8	7.3	1,205.78	1,231.18	2,436.96	1.2
Head Mouth	1	0.9	2,195.44	0.00	2,195.44	1.1
Head Multiple Head Injury	3	2.7	1,261.24	641.50	1,902.74	0.9
Lower Extremities Multiple Lower E	2	1.8	0.00	1,250.00	1,250.00	0.6
Upper Extremities Multiple Upper E	1	0.9	0.00	1,250.00	1,250.00	0.6
Head Skull	7	6.4	886.25	0.00	886.25	0.4
Trunk Upper Back Area (Thoracic	1	0.9	240.20	578.62	818.82	0.4
Upper Extremities Lower Arm	3	2.7	782.19	0.00	782.19	0.4
Upper Extremities Wrist	1	0.9	515.24	0.00	515.24	0.3
Lower Extremities Lower Leg	3	2.7	459.38	0.00	459.38	0.2
Upper Extremities Hand	5	4.5	368.30	0.00	368.30	0.2
Head Brain	1	0.9	89.74	0.00	89.74	0.0
Lower Extremities Upper Leg	1	0.9	61.57	0.00	61.57	0.0
Head Nose	1	0.9	47.55	0.00	47.55	0.0
Trunk Heart	1	0.9	18.82	0.00	18.82	0.0
Lower Extremities Great Toe	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	0.9	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>INJURY</b>						

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	19	17.3	62,174.13	59,713.78	121,887.91	60.6
Contusion (Bruise, Skin Surface)	41	37.3	14,422.23	16,293.12	30,715.35	15.3
Dislocation	1	0.9	25,885.48	0.00	25,885.48	12.9
Sprain	10	9.1	3,686.16	4,175.94	7,862.10	3.9
Fracture	3	2.7	3,686.43	0.00	3,686.43	1.8
Contagious Disease	1	0.9	2,195.44	0.00	2,195.44	1.1
Laceration	12	10.9	1,438.02	0.00	1,438.02	0.7
Multiple Physical Injury Only	3	2.7	777.32	641.50	1,418.82	0.7
Multiple Injury Inc. Physical & Psycl	2	1.8	103.44	1,206.19	1,309.63	0.7
Poisoning - Chemical (Other than M	1	0.9	902.30	347.70	1,250.00	0.6
Inflammation	4	3.6	945.75	0.00	945.75	0.5
Concussion (Brain, Cerebral)	2	1.8	938.35	0.00	938.35	0.5
Foreign Body (Eye)	4	3.6	628.76	0.00	628.76	0.3
Infection	1	0.9	509.38	0.00	509.38	0.3
Puncture	1	0.9	404.04	0.00	404.04	0.2
Dermatitis	2	1.8	93.22	0.00	93.22	0.0
Burn	1	0.9	29.69	0.00	29.69	0.0
No Physical Injury	1	0.9	18.82	0.00	18.82	0.0
Crushing	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>217 - RADFORD UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	11.1	157,035.76	83,494.34	240,530.10	92.6
2PM - 3:59PM	6	33.3	8,821.89	2,683.19	11,505.08	4.4
10AM - 11:59AM	8	44.4	4,518.11	1,103.51	5,621.62	2.2
4PM - 5:59PM	1	5.6	650.00	1,350.00	2,000.00	0.8
4AM - 5:59AM	1	5.6	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	16.7	\$156,879.09	83,494.34	240,373.43	92.6
0 - 2	8	44.4	\$5,500.94	3,086.70	8,587.64	3.3
2 - 4	2	11.1	\$8,470.24	0.00	8,470.24	3.3
8 - 10	1	5.6	\$0.00	1,250.00	1,250.00	0.5
18 - 20	1	5.6	\$18.82	800.00	818.82	0.3
6 - 8	1	5.6	\$156.67	0.00	156.67	0.1
10 - 12	2	11.1	\$18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>Age of Claimant</b>						
50 - 54	2	11.1	\$165,065.35	83,494.34	248,559.69	95.7
55 - 59	6	33.3	\$4,252.95	3,153.51	7,406.46	2.9
30 - 34	2	11.1	\$650.00	1,350.00	2,000.00	0.8
20 - 24	3	16.7	\$616.81	633.19	1,250.00	0.5
60 - 64	2	11.1	\$283.98	0.00	283.98	0.1
65 - 69	1	5.6	\$156.67	0.00	156.67	0.1
25 - 29	1	5.6	\$18.82	0.00	18.82	0.0
70 - 74	1	5.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>SEX OF CLAIMANT</b>						
Female	12	66.7	\$166,810.45	87,527.53	254,337.98	97.9
Male	6	33.3	\$4,234.13	1,103.51	5,337.64	2.1
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>LOSS CAUSE</b>						
Water	1	5.6	\$156,879.09	83,494.34	240,373.43	92.6
Walking surface, outside, dry	1	5.6	\$8,186.26	0.00	8,186.26	3.2
Floor	2	11.1	\$4,499.29	1,103.51	5,602.80	2.2
Patient / Inmate	1	5.6	\$650.00	1,350.00	2,000.00	0.8

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Door	2	11.1	\$635.63	633.19	1,268.82	0.5
Wall	1	5.6	\$0.00	1,250.00	1,250.00	0.5
Chair	2	11.1	\$37.64	800.00	837.64	0.3
Furniture / fixtures	1	5.6	\$156.67	0.00	156.67	0.1
Cabinet	1	5.6	\$0.00	0.00	0.00	0.0
Electricity	1	5.6	\$0.00	0.00	0.00	0.0
Razor Blades	1	5.6	\$0.00	0.00	0.00	0.0
Sprayer	1	5.6	\$0.00	0.00	0.00	0.0
Stairs, steps	2	11.1	\$0.00	0.00	0.00	0.0
Vehicle/car/truck	1	5.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	

#### ACCIDENT TYPE

Fall On the Same Level	4	22.2	165,368.15	84,294.34	249,662.49	96.1
Fall/Slip From Liquid or Grease Spi	1	5.6	4,215.31	1,103.51	5,318.82	2.0
Struck or Injury By, NOC	1	5.6	650.00	1,350.00	2,000.00	0.8
Caught In, Under or Between, NOC	1	5.6	0.00	1,250.00	1,250.00	0.5
Collision with a Fixed Object	1	5.6	616.81	633.19	1,250.00	0.5
Fall, Slip or Trip, NOC	3	16.7	175.49	0.00	175.49	0.1
Cut, Punctured, Scraped, NOC	1	5.6	18.82	0.00	18.82	0.0
Contact With Not Otherwise Classif	1	5.6	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	5.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	5.6	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	5.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	5.6	0.00	0.00	0.00	0.0
Twisting	1	5.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	

#### BODY PART

Lower Extremities Knee	4	22.2	161,251.07	84,597.85	245,848.92	94.7
Upper Extremities Elbow	1	5.6	8,186.26	0.00	8,186.26	3.2
Upper Extremities Shoulder(s)	2	11.1	668.82	1,350.00	2,018.82	0.8
Head Scalp	1	5.6	616.81	633.19	1,250.00	0.5
Upper Extremities Finger(s)	1	5.6	0.00	1,250.00	1,250.00	0.5
Trunk Low Back Area (Incl. Lumba	1	5.6	18.82	800.00	818.82	0.3
Trunk Chest (Incl. Ribs, Sternum &	1	5.6	283.98	0.00	283.98	0.1
Lower Extremities Ankle	2	11.1	18.82	0.00	18.82	0.0
Head Eye(s)	1	5.6	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	5.6	0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body	2	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>INJURY</b>						
Dislocation	1	5.6	156,879.09	83,494.34	240,373.43	92.6
Fracture	1	5.6	8,186.26	0.00	8,186.26	3.2
Sprain	1	5.6	4,215.31	1,103.51	5,318.82	2.0
Strain	6	33.3	971.62	2,150.00	3,121.62	1.2
Concussion (Brain, Cerebral)	1	5.6	616.81	633.19	1,250.00	0.5
No Physical Injury	1	5.6	0.00	1,250.00	1,250.00	0.5
Multiple Physical Injury Only	1	5.6	156.67	0.00	156.67	0.1
All Other (Specific) Injuries, NOC	2	11.1	18.82	0.00	18.82	0.0
Burn	1	5.6	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	5.6	0.00	0.00	0.00	0.0
Laceration	1	5.6	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycl	1	5.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>218 - VA School for the Deaf &amp; Blind 218</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	6.3	682.09	7,096.73	7,778.82	93.5
8AM - 9:59AM	6	37.5	446.52	0.00	446.52	5.4
12PM - 1:59PM	2	12.5	57.28	0.00	57.28	0.7
2PM - 3:59PM	4	25.0	36.36	0.00	36.36	0.4
12AM - 1:59AM	1	6.3	0.00	0.00	0.00	0.0
2AM - 3:59AM	1	6.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	6.3	\$682.09	7,096.73	7,778.82	93.5
8 - 10	2	12.5	\$446.52	0.00	446.52	5.4
4 - 6	3	18.8	\$57.28	0.00	57.28	0.7
10 - 12	1	6.3	\$36.36	0.00	36.36	0.4
0 - 2	2	12.5	\$0.00	0.00	0.00	0.0
2 - 4	2	12.5	\$0.00	0.00	0.00	0.0
6 - 8	1	6.3	\$0.00	0.00	0.00	0.0
16 - 18	1	6.3	\$0.00	0.00	0.00	0.0
22 - 24	1	6.3	\$0.00	0.00	0.00	0.0
24 - 26	1	6.3	\$0.00	0.00	0.00	0.0
14 - 16	1	6.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>Age of Claimant</b>						
35 - 39	2	12.5	\$682.09	7,096.73	7,778.82	93.5
40 - 44	1	6.3	\$446.52	0.00	446.52	5.4
50 - 54	2	12.5	\$93.64	0.00	93.64	1.1
30 - 34	3	18.8	\$0.00	0.00	0.00	0.0
45 - 49	2	12.5	\$0.00	0.00	0.00	0.0
55 - 59	4	25.0	\$0.00	0.00	0.00	0.0
60 - 64	1	6.3	\$0.00	0.00	0.00	0.0
65 - 69	1	6.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	5	31.3	\$718.45	7,096.73	7,815.18	93.9
Female	11	68.8	\$503.80	0.00	503.80	6.1
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>LOSS CAUSE</b>						
Person	2	12.5	\$682.09	7,096.73	7,778.82	93.5
Walking surface, outside, wet	1	6.3	\$446.52	0.00	446.52	5.4
Machine, not otherwise classified	1	6.3	\$57.28	0.00	57.28	0.7
Mowers	1	6.3	\$36.36	0.00	36.36	0.4
Door	2	12.5	\$0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.3	\$0.00	0.00	0.00	0.0
Ladder, 8' step	1	6.3	\$0.00	0.00	0.00	0.0
Scrap, Debris, Waste Material	1	6.3	\$0.00	0.00	0.00	0.0
Stairs, steps	2	12.5	\$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.3	\$0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	12.5	\$0.00	0.00	0.00	0.0
Window frame	1	6.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, P	1	6.3	682.09	7,096.73	7,778.82	93.5
Twisting	4	25.0	446.52	0.00	446.52	5.4
Fall On the Same Level	2	12.5	57.28	0.00	57.28	0.7
Struck/Injured By Falling or Flying C	1	6.3	36.36	0.00	36.36	0.4
Broken Glass	1	6.3	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	6.3	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	6.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	6.3	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	6.3	0.00	0.00	0.00	0.0
Holding or Carrying	1	6.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	6.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	6.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>BODY PART</b>						
Lower Extremities Toe(s)	1	6.3	682.09	7,096.73	7,778.82	93.5
Multiple Body Parts Multiple Body	5	31.3	503.80	0.00	503.80	6.1
Head Eye(s)	1	6.3	36.36	0.00	36.36	0.4
Lower Extremities Knee	3	18.8	0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Upper Back Area (Thoracic	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	

**INJURY**

Fracture	1	6.3	682.09	7,096.73	7,778.82	93.5
Sprain	2	12.5	446.52	0.00	446.52	5.4
Strain	7	43.8	57.28	0.00	57.28	0.7
Laceration	2	12.5	36.36	0.00	36.36	0.4
Contusion (Bruise, Skin Surface)	1	6.3	0.00	0.00	0.00	0.0
Crushing	1	6.3	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	6.3	0.00	0.00	0.00	0.0
Puncture	1	6.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>221 - OLD DOMINION UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	7	17.9	61,800.65	156,578.68	218,379.33	54.4
6AM - 7:59AM	5	12.8	8,235.14	98,789.85	107,024.99	26.7
10AM - 11:59AM	4	10.3	56,863.10	0.00	56,863.10	14.2
12AM - 1:59AM	2	5.1	745.56	9,411.71	10,157.27	2.5
8AM - 9:59AM	6	15.4	3,945.78	0.00	3,945.78	1.0
4PM - 5:59PM	6	15.4	1,212.35	668.10	1,880.45	0.5
8PM - 9:59PM	1	2.6	1,779.09	0.00	1,779.09	0.4
2AM - 3:59AM	1	2.6	630.37	588.45	1,218.82	0.3
10PM - 11:59PM	2	5.1	69.61	0.00	69.61	0.0
2PM - 3:59PM	5	12.8	37.64	0.00	37.64	0.0
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	2	5.1	\$24,731.99	92,518.00	117,249.99	29.2
0 - 2	16	41.0	\$5,503.39	107,929.17	113,432.56	28.3
6 - 8	3	7.7	\$32,335.01	27,134.60	59,469.61	14.8
38 - 40	1	2.6	\$56,844.28	0.00	56,844.28	14.2
12 - 14	3	7.7	\$10,782.78	28,454.86	39,237.64	9.8
2 - 4	5	12.8	\$1,534.96	10,000.16	11,535.12	2.9
24 - 26	1	2.6	\$1,779.09	0.00	1,779.09	0.4
16 - 18	2	5.1	\$1,345.28	0.00	1,345.28	0.3
10 - 12	1	2.6	\$443.69	0.00	443.69	0.1
4 - 6	3	7.7	\$18.82	0.00	18.82	0.0
18 - 20	1	2.6	\$0.00	0.00	0.00	0.0
26 - 28	1	2.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>Age of Claimant</b>						
65 - 69	4	10.3	\$81,595.09	92,518.00	174,113.09	43.4
40 - 44	4	10.3	\$1,193.86	101,330.82	102,524.68	25.5
30 - 34	2	5.1	\$32,847.30	27,802.70	60,650.00	15.1
55 - 59	4	10.3	\$8,807.98	17,844.35	26,652.33	6.6
60 - 64	5	12.8	\$5,525.83	10,610.51	16,136.34	4.0
25 - 29	6	15.4	\$1,121.48	9,411.71	10,533.19	2.6
45 - 49	3	7.7	\$2,177.54	5,930.25	8,107.79	2.0
50 - 54	3	7.7	\$649.19	588.45	1,237.64	0.3

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	5	12.8	\$908.90	0.00	908.90	0.2
20 - 24	3	7.7	\$492.12	0.00	492.12	0.1
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

### SEX OF CLAIMANT

Female	21	53.8	\$96,369.97	227,591.20	323,961.17	80.7
Male	18	46.2	\$38,949.32	38,445.59	77,394.91	19.3
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

### LOSS CAUSE

Floor	3	7.7	\$35,495.95	119,741.68	155,237.63	38.7
Walking surface, outside, dry	5	12.8	\$467.11	89,126.03	89,593.14	22.3
Vehicle/car/truck	3	7.7	\$32,562.67	27,134.60	59,697.27	14.9
Overhead Object	2	5.1	\$58,527.79	0.00	58,527.79	14.6
Furniture / fixtures	2	5.1	\$794.02	22,847.68	23,641.70	5.9
Door	4	10.3	\$407.39	5,930.25	6,337.64	1.6
Ladder, 10' folding	1	2.6	\$1,779.09	0.00	1,779.09	0.4
Hand tool, not powered, NOC	2	5.1	\$1,364.10	0.00	1,364.10	0.3
Person	2	5.1	\$581.90	668.10	1,250.00	0.3
Wall	1	2.6	\$630.37	588.45	1,218.82	0.3
Walking surface, inside, dry	2	5.1	\$673.19	0.00	673.19	0.2
Stairs, steps	1	2.6	\$592.81	0.00	592.81	0.1
Training \ Drills	1	2.6	\$473.30	0.00	473.30	0.1
Trash receptacle	1	2.6	\$443.69	0.00	443.69	0.1
Outside Surface	3	7.7	\$418.66	0.00	418.66	0.1
Elevators, escalators	1	2.6	\$69.61	0.00	69.61	0.0
Boxes / containers	2	5.1	\$18.82	0.00	18.82	0.0
Object on Floor	1	2.6	\$18.82	0.00	18.82	0.0
Gas / Fumes	1	2.6	\$0.00	0.00	0.00	0.0
Stairs	1	2.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

### ACCIDENT TYPE

Fall On the Same Level	8	20.5	65,060.60	97,558.67	162,619.27	40.5
Fall/Slip From a Different Level	1	2.6	24,731.99	92,518.00	117,249.99	29.2
Struck/Injured By Motor Vehicle	1	2.6	32,265.40	27,134.60	59,400.00	14.8
Strain or Injury By, NOC	2	5.1	1,223.49	31,028.21	32,251.70	8.0
Fall/Slip on Ice or Snow	1	2.6	3,639.49	9,379.33	13,018.82	3.2
Struck/Injured By Object Being Lifted	1	2.6	388.57	5,930.25	6,318.82	1.6
Slipped, Did Not Fall	2	5.1	2,409.46	588.45	2,997.91	0.7

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying C	1	2.6	1,683.51	0.00	1,683.51	0.4
Twisting	3	7.7	1,364.10	0.00	1,364.10	0.3
Absorption, Ingestion or Inhalation	1	2.6	581.90	668.10	1,250.00	0.3
Reaching	1	2.6	18.82	1,231.18	1,250.00	0.3
Struck or Injury By, NOC	7	17.9	859.00	0.00	859.00	0.2
Fall/Slip on Stairs	1	2.6	592.81	0.00	592.81	0.1
Pushing or Pulling	1	2.6	443.69	0.00	443.69	0.1
Fall, Slip or Trip, NOC	2	5.1	18.82	0.00	18.82	0.0
Lifting	1	2.6	18.82	0.00	18.82	0.0
Repetitive Motion (after 7/1/94)	1	2.6	18.82	0.00	18.82	0.0
Collision with a Fixed Object	1	2.6	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	2.6	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	2.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

#### BODY PART

Head Other facial soft tissue	1	2.6	24,731.99	92,518.00	117,249.99	29.2
Upper Extremities Lower Arm	1	2.6	0.00	79,714.32	79,714.32	19.9
Upper Extremities Shoulder(s)	2	5.1	32,895.77	27,723.05	60,618.82	15.1
Multiple Body Parts Multiple Body	7	17.9	57,939.48	668.10	58,607.58	14.6
Lower Extremities Foot	2	5.1	1,223.49	31,028.21	32,251.70	8.0
Trunk Low Back Area (Incl. Lumba	3	7.7	8,922.38	17,844.35	26,766.73	6.7
Lower Extremities Knee	5	12.8	4,650.96	9,379.33	14,030.29	3.5
Head Eye(s)	3	7.7	388.57	5,930.25	6,318.82	1.6
Head Skull	1	2.6	1,683.51	0.00	1,683.51	0.4
Upper Extremities Wrist	2	5.1	1,364.10	0.00	1,364.10	0.3
Upper Extremities Upper Arm (Incl	1	2.6	18.82	1,231.18	1,250.00	0.3
Lower Extremities Ankle	4	10.3	673.19	0.00	673.19	0.2
Upper Extremities Wrist(s) and Ha	1	2.6	473.30	0.00	473.30	0.1
Upper Extremities Finger(s)	3	7.7	297.27	0.00	297.27	0.1
Lower Extremities Lower Leg	2	5.1	37.64	0.00	37.64	0.0
Upper Extremities Hand	1	2.6	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

#### INJURY

Contusion (Bruise, Skin Surface)	8	20.5	86,234.70	108,416.03	194,650.73	48.5
Fracture	3	7.7	88.43	79,714.32	79,802.75	19.9
Sprain	8	20.5	35,594.51	36,546.31	72,140.82	18.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	10	25.6	9,059.88	40,692.03	49,751.91	12.4
No Physical Injury	4	10.3	1,779.09	0.00	1,779.09	0.4
Laceration	2	5.1	1,683.51	0.00	1,683.51	0.4
AIDS	1	2.6	581.90	668.10	1,250.00	0.3
Inflammation	2	5.1	297.27	0.00	297.27	0.1
Multiple Physical Injury Only	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>222 - PROF &amp; OCCUP. REG., DEPT.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	100.0	2,940.86	47,646.78	50,587.64	100.0
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	33.3	\$18.82	33,100.00	33,118.82	65.5
0 - 2	1	33.3	\$2,922.04	13,296.78	16,218.82	32.1
20 - 22	1	33.3	\$0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>Age of Claimant</b>						
45 - 49	2	66.7	\$2,940.86	46,396.78	49,337.64	97.5
55 - 59	1	33.3	\$0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	\$2,940.86	46,396.78	49,337.64	97.5
Male	1	33.3	\$0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	33.3	\$18.82	33,100.00	33,118.82	65.5
Office equipment	1	33.3	\$2,922.04	13,296.78	16,218.82	32.1
Chair	1	33.3	\$0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	33.3	18.82	33,100.00	33,118.82	65.5
Reaching	1	33.3	2,922.04	13,296.78	16,218.82	32.1
Fall On the Same Level	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Sum:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	33.3	18.82	33,100.00	33,118.82	65.5
Trunk Low Back Area (Incl. Lumba	2	66.7	2,922.04	14,546.78	17,468.82	34.5
<b>Sum:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>INJURY</b>						
Strain	2	66.7	2,940.86	46,396.78	49,337.64	97.5
Multiple Physical Injury Only	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Sum:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	



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Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>223 - HEALTH PROFESSIONS DEPT.</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	25.0	18.82	28,900.00	28,918.82	93.8
10AM - 11:59AM	1	25.0	1,908.65	0.00	1,908.65	6.2
8AM - 9:59AM	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
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	2	50.0	\$1,927.47	28,900.00	30,827.47	100.0
6 - 8	1	25.0	\$0.00	0.00	0.00	0.0
12 - 14	1	25.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>Age of Claimant</b>						
40 - 44	1	25.0	\$18.82	28,900.00	28,918.82	93.8
30 - 34	2	50.0	\$1,908.65	0.00	1,908.65	6.2
60 - 64	1	25.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	75.0	\$1,927.47	28,900.00	30,827.47	100.0
Male	1	25.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>LOSS CAUSE</b>						
Cabinet	1	25.0	\$18.82	28,900.00	28,918.82	93.8
Walking surface, inside, dry	1	25.0	\$1,908.65	0.00	1,908.65	6.2
Elevators, escalators	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
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	25.0	18.82	28,900.00	28,918.82	93.8
Twisting	1	25.0	1,908.65	0.00	1,908.65	6.2
Caught In, Under or Between, NOC	1	25.0	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	2	50.0	18.82	28,900.00	28,918.82	93.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	1	25.0	1,908.65	0.00	1,908.65	6.2
Head Multiple Head Injury	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>INJURY</b>						
Strain	2	50.0	18.82	28,900.00	28,918.82	93.8
Sprain	1	25.0	1,908.65	0.00	1,908.65	6.2
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>229 - VPI Coop. Ext. and Ag. Exp. Stn.</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	33.3	1,318.97	67,854.29	69,173.26	98.2
10AM - 11:59AM	1	33.3	18.82	1,231.18	1,250.00	1.8
12PM - 1:59PM	1	33.3	53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	\$1,337.79	69,085.47	70,423.26	99.9
4 - 6	1	33.3	\$53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	\$1,318.97	67,854.29	69,173.26	98.2
55 - 59	1	33.3	\$18.82	1,231.18	1,250.00	1.8
40 - 44	1	33.3	\$53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	\$1,372.42	67,854.29	69,226.71	98.2
Male	1	33.3	\$18.82	1,231.18	1,250.00	1.8
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>LOSS CAUSE</b>						
Fencing	1	33.3	\$1,318.97	67,854.29	69,173.26	98.2
Walking surface, inside, dry	1	33.3	\$18.82	1,231.18	1,250.00	1.8
Floor	1	33.3	\$53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	33.3	1,318.97	67,854.29	69,173.26	98.2
Fall On the Same Level	2	66.7	72.27	1,231.18	1,303.45	1.8
<b>Sum:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>BODY PART</b>						
Upper Extremities Upper Arm (Incl	1	33.3	1,318.97	67,854.29	69,173.26	98.2
Head Skull	1	33.3	18.82	1,231.18	1,250.00	1.8
Multiple Body Parts Multiple Body	1	33.3	53.45	0.00	53.45	0.1
<b>Sum:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>INJURY</b>						
Fracture	1	33.3	1,318.97	67,854.29	69,173.26	98.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	33.3	18.82	1,231.18	1,250.00	1.8
Contusion (Bruise, Skin Surface)	1	33.3	53.45	0.00	53.45	0.1
<b>Sum:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>234 - VSU Coop. Ext. &amp; Ag. Research Svcs</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	66.7	852.72	966.88	1,819.60	59.3
10AM - 11:59AM	1	33.3	0.00	1,250.00	1,250.00	40.7
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	\$852.72	2,216.88	3,069.60	100.0
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>Age of Claimant</b>						
25 - 29	1	33.3	\$0.00	1,250.00	1,250.00	40.7
50 - 54	1	33.3	\$283.12	966.88	1,250.00	40.7
45 - 49	1	33.3	\$569.60	0.00	569.60	18.6
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	\$852.72	966.88	1,819.60	59.3
Male	1	33.3	\$0.00	1,250.00	1,250.00	40.7
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>LOSS CAUSE</b>						
Hand tool, not powered, NOC	1	33.3	\$0.00	1,250.00	1,250.00	40.7
Hand tool, powered, NOC	1	33.3	\$283.12	966.88	1,250.00	40.7
Uneven Surface	1	33.3	\$569.60	0.00	569.60	18.6
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Machine or Ma	1	33.3	283.12	966.88	1,250.00	40.7
Struck/Injured By Object Being Lift	1	33.3	0.00	1,250.00	1,250.00	40.7
Fall, Slip or Trip, NOC	1	33.3	569.60	0.00	569.60	18.6
<b>Sum:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>BODY PART</b>						
Head Skull	1	33.3	0.00	1,250.00	1,250.00	40.7
Upper Extremities Finger(s)	1	33.3	283.12	966.88	1,250.00	40.7
Lower Extremities Ankle	1	33.3	569.60	0.00	569.60	18.6
<b>Sum:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	33.3	283.12	966.88	1,250.00	40.7
Contusion (Bruise, Skin Surface)	1	33.3	0.00	1,250.00	1,250.00	40.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	33.3	569.60	0.00	569.60	18.6
<b>Sum:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	17	13.5	34,039.71	195,563.56	229,603.27	46.5
12PM - 1:59PM	17	13.5	26,240.72	82,448.65	108,689.37	22.0
10AM - 11:59AM	26	20.6	12,216.78	34,218.78	46,435.56	9.4
10PM - 11:59PM	8	6.3	3,617.96	26,187.04	29,805.00	6.0
8AM - 9:59AM	14	11.1	13,517.04	16,079.99	29,597.03	6.0
4PM - 5:59PM	10	7.9	16,784.94	9,318.82	26,103.76	5.3
6AM - 7:59AM	8	6.3	6,981.66	5,188.42	12,170.08	2.5
12AM - 1:59AM	5	4.0	1,919.93	4,341.56	6,261.49	1.3
8PM - 9:59PM	11	8.7	893.26	3,050.00	3,943.26	0.8
6PM - 7:59PM	4	3.2	761.68	488.32	1,250.00	0.3
2AM - 3:59AM	3	2.4	10.87	0.00	10.87	0.0
4AM - 5:59AM	3	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	54	42.9	\$35,329.79	123,281.49	158,611.28	32.1
8 - 10	7	5.6	\$9,251.47	83,630.56	92,882.03	18.8
10 - 12	8	6.3	\$25,249.04	57,780.21	83,029.25	16.8
4 - 6	22	17.5	\$11,922.93	48,123.44	60,046.37	12.2
14 - 16	3	2.4	\$7,831.27	34,037.55	41,868.82	8.5
2 - 4	18	14.3	\$17,525.86	15,584.15	33,110.01	6.7
6 - 8	4	3.2	\$5,591.59	9,905.24	15,496.83	3.1
32 - 34	1	0.8	\$168.00	3,382.00	3,550.00	0.7
18 - 20	2	1.6	\$2,151.88	0.00	2,151.88	0.4
22 - 24	1	0.8	\$439.50	1,110.50	1,550.00	0.3
12 - 14	3	2.4	\$1,482.91	50.00	1,532.91	0.3
26 - 28	1	0.8	\$40.31	0.00	40.31	0.0
20 - 22	2	1.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	
<b>Age of Claimant</b>						
40 - 44	12	9.5	\$16,586.73	114,938.37	131,525.10	26.6
30 - 34	27	21.4	\$13,313.89	84,401.73	97,715.62	19.8
45 - 49	10	7.9	\$25,286.26	59,085.47	84,371.73	17.1
20 - 24	13	10.3	\$18,727.70	37,104.55	55,832.25	11.3
25 - 29	21	16.7	\$18,123.05	26,647.56	44,770.61	9.1



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	13	10.3	\$346.74	30,840.90	31,187.64	6.3
55 - 59	11	8.7	\$15,390.35	7,914.58	23,304.93	4.7
50 - 54	10	7.9	\$9,157.54	13,451.98	22,609.52	4.6
60 - 64	5	4.0	\$52.29	1,250.00	1,302.29	0.3
65 - 69	2	1.6	\$0.00	1,250.00	1,250.00	0.3
70 - 74	2	1.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	
<b>SEX OF CLAIMANT</b>						
Female	52	41.3	\$51,721.34	212,630.99	264,352.33	53.5
Male	74	58.7	\$65,263.21	164,254.15	229,517.36	46.5
<b>Totals:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	21	16.7	\$34,809.76	147,367.92	182,177.68	36.9
Walking surface, inside, dry	2	1.6	\$23,752.17	53,466.65	77,218.82	15.6
Recreational equipment	2	1.6	\$16,666.69	60,204.55	76,871.24	15.6
Stairs, steps	7	5.6	\$157.91	51,859.64	52,017.55	10.5
Scrap, Debris, Waste Material	1	0.8	\$1,754.62	21,964.20	23,718.82	4.8
Chair	2	1.6	\$14,495.24	0.00	14,495.24	2.9
Person	13	10.3	\$920.60	12,059.40	12,980.00	2.6
Walking surface, outside, dry	5	4.0	\$6,564.28	3,938.42	10,502.70	2.1
Floor	7	5.6	\$8,433.80	922.08	9,355.88	1.9
Walking surface, outside, wet	1	0.8	\$18.82	5,200.00	5,218.82	1.1
Outside Surface	2	1.6	\$1,837.44	2,712.56	4,550.00	0.9
Vehicle, not otherwise classified	3	2.4	\$0.00	4,318.82	4,318.82	0.9
Animal, not otherwise classified	7	5.6	\$448.57	3,610.50	4,059.07	0.8
Vehicle/car/truck	8	6.3	\$2,244.59	538.32	2,782.91	0.6
Door	2	1.6	\$0.00	2,500.00	2,500.00	0.5
Water	2	1.6	\$2,162.75	0.00	2,162.75	0.4
Pipe	1	0.8	\$2,070.76	0.00	2,070.76	0.4
Overhead Object	2	1.6	\$0.00	1,550.00	1,550.00	0.3
Work surface	2	1.6	\$240.43	1,250.00	1,490.43	0.3
Gas / Fumes	3	2.4	\$18.82	1,250.00	1,268.82	0.3
Dust	1	0.8	\$0.00	1,250.00	1,250.00	0.3
Sharp objects, not otherwise classif	1	0.8	\$327.92	922.08	1,250.00	0.3
Environmental conditions	1	0.8	\$59.38	0.00	59.38	0.0
Animal / insect, not otherwise class	1	0.8	\$0.00	0.00	0.00	0.0
Baggage/Luggage	2	1.6	\$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chemicals, not otherwise classified	4	3.2	\$0.00	0.00	0.00	0.0
Electricity	1	0.8	\$0.00	0.00	0.00	0.0
Fencing	1	0.8	\$0.00	0.00	0.00	0.0
Fire / Flame / Smoke	3	2.4	\$0.00	0.00	0.00	0.0
Flexible knife	1	0.8	\$0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.8	\$0.00	0.00	0.00	0.0
Gun / gunshot	1	0.8	\$0.00	0.00	0.00	0.0
Hand Truck (2w)	1	0.8	\$0.00	0.00	0.00	0.0
Ladder, 10' folding	1	0.8	\$0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.8	\$0.00	0.00	0.00	0.0
Metal items	1	0.8	\$0.00	0.00	0.00	0.0
Needle stick	1	0.8	\$0.00	0.00	0.00	0.0
Object on Floor	1	0.8	\$0.00	0.00	0.00	0.0
Office equipment	1	0.8	\$0.00	0.00	0.00	0.0
Organic Material	3	2.4	\$0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	0.8	\$0.00	0.00	0.00	0.0
Screwdriver	1	0.8	\$0.00	0.00	0.00	0.0
Stairs	1	0.8	\$0.00	0.00	0.00	0.0
Uneven Surface	1	0.8	\$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.8	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	

**ACCIDENT TYPE**

Struck/Injured By Fellow Worker, P	20	15.9	34,809.76	147,367.92	182,177.68	36.9
Twisting	5	4.0	24,032.91	53,466.65	77,499.56	15.7
Jumping	1	0.8	16,647.87	37,104.55	53,752.42	10.9
Fall/Slip on Stairs	8	6.3	157.91	51,859.64	52,017.55	10.5
Fall On the Same Level	7	5.6	8,977.40	23,100.00	32,077.40	6.5
Fall, Slip or Trip, NOC	4	3.2	20,185.33	9,138.42	29,323.75	5.9
Striking Against or Stepping On, NC	5	4.0	1,754.62	23,214.20	24,968.82	5.1
Strain or Injury By, NOC	2	1.6	920.60	9,009.40	9,930.00	2.0
Fall/Slip on Ice or Snow	1	0.8	1,837.44	2,712.56	4,550.00	0.9
Struck/Injured By Object Being Lifted	3	2.4	0.00	4,300.00	4,300.00	0.9
Struck/Injured By Animal or Insect	8	6.3	448.57	3,610.50	4,059.07	0.8
Fall/Slip From a Different Level	2	1.6	0.00	3,068.82	3,068.82	0.6
Cut, Punctured, Scraped, NOC	10	7.9	327.92	2,172.08	2,500.00	0.5
Steam or Hot Fluids	1	0.8	2,151.88	0.00	2,151.88	0.4
Struck/Injured By Falling or Flying Object	1	0.8	2,070.76	0.00	2,070.76	0.4
Reaching	1	0.8	0.00	1,550.00	1,550.00	0.3

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Motor Vehicle	1	0.8	1,482.91	50.00	1,532.91	0.3
Absorption, Ingestion or Inhalation	7	5.6	18.82	1,250.00	1,268.82	0.3
Broken Glass	1	0.8	327.92	922.08	1,250.00	0.3
Collision with Another Vehicle	3	2.4	761.68	488.32	1,250.00	0.3
Dust, Gases, Fumes or Vapors	3	2.4	0.00	1,250.00	1,250.00	0.3
Struck or Injury By, NOC	5	4.0	0.00	1,250.00	1,250.00	0.3
Temperature Extremes	1	0.8	59.38	0.00	59.38	0.0
Fall/Slip From Liquid or Grease Spi	2	1.6	10.87	0.00	10.87	0.0
Caught In/Between-Object Handlec	1	0.8	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	0.8	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	0.8	0.00	0.00	0.00	0.0
Continual Noise	1	0.8	0.00	0.00	0.00	0.0
Fire or Flame	2	1.6	0.00	0.00	0.00	0.0
Gunshot	1	0.8	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	1.6	0.00	0.00	0.00	0.0
Lifting	1	0.8	0.00	0.00	0.00	0.0
Mold, Including Mildew	2	1.6	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	0.8	0.00	0.00	0.00	0.0
Other Injury NEC	4	3.2	0.00	0.00	0.00	0.0
Pushing or Pulling	1	0.8	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	0.8	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	3	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	

<b>BODY PART</b>						
Upper Extremities Wrist(s) and Hai	5	4.0	31,741.17	75,361.74	107,102.91	21.7
Lower Extremities Foot	6	4.8	18,570.49	65,519.57	84,090.06	17.0
Lower Extremities Ankle	4	3.2	23,882.08	53,466.65	77,348.73	15.7
Multiple Body Parts Multiple Body	23	18.3	4,617.35	66,663.76	71,281.11	14.4
Lower Extremities Knee	9	7.1	10,042.28	55,887.55	65,929.83	13.3
Upper Extremities Lower Arm	11	8.7	2,964.74	22,857.55	25,822.29	5.2
Neck Soft Tissue-Neck	1	0.8	4,922.97	9,905.24	14,828.21	3.0
Upper Extremities Elbow	2	1.6	5,711.58	3,938.42	9,650.00	2.0
Head Multiple Head Injury	3	2.4	6,756.63	1,912.19	8,668.82	1.8
Upper Extremities Finger(s)	10	7.9	1,607.07	4,672.08	6,279.15	1.3
Upper Extremities Thumb	2	1.6	1,145.01	4,439.99	5,585.00	1.1
Upper Extremities Multiple Upper E	6	4.8	833.88	4,300.00	5,133.88	1.0

Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Hand	3	2.4	2,070.76	0.00	2,070.76	0.4
Upper Extremities Shoulder(s)	2	1.6	0.00	1,550.00	1,550.00	0.3
Lower Extremities Multiple Lower E	3	2.4	346.74	922.08	1,268.82	0.3
Head Ear(s)	2	1.6	0.00	1,250.00	1,250.00	0.3
Head Eye(s)	4	3.2	0.00	1,250.00	1,250.00	0.3
Head Other facial soft tissue	6	4.8	0.00	1,250.00	1,250.00	0.3
Head Skull	1	0.8	0.00	1,250.00	1,250.00	0.3
Neck Disc (Neck)	1	0.8	761.68	488.32	1,250.00	0.3
Head Mouth	1	0.8	668.62	0.00	668.62	0.1
Lower Extremities Hip	1	0.8	240.43	0.00	240.43	0.0
Multiple Body Parts No Physical In	9	7.1	78.20	0.00	78.20	0.0
Head Facial Bones	1	0.8	22.87	0.00	22.87	0.0
Lower Extremities Great Toe	1	0.8	0.00	0.00	0.00	0.0
Neck Trachea	1	0.8	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	0.8	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	3	2.4	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	0.8	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	3	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	

#### INJURY

Sprain	12	9.5	49,280.33	161,615.94	210,896.27	42.7
Fracture	8	6.3	38,789.29	69,457.99	108,247.28	21.9
Strain	12	9.5	9,261.26	56,925.77	66,187.03	13.4
Contusion (Bruise, Skin Surface)	16	12.7	8,760.54	56,949.97	65,710.51	13.3
Multiple Physical Injury Only	13	10.3	2,704.09	14,240.90	16,944.99	3.4
Laceration	27	21.4	3,532.28	10,550.49	14,082.77	2.9
Inflammation	4	3.2	0.00	2,500.00	2,500.00	0.5
Burn	1	0.8	2,151.88	0.00	2,151.88	0.4
Crushing	1	0.8	2,070.76	0.00	2,070.76	0.4
Dermatitis	1	0.8	0.00	1,250.00	1,250.00	0.3
Multiple Injury Inc. Physical & Psycl	3	2.4	28.00	1,222.00	1,250.00	0.3
No Physical Injury	18	14.3	0.00	1,250.00	1,250.00	0.3
Puncture	3	2.4	327.92	922.08	1,250.00	0.3
Heat Prostration	1	0.8	59.38	0.00	59.38	0.0
Respiratory Disorders(Gases,Fume	2	1.6	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	2	1.6	0.00	0.00	0.00	0.0
Dislocation	1	0.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	0.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report



Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>126</b>		<b>\$116,984.55</b>	<b>\$376,885.14</b>	<b>\$493,869.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>238 - VA MUSEUM OF FINE ARTS</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	4	20.0	2,843.42	104,717.77	107,561.19	96.8
2PM - 3:59PM	3	15.0	2,060.61	0.00	2,060.61	1.9
10AM - 11:59AM	3	15.0	616.79	0.00	616.79	0.6
8AM - 9:59AM	3	15.0	605.52	0.00	605.52	0.5
6PM - 7:59PM	3	15.0	227.76	0.00	227.76	0.2
12PM - 1:59PM	3	15.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	10.0	\$3,438.07	104,717.77	108,155.84	97.4
4 - 6	2	10.0	\$2,041.79	0.00	2,041.79	1.8
0 - 2	9	45.0	\$635.61	0.00	635.61	0.6
8 - 10	1	5.0	\$208.94	0.00	208.94	0.2
12 - 14	2	10.0	\$18.82	0.00	18.82	0.0
2 - 4	2	10.0	\$10.87	0.00	10.87	0.0
10 - 12	1	5.0	\$0.00	0.00	0.00	0.0
14 - 16	1	5.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>Age of Claimant</b>						
50 - 54	2	10.0	\$2,832.55	104,717.77	107,550.32	96.8
30 - 34	3	15.0	\$2,041.79	0.00	2,041.79	1.8
25 - 29	1	5.0	\$616.79	0.00	616.79	0.6
60 - 64	3	15.0	\$605.52	0.00	605.52	0.5
40 - 44	3	15.0	\$208.94	0.00	208.94	0.2
20 - 24	5	25.0	\$29.69	0.00	29.69	0.0
65 - 69	2	10.0	\$18.82	0.00	18.82	0.0
55 - 59	1	5.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>SEX OF CLAIMANT</b>						
Male	9	45.0	\$3,060.31	104,717.77	107,778.08	97.0
Female	11	55.0	\$3,293.79	0.00	3,293.79	3.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	10.0	\$2,832.55	104,717.77	107,550.32	96.8

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chair	1	5.0	\$2,041.79	0.00	2,041.79	1.8
Trash receptacle	1	5.0	\$616.79	0.00	616.79	0.6
Docks,Ramps,Loading Platforms	1	5.0	\$605.52	0.00	605.52	0.5
Glass bottle / sheet	2	10.0	\$208.94	0.00	208.94	0.2
Floor	3	15.0	\$18.82	0.00	18.82	0.0
Package	1	5.0	\$18.82	0.00	18.82	0.0
Machine, not otherwise classified	1	5.0	\$10.87	0.00	10.87	0.0
Animal / bee type	1	5.0	\$0.00	0.00	0.00	0.0
Beam	2	10.0	\$0.00	0.00	0.00	0.0
Foreign Object	1	5.0	\$0.00	0.00	0.00	0.0
Gas / Fumes	1	5.0	\$0.00	0.00	0.00	0.0
Shelving	1	5.0	\$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	5.0	\$0.00	0.00	0.00	0.0
Wrench	1	5.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	

#### ACCIDENT TYPE

Fall/Slip From Ladder or Scaffolding	1	5.0	2,832.55	104,717.77	107,550.32	96.8
Pushing or Pulling	2	10.0	2,041.79	0.00	2,041.79	1.8
Strike Against/Step On Stationary C	4	20.0	1,222.31	0.00	1,222.31	1.1
Broken Glass	3	15.0	208.94	0.00	208.94	0.2
Fall On the Same Level	5	25.0	18.82	0.00	18.82	0.0
Lifting	1	5.0	18.82	0.00	18.82	0.0
Struck/Injured By Object Being Lifted	1	5.0	10.87	0.00	10.87	0.0
Dust, Gases, Fumes or Vapors	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	

#### BODY PART

Upper Extremities Upper Arm (Incl	1	5.0	2,832.55	104,717.77	107,550.32	96.8
Lower Extremities Hip	1	5.0	2,041.79	0.00	2,041.79	1.8
Upper Extremities Thumb	1	5.0	616.79	0.00	616.79	0.6
Lower Extremities Knee	2	10.0	605.52	0.00	605.52	0.5
Upper Extremities Finger(s)	3	15.0	219.81	0.00	219.81	0.2
Head Other facial soft tissue	1	5.0	18.82	0.00	18.82	0.0
Upper Extremities Wrist	1	5.0	18.82	0.00	18.82	0.0
Head Ear(s)	1	5.0	0.00	0.00	0.00	0.0
Head Skull	3	15.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Trachea	1	5.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	5.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	

**INJURY**

Fracture	1	5.0	2,832.55	104,717.77	107,550.32	96.8
Sprain	2	10.0	2,060.61	0.00	2,060.61	1.9
Laceration	5	25.0	855.42	0.00	855.42	0.8
Contusion (Bruise, Skin Surface)	8	40.0	605.52	0.00	605.52	0.5
Puncture	2	10.0	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	1	5.0	0.00	0.00	0.00	0.0
Strain	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>239 - VA FRONTIER CULTURE MUSEUM</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	16.7	513.24	2,036.76	2,550.00	87.8
2PM - 3:59PM	2	33.3	270.31	0.00	270.31	9.3
8AM - 9:59AM	1	16.7	84.39	0.00	84.39	2.9
4PM - 5:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	2	33.3	\$783.55	2,036.76	2,820.31	97.1
8 - 10	2	33.3	\$84.39	0.00	84.39	2.9
0 - 2	1	16.7	\$0.00	0.00	0.00	0.0
4 - 6	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>Age of Claimant</b>						
65 - 69	1	16.7	\$513.24	2,036.76	2,550.00	87.8
60 - 64	1	16.7	\$270.31	0.00	270.31	9.3
30 - 34	2	33.3	\$84.39	0.00	84.39	2.9
55 - 59	1	16.7	\$0.00	0.00	0.00	0.0
70 - 74	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	\$867.94	2,036.76	2,904.70	100.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>LOSS CAUSE</b>						
Building parts / doors	1	16.7	\$513.24	2,036.76	2,550.00	87.8
Sharp objects, not otherwise classif	1	16.7	\$270.31	0.00	270.31	9.3
Door	1	16.7	\$84.39	0.00	84.39	2.9
Animal / insect, not otherwise class	1	16.7	\$0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	16.7	\$0.00	0.00	0.00	0.0
Fencing	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NC	2	33.3	597.63	2,036.76	2,634.39	90.7
Cut, Punctured, Scraped, NOC	2	33.3	270.31	0.00	270.31	9.3
Struck/Injured By Animal or Insect	2	33.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>BODY PART</b>						
Head Brain	1	16.7	513.24	2,036.76	2,550.00	87.8
Upper Extremities Finger(s)	2	33.3	270.31	0.00	270.31	9.3
Head Skull	1	16.7	84.39	0.00	84.39	2.9
Lower Extremities Lower Leg	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>INJURY</b>						
Concussion (Brain, Cerebral)	2	33.3	597.63	2,036.76	2,634.39	90.7
Puncture	1	16.7	270.31	0.00	270.31	9.3
All Other (Specific) Injuries, NOC	1	16.7	0.00	0.00	0.00	0.0
Laceration	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

**Industrial Claims Report**

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>241 - RICHARD BLAND COLLEGE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Needle Stick	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>242 - CHRISTOPHER NEWPORT UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	1	2.1	5,554.03	0.00	5,554.03	40.5
6PM - 7:59PM	4	8.5	148.82	2,481.18	2,630.00	19.2
10AM - 11:59AM	12	25.5	1,011.91	1,024.18	2,036.09	14.8
12PM - 1:59PM	10	21.3	1,324.54	0.00	1,324.54	9.7
8AM - 9:59AM	5	10.6	239.99	1,028.83	1,268.82	9.3
8PM - 9:59PM	4	8.5	663.39	0.00	663.39	4.8
6AM - 7:59AM	2	4.3	239.99	0.00	239.99	1.7
12AM - 1:59AM	1	2.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	6	12.8	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	4	8.5	\$5,915.45	0.00	5,915.45	43.1
0 - 2	25	53.2	\$1,300.95	2,481.18	3,782.13	27.6
2 - 4	8	17.0	\$1,038.43	1,028.83	2,067.26	15.1
20 - 22	1	2.1	\$225.82	1,024.18	1,250.00	9.1
14 - 16	1	2.1	\$280.85	0.00	280.85	2.0
12 - 14	2	4.3	\$253.53	0.00	253.53	1.8
8 - 10	2	4.3	\$130.00	0.00	130.00	0.9
24 - 26	2	4.3	\$37.64	0.00	37.64	0.3
10 - 12	2	4.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>Age of Claimant</b>						
65 - 69	3	6.4	\$5,572.85	0.00	5,572.85	40.6
20 - 24	11	23.4	\$768.39	1,250.00	2,018.39	14.7
55 - 59	4	8.5	\$717.24	1,024.18	1,741.42	12.7
40 - 44	5	10.6	\$461.16	1,028.83	1,489.99	10.9
50 - 54	4	8.5	\$18.82	1,231.18	1,250.00	9.1
45 - 49	7	14.9	\$645.77	0.00	645.77	4.7
30 - 34	3	6.4	\$577.27	0.00	577.27	4.2
35 - 39	3	6.4	\$402.35	0.00	402.35	2.9
60 - 64	5	10.6	\$18.82	0.00	18.82	0.1
75 - 79	2	4.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	17	36.2	\$6,843.50	3,505.36	10,348.86	75.4
Female	30	63.8	\$2,339.17	1,028.83	3,368.00	24.6
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>LOSS CAUSE</b>						
Stairs	1	2.1	\$5,554.03	0.00	5,554.03	40.5
Cart	2	4.3	\$663.39	1,250.00	1,913.39	13.9
Chemicals, not otherwise classified	2	4.3	\$221.17	1,028.83	1,250.00	9.1
Object on Floor	1	2.1	\$225.82	1,024.18	1,250.00	9.1
Vehicle/car/truck	2	4.3	\$18.82	1,231.18	1,250.00	9.1
Uneven Surface	1	2.1	\$577.27	0.00	577.27	4.2
Trash receptacle	2	4.3	\$364.92	0.00	364.92	2.7
Outside Surface	1	2.1	\$361.42	0.00	361.42	2.6
Animal, not otherwise classified	2	4.3	\$299.67	0.00	299.67	2.2
Pots/pans	1	2.1	\$253.53	0.00	253.53	1.8
Walking surface, inside, dry	1	2.1	\$221.17	0.00	221.17	1.6
Blade	2	4.3	\$130.00	0.00	130.00	0.9
Grease	1	2.1	\$130.00	0.00	130.00	0.9
Metal items	2	4.3	\$105.00	0.00	105.00	0.8
Insufficient data	3	6.4	\$37.64	0.00	37.64	0.3
Floor	1	2.1	\$18.82	0.00	18.82	0.1
Boxes / containers	1	2.1	\$0.00	0.00	0.00	0.0
Center Post	1	2.1	\$0.00	0.00	0.00	0.0
Cleaning Products	1	2.1	\$0.00	0.00	0.00	0.0
Door	1	2.1	\$0.00	0.00	0.00	0.0
Electrical equipment	1	2.1	\$0.00	0.00	0.00	0.0
Environmental conditions	2	4.3	\$0.00	0.00	0.00	0.0
Furniture / fixtures	2	4.3	\$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.1	\$0.00	0.00	0.00	0.0
Knife, Utility	2	4.3	\$0.00	0.00	0.00	0.0
Lift	1	2.1	\$0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	2.1	\$0.00	0.00	0.00	0.0
N/A	2	4.3	\$0.00	0.00	0.00	0.0
Overhead Object	1	2.1	\$0.00	0.00	0.00	0.0
Person	1	2.1	\$0.00	0.00	0.00	0.0
Steam / exhaust	2	4.3	\$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.1	\$0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, dry	1	2.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	

**ACCIDENT TYPE**

Fall On the Same Level	2	4.3	5,572.85	0.00	5,572.85	40.6
Struck or Injury By, NOC	6	12.8	253.53	1,250.00	1,503.53	11.0
Absorption, Ingestion or Inhalation	1	2.1	221.17	1,028.83	1,250.00	9.1
Fall, Slip or Trip, NOC	3	6.4	225.82	1,024.18	1,250.00	9.1
Motor Vehicle, NOC	2	4.3	18.82	1,231.18	1,250.00	9.1
Cut, Punctured, Scraped, NOC	5	10.6	1,158.31	0.00	1,158.31	8.4
Collision with a Fixed Object	3	6.4	938.69	0.00	938.69	6.8
Struck/Injured By Animal or Insect	1	2.1	280.85	0.00	280.85	2.0
Other Injury NEC	6	12.8	277.63	0.00	277.63	2.0
Contact With Not Otherwise Classif	3	6.4	130.00	0.00	130.00	0.9
Strain or Injury By, NOC	3	6.4	105.00	0.00	105.00	0.8
Caught In, Under or Between, NOC	2	4.3	0.00	0.00	0.00	0.0
Contact With Cold Object or Substa	1	2.1	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	2.1	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	2.1	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	2.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	2.1	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.1	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	2.1	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	2	4.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifte	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	

**BODY PART**

Multiple Body Parts Multiple Body	7	14.9	6,001.02	2,053.01	8,054.03	58.7
Upper Extremities Lower Arm	5	10.6	577.27	1,250.00	1,827.27	13.3
Lower Extremities Ankle	2	4.3	18.82	1,231.18	1,250.00	9.1
Upper Extremities Hand	6	12.8	794.38	0.00	794.38	5.8
Lower Extremities Foot	1	2.1	663.39	0.00	663.39	4.8
Upper Extremities Thumb	2	4.3	364.92	0.00	364.92	2.7
Upper Extremities Multiple Upper E	1	2.1	361.42	0.00	361.42	2.6
Lower Extremities Knee	3	6.4	221.17	0.00	221.17	1.6
Lower Extremities Lower Leg	2	4.3	105.00	0.00	105.00	0.8
Head Eye(s)	1	2.1	18.82	0.00	18.82	0.1
Head Nose	1	2.1	18.82	0.00	18.82	0.1

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Upper Leg	1	2.1	18.82	0.00	18.82	0.1
Multiple Body Parts Whole Body	2	4.3	18.82	0.00	18.82	0.1
Head Other facial soft tissue	1	2.1	0.00	0.00	0.00	0.0
Head Skull	1	2.1	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	2.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	3	6.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	4	8.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	

**INJURY**

Contusion (Bruise, Skin Surface)	13	27.7	6,138.38	2,274.18	8,412.56	61.3
Respiratory Disorders(Gases,Fume	1	2.1	221.17	1,028.83	1,250.00	9.1
Sprain	2	4.3	18.82	1,231.18	1,250.00	9.1
Laceration	7	14.9	1,158.31	0.00	1,158.31	8.4
Strain	3	6.4	577.27	0.00	577.27	4.2
Multiple Physical Injury Only	1	2.1	361.42	0.00	361.42	2.6
Puncture	2	4.3	299.67	0.00	299.67	2.2
All Other (Specific) Injuries, NOC	5	10.6	258.81	0.00	258.81	1.9
Burn	4	8.5	130.00	0.00	130.00	0.9
Vision Loss	1	2.1	18.82	0.00	18.82	0.1
Heat Prostration	1	2.1	0.00	0.00	0.00	0.0
Inflammation	1	2.1	0.00	0.00	0.00	0.0
No Physical Injury	6	12.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>246 - UVA College at Wise</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	16.7	3,412.70	4,256.12	7,668.82	64.0
12PM - 1:59PM	2	33.3	3,126.63	0.00	3,126.63	26.1
6PM - 7:59PM	1	16.7	863.37	0.00	863.37	7.2
10AM - 11:59AM	2	33.3	328.52	0.00	328.52	2.7
<b>Totals:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	50.0	\$3,412.70	4,256.12	7,668.82	64.0
12 - 14	1	16.7	\$3,126.63	0.00	3,126.63	26.1
2 - 4	1	16.7	\$863.37	0.00	863.37	7.2
34 - 36	1	16.7	\$328.52	0.00	328.52	2.7
<b>Totals:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>Age of Claimant</b>						
40 - 44	1	16.7	\$3,412.70	4,256.12	7,668.82	64.0
35 - 39	1	16.7	\$3,126.63	0.00	3,126.63	26.1
25 - 29	1	16.7	\$863.37	0.00	863.37	7.2
60 - 64	1	16.7	\$328.52	0.00	328.52	2.7
20 - 24	1	16.7	\$0.00	0.00	0.00	0.0
45 - 49	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	50.0	\$4,604.59	4,256.12	8,860.71	73.9
Female	3	50.0	\$3,126.63	0.00	3,126.63	26.1
<b>Totals:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	16.7	\$3,412.70	4,256.12	7,668.82	64.0
Recreational equipment	1	16.7	\$3,126.63	0.00	3,126.63	26.1
Walking surface, outside, dry	2	33.3	\$863.37	0.00	863.37	7.2
Dolly	1	16.7	\$328.52	0.00	328.52	2.7
Chair	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	16.7	3,412.70	4,256.12	7,668.82	64.0
Struck or Injury By, NOC	1	16.7	3,126.63	0.00	3,126.63	26.1



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From a Different Level	2	33.3	863.37	0.00	863.37	7.2
Strike Against/Step On Stationary C	1	16.7	328.52	0.00	328.52	2.7
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	16.7	3,412.70	4,256.12	7,668.82	64.0
Multiple Body Parts Multiple Body	2	33.3	3,126.63	0.00	3,126.63	26.1
Lower Extremities Ankle	2	33.3	863.37	0.00	863.37	7.2
Upper Extremities Finger(s)	1	16.7	328.52	0.00	328.52	2.7
<b>Sum:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	16.7	3,412.70	4,256.12	7,668.82	64.0
Laceration	1	16.7	3,126.63	0.00	3,126.63	26.1
Contusion (Bruise, Skin Surface)	2	33.3	863.37	0.00	863.37	7.2
Strain	2	33.3	328.52	0.00	328.52	2.7
<b>Sum:</b>	<b>6</b>		<b>\$7,731.22</b>	<b>\$4,256.12</b>	<b>\$11,987.34</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>247 - GEORGE MASON UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	8	13.1	38,182.79	113,591.98	151,774.77	50.5
2PM - 3:59PM	13	21.3	38,964.33	43,595.32	82,559.65	27.5
8AM - 9:59AM	11	18.0	27,304.67	9,306.13	36,610.80	12.2
10AM - 11:59AM	11	18.0	23,303.07	1,828.87	25,131.94	8.4
4PM - 5:59PM	4	6.6	1,749.15	0.00	1,749.15	0.6
6AM - 7:59AM	3	4.9	1,715.14	0.00	1,715.14	0.6
8PM - 9:59PM	2	3.3	885.01	0.00	885.01	0.3
12AM - 1:59AM	4	6.6	0.00	0.00	0.00	0.0
4AM - 5:59AM	2	3.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	1.6	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	32	52.5	\$58,056.61	50,600.97	108,657.58	36.2
18 - 20	3	4.9	\$26,691.15	77,480.99	104,172.14	34.7
12 - 14	3	4.9	\$19,563.64	38,122.23	57,685.87	19.2
2 - 4	7	11.5	\$20,700.47	1,231.18	21,931.65	7.3
6 - 8	6	9.8	\$6,216.94	886.93	7,103.87	2.4
16 - 18	3	4.9	\$783.18	0.00	783.18	0.3
8 - 10	2	3.3	\$92.17	0.00	92.17	0.0
4 - 6	2	3.3	\$0.00	0.00	0.00	0.0
10 - 12	2	3.3	\$0.00	0.00	0.00	0.0
14 - 16	1	1.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>Age of Claimant</b>						
50 - 54	3	4.9	\$23,870.50	74,582.82	98,453.32	32.8
45 - 49	7	11.5	\$37,969.69	43,595.32	81,565.01	27.1
55 - 59	10	16.4	\$34,457.78	39,372.23	73,830.01	24.6
60 - 64	5	8.2	\$16,260.42	4,350.32	20,610.74	6.9
35 - 39	7	11.5	\$3,437.73	4,129.35	7,567.08	2.5
20 - 24	10	16.4	\$5,822.16	578.87	6,401.03	2.1
65 - 69	2	3.3	\$4,166.84	0.00	4,166.84	1.4
25 - 29	6	9.8	\$3,420.63	0.00	3,420.63	1.1
40 - 44	3	4.9	\$2,060.97	886.93	2,947.90	1.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	1	1.6	\$423.54	826.46	1,250.00	0.4
30 - 34	6	9.8	\$213.90	0.00	213.90	0.1
80 - 84	1	1.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>SEX OF CLAIMANT</b>						
Male	36	59.0	\$85,079.65	122,916.93	207,996.58	69.2
Female	25	41.0	\$47,024.51	45,405.37	92,429.88	30.8
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>LOSS CAUSE</b>						
Person	4	6.6	\$24,704.86	74,582.82	99,287.68	33.0
Recreational equipment	2	3.3	\$32,979.38	43,595.32	76,574.70	25.5
Machine, not otherwise classified	2	3.3	\$10,663.61	38,122.23	48,785.84	16.2
Pipe	1	1.6	\$18,718.60	0.00	18,718.60	6.2
Chair	1	1.6	\$7,333.62	4,350.32	11,683.94	3.9
Walking surface, outside, wet	4	6.6	\$6,987.49	2,898.17	9,885.66	3.3
Electricity	1	1.6	\$8,907.98	0.00	8,907.98	3.0
Floor	2	3.3	\$4,306.08	0.00	4,306.08	1.4
Stairs, steps	5	8.2	\$3,013.48	578.87	3,592.35	1.2
Boxes / containers	4	6.6	\$3,439.45	0.00	3,439.45	1.1
Gun / gunshot	1	1.6	\$2,621.71	0.00	2,621.71	0.9
Furniture / fixtures	3	4.9	\$442.36	2,057.64	2,500.00	0.8
Object on Floor	1	1.6	\$1,749.15	0.00	1,749.15	0.6
Ceiling	1	1.6	\$1,687.03	0.00	1,687.03	0.6
Chemicals, not otherwise classified	4	6.6	\$213.90	1,250.00	1,463.90	0.5
Overhead Object	1	1.6	\$1,378.90	0.00	1,378.90	0.5
Wires	1	1.6	\$363.07	886.93	1,250.00	0.4
Platforms	1	1.6	\$805.90	0.00	805.90	0.3
Needle stick	2	3.3	\$598.26	0.00	598.26	0.2
Foreign Object	1	1.6	\$450.00	0.00	450.00	0.1
Door	1	1.6	\$325.81	0.00	325.81	0.1
Scalpel	1	1.6	\$305.07	0.00	305.07	0.1
Sharp objects, not otherwise classif	1	1.6	\$50.65	0.00	50.65	0.0
Ladders, scaffolding	2	3.3	\$28.11	0.00	28.11	0.0
Walking surface, inside, wet	1	1.6	\$18.82	0.00	18.82	0.0
Trash receptacle	1	1.6	\$10.87	0.00	10.87	0.0
Building parts / doors	1	1.6	\$0.00	0.00	0.00	0.0
Dolly	1	1.6	\$0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Film	1	1.6	\$0.00	0.00	0.00	0.0
Fire / Flame / Smoke	2	3.3	\$0.00	0.00	0.00	0.0
Gas / Fumes	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
Hand tool, not powered, NOC	1	1.6	\$0.00	0.00	0.00	0.0
Metal items	1	1.6	\$0.00	0.00	0.00	0.0
Shifter	1	1.6	\$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.6	\$0.00	0.00	0.00	0.0
Wall	1	1.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	

**ACCIDENT TYPE**

Struck/Injured By Fellow Worker, P	2	3.3	23,870.50	74,582.82	98,453.32	32.8
Other Injury NEC	2	3.3	40,293.00	47,945.64	88,238.64	29.4
Lifting	2	3.3	10,644.79	38,122.23	48,767.02	16.2
Cut, Punctured, Scraped, NOC	4	6.6	19,044.41	0.00	19,044.41	6.3
Struck or Injury By, NOC	3	4.9	13,162.97	0.00	13,162.97	4.4
Fall On the Same Level	4	6.6	8,472.92	0.00	8,472.92	2.8
Fall/Slip on Ice or Snow	1	1.6	2,820.65	2,898.17	5,718.82	1.9
Fall/Slip From a Different Level	2	3.3	3,654.21	0.00	3,654.21	1.2
Foreign Body in Eye	4	6.6	2,500.10	886.93	3,387.03	1.1
Struck/Injured By Falling or Flying C	3	4.9	1,802.44	826.46	2,628.90	0.9
Powered Hand Tool; Appliance	1	1.6	2,621.71	0.00	2,621.71	0.9
Striking Against or Stepping On, NC	2	3.3	1,749.15	0.00	1,749.15	0.6
Strain or Injury By, NOC	3	4.9	38.82	1,231.18	1,270.00	0.4
Dust, Gases, Fumes or Vapors	3	4.9	0.00	1,250.00	1,250.00	0.4
Hand Tool, Utensil; Not Powered	4	6.6	903.33	0.00	903.33	0.3
Fall/Slip on Stairs	4	6.6	165.17	578.87	744.04	0.2
Absorption, Ingestion or Inhalation	2	3.3	213.90	0.00	213.90	0.1
Struck/Injured By Moving Parts of M	1	1.6	50.65	0.00	50.65	0.0
Fall/Slip From Ladder or Scaffolding	2	3.3	28.11	0.00	28.11	0.0
Bending	1	1.6	18.82	0.00	18.82	0.0
Holding or Carrying	1	1.6	18.82	0.00	18.82	0.0
Slipped, Did Not Fall	1	1.6	18.82	0.00	18.82	0.0
Struck/Injured By Object Being Lift	1	1.6	10.87	0.00	10.87	0.0
Broken Glass	1	1.6	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	3.3	0.00	0.00	0.00	0.0
Fire or Flame	3	4.9	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.6	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary C	1	1.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	8	13.1	55,145.08	47,945.64	103,090.72	34.3
Lower Extremities Lower Leg	2	3.3	23,870.50	74,582.82	98,453.32	32.8
Trunk Low Back Area (Incl. Lumba	4	6.6	10,682.43	39,353.41	50,035.84	16.7
Upper Extremities Elbow	2	3.3	18,718.60	0.00	18,718.60	6.2
Head Eye(s)	6	9.8	5,121.81	886.93	6,008.74	2.0
Upper Extremities Wrist	1	1.6	2,820.65	2,898.17	5,718.82	1.9
Lower Extremities Knee	4	6.6	4,418.25	0.00	4,418.25	1.5
Lower Extremities Foot	3	4.9	4,227.21	0.00	4,227.21	1.4
Head Skull	2	3.3	3,420.63	0.00	3,420.63	1.1
Lower Extremities Ankle	3	4.9	515.36	1,405.33	1,920.69	0.6
Multiple Body Parts No Physical In	4	6.6	0.00	1,250.00	1,250.00	0.4
Upper Extremities Hand	2	3.3	924.07	0.00	924.07	0.3
Head Brain	1	1.6	834.36	0.00	834.36	0.3
Head Other facial soft tissue	3	4.9	805.90	0.00	805.90	0.3
Upper Extremities Finger(s)	6	9.8	355.72	0.00	355.72	0.1
Head Mouth	1	1.6	213.90	0.00	213.90	0.1
Trunk Lumbar and/or Sacral Vertel	1	1.6	18.82	0.00	18.82	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	1.6	10.87	0.00	10.87	0.0
Lower Extremities Great Toe	1	1.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.6	0.00	0.00	0.00	0.0
Trunk Lung(s)	3	4.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.6	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	1.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>INJURY</b>						
Sprain	8	13.1	28,180.69	79,291.04	107,471.73	35.8
Dislocation	1	1.6	32,959.38	43,595.32	76,554.70	25.5
Strain	5	8.2	10,683.61	38,122.23	48,805.84	16.2
Contusion (Bruise, Skin Surface)	10	16.4	29,392.32	826.46	30,218.78	10.1
Multiple Physical Injury Only	3	4.9	7,333.62	4,350.32	11,683.94	3.9
Electric Shock	1	1.6	8,907.98	0.00	8,907.98	3.0
Concussion (Brain, Cerebral)	2	3.3	4,254.99	0.00	4,254.99	1.4
Laceration	9	14.8	4,182.49	0.00	4,182.49	1.4
Fracture	1	1.6	2,848.31	0.00	2,848.31	0.9

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	9	14.8	363.07	2,136.93	2,500.00	0.8
Foreign Body (Eye)	2	3.3	2,137.03	0.00	2,137.03	0.7
Puncture	1	1.6	598.26	0.00	598.26	0.2
All Other (Specific) Injuries, NOC	9	14.8	262.41	0.00	262.41	0.1
<b>Sum:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	21	18.3	7,337.15	51,050.27	58,387.42	41.2
10AM - 11:59AM	34	29.6	7,630.88	31,246.38	38,877.26	27.4
2PM - 3:59PM	13	11.3	7,771.45	6,046.58	13,818.03	9.8
4PM - 5:59PM	9	7.8	10,896.32	0.00	10,896.32	7.7
8AM - 9:59AM	23	20.0	7,066.80	2,252.60	9,319.40	6.6
6AM - 7:59AM	6	5.2	6,424.51	0.00	6,424.51	4.5
6PM - 7:59PM	7	6.1	545.99	2,026.15	2,572.14	1.8
8PM - 9:59PM	2	1.7	1,413.46	0.00	1,413.46	1.0
<b>Totals:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	46	40.0	\$24,212.91	46,131.01	70,343.92	49.6
24 - 26	2	1.7	\$442.43	32,369.28	32,811.71	23.2
4 - 6	12	10.4	\$10,310.59	6,051.87	16,362.46	11.5
18 - 20	6	5.2	\$7,628.91	887.49	8,516.40	6.0
6 - 8	7	6.1	\$2,489.20	1,250.00	3,739.20	2.6
20 - 22	4	3.5	\$158.20	3,200.00	3,358.20	2.4
2 - 4	11	9.6	\$2,329.74	453.36	2,783.10	2.0
8 - 10	6	5.2	\$836.69	1,028.97	1,865.66	1.3
12 - 14	4	3.5	\$499.94	1,250.00	1,749.94	1.2
14 - 16	2	1.7	\$127.30	0.00	127.30	0.1
22 - 24	2	1.7	\$31.83	0.00	31.83	0.0
16 - 18	5	4.3	\$18.82	0.00	18.82	0.0
10 - 12	3	2.6	\$0.00	0.00	0.00	0.0
30 - 32	1	0.9	\$0.00	0.00	0.00	0.0
36 - 38	1	0.9	\$0.00	0.00	0.00	0.0
38 - 40	2	1.7	\$0.00	0.00	0.00	0.0
28 - 30	1	0.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	
<b>Age of Claimant</b>						
55 - 59	20	17.4	\$17,892.79	30,901.43	48,794.22	34.4
65 - 69	6	5.2	\$56.46	33,619.28	33,675.74	23.8
60 - 64	25	21.7	\$7,704.84	13,690.75	21,395.59	15.1
25 - 29	7	6.1	\$6,492.03	1,478.41	7,970.44	5.6
20 - 24	10	8.7	\$6,515.03	1,223.63	7,738.66	5.5

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 54	13	11.3	\$2,621.31	4,903.36	7,524.67	5.3
40 - 44	7	6.1	\$3,081.65	776.15	3,857.80	2.7
45 - 49	12	10.4	\$720.38	2,500.00	3,220.38	2.3
30 - 34	7	6.1	\$595.24	2,500.00	3,095.24	2.2
35 - 39	4	3.5	\$1,520.27	1,028.97	2,549.24	1.8
15 - 19	2	1.7	\$1,886.56	0.00	1,886.56	1.3
75 - 79	1	0.9	\$0.00	0.00	0.00	0.0
80 - 84	1	0.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	

### SEX OF CLAIMANT

Female	63	54.8	\$22,343.44	83,800.12	106,143.56	74.9
Male	52	45.2	\$26,743.12	8,821.86	35,564.98	25.1
<b>Totals:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	

### LOSS CAUSE

Floor	8	7.0	\$1,193.22	32,369.28	33,562.50	23.7
Glass bottle / sheet	1	0.9	\$86.82	25,376.24	25,463.06	18.0
Cords	2	1.7	\$4,474.25	12,440.75	16,915.00	11.9
Walking surface, outside, dry	11	9.6	\$6,165.24	1,250.00	7,415.24	5.2
Machine, not otherwise classified	2	1.7	\$5,663.44	776.15	6,439.59	4.5
Ground control unit/aerial	2	1.7	\$2,527.55	3,740.24	6,267.79	4.4
Person	1	0.9	\$5,342.38	0.00	5,342.38	3.8
Racks	3	2.6	\$4,761.84	0.00	4,761.84	3.4
Vehicle/car/truck	7	6.1	\$61.51	4,450.00	4,511.51	3.2
Walking surface, outside, wet	3	2.6	\$3,787.77	453.36	4,241.13	3.0
Boxes / containers	5	4.3	\$739.85	2,278.97	3,018.82	2.1
Chair	7	6.1	\$2,810.15	0.00	2,810.15	2.0
Vehicle, not otherwise classified	6	5.2	\$2,199.92	0.00	2,199.92	1.6
Metal items	5	4.3	\$449.98	1,223.63	1,673.61	1.2
Water	5	4.3	\$1,544.95	0.00	1,544.95	1.1
Walking surface, inside, dry	5	4.3	\$240.65	1,250.00	1,490.65	1.1
Chemicals, not otherwise classified	1	0.9	\$1,413.46	0.00	1,413.46	1.0
Cart	1	0.9	\$188.37	1,061.63	1,250.00	0.9
Object on Floor	1	0.9	\$0.00	1,250.00	1,250.00	0.9
Outside Surface	2	1.7	\$0.00	1,250.00	1,250.00	0.9
Stairs	2	1.7	\$352.54	897.46	1,250.00	0.9
Stairs, steps	4	3.5	\$0.00	1,250.00	1,250.00	0.9
Straps	1	0.9	\$362.51	887.49	1,250.00	0.9



Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Welding equipment	1	0.9	\$833.22	416.78	1,250.00	0.9
Furniture / fixtures	5	4.3	\$902.34	0.00	902.34	0.6
Sharp objects, not otherwise classif	2	1.7	\$799.24	0.00	799.24	0.6
Cabinet	1	0.9	\$595.24	0.00	595.24	0.4
Animal, not otherwise classified	1	0.9	\$488.09	0.00	488.09	0.3
Stone / rock / brick	1	0.9	\$435.68	0.00	435.68	0.3
Overhead Object	1	0.9	\$265.88	0.00	265.88	0.2
Ceiling	1	0.9	\$128.06	0.00	128.06	0.1
Beam	1	0.9	\$127.30	0.00	127.30	0.1
Foreign Object	1	0.9	\$115.66	0.00	115.66	0.1
N/A	1	0.9	\$18.82	0.00	18.82	0.0
Needle stick	1	0.9	\$10.63	0.00	10.63	0.0
Computer Work Station	1	0.9	\$0.00	0.00	0.00	0.0
Dolly	1	0.9	\$0.00	0.00	0.00	0.0
Door	1	0.9	\$0.00	0.00	0.00	0.0
Electric Drill	1	0.9	\$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	1.7	\$0.00	0.00	0.00	0.0
Insufficient data	1	0.9	\$0.00	0.00	0.00	0.0
Office equipment	2	1.7	\$0.00	0.00	0.00	0.0
Razor blade	1	0.9	\$0.00	0.00	0.00	0.0
Training \ Drills	1	0.9	\$0.00	0.00	0.00	0.0
Wall	1	0.9	\$0.00	0.00	0.00	0.0
Working Surface	1	0.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	

#### ACCIDENT TYPE

Fall On the Same Level	18	15.7	7,313.30	49,800.27	57,113.57	40.3
Collision with a Fixed Object	1	0.9	86.82	25,376.24	25,463.06	18.0
Fall, Slip or Trip, NOC	7	6.1	6,114.59	2,500.00	8,614.59	6.1
Lifting	11	9.6	4,268.13	3,055.12	7,323.25	5.2
Striking Against or Stepping On, NC	2	1.7	5,189.59	1,250.00	6,439.59	4.5
Struck/Injured By Object Being Lifted	6	5.2	6,000.29	416.78	6,417.07	4.5
Person in Act of Crime	1	0.9	5,342.38	0.00	5,342.38	3.8
Collision with Another Vehicle	4	3.5	0.00	4,450.00	4,450.00	3.1
Fall/Slip on Ice or Snow	2	1.7	3,787.77	453.36	4,241.13	3.0
Fall/Slip on Stairs	6	5.2	352.54	2,147.46	2,500.00	1.8
Struck/Injured By Motor Vehicle	3	2.6	2,199.92	0.00	2,199.92	1.6
Twisting	5	4.3	1,610.08	0.00	1,610.08	1.1
Absorption, Ingestion or Inhalation	1	0.9	1,413.46	0.00	1,413.46	1.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Reaching	1	0.9	188.37	1,061.63	1,250.00	0.9
Strike Against/Step On Stationary C	1	0.9	362.51	887.49	1,250.00	0.9
Struck/Injured By Falling or Flying C	1	0.9	26.37	1,223.63	1,250.00	0.9
Contact With Not Otherwise Classif	1	0.9	1,045.01	0.00	1,045.01	0.7
Broken Glass	1	0.9	799.24	0.00	799.24	0.6
Fall/Slip From a Different Level	8	7.0	676.44	0.00	676.44	0.5
Strain or Injury By, NOC	3	2.6	627.07	0.00	627.07	0.4
Fall/Slip From Liquid or Grease Spi	5	4.3	499.94	0.00	499.94	0.4
Struck/Injured By Animal or Insect	1	0.9	488.09	0.00	488.09	0.3
Struck or Injury By, NOC	4	3.5	265.88	0.00	265.88	0.2
Foreign Body in Eye	1	0.9	128.06	0.00	128.06	0.1
Hand Tool, Utensil; Not Powered	3	2.6	127.30	0.00	127.30	0.1
Bending	1	0.9	63.63	0.00	63.63	0.0
Motor Vehicle, NOC	2	1.7	61.51	0.00	61.51	0.0
Other Injury NEC	5	4.3	37.64	0.00	37.64	0.0
Object Being Lifted or Handled	1	0.9	10.63	0.00	10.63	0.0
Cut, Punctured, Scraped, NOC	3	2.6	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	0.9	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	0.9	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.9	0.00	0.00	0.00	0.0
Vehicle Upset	3	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	

**BODY PART**

Multiple Body Parts Multiple Body	14	12.2	1,256.71	32,369.28	33,625.99	23.7
Head Skull	4	3.5	6,201.41	25,376.24	31,577.65	22.3
Lower Extremities Knee	16	13.9	5,330.18	14,588.21	19,918.39	14.1
Upper Extremities Shoulder(s)	8	7.0	5,573.26	6,331.09	11,904.35	8.4
Lower Extremities Foot	5	4.3	5,193.44	1,223.63	6,417.07	4.5
Head Other facial soft tissue	4	3.5	6,387.39	0.00	6,387.39	4.5
Lower Extremities Ankle	9	7.8	3,572.93	2,500.00	6,072.93	4.3
Neck Disc (Neck)	1	0.9	5,189.59	0.00	5,189.59	3.7
Trunk Low Back Area (Incl. Lumba	13	11.3	3,311.86	1,837.78	5,149.64	3.6
Neck Multiple Neck Injury	1	0.9	0.00	3,200.00	3,200.00	2.3
Upper Extremities Hand	8	7.0	1,287.33	1,250.00	2,537.33	1.8
Trunk Disc (Back)	1	0.9	721.03	1,028.97	1,750.00	1.2
Multiple Body Parts No Physical In	4	3.5	1,432.28	0.00	1,432.28	1.0
Lower Extremities Great Toe	2	1.7	833.22	416.78	1,250.00	0.9
Upper Extremities Elbow	1	0.9	0.00	1,250.00	1,250.00	0.9

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Multiple Upper E	2	1.7	0.00	1,250.00	1,250.00	0.9
Lower Extremities Toe(s)	1	0.9	1,174.40	0.00	1,174.40	0.8
Neck Soft Tissue-Neck	1	0.9	595.24	0.00	595.24	0.4
Upper Extremities Wrist	2	1.7	423.61	0.00	423.61	0.3
Head Multiple Head Injury	1	0.9	265.88	0.00	265.88	0.2
Head Eye(s)	1	0.9	128.06	0.00	128.06	0.1
Head Ear(s)	1	0.9	115.66	0.00	115.66	0.1
Trunk Abdomen Including Groin	1	0.9	63.63	0.00	63.63	0.0
Upper Extremities Upper Arm (Incl	1	0.9	18.82	0.00	18.82	0.0
Upper Extremities Finger(s)	5	4.3	10.63	0.00	10.63	0.0
Head Nose	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	3	2.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	0.9	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hai	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	

**INJURY**

Concussion (Brain, Cerebral)	4	3.5	371.52	57,745.52	58,117.04	41.0
Contusion (Bruise, Skin Surface)	11	9.6	13,990.43	14,081.16	28,071.59	19.8
Strain	18	15.7	11,634.49	5,457.60	17,092.09	12.1
Sprain	18	15.7	6,558.62	6,240.24	12,798.86	9.0
Multiple Physical Injury Only	7	6.1	10,192.23	1,250.00	11,442.23	8.1
All Other (Specific) Injuries, NOC	14	12.2	371.36	4,097.46	4,468.82	3.2
Fracture	7	6.1	1,193.22	2,500.00	3,693.22	2.6
No Physical Injury	12	10.4	1,432.28	0.00	1,432.28	1.0
Laceration	12	10.4	1,402.99	0.00	1,402.99	1.0
Inflammation	2	1.7	0.00	1,250.00	1,250.00	0.9
Dermatitis	1	0.9	1,045.01	0.00	1,045.01	0.7
Crushing	3	2.6	405.23	0.00	405.23	0.3
Multiple Injury Inc. Physical & Psycl	2	1.7	286.86	0.00	286.86	0.2
Foreign Body (Eye)	1	0.9	128.06	0.00	128.06	0.1
Hernia (Rupture)	1	0.9	63.63	0.00	63.63	0.0
Puncture	2	1.7	10.63	0.00	10.63	0.0
<b>Sum:</b>	<b>115</b>		<b>\$49,086.56</b>	<b>\$92,621.98</b>	<b>\$141,708.54</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>262 - Dept of Aging and Rehab Service</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	4	23.5	8,362.20	35,741.17	44,103.37	51.1
8PM - 9:59PM	4	23.5	4,044.95	30,783.50	34,828.45	40.4
10AM - 11:59AM	2	11.8	1,617.51	3,182.49	4,800.00	5.6
12PM - 1:59PM	3	17.6	0.00	1,250.00	1,250.00	1.4
4PM - 5:59PM	2	11.8	0.00	1,250.00	1,250.00	1.4
6AM - 7:59AM	1	5.9	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	17.6	\$3,835.32	32,033.50	35,868.82	41.6
2 - 4	3	17.6	\$1,794.24	24,374.58	26,168.82	30.3
4 - 6	5	29.4	\$4,760.55	14,549.08	19,309.63	22.4
6 - 8	2	11.8	\$2,978.00	0.00	2,978.00	3.5
12 - 14	1	5.9	\$0.00	1,250.00	1,250.00	1.4
10 - 12	1	5.9	\$656.55	0.00	656.55	0.8
16 - 18	1	5.9	\$0.00	0.00	0.00	0.0
20 - 22	1	5.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	
<b>Age of Claimant</b>						
60 - 64	5	29.4	\$9,323.16	37,673.66	46,996.82	54.5
30 - 34	1	5.9	\$3,835.32	30,783.50	34,618.82	40.1
45 - 49	3	17.6	\$656.55	1,250.00	1,906.55	2.2
35 - 39	4	23.5	\$0.00	1,250.00	1,250.00	1.4
50 - 54	1	5.9	\$0.00	1,250.00	1,250.00	1.4
25 - 29	2	11.8	\$209.63	0.00	209.63	0.2
55 - 59	1	5.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	35.3	\$8,430.83	35,215.99	43,646.82	50.6
Female	11	64.7	\$5,593.83	36,991.17	42,585.00	49.4
<b>Totals:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	
<b>LOSS CAUSE</b>						
Person	1	5.9	\$3,835.32	30,783.50	34,618.82	40.1
Stairs, steps	2	11.8	\$1,794.24	23,124.58	24,918.82	28.9

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Uneven Surface	2	11.8	\$2,933.41	13,866.59	16,800.00	19.5
Electricity	1	5.9	\$1,617.51	1,932.49	3,550.00	4.1
Animal / bee type	1	5.9	\$2,978.00	0.00	2,978.00	3.5
Furniture / fixtures	1	5.9	\$0.00	1,250.00	1,250.00	1.4
N/A	1	5.9	\$0.00	1,250.00	1,250.00	1.4
Cabinet	1	5.9	\$656.55	0.00	656.55	0.8
Recreational equipment	2	11.8	\$209.63	0.00	209.63	0.2
Animal, not otherwise classified	1	5.9	\$0.00	0.00	0.00	0.0
Chair	1	5.9	\$0.00	0.00	0.00	0.0
Clothing / jewelry	1	5.9	\$0.00	0.00	0.00	0.0
Floor	1	5.9	\$0.00	0.00	0.00	0.0
Outside Surface	1	5.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	

#### ACCIDENT TYPE

Struck/Injured By Fellow Worker, P	1	5.9	3,835.32	30,783.50	34,618.82	40.1
Fall/Slip From a Different Level	1	5.9	1,794.24	23,124.58	24,918.82	28.9
Fall On the Same Level	4	23.5	2,933.41	12,616.59	15,550.00	18.0
Contact with Electrical Current	1	5.9	1,617.51	1,932.49	3,550.00	4.1
Struck/Injured By Animal or Insect	2	11.8	2,978.00	0.00	2,978.00	3.5
Other Injury NEC	2	11.8	0.00	1,250.00	1,250.00	1.4
Strike Against/Step On Stationary C	1	5.9	0.00	1,250.00	1,250.00	1.4
Twisting	1	5.9	0.00	1,250.00	1,250.00	1.4
Object Being Lifted or Handled	1	5.9	656.55	0.00	656.55	0.8
Struck/Injured By Object Being Lift	1	5.9	209.63	0.00	209.63	0.2
Fall/Slip on Ice or Snow	1	5.9	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	

#### BODY PART

Multiple Body Parts Multiple Body	3	17.6	4,727.65	35,741.17	40,468.82	46.9
Lower Extremities Knee	3	17.6	3,835.32	30,783.50	34,618.82	40.1
Head Skull	2	11.8	3,634.55	0.00	3,634.55	4.2
Upper Extremities Lower Arm	1	5.9	1,617.51	1,932.49	3,550.00	4.1
Head Other facial soft tissue	1	5.9	0.00	1,250.00	1,250.00	1.4
Multiple Body Parts Insufficient Infr	1	5.9	0.00	1,250.00	1,250.00	1.4
Trunk Low Back Area (Incl. Lumba	1	5.9	0.00	1,250.00	1,250.00	1.4
Upper Extremities Thumb	1	5.9	209.63	0.00	209.63	0.2
Lower Extremities Foot	2	11.8	0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Heart	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	

**INJURY**

Sprain	2	11.8	3,835.32	30,783.50	34,618.82	40.1
Strain	3	17.6	3,411.75	26,307.07	29,718.82	34.5
Contusion (Bruise, Skin Surface)	5	29.4	3,799.59	12,616.59	16,416.18	19.0
Inflammation	2	11.8	2,978.00	0.00	2,978.00	3.5
Laceration	2	11.8	0.00	1,250.00	1,250.00	1.4
No Physical Injury	3	17.6	0.00	1,250.00	1,250.00	1.4
<b>Sum:</b>	<b>17</b>		<b>\$14,024.66</b>	<b>\$72,207.16</b>	<b>\$86,231.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>268 - MARINE SCIENCE, VA INST. OF</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	28.6	20,127.76	46,221.06	66,348.82	46.5
4PM - 5:59PM	1	14.3	17,376.48	41,842.34	59,218.82	41.5
6PM - 7:59PM	1	14.3	3,346.97	12,601.95	15,948.92	11.2
10AM - 11:59AM	1	14.3	0.00	1,250.00	1,250.00	0.9
8AM - 9:59AM	2	28.6	18.63	0.00	18.63	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	57.1	\$23,493.36	58,823.01	82,316.37	57.7
24 - 26	1	14.3	\$17,376.48	41,842.34	59,218.82	41.5
14 - 16	1	14.3	\$0.00	1,250.00	1,250.00	0.9
2 - 4	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>Age of Claimant</b>						
60 - 64	2	28.6	\$20,723.45	54,444.29	75,167.74	52.6
25 - 29	2	28.6	\$19,997.76	46,221.06	66,218.82	46.4
40 - 44	1	14.3	\$0.00	1,250.00	1,250.00	0.9
20 - 24	1	14.3	\$130.00	0.00	130.00	0.1
30 - 34	1	14.3	\$18.63	0.00	18.63	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	57.1	\$37,374.24	89,313.40	126,687.64	88.7
Male	3	42.9	\$3,495.60	12,601.95	16,097.55	11.3
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	14.3	\$19,997.76	46,221.06	66,218.82	46.4
Walking surface, outside, wet	1	14.3	\$17,376.48	41,842.34	59,218.82	41.5
Object on Floor	1	14.3	\$3,346.97	12,601.95	15,948.92	11.2
Water	1	14.3	\$0.00	1,250.00	1,250.00	0.9
Hand tool, not powered, NOC	1	14.3	\$130.00	0.00	130.00	0.1
Animal, not otherwise classified	1	14.3	\$18.63	0.00	18.63	0.0
Outside Surface	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>ACCIDENT TYPE</b>						

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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Twisting	1	14.3	19,997.76	46,221.06	66,218.82	46.4
Fall/Slip on Ice or Snow	1	14.3	17,376.48	41,842.34	59,218.82	41.5
Fall, Slip or Trip, NOC	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Other Injury NEC	1	14.3	0.00	1,250.00	1,250.00	0.9
Hand Tool, Utensil; Not Powered	1	14.3	130.00	0.00	130.00	0.1
Struck/Injured By Animal or Insect	1	14.3	18.63	0.00	18.63	0.0
Fall/Slip From a Different Level	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	14.3	19,997.76	46,221.06	66,218.82	46.4
Multiple Body Parts Multiple Body	4	57.1	17,395.11	43,092.34	60,487.45	42.4
Lower Extremities Hip	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Upper Extremities Finger(s)	1	14.3	130.00	0.00	130.00	0.1
<b>Sum:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>INJURY</b>						
Sprain	1	14.3	19,997.76	46,221.06	66,218.82	46.4
Multiple Physical Injury Only	1	14.3	17,376.48	41,842.34	59,218.82	41.5
Contusion (Bruise, Skin Surface)	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Dermatitis	1	14.3	0.00	1,250.00	1,250.00	0.9
Laceration	1	14.3	130.00	0.00	130.00	0.1
All Other (Specific) Injuries, NOC	2	28.6	18.63	0.00	18.63	0.0
<b>Sum:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>301 - AGRIC &amp; CONSUMER SERVS, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	11	26.8	28,085.40	59,542.91	87,628.31	56.0
6PM - 7:59PM	2	4.9	6,209.52	28,709.30	34,918.82	22.3
6AM - 7:59AM	7	17.1	64.28	32,573.36	32,637.64	20.9
8AM - 9:59AM	3	7.3	1,200.29	0.00	1,200.29	0.8
12PM - 1:59PM	2	4.9	18.82	0.00	18.82	0.0
2AM - 3:59AM	1	2.4	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	2.4	0.00	0.00	0.00	0.0
10AM - 11:59AM	8	19.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	5	12.2	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	2.4	\$27,456.14	49,842.17	77,298.31	49.4
2 - 4	8	19.5	\$6,209.52	28,709.30	34,918.82	22.3
0 - 2	16	39.0	\$1,283.39	32,573.36	33,856.75	21.6
16 - 18	1	2.4	\$629.26	7,150.74	7,780.00	5.0
12 - 14	2	4.9	\$0.00	2,550.00	2,550.00	1.6
4 - 6	2	4.9	\$0.00	0.00	0.00	0.0
6 - 8	6	14.6	\$0.00	0.00	0.00	0.0
8 - 10	4	9.8	\$0.00	0.00	0.00	0.0
24 - 26	1	2.4	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>Age of Claimant</b>						
60 - 64	4	9.8	\$27,456.14	49,842.17	77,298.31	49.4
55 - 59	2	4.9	\$6,228.34	28,709.30	34,937.64	22.3
45 - 49	2	4.9	\$45.46	32,573.36	32,618.82	20.9
50 - 54	2	4.9	\$629.26	7,150.74	7,780.00	5.0
35 - 39	9	22.0	\$0.00	2,550.00	2,550.00	1.6
30 - 34	7	17.1	\$603.69	0.00	603.69	0.4
70 - 74	1	2.4	\$596.60	0.00	596.60	0.4
25 - 29	5	12.2	\$18.82	0.00	18.82	0.0
20 - 24	3	7.3	\$0.00	0.00	0.00	0.0
40 - 44	4	9.8	\$0.00	0.00	0.00	0.0
65 - 69	2	4.9	\$0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>SEX OF CLAIMANT</b>						
Male	15	36.6	\$28,117.02	82,415.53	110,532.55	70.7
Female	26	63.4	\$7,461.29	38,410.04	45,871.33	29.3
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	2.4	\$27,456.14	49,842.17	77,298.31	49.4
Boxes / containers	3	7.3	\$674.72	39,724.10	40,398.82	25.8
Office equipment	1	2.4	\$6,209.52	28,709.30	34,918.82	22.3
Walking surface, outside, dry	2	4.9	\$18.82	2,550.00	2,568.82	1.6
Animal / insect, not otherwise class	2	4.9	\$603.69	0.00	603.69	0.4
Stone / rock / brick	1	2.4	\$596.60	0.00	596.60	0.4
Dust	1	2.4	\$18.82	0.00	18.82	0.0
Animal, not otherwise classified	8	19.5	\$0.00	0.00	0.00	0.0
Animal / snake	1	2.4	\$0.00	0.00	0.00	0.0
Baggage/Luggage	1	2.4	\$0.00	0.00	0.00	0.0
Chair	1	2.4	\$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	4.9	\$0.00	0.00	0.00	0.0
Clothing / jewelry	1	2.4	\$0.00	0.00	0.00	0.0
Door	1	2.4	\$0.00	0.00	0.00	0.0
Food	1	2.4	\$0.00	0.00	0.00	0.0
Foreign Object	1	2.4	\$0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.4	\$0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.4	\$0.00	0.00	0.00	0.0
Knife, NOC	2	4.9	\$0.00	0.00	0.00	0.0
Knife, Utility	1	2.4	\$0.00	0.00	0.00	0.0
Ladder - Portable	1	2.4	\$0.00	0.00	0.00	0.0
Razor blade	1	2.4	\$0.00	0.00	0.00	0.0
Vehicle/car/truck	5	12.2	\$0.00	0.00	0.00	0.0
Water	1	2.4	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	4.9	27,456.14	49,842.17	77,298.31	49.4
Lifting	3	7.3	674.72	39,724.10	40,398.82	25.8
Struck or Injury By, NOC	3	7.3	6,209.52	28,709.30	34,918.82	22.3
Fall, Slip or Trip, NOC	2	4.9	596.60	2,550.00	3,146.60	2.0
Struck/Injured By Animal or Insect	8	19.5	603.69	0.00	603.69	0.4

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dust, Gases, Fumes or Vapors	1	2.4	18.82	0.00	18.82	0.0
Strain or Injury By, NOC	2	4.9	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation	2	4.9	0.00	0.00	0.00	0.0
Broken Glass	1	2.4	0.00	0.00	0.00	0.0
Collision with Another Vehicle	4	9.8	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	4	9.8	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	2.4	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spill	1	2.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	4	9.8	0.00	0.00	0.00	0.0
Other Injury NEC	1	2.4	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	2.4	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NCC	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	

**BODY PART**

Lower Extremities Ankle	3	7.3	27,474.96	52,392.17	79,867.13	51.1
Lower Extremities Lower Leg	2	4.9	6,209.52	28,709.30	34,918.82	22.3
Upper Extremities Multiple Upper Extremities	1	2.4	45.46	32,573.36	32,618.82	20.9
Trunk Upper Back Area (Thoracic)	1	2.4	629.26	7,150.74	7,780.00	5.0
Upper Extremities Shoulder(s)	2	4.9	603.69	0.00	603.69	0.4
Head Facial Bones	1	2.4	596.60	0.00	596.60	0.4
Trunk Chest (Incl. Ribs, Sternum & Neck)	1	2.4	18.82	0.00	18.82	0.0
Head Eye(s)	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	4	9.8	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	3	7.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	6	14.6	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbosacral)	2	4.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	4.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	7	17.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	4.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	

**INJURY**

Sprain	3	7.3	27,474.96	52,392.17	79,867.13	51.1
Strain	6	14.6	674.72	39,724.10	40,398.82	25.8
Contusion (Bruise, Skin Surface)	9	22.0	6,209.52	28,709.30	34,918.82	22.3

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Inflammation	4	9.8	603.69	0.00	603.69	0.4
Laceration	8	19.5	596.60	0.00	596.60	0.4
Respiratory Disorders(Gases,Fume	1	2.4	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	2.4	0.00	0.00	0.00	0.0
No Physical Injury	6	14.6	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than N	1	2.4	0.00	0.00	0.00	0.0
Puncture	2	4.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>350 - Dept of Small Bus. &amp; Supplier Div.</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	1,166.03	2,402.79	3,568.82	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	\$1,166.03	2,402.79	3,568.82	100.0
2 - 4	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	\$1,166.03	2,402.79	3,568.82	100.0
55 - 59	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$1,166.03	2,402.79	3,568.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>LOSS CAUSE</b>						
Elevators, escalators	1	50.0	\$1,166.03	2,402.79	3,568.82	100.0
Furniture / fixtures	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Collision with a Fixed Object	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Lower Extremities Toe(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Fracture	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	

Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>402 - MARINE RESOURCES COMMISSION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	2	28.6	209.53	7,159.29	7,368.82	48.1
6PM - 7:59PM	1	14.3	1,166.08	4,791.15	5,957.23	38.9
6AM - 7:59AM	1	14.3	1,536.65	0.00	1,536.65	10.0
10AM - 11:59AM	2	28.6	467.04	0.00	467.04	3.0
12PM - 1:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>LENGTH OF SERVICE</b>						
30 - 32	1	14.3	\$18.82	6,100.00	6,118.82	39.9
6 - 8	1	14.3	\$1,166.08	4,791.15	5,957.23	38.9
2 - 4	1	14.3	\$1,536.65	0.00	1,536.65	10.0
4 - 6	2	28.6	\$190.71	1,059.29	1,250.00	8.2
0 - 2	1	14.3	\$467.04	0.00	467.04	3.0
16 - 18	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>Age of Claimant</b>						
55 - 59	2	28.6	\$1,633.12	4,791.15	6,424.27	41.9
60 - 64	1	14.3	\$18.82	6,100.00	6,118.82	39.9
50 - 54	2	28.6	\$1,536.65	0.00	1,536.65	10.0
25 - 29	1	14.3	\$190.71	1,059.29	1,250.00	8.2
30 - 34	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	100.0	\$3,379.30	11,950.44	15,329.74	100.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>LOSS CAUSE</b>						
N/A	1	14.3	\$18.82	6,100.00	6,118.82	39.9
Trailer Flap	1	14.3	\$1,166.08	4,791.15	5,957.23	38.9
Vehicle, not otherwise classified	2	28.6	\$1,727.36	1,059.29	2,786.65	18.2
Wall	1	14.3	\$467.04	0.00	467.04	3.0
Cords	1	14.3	\$0.00	0.00	0.00	0.0
Water	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>ACCIDENT TYPE</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	3	42.9	2,721.55	10,891.15	13,612.70	88.8
Lifting	1	14.3	190.71	1,059.29	1,250.00	8.2
Struck/Injured By Falling or Flying C	1	14.3	467.04	0.00	467.04	3.0
Contact with Electrical Current	1	14.3	0.00	0.00	0.00	0.0
Fall On the Same Level	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical In	1	14.3	18.82	6,100.00	6,118.82	39.9
Lower Extremities Lower Leg	1	14.3	1,166.08	4,791.15	5,957.23	38.9
Lower Extremities Knee	1	14.3	1,536.65	0.00	1,536.65	10.0
Trunk Low Back Area (Incl. Lumba	1	14.3	190.71	1,059.29	1,250.00	8.2
Trunk Chest (Incl. Ribs, Sternum &	1	14.3	467.04	0.00	467.04	3.0
Upper Extremities Hand	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>INJURY</b>						
No Physical Injury	3	42.9	485.86	6,100.00	6,585.86	43.0
Laceration	1	14.3	1,166.08	4,791.15	5,957.23	38.9
Sprain	1	14.3	1,536.65	0.00	1,536.65	10.0
Strain	1	14.3	190.71	1,059.29	1,250.00	8.2
Electric Shock	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	

Company: Commonwealth of Virginia  
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 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	14	23.3	10,597.31	18,789.56	29,386.87	30.3
2PM - 3:59PM	13	21.7	1,927.29	21,049.37	22,976.66	23.7
4PM - 5:59PM	6	10.0	2,682.45	18,291.37	20,973.82	21.6
12PM - 1:59PM	11	18.3	6,432.49	7,012.93	13,445.42	13.9
8AM - 9:59AM	9	15.0	3,386.71	3,116.00	6,502.71	6.7
12AM - 1:59AM	1	1.7	0.00	1,250.00	1,250.00	1.3
4AM - 5:59AM	2	3.3	0.00	1,250.00	1,250.00	1.3
6AM - 7:59AM	1	1.7	0.00	1,250.00	1,250.00	1.3
6PM - 7:59PM	2	3.3	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	1.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	23	38.3	\$8,891.54	44,617.73	53,509.27	55.1
2 - 4	6	10.0	\$6,844.32	12,071.70	18,916.02	19.5
14 - 16	5	8.3	\$1,856.17	5,935.14	7,791.31	8.0
38 - 40	1	1.7	\$3,418.68	2,131.32	5,550.00	5.7
4 - 6	9	15.0	\$0.00	2,500.00	2,500.00	2.6
8 - 10	2	3.3	\$0.00	2,500.00	2,500.00	2.6
46 - 48	1	1.7	\$1,633.87	0.00	1,633.87	1.7
18 - 20	3	5.0	\$1,499.32	0.00	1,499.32	1.5
16 - 18	2	3.3	\$246.66	1,003.34	1,250.00	1.3
28 - 30	1	1.7	\$0.00	1,250.00	1,250.00	1.3
12 - 14	1	1.7	\$616.87	0.00	616.87	0.6
36 - 38	1	1.7	\$18.82	0.00	18.82	0.0
6 - 8	5	8.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	
<b>Age of Claimant</b>						
35 - 39	9	15.0	\$4,934.19	16,756.84	21,691.03	22.4
25 - 29	8	13.3	\$2,913.40	18,560.00	21,473.40	22.1
20 - 24	7	11.7	\$3,362.79	16,017.18	19,379.97	20.0
30 - 34	16	26.7	\$2,627.58	11,290.55	13,918.13	14.3
60 - 64	2	3.3	\$3,418.68	2,131.32	5,550.00	5.7
40 - 44	4	6.7	\$3,772.43	0.00	3,772.43	3.9
65 - 69	3	5.0	\$1,652.69	1,250.00	2,902.69	3.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 54	3	5.0	\$1,519.39	1,003.34	2,522.73	2.6
70 - 74	2	3.3	\$0.00	2,500.00	2,500.00	2.6
45 - 49	5	8.3	\$825.10	1,250.00	2,075.10	2.1
55 - 59	1	1.7	\$0.00	1,250.00	1,250.00	1.3
<b>Totals:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	
<b>SEX OF CLAIMANT</b>						
Male	42	70.0	\$17,907.28	54,332.16	72,239.44	74.4
Female	18	30.0	\$7,118.97	17,677.07	24,796.04	25.6
<b>Totals:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	4	6.7	\$5,026.03	15,106.19	20,132.22	20.7
Person	3	5.0	\$598.51	18,560.00	19,158.51	19.7
Irregular Train	1	1.7	\$2,260.05	7,558.77	9,818.82	10.1
Walking surface, outside, wet	5	8.3	\$3,665.34	4,384.66	8,050.00	8.3
Training \ Drills	8	13.3	\$703.83	6,596.17	7,300.00	7.5
Stone / rock / brick	1	1.7	\$1,414.86	4,685.14	6,100.00	6.3
Baggage/Luggage	1	1.7	\$37.07	4,512.93	4,550.00	4.7
Animal, not otherwise classified	2	3.3	\$4,155.75	0.00	4,155.75	4.3
Chair	1	1.7	\$652.82	3,116.00	3,768.82	3.9
Machine, not otherwise classified	1	1.7	\$1,633.87	0.00	1,633.87	1.7
Animal / tick, spider, etc.	10	16.7	\$226.59	1,250.00	1,476.59	1.5
Boxes / containers	1	1.7	\$1,272.73	0.00	1,272.73	1.3
Environmental conditions	2	3.3	\$10.63	1,239.37	1,250.00	1.3
Knife, Utility	1	1.7	\$0.00	1,250.00	1,250.00	1.3
Ladder - Fixed	1	1.7	\$0.00	1,250.00	1,250.00	1.3
Tool Holder	1	1.7	\$0.00	1,250.00	1,250.00	1.3
Trailer Landing Gear	1	1.7	\$0.00	1,250.00	1,250.00	1.3
Scalpel	1	1.7	\$911.15	0.00	911.15	0.9
Roll bar	1	1.7	\$815.74	0.00	815.74	0.8
Floor	1	1.7	\$783.57	0.00	783.57	0.8
Water	1	1.7	\$412.76	0.00	412.76	0.4
Brush / tree / log	2	3.3	\$221.13	0.00	221.13	0.2
Walking surface, outside, dry	1	1.7	\$205.00	0.00	205.00	0.2
N/A	1	1.7	\$18.82	0.00	18.82	0.0
Battery	1	1.7	\$0.00	0.00	0.00	0.0
Door	1	1.7	\$0.00	0.00	0.00	0.0
Gas / Fumes	1	1.7	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sharp objects, not otherwise classif	2	3.3	\$0.00	0.00	0.00	0.0
Uneven Surface	1	1.7	\$0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.7	\$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	

#### ACCIDENT TYPE

Fall/Slip From a Different Level	3	5.0	5,531.31	18,487.51	24,018.82	24.8
Struck/Injured By Fellow Worker, P	1	1.7	0.00	15,810.00	15,810.00	16.3
Struck or Injury By, NOC	6	10.0	1,616.15	10,301.18	11,917.33	12.3
Other Injury NEC	4	6.7	2,278.87	8,808.77	11,087.64	11.4
Fall On the Same Level	6	10.0	1,661.52	5,688.48	7,350.00	7.6
Strain or Injury By, NOC	2	3.3	1,309.80	4,512.93	5,822.73	6.0
Cut, Punctured, Scraped, NOC	3	5.0	3,538.88	0.00	3,538.88	3.6
Crash of Water Vehicle	1	1.7	2,691.46	0.00	2,691.46	2.8
Twisting	3	5.0	0.00	2,500.00	2,500.00	2.6
Hand Tool, Utensil; Not Powered	2	3.3	911.15	1,250.00	2,161.15	2.2
Caught In/Between-Machine or Ma	1	1.7	1,633.87	0.00	1,633.87	1.7
Absorption, Ingestion or Inhalation	1	1.7	10.63	1,239.37	1,250.00	1.3
Holding or Carrying	1	1.7	0.00	1,250.00	1,250.00	1.3
Pushing or Pulling	1	1.7	339.01	910.99	1,250.00	1.3
Slipped, Did Not Fall	1	1.7	0.00	1,250.00	1,250.00	1.3
Struck/Injured By Animal or Insect	10	16.7	843.46	0.00	843.46	0.9
Lifting	1	1.7	815.74	0.00	815.74	0.8
Striking Against or Stepping On, NC	1	1.7	783.57	0.00	783.57	0.8
Foreign Body in Eye	3	5.0	426.13	0.00	426.13	0.4
Repetitive Motion (after 7/1/94)	3	5.0	412.76	0.00	412.76	0.4
Struck/Injured By Object Being Lifte	1	1.7	221.94	0.00	221.94	0.2
Caught In, Under or Between, NOC	1	1.7	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	1.7	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	1.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	1.7	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	1.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	

#### BODY PART

Multiple Body Parts Multiple Body	8	13.3	5,541.94	19,726.88	25,268.82	26.0
Head Teeth	1	1.7	0.00	15,810.00	15,810.00	16.3
Lower Extremities Knee	9	15.0	2,796.94	9,935.14	12,732.08	13.1

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Lower Leg	6	10.0	2,486.64	7,558.77	10,045.41	10.4
Upper Extremities Shoulder(s)	5	8.3	1,722.56	5,762.93	7,485.49	7.7
Upper Extremities Finger(s)	5	8.3	5,394.69	1,250.00	6,644.69	6.8
Upper Extremities Hand	4	6.7	4,219.48	0.00	4,219.48	4.3
Lower Extremities Toe(s)	1	1.7	652.82	3,116.00	3,768.82	3.9
Trunk Chest (Incl. Ribs, Sternum &	1	1.7	364.82	3,185.18	3,550.00	3.7
Lower Extremities Ankle	2	3.3	246.66	2,253.34	2,500.00	2.6
Upper Extremities Elbow	2	3.3	339.01	2,160.99	2,500.00	2.6
Trunk Internal Organs	1	1.7	0.00	1,250.00	1,250.00	1.3
Trunk Low Back Area (Incl. Lumba	1	1.7	815.74	0.00	815.74	0.8
Head Eye(s)	4	6.7	426.13	0.00	426.13	0.4
Trunk Heart	1	1.7	18.82	0.00	18.82	0.0
Lower Extremities Hip	3	5.0	0.00	0.00	0.00	0.0
Trunk Pelvis	1	1.7	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	1	1.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	1.7	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	1	1.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	

**INJURY**

Multiple Physical Injury Only	4	6.7	5,531.31	18,487.51	24,018.82	24.8
Contusion (Bruise, Skin Surface)	7	11.7	1,658.33	20,176.00	21,834.33	22.5
Sprain	12	20.0	4,314.21	9,438.52	13,752.73	14.2
Strain	10	16.7	2,464.55	7,923.92	10,388.47	10.7
Rupture	1	1.7	2,260.05	7,558.77	9,818.82	10.1
Inflammation	3	5.0	1,414.86	5,935.14	7,350.00	7.6
Laceration	6	10.0	6,083.90	1,250.00	7,333.90	7.6
Respiratory Disorders(Gases,Fume	1	1.7	10.63	1,239.37	1,250.00	1.3
Puncture	1	1.7	616.87	0.00	616.87	0.6
Foreign Body (Eye)	2	3.3	233.55	0.00	233.55	0.2
No Physical Injury	1	1.7	226.59	0.00	226.59	0.2
All Other (Specific) Injuries, NOC	4	6.7	192.58	0.00	192.58	0.2
All Other Occupational Disease	1	1.7	18.82	0.00	18.82	0.0
Contagious Disease	1	1.7	0.00	0.00	0.00	0.0
Dislocation	1	1.7	0.00	0.00	0.00	0.0
Infection	4	6.7	0.00	0.00	0.00	0.0
Poisoning-General (Not OD or Curr	1	1.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>60</b>		<b>\$25,026.25</b>	<b>\$72,009.23</b>	<b>\$97,035.48</b>	

Company: Commonwealth of Virginia  
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Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>405 - VIRGINIA RACING COMMISSION</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>409 - Virginia Department of Energy</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	16.7	32,984.86	118,192.46	151,177.32	97.2
2PM - 3:59PM	2	33.3	0.00	3,050.00	3,050.00	2.0
12PM - 1:59PM	2	33.3	20.00	1,230.00	1,250.00	0.8
10AM - 11:59AM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>LENGTH OF SERVICE</b>						
28 - 30	1	16.7	\$32,984.86	118,192.46	151,177.32	97.2
0 - 2	1	16.7	\$0.00	3,050.00	3,050.00	2.0
2 - 4	1	16.7	\$20.00	1,230.00	1,250.00	0.8
16 - 18	1	16.7	\$0.00	0.00	0.00	0.0
18 - 20	1	16.7	\$0.00	0.00	0.00	0.0
20 - 22	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>Age of Claimant</b>						
55 - 59	1	16.7	\$32,984.86	118,192.46	151,177.32	97.2
45 - 49	2	33.3	\$0.00	3,050.00	3,050.00	2.0
35 - 39	1	16.7	\$20.00	1,230.00	1,250.00	0.8
65 - 69	2	33.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	66.7	\$33,004.86	119,422.46	152,427.32	98.0
Female	2	33.3	\$0.00	3,050.00	3,050.00	2.0
<b>Totals:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>LOSS CAUSE</b>						
Ladder - Portable	1	16.7	\$32,984.86	118,192.46	151,177.32	97.2
Outside Surface	1	16.7	\$0.00	3,050.00	3,050.00	2.0
Floor	1	16.7	\$20.00	1,230.00	1,250.00	0.8
Brush / tree / log	1	16.7	\$0.00	0.00	0.00	0.0
Elevators, escalators	1	16.7	\$0.00	0.00	0.00	0.0
Stairs	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Ladder or Scaffolding	1	16.7	32,984.86	118,192.46	151,177.32	97.2

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	2	33.3	20.00	4,280.00	4,300.00	2.8
Fall/Slip on Stairs	1	16.7	0.00	0.00	0.00	0.0
Pushing or Pulling	1	16.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	16.7	32,984.86	118,192.46	151,177.32	97.2
Upper Extremities Finger(s)	1	16.7	0.00	3,050.00	3,050.00	2.0
Trunk Low Back Area (Incl. Lumba	1	16.7	20.00	1,230.00	1,250.00	0.8
Head Eye(s)	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	4	66.7	33,004.86	122,472.46	155,477.32	100.0
Foreign Body (Eye)	1	16.7	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$33,004.86</b>	<b>\$122,472.46</b>	<b>\$155,477.32</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>411 - FORESTRY, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	6	20.0	13,343.28	109,240.09	122,583.37	90.8
2PM - 3:59PM	6	20.0	2,574.40	2,998.17	5,572.57	4.1
12PM - 1:59PM	2	6.7	38.50	4,011.50	4,050.00	3.0
10AM - 11:59AM	7	23.3	0.00	2,500.00	2,500.00	1.9
8AM - 9:59AM	2	6.7	315.22	0.00	315.22	0.2
12AM - 1:59AM	1	3.3	0.00	0.00	0.00	0.0
2AM - 3:59AM	2	6.7	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	10.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	3	10.0	\$18.82	99,200.00	99,218.82	73.5
16 - 18	2	6.7	\$8,075.13	10,040.09	18,115.22	13.4
0 - 2	9	30.0	\$5,213.65	6,078.90	11,292.55	8.4
42 - 44	1	3.3	\$2,644.57	0.00	2,644.57	2.0
30 - 32	2	6.7	\$24.00	2,476.00	2,500.00	1.9
2 - 4	3	10.0	\$295.23	954.77	1,250.00	0.9
4 - 6	1	3.3	\$0.00	0.00	0.00	0.0
6 - 8	1	3.3	\$0.00	0.00	0.00	0.0
12 - 14	1	3.3	\$0.00	0.00	0.00	0.0
18 - 20	3	10.0	\$0.00	0.00	0.00	0.0
22 - 24	2	6.7	\$0.00	0.00	0.00	0.0
14 - 16	2	6.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>Age of Claimant</b>						
45 - 49	1	3.3	\$18.82	99,200.00	99,218.82	73.5
40 - 44	4	13.3	\$7,759.91	11,290.09	19,050.00	14.1
50 - 54	4	13.3	\$1,861.07	4,011.50	5,872.57	4.3
55 - 59	6	20.0	\$339.22	2,476.00	2,815.22	2.1
60 - 64	1	3.3	\$2,644.57	0.00	2,644.57	2.0
25 - 29	6	20.0	\$727.83	1,772.17	2,500.00	1.9
20 - 24	1	3.3	\$2,104.17	0.00	2,104.17	1.6
30 - 34	3	10.0	\$815.81	0.00	815.81	0.6
35 - 39	3	10.0	\$0.00	0.00	0.00	0.0



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	1	3.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>SEX OF CLAIMANT</b>						
Male	22	73.3	\$13,518.28	113,783.49	127,301.77	94.3
Female	8	26.7	\$2,753.12	4,966.27	7,719.39	5.7
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>LOSS CAUSE</b>						
Environmental conditions	2	6.7	\$18.82	99,200.00	99,218.82	73.5
Stone / rock / brick	2	6.7	\$9,864.08	10,040.09	19,904.17	14.7
Uneven Surface	8	26.7	\$353.72	4,011.50	4,365.22	3.2
Stairs, steps	2	6.7	\$2,644.57	0.00	2,644.57	2.0
Vehicle/car/truck	7	23.3	\$295.23	2,204.77	2,500.00	1.9
Vehicle, not otherwise classified	1	3.3	\$1,822.57	0.00	1,822.57	1.3
Animal, not otherwise classified	1	3.3	\$432.60	817.40	1,250.00	0.9
Chainsaw	1	3.3	\$0.00	1,250.00	1,250.00	0.9
Metal items	1	3.3	\$24.00	1,226.00	1,250.00	0.9
Hand tool, powered, NOC	1	3.3	\$815.81	0.00	815.81	0.6
Animal / bee type	1	3.3	\$0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	3.3	\$0.00	0.00	0.00	0.0
Brush / tree / log	1	3.3	\$0.00	0.00	0.00	0.0
Wheel	1	3.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	3	10.0	18.82	99,200.00	99,218.82	73.5
Struck/Injured By Falling or Flying C	1	3.3	7,759.91	10,040.09	17,800.00	13.2
Fall On the Same Level	1	3.3	38.50	4,011.50	4,050.00	3.0
Twisting	1	3.3	2,644.57	0.00	2,644.57	2.0
Struck or Injury By, NOC	2	6.7	2,104.17	0.00	2,104.17	1.6
Fall, Slip or Trip, NOC	6	20.0	815.81	1,250.00	2,065.81	1.5
Contact with Hot Object or Substan	1	3.3	1,822.57	0.00	1,822.57	1.3
Lifting	1	3.3	24.00	1,226.00	1,250.00	0.9
Strain By Using Tool or Machine	1	3.3	0.00	1,250.00	1,250.00	0.9
Struck/Injured By Animal or Insect	3	10.0	432.60	817.40	1,250.00	0.9
Vehicle Upset	1	3.3	295.23	954.77	1,250.00	0.9
Other than Physical Cause of Injury	1	3.3	315.22	0.00	315.22	0.2
Caught In, Under or Between, NOC	1	3.3	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	3.3	0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact With Not Otherwise Classif	1	3.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	3.3	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	2	6.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	

**BODY PART**

Multiple Body Parts No Physical In	3	10.0	18.82	99,200.00	99,218.82	73.5
Lower Extremities Knee	8	26.7	10,719.70	10,040.09	20,759.79	15.4
Upper Extremities Lower Arm	1	3.3	38.50	4,011.50	4,050.00	3.0
Trunk Low Back Area (Incl. Lumba	2	6.7	0.00	2,500.00	2,500.00	1.9
Head Skull	1	3.3	2,104.17	0.00	2,104.17	1.6
Upper Extremities Hand	1	3.3	1,822.57	0.00	1,822.57	1.3
Head Brain	1	3.3	295.23	954.77	1,250.00	0.9
Lower Extremities Ankle	3	10.0	432.60	817.40	1,250.00	0.9
Upper Extremities Elbow	1	3.3	24.00	1,226.00	1,250.00	0.9
Upper Extremities Shoulder(s)	2	6.7	815.81	0.00	815.81	0.6
Head Ear(s)	1	3.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	3.3	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum &	2	6.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	3.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	

**INJURY**

No Physical Injury	9	30.0	18.82	99,200.00	99,218.82	73.5
Sprain	3	10.0	10,404.48	10,040.09	20,444.57	15.1
Fracture	2	6.7	38.50	4,011.50	4,050.00	3.0
Contusion (Bruise, Skin Surface)	4	13.3	2,104.17	1,250.00	3,354.17	2.5
Burn	1	3.3	1,822.57	0.00	1,822.57	1.3
Concussion (Brain, Cerebral)	1	3.3	295.23	954.77	1,250.00	0.9
Inflammation	2	6.7	24.00	1,226.00	1,250.00	0.9
Laceration	2	6.7	432.60	817.40	1,250.00	0.9
Strain	2	6.7	0.00	1,250.00	1,250.00	0.9
Dislocation	1	3.3	815.81	0.00	815.81	0.6
All Other (Specific) Injuries, NOC	2	6.7	315.22	0.00	315.22	0.2
Heat Prostration	1	3.3	0.00	0.00	0.00	0.0

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### Industrial Claims Report



Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>417 - GUNSTON HALL</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>423 - HISTORIC RESOURCE, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Insufficient data	1	100.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Abdomen Including Groin	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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**Industrial Claims Report**

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>425 - JAMESTOWN-YORKTOWN FOUNDATION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	27.3	0.00	2,500.00	2,500.00	48.8
4PM - 5:59PM	4	36.4	0.00	2,500.00	2,500.00	48.8
2PM - 3:59PM	1	9.1	118.47	0.00	118.47	2.3
10AM - 11:59AM	3	27.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	6	54.5	\$0.00	2,500.00	2,500.00	48.8
8 - 10	3	27.3	\$118.47	1,250.00	1,368.47	26.7
4 - 6	1	9.1	\$0.00	1,250.00	1,250.00	24.4
2 - 4	1	9.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>Age of Claimant</b>						
30 - 34	2	18.2	\$0.00	1,250.00	1,250.00	24.4
35 - 39	1	9.1	\$0.00	1,250.00	1,250.00	24.4
40 - 44	2	18.2	\$0.00	1,250.00	1,250.00	24.4
65 - 69	2	18.2	\$0.00	1,250.00	1,250.00	24.4
70 - 74	2	18.2	\$118.47	0.00	118.47	2.3
20 - 24	1	9.1	\$0.00	0.00	0.00	0.0
50 - 54	1	9.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	45.5	\$0.00	3,750.00	3,750.00	73.3
Female	6	54.5	\$118.47	1,250.00	1,368.47	26.7
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>LOSS CAUSE</b>						
Blower 18"	1	9.1	\$0.00	1,250.00	1,250.00	24.4
Hand tool, not powered, NOC	1	9.1	\$0.00	1,250.00	1,250.00	24.4
Nail	1	9.1	\$0.00	1,250.00	1,250.00	24.4
Rope, cord	1	9.1	\$0.00	1,250.00	1,250.00	24.4
Animal / bee type	1	9.1	\$118.47	0.00	118.47	2.3
Boxes / containers	1	9.1	\$0.00	0.00	0.00	0.0
Door	1	9.1	\$0.00	0.00	0.00	0.0
Floor	1	9.1	\$0.00	0.00	0.00	0.0
Knife, NOC	1	9.1	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Ladder - Portable	1	9.1	\$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	9.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	

**ACCIDENT TYPE**

Hand Tool, Utensil; Not Powered	2	18.2	0.00	1,250.00	1,250.00	24.4
Pushing or Pulling	1	9.1	0.00	1,250.00	1,250.00	24.4
Struck/Injured By Object Being Lifted	1	9.1	0.00	1,250.00	1,250.00	24.4
Twisting	1	9.1	0.00	1,250.00	1,250.00	24.4
Struck/Injured By Animal or Insect	1	9.1	118.47	0.00	118.47	2.3
Cut, Punctured, Scraped, NOC	1	9.1	0.00	0.00	0.00	0.0
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	9.1	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Object	2	18.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	

**BODY PART**

Upper Extremities Thumb	3	27.3	0.00	2,500.00	2,500.00	48.8
Lower Extremities Lower Leg	1	9.1	0.00	1,250.00	1,250.00	24.4
Upper Extremities Shoulder(s)	1	9.1	0.00	1,250.00	1,250.00	24.4
Upper Extremities Hand	2	18.2	118.47	0.00	118.47	2.3
Lower Extremities Knee	1	9.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	9.1	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Pelvis)	1	9.1	0.00	0.00	0.00	0.0
Trunk Disc (Back)	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	

**INJURY**

Contusion (Bruise, Skin Surface)	4	36.4	0.00	1,250.00	1,250.00	24.4
Puncture	1	9.1	0.00	1,250.00	1,250.00	24.4
Sprain	1	9.1	0.00	1,250.00	1,250.00	24.4
Strain	3	27.3	0.00	1,250.00	1,250.00	24.4
Inflammation	1	9.1	118.47	0.00	118.47	2.3
Laceration	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>440 - ENVIRONMENTAL QUALITY, DEPT OF</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	14.3	0.00	1,250.00	1,250.00	85.0
2PM - 3:59PM	2	28.6	140.38	0.00	140.38	9.5
10AM - 11:59AM	2	28.6	79.64	0.00	79.64	5.4
6AM - 7:59AM	1	14.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	28.6	\$140.38	1,250.00	1,390.38	94.6
6 - 8	1	14.3	\$79.64	0.00	79.64	5.4
0 - 2	4	57.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>Age of Claimant</b>						
25 - 29	3	42.9	\$0.00	1,250.00	1,250.00	85.0
30 - 34	3	42.9	\$220.02	0.00	220.02	15.0
40 - 44	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	57.1	\$220.02	1,250.00	1,470.02	100.0
Male	3	42.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	14.3	\$0.00	1,250.00	1,250.00	85.0
Animal / tick, spider, etc.	4	57.1	\$220.02	0.00	220.02	15.0
Outside Surface	1	14.3	\$0.00	0.00	0.00	0.0
Uneven Surface	1	14.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>ACCIDENT TYPE</b>						
Motor Vehicle, NOC	1	14.3	0.00	1,250.00	1,250.00	85.0
Struck/Injured By Animal or Insect	4	57.1	220.02	0.00	220.02	15.0
Fall, Slip or Trip, NOC	1	14.3	0.00	0.00	0.00	0.0
Twisting	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>BODY PART</b>						



Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Multiple Neck Injury	1	14.3	0.00	1,250.00	1,250.00	85.0
Trunk Chest (Incl. Ribs, Sternum &	1	14.3	140.38	0.00	140.38	9.5
Lower Extremities Hip	1	14.3	79.64	0.00	79.64	5.4
Lower Extremities Ankle	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	14.3	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	

**INJURY**

Multiple Physical Injury Only	1	14.3	0.00	1,250.00	1,250.00	85.0
All Other (Specific) Injuries, NOC	3	42.9	220.02	0.00	220.02	15.0
Inflammation	1	14.3	0.00	0.00	0.00	0.0
Sprain	1	14.3	0.00	0.00	0.00	0.0
Strain	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	104	29.1	352,038.36	737,189.57	1,089,227.93	31.7
8AM - 9:59AM	76	21.2	458,678.21	541,033.41	999,711.62	29.1
2PM - 3:59PM	48	13.4	171,886.42	307,585.42	479,471.84	14.0
12PM - 1:59PM	73	20.4	133,734.58	257,228.14	390,962.72	11.4
6AM - 7:59AM	23	6.4	41,638.37	142,721.41	184,359.78	5.4
4AM - 5:59AM	4	1.1	37,673.30	72,047.04	109,720.34	3.2
6PM - 7:59PM	3	0.8	35,521.17	44,515.51	80,036.68	2.3
10PM - 11:59PM	4	1.1	25,964.84	48,263.10	74,227.94	2.2
4PM - 5:59PM	11	3.1	18,622.47	1,250.00	19,872.47	0.6
12AM - 1:59AM	6	1.7	2,236.20	1,231.18	3,467.38	0.1
8PM - 9:59PM	6	1.7	973.67	1,526.33	2,500.00	0.1
<b>Totals:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	117	32.7	\$477,826.46	633,117.40	1,110,943.86	32.4
2 - 4	37	10.3	\$190,955.57	352,060.25	543,015.82	15.8
4 - 6	30	8.4	\$135,034.91	157,351.58	292,386.49	8.5
22 - 24	14	3.9	\$108,220.90	163,448.02	271,668.92	7.9
6 - 8	29	8.1	\$43,760.64	120,605.15	164,365.79	4.8
36 - 38	3	0.8	\$93,400.24	58,757.10	152,157.34	4.4
24 - 26	13	3.6	\$40,002.14	88,087.65	128,089.79	3.7
14 - 16	4	1.1	\$4,169.07	117,849.75	122,018.82	3.6
28 - 30	13	3.6	\$34,969.48	71,520.63	106,490.11	3.1
10 - 12	17	4.7	\$25,453.92	73,617.38	99,071.30	2.9
38 - 40	4	1.1	\$2,647.83	96,356.56	99,004.39	2.9
8 - 10	22	6.1	\$24,082.51	57,880.67	81,963.18	2.4
16 - 18	7	2.0	\$48,393.70	23,071.99	71,465.69	2.1
34 - 36	8	2.2	\$36,912.39	30,413.77	67,326.16	2.0
42 - 44	1	0.3	\$18.82	39,100.00	39,118.82	1.1
26 - 28	4	1.1	\$18.82	37,650.00	37,668.82	1.1
12 - 14	11	3.1	\$12,416.87	21,822.03	34,238.90	1.0
18 - 20	5	1.4	\$168.67	10,100.00	10,268.67	0.3
20 - 22	8	2.2	\$203.63	1,231.18	1,434.81	0.0
32 - 34	5	1.4	\$149.89	550.00	699.89	0.0
30 - 32	6	1.7	\$161.13	0.00	161.13	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	
<b>Age of Claimant</b>						
55 - 59	68	19.0	\$406,857.12	605,841.39	1,012,698.51	29.5
60 - 64	49	13.7	\$217,038.81	408,386.14	625,424.95	18.2
50 - 54	61	17.0	\$202,438.52	353,841.18	556,279.70	16.2
65 - 69	15	4.2	\$181,429.11	246,608.76	428,037.87	12.5
40 - 44	27	7.5	\$98,556.92	207,707.21	306,264.13	8.9
30 - 34	30	8.4	\$59,806.91	91,285.40	151,092.31	4.4
45 - 49	34	9.5	\$29,119.12	101,006.58	130,125.70	3.8
25 - 29	27	7.5	\$34,835.65	75,670.00	110,505.65	3.2
35 - 39	23	6.4	\$47,514.41	24,322.03	71,836.44	2.1
20 - 24	22	6.1	\$1,239.99	39,922.42	41,162.41	1.2
70 - 74	2	0.6	\$131.03	0.00	131.03	0.0
<b>Totals:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	
<b>SEX OF CLAIMANT</b>						
Male	324	90.5	\$1,181,690.68	1,962,789.22	3,144,479.90	91.6
Female	34	9.5	\$97,276.91	191,801.89	289,078.80	8.4
<b>Totals:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	45	12.6	\$411,075.01	603,335.84	1,014,410.85	29.5
Wood Items	14	3.9	\$102,790.35	198,227.94	301,018.29	8.8
Vehicle, not otherwise classified	4	1.1	\$95,808.61	186,060.25	281,868.86	8.2
Lift	2	0.6	\$62,964.95	103,503.96	166,468.91	4.8
Outside Surface	14	3.9	\$58,041.57	107,617.41	165,658.98	4.8
Ladder - Fixed	2	0.6	\$80,632.36	73,408.97	154,041.33	4.5
Walking surface, outside, wet	8	2.2	\$66,939.11	78,676.87	145,615.98	4.2
Brush / tree / log	19	5.3	\$48,432.49	85,650.32	134,082.81	3.9
Metal items	22	6.1	\$40,598.75	85,936.59	126,535.34	3.7
Minerals / dirt	6	1.7	\$50,005.82	75,759.46	125,765.28	3.7
Stone / rock / brick	8	2.2	\$42,677.66	71,049.66	113,727.32	3.3
Uneven Surface	5	1.4	\$41,347.40	54,462.30	95,809.70	2.8
Machine, not otherwise classified	10	2.8	\$14,555.28	66,312.10	80,867.38	2.4
Pallet,Skid,Flat	2	0.6	\$20,781.56	45,995.41	66,776.97	1.9
Organic Material	4	1.1	\$30,278.63	32,977.02	63,255.65	1.8
Environmental conditions	10	2.8	\$5,562.05	40,150.00	45,712.05	1.3
Walking surface, outside, dry	13	3.6	\$2,278.70	41,503.02	43,781.72	1.3
Tire	3	0.8	\$40,446.82	0.00	40,446.82	1.2

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chair	3	0.8	\$6,780.85	33,229.97	40,010.82	1.2
Tractor	1	0.3	\$7,352.39	24,775.50	32,127.89	0.9
Floor Jack	1	0.3	\$4,614.38	18,181.14	22,795.52	0.7
Water	2	0.6	\$1,085.49	20,378.81	21,464.30	0.6
Hand tool, not powered, NOC	6	1.7	\$4,684.01	15,066.00	19,750.01	0.6
Trash receptacle	2	0.6	\$1,660.01	17,558.06	19,218.07	0.6
Fencing	3	0.8	\$4,243.81	13,444.27	17,688.08	0.5
Stairs	4	1.1	\$55.89	16,912.93	16,968.82	0.5
Mowers	3	0.8	\$2,450.62	11,671.20	14,121.82	0.4
Foreign Object	5	1.4	\$1,153.43	8,339.13	9,492.56	0.3
Shovel	4	1.1	\$9,068.74	0.00	9,068.74	0.3
Chainsaw	3	0.8	\$7,724.53	0.00	7,724.53	0.2
Stairs, steps	5	1.4	\$433.46	6,312.73	6,746.19	0.2
N/A	3	0.8	\$37.64	5,650.00	5,687.64	0.2
Beam	1	0.3	\$0.00	5,000.00	5,000.00	0.1
Animal / tick, spider, etc.	6	1.7	\$919.65	1,224.77	2,144.42	0.1
Nail	1	0.3	\$169.76	1,880.24	2,050.00	0.1
Fire / Flame / Smoke	1	0.3	\$2,041.39	0.00	2,041.39	0.1
Knife, NOC	2	0.6	\$1,311.17	0.00	1,311.17	0.0
Flexible knife	1	0.3	\$0.00	1,250.00	1,250.00	0.0
Pressure vessels	1	0.3	\$0.00	1,250.00	1,250.00	0.0
Sharp objects, not otherwise classil	1	0.3	\$0.00	1,250.00	1,250.00	0.0
Splinter/Burr	1	0.3	\$660.76	589.24	1,250.00	0.0
Object on Floor	2	0.6	\$1,169.63	0.00	1,169.63	0.0
Floor	3	0.8	\$899.79	0.00	899.79	0.0
Oil	1	0.3	\$810.02	0.00	810.02	0.0
Animal / insect, not otherwise class	3	0.8	\$728.81	0.00	728.81	0.0
Work surface	2	0.6	\$657.45	0.00	657.45	0.0
Furniture / fixtures	3	0.8	\$640.83	0.00	640.83	0.0
Air tool	2	0.6	\$347.17	0.00	347.17	0.0
Portable air tank	1	0.3	\$323.76	0.00	323.76	0.0
Blower 18"	1	0.3	\$249.84	0.00	249.84	0.0
Nail Gun	1	0.3	\$247.80	0.00	247.80	0.0
Hammer	1	0.3	\$232.32	0.00	232.32	0.0
Trailer Flap	1	0.3	\$195.82	0.00	195.82	0.0
Pipe	5	1.4	\$177.49	0.00	177.49	0.0
Door	5	1.4	\$161.13	0.00	161.13	0.0
Walking surface, inside, dry	5	1.4	\$149.85	0.00	149.85	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Container Sort Platform	2	0.6	\$130.00	0.00	130.00	0.0
Straps	1	0.3	\$35.57	0.00	35.57	0.0
Roller	1	0.3	\$23.37	0.00	23.37	0.0
Animal, not otherwise classified	1	0.3	\$22.50	0.00	22.50	0.0
CO / 2 extinguisher	1	0.3	\$18.82	0.00	18.82	0.0
Ergonomic Conditions	2	0.6	\$18.82	0.00	18.82	0.0
Hand Truck (2w)	1	0.3	\$18.82	0.00	18.82	0.0
Insufficient data	3	0.8	\$18.82	0.00	18.82	0.0
Wall	1	0.3	\$18.82	0.00	18.82	0.0
Animal / bee type	19	5.3	\$5.24	0.00	5.24	0.0
Air pressure	1	0.3	\$0.00	0.00	0.00	0.0
Animal / snake	1	0.3	\$0.00	0.00	0.00	0.0
Bearing Press	1	0.3	\$0.00	0.00	0.00	0.0
Boxes / containers	3	0.8	\$0.00	0.00	0.00	0.0
Ceiling	1	0.3	\$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	0.6	\$0.00	0.00	0.00	0.0
Cone	1	0.3	\$0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	0.3	\$0.00	0.00	0.00	0.0
Electrical equipment	2	0.6	\$0.00	0.00	0.00	0.0
Excavations	1	0.3	\$0.00	0.00	0.00	0.0
Food	1	0.3	\$0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.3	\$0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	0.3	\$0.00	0.00	0.00	0.0
Hazardous Material	1	0.3	\$0.00	0.00	0.00	0.0
Hose (indicator # carried)	1	0.3	\$0.00	0.00	0.00	0.0
Knife, Utility	2	0.6	\$0.00	0.00	0.00	0.0
Mechanical powered	1	0.3	\$0.00	0.00	0.00	0.0
Miscellaneous	2	0.6	\$0.00	0.00	0.00	0.0
Overhead Object	2	0.6	\$0.00	0.00	0.00	0.0
Pallet Jack	1	0.3	\$0.00	0.00	0.00	0.0
Pike pole 6'	1	0.3	\$0.00	0.00	0.00	0.0
Poisonous agent / plant	2	0.6	\$0.00	0.00	0.00	0.0
Power tool (not hand)	1	0.3	\$0.00	0.00	0.00	0.0
Razor blade	1	0.3	\$0.00	0.00	0.00	0.0
Screwdriver	1	0.3	\$0.00	0.00	0.00	0.0
Sledge hammer	1	0.3	\$0.00	0.00	0.00	0.0
Welding equipment	1	0.3	\$0.00	0.00	0.00	0.0
Wheel	1	0.3	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Window frame	1	0.3	\$0.00	0.00	0.00	0.0
Wires	1	0.3	\$0.00	0.00	0.00	0.0
Wrench	1	0.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	

#### ACCIDENT TYPE

Fall/Slip From a Different Level	27	7.5	130,693.68	387,773.23	518,466.91	15.1
Twisting	18	5.0	62,612.61	299,000.62	361,613.23	10.5
Fall On the Same Level	26	7.3	178,097.68	141,369.69	319,467.37	9.3
Struck/Injured By Object Being Lifted	7	2.0	86,898.14	155,474.19	242,372.33	7.1
Struck/Injured By Falling or Flying Object	23	6.4	95,463.73	139,342.69	234,806.42	6.8
Strain or Injury By, NOC	10	2.8	107,743.95	114,499.55	222,243.50	6.5
Collision with a Fixed Object	4	1.1	122,982.31	55,638.17	178,620.48	5.2
Struck/Injured By Motor Vehicle	9	2.5	52,854.28	116,244.50	169,098.78	4.9
Fall/Slip From Ladder or Scaffolding	1	0.3	80,632.36	73,408.97	154,041.33	4.5
Collision with Another Vehicle	12	3.4	47,894.26	81,599.31	129,493.57	3.8
Pushing or Pulling	6	1.7	50,530.86	76,528.26	127,059.12	3.7
Lifting	21	5.9	31,455.42	79,780.19	111,235.61	3.2
Hand Tool, Utensil; Not Powered	17	4.7	65,721.80	41,412.48	107,134.28	3.1
Continual Noise	3	0.8	4,883.46	76,750.00	81,633.46	2.4
Fall/Slip on Ice or Snow	3	0.8	26,294.18	48,263.10	74,557.28	2.2
Caught In/Between-Object Handled	6	1.7	33,431.97	34,069.68	67,501.65	2.0
Fall/Slip into Openings	2	0.6	30,278.63	32,977.02	63,255.65	1.8
Cut, Punctured, Scraped, NOC	22	6.1	14,890.11	43,607.45	58,497.56	1.7
Motor Vehicle, NOC	1	0.3	19,442.65	16,101.60	35,544.25	1.0
Struck or Injury By, NOC	12	3.4	8,482.32	24,775.50	33,257.82	1.0
Jumping	2	0.6	2,458.26	25,962.10	28,420.36	0.8
Holding or Carrying	2	0.6	1,085.49	20,378.81	21,464.30	0.6
Welding or Throwing	1	0.3	1,610.76	17,558.06	19,168.82	0.6
Other Injury NEC	11	3.1	3,439.22	13,136.06	16,575.28	0.5
Caught In, Under or Between, NOC	7	2.0	2,932.98	11,671.20	14,604.18	0.4
Fall/Slip on Stairs	6	1.7	452.28	11,662.73	12,115.01	0.4
Cumulative (All Other)	2	0.6	37.64	5,650.00	5,687.64	0.2
Natural Disasters	1	0.3	5,437.21	0.00	5,437.21	0.2
Striking Against or Stepping On, NOC	4	1.1	0.00	5,000.00	5,000.00	0.1
Object Being Lifted or Handled	6	1.7	3,228.73	0.00	3,228.73	0.1
Struck/Injured By Animal or Insect	29	8.1	1,474.95	1,224.77	2,699.72	0.1
Fire or Flame	1	0.3	2,041.39	0.00	2,041.39	0.1
Foreign Body in Eye	5	1.4	1,362.95	0.00	1,362.95	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact With Not Otherwise Classif	4	1.1	1,348.37	0.00	1,348.37	0.0
Powered Hand Tool; Appliance	3	0.8	26.34	1,250.00	1,276.34	0.0
Dust, Gases, Fumes or Vapors	1	0.3	0.00	1,250.00	1,250.00	0.0
Reaching	1	0.3	18.82	1,231.18	1,250.00	0.0
Struck/Injured By Hand Tool or Mar	3	0.8	538.69	0.00	538.69	0.0
Strike Against/Step On Stationary C	4	1.1	63.31	0.00	63.31	0.0
Other than Physical Cause of Injury	3	0.8	37.64	0.00	37.64	0.0
Temperature Extremes	1	0.3	33.83	0.00	33.83	0.0
Absorption, Ingestion or Inhalation	4	1.1	31.33	0.00	31.33	0.0
Caught In/Between-Machine or Ma	2	0.6	23.00	0.00	23.00	0.0
Broken Glass	2	0.6	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	0.3	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	0.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	0.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	7	2.0	0.00	0.00	0.00	0.0
Mold, Including Mildew	1	0.3	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	5	1.4	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	0.3	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of M	3	0.8	0.00	0.00	0.00	0.0
Vehicle Upset	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	

#### BODY PART

Upper Extremities Shoulder(s)	16	4.5	264,029.13	650,428.60	914,457.73	26.6
Lower Extremities Knee	30	8.4	209,686.67	318,049.28	527,735.95	15.4
Multiple Body Parts Multiple Body	40	11.2	208,429.74	271,139.86	479,569.60	14.0
Trunk Low Back Area (Incl. Lumba	32	8.9	60,552.80	220,612.02	281,164.82	8.2
Upper Extremities Elbow	8	2.2	80,655.36	73,408.97	154,064.33	4.5
Upper Extremities Finger(s)	29	8.1	91,995.46	61,211.29	153,206.75	4.5
Trunk Upper Back Area (Thoracic	4	1.1	95,836.02	42,797.28	138,633.30	4.0
Lower Extremities Ankle	11	3.1	35,717.05	89,139.56	124,856.61	3.6
Head Multiple Head Injury	8	2.2	66,159.62	52,876.37	119,035.99	3.5
Neck Disc (Neck)	4	1.1	36,659.46	72,773.67	109,433.13	3.2
Head Ear(s)	7	2.0	4,905.96	78,000.00	82,905.96	2.4
Lower Extremities Lower Leg	12	3.4	17,391.40	50,748.84	68,140.24	2.0
Upper Extremities Hand	22	6.1	24,485.63	40,881.20	65,366.83	1.9
Upper Extremities Upper Arm (Incl	7	2.0	39,521.43	0.00	39,521.43	1.2

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 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	15	4.2	9,602.37	24,389.37	33,991.74	1.0
Lower Extremities Hip	3	0.8	7,352.39	24,775.50	32,127.89	0.9
Multiple Body Parts No Physical In	10	2.8	1,773.27	29,195.55	30,968.82	0.9
Trunk Disc (Back)	1	0.3	3,275.92	25,976.18	29,252.10	0.9
Upper Extremities Thumb	6	1.7	7,633.18	6,541.43	14,174.61	0.4
Trunk Chest (Incl. Ribs, Sternum &	9	2.5	4,635.60	7,212.40	11,848.00	0.3
Head Other facial soft tissue	13	3.6	372.12	6,250.00	6,622.12	0.2
Lower Extremities Foot	10	2.8	1,981.03	2,156.57	4,137.60	0.1
Trunk Lumbar and/or Sacral Vertel	2	0.6	703.71	2,846.29	3,550.00	0.1
Head Eye(s)	11	3.1	2,023.71	589.24	2,612.95	0.1
Neck Multiple Neck Injury	1	0.3	258.36	1,341.64	1,600.00	0.0
Lower Extremities Upper Leg	10	2.8	1,263.25	0.00	1,263.25	0.0
Multiple Body Parts Body Systems	3	0.8	0.00	1,250.00	1,250.00	0.0
Upper Extremities Wrist	5	1.4	728.81	0.00	728.81	0.0
Trunk Multiple Trunk	1	0.3	437.31	0.00	437.31	0.0
Lower Extremities Toe(s)	2	0.6	347.17	0.00	347.17	0.0
Neck Soft Tissue-Neck	2	0.6	214.64	0.00	214.64	0.0
Head Skull	3	0.8	185.42	0.00	185.42	0.0
Head Mouth	1	0.3	63.31	0.00	63.31	0.0
Trunk Heart	3	0.8	37.64	0.00	37.64	0.0
Multiple Body Parts Whole Body	3	0.8	33.83	0.00	33.83	0.0
Trunk Abdomen Including Groin	4	1.1	18.82	0.00	18.82	0.0
Head Nose	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	0.3	0.00	0.00	0.00	0.0
Trunk Buttocks	2	0.6	0.00	0.00	0.00	0.0
Trunk Lung(s)	2	0.6	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper E	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hai	2	0.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	

#### INJURY

Strain	84	23.5	416,143.41	780,727.85	1,196,871.26	34.9
Sprain	33	9.2	277,494.32	483,589.62	761,083.94	22.2
Laceration	56	15.6	160,536.68	229,709.33	390,246.01	11.4
Fracture	12	3.4	88,154.42	252,286.93	340,441.35	9.9
Multiple Physical Injury Only	20	5.6	152,526.84	138,614.06	291,140.90	8.5
Multiple Injury Inc. Physical & Psycl	2	0.6	80,651.18	73,958.97	154,610.15	4.5
Contusion (Bruise, Skin Surface)	38	10.6	41,780.79	51,365.79	93,146.58	2.7



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Loss of Hearing	2	0.6	37.64	76,750.00	76,787.64	2.2
Concussion (Brain, Cerebral)	2	0.6	30,423.22	5,436.78	35,860.00	1.0
Foreign Body (Eye)	6	1.7	3,136.22	27,945.55	31,081.77	0.9
Inflammation	20	5.6	4,044.90	18,863.59	22,908.49	0.7
Crushing	6	1.7	11,753.10	0.00	11,753.10	0.3
Respiratory Disorders(Gases,Fume	3	0.8	4,547.81	2,112.40	6,660.21	0.2
Myocardial Infarction (Heart Attack)	2	0.6	18.82	5,100.00	5,118.82	0.1
Hearing Loss or Impairment	1	0.3	4,845.82	0.00	4,845.82	0.1
Puncture	11	3.1	389.49	3,130.24	3,519.73	0.1
Heat Prostration	5	1.4	33.83	2,500.00	2,533.83	0.1
Dermatitis	4	1.1	1,348.37	0.00	1,348.37	0.0
Burn	3	0.8	0.00	1,250.00	1,250.00	0.0
Dislocation	1	0.3	0.00	1,250.00	1,250.00	0.0
No Physical Injury	24	6.7	805.38	0.00	805.38	0.0
Infection	3	0.8	220.07	0.00	220.07	0.0
Angina Pectoris (Condition assc w/	2	0.6	37.64	0.00	37.64	0.0
All Other (Specific) Injuries, NOC	13	3.6	18.82	0.00	18.82	0.0
Contagious Disease	2	0.6	18.82	0.00	18.82	0.0
Electric Shock	1	0.3	0.00	0.00	0.00	0.0
Hernia (Rupture)	1	0.3	0.00	0.00	0.00	0.0
Poisoning-General (Not OD or Curr	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>358</b>		<b>\$1,278,967.59</b>	<b>\$2,154,591.11</b>	<b>\$3,433,558.70</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	21	20.8	17,656.50	102,711.76	120,368.26	69.7
2PM - 3:59PM	17	16.8	9,418.84	11,265.89	20,684.73	12.0
4PM - 5:59PM	8	7.9	2,161.31	10,100.00	12,261.31	7.1
10AM - 11:59AM	28	27.7	7,340.10	4,768.62	12,108.72	7.0
8AM - 9:59AM	20	19.8	4,485.23	1,360.05	5,845.28	3.4
6AM - 7:59AM	4	4.0	976.81	0.00	976.81	0.6
10PM - 11:59PM	2	2.0	541.19	0.00	541.19	0.3
4AM - 5:59AM	1	1.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	3	3.0	\$11,091.65	90,728.74	101,820.39	58.9
0 - 2	40	39.6	\$14,150.61	15,005.38	29,155.99	16.9
4 - 6	13	12.9	\$4,261.17	15,819.73	20,080.90	11.6
2 - 4	8	7.9	\$4,725.06	5,158.07	9,883.13	5.7
12 - 14	7	6.9	\$3,011.27	1,318.70	4,329.97	2.5
28 - 30	1	1.0	\$2,087.30	0.00	2,087.30	1.2
6 - 8	2	2.0	\$22.87	1,277.13	1,300.00	0.8
14 - 16	2	2.0	\$351.43	898.57	1,250.00	0.7
8 - 10	6	5.9	\$1,145.90	0.00	1,145.90	0.7
18 - 20	2	2.0	\$976.81	0.00	976.81	0.6
20 - 22	3	3.0	\$445.07	0.00	445.07	0.3
24 - 26	3	3.0	\$310.84	0.00	310.84	0.2
16 - 18	5	5.0	\$0.00	0.00	0.00	0.0
32 - 34	1	1.0	\$0.00	0.00	0.00	0.0
30 - 32	2	2.0	\$0.00	0.00	0.00	0.0
26 - 28	2	2.0	\$0.00	0.00	0.00	0.0
44 - 46	1	1.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	
<b>Age of Claimant</b>						
50 - 54	20	19.8	\$14,746.72	89,286.61	104,033.33	60.2
35 - 39	12	11.9	\$4,536.32	15,728.99	20,265.31	11.7
60 - 64	11	10.9	\$1,321.93	13,814.86	15,136.79	8.8
45 - 49	10	9.9	\$4,427.38	6,337.23	10,764.61	6.2
25 - 29	10	9.9	\$5,128.15	2,247.55	7,375.70	4.3

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	12	11.9	\$6,291.50	642.51	6,934.01	4.0
40 - 44	7	6.9	\$4,176.93	1,250.00	5,426.93	3.1
55 - 59	8	7.9	\$1,599.62	0.00	1,599.62	0.9
70 - 74	3	3.0	\$351.43	898.57	1,250.00	0.7
20 - 24	2	2.0	\$0.00	0.00	0.00	0.0
65 - 69	6	5.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	
<b>SEX OF CLAIMANT</b>						
Male	16	15.8	\$16,263.92	89,131.34	105,395.26	61.0
Female	85	84.2	\$26,316.06	41,074.98	67,391.04	39.0
<b>Totals:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	6	5.9	\$10,137.62	88,232.77	98,370.39	56.9
Walking surface, inside, dry	5	5.0	\$1,187.36	11,318.89	12,506.25	7.2
Walking surface, outside, dry	5	5.0	\$69.69	10,877.13	10,946.82	6.3
Door	3	3.0	\$2,433.33	5,962.32	8,395.65	4.9
Vehicle/car/truck	11	10.9	\$3,489.82	4,851.86	8,341.68	4.8
Outside Surface	4	4.0	\$5,880.17	1,053.84	6,934.01	4.0
Scalpel	5	5.0	\$3,629.89	1,588.52	5,218.41	3.0
Needle stick	7	6.9	\$3,377.72	1,556.21	4,933.93	2.9
Animal, not otherwise classified	3	3.0	\$1,305.46	3,394.54	4,700.00	2.7
Object on Floor	2	2.0	\$3,610.25	0.00	3,610.25	2.1
Patient / Inmate	2	2.0	\$1,788.79	711.21	2,500.00	1.4
Person	1	1.0	\$1,288.78	0.00	1,288.78	0.7
Sharp objects, not otherwise classil	1	1.0	\$590.97	659.03	1,250.00	0.7
Floor	3	3.0	\$976.81	0.00	976.81	0.6
Glass bottle / sheet	1	1.0	\$853.71	0.00	853.71	0.5
Uneven Surface	3	3.0	\$833.38	0.00	833.38	0.5
Miscellaneous	1	1.0	\$445.07	0.00	445.07	0.3
Foreign Object	1	1.0	\$320.88	0.00	320.88	0.2
Chair	5	5.0	\$227.11	0.00	227.11	0.1
Water	2	2.0	\$133.17	0.00	133.17	0.1
Air Ramp Equipment	1	1.0	\$0.00	0.00	0.00	0.0
Animal / bee type	2	2.0	\$0.00	0.00	0.00	0.0
Blade	1	1.0	\$0.00	0.00	0.00	0.0
Cords	1	1.0	\$0.00	0.00	0.00	0.0
Dolly	2	2.0	\$0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dust	1	1.0	\$0.00	0.00	0.00	0.0
Fencing	1	1.0	\$0.00	0.00	0.00	0.0
Flex Handle	1	1.0	\$0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.0	\$0.00	0.00	0.00	0.0
Infectious agent	1	1.0	\$0.00	0.00	0.00	0.0
Knife, NOC	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
Metal items	1	1.0	\$0.00	0.00	0.00	0.0
N/A	3	3.0	\$0.00	0.00	0.00	0.0
Office equipment	2	2.0	\$0.00	0.00	0.00	0.0
Oil	1	1.0	\$0.00	0.00	0.00	0.0
Organic Material	1	1.0	\$0.00	0.00	0.00	0.0
Overhead Object	1	1.0	\$0.00	0.00	0.00	0.0
Shelving	1	1.0	\$0.00	0.00	0.00	0.0
Splinter/Burr	1	1.0	\$0.00	0.00	0.00	0.0
Stairs	1	1.0	\$0.00	0.00	0.00	0.0
Stairs, steps	3	3.0	\$0.00	0.00	0.00	0.0
Step stool	1	1.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	

### ACCIDENT TYPE

Fall/Slip on Ice or Snow	1	1.0	10,137.62	88,232.77	98,370.39	56.9
Fall On the Same Level	23	22.8	8,856.02	15,531.21	24,387.23	14.1
Fall, Slip or Trip, NOC	5	5.0	3,993.30	10,100.00	14,093.30	8.2
Collision with Another Vehicle	7	6.9	3,478.95	4,851.86	8,330.81	4.8
Hand Tool, Utensil; Not Powered	14	13.9	5,423.22	2,550.00	7,973.22	4.6
Struck/Injured By Animal or Insect	4	4.0	1,305.46	3,394.54	4,700.00	2.7
Fall/Slip From a Different Level	6	5.9	219.03	3,580.97	3,800.00	2.2
Absorption, Ingestion or Inhalation	3	3.0	2,232.57	306.21	2,538.78	1.5
Cut, Punctured, Scraped, NOC	3	3.0	607.49	642.51	1,250.00	0.7
Object Being Lifted or Handled	2	2.0	590.97	659.03	1,250.00	0.7
Other Injury NEC	2	2.0	1,181.30	68.70	1,250.00	0.7
Powered Hand Tool; Appliance	1	1.0	961.48	288.52	1,250.00	0.7
Twisting	1	1.0	1,137.43	0.00	1,137.43	0.7
Fall/Slip From Liquid or Grease Spi	3	3.0	976.81	0.00	976.81	0.6
Broken Glass	1	1.0	853.71	0.00	853.71	0.5
Struck or Injury By, NOC	2	2.0	310.84	0.00	310.84	0.2
Struck/Injured By Object Being Lift	2	2.0	284.09	0.00	284.09	0.2
Lifting	1	1.0	18.82	0.00	18.82	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Motor Vehicle	2	2.0	10.87	0.00	10.87	0.0
Bending	1	1.0	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	1.0	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	1.0	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	1.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	4	4.0	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	1.0	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	2.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	2.0	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	1	1.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Mac	1	1.0	0.00	0.00	0.00	0.0
Vehicle Upset	1	1.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	

#### BODY PART

Multiple Body Parts Multiple Body	18	17.8	18,083.38	99,078.74	117,162.12	67.8
Lower Extremities Knee	6	5.9	889.25	10,100.00	10,989.25	6.4
Upper Extremities Finger(s)	10	9.9	5,511.91	3,146.27	8,658.18	5.0
Neck Multiple Neck Injury	1	1.0	3,478.95	4,851.86	8,330.81	4.8
Upper Extremities Shoulder(s)	4	4.0	2,065.51	5,962.32	8,027.83	4.6
Lower Extremities Ankle	6	5.9	4,351.65	3,580.97	7,932.62	4.6
Upper Extremities Thumb	2	2.0	2,668.41	1,300.00	3,968.41	2.3
Lower Extremities Foot	2	2.0	1,168.54	1,218.89	2,387.43	1.4
Upper Extremities Hand	11	10.9	653.75	898.57	1,552.32	0.9
Trunk Lung(s)	1	1.0	1,288.78	0.00	1,288.78	0.7
Head Eye(s)	1	1.0	1,181.30	68.70	1,250.00	0.7
Upper Extremities Wrist	2	2.0	853.71	0.00	853.71	0.5
Upper Extremities Elbow	3	3.0	310.84	0.00	310.84	0.2
Upper Extremities Lower Arm	2	2.0	44.31	0.00	44.31	0.0
Trunk Low Back Area (Incl. Lumba	3	3.0	18.82	0.00	18.82	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	1.0	10.87	0.00	10.87	0.0
Head Nose	1	1.0	0.00	0.00	0.00	0.0
Head Other facial soft tissue	2	2.0	0.00	0.00	0.00	0.0
Head Skull	1	1.0	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	1.0	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	1.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	1.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Multiple Lower E	1	1.0	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	1.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	11	10.9	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	3	3.0	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	1.0	0.00	0.00	0.00	0.0
Trunk Buttocks	2	2.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	1	1.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	1.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	9	8.9	20,254.61	95,580.60	115,835.21	67.0
Fracture	3	3.0	1,888.33	17,281.21	19,169.54	11.1
All Other (Specific) Injuries, NOC	13	12.9	2,376.79	8,418.70	10,795.49	6.2
Puncture	12	11.9	3,362.30	3,142.51	6,504.81	3.8
Laceration	10	9.9	4,273.51	1,237.09	5,510.60	3.2
Inflammation	4	4.0	3,591.43	1,250.00	4,841.43	2.8
Sprain	14	13.9	2,224.41	2,330.97	4,555.38	2.6
Contagious Disease	5	5.0	2,823.54	965.24	3,788.78	2.2
Strain	7	6.9	1,467.09	0.00	1,467.09	0.8
Contusion (Bruise, Skin Surface)	7	6.9	317.97	0.00	317.97	0.2
Concussion (Brain, Cerebral)	1	1.0	0.00	0.00	0.00	0.0
Crushing	1	1.0	0.00	0.00	0.00	0.0
No Physical Injury	15	14.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>101</b>		<b>\$42,579.98</b>	<b>\$130,206.32</b>	<b>\$172,786.30</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>602 - MEDICAL ASST. SERVS., DEPT. OF</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	0.00	1,250.00	1,250.00	100.0
6AM - 7:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	50.0	\$0.00	1,250.00	1,250.00	100.0
24 - 26	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	\$0.00	1,250.00	1,250.00	100.0
60 - 64	1	50.0	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Floor	2	100.0	\$0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	0.00	1,250.00	1,250.00	100.0
Fall/Slip on Ice or Snow	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Body Systems	1	50.0	0.00	1,250.00	1,250.00	100.0
Multiple Body Parts Multiple Body	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Sprain	1	50.0	0.00	1,250.00	1,250.00	100.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	194	20.9	311,441.64	441,584.18	753,025.82	18.7
2PM - 3:59PM	109	11.7	167,533.66	479,873.26	647,406.92	16.1
10AM - 11:59AM	164	17.7	304,926.03	273,596.79	578,522.82	14.4
6PM - 7:59PM	48	5.2	229,897.12	295,195.85	525,092.97	13.1
12PM - 1:59PM	133	14.3	170,690.98	296,064.87	466,755.85	11.6
4PM - 5:59PM	66	7.1	144,849.80	272,490.77	417,340.57	10.4
4AM - 5:59AM	39	4.2	95,160.32	218,433.15	313,593.47	7.8
6AM - 7:59AM	96	10.3	120,529.97	117,094.42	237,624.39	5.9
8PM - 9:59PM	36	3.9	37,552.38	2,244.64	39,797.02	1.0
10PM - 11:59PM	18	1.9	11,493.50	17,580.21	29,073.71	0.7
12AM - 1:59AM	10	1.1	3,393.47	8,514.00	11,907.47	0.3
2AM - 3:59AM	15	1.6	307.52	1,250.00	1,557.52	0.0
<b>Totals:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	389	41.9	\$556,632.22	1,105,711.33	1,662,343.55	41.3
2 - 4	140	15.1	\$240,770.57	329,688.15	570,458.72	14.2
4 - 6	119	12.8	\$265,879.33	251,621.10	517,500.43	12.9
16 - 18	29	3.1	\$168,247.52	253,923.73	422,171.25	10.5
8 - 10	44	4.7	\$59,125.42	191,161.02	250,286.44	6.2
6 - 8	79	8.5	\$75,607.56	125,774.28	201,381.84	5.0
24 - 26	15	1.6	\$77,860.55	57,518.74	135,379.29	3.4
42 - 44	2	0.2	\$18,895.94	44,094.36	62,990.30	1.6
12 - 14	19	2.0	\$45,736.59	15,842.78	61,579.37	1.5
22 - 24	6	0.6	\$25,156.20	34,173.33	59,329.53	1.5
18 - 20	21	2.3	\$25,458.30	6,861.21	32,319.51	0.8
14 - 16	15	1.6	\$16,504.34	4,001.28	20,505.62	0.5
26 - 28	15	1.6	\$8,287.09	950.83	9,237.92	0.2
20 - 22	10	1.1	\$6,232.93	0.00	6,232.93	0.2
10 - 12	18	1.9	\$5,270.56	50.00	5,320.56	0.1
28 - 30	3	0.3	\$1,394.24	1,300.00	2,694.24	0.1
38 - 40	1	0.1	\$0.00	1,250.00	1,250.00	0.0
32 - 34	2	0.2	\$602.84	0.00	602.84	0.0
34 - 36	1	0.1	\$114.19	0.00	114.19	0.0
<b>Totals:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Age of Claimant</b>						
50 - 54	93	10.0	\$272,520.99	405,762.31	678,283.30	16.9
45 - 49	96	10.3	\$329,234.89	325,023.23	654,258.12	16.3
25 - 29	128	13.8	\$242,425.83	205,365.76	447,791.59	11.1
55 - 59	74	8.0	\$169,510.03	262,229.22	431,739.25	10.7
40 - 44	71	7.7	\$140,320.19	255,540.77	395,860.96	9.8
30 - 34	149	16.1	\$91,013.29	282,370.34	373,383.63	9.3
60 - 64	45	4.8	\$62,766.34	303,076.31	365,842.65	9.1
35 - 39	117	12.6	\$121,241.34	89,629.39	210,870.73	5.2
65 - 69	16	1.7	\$33,650.32	120,890.04	154,540.36	3.8
20 - 24	122	13.1	\$58,279.73	95,908.18	154,187.91	3.8
80 - 84	2	0.2	\$50,071.74	33,877.86	83,949.60	2.1
70 - 74	5	0.5	\$22,803.09	44,248.73	67,051.82	1.7
15 - 19	10	1.1	\$3,938.61	0.00	3,938.61	0.1
<b>Totals:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	
<b>SEX OF CLAIMANT</b>						
Male	600	64.7	\$1,275,682.29	1,820,679.18	3,096,361.47	77.0
Female	328	35.3	\$322,094.10	603,242.96	925,337.06	23.0
<b>Totals:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	320	34.5	\$582,660.76	792,204.28	1,374,865.04	34.2
Cart	19	2.0	\$114,644.55	175,138.01	289,782.56	7.2
Vehicle/car/truck	47	5.1	\$131,904.41	140,075.27	271,979.68	6.8
Wall	3	0.3	\$10,270.42	252,941.52	263,211.94	6.5
Person	9	1.0	\$89,271.25	117,259.53	206,530.78	5.1
Object on Floor	13	1.4	\$51,744.77	88,321.53	140,066.30	3.5
Overhead Object	5	0.5	\$58,323.60	71,111.84	129,435.44	3.2
Cords	1	0.1	\$22,388.27	84,642.06	107,030.33	2.7
Hand Truck (2w)	1	0.1	\$56,129.03	43,599.53	99,728.56	2.5
Walking surface, outside, dry	12	1.3	\$27,515.05	68,311.52	95,826.57	2.4
Outside Surface	19	2.0	\$33,069.93	60,984.36	94,054.29	2.3
Door	29	3.1	\$34,876.48	54,791.33	89,667.81	2.2
Stairs	9	1.0	\$52,465.06	34,187.92	86,652.98	2.2
Walking surface, inside, wet	18	1.9	\$8,179.42	77,368.31	85,547.73	2.1
Boxes / containers	10	1.1	\$19,249.16	45,344.36	64,593.52	1.6
Pallet,Skid,Flat	2	0.2	\$23,566.19	39,709.27	63,275.46	1.6
Walking surface, outside, wet	12	1.3	\$12,692.88	43,140.25	55,833.13	1.4

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Floor	13	1.4	\$21,512.69	33,966.47	55,479.16	1.4
Chair	14	1.5	\$4,952.73	40,684.31	45,637.04	1.1
Water	11	1.2	\$6,522.73	34,158.15	40,680.88	1.0
Animal, not otherwise classified	21	2.3	\$31,379.54	1,772.92	33,152.46	0.8
N/A	10	1.1	\$319.01	32,677.50	32,996.51	0.8
Needle stick	22	2.4	\$26,606.85	5,928.78	32,535.63	0.8
Fencing	15	1.6	\$25,694.02	5,184.11	30,878.13	0.8
Pipe	4	0.4	\$26,573.47	3,244.73	29,818.20	0.7
Uneven Surface	9	1.0	\$17,673.77	10,138.83	27,812.60	0.7
Chemicals, not otherwise classified	28	3.0	\$16,272.97	3,551.92	19,824.89	0.5
Metal items	17	1.8	\$15,869.90	3,466.38	19,336.28	0.5
Building parts / doors	26	2.8	\$7,625.18	8,137.32	15,762.50	0.4
Walking surface, inside, dry	16	1.7	\$6,593.18	7,309.03	13,902.21	0.3
Animal / insect, not otherwise class	4	0.4	\$11,146.91	1,104.03	12,250.94	0.3
Infectious agent	5	0.5	\$1,537.06	8,000.00	9,537.06	0.2
Stairs, steps	18	1.9	\$2,147.52	5,837.18	7,984.70	0.2
Trash receptacle	3	0.3	\$4,454.31	1,250.00	5,704.31	0.1
Fire / Flame / Smoke	18	1.9	\$5,597.24	0.00	5,597.24	0.1
Cabinet	8	0.9	\$4,107.63	1,250.00	5,357.63	0.1
Cleaning Products	4	0.4	\$54.82	4,914.00	4,968.82	0.1
Furniture / fixtures	8	0.9	\$2,875.36	1,627.34	4,502.70	0.1
Razor blade	5	0.5	\$4,394.64	0.00	4,394.64	0.1
Elevators, escalators	3	0.3	\$250.26	3,968.56	4,218.82	0.1
Hazardous Material	1	0.1	\$3,496.86	0.00	3,496.86	0.1
Wires	7	0.8	\$2,518.10	897.85	3,415.95	0.1
Platforms	1	0.1	\$766.66	2,583.34	3,350.00	0.1
Training \ Drills	9	1.0	\$674.77	2,481.18	3,155.95	0.1
Scrap, Debris, Waste Material	4	0.4	\$1,857.96	1,250.00	3,107.96	0.1
Mechanical powered	1	0.1	\$2,658.57	0.00	2,658.57	0.1
Gun / gunshot	5	0.5	\$2,275.80	0.00	2,275.80	0.1
Trash hook	1	0.1	\$2,240.05	0.00	2,240.05	0.1
Propane Tank	3	0.3	\$563.61	1,250.00	1,813.61	0.0
Sharp objects, not otherwise classil	9	1.0	\$519.60	1,250.00	1,769.60	0.0
Pressure vessels	1	0.1	\$1,737.81	0.00	1,737.81	0.0
Knife, Utility	1	0.1	\$1,434.07	0.00	1,434.07	0.0
Animal / bee type	3	0.3	\$0.00	1,250.00	1,250.00	0.0
Blade	1	0.1	\$0.00	1,250.00	1,250.00	0.0
Hot/Cold Object, Liquid, Substance	3	0.3	\$0.00	1,250.00	1,250.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Racks	2	0.2	\$147.80	1,102.20	1,250.00	0.0
Stone / rock / brick	3	0.3	\$0.00	1,250.00	1,250.00	0.0
Wood Items	1	0.1	\$1,095.63	154.37	1,250.00	0.0
Tire	2	0.2	\$879.70	0.00	879.70	0.0
Docks,Ramps,Loading Platforms	4	0.4	\$168.07	650.75	818.82	0.0
Grease	1	0.1	\$536.12	0.00	536.12	0.0
Vehicle, not otherwise classified	6	0.6	\$484.57	0.00	484.57	0.0
Machine, not otherwise classified	4	0.4	\$304.01	0.00	304.01	0.0
Step stool	2	0.2	\$54.03	0.00	54.03	0.0
Steam / exhaust	1	0.1	\$53.45	0.00	53.45	0.0
Insufficient data	2	0.2	\$49.80	0.00	49.80	0.0
Miscellaneous	2	0.2	\$37.64	0.00	37.64	0.0
Environmental conditions	1	0.1	\$31.18	0.00	31.18	0.0
Food	3	0.3	\$30.87	0.00	30.87	0.0
Minerals / dirt	3	0.3	\$18.82	0.00	18.82	0.0
Paper / Pulp	1	0.1	\$18.82	0.00	18.82	0.0
Clothing / jewelry	1	0.1	\$9.00	0.00	9.00	0.0
Baggage/Luggage	1	0.1	\$0.00	0.00	0.00	0.0
Dust	1	0.1	\$0.00	0.00	0.00	0.0
Electrical equipment	1	0.1	\$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.1	\$0.00	0.00	0.00	0.0
Foreign Object	1	0.1	\$0.00	0.00	0.00	0.0
Glass bottle / sheet	1	0.1	\$0.00	0.00	0.00	0.0
Ground control unit/aerial	1	0.1	\$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	2	0.2	\$0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	0.1	\$0.00	0.00	0.00	0.0
Heating equipment	1	0.1	\$0.00	0.00	0.00	0.0
Hose / hydair H2O	1	0.1	\$0.00	0.00	0.00	0.0
Ladder, 10' folding	1	0.1	\$0.00	0.00	0.00	0.0
Lift	1	0.1	\$0.00	0.00	0.00	0.0
Nail	2	0.2	\$0.00	0.00	0.00	0.0
Office equipment	1	0.1	\$0.00	0.00	0.00	0.0
Package	1	0.1	\$0.00	0.00	0.00	0.0
Pike pole 10'	2	0.2	\$0.00	0.00	0.00	0.0
Pike pole 12'	1	0.1	\$0.00	0.00	0.00	0.0
Razor Blades	1	0.1	\$0.00	0.00	0.00	0.0
Shelving	1	0.1	\$0.00	0.00	0.00	0.0
Solvent pump	2	0.2	\$0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Window frame	2	0.2	\$0.00	0.00	0.00	0.0
Wrench	1	0.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	

#### ACCIDENT TYPE

Person in Act of Crime	256	27.6	475,806.68	601,633.58	1,077,440.26	26.8
Fall On the Same Level	116	12.5	182,036.10	397,861.28	579,897.38	14.4
Strike Against/Step On Stationary C	37	4.0	57,130.91	264,768.21	321,899.12	8.0
Struck/Injured By Fellow Worker, P	19	2.0	93,779.03	127,771.47	221,550.50	5.5
Twisting	20	2.2	61,944.56	156,137.51	218,082.07	5.4
Object Being Lifted or Handled	47	5.1	94,005.61	53,440.11	147,445.72	3.7
Collision with Another Vehicle	20	2.2	76,119.25	70,012.47	146,131.72	3.6
Striking Against or Stepping On, NC	4	0.4	53,198.82	80,362.02	133,560.84	3.3
Fall, Slip or Trip, NOC	6	0.6	39,666.32	84,915.06	124,581.38	3.1
Pushing or Pulling	12	1.3	32,352.06	90,620.42	122,972.48	3.1
Collision with a Fixed Object	19	2.0	52,402.92	57,062.62	109,465.54	2.7
Caught In/Between-Machine or Ma	3	0.3	56,129.03	43,599.53	99,728.56	2.5
Fall/Slip on Stairs	22	2.4	56,331.68	36,626.76	92,958.44	2.3
Caught In/Between-Object Handlec	32	3.4	30,083.06	59,611.47	89,694.53	2.2
Fall/Slip From Liquid or Grease Spi	9	1.0	7,934.87	76,291.34	84,226.21	2.1
Lifting	10	1.1	23,044.50	33,778.29	56,822.79	1.4
Struck/Injured By Animal or Insect	25	2.7	41,403.96	2,354.03	43,757.99	1.1
Repetitive Motion (after 7/1/94)	14	1.5	4,144.04	36,866.90	41,010.94	1.0
Absorption, Ingestion or Inhalation	52	5.6	28,932.81	8,589.99	37,522.80	0.9
Strain or Injury By, NOC	20	2.2	27,584.60	8,850.88	36,435.48	0.9
Other Injury NEC	22	2.4	7,058.93	28,257.99	35,316.92	0.9
Fall/Slip From a Different Level	5	0.5	455.75	32,350.71	32,806.46	0.8
Struck/Injured By Falling or Flying C	11	1.2	27,357.24	1,102.20	28,459.44	0.7
Contact with Hot Object or Substan	8	0.9	3,758.57	20,113.70	23,872.27	0.6
Jumping	3	0.3	3,070.35	19,248.47	22,318.82	0.6
Slipped, Did Not Fall	8	0.9	2,573.62	14,044.45	16,618.07	0.4
Struck/Injured By Object Being Lift	15	1.6	10,589.55	1,250.00	11,839.55	0.3
Fall/Slip on Ice or Snow	9	1.0	8,064.31	1,250.00	9,314.31	0.2
Hand Tool, Utensil; Not Powered	11	1.2	5,224.96	3,378.78	8,603.74	0.2
Fall/Slip into Openings	7	0.8	5,280.39	2,309.03	7,589.42	0.2
Cut, Punctured, Scraped, NOC	14	1.5	6,973.93	0.00	6,973.93	0.2
Caught In, Under or Between, NOC	16	1.7	4,367.86	2,471.39	6,839.25	0.2
Struck/Injured By Moving Parts of M	5	0.5	250.26	3,968.56	4,218.82	0.1
Broken Glass	2	0.2	4,095.69	0.00	4,095.69	0.1

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other than Physical Cause of Injury	6	0.6	3,858.71	0.00	3,858.71	0.1
Vehicle Upset	2	0.2	3,220.22	0.00	3,220.22	0.1
Struck/Injured By Motor Vehicle	5	0.5	0.00	2,500.00	2,500.00	0.1
Stepping on Sharp Object	5	0.5	1,829.16	0.00	1,829.16	0.0
Contact With Not Otherwise Classif	2	0.2	1,737.81	0.00	1,737.81	0.0
Dust, Gases, Fumes or Vapors	3	0.3	1,488.36	0.00	1,488.36	0.0
Motor Vehicle, NOC	2	0.2	727.08	522.92	1,250.00	0.0
Reaching	3	0.3	799.96	0.00	799.96	0.0
Holding or Carrying	2	0.2	492.34	0.00	492.34	0.0
Struck/Injured By Hand Tool or Mar	3	0.3	223.26	0.00	223.26	0.0
Gunshot	1	0.1	130.10	0.00	130.10	0.0
Struck or Injury By, NOC	4	0.4	62.62	0.00	62.62	0.0
Temperature Extremes	1	0.1	31.18	0.00	31.18	0.0
Contact With Cold Object or Subste	1	0.1	23.37	0.00	23.37	0.0
Bodily Reaction	1	0.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	3	0.3	0.00	0.00	0.00	0.0
Pandemic	1	0.1	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	0.1	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	0.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled E	2	0.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	

#### BODY PART

Multiple Body Parts Multiple Body	161	17.3	589,634.85	977,682.36	1,567,317.21	39.0
Upper Extremities Shoulder(s)	36	3.9	296,284.28	486,134.31	782,418.59	19.5
Lower Extremities Knee	80	8.6	216,944.12	268,127.74	485,071.86	12.1
Head Multiple Head Injury	19	2.0	27,872.67	104,999.13	132,871.80	3.3
Trunk Low Back Area (Incl. Lumba	32	3.4	34,936.71	82,578.19	117,514.90	2.9
Lower Extremities Upper Leg	14	1.5	77,191.30	39,081.59	116,272.89	2.9
Upper Extremities Finger(s)	80	8.6	52,687.21	62,784.71	115,471.92	2.9
Head Other facial soft tissue	61	6.6	30,512.64	76,729.08	107,241.72	2.7
Lower Extremities Ankle	25	2.7	31,587.39	73,362.83	104,950.22	2.6
Upper Extremities Hand	72	7.8	65,513.24	36,961.11	102,474.35	2.5
Upper Extremities Elbow	18	1.9	21,156.48	37,189.15	58,345.63	1.5
Upper Extremities Wrist	20	2.2	25,044.50	24,770.19	49,814.69	1.2
Upper Extremities Lower Arm	30	3.2	5,175.45	43,394.16	48,569.61	1.2
Head Eye(s)	27	2.9	12,720.49	29,228.81	41,949.30	1.0
Upper Extremities Multiple Upper E	8	0.9	24,949.95	5,184.11	30,134.06	0.7
Lower Extremities Foot	21	2.3	8,281.23	20,200.08	28,481.31	0.7

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Hip	7	0.8	16,349.41	8,888.83	25,238.24	0.6
Upper Extremities Thumb	22	2.4	10,354.43	5,932.23	16,286.66	0.4
Head Facial Bones	18	1.9	7,394.10	3,155.09	10,549.19	0.3
Trunk Chest (Incl. Ribs, Sternum &	11	1.2	9,794.93	511.19	10,306.12	0.3
Lower Extremities Lower Leg	20	2.2	6,503.72	2,228.69	8,732.41	0.2
Trunk Lung(s)	7	0.8	3,548.51	4,914.00	8,462.51	0.2
Trunk Abdomen Including Groin	8	0.9	2,937.71	5,177.05	8,114.76	0.2
Multiple Body Parts No Physical In	65	7.0	454.41	4,766.49	5,220.90	0.1
Head Mouth	9	1.0	3,686.40	1,134.20	4,820.60	0.1
Multiple Body Parts Whole Body	7	0.8	3,407.13	1,250.00	4,657.13	0.1
Head Skull	8	0.9	2,127.28	2,473.13	4,600.41	0.1
Upper Extremities Upper Arm (Incl	8	0.9	913.96	3,616.41	4,530.37	0.1
Head Scalp	1	0.1	1,099.09	3,244.73	4,343.82	0.1
Upper Extremities Wrist(s) and Hai	3	0.3	2,477.13	1,175.97	3,653.10	0.1
Neck Disc (Neck)	4	0.4	3,364.34	0.00	3,364.34	0.1
Lower Extremities Multiple Lower E	4	0.4	2,083.86	1,163.62	3,247.48	0.1
Trunk Buttocks	3	0.3	0.00	2,500.00	2,500.00	0.1
Head Nose	5	0.5	367.04	882.96	1,250.00	0.0
Multiple Body Parts Body Systems	3	0.3	0.00	1,250.00	1,250.00	0.0
Neck Soft Tissue-Neck	1	0.1	0.00	1,250.00	1,250.00	0.0
Head Ear(s)	1	0.1	382.79	0.00	382.79	0.0
Trunk Heart	2	0.2	37.64	0.00	37.64	0.0
Head Brain	1	0.1	0.00	0.00	0.00	0.0
Head Teeth	1	0.1	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	0.1	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	0.1	0.00	0.00	0.00	0.0
Neck Larynx	1	0.1	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	2	0.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	

### INJURY

Multiple Physical Injury Only	93	10.0	588,746.33	1,069,518.54	1,658,264.87	41.2
Strain	107	11.5	367,159.29	497,234.32	864,393.61	21.5
Sprain	60	6.5	167,831.51	290,312.64	458,144.15	11.4
Contusion (Bruise, Skin Surface)	158	17.0	156,393.40	218,450.26	374,843.66	9.3
Laceration	114	12.3	102,217.64	109,805.76	212,023.40	5.3
Inflammation	48	5.2	20,062.49	66,608.07	86,670.56	2.2
Contagious Disease	62	6.7	31,682.12	44,846.32	76,528.44	1.9
Puncture	46	5.0	38,022.50	12,195.79	50,218.29	1.2

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other (Specific) Injuries, NOC	38	4.1	13,501.38	33,394.83	46,896.21	1.2
Crushing	14	1.5	11,970.23	26,436.76	38,406.99	1.0
Burn	15	1.6	7,377.50	20,113.70	27,491.20	0.7
Fracture	10	1.1	26,202.70	1,258.68	27,461.38	0.7
Multiple Injury Inc. Physical & Psyc	8	0.9	10,805.65	16,627.03	27,432.68	0.7
Dislocation	4	0.4	19,033.50	6,861.21	25,894.71	0.6
No Physical Injury	112	12.1	12,058.57	7,266.49	19,325.06	0.5
Concussion (Brain, Cerebral)	8	0.9	6,376.10	661.25	7,037.35	0.2
Adverse reaction to a vaccination o	1	0.1	6,499.58	0.00	6,499.58	0.2
Foreign Body (Eye)	11	1.2	4,765.20	1,080.49	5,845.69	0.1
Syncope	10	1.1	3,463.00	1,250.00	4,713.00	0.1
Respiratory Disorders(Gases,Fume	2	0.2	3,493.69	0.00	3,493.69	0.1
Mental Stress	3	0.3	56.46	0.00	56.46	0.0
Heat Prostration	1	0.1	31.18	0.00	31.18	0.0
Poisoning - Chemical (Other than M	2	0.2	26.37	0.00	26.37	0.0
COVID-19	1	0.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>928</b>		<b>\$1,597,776.39</b>	<b>\$2,423,922.14</b>	<b>\$4,021,698.53</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>702 - Dept For Blind &amp; Vision Impaired</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	22.2	2,818.13	0.00	2,818.13	83.9
12AM - 1:59AM	1	11.1	511.94	0.00	511.94	15.2
12PM - 1:59PM	3	33.3	30.83	0.00	30.83	0.9
6AM - 7:59AM	1	11.1	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	11.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	33.3	\$1,461.64	0.00	1,461.64	43.5
10 - 12	1	11.1	\$1,387.32	0.00	1,387.32	41.3
8 - 10	3	33.3	\$511.94	0.00	511.94	15.2
4 - 6	1	11.1	\$0.00	0.00	0.00	0.0
32 - 34	1	11.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>Age of Claimant</b>						
30 - 34	1	11.1	\$1,430.81	0.00	1,430.81	42.6
45 - 49	1	11.1	\$1,387.32	0.00	1,387.32	41.3
60 - 64	5	55.6	\$542.77	0.00	542.77	16.1
50 - 54	1	11.1	\$0.00	0.00	0.00	0.0
80 - 84	1	11.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	66.7	\$2,848.96	0.00	2,848.96	84.8
Male	3	33.3	\$511.94	0.00	511.94	15.2
<b>Totals:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	11.1	\$1,430.81	0.00	1,430.81	42.6
Roll	1	11.1	\$1,387.32	0.00	1,387.32	41.3
Pallet,Skid,Flat	1	11.1	\$511.94	0.00	511.94	15.2
N/A	1	11.1	\$30.83	0.00	30.83	0.9
Animal, not otherwise classified	1	11.1	\$0.00	0.00	0.00	0.0
Person	1	11.1	\$0.00	0.00	0.00	0.0
Racking	1	11.1	\$0.00	0.00	0.00	0.0
Valve Stems	1	11.1	\$0.00	0.00	0.00	0.0



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, inside, dry	1	11.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	1	11.1	1,430.81	0.00	1,430.81	42.6
Strike Against/Step On Obj Being L	1	11.1	1,387.32	0.00	1,387.32	41.3
Lifting	1	11.1	511.94	0.00	511.94	15.2
Fall, Slip or Trip, NOC	1	11.1	30.83	0.00	30.83	0.9
Cut, Punctured, Scraped, NOC	1	11.1	0.00	0.00	0.00	0.0
Fall On the Same Level	2	22.2	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>BODY PART</b>						
Head Eye(s)	1	11.1	1,430.81	0.00	1,430.81	42.6
Upper Extremities Wrist(s) and Hand	1	11.1	1,387.32	0.00	1,387.32	41.3
Upper Extremities Elbow	1	11.1	511.94	0.00	511.94	15.2
Multiple Body Parts Multiple Body	3	33.3	30.83	0.00	30.83	0.9
Upper Extremities Finger(s)	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	
<b>INJURY</b>						
Sprain	2	22.2	1,899.26	0.00	1,899.26	56.5
Inflammation	2	22.2	1,430.81	0.00	1,430.81	42.6
Syncope	1	11.1	30.83	0.00	30.83	0.9
Contusion (Bruise, Skin Surface)	1	11.1	0.00	0.00	0.00	0.0
Laceration	3	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$3,360.90</b>	<b>\$0.00</b>	<b>\$3,360.90</b>	

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	209	13.9	467,117.49	766,796.10	1,233,913.59	20.6
10AM - 11:59AM	203	13.5	308,478.10	572,028.67	880,506.77	14.7
2PM - 3:59PM	208	13.8	159,265.78	571,971.00	731,236.78	12.2
6AM - 7:59AM	100	6.7	137,463.63	340,402.97	477,866.60	8.0
4PM - 5:59PM	166	11.1	122,877.84	349,938.76	472,816.60	7.9
6PM - 7:59PM	176	11.7	198,705.20	261,936.52	460,641.72	7.7
8PM - 9:59PM	112	7.5	133,077.18	312,592.04	445,669.22	7.4
12AM - 1:59AM	29	1.9	95,155.60	264,242.41	359,398.01	6.0
8AM - 9:59AM	179	11.9	120,736.51	203,451.56	324,188.07	5.4
4AM - 5:59AM	44	2.9	87,410.97	191,619.22	279,030.19	4.7
10PM - 11:59PM	50	3.3	108,972.51	122,708.24	231,680.75	3.9
2AM - 3:59AM	26	1.7	22,335.78	70,996.63	93,332.41	1.6
<b>Totals:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	849	56.5	\$980,579.91	1,965,475.86	2,946,055.77	49.2
2 - 4	212	14.1	\$216,001.07	555,840.33	771,841.40	12.9
4 - 6	137	9.1	\$227,296.95	267,440.00	494,736.95	8.3
14 - 16	36	2.4	\$104,869.69	285,715.51	390,585.20	6.5
6 - 8	70	4.7	\$69,206.46	199,006.90	268,213.36	4.5
16 - 18	20	1.3	\$71,003.91	182,116.64	253,120.55	4.2
20 - 22	9	0.6	\$83,560.33	149,648.45	233,208.78	3.9
12 - 14	14	0.9	\$63,483.15	160,293.55	223,776.70	3.7
10 - 12	31	2.1	\$56,422.03	93,941.71	150,363.74	2.5
34 - 36	6	0.4	\$38,714.84	51,258.44	89,973.28	1.5
8 - 10	51	3.4	\$13,928.98	53,524.96	67,453.94	1.1
38 - 40	3	0.2	\$2,487.15	51,577.73	54,064.88	0.9
24 - 26	15	1.0	\$11,424.18	4,906.50	16,330.68	0.3
26 - 28	15	1.0	\$9,649.48	1,961.84	11,611.32	0.2
30 - 32	4	0.3	\$6,224.30	3,475.70	9,700.00	0.2
22 - 24	10	0.7	\$4,117.66	0.00	4,117.66	0.1
32 - 34	3	0.2	\$2,585.00	0.00	2,585.00	0.0
42 - 44	2	0.1	\$0.00	1,250.00	1,250.00	0.0
36 - 38	1	0.1	\$0.00	1,250.00	1,250.00	0.0
28 - 30	6	0.4	\$41.50	0.00	41.50	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
18 - 20	8	0.5	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	
<b>Age of Claimant</b>						
60 - 64	131	8.7	\$459,302.14	825,065.98	1,284,368.12	21.4
40 - 44	140	9.3	\$198,192.22	557,588.55	755,780.77	12.6
55 - 59	135	9.0	\$233,485.69	412,403.39	645,889.08	10.8
35 - 39	142	9.5	\$129,477.01	460,691.41	590,168.42	9.9
30 - 34	197	13.1	\$219,025.12	357,736.44	576,761.56	9.6
50 - 54	162	10.8	\$207,924.89	343,489.03	551,413.92	9.2
20 - 24	187	12.5	\$166,611.34	326,913.48	493,524.82	8.2
25 - 29	199	13.2	\$159,287.56	326,133.42	485,420.98	8.1
45 - 49	132	8.8	\$140,287.16	301,403.65	441,690.81	7.4
65 - 69	31	2.1	\$22,279.30	88,778.79	111,058.09	1.9
15 - 19	34	2.3	\$19,246.05	25,979.98	45,226.03	0.8
70 - 74	10	0.7	\$6,478.11	1,250.00	7,728.11	0.1
75 - 79	2	0.1	\$0.00	1,250.00	1,250.00	0.0
<b>Totals:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	
<b>SEX OF CLAIMANT</b>						
Female	1,028	68.4	\$1,349,606.17	2,876,091.07	4,225,697.24	70.5
Male	474	31.6	\$611,990.42	1,152,593.05	1,764,583.47	29.5
<b>Totals:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1,164	77.5	\$1,432,701.92	3,049,780.36	4,482,482.28	74.8
Chair	14	0.9	\$132,041.70	183,619.19	315,660.89	5.3
Door	24	1.6	\$80,343.13	203,450.10	283,793.23	4.7
Person	34	2.3	\$67,164.05	189,975.34	257,139.39	4.3
Furniture / fixtures	8	0.5	\$45,901.99	92,374.24	138,276.23	2.3
Vehicle/car/truck	17	1.1	\$35,655.34	57,218.31	92,873.65	1.6
Walking surface, inside, dry	11	0.7	\$35,785.78	33,930.27	69,716.05	1.2
Recreational equipment	4	0.3	\$7,308.13	57,343.69	64,651.82	1.1
Floor	28	1.9	\$21,409.51	34,499.84	55,909.35	0.9
Environmental conditions	2	0.1	\$24,931.50	17,775.32	42,706.82	0.7
Training \ Drills	9	0.6	\$13,324.59	26,207.10	39,531.69	0.7
Lift	3	0.2	\$9,557.50	19,997.17	29,554.67	0.5
Walking surface, inside, wet	6	0.4	\$7,442.53	20,821.30	28,263.83	0.5
Outside Surface	7	0.5	\$586.97	14,029.98	14,616.95	0.2
Walking surface, outside, wet	9	0.6	\$8,067.33	3,475.70	11,543.03	0.2

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Needle stick	15	1.0	\$2,089.04	4,734.84	6,823.88	0.1
Machine, not otherwise classified	7	0.5	\$4,576.90	1,250.00	5,826.90	0.1
Object on Floor	4	0.3	\$2,945.38	2,606.57	5,551.95	0.1
Stairs, steps	4	0.3	\$1,109.25	4,017.12	5,126.37	0.1
Cart	15	1.0	\$2,031.62	1,781.83	3,813.45	0.1
Wheelchair	4	0.3	\$3,473.99	0.00	3,473.99	0.1
Wall	5	0.3	\$3,381.00	0.00	3,381.00	0.1
Uneven Surface	4	0.3	\$2,958.46	0.00	2,958.46	0.0
Infectious agent	2	0.1	\$1,447.70	1,250.00	2,697.70	0.0
Water	3	0.2	\$2,585.00	0.00	2,585.00	0.0
Animal / insect, not otherwise class	3	0.2	\$310.60	2,189.40	2,500.00	0.0
Heating equipment	4	0.3	\$529.35	1,970.65	2,500.00	0.0
Knife, Utility	1	0.1	\$2,271.24	0.00	2,271.24	0.0
Pots/pans	2	0.1	\$2,080.14	0.00	2,080.14	0.0
Metal items	5	0.3	\$1,666.51	0.00	1,666.51	0.0
Walking surface, outside, dry	12	0.8	\$1,437.28	0.00	1,437.28	0.0
N/A	3	0.2	\$140.14	1,250.00	1,390.14	0.0
Office equipment	3	0.2	\$1,312.82	0.00	1,312.82	0.0
Ceiling	2	0.1	\$0.00	1,250.00	1,250.00	0.0
Glass bottle / sheet	3	0.2	\$0.00	1,250.00	1,250.00	0.0
Boxes / containers	5	0.3	\$357.36	635.80	993.16	0.0
Pipe	2	0.1	\$866.27	0.00	866.27	0.0
Chemicals, not otherwise classified	3	0.2	\$726.23	0.00	726.23	0.0
Pallet,Skid,Flat	2	0.1	\$408.40	0.00	408.40	0.0
Hot/Cold Object, Liquid, Substance	4	0.3	\$404.78	0.00	404.78	0.0
Work surface	1	0.1	\$265.16	0.00	265.16	0.0
Animal, not otherwise classified	4	0.3	\$0.00	0.00	0.00	0.0
Bag Machine	1	0.1	\$0.00	0.00	0.00	0.0
Cabinet	3	0.2	\$0.00	0.00	0.00	0.0
Cleaning Products	4	0.3	\$0.00	0.00	0.00	0.0
Cone	1	0.1	\$0.00	0.00	0.00	0.0
Cords	1	0.1	\$0.00	0.00	0.00	0.0
Dishes	1	0.1	\$0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	0.1	\$0.00	0.00	0.00	0.0
Dust	1	0.1	\$0.00	0.00	0.00	0.0
Electric Drill	1	0.1	\$0.00	0.00	0.00	0.0
Elevators, escalators	1	0.1	\$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.1	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fiberglass	1	0.1	\$0.00	0.00	0.00	0.0
Food	4	0.3	\$0.00	0.00	0.00	0.0
Foreign Object	1	0.1	\$0.00	0.00	0.00	0.0
Gas / Fumes	1	0.1	\$0.00	0.00	0.00	0.0
Grease	1	0.1	\$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	0.1	\$0.00	0.00	0.00	0.0
Knife, NOC	1	0.1	\$0.00	0.00	0.00	0.0
Ladder - Portable	1	0.1	\$0.00	0.00	0.00	0.0
Pike pole 8'	1	0.1	\$0.00	0.00	0.00	0.0
Racks	2	0.1	\$0.00	0.00	0.00	0.0
Roll cart	1	0.1	\$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classif	2	0.1	\$0.00	0.00	0.00	0.0
Shears	2	0.1	\$0.00	0.00	0.00	0.0
Stairs	2	0.1	\$0.00	0.00	0.00	0.0
Steam / exhaust	1	0.1	\$0.00	0.00	0.00	0.0
Valve Stems	1	0.1	\$0.00	0.00	0.00	0.0
Window frame	1	0.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	

#### ACCIDENT TYPE

Struck/Injured By Fellow Worker, P	974	64.8	1,365,439.66	2,931,023.68	4,296,463.34	71.7
Pushing or Pulling	10	0.7	131,261.05	181,975.37	313,236.42	5.2
Fall On the Same Level	57	3.8	52,808.65	134,274.44	187,083.09	3.1
Caught In, Under or Between, NOC	19	1.3	38,849.62	88,895.18	127,744.80	2.1
Twisting	15	1.0	47,676.28	75,567.65	123,243.93	2.1
Strain or Injury By, NOC	30	2.0	27,752.95	93,356.50	121,109.45	2.0
Lifting	16	1.1	28,961.99	83,679.91	112,641.90	1.9
Struck/Injured By Falling or Flying C	6	0.4	24,779.34	77,477.96	102,257.30	1.7
Collision with a Fixed Object	10	0.7	15,820.65	69,135.11	84,955.76	1.4
Struck/Injured By Object Being Lifted	15	1.0	35,833.61	46,702.21	82,535.82	1.4
Fall, Slip or Trip, NOC	23	1.5	14,434.22	51,132.57	65,566.79	1.1
Strike Against/Step On Stationary C	6	0.4	16,756.55	48,297.01	65,053.56	1.1
Struck or Injury By, NOC	88	5.9	32,759.14	19,680.66	52,439.80	0.9
Fall/Slip on Ice or Snow	8	0.5	29,841.09	17,775.32	47,616.41	0.8
Struck/Injured By Motor Vehicle	2	0.1	16,676.30	27,119.54	43,795.84	0.7
Collision with Another Vehicle	2	0.1	13,742.78	25,626.04	39,368.82	0.7
Holding or Carrying	7	0.5	7,171.38	25,974.88	33,146.26	0.6
Striking Against or Stepping On, NC	12	0.8	19,588.37	0.00	19,588.37	0.3
Reaching	2	0.1	248.63	14,595.23	14,843.86	0.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Foreign Body in Eye	14	0.9	7,543.43	0.00	7,543.43	0.1
Other Injury NEC	20	1.3	3,884.11	3,463.06	7,347.17	0.1
Motor Vehicle, NOC	2	0.1	4,892.46	1,972.73	6,865.19	0.1
Fall/Slip From Liquid or Grease Spi	9	0.6	6,826.49	0.00	6,826.49	0.1
Absorption, Ingestion or Inhalation	30	2.0	6,015.17	19.67	6,034.84	0.1
Fall/Slip From a Different Level	10	0.7	4,188.93	0.00	4,188.93	0.1
Cut, Punctured, Scraped, NOC	44	2.9	233.93	3,750.00	3,983.93	0.1
Vehicle Upset	13	0.9	343.80	2,500.00	2,843.80	0.0
Object Being Lifted or Handled	5	0.3	2,711.80	0.00	2,711.80	0.0
Struck/Injured By Animal or Insect	3	0.2	310.60	2,189.40	2,500.00	0.0
Struck/Injured By Hand Tool or Mar	1	0.1	2,271.24	0.00	2,271.24	0.0
Broken Glass	2	0.1	0.00	1,250.00	1,250.00	0.0
Contact with Hot Object or Substan	2	0.1	0.00	1,250.00	1,250.00	0.0
Caught In/Between-Object Handlec	2	0.1	894.83	0.00	894.83	0.0
Strain By Using Tool or Machine	1	0.1	695.68	0.00	695.68	0.0
Contact with Infectious Disease	1	0.1	328.47	0.00	328.47	0.0
Fall/Slip on Stairs	3	0.2	34.57	0.00	34.57	0.0
Other than Physical Cause of Injury	5	0.3	18.82	0.00	18.82	0.0
Bitten	3	0.2	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classif	10	0.7	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.1	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	2	0.1	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	7	0.5	0.00	0.00	0.00	0.0
Needle Stick	1	0.1	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	0.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	0.1	0.00	0.00	0.00	0.0
Steam or Hot Fluids	2	0.1	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Mac	1	0.1	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flare	1	0.1	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of M	1	0.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled E	1	0.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	

**BODY PART**

Multiple Body Parts Multiple Body	257	17.1	441,559.88	791,519.05	1,233,078.93	20.6
Upper Extremities Shoulder(s)	63	4.2	196,737.58	509,818.02	706,555.60	11.8
Lower Extremities Knee	69	4.6	107,101.01	367,494.66	474,595.67	7.9
Head Other facial soft tissue	135	9.0	134,029.17	323,262.51	457,291.68	7.6
Head Skull	82	5.5	93,271.00	329,830.36	423,101.36	7.1

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumba	41	2.7	134,625.09	197,466.73	332,091.82	5.5
Upper Extremities Wrist(s) and Ha	9	0.6	63,880.98	255,842.93	319,723.91	5.3
Head Multiple Head Injury	20	1.3	91,790.67	190,401.59	282,192.26	4.7
Lower Extremities Lower Leg	29	1.9	121,476.03	115,711.16	237,187.19	4.0
Upper Extremities Hand	90	6.0	73,800.65	130,260.43	204,061.08	3.4
Upper Extremities Finger(s)	62	4.1	33,151.45	117,420.82	150,572.27	2.5
Lower Extremities Ankle	24	1.6	52,762.65	91,908.76	144,671.41	2.4
Head Brain	24	1.6	35,624.70	79,045.66	114,670.36	1.9
Upper Extremities Wrist	32	2.1	53,184.55	60,652.52	113,837.07	1.9
Trunk Upper Back Area (Thoracic	12	0.8	42,551.15	60,729.83	103,280.98	1.7
Upper Extremities Upper Arm (Incl	50	3.3	38,666.58	58,448.18	97,114.76	1.6
Lower Extremities Foot	13	0.9	11,691.28	76,682.58	88,373.86	1.5
Head Teeth	1	0.1	11,887.56	51,529.47	63,417.03	1.1
Lower Extremities Hip	9	0.6	13,421.97	49,911.48	63,333.45	1.1
Neck Disc (Neck)	5	0.3	4,242.63	44,305.88	48,548.51	0.8
Head Facial Bones	58	3.9	39,537.39	8,902.48	48,439.87	0.8
Head Nose	15	1.0	9,951.28	36,853.80	46,805.08	0.8
Head Eye(s)	79	5.3	30,528.40	9,883.93	40,412.33	0.7
Upper Extremities Lower Arm	98	6.5	35,109.28	4,949.29	40,058.57	0.7
Lower Extremities Upper Leg	9	0.6	16,218.16	15,679.91	31,898.07	0.5
Upper Extremities Multiple Upper E	14	0.9	11,646.80	17,811.37	29,458.17	0.5
Trunk Chest (Incl. Ribs, Sternum &	44	2.9	18,962.60	2,500.00	21,462.60	0.4
Trunk Abdomen Including Groin	16	1.1	11,934.60	2,480.80	14,415.40	0.2
Upper Extremities Thumb	17	1.1	4,806.15	6,231.94	11,038.09	0.2
Neck Soft Tissue-Neck	18	1.2	5,208.77	5,198.60	10,407.37	0.2
Trunk Sacrum and Coccyx	2	0.1	2,847.72	5,026.74	7,874.46	0.1
Head Mouth	21	1.4	3,987.17	2,626.45	6,613.62	0.1
Upper Extremities Elbow	22	1.5	5,136.95	1,250.00	6,386.95	0.1
Head Ear(s)	9	0.6	4,007.59	0.00	4,007.59	0.1
Neck Multiple Neck Injury	6	0.4	2,234.19	1,032.20	3,266.39	0.1
Lower Extremities Toe(s)	4	0.3	1,130.39	1,237.25	2,367.64	0.0
Neck Spinal Cord	2	0.1	917.76	1,026.74	1,944.50	0.0
Neck Vertebrae	4	0.3	468.14	1,250.00	1,718.14	0.0
Lower Extremities Great Toe	1	0.1	0.00	1,250.00	1,250.00	0.0
Multiple Body Parts Body Systems	3	0.2	0.00	1,250.00	1,250.00	0.0
Multiple Body Parts No Physical In	20	1.3	1,060.15	0.00	1,060.15	0.0
Neck Larynx	1	0.1	446.52	0.00	446.52	0.0
Lower Extremities Multiple Lower E	2	0.1	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Trachea	1	0.1	0.00	0.00	0.00	0.0
Trunk Buttocks	4	0.3	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	0.1	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertel	2	0.1	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	0.1	0.00	0.00	0.00	0.0
Trunk Pelvis	1	0.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	
<b>INJURY</b>						
Sprain	89	5.9	278,583.35	857,463.11	1,136,046.46	19.0
Contusion (Bruise, Skin Surface)	588	39.1	387,411.70	738,988.22	1,126,399.92	18.8
Strain	138	9.2	356,111.30	710,597.44	1,066,708.74	17.8
Multiple Physical Injury Only	76	5.1	284,346.59	627,474.39	911,820.98	15.2
Concussion (Brain, Cerebral)	62	4.1	203,540.30	575,732.67	779,272.97	13.0
Multiple Injury Inc. Physical & Psycl	45	3.0	120,098.15	117,074.19	237,172.34	4.0
Fracture	20	1.3	154,656.03	65,100.93	219,756.96	3.7
All Other (Specific) Injuries, NOC	116	7.7	51,595.09	145,617.78	197,212.87	3.3
Puncture	27	1.8	42,952.17	88,855.75	131,807.92	2.2
Dislocation	5	0.3	18,744.48	69,289.74	88,034.22	1.5
Contagious Disease	71	4.7	29,978.23	12,280.23	42,258.46	0.7
Laceration	128	8.5	20,752.09	6,093.52	26,845.61	0.4
No Physical Injury	72	4.8	2,855.14	6,250.00	9,105.14	0.2
Infection	6	0.4	1,469.66	4,919.54	6,389.20	0.1
Foreign Body (Eye)	23	1.5	5,505.01	0.00	5,505.01	0.1
Crushing	6	0.4	1,507.85	725.67	2,233.52	0.0
Burn	15	1.0	0.00	1,250.00	1,250.00	0.0
Inflammation	2	0.1	279.06	970.94	1,250.00	0.0
All Other Occupational Disease	3	0.2	703.36	0.00	703.36	0.0
Asphyxiation	1	0.1	446.52	0.00	446.52	0.0
Poisoning - Chemical (Other than M	1	0.1	22.87	0.00	22.87	0.0
Adverse reaction to a vaccination o	1	0.1	18.82	0.00	18.82	0.0
Syncope	2	0.1	18.82	0.00	18.82	0.0
All Other Cumulative Injury	1	0.1	0.00	0.00	0.00	0.0
Dermatitis	3	0.2	0.00	0.00	0.00	0.0
Poisoning - Metal	1	0.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1,502</b>		<b>\$1,961,596.59</b>	<b>\$4,028,684.12</b>	<b>\$5,990,280.71</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments As of: 06/30/2024  
 Claims added as of: 06/30/2024  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>765 - SOCIAL SERVICES, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	100.0	3,450.76	1,207.19	4,657.95	100.0
<b>Totals:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	2	100.0	\$3,450.76	1,207.19	4,657.95	100.0
<b>Totals:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	\$3,357.95	0.00	3,357.95	72.1
35 - 39	1	50.0	\$92.81	1,207.19	1,300.00	27.9
<b>Totals:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	\$3,450.76	1,207.19	4,657.95	100.0
<b>Totals:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>LOSS CAUSE</b>						
Floor	1	50.0	\$3,357.95	0.00	3,357.95	72.1
Cabinet	1	50.0	\$92.81	1,207.19	1,300.00	27.9
<b>Totals:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	3,357.95	0.00	3,357.95	72.1
Struck or Injury By, NOC	1	50.0	92.81	1,207.19	1,300.00	27.9
<b>Sum:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	50.0	3,357.95	0.00	3,357.95	72.1
Head Multiple Head Injury	1	50.0	92.81	1,207.19	1,300.00	27.9
<b>Sum:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	100.0	3,450.76	1,207.19	4,657.95	100.0
<b>Sum:</b>	<b>2</b>		<b>\$3,450.76</b>	<b>\$1,207.19</b>	<b>\$4,657.95</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	22	15.0	57,880.50	177,787.30	235,667.80	25.6
12PM - 1:59PM	21	14.3	130,906.53	54,380.53	185,287.06	20.1
6AM - 7:59AM	8	5.4	64,667.48	93,848.54	158,516.02	17.2
8PM - 9:59PM	12	8.2	43,398.14	44,065.20	87,463.34	9.5
6PM - 7:59PM	21	14.3	50,885.36	34,516.45	85,401.81	9.3
10AM - 11:59AM	22	15.0	63,646.60	0.00	63,646.60	6.9
2PM - 3:59PM	15	10.2	29,229.64	29,894.15	59,123.79	6.4
8AM - 9:59AM	23	15.6	21,634.33	22,509.25	44,143.58	4.8
4AM - 5:59AM	2	1.4	1,047.92	0.00	1,047.92	0.1
2AM - 3:59AM	1	0.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	45	30.6	\$104,742.77	189,956.58	294,699.35	32.0
14 - 16	5	3.4	\$65,987.13	82,338.47	148,325.60	16.1
18 - 20	5	3.4	\$90,017.17	17,637.18	107,654.35	11.7
12 - 14	6	4.1	\$20,871.03	55,620.43	76,491.46	8.3
8 - 10	13	8.8	\$28,198.45	35,507.70	63,706.15	6.9
4 - 6	15	10.2	\$24,514.30	30,066.33	54,580.63	5.9
16 - 18	15	10.2	\$35,252.20	19,150.82	54,403.02	5.9
6 - 8	5	3.4	\$35,942.50	0.00	35,942.50	3.9
10 - 12	8	5.4	\$19,884.52	1,250.00	21,134.52	2.3
24 - 26	5	3.4	\$8,724.44	11,616.37	20,340.81	2.2
22 - 24	4	2.7	\$10,160.50	6,413.21	16,573.71	1.8
2 - 4	14	9.5	\$11,758.37	2,500.00	14,258.37	1.5
26 - 28	1	0.7	\$2,485.67	4,944.33	7,430.00	0.8
36 - 38	2	1.4	\$3,496.28	0.00	3,496.28	0.4
20 - 22	3	2.0	\$1,242.35	0.00	1,242.35	0.1
30 - 32	1	0.7	\$18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	
<b>Age of Claimant</b>						
55 - 59	15	10.2	\$166,298.48	102,495.95	268,794.43	29.2
45 - 49	16	10.9	\$52,270.87	136,491.71	188,762.58	20.5
50 - 54	24	16.3	\$91,387.46	61,613.87	153,001.33	16.6
40 - 44	22	15.0	\$31,292.30	56,898.03	88,190.33	9.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	19	12.9	\$39,748.40	27,130.55	66,878.95	7.3
35 - 39	21	14.3	\$42,593.67	20,276.60	62,870.27	6.8
65 - 69	3	2.0	\$13,970.79	20,216.85	34,187.64	3.7
25 - 29	13	8.8	\$8,131.60	16,112.63	24,244.23	2.6
60 - 64	6	4.1	\$6,247.99	14,896.48	21,144.47	2.3
20 - 24	5	3.4	\$9,879.87	868.75	10,748.62	1.2
70 - 74	2	1.4	\$1,261.17	0.00	1,261.17	0.1
75 - 79	1	0.7	\$213.90	0.00	213.90	0.0
<b>Totals:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	
<b>SEX OF CLAIMANT</b>						
Male	71	48.3	\$252,970.96	304,392.63	557,363.59	60.6
Female	76	51.7	\$210,325.54	152,608.79	362,934.33	39.4
<b>Totals:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	37	25.2	\$271,585.17	208,358.27	479,943.44	52.2
Person	56	38.1	\$129,973.05	190,942.30	320,915.35	34.9
Floor	6	4.1	\$23,314.02	16,689.22	40,003.24	4.3
Walking surface, inside, wet	2	1.4	\$2,946.79	14,896.48	17,843.27	1.9
Chair	2	1.4	\$4,680.70	11,616.37	16,297.07	1.8
Vehicle/car/truck	5	3.4	\$9,105.24	6,444.39	15,549.63	1.7
Cart	1	0.7	\$9,892.20	0.00	9,892.20	1.1
Keyboard	1	0.7	\$2,791.39	2,025.50	4,816.89	0.5
Boxes / containers	3	2.0	\$3,757.17	0.00	3,757.17	0.4
Walking surface, inside, dry	3	2.0	\$2,483.60	0.00	2,483.60	0.3
Animal, not otherwise classified	5	3.4	\$1,016.01	1,047.71	2,063.72	0.2
Animal / insect, not otherwise class	1	0.7	\$18.82	1,231.18	1,250.00	0.1
Office equipment	1	0.7	\$0.00	1,250.00	1,250.00	0.1
Outside Surface	1	0.7	\$0.00	1,250.00	1,250.00	0.1
Sharp objects, not otherwise classif	1	0.7	\$0.00	1,250.00	1,250.00	0.1
Stairs, steps	2	1.4	\$542.35	0.00	542.35	0.1
Door	4	2.7	\$349.19	0.00	349.19	0.0
Walking surface, outside, dry	2	1.4	\$344.22	0.00	344.22	0.0
Uneven Surface	1	0.7	\$213.90	0.00	213.90	0.0
Cabinet	3	2.0	\$207.40	0.00	207.40	0.0
Animal / tick, spider, etc.	1	0.7	\$18.82	0.00	18.82	0.0
Food	2	1.4	\$18.82	0.00	18.82	0.0
Ground control unit/aerial	1	0.7	\$18.82	0.00	18.82	0.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Organic Material	1	0.7	\$18.82	0.00	18.82	0.0
Battery	1	0.7	\$0.00	0.00	0.00	0.0
Dolly	1	0.7	\$0.00	0.00	0.00	0.0
Stairs	1	0.7	\$0.00	0.00	0.00	0.0
Training \ Drills	1	0.7	\$0.00	0.00	0.00	0.0
Wires	1	0.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	

#### ACCIDENT TYPE

Struck/Injured By Fellow Worker, P	81	55.1	362,605.62	398,050.57	760,656.19	82.7
Fall/Slip From Liquid or Grease Spi	3	2.0	21,769.08	16,065.90	37,834.98	4.1
Fall On the Same Level	11	7.5	9,618.79	27,136.17	36,754.96	4.0
Struck or Injury By, NOC	7	4.8	34,589.07	0.00	34,589.07	3.8
Struck/Injured By Motor Vehicle	1	0.7	7,805.61	6,413.21	14,218.82	1.5
Striking Against or Stepping On, NC	2	1.4	13,614.68	0.00	13,614.68	1.5
Strain or Injury By, NOC	8	5.4	5,466.11	2,025.50	7,491.61	0.8
Lifting	2	1.4	3,301.20	0.00	3,301.20	0.4
Struck/Injured By Animal or Insect	6	4.1	745.50	2,278.89	3,024.39	0.3
Fall/Slip From a Different Level	5	3.4	618.15	1,250.00	1,868.15	0.2
Caught In, Under or Between, NOC	2	1.4	330.37	1,250.00	1,580.37	0.2
Collision with Another Vehicle	3	2.0	1,299.63	31.18	1,330.81	0.1
Hand Tool, Utensil; Not Powered	1	0.7	0.00	1,250.00	1,250.00	0.1
Struck/Injured By Falling or Flying C	1	0.7	0.00	1,250.00	1,250.00	0.1
Struck/Injured By Object Being Lift	2	1.4	764.12	0.00	764.12	0.1
Fall/Slip on Stairs	3	2.0	542.35	0.00	542.35	0.1
Caught In/Between-Object Handlec	1	0.7	207.40	0.00	207.40	0.0
Other Injury NEC	2	1.4	18.82	0.00	18.82	0.0
Collision with a Fixed Object	1	0.7	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	0.7	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	0.7	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	0.7	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	2	1.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	

#### BODY PART

Upper Extremities Shoulder(s)	7	4.8	33,244.35	162,263.34	195,507.69	21.2
Trunk Low Back Area (Incl. Lumba	8	5.4	112,857.66	50,158.82	163,016.48	17.7
Lower Extremities Knee	26	17.7	63,176.97	67,522.57	130,699.54	14.2
Multiple Body Parts Multiple Body	22	15.0	36,174.50	55,860.54	92,035.04	10.0

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist	6	4.1	22,891.60	67,808.79	90,700.39	9.9
Upper Extremities Elbow	7	4.8	58,675.59	2,025.50	60,701.09	6.6
Lower Extremities Multiple Lower E	2	1.4	21,769.08	16,065.90	37,834.98	4.1
Trunk Multiple Trunk	1	0.7	20,536.75	11,117.67	31,654.42	3.4
Upper Extremities Thumb	8	5.4	9,774.04	11,616.37	21,390.41	2.3
Lower Extremities Ankle	4	2.7	15,013.68	0.00	15,013.68	1.6
Lower Extremities Lower Leg	3	2.0	14,837.11	0.00	14,837.11	1.6
Head Other facial soft tissue	5	3.4	14,323.22	0.00	14,323.22	1.6
Upper Extremities Finger(s)	5	3.4	9,517.71	1,250.00	10,767.71	1.2
Lower Extremities Hip	2	1.4	10,342.13	0.00	10,342.13	1.1
Upper Extremities Hand	5	3.4	2,839.11	5,859.71	8,698.82	0.9
Head Facial Bones	2	1.4	8,600.48	0.00	8,600.48	0.9
Upper Extremities Lower Arm	8	5.4	2,057.95	2,500.00	4,557.95	0.5
Upper Extremities Multiple Upper E	3	2.0	2,414.00	31.18	2,445.18	0.3
Lower Extremities Foot	3	2.0	18.82	1,250.00	1,268.82	0.1
Lower Extremities Upper Leg	2	1.4	202.29	1,047.71	1,250.00	0.1
Head Skull	2	1.4	350.43	623.32	973.75	0.1
Trunk Chest (Incl. Ribs, Sternum &	1	0.7	695.48	0.00	695.48	0.1
Trunk Upper Back Area (Thoracic	1	0.7	605.68	0.00	605.68	0.1
Upper Extremities Wrist(s) and Ha	2	1.4	577.52	0.00	577.52	0.1
Head Eye(s)	2	1.4	557.99	0.00	557.99	0.1
Trunk Lumbar and/or Sacral Vertel	1	0.7	531.22	0.00	531.22	0.1
Trunk Lung(s)	2	1.4	501.20	0.00	501.20	0.1
Neck Multiple Neck Injury	1	0.7	209.94	0.00	209.94	0.0
Head Mouth	1	0.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	3	2.0	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.7	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	

#### INJURY

Contusion (Bruise, Skin Surface)	58	39.5	206,323.56	266,110.10	472,433.66	51.3
Sprain	24	16.3	72,317.36	102,699.16	175,016.52	19.0
Strain	16	10.9	110,082.01	49,000.76	159,082.77	17.3
Laceration	11	7.5	34,868.92	3,547.71	38,416.63	4.2
Multiple Injury Inc. Physical & Psyc	2	1.4	7,857.09	25,880.55	33,737.64	3.7
Inflammation	24	16.3	12,320.46	8,513.14	20,833.60	2.3
Dislocation	1	0.7	8,671.79	0.00	8,671.79	0.9
Concussion (Brain, Cerebral)	1	0.7	8,534.61	0.00	8,534.61	0.9

Company: Commonwealth of Virginia  
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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	2	1.4	1,732.16	1,250.00	2,982.16	0.3
Fracture	2	1.4	561.17	0.00	561.17	0.1
Respiratory Disorders(Gases,Fume	1	0.7	27.37	0.00	27.37	0.0
Burn	1	0.7	0.00	0.00	0.00	0.0
No Physical Injury	4	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>147</b>		<b>\$463,296.50</b>	<b>\$457,001.42</b>	<b>\$920,297.92</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>778 - Department of Forensic Science</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	7.7	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	7.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	7	53.8	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	15.4	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	7.7	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	7	53.8	\$0.00	0.00	0.00	0.0
2 - 4	2	15.4	\$0.00	0.00	0.00	0.0
4 - 6	2	15.4	\$0.00	0.00	0.00	0.0
6 - 8	1	7.7	\$0.00	0.00	0.00	0.0
18 - 20	1	7.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	5	38.5	\$0.00	0.00	0.00	0.0
25 - 29	4	30.8	\$0.00	0.00	0.00	0.0
30 - 34	2	15.4	\$0.00	0.00	0.00	0.0
40 - 44	1	7.7	\$0.00	0.00	0.00	0.0
45 - 49	1	7.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	12	92.3	\$0.00	0.00	0.00	0.0
Male	1	7.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	8	61.5	\$0.00	0.00	0.00	0.0
Door	1	7.7	\$0.00	0.00	0.00	0.0
Gas / Fumes	1	7.7	\$0.00	0.00	0.00	0.0
Glass bottle / sheet	2	15.4	\$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Broken Glass	2	15.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	7.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	4	30.8	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	7.7	0.00	0.00	0.00	0.0
Other Injury NEC	3	23.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	15.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	7.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	5	38.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	4	30.8	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	23.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	7.7	0.00	0.00	0.00	0.0
Laceration	1	7.7	0.00	0.00	0.00	0.0
No Physical Injury	9	69.2	0.00	0.00	0.00	0.0
Puncture	2	15.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>848 - VA Indigent Defense Commission</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	50.0	6,012.94	35,705.88	41,718.82	66.1
2PM - 3:59PM	1	16.7	2,837.38	12,781.44	15,618.82	24.7
12PM - 1:59PM	1	16.7	952.83	3,615.99	4,568.82	7.2
4PM - 5:59PM	1	16.7	240.05	1,009.95	1,250.00	2.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	50.0	\$9,090.37	49,497.27	58,587.64	92.8
4 - 6	1	16.7	\$952.83	3,615.99	4,568.82	7.2
8 - 10	1	16.7	\$0.00	0.00	0.00	0.0
14 - 16	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>Age of Claimant</b>						
40 - 44	1	16.7	\$6,012.94	35,705.88	41,718.82	66.1
30 - 34	2	33.3	\$3,790.21	16,397.43	20,187.64	32.0
25 - 29	1	16.7	\$240.05	1,009.95	1,250.00	2.0
35 - 39	1	16.7	\$0.00	0.00	0.00	0.0
45 - 49	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	83.3	\$9,803.15	52,103.31	61,906.46	98.0
Male	1	16.7	\$240.05	1,009.95	1,250.00	2.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	33.3	\$6,252.99	36,715.83	42,968.82	68.0
Door	1	16.7	\$2,837.38	12,781.44	15,618.82	24.7
Stairs	1	16.7	\$952.83	3,615.99	4,568.82	7.2
Clothing / jewelry	1	16.7	\$0.00	0.00	0.00	0.0
Patient / Inmate	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	2	33.3	6,252.99	36,715.83	42,968.82	68.0
Collision with a Fixed Object	1	16.7	2,837.38	12,781.44	15,618.82	24.7
Fall/Slip on Stairs	1	16.7	952.83	3,615.99	4,568.82	7.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0
Person in Act of Crime	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum &	1	16.7	6,012.94	35,705.88	41,718.82	66.1
Head Brain	1	16.7	2,837.38	12,781.44	15,618.82	24.7
Lower Extremities Ankle	1	16.7	952.83	3,615.99	4,568.82	7.2
Multiple Body Parts Multiple Body	1	16.7	240.05	1,009.95	1,250.00	2.0
Head Other facial soft tissue	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	33.3	6,012.94	35,705.88	41,718.82	66.1
Concussion (Brain, Cerebral)	2	33.3	3,077.43	13,791.39	16,868.82	26.7
Sprain	1	16.7	952.83	3,615.99	4,568.82	7.2
Laceration	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>912 - Department of Veterans Services</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	8	10.4	10,466.60	29,094.03	39,560.63	29.2
6PM - 7:59PM	7	9.1	23,380.63	0.00	23,380.63	17.2
4PM - 5:59PM	8	10.4	11,356.15	9,897.28	21,253.43	15.7
10AM - 11:59AM	12	15.6	19,628.08	475.81	20,103.89	14.8
2AM - 3:59AM	1	1.3	15,012.97	0.00	15,012.97	11.1
6AM - 7:59AM	6	7.8	5,762.33	0.00	5,762.33	4.2
2PM - 3:59PM	7	9.1	591.43	3,252.77	3,844.20	2.8
12AM - 1:59AM	3	3.9	1,186.65	1,231.18	2,417.83	1.8
12PM - 1:59PM	12	15.6	1,968.19	0.00	1,968.19	1.5
8AM - 9:59AM	9	11.7	1,094.37	0.00	1,094.37	0.8
10PM - 11:59PM	3	3.9	966.70	0.00	966.70	0.7
4AM - 5:59AM	1	1.3	246.55	0.00	246.55	0.2
<b>Totals:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	5	6.5	\$31,206.44	30,303.36	61,509.80	45.4
0 - 2	41	53.2	\$24,345.68	11,940.72	36,286.40	26.8
2 - 4	13	16.9	\$18,815.97	0.00	18,815.97	13.9
10 - 12	1	1.3	\$15,012.97	0.00	15,012.97	11.1
12 - 14	3	3.9	\$37.64	1,231.18	1,268.82	0.9
16 - 18	1	1.3	\$774.19	475.81	1,250.00	0.9
4 - 6	5	6.5	\$795.31	0.00	795.31	0.6
8 - 10	3	3.9	\$436.74	0.00	436.74	0.3
18 - 20	1	1.3	\$216.89	0.00	216.89	0.2
14 - 16	2	2.6	\$18.82	0.00	18.82	0.0
20 - 22	2	2.6	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	
<b>Age of Claimant</b>						
35 - 39	8	10.4	\$33,514.58	29,094.03	62,608.61	46.2
45 - 49	5	6.5	\$22,130.20	0.00	22,130.20	16.3
55 - 59	14	18.2	\$13,088.38	7,397.28	20,485.66	15.1
50 - 54	6	7.8	\$15,154.99	0.00	15,154.99	11.2
60 - 64	11	14.3	\$1,921.84	2,916.32	4,838.16	3.6
25 - 29	6	7.8	\$717.58	2,043.44	2,761.02	2.0
30 - 34	8	10.4	\$1,484.08	1,250.00	2,734.08	2.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	4	5.2	\$2,184.90	0.00	2,184.90	1.6
65 - 69	3	3.9	\$18.82	1,250.00	1,268.82	0.9
40 - 44	8	10.4	\$1,023.68	0.00	1,023.68	0.8
70 - 74	1	1.3	\$421.60	0.00	421.60	0.3
15 - 19	3	3.9	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	

**SEX OF CLAIMANT**

Female	56	72.7	\$72,765.35	41,907.63	114,672.98	84.6
Male	21	27.3	\$18,895.30	2,043.44	20,938.74	15.4
<b>Totals:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	

**LOSS CAUSE**

Wheelchair	3	3.9	\$31,223.16	29,094.03	60,317.19	44.5
Patient / Inmate	26	33.8	\$34,449.42	7,873.09	42,322.51	31.2
Shovel	1	1.3	\$16,962.19	0.00	16,962.19	12.5
Person	1	1.3	\$4,758.65	0.00	4,758.65	3.5
Laundry	3	3.9	\$737.65	2,002.77	2,740.42	2.0
Needle stick	4	5.2	\$769.89	1,250.00	2,019.89	1.5
Walking surface, outside, dry	2	2.6	\$37.64	1,231.18	1,268.82	0.9
Cords	2	2.6	\$0.00	1,250.00	1,250.00	0.9
Vehicle/car/truck	1	1.3	\$0.00	1,250.00	1,250.00	0.9
Door	2	2.6	\$688.75	0.00	688.75	0.5
Lift	3	3.9	\$465.33	0.00	465.33	0.3
Hand tool, powered, NOC	1	1.3	\$410.59	0.00	410.59	0.3
Cleaning Products	1	1.3	\$303.47	0.00	303.47	0.2
Cart	3	3.9	\$294.20	0.00	294.20	0.2
Floor	4	5.2	\$216.89	0.00	216.89	0.2
Chemicals, not otherwise classified	4	5.2	\$142.02	0.00	142.02	0.1
Walking surface, outside, wet	1	1.3	\$105.52	0.00	105.52	0.1
Animal / insect, not otherwise class	1	1.3	\$38.82	0.00	38.82	0.0
Brush / tree / log	1	1.3	\$18.82	0.00	18.82	0.0
Chair	1	1.3	\$18.82	0.00	18.82	0.0
Object on Floor	1	1.3	\$18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	1.3	\$0.00	0.00	0.00	0.0
Boxes / containers	1	1.3	\$0.00	0.00	0.00	0.0
Dishes	1	1.3	\$0.00	0.00	0.00	0.0
Dry chemical extinguisher	1	1.3	\$0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.3	\$0.00	0.00	0.00	0.0

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
N/A	1	1.3	\$0.00	0.00	0.00	0.0
Outside Surface	1	1.3	\$0.00	0.00	0.00	0.0
Overhead Object	1	1.3	\$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classif	1	1.3	\$0.00	0.00	0.00	0.0
Steam / exhaust	1	1.3	\$0.00	0.00	0.00	0.0
Trash receptacle	1	1.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	4	5.2	31,548.14	29,094.03	60,642.17	44.7
Struck/Injured By Fellow Worker, P	13	16.9	18,776.93	7,397.28	26,174.21	19.3
Repetitive Motion	1	1.3	16,962.19	0.00	16,962.19	12.5
Pushing or Pulling	4	5.2	16,099.08	0.00	16,099.08	11.9
Lifting	6	7.8	1,958.03	2,478.58	4,436.61	3.3
Twisting	6	7.8	2,171.51	1,250.00	3,421.51	2.5
Fall On the Same Level	6	7.8	567.80	1,231.18	1,798.98	1.3
Other Injury NEC	4	5.2	37.64	1,250.00	1,287.64	0.9
Collision with Another Vehicle	1	1.3	0.00	1,250.00	1,250.00	0.9
Caught In, Under or Between, NOC	2	2.6	688.75	0.00	688.75	0.5
Struck/Injured By Hand Tool or Mac	2	2.6	442.74	0.00	442.74	0.3
Hand Tool, Utensil; Not Powered	2	2.6	436.74	0.00	436.74	0.3
Powered Hand Tool; Appliance	1	1.3	410.59	0.00	410.59	0.3
Strain or Injury By, NOC	2	2.6	340.66	0.00	340.66	0.3
Cut, Punctured, Scraped, NOC	5	6.5	333.15	0.00	333.15	0.2
Foreign Body in Eye	1	1.3	303.47	0.00	303.47	0.2
Fall/Slip From Liquid or Grease Spi	2	2.6	216.89	0.00	216.89	0.2
Contact With Not Otherwise Classif	3	3.9	123.20	0.00	123.20	0.1
Fall/Slip on Ice or Snow	1	1.3	105.52	0.00	105.52	0.1
Struck/Injured By Moving Parts of M	1	1.3	57.39	0.00	57.39	0.0
Struck/Injured By Animal or Insect	2	2.6	38.82	0.00	38.82	0.0
Caught In/Between-Object Handlec	1	1.3	22.59	0.00	22.59	0.0
Fall/Slip on Stairs	1	1.3	18.82	0.00	18.82	0.0
Object Being Lifted or Handled	1	1.3	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	1.3	0.00	0.00	0.00	0.0
Reaching	1	1.3	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	1.3	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	2	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Lower Extremities Great Toe	1	1.3	7,861.55	29,094.03	36,955.58	27.3
Lower Extremities Foot	4	5.2	23,361.61	0.00	23,361.61	17.2
Upper Extremities Shoulder(s)	8	10.4	20,224.79	2,002.77	22,227.56	16.4
Head Other facial soft tissue	4	5.2	11,602.48	7,397.28	18,999.76	14.0
Trunk Lumbar and/or Sacral Vertel	2	2.6	15,012.97	1,250.00	16,262.97	12.0
Trunk Abdomen Including Groin	3	3.9	4,758.65	0.00	4,758.65	3.5
Multiple Body Parts Multiple Body	13	16.9	602.56	2,481.18	3,083.74	2.3
Trunk Upper Back Area (Thoracic	2	2.6	2,133.87	0.00	2,133.87	1.6
Trunk Low Back Area (Incl. Lumba	7	9.1	1,527.63	475.81	2,003.44	1.5
Upper Extremities Thumb	4	5.2	19.02	1,250.00	1,269.02	0.9
Upper Extremities Lower Arm	6	7.8	1,240.37	0.00	1,240.37	0.9
Upper Extremities Hand	3	3.9	1,106.47	0.00	1,106.47	0.8
Upper Extremities Finger(s)	6	7.8	743.74	0.00	743.74	0.5
Lower Extremities Hip	2	2.6	548.98	0.00	548.98	0.4
Upper Extremities Upper Arm (Incl	1	1.3	397.26	0.00	397.26	0.3
Head Eye(s)	2	2.6	303.47	0.00	303.47	0.2
Lower Extremities Lower Leg	1	1.3	196.41	0.00	196.41	0.1
Lower Extremities Knee	1	1.3	18.82	0.00	18.82	0.0
Head Brain	1	1.3	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	1.3	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	1.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	1.3	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	1.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	28	36.4	50,514.77	36,491.31	87,006.08	64.2
Strain	22	28.6	24,306.14	2,478.58	26,784.72	19.8
Sprain	1	1.3	15,012.97	0.00	15,012.97	11.1
All Other (Specific) Injuries, NOC	9	11.7	95.28	2,481.18	2,576.46	1.9
Puncture	4	5.2	769.89	1,250.00	2,019.89	1.5
COVID-19	1	1.3	0.00	1,250.00	1,250.00	0.9
Laceration	5	6.5	410.59	0.00	410.59	0.3
Inflammation	1	1.3	303.47	0.00	303.47	0.2
Dermatitis	1	1.3	123.20	0.00	123.20	0.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Concussion (Brain, Cerebral)	1	1.3	105.52	0.00	105.52	0.1
No Physical Injury	2	2.6	18.82	0.00	18.82	0.0
Burn	1	1.3	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	1.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>77</b>		<b>\$91,660.65</b>	<b>\$43,951.07</b>	<b>\$135,611.72</b>	

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>948 - Southwest VA Higher Education Ctr.</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	3	100.0	2,327.22	24,933.60	27,260.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	33.3	\$2,327.22	24,933.60	27,260.82	100.0
0 - 2	2	66.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	33.3	\$2,327.22	24,933.60	27,260.82	100.0
15 - 19	1	33.3	\$0.00	0.00	0.00	0.0
25 - 29	1	33.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	\$2,327.22	24,933.60	27,260.82	100.0
Male	1	33.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>LOSS CAUSE</b>						
Floor	1	33.3	\$2,327.22	24,933.60	27,260.82	100.0
Ceiling	1	33.3	\$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	33.3	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Contact with Electrical Current	1	33.3	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>INJURY</b>						
Fracture	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Burn	1	33.3	0.00	0.00	0.00	0.0



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Electric Shock	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>960 - FIRE PROGRAMS, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	\$243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	\$243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>LOSS CAUSE</b>						
Baggage/Luggage	1	100.0	\$243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	243.75	0.00	243.75	100.0
<b>Sum:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	243.75	0.00	243.75	100.0
<b>Sum:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>INJURY</b>						
Fracture	1	100.0	243.75	0.00	243.75	100.0
<b>Sum:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>961 - Capitol Police</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	16.7	1,155.77	94.23	1,250.00	81.8
10AM - 11:59AM	1	16.7	279.00	0.00	279.00	18.2
8AM - 9:59AM	2	33.3	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	16.7	\$1,155.77	94.23	1,250.00	81.8
4 - 6	2	33.3	\$279.00	0.00	279.00	18.2
6 - 8	1	16.7	\$0.00	0.00	0.00	0.0
10 - 12	1	16.7	\$0.00	0.00	0.00	0.0
24 - 26	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	16.7	\$1,155.77	94.23	1,250.00	81.8
30 - 34	2	33.3	\$279.00	0.00	279.00	18.2
25 - 29	1	16.7	\$0.00	0.00	0.00	0.0
40 - 44	1	16.7	\$0.00	0.00	0.00	0.0
50 - 54	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	66.7	\$1,155.77	94.23	1,250.00	81.8
Female	2	33.3	\$279.00	0.00	279.00	18.2
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>LOSS CAUSE</b>						
Miscellaneous	1	16.7	\$1,155.77	94.23	1,250.00	81.8
Cleaning Products	1	16.7	\$279.00	0.00	279.00	18.2
Animal, not otherwise classified	1	16.7	\$0.00	0.00	0.00	0.0
Object on Floor	1	16.7	\$0.00	0.00	0.00	0.0
Sproket/Ratchet	1	16.7	\$0.00	0.00	0.00	0.0
Working Surface	1	16.7	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	16.7	1,155.77	94.23	1,250.00	81.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Burn or Scald-Chemicals	1	16.7	279.00	0.00	279.00	18.2
Cut, Punctured, Scraped, NOC	1	16.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled E	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>BODY PART</b>						
Head Teeth	1	16.7	1,155.77	94.23	1,250.00	81.8
Head Eye(s)	1	16.7	279.00	0.00	279.00	18.2
Lower Extremities Ankle	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	2	33.3	1,434.77	94.23	1,529.00	100.0
Laceration	2	33.3	0.00	0.00	0.00	0.0
Puncture	1	16.7	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>977 - Virginia Cannabis Control Auth.</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	\$18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	\$18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	\$18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	\$18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Motor Vehicle, NOC	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>998 - AmeriCorps clo DSS-OVC</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	\$751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	\$751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	\$751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>LOSS CAUSE</b>						
Chainsaw	1	100.0	\$751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>ACCIDENT TYPE</b>						
Powered Hand Tool; Appliance	1	100.0	751.96	0.00	751.96	100.0
<b>Sum:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	751.96	0.00	751.96	100.0
<b>Sum:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>INJURY</b>						
Laceration	1	100.0	751.96	0.00	751.96	100.0
<b>Sum:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	12	13.2	90,781.71	109,403.80	200,185.51	32.2
6AM - 7:59AM	6	6.6	652.76	153,533.16	154,185.92	24.8
2PM - 3:59PM	13	14.3	54,225.58	85,996.49	140,222.07	22.5
4PM - 5:59PM	10	11.0	16,032.05	79,602.09	95,634.14	15.4
12PM - 1:59PM	19	20.9	1,939.59	11,587.48	13,527.07	2.2
6PM - 7:59PM	11	12.1	3,564.96	7,556.87	11,121.83	1.8
8PM - 9:59PM	7	7.7	76.69	6,592.13	6,668.82	1.1
8AM - 9:59AM	12	13.2	309.30	600.00	909.30	0.1
4AM - 5:59AM	1	1.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	8	8.8	\$90,642.89	125,020.69	215,663.58	34.6
0 - 2	41	45.1	\$68,091.57	128,947.99	197,039.56	31.7
24 - 26	1	1.1	\$18.82	133,300.00	133,318.82	21.4
26 - 28	1	1.1	\$152.88	22,465.93	22,618.81	3.6
2 - 4	18	19.8	\$754.81	18,327.49	19,082.30	3.1
4 - 6	10	11.0	\$6,401.55	11,253.45	17,655.00	2.8
10 - 12	3	3.3	\$18.82	8,600.00	8,618.82	1.4
8 - 10	2	2.2	\$23.53	5,706.47	5,730.00	0.9
18 - 20	1	1.1	\$0.00	1,250.00	1,250.00	0.2
20 - 22	2	2.2	\$973.80	0.00	973.80	0.2
16 - 18	2	2.2	\$503.97	0.00	503.97	0.1
14 - 16	2	2.2	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	
<b>Age of Claimant</b>						
40 - 44	12	13.2	\$99,459.54	127,082.05	226,541.59	36.4
65 - 69	6	6.6	\$1,087.25	133,900.00	134,987.25	21.7
30 - 34	9	9.9	\$17,586.23	75,972.15	93,558.38	15.0
50 - 54	5	5.5	\$24,024.87	28,002.48	52,027.35	8.4
35 - 39	6	6.6	\$15,563.71	20,652.91	36,216.62	5.8
45 - 49	16	17.6	\$3,660.50	29,422.40	33,082.90	5.3
20 - 24	11	12.1	\$2,849.87	17,750.00	20,599.87	3.3
60 - 64	12	13.2	\$1,076.20	9,200.00	10,276.20	1.7
25 - 29	9	9.9	\$1,112.86	7,833.16	8,946.02	1.4

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	5	5.5	\$1,161.61	5,056.87	6,218.48	1.0
<b>Totals:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	
<b>SEX OF CLAIMANT</b>						
Male	38	41.8	\$88,034.62	288,514.63	376,549.25	60.5
Female	53	58.2	\$79,548.02	166,357.39	245,905.41	39.5
<b>Totals:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	28	30.8	\$108,363.25	207,843.99	316,207.24	50.8
Cords	1	1.1	\$18.82	133,300.00	133,318.82	21.4
Vehicle/car/truck	5	5.5	\$27,229.00	62,481.20	89,710.20	14.4
Floor	2	2.2	\$24,303.68	26,752.48	51,056.16	8.2
Blade	4	4.4	\$18.82	8,600.00	8,618.82	1.4
Outside Surface	2	2.2	\$798.13	5,056.87	5,855.00	0.9
Glass bottle / sheet	8	8.8	\$4,123.58	1,250.00	5,373.58	0.9
Person	4	4.4	\$18.82	4,100.00	4,118.82	0.7
Door	2	2.2	\$93.20	1,250.00	1,343.20	0.2
Belt Loaders	1	1.1	\$314.64	935.36	1,250.00	0.2
Gas / Fumes	8	8.8	\$447.88	802.12	1,250.00	0.2
Metal items	1	1.1	\$0.00	1,250.00	1,250.00	0.2
N/A	3	3.3	\$0.00	1,250.00	1,250.00	0.2
Overhead Object	1	1.1	\$497.74	0.00	497.74	0.1
Chair	1	1.1	\$409.34	0.00	409.34	0.1
Office equipment	1	1.1	\$363.48	0.00	363.48	0.1
Sharp objects, not otherwise classif	1	1.1	\$309.30	0.00	309.30	0.0
Walking surface, inside, wet	2	2.2	\$225.16	0.00	225.16	0.0
Cart	1	1.1	\$47.80	0.00	47.80	0.0
Environmental conditions	1	1.1	\$0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.1	\$0.00	0.00	0.00	0.0
Gun / gunshot	2	2.2	\$0.00	0.00	0.00	0.0
Hand Truck (2w)	1	1.1	\$0.00	0.00	0.00	0.0
Insufficient data	2	2.2	\$0.00	0.00	0.00	0.0
Object on Floor	1	1.1	\$0.00	0.00	0.00	0.0
Shelving	3	3.3	\$0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	2.2	\$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.1	\$0.00	0.00	0.00	0.0
Wall	1	1.1	\$0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	10	11.0	24,043.69	161,302.48	185,346.17	29.8
Strike Against/Step On Stationary C	4	4.4	55,169.14	49,082.05	104,251.19	16.7
Lifting	13	14.3	32,443.53	62,044.41	94,487.94	15.2
Collision with Another Vehicle	4	4.4	22,073.46	59,586.74	81,660.20	13.1
Reaching	1	1.1	11,336.47	42,003.09	53,339.56	8.6
Struck or Injury By, NOC	5	5.5	6,241.75	30,674.81	36,916.56	5.9
Repetitive Motion (after 7/1/94)	3	3.3	18.82	14,250.00	14,268.82	2.3
Struck/Injured By Falling or Flying C	7	7.7	3,431.92	6,583.16	10,015.08	1.6
Hand Tool, Utensil; Not Powered	4	4.4	18.82	8,600.00	8,618.82	1.4
Struck/Injured By Motor Vehicle	1	1.1	5,155.54	2,894.46	8,050.00	1.3
Object Being Lifted or Handled	3	3.3	338.17	6,641.83	6,980.00	1.1
Fall/Slip on Ice or Snow	1	1.1	798.13	5,056.87	5,855.00	0.9
Striking Against or Stepping On, NC	3	3.3	475.50	4,100.00	4,575.50	0.7
Broken Glass	1	1.1	3,484.09	0.00	3,484.09	0.6
Dust, Gases, Fumes or Vapors	8	8.8	447.88	802.12	1,250.00	0.2
Other Injury NEC	2	2.2	0.00	1,250.00	1,250.00	0.2
Fall/Slip From a Different Level	1	1.1	564.46	0.00	564.46	0.1
Fall, Slip or Trip, NOC	3	3.3	503.97	0.00	503.97	0.1
Natural Disasters	1	1.1	409.34	0.00	409.34	0.1
Cut, Punctured, Scraped, NOC	1	1.1	309.30	0.00	309.30	0.0
Struck/Injured By Fellow Worker, P	4	4.4	270.86	0.00	270.86	0.0
Person in Act of Crime	3	3.3	47.80	0.00	47.80	0.0
Fall/Slip From Liquid or Grease Spi	1	1.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	1.1	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	1.1	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	1.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lift	2	2.2	0.00	0.00	0.00	0.0
Twisting	2	2.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body	19	20.9	28,105.04	199,083.32	227,188.36	36.5
Lower Extremities Knee	10	11.0	90,398.52	118,437.62	208,836.14	33.6
Upper Extremities Shoulder(s)	6	6.6	38,475.23	64,860.16	103,335.39	16.6
Trunk Low Back Area (Incl. Lumba	13	14.3	1,014.41	29,165.93	30,180.34	4.8
Trunk Upper Back Area (Thoracic	2	2.2	18.82	14,900.00	14,918.82	2.4
Upper Extremities Hand	3	3.3	18.82	7,350.00	7,368.82	1.2

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### Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	5	5.5	4,156.87	2,500.00	6,656.87	1.1
Head Multiple Head Injury	5	5.5	1,112.86	5,333.16	6,446.02	1.0
Upper Extremities Elbow	1	1.1	23.53	5,706.47	5,730.00	0.9
Trunk Heart	1	1.1	18.82	4,100.00	4,118.82	0.7
Lower Extremities Ankle	3	3.3	2,495.97	0.00	2,495.97	0.4
Lower Extremities Toe(s)	1	1.1	0.00	1,250.00	1,250.00	0.2
Multiple Body Parts No Physical In	6	6.6	0.00	1,250.00	1,250.00	0.2
Trunk Chest (Incl. Ribs, Sternum &	2	2.2	314.64	935.36	1,250.00	0.2
Upper Extremities Wrist	4	4.4	789.62	0.00	789.62	0.1
Lower Extremities Foot	3	3.3	368.63	0.00	368.63	0.1
Upper Extremities Upper Arm (Incl	1	1.1	270.86	0.00	270.86	0.0
Head Brain	1	1.1	0.00	0.00	0.00	0.0
Head Eye(s)	1	1.1	0.00	0.00	0.00	0.0
Head Other facial soft tissue	2	2.2	0.00	0.00	0.00	0.0
Head Skull	1	1.1	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	1.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	

**INJURY**

Strain	20	22.0	43,483.61	124,003.97	167,487.58	26.9
Contusion (Bruise, Skin Surface)	19	20.9	65,026.14	86,356.86	151,383.00	24.3
Multiple Physical Injury Only	10	11.0	5,232.23	137,436.59	142,668.82	22.9
Multiple Injury Inc. Physical & Psycl	1	1.1	11,674.04	49,186.16	60,860.20	9.8
Sprain	9	9.9	26,452.12	32,744.71	59,196.83	9.5
Inflammation	5	5.5	10,341.55	9,158.45	19,500.00	3.1
Laceration	9	9.9	3,812.21	8,600.00	12,412.21	2.0
Concussion (Brain, Cerebral)	3	3.3	1,112.86	5,333.16	6,446.02	1.0
No Physical Injury	11	12.1	0.00	1,250.00	1,250.00	0.2
Respiratory Disorders(Gases,Fume	2	2.2	447.88	802.12	1,250.00	0.2
All Other (Specific) Injuries, NOC	1	1.1	0.00	0.00	0.00	0.0
Mental Stress	1	1.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>91</b>		<b>\$167,582.64</b>	<b>\$454,872.02</b>	<b>\$622,454.66</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>100 - Senate of Virginia</b>						
<b>S100 - Senate of Virginia</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	427.01	822.99	1,250.00	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	50.0	427.01	822.99	1,250.00	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	50.0	427.01	822.99	1,250.00	100.0
70 - 74	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	427.01	822.99	1,250.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	50.0	427.01	822.99	1,250.00	100.0
Outside Surface	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	50.0	427.01	822.99	1,250.00	100.0
Strain or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Toe(s)	1	50.0	427.01	822.99	1,250.00	100.0
Lower Extremities Foot	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	427.01	822.99	1,250.00	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$427.01</b>	<b>\$822.99</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>101 - HOUSE OF DELEGATES</b>						
<b>S101 - HOUSE OF DELEGATES</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	50.0	6,854.33	3,645.67	10,500.00	100.0
6PM - 7:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	6,854.33	3,645.67	10,500.00	100.0
14 - 16	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>Age of Claimant</b>						
75 - 79	1	50.0	6,854.33	3,645.67	10,500.00	100.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	6,854.33	3,645.67	10,500.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	50.0	6,854.33	3,645.67	10,500.00	100.0
Nail	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	6,854.33	3,645.67	10,500.00	100.0
Stepping on Sharp Object	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	50.0	6,854.33	3,645.67	10,500.00	100.0
Lower Extremities Great Toe	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	100.0	6,854.33	3,645.67	10,500.00	100.0
<b>Sum:</b>	<b>2</b>		<b>\$6,854.33</b>	<b>\$3,645.67</b>	<b>\$10,500.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>103 - MAGISTRATE SYSTEM</b>						
<b>116 - COMBINED DISTRICT COURTS</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	0.00	6,550.00	6,550.00	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	6,550.00	6,550.00	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	0.00	6,550.00	6,550.00	100.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	6,550.00	6,550.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>LOSS CAUSE</b>						
Door	1	50.0	0.00	6,550.00	6,550.00	100.0
Floor	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	50.0	0.00	6,550.00	6,550.00	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	0.00	6,550.00	6,550.00	100.0
Upper Extremities Shoulder(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	
<b>INJURY</b>						
Crushing	1	50.0	0.00	6,550.00	6,550.00	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$6,550.00</b>	<b>\$6,550.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>103 - MAGISTRATE SYSTEM</b>						
<b>S103 - MAGISTRATE SYSTEM</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	2	50.0	58.77	0.00	58.77	100.0
8AM - 9:59AM	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
<b>Totals:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	50.0	58.77	0.00	58.77	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
<b>Totals:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>Age of Claimant</b>						
25 - 29	1	25.0	58.77	0.00	58.77	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
55 - 59	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	75.0	58.77	0.00	58.77	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	25.0	58.77	0.00	58.77	100.0
Computer Work Station	1	25.0	0.00	0.00	0.00	0.0
Floor	1	25.0	0.00	0.00	0.00	0.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	25.0	58.77	0.00	58.77	100.0
Fall/Slip From Liquid or Grease Spills	1	25.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>BODY PART</b>						
Head Skull	1	25.0	58.77	0.00	58.77	100.0
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	
<b>INJURY</b>						
No Physical Injury	2	50.0	58.77	0.00	58.77	100.0
Inflammation	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$58.77</b>	<b>\$0.00</b>	<b>\$58.77</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>109 - LEGISLATIVE AUTOMATED SYSTEMS</b>						
<b>S109 - LEGISLATIVE AUTOMATED SYSTEMS</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>LENGTH OF SERVICE</b>						
30 - 32	1	100.0	213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>LOSS CAUSE</b>						
Computer Work Station	1	100.0	213.10	0.00	213.10	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	213.10	0.00	213.10	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	100.0	213.10	0.00	213.10	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	
<b>INJURY</b>						
Laceration	1	100.0	213.10	0.00	213.10	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.10</b>	<b>\$0.00</b>	<b>\$213.10</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>111 - SUPREME COURT OF VIRGINIA</b>						
<b>114 - GENERAL COURTS</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	8.3	0.00	1,250.00	1,250.00	74.4
12PM - 1:59PM	3	25.0	411.03	0.00	411.03	24.5
8AM - 9:59AM	4	33.3	18.82	0.00	18.82	1.1
10AM - 11:59AM	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
<b>Totals:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	5	41.7	429.85	1,250.00	1,679.85	100.0
2 - 4	2	16.7	0.00	0.00	0.00	0.0
8 - 10	1	8.3	0.00	0.00	0.00	0.0
18 - 20	1	8.3	0.00	0.00	0.00	0.0
24 - 26	1	8.3	0.00	0.00	0.00	0.0
34 - 36	1	8.3	0.00	0.00	0.00	0.0
30 - 32	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	
<b>Age of Claimant</b>						
40 - 44	1	8.3	0.00	1,250.00	1,250.00	74.4
25 - 29	1	8.3	411.03	0.00	411.03	24.5
45 - 49	2	16.7	18.82	0.00	18.82	1.1
30 - 34	2	16.7	0.00	0.00	0.00	0.0
50 - 54	1	8.3	0.00	0.00	0.00	0.0
60 - 64	2	16.7	0.00	0.00	0.00	0.0
65 - 69	1	8.3	0.00	0.00	0.00	0.0
70 - 74	1	8.3	0.00	0.00	0.00	0.0
75 - 79	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	
<b>SEX OF CLAIMANT</b>						
Female	11	91.7	429.85	1,250.00	1,679.85	100.0
Male	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	
<b>LOSS CAUSE</b>						
Office equipment	2	16.7	0.00	1,250.00	1,250.00	74.4
Ceiling	1	8.3	411.03	0.00	411.03	24.5
N/A	1	8.3	18.82	0.00	18.82	1.1
Door	1	8.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Floor	2	16.7	0.00	0.00	0.00	0.0
Object on Floor	1	8.3	0.00	0.00	0.00	0.0
Outside Surface	1	8.3	0.00	0.00	0.00	0.0
Person	1	8.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	

### ACCIDENT TYPE

Struck or Injury By, NOC	1	8.3	0.00	1,250.00	1,250.00	74.4
Dust, Gases, Fumes or Vapors	1	8.3	411.03	0.00	411.03	24.5
Other Injury NEC	2	16.7	18.82	0.00	18.82	1.1
Absorption, Ingestion or Inhalation NOC	1	8.3	0.00	0.00	0.00	0.0
Fall On the Same Level	2	16.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	3	25.0	0.00	0.00	0.00	0.0
Reaching	1	8.3	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	

### BODY PART

Head Eye(s)	2	16.7	411.03	1,250.00	1,661.03	98.9
Trunk Heart	1	8.3	18.82	0.00	18.82	1.1
Head Skull	1	8.3	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	8.3	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	16.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	8.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	

### INJURY

Vision Loss	1	8.3	0.00	1,250.00	1,250.00	74.4
Strain	1	8.3	411.03	0.00	411.03	24.5
No Physical Injury	2	16.7	18.82	0.00	18.82	1.1
All Other (Specific) Injuries, NOC	1	8.3	0.00	0.00	0.00	0.0
Contagious Disease	1	8.3	0.00	0.00	0.00	0.0
Fracture	1	8.3	0.00	0.00	0.00	0.0
Inflammation	2	16.7	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	2	16.7	0.00	0.00	0.00	0.0
Sprain	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$429.85</b>	<b>\$1,250.00</b>	<b>\$1,679.85</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>111 - SUPREME COURT OF VIRGINIA</b>						
<b>115 - JUVENILE &amp; DOMESTIC</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	16.7	48,523.28	0.00	48,523.28	97.4
10AM - 11:59AM	3	50.0	1,301.05	0.00	1,301.05	2.6
12PM - 1:59PM	1	16.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	16.7	48,523.28	0.00	48,523.28	97.4
2 - 4	2	33.3	1,043.05	0.00	1,043.05	2.1
0 - 2	2	33.3	258.00	0.00	258.00	0.5
6 - 8	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	
<b>Age of Claimant</b>						
60 - 64	1	16.7	48,523.28	0.00	48,523.28	97.4
50 - 54	2	33.3	1,043.05	0.00	1,043.05	2.1
30 - 34	1	16.7	258.00	0.00	258.00	0.5
40 - 44	1	16.7	0.00	0.00	0.00	0.0
55 - 59	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	49,824.33	0.00	49,824.33	100.0
<b>Totals:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	
<b>LOSS CAUSE</b>						
Floor	2	33.3	48,523.28	0.00	48,523.28	97.4
Stairs, steps	2	33.3	1,043.05	0.00	1,043.05	2.1
Metal items	1	16.7	258.00	0.00	258.00	0.5
Chair	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	16.7	48,523.28	0.00	48,523.28	97.4
Fall/Slip on Stairs	1	16.7	1,043.05	0.00	1,043.05	2.1
Caught In, Under or Between, NOC	1	16.7	258.00	0.00	258.00	0.5
Fall On the Same Level	2	33.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	16.7	48,523.28	0.00	48,523.28	97.4
Upper Extremities Wrist	1	16.7	1,043.05	0.00	1,043.05	2.1
Lower Extremities Foot	1	16.7	258.00	0.00	258.00	0.5
Lower Extremities Knee	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	
<b>INJURY</b>						
Fracture	1	16.7	48,523.28	0.00	48,523.28	97.4
Strain	1	16.7	1,043.05	0.00	1,043.05	2.1
Sprain	2	33.3	258.00	0.00	258.00	0.5
Multiple Physical Injury Only	1	16.7	0.00	0.00	0.00	0.0
No Physical Injury	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$49,824.33</b>	<b>\$0.00</b>	<b>\$49,824.33</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>111 - SUPREME COURT OF VIRGINIA</b>						
<b>S111 - SUPREME COURT OF VIRGINIA</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	1,038.73	0.00	1,038.73	100.0
2AM - 3:59AM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	33.3	603.00	0.00	603.00	58.1
0 - 2	1	33.3	435.73	0.00	435.73	41.9
6 - 8	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>Age of Claimant</b>						
40 - 44	3	100.0	1,038.73	0.00	1,038.73	100.0
<b>Totals:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	1,038.73	0.00	1,038.73	100.0
<b>Totals:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	33.3	603.00	0.00	603.00	58.1
Metal items	1	33.3	435.73	0.00	435.73	41.9
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	1	33.3	603.00	0.00	603.00	58.1
Striking Against or Stepping On, NOC	1	33.3	435.73	0.00	435.73	41.9
Fall/Slip From Liquid or Grease Spills	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>BODY PART</b>						
Head Eye(s)	1	33.3	603.00	0.00	603.00	58.1
Lower Extremities Toe(s)	1	33.3	435.73	0.00	435.73	41.9
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	
<b>INJURY</b>						
Poisoning - Chemical (Other than Metal)	1	33.3	603.00	0.00	603.00	58.1
All Other (Specific) Injuries, NOC	1	33.3	435.73	0.00	435.73	41.9
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,038.73</b>	<b>\$0.00</b>	<b>\$1,038.73</b>	

Company: Commonwealth of Virginia  
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## ***Industrial Claims Report***

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>121 - GOVERNOR'S OFFICE</b>						
<b>    S121 - GOVERNOR'S OFFICE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>123 - MILITARY AFFAIRS, DEPARTMENT OF</b>						
<b>S123 - MILITARY AFFAIRS, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	16	4.8	320,874.76	230,064.71	550,939.47	74.3
12AM - 1:59AM	4	1.2	16,361.73	34,473.93	50,835.66	6.9
8AM - 9:59AM	10	3.0	24,550.60	25,174.94	49,725.54	6.7
6AM - 7:59AM	83	24.8	27,952.33	16,071.14	44,023.47	5.9
6PM - 7:59PM	71	21.2	8,123.49	19,877.28	28,000.77	3.8
12PM - 1:59PM	36	10.7	7,404.58	8,456.90	15,861.48	2.1
2PM - 3:59PM	36	10.7	339.43	1,213.43	1,552.86	0.2
4AM - 5:59AM	2	0.6	459.74	0.00	459.74	0.1
8PM - 9:59PM	35	10.4	280.45	0.00	280.45	0.0
4PM - 5:59PM	38	11.3	18.82	0.00	18.82	0.0
2AM - 3:59AM	3	0.9	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	309	92.2	379,948.38	215,819.99	595,768.37	80.3
16 - 18	2	0.6	12,863.12	64,881.50	77,744.62	10.5
2 - 4	12	3.6	13,341.83	44,480.84	57,822.67	7.8
6 - 8	2	0.6	37.64	7,100.00	7,137.64	1.0
24 - 26	2	0.6	0.00	3,050.00	3,050.00	0.4
8 - 10	1	0.3	174.96	0.00	174.96	0.0
4 - 6	3	0.9	0.00	0.00	0.00	0.0
10 - 12	2	0.6	0.00	0.00	0.00	0.0
12 - 14	1	0.3	0.00	0.00	0.00	0.0
14 - 16	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	
<b>Age of Claimant</b>						
40 - 44	7	2.1	335,385.53	212,531.88	547,917.41	73.9
25 - 29	78	23.3	22,549.18	65,958.88	88,508.06	11.9
35 - 39	30	9.0	16,361.73	34,473.93	50,835.66	6.9
20 - 24	127	37.9	24,456.70	1,213.43	25,670.13	3.5
50 - 54	10	3.0	6,828.65	10,404.21	17,232.86	2.3
55 - 59	7	2.1	465.26	10,750.00	11,215.26	1.5
30 - 34	60	17.9	300.06	0.00	300.06	0.0
45 - 49	12	3.6	18.82	0.00	18.82	0.0
15 - 19	2	0.6	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
75 - 79	1	0.3	0.00	0.00	0.00	0.0
80 - 84	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	
<b>SEX OF CLAIMANT</b>						
Male	224	66.9	391,692.15	327,018.90	718,711.05	96.9
Female	111	33.1	14,673.78	8,313.43	22,987.21	3.1
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	0.3	296,717.20	105,902.37	402,619.57	54.3
Recreational equipment	2	0.6	12,863.12	64,881.50	77,744.62	10.5
Walking surface, outside, dry	9	2.7	17,763.77	53,635.05	71,398.82	9.6
Patient / Inmate	6	1.8	29,254.75	39,996.08	69,250.83	9.3
Electrical equipment	1	0.3	16,342.91	34,473.93	50,816.84	6.9
Vehicle/car/truck	36	10.7	23,238.24	4,263.43	27,501.67	3.7
Water	2	0.6	7,133.10	5,406.90	12,540.00	1.7
Furniture / fixtures	1	0.3	1,410.75	10,723.07	12,133.82	1.6
N/A	2	0.6	37.64	7,700.00	7,737.64	1.0
Walking surface, inside, dry	1	0.3	18.82	7,100.00	7,118.82	1.0
Animal / insect, not otherwise classifie	3	0.9	0.00	1,250.00	1,250.00	0.2
Person	61	18.2	497.38	0.00	497.38	0.1
Metal items	2	0.6	302.86	0.00	302.86	0.0
Overhead Object	1	0.3	280.45	0.00	280.45	0.0
Chemicals, not otherwise classified	8	2.4	271.48	0.00	271.48	0.0
Nail	1	0.3	174.96	0.00	174.96	0.0
Environmental conditions	97	29.0	58.50	0.00	58.50	0.0
Aircraft	3	0.9	0.00	0.00	0.00	0.0
Animal / bee type	1	0.3	0.00	0.00	0.00	0.0
Battery	1	0.3	0.00	0.00	0.00	0.0
Boxes / containers	1	0.3	0.00	0.00	0.00	0.0
Clothing / jewelry	7	2.1	0.00	0.00	0.00	0.0
Dust	2	0.6	0.00	0.00	0.00	0.0
Floor	1	0.3	0.00	0.00	0.00	0.0
Food	23	6.9	0.00	0.00	0.00	0.0
Gun / gunshot	2	0.6	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.3	0.00	0.00	0.00	0.0
Infectious agent	6	1.8	0.00	0.00	0.00	0.0
Miscellaneous	21	6.3	0.00	0.00	0.00	0.0
Outside Surface	25	7.5	0.00	0.00	0.00	0.0
Pipe	1	0.3	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	0.3	0.00	0.00	0.00	0.0
Stairs	1	0.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Tire	1	0.3	0.00	0.00	0.00	0.0
Uneven Surface	2	0.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

### ACCIDENT TYPE

Lifting	29	8.7	316,993.87	176,190.77	493,184.64	66.5
Twisting	12	3.6	44,776.55	84,659.99	129,436.54	17.5
Contact with Electrical Current	1	0.3	16,342.91	34,473.93	50,816.84	6.9
Vehicle Upset	10	3.0	23,051.29	4,263.43	27,314.72	3.7
Strike Against/Step On Stationary Object	2	0.6	2,147.68	16,071.14	18,218.82	2.5
Fall/Slip on Stairs	1	0.3	1,410.75	10,723.07	12,133.82	1.6
Other Injury NEC	47	14.0	37.64	7,700.00	7,737.64	1.0
Struck/Injured By Animal or Insect	4	1.2	0.00	1,250.00	1,250.00	0.2
Struck/Injured By Fellow Worker, Patient	1	0.3	459.74	0.00	459.74	0.1
Hand Tool, Utensil; Not Powered	2	0.6	302.86	0.00	302.86	0.0
Pushing or Pulling	1	0.3	300.06	0.00	300.06	0.0
Absorption, Ingestion or Inhalation NOC	6	1.8	271.48	0.00	271.48	0.0
Struck/Injured By Falling or Flying Object	1	0.3	174.96	0.00	174.96	0.0
Other than Physical Cause of Injury	84	25.1	96.14	0.00	96.14	0.0
Caught In, Under or Between, NOC	1	0.3	0.00	0.00	0.00	0.0
Contact with Infectious Disease	1	0.3	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	103	30.7	0.00	0.00	0.00	0.0
Continual Noise	2	0.6	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.3	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	6	1.8	0.00	0.00	0.00	0.0
Fall On the Same Level	6	1.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	0.3	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	0.6	0.00	0.00	0.00	0.0
Holding or Carrying	1	0.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.3	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	4	1.2	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	0.3	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flare Back	1	0.3	0.00	0.00	0.00	0.0
Temperature Extremes	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

### BODY PART

Neck Disc (Neck)	1	0.3	296,717.20	105,902.37	402,619.57	54.3
Upper Extremities Shoulder(s)	4	1.2	14,928.54	64,881.50	79,810.04	10.8
Multiple Body Parts Multiple Body Parts	200	59.7	39,687.61	37,523.93	77,211.54	10.4

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	4	1.2	11,237.98	44,480.84	55,718.82	7.5
Lower Extremities Knee	5	1.5	24,375.64	23,924.94	48,300.58	6.5
Trunk Low Back Area (Incl. Lumbar & Li	6	1.8	9,190.54	16,129.97	25,320.51	3.4
Lower Extremities Foot	3	0.9	6,544.61	16,254.21	22,798.82	3.1
Lower Extremities Great Toe	1	0.3	2,147.68	16,071.14	18,218.82	2.5
Trunk Heart	2	0.6	37.64	7,700.00	7,737.64	1.0
Neck Soft Tissue-Neck	2	0.6	36.57	1,213.43	1,250.00	0.2
Trunk Chest (Incl. Ribs, Sternum & Soft	2	0.6	0.00	1,250.00	1,250.00	0.2
Upper Extremities Wrist	2	0.6	946.46	0.00	946.46	0.1
Upper Extremities Hand	2	0.6	302.86	0.00	302.86	0.0
Head Eye(s)	3	0.9	174.96	0.00	174.96	0.0
Multiple Body Parts No Physical Injury	10	3.0	18.82	0.00	18.82	0.0
Trunk Internal Organs	1	0.3	18.82	0.00	18.82	0.0
Head Ear(s)	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	0.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	0.6	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	23	6.9	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	50	14.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	0.3	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	3	0.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	0.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

### INJURY

Strain	76	22.7	354,033.68	232,035.04	586,068.72	79.0
Sprain	6	1.8	26,432.79	34,648.01	61,080.80	8.2
Electric Shock	1	0.3	16,342.91	34,473.93	50,816.84	6.9
Fracture	1	0.3	2,147.68	16,071.14	18,218.82	2.5
Contusion (Bruise, Skin Surface)	12	3.6	6,700.75	9,154.21	15,854.96	2.1
All Other (Specific) Injuries, NOC	6	1.8	56.46	7,700.00	7,756.46	1.0
Inflammation	4	1.2	0.00	1,250.00	1,250.00	0.2
Laceration	2	0.6	302.86	0.00	302.86	0.0
All Other Cumulative Injury	1	0.3	271.48	0.00	271.48	0.0
No Physical Injury	35	10.4	58.50	0.00	58.50	0.0
Mental Stress	59	17.6	18.82	0.00	18.82	0.0
Burn	57	17.0	0.00	0.00	0.00	0.0
Dermatitis	69	20.6	0.00	0.00	0.00	0.0
Infection	3	0.9	0.00	0.00	0.00	0.0
Loss of Hearing	1	0.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Respiratory Disorders(Gases,Fumes,Ch	2	0.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>335</b>		<b>\$406,365.93</b>	<b>\$335,332.33</b>	<b>\$741,698.26</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>133 - AUDITOR OF PUBLIC ACCOUNTS</b>						
<b>S133 - AUDITOR OF PUBLIC ACCOUNTS</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
70 - 74	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>140 - CRIMINAL JUSTICE SERVICES</b>						
<b>S140 - CRIMINAL JUSTICE SERVICES</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	433.58	0.00	433.58	92.4
6AM - 7:59AM	1	50.0	35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	433.58	0.00	433.58	92.4
0 - 2	1	50.0	35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	433.58	0.00	433.58	92.4
45 - 49	1	50.0	35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	469.15	0.00	469.15	100.0
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>LOSS CAUSE</b>						
Sharp objects, not otherwise classified	1	50.0	433.58	0.00	433.58	92.4
Overhead Object	1	50.0	35.57	0.00	35.57	7.6
<b>Totals:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	50.0	433.58	0.00	433.58	92.4
Strike Against/Step On Obj Being Lifted	1	50.0	35.57	0.00	35.57	7.6
<b>Sum:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	433.58	0.00	433.58	92.4
Head Brain	1	50.0	35.57	0.00	35.57	7.6
<b>Sum:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	
<b>INJURY</b>						
Crushing	1	50.0	433.58	0.00	433.58	92.4
Concussion (Brain, Cerebral)	1	50.0	35.57	0.00	35.57	7.6
<b>Sum:</b>	<b>2</b>		<b>\$469.15</b>	<b>\$0.00</b>	<b>\$469.15</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>141 - ATTORNEY GENERAL'S OFFICE</b>						
<b>S141 - ATTORNEY GENERAL'S OFFICE</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	33.3	0.00	1,250.00	1,250.00	85.5
10AM - 11:59AM	1	33.3	186.55	0.00	186.55	12.8
8AM - 9:59AM	1	33.3	24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	33.3	0.00	1,250.00	1,250.00	85.5
4 - 6	1	33.3	186.55	0.00	186.55	12.8
0 - 2	1	33.3	24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>Age of Claimant</b>						
45 - 49	1	33.3	0.00	1,250.00	1,250.00	85.5
40 - 44	1	33.3	186.55	0.00	186.55	12.8
25 - 29	1	33.3	24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	211.42	1,250.00	1,461.42	100.0
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	33.3	0.00	1,250.00	1,250.00	85.5
Cabinet	1	33.3	186.55	0.00	186.55	12.8
Person	1	33.3	24.87	0.00	24.87	1.7
<b>Totals:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	33.3	0.00	1,250.00	1,250.00	85.5
Strike Against/Step On Stationary Objec	1	33.3	186.55	0.00	186.55	12.8
Absorption, Ingestion or Inhalation NOC	1	33.3	24.87	0.00	24.87	1.7
<b>Sum:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>BODY PART</b>						
Lower Extremities Great Toe	1	33.3	0.00	1,250.00	1,250.00	85.5
Head Eye(s)	1	33.3	186.55	0.00	186.55	12.8
Upper Extremities Finger(s)	1	33.3	24.87	0.00	24.87	1.7
<b>Sum:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	
<b>INJURY</b>						
Crushing	1	33.3	0.00	1,250.00	1,250.00	85.5

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	33.3	186.55	0.00	186.55	12.8
Contagious Disease	1	33.3	24.87	0.00	24.87	1.7
<b>Sum:</b>	<b>3</b>		<b>\$211.42</b>	<b>\$1,250.00</b>	<b>\$1,461.42</b>	



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 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>146 - SCIENCE MUSEUM OF VIRGINIA</b>						
<b>S146 - SCIENCE MUSEUM OF VIRGINIA</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	3	75.0	0.00	1,250.00	1,250.00	100.0
2PM - 3:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	25.0	0.00	1,250.00	1,250.00	100.0
0 - 2	2	50.0	0.00	0.00	0.00	0.0
6 - 8	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	25.0	0.00	1,250.00	1,250.00	100.0
20 - 24	1	25.0	0.00	0.00	0.00	0.0
25 - 29	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	25.0	0.00	1,250.00	1,250.00	100.0
Machine, not otherwise classified	2	50.0	0.00	0.00	0.00	0.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	25.0	0.00	1,250.00	1,250.00	100.0
Contact With Not Otherwise Classified	2	50.0	0.00	0.00	0.00	0.0
Twisting	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	25.0	0.00	1,250.00	1,250.00	100.0
Head Other facial soft tissue	1	25.0	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	25.0	0.00	1,250.00	1,250.00	100.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Burn	2	50.0	0.00	0.00	0.00	0.0
Sprain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>151 - ACCOUNTS, DEPARTMENT OF</b>						
<b>S151 - ACCOUNTS, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	478.56	0.00	478.56	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	50.0	478.56	0.00	478.56	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	478.56	0.00	478.56	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	478.56	0.00	478.56	100.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>LOSS CAUSE</b>						
Stairs	1	50.0	478.56	0.00	478.56	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	2	100.0	478.56	0.00	478.56	100.0
<b>Sum:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	50.0	478.56	0.00	478.56	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	100.0	478.56	0.00	478.56	100.0
<b>Sum:</b>	<b>2</b>		<b>\$478.56</b>	<b>\$0.00</b>	<b>\$478.56</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>041 - DMV Chesterfield</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	220.98	0.00	220.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	220.98	0.00	220.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	220.98	0.00	220.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	220.98	0.00	220.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	100.0	220.98	0.00	220.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	220.98	0.00	220.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>BODY PART</b>						
Head Skull	1	100.0	220.98	0.00	220.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	220.98	0.00	220.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$220.98</b>	<b>\$0.00</b>	<b>\$220.98</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>099 - DMV King George</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>LOSS CAUSE</b>						
Animal / insect, not otherwise classifie	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	
<b>INJURY</b>						
Fracture	1	100.0	119.39	3,699.43	3,818.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$119.39</b>	<b>\$3,699.43</b>	<b>\$3,818.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>760 - DMV Richmond (City)</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	33.3	1,698.28	0.00	1,698.28	70.8
10AM - 11:59AM	1	33.3	657.14	0.00	657.14	27.4
6AM - 7:59AM	1	33.3	42.82	0.00	42.82	1.8
<b>Totals:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>LENGTH OF SERVICE</b>						
48 - 50	1	33.3	1,698.28	0.00	1,698.28	70.8
0 - 2	2	66.7	699.96	0.00	699.96	29.2
<b>Totals:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>Age of Claimant</b>						
70 - 74	1	33.3	1,698.28	0.00	1,698.28	70.8
25 - 29	1	33.3	657.14	0.00	657.14	27.4
55 - 59	1	33.3	42.82	0.00	42.82	1.8
<b>Totals:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	33.3	1,698.28	0.00	1,698.28	70.8
Female	2	66.7	699.96	0.00	699.96	29.2
<b>Totals:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>LOSS CAUSE</b>						
Ladder - Portable	1	33.3	1,698.28	0.00	1,698.28	70.8
Door	1	33.3	657.14	0.00	657.14	27.4
Walking surface, outside, dry	1	33.3	42.82	0.00	42.82	1.8
<b>Totals:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	33.3	1,698.28	0.00	1,698.28	70.8
Caught In/Between-Object Handled	1	33.3	657.14	0.00	657.14	27.4
Fall/Slip on Stairs	1	33.3	42.82	0.00	42.82	1.8
<b>Sum:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	1,698.28	0.00	1,698.28	70.8
Multiple Body Parts Multiple Body Parts	1	33.3	657.14	0.00	657.14	27.4
Lower Extremities Knee	1	33.3	42.82	0.00	42.82	1.8
<b>Sum:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	
<b>INJURY</b>						
Strain	2	66.7	1,741.10	0.00	1,741.10	72.6

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	33.3	657.14	0.00	657.14	27.4
<b>Sum:</b>	<b>3</b>		<b>\$2,398.24</b>	<b>\$0.00</b>	<b>\$2,398.24</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>810 - DMV Virginia Beach</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	100.0	513.62	0.00	513.62	100.0
<b>Totals:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	513.62	0.00	513.62	100.0
<b>Totals:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	513.62	0.00	513.62	100.0
<b>Totals:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	513.62	0.00	513.62	100.0
<b>Totals:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	513.62	0.00	513.62	100.0
<b>Totals:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>ACCIDENT TYPE</b>						
Slipped, Did Not Fall	1	100.0	513.62	0.00	513.62	100.0
<b>Sum:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	513.62	0.00	513.62	100.0
<b>Sum:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	513.62	0.00	513.62	100.0
<b>Sum:</b>	<b>1</b>		<b>\$513.62</b>	<b>\$0.00</b>	<b>\$513.62</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>S154 - MOTOR VEHICLES, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	8	36.4	16,025.53	163,780.72	179,806.25	60.1
4PM - 5:59PM	2	9.1	30,603.16	70,606.54	101,209.70	33.8
12PM - 1:59PM	5	22.7	9,522.32	4,450.42	13,972.74	4.7
2PM - 3:59PM	2	9.1	780.54	1,654.71	2,435.25	0.8
8AM - 9:59AM	4	18.2	1,105.78	852.60	1,958.38	0.7
6AM - 7:59AM	1	4.5	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	9.1	5,393.06	163,944.32	169,337.38	56.6
0 - 2	11	50.0	39,874.09	72,349.47	112,223.56	37.5
6 - 8	1	4.5	7,072.71	3,246.11	10,318.82	3.4
30 - 32	2	9.1	5,028.86	0.00	5,028.86	1.7
4 - 6	2	9.1	138.73	1,130.09	1,268.82	0.4
24 - 26	1	4.5	54.82	675.00	729.82	0.2
12 - 14	1	4.5	475.06	0.00	475.06	0.2
38 - 40	1	4.5	18.82	0.00	18.82	0.0
8 - 10	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	
<b>Age of Claimant</b>						
25 - 29	3	13.6	11,487.36	159,210.11	170,697.47	57.0
50 - 54	4	18.2	35,516.15	56,607.41	92,123.56	30.8
40 - 44	3	13.6	777.23	18,627.43	19,404.66	6.5
45 - 49	2	9.1	7,118.40	4,450.42	11,568.82	3.9
20 - 24	3	13.6	2,385.10	0.00	2,385.10	0.8
35 - 39	1	4.5	0.00	1,250.00	1,250.00	0.4
55 - 59	3	13.6	679.45	524.62	1,204.07	0.4
60 - 64	2	9.1	73.64	675.00	748.64	0.3
30 - 34	1	4.5	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	
<b>SEX OF CLAIMANT</b>						
Female	14	63.6	39,064.23	224,205.66	263,269.89	87.9
Male	8	36.4	18,991.92	17,139.33	36,131.25	12.1
<b>Totals:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	7	31.8	11,909.44	178,967.63	190,877.07	63.8

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	4.5	30,367.38	55,477.32	85,844.70	28.7
Step stool	2	9.1	7,733.34	3,770.73	11,504.07	3.8
Object on Floor	1	4.5	4,745.54	0.00	4,745.54	1.6
Wires	1	4.5	2,366.28	0.00	2,366.28	0.8
Person	2	9.1	283.32	1,250.00	1,533.32	0.5
Chair	2	9.1	64.51	1,204.31	1,268.82	0.4
Floor	1	4.5	54.82	675.00	729.82	0.2
Metal items	1	4.5	475.06	0.00	475.06	0.2
Walking surface, outside, dry	2	9.1	37.64	0.00	37.64	0.0
Docks,Ramps,Loading Platforms	1	4.5	18.82	0.00	18.82	0.0
Glass bottle / sheet	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	

### ACCIDENT TYPE

Struck/Injured By Motor Vehicle	1	4.5	5,157.28	148,815.10	153,972.38	51.4
Fall/Slip on Ice or Snow	1	4.5	30,367.38	55,477.32	85,844.70	28.7
Strike Against/Step On Stationary Object	1	4.5	5,982.68	9,542.41	15,525.09	5.2
Collision with Another Vehicle	2	9.1	235.78	15,129.22	15,365.00	5.1
Fall/Slip From Ladder or Scaffolding	1	4.5	7,072.71	3,246.11	10,318.82	3.4
Collision with a Fixed Object	2	9.1	186.30	4,628.30	4,814.60	1.6
Other Injury NEC	1	4.5	4,745.54	0.00	4,745.54	1.6
Fall/Slip From a Different Level	3	13.6	725.14	1,728.93	2,454.07	0.8
Fall, Slip or Trip, NOC	1	4.5	2,366.28	0.00	2,366.28	0.8
Hand Tool, Utensil; Not Powered	1	4.5	0.00	1,250.00	1,250.00	0.4
Crash of Rail Vehicle	1	4.5	347.40	852.60	1,200.00	0.4
Fall On the Same Level	2	9.1	73.64	675.00	748.64	0.3
Caught In, Under or Between, NOC	1	4.5	475.06	0.00	475.06	0.2
Struck/Injured By Fellow Worker, Patient	1	4.5	283.32	0.00	283.32	0.1
Striking Against or Stepping On, NOC	2	9.1	37.64	0.00	37.64	0.0
Object Being Lifted or Handled	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	7	31.8	38,860.99	220,621.26	259,482.25	86.7
Trunk Low Back Area (Incl. Lumbar & L	2	9.1	6,330.08	10,395.01	16,725.09	5.6
Upper Extremities Shoulder(s)	1	4.5	7,072.71	3,246.11	10,318.82	3.4
Trunk Chest (Incl. Ribs, Sternum & Soft	2	9.1	5,028.86	0.00	5,028.86	1.7
Lower Extremities Knee	3	13.6	205.12	4,628.30	4,833.42	1.6
Head Skull	1	4.5	45.69	1,204.31	1,250.00	0.4
Upper Extremities Wrist	1	4.5	0.00	1,250.00	1,250.00	0.4
Upper Extremities Finger(s)	2	9.1	493.88	0.00	493.88	0.2
Lower Extremities Foot	1	4.5	18.82	0.00	18.82	0.0
Head Other facial soft tissue	1	4.5	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical Injury	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	
<b>INJURY</b>						
Fracture	1	4.5	5,157.28	148,815.10	153,972.38	51.4
Strain	4	18.2	38,070.81	59,576.03	97,646.84	32.6
Contusion (Bruise, Skin Surface)	6	27.3	934.78	19,757.52	20,692.30	6.9
Sprain	2	9.1	8,348.96	9,542.41	17,891.37	6.0
All Other (Specific) Injuries, NOC	2	9.1	4,800.36	675.00	5,475.36	1.8
Puncture	2	9.1	18.82	1,250.00	1,268.82	0.4
No Physical Injury	2	9.1	45.69	1,204.31	1,250.00	0.4
Multiple Injury Inc. Physical & Psycholog	1	4.5	660.63	524.62	1,185.25	0.4
Multiple Physical Injury Only	1	4.5	18.82	0.00	18.82	0.0
Laceration	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$58,056.15</b>	<b>\$241,344.99</b>	<b>\$299,401.14</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>00 - VSP Headquarters</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	9	20.5	168,749.97	0.00	168,749.97	64.1
12PM - 1:59PM	16	36.4	8,757.04	36,457.42	45,214.46	17.2
4PM - 5:59PM	4	9.1	5,197.12	29,821.70	35,018.82	13.3
10AM - 11:59AM	5	11.4	1,737.29	8,526.26	10,263.55	3.9
4AM - 5:59AM	2	4.5	1,168.95	1,881.05	3,050.00	1.2
6PM - 7:59PM	2	4.5	183.42	866.58	1,050.00	0.4
6AM - 7:59AM	1	2.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	4	9.1	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	2.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	4	9.1	87,931.31	0.00	87,931.31	33.4
20 - 22	2	4.5	57,751.17	0.00	57,751.17	21.9
10 - 12	7	15.9	5,384.07	29,821.70	35,205.77	13.4
22 - 24	1	2.3	1,134.65	25,884.17	27,018.82	10.3
6 - 8	2	4.5	22,703.50	0.00	22,703.50	8.6
16 - 18	3	6.8	4,202.80	13,183.26	17,386.06	6.6
8 - 10	3	6.8	417.75	4,666.25	5,084.00	1.9
2 - 4	3	6.8	1,168.95	3,131.05	4,300.00	1.6
0 - 2	4	9.1	3,807.63	0.00	3,807.63	1.4
4 - 6	8	18.2	846.97	866.58	1,713.55	0.7
24 - 26	2	4.5	363.99	0.00	363.99	0.1
12 - 14	3	6.8	81.00	0.00	81.00	0.0
32 - 34	1	2.3	0.00	0.00	0.00	0.0
28 - 30	1	2.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	
<b>Age of Claimant</b>						
55 - 59	3	6.8	87,931.31	0.00	87,931.31	33.4
30 - 34	12	27.3	29,256.52	31,702.75	60,959.27	23.1
50 - 54	5	11.4	58,298.58	866.58	59,165.16	22.5
45 - 49	4	9.1	1,552.40	30,550.42	32,102.82	12.2
35 - 39	11	25.0	8,010.43	13,183.26	21,193.69	8.0
65 - 69	2	4.5	0.00	1,250.00	1,250.00	0.5
60 - 64	3	6.8	663.55	0.00	663.55	0.3
80 - 84	1	2.3	81.00	0.00	81.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	1	2.3	0.00	0.00	0.00	0.0
40 - 44	2	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	

### SEX OF CLAIMANT

Male	33	75.0	177,121.28	40,229.01	217,350.29	82.5
Female	11	25.0	8,672.51	37,324.00	45,996.51	17.5
<b>Totals:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	

### LOSS CAUSE

Package	1	2.3	87,931.31	0.00	87,931.31	33.4
Battering ram	1	2.3	57,751.17	0.00	57,751.17	21.9
Animal, not otherwise classified	5	11.4	27,665.06	9,038.05	36,703.11	13.9
Vehicle/car/truck	3	6.8	5,561.11	29,821.70	35,382.81	13.4
Elevators, escalators	1	2.3	1,134.65	25,884.17	27,018.82	10.3
Boxes / containers	1	2.3	1,073.74	7,276.26	8,350.00	3.2
N/A	1	2.3	417.75	4,666.25	5,084.00	1.9
Walking surface, outside, dry	5	11.4	4,072.05	866.58	4,938.63	1.9
Brush / tree / log	1	2.3	186.95	0.00	186.95	0.1
Building parts / doors	1	2.3	0.00	0.00	0.00	0.0
Chair	1	2.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	8	18.2	0.00	0.00	0.00	0.0
Door	1	2.3	0.00	0.00	0.00	0.0
Floor	1	2.3	0.00	0.00	0.00	0.0
Forklift	3	6.8	0.00	0.00	0.00	0.0
Outside Surface	1	2.3	0.00	0.00	0.00	0.0
Person	1	2.3	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	2.3	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	3	6.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.3	0.00	0.00	0.00	0.0
Water	1	2.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	

### ACCIDENT TYPE

Lifting	3	6.8	145,682.48	0.00	145,682.48	55.3
Struck/Injured By Animal or Insect	5	11.4	27,665.06	9,038.05	36,703.11	13.9
Jumping	1	2.3	5,197.12	29,821.70	35,018.82	13.3
Collision with a Fixed Object	1	2.3	1,134.65	25,884.17	27,018.82	10.3
Holding or Carrying	1	2.3	1,073.74	7,276.26	8,350.00	3.2
Strain or Injury By, NOC	2	4.5	417.75	4,666.25	5,084.00	1.9
Fall On the Same Level	7	15.9	4,072.05	866.58	4,938.63	1.9

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Rubbed or Abraded, NOC	1	2.3	363.99	0.00	363.99	0.1
Strike Against/Step On Stationary Object	1	2.3	186.95	0.00	186.95	0.1
Broken Glass	1	2.3	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	2.3	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	2.3	0.00	0.00	0.00	0.0
Contact with Abnormal Air Pressure	1	2.3	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	4.5	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	12	27.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	2.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	2.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	3	6.8	94,202.17	37,097.96	131,300.13	49.9
Upper Extremities Shoulder(s)	2	4.5	57,751.17	0.00	57,751.17	21.9
Upper Extremities Elbow	1	2.3	1,134.65	25,884.17	27,018.82	10.3
Upper Extremities Finger(s)	3	6.8	23,067.49	0.00	23,067.49	8.8
Lower Extremities Ankle	3	6.8	6,936.69	5,907.00	12,843.69	4.9
Lower Extremities Knee	5	11.4	417.75	4,666.25	5,084.00	1.9
Lower Extremities Lower Leg	1	2.3	1,168.95	1,881.05	3,050.00	1.2
Upper Extremities Hand	1	2.3	0.00	1,250.00	1,250.00	0.5
Multiple Body Parts Multiple Body Parts	13	29.5	264.42	866.58	1,131.00	0.4
Upper Extremities Lower Arm	2	4.5	663.55	0.00	663.55	0.3
Head Eye(s)	1	2.3	186.95	0.00	186.95	0.1
Head Ear(s)	1	2.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.3	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	2.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	4.5	0.00	0.00	0.00	0.0
Trunk Lung(s)	4	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	
<b>INJURY</b>						
Strain	10	22.7	152,371.09	41,764.21	194,135.30	73.7
Puncture	6	13.6	26,860.10	7,157.00	34,017.10	12.9
Contusion (Bruise, Skin Surface)	4	9.1	1,134.65	25,884.17	27,018.82	10.3
Sprain	2	4.5	3,807.63	0.00	3,807.63	1.4
Laceration	4	9.1	1,355.90	1,881.05	3,236.95	1.2
Multiple Injury Inc. Physical & Psycholog	1	2.3	183.42	866.58	1,050.00	0.4
Multiple Physical Injury Only	2	4.5	81.00	0.00	81.00	0.0
All Other (Specific) Injuries, NOC	2	4.5	0.00	0.00	0.00	0.0
No Physical Injury	11	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Poisoning - Chemical (Other than Metal)	1	2.3	0.00	0.00	0.00	0.0
Rupture	1	2.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>44</b>		<b>\$185,793.79</b>	<b>\$77,553.01</b>	<b>\$263,346.80</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>05 - VSP Safety</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	25.0	1,196.13	0.00	1,196.13	93.1
8AM - 9:59AM	3	75.0	88.96	0.00	88.96	6.9
<b>Totals:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	2	50.0	1,285.09	0.00	1,285.09	100.0
22 - 24	1	25.0	0.00	0.00	0.00	0.0
34 - 36	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	
<b>Age of Claimant</b>						
45 - 49	2	50.0	1,285.09	0.00	1,285.09	100.0
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
<b>Totals:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	100.0	1,285.09	0.00	1,285.09	100.0
<b>Totals:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	25.0	1,196.13	0.00	1,196.13	93.1
N/A	1	25.0	88.96	0.00	88.96	6.9
Outside Surface	1	25.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	25.0	1,196.13	0.00	1,196.13	93.1
Other than Physical Cause of Injury	1	25.0	88.96	0.00	88.96	6.9
Strike Against/Step On Stationary Object	1	25.0	0.00	0.00	0.00	0.0
Twisting	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	25.0	1,196.13	0.00	1,196.13	93.1
Trunk Heart	1	25.0	88.96	0.00	88.96	6.9
Head Nose	1	25.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Strain	2	50.0	1,196.13	0.00	1,196.13	93.1
Mental Stress	1	25.0	88.96	0.00	88.96	6.9
Laceration	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,285.09</b>	<b>\$0.00</b>	<b>\$1,285.09</b>	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>06 - VSP Training</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	10	20.8	18,685.22	65,980.51	84,665.73	65.3
12PM - 1:59PM	6	12.5	15,423.40	0.00	15,423.40	11.9
8AM - 9:59AM	5	10.4	855.66	9,863.16	10,718.82	8.3
2PM - 3:59PM	9	18.8	4,408.06	5,605.65	10,013.71	7.7
4PM - 5:59PM	1	2.1	5,409.73	0.00	5,409.73	4.2
10PM - 11:59PM	1	2.1	2,246.77	0.00	2,246.77	1.7
6AM - 7:59AM	14	29.2	0.00	1,250.00	1,250.00	1.0
12AM - 1:59AM	1	2.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	2.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	2.1	12,805.65	51,488.97	64,294.62	49.6
0 - 2	33	68.8	11,842.91	6,042.88	17,885.79	13.8
26 - 28	1	2.1	5,784.16	8,591.54	14,375.70	11.1
2 - 4	2	4.2	13,750.04	0.00	13,750.04	10.6
16 - 18	1	2.1	18.82	8,200.00	8,218.82	6.3
20 - 22	2	4.2	18.82	5,900.00	5,918.82	4.6
4 - 6	1	2.1	2,246.77	0.00	2,246.77	1.7
8 - 10	1	2.1	0.00	1,250.00	1,250.00	1.0
10 - 12	2	4.2	24.07	1,225.93	1,250.00	1.0
24 - 26	3	6.3	461.01	0.00	461.01	0.4
12 - 14	1	2.1	76.59	0.00	76.59	0.1
<b>Totals:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	
<b>Age of Claimant</b>						
50 - 54	5	10.4	18,239.45	52,714.90	70,954.35	54.7
25 - 29	9	18.8	18,108.66	4,379.72	22,488.38	17.3
60 - 64	5	10.4	5,860.75	8,591.54	14,452.29	11.1
45 - 49	11	22.9	1,316.67	8,813.16	10,129.83	7.8
35 - 39	2	4.2	18.82	8,200.00	8,218.82	6.3
30 - 34	5	10.4	2,246.77	0.00	2,246.77	1.7
20 - 24	7	14.6	1,237.72	0.00	1,237.72	1.0
40 - 44	4	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	39	81.3	45,772.30	76,799.32	122,571.62	94.5
Female	9	18.8	1,256.54	5,900.00	7,156.54	5.5
<b>Totals:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	
<b>LOSS CAUSE</b>						
Floor	1	2.1	12,805.65	51,488.97	64,294.62	49.6
Person	13	27.1	13,311.34	16,130.63	29,441.97	22.7
Walking surface, inside, dry	2	4.2	13,750.04	0.00	13,750.04	10.6
Boxes / containers	1	2.1	18.82	8,200.00	8,218.82	6.3
Walking surface, outside, dry	5	10.4	3,659.05	4,379.72	8,038.77	6.2
Foreign Object	1	2.1	2,246.77	0.00	2,246.77	1.7
Ergonomic Conditions	1	2.1	0.00	1,250.00	1,250.00	1.0
Vehicle/car/truck	3	6.3	0.00	1,250.00	1,250.00	1.0
Chemicals, not otherwise classified	1	2.1	776.16	0.00	776.16	0.6
Animal, not otherwise classified	1	2.1	461.01	0.00	461.01	0.4
Clothing / jewelry	1	2.1	0.00	0.00	0.00	0.0
Dishes	1	2.1	0.00	0.00	0.00	0.0
Door	2	4.2	0.00	0.00	0.00	0.0
Fencing	1	2.1	0.00	0.00	0.00	0.0
Object on Floor	1	2.1	0.00	0.00	0.00	0.0
Outside Surface	3	6.3	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.1	0.00	0.00	0.00	0.0
Training \ Drills	7	14.6	0.00	0.00	0.00	0.0
Uneven Surface	1	2.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	4	8.3	31,965.42	51,488.97	83,454.39	64.3
Pushing or Pulling	3	6.3	6,245.17	8,591.54	14,836.71	11.4
Lifting	3	6.3	42.89	9,425.93	9,468.82	7.3
Striking Against or Stepping On, NOC	2	4.2	3,582.46	4,379.72	7,962.18	6.1
Other than Physical Cause of Injury	1	2.1	18.82	5,900.00	5,918.82	4.6
Strain or Injury By, NOC	4	8.3	836.84	1,663.16	2,500.00	1.9
Struck/Injured By Object Being Lifted or	2	4.2	2,246.77	0.00	2,246.77	1.7
Struck/Injured By Motor Vehicle	2	4.2	0.00	1,250.00	1,250.00	1.0
Struck/Injured By Fellow Worker, Patient	3	6.3	1,237.72	0.00	1,237.72	1.0
Contact With Cold Object or Substance	1	2.1	776.16	0.00	776.16	0.6
Other Injury NEC	8	16.7	76.59	0.00	76.59	0.1
Caught In, Under or Between, NOC	1	2.1	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	2.1	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	2	4.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	3	6.3	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	4	8.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	3	6.3	0.00	0.00	0.00	0.0
Twisting	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	

### BODY PART

Trunk Low Back Area (Incl. Lumbar & L1)	4	8.3	12,805.65	52,738.97	65,544.62	50.5
Trunk Upper Back Area (Thoracic Area)	1	2.1	5,784.16	8,591.54	14,375.70	11.1
Lower Extremities Great Toe	1	2.1	13,750.04	0.00	13,750.04	10.6
Trunk Chest (Incl. Ribs, Sternum & Soft Tissue)	1	2.1	18.82	8,200.00	8,218.82	6.3
Lower Extremities Knee	8	16.7	3,582.46	4,379.72	7,962.18	6.1
Trunk Internal Organs	1	2.1	18.82	5,900.00	5,918.82	4.6
Upper Extremities Shoulder(s)	2	4.2	5,409.73	0.00	5,409.73	4.2
Head Other facial soft tissue	1	2.1	2,246.77	0.00	2,246.77	1.7
Lower Extremities Lower Leg	3	6.3	913.43	413.16	1,326.59	1.0
Multiple Body Parts Multiple Body Parts	2	4.2	0.00	1,250.00	1,250.00	1.0
Upper Extremities Elbow	2	4.2	24.07	1,225.93	1,250.00	1.0
Upper Extremities Wrist	1	2.1	1,212.35	0.00	1,212.35	0.9
Head Eye(s)	1	2.1	776.16	0.00	776.16	0.6
Upper Extremities Finger(s)	3	6.3	461.01	0.00	461.01	0.4
Head Brain	1	2.1	25.37	0.00	25.37	0.0
Head Multiple Head Injury	1	2.1	0.00	0.00	0.00	0.0
Head Nose	2	4.2	0.00	0.00	0.00	0.0
Lower Extremities Ankle	4	8.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.1	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	2.1	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	4	8.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	

### INJURY

Fracture	1	2.1	12,805.65	51,488.97	64,294.62	49.6
Strain	20	41.7	16,825.54	15,884.42	32,709.96	25.2
Contusion (Bruise, Skin Surface)	5	10.4	13,750.04	0.00	13,750.04	10.6
No Physical Injury	3	6.3	18.82	8,200.00	8,218.82	6.3
Myocardial Infarction (Heart Attack)	1	2.1	18.82	5,900.00	5,918.82	4.6
Laceration	3	6.3	2,246.77	0.00	2,246.77	1.7
Inflammation	3	6.3	24.07	1,225.93	1,250.00	1.0
Foreign Body (Eye)	1	2.1	776.16	0.00	776.16	0.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	2	4.2	461.01	0.00	461.01	0.4
All Other (Specific) Injuries, NOC	7	14.6	76.59	0.00	76.59	0.1
Concussion (Brain, Cerebral)	1	2.1	25.37	0.00	25.37	0.0
Syncope	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>48</b>		<b>\$47,028.84</b>	<b>\$82,699.32</b>	<b>\$129,728.16</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>20 - VSP Aviation</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	1	50.0	375.34	0.00	375.34	100.0
12AM - 1:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	50.0	375.34	0.00	375.34	100.0
16 - 18	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	375.34	0.00	375.34	100.0
40 - 44	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	375.34	0.00	375.34	100.0
<b>Totals:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>LOSS CAUSE</b>						
Beam	1	50.0	375.34	0.00	375.34	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	50.0	375.34	0.00	375.34	100.0
Foreign Body in Eye	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>BODY PART</b>						
Head Eye(s)	2	100.0	375.34	0.00	375.34	100.0
<b>Sum:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	
<b>INJURY</b>						
No Physical Injury	2	100.0	375.34	0.00	375.34	100.0
<b>Sum:</b>	<b>2</b>		<b>\$375.34</b>	<b>\$0.00</b>	<b>\$375.34</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>21 - VSP BFO- Div. 1 - Richmond</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	5	11.9	9,562.47	94,673.41	104,235.88	40.0
12AM - 1:59AM	6	14.3	59,611.84	14,756.52	74,368.36	28.5
2PM - 3:59PM	5	11.9	20,095.63	27,118.03	47,213.66	18.1
12PM - 1:59PM	4	9.5	19,916.61	3,363.18	23,279.79	8.9
10PM - 11:59PM	4	9.5	5,271.05	1,174.70	6,445.75	2.5
4AM - 5:59AM	2	4.8	1,604.60	0.00	1,604.60	0.6
4PM - 5:59PM	4	9.5	0.00	1,250.00	1,250.00	0.5
6PM - 7:59PM	4	9.5	0.00	1,250.00	1,250.00	0.5
6AM - 7:59AM	2	4.8	691.69	0.00	691.69	0.3
10AM - 11:59AM	1	2.4	430.20	0.00	430.20	0.2
8PM - 9:59PM	5	11.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	10	23.8	60,617.43	50,623.95	111,241.38	42.7
24 - 26	2	4.8	710.51	72,600.00	73,310.51	28.1
4 - 6	9	21.4	39,695.66	3,363.18	43,058.84	16.5
16 - 18	2	4.8	9,355.90	11,998.71	21,354.61	8.2
2 - 4	9	21.4	6,367.84	2,500.00	8,867.84	3.4
10 - 12	3	7.1	0.00	1,250.00	1,250.00	0.5
20 - 22	1	2.4	0.00	1,250.00	1,250.00	0.5
8 - 10	2	4.8	436.75	0.00	436.75	0.2
6 - 8	3	7.1	0.00	0.00	0.00	0.0
18 - 20	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	
<b>Age of Claimant</b>						
25 - 29	17	40.5	83,775.23	43,912.43	127,687.66	49.0
45 - 49	2	4.8	710.51	72,600.00	73,310.51	28.1
40 - 44	5	11.9	27,357.49	11,998.71	39,356.20	15.1
35 - 39	8	19.0	4,884.79	11,324.70	16,209.49	6.2
30 - 34	4	9.5	430.20	1,250.00	1,680.20	0.6
20 - 24	5	11.9	25.87	1,250.00	1,275.87	0.5
50 - 54	1	2.4	0.00	1,250.00	1,250.00	0.5
<b>Totals:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	35	83.3	115,720.06	139,835.84	255,555.90	98.0
Female	7	16.7	1,464.03	3,750.00	5,214.03	2.0
<b>Totals:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>LOSS CAUSE</b>						
Vehicle/car/truck	12	28.6	108,418.99	54,736.44	163,155.43	62.6
Vehicle, not otherwise classified	1	2.4	18.82	72,600.00	72,618.82	27.8
Person	14	33.3	4,301.05	12,574.70	16,875.75	6.5
Sharp objects, not otherwise classified	1	2.4	3,241.49	0.00	3,241.49	1.2
Glass bottle / sheet	1	2.4	75.30	1,174.70	1,250.00	0.5
Gun / gunshot	1	2.4	0.00	1,250.00	1,250.00	0.5
Outside Surface	3	7.1	0.00	1,250.00	1,250.00	0.5
Ladders (also - Lite Aluminum)	1	2.4	691.69	0.00	691.69	0.3
Uneven Surface	1	2.4	432.51	0.00	432.51	0.2
Animal / insect, not otherwise classified	1	2.4	4.24	0.00	4.24	0.0
Animal, not otherwise classified	3	7.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.4	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.4	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Pushing or Pulling	2	4.8	18.82	73,850.00	73,868.82	28.3
Collision with Another Vehicle	3	7.1	56,829.82	16,869.70	73,699.52	28.3
Struck/Injured By Motor Vehicle	6	14.3	33,161.62	37,866.74	71,028.36	27.2
Motor Vehicle, NOC	2	4.8	18,427.55	0.00	18,427.55	7.1
Struck/Injured By Fellow Worker, Patient	4	9.5	1,669.17	12,574.70	14,243.87	5.5
Cut, Punctured, Scraped, NOC	4	9.5	3,241.49	0.00	3,241.49	1.2
Twisting	1	2.4	1,459.79	0.00	1,459.79	0.6
Broken Glass	1	2.4	75.30	1,174.70	1,250.00	0.5
Striking Against or Stepping On, NOC	1	2.4	0.00	1,250.00	1,250.00	0.5
Strain or Injury By, NOC	1	2.4	1,172.09	0.00	1,172.09	0.4
Struck or Injury By, NOC	3	7.1	691.69	0.00	691.69	0.3
Fall On the Same Level	1	2.4	432.51	0.00	432.51	0.2
Other Injury NEC	3	7.1	4.24	0.00	4.24	0.0
Absorption, Ingestion or Inhalation NOC	6	14.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	4.8	0.00	0.00	0.00	0.0
Vehicle Upset	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	

### BODY PART



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	14	33.3	63,362.98	40,555.91	103,918.89	39.9
Lower Extremities Ankle	2	4.8	18.82	73,850.00	73,868.82	28.3
Head Other facial soft tissue	3	7.1	38,373.00	13,506.52	51,879.52	19.9
Neck Disc (Neck)	1	2.4	7,896.11	11,998.71	19,894.82	7.6
Upper Extremities Hand	3	7.1	3,267.36	0.00	3,267.36	1.3
Lower Extremities Lower Leg	2	4.8	505.50	1,174.70	1,680.20	0.6
Lower Extremities Knee	4	9.5	1,459.79	0.00	1,459.79	0.6
Upper Extremities Lower Arm	2	4.8	0.00	1,250.00	1,250.00	0.5
Upper Extremities Multiple Upper Extre	1	2.4	0.00	1,250.00	1,250.00	0.5
Upper Extremities Thumb	1	2.4	1,172.09	0.00	1,172.09	0.4
Upper Extremities Shoulder(s)	1	2.4	691.69	0.00	691.69	0.3
Trunk Upper Back Area (Thoracic Area)	1	2.4	432.51	0.00	432.51	0.2
Multiple Body Parts Whole Body	1	2.4	4.24	0.00	4.24	0.0
Head Eye(s)	1	2.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	7.1	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	

### INJURY

Sprain	3	7.1	710.51	73,850.00	74,560.51	28.6
Contusion (Bruise, Skin Surface)	8	19.0	38,549.05	28,368.03	66,917.08	25.7
Concussion (Brain, Cerebral)	1	2.4	38,373.00	13,506.52	51,879.52	19.9
Multiple Physical Injury Only	4	9.5	20,104.36	13,437.88	33,542.24	12.9
Strain	8	19.0	10,960.50	13,248.71	24,209.21	9.3
Multiple Injury Inc. Physical & Psycholog	2	4.8	5,169.88	0.00	5,169.88	2.0
Laceration	5	11.9	3,316.79	1,174.70	4,491.49	1.7
Contagious Disease	4	9.5	0.00	0.00	0.00	0.0
Inflammation	1	2.4	0.00	0.00	0.00	0.0
No Physical Injury	6	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>42</b>		<b>\$117,184.09</b>	<b>\$143,585.84</b>	<b>\$260,769.93</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>22 - VSP BFO-Div. 2 - Culpeper</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	4	15.4	114,413.12	1,585,203.88	1,699,617.00	83.3
6PM - 7:59PM	3	11.5	204,745.79	67,573.34	272,319.13	13.3
6AM - 7:59AM	1	3.8	460.58	30,558.24	31,018.82	1.5
8AM - 9:59AM	3	11.5	27,515.33	363.23	27,878.56	1.4
10AM - 11:59AM	6	23.1	1,384.42	4,644.15	6,028.57	0.3
2PM - 3:59PM	3	11.5	3,002.94	0.00	3,002.94	0.1
2AM - 3:59AM	1	3.8	0.00	1,250.00	1,250.00	0.1
10PM - 11:59PM	1	3.8	10.87	0.00	10.87	0.0
12AM - 1:59AM	1	3.8	0.00	0.00	0.00	0.0
4AM - 5:59AM	2	7.7	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	7	26.9	318,216.24	1,684,585.46	2,002,801.70	98.1
10 - 12	5	19.2	27,755.22	1,300.00	29,055.22	1.4
28 - 30	1	3.8	74.67	3,344.15	3,418.82	0.2
4 - 6	4	15.4	2,010.23	0.00	2,010.23	0.1
12 - 14	2	7.7	1,309.75	50.00	1,359.75	0.1
6 - 8	3	11.5	936.77	313.23	1,250.00	0.1
0 - 2	2	7.7	1,219.30	0.00	1,219.30	0.1
18 - 20	1	3.8	10.87	0.00	10.87	0.0
8 - 10	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	
<b>Age of Claimant</b>						
25 - 29	7	26.9	115,866.41	1,617,012.12	1,732,878.53	84.9
30 - 34	6	23.1	204,878.88	68,873.34	273,752.22	13.4
45 - 49	1	3.8	22,734.13	0.00	22,734.13	1.1
35 - 39	8	30.8	7,968.09	363.23	8,331.32	0.4
50 - 54	1	3.8	74.67	3,344.15	3,418.82	0.2
40 - 44	1	3.8	10.87	0.00	10.87	0.0
20 - 24	2	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	21	80.8	147,889.25	1,618,675.35	1,766,564.60	86.5
Female	5	19.2	203,643.80	70,917.49	274,561.29	13.5
<b>Totals:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	2	7.7	114,186.53	1,586,453.88	1,700,640.41	83.3
Vehicle/car/truck	6	23.1	211,310.63	69,186.57	280,497.20	13.7
Person	5	19.2	1,770.33	30,608.24	32,378.57	1.6
Training \ Drills	2	7.7	22,734.13	0.00	22,734.13	1.1
Walking surface, inside, wet	1	3.8	74.67	3,344.15	3,418.82	0.2
Knife, Utility	1	3.8	1,219.30	0.00	1,219.30	0.1
Walking surface, outside, dry	1	3.8	226.59	0.00	226.59	0.0
Fencing	2	7.7	10.87	0.00	10.87	0.0
Chemicals, not otherwise classified	1	3.8	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	3.8	0.00	0.00	0.00	0.0
Patient / Inmate	2	7.7	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.8	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	5	19.2	120,751.37	1,586,817.11	1,707,568.48	83.7
Collision with Another Vehicle	1	3.8	203,569.13	67,573.34	271,142.47	13.3
Struck/Injured By Fellow Worker, Patient	2	7.7	1,770.33	30,608.24	32,378.57	1.6
Caught In/Between-Object Handled	1	3.8	22,734.13	0.00	22,734.13	1.1
Fall/Slip From Liquid or Grease Spills	1	3.8	74.67	3,344.15	3,418.82	0.2
Fall On the Same Level	2	7.7	0.00	1,250.00	1,250.00	0.1
Hand Tool, Utensil; Not Powered	1	3.8	1,219.30	0.00	1,219.30	0.1
Contact With Not Otherwise Classified	1	3.8	1,176.66	0.00	1,176.66	0.1
Strain or Injury By, NOC	2	7.7	226.59	0.00	226.59	0.0
Jumping	1	3.8	10.87	0.00	10.87	0.0
Absorption, Ingestion or Inhalation NOC	2	7.7	0.00	0.00	0.00	0.0
Broken Glass	1	3.8	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	3.8	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	3.8	0.00	0.00	0.00	0.0
Other Injury NEC	1	3.8	0.00	0.00	0.00	0.0
Pushing or Pulling	1	3.8	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	1	3.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	
<b>BODY PART</b>						

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	7	26.9	321,610.96	1,654,077.22	1,975,688.18	96.8
Upper Extremities Shoulder(s)	1	3.8	460.58	30,558.24	31,018.82	1.5
Upper Extremities Thumb	1	3.8	22,734.13	0.00	22,734.13	1.1
Lower Extremities Multiple Lower Extr	1	3.8	74.67	3,344.15	3,418.82	0.2
Upper Extremities Hand	6	23.1	3,002.94	0.00	3,002.94	0.1
Upper Extremities Finger(s)	1	3.8	1,309.75	50.00	1,359.75	0.1
Lower Extremities Knee	2	7.7	0.00	1,250.00	1,250.00	0.1
Neck Soft Tissue-Neck	1	3.8	936.77	313.23	1,250.00	0.1
Trunk Abdomen Including Groin	1	3.8	1,176.66	0.00	1,176.66	0.1
Lower Extremities Upper Leg	1	3.8	226.59	0.00	226.59	0.0
Head Other facial soft tissue	1	3.8	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	

### INJURY

Multiple Physical Injury Only	3	11.5	317,766.53	1,652,777.22	1,970,543.75	96.5
Strain	4	15.4	4,531.60	31,858.24	36,389.84	1.8
Sprain	5	19.2	24,517.77	1,250.00	25,767.77	1.3
Inflammation	1	3.8	74.67	3,344.15	3,418.82	0.2
Contusion (Bruise, Skin Surface)	1	3.8	1,309.75	50.00	1,359.75	0.1
No Physical Injury	4	15.4	936.77	313.23	1,250.00	0.1
Laceration	4	15.4	1,219.30	0.00	1,219.30	0.1
Burn	1	3.8	1,176.66	0.00	1,176.66	0.1
All Other (Specific) Injuries, NOC	1	3.8	0.00	0.00	0.00	0.0
Contagious Disease	2	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$351,533.05</b>	<b>\$1,689,592.84</b>	<b>\$2,041,125.89</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>23 - VSP BFO-Div. 3 - Appomattox</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	2	9.1	3,550.00	71,547.38	75,097.38	69.9
12PM - 1:59PM	3	13.6	9,841.66	7,555.43	17,397.09	16.2
4PM - 5:59PM	3	13.6	8,102.49	3,666.33	11,768.82	10.9
2PM - 3:59PM	4	18.2	2,338.47	901.85	3,240.32	3.0
12AM - 1:59AM	4	18.2	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	4.5	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	4.5	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	9.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	2	9.1	3,550.00	71,547.38	75,097.38	69.9
34 - 36	1	4.5	5,479.98	7,263.25	12,743.23	11.9
22 - 24	1	4.5	8,102.49	3,666.33	11,768.82	10.9
4 - 6	4	18.2	4,361.68	292.18	4,653.86	4.3
8 - 10	2	9.1	1,962.95	0.00	1,962.95	1.8
2 - 4	7	31.8	348.15	901.85	1,250.00	1.2
6 - 8	4	18.2	27.37	0.00	27.37	0.0
12 - 14	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	
<b>Age of Claimant</b>						
35 - 39	4	18.2	3,550.00	71,547.38	75,097.38	69.9
55 - 59	1	4.5	5,479.98	7,263.25	12,743.23	11.9
50 - 54	1	4.5	8,102.49	3,666.33	11,768.82	10.9
30 - 34	5	22.7	4,361.68	292.18	4,653.86	4.3
25 - 29	11	50.0	2,338.47	901.85	3,240.32	3.0
<b>Totals:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	
<b>SEX OF CLAIMANT</b>						
Male	16	72.7	13,739.81	80,004.66	93,744.47	87.2
Female	6	27.3	10,092.81	3,666.33	13,759.14	12.8
<b>Totals:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	8	36.4	9,378.13	79,712.48	89,090.61	82.9
Outside Surface	2	9.1	8,102.49	3,666.33	11,768.82	10.9
Person	2	9.1	4,361.68	292.18	4,653.86	4.3

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / insect, not otherwise classified	1	4.5	1,962.95	0.00	1,962.95	1.8
Animal / snake	1	4.5	27.37	0.00	27.37	0.0
Animal, not otherwise classified	3	13.6	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	9.1	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	4.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	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
<b>Totals:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	

### ACCIDENT TYPE

Collision with Another Vehicle	4	18.2	3,898.15	72,449.23	76,347.38	71.0
Struck/Injured By Motor Vehicle	1	4.5	5,479.98	7,263.25	12,743.23	11.9
Fall On the Same Level	1	4.5	8,102.49	3,666.33	11,768.82	10.9
Absorption, Ingestion or Inhalation NOC	1	4.5	4,361.68	292.18	4,653.86	4.3
Struck/Injured By Animal or Insect	5	22.7	1,990.32	0.00	1,990.32	1.9
Broken Glass	2	9.1	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	9.1	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	4.5	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	4.5	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	4.5	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	4.5	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	4	18.2	3,550.00	71,547.38	75,097.38	69.9
Lower Extremities Ankle	2	9.1	13,582.47	10,929.58	24,512.05	22.8
Multiple Body Parts No Physical Injury	4	18.2	4,361.68	292.18	4,653.86	4.3
Upper Extremities Finger(s)	3	13.6	1,962.95	0.00	1,962.95	1.8
Upper Extremities Multiple Upper Extremities	1	4.5	348.15	901.85	1,250.00	1.2
Lower Extremities Upper Leg	1	4.5	27.37	0.00	27.37	0.0
Head Skull	1	4.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	4.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	4.5	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	4.5	0.00	0.00	0.00	0.0
Upper Extremities Wrist	3	13.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	

### INJURY

Multiple Physical Injury Only	3	13.6	9,029.98	78,810.63	87,840.61	81.7
Fracture	1	4.5	8,102.49	3,666.33	11,768.82	10.9
Contagious Disease	1	4.5	4,361.68	292.18	4,653.86	4.3
All Other (Specific) Injuries, NOC	1	4.5	1,962.95	0.00	1,962.95	1.8

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	4	18.2	348.15	901.85	1,250.00	1.2
Puncture	1	4.5	27.37	0.00	27.37	0.0
Contusion (Bruise, Skin Surface)	3	13.6	0.00	0.00	0.00	0.0
Inflammation	1	4.5	0.00	0.00	0.00	0.0
Laceration	3	13.6	0.00	0.00	0.00	0.0
No Physical Injury	3	13.6	0.00	0.00	0.00	0.0
Sprain	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$23,832.62</b>	<b>\$83,670.99</b>	<b>\$107,503.61</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>24 - VSP BFO-Div. 4 - Wytheville</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	3	23.1	30,500.43	72,240.53	102,740.96	51.4
10AM - 11:59AM	2	15.4	22,427.86	35,320.82	57,748.68	28.9
6PM - 7:59PM	3	23.1	8,318.56	28,690.93	37,009.49	18.5
8PM - 9:59PM	1	7.7	18.70	1,231.30	1,250.00	0.6
12PM - 1:59PM	2	15.4	981.13	0.00	981.13	0.5
4AM - 5:59AM	1	7.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	2	15.4	37,601.39	83,375.29	120,976.68	60.6
0 - 2	1	7.7	15,232.76	24,186.06	39,418.82	19.7
4 - 6	2	15.4	7,326.30	10,742.52	18,068.82	9.0
22 - 24	1	7.7	18.82	16,900.00	16,918.82	8.5
6 - 8	4	30.8	1,973.27	2,279.71	4,252.98	2.1
26 - 28	1	7.7	94.14	0.00	94.14	0.0
2 - 4	1	7.7	0.00	0.00	0.00	0.0
18 - 20	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	
<b>Age of Claimant</b>						
40 - 44	2	15.4	37,601.39	83,375.29	120,976.68	60.6
25 - 29	6	46.2	17,224.73	27,697.07	44,921.80	22.5
50 - 54	3	23.1	112.96	16,900.00	17,012.96	8.5
30 - 34	2	15.4	7,307.60	9,511.22	16,818.82	8.4
<b>Totals:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	
<b>SEX OF CLAIMANT</b>						
Male	12	92.3	62,246.68	137,483.58	199,730.26	100.0
Female	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	
<b>LOSS CAUSE</b>						
Rope, cord	1	7.7	30,406.29	72,240.53	102,646.82	51.4
Vehicle/car/truck	1	7.7	15,232.76	24,186.06	39,418.82	19.7
Outside Surface	3	23.1	14,502.70	20,645.98	35,148.68	17.6
N/A	2	15.4	112.96	16,900.00	17,012.96	8.5
Person	1	7.7	992.14	2,279.71	3,271.85	1.6
Walking surface, outside, dry	1	7.7	18.70	1,231.30	1,250.00	0.6



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	7.7	957.26	0.00	957.26	0.5
Vehicle, not otherwise classified	1	7.7	23.87	0.00	23.87	0.0
Boxes / containers	1	7.7	0.00	0.00	0.00	0.0
Jack	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	

### ACCIDENT TYPE

Cut, Punctured, Scraped, NOC	1	7.7	30,406.29	72,240.53	102,646.82	51.4
Struck/Injured By Motor Vehicle	2	15.4	15,256.63	24,186.06	39,442.69	19.7
Fall/Slip From a Different Level	1	7.7	7,195.10	11,134.76	18,329.86	9.2
Other than Physical Cause of Injury	1	7.7	18.82	16,900.00	16,918.82	8.5
Fall On the Same Level	2	15.4	7,307.60	9,511.22	16,818.82	8.4
Struck/Injured By Fellow Worker, Patient	1	7.7	992.14	2,279.71	3,271.85	1.6
Strike Against/Step On Stationary Object	1	7.7	18.70	1,231.30	1,250.00	0.6
Fall/Slip on Ice or Snow	1	7.7	957.26	0.00	957.26	0.5
Cumulative (All Other)	1	7.7	94.14	0.00	94.14	0.0
Object Being Lifted or Handled	1	7.7	0.00	0.00	0.00	0.0
Pushing or Pulling	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	2	15.4	31,363.55	72,240.53	103,604.08	51.9
Trunk Low Back Area (Incl. Lumbar & Li	1	7.7	15,232.76	24,186.06	39,418.82	19.7
Lower Extremities Knee	2	15.4	7,213.80	12,366.06	19,579.86	9.8
Multiple Body Parts Insufficient Info to Ic	1	7.7	18.82	16,900.00	16,918.82	8.5
Lower Extremities Ankle	1	7.7	7,307.60	9,511.22	16,818.82	8.4
Head Facial Bones	1	7.7	992.14	2,279.71	3,271.85	1.6
Trunk Heart	1	7.7	94.14	0.00	94.14	0.0
Upper Extremities Multiple Upper Extrer	1	7.7	23.87	0.00	23.87	0.0
Lower Extremities Lower Leg	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	

### INJURY

Multiple Physical Injury Only	2	15.4	37,601.39	83,375.29	120,976.68	60.6
All Other (Specific) Injuries, NOC	3	23.1	15,345.72	41,086.06	56,431.78	28.3
Sprain	1	7.7	7,307.60	9,511.22	16,818.82	8.4
Contusion (Bruise, Skin Surface)	5	38.5	1,968.10	3,511.01	5,479.11	2.7
Concussion (Brain, Cerebral)	1	7.7	23.87	0.00	23.87	0.0
Dislocation	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$62,246.68</b>	<b>\$137,483.58</b>	<b>\$199,730.26</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**156 - STATE POLICE**

**25 - VSP BFO-Div. 5 - Hampton**

**TIME OF INJURY**

8AM - 9:59AM	2	4.9	81,917.29	59,077.53	140,994.82	62.6
12PM - 1:59PM	6	14.6	20,079.76	4,454.77	24,534.53	10.9
12AM - 1:59AM	3	7.3	66.87	17,000.00	17,066.87	7.6
4AM - 5:59AM	2	4.9	10,627.75	3,231.38	13,859.13	6.2
10PM - 11:59PM	5	12.2	7,936.61	3,340.04	11,276.65	5.0
4PM - 5:59PM	6	14.6	3,315.14	3,343.22	6,658.36	3.0
6PM - 7:59PM	8	19.5	3,700.18	2,500.00	6,200.18	2.8
10AM - 11:59AM	5	12.2	1,898.33	0.00	1,898.33	0.8
2AM - 3:59AM	1	2.4	118.25	1,131.75	1,250.00	0.6
8PM - 9:59PM	2	4.9	0.00	1,250.00	1,250.00	0.6
2PM - 3:59PM	1	2.4	173.70	0.00	173.70	0.1
<b>Totals:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	

**LENGTH OF SERVICE**

18 - 20	2	4.9	81,917.29	59,077.53	140,994.82	62.6
4 - 6	5	12.2	29,756.71	3,231.38	32,988.09	14.7
0 - 2	12	29.3	2,995.39	23,954.77	26,950.16	12.0
2 - 4	10	24.4	7,278.64	5,721.79	13,000.43	5.8
10 - 12	5	12.2	3,521.17	1,250.00	4,771.17	2.1
6 - 8	4	9.8	1,902.21	2,093.22	3,995.43	1.8
8 - 10	1	2.4	2,169.01	0.00	2,169.01	1.0
20 - 22	1	2.4	293.46	0.00	293.46	0.1
34 - 36	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	

**Age of Claimant**

45 - 49	1	2.4	81,917.29	59,077.53	140,994.82	62.6
30 - 34	6	14.6	12,730.22	22,324.60	35,054.82	15.6
25 - 29	17	41.5	11,773.90	10,294.81	22,068.71	9.8
35 - 39	8	19.5	18,584.94	2,381.75	20,966.69	9.3
55 - 59	3	7.3	4,808.71	0.00	4,808.71	2.1
20 - 24	4	9.8	0.00	1,250.00	1,250.00	0.6
65 - 69	1	2.4	18.82	0.00	18.82	0.0
60 - 64	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	34	82.9	114,732.47	94,196.94	208,929.41	92.8
Female	7	17.1	15,101.41	1,131.75	16,233.16	7.2
<b>Totals:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	
<b>LOSS CAUSE</b>						
Scrap, Debris, Waste Material	1	2.4	81,917.29	59,077.53	140,994.82	62.6
Vehicle/car/truck	10	24.4	16,442.07	25,953.17	42,395.24	18.8
Person	9	22.0	21,235.99	3,343.22	24,579.21	10.9
Wood Items	1	2.4	2,754.82	3,204.77	5,959.59	2.6
Walking surface, outside, dry	4	9.8	3,700.18	0.00	3,700.18	1.6
Ground control unit/aerial	1	2.4	1,431.75	0.00	1,431.75	0.6
Glass bottle / sheet	2	4.9	0.00	1,250.00	1,250.00	0.6
Knife, Utility	1	2.4	0.00	1,250.00	1,250.00	0.6
Paper/Pulp items	1	2.4	0.00	1,250.00	1,250.00	0.6
Cabinet	1	2.4	1,160.57	0.00	1,160.57	0.5
Animal, not otherwise classified	1	2.4	523.57	0.00	523.57	0.2
Walking surface, outside, wet	1	2.4	296.23	0.00	296.23	0.1
Tire	1	2.4	293.46	0.00	293.46	0.1
Hazardous Material	1	2.4	40.31	0.00	40.31	0.0
Door	1	2.4	18.82	0.00	18.82	0.0
N/A	1	2.4	18.82	0.00	18.82	0.0
Animal / insect, not otherwise classified	1	2.4	0.00	0.00	0.00	0.0
Computer Work Station	1	2.4	0.00	0.00	0.00	0.0
Cords	1	2.4	0.00	0.00	0.00	0.0
Gun / gunshot	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	2.4	81,917.29	59,077.53	140,994.82	62.6
Struck/Injured By Motor Vehicle	3	7.3	10,654.31	21,481.38	32,135.69	14.3
Struck/Injured By Fellow Worker, Patient	3	7.3	15,119.22	1,250.00	16,369.22	7.3
Collision with Another Vehicle	5	12.2	5,343.46	4,471.79	9,815.25	4.4
Fall/Slip From a Different Level	2	4.9	4,186.57	3,204.77	7,391.34	3.3
Fall On the Same Level	4	9.8	5,869.19	0.00	5,869.19	2.6
Twisting	3	7.3	1,883.39	3,343.22	5,226.61	2.3
Absorption, Ingestion or Inhalation NOC	3	7.3	2,064.37	0.00	2,064.37	0.9
Broken Glass	2	4.9	0.00	1,250.00	1,250.00	0.6
Hand Tool, Utensil; Not Powered	1	2.4	0.00	1,250.00	1,250.00	0.6
Lifting	1	2.4	1,160.57	0.00	1,160.57	0.5
Struck/Injured By Animal or Insect	2	4.9	523.57	0.00	523.57	0.2
Collision with a Fixed Object	2	4.9	444.30	0.00	444.30	0.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck or Injury By, NOC	2	4.9	312.28	0.00	312.28	0.1
Strain or Injury By, NOC	2	4.9	296.23	0.00	296.23	0.1
Other than Physical Cause of Injury	2	4.9	59.13	0.00	59.13	0.0
Cumulative (All Other)	1	2.4	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	2.4	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	8	19.5	94,740.61	81,808.91	176,549.52	78.4
Lower Extremities Lower Leg	2	4.9	15,241.75	0.00	15,241.75	6.8
Upper Extremities Hand	9	22.0	2,774.33	4,590.04	7,364.37	3.3
Upper Extremities Finger(s)	3	7.3	3,067.10	3,204.77	6,271.87	2.8
Upper Extremities Shoulder(s)	1	2.4	4,515.25	0.00	4,515.25	2.0
Lower Extremities Knee	3	7.3	1,883.39	2,093.22	3,976.61	1.8
Head Brain	1	2.4	3,700.18	0.00	3,700.18	1.6
Lower Extremities Ankle	2	4.9	1,431.75	0.00	1,431.75	0.6
Multiple Body Parts Whole Body	1	2.4	118.25	1,131.75	1,250.00	0.6
Trunk Upper Back Area (Thoracic Area)	1	2.4	0.00	1,250.00	1,250.00	0.6
Upper Extremities Wrist(s) and Hand(s)	1	2.4	0.00	1,250.00	1,250.00	0.6
Upper Extremities Wrist	1	2.4	1,160.57	0.00	1,160.57	0.5
Upper Extremities Lower Arm	1	2.4	523.57	0.00	523.57	0.2
Head Skull	1	2.4	444.30	0.00	444.30	0.2
Upper Extremities Upper Arm (Incl. Clav	1	2.4	173.70	0.00	173.70	0.1
Multiple Body Parts No Physical Injury	1	2.4	40.31	0.00	40.31	0.0
Trunk Heart	1	2.4	18.82	0.00	18.82	0.0
Lower Extremities Foot	1	2.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	2	4.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	

### INJURY

Multiple Physical Injury Only	6	14.6	94,791.99	64,690.66	159,482.65	70.8
Multiple Injury Inc. Physical & Psycholog	2	4.9	85.69	17,000.00	17,085.69	7.6
Fracture	1	2.4	14,945.52	0.00	14,945.52	6.6
Strain	7	17.1	4,771.94	3,343.22	8,115.16	3.6
Dislocation	1	2.4	2,754.82	3,204.77	5,959.59	2.6
All Other (Specific) Injuries, NOC	4	9.8	4,959.55	0.00	4,959.55	2.2
Concussion (Brain, Cerebral)	2	4.9	3,700.18	1,250.00	4,950.18	2.2
Sprain	3	7.3	1,003.42	3,340.04	4,343.46	1.9
Laceration	5	12.2	173.70	2,500.00	2,673.70	1.2
Contagious Disease	2	4.9	2,064.37	0.00	2,064.37	0.9
Puncture	1	2.4	523.57	0.00	523.57	0.2
No Physical Injury	4	9.8	40.31	0.00	40.31	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	2.4	18.82	0.00	18.82	0.0
All Other Cumulative Injury	1	2.4	0.00	0.00	0.00	0.0
Inflammation	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$129,833.88</b>	<b>\$95,328.69</b>	<b>\$225,162.57</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>26 - VSP BFO-Div. 6 - Salem</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	20.0	38,260.04	86,234.29	124,494.33	68.5
2PM - 3:59PM	2	13.3	186.56	26,832.26	27,018.82	14.9
12PM - 1:59PM	3	20.0	1,034.04	11,184.78	12,218.82	6.7
6AM - 7:59AM	1	6.7	3,780.52	2,461.42	6,241.94	3.4
8AM - 9:59AM	3	20.0	506.01	5,543.99	6,050.00	3.3
8PM - 9:59PM	1	6.7	946.83	3,471.99	4,418.82	2.4
4PM - 5:59PM	2	13.3	105.61	1,144.39	1,250.00	0.7
<b>Totals:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	2	13.3	39,294.08	97,419.07	136,713.15	75.2
12 - 14	1	6.7	186.56	26,832.26	27,018.82	14.9
2 - 4	4	26.7	3,780.52	2,461.42	6,241.94	3.4
20 - 22	1	6.7	68.74	4,731.26	4,800.00	2.6
4 - 6	2	13.3	946.83	3,471.99	4,418.82	2.4
10 - 12	1	6.7	437.27	812.73	1,250.00	0.7
36 - 38	1	6.7	105.61	1,144.39	1,250.00	0.7
0 - 2	2	13.3	0.00	0.00	0.00	0.0
6 - 8	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	
<b>Age of Claimant</b>						
40 - 44	3	20.0	39,731.35	98,231.80	137,963.15	75.9
35 - 39	1	6.7	186.56	26,832.26	27,018.82	14.9
55 - 59	1	6.7	3,780.52	2,461.42	6,241.94	3.4
45 - 49	1	6.7	68.74	4,731.26	4,800.00	2.6
25 - 29	4	26.7	946.83	3,471.99	4,418.82	2.4
60 - 64	1	6.7	105.61	1,144.39	1,250.00	0.7
20 - 24	3	20.0	0.00	0.00	0.00	0.0
30 - 34	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	
<b>SEX OF CLAIMANT</b>						
Male	14	93.3	44,750.87	132,141.86	176,892.73	97.4
Female	1	6.7	68.74	4,731.26	4,800.00	2.6
<b>Totals:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	13.3	39,206.87	89,706.28	128,913.15	71.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle, not otherwise classified	1	6.7	186.56	26,832.26	27,018.82	14.9
Person	3	20.0	1,471.31	11,997.51	13,468.82	7.4
Walking surface, outside, wet	1	6.7	3,780.52	2,461.42	6,241.94	3.4
N/A	1	6.7	68.74	4,731.26	4,800.00	2.6
Gun / gunshot	1	6.7	105.61	1,144.39	1,250.00	0.7
Animal, not otherwise classified	1	6.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	6.7	0.00	0.00	0.00	0.0
Brush / tree / log	1	6.7	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	6.7	0.00	0.00	0.00	0.0
Infectious agent	1	6.7	0.00	0.00	0.00	0.0
Tire	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	

### ACCIDENT TYPE

Collision with Another Vehicle	2	13.3	39,206.87	89,706.28	128,913.15	71.0
Vehicle Upset	1	6.7	186.56	26,832.26	27,018.82	14.9
Struck/Injured By Fellow Worker, Patient	2	13.3	1,034.04	11,184.78	12,218.82	6.7
Fall, Slip or Trip, NOC	1	6.7	3,780.52	2,461.42	6,241.94	3.4
Other than Physical Cause of Injury	1	6.7	68.74	4,731.26	4,800.00	2.6
Repetitive Motion (after 7/1/94)	1	6.7	105.61	1,144.39	1,250.00	0.7
Twisting	1	6.7	437.27	812.73	1,250.00	0.7
Absorption, Ingestion or Inhalation NOC	1	6.7	0.00	0.00	0.00	0.0
Broken Glass	1	6.7	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	6.7	0.00	0.00	0.00	0.0
Fall On the Same Level	1	6.7	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	13.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	1	6.7	38,260.04	86,234.29	124,494.33	68.5
Lower Extremities Foot	1	6.7	186.56	26,832.26	27,018.82	14.9
Upper Extremities Thumb	1	6.7	1,034.04	11,184.78	12,218.82	6.7
Upper Extremities Shoulder(s)	1	6.7	3,780.52	2,461.42	6,241.94	3.4
Trunk Heart	1	6.7	68.74	4,731.26	4,800.00	2.6
Trunk Low Back Area (Incl. Lumbar & L1)	1	6.7	946.83	3,471.99	4,418.82	2.4
Lower Extremities Ankle	1	6.7	437.27	812.73	1,250.00	0.7
Upper Extremities Upper Arm (Incl. Clav)	1	6.7	105.61	1,144.39	1,250.00	0.7
Lower Extremities Lower Leg	2	13.3	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extre	1	6.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	6.7	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	6.7	38,260.04	86,234.29	124,494.33	68.5
Contusion (Bruise, Skin Surface)	1	6.7	186.56	26,832.26	27,018.82	14.9
Strain	4	26.7	4,920.17	14,790.59	19,710.76	10.8
Myocardial Infarction (Heart Attack)	1	6.7	68.74	4,731.26	4,800.00	2.6
No Physical Injury	3	20.0	946.83	3,471.99	4,418.82	2.4
Sprain	2	13.3	437.27	812.73	1,250.00	0.7
Contagious Disease	1	6.7	0.00	0.00	0.00	0.0
Laceration	2	13.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$44,819.61</b>	<b>\$136,873.12</b>	<b>\$181,692.73</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>27 - VSP BFO-Div. 7 - Fairfax</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	4	9.5	3,488.82	94,544.30	98,033.12	37.0
10AM - 11:59AM	4	9.5	995.82	56,666.00	57,661.82	21.8
12AM - 1:59AM	4	9.5	26,414.45	8,931.16	35,345.61	13.3
12PM - 1:59PM	4	9.5	9,893.70	22,410.25	32,303.95	12.2
4AM - 5:59AM	3	7.1	692.62	28,018.82	28,711.44	10.8
10PM - 11:59PM	8	19.0	4,459.61	152.20	4,611.81	1.7
2PM - 3:59PM	2	4.8	406.57	3,800.00	4,206.57	1.6
8PM - 9:59PM	4	9.5	0.00	2,500.00	2,500.00	0.9
2AM - 3:59AM	3	7.1	0.00	1,250.00	1,250.00	0.5
6AM - 7:59AM	2	4.8	343.03	0.00	343.03	0.1
4PM - 5:59PM	4	9.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	4	9.5	7,967.39	116,954.55	124,921.94	47.1
34 - 36	1	2.4	995.82	56,666.00	57,661.82	21.8
42 - 44	1	2.4	26,414.45	8,931.16	35,345.61	13.3
0 - 2	8	19.0	2,178.17	29,421.02	31,599.19	11.9
4 - 6	9	21.4	8,776.94	1,250.00	10,026.94	3.8
10 - 12	3	7.1	18.82	3,800.00	3,818.82	1.4
40 - 42	1	2.4	0.00	1,250.00	1,250.00	0.5
36 - 38	1	2.4	343.03	0.00	343.03	0.1
2 - 4	7	16.7	0.00	0.00	0.00	0.0
6 - 8	3	7.1	0.00	0.00	0.00	0.0
12 - 14	2	4.8	0.00	0.00	0.00	0.0
20 - 22	1	2.4	0.00	0.00	0.00	0.0
26 - 28	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>Age of Claimant</b>						
35 - 39	4	9.5	7,228.18	106,893.76	114,121.94	43.1
50 - 54	2	4.8	995.82	56,666.00	57,661.82	21.8
65 - 69	2	4.8	26,414.45	10,181.16	36,595.61	13.8
20 - 24	7	16.7	387.75	30,518.82	30,906.57	11.7
30 - 34	11	26.2	7,270.96	14,012.99	21,283.95	8.0
25 - 29	12	28.6	4,054.43	0.00	4,054.43	1.5
55 - 59	2	4.8	343.03	0.00	343.03	0.1

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
45 - 49	2	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>SEX OF CLAIMANT</b>						
Male	37	88.1	42,818.05	122,478.43	165,296.48	62.4
Female	5	11.9	3,876.57	95,794.30	99,670.87	37.6
<b>Totals:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	21	50.0	17,428.52	137,412.58	154,841.10	58.4
N/A	1	2.4	995.82	56,666.00	57,661.82	21.8
Outside Surface	3	7.1	26,414.45	10,181.16	36,595.61	13.8
Vehicle, not otherwise classified	1	2.4	1,837.01	10,212.99	12,050.00	4.5
Environmental conditions	1	2.4	18.82	3,800.00	3,818.82	1.4
Cords	1	2.4	0.00	0.00	0.00	0.0
Excavations	1	2.4	0.00	0.00	0.00	0.0
Fencing	3	7.1	0.00	0.00	0.00	0.0
Foreign Object	1	2.4	0.00	0.00	0.00	0.0
Patient / Inmate	2	4.8	0.00	0.00	0.00	0.0
Person	6	14.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	2	4.8	3,488.82	95,794.30	99,283.12	37.5
Struck/Injured By Motor Vehicle	9	21.4	8,938.18	51,831.27	60,769.45	22.9
Cumulative (All Other)	1	2.4	995.82	56,666.00	57,661.82	21.8
Collision with a Fixed Object	1	2.4	26,414.45	8,931.16	35,345.61	13.3
Motor Vehicle, NOC	2	4.8	6,107.75	0.00	6,107.75	2.3
Other than Physical Cause of Injury	1	2.4	18.82	3,800.00	3,818.82	1.4
Collision with Another Vehicle	6	14.3	387.75	1,250.00	1,637.75	0.6
Cut, Punctured, Scraped, NOC	4	9.5	343.03	0.00	343.03	0.1
Absorption, Ingestion or Inhalation NOC	1	2.4	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	2.4	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	2.4	0.00	0.00	0.00	0.0
Fall On the Same Level	1	2.4	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	2.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	2.4	0.00	0.00	0.00	0.0
Holding or Carrying	2	4.8	0.00	0.00	0.00	0.0
Jumping	2	4.8	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.4	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	2	4.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	3	7.1	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	2.4	3,488.82	94,544.30	98,033.12	37.0
Multiple Body Parts Multiple Body Parts	18	42.9	34,595.99	49,299.44	83,895.43	31.7
Trunk Heart	2	4.8	1,014.64	60,466.00	61,480.64	23.2
Lower Extremities Knee	3	7.1	1,837.01	10,212.99	12,050.00	4.5
Head Brain	1	2.4	5,415.13	0.00	5,415.13	2.0
Head Multiple Head Injury	1	2.4	0.00	1,250.00	1,250.00	0.5
Lower Extremities Lower Leg	1	2.4	0.00	1,250.00	1,250.00	0.5
Lower Extremities Upper Leg	1	2.4	0.00	1,250.00	1,250.00	0.5
Head Skull	2	4.8	343.03	0.00	343.03	0.1
Lower Extremities Hip	1	2.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	2.4	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	2.4	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Hand	5	11.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	
<b>INJURY</b>						
Strain	6	14.3	3,488.82	95,794.30	99,283.12	37.5
Multiple Physical Injury Only	10	23.8	28,204.87	37,102.18	65,307.05	24.6
Myocardial Infarction (Heart Attack)	1	2.4	995.82	56,666.00	57,661.82	21.8
Multiple Injury Inc. Physical & Psycholog	1	2.4	2,641.56	12,197.26	14,838.82	5.6
Contusion (Bruise, Skin Surface)	9	21.4	2,567.79	11,462.99	14,030.78	5.3
Concussion (Brain, Cerebral)	3	7.1	8,776.94	1,250.00	10,026.94	3.8
No Physical Injury	3	7.1	18.82	3,800.00	3,818.82	1.4
Burn	1	2.4	0.00	0.00	0.00	0.0
Contagious Disease	1	2.4	0.00	0.00	0.00	0.0
Laceration	6	14.3	0.00	0.00	0.00	0.0
Puncture	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>42</b>		<b>\$46,694.62</b>	<b>\$218,272.73</b>	<b>\$264,967.35</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>80 - VSP Bureau of Criminal Investigatio</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	50.0	0.00	0.00	0.00	0.0
4 - 6	1	25.0	0.00	0.00	0.00	0.0
16 - 18	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
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
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
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	25.0	0.00	0.00	0.00	0.0
Male	3	75.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Fencing	1	25.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
Water	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	2	50.0	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	25.0	0.00	0.00	0.00	0.0
No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>81 - VSP BCI-Div. 1 - Richmond</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	25.0	324.14	925.86	1,250.00	70.4
10AM - 11:59AM	1	25.0	526.59	0.00	526.59	29.6
12PM - 1:59PM	1	25.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	25.0	324.14	925.86	1,250.00	70.4
12 - 14	1	25.0	526.59	0.00	526.59	29.6
6 - 8	1	25.0	0.00	0.00	0.00	0.0
10 - 12	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>Age of Claimant</b>						
25 - 29	2	50.0	324.14	925.86	1,250.00	70.4
35 - 39	1	25.0	526.59	0.00	526.59	29.6
45 - 49	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	75.0	850.73	925.86	1,776.59	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	50.0	324.14	925.86	1,250.00	70.4
Person	1	25.0	526.59	0.00	526.59	29.6
Gun / gunshot	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	25.0	324.14	925.86	1,250.00	70.4
Fall On the Same Level	1	25.0	526.59	0.00	526.59	29.6
Gunshot	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	2	50.0	324.14	925.86	1,250.00	70.4
Upper Extremities Hand	1	25.0	526.59	0.00	526.59	29.6

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Spinal Cord	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	
<b>INJURY</b>						
Sprain	2	50.0	850.73	925.86	1,776.59	100.0
Puncture	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$850.73</b>	<b>\$925.86</b>	<b>\$1,776.59</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>82 - VSP BCI-Div. 2 - Culpeper</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	30,198.92	11,229.90	41,428.82	97.1
6AM - 7:59AM	1	33.3	305.08	913.74	1,218.82	2.9
<b>Totals:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	33.3	30,198.92	9,979.90	40,178.82	94.2
6 - 8	1	33.3	0.00	1,250.00	1,250.00	2.9
18 - 20	1	33.3	305.08	913.74	1,218.82	2.9
<b>Totals:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>Age of Claimant</b>						
55 - 59	1	33.3	30,198.92	9,979.90	40,178.82	94.2
35 - 39	1	33.3	0.00	1,250.00	1,250.00	2.9
45 - 49	1	33.3	305.08	913.74	1,218.82	2.9
<b>Totals:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	100.0	30,504.00	12,143.64	42,647.64	100.0
<b>Totals:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>LOSS CAUSE</b>						
Person	1	33.3	30,198.92	9,979.90	40,178.82	94.2
Animal, not otherwise classified	1	33.3	0.00	1,250.00	1,250.00	2.9
Vehicle/car/truck	1	33.3	305.08	913.74	1,218.82	2.9
<b>Totals:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	33.3	30,198.92	9,979.90	40,178.82	94.2
Other Injury NEC	1	33.3	0.00	1,250.00	1,250.00	2.9
Motor Vehicle, NOC	1	33.3	305.08	913.74	1,218.82	2.9
<b>Sum:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	30,198.92	9,979.90	40,178.82	94.2
Upper Extremities Hand	1	33.3	0.00	1,250.00	1,250.00	2.9
Trunk Lumbar and/or Sacral Vertebrae	1	33.3	305.08	913.74	1,218.82	2.9
<b>Sum:</b>	<b>3</b>		<b>\$30,504.00</b>	<b>\$12,143.64</b>	<b>\$42,647.64</b>	
<b>INJURY</b>						
Strain	2	66.7	30,504.00	10,893.64	41,397.64	97.1
Puncture	1	33.3	0.00	1,250.00	1,250.00	2.9



Company: Commonwealth of Virginia  
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Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	3		\$30,504.00	\$12,143.64	\$42,647.64	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>83 - VSP BCI-Div. 3 - Appomattox</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	20.0	40,478.91	17,444.95	57,923.86	100.0
12AM - 1:59AM	2	40.0	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	20.0	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	2	40.0	40,478.91	17,444.95	57,923.86	100.0
10 - 12	1	20.0	0.00	0.00	0.00	0.0
18 - 20	2	40.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>Age of Claimant</b>						
45 - 49	1	20.0	40,478.91	17,444.95	57,923.86	100.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
40 - 44	3	60.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	100.0	40,478.91	17,444.95	57,923.86	100.0
<b>Totals:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	20.0	40,478.91	17,444.95	57,923.86	100.0
Animal / bee type	1	20.0	0.00	0.00	0.00	0.0
Boxes / containers	1	20.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	40.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	20.0	40,478.91	17,444.95	57,923.86	100.0
Absorption, Ingestion or Inhalation NOC	2	40.0	0.00	0.00	0.00	0.0
Lifting	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	40.0	40,478.91	17,444.95	57,923.86	100.0
Multiple Body Parts No Physical Injury	2	40.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	20.0	40,478.91	17,444.95	57,923.86	100.0
Inflammation	1	20.0	0.00	0.00	0.00	0.0
Poisoning-General (Not OD or Cum Injur	2	40.0	0.00	0.00	0.00	0.0
Strain	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$40,478.91</b>	<b>\$17,444.95</b>	<b>\$57,923.86</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>84 - VSP BCI-Div. 4 - Wytheville</b>						
<b>TIME OF INJURY</b>						
2AM - 3:59AM	1	11.1	27,646.25	148,508.57	176,154.82	77.0
8AM - 9:59AM	2	22.2	11,435.09	27,502.55	38,937.64	17.0
10AM - 11:59AM	2	22.2	6,445.63	7,354.37	13,800.00	6.0
10PM - 11:59PM	4	44.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	
<b>LENGTH OF SERVICE</b>						
26 - 28	2	22.2	27,665.07	153,308.57	180,973.64	79.1
8 - 10	1	11.1	11,416.27	22,702.55	34,118.82	14.9
34 - 36	1	11.1	6,445.63	6,104.37	12,550.00	5.5
10 - 12	1	11.1	0.00	1,250.00	1,250.00	0.5
4 - 6	2	22.2	0.00	0.00	0.00	0.0
24 - 26	1	11.1	0.00	0.00	0.00	0.0
14 - 16	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	
<b>Age of Claimant</b>						
50 - 54	2	22.2	27,665.07	153,308.57	180,973.64	79.1
30 - 34	2	22.2	11,416.27	22,702.55	34,118.82	14.9
55 - 59	1	11.1	6,445.63	6,104.37	12,550.00	5.5
65 - 69	1	11.1	0.00	1,250.00	1,250.00	0.5
35 - 39	1	11.1	0.00	0.00	0.00	0.0
40 - 44	1	11.1	0.00	0.00	0.00	0.0
45 - 49	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	
<b>SEX OF CLAIMANT</b>						
Male	8	88.9	34,110.70	160,662.94	194,773.64	85.1
Female	1	11.1	11,416.27	22,702.55	34,118.82	14.9
<b>Totals:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	
<b>LOSS CAUSE</b>						
N/A	2	22.2	27,665.07	153,308.57	180,973.64	79.1
Working Surface	1	11.1	11,416.27	22,702.55	34,118.82	14.9
Vehicle/car/truck	1	11.1	6,445.63	6,104.37	12,550.00	5.5
Animal / tick, spider, etc.	1	11.1	0.00	1,250.00	1,250.00	0.5
Chemicals, not otherwise classified	4	44.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Other than Physical Cause of Injury	2	22.2	27,665.07	153,308.57	180,973.64	79.1
Strain or Injury By, NOC	1	11.1	11,416.27	22,702.55	34,118.82	14.9
Collision with Another Vehicle	1	11.1	6,445.63	6,104.37	12,550.00	5.5
Struck/Injured By Animal or Insect	1	11.1	0.00	1,250.00	1,250.00	0.5
Absorption, Ingestion or Inhalation NOC	4	44.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	
<b>BODY PART</b>						
Trunk Heart	2	22.2	27,665.07	153,308.57	180,973.64	79.1
Upper Extremities Thumb	1	11.1	11,416.27	22,702.55	34,118.82	14.9
Multiple Body Parts Multiple Body Parts	1	11.1	6,445.63	6,104.37	12,550.00	5.5
Trunk Chest (Incl. Ribs, Sternum & Soft	1	11.1	0.00	1,250.00	1,250.00	0.5
Multiple Body Parts No Physical Injury	4	44.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	
<b>INJURY</b>						
Myocardial Infarction (Heart Attack)	1	11.1	27,646.25	148,508.57	176,154.82	77.0
Dislocation	1	11.1	11,416.27	22,702.55	34,118.82	14.9
Strain	1	11.1	6,445.63	6,104.37	12,550.00	5.5
All Other (Specific) Injuries, NOC	1	11.1	18.82	4,800.00	4,818.82	2.1
Puncture	1	11.1	0.00	1,250.00	1,250.00	0.5
No Physical Injury	4	44.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$45,526.97</b>	<b>\$183,365.49</b>	<b>\$228,892.46</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>85 - VSP BCI-Div. 5 - Chesapeake</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	7.1	4,256.41	0.00	4,256.41	40.5
8AM - 9:59AM	3	21.4	0.00	2,500.00	2,500.00	23.8
12PM - 1:59PM	3	21.4	0.00	2,500.00	2,500.00	23.8
10AM - 11:59AM	1	7.1	0.00	1,250.00	1,250.00	11.9
4PM - 5:59PM	2	14.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	4	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	2	14.3	4,256.41	0.00	4,256.41	40.5
2 - 4	2	14.3	0.00	2,500.00	2,500.00	23.8
12 - 14	1	7.1	0.00	1,250.00	1,250.00	11.9
18 - 20	2	14.3	0.00	1,250.00	1,250.00	11.9
38 - 40	1	7.1	0.00	1,250.00	1,250.00	11.9
6 - 8	2	14.3	0.00	0.00	0.00	0.0
8 - 10	1	7.1	0.00	0.00	0.00	0.0
22 - 24	1	7.1	0.00	0.00	0.00	0.0
24 - 26	1	7.1	0.00	0.00	0.00	0.0
26 - 28	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	
<b>Age of Claimant</b>						
45 - 49	5	35.7	4,256.41	0.00	4,256.41	40.5
25 - 29	1	7.1	0.00	1,250.00	1,250.00	11.9
30 - 34	3	21.4	0.00	1,250.00	1,250.00	11.9
40 - 44	2	14.3	0.00	1,250.00	1,250.00	11.9
55 - 59	1	7.1	0.00	1,250.00	1,250.00	11.9
60 - 64	1	7.1	0.00	1,250.00	1,250.00	11.9
50 - 54	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	
<b>SEX OF CLAIMANT</b>						
Male	9	64.3	4,256.41	2,500.00	6,756.41	64.3
Female	5	35.7	0.00	3,750.00	3,750.00	35.7
<b>Totals:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	
<b>LOSS CAUSE</b>						
Hot/Cold Object, Liquid, Substance	1	7.1	4,256.41	0.00	4,256.41	40.5
Dust	4	28.6	0.00	3,750.00	3,750.00	35.7

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person	1	7.1	0.00	1,250.00	1,250.00	11.9
Vehicle/car/truck	3	21.4	0.00	1,250.00	1,250.00	11.9
Chemicals, not otherwise classified	4	28.6	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	

### ACCIDENT TYPE

Temperature Extremes	1	7.1	4,256.41	0.00	4,256.41	40.5
Absorption, Ingestion or Inhalation NOC	4	28.6	0.00	3,750.00	3,750.00	35.7
Struck/Injured By Fellow Worker, Patient	1	7.1	0.00	1,250.00	1,250.00	11.9
Struck/Injured By Motor Vehicle	1	7.1	0.00	1,250.00	1,250.00	11.9
Collision with Another Vehicle	1	7.1	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	4	28.6	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	7.1	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	

### BODY PART

Multiple Body Parts Whole Body	1	7.1	4,256.41	0.00	4,256.41	40.5
Multiple Body Parts Multiple Body Parts	5	35.7	0.00	2,500.00	2,500.00	23.8
Multiple Body Parts Body Systems & Mt	1	7.1	0.00	1,250.00	1,250.00	11.9
Trunk Low Back Area (Incl. Lumbar & Li	1	7.1	0.00	1,250.00	1,250.00	11.9
Upper Extremities Hand	1	7.1	0.00	1,250.00	1,250.00	11.9
Multiple Body Parts No Physical Injury	4	28.6	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	

### INJURY

Heat Prostration	1	7.1	4,256.41	0.00	4,256.41	40.5
Respiratory Disorders(Gases,Fumes,Ch	3	21.4	0.00	2,500.00	2,500.00	23.8
Contusion (Bruise, Skin Surface)	1	7.1	0.00	1,250.00	1,250.00	11.9
Multiple Physical Injury Only	2	14.3	0.00	1,250.00	1,250.00	11.9
Strain	1	7.1	0.00	1,250.00	1,250.00	11.9
All Other (Specific) Injuries, NOC	2	14.3	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	4	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$4,256.41</b>	<b>\$6,250.00</b>	<b>\$10,506.41</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>86 - VSP BCI-Div. 6 - Salem</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	4	28.6	4,588.72	22,811.28	27,400.00	95.6
8AM - 9:59AM	1	7.1	743.10	506.90	1,250.00	4.4
4PM - 5:59PM	4	28.6	0.00	0.00	0.00	0.0
6PM - 7:59PM	5	35.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	2	14.3	4,588.72	22,811.28	27,400.00	95.6
16 - 18	3	21.4	743.10	506.90	1,250.00	4.4
8 - 10	2	14.3	0.00	0.00	0.00	0.0
10 - 12	2	14.3	0.00	0.00	0.00	0.0
12 - 14	1	7.1	0.00	0.00	0.00	0.0
22 - 24	1	7.1	0.00	0.00	0.00	0.0
30 - 32	1	7.1	0.00	0.00	0.00	0.0
36 - 38	1	7.1	0.00	0.00	0.00	0.0
26 - 28	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	
<b>Age of Claimant</b>						
60 - 64	2	14.3	4,588.72	22,811.28	27,400.00	95.6
40 - 44	2	14.3	743.10	506.90	1,250.00	4.4
30 - 34	3	21.4	0.00	0.00	0.00	0.0
45 - 49	4	28.6	0.00	0.00	0.00	0.0
50 - 54	3	21.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	14.3	5,331.82	23,318.18	28,650.00	100.0
Male	12	85.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	
<b>LOSS CAUSE</b>						
Stone / rock / brick	1	7.1	4,588.72	22,811.28	27,400.00	95.6
Vehicle/car/truck	1	7.1	743.10	506.90	1,250.00	4.4
Animal / tick, spider, etc.	3	21.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	7	50.0	0.00	0.00	0.00	0.0
Floor	1	7.1	0.00	0.00	0.00	0.0
Gun / gunshot	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	7.1	4,588.72	22,811.28	27,400.00	95.6
Collision with Another Vehicle	1	7.1	743.10	506.90	1,250.00	4.4
Contact With Not Otherwise Classified	1	7.1	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	7	50.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	21.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	5	35.7	4,588.72	22,811.28	27,400.00	95.6
Upper Extremities Multiple Upper Extre	1	7.1	743.10	506.90	1,250.00	4.4
Multiple Body Parts No Physical Injury	7	50.0	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	
<b>INJURY</b>						
Fracture	1	7.1	4,588.72	22,811.28	27,400.00	95.6
Strain	1	7.1	743.10	506.90	1,250.00	4.4
Burn	1	7.1	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	7.1	0.00	0.00	0.00	0.0
No Physical Injury	10	71.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$5,331.82</b>	<b>\$23,318.18</b>	<b>\$28,650.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>88 - VSP BCI-Criminal Intelligence Div.</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	0.00	1,250.00	1,250.00	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
45 - 49	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Package	1	50.0	0.00	1,250.00	1,250.00	100.0
Animal / tick, spider, etc.	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	0.00	1,250.00	1,250.00	100.0
Bitten	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	1,250.00	1,250.00	100.0
Trunk Abdomen Including Groin	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Strain	1	50.0	0.00	1,250.00	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>89 - VSP BCI-High Tech Crimes Division</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	0.00	0.00	0.00	0.0
22 - 24	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Person	1	50.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	50.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contagious Disease	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>156 - STATE POLICE</b>						
<b>S156 - STATE POLICE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	14.3	655.13	594.87	1,250.00	50.0
4PM - 5:59PM	1	14.3	0.00	1,250.00	1,250.00	50.0
4AM - 5:59AM	1	14.3	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	14.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	14.3	0.00	1,250.00	1,250.00	50.0
18 - 20	2	28.6	655.13	594.87	1,250.00	50.0
0 - 2	1	14.3	0.00	0.00	0.00	0.0
10 - 12	1	14.3	0.00	0.00	0.00	0.0
24 - 26	2	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>Age of Claimant</b>						
55 - 59	2	28.6	655.13	1,844.87	2,500.00	100.0
25 - 29	1	14.3	0.00	0.00	0.00	0.0
30 - 34	1	14.3	0.00	0.00	0.00	0.0
45 - 49	2	28.6	0.00	0.00	0.00	0.0
50 - 54	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	100.0	655.13	1,844.87	2,500.00	100.0
<b>Totals:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>LOSS CAUSE</b>						
Animal / bee type	1	14.3	0.00	1,250.00	1,250.00	50.0
Walking surface, outside, dry	1	14.3	655.13	594.87	1,250.00	50.0
Chemicals, not otherwise classified	1	14.3	0.00	0.00	0.00	0.0
Fencing	1	14.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	14.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	14.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>ACCIDENT TYPE</b>						

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	1	14.3	655.13	594.87	1,250.00	50.0
Struck/Injured By Animal or Insect	1	14.3	0.00	1,250.00	1,250.00	50.0
Broken Glass	1	14.3	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	14.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	28.6	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	14.3	0.00	1,250.00	1,250.00	50.0
Lower Extremities Foot	1	14.3	655.13	594.87	1,250.00	50.0
Lower Extremities Knee	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	2	28.6	0.00	1,250.00	1,250.00	50.0
Fracture	1	14.3	655.13	594.87	1,250.00	50.0
Laceration	1	14.3	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	14.3	0.00	0.00	0.00	0.0
No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
Strain	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$655.13</b>	<b>\$1,844.87</b>	<b>\$2,500.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**161 - TAXATION, DEPARTMENT OF**  
**S161 - TAXATION, DEPARTMENT OF**

**TIME OF INJURY**

6AM - 7:59AM	2	40.0	1,389.82	6,035.82	7,425.64	81.2
10AM - 11:59AM	2	40.0	473.09	1,250.00	1,723.09	18.8
12PM - 1:59PM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

**LENGTH OF SERVICE**

20 - 22	1	20.0	514.18	6,035.82	6,550.00	71.6
0 - 2	2	40.0	473.09	1,250.00	1,723.09	18.8
4 - 6	1	20.0	875.64	0.00	875.64	9.6
8 - 10	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

**Age of Claimant**

60 - 64	1	20.0	514.18	6,035.82	6,550.00	71.6
55 - 59	2	40.0	1,348.73	0.00	1,348.73	14.7
30 - 34	1	20.0	0.00	1,250.00	1,250.00	13.7
45 - 49	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

**SEX OF CLAIMANT**

Female	4	80.0	1,862.91	6,035.82	7,898.73	86.3
Male	1	20.0	0.00	1,250.00	1,250.00	13.7
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

**LOSS CAUSE**

Uneven Surface	1	20.0	514.18	6,035.82	6,550.00	71.6
Vehicle/car/truck	1	20.0	0.00	1,250.00	1,250.00	13.7
Floor	1	20.0	875.64	0.00	875.64	9.6
Cleaning Products	1	20.0	473.09	0.00	473.09	5.2
Stairs	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

**ACCIDENT TYPE**

Fall On the Same Level	2	40.0	1,389.82	6,035.82	7,425.64	81.2
Vehicle Upset	1	20.0	0.00	1,250.00	1,250.00	13.7
Fall/Slip From Liquid or Grease Spills	1	20.0	473.09	0.00	473.09	5.2
Other Injury NEC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

**BODY PART**

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	2	40.0	514.18	6,035.82	6,550.00	71.6
Upper Extremities Thumb	1	20.0	0.00	1,250.00	1,250.00	13.7
Multiple Body Parts Multiple Body Parts	1	20.0	875.64	0.00	875.64	9.6
Upper Extremities Multiple Upper Extr	1	20.0	473.09	0.00	473.09	5.2
<b>Sum:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	
<b>INJURY</b>						
Inflammation	1	20.0	514.18	6,035.82	6,550.00	71.6
Sprain	2	40.0	473.09	1,250.00	1,723.09	18.8
Multiple Physical Injury Only	1	20.0	875.64	0.00	875.64	9.6
Dislocation	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,862.91</b>	<b>\$7,285.82</b>	<b>\$9,148.73</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>166 - SECRETARY OF THE COMMONWEALTH</b>						
<b>S166 - SECRETARY OF THE COMMONWEALTH</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Abdomen Including Groin	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>171 - STATE CORPORATION COMMISSION</b>						
<b>171 - SCC STATE CORPORATION</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
30 - 32	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>171 - STATE CORPORATION COMMISSION</b>						
<b>231 - SCC INSURANCE ADMINISTRATION</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
34 - 36	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Multiple Head Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>171 - STATE CORPORATION COMMISSION</b>						
<b>S171 - STATE CORPORATION COMMISSION</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	25.0	3,080.99	0.00	3,080.99	99.4
4AM - 5:59AM	1	25.0	18.82	0.00	18.82	0.6
10AM - 11:59AM	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	50.0	3,080.99	0.00	3,080.99	99.4
12 - 14	1	25.0	18.82	0.00	18.82	0.6
20 - 22	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>Age of Claimant</b>						
40 - 44	1	25.0	3,080.99	0.00	3,080.99	99.4
60 - 64	1	25.0	18.82	0.00	18.82	0.6
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
<b>Totals:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	25.0	3,080.99	0.00	3,080.99	99.4
Male	3	75.0	18.82	0.00	18.82	0.6
<b>Totals:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>LOSS CAUSE</b>						
Package	1	25.0	3,080.99	0.00	3,080.99	99.4
Vehicle/car/truck	1	25.0	18.82	0.00	18.82	0.6
Stairs, steps	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
<b>Totals:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	25.0	3,080.99	0.00	3,080.99	99.4
Fall, Slip or Trip, NOC	3	75.0	18.82	0.00	18.82	0.6
<b>Sum:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	25.0	3,080.99	0.00	3,080.99	99.4
Lower Extremities Hip	1	25.0	18.82	0.00	18.82	0.6
Lower Extremities Knee	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Multiple Physical Injury Only	2	50.0	3,099.81	0.00	3,099.81	100.0
Inflammation	1	25.0	0.00	0.00	0.00	0.0
Sprain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$3,099.81</b>	<b>\$0.00</b>	<b>\$3,099.81</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>172 - Virginia Lottery</b>						
<b>S172 - Virginia Lottery</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	28.6	7,435.18	0.00	7,435.18	100.0
12AM - 1:59AM	1	14.3	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	14.3	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	14.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	1	14.3	7,414.07	0.00	7,414.07	99.7
2 - 4	1	14.3	21.11	0.00	21.11	0.3
0 - 2	3	42.9	0.00	0.00	0.00	0.0
12 - 14	1	14.3	0.00	0.00	0.00	0.0
26 - 28	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>Age of Claimant</b>						
55 - 59	3	42.9	7,414.07	0.00	7,414.07	99.7
60 - 64	3	42.9	21.11	0.00	21.11	0.3
25 - 29	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	71.4	7,435.18	0.00	7,435.18	100.0
Male	2	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>LOSS CAUSE</b>						
Floor	4	57.1	7,435.18	0.00	7,435.18	100.0
Ground control unit/aerial	1	14.3	0.00	0.00	0.00	0.0
Knife, Utility	1	14.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	14.3	7,414.07	0.00	7,414.07	99.7
Fall On the Same Level	4	57.1	21.11	0.00	21.11	0.3
Collision with Another Vehicle	1	14.3	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	14.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	14.3	7,414.07	0.00	7,414.07	99.7
Upper Extremities Hand	3	42.9	21.11	0.00	21.11	0.3
Head Other facial soft tissue	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	14.3	7,414.07	0.00	7,414.07	99.7
Contusion (Bruise, Skin Surface)	1	14.3	21.11	0.00	21.11	0.3
Laceration	1	14.3	0.00	0.00	0.00	0.0
No Physical Injury	4	57.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$7,435.18</b>	<b>\$0.00</b>	<b>\$7,435.18</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>174 - Commonwealth Savers Plan</b>						
<b>S174 - Commonwealth Savers Plan</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>180 - ADMINISTRATION, SECRETARY OF</b>						
<b>S180 - ADMINISTRATION, SECRETARY OF</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>181 - LABOR AND INDUSTRY, DEPT OF</b>						
<b>S181 - LABOR AND INDUSTRY, DEPT OF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	18.82	0.00	18.82	100.0
8 - 10	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
50 - 54	2	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	18.82	0.00	18.82	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Hazardous Material	1	50.0	18.82	0.00	18.82	100.0
Keyboard	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	50.0	18.82	0.00	18.82	100.0
Repetitive Motion (after 7/1/94)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Trunk Lung(s)	1	50.0	18.82	0.00	18.82	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Asbestosis	1	50.0	18.82	0.00	18.82	100.0
Carpal Tunnel Syndrome	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>182 - VIRGINIA EMPLOYMENT COMMISSION</b>						
<b>S182 - VIRGINIA EMPLOYMENT COMMISSION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	5	25.0	2,575.07	5,993.75	8,568.82	67.8
6AM - 7:59AM	2	10.0	2,630.77	1,438.05	4,068.82	32.2
10AM - 11:59AM	2	10.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	10.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	6	30.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	3	15.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	4	20.0	2,575.07	5,993.75	8,568.82	67.8
2 - 4	7	35.0	2,630.77	1,438.05	4,068.82	32.2
0 - 2	4	20.0	0.00	0.00	0.00	0.0
4 - 6	1	5.0	0.00	0.00	0.00	0.0
18 - 20	1	5.0	0.00	0.00	0.00	0.0
20 - 22	1	5.0	0.00	0.00	0.00	0.0
24 - 26	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>Age of Claimant</b>						
50 - 54	2	10.0	2,575.07	5,993.75	8,568.82	67.8
65 - 69	2	10.0	2,630.77	1,438.05	4,068.82	32.2
20 - 24	1	5.0	0.00	0.00	0.00	0.0
25 - 29	1	5.0	0.00	0.00	0.00	0.0
40 - 44	1	5.0	0.00	0.00	0.00	0.0
55 - 59	1	5.0	0.00	0.00	0.00	0.0
60 - 64	10	50.0	0.00	0.00	0.00	0.0
75 - 79	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>SEX OF CLAIMANT</b>						
Female	18	90.0	5,205.84	7,431.80	12,637.64	100.0
Male	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	4	20.0	2,575.07	5,993.75	8,568.82	67.8
Floor	2	10.0	2,630.77	1,438.05	4,068.82	32.2
Animal / insect, not otherwise classifie	1	5.0	0.00	0.00	0.00	0.0
Food	1	5.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Gas / Fumes	4	20.0	0.00	0.00	0.00	0.0
Office equipment	2	10.0	0.00	0.00	0.00	0.0
Outside Surface	1	5.0	0.00	0.00	0.00	0.0
Paper / Pulp	1	5.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	10.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	5.0	0.00	0.00	0.00	0.0
Water	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	5	25.0	5,205.84	7,431.80	12,637.64	100.0
Fall, Slip or Trip, NOC	6	30.0	0.00	0.00	0.00	0.0
Other Injury NEC	5	25.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	5.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	4	20.0	5,205.84	7,431.80	12,637.64	100.0
Head Facial Bones	1	5.0	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	5.0	0.00	0.00	0.00	0.0
Head Skull	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Ankle	3	15.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	5.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	5	25.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	5.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	4	20.0	5,205.84	7,431.80	12,637.64	100.0
All Other (Specific) Injuries, NOC	1	5.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	2	10.0	0.00	0.00	0.00	0.0
No Physical Injury	11	55.0	0.00	0.00	0.00	0.0
Sprain	2	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$5,205.84</b>	<b>\$7,431.80</b>	<b>\$12,637.64</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>191 - VA WORKERS' COMP. COMMISSION</b>						
<b>S191 - VA WORKERS' COMP. COMMISSION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	489.40	0.00	489.40	100.0
<b>Totals:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	489.40	0.00	489.40	100.0
<b>Sum:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>BODY PART</b>						
Neck Multiple Neck Injury	1	100.0	489.40	0.00	489.40	100.0
<b>Sum:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	
<b>INJURY</b>						
Strain	1	100.0	489.40	0.00	489.40	100.0
<b>Sum:</b>	<b>1</b>		<b>\$489.40</b>	<b>\$0.00</b>	<b>\$489.40</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>194 - DEPT. OF GENERAL SERVICES</b>						
<b>10 - DGS - Consolidated Laboratory Svcs.</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	2	7.4	852.30	18,266.52	19,118.82	56.0
8AM - 9:59AM	8	29.6	890.84	8,642.22	9,533.06	27.9
12PM - 1:59PM	6	22.2	208.94	2,500.00	2,708.94	7.9
10AM - 11:59AM	3	11.1	18.82	2,600.00	2,618.82	7.7
4PM - 5:59PM	2	7.4	175.21	0.00	175.21	0.5
2PM - 3:59PM	6	22.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	15	55.6	1,061.24	19,516.52	20,577.76	60.2
6 - 8	3	11.1	37.64	6,450.00	6,487.64	19.0
4 - 6	2	7.4	426.60	3,442.22	3,868.82	11.3
8 - 10	2	7.4	445.42	2,600.00	3,045.42	8.9
12 - 14	1	3.7	175.21	0.00	175.21	0.5
2 - 4	1	3.7	0.00	0.00	0.00	0.0
18 - 20	1	3.7	0.00	0.00	0.00	0.0
22 - 24	1	3.7	0.00	0.00	0.00	0.0
30 - 32	1	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	
<b>Age of Claimant</b>						
30 - 34	7	25.9	1,724.32	23,058.74	24,783.06	72.6
35 - 39	4	14.8	212.85	6,450.00	6,662.85	19.5
20 - 24	4	14.8	0.00	1,250.00	1,250.00	3.7
45 - 49	3	11.1	0.00	1,250.00	1,250.00	3.7
25 - 29	6	22.2	208.94	0.00	208.94	0.6
55 - 59	1	3.7	0.00	0.00	0.00	0.0
60 - 64	1	3.7	0.00	0.00	0.00	0.0
65 - 69	1	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	
<b>SEX OF CLAIMANT</b>						
Female	24	88.9	2,146.11	32,008.74	34,154.85	100.0
Male	3	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	3	11.1	852.30	18,266.52	19,118.82	56.0
Bacteria	9	33.3	1,084.87	12,492.22	13,577.09	39.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Air pressure	1	3.7	0.00	1,250.00	1,250.00	3.7
Cabinet	2	7.4	208.94	0.00	208.94	0.6
Animal, not otherwise classified	1	3.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	3.7	0.00	0.00	0.00	0.0
Boxes / containers	1	3.7	0.00	0.00	0.00	0.0
Chair	2	7.4	0.00	0.00	0.00	0.0
Door	1	3.7	0.00	0.00	0.00	0.0
Foreign Object	1	3.7	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.7	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	3.7	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	3.7	0.00	0.00	0.00	0.0
Screwdriver	1	3.7	0.00	0.00	0.00	0.0
Stairs	1	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	

### ACCIDENT TYPE

Absorption, Ingestion or Inhalation NOC	11	40.7	1,937.17	30,758.74	32,695.91	95.7
Foreign Body in Eye	1	3.7	0.00	1,250.00	1,250.00	3.7
Struck/Injured By Falling or Flying Object	1	3.7	208.94	0.00	208.94	0.6
Bitten	1	3.7	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	3.7	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	3.7	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	3.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.7	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	7.4	0.00	0.00	0.00	0.0
Lifting	1	3.7	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	2	7.4	0.00	0.00	0.00	0.0
Other Injury NEC	2	7.4	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	3.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	3.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	2	7.4	852.30	18,266.52	19,118.82	56.0
Multiple Body Parts No Physical Injury	9	33.3	1,084.87	12,492.22	13,577.09	39.8
Head Eye(s)	1	3.7	0.00	1,250.00	1,250.00	3.7
Head Multiple Head Injury	1	3.7	208.94	0.00	208.94	0.6
Head Other facial soft tissue	1	3.7	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	3.7	0.00	0.00	0.00	0.0
Trunk Buttocks	1	3.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L1)	1	3.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	5	18.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	11.1	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Thumb	1	3.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	3.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	11	40.7	1,761.96	28,258.74	30,020.70	87.9
Contagious Disease	3	11.1	0.00	2,500.00	2,500.00	7.3
No Physical Injury	4	14.8	175.21	1,250.00	1,425.21	4.2
Contusion (Bruise, Skin Surface)	3	11.1	208.94	0.00	208.94	0.6
Burn	1	3.7	0.00	0.00	0.00	0.0
Laceration	1	3.7	0.00	0.00	0.00	0.0
Puncture	3	11.1	0.00	0.00	0.00	0.0
Strain	1	3.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>27</b>		<b>\$2,146.11</b>	<b>\$32,008.74</b>	<b>\$34,154.85</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>194 - DEPT. OF GENERAL SERVICES</b>						
<b>1 - DGS - Director's Office</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Stairs	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>194 - DEPT. OF GENERAL SERVICES</b>						
<b>2 - DGS - Facilities Managment</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>194 - DEPT. OF GENERAL SERVICES</b>						
<b>4 - DGS - Purchases &amp; Supply</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
30 - 32	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>194 - DEPT. OF GENERAL SERVICES</b>						
<b>5 - DGS - Engineering &amp; Buildings</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Crushing	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 199 - DEPT. CONSERVATION & RECREATION

#### 16 - DCR PARKS DIVISION

#### TIME OF INJURY

2PM - 3:59PM	2	14.3	18.82	0.00	18.82	100.0
6AM - 7:59AM	2	14.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	8	57.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	7.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

#### LENGTH OF SERVICE

10 - 12	1	7.1	18.82	0.00	18.82	100.0
0 - 2	10	71.4	0.00	0.00	0.00	0.0
18 - 20	1	7.1	0.00	0.00	0.00	0.0
22 - 24	1	7.1	0.00	0.00	0.00	0.0
32 - 34	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

#### Age of Claimant

60 - 64	1	7.1	18.82	0.00	18.82	100.0
15 - 19	3	21.4	0.00	0.00	0.00	0.0
20 - 24	3	21.4	0.00	0.00	0.00	0.0
25 - 29	2	14.3	0.00	0.00	0.00	0.0
35 - 39	1	7.1	0.00	0.00	0.00	0.0
50 - 54	2	14.3	0.00	0.00	0.00	0.0
55 - 59	1	7.1	0.00	0.00	0.00	0.0
10 - 14	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

#### SEX OF CLAIMANT

Male	8	57.1	18.82	0.00	18.82	100.0
Female	6	42.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

#### LOSS CAUSE

Recreational equipment	1	7.1	18.82	0.00	18.82	100.0
Animal / insect, not otherwise classifye	1	7.1	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	11	78.6	0.00	0.00	0.00	0.0
Environmental conditions	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

#### ACCIDENT TYPE

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Holding or Carrying	1	7.1	18.82	0.00	18.82	100.0
Bitten	2	14.3	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	10	71.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

### BODY PART

Trunk Low Back Area (Incl. Lumbar & Li	2	14.3	18.82	0.00	18.82	100.0
Head Ear(s)	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	4	28.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	7.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	7.1	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	2	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

### INJURY

Sprain	1	7.1	18.82	0.00	18.82	100.0
All Other (Specific) Injuries, NOC	1	7.1	0.00	0.00	0.00	0.0
Infection	1	7.1	0.00	0.00	0.00	0.0
No Physical Injury	10	71.4	0.00	0.00	0.00	0.0
Strain	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>401 - DCR DIVISION OF ADMINISTRATION (SE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Environmental conditions	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Temperature Extremes	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Heat Prostration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>635 - DCR DIVISION OF NATURAL HERITAGE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	0.00	2,550.00	2,550.00	51.4
2PM - 3:59PM	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Totals:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	2,550.00	2,550.00	51.4
4 - 6	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Totals:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>Age of Claimant</b>						
20 - 24	1	50.0	0.00	2,550.00	2,550.00	51.4
25 - 29	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Totals:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	2,413.44	2,550.00	4,963.44	100.0
<b>Totals:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>LOSS CAUSE</b>						
Baggage/Luggage	1	50.0	0.00	2,550.00	2,550.00	51.4
Brush / tree / log	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Totals:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>ACCIDENT TYPE</b>						
Holding or Carrying	1	50.0	0.00	2,550.00	2,550.00	51.4
Struck or Injury By, NOC	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Sum:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	2,550.00	2,550.00	51.4
Upper Extremities Lower Arm	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Sum:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	
<b>INJURY</b>						
Strain	1	50.0	0.00	2,550.00	2,550.00	51.4
Contusion (Bruise, Skin Surface)	1	50.0	2,413.44	0.00	2,413.44	48.6
<b>Sum:</b>	<b>2</b>		<b>\$2,413.44</b>	<b>\$2,550.00</b>	<b>\$4,963.44</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>730 - DCR STAUNTON RIVER BATTLEFIELD STA</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	222.53	0.00	222.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	222.53	0.00	222.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	222.53	0.00	222.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	222.53	0.00	222.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>LOSS CAUSE</b>						
Poisonous agent / plant	1	100.0	222.53	0.00	222.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>ACCIDENT TYPE</b>						
Contact With Not Otherwise Classified	1	100.0	222.53	0.00	222.53	100.0
<b>Sum:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>BODY PART</b>						
Head Mouth	1	100.0	222.53	0.00	222.53	100.0
<b>Sum:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	
<b>INJURY</b>						
Inflammation	1	100.0	222.53	0.00	222.53	100.0
<b>Sum:</b>	<b>1</b>		<b>\$222.53</b>	<b>\$0.00</b>	<b>\$222.53</b>	



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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>733 - DCR ANDY GUEST   SHENANDOAH STATE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>Age of Claimant</b>						
70 - 74	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>LOSS CAUSE</b>						
Electric Drill	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>ACCIDENT TYPE</b>						
Strain By Using Tool or Machine	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	
<b>INJURY</b>						
Adverse reaction to a vaccination or inoc	1	100.0	1,433.36	0.00	1,433.36	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,433.36</b>	<b>\$0.00</b>	<b>\$1,433.36</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>734 - DCR JAMES RIVER STATE PARK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	4	21.1	10,162.99	0.00	10,162.99	100.0
8AM - 9:59AM	1	5.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	9	47.4	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	10.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	5.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	10.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	15.8	10,162.99	0.00	10,162.99	100.0
0 - 2	11	57.9	0.00	0.00	0.00	0.0
4 - 6	1	5.3	0.00	0.00	0.00	0.0
10 - 12	1	5.3	0.00	0.00	0.00	0.0
18 - 20	3	15.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	
<b>Age of Claimant</b>						
60 - 64	2	10.5	10,162.99	0.00	10,162.99	100.0
15 - 19	4	21.1	0.00	0.00	0.00	0.0
20 - 24	4	21.1	0.00	0.00	0.00	0.0
25 - 29	2	10.5	0.00	0.00	0.00	0.0
30 - 34	1	5.3	0.00	0.00	0.00	0.0
40 - 44	2	10.5	0.00	0.00	0.00	0.0
50 - 54	2	10.5	0.00	0.00	0.00	0.0
65 - 69	1	5.3	0.00	0.00	0.00	0.0
70 - 74	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	
<b>SEX OF CLAIMANT</b>						
Female	11	57.9	10,162.99	0.00	10,162.99	100.0
Male	8	42.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	
<b>LOSS CAUSE</b>						
Chair	1	5.3	10,162.99	0.00	10,162.99	100.0
Animal / insect, not otherwise classifie	3	15.8	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	10	52.6	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	5.3	0.00	0.00	0.00	0.0
Office equipment	1	5.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trash receptacle	1	5.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	5.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	

### ACCIDENT TYPE

Collision with a Fixed Object	1	5.3	10,162.99	0.00	10,162.99	100.0
Caught In/Between-Object Handled	1	5.3	0.00	0.00	0.00	0.0
Fall On the Same Level	1	5.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	5.3	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	1	5.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	13	68.4	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	

### BODY PART

Trunk Abdomen Including Groin	2	10.5	10,162.99	0.00	10,162.99	100.0
Head Multiple Head Injury	1	5.3	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	5.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	4	21.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	4	21.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	5.3	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	5.3	0.00	0.00	0.00	0.0
Neck Vertebrae	1	5.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	5.3	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	2	10.5	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	

### INJURY

Contusion (Bruise, Skin Surface)	4	21.1	10,162.99	0.00	10,162.99	100.0
All Other (Specific) Injuries, NOC	3	15.8	0.00	0.00	0.00	0.0
Crushing	1	5.3	0.00	0.00	0.00	0.0
No Physical Injury	10	52.6	0.00	0.00	0.00	0.0
Strain	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$10,162.99</b>	<b>\$0.00</b>	<b>\$10,162.99</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>737 - DCR KIPTOPEKE STATE PARK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	204.93	0.00	204.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	204.93	0.00	204.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	204.93	0.00	204.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	204.93	0.00	204.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>LOSS CAUSE</b>						
Machine, not otherwise classified	1	100.0	204.93	0.00	204.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	100.0	204.93	0.00	204.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	204.93	0.00	204.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	
<b>INJURY</b>						
Sprain	1	100.0	204.93	0.00	204.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$204.93</b>	<b>\$0.00</b>	<b>\$204.93</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>741 - DCR - Sailor's Creek Battlefield</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	33.3	192.34	0.00	192.34	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	192.34	0.00	192.34	100.0
<b>Totals:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>Age of Claimant</b>						
25 - 29	1	33.3	192.34	0.00	192.34	100.0
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
<b>Totals:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	192.34	0.00	192.34	100.0
Male	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	33.3	192.34	0.00	192.34	100.0
Animal / tick, spider, etc.	1	33.3	0.00	0.00	0.00	0.0
Trash receptacle	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>ACCIDENT TYPE</b>						
Holding or Carrying	1	33.3	192.34	0.00	192.34	100.0
Struck/Injured By Animal or Insect	1	33.3	0.00	0.00	0.00	0.0
Twisting	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	33.3	192.34	0.00	192.34	100.0
Lower Extremities Lower Leg	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$192.34</b>	<b>\$0.00</b>	<b>\$192.34</b>	
<b>INJURY</b>						
Strain	2	66.7	192.34	0.00	192.34	100.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	3		\$192.34	\$0.00	\$192.34	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>743 - DCR SOUTHWEST VA MUSEUM</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	85.87	0.00	85.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	85.87	0.00	85.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	85.87	0.00	85.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	85.87	0.00	85.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>LOSS CAUSE</b>						
Ladder, 10' folding	1	100.0	85.87	0.00	85.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	85.87	0.00	85.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>BODY PART</b>						
Head Skull	1	100.0	85.87	0.00	85.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	
<b>INJURY</b>						
Laceration	1	100.0	85.87	0.00	85.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$85.87</b>	<b>\$0.00</b>	<b>\$85.87</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>750 - DCR BEAR CREEK LAKE STATE PARK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Rope, cord	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>751 - DCR CALEDON NATURAL AREA</b>						
<b>TIME OF INJURY</b>						
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
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	75.0	0.00	0.00	0.00	0.0
32 - 34	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	2	50.0	0.00	0.00	0.00	0.0
40 - 44	1	25.0	0.00	0.00	0.00	0.0
55 - 59	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	25.0	0.00	0.00	0.00	0.0
Male	3	75.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	3	75.0	0.00	0.00	0.00	0.0
Mowers	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Bitten	1	25.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	25.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	3	75.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>752 - DCR CHIPPOKES PLANTATION STATE PAR</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	33.3	0.00	2,550.00	2,550.00	60.0
10AM - 11:59AM	2	33.3	0.00	1,650.00	1,650.00	38.8
12PM - 1:59PM	1	16.7	53.04	0.00	53.04	1.2
8AM - 9:59AM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	16.7	0.00	2,550.00	2,550.00	60.0
0 - 2	3	50.0	0.00	1,650.00	1,650.00	38.8
10 - 12	1	16.7	53.04	0.00	53.04	1.2
8 - 10	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>Age of Claimant</b>						
70 - 74	1	16.7	0.00	2,550.00	2,550.00	60.0
30 - 34	1	16.7	0.00	1,650.00	1,650.00	38.8
80 - 84	1	16.7	53.04	0.00	53.04	1.2
20 - 24	2	33.3	0.00	0.00	0.00	0.0
65 - 69	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	66.7	53.04	2,550.00	2,603.04	61.2
Female	2	33.3	0.00	1,650.00	1,650.00	38.8
<b>Totals:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>LOSS CAUSE</b>						
Outside Surface	2	33.3	53.04	2,550.00	2,603.04	61.2
Boxes / containers	1	16.7	0.00	1,650.00	1,650.00	38.8
Axe, pickheaded	1	16.7	0.00	0.00	0.00	0.0
Door	1	16.7	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	16.7	0.00	2,550.00	2,550.00	60.0
Object Being Lifted or Handled	1	16.7	0.00	1,650.00	1,650.00	38.8
Fall On the Same Level	1	16.7	53.04	0.00	53.04	1.2
Fall/Slip into Openings	1	16.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Repetitive Motion (after 7/1/94)	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	16.7	0.00	2,550.00	2,550.00	60.0
Upper Extremities Thumb	1	16.7	0.00	1,650.00	1,650.00	38.8
Multiple Body Parts No Physical Injury	1	16.7	53.04	0.00	53.04	1.2
Lower Extremities Knee	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	
<b>INJURY</b>						
Fracture	1	16.7	0.00	2,550.00	2,550.00	60.0
Sprain	1	16.7	0.00	1,650.00	1,650.00	38.8
No Physical Injury	1	16.7	53.04	0.00	53.04	1.2
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
Crushing	1	16.7	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$53.04</b>	<b>\$4,200.00</b>	<b>\$4,253.04</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>755 - DCR DOUTHAT STATE PARK</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	0.00	1,250.00	1,250.00	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	0.00	1,250.00	1,250.00	100.0
15 - 19	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	1,250.00	1,250.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Hot/Cold Object, Liquid, Substance	1	50.0	0.00	1,250.00	1,250.00	100.0
Poisonous agent / plant	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Contact with Hot Object or Substance	1	50.0	0.00	1,250.00	1,250.00	100.0
Bodily Reaction	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	0.00	1,250.00	1,250.00	100.0
Upper Extremities Lower Arm	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Burn	1	50.0	0.00	1,250.00	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>756 - DCR FAIRY STONE STATE PARK</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	155.60	0.00	155.60	68.0
12PM - 1:59PM	1	33.3	73.07	0.00	73.07	32.0
<b>Totals:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	228.67	0.00	228.67	100.0
2 - 4	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	155.60	0.00	155.60	68.0
45 - 49	1	33.3	73.07	0.00	73.07	32.0
25 - 29	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	66.7	155.60	0.00	155.60	68.0
Female	1	33.3	73.07	0.00	73.07	32.0
<b>Totals:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	33.3	155.60	0.00	155.60	68.0
Boxes / containers	1	33.3	73.07	0.00	73.07	32.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	33.3	155.60	0.00	155.60	68.0
Object Being Lifted or Handled	2	66.7	73.07	0.00	73.07	32.0
<b>Sum:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	33.3	155.60	0.00	155.60	68.0
Head Eye(s)	1	33.3	73.07	0.00	73.07	32.0
Upper Extremities Thumb	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	
<b>INJURY</b>						
Sprain	1	33.3	155.60	0.00	155.60	68.0
Laceration	2	66.7	73.07	0.00	73.07	32.0
<b>Sum:</b>	<b>3</b>		<b>\$228.67</b>	<b>\$0.00</b>	<b>\$228.67</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>757 - DCR FALSE CAPE STATE PARK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chain Saw	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Powered Hand Tool; Appliance	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>758 - DCR TWIN LAKES STATE PARK</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	2	11.8	0.00	1,250.00	1,250.00	100.0
2AM - 3:59AM	1	5.9	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	5.9	0.00	0.00	0.00	0.0
10AM - 11:59AM	4	23.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	4	23.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	11.8	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	5.9	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	5.9	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	13	76.5	0.00	1,250.00	1,250.00	100.0
2 - 4	2	11.8	0.00	0.00	0.00	0.0
8 - 10	2	11.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
20 - 24	7	41.2	0.00	1,250.00	1,250.00	100.0
25 - 29	4	23.5	0.00	0.00	0.00	0.0
30 - 34	2	11.8	0.00	0.00	0.00	0.0
35 - 39	1	5.9	0.00	0.00	0.00	0.0
50 - 54	1	5.9	0.00	0.00	0.00	0.0
65 - 69	2	11.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	9	52.9	0.00	1,250.00	1,250.00	100.0
Male	8	47.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	12	70.6	0.00	1,250.00	1,250.00	100.0
Animal / bee type	1	5.9	0.00	0.00	0.00	0.0
Environmental conditions	2	11.8	0.00	0.00	0.00	0.0
Pots/pans	1	5.9	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	8	47.1	0.00	1,250.00	1,250.00	100.0
Bitten	5	29.4	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	5.9	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	2	11.8	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Hip	1	5.9	0.00	1,250.00	1,250.00	100.0
Lower Extremities Knee	2	11.8	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	3	17.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	3	17.6	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	5.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	5.9	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	2	11.8	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L)	2	11.8	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Puncture	7	41.2	0.00	1,250.00	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	5.9	0.00	0.00	0.00	0.0
Burn	1	5.9	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	2	11.8	0.00	0.00	0.00	0.0
No Physical Injury	6	35.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>762 - DCR HOLIDAY LAKE STATE PARK</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Machine, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Machine or Machine	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>763 - DCR HUNGRY MOTHER STATE PARK</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	25.0	5,962.77	0.00	5,962.77	47.8
12PM - 1:59PM	2	25.0	5,272.79	0.00	5,272.79	42.2
6PM - 7:59PM	1	12.5	0.00	1,250.00	1,250.00	10.0
8AM - 9:59AM	1	12.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	5	62.5	11,235.56	1,250.00	12,485.56	100.0
2 - 4	2	25.0	0.00	0.00	0.00	0.0
16 - 18	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>Age of Claimant</b>						
25 - 29	2	25.0	10,728.55	0.00	10,728.55	85.9
30 - 34	1	12.5	0.00	1,250.00	1,250.00	10.0
15 - 19	2	25.0	507.01	0.00	507.01	4.1
20 - 24	2	25.0	0.00	0.00	0.00	0.0
60 - 64	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	75.0	6,469.78	0.00	6,469.78	51.8
Female	2	25.0	4,765.78	1,250.00	6,015.78	48.2
<b>Totals:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>LOSS CAUSE</b>						
Ceiling	1	12.5	5,962.77	0.00	5,962.77	47.8
Wood Items	3	37.5	4,765.78	0.00	4,765.78	38.2
Uneven Surface	1	12.5	0.00	1,250.00	1,250.00	10.0
Sharp objects, not otherwise classified	1	12.5	507.01	0.00	507.01	4.1
Floor	1	12.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	2	25.0	5,962.77	0.00	5,962.77	47.8
Strike Against/Step On Stationary Object	1	12.5	4,765.78	0.00	4,765.78	38.2
Other Injury NEC	1	12.5	0.00	1,250.00	1,250.00	10.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	1	12.5	507.01	0.00	507.01	4.1
Fall/Slip into Openings	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	12.5	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	12.5	5,962.77	0.00	5,962.77	47.8
Head Scalp	1	12.5	4,765.78	0.00	4,765.78	38.2
Lower Extremities Knee	2	25.0	0.00	1,250.00	1,250.00	10.0
Upper Extremities Thumb	1	12.5	507.01	0.00	507.01	4.1
Head Other facial soft tissue	2	25.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	3	37.5	10,728.55	0.00	10,728.55	85.9
All Other (Specific) Injuries, NOC	1	12.5	0.00	1,250.00	1,250.00	10.0
Puncture	1	12.5	507.01	0.00	507.01	4.1
Inflammation	1	12.5	0.00	0.00	0.00	0.0
Laceration	1	12.5	0.00	0.00	0.00	0.0
Strain	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$11,235.56</b>	<b>\$1,250.00</b>	<b>\$12,485.56</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>764 - DCR LAKE ANNA STATE PARK</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Mowers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>765 - DCR LEESYLVANIA STATE PARK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	66.7	194.75	0.00	194.75	56.7
10AM - 11:59AM	1	33.3	148.48	0.00	148.48	43.3
<b>Totals:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	194.75	0.00	194.75	56.7
36 - 38	1	33.3	148.48	0.00	148.48	43.3
<b>Totals:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	194.75	0.00	194.75	56.7
60 - 64	1	33.3	148.48	0.00	148.48	43.3
20 - 24	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	194.75	0.00	194.75	56.7
Male	2	66.7	148.48	0.00	148.48	43.3
<b>Totals:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>LOSS CAUSE</b>						
Foreign Object	1	33.3	194.75	0.00	194.75	56.7
Mowers	2	66.7	148.48	0.00	148.48	43.3
<b>Totals:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>ACCIDENT TYPE</b>						
Foreign Body in Eye	1	33.3	194.75	0.00	194.75	56.7
Cut, Punctured, Scraped, NOC	1	33.3	148.48	0.00	148.48	43.3
Fall/Slip From a Different Level	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>BODY PART</b>						
Head Eye(s)	1	33.3	194.75	0.00	194.75	56.7
Upper Extremities Finger(s)	1	33.3	148.48	0.00	148.48	43.3
Lower Extremities Lower Leg	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	33.3	194.75	0.00	194.75	56.7
Laceration	1	33.3	148.48	0.00	148.48	43.3
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$343.23</b>	<b>\$0.00</b>	<b>\$343.23</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>769 - DCR POCAHONTAS STATE PARK</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	22.2	0.00	1,250.00	1,250.00	69.5
6PM - 7:59PM	1	11.1	549.51	0.00	549.51	30.5
6AM - 7:59AM	1	11.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	22.2	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	22.2	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	44.4	549.51	1,250.00	1,799.51	100.0
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
<b>Totals:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>Age of Claimant</b>						
25 - 29	2	22.2	0.00	1,250.00	1,250.00	69.5
20 - 24	3	33.3	549.51	0.00	549.51	30.5
35 - 39	3	33.3	0.00	0.00	0.00	0.0
60 - 64	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	44.4	0.00	1,250.00	1,250.00	69.5
Male	5	55.6	549.51	0.00	549.51	30.5
<b>Totals:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	5	55.6	0.00	1,250.00	1,250.00	69.5
Animal, not otherwise classified	1	11.1	549.51	0.00	549.51	30.5
Excavations	1	11.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	11.1	0.00	0.00	0.00	0.0
Wood Items	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	3	33.3	549.51	1,250.00	1,799.51	100.0
Bitten	3	33.3	0.00	0.00	0.00	0.0
Broken Glass	1	11.1	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In/Between-Machine or Machine	1	11.1	0.00	0.00	0.00	0.0
Lifting	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	11.1	0.00	1,250.00	1,250.00	69.5
Upper Extremities Hand	2	22.2	549.51	0.00	549.51	30.5
Lower Extremities Foot	2	22.2	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	11.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	11.1	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	11.1	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	
<b>INJURY</b>						
No Physical Injury	4	44.4	0.00	1,250.00	1,250.00	69.5
Multiple Physical Injury Only	1	11.1	549.51	0.00	549.51	30.5
Crushing	1	11.1	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Puncture	1	11.1	0.00	0.00	0.00	0.0
Strain	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$549.51</b>	<b>\$1,250.00</b>	<b>\$1,799.51</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 199 - DEPT. CONSERVATION & RECREATION

#### 770 - DCR FIRST LANDING STATE PARK

#### TIME OF INJURY

10AM - 11:59AM	2	33.3	846.67	0.00	846.67	100.0
8AM - 9:59AM	2	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

#### LENGTH OF SERVICE

2 - 4	2	33.3	428.22	0.00	428.22	50.6
0 - 2	4	66.7	418.45	0.00	418.45	49.4
<b>Totals:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

#### Age of Claimant

20 - 24	2	33.3	428.22	0.00	428.22	50.6
25 - 29	3	50.0	418.45	0.00	418.45	49.4
55 - 59	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

#### SEX OF CLAIMANT

Male	3	50.0	428.22	0.00	428.22	50.6
Female	3	50.0	418.45	0.00	418.45	49.4
<b>Totals:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

#### LOSS CAUSE

Sharp objects, not otherwise classified	1	16.7	428.22	0.00	428.22	50.6
Furniture / fixtures	1	16.7	418.45	0.00	418.45	49.4
Ladder - Portable	1	16.7	0.00	0.00	0.00	0.0
Pipe	1	16.7	0.00	0.00	0.00	0.0
Uneven Surface	1	16.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

#### ACCIDENT TYPE

Hand Tool, Utensil; Not Powered	1	16.7	428.22	0.00	428.22	50.6
Collision with a Fixed Object	1	16.7	418.45	0.00	418.45	49.4
Contact With Not Otherwise Classified	1	16.7	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	16.7	0.00	0.00	0.00	0.0
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

#### BODY PART

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	2	33.3	846.67	0.00	846.67	100.0
Lower Extremities Lower Leg	1	16.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	
<b>INJURY</b>						
Laceration	4	66.7	846.67	0.00	846.67	100.0
Burn	1	16.7	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$846.67</b>	<b>\$0.00</b>	<b>\$846.67</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>772 - DCR SKY MEADOWS STATE PARK</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	2	28.6	29.69	26,250.00	26,279.69	95.3
2PM - 3:59PM	1	14.3	0.00	1,250.00	1,250.00	4.5
12PM - 1:59PM	3	42.9	51.79	0.00	51.79	0.2
2AM - 3:59AM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	28.6	18.82	27,500.00	27,518.82	99.8
0 - 2	4	57.1	62.66	0.00	62.66	0.2
4 - 6	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>Age of Claimant</b>						
50 - 54	1	14.3	18.82	26,250.00	26,268.82	95.2
30 - 34	1	14.3	0.00	1,250.00	1,250.00	4.5
25 - 29	1	14.3	51.79	0.00	51.79	0.2
15 - 19	1	14.3	10.87	0.00	10.87	0.0
35 - 39	1	14.3	0.00	0.00	0.00	0.0
65 - 69	2	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	57.1	70.61	26,250.00	26,320.61	95.4
Female	3	42.9	10.87	1,250.00	1,260.87	4.6
<b>Totals:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>LOSS CAUSE</b>						
Brush / tree / log	1	14.3	18.82	26,250.00	26,268.82	95.2
Boxes / containers	1	14.3	0.00	1,250.00	1,250.00	4.5
Insufficient data	1	14.3	51.79	0.00	51.79	0.2
Animal / snake	2	28.6	10.87	0.00	10.87	0.0
Animal / tick, spider, etc.	2	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	14.3	18.82	26,250.00	26,268.82	95.2
Holding or Carrying	2	28.6	51.79	1,250.00	1,301.79	4.7
Struck/Injured By Animal or Insect	2	28.6	10.87	0.00	10.87	0.0
Bitten	1	14.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>BODY PART</b>						
Head Brain	1	14.3	18.82	26,250.00	26,268.82	95.2
Lower Extremities Knee	1	14.3	0.00	1,250.00	1,250.00	4.5
Multiple Body Parts No Physical Injury	2	28.6	51.79	0.00	51.79	0.2
Upper Extremities Hand	1	14.3	10.87	0.00	10.87	0.0
Lower Extremities Upper Leg	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	
<b>INJURY</b>						
Concussion (Brain, Cerebral)	1	14.3	18.82	26,250.00	26,268.82	95.2
Sprain	1	14.3	0.00	1,250.00	1,250.00	4.5
No Physical Injury	3	42.9	51.79	0.00	51.79	0.2
Puncture	2	28.6	10.87	0.00	10.87	0.0
<b>Sum:</b>	<b>7</b>		<b>\$81.48</b>	<b>\$27,500.00</b>	<b>\$27,581.48</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>773 - DCR SMITH MOUNTAIN LAKE STATE PARK</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>LOSS CAUSE</b>						
Wood Items	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Object Being Lifted or	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>BODY PART</b>						
Lower Extremities Hip	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	5,622.12	0.00	5,622.12	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,622.12</b>	<b>\$0.00</b>	<b>\$5,622.12</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>774 - DCR STAUNTON RIVER STATE PARK</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	12.5	15,276.64	0.00	15,276.64	100.0
10AM - 11:59AM	4	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	12.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	12.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	5	62.5	15,276.64	0.00	15,276.64	100.0
2 - 4	2	25.0	0.00	0.00	0.00	0.0
6 - 8	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>Age of Claimant</b>						
15 - 19	1	12.5	15,276.64	0.00	15,276.64	100.0
20 - 24	3	37.5	0.00	0.00	0.00	0.0
25 - 29	3	37.5	0.00	0.00	0.00	0.0
40 - 44	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	25.0	15,276.64	0.00	15,276.64	100.0
Male	6	75.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	12.5	15,276.64	0.00	15,276.64	100.0
Animal / tick, spider, etc.	5	62.5	0.00	0.00	0.00	0.0
Gun / gunshot	1	12.5	0.00	0.00	0.00	0.0
Metal items	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	2	25.0	15,276.64	0.00	15,276.64	100.0
Bitten	4	50.0	0.00	0.00	0.00	0.0
Holding or Carrying	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>BODY PART</b>						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	2	25.0	15,276.64	0.00	15,276.64	100.0
Lower Extremities Hip	1	12.5	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	
<b>INJURY</b>						
Contagious Disease	1	12.5	15,276.64	0.00	15,276.64	100.0
All Other (Specific) Injuries, NOC	1	12.5	0.00	0.00	0.00	0.0
Laceration	1	12.5	0.00	0.00	0.00	0.0
No Physical Injury	4	50.0	0.00	0.00	0.00	0.0
Sprain	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$15,276.64</b>	<b>\$0.00</b>	<b>\$15,276.64</b>	



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>775 - DCR WESTMORELAND STATE PARK</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	3	30.0	1,502.58	0.00	1,502.58	100.0
10AM - 11:59AM	1	10.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	5	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	7	70.0	1,502.58	0.00	1,502.58	100.0
2 - 4	3	30.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>Age of Claimant</b>						
45 - 49	1	10.0	1,502.58	0.00	1,502.58	100.0
15 - 19	1	10.0	0.00	0.00	0.00	0.0
20 - 24	5	50.0	0.00	0.00	0.00	0.0
30 - 34	1	10.0	0.00	0.00	0.00	0.0
65 - 69	2	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	20.0	1,502.58	0.00	1,502.58	100.0
Male	8	80.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>LOSS CAUSE</b>						
Wall	2	20.0	1,502.58	0.00	1,502.58	100.0
Animal / tick, spider, etc.	8	80.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	10.0	1,502.58	0.00	1,502.58	100.0
Collision with a Fixed Object	1	10.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	8	80.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	10.0	1,502.58	0.00	1,502.58	100.0
Head Multiple Head Injury	1	10.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	10.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	3	30.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	2	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	20.0	1,502.58	0.00	1,502.58	100.0
No Physical Injury	8	80.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$1,502.58</b>	<b>\$0.00</b>	<b>\$1,502.58</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>776 - DCR YORK RIVER STATE PARK</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	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
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	75.0	0.00	0.00	0.00	0.0
2 - 4	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
15 - 19	1	25.0	0.00	0.00	0.00	0.0
20 - 24	2	50.0	0.00	0.00	0.00	0.0
60 - 64	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	2	50.0	0.00	0.00	0.00	0.0
Nail	1	25.0	0.00	0.00	0.00	0.0
Paper cutter	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Bitten	2	50.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	25.0	0.00	0.00	0.00	0.0
Laceration	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>780 - DCR NEW RIVER TRAIL STATE PARK &amp; S</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	0.00	0.00	0.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
16 - 18	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	33.3	0.00	0.00	0.00	0.0
55 - 59	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Fencing	1	33.3	0.00	0.00	0.00	0.0
Jack	1	33.3	0.00	0.00	0.00	0.0
Knife, Utility	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	66.7	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	2	66.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	66.7	0.00	0.00	0.00	0.0
Laceration	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>781 - DCR High Bridge Trail State Park</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	0.00	1,250.00	1,250.00	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	1,250.00	1,250.00	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	50.0	0.00	1,250.00	1,250.00	100.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Hand tool, not powered, NOC	1	50.0	0.00	1,250.00	1,250.00	100.0
Outside Surface	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Hand Tool or Machine	1	50.0	0.00	1,250.00	1,250.00	100.0
Strain or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Head Skull	1	50.0	0.00	1,250.00	1,250.00	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	50.0	0.00	1,250.00	1,250.00	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>782 - DCR Powhatan State Park</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	20.0	0.00	1,250.00	1,250.00	50.0
6PM - 7:59PM	1	20.0	0.00	1,250.00	1,250.00	50.0
2AM - 3:59AM	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
10AM - 11:59AM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	80.0	0.00	2,500.00	2,500.00	100.0
4 - 6	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>Age of Claimant</b>						
25 - 29	2	40.0	0.00	2,500.00	2,500.00	100.0
20 - 24	1	20.0	0.00	0.00	0.00	0.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
45 - 49	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	60.0	0.00	2,500.00	2,500.00	100.0
Female	2	40.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	3	60.0	0.00	2,500.00	2,500.00	100.0
Vehicle/car/truck	2	40.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	3	60.0	0.00	2,500.00	2,500.00	100.0
Collision with Another Vehicle	1	20.0	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>BODY PART</b>						
Trunk Buttocks	1	20.0	0.00	1,250.00	1,250.00	50.0
Trunk Lumbar and/or Sacral Vertebrae	1	20.0	0.00	1,250.00	1,250.00	50.0
Multiple Body Parts No Physical Injury	1	20.0	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	20.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Shoulder(s)	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>INJURY</b>						
No Physical Injury	3	60.0	0.00	2,500.00	2,500.00	100.0
Contusion (Bruise, Skin Surface)	1	20.0	0.00	0.00	0.00	0.0
Inflammation	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>783 - DCR Natural Bridge State Park</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	25.0	11,433.48	0.00	11,433.48	89.6
12PM - 1:59PM	2	50.0	1,329.62	0.00	1,329.62	10.4
2AM - 3:59AM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	50.0	12,763.10	0.00	12,763.10	100.0
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
<b>Totals:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>Age of Claimant</b>						
30 - 34	1	25.0	11,433.48	0.00	11,433.48	89.6
50 - 54	2	50.0	1,329.62	0.00	1,329.62	10.4
65 - 69	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	25.0	11,433.48	0.00	11,433.48	89.6
Female	3	75.0	1,329.62	0.00	1,329.62	10.4
<b>Totals:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	25.0	11,433.48	0.00	11,433.48	89.6
Knife, NOC	1	25.0	1,329.62	0.00	1,329.62	10.4
Animal / bee type	1	25.0	0.00	0.00	0.00	0.0
Object on Floor	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	2	50.0	11,433.48	0.00	11,433.48	89.6
Hand Tool, Utensil; Not Powered	1	25.0	1,329.62	0.00	1,329.62	10.4
Fall On the Same Level	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	25.0	11,433.48	0.00	11,433.48	89.6
Upper Extremities Finger(s)	1	25.0	1,329.62	0.00	1,329.62	10.4
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	
<b>INJURY</b>						
Contagious Disease	1	25.0	11,433.48	0.00	11,433.48	89.6
Laceration	1	25.0	1,329.62	0.00	1,329.62	10.4
Inflammation	1	25.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$12,763.10</b>	<b>\$0.00</b>	<b>\$12,763.10</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>784 - DCR Widewater State Park</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Bitten	1	50.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
Laceration	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>785 - DCR Seven Bends State Park</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	16.7	477.21	2,072.79	2,550.00	100.0
4AM - 5:59AM	1	16.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	3	50.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	5	83.3	477.21	2,072.79	2,550.00	100.0
2 - 4	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>Age of Claimant</b>						
20 - 24	4	66.7	477.21	2,072.79	2,550.00	100.0
30 - 34	1	16.7	0.00	0.00	0.00	0.0
60 - 64	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	83.3	477.21	2,072.79	2,550.00	100.0
Female	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>LOSS CAUSE</b>						
Door	1	16.7	477.21	2,072.79	2,550.00	100.0
Animal / tick, spider, etc.	5	83.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	16.7	477.21	2,072.79	2,550.00	100.0
Struck/Injured By Animal or Insect	5	83.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	16.7	477.21	2,072.79	2,550.00	100.0
Head Skull	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	33.3	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	
<b>INJURY</b>						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	16.7	477.21	2,072.79	2,550.00	100.0
No Physical Injury	2	33.3	0.00	0.00	0.00	0.0
Puncture	3	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$477.21</b>	<b>\$2,072.79</b>	<b>\$2,550.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>786 - DCR Sweet Run State Park</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	141.15	0.00	141.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	141.15	0.00	141.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	141.15	0.00	141.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	141.15	0.00	141.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>LOSS CAUSE</b>						
Trailer Landing Gear	1	100.0	141.15	0.00	141.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	141.15	0.00	141.15	100.0
<b>Sum:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	141.15	0.00	141.15	100.0
<b>Sum:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	141.15	0.00	141.15	100.0
<b>Sum:</b>	<b>1</b>		<b>\$141.15</b>	<b>\$0.00</b>	<b>\$141.15</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>790 - DCR Machicomoco State Park</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	5	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	3	30.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	7	70.0	0.00	0.00	0.00	0.0
2 - 4	3	30.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
15 - 19	2	20.0	0.00	0.00	0.00	0.0
20 - 24	3	30.0	0.00	0.00	0.00	0.0
30 - 34	1	10.0	0.00	0.00	0.00	0.0
40 - 44	3	30.0	0.00	0.00	0.00	0.0
60 - 64	1	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	30.0	0.00	0.00	0.00	0.0
Male	7	70.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal / tick, spider, etc.	9	90.0	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Bitten	1	10.0	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	10.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	8	80.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	10.0	0.00	0.00	0.00	0.0
Lower Extremities Hip	2	20.0	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	10.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	20.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	10.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical Injury	1	10.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	10.0	0.00	0.00	0.00	0.0
No Physical Injury	9	90.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>950 - DCR DIV. OF PLANNING &amp; REC RESOURC</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	297.02	0.00	297.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	297.02	0.00	297.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	297.02	0.00	297.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	297.02	0.00	297.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	297.02	0.00	297.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	100.0	297.02	0.00	297.02	100.0
<b>Sum:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	297.02	0.00	297.02	100.0
<b>Sum:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	
<b>INJURY</b>						
Sprain	1	100.0	297.02	0.00	297.02	100.0
<b>Sum:</b>	<b>1</b>		<b>\$297.02</b>	<b>\$0.00</b>	<b>\$297.02</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>S199 - DEPT. CONSERVATION &amp; RECREATION</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	3	37.5	21.11	0.00	21.11	52.9
12PM - 1:59PM	3	37.5	18.82	0.00	18.82	47.1
8AM - 9:59AM	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
<b>Totals:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	6	75.0	39.93	0.00	39.93	100.0
4 - 6	1	12.5	0.00	0.00	0.00	0.0
8 - 10	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>Age of Claimant</b>						
65 - 69	1	12.5	21.11	0.00	21.11	52.9
30 - 34	2	25.0	18.82	0.00	18.82	47.1
40 - 44	1	12.5	0.00	0.00	0.00	0.0
60 - 64	3	37.5	0.00	0.00	0.00	0.0
70 - 74	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	50.0	39.93	0.00	39.93	100.0
Female	4	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>LOSS CAUSE</b>						
Mowers	1	12.5	21.11	0.00	21.11	52.9
Environmental conditions	1	12.5	18.82	0.00	18.82	47.1
Animal / tick, spider, etc.	1	12.5	0.00	0.00	0.00	0.0
Ladder, 28' extension	1	12.5	0.00	0.00	0.00	0.0
Outside Surface	1	12.5	0.00	0.00	0.00	0.0
Splinter/Burr	2	25.0	0.00	0.00	0.00	0.0
Tractor trailer equipment	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	1	12.5	21.11	0.00	21.11	52.9
Contact With Not Otherwise Classified	1	12.5	18.82	0.00	18.82	47.1
Cut, Punctured, Scraped, NOC	1	12.5	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From Ladder or Scaffolding	1	12.5	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	12.5	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	2	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>BODY PART</b>						
Head Eye(s)	1	12.5	21.11	0.00	21.11	52.9
Multiple Body Parts Whole Body	1	12.5	18.82	0.00	18.82	47.1
Head Nose	1	12.5	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	12.5	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	
<b>INJURY</b>						
Inflammation	1	12.5	21.11	0.00	21.11	52.9
Heat Prostration	1	12.5	18.82	0.00	18.82	47.1
Fracture	1	12.5	0.00	0.00	0.00	0.0
Infection	1	12.5	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	12.5	0.00	0.00	0.00	0.0
Puncture	3	37.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$39.93</b>	<b>\$0.00</b>	<b>\$39.93</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>201 - EDUCATION, STATE DEPARTMENT OF</b>						
<b>S201 - EDUCATION, STATE DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	16.7	18.82	25,100.00	25,118.82	35.7
2PM - 3:59PM	1	16.7	6,517.60	17,601.22	24,118.82	34.3
10AM - 11:59AM	2	33.3	1,894.62	12,837.97	14,732.59	21.0
8AM - 9:59AM	1	16.7	18.82	6,300.00	6,318.82	9.0
4PM - 5:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	16.7	18.82	25,100.00	25,118.82	35.7
2 - 4	2	33.3	7,031.37	17,601.22	24,632.59	35.0
8 - 10	1	16.7	1,380.85	12,837.97	14,218.82	20.2
0 - 2	2	33.3	18.82	6,300.00	6,318.82	9.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>Age of Claimant</b>						
55 - 59	2	33.3	6,536.42	42,701.22	49,237.64	70.1
40 - 44	1	16.7	1,380.85	12,837.97	14,218.82	20.2
60 - 64	1	16.7	18.82	6,300.00	6,318.82	9.0
30 - 34	1	16.7	513.77	0.00	513.77	0.7
50 - 54	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	8,449.86	61,839.19	70,289.05	100.0
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	2	33.3	18.82	25,100.00	25,118.82	35.7
Floor	1	16.7	6,517.60	17,601.22	24,118.82	34.3
Vehicle/car/truck	1	16.7	1,380.85	12,837.97	14,218.82	20.2
Person	1	16.7	18.82	6,300.00	6,318.82	9.0
Elevators, escalators	1	16.7	513.77	0.00	513.77	0.7
<b>Totals:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	2	33.3	532.59	25,100.00	25,632.59	36.5
Fall/Slip From Liquid or Grease Spills	1	16.7	6,517.60	17,601.22	24,118.82	34.3
Motor Vehicle, NOC	1	16.7	1,380.85	12,837.97	14,218.82	20.2
Slipped, Did Not Fall	1	16.7	18.82	6,300.00	6,318.82	9.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Stairs	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	18.82	25,100.00	25,118.82	35.7
Multiple Body Parts Multiple Body Parts	1	16.7	6,517.60	17,601.22	24,118.82	34.3
Multiple Body Parts Whole Body	1	16.7	1,380.85	12,837.97	14,218.82	20.2
Lower Extremities Ankle	2	33.3	18.82	6,300.00	6,318.82	9.0
Neck Disc (Neck)	1	16.7	513.77	0.00	513.77	0.7
<b>Sum:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	2	33.3	6,536.42	23,901.22	30,437.64	43.3
All Other Cumulative Injury	1	16.7	18.82	25,100.00	25,118.82	35.7
Multiple Physical Injury Only	1	16.7	1,380.85	12,837.97	14,218.82	20.2
Strain	1	16.7	513.77	0.00	513.77	0.7
No Physical Injury	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,449.86</b>	<b>\$61,839.19</b>	<b>\$70,289.05</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>202 - Library of Virginia</b>						
<b>S202 - Library of Virginia</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	9,788.49	16,830.33	26,618.82	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	9,788.49	16,830.33	26,618.82	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	9,788.49	16,830.33	26,618.82	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	9,788.49	16,830.33	26,618.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>LOSS CAUSE</b>						
Floor	1	50.0	9,788.49	16,830.33	26,618.82	100.0
Elevators, escalators	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	9,788.49	16,830.33	26,618.82	100.0
Caught In, Under or Between, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>BODY PART</b>						
Upper Extremities Multiple Upper Extre	1	50.0	9,788.49	16,830.33	26,618.82	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	50.0	9,788.49	16,830.33	26,618.82	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$9,788.49</b>	<b>\$16,830.33</b>	<b>\$26,618.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>204 - COLLEGE OF WILLIAM &amp; MARY</b>						
<b>204 - W &amp; M-WILLIAMSBURG</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	10	24.4	7,198.76	7,431.28	14,630.04	28.7
4AM - 5:59AM	2	4.9	8,242.19	2,611.07	10,853.26	21.3
8AM - 9:59AM	10	24.4	10,378.49	0.00	10,378.49	20.3
4PM - 5:59PM	4	9.8	4,742.00	4,665.84	9,407.84	18.4
2PM - 3:59PM	8	19.5	3,893.72	0.00	3,893.72	7.6
6AM - 7:59AM	1	2.4	1,055.23	0.00	1,055.23	2.1
6PM - 7:59PM	1	2.4	470.40	0.00	470.40	0.9
2AM - 3:59AM	1	2.4	196.36	0.00	196.36	0.4
10AM - 11:59AM	4	9.8	115.40	0.00	115.40	0.2
<b>Totals:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	4	9.8	8,208.27	4,665.84	12,874.11	25.2
14 - 16	3	7.3	5,298.95	7,431.28	12,730.23	25.0
2 - 4	5	12.2	10,028.54	0.00	10,028.54	19.7
0 - 2	13	31.7	4,612.04	2,611.07	7,223.11	14.2
24 - 26	2	4.9	4,427.60	0.00	4,427.60	8.7
16 - 18	2	4.9	2,705.75	0.00	2,705.75	5.3
10 - 12	2	4.9	269.02	0.00	269.02	0.5
22 - 24	2	4.9	260.64	0.00	260.64	0.5
6 - 8	2	4.9	196.36	0.00	196.36	0.4
12 - 14	1	2.4	177.25	0.00	177.25	0.3
8 - 10	1	2.4	89.31	0.00	89.31	0.2
20 - 22	2	4.9	18.82	0.00	18.82	0.0
28 - 30	2	4.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	
<b>Age of Claimant</b>						
50 - 54	6	14.6	14,030.44	7,431.28	21,461.72	42.1
30 - 34	2	4.9	4,472.98	4,665.84	9,138.82	17.9
55 - 59	6	14.6	7,393.99	0.00	7,393.99	14.5
60 - 64	6	14.6	4,381.57	2,611.07	6,992.64	13.7
70 - 74	4	9.8	5,032.34	0.00	5,032.34	9.9
40 - 44	5	12.2	534.96	0.00	534.96	1.0
45 - 49	4	9.8	446.27	0.00	446.27	0.9
15 - 19	1	2.4	0.00	0.00	0.00	0.0
20 - 24	3	7.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	1	2.4	0.00	0.00	0.00	0.0
35 - 39	2	4.9	0.00	0.00	0.00	0.0
65 - 69	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	
<b>SEX OF CLAIMANT</b>						
Female	22	53.7	27,586.01	4,665.84	32,251.85	63.2
Male	19	46.3	8,706.54	10,042.35	18,748.89	36.8
<b>Totals:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	2	4.9	6,949.47	7,431.28	14,380.75	28.2
Stairs	2	4.9	8,900.58	4,665.84	13,566.42	26.6
Machine, not otherwise classified	3	7.3	9,857.21	0.00	9,857.21	19.3
Stairs, steps	5	12.2	4,554.01	2,611.07	7,165.08	14.0
Boxes / containers	1	2.4	3,716.47	0.00	3,716.47	7.3
Foreign Object	2	4.9	1,055.23	0.00	1,055.23	2.1
Walking surface, outside, dry	2	4.9	273.83	0.00	273.83	0.5
Furniture / fixtures	1	2.4	260.64	0.00	260.64	0.5
Sharp objects, not otherwise classified	1	2.4	260.64	0.00	260.64	0.5
Door	3	7.3	230.47	0.00	230.47	0.5
Floor	2	4.9	196.36	0.00	196.36	0.4
Animal / insect, not otherwise classified	1	2.4	18.82	0.00	18.82	0.0
Docks,Ramps,Loading Platforms	1	2.4	18.82	0.00	18.82	0.0
Brush / tree / log	1	2.4	0.00	0.00	0.00	0.0
Cabinet	1	2.4	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	2.4	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.4	0.00	0.00	0.00	0.0
Knife, NOC	1	2.4	0.00	0.00	0.00	0.0
Ladder - Portable	1	2.4	0.00	0.00	0.00	0.0
Metal items	1	2.4	0.00	0.00	0.00	0.0
Outside Surface	1	2.4	0.00	0.00	0.00	0.0
Radiation / X-Ray	4	9.8	0.00	0.00	0.00	0.0
Trash receptacle	1	2.4	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	2.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	6	14.6	9,640.00	4,665.84	14,305.84	28.1
Fall, Slip or Trip, NOC	3	7.3	4,440.08	7,431.28	11,871.36	23.3
Lifting	1	2.4	9,767.90	0.00	9,767.90	19.2
Strike Against/Step On Stationary Object	2	4.9	3,814.59	2,611.07	6,425.66	12.6



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	2	4.9	3,977.11	0.00	3,977.11	7.8
Fall On the Same Level	5	12.2	3,857.56	0.00	3,857.56	7.6
Strain By Using Tool or Machine	1	2.4	260.64	0.00	260.64	0.5
Struck/Injured By Hand Tool or Machine	1	2.4	230.47	0.00	230.47	0.5
Fall/Slip From a Different Level	2	4.9	196.07	0.00	196.07	0.4
Strain or Injury By, NOC	2	4.9	108.13	0.00	108.13	0.2
Caught In, Under or Between, NOC	1	2.4	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	2.4	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	2.4	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	2.4	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	2.4	0.00	0.00	0.00	0.0
Other Injury NEC	4	9.8	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	2.4	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	2.4	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	2.4	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.4	0.00	0.00	0.00	0.0
Twisting	2	4.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	

### BODY PART

Lower Extremities Ankle	4	9.8	9,162.97	12,097.12	21,260.09	41.7
Trunk Lumbar and/or Sacral Vertebrae	2	4.9	9,964.26	0.00	9,964.26	19.5
Multiple Body Parts Multiple Body Parts	15	36.6	8,755.56	0.00	8,755.56	17.2
Head Skull	3	7.3	3,814.59	2,611.07	6,425.66	12.6
Upper Extremities Hand	2	4.9	3,716.47	0.00	3,716.47	7.3
Upper Extremities Thumb	2	4.9	521.28	0.00	521.28	1.0
Lower Extremities Toe(s)	1	2.4	230.47	0.00	230.47	0.5
Trunk Low Back Area (Incl. Lumbar & L1	3	7.3	108.13	0.00	108.13	0.2
Trunk Abdomen Including Groin	1	2.4	18.82	0.00	18.82	0.0
Head Eye(s)	1	2.4	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	4.9	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	

### INJURY

Sprain	3	7.3	4,689.99	7,431.28	12,121.27	23.8
Strain	5	12.2	10,053.57	0.00	10,053.57	19.7
Fracture	3	7.3	4,722.27	4,665.84	9,388.11	18.4

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Concussion (Brain, Cerebral)	2	4.9	3,814.59	2,611.07	6,425.66	12.6
Contusion (Bruise, Skin Surface)	8	19.5	4,543.00	0.00	4,543.00	8.9
Laceration	4	9.8	4,237.75	0.00	4,237.75	8.3
Multiple Physical Injury Only	5	12.2	3,176.15	0.00	3,176.15	6.2
All Other (Specific) Injuries, NOC	9	22.0	1,055.23	0.00	1,055.23	2.1
Burn	1	2.4	0.00	0.00	0.00	0.0
Crushing	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$36,292.55</b>	<b>\$14,708.19</b>	<b>\$51,000.74</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>204 - COLLEGE OF WILLIAM &amp; MARY</b>						
<b>S204 - COLLEGE OF WILLIAM &amp; MARY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	4	28.6	203.41	12,119.44	12,322.85	81.4
10AM - 11:59AM	2	14.3	419.28	1,120.00	1,539.28	10.2
2PM - 3:59PM	2	14.3	18.82	1,231.18	1,250.00	8.3
6AM - 7:59AM	4	28.6	18.82	0.00	18.82	0.1
8AM - 9:59AM	1	7.1	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	7.1	18.82	9,866.39	9,885.21	65.3
2 - 4	2	14.3	295.77	2,123.05	2,418.82	16.0
4 - 6	2	14.3	18.82	1,231.18	1,250.00	8.3
22 - 24	1	7.1	0.00	1,250.00	1,250.00	8.3
10 - 12	1	7.1	289.28	0.00	289.28	1.9
0 - 2	4	28.6	18.82	0.00	18.82	0.1
6 - 8	2	14.3	18.82	0.00	18.82	0.1
18 - 20	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	
<b>Age of Claimant</b>						
55 - 59	3	21.4	308.10	11,116.39	11,424.49	75.5
35 - 39	3	21.4	18.82	1,231.18	1,250.00	8.3
50 - 54	2	14.3	130.00	1,120.00	1,250.00	8.3
45 - 49	1	7.1	165.77	1,003.05	1,168.82	7.7
30 - 34	1	7.1	18.82	0.00	18.82	0.1
60 - 64	3	21.4	18.82	0.00	18.82	0.1
25 - 29	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	50.0	326.92	11,116.39	11,443.31	75.6
Female	7	50.0	333.41	3,354.23	3,687.64	24.4
<b>Totals:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	
<b>LOSS CAUSE</b>						
Water	1	7.1	18.82	9,866.39	9,885.21	65.3
Needle stick	1	7.1	130.00	1,120.00	1,250.00	8.3
Office equipment	1	7.1	0.00	1,250.00	1,250.00	8.3
Vehicle/car/truck	1	7.1	18.82	1,231.18	1,250.00	8.3

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Stairs	1	7.1	165.77	1,003.05	1,168.82	7.7
Wheel	1	7.1	289.28	0.00	289.28	1.9
Furniture / fixtures	1	7.1	18.82	0.00	18.82	0.1
Ground control unit/aerial	1	7.1	18.82	0.00	18.82	0.1
Broom	1	7.1	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	7.1	0.00	0.00	0.00	0.0
Door	2	14.3	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	7.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	

### ACCIDENT TYPE

Caught In/Between-Machine or Machine	1	7.1	18.82	9,866.39	9,885.21	65.3
Absorption, Ingestion or Inhalation NOC	1	7.1	18.82	1,231.18	1,250.00	8.3
Collision with a Fixed Object	3	21.4	0.00	1,250.00	1,250.00	8.3
Cut, Punctured, Scraped, NOC	2	14.3	130.00	1,120.00	1,250.00	8.3
Fall/Slip From a Different Level	2	14.3	165.77	1,003.05	1,168.82	7.7
Hand Tool, Utensil; Not Powered	1	7.1	289.28	0.00	289.28	1.9
Fall On the Same Level	1	7.1	18.82	0.00	18.82	0.1
Strain or Injury By, NOC	1	7.1	18.82	0.00	18.82	0.1
Powered Hand Tool; Appliance	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	

### BODY PART

Upper Extremities Elbow	1	7.1	18.82	9,866.39	9,885.21	65.3
Multiple Body Parts Body Systems & Mt	1	7.1	18.82	1,231.18	1,250.00	8.3
Upper Extremities Finger(s)	2	14.3	0.00	1,250.00	1,250.00	8.3
Upper Extremities Thumb	1	7.1	130.00	1,120.00	1,250.00	8.3
Lower Extremities Lower Leg	2	14.3	165.77	1,003.05	1,168.82	7.7
Lower Extremities Upper Leg	1	7.1	289.28	0.00	289.28	1.9
Multiple Body Parts Multiple Body Parts	1	7.1	18.82	0.00	18.82	0.1
Trunk Low Back Area (Incl. Lumbar & L1	1	7.1	18.82	0.00	18.82	0.1
Head Eye(s)	1	7.1	0.00	0.00	0.00	0.0
Head Skull	1	7.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	

### INJURY

Sprain	1	7.1	18.82	9,866.39	9,885.21	65.3
All Other (Specific) Injuries, NOC	4	28.6	18.82	2,481.18	2,500.00	16.5
Puncture	2	14.3	130.00	1,120.00	1,250.00	8.3

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	7.1	165.77	1,003.05	1,168.82	7.7
Foreign Body (Eye)	1	7.1	289.28	0.00	289.28	1.9
Fracture	1	7.1	18.82	0.00	18.82	0.1
Strain	1	7.1	18.82	0.00	18.82	0.1
Laceration	2	14.3	0.00	0.00	0.00	0.0
No Physical Injury	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$660.33</b>	<b>\$14,470.62</b>	<b>\$15,130.95</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>104 - UVA-DAA DARDEN SCHOOL</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	50.0	2,033.99	0.00	2,033.99	99.1
4PM - 5:59PM	1	25.0	18.82	0.00	18.82	0.9
12PM - 1:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	2	50.0	1,790.89	0.00	1,790.89	87.2
14 - 16	1	25.0	243.10	0.00	243.10	11.8
18 - 20	1	25.0	18.82	0.00	18.82	0.9
<b>Totals:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>Age of Claimant</b>						
45 - 49	2	50.0	1,790.89	0.00	1,790.89	87.2
60 - 64	1	25.0	243.10	0.00	243.10	11.8
50 - 54	1	25.0	18.82	0.00	18.82	0.9
<b>Totals:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	2,052.81	0.00	2,052.81	100.0
<b>Totals:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	2	50.0	2,033.99	0.00	2,033.99	99.1
Walking surface, outside, dry	1	25.0	18.82	0.00	18.82	0.9
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	50.0	2,033.99	0.00	2,033.99	99.1
Fall/Slip From a Different Level	1	25.0	18.82	0.00	18.82	0.9
Collision with a Fixed Object	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	3	75.0	2,033.99	0.00	2,033.99	99.1
Upper Extremities Wrist	1	25.0	18.82	0.00	18.82	0.9
<b>Sum:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	
<b>INJURY</b>						
Strain	1	25.0	1,790.89	0.00	1,790.89	87.2
Multiple Physical Injury Only	2	50.0	243.10	0.00	243.10	11.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	1	25.0	18.82	0.00	18.82	0.9
<b>Sum:</b>	<b>4</b>		<b>\$2,052.81</b>	<b>\$0.00</b>	<b>\$2,052.81</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>18 - UVA-ALV ALD LIB-INS ADV TECHNOLOGY</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>LOSS CAUSE</b>						
Wires	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	
<b>INJURY</b>						
Strain	1	100.0	1,260.70	0.00	1,260.70	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,260.70</b>	<b>\$0.00</b>	<b>\$1,260.70</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>210 - UVA-JHL JORDAN HALL LOADING DOCK</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	48.15	0.00	48.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	48.15	0.00	48.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	48.15	0.00	48.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	48.15	0.00	48.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	48.15	0.00	48.15	100.0
<b>Totals:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	48.15	0.00	48.15	100.0
<b>Sum:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	48.15	0.00	48.15	100.0
<b>Sum:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	48.15	0.00	48.15	100.0
<b>Sum:</b>	<b>1</b>		<b>\$48.15</b>	<b>\$0.00</b>	<b>\$48.15</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>221 - UVA-MEC MEDICINE-ANESTHESIOLOGY DE</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	719.14	0.00	719.14	100.0
<b>Totals:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	719.14	0.00	719.14	100.0
<b>Totals:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	719.14	0.00	719.14	100.0
<b>Totals:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	719.14	0.00	719.14	100.0
<b>Totals:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	719.14	0.00	719.14	100.0
<b>Totals:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	100.0	719.14	0.00	719.14	100.0
<b>Sum:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>BODY PART</b>						
Trunk Disc (Back)	1	100.0	719.14	0.00	719.14	100.0
<b>Sum:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	
<b>INJURY</b>						
Inflammation	1	100.0	719.14	0.00	719.14	100.0
<b>Sum:</b>	<b>1</b>		<b>\$719.14</b>	<b>\$0.00</b>	<b>\$719.14</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	379.13	0.00	379.13	100.0
<b>Totals:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	379.13	0.00	379.13	100.0
<b>Totals:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	379.13	0.00	379.13	100.0
<b>Totals:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	379.13	0.00	379.13	100.0
<b>Totals:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	100.0	379.13	0.00	379.13	100.0
<b>Totals:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	379.13	0.00	379.13	100.0
<b>Sum:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	379.13	0.00	379.13	100.0
<b>Sum:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	379.13	0.00	379.13	100.0
<b>Sum:</b>	<b>1</b>		<b>\$379.13</b>	<b>\$0.00</b>	<b>\$379.13</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>240 - UVA-MMK MEDICINE-INFECTIOUS DISEAS</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	17,367.47	66,214.55	83,582.02	100.0
<b>Totals:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>LENGTH OF SERVICE</b>						
26 - 28	1	50.0	16,978.27	66,214.55	83,192.82	99.5
6 - 8	1	50.0	389.20	0.00	389.20	0.5
<b>Totals:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>Age of Claimant</b>						
65 - 69	1	50.0	16,978.27	66,214.55	83,192.82	99.5
40 - 44	1	50.0	389.20	0.00	389.20	0.5
<b>Totals:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	16,978.27	66,214.55	83,192.82	99.5
Male	1	50.0	389.20	0.00	389.20	0.5
<b>Totals:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	50.0	16,978.27	66,214.55	83,192.82	99.5
Fire / Flame / Smoke	1	50.0	389.20	0.00	389.20	0.5
<b>Totals:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	50.0	16,978.27	66,214.55	83,192.82	99.5
Fire or Flame	1	50.0	389.20	0.00	389.20	0.5
<b>Sum:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	16,978.27	66,214.55	83,192.82	99.5
Trunk Lung(s)	1	50.0	389.20	0.00	389.20	0.5
<b>Sum:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	50.0	16,978.27	66,214.55	83,192.82	99.5
Respiratory Disorders(Gases,Fumes,Ch	1	50.0	389.20	0.00	389.20	0.5
<b>Sum:</b>	<b>2</b>		<b>\$17,367.47</b>	<b>\$66,214.55</b>	<b>\$83,582.02</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>246 - UVA-MOL MEDICINE-CLINICAL PATHOLGY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	718.39	0.00	718.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	100.0	718.39	0.00	718.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	718.39	0.00	718.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	718.39	0.00	718.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	100.0	718.39	0.00	718.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>ACCIDENT TYPE</b>						
Foreign Body in Eye	1	100.0	718.39	0.00	718.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	718.39	0.00	718.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	
<b>INJURY</b>						
Burn	1	100.0	718.39	0.00	718.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$718.39</b>	<b>\$0.00</b>	<b>\$718.39</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>251 - UVA-MPF MEDICINE-RADIOLOGY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	390.29	0.00	390.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	100.0	390.29	0.00	390.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	390.29	0.00	390.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	390.29	0.00	390.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	100.0	390.29	0.00	390.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	390.29	0.00	390.29	100.0
<b>Sum:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	390.29	0.00	390.29	100.0
<b>Sum:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	390.29	0.00	390.29	100.0
<b>Sum:</b>	<b>1</b>		<b>\$390.29</b>	<b>\$0.00</b>	<b>\$390.29</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>261 - UVA-NEC NEWCOMB HALL-BOOKSTORE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Ladder, 8' step	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Ladder or Scaffolding	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	44.69	1,205.31	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$44.69</b>	<b>\$1,205.31</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>264 - UVA-NUF NURSING SCHOOL-FACULTY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>LENGTH OF SERVICE</b>						
32 - 34	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Sum:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Sum:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	
<b>INJURY</b>						
Fracture	1	100.0	59.32	73,000.00	73,059.32	100.0
<b>Sum:</b>	<b>1</b>		<b>\$59.32</b>	<b>\$73,000.00</b>	<b>\$73,059.32</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>273 - UVA-PER HUMAN RESOURCES</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	4,297.78	20,482.20	24,779.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,297.78</b>	<b>\$20,482.20</b>	<b>\$24,779.98</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>278 - UVA-POL POLICE DEPT</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	10.0	43,319.73	0.00	43,319.73	43.1
2PM - 3:59PM	1	10.0	522.25	24,046.57	24,568.82	24.4
12AM - 1:59AM	1	10.0	2,049.75	18,535.10	20,584.85	20.5
10AM - 11:59AM	2	20.0	4,853.36	1,159.59	6,012.95	6.0
2AM - 3:59AM	1	10.0	3,052.75	0.00	3,052.75	3.0
12PM - 1:59PM	1	10.0	1,752.67	0.00	1,752.67	1.7
8PM - 9:59PM	1	10.0	0.00	1,250.00	1,250.00	1.2
4PM - 5:59PM	2	20.0	62.51	0.00	62.51	0.1
<b>Totals:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	6	60.0	5,480.13	42,581.67	48,061.80	47.8
6 - 8	1	10.0	43,319.73	0.00	43,319.73	43.1
2 - 4	2	20.0	3,760.41	2,409.59	6,170.00	6.1
4 - 6	1	10.0	3,052.75	0.00	3,052.75	3.0
<b>Totals:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>Age of Claimant</b>						
25 - 29	4	40.0	50,174.90	18,535.10	68,710.00	68.3
20 - 24	4	40.0	1,658.89	25,296.57	26,955.46	26.8
45 - 49	1	10.0	3,760.41	1,159.59	4,920.00	4.9
60 - 64	1	10.0	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>SEX OF CLAIMANT</b>						
Male	10	100.0	55,613.02	44,991.26	100,604.28	100.0
<b>Totals:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	2	20.0	44,412.68	0.00	44,412.68	44.1
Foreign Object	1	10.0	522.25	24,046.57	24,568.82	24.4
Patient / Inmate	2	20.0	2,068.57	18,535.10	20,603.67	20.5
Battering ram	1	10.0	3,760.41	1,159.59	4,920.00	4.9
Walking surface, outside, dry	2	20.0	3,096.44	0.00	3,096.44	3.1
Person	1	10.0	1,752.67	0.00	1,752.67	1.7
Furniture / fixtures	1	10.0	0.00	1,250.00	1,250.00	1.2
<b>Totals:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>ACCIDENT TYPE</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with a Fixed Object	2	20.0	45,072.40	0.00	45,072.40	44.8
Struck/Injured By Object Being Lifted or	1	10.0	522.25	24,046.57	24,568.82	24.4
Struck/Injured By Fellow Worker, Patient	2	20.0	2,068.57	18,535.10	20,603.67	20.5
Strain or Injury By, NOC	2	20.0	3,760.41	2,409.59	6,170.00	6.1
Fall On the Same Level	1	10.0	3,052.75	0.00	3,052.75	3.0
Struck/Injured By Motor Vehicle	1	10.0	1,092.95	0.00	1,092.95	1.1
Repetitive Motion (after 7/1/94)	1	10.0	43.69	0.00	43.69	0.0
<b>Sum:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	3	30.0	43,363.42	1,250.00	44,613.42	44.3
Multiple Body Parts Multiple Body Parts	3	30.0	6,195.45	18,535.10	24,730.55	24.6
Head Brain	1	10.0	522.25	24,046.57	24,568.82	24.4
Upper Extremities Shoulder(s)	1	10.0	3,760.41	1,159.59	4,920.00	4.9
Lower Extremities Toe(s)	1	10.0	1,752.67	0.00	1,752.67	1.7
Lower Extremities Knee	1	10.0	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	
<b>INJURY</b>						
Fracture	3	30.0	47,122.15	18,535.10	65,657.25	65.3
Concussion (Brain, Cerebral)	1	10.0	522.25	24,046.57	24,568.82	24.4
Sprain	1	10.0	3,760.41	1,159.59	4,920.00	4.9
Multiple Physical Injury Only	1	10.0	3,052.75	0.00	3,052.75	3.0
Crushing	1	10.0	0.00	1,250.00	1,250.00	1.2
Strain	3	30.0	1,155.46	0.00	1,155.46	1.1
<b>Sum:</b>	<b>10</b>		<b>\$55,613.02</b>	<b>\$44,991.26</b>	<b>\$100,604.28</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>2 - UVA-ADM-ADMISSIONS OFFICE-UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Strain	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>310 - UVA-STH STUDENT HEALTH</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	50.0	682.66	0.00	682.66	97.3
10AM - 11:59AM	1	50.0	18.82	0.00	18.82	2.7
<b>Totals:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	50.0	682.66	0.00	682.66	97.3
0 - 2	1	50.0	18.82	0.00	18.82	2.7
<b>Totals:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	682.66	0.00	682.66	97.3
35 - 39	1	50.0	18.82	0.00	18.82	2.7
<b>Totals:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	701.48	0.00	701.48	100.0
<b>Totals:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	50.0	682.66	0.00	682.66	97.3
Patient / Inmate	1	50.0	18.82	0.00	18.82	2.7
<b>Totals:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	682.66	0.00	682.66	97.3
Absorption, Ingestion or Inhalation NOC	1	50.0	18.82	0.00	18.82	2.7
<b>Sum:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	682.66	0.00	682.66	97.3
Multiple Body Parts No Physical Injury	1	50.0	18.82	0.00	18.82	2.7
<b>Sum:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	
<b>INJURY</b>						
Sprain	1	50.0	682.66	0.00	682.66	97.3
No Physical Injury	1	50.0	18.82	0.00	18.82	2.7
<b>Sum:</b>	<b>2</b>		<b>\$701.48</b>	<b>\$0.00</b>	<b>\$701.48</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>31 - UVA-ATA ATHLETICS-SPORTS SERVICES</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	50.0	0.00	1,250.00	1,250.00	98.5
10AM - 11:59AM	1	50.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	0.00	1,250.00	1,250.00	98.5
0 - 2	1	50.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	0.00	1,250.00	1,250.00	98.5
25 - 29	1	50.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	1,250.00	1,250.00	98.5
Male	1	50.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>LOSS CAUSE</b>						
Package	1	50.0	0.00	1,250.00	1,250.00	98.5
Person	1	50.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	50.0	0.00	1,250.00	1,250.00	98.5
Struck/Injured By Fellow Worker, Patient	1	50.0	18.82	0.00	18.82	1.5
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	50.0	0.00	1,250.00	1,250.00	98.5
Multiple Body Parts Multiple Body Parts	1	50.0	18.82	0.00	18.82	1.5
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>INJURY</b>						
Strain	1	50.0	0.00	1,250.00	1,250.00	98.5
Fracture	1	50.0	18.82	0.00	18.82	1.5
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>337 - UVA-MPV-ANIMAL RESOURCE FACILITY</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	50.0	8,589.36	2,174.96	10,764.32	53.2
2PM - 3:59PM	2	50.0	1,858.19	7,623.13	9,481.32	46.8
<b>Totals:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	25.0	45.69	7,623.13	7,668.82	37.9
6 - 8	1	25.0	7,264.32	0.00	7,264.32	35.9
0 - 2	2	50.0	3,137.54	2,174.96	5,312.50	26.2
<b>Totals:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>Age of Claimant</b>						
50 - 54	1	25.0	45.69	7,623.13	7,668.82	37.9
55 - 59	1	25.0	7,264.32	0.00	7,264.32	35.9
20 - 24	2	50.0	3,137.54	2,174.96	5,312.50	26.2
<b>Totals:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	75.0	8,635.05	9,798.09	18,433.14	91.0
Female	1	25.0	1,812.50	0.00	1,812.50	9.0
<b>Totals:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	2	50.0	7,310.01	7,623.13	14,933.14	73.8
Walking surface, outside, wet	1	25.0	1,325.04	2,174.96	3,500.00	17.3
Racks	1	25.0	1,812.50	0.00	1,812.50	9.0
<b>Totals:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	2	50.0	7,310.01	7,623.13	14,933.14	73.8
Fall/Slip on Ice or Snow	1	25.0	1,325.04	2,174.96	3,500.00	17.3
Caught In, Under or Between, NOC	1	25.0	1,812.50	0.00	1,812.50	9.0
<b>Sum:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	45.69	7,623.13	7,668.82	37.9
Upper Extremities Shoulder(s)	1	25.0	7,264.32	0.00	7,264.32	35.9
Lower Extremities Ankle	1	25.0	1,325.04	2,174.96	3,500.00	17.3
Upper Extremities Hand	1	25.0	1,812.50	0.00	1,812.50	9.0
<b>Sum:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	
<b>INJURY</b>						

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	2	50.0	8,589.36	2,174.96	10,764.32	53.2
Strain	1	25.0	45.69	7,623.13	7,668.82	37.9
Crushing	1	25.0	1,812.50	0.00	1,812.50	9.0
<b>Sum:</b>	<b>4</b>		<b>\$10,447.55</b>	<b>\$9,798.09</b>	<b>\$20,245.64</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>33 - UVA-ATD ATHLETIC DEPT</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	33.3	42,502.18	19,718.26	62,220.44	92.4
12PM - 1:59PM	1	33.3	3,870.99	0.00	3,870.99	5.8
8AM - 9:59AM	1	33.3	1,212.40	0.00	1,212.40	1.8
<b>Totals:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	66.7	43,714.58	19,718.26	63,432.84	94.2
0 - 2	1	33.3	3,870.99	0.00	3,870.99	5.8
<b>Totals:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>Age of Claimant</b>						
40 - 44	2	66.7	43,714.58	19,718.26	63,432.84	94.2
30 - 34	1	33.3	3,870.99	0.00	3,870.99	5.8
<b>Totals:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	100.0	47,585.57	19,718.26	67,303.83	100.0
<b>Totals:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	33.3	42,502.18	19,718.26	62,220.44	92.4
Heating equipment	1	33.3	3,870.99	0.00	3,870.99	5.8
Person	1	33.3	1,212.40	0.00	1,212.40	1.8
<b>Totals:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	42,502.18	19,718.26	62,220.44	92.4
Struck/Injured By Falling or Flying Objec	1	33.3	3,870.99	0.00	3,870.99	5.8
Struck or Injury By, NOC	1	33.3	1,212.40	0.00	1,212.40	1.8
<b>Sum:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	42,502.18	19,718.26	62,220.44	92.4
Head Brain	1	33.3	3,870.99	0.00	3,870.99	5.8
Upper Extremities Upper Arm (Incl. Clav	1	33.3	1,212.40	0.00	1,212.40	1.8
<b>Sum:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	
<b>INJURY</b>						
Rupture	2	66.7	43,714.58	19,718.26	63,432.84	94.2
Concussion (Brain, Cerebral)	1	33.3	3,870.99	0.00	3,870.99	5.8
<b>Sum:</b>	<b>3</b>		<b>\$47,585.57</b>	<b>\$19,718.26</b>	<b>\$67,303.83</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>344 - UVA-FM-Maint-Plumbing</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>LOSS CAUSE</b>						
Pipe	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	
<b>INJURY</b>						
Laceration	1	100.0	1,412.93	0.00	1,412.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,412.93</b>	<b>\$0.00</b>	<b>\$1,412.93</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>349 - UVA-FM-Roofing Shop</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>LOSS CAUSE</b>						
Ladder - Portable	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	
<b>INJURY</b>						
Strain	1	100.0	6,339.91	23,178.91	29,518.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$6,339.91</b>	<b>\$23,178.91</b>	<b>\$29,518.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	33.3	1,926.44	0.00	1,926.44	51.4
6PM - 7:59PM	1	33.3	975.68	0.00	975.68	26.0
12PM - 1:59PM	1	33.3	846.72	0.00	846.72	22.6
<b>Totals:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	3,748.84	0.00	3,748.84	100.0
<b>Totals:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	1,926.44	0.00	1,926.44	51.4
20 - 24	1	33.3	975.68	0.00	975.68	26.0
25 - 29	1	33.3	846.72	0.00	846.72	22.6
<b>Totals:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	66.7	2,773.16	0.00	2,773.16	74.0
Female	1	33.3	975.68	0.00	975.68	26.0
<b>Totals:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	33.3	1,926.44	0.00	1,926.44	51.4
Overhead Object	1	33.3	975.68	0.00	975.68	26.0
Tractor	1	33.3	846.72	0.00	846.72	22.6
<b>Totals:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	33.3	1,926.44	0.00	1,926.44	51.4
Struck or Injury By, NOC	1	33.3	975.68	0.00	975.68	26.0
Lifting	1	33.3	846.72	0.00	846.72	22.6
<b>Sum:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	33.3	1,926.44	0.00	1,926.44	51.4
Head Facial Bones	1	33.3	975.68	0.00	975.68	26.0
Upper Extremities Shoulder(s)	1	33.3	846.72	0.00	846.72	22.6
<b>Sum:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	
<b>INJURY</b>						
Fracture	2	66.7	2,902.12	0.00	2,902.12	77.4
Sprain	1	33.3	846.72	0.00	846.72	22.6

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$3,748.84</b>	<b>\$0.00</b>	<b>\$3,748.84</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>350 - UVA-FM-Elevator Shop</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>LOSS CAUSE</b>						
Elevators, escalators	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>BODY PART</b>						
Trunk Lumbar and/or Sacral Vertebrae	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18,785.39	0.00	18,785.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18,785.39</b>	<b>\$0.00</b>	<b>\$18,785.39</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>351 - UVA-FM-N Grds Custodial</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	33.3	73.58	0.00	73.58	56.9
10AM - 11:59AM	1	33.3	55.70	0.00	55.70	43.1
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	33.3	73.58	0.00	73.58	56.9
18 - 20	1	33.3	55.70	0.00	55.70	43.1
26 - 28	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>Age of Claimant</b>						
60 - 64	2	66.7	73.58	0.00	73.58	56.9
35 - 39	1	33.3	55.70	0.00	55.70	43.1
<b>Totals:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	73.58	0.00	73.58	56.9
Male	1	33.3	55.70	0.00	55.70	43.1
<b>Totals:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>LOSS CAUSE</b>						
Cleaning Products	1	33.3	73.58	0.00	73.58	56.9
Ladder - Portable	1	33.3	55.70	0.00	55.70	43.1
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	33.3	73.58	0.00	73.58	56.9
Fall/Slip From Ladder or Scaffolding	1	33.3	55.70	0.00	55.70	43.1
Caught In, Under or Between, NOC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	33.3	73.58	0.00	73.58	56.9
Head Brain	1	33.3	55.70	0.00	55.70	43.1
Upper Extremities Finger(s)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	
<b>INJURY</b>						
Strain	1	33.3	73.58	0.00	73.58	56.9

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Concussion (Brain, Cerebral)	1	33.3	55.70	0.00	55.70	43.1
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$129.28</b>	<b>\$0.00</b>	<b>\$129.28</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>361 - UVA-FM-Supt-Specialty Trades</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	18.82	1,231.18	1,250.00	76.3
8AM - 9:59AM	1	50.0	387.77	0.00	387.77	23.7
<b>Totals:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	18.82	1,231.18	1,250.00	76.3
6 - 8	1	50.0	387.77	0.00	387.77	23.7
<b>Totals:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	18.82	1,231.18	1,250.00	76.3
35 - 39	1	50.0	387.77	0.00	387.77	23.7
<b>Totals:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	406.59	1,231.18	1,637.77	100.0
<b>Totals:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>LOSS CAUSE</b>						
Minerals / dirt	1	50.0	18.82	1,231.18	1,250.00	76.3
Metal items	1	50.0	387.77	0.00	387.77	23.7
<b>Totals:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	18.82	1,231.18	1,250.00	76.3
Struck or Injury By, NOC	1	50.0	387.77	0.00	387.77	23.7
<b>Sum:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	50.0	18.82	1,231.18	1,250.00	76.3
Lower Extremities Foot	1	50.0	387.77	0.00	387.77	23.7
<b>Sum:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	
<b>INJURY</b>						
Strain	1	50.0	18.82	1,231.18	1,250.00	76.3
Contusion (Bruise, Skin Surface)	1	50.0	387.77	0.00	387.77	23.7
<b>Sum:</b>	<b>2</b>		<b>\$406.59</b>	<b>\$1,231.18</b>	<b>\$1,637.77</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>362 - UVA-FM-Facilities Management</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	40.0	10,032.75	0.00	10,032.75	68.4
2PM - 3:59PM	2	40.0	2,346.63	1,112.75	3,459.38	23.6
8AM - 9:59AM	1	20.0	1,184.85	0.00	1,184.85	8.1
<b>Totals:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	20.0	9,108.39	0.00	9,108.39	62.1
4 - 6	2	40.0	3,133.74	0.00	3,133.74	21.4
0 - 2	2	40.0	1,322.10	1,112.75	2,434.85	16.6
<b>Totals:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>Age of Claimant</b>						
50 - 54	2	40.0	10,032.75	0.00	10,032.75	68.4
45 - 49	2	40.0	1,322.10	1,112.75	2,434.85	16.6
30 - 34	1	20.0	2,209.38	0.00	2,209.38	15.1
<b>Totals:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	100.0	13,564.23	1,112.75	14,676.98	100.0
<b>Totals:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	20.0	9,108.39	0.00	9,108.39	62.1
Walking surface, outside, dry	2	40.0	3,394.23	0.00	3,394.23	23.1
Animal / tick, spider, etc.	1	20.0	137.25	1,112.75	1,250.00	8.5
Metal items	1	20.0	924.36	0.00	924.36	6.3
<b>Totals:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	20.0	9,108.39	0.00	9,108.39	62.1
Fall On the Same Level	2	40.0	3,394.23	0.00	3,394.23	23.1
Struck/Injured By Animal or Insect	1	20.0	137.25	1,112.75	1,250.00	8.5
Other than Physical Cause of Injury	1	20.0	924.36	0.00	924.36	6.3
<b>Sum:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	20.0	9,108.39	0.00	9,108.39	62.1
Lower Extremities Ankle	1	20.0	2,209.38	0.00	2,209.38	15.1
Trunk Abdomen Including Groin	1	20.0	137.25	1,112.75	1,250.00	8.5
Upper Extremities Wrist	1	20.0	1,184.85	0.00	1,184.85	8.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical Injury	1	20.0	924.36	0.00	924.36	6.3
<b>Sum:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	
<b>INJURY</b>						
Rupture	1	20.0	9,108.39	0.00	9,108.39	62.1
Sprain	1	20.0	2,209.38	0.00	2,209.38	15.1
No Physical Injury	1	20.0	137.25	1,112.75	1,250.00	8.5
Fracture	1	20.0	1,184.85	0.00	1,184.85	8.1
Poisoning - Metal	1	20.0	924.36	0.00	924.36	6.3
<b>Sum:</b>	<b>5</b>		<b>\$13,564.23</b>	<b>\$1,112.75</b>	<b>\$14,676.98</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>378 - UVA-FM-Project Services-Carpentry</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	
<b>INJURY</b>						
Strain	1	100.0	1,239.67	0.00	1,239.67	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,239.67</b>	<b>\$0.00</b>	<b>\$1,239.67</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>379 - UVA-FM-Project Svcs-MasonryPlaster</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>LOSS CAUSE</b>						
Ladder - Portable	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Ladder or Scaffolding	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	
<b>INJURY</b>						
Fracture	1	100.0	4,798.37	10,020.45	14,818.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,798.37</b>	<b>\$10,020.45</b>	<b>\$14,818.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>37 - UVA-ATW ATHLETICS-WOMENS SPORTS</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	240.60	0.00	240.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	240.60	0.00	240.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	240.60	0.00	240.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	240.60	0.00	240.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>LOSS CAUSE</b>						
Person	1	100.0	240.60	0.00	240.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	240.60	0.00	240.60	100.0
<b>Sum:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>BODY PART</b>						
Head Nose	1	100.0	240.60	0.00	240.60	100.0
<b>Sum:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	
<b>INJURY</b>						
Fracture	1	100.0	240.60	0.00	240.60	100.0
<b>Sum:</b>	<b>1</b>		<b>\$240.60</b>	<b>\$0.00</b>	<b>\$240.60</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>380 - UVA-FM-Proj Svcs-Mechanical Trades</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	6,130.49	5,218.33	11,348.82	90.6
8AM - 9:59AM	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Totals:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	33.3	6,105.12	3,993.70	10,098.82	80.7
0 - 2	1	33.3	25.37	1,224.63	1,250.00	10.0
4 - 6	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Totals:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>Age of Claimant</b>						
55 - 59	1	33.3	6,105.12	3,993.70	10,098.82	80.7
25 - 29	1	33.3	25.37	1,224.63	1,250.00	10.0
40 - 44	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Totals:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	100.0	7,302.12	5,218.33	12,520.45	100.0
<b>Totals:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>LOSS CAUSE</b>						
Dolly	1	33.3	6,105.12	3,993.70	10,098.82	80.7
Wall	1	33.3	25.37	1,224.63	1,250.00	10.0
Floor	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Totals:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	33.3	6,105.12	3,993.70	10,098.82	80.7
Strike Against/Step On Stationary Objec	1	33.3	25.37	1,224.63	1,250.00	10.0
Cut, Punctured, Scraped, NOC	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Sum:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	33.3	6,105.12	3,993.70	10,098.82	80.7
Head Brain	1	33.3	25.37	1,224.63	1,250.00	10.0
Upper Extremities Finger(s)	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Sum:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	
<b>INJURY</b>						
Strain	1	33.3	6,105.12	3,993.70	10,098.82	80.7
Concussion (Brain, Cerebral)	1	33.3	25.37	1,224.63	1,250.00	10.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	33.3	1,171.63	0.00	1,171.63	9.4
<b>Sum:</b>	<b>3</b>		<b>\$7,302.12</b>	<b>\$5,218.33</b>	<b>\$12,520.45</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>381 - UVA-FM-Project Services-Electrical</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Infectious agent	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Foreign Body in Eye	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>383 - UVA-FM-Proj Svcs-Specialty Trades</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>LOSS CAUSE</b>						
Hand tool, not powered, NOC	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>ACCIDENT TYPE</b>						
Caught In, Under or Between, NOC	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	
<b>INJURY</b>						
Crushing	1	100.0	2,118.97	0.00	2,118.97	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,118.97</b>	<b>\$0.00</b>	<b>\$2,118.97</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>386 - UVA-FM-Project Services-Paint</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	60.73	0.00	60.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	60.73	0.00	60.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	60.73	0.00	60.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	60.73	0.00	60.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>LOSS CAUSE</b>						
Wood Items	1	100.0	60.73	0.00	60.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	60.73	0.00	60.73	100.0
<b>Sum:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>BODY PART</b>						
Upper Extremities Elbow	1	100.0	60.73	0.00	60.73	100.0
<b>Sum:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	60.73	0.00	60.73	100.0
<b>Sum:</b>	<b>1</b>		<b>\$60.73</b>	<b>\$0.00</b>	<b>\$60.73</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>388 - UVA-ANC- ANIMAL RESEARCH COMMITTEE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Racking	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Trunk Multiple Trunk	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>393 - UVA-FM-Project Services-Gen. Svcs.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	
<b>INJURY</b>						
Strain	1	100.0	1,864.60	0.00	1,864.60	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,864.60</b>	<b>\$0.00</b>	<b>\$1,864.60</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>396 - UVA-FM-Housing Maintenance</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Dust	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Trunk Lung(s)	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Respiratory Disorders(Gases,Fumes,Ch	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>397 - UVA-FM-Housing Custodial</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	2	50.0	612.12	0.00	612.12	93.3
2PM - 3:59PM	1	25.0	25.37	0.00	25.37	3.9
6AM - 7:59AM	1	25.0	18.82	0.00	18.82	2.9
<b>Totals:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	50.0	612.12	0.00	612.12	93.3
2 - 4	1	25.0	25.37	0.00	25.37	3.9
4 - 6	1	25.0	18.82	0.00	18.82	2.9
<b>Totals:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	
<b>Age of Claimant</b>						
45 - 49	1	25.0	547.25	0.00	547.25	83.4
60 - 64	1	25.0	64.87	0.00	64.87	9.9
55 - 59	1	25.0	25.37	0.00	25.37	3.9
25 - 29	1	25.0	18.82	0.00	18.82	2.9
<b>Totals:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	75.0	637.49	0.00	637.49	97.1
Male	1	25.0	18.82	0.00	18.82	2.9
<b>Totals:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	50.0	612.12	0.00	612.12	93.3
Person	1	25.0	25.37	0.00	25.37	3.9
Walking surface, inside, wet	1	25.0	18.82	0.00	18.82	2.9
<b>Totals:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	50.0	612.12	0.00	612.12	93.3
Other than Physical Cause of Injury	1	25.0	25.37	0.00	25.37	3.9
Fall/Slip on Stairs	1	25.0	18.82	0.00	18.82	2.9
<b>Sum:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	2	50.0	566.07	0.00	566.07	86.3
Lower Extremities Knee	1	25.0	64.87	0.00	64.87	9.9
Trunk Heart	1	25.0	25.37	0.00	25.37	3.9
<b>Sum:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Fracture	1	25.0	547.25	0.00	547.25	83.4
Strain	1	25.0	64.87	0.00	64.87	9.9
Mental Stress	1	25.0	25.37	0.00	25.37	3.9
Sprain	1	25.0	18.82	0.00	18.82	2.9
<b>Sum:</b>	<b>4</b>		<b>\$656.31</b>	<b>\$0.00</b>	<b>\$656.31</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>46 - UVA-FM-Landscape</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	20.0	8,843.70	21,124.40	29,968.10	90.1
8AM - 9:59AM	3	60.0	807.87	2,450.65	3,258.52	9.8
12PM - 1:59PM	1	20.0	24.87	0.00	24.87	0.1
<b>Totals:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	40.0	8,941.31	22,346.79	31,288.10	94.1
18 - 20	2	40.0	46.61	1,228.26	1,274.87	3.8
16 - 18	1	20.0	688.52	0.00	688.52	2.1
<b>Totals:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>Age of Claimant</b>						
35 - 39	1	20.0	8,843.70	21,124.40	29,968.10	90.1
30 - 34	1	20.0	97.61	1,222.39	1,320.00	4.0
65 - 69	1	20.0	21.74	1,228.26	1,250.00	3.8
60 - 64	1	20.0	688.52	0.00	688.52	2.1
55 - 59	1	20.0	24.87	0.00	24.87	0.1
<b>Totals:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	100.0	9,676.44	23,575.05	33,251.49	100.0
<b>Totals:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	20.0	8,843.70	21,124.40	29,968.10	90.1
Walking surface, outside, wet	1	20.0	97.61	1,222.39	1,320.00	4.0
Blower 24"	1	20.0	21.74	1,228.26	1,250.00	3.8
Trash receptacle	1	20.0	688.52	0.00	688.52	2.1
Poisonous agent / plant	1	20.0	24.87	0.00	24.87	0.1
<b>Totals:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip into Openings	1	20.0	8,843.70	21,124.40	29,968.10	90.1
Fall/Slip on Ice or Snow	1	20.0	97.61	1,222.39	1,320.00	4.0
Foreign Body in Eye	1	20.0	21.74	1,228.26	1,250.00	3.8
Caught In, Under or Between, NOC	1	20.0	688.52	0.00	688.52	2.1
Contact With Not Otherwise Classified	1	20.0	24.87	0.00	24.87	0.1
<b>Sum:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>BODY PART</b>						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Multiple Lower Extrer	1	20.0	8,843.70	21,124.40	29,968.10	90.1
Lower Extremities Hip	1	20.0	97.61	1,222.39	1,320.00	4.0
Head Eye(s)	1	20.0	21.74	1,228.26	1,250.00	3.8
Upper Extremities Thumb	1	20.0	688.52	0.00	688.52	2.1
Multiple Body Parts Multiple Body Parts	1	20.0	24.87	0.00	24.87	0.1
<b>Sum:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	
<b>INJURY</b>						
Sprain	1	20.0	8,843.70	21,124.40	29,968.10	90.1
Contusion (Bruise, Skin Surface)	1	20.0	97.61	1,222.39	1,320.00	4.0
Foreign Body (Eye)	1	20.0	21.74	1,228.26	1,250.00	3.8
Laceration	1	20.0	688.52	0.00	688.52	2.1
Contagious Disease	1	20.0	24.87	0.00	24.87	0.1
<b>Sum:</b>	<b>5</b>		<b>\$9,676.44</b>	<b>\$23,575.05</b>	<b>\$33,251.49</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>47 - UVA-FM-HVAC &amp; FM-Maint-Supt Staff</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	774.09	475.91	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	774.09	475.91	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	774.09	475.91	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	774.09	475.91	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Fire / Flame / Smoke	1	100.0	774.09	475.91	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	774.09	475.91	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Trunk Lung(s)	1	100.0	774.09	475.91	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Respiratory Disorders(Gases,Fumes,Ch	1	100.0	774.09	475.91	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$774.09</b>	<b>\$475.91</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>69 - UVA-CHE CHEMISTRY DEPT</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>8 - UVA-ALD ALD LIB-BUSINESS SERVICES</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	846.63	0.00	846.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	846.63	0.00	846.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	846.63	0.00	846.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	846.63	0.00	846.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>LOSS CAUSE</b>						
Wood Items	1	100.0	846.63	0.00	846.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	846.63	0.00	846.63	100.0
<b>Sum:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	100.0	846.63	0.00	846.63	100.0
<b>Sum:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	
<b>INJURY</b>						
Puncture	1	100.0	846.63	0.00	846.63	100.0
<b>Sum:</b>	<b>1</b>		<b>\$846.63</b>	<b>\$0.00</b>	<b>\$846.63</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>207 - UNIVERSITY OF VIRGINIA</b>						
<b>S207 - UNIVERSITY OF VIRGINIA</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	33.3	57,280.34	80,394.28	137,674.62	93.1
8AM - 9:59AM	1	33.3	272.70	8,871.12	9,143.82	6.2
2PM - 3:59PM	1	33.3	1,048.84	0.00	1,048.84	0.7
<b>Totals:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	100.0	58,601.88	89,265.40	147,867.28	100.0
<b>Totals:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>Age of Claimant</b>						
60 - 64	1	33.3	57,280.34	80,394.28	137,674.62	93.1
25 - 29	1	33.3	272.70	8,871.12	9,143.82	6.2
35 - 39	1	33.3	1,048.84	0.00	1,048.84	0.7
<b>Totals:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	33.3	57,280.34	80,394.28	137,674.62	93.1
Female	2	66.7	1,321.54	8,871.12	10,192.66	6.9
<b>Totals:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	33.3	57,280.34	80,394.28	137,674.62	93.1
Wood Items	1	33.3	272.70	8,871.12	9,143.82	6.2
Office equipment	1	33.3	1,048.84	0.00	1,048.84	0.7
<b>Totals:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	33.3	57,280.34	80,394.28	137,674.62	93.1
Collision with a Fixed Object	1	33.3	272.70	8,871.12	9,143.82	6.2
Cut, Punctured, Scraped, NOC	1	33.3	1,048.84	0.00	1,048.84	0.7
<b>Sum:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	33.3	57,280.34	80,394.28	137,674.62	93.1
Head Brain	1	33.3	272.70	8,871.12	9,143.82	6.2
Upper Extremities Hand	1	33.3	1,048.84	0.00	1,048.84	0.7
<b>Sum:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	
<b>INJURY</b>						
Strain	1	33.3	57,280.34	80,394.28	137,674.62	93.1
Concussion (Brain, Cerebral)	1	33.3	272.70	8,871.12	9,143.82	6.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	33.3	1,048.84	0.00	1,048.84	0.7
<b>Sum:</b>	<b>3</b>		<b>\$58,601.88</b>	<b>\$89,265.40</b>	<b>\$147,867.28</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>10 - VPISU-Natural Resources</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	33.3	0.00	1,250.00	1,250.00	71.7
10PM - 11:59PM	1	33.3	493.73	0.00	493.73	28.3
12AM - 1:59AM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	0.00	1,250.00	1,250.00	71.7
16 - 18	1	33.3	493.73	0.00	493.73	28.3
<b>Totals:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>Age of Claimant</b>						
25 - 29	1	33.3	0.00	1,250.00	1,250.00	71.7
40 - 44	1	33.3	493.73	0.00	493.73	28.3
20 - 24	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	0.00	1,250.00	1,250.00	71.7
Male	2	66.7	493.73	0.00	493.73	28.3
<b>Totals:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>LOSS CAUSE</b>						
Animal / insect, not otherwise classified	1	33.3	0.00	1,250.00	1,250.00	71.7
Animal, not otherwise classified	1	33.3	493.73	0.00	493.73	28.3
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	2	66.7	493.73	1,250.00	1,743.73	100.0
Caught In, Under or Between, NOC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>BODY PART</b>						
Head Ear(s)	1	33.3	0.00	1,250.00	1,250.00	71.7
Upper Extremities Thumb	1	33.3	493.73	0.00	493.73	28.3
Upper Extremities Wrist(s) and Hand(s)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	33.3	0.00	1,250.00	1,250.00	71.7
Puncture	1	33.3	493.73	0.00	493.73	28.3



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Crushing	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$493.73</b>	<b>\$1,250.00</b>	<b>\$1,743.73</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>1 - VPISU-Agriculture &amp; Life Sciences</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	2	10.0	2,021.45	5,897.06	7,918.51	41.9
10AM - 11:59AM	7	35.0	4,903.99	1,231.18	6,135.17	32.5
12AM - 1:59AM	3	15.0	4,603.30	0.00	4,603.30	24.4
4PM - 5:59PM	2	10.0	134.99	0.00	134.99	0.7
8AM - 9:59AM	2	10.0	83.31	0.00	83.31	0.4
4AM - 5:59AM	1	5.0	18.82	0.00	18.82	0.1
6AM - 7:59AM	1	5.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	10.0	1,971.76	5,897.06	7,868.82	41.6
12 - 14	1	5.0	3,440.51	0.00	3,440.51	18.2
2 - 4	2	10.0	2,697.88	0.00	2,697.88	14.3
0 - 2	8	40.0	2,173.41	0.00	2,173.41	11.5
8 - 10	2	10.0	472.36	1,231.18	1,703.54	9.0
10 - 12	3	15.0	991.12	0.00	991.12	5.2
4 - 6	2	10.0	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	
<b>Age of Claimant</b>						
50 - 54	1	5.0	1,971.76	5,897.06	7,868.82	41.6
45 - 49	3	15.0	3,890.39	0.00	3,890.39	20.6
55 - 59	1	5.0	2,562.89	0.00	2,562.89	13.6
20 - 24	3	15.0	2,132.10	0.00	2,132.10	11.3
65 - 69	1	5.0	18.82	1,231.18	1,250.00	6.6
35 - 39	2	10.0	522.42	0.00	522.42	2.8
40 - 44	1	5.0	453.54	0.00	453.54	2.4
25 - 29	2	10.0	176.30	0.00	176.30	0.9
30 - 34	2	10.0	18.82	0.00	18.82	0.1
60 - 64	2	10.0	18.82	0.00	18.82	0.1
15 - 19	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	
<b>SEX OF CLAIMANT</b>						
Female	11	55.0	8,077.29	5,897.06	13,974.35	74.0
Male	9	45.0	3,688.57	1,231.18	4,919.75	26.0
<b>Totals:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	5.0	1,971.76	5,897.06	7,868.82	41.6
Wall	1	5.0	3,440.51	0.00	3,440.51	18.2
Door	2	10.0	2,562.89	0.00	2,562.89	13.6
Tractor	2	10.0	2,040.41	0.00	2,040.41	10.8
Stairs, steps	1	5.0	18.82	1,231.18	1,250.00	6.6
Animal, not otherwise classified	3	15.0	1,013.61	0.00	1,013.61	5.4
Machine, not otherwise classified	1	5.0	453.54	0.00	453.54	2.4
Docks,Ramps,Loading Platforms	1	5.0	134.99	0.00	134.99	0.7
Animal / bee type	1	5.0	49.69	0.00	49.69	0.3
Vehicle/car/truck	1	5.0	42.00	0.00	42.00	0.2
Pallet Jack	1	5.0	18.82	0.00	18.82	0.1
Vehicle, not otherwise classified	1	5.0	18.82	0.00	18.82	0.1
Animal / insect, not otherwise classifie	1	5.0	0.00	0.00	0.00	0.0
Floor	1	5.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	5.0	0.00	0.00	0.00	0.0
Stairs	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	5.0	1,971.76	5,897.06	7,868.82	41.6
Caught In, Under or Between, NOC	3	15.0	3,575.50	0.00	3,575.50	18.9
Strike Against/Step On Stationary Objec	1	5.0	2,562.89	0.00	2,562.89	13.6
Struck or Injury By, NOC	2	10.0	2,059.23	0.00	2,059.23	10.9
Fall/Slip on Stairs	2	10.0	18.82	1,231.18	1,250.00	6.6
Struck/Injured By Animal or Insect	4	20.0	1,013.61	0.00	1,013.61	5.4
Cut, Punctured, Scraped, NOC	1	5.0	453.54	0.00	453.54	2.4
Other Injury NEC	1	5.0	49.69	0.00	49.69	0.3
Strike Against/Step On Obj Being Lifted	1	5.0	42.00	0.00	42.00	0.2
Pushing or Pulling	1	5.0	18.82	0.00	18.82	0.1
Fall On the Same Level	1	5.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	3	15.0	1,990.58	5,897.06	7,887.64	41.7
Upper Extremities Hand	2	10.0	3,575.50	0.00	3,575.50	18.9
Head Skull	1	5.0	2,562.89	0.00	2,562.89	13.6
Head Brain	1	5.0	2,040.41	0.00	2,040.41	10.8
Upper Extremities Elbow	1	5.0	18.82	1,231.18	1,250.00	6.6
Upper Extremities Finger(s)	6	30.0	995.11	0.00	995.11	5.3
Lower Extremities Lower Leg	2	10.0	522.42	0.00	522.42	2.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Upper Arm (Incl. Clav	1	5.0	41.31	0.00	41.31	0.2
Trunk Low Back Area (Incl. Lumbar & L	1	5.0	18.82	0.00	18.82	0.1
Head Other facial soft tissue	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	

### INJURY

Concussion (Brain, Cerebral)	3	15.0	6,575.06	5,897.06	12,472.12	66.0
All Other (Specific) Injuries, NOC	3	15.0	3,490.20	0.00	3,490.20	18.5
Fracture	2	10.0	541.24	1,231.18	1,772.42	9.4
Puncture	1	5.0	453.54	0.00	453.54	2.4
Laceration	3	15.0	449.88	0.00	449.88	2.4
Sprain	1	5.0	134.99	0.00	134.99	0.7
Contusion (Bruise, Skin Surface)	3	15.0	60.13	0.00	60.13	0.3
Crushing	2	10.0	42.00	0.00	42.00	0.2
Strain	1	5.0	18.82	0.00	18.82	0.1
Multiple Physical Injury Only	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$11,765.86</b>	<b>\$7,128.24</b>	<b>\$18,894.10</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>208 - VPI SU</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	50.0	48.65	0.00	48.65	67.4
4AM - 5:59AM	1	50.0	23.50	0.00	23.50	32.6
<b>Totals:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	100.0	72.15	0.00	72.15	100.0
<b>Totals:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	48.65	0.00	48.65	67.4
40 - 44	1	50.0	23.50	0.00	23.50	32.6
<b>Totals:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	72.15	0.00	72.15	100.0
<b>Totals:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>LOSS CAUSE</b>						
N/A	1	50.0	48.65	0.00	48.65	67.4
Furniture / fixtures	1	50.0	23.50	0.00	23.50	32.6
<b>Totals:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>ACCIDENT TYPE</b>						
Cumulative (All Other)	1	50.0	48.65	0.00	48.65	67.4
Struck or Injury By, NOC	1	50.0	23.50	0.00	23.50	32.6
<b>Sum:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	50.0	48.65	0.00	48.65	67.4
Lower Extremities Foot	1	50.0	23.50	0.00	23.50	32.6
<b>Sum:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	
<b>INJURY</b>						
No Physical Injury	1	50.0	48.65	0.00	48.65	67.4
Crushing	1	50.0	23.50	0.00	23.50	32.6
<b>Sum:</b>	<b>2</b>		<b>\$72.15</b>	<b>\$0.00</b>	<b>\$72.15</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>26 - VPISU-Executive VP &amp; Provost</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	25.0	57.64	1,231.18	1,288.82	54.1
8AM - 9:59AM	2	25.0	816.30	0.00	816.30	34.3
8PM - 9:59PM	1	12.5	233.87	0.00	233.87	9.8
2PM - 3:59PM	2	25.0	43.82	0.00	43.82	1.8
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	3	37.5	18.82	1,231.18	1,250.00	52.5
0 - 2	5	62.5	1,132.81	0.00	1,132.81	47.5
<b>Totals:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>Age of Claimant</b>						
35 - 39	1	12.5	18.82	1,231.18	1,250.00	52.5
25 - 29	3	37.5	960.11	0.00	960.11	40.3
20 - 24	2	25.0	172.70	0.00	172.70	7.2
40 - 44	1	12.5	0.00	0.00	0.00	0.0
45 - 49	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	75.0	1,068.99	1,231.18	2,300.17	96.5
Female	2	25.0	82.64	0.00	82.64	3.5
<b>Totals:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	12.5	18.82	1,231.18	1,250.00	52.5
Wood Items	1	12.5	687.42	0.00	687.42	28.8
Roll cart	1	12.5	233.87	0.00	233.87	9.8
Object on Floor	1	12.5	128.88	0.00	128.88	5.4
Stairs, steps	1	12.5	43.82	0.00	43.82	1.8
Beam	1	12.5	38.82	0.00	38.82	1.6
Door	1	12.5	0.00	0.00	0.00	0.0
Wrench	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	12.5	18.82	1,231.18	1,250.00	52.5
Struck/Injured By Object Being Lifted or	1	12.5	687.42	0.00	687.42	28.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	2	25.0	233.87	0.00	233.87	9.8
Lifting	1	12.5	128.88	0.00	128.88	5.4
Fall/Slip on Stairs	1	12.5	43.82	0.00	43.82	1.8
Strike Against/Step On Stationary Objec	1	12.5	38.82	0.00	38.82	1.6
Struck or Injury By, NOC	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	2	25.0	62.64	1,231.18	1,293.82	54.3
Upper Extremities Wrist	1	12.5	687.42	0.00	687.42	28.8
Upper Extremities Thumb	1	12.5	233.87	0.00	233.87	9.8
Trunk Low Back Area (Incl. Lumbar & Li	1	12.5	128.88	0.00	128.88	5.4
Head Skull	1	12.5	38.82	0.00	38.82	1.6
Upper Extremities Finger(s)	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	
<b>INJURY</b>						
Fracture	1	12.5	18.82	1,231.18	1,250.00	52.5
Contusion (Bruise, Skin Surface)	2	25.0	726.24	0.00	726.24	30.5
Laceration	2	25.0	233.87	0.00	233.87	9.8
Strain	1	12.5	128.88	0.00	128.88	5.4
Sprain	1	12.5	43.82	0.00	43.82	1.8
All Other (Specific) Injuries, NOC	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$1,151.63</b>	<b>\$1,231.18</b>	<b>\$2,382.81</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>27 - VPISU-President</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	33.3	2,216.52	0.00	2,216.52	98.9
10PM - 11:59PM	1	33.3	24.37	0.00	24.37	1.1
8AM - 9:59AM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	2,216.52	0.00	2,216.52	98.9
2 - 4	1	33.3	24.37	0.00	24.37	1.1
24 - 26	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>Age of Claimant</b>						
50 - 54	1	33.3	2,216.52	0.00	2,216.52	98.9
20 - 24	1	33.3	24.37	0.00	24.37	1.1
55 - 59	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	66.7	2,216.52	0.00	2,216.52	98.9
Female	1	33.3	24.37	0.00	24.37	1.1
<b>Totals:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	33.3	2,216.52	0.00	2,216.52	98.9
Foreign Object	1	33.3	24.37	0.00	24.37	1.1
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	2,216.52	0.00	2,216.52	98.9
Struck/Injured By Falling or Flying Objec	1	33.3	24.37	0.00	24.37	1.1
Collision with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	33.3	2,216.52	0.00	2,216.52	98.9
Trunk Chest (Incl. Ribs, Sternum & Soft	1	33.3	24.37	0.00	24.37	1.1
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	
<b>INJURY</b>						



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	33.3	2,216.52	0.00	2,216.52	98.9
Sprain	1	33.3	24.37	0.00	24.37	1.1
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,240.89</b>	<b>\$0.00</b>	<b>\$2,240.89</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>2 - VPISU-Architecture, Arts, and Design</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	33.3	565.87	0.00	565.87	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
<b>Totals:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	565.87	0.00	565.87	100.0
<b>Totals:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>Age of Claimant</b>						
20 - 24	1	33.3	565.87	0.00	565.87	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
<b>Totals:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	565.87	0.00	565.87	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>LOSS CAUSE</b>						
Beam	1	33.3	565.87	0.00	565.87	100.0
Chair	1	33.3	0.00	0.00	0.00	0.0
Floor	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	33.3	565.87	0.00	565.87	100.0
Fall/Slip on Stairs	1	33.3	0.00	0.00	0.00	0.0
Other Injury NEC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>BODY PART</b>						
Upper Extremities Elbow	1	33.3	565.87	0.00	565.87	100.0
Lower Extremities Hip	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	
<b>INJURY</b>						
Laceration	1	33.3	565.87	0.00	565.87	100.0
Inflammation	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$565.87</b>	<b>\$0.00</b>	<b>\$565.87</b>	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>3 - VPISU-College of Business</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	33.3	19.45	5,499.37	5,518.82	56.4
12AM - 1:59AM	1	33.3	1,910.65	2,358.17	4,268.82	43.6
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	1,930.10	7,857.54	9,787.64	100.0
2 - 4	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>Age of Claimant</b>						
50 - 54	1	33.3	19.45	5,499.37	5,518.82	56.4
60 - 64	1	33.3	1,910.65	2,358.17	4,268.82	43.6
20 - 24	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	33.3	19.45	5,499.37	5,518.82	56.4
Female	2	66.7	1,910.65	2,358.17	4,268.82	43.6
<b>Totals:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>LOSS CAUSE</b>						
Floor	2	66.7	1,930.10	7,857.54	9,787.64	100.0
Wall	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	33.3	19.45	5,499.37	5,518.82	56.4
Fall On the Same Level	1	33.3	1,910.65	2,358.17	4,268.82	43.6
Caught In/Between-Object Handled	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	33.3	19.45	5,499.37	5,518.82	56.4
Multiple Body Parts Multiple Body Parts	1	33.3	1,910.65	2,358.17	4,268.82	43.6
Lower Extremities Foot	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	
<b>INJURY</b>						
Sprain	2	66.7	1,930.10	7,857.54	9,787.64	100.0
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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Claims added as of: 06/30/2024  
Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$1,930.10</b>	<b>\$7,857.54</b>	<b>\$9,787.64</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>41 - VPISU-Vice Pres Advancement</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	337.31	0.00	337.31	100.0
<b>Totals:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	337.31	0.00	337.31	100.0
<b>Totals:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	337.31	0.00	337.31	100.0
<b>Totals:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	337.31	0.00	337.31	100.0
<b>Totals:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	337.31	0.00	337.31	100.0
<b>Totals:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	337.31	0.00	337.31	100.0
<b>Sum:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>BODY PART</b>						
Head Multiple Head Injury	1	100.0	337.31	0.00	337.31	100.0
<b>Sum:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	
<b>INJURY</b>						
Laceration	1	100.0	337.31	0.00	337.31	100.0
<b>Sum:</b>	<b>1</b>		<b>\$337.31</b>	<b>\$0.00</b>	<b>\$337.31</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>42 - VPISU-Vice Pres.- Info Technology</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	0.00	0.00	0.00	0.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal / insect, not otherwise classifie	1	50.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>43 - VPISU-VP for Student Affairs</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	18	12.2	10,583.60	49,958.72	60,542.32	58.3
10AM - 11:59AM	20	13.5	4,299.85	20,277.64	24,577.49	23.7
8PM - 9:59PM	13	8.8	8,625.01	1,250.00	9,875.01	9.5
12PM - 1:59PM	22	14.9	2,429.26	1,239.37	3,668.63	3.5
12AM - 1:59AM	7	4.7	456.38	1,083.60	1,539.98	1.5
2PM - 3:59PM	17	11.5	190.77	1,225.93	1,416.70	1.4
10PM - 11:59PM	3	2.0	0.00	1,250.00	1,250.00	1.2
6PM - 7:59PM	22	14.9	873.58	0.00	873.58	0.8
4PM - 5:59PM	12	8.1	58.20	0.00	58.20	0.1
4AM - 5:59AM	2	1.4	45.48	0.00	45.48	0.0
2AM - 3:59AM	4	2.7	0.00	0.00	0.00	0.0
6AM - 7:59AM	8	5.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	20	13.5	14,317.52	68,166.83	82,484.35	79.4
0 - 2	101	68.2	10,327.47	7,269.45	17,596.92	16.9
6 - 8	4	2.7	1,615.95	0.00	1,615.95	1.6
14 - 16	5	3.4	401.02	848.98	1,250.00	1.2
4 - 6	6	4.1	857.58	0.00	857.58	0.8
20 - 22	1	0.7	22.59	0.00	22.59	0.0
8 - 10	5	3.4	20.00	0.00	20.00	0.0
10 - 12	3	2.0	0.00	0.00	0.00	0.0
18 - 20	1	0.7	0.00	0.00	0.00	0.0
22 - 24	1	0.7	0.00	0.00	0.00	0.0
34 - 36	1	0.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	
<b>Age of Claimant</b>						
55 - 59	7	4.7	9,357.04	49,958.72	59,315.76	57.1
35 - 39	15	10.1	4,902.74	18,208.11	23,110.85	22.3
20 - 24	53	35.8	8,641.92	2,333.60	10,975.52	10.6
25 - 29	17	11.5	1,265.77	3,709.92	4,975.69	4.8
40 - 44	11	7.4	1,080.28	2,074.91	3,155.19	3.0
15 - 19	24	16.2	1,249.91	0.00	1,249.91	1.2
30 - 34	9	6.1	536.05	0.00	536.05	0.5
65 - 69	4	2.7	528.42	0.00	528.42	0.5



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
45 - 49	2	1.4	0.00	0.00	0.00	0.0
50 - 54	3	2.0	0.00	0.00	0.00	0.0
60 - 64	1	0.7	0.00	0.00	0.00	0.0
70 - 74	2	1.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	

### SEX OF CLAIMANT

Female	82	55.4	16,605.02	74,352.68	90,957.70	87.6
Male	66	44.6	10,957.11	1,932.58	12,889.69	12.4
<b>Totals:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	

### LOSS CAUSE

Floor	17	11.5	9,096.48	51,184.65	60,281.13	58.0
Hot/Cold Object, Liquid, Substance	14	9.5	3,502.08	18,208.11	21,710.19	20.9
Oil	2	1.4	3,882.80	0.00	3,882.80	3.7
Furniture / fixtures	4	2.7	10.63	2,489.37	2,500.00	2.4
Door	6	4.1	2,155.40	0.00	2,155.40	2.1
Boxes / containers	9	6.1	1,104.42	848.98	1,953.40	1.9
Knife, Utility	7	4.7	1,693.92	0.00	1,693.92	1.6
Pots/pans	5	3.4	1,652.45	0.00	1,652.45	1.6
Metal items	6	4.1	297.60	1,250.00	1,547.60	1.5
Office equipment	1	0.7	1,469.25	0.00	1,469.25	1.4
N/A	2	1.4	51.69	1,220.55	1,272.24	1.2
Shelving	5	3.4	186.40	1,083.60	1,270.00	1.2
Trash receptacle	3	2.0	508.42	0.00	508.42	0.5
Object on Floor	1	0.7	374.70	0.00	374.70	0.4
Blade	1	0.7	349.16	0.00	349.16	0.3
Knife, NOC	9	6.1	338.72	0.00	338.72	0.3
Racks	4	2.7	304.74	0.00	304.74	0.3
Heating equipment	5	3.4	289.98	0.00	289.98	0.3
Ladder, 10' folding	1	0.7	127.88	0.00	127.88	0.1
Stairs, steps	2	1.4	59.13	0.00	59.13	0.1
Gloves	1	0.7	44.94	0.00	44.94	0.0
Sprayer	1	0.7	23.70	0.00	23.70	0.0
Sharp objects, not otherwise classified	8	5.4	18.82	0.00	18.82	0.0
Working Surface	1	0.7	18.82	0.00	18.82	0.0
Cabinet	1	0.7	0.00	0.00	0.00	0.0
Cart	1	0.7	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Coates 4040	1	0.7	0.00	0.00	0.00	0.0
Dishes	1	0.7	0.00	0.00	0.00	0.0
Dust	1	0.7	0.00	0.00	0.00	0.0
Electricity	1	0.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Food	2	1.4	0.00	0.00	0.00	0.0
Grease	2	1.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	0.7	0.00	0.00	0.00	0.0
Hazardous Material	2	1.4	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Pallet, Skid, Flat	1	0.7	0.00	0.00	0.00	0.0
Person	2	1.4	0.00	0.00	0.00	0.0
Pipe	1	0.7	0.00	0.00	0.00	0.0
Press	1	0.7	0.00	0.00	0.00	0.0
Stairs	1	0.7	0.00	0.00	0.00	0.0
Steam / exhaust	3	2.0	0.00	0.00	0.00	0.0
Stone / rock / brick	1	0.7	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	0.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	0.7	0.00	0.00	0.00	0.0
Water	6	4.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	

### ACCIDENT TYPE

Fall/Slip From Liquid or Grease Spills	5	3.4	12,845.14	49,958.72	62,803.86	60.5
Steam or Hot Fluids	4	2.7	2,999.34	18,208.11	21,207.45	20.4
Cut, Punctured, Scraped, NOC	9	6.1	1,771.84	1,083.60	2,855.44	2.7
Hand Tool, Utensil; Not Powered	19	12.8	2,466.45	0.00	2,466.45	2.4
Struck or Injury By, NOC	15	10.1	1,204.27	1,250.00	2,454.27	2.4
Strain or Injury By, NOC	3	2.0	2,000.26	0.00	2,000.26	1.9
Twisting	3	2.0	550.90	848.98	1,399.88	1.3
Fall, Slip or Trip, NOC	5	3.4	69.55	1,225.93	1,295.48	1.2
Other than Physical Cause of Injury	3	2.0	48.27	1,220.55	1,268.82	1.2
Crash of Airplane	1	0.7	10.63	1,239.37	1,250.00	1.2
Striking Against or Stepping On, NOC	3	2.0	0.00	1,250.00	1,250.00	1.2
Collision with a Fixed Object	1	0.7	951.13	0.00	951.13	0.9
Lifting	4	2.7	703.40	0.00	703.40	0.7
Contact With Not Otherwise Classified	16	10.8	674.47	0.00	674.47	0.6
Repetitive Motion (after 7/1/94)	1	0.7	374.70	0.00	374.70	0.4
Struck/Injured By Falling or Flying Object	3	2.0	304.74	0.00	304.74	0.3
Caught In, Under or Between, NOC	6	4.1	278.78	0.00	278.78	0.3
Contact with Hot Object or Substance	15	10.1	206.89	0.00	206.89	0.2
Fall/Slip on Stairs	3	2.0	59.13	0.00	59.13	0.1
Other Injury NEC	5	3.4	22.24	0.00	22.24	0.0
Object Being Lifted or Handled	1	0.7	20.00	0.00	20.00	0.0
Absorption, Ingestion or Inhalation NOC	3	2.0	0.00	0.00	0.00	0.0
Broken Glass	1	0.7	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	2	1.4	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact with Electrical Current	1	0.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	0.7	0.00	0.00	0.00	0.0
Fall On the Same Level	7	4.7	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	0.7	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	0.7	0.00	0.00	0.00	0.0
Pushing or Pulling	2	1.4	0.00	0.00	0.00	0.0
Reaching	1	0.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.7	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	1	0.7	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	0.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	

### BODY PART

Upper Extremities Elbow	3	2.0	8,982.34	49,958.72	58,941.06	56.8
Multiple Body Parts Multiple Body Parts	10	6.8	2,777.08	18,208.11	20,985.19	20.2
Trunk Spinal Cord	2	1.4	3,862.80	0.00	3,862.80	3.7
Upper Extremities Hand	27	18.2	2,236.26	1,083.60	3,319.86	3.2
Upper Extremities Wrist	5	3.4	1,846.22	1,239.37	3,085.59	3.0
Upper Extremities Finger(s)	25	16.9	2,413.13	0.00	2,413.13	2.3
Trunk Sacrum and Coccyx	2	1.4	597.54	1,225.93	1,823.47	1.8
Trunk Abdomen Including Groin	1	0.7	1,469.25	0.00	1,469.25	1.4
Lower Extremities Knee	10	6.8	423.61	848.98	1,272.59	1.2
Head Skull	2	1.4	0.00	1,250.00	1,250.00	1.2
Head Teeth	1	0.7	0.00	1,250.00	1,250.00	1.2
Multiple Body Parts No Physical Injury	1	0.7	29.45	1,220.55	1,250.00	1.2
Trunk Low Back Area (Incl. Lumbar & L	4	2.7	1,140.93	0.00	1,140.93	1.1
Lower Extremities Foot	4	2.7	661.60	0.00	661.60	0.6
Upper Extremities Thumb	10	6.8	332.10	0.00	332.10	0.3
Head Other facial soft tissue	2	1.4	289.98	0.00	289.98	0.3
Head Multiple Head Injury	3	2.0	193.00	0.00	193.00	0.2
Head Eye(s)	2	1.4	186.89	0.00	186.89	0.2
Lower Extremities Ankle	4	2.7	81.13	0.00	81.13	0.1
Upper Extremities Lower Arm	10	6.8	38.82	0.00	38.82	0.0
Head Nose	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	4	2.7	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	1.4	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extre	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	0.7	0.00	0.00	0.00	0.0
Neck Larynx	1	0.7	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	0.7	0.00	0.00	0.00	0.0
Trunk Lung(s)	4	2.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Upper Back Area (Thoracic Area)	1	0.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	0.7	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	2	1.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	
<b>INJURY</b>						
Concussion (Brain, Cerebral)	4	2.7	9,175.34	51,208.72	60,384.06	58.1
Burn	36	24.3	3,835.76	18,208.11	22,043.87	21.2
Fracture	2	1.4	3,921.93	0.00	3,921.93	3.8
Laceration	22	14.9	2,110.56	1,083.60	3,194.16	3.1
Strain	13	8.8	2,831.54	0.00	2,831.54	2.7
Crushing	12	8.1	2,545.92	0.00	2,545.92	2.5
Contusion (Bruise, Skin Surface)	23	15.5	34.70	2,465.30	2,500.00	2.4
Puncture	11	7.4	2,147.73	0.00	2,147.73	2.1
All Other (Specific) Injuries, NOC	3	2.0	374.70	1,250.00	1,624.70	1.6
No Physical Injury	6	4.1	96.63	1,220.55	1,317.18	1.3
Sprain	6	4.1	423.02	848.98	1,272.00	1.2
Multiple Physical Injury Only	3	2.0	45.48	0.00	45.48	0.0
Inflammation	2	1.4	18.82	0.00	18.82	0.0
Dust Disease NOC(All Other Pneumoco	3	2.0	0.00	0.00	0.00	0.0
Electric Shock	1	0.7	0.00	0.00	0.00	0.0
Myocardial Infarction (Heart Attack)	1	0.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>148</b>		<b>\$27,562.13</b>	<b>\$76,285.26</b>	<b>\$103,847.39</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>44 - VPISU-VP Campus Planning &amp; Facilit.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	22	34.4	66,254.61	200,304.60	266,559.21	96.1
12AM - 1:59AM	4	6.3	189.29	8,548.35	8,737.64	3.2
2PM - 3:59PM	9	14.1	85.84	1,239.37	1,325.21	0.5
8AM - 9:59AM	10	15.6	457.21	0.00	457.21	0.2
6AM - 7:59AM	12	18.8	228.68	0.00	228.68	0.1
4AM - 5:59AM	2	3.1	49.65	0.00	49.65	0.0
12PM - 1:59PM	5	7.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	3	4.7	54,022.82	155,431.54	209,454.36	75.5
0 - 2	30	46.9	11,182.39	44,873.06	56,055.45	20.2
4 - 6	3	4.7	181.10	9,787.72	9,968.82	3.6
16 - 18	3	4.7	972.58	0.00	972.58	0.4
6 - 8	2	3.1	484.43	0.00	484.43	0.2
30 - 32	1	1.6	189.45	0.00	189.45	0.1
8 - 10	3	4.7	128.88	0.00	128.88	0.0
2 - 4	7	10.9	44.81	0.00	44.81	0.0
12 - 14	2	3.1	38.82	0.00	38.82	0.0
18 - 20	3	4.7	20.00	0.00	20.00	0.0
22 - 24	3	4.7	0.00	0.00	0.00	0.0
24 - 26	1	1.6	0.00	0.00	0.00	0.0
32 - 34	2	3.1	0.00	0.00	0.00	0.0
34 - 36	1	1.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	
<b>Age of Claimant</b>						
55 - 59	8	12.5	54,996.58	155,431.54	210,428.12	75.9
50 - 54	11	17.2	11,162.90	43,641.88	54,804.78	19.8
25 - 29	9	14.1	220.12	8,548.35	8,768.47	3.2
30 - 34	4	6.3	37.64	1,231.18	1,268.82	0.5
35 - 39	4	6.3	10.63	1,239.37	1,250.00	0.5
60 - 64	8	12.5	265.84	0.00	265.84	0.1
40 - 44	3	4.7	215.19	0.00	215.19	0.1
20 - 24	7	10.9	189.86	0.00	189.86	0.1
45 - 49	6	9.4	166.52	0.00	166.52	0.1
15 - 19	2	3.1	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	1	1.6	0.00	0.00	0.00	0.0
75 - 79	1	1.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	
<b>SEX OF CLAIMANT</b>						
Male	35	54.7	66,530.16	200,312.79	266,842.95	96.2
Female	29	45.3	735.12	9,779.53	10,514.65	3.8
<b>Totals:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	
<b>LOSS CAUSE</b>						
Forklift	1	1.6	54,004.00	155,431.54	209,435.54	75.5
Machine, not otherwise classified	3	4.7	10,427.78	43,641.88	54,069.66	19.5
Dust	4	6.3	189.29	8,548.35	8,737.64	3.2
Bacteria	1	1.6	18.82	1,231.18	1,250.00	0.5
Screwdriver	1	1.6	10.63	1,239.37	1,250.00	0.5
Pipe	1	1.6	953.76	0.00	953.76	0.3
Hand tool, powered, NOC	1	1.6	484.43	0.00	484.43	0.2
Sharp objects, not otherwise classified	1	1.6	289.51	0.00	289.51	0.1
Brush / tree / log	2	3.1	196.37	0.00	196.37	0.1
Assembly	1	1.6	189.45	0.00	189.45	0.1
Cleaning Products	4	6.3	128.88	0.00	128.88	0.0
Chemicals, not otherwise classified	1	1.6	126.23	0.00	126.23	0.0
Walking surface, outside, dry	2	3.1	56.39	0.00	56.39	0.0
N/A	3	4.7	49.65	0.00	49.65	0.0
Insufficient data	1	1.6	44.81	0.00	44.81	0.0
Grinder	1	1.6	20.00	0.00	20.00	0.0
Floor	3	4.7	18.82	0.00	18.82	0.0
Object on Floor	1	1.6	18.82	0.00	18.82	0.0
Pallet,Skid,Flat	1	1.6	18.82	0.00	18.82	0.0
Trash receptacle	1	1.6	18.82	0.00	18.82	0.0
Animal / insect, not otherwise classifie	1	1.6	0.00	0.00	0.00	0.0
Building parts / doors	1	1.6	0.00	0.00	0.00	0.0
Chair	3	4.7	0.00	0.00	0.00	0.0
Cords	1	1.6	0.00	0.00	0.00	0.0
Dolly	1	1.6	0.00	0.00	0.00	0.0
Door	3	4.7	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
Ergonomic Conditions	1	1.6	0.00	0.00	0.00	0.0
Furniture / fixtures	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
Ground control unit/aerial	1	1.6	0.00	0.00	0.00	0.0
Infectious agent	1	1.6	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Outside Surface	1	1.6	0.00	0.00	0.00	0.0
Person	1	1.6	0.00	0.00	0.00	0.0
Razor blade	1	1.6	0.00	0.00	0.00	0.0
Shelving	1	1.6	0.00	0.00	0.00	0.0
Stairs	1	1.6	0.00	0.00	0.00	0.0
Stairs, steps	1	1.6	0.00	0.00	0.00	0.0
Uneven Surface	1	1.6	0.00	0.00	0.00	0.0
Valve Stems	1	1.6	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	3.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	1.6	0.00	0.00	0.00	0.0
Wall	1	1.6	0.00	0.00	0.00	0.0
Wood Items	1	1.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	

### ACCIDENT TYPE

Struck or Injury By, NOC	5	7.8	54,004.00	155,431.54	209,435.54	75.5
Struck/Injured By Object Being Lifted or	2	3.1	5,461.58	43,641.88	49,103.46	17.7
Dust, Gases, Fumes or Vapors	3	4.7	170.47	8,548.35	8,718.82	3.1
Twisting	3	4.7	4,946.20	0.00	4,946.20	1.8
Absorption, Ingestion or Inhalation NOC	2	3.1	18.82	1,231.18	1,250.00	0.5
Struck/Injured By Hand Tool or Machine	1	1.6	10.63	1,239.37	1,250.00	0.5
Cut, Punctured, Scraped, NOC	5	7.8	1,243.27	0.00	1,243.27	0.4
Powered Hand Tool; Appliance	1	1.6	484.43	0.00	484.43	0.2
Foreign Body in Eye	5	7.8	342.60	0.00	342.60	0.1
Caught In, Under or Between, NOC	3	4.7	189.45	0.00	189.45	0.1
Fall, Slip or Trip, NOC	3	4.7	178.53	0.00	178.53	0.1
Other Injury NEC	8	12.5	102.45	0.00	102.45	0.0
Fall On the Same Level	6	9.4	37.64	0.00	37.64	0.0
Other than Physical Cause of Injury	1	1.6	37.57	0.00	37.57	0.0
Lifting	1	1.6	18.82	0.00	18.82	0.0
Strain or Injury By, NOC	3	4.7	18.82	0.00	18.82	0.0
Broken Glass	1	1.6	0.00	0.00	0.00	0.0
Collision with a Fixed Object	3	4.7	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	1.6	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	1.6	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	1.6	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	1.6	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.6	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	1.6	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.6	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	1.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Upper Extremities Multiple Upper Extre	1	1.6	54,004.00	155,431.54	209,435.54	75.5
Trunk Lumbar and/or Sacral Vertebrae	1	1.6	5,461.58	43,641.88	49,103.46	17.7
Trunk Lung(s)	1	1.6	170.47	8,548.35	8,718.82	3.1
Trunk Abdomen Including Groin	1	1.6	4,927.38	0.00	4,927.38	1.8
Head Eye(s)	6	9.4	353.23	1,239.37	1,592.60	0.6
Head Other facial soft tissue	4	6.3	18.82	1,231.18	1,250.00	0.5
Upper Extremities Hand	4	6.3	1,143.21	0.00	1,143.21	0.4
Upper Extremities Finger(s)	3	4.7	773.94	0.00	773.94	0.3
Trunk Sacrum and Coccyx	1	1.6	128.88	0.00	128.88	0.0
Trunk Low Back Area (Incl. Lumbar & L	4	6.3	56.46	0.00	56.46	0.0
Multiple Body Parts Multiple Body Parts	4	6.3	49.65	0.00	49.65	0.0
Upper Extremities Elbow	2	3.1	44.81	0.00	44.81	0.0
Upper Extremities Lower Arm	2	3.1	38.82	0.00	38.82	0.0
Lower Extremities Knee	3	4.7	37.57	0.00	37.57	0.0
Lower Extremities Ankle	1	1.6	18.82	0.00	18.82	0.0
Multiple Body Parts No Physical Injury	6	9.4	18.82	0.00	18.82	0.0
Upper Extremities Upper Arm (Incl. Clav	1	1.6	18.82	0.00	18.82	0.0
Head Multiple Head Injury	1	1.6	0.00	0.00	0.00	0.0
Head Skull	1	1.6	0.00	0.00	0.00	0.0
Lower Extremities Foot	2	3.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	3	4.7	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.6	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	5	7.8	0.00	0.00	0.00	0.0
Upper Extremities Thumb	3	4.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	3	4.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	12	18.8	54,322.55	155,431.54	209,754.09	75.6
Fracture	1	1.6	5,461.58	43,641.88	49,103.46	17.7
Asbestosis	1	1.6	170.47	8,548.35	8,718.82	3.1
Strain	7	10.9	4,946.20	0.00	4,946.20	1.8
Laceration	5	7.8	1,727.70	0.00	1,727.70	0.6
Infection	1	1.6	18.82	1,231.18	1,250.00	0.5
Puncture	2	3.1	10.63	1,239.37	1,250.00	0.5
Foreign Body (Eye)	5	7.8	342.60	0.00	342.60	0.1
Crushing	3	4.7	189.45	0.00	189.45	0.1
No Physical Injury	8	12.5	37.64	0.00	37.64	0.0
Contusion (Bruise, Skin Surface)	13	20.3	18.82	0.00	18.82	0.0
Sprain	2	3.1	18.82	0.00	18.82	0.0
Burn	1	1.6	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Inflammation	2	3.1	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	1.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>64</b>		<b>\$67,265.28</b>	<b>\$210,092.32</b>	<b>\$277,357.60</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>45 - VPISU-Vice President for Research</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	42.9	22,263.97	40,988.43	63,252.40	98.0
8AM - 9:59AM	1	14.3	0.00	1,250.00	1,250.00	1.9
2PM - 3:59PM	2	28.6	18.82	0.00	18.82	0.0
2AM - 3:59AM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	57.1	21,810.71	40,988.43	62,799.14	97.3
10 - 12	2	28.6	472.08	1,250.00	1,722.08	2.7
20 - 22	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>Age of Claimant</b>						
25 - 29	2	28.6	21,791.89	40,988.43	62,780.32	97.3
55 - 59	1	14.3	0.00	1,250.00	1,250.00	1.9
40 - 44	1	14.3	472.08	0.00	472.08	0.7
15 - 19	1	14.3	18.82	0.00	18.82	0.0
45 - 49	1	14.3	0.00	0.00	0.00	0.0
50 - 54	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	57.1	21,791.89	40,988.43	62,780.32	97.3
Male	3	42.9	490.90	1,250.00	1,740.90	2.7
<b>Totals:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>LOSS CAUSE</b>						
Chair	1	14.3	21,791.89	40,988.43	62,780.32	97.3
Tractor trailer equipment	1	14.3	0.00	1,250.00	1,250.00	1.9
Hose (indicator # carried)	1	14.3	472.08	0.00	472.08	0.7
Outside Surface	1	14.3	18.82	0.00	18.82	0.0
Animal, not otherwise classified	2	28.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	14.3	21,791.89	40,988.43	62,780.32	97.3
Pushing or Pulling	1	14.3	0.00	1,250.00	1,250.00	1.9
Fall/Slip From a Different Level	1	14.3	472.08	0.00	472.08	0.7

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	1	14.3	18.82	0.00	18.82	0.0
Bitten	1	14.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	14.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>BODY PART</b>						
Head Facial Bones	1	14.3	21,791.89	40,988.43	62,780.32	97.3
Lower Extremities Lower Leg	1	14.3	0.00	1,250.00	1,250.00	1.9
Head Multiple Head Injury	1	14.3	472.08	0.00	472.08	0.7
Head Other facial soft tissue	1	14.3	18.82	0.00	18.82	0.0
Multiple Body Parts Multiple Body Parts	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	28.6	21,791.89	40,988.43	62,780.32	97.3
Rupture	1	14.3	0.00	1,250.00	1,250.00	1.9
Concussion (Brain, Cerebral)	1	14.3	472.08	0.00	472.08	0.7
All Other (Specific) Injuries, NOC	1	14.3	18.82	0.00	18.82	0.0
No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
Puncture	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$22,282.79</b>	<b>\$42,238.43</b>	<b>\$64,521.22</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>46 - VPISU-VP for Finance</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
34 - 36	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	0.00	0.00	0.00	0.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	50.0	0.00	0.00	0.00	0.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>47 - VPISU-Graduate School</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Hazardous Material	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Burn or Scald-Chemicals	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Burn	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>53 - VPISU-VP for Admin &amp; Business Svcs.</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	20.0	27,562.35	170,237.27	197,799.62	62.5
2PM - 3:59PM	4	26.7	16,651.00	100,778.74	117,429.74	37.1
2AM - 3:59AM	1	6.7	20.00	1,230.00	1,250.00	0.4
12AM - 1:59AM	1	6.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	3	20.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	13.3	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	20.0	27,563.53	170,236.09	197,799.62	62.5
2 - 4	2	13.3	16,651.00	100,778.74	117,429.74	37.1
8 - 10	1	6.7	18.82	1,231.18	1,250.00	0.4
4 - 6	1	6.7	0.00	0.00	0.00	0.0
6 - 8	4	26.7	0.00	0.00	0.00	0.0
12 - 14	1	6.7	0.00	0.00	0.00	0.0
16 - 18	1	6.7	0.00	0.00	0.00	0.0
18 - 20	1	6.7	0.00	0.00	0.00	0.0
24 - 26	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	
<b>Age of Claimant</b>						
60 - 64	2	13.3	27,543.53	169,006.09	196,549.62	62.1
45 - 49	1	6.7	16,651.00	100,778.74	117,429.74	37.1
20 - 24	1	6.7	20.00	1,230.00	1,250.00	0.4
35 - 39	2	13.3	18.82	1,231.18	1,250.00	0.4
25 - 29	2	13.3	0.00	0.00	0.00	0.0
30 - 34	4	26.7	0.00	0.00	0.00	0.0
50 - 54	2	13.3	0.00	0.00	0.00	0.0
55 - 59	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	
<b>SEX OF CLAIMANT</b>						
Male	10	66.7	44,233.35	272,246.01	316,479.36	100.0
Female	5	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	
<b>LOSS CAUSE</b>						
Package	2	13.3	27,562.35	170,237.27	197,799.62	62.5

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Object on Floor	1	6.7	16,651.00	100,778.74	117,429.74	37.1
Ground control unit/aerial	1	6.7	20.00	1,230.00	1,250.00	0.4
Boxes / containers	1	6.7	0.00	0.00	0.00	0.0
Cart	1	6.7	0.00	0.00	0.00	0.0
Dust	1	6.7	0.00	0.00	0.00	0.0
N/A	1	6.7	0.00	0.00	0.00	0.0
Person	1	6.7	0.00	0.00	0.00	0.0
Training \ Drills	3	20.0	0.00	0.00	0.00	0.0
Trash receptacle	1	6.7	0.00	0.00	0.00	0.0
Uneven Surface	1	6.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	

### ACCIDENT TYPE

Lifting	3	20.0	44,213.35	271,016.01	315,229.36	99.6
Rubbed or Abraded, NOC	1	6.7	20.00	1,230.00	1,250.00	0.4
Absorption, Ingestion or Inhalation NOC	1	6.7	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	6.7	0.00	0.00	0.00	0.0
Fall On the Same Level	2	13.3	0.00	0.00	0.00	0.0
Jumping	2	13.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	6.7	0.00	0.00	0.00	0.0
Other Injury NEC	1	6.7	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	13.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	6.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	

### BODY PART

Upper Extremities Shoulder(s)	1	6.7	27,543.53	169,006.09	196,549.62	62.1
Lower Extremities Hip	1	6.7	16,651.00	100,778.74	117,429.74	37.1
Lower Extremities Multiple Lower Extr	1	6.7	18.82	1,231.18	1,250.00	0.4
Upper Extremities Hand	2	13.3	20.00	1,230.00	1,250.00	0.4
Head Nose	1	6.7	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	6.7	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	13.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	6.7	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	6.7	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	6.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	6.7	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	6.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	

### INJURY

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	4	26.7	27,562.35	170,237.27	197,799.62	62.5
Fracture	1	6.7	16,651.00	100,778.74	117,429.74	37.1
Laceration	1	6.7	20.00	1,230.00	1,250.00	0.4
All Other Cumulative Injury	1	6.7	0.00	0.00	0.00	0.0
All Other (Specific) Injuries, NOC	1	6.7	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	6.7	0.00	0.00	0.00	0.0
Crushing	1	6.7	0.00	0.00	0.00	0.0
Inflammation	1	6.7	0.00	0.00	0.00	0.0
No Physical Injury	2	13.3	0.00	0.00	0.00	0.0
Sprain	2	13.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$44,233.35</b>	<b>\$272,246.01</b>	<b>\$316,479.36</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**208 - VPI STATE UNIVERSITY**  
**5 - VPISU-College of Engineering**

**TIME OF INJURY**

12AM - 1:59AM	2	40.0	482.00	0.00	482.00	92.5
12PM - 1:59PM	2	40.0	20.00	0.00	20.00	3.8
2PM - 3:59PM	1	20.0	18.82	0.00	18.82	3.6
<b>Totals:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

**LENGTH OF SERVICE**

14 - 16	1	20.0	482.00	0.00	482.00	92.5
0 - 2	2	40.0	20.00	0.00	20.00	3.8
2 - 4	1	20.0	18.82	0.00	18.82	3.6
6 - 8	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

**Age of Claimant**

60 - 64	2	40.0	502.00	0.00	502.00	96.4
35 - 39	2	40.0	18.82	0.00	18.82	3.6
20 - 24	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

**SEX OF CLAIMANT**

Male	2	40.0	482.00	0.00	482.00	92.5
Female	3	60.0	38.82	0.00	38.82	7.5
<b>Totals:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

**LOSS CAUSE**

Object on Floor	1	20.0	482.00	0.00	482.00	92.5
Cart	1	20.0	20.00	0.00	20.00	3.8
Walking surface, inside, dry	1	20.0	18.82	0.00	18.82	3.6
Cabinet	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
<b>Totals:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

**ACCIDENT TYPE**

Fall, Slip or Trip, NOC	1	20.0	482.00	0.00	482.00	92.5
Strain or Injury By, NOC	1	20.0	20.00	0.00	20.00	3.8
Fall On the Same Level	1	20.0	18.82	0.00	18.82	3.6
Broken Glass	1	20.0	0.00	0.00	0.00	0.0
Lifting	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

**BODY PART**

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Upper Back Area (Thoracic Area)	1	20.0	482.00	0.00	482.00	92.5
Upper Extremities Wrist	1	20.0	20.00	0.00	20.00	3.8
Lower Extremities Lower Leg	1	20.0	18.82	0.00	18.82	3.6
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	
<b>INJURY</b>						
Strain	3	60.0	502.00	0.00	502.00	96.4
Fracture	1	20.0	18.82	0.00	18.82	3.6
Laceration	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$520.82</b>	<b>\$0.00</b>	<b>\$520.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>7 - VPISU-Liberal Arts &amp; Human Sciences</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	33.3	18.82	0.00	18.82	100.0
12AM - 1:59AM	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
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
20 - 24	2	66.7	18.82	0.00	18.82	100.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
N/A	2	66.7	18.82	0.00	18.82	100.0
Walking surface, outside, wet	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	2	66.7	18.82	0.00	18.82	100.0
Fall/Slip on Ice or Snow	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Whole Body	2	66.7	18.82	0.00	18.82	100.0
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
No Physical Injury	2	66.7	18.82	0.00	18.82	100.0
Inflammation	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>8 - VPISU-College of Science</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	7.1	38,240.01	0.00	38,240.01	96.0
12AM - 1:59AM	3	21.4	1,018.82	0.00	1,018.82	2.6
12PM - 1:59PM	4	28.6	494.17	0.00	494.17	1.2
10AM - 11:59AM	1	7.1	66.62	0.00	66.62	0.2
8AM - 9:59AM	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	1	7.1	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	7.1	38,240.01	0.00	38,240.01	96.0
22 - 24	1	7.1	1,018.82	0.00	1,018.82	2.6
0 - 2	7	50.0	560.79	0.00	560.79	1.4
2 - 4	3	21.4	0.00	0.00	0.00	0.0
4 - 6	1	7.1	0.00	0.00	0.00	0.0
12 - 14	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	
<b>Age of Claimant</b>						
50 - 54	1	7.1	38,240.01	0.00	38,240.01	96.0
40 - 44	2	14.3	1,018.82	0.00	1,018.82	2.6
15 - 19	2	14.3	494.17	0.00	494.17	1.2
45 - 49	1	7.1	66.62	0.00	66.62	0.2
20 - 24	2	14.3	0.00	0.00	0.00	0.0
25 - 29	2	14.3	0.00	0.00	0.00	0.0
30 - 34	2	14.3	0.00	0.00	0.00	0.0
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
<b>Totals:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	42.9	39,819.62	0.00	39,819.62	100.0
Male	8	57.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	7.1	38,240.01	0.00	38,240.01	96.0
Walking surface, outside, dry	1	7.1	1,018.82	0.00	1,018.82	2.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Knife, Utility	1	7.1	494.17	0.00	494.17	1.2
Person	2	14.3	66.62	0.00	66.62	0.2
Animal, not otherwise classified	1	7.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	14.3	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	14.3	0.00	0.00	0.00	0.0
Miscellaneous	1	7.1	0.00	0.00	0.00	0.0
Needle stick	1	7.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	

### ACCIDENT TYPE

Fall On the Same Level	1	7.1	38,240.01	0.00	38,240.01	96.0
Struck/Injured By Falling or Flying Objec	1	7.1	1,018.82	0.00	1,018.82	2.6
Hand Tool, Utensil; Not Powered	3	21.4	494.17	0.00	494.17	1.2
Other than Physical Cause of Injury	2	14.3	66.62	0.00	66.62	0.2
Broken Glass	3	21.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	7.1	0.00	0.00	0.00	0.0
Other Injury NEC	2	14.3	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	

### BODY PART

Lower Extremities Ankle	1	7.1	38,240.01	0.00	38,240.01	96.0
Trunk Low Back Area (Incl. Lumbar & Li	2	14.3	1,018.82	0.00	1,018.82	2.6
Upper Extremities Finger(s)	4	28.6	494.17	0.00	494.17	1.2
Multiple Body Parts No Physical Injury	1	7.1	66.62	0.00	66.62	0.2
Head Eye(s)	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	7.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	14.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	

### INJURY

Fracture	1	7.1	38,240.01	0.00	38,240.01	96.0
Strain	2	14.3	1,018.82	0.00	1,018.82	2.6
Laceration	5	35.7	494.17	0.00	494.17	1.2
No Physical Injury	3	21.4	66.62	0.00	66.62	0.2
Contagious Disease	1	7.1	0.00	0.00	0.00	0.0
Puncture	1	7.1	0.00	0.00	0.00	0.0
Vision Loss	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$39,819.62</b>	<b>\$0.00</b>	<b>\$39,819.62</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>9 - VPISU-College of Veterinary Medicine</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	3	5.9	29,932.38	90,898.06	120,830.44	48.2
8AM - 9:59AM	5	9.8	49,781.45	26,264.19	76,045.64	30.4
10PM - 11:59PM	4	7.8	1,471.16	29,475.50	30,946.66	12.4
10AM - 11:59AM	13	25.5	8,305.04	2,717.91	11,022.95	4.4
12PM - 1:59PM	4	7.8	2,628.54	1,071.41	3,699.95	1.5
6AM - 7:59AM	3	5.9	2,542.61	0.00	2,542.61	1.0
12AM - 1:59AM	8	15.7	323.01	1,205.93	1,528.94	0.6
2PM - 3:59PM	7	13.7	1,366.54	0.00	1,366.54	0.5
2AM - 3:59AM	1	2.0	10.63	1,239.37	1,250.00	0.5
4AM - 5:59AM	1	2.0	0.00	1,250.00	1,250.00	0.5
4PM - 5:59PM	2	3.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	34	66.7	64,019.91	61,875.73	125,895.64	50.3
10 - 12	1	2.0	29,932.38	89,648.06	119,580.44	47.7
2 - 4	5	9.8	2,188.16	1,527.17	3,715.33	1.5
14 - 16	2	3.9	178.59	1,071.41	1,250.00	0.5
6 - 8	2	3.9	23.50	0.00	23.50	0.0
38 - 40	1	2.0	18.82	0.00	18.82	0.0
4 - 6	1	2.0	0.00	0.00	0.00	0.0
8 - 10	1	2.0	0.00	0.00	0.00	0.0
12 - 14	2	3.9	0.00	0.00	0.00	0.0
20 - 22	1	2.0	0.00	0.00	0.00	0.0
22 - 24	1	2.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>Age of Claimant</b>						
35 - 39	3	5.9	29,943.01	92,137.43	122,080.44	48.7
25 - 29	13	25.5	51,528.36	26,264.19	77,792.55	31.1
20 - 24	10	19.6	4,907.22	33,399.34	38,306.56	15.3
30 - 34	12	23.5	7,739.22	1,250.00	8,989.22	3.6
45 - 49	4	7.8	2,046.14	0.00	2,046.14	0.8
40 - 44	2	3.9	178.59	1,071.41	1,250.00	0.5
60 - 64	1	2.0	18.82	0.00	18.82	0.0
50 - 54	4	7.8	0.00	0.00	0.00	0.0
65 - 69	2	3.9	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>SEX OF CLAIMANT</b>						
Female	47	92.2	94,864.82	154,122.37	248,987.19	99.4
Male	4	7.8	1,496.54	0.00	1,496.54	0.6
<b>Totals:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	25	49.0	92,199.65	150,605.66	242,805.31	96.9
Machine, not otherwise classified	1	2.0	1,496.54	0.00	1,496.54	0.6
Needle stick	5	9.8	258.76	1,071.41	1,330.17	0.5
Animal / insect, not otherwise classifie	3	5.9	44.07	1,205.93	1,250.00	0.5
Fencing	1	2.0	10.63	1,239.37	1,250.00	0.5
Door	2	3.9	1,196.79	0.00	1,196.79	0.5
Vehicle/car/truck	1	2.0	965.90	0.00	965.90	0.4
Poisonous agent / plant	1	2.0	127.88	0.00	127.88	0.1
Hazardous Material	3	5.9	42.32	0.00	42.32	0.0
Floor	1	2.0	18.82	0.00	18.82	0.0
Animal / bee type	2	3.9	0.00	0.00	0.00	0.0
Blade	1	2.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.0	0.00	0.00	0.00	0.0
Knife, Utility	1	2.0	0.00	0.00	0.00	0.0
Metal items	1	2.0	0.00	0.00	0.00	0.0
Person	1	2.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	20	39.2	86,828.80	150,561.59	237,390.39	94.8
Struck or Injury By, NOC	3	5.9	4,945.79	0.00	4,945.79	2.0
Lifting	1	2.0	1,496.54	0.00	1,496.54	0.6
Cut, Punctured, Scraped, NOC	5	9.8	258.76	1,071.41	1,330.17	0.5
Hand Tool, Utensil; Not Powered	4	7.8	10.63	1,239.37	1,250.00	0.5
Strain or Injury By, NOC	1	2.0	0.00	1,250.00	1,250.00	0.5
Caught In, Under or Between, NOC	2	3.9	1,183.70	0.00	1,183.70	0.5
Striking Against or Stepping On, NOC	1	2.0	978.99	0.00	978.99	0.4
Caught In/Between-Object Handled	1	2.0	445.80	0.00	445.80	0.2
Contact With Not Otherwise Classified	3	5.9	170.20	0.00	170.20	0.1
Fall On the Same Level	2	3.9	42.15	0.00	42.15	0.0
Absorption, Ingestion or Inhalation NOC	2	3.9	0.00	0.00	0.00	0.0
Broken Glass	1	2.0	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	2.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Object Being Lifted or	2	3.9	0.00	0.00	0.00	0.0
Twisting	1	2.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>BODY PART</b>						
Lower Extremities Hip	1	2.0	29,932.38	89,648.06	119,580.44	47.7
Upper Extremities Shoulder(s)	1	2.0	49,781.45	26,264.19	76,045.64	30.4
Head Multiple Head Injury	1	2.0	1,193.32	29,475.50	30,668.82	12.2
Multiple Body Parts Multiple Body Parts	4	7.8	7,014.29	2,440.74	9,455.03	3.8
Upper Extremities Hand	10	19.6	2,574.19	1,205.93	3,780.12	1.5
Upper Extremities Thumb	5	9.8	1,183.70	1,250.00	2,433.70	1.0
Trunk Low Back Area (Incl. Lumbar & L	2	3.9	1,623.26	0.00	1,623.26	0.6
Head Skull	3	5.9	18.82	1,250.00	1,268.82	0.5
Lower Extremities Ankle	1	2.0	972.83	277.17	1,250.00	0.5
Upper Extremities Finger(s)	3	5.9	178.59	1,071.41	1,250.00	0.5
Upper Extremities Lower Arm	2	3.9	10.63	1,239.37	1,250.00	0.5
Trunk Abdomen Including Groin	1	2.0	978.99	0.00	978.99	0.4
Upper Extremities Wrist	1	2.0	445.80	0.00	445.80	0.2
Head Ear(s)	1	2.0	236.34	0.00	236.34	0.1
Lower Extremities Foot	2	3.9	151.12	0.00	151.12	0.1
Multiple Body Parts No Physical Injury	3	5.9	42.32	0.00	42.32	0.0
Lower Extremities Lower Leg	1	2.0	23.33	0.00	23.33	0.0
Head Eye(s)	2	3.9	0.00	0.00	0.00	0.0
Head Mouth	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	3.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	2.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	
<b>INJURY</b>						
Strain	5	9.8	31,555.64	90,898.06	122,453.70	48.9
Dislocation	1	2.0	49,781.45	26,264.19	76,045.64	30.4
Contusion (Bruise, Skin Surface)	11	21.6	9,058.72	31,916.24	40,974.96	16.4
Laceration	6	11.8	3,259.01	1,239.37	4,498.38	1.8
Puncture	10	19.6	302.83	2,277.34	2,580.17	1.0
Sprain	3	5.9	1,441.96	277.17	1,719.13	0.7
Multiple Physical Injury Only	1	2.0	0.00	1,250.00	1,250.00	0.5
Crushing	4	7.8	772.73	0.00	772.73	0.3
All Other (Specific) Injuries, NOC	4	7.8	127.88	0.00	127.88	0.1
Contagious Disease	2	3.9	42.32	0.00	42.32	0.0
Concussion (Brain, Cerebral)	1	2.0	18.82	0.00	18.82	0.0



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Foreign Body (Eye)	1	2.0	0.00	0.00	0.00	0.0
No Physical Injury	1	2.0	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	1	2.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>51</b>		<b>\$96,361.36</b>	<b>\$154,122.37</b>	<b>\$250,483.73</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>208 - VPI STATE UNIVERSITY</b>						
<b>S208 - VPI STATE UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	6	17.6	1,868.61	0.00	1,868.61	36.9
12AM - 1:59AM	11	32.4	63.19	1,205.63	1,268.82	25.1
12PM - 1:59PM	3	8.8	970.53	0.00	970.53	19.2
8AM - 9:59AM	9	26.5	536.79	0.00	536.79	10.6
6PM - 7:59PM	1	2.9	347.08	0.00	347.08	6.9
6AM - 7:59AM	2	5.9	43.69	0.00	43.69	0.9
2PM - 3:59PM	1	2.9	22.59	0.00	22.59	0.4
4PM - 5:59PM	1	2.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	21	61.8	1,245.09	1,205.63	2,450.72	48.5
4 - 6	2	5.9	1,289.88	0.00	1,289.88	25.5
2 - 4	6	17.6	1,251.23	0.00	1,251.23	24.7
10 - 12	3	8.8	43.69	0.00	43.69	0.9
28 - 30	1	2.9	22.59	0.00	22.59	0.4
24 - 26	1	2.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	
<b>Age of Claimant</b>						
25 - 29	8	23.5	1,940.51	0.00	1,940.51	38.4
30 - 34	4	11.8	285.71	1,205.63	1,491.34	29.5
65 - 69	2	5.9	942.70	0.00	942.70	18.6
20 - 24	8	23.5	347.08	0.00	347.08	6.9
50 - 54	3	8.8	251.38	0.00	251.38	5.0
45 - 49	1	2.9	43.69	0.00	43.69	0.9
70 - 74	2	5.9	22.59	0.00	22.59	0.4
35 - 39	2	5.9	18.82	0.00	18.82	0.4
40 - 44	3	8.8	0.00	0.00	0.00	0.0
55 - 59	1	2.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	
<b>SEX OF CLAIMANT</b>						
Female	19	55.9	1,889.45	1,205.63	3,095.08	61.2
Male	15	44.1	1,963.03	0.00	1,963.03	38.8
<b>Totals:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	
<b>LOSS CAUSE</b>						
Knife, Utility	1	2.9	1,251.23	0.00	1,251.23	24.7

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, not powered, NOC	1	2.9	44.37	1,205.63	1,250.00	24.7
Floor	3	8.8	967.57	0.00	967.57	19.1
Trailer Dolly	1	2.9	366.00	0.00	366.00	7.2
Office equipment	1	2.9	347.08	0.00	347.08	6.9
Knife, NOC	2	5.9	276.63	0.00	276.63	5.5
Animal / insect, not otherwise classifie	3	8.8	241.34	0.00	241.34	4.8
Cart	2	5.9	184.56	0.00	184.56	3.6
Dust	3	8.8	104.46	0.00	104.46	2.1
Water	1	2.9	46.65	0.00	46.65	0.9
Boxes / containers	1	2.9	22.59	0.00	22.59	0.4
Animal, not otherwise classified	1	2.9	0.00	0.00	0.00	0.0
Battery	1	2.9	0.00	0.00	0.00	0.0
Blade	1	2.9	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	4	11.8	0.00	0.00	0.00	0.0
Cleaning Products	1	2.9	0.00	0.00	0.00	0.0
Foreign Object	1	2.9	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.9	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	2.9	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.9	0.00	0.00	0.00	0.0
Mowers	1	2.9	0.00	0.00	0.00	0.0
Needle stick	1	2.9	0.00	0.00	0.00	0.0
Outside Surface	1	2.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	

### ACCIDENT TYPE

Hand Tool, Utensil; Not Powered	5	14.7	1,527.86	0.00	1,527.86	30.2
Repetitive Motion (after 7/1/94)	1	2.9	44.37	1,205.63	1,250.00	24.7
Fall On the Same Level	2	5.9	967.57	0.00	967.57	19.1
Caught In, Under or Between, NOC	1	2.9	366.00	0.00	366.00	7.2
Other Injury NEC	5	14.7	365.90	0.00	365.90	7.2
Struck/Injured By Animal or Insect	3	8.8	241.34	0.00	241.34	4.8
Lifting	1	2.9	184.56	0.00	184.56	3.6
Other than Physical Cause of Injury	2	5.9	66.82	0.00	66.82	1.3
Absorption, Ingestion or Inhalation NOC	1	2.9	46.65	0.00	46.65	0.9
Object Being Lifted or Handled	1	2.9	22.59	0.00	22.59	0.4
Dust, Gases, Fumes or Vapors	3	8.8	18.82	0.00	18.82	0.4
Broken Glass	1	2.9	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	2.9	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	2.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	5.9	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.9	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	2.9	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Powered Hand Tool; Appliance	1	2.9	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	
<b>BODY PART</b>						
Upper Extremities Hand	6	17.6	1,492.57	0.00	1,492.57	29.5
Upper Extremities Wrist	1	2.9	44.37	1,205.63	1,250.00	24.7
Lower Extremities Knee	1	2.9	923.88	0.00	923.88	18.3
Multiple Body Parts Multiple Body Parts	6	17.6	409.69	0.00	409.69	8.1
Head Eye(s)	2	5.9	347.08	0.00	347.08	6.9
Upper Extremities Thumb	1	2.9	276.63	0.00	276.63	5.5
Trunk Low Back Area (Incl. Lumbar & L	2	5.9	207.15	0.00	207.15	4.1
Trunk Lung(s)	4	11.8	104.46	0.00	104.46	2.1
Trunk Internal Organs	1	2.9	46.65	0.00	46.65	0.9
Head Multiple Head Injury	1	2.9	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	2.9	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	5.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	4	11.8	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	
<b>INJURY</b>						
Laceration	7	20.6	1,527.86	0.00	1,527.86	30.2
All Other (Specific) Injuries, NOC	2	5.9	44.37	1,205.63	1,250.00	24.7
Contusion (Bruise, Skin Surface)	2	5.9	967.57	0.00	967.57	19.1
Sprain	2	5.9	366.00	0.00	366.00	7.2
Burn	2	5.9	347.08	0.00	347.08	6.9
Puncture	5	14.7	241.34	0.00	241.34	4.8
Strain	3	8.8	207.15	0.00	207.15	4.1
No Physical Injury	6	17.6	85.64	0.00	85.64	1.7
Infection	1	2.9	46.65	0.00	46.65	0.9
Asbestosis	1	2.9	18.82	0.00	18.82	0.4
Multiple Physical Injury Only	2	5.9	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	1	2.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>34</b>		<b>\$3,852.48</b>	<b>\$1,205.63</b>	<b>\$5,058.11</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>103 - UVA Health - NEWBORN ICU   ECMO  </b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>10 - UVA Health - 6 CENTRAL</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	16.7	5,644.30	28,374.52	34,018.82	60.6
8AM - 9:59AM	2	33.3	2,155.98	19,596.00	21,751.98	38.7
2PM - 3:59PM	2	33.3	370.85	0.00	370.85	0.7
12PM - 1:59PM	1	16.7	32.83	0.00	32.83	0.1
<b>Totals:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	16.7	5,644.30	28,374.52	34,018.82	60.6
0 - 2	4	66.7	2,326.50	19,596.00	21,922.50	39.0
2 - 4	1	16.7	233.16	0.00	233.16	0.4
<b>Totals:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>Age of Claimant</b>						
35 - 39	3	50.0	7,585.94	47,970.52	55,556.46	98.9
20 - 24	1	16.7	352.03	0.00	352.03	0.6
55 - 59	1	16.7	233.16	0.00	233.16	0.4
25 - 29	1	16.7	32.83	0.00	32.83	0.1
<b>Totals:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	8,203.96	47,970.52	56,174.48	100.0
<b>Totals:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	3	50.0	5,695.95	28,374.52	34,070.47	60.7
Walking surface, inside, dry	1	16.7	1,922.82	19,596.00	21,518.82	38.3
Machine, not otherwise classified	1	16.7	352.03	0.00	352.03	0.6
Person	1	16.7	233.16	0.00	233.16	0.4
<b>Totals:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>ACCIDENT TYPE</b>						
Lifting	2	33.3	5,663.12	28,374.52	34,037.64	60.6
Twisting	2	33.3	2,155.98	19,596.00	21,751.98	38.7
Strike Against Moving Parts of Machine	1	16.7	352.03	0.00	352.03	0.6
Struck/Injured By Fellow Worker, Patient	1	16.7	32.83	0.00	32.83	0.1
<b>Sum:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	2	33.3	5,877.46	28,374.52	34,251.98	61.0
Lower Extremities Ankle	1	16.7	1,922.82	19,596.00	21,518.82	38.3

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Multiple Head Injury	1	16.7	352.03	0.00	352.03	0.6
Head Skull	1	16.7	32.83	0.00	32.83	0.1
Multiple Body Parts Multiple Body Parts	1	16.7	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	
<b>INJURY</b>						
Strain	3	50.0	5,896.28	28,374.52	34,270.80	61.0
Sprain	1	16.7	1,922.82	19,596.00	21,518.82	38.3
Concussion (Brain, Cerebral)	2	33.3	384.86	0.00	384.86	0.7
<b>Sum:</b>	<b>6</b>		<b>\$8,203.96</b>	<b>\$47,970.52</b>	<b>\$56,174.48</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>111 - UVA Health - OPERATING ROOM</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	2	33.3	7,930.51	21,438.31	29,368.82	95.5
6PM - 7:59PM	1	16.7	72.82	1,251.00	1,323.82	4.3
12AM - 1:59AM	1	16.7	43.19	0.00	43.19	0.1
2PM - 3:59PM	1	16.7	18.82	0.00	18.82	0.1
4PM - 5:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	16.7	6,910.42	21,208.40	28,118.82	91.4
10 - 12	1	16.7	72.82	1,251.00	1,323.82	4.3
0 - 2	3	50.0	1,063.28	229.91	1,293.19	4.2
22 - 24	1	16.7	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>Age of Claimant</b>						
30 - 34	3	50.0	6,953.61	21,208.40	28,162.01	91.6
50 - 54	1	16.7	72.82	1,251.00	1,323.82	4.3
25 - 29	1	16.7	1,020.09	229.91	1,250.00	4.1
60 - 64	1	16.7	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	83.3	8,046.52	22,689.31	30,735.83	99.9
Male	1	16.7	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>LOSS CAUSE</b>						
Cart	2	33.3	6,953.61	21,208.40	28,162.01	91.6
Walking surface, inside, dry	1	16.7	72.82	1,251.00	1,323.82	4.3
Cleaning Products	1	16.7	1,020.09	229.91	1,250.00	4.1
Chair	1	16.7	18.82	0.00	18.82	0.1
Needle stick	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Object Being Lifted or	1	16.7	6,910.42	21,208.40	28,118.82	91.4
Fall On the Same Level	1	16.7	72.82	1,251.00	1,323.82	4.3
Burn or Scald-Chemicals	1	16.7	1,020.09	229.91	1,250.00	4.1
Struck or Injury By, NOC	1	16.7	43.19	0.00	43.19	0.1



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From a Different Level	1	16.7	18.82	0.00	18.82	0.1
Hand Tool, Utensil; Not Powered	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	16.7	6,910.42	21,208.40	28,118.82	91.4
Lower Extremities Knee	1	16.7	72.82	1,251.00	1,323.82	4.3
Head Eye(s)	1	16.7	1,020.09	229.91	1,250.00	4.1
Multiple Body Parts Multiple Body Parts	1	16.7	43.19	0.00	43.19	0.1
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	18.82	0.00	18.82	0.1
Upper Extremities Finger(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	3	50.0	7,002.06	22,459.40	29,461.46	95.8
Poisoning - Chemical (Other than Metal)	1	16.7	1,020.09	229.91	1,250.00	4.1
Crushing	1	16.7	43.19	0.00	43.19	0.1
Puncture	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$8,065.34</b>	<b>\$22,689.31</b>	<b>\$30,754.65</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>113 - UVA Health - OPHTHALMOLOGY DEPART</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>LOSS CAUSE</b>						
Wheelchair	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>ACCIDENT TYPE</b>						
Pushing or Pulling	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	
<b>INJURY</b>						
Strain	1	100.0	1,699.86	0.00	1,699.86	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,699.86</b>	<b>\$0.00</b>	<b>\$1,699.86</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>116 - UVA Health - PROSTH &amp; ORTHO DIVIS</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	244.95	0.00	244.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	244.95	0.00	244.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	244.95	0.00	244.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	244.95	0.00	244.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>LOSS CAUSE</b>						
Water	1	100.0	244.95	0.00	244.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	244.95	0.00	244.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	244.95	0.00	244.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	244.95	0.00	244.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$244.95</b>	<b>\$0.00</b>	<b>\$244.95</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>11 - UVA Health - 6 EAST</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	1	33.3	2,629.15	0.00	2,629.15	56.7
12PM - 1:59PM	1	33.3	1,404.23	0.00	1,404.23	30.3
2PM - 3:59PM	1	33.3	602.39	0.00	602.39	13.0
<b>Totals:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	4,635.77	0.00	4,635.77	100.0
<b>Totals:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>Age of Claimant</b>						
35 - 39	1	33.3	2,629.15	0.00	2,629.15	56.7
30 - 34	2	66.7	2,006.62	0.00	2,006.62	43.3
<b>Totals:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	4,635.77	0.00	4,635.77	100.0
<b>Totals:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	2	66.7	3,231.54	0.00	3,231.54	69.7
Chair	1	33.3	1,404.23	0.00	1,404.23	30.3
<b>Totals:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>ACCIDENT TYPE</b>						
Lifting	3	100.0	4,635.77	0.00	4,635.77	100.0
<b>Sum:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	33.3	2,629.15	0.00	2,629.15	56.7
Neck Multiple Neck Injury	1	33.3	1,404.23	0.00	1,404.23	30.3
Upper Extremities Wrist	1	33.3	602.39	0.00	602.39	13.0
<b>Sum:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	
<b>INJURY</b>						
Strain	3	100.0	4,635.77	0.00	4,635.77	100.0
<b>Sum:</b>	<b>3</b>		<b>\$4,635.77</b>	<b>\$0.00</b>	<b>\$4,635.77</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>123 - UVA Health - PCC</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>125 - UVA Health - PEDIATRIC ICU</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	50.0	10,243.41	35,806.05	46,049.46	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	10,243.41	35,806.05	46,049.46	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	10,243.41	35,806.05	46,049.46	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	10,243.41	35,806.05	46,049.46	100.0
<b>Totals:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	50.0	10,243.41	35,806.05	46,049.46	100.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	50.0	10,243.41	35,806.05	46,049.46	100.0
Struck/Injured By Fellow Worker, Patient	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	10,243.41	35,806.05	46,049.46	100.0
Head Nose	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	10,243.41	35,806.05	46,049.46	100.0
Inflammation	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$10,243.41</b>	<b>\$35,806.05</b>	<b>\$46,049.46</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>126 - UVA Health - PEDIATRICS DEPARTMEN</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	100.0	285.87	0.00	285.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	285.87	0.00	285.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	285.87	0.00	285.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	285.87	0.00	285.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	285.87	0.00	285.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	285.87	0.00	285.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	285.87	0.00	285.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	285.87	0.00	285.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$285.87</b>	<b>\$0.00</b>	<b>\$285.87</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>127 - UVA Health - PHARMACY</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	2	40.0	33,816.18	72,490.38	106,306.56	93.8
4AM - 5:59AM	1	20.0	7,056.57	0.00	7,056.57	6.2
8AM - 9:59AM	1	20.0	18.82	0.00	18.82	0.0
2PM - 3:59PM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	20.0	25,137.16	53,575.58	78,712.74	69.4
22 - 24	1	20.0	8,679.02	18,914.80	27,593.82	24.3
2 - 4	2	40.0	7,056.57	0.00	7,056.57	6.2
8 - 10	1	20.0	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>Age of Claimant</b>						
30 - 34	1	20.0	25,137.16	53,575.58	78,712.74	69.4
65 - 69	1	20.0	8,679.02	18,914.80	27,593.82	24.3
50 - 54	1	20.0	7,056.57	0.00	7,056.57	6.2
45 - 49	2	40.0	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	80.0	40,872.75	72,490.38	113,363.13	100.0
Male	1	20.0	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>LOSS CAUSE</b>						
Metal items	1	20.0	25,137.16	53,575.58	78,712.74	69.4
Floor	1	20.0	8,679.02	18,914.80	27,593.82	24.3
Cords	1	20.0	7,056.57	0.00	7,056.57	6.2
Furniture / fixtures	1	20.0	18.82	0.00	18.82	0.0
Machine, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	20.0	25,137.16	53,575.58	78,712.74	69.4
Fall/Slip From Liquid or Grease Spills	1	20.0	8,679.02	18,914.80	27,593.82	24.3
Fall, Slip or Trip, NOC	1	20.0	7,056.57	0.00	7,056.57	6.2
Repetitive Motion (after 7/1/94)	1	20.0	18.82	0.00	18.82	0.0
Striking Against or Stepping On, NOC	1	20.0	0.00	0.00	0.00	0.0



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	20.0	25,137.16	53,575.58	78,712.74	69.4
Multiple Body Parts Multiple Body Parts	1	20.0	8,679.02	18,914.80	27,593.82	24.3
Lower Extremities Knee	2	40.0	7,075.39	0.00	7,075.39	6.2
Head Facial Bones	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	
<b>INJURY</b>						
Crushing	2	40.0	25,137.16	53,575.58	78,712.74	69.4
Multiple Physical Injury Only	1	20.0	8,679.02	18,914.80	27,593.82	24.3
Contusion (Bruise, Skin Surface)	1	20.0	7,056.57	0.00	7,056.57	6.2
Strain	1	20.0	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>5</b>		<b>\$40,891.57</b>	<b>\$72,490.38</b>	<b>\$113,381.95</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>128 - UVA Health - PLASTIC SURGERY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	150.77	0.00	150.77	100.0
<b>Totals:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	150.77	0.00	150.77	100.0
<b>Totals:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	150.77	0.00	150.77	100.0
<b>Totals:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	150.77	0.00	150.77	100.0
<b>Totals:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	150.77	0.00	150.77	100.0
<b>Totals:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	150.77	0.00	150.77	100.0
<b>Sum:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	150.77	0.00	150.77	100.0
<b>Sum:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	
<b>INJURY</b>						
Strain	1	100.0	150.77	0.00	150.77	100.0
<b>Sum:</b>	<b>1</b>		<b>\$150.77</b>	<b>\$0.00</b>	<b>\$150.77</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>129 - UVA Health - PACU / SAS / PAC</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	415.45	16,303.37	16,718.82	92.0
6PM - 7:59PM	1	50.0	1,457.79	0.00	1,457.79	8.0
<b>Totals:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	1,873.24	16,303.37	18,176.61	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>Age of Claimant</b>						
35 - 39	1	50.0	415.45	16,303.37	16,718.82	92.0
20 - 24	1	50.0	1,457.79	0.00	1,457.79	8.0
<b>Totals:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	1,873.24	16,303.37	18,176.61	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	50.0	415.45	16,303.37	16,718.82	92.0
Furniture / fixtures	1	50.0	1,457.79	0.00	1,457.79	8.0
<b>Totals:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	415.45	16,303.37	16,718.82	92.0
Other Injury NEC	1	50.0	1,457.79	0.00	1,457.79	8.0
<b>Sum:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>BODY PART</b>						
Upper Extremities Upper Arm (Incl. Clav)	1	50.0	415.45	16,303.37	16,718.82	92.0
Lower Extremities Foot	1	50.0	1,457.79	0.00	1,457.79	8.0
<b>Sum:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	
<b>INJURY</b>						
Sprain	1	50.0	415.45	16,303.37	16,718.82	92.0
Crushing	1	50.0	1,457.79	0.00	1,457.79	8.0
<b>Sum:</b>	<b>2</b>		<b>\$1,873.24</b>	<b>\$16,303.37</b>	<b>\$18,176.61</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>12 - UVA Health - 6 WEST</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	352.03	0.00	352.03	100.0
<b>Totals:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	352.03	0.00	352.03	100.0
<b>Totals:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	352.03	0.00	352.03	100.0
<b>Totals:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	352.03	0.00	352.03	100.0
<b>Totals:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	352.03	0.00	352.03	100.0
<b>Totals:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	352.03	0.00	352.03	100.0
<b>Sum:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>BODY PART</b>						
Trunk Abdomen Including Groin	1	100.0	352.03	0.00	352.03	100.0
<b>Sum:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	352.03	0.00	352.03	100.0
<b>Sum:</b>	<b>1</b>		<b>\$352.03</b>	<b>\$0.00</b>	<b>\$352.03</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>132 - UVA Health - PULMONARY LAB</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	29.69	0.00	29.69	100.0
<b>Totals:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	29.69	0.00	29.69	100.0
<b>Totals:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	29.69	0.00	29.69	100.0
<b>Totals:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	29.69	0.00	29.69	100.0
<b>Totals:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	100.0	29.69	0.00	29.69	100.0
<b>Totals:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	29.69	0.00	29.69	100.0
<b>Sum:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	29.69	0.00	29.69	100.0
<b>Sum:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	
<b>INJURY</b>						
Sprain	1	100.0	29.69	0.00	29.69	100.0
<b>Sum:</b>	<b>1</b>		<b>\$29.69</b>	<b>\$0.00</b>	<b>\$29.69</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>135 - UVA Health - RADIOLOGY</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	2	18.2	13,139.43	27,141.79	40,281.22	94.1
8AM - 9:59AM	2	18.2	1,606.08	0.00	1,606.08	3.8
12PM - 1:59PM	2	18.2	516.17	0.00	516.17	1.2
4PM - 5:59PM	2	18.2	235.04	0.00	235.04	0.5
10AM - 11:59AM	2	18.2	178.52	0.00	178.52	0.4
2PM - 3:59PM	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	9.1	13,139.43	25,891.79	39,031.22	91.2
0 - 2	5	45.5	663.19	1,250.00	1,913.19	4.5
14 - 16	2	18.2	829.39	0.00	829.39	1.9
6 - 8	1	9.1	808.19	0.00	808.19	1.9
12 - 14	1	9.1	235.04	0.00	235.04	0.5
4 - 6	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>Age of Claimant</b>						
65 - 69	1	9.1	13,139.43	25,891.79	39,031.22	91.2
45 - 49	1	9.1	0.00	1,250.00	1,250.00	2.9
60 - 64	3	27.3	1,074.73	0.00	1,074.73	2.5
55 - 59	1	9.1	797.89	0.00	797.89	1.9
25 - 29	2	18.2	484.67	0.00	484.67	1.1
30 - 34	2	18.2	178.52	0.00	178.52	0.4
50 - 54	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>SEX OF CLAIMANT</b>						
Female	8	72.7	14,147.34	27,141.79	41,289.13	96.4
Male	3	27.3	1,527.90	0.00	1,527.90	3.6
<b>Totals:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	9.1	13,139.43	25,891.79	39,031.22	91.2
Gas / Fumes	2	18.2	1,606.08	0.00	1,606.08	3.8
Razor blade	1	9.1	0.00	1,250.00	1,250.00	2.9
Computer Work Station	1	9.1	484.67	0.00	484.67	1.1
Machine, not otherwise classified	2	18.2	235.04	0.00	235.04	0.5
Patient / Inmate	2	18.2	178.52	0.00	178.52	0.4

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Ergonomic Conditions	1	9.1	31.50	0.00	31.50	0.1
Water	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	9.1	13,139.43	25,891.79	39,031.22	91.2
Absorption, Ingestion or Inhalation NOC	2	18.2	1,606.08	0.00	1,606.08	3.8
Hand Tool, Utensil; Not Powered	1	9.1	0.00	1,250.00	1,250.00	2.9
Strike Against/Step On Stationary Object	1	9.1	484.67	0.00	484.67	1.1
Struck/Injured By Moving Parts of Machinery	1	9.1	235.04	0.00	235.04	0.5
Struck/Injured By Fellow Worker, Patient	1	9.1	178.52	0.00	178.52	0.4
Twisting	1	9.1	31.50	0.00	31.50	0.1
Fall/Slip From Liquid or Grease Spills	1	9.1	0.00	0.00	0.00	0.0
Pushing or Pulling	2	18.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	18.2	13,374.47	25,891.79	39,266.26	91.7
Trunk Lung(s)	2	18.2	1,606.08	0.00	1,606.08	3.8
Upper Extremities Finger(s)	2	18.2	0.00	1,250.00	1,250.00	2.9
Head Multiple Head Injury	1	9.1	484.67	0.00	484.67	1.1
Upper Extremities Upper Arm (Incl. Clav)	1	9.1	178.52	0.00	178.52	0.4
Lower Extremities Hip	1	9.1	31.50	0.00	31.50	0.1
Trunk Low Back Area (Incl. Lumbar & Li	1	9.1	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	
<b>INJURY</b>						
Crushing	2	18.2	13,317.95	25,891.79	39,209.74	91.6
Respiratory Disorders(Gases,Fumes,Ch	2	18.2	1,606.08	0.00	1,606.08	3.8
Laceration	1	9.1	0.00	1,250.00	1,250.00	2.9
Concussion (Brain, Cerebral)	1	9.1	484.67	0.00	484.67	1.1
Contusion (Bruise, Skin Surface)	1	9.1	235.04	0.00	235.04	0.5
Strain	4	36.4	31.50	0.00	31.50	0.1
<b>Sum:</b>	<b>11</b>		<b>\$15,675.24</b>	<b>\$27,141.79</b>	<b>\$42,817.03</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>136 - UVA Health - Acute Care Pool</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
28 - 30	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Food	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Contact With Not Otherwise Classified	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Burn	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>137 - UVA Health - RENAL UNIT</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	10,038.88	20,364.44	30,403.32	95.9
12PM - 1:59PM	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Totals:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	10,038.88	20,364.44	30,403.32	95.9
0 - 2	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Totals:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	10,038.88	20,364.44	30,403.32	95.9
60 - 64	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Totals:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	10,038.88	20,364.44	30,403.32	95.9
Male	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Totals:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>LOSS CAUSE</b>						
Floor	1	50.0	10,038.88	20,364.44	30,403.32	95.9
Chemicals, not otherwise classified	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Totals:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	10,038.88	20,364.44	30,403.32	95.9
Absorption, Ingestion or Inhalation NOC	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Sum:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	10,038.88	20,364.44	30,403.32	95.9
Head Eye(s)	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Sum:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	10,038.88	20,364.44	30,403.32	95.9
Burn	1	50.0	1,313.88	0.00	1,313.88	4.1
<b>Sum:</b>	<b>2</b>		<b>\$11,352.76</b>	<b>\$20,364.44</b>	<b>\$31,717.20</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>13 - UVA Health - 7 CENTRAL</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	88.07	0.00	88.07	100.0
<b>Totals:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	88.07	0.00	88.07	100.0
<b>Totals:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	88.07	0.00	88.07	100.0
<b>Totals:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	88.07	0.00	88.07	100.0
<b>Totals:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	88.07	0.00	88.07	100.0
<b>Totals:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	88.07	0.00	88.07	100.0
<b>Sum:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	88.07	0.00	88.07	100.0
<b>Sum:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	
<b>INJURY</b>						
Crushing	1	100.0	88.07	0.00	88.07	100.0
<b>Sum:</b>	<b>1</b>		<b>\$88.07</b>	<b>\$0.00</b>	<b>\$88.07</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>143 - UVA Health - SURGERY DEPARTMENT</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	20.0	71,375.12	44,960.18	116,335.30	99.2
4PM - 5:59PM	1	20.0	908.24	0.00	908.24	0.8
6AM - 7:59AM	1	20.0	18.82	0.00	18.82	0.0
10AM - 11:59AM	1	20.0	18.82	0.00	18.82	0.0
6PM - 7:59PM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	20.0	71,375.12	44,960.18	116,335.30	99.2
2 - 4	2	40.0	927.06	0.00	927.06	0.8
0 - 2	1	20.0	18.82	0.00	18.82	0.0
14 - 16	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>Age of Claimant</b>						
60 - 64	1	20.0	71,375.12	44,960.18	116,335.30	99.2
50 - 54	1	20.0	908.24	0.00	908.24	0.8
20 - 24	2	40.0	37.64	0.00	37.64	0.0
55 - 59	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	60.0	71,412.76	44,960.18	116,372.94	99.2
Male	2	40.0	908.24	0.00	908.24	0.8
<b>Totals:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>LOSS CAUSE</b>						
Package	1	20.0	71,375.12	44,960.18	116,335.30	99.2
Blade	1	20.0	908.24	0.00	908.24	0.8
Furniture / fixtures	1	20.0	18.82	0.00	18.82	0.0
Machine, not otherwise classified	1	20.0	18.82	0.00	18.82	0.0
Walking surface, inside, wet	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	20.0	71,375.12	44,960.18	116,335.30	99.2
Hand Tool, Utensil; Not Powered	1	20.0	908.24	0.00	908.24	0.8
Reaching	1	20.0	18.82	0.00	18.82	0.0
Strike Against/Step On Stationary Object	1	20.0	18.82	0.00	18.82	0.0

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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	20.0	71,375.12	44,960.18	116,335.30	99.2
Upper Extremities Finger(s)	1	20.0	908.24	0.00	908.24	0.8
Head Multiple Head Injury	1	20.0	18.82	0.00	18.82	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	18.82	0.00	18.82	0.0
Lower Extremities Knee	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	
<b>INJURY</b>						
Strain	2	40.0	71,393.94	44,960.18	116,354.12	99.2
Laceration	1	20.0	908.24	0.00	908.24	0.8
Concussion (Brain, Cerebral)	1	20.0	18.82	0.00	18.82	0.0
Contusion (Bruise, Skin Surface)	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$72,321.00</b>	<b>\$44,960.18</b>	<b>\$117,281.18</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>144 - UVA Health - Therapy Services</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>145 - UVA Health - STBICU</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	12.5	904.75	24,664.07	25,568.82	47.7
2PM - 3:59PM	2	25.0	2,984.04	19,585.78	22,569.82	42.1
2AM - 3:59AM	1	12.5	3,221.56	0.00	3,221.56	6.0
12AM - 1:59AM	1	12.5	0.00	1,250.00	1,250.00	2.3
10PM - 11:59PM	1	12.5	576.34	0.00	576.34	1.1
10AM - 11:59AM	1	12.5	384.23	0.00	384.23	0.7
8AM - 9:59AM	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	50.0	4,193.37	25,914.07	30,107.44	56.2
2 - 4	4	50.0	3,877.55	19,585.78	23,463.33	43.8
<b>Totals:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>Age of Claimant</b>						
70 - 74	1	12.5	904.75	24,664.07	25,568.82	47.7
25 - 29	3	37.5	3,877.55	19,585.78	23,463.33	43.8
50 - 54	1	12.5	2,712.28	0.00	2,712.28	5.1
55 - 59	1	12.5	0.00	1,250.00	1,250.00	2.3
30 - 34	1	12.5	576.34	0.00	576.34	1.1
60 - 64	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>SEX OF CLAIMANT</b>						
Female	7	87.5	7,799.16	25,914.07	33,713.23	62.9
Male	1	12.5	271.76	19,585.78	19,857.54	37.1
<b>Totals:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	6	75.0	5,358.64	45,499.85	50,858.49	94.9
Blade	1	12.5	2,712.28	0.00	2,712.28	5.1
Office equipment	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Objec	1	12.5	904.75	24,664.07	25,568.82	47.7
Lifting	2	25.0	655.99	19,585.78	20,241.77	37.8
Struck/Injured By Fellow Worker, Patient	3	37.5	3,797.90	1,250.00	5,047.90	9.4
Cut, Punctured, Scraped, NOC	1	12.5	2,712.28	0.00	2,712.28	5.1

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Hand Tool or Machine	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>BODY PART</b>						
Head Skull	1	12.5	904.75	24,664.07	25,568.82	47.7
Trunk Low Back Area (Incl. Lumbar & Li	1	12.5	271.76	19,585.78	19,857.54	37.1
Upper Extremities Shoulder(s)	1	12.5	3,221.56	0.00	3,221.56	6.0
Upper Extremities Finger(s)	1	12.5	2,712.28	0.00	2,712.28	5.1
Upper Extremities Upper Arm (Incl. Clav	1	12.5	0.00	1,250.00	1,250.00	2.3
Lower Extremities Lower Leg	1	12.5	576.34	0.00	576.34	1.1
Trunk Upper Back Area (Thoracic Area)	1	12.5	384.23	0.00	384.23	0.7
Lower Extremities Foot	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	25.0	904.75	25,914.07	26,818.82	50.1
Strain	3	37.5	3,877.55	19,585.78	23,463.33	43.8
Laceration	1	12.5	2,712.28	0.00	2,712.28	5.1
Contusion (Bruise, Skin Surface)	1	12.5	576.34	0.00	576.34	1.1
Crushing	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$8,070.92</b>	<b>\$45,499.85</b>	<b>\$53,570.77</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>156 - UVA Health - VOLUNTEER SERVICES</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>LENGTH OF SERVICE</b>						
36 - 38	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Totals:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Sum:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Sum:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	
<b>INJURY</b>						
Multiple Injury Inc. Physical & Psycholog	1	100.0	101,351.29	114,522.44	215,873.73	100.0
<b>Sum:</b>	<b>1</b>		<b>\$101,351.29</b>	<b>\$114,522.44</b>	<b>\$215,873.73</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>160 - UVA Health - INTERNS AND RESIDENT</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>161 - UVA Health - Outpatient Surg. Ctr.</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	2	20.0	18,379.38	55,713.64	74,093.02	97.4
8AM - 9:59AM	3	30.0	1,009.18	0.00	1,009.18	1.3
2PM - 3:59PM	2	20.0	990.03	0.00	990.03	1.3
10AM - 11:59AM	1	10.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	10.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	20.0	14,334.53	42,702.29	57,036.82	75.0
40 - 42	1	10.0	4,044.85	13,011.35	17,056.20	22.4
0 - 2	3	30.0	1,009.18	0.00	1,009.18	1.3
18 - 20	1	10.0	990.03	0.00	990.03	1.3
2 - 4	1	10.0	0.00	0.00	0.00	0.0
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
<b>Totals:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	
<b>Age of Claimant</b>						
50 - 54	1	10.0	14,334.53	42,702.29	57,036.82	75.0
65 - 69	1	10.0	4,044.85	13,011.35	17,056.20	22.4
35 - 39	2	20.0	1,009.18	0.00	1,009.18	1.3
70 - 74	1	10.0	990.03	0.00	990.03	1.3
30 - 34	1	10.0	0.00	0.00	0.00	0.0
40 - 44	2	20.0	0.00	0.00	0.00	0.0
55 - 59	1	10.0	0.00	0.00	0.00	0.0
60 - 64	1	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	
<b>SEX OF CLAIMANT</b>						
Female	10	100.0	20,378.59	55,713.64	76,092.23	100.0
<b>Totals:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	2	20.0	18,379.38	55,713.64	74,093.02	97.4
Patient / Inmate	2	20.0	1,009.18	0.00	1,009.18	1.3
Uneven Surface	1	10.0	990.03	0.00	990.03	1.3
Cleaning Products	1	10.0	0.00	0.00	0.00	0.0
Door	1	10.0	0.00	0.00	0.00	0.0

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Machine, not otherwise classified	1	10.0	0.00	0.00	0.00	0.0
Office equipment	1	10.0	0.00	0.00	0.00	0.0
Stairs, steps	1	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	

### ACCIDENT TYPE

Lifting	2	20.0	14,334.53	42,702.29	57,036.82	75.0
Pushing or Pulling	2	20.0	4,044.85	13,011.35	17,056.20	22.4
Struck/Injured By Fellow Worker, Patient	1	10.0	1,009.18	0.00	1,009.18	1.3
Fall, Slip or Trip, NOC	1	10.0	990.03	0.00	990.03	1.3
Caught In, Under or Between, NOC	1	10.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	10.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	10.0	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	

### BODY PART

Trunk Low Back Area (Incl. Lumbar & Li	3	30.0	18,379.38	55,713.64	74,093.02	97.4
Head Eye(s)	1	10.0	1,009.18	0.00	1,009.18	1.3
Multiple Body Parts Multiple Body Parts	2	20.0	990.03	0.00	990.03	1.3
Lower Extremities Foot	1	10.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	

### INJURY

Strain	3	30.0	18,379.38	55,713.64	74,093.02	97.4
Laceration	1	10.0	1,009.18	0.00	1,009.18	1.3
Contusion (Bruise, Skin Surface)	2	20.0	990.03	0.00	990.03	1.3
Crushing	2	20.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	10.0	0.00	0.00	0.00	0.0
No Physical Injury	1	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>10</b>		<b>\$20,378.59</b>	<b>\$55,713.64</b>	<b>\$76,092.23</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>163 - UVA Health - Lynchburg Dialysis</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	22.2	10.87	1,250.00	1,260.87	32.8
12PM - 1:59PM	2	22.2	795.01	0.00	795.01	20.7
4AM - 5:59AM	1	11.1	747.99	0.00	747.99	19.5
2PM - 3:59PM	2	22.2	606.90	0.00	606.90	15.8
8AM - 9:59AM	1	11.1	433.59	0.00	433.59	11.3
6PM - 7:59PM	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	22.2	412.04	1,250.00	1,662.04	43.2
4 - 6	2	22.2	795.01	0.00	795.01	20.7
2 - 4	1	11.1	747.99	0.00	747.99	19.5
18 - 20	2	22.2	628.45	0.00	628.45	16.3
16 - 18	1	11.1	10.87	0.00	10.87	0.3
8 - 10	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	
<b>Age of Claimant</b>						
50 - 54	1	11.1	0.00	1,250.00	1,250.00	32.5
40 - 44	2	22.2	1,228.60	0.00	1,228.60	32.0
35 - 39	1	11.1	747.99	0.00	747.99	19.5
55 - 59	3	33.3	606.90	0.00	606.90	15.8
60 - 64	1	11.1	10.87	0.00	10.87	0.3
30 - 34	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	
<b>SEX OF CLAIMANT</b>						
Female	9	100.0	2,594.36	1,250.00	3,844.36	100.0
<b>Totals:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	2	22.2	0.00	1,250.00	1,250.00	32.5
Water	2	22.2	1,181.58	0.00	1,181.58	30.7
Baggage/Luggage	1	11.1	795.01	0.00	795.01	20.7
Chair	2	22.2	422.91	0.00	422.91	11.0
Door	1	11.1	194.86	0.00	194.86	5.1
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Lifting	2	22.2	795.01	1,250.00	2,045.01	53.2
Fall/Slip From Liquid or Grease Spills	1	11.1	747.99	0.00	747.99	19.5
Fall, Slip or Trip, NOC	1	11.1	433.59	0.00	433.59	11.3
Fall/Slip From a Different Level	1	11.1	412.04	0.00	412.04	10.7
Hand Tool, Utensil; Not Powered	1	11.1	194.86	0.00	194.86	5.1
Fall On the Same Level	1	11.1	10.87	0.00	10.87	0.3
Fall/Slip on Stairs	1	11.1	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	5	55.6	1,604.49	0.00	1,604.49	41.7
Trunk Low Back Area (Incl. Lumbar & Li	2	22.2	0.00	1,250.00	1,250.00	32.5
Lower Extremities Hip	1	11.1	795.01	0.00	795.01	20.7
Upper Extremities Finger(s)	1	11.1	194.86	0.00	194.86	5.1
<b>Sum:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	
<b>INJURY</b>						
Strain	4	44.4	795.01	1,250.00	2,045.01	53.2
Contusion (Bruise, Skin Surface)	3	33.3	1,192.45	0.00	1,192.45	31.0
Inflammation	1	11.1	412.04	0.00	412.04	10.7
Laceration	1	11.1	194.86	0.00	194.86	5.1
<b>Sum:</b>	<b>9</b>		<b>\$2,594.36</b>	<b>\$1,250.00</b>	<b>\$3,844.36</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>165 - UVA Health - Amherst Dialysis</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>16 - UVA Health - 8 EAST / L&amp;D OR</b>						
<b>TIME OF INJURY</b>						
2AM - 3:59AM	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>ACCIDENT TYPE</b>						
Holding or Carrying	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	
<b>INJURY</b>						
Crushing	1	100.0	1,204.74	27,558.55	28,763.29	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,204.74</b>	<b>\$27,558.55</b>	<b>\$28,763.29</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>172 - UVA Health - Patient &amp; Guest Svcs</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	33.3	244.22	0.00	244.22	86.6
12PM - 1:59PM	2	66.7	37.64	0.00	37.64	13.4
<b>Totals:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	281.86	0.00	281.86	100.0
<b>Totals:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>Age of Claimant</b>						
40 - 44	1	33.3	244.22	0.00	244.22	86.6
35 - 39	2	66.7	37.64	0.00	37.64	13.4
<b>Totals:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	33.3	244.22	0.00	244.22	86.6
Female	2	66.7	37.64	0.00	37.64	13.4
<b>Totals:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>LOSS CAUSE</b>						
Metal items	1	33.3	244.22	0.00	244.22	86.6
Furniture / fixtures	1	33.3	18.82	0.00	18.82	6.7
Wheelchair	1	33.3	18.82	0.00	18.82	6.7
<b>Totals:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>ACCIDENT TYPE</b>						
Stepping on Sharp Object	1	33.3	244.22	0.00	244.22	86.6
Collision with a Fixed Object	1	33.3	18.82	0.00	18.82	6.7
Pushing or Pulling	1	33.3	18.82	0.00	18.82	6.7
<b>Sum:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	33.3	244.22	0.00	244.22	86.6
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	18.82	0.00	18.82	6.7
Upper Extremities Elbow	1	33.3	18.82	0.00	18.82	6.7
<b>Sum:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	
<b>INJURY</b>						
Laceration	1	33.3	244.22	0.00	244.22	86.6
Contusion (Bruise, Skin Surface)	1	33.3	18.82	0.00	18.82	6.7
Strain	1	33.3	18.82	0.00	18.82	6.7
<b>Sum:</b>	<b>3</b>		<b>\$281.86</b>	<b>\$0.00</b>	<b>\$281.86</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>17 - UVA Health - 8 WEST</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	
<b>INJURY</b>						
Strain	1	100.0	1,629.25	0.00	1,629.25	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,629.25</b>	<b>\$0.00</b>	<b>\$1,629.25</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>18 - UVA Health - ADMINISTRATIVE SERVI</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	49.05	0.00	49.05	100.0
<b>Totals:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	49.05	0.00	49.05	100.0
<b>Totals:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	49.05	0.00	49.05	100.0
<b>Totals:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	49.05	0.00	49.05	100.0
<b>Totals:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	49.05	0.00	49.05	100.0
<b>Totals:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	49.05	0.00	49.05	100.0
<b>Sum:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	49.05	0.00	49.05	100.0
<b>Sum:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	
<b>INJURY</b>						
Crushing	1	100.0	49.05	0.00	49.05	100.0
<b>Sum:</b>	<b>1</b>		<b>\$49.05</b>	<b>\$0.00</b>	<b>\$49.05</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>1 - UVA Health - 3 Central</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	
<b>INJURY</b>						
Sprain	1	100.0	38.82	14,800.00	14,838.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$14,800.00</b>	<b>\$14,838.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>23 - UVA Health - ANESTHESIOLOGY</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	25.0	2,095.45	0.00	2,095.45	81.5
8PM - 9:59PM	1	25.0	475.89	0.00	475.89	18.5
6PM - 7:59PM	1	25.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	25.0	2,095.45	0.00	2,095.45	81.5
14 - 16	2	50.0	475.89	0.00	475.89	18.5
2 - 4	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>Age of Claimant</b>						
35 - 39	1	25.0	2,095.45	0.00	2,095.45	81.5
45 - 49	1	25.0	475.89	0.00	475.89	18.5
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
<b>Totals:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	75.0	2,571.34	0.00	2,571.34	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	25.0	2,095.45	0.00	2,095.45	81.5
Person	1	25.0	475.89	0.00	475.89	18.5
Electricity	1	25.0	0.00	0.00	0.00	0.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	25.0	2,095.45	0.00	2,095.45	81.5
Lifting	1	25.0	475.89	0.00	475.89	18.5
Contact With Not Otherwise Classified	1	25.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	2,095.45	0.00	2,095.45	81.5

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Multiple Neck Injury	1	25.0	475.89	0.00	475.89	18.5
Upper Extremities Finger(s)	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	
<b>INJURY</b>						
Strain	2	50.0	2,571.34	0.00	2,571.34	100.0
Electric Shock	1	25.0	0.00	0.00	0.00	0.0
Puncture	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$2,571.34</b>	<b>\$0.00</b>	<b>\$2,571.34</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>25 - UVA Health - AUGUSTA DIALYSIS CEN</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	33.3	1,159.40	0.00	1,159.40	63.3
10AM - 11:59AM	1	33.3	601.97	0.00	601.97	32.8
2AM - 3:59AM	1	33.3	71.56	0.00	71.56	3.9
<b>Totals:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	1,832.93	0.00	1,832.93	100.0
<b>Totals:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>Age of Claimant</b>						
45 - 49	1	33.3	1,159.40	0.00	1,159.40	63.3
40 - 44	1	33.3	601.97	0.00	601.97	32.8
25 - 29	1	33.3	71.56	0.00	71.56	3.9
<b>Totals:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	1,832.93	0.00	1,832.93	100.0
<b>Totals:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	33.3	1,159.40	0.00	1,159.40	63.3
Pallet,Skid,Flat	1	33.3	601.97	0.00	601.97	32.8
Shelving	1	33.3	71.56	0.00	71.56	3.9
<b>Totals:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	33.3	1,159.40	0.00	1,159.40	63.3
Fall, Slip or Trip, NOC	1	33.3	601.97	0.00	601.97	32.8
Fall/Slip From a Different Level	1	33.3	71.56	0.00	71.56	3.9
<b>Sum:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	2	66.7	1,230.96	0.00	1,230.96	67.2
Lower Extremities Knee	1	33.3	601.97	0.00	601.97	32.8
<b>Sum:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	
<b>INJURY</b>						
Strain	2	66.7	1,761.37	0.00	1,761.37	96.1
Sprain	1	33.3	71.56	0.00	71.56	3.9
<b>Sum:</b>	<b>3</b>		<b>\$1,832.93</b>	<b>\$0.00</b>	<b>\$1,832.93</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>289 - UVA Health - UVA-PEG-AIR TRA</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>LOSS CAUSE</b>						
Knife, Utility	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	
<b>INJURY</b>						
Laceration	1	100.0	3,047.56	0.00	3,047.56	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,047.56</b>	<b>\$0.00</b>	<b>\$3,047.56</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>38 - UVA Health - CANCER CENTER</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>39 - UVA Health - 5 North</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Sharp objects, not otherwise classified	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Wrist(s) and Hand(s)	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	1,098.72	151.28	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,098.72</b>	<b>\$151.28</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>3 - UVA Health - 3 WEST</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	11	84.6	3,871.08	0.00	3,871.08	99.2
12PM - 1:59PM	1	7.7	29.69	0.00	29.69	0.8
6PM - 7:59PM	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	15.4	1,657.85	0.00	1,657.85	42.5
22 - 24	1	7.7	955.69	0.00	955.69	24.5
0 - 2	5	38.5	918.84	0.00	918.84	23.6
6 - 8	1	7.7	301.06	0.00	301.06	7.7
12 - 14	2	15.4	37.64	0.00	37.64	1.0
16 - 18	1	7.7	29.69	0.00	29.69	0.8
8 - 10	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>Age of Claimant</b>						
45 - 49	1	7.7	1,657.85	0.00	1,657.85	42.5
60 - 64	1	7.7	955.69	0.00	955.69	24.5
25 - 29	4	30.8	918.84	0.00	918.84	23.6
40 - 44	4	30.8	349.57	0.00	349.57	9.0
30 - 34	2	15.4	18.82	0.00	18.82	0.5
35 - 39	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>SEX OF CLAIMANT</b>						
Female	9	69.2	2,680.87	0.00	2,680.87	68.7
Male	4	30.8	1,219.90	0.00	1,219.90	31.3
<b>Totals:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>LOSS CAUSE</b>						
Fire / Flame / Smoke	10	76.9	2,224.10	0.00	2,224.10	57.0
Object on Floor	1	7.7	1,657.85	0.00	1,657.85	42.5
Chemicals, not otherwise classified	1	7.7	18.82	0.00	18.82	0.5
Person	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	10	76.9	2,242.92	0.00	2,242.92	57.5
Fall On the Same Level	1	7.7	1,657.85	0.00	1,657.85	42.5

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fire or Flame	1	7.7	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>BODY PART</b>						
Trunk Lung(s)	11	84.6	2,242.92	0.00	2,242.92	57.5
Lower Extremities Knee	1	7.7	1,657.85	0.00	1,657.85	42.5
Multiple Body Parts Multiple Body Parts	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	
<b>INJURY</b>						
Poisoning - Chemical (Other than Metal)	11	84.6	2,242.92	0.00	2,242.92	57.5
Strain	1	7.7	1,657.85	0.00	1,657.85	42.5
Contusion (Bruise, Skin Surface)	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$3,900.77</b>	<b>\$0.00</b>	<b>\$3,900.77</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>402 - UVA Health - UVA-BLUE RIDGE ADMIN</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	
<b>INJURY</b>						
Strain	1	100.0	8,205.95	0.00	8,205.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$8,205.95</b>	<b>\$0.00</b>	<b>\$8,205.95</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>42 - UVA Health - CARDIOVASCULAR MEDICI</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	0.00	1,250.00	1,250.00	100.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	50.0	0.00	1,250.00	1,250.00	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Radiation / X-Ray	1	50.0	0.00	1,250.00	1,250.00	100.0
Water	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	50.0	0.00	1,250.00	1,250.00	100.0
Fall/Slip From Liquid or Grease Spills	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	50.0	0.00	1,250.00	1,250.00	100.0
Lower Extremities Ankle	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	1,250.00	1,250.00	100.0
Strain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>43 - UVA Health - CCU</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	25.0	17,921.04	0.00	17,921.04	100.0
6AM - 7:59AM	1	25.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	50.0	17,921.04	0.00	17,921.04	100.0
18 - 20	1	25.0	0.00	0.00	0.00	0.0
26 - 28	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>Age of Claimant</b>						
35 - 39	1	25.0	17,921.04	0.00	17,921.04	100.0
30 - 34	1	25.0	0.00	0.00	0.00	0.0
50 - 54	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	25.0	17,921.04	0.00	17,921.04	100.0
Female	3	75.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	2	50.0	17,921.04	0.00	17,921.04	100.0
Chair	1	25.0	0.00	0.00	0.00	0.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	25.0	17,921.04	0.00	17,921.04	100.0
Hand Tool, Utensil; Not Powered	1	25.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & L	1	25.0	17,921.04	0.00	17,921.04	100.0
Head Multiple Head Injury	1	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	
<b>INJURY</b>						
Sprain	1	25.0	17,921.04	0.00	17,921.04	100.0
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
Puncture	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$17,921.04</b>	<b>\$0.00</b>	<b>\$17,921.04</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>47 - UVA Health - CLINICAL LABORATORIE</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	50.0	406.30	0.00	406.30	100.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	406.30	0.00	406.30	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>Age of Claimant</b>						
25 - 29	2	100.0	406.30	0.00	406.30	100.0
<b>Totals:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	406.30	0.00	406.30	100.0
<b>Totals:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>LOSS CAUSE</b>						
Person	1	50.0	406.30	0.00	406.30	100.0
Bacteria	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	2	100.0	406.30	0.00	406.30	100.0
<b>Sum:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>BODY PART</b>						
Head Eye(s)	1	50.0	406.30	0.00	406.30	100.0
Multiple Body Parts Body Systems & Mt	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	50.0	406.30	0.00	406.30	100.0
Contagious Disease	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$406.30</b>	<b>\$0.00</b>	<b>\$406.30</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>4 - UVA Health - 4 CENTRAL</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>BODY PART</b>						
Trunk Buttocks	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18.82	45,439.62	45,458.44	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$45,439.62</b>	<b>\$45,458.44</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>500 - UVA Health - MEDICAL CENTER EMERG</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal / insect, not otherwise classifie	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	47.82	1,202.18	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$47.82</b>	<b>\$1,202.18</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>503 - UVA Health - MEDICINE CENTER</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	14.3	10.87	1,239.13	1,250.00	65.9
6AM - 7:59AM	2	28.6	342.48	0.00	342.48	18.1
4PM - 5:59PM	1	14.3	220.08	0.00	220.08	11.6
10AM - 11:59AM	2	28.6	84.58	0.00	84.58	4.5
4AM - 5:59AM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	2	28.6	334.53	1,239.13	1,573.66	82.9
14 - 16	1	14.3	220.08	0.00	220.08	11.6
0 - 2	3	42.9	84.58	0.00	84.58	4.5
4 - 6	1	14.3	18.82	0.00	18.82	1.0
<b>Totals:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>Age of Claimant</b>						
40 - 44	2	28.6	230.95	1,239.13	1,470.08	77.5
55 - 59	1	14.3	323.66	0.00	323.66	17.1
45 - 49	2	28.6	84.58	0.00	84.58	4.5
50 - 54	2	28.6	18.82	0.00	18.82	1.0
<b>Totals:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	28.6	76.63	1,239.13	1,315.76	69.4
Female	5	71.4	581.38	0.00	581.38	30.6
<b>Totals:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	14.3	10.87	1,239.13	1,250.00	65.9
Gloves	1	14.3	323.66	0.00	323.66	17.1
Walking surface, inside, dry	1	14.3	220.08	0.00	220.08	11.6
Vehicle/car/truck	1	14.3	65.76	0.00	65.76	3.5
Stairs	1	14.3	18.82	0.00	18.82	1.0
Wheel Balancer	1	14.3	18.82	0.00	18.82	1.0
Uneven Surface	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>ACCIDENT TYPE</b>						
Holding or Carrying	1	14.3	10.87	1,239.13	1,250.00	65.9
Other Injury NEC	1	14.3	323.66	0.00	323.66	17.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	1	14.3	220.08	0.00	220.08	11.6
Struck/Injured By Motor Vehicle	1	14.3	65.76	0.00	65.76	3.5
Fall/Slip on Stairs	1	14.3	18.82	0.00	18.82	1.0
Strike Against/Step On Stationary Objec	1	14.3	18.82	0.00	18.82	1.0
Fall/Slip on Ice or Snow	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	3	42.9	29.69	1,239.13	1,268.82	66.9
Upper Extremities Hand	1	14.3	323.66	0.00	323.66	17.1
Lower Extremities Ankle	2	28.6	238.90	0.00	238.90	12.6
Head Multiple Head Injury	1	14.3	65.76	0.00	65.76	3.5
<b>Sum:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	
<b>INJURY</b>						
Strain	4	57.1	268.59	1,239.13	1,507.72	79.5
Dermatitis	1	14.3	323.66	0.00	323.66	17.1
Concussion (Brain, Cerebral)	1	14.3	65.76	0.00	65.76	3.5
Contusion (Bruise, Skin Surface)	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$658.01</b>	<b>\$1,239.13</b>	<b>\$1,897.14</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>506 - UVA Health - Medical Center ADMI</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	14.3	3,178.53	15,268.38	18,446.91	76.2
6AM - 7:59AM	2	28.6	4,083.98	0.00	4,083.98	16.9
12PM - 1:59PM	2	28.6	1,685.48	0.00	1,685.48	7.0
12AM - 1:59AM	1	14.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	28.6	3,178.53	15,268.38	18,446.91	76.2
12 - 14	2	28.6	4,083.98	0.00	4,083.98	16.9
6 - 8	1	14.3	1,685.48	0.00	1,685.48	7.0
2 - 4	1	14.3	0.00	0.00	0.00	0.0
4 - 6	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>Age of Claimant</b>						
55 - 59	1	14.3	3,178.53	15,268.38	18,446.91	76.2
45 - 49	1	14.3	4,083.98	0.00	4,083.98	16.9
65 - 69	1	14.3	1,685.48	0.00	1,685.48	7.0
25 - 29	2	28.6	0.00	0.00	0.00	0.0
40 - 44	1	14.3	0.00	0.00	0.00	0.0
50 - 54	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>SEX OF CLAIMANT</b>						
Female	7	100.0	8,947.99	15,268.38	24,216.37	100.0
<b>Totals:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>LOSS CAUSE</b>						
Roll cart	1	14.3	3,178.53	15,268.38	18,446.91	76.2
Stairs, steps	1	14.3	4,083.98	0.00	4,083.98	16.9
Glass bottle / sheet	1	14.3	1,685.48	0.00	1,685.48	7.0
Door	1	14.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	14.3	0.00	0.00	0.00	0.0
Stairs	1	14.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>ACCIDENT TYPE</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Striking Against or Stepping On, NOC	1	14.3	3,178.53	15,268.38	18,446.91	76.2
Fall/Slip on Stairs	1	14.3	4,083.98	0.00	4,083.98	16.9
Fall On the Same Level	1	14.3	1,685.48	0.00	1,685.48	7.0
Fall/Slip From Liquid or Grease Spills	1	14.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	14.3	0.00	0.00	0.00	0.0
Jumping	1	14.3	0.00	0.00	0.00	0.0
Pushing or Pulling	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>BODY PART</b>						
Trunk Multiple Trunk	1	14.3	3,178.53	15,268.38	18,446.91	76.2
Upper Extremities Wrist	1	14.3	4,083.98	0.00	4,083.98	16.9
Upper Extremities Hand	2	28.6	1,685.48	0.00	1,685.48	7.0
Multiple Body Parts Multiple Body Parts	1	14.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	2	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	3	42.9	3,178.53	15,268.38	18,446.91	76.2
Fracture	1	14.3	4,083.98	0.00	4,083.98	16.9
Laceration	2	28.6	1,685.48	0.00	1,685.48	7.0
Strain	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$8,947.99</b>	<b>\$15,268.38</b>	<b>\$24,216.37</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>507 - UVA Health - Medical Center ADMIT</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	272.54	0.00	272.54	100.0
<b>Totals:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	272.54	0.00	272.54	100.0
<b>Totals:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	272.54	0.00	272.54	100.0
<b>Totals:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	272.54	0.00	272.54	100.0
<b>Totals:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	272.54	0.00	272.54	100.0
<b>Totals:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	272.54	0.00	272.54	100.0
<b>Sum:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	272.54	0.00	272.54	100.0
<b>Sum:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	272.54	0.00	272.54	100.0
<b>Sum:</b>	<b>1</b>		<b>\$272.54</b>	<b>\$0.00</b>	<b>\$272.54</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>508 - UVA Health - Medical Center BLOOD</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	10.87	0.00	10.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	10.87	0.00	10.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>INJURY</b>						
Strain	1	100.0	10.87	0.00	10.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>510 - UVA Health - Medical Center CARDI</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>LOSS CAUSE</b>						
Step stool	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Totals:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Sum:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Sum:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	
<b>INJURY</b>						
Strain	1	100.0	44,891.50	79,413.52	124,305.02	100.0
<b>Sum:</b>	<b>1</b>		<b>\$44,891.50</b>	<b>\$79,413.52</b>	<b>\$124,305.02</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>511 - UVA Health - CLINICAL LABORATORY</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	421.57	0.00	421.57	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>LENGTH OF SERVICE</b>						
32 - 34	1	50.0	421.57	0.00	421.57	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	421.57	0.00	421.57	100.0
30 - 34	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	421.57	0.00	421.57	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	50.0	421.57	0.00	421.57	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	421.57	0.00	421.57	100.0
Striking Against or Stepping On, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	421.57	0.00	421.57	100.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	
<b>INJURY</b>						
Strain	1	50.0	421.57	0.00	421.57	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$421.57</b>	<b>\$0.00</b>	<b>\$421.57</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>513 - UVA Health - STERILE SUPPLY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	2	40.0	1,490.13	0.00	1,490.13	95.5
10AM - 11:59AM	1	20.0	51.15	0.00	51.15	3.3
6PM - 7:59PM	2	40.0	18.82	0.00	18.82	1.2
<b>Totals:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	20.0	1,244.38	0.00	1,244.38	79.8
0 - 2	4	80.0	315.72	0.00	315.72	20.2
<b>Totals:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>Age of Claimant</b>						
30 - 34	1	20.0	1,244.38	0.00	1,244.38	79.8
20 - 24	1	20.0	245.75	0.00	245.75	15.8
40 - 44	1	20.0	51.15	0.00	51.15	3.3
45 - 49	2	40.0	18.82	0.00	18.82	1.2
<b>Totals:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	60.0	1,295.53	0.00	1,295.53	83.0
Female	2	40.0	264.57	0.00	264.57	17.0
<b>Totals:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>LOSS CAUSE</b>						
Cart	3	60.0	1,508.95	0.00	1,508.95	96.7
N/A	1	20.0	51.15	0.00	51.15	3.3
Water	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Objec	1	20.0	1,244.38	0.00	1,244.38	79.8
Struck or Injury By, NOC	1	20.0	245.75	0.00	245.75	15.8
Other than Physical Cause of Injury	1	20.0	51.15	0.00	51.15	3.3
Struck/Injured By Falling or Flying Objec	1	20.0	18.82	0.00	18.82	1.2
Fall, Slip or Trip, NOC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	20.0	1,244.38	0.00	1,244.38	79.8
Lower Extremities Upper Leg	1	20.0	245.75	0.00	245.75	15.8
Multiple Body Parts No Physical Injury	1	20.0	51.15	0.00	51.15	3.3

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Multiple Head Injury	1	20.0	18.82	0.00	18.82	1.2
Upper Extremities Hand	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	
<b>INJURY</b>						
Laceration	1	20.0	1,244.38	0.00	1,244.38	79.8
Strain	2	40.0	245.75	0.00	245.75	15.8
No Physical Injury	1	20.0	51.15	0.00	51.15	3.3
Contusion (Bruise, Skin Surface)	1	20.0	18.82	0.00	18.82	1.2
<b>Sum:</b>	<b>5</b>		<b>\$1,560.10</b>	<b>\$0.00</b>	<b>\$1,560.10</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>516 - UVA Health - ENDOSCOPY/BRONCHOSCO</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	25.0	1,800.73	0.00	1,800.73	55.8
12PM - 1:59PM	1	25.0	18.82	1,231.18	1,250.00	38.7
4AM - 5:59AM	1	25.0	178.33	0.00	178.33	5.5
6AM - 7:59AM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	50.0	1,979.06	0.00	1,979.06	61.3
2 - 4	1	25.0	18.82	1,231.18	1,250.00	38.7
6 - 8	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>Age of Claimant</b>						
50 - 54	1	25.0	1,800.73	0.00	1,800.73	55.8
30 - 34	1	25.0	18.82	1,231.18	1,250.00	38.7
45 - 49	1	25.0	178.33	0.00	178.33	5.5
40 - 44	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	1,997.88	1,231.18	3,229.06	100.0
<b>Totals:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	25.0	1,800.73	0.00	1,800.73	55.8
Working Surface	1	25.0	18.82	1,231.18	1,250.00	38.7
Walking surface, outside, dry	1	25.0	178.33	0.00	178.33	5.5
Cart	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	25.0	1,800.73	0.00	1,800.73	55.8
Fall/Slip From Liquid or Grease Spills	1	25.0	18.82	1,231.18	1,250.00	38.7
Fall, Slip or Trip, NOC	1	25.0	178.33	0.00	178.33	5.5
Struck or Injury By, NOC	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	50.0	1,800.73	0.00	1,800.73	55.8
Trunk Buttocks	1	25.0	18.82	1,231.18	1,250.00	38.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Multiple Head Injury	1	25.0	178.33	0.00	178.33	5.5
<b>Sum:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	50.0	1,800.73	0.00	1,800.73	55.8
Inflammation	1	25.0	18.82	1,231.18	1,250.00	38.7
Concussion (Brain, Cerebral)	1	25.0	178.33	0.00	178.33	5.5
<b>Sum:</b>	<b>4</b>		<b>\$1,997.88</b>	<b>\$1,231.18</b>	<b>\$3,229.06</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>519 - UVA Health - DELIVERY &amp; LABOR ROO</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	370.85	0.00	370.85	100.0
<b>Totals:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	370.85	0.00	370.85	100.0
<b>Totals:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	370.85	0.00	370.85	100.0
<b>Totals:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	370.85	0.00	370.85	100.0
<b>Totals:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	370.85	0.00	370.85	100.0
<b>Totals:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	370.85	0.00	370.85	100.0
<b>Sum:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	100.0	370.85	0.00	370.85	100.0
<b>Sum:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	
<b>INJURY</b>						
Strain	1	100.0	370.85	0.00	370.85	100.0
<b>Sum:</b>	<b>1</b>		<b>\$370.85</b>	<b>\$0.00</b>	<b>\$370.85</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>532 - UVA Health - LINEN SERVICES DEPAR</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	24,591.49	0.00	24,591.49	93.5
4AM - 5:59AM	1	50.0	1,711.85	0.00	1,711.85	6.5
<b>Totals:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	24,591.49	0.00	24,591.49	93.5
0 - 2	1	50.0	1,711.85	0.00	1,711.85	6.5
<b>Totals:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	24,591.49	0.00	24,591.49	93.5
35 - 39	1	50.0	1,711.85	0.00	1,711.85	6.5
<b>Totals:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	26,303.34	0.00	26,303.34	100.0
<b>Totals:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>LOSS CAUSE</b>						
Cart	2	100.0	26,303.34	0.00	26,303.34	100.0
<b>Totals:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>ACCIDENT TYPE</b>						
Pushing or Pulling	1	50.0	24,591.49	0.00	24,591.49	93.5
Reaching	1	50.0	1,711.85	0.00	1,711.85	6.5
<b>Sum:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>BODY PART</b>						
Trunk Internal Organs	1	50.0	24,591.49	0.00	24,591.49	93.5
Upper Extremities Shoulder(s)	1	50.0	1,711.85	0.00	1,711.85	6.5
<b>Sum:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	
<b>INJURY</b>						
Sprain	2	100.0	26,303.34	0.00	26,303.34	100.0
<b>Sum:</b>	<b>2</b>		<b>\$26,303.34</b>	<b>\$0.00</b>	<b>\$26,303.34</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>533 - UVA Health - Medical Center</b>						
<b>TIME OF INJURY</b>						
2AM - 3:59AM	1	25.0	636.04	0.00	636.04	94.4
6AM - 7:59AM	2	50.0	18.82	0.00	18.82	2.8
12PM - 1:59PM	1	25.0	18.82	0.00	18.82	2.8
<b>Totals:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	25.0	636.04	0.00	636.04	94.4
0 - 2	2	50.0	18.82	0.00	18.82	2.8
12 - 14	1	25.0	18.82	0.00	18.82	2.8
<b>Totals:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>Age of Claimant</b>						
25 - 29	1	25.0	636.04	0.00	636.04	94.4
30 - 34	2	50.0	18.82	0.00	18.82	2.8
55 - 59	1	25.0	18.82	0.00	18.82	2.8
<b>Totals:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	75.0	673.68	0.00	673.68	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	25.0	636.04	0.00	636.04	94.4
Elevators, escalators	2	50.0	37.64	0.00	37.64	5.6
Water	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	25.0	636.04	0.00	636.04	94.4
Caught In/Between-Machine or Machine	1	25.0	18.82	0.00	18.82	2.8
Caught In, Under or Between, NOC	1	25.0	18.82	0.00	18.82	2.8
Slipped, Did Not Fall	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	636.04	0.00	636.04	94.4
Lower Extremities Lower Leg	1	25.0	18.82	0.00	18.82	2.8
Upper Extremities Finger(s)	1	25.0	18.82	0.00	18.82	2.8
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	
<b>INJURY</b>						
Strain	2	50.0	636.04	0.00	636.04	94.4
Crushing	2	50.0	37.64	0.00	37.64	5.6
<b>Sum:</b>	<b>4</b>		<b>\$673.68</b>	<b>\$0.00</b>	<b>\$673.68</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>537 - UVA Health - PATIENT TRANSPORTATI</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	258.53	0.00	258.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	100.0	258.53	0.00	258.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	258.53	0.00	258.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	258.53	0.00	258.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	258.53	0.00	258.53	100.0
<b>Totals:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	258.53	0.00	258.53	100.0
<b>Sum:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	258.53	0.00	258.53	100.0
<b>Sum:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	258.53	0.00	258.53	100.0
<b>Sum:</b>	<b>1</b>		<b>\$258.53</b>	<b>\$0.00</b>	<b>\$258.53</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>539 - UVA Health - CARDIOVASCULAR DEPT</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
8 - 10	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Gas / Fumes	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Contact with Electrical Current	1	50.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Electric Shock	1	50.0	0.00	0.00	0.00	0.0
Laceration	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>53 - UVA Health - DERMATOLOGY DEPT</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>LOSS CAUSE</b>						
Cabinet	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	
<b>INJURY</b>						
Strain	1	100.0	1,563.93	0.00	1,563.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,563.93</b>	<b>\$0.00</b>	<b>\$1,563.93</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>545 - UVA Health - OUTPATIENT DEPARTMEN</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>546 - UVA Health - OPERATING ROOMS</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	25.0	392.00	858.00	1,250.00	59.1
8AM - 9:59AM	1	25.0	864.63	0.00	864.63	40.9
6AM - 7:59AM	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
<b>Totals:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	50.0	1,256.63	858.00	2,114.63	100.0
0 - 2	1	25.0	0.00	0.00	0.00	0.0
14 - 16	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>Age of Claimant</b>						
35 - 39	1	25.0	392.00	858.00	1,250.00	59.1
40 - 44	2	50.0	864.63	0.00	864.63	40.9
20 - 24	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	50.0	392.00	858.00	1,250.00	59.1
Female	2	50.0	864.63	0.00	864.63	40.9
<b>Totals:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>LOSS CAUSE</b>						
Door	1	25.0	392.00	858.00	1,250.00	59.1
Wall	1	25.0	864.63	0.00	864.63	40.9
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Wheel	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Machine or Machine	2	50.0	1,256.63	858.00	2,114.63	100.0
Struck/Injured By Object Being Lifted or	1	25.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	25.0	392.00	858.00	1,250.00	59.1
Upper Extremities Finger(s)	1	25.0	864.63	0.00	864.63	40.9
Head Other facial soft tissue	1	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Foot	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	
<b>INJURY</b>						
Laceration	2	50.0	392.00	858.00	1,250.00	59.1
Contusion (Bruise, Skin Surface)	1	25.0	864.63	0.00	864.63	40.9
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,256.63</b>	<b>\$858.00</b>	<b>\$2,114.63</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>552 - UVA Health - Medical Center RENAL</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	646.09	0.00	646.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	100.0	646.09	0.00	646.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	646.09	0.00	646.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	646.09	0.00	646.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>LOSS CAUSE</b>						
Step stool	1	100.0	646.09	0.00	646.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	646.09	0.00	646.09	100.0
<b>Sum:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	646.09	0.00	646.09	100.0
<b>Sum:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	
<b>INJURY</b>						
Strain	1	100.0	646.09	0.00	646.09	100.0
<b>Sum:</b>	<b>1</b>		<b>\$646.09</b>	<b>\$0.00</b>	<b>\$646.09</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>57 - UVA Health - EMERGENCY MEDICINE D</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	3	14.3	7,126.64	40,842.18	47,968.82	88.3
6AM - 7:59AM	3	14.3	1,232.38	2,500.00	3,732.38	6.9
4PM - 5:59PM	3	14.3	1,356.58	0.00	1,356.58	2.5
12PM - 1:59PM	1	4.8	0.00	1,250.00	1,250.00	2.3
2PM - 3:59PM	8	38.1	23.87	0.00	23.87	0.0
10PM - 11:59PM	1	4.8	18.82	0.00	18.82	0.0
10AM - 11:59AM	2	9.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	10	47.6	7,150.51	42,092.18	49,242.69	90.6
6 - 8	2	9.5	0.00	2,500.00	2,500.00	4.6
20 - 22	1	4.8	1,356.58	0.00	1,356.58	2.5
24 - 26	1	4.8	1,232.38	0.00	1,232.38	2.3
10 - 12	1	4.8	18.82	0.00	18.82	0.0
2 - 4	2	9.5	0.00	0.00	0.00	0.0
4 - 6	1	4.8	0.00	0.00	0.00	0.0
8 - 10	1	4.8	0.00	0.00	0.00	0.0
12 - 14	1	4.8	0.00	0.00	0.00	0.0
18 - 20	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	
<b>Age of Claimant</b>						
40 - 44	5	23.8	7,384.50	43,190.90	50,575.40	93.1
20 - 24	3	14.3	1,122.59	151.28	1,273.87	2.3
25 - 29	4	19.0	0.00	1,250.00	1,250.00	2.3
55 - 59	2	9.5	1,232.38	0.00	1,232.38	2.3
35 - 39	1	4.8	18.82	0.00	18.82	0.0
30 - 34	5	23.8	0.00	0.00	0.00	0.0
60 - 64	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	
<b>SEX OF CLAIMANT</b>						
Female	16	76.2	8,507.09	43,342.18	51,849.27	95.4
Male	5	23.8	1,251.20	1,250.00	2,501.20	4.6
<b>Totals:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	14	66.7	8,507.09	40,842.18	49,349.27	90.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Needle stick	3	14.3	0.00	2,500.00	2,500.00	4.6
Organic Material	1	4.8	0.00	1,250.00	1,250.00	2.3
Door	1	4.8	1,232.38	0.00	1,232.38	2.3
Walking surface, inside, dry	1	4.8	18.82	0.00	18.82	0.0
Furniture / fixtures	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	3	14.3	7,384.50	40,690.90	48,075.40	88.5
Absorption, Ingestion or Inhalation NOC	11	52.4	1,122.59	1,401.28	2,523.87	4.6
Hand Tool, Utensil; Not Powered	3	14.3	0.00	2,500.00	2,500.00	4.6
Struck/Injured By Object Being Lifted or	1	4.8	1,232.38	0.00	1,232.38	2.3
Repetitive Motion (after 7/1/94)	1	4.8	18.82	0.00	18.82	0.0
Holding or Carrying	1	4.8	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	

### BODY PART

Head Facial Bones	1	4.8	6,027.92	40,690.90	46,718.82	86.0
Head Eye(s)	3	14.3	1,098.72	1,401.28	2,500.00	4.6
Trunk Disc (Back)	1	4.8	1,356.58	0.00	1,356.58	2.5
Upper Extremities Finger(s)	2	9.5	0.00	1,250.00	1,250.00	2.3
Upper Extremities Hand	1	4.8	0.00	1,250.00	1,250.00	2.3
Head Multiple Head Injury	1	4.8	1,232.38	0.00	1,232.38	2.3
Multiple Body Parts Multiple Body Parts	8	38.1	23.87	0.00	23.87	0.0
Lower Extremities Foot	1	4.8	18.82	0.00	18.82	0.0
Lower Extremities Lower Leg	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	

### INJURY

Strain	2	9.5	6,027.92	40,690.90	46,718.82	86.0
No Physical Injury	2	9.5	1,356.58	1,250.00	2,606.58	4.8
Contagious Disease	10	47.6	1,122.59	1,401.28	2,523.87	4.6
Puncture	2	9.5	0.00	1,250.00	1,250.00	2.3
Concussion (Brain, Cerebral)	1	4.8	1,232.38	0.00	1,232.38	2.3
Fracture	1	4.8	18.82	0.00	18.82	0.0
All Other Occupational Disease	1	4.8	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	4.8	0.00	0.00	0.00	0.0
Laceration	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$9,758.29</b>	<b>\$44,592.18</b>	<b>\$54,350.47</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>5 - UVA Health - 4 EAST</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>607 - UVA Health - ANESTHESIOLOGY DEPAR</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Sum:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Sum:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	
<b>INJURY</b>						
Strain	1	100.0	32,860.48	20,412.68	53,273.16	100.0
<b>Sum:</b>	<b>1</b>		<b>\$32,860.48</b>	<b>\$20,412.68</b>	<b>\$53,273.16</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>60 - UVA Health - ENDOCRINOLOGY &amp; META</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	
<b>INJURY</b>						
Strain	1	100.0	56,374.47	78,713.99	135,088.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$56,374.47</b>	<b>\$78,713.99</b>	<b>\$135,088.46</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>615 - UVA Health - MEDICINE DEPARTMENT</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	
<b>INJURY</b>						
Strain	1	100.0	38.82	19,300.00	19,338.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$38.82</b>	<b>\$19,300.00</b>	<b>\$19,338.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>61 - UVA Health - Digestive Health Ctr</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	965.83	0.00	965.83	100.0
<b>Totals:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	965.83	0.00	965.83	100.0
<b>Totals:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	965.83	0.00	965.83	100.0
<b>Totals:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	965.83	0.00	965.83	100.0
<b>Totals:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>LOSS CAUSE</b>						
Stone / rock / brick	1	100.0	965.83	0.00	965.83	100.0
<b>Totals:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	965.83	0.00	965.83	100.0
<b>Sum:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	100.0	965.83	0.00	965.83	100.0
<b>Sum:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	965.83	0.00	965.83	100.0
<b>Sum:</b>	<b>1</b>		<b>\$965.83</b>	<b>\$0.00</b>	<b>\$965.83</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>621 - UVA Health - NEUROLOGY DEPARTMENT</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	10.87	0.00	10.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>BODY PART</b>						
Neck Multiple Neck Injury	1	100.0	10.87	0.00	10.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>INJURY</b>						
Strain	1	100.0	10.87	0.00	10.87	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>626 - UVA Health - ORTHOPEDICS DEPARTME</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>631 - UVA Health - PATHOLOGY</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	540.98	0.00	540.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	540.98	0.00	540.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	540.98	0.00	540.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	540.98	0.00	540.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>LOSS CAUSE</b>						
Miscellaneous	1	100.0	540.98	0.00	540.98	100.0
<b>Totals:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	540.98	0.00	540.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	540.98	0.00	540.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	
<b>INJURY</b>						
Laceration	1	100.0	540.98	0.00	540.98	100.0
<b>Sum:</b>	<b>1</b>		<b>\$540.98</b>	<b>\$0.00</b>	<b>\$540.98</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>640 - UVA Health - RADIOLOGY</b>						
<b>TIME OF INJURY</b>						
2AM - 3:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>6 - UVA Health - 4 West-TCV</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	33.3	1,277.18	24,786.68	26,063.86	95.4
2PM - 3:59PM	2	66.7	18.82	1,231.18	1,250.00	4.6
<b>Totals:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	33.3	1,277.18	24,786.68	26,063.86	95.4
12 - 14	1	33.3	18.82	1,231.18	1,250.00	4.6
2 - 4	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>Age of Claimant</b>						
55 - 59	1	33.3	1,277.18	24,786.68	26,063.86	95.4
50 - 54	1	33.3	18.82	1,231.18	1,250.00	4.6
35 - 39	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	1,296.00	26,017.86	27,313.86	100.0
<b>Totals:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	33.3	1,277.18	24,786.68	26,063.86	95.4
Hot/Cold Object, Liquid, Substance	1	33.3	18.82	1,231.18	1,250.00	4.6
Chair	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	33.3	1,277.18	24,786.68	26,063.86	95.4
Fall/Slip From Liquid or Grease Spills	1	33.3	18.82	1,231.18	1,250.00	4.6
Struck or Injury By, NOC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & L)	1	33.3	1,277.18	24,786.68	26,063.86	95.4
Multiple Body Parts No Physical Injury	1	33.3	18.82	1,231.18	1,250.00	4.6
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	
<b>INJURY</b>						
Strain	1	33.3	1,277.18	24,786.68	26,063.86	95.4
No Physical Injury	1	33.3	18.82	1,231.18	1,250.00	4.6

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Crushing	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$1,296.00</b>	<b>\$26,017.86</b>	<b>\$27,313.86</b>	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>74 - UVA Health - TRANS / INTER TRANS</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	33.3	0.00	1,250.00	1,250.00	85.0
8AM - 9:59AM	1	33.3	201.26	0.00	201.26	13.7
4PM - 5:59PM	1	33.3	18.82	0.00	18.82	1.3
<b>Totals:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	1,250.00	1,250.00	85.0
18 - 20	1	33.3	201.26	0.00	201.26	13.7
20 - 22	1	33.3	18.82	0.00	18.82	1.3
<b>Totals:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>Age of Claimant</b>						
40 - 44	3	100.0	220.08	1,250.00	1,470.08	100.0
<b>Totals:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	0.00	1,250.00	1,250.00	85.0
Male	2	66.7	220.08	0.00	220.08	15.0
<b>Totals:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	33.3	0.00	1,250.00	1,250.00	85.0
Wheelchair	1	33.3	201.26	0.00	201.26	13.7
Steam / exhaust	1	33.3	18.82	0.00	18.82	1.3
<b>Totals:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	33.3	0.00	1,250.00	1,250.00	85.0
Lifting	1	33.3	201.26	0.00	201.26	13.7
Absorption, Ingestion or Inhalation NOC	1	33.3	18.82	0.00	18.82	1.3
<b>Sum:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	33.3	0.00	1,250.00	1,250.00	85.0
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	201.26	0.00	201.26	13.7
Trunk Lung(s)	1	33.3	18.82	0.00	18.82	1.3
<b>Sum:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	
<b>INJURY</b>						
Puncture	1	33.3	0.00	1,250.00	1,250.00	85.0
Strain	1	33.3	201.26	0.00	201.26	13.7

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Poisoning - Chemical (Other than Metal)	1	33.3	18.82	0.00	18.82	1.3
<b>Sum:</b>	<b>3</b>		<b>\$220.08</b>	<b>\$1,250.00</b>	<b>\$1,470.08</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 209 - UVA Health System

#### 78 - UVA Health - HOME HEALTH

#### TIME OF INJURY

10AM - 11:59AM	2	40.0	6,082.38	57,166.86	63,249.24	66.8
2PM - 3:59PM	1	20.0	12,804.93	18,013.89	30,818.82	32.5
6AM - 7:59AM	1	20.0	630.69	0.00	630.69	0.7
8AM - 9:59AM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

#### LENGTH OF SERVICE

0 - 2	3	60.0	6,082.38	57,166.86	63,249.24	66.8
4 - 6	1	20.0	12,804.93	18,013.89	30,818.82	32.5
6 - 8	1	20.0	630.69	0.00	630.69	0.7
<b>Totals:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

#### Age of Claimant

60 - 64	2	40.0	6,082.38	57,166.86	63,249.24	66.8
55 - 59	1	20.0	12,804.93	18,013.89	30,818.82	32.5
40 - 44	1	20.0	630.69	0.00	630.69	0.7
65 - 69	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

#### SEX OF CLAIMANT

Female	5	100.0	19,518.00	75,180.75	94,698.75	100.0
<b>Totals:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

#### LOSS CAUSE

Vehicle/car/truck	1	20.0	5,996.96	57,166.86	63,163.82	66.7
Floor	1	20.0	12,804.93	18,013.89	30,818.82	32.5
Walking surface, outside, dry	1	20.0	630.69	0.00	630.69	0.7
Person	1	20.0	85.42	0.00	85.42	0.1
Patient / Inmate	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

#### ACCIDENT TYPE

Collision with Another Vehicle	1	20.0	5,996.96	57,166.86	63,163.82	66.7
Fall, Slip or Trip, NOC	1	20.0	12,804.93	18,013.89	30,818.82	32.5
Fall On the Same Level	1	20.0	630.69	0.00	630.69	0.7
Lifting	1	20.0	85.42	0.00	85.42	0.1
Holding or Carrying	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

#### BODY PART

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	3	60.0	6,627.65	57,166.86	63,794.51	67.4
Trunk Buttocks	1	20.0	12,804.93	18,013.89	30,818.82	32.5
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	85.42	0.00	85.42	0.1
<b>Sum:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	20.0	5,996.96	57,166.86	63,163.82	66.7
Strain	3	60.0	12,890.35	18,013.89	30,904.24	32.6
Inflammation	1	20.0	630.69	0.00	630.69	0.7
<b>Sum:</b>	<b>5</b>		<b>\$19,518.00</b>	<b>\$75,180.75</b>	<b>\$94,698.75</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>7 - UVA Health - 5 CENTRAL</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	2	33.3	27,133.76	39,018.86	66,152.62	98.1
10AM - 11:59AM	1	16.7	0.00	1,250.00	1,250.00	1.9
12PM - 1:59PM	1	16.7	18.82	0.00	18.82	0.0
10PM - 11:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	5	83.3	27,152.58	40,268.86	67,421.44	100.0
2 - 4	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>Age of Claimant</b>						
30 - 34	1	16.7	27,133.76	39,018.86	66,152.62	98.1
50 - 54	1	16.7	0.00	1,250.00	1,250.00	1.9
20 - 24	2	33.3	18.82	0.00	18.82	0.0
55 - 59	1	16.7	0.00	0.00	0.00	0.0
60 - 64	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	27,152.58	40,268.86	67,421.44	100.0
<b>Totals:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	3	50.0	27,133.76	40,268.86	67,402.62	100.0
Wheelchair	1	16.7	18.82	0.00	18.82	0.0
Ergonomic Conditions	1	16.7	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>ACCIDENT TYPE</b>						
Lifting	2	33.3	27,133.76	39,018.86	66,152.62	98.1
Struck/Injured By Fellow Worker, Patient	1	16.7	0.00	1,250.00	1,250.00	1.9
Pushing or Pulling	1	16.7	18.82	0.00	18.82	0.0
Struck/Injured By Object Handled By Otr	1	16.7	0.00	0.00	0.00	0.0
Twisting	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	4	66.7	27,152.58	39,018.86	66,171.44	98.1

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist	1	16.7	0.00	1,250.00	1,250.00	1.9
Lower Extremities Foot	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	
<b>INJURY</b>						
Strain	4	66.7	27,152.58	39,018.86	66,171.44	98.1
Sprain	1	16.7	0.00	1,250.00	1,250.00	1.9
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$27,152.58</b>	<b>\$40,268.86</b>	<b>\$67,421.44</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>81 - UVA Health - INFECTIOUS DISEASES</b>						
<b>TIME OF INJURY</b>						
2AM - 3:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>82 - UVA Health - INTERNAL MEDICINE DE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>86 - UVA Health - LINEN SERVICES DEPAR</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>LOSS CAUSE</b>						
Cart	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	
<b>INJURY</b>						
Laceration	1	100.0	1,014.34	0.00	1,014.34	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,014.34</b>	<b>\$0.00</b>	<b>\$1,014.34</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>8 - UVA Health - 5 EAST - PSYCH</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	33.3	30.11	1,219.89	1,250.00	49.6
6AM - 7:59AM	1	33.3	0.00	1,250.00	1,250.00	49.6
12AM - 1:59AM	1	33.3	18.82	0.00	18.82	0.7
<b>Totals:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	48.93	2,469.89	2,518.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>Age of Claimant</b>						
30 - 34	2	66.7	48.93	1,219.89	1,268.82	50.4
40 - 44	1	33.3	0.00	1,250.00	1,250.00	49.6
<b>Totals:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	48.93	2,469.89	2,518.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	3	100.0	48.93	2,469.89	2,518.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	3	100.0	48.93	2,469.89	2,518.82	100.0
<b>Sum:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	33.3	0.00	1,250.00	1,250.00	49.6
Multiple Body Parts Multiple Body Parts	1	33.3	30.11	1,219.89	1,250.00	49.6
Upper Extremities Shoulder(s)	1	33.3	18.82	0.00	18.82	0.7
<b>Sum:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	33.3	30.11	1,219.89	1,250.00	49.6
Sprain	1	33.3	0.00	1,250.00	1,250.00	49.6
Strain	1	33.3	18.82	0.00	18.82	0.7
<b>Sum:</b>	<b>3</b>		<b>\$48.93</b>	<b>\$2,469.89</b>	<b>\$2,518.82</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>91 - UVA Health - MEDICAL INTENSIVE CA</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	704.26	0.00	704.26	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	704.26	0.00	704.26	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>Age of Claimant</b>						
25 - 29	2	100.0	704.26	0.00	704.26	100.0
<b>Totals:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	704.26	0.00	704.26	100.0
<b>Totals:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	50.0	704.26	0.00	704.26	100.0
Wheel	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	50.0	704.26	0.00	704.26	100.0
Struck/Injured By Object Being Lifted or	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>BODY PART</b>						
Head Eye(s)	1	50.0	704.26	0.00	704.26	100.0
Lower Extremities Foot	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	
<b>INJURY</b>						
Poisoning - Chemical (Other than Metal)	1	50.0	704.26	0.00	704.26	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$704.26</b>	<b>\$0.00</b>	<b>\$704.26</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>93 - UVA Health - MEDICINE SPECIALITY</b>						
<b>TIME OF INJURY</b>						
2AM - 3:59AM	1	50.0	18.82	0.00	18.82	100.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	18.82	0.00	18.82	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Chair	2	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	18.82	0.00	18.82	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	18.82	0.00	18.82	100.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>98 - UVA Health - NEURO ICU NNICU</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	14.3	24,365.64	37,203.78	61,569.42	77.2
10AM - 11:59AM	1	14.3	4,554.63	5,165.37	9,720.00	12.2
8AM - 9:59AM	3	42.9	6,713.81	0.00	6,713.81	8.4
6PM - 7:59PM	1	14.3	1,382.36	0.00	1,382.36	1.7
12AM - 1:59AM	1	14.3	320.33	0.00	320.33	0.4
<b>Totals:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	57.1	28,258.92	37,203.78	65,462.70	82.1
8 - 10	1	14.3	4,554.63	5,165.37	9,720.00	12.2
2 - 4	1	14.3	3,140.86	0.00	3,140.86	3.9
6 - 8	1	14.3	1,382.36	0.00	1,382.36	1.7
<b>Totals:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>Age of Claimant</b>						
40 - 44	3	42.9	29,711.83	42,369.15	72,080.98	90.4
20 - 24	2	28.6	5,922.25	0.00	5,922.25	7.4
30 - 34	2	28.6	1,702.69	0.00	1,702.69	2.1
<b>Totals:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	85.7	35,954.41	42,369.15	78,323.56	98.3
Male	1	14.3	1,382.36	0.00	1,382.36	1.7
<b>Totals:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>LOSS CAUSE</b>						
Water	1	14.3	24,365.64	37,203.78	61,569.42	77.2
Patient / Inmate	5	71.4	10,189.74	5,165.37	15,355.11	19.3
Wheel	1	14.3	2,781.39	0.00	2,781.39	3.5
<b>Totals:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	14.3	24,365.64	37,203.78	61,569.42	77.2
Struck/Injured By Fellow Worker, Patient	2	28.6	4,874.96	5,165.37	10,040.33	12.6
Lifting	2	28.6	3,932.42	0.00	3,932.42	4.9
Struck/Injured By Moving Parts of Machi	1	14.3	2,781.39	0.00	2,781.39	3.5
Absorption, Ingestion or Inhalation NOC	1	14.3	1,382.36	0.00	1,382.36	1.7
<b>Sum:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>BODY PART</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	1	14.3	24,365.64	37,203.78	61,569.42	77.2
Upper Extremities Hand	1	14.3	4,554.63	5,165.37	9,720.00	12.2
Upper Extremities Wrist	1	14.3	3,140.86	0.00	3,140.86	3.9
Lower Extremities Ankle	1	14.3	2,781.39	0.00	2,781.39	3.5
Head Eye(s)	1	14.3	1,382.36	0.00	1,382.36	1.7
Trunk Low Back Area (Incl. Lumbar & Li	1	14.3	791.56	0.00	791.56	1.0
Upper Extremities Finger(s)	1	14.3	320.33	0.00	320.33	0.4
<b>Sum:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	
<b>INJURY</b>						
Strain	4	57.1	31,079.45	37,203.78	68,283.23	85.7
Crushing	2	28.6	4,874.96	5,165.37	10,040.33	12.6
Contagious Disease	1	14.3	1,382.36	0.00	1,382.36	1.7
<b>Sum:</b>	<b>7</b>		<b>\$37,336.77</b>	<b>\$42,369.15</b>	<b>\$79,705.92</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>99 - UVA Health - NEUROLOGY DEPARTMENT</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	551.21	0.00	551.21	100.0
6AM - 7:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	551.21	0.00	551.21	100.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	551.21	0.00	551.21	100.0
30 - 34	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	551.21	0.00	551.21	100.0
<b>Totals:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	50.0	551.21	0.00	551.21	100.0
Stairs	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	551.21	0.00	551.21	100.0
Fall/Slip on Stairs	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	551.21	0.00	551.21	100.0
Head Other facial soft tissue	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	
<b>INJURY</b>						
Strain	1	50.0	551.21	0.00	551.21	100.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$551.21</b>	<b>\$0.00</b>	<b>\$551.21</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>9 - UVA Health - 5 WEST</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	3	60.0	1,204.86	0.00	1,204.86	96.2
12AM - 1:59AM	1	20.0	47.82	0.00	47.82	3.8
6AM - 7:59AM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	20.0	1,150.97	0.00	1,150.97	91.9
0 - 2	3	60.0	66.64	0.00	66.64	5.3
2 - 4	1	20.0	35.07	0.00	35.07	2.8
<b>Totals:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>Age of Claimant</b>						
60 - 64	1	20.0	1,150.97	0.00	1,150.97	91.9
30 - 34	1	20.0	47.82	0.00	47.82	3.8
20 - 24	1	20.0	35.07	0.00	35.07	2.8
25 - 29	2	40.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	80.0	1,233.86	0.00	1,233.86	98.5
Male	1	20.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>LOSS CAUSE</b>						
Machine, not otherwise classified	1	20.0	1,150.97	0.00	1,150.97	91.9
Electrical equipment	1	20.0	47.82	0.00	47.82	3.8
Patient / Inmate	2	40.0	35.07	0.00	35.07	2.8
Furniture / fixtures	1	20.0	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	20.0	1,150.97	0.00	1,150.97	91.9
Pushing or Pulling	2	40.0	53.89	0.00	53.89	4.3
Contact with Electrical Current	1	20.0	47.82	0.00	47.82	3.8
Struck/Injured By Fellow Worker, Patient	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	20.0	1,150.97	0.00	1,150.97	91.9
Multiple Body Parts Multiple Body Parts	1	20.0	47.82	0.00	47.82	3.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	2	40.0	35.07	0.00	35.07	2.8
Upper Extremities Upper Arm (Incl. Clav	1	20.0	18.82	0.00	18.82	1.5
<b>Sum:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	
<b>INJURY</b>						
Strain	3	60.0	1,204.86	0.00	1,204.86	96.2
Electric Shock	1	20.0	47.82	0.00	47.82	3.8
No Physical Injury	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,252.68</b>	<b>\$0.00</b>	<b>\$1,252.68</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>209 - UVA Health System</b>						
<b>S209 - UVA Health System</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	8	24.2	19,021.99	98,458.25	117,480.24	55.5
10AM - 11:59AM	6	18.2	7,434.16	42,722.38	50,156.54	23.7
2PM - 3:59PM	3	9.1	6,728.84	21,569.43	28,298.27	13.4
10PM - 11:59PM	2	6.1	6,563.80	0.00	6,563.80	3.1
6AM - 7:59AM	7	21.2	1,620.06	1,904.53	3,524.59	1.7
4PM - 5:59PM	3	9.1	2,292.60	314.02	2,606.62	1.2
8AM - 9:59AM	3	9.1	18.82	2,500.00	2,518.82	1.2
12AM - 1:59AM	1	3.0	599.79	0.00	599.79	0.3
<b>Totals:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	16	48.5	29,104.42	123,777.68	152,882.10	72.2
4 - 6	5	15.2	7,587.55	42,753.56	50,341.11	23.8
2 - 4	4	12.1	3,972.02	0.00	3,972.02	1.9
6 - 8	2	6.1	1,086.97	673.35	1,760.32	0.8
22 - 24	1	3.0	1,255.60	0.00	1,255.60	0.6
10 - 12	1	3.0	985.98	264.02	1,250.00	0.6
24 - 26	1	3.0	236.37	0.00	236.37	0.1
8 - 10	1	3.0	51.15	0.00	51.15	0.0
18 - 20	1	3.0	0.00	0.00	0.00	0.0
26 - 28	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	
<b>Age of Claimant</b>						
45 - 49	7	21.2	17,916.17	60,092.88	78,009.05	36.8
30 - 34	3	9.1	2,904.89	42,722.38	45,627.27	21.5
55 - 59	1	3.0	6,097.26	38,071.56	44,168.82	20.9
35 - 39	5	15.2	9,066.83	21,569.43	30,636.26	14.5
50 - 54	4	12.1	3,382.03	1,231.18	4,613.21	2.2
25 - 29	4	12.1	2,201.04	1,300.00	3,501.04	1.7
20 - 24	5	15.2	1,418.60	1,250.00	2,668.60	1.3
40 - 44	2	6.1	37.64	1,231.18	1,268.82	0.6
60 - 64	1	3.0	1,255.60	0.00	1,255.60	0.6
65 - 69	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	33	100.0	44,280.06	167,468.61	211,748.67	100.0
<b>Totals:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	9	27.3	22,094.25	60,436.69	82,530.94	39.0
Wheelchair	1	3.0	6,097.26	38,071.56	44,168.82	20.9
Cords	2	6.1	569.81	41,472.38	42,042.19	19.9
Chair	2	6.1	5,898.64	21,569.43	27,468.07	13.0
N/A	1	3.0	3,353.41	0.00	3,353.41	1.6
Walking surface, outside, dry	3	9.1	614.29	1,904.53	2,518.82	1.2
Metal items	1	3.0	2,335.08	0.00	2,335.08	1.1
Boxes / containers	2	6.1	1,255.60	0.00	1,255.60	0.6
Blade	1	3.0	0.00	1,250.00	1,250.00	0.6
Furniture / fixtures	1	3.0	0.00	1,250.00	1,250.00	0.6
Needle stick	1	3.0	0.00	1,250.00	1,250.00	0.6
Training \ Drills	1	3.0	985.98	264.02	1,250.00	0.6
Stairs, steps	1	3.0	510.32	0.00	510.32	0.2
Vehicle/car/truck	1	3.0	352.03	0.00	352.03	0.2
Water	1	3.0	162.24	0.00	162.24	0.1
Uneven Surface	1	3.0	51.15	0.00	51.15	0.0
Chemicals, not otherwise classified	1	3.0	0.00	0.00	0.00	0.0
Floor	1	3.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	3.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	4	12.1	14,716.77	59,205.51	73,922.28	34.9
Fall On the Same Level	8	24.2	8,264.21	64,946.34	73,210.55	34.6
Struck or Injury By, NOC	2	6.1	8,432.34	38,071.56	46,503.90	22.0
Lifting	3	9.1	6,974.56	0.00	6,974.56	3.3
Other than Physical Cause of Injury	1	3.0	3,353.41	0.00	3,353.41	1.6
Other Injury NEC	2	6.1	0.00	2,500.00	2,500.00	1.2
Cut, Punctured, Scraped, NOC	1	3.0	0.00	1,250.00	1,250.00	0.6
Jumping	1	3.0	985.98	264.02	1,250.00	0.6
Pushing or Pulling	1	3.0	18.82	1,231.18	1,250.00	0.6
Fall, Slip or Trip, NOC	5	15.2	797.84	0.00	797.84	0.4
Twisting	2	6.1	736.13	0.00	736.13	0.3
Absorption, Ingestion or Inhalation NOC	1	3.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	3.0	0.00	0.00	0.00	0.0
Vehicle Upset	1	3.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	6	18.2	17,940.07	81,398.29	99,338.36	46.9
Lower Extremities Knee	7	21.2	3,057.43	42,967.58	46,025.01	21.7
Upper Extremities Thumb	1	3.0	6,097.26	38,071.56	44,168.82	20.9
Trunk Low Back Area (Incl. Lumbar & Li	3	9.1	5,907.99	0.00	5,907.99	2.8
Upper Extremities Hand	3	9.1	2,335.08	2,500.00	4,835.08	2.3
Multiple Body Parts No Physical Injury	2	6.1	3,353.41	0.00	3,353.41	1.6
Trunk Multiple Trunk	1	3.0	3,108.02	0.00	3,108.02	1.5
Upper Extremities Upper Arm (Incl. Clav	1	3.0	1,306.62	50.00	1,356.62	0.6
Multiple Body Parts Insufficient Info to Ic	1	3.0	0.00	1,250.00	1,250.00	0.6
Upper Extremities Shoulder(s)	1	3.0	18.82	1,231.18	1,250.00	0.6
Neck Multiple Neck Injury	1	3.0	1,066.57	0.00	1,066.57	0.5
Upper Extremities Elbow	1	3.0	51.15	0.00	51.15	0.0
Lower Extremities Hip	2	6.1	37.64	0.00	37.64	0.0
Head Eye(s)	1	3.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	10	30.3	11,599.91	80,217.29	91,817.20	43.4
Strain	10	30.3	21,040.25	59,419.53	80,459.78	38.0
Crushing	1	3.0	5,662.27	21,569.43	27,231.70	12.9
No Physical Injury	4	12.1	4,660.03	1,300.00	5,960.03	2.8
Sprain	2	6.1	1,085.39	1,231.18	2,316.57	1.1
Multiple Physical Injury Only	2	6.1	181.06	1,231.18	1,412.24	0.7
Inflammation	1	3.0	0.00	1,250.00	1,250.00	0.6
Laceration	1	3.0	0.00	1,250.00	1,250.00	0.6
Fracture	1	3.0	51.15	0.00	51.15	0.0
All Other (Specific) Injuries, NOC	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$44,280.06</b>	<b>\$167,468.61</b>	<b>\$211,748.67</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 211 - VA MILITARY INSTITUTE

#### S211 - VA MILITARY INSTITUTE

#### TIME OF INJURY

10AM - 11:59AM	7	26.9	11,196.69	67,244.56	78,441.25	62.3
8PM - 9:59PM	2	7.7	6,381.63	26,178.07	32,559.70	25.8
8AM - 9:59AM	3	11.5	12,617.38	0.00	12,617.38	10.0
6AM - 7:59AM	6	23.1	903.93	1,231.18	2,135.11	1.7
12PM - 1:59PM	6	23.1	113.92	0.00	113.92	0.1
2PM - 3:59PM	2	7.7	110.12	0.00	110.12	0.1
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

#### LENGTH OF SERVICE

38 - 40	1	3.8	11,108.14	67,244.56	78,352.70	62.2
2 - 4	5	19.2	6,423.89	27,409.25	33,833.14	26.9
0 - 2	10	38.5	10,667.25	0.00	10,667.25	8.5
14 - 16	1	3.8	1,976.62	0.00	1,976.62	1.6
4 - 6	2	7.7	730.21	0.00	730.21	0.6
12 - 14	2	7.7	241.59	0.00	241.59	0.2
6 - 8	1	3.8	110.12	0.00	110.12	0.1
8 - 10	1	3.8	41.78	0.00	41.78	0.0
16 - 18	2	7.7	24.07	0.00	24.07	0.0
40 - 42	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

#### Age of Claimant

60 - 64	6	23.1	11,255.90	68,475.74	79,731.64	63.3
65 - 69	1	3.8	6,340.59	26,178.07	32,518.66	25.8
25 - 29	5	19.2	10,580.11	0.00	10,580.11	8.4
45 - 49	2	7.7	1,976.62	0.00	1,976.62	1.6
30 - 34	2	7.7	775.87	0.00	775.87	0.6
40 - 44	2	7.7	221.59	0.00	221.59	0.2
55 - 59	2	7.7	68.32	0.00	68.32	0.1
35 - 39	1	3.8	41.78	0.00	41.78	0.0
75 - 79	1	3.8	24.07	0.00	24.07	0.0
50 - 54	1	3.8	20.00	0.00	20.00	0.0
15 - 19	2	7.7	18.82	0.00	18.82	0.0
20 - 24	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	11	42.3	21,987.50	67,244.56	89,232.06	70.8
Female	15	57.7	9,336.17	27,409.25	36,745.42	29.2
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	3.8	11,108.14	67,244.56	78,352.70	62.2
Platforms	1	3.8	6,340.59	26,178.07	32,518.66	25.8
Furniture / fixtures	4	15.4	10,548.11	0.00	10,548.11	8.4
Environmental conditions	3	11.5	2,775.15	0.00	2,775.15	2.2
Walking surface, inside, dry	1	3.8	18.82	1,231.18	1,250.00	1.0
Object on Floor	1	3.8	221.59	0.00	221.59	0.2
Floor	1	3.8	67.76	0.00	67.76	0.1
Machine, not otherwise classified	2	7.7	65.66	0.00	65.66	0.1
Knife, NOC	1	3.8	52.14	0.00	52.14	0.0
Chemicals, not otherwise classified	1	3.8	41.78	0.00	41.78	0.0
Patient / Inmate	1	3.8	41.04	0.00	41.04	0.0
Stairs, steps	1	3.8	24.07	0.00	24.07	0.0
Poisonous agent / plant	1	3.8	18.82	0.00	18.82	0.0
Animal / insect, not otherwise classifie	1	3.8	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.8	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	3.8	0.00	0.00	0.00	0.0
Outside Surface	1	3.8	0.00	0.00	0.00	0.0
Pipe	1	3.8	0.00	0.00	0.00	0.0
Sprayer	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
<b>Totals:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	
<b>ACCIDENT TYPE</b>						
Lifting	2	7.7	11,329.73	67,244.56	78,574.29	62.4
Fall/Slip on Stairs	3	11.5	8,341.28	26,178.07	34,519.35	27.4
Caught In, Under or Between, NOC	3	11.5	10,529.29	0.00	10,529.29	8.4
Strain or Injury By, NOC	1	3.8	18.82	1,231.18	1,250.00	1.0
Fall/Slip on Ice or Snow	1	3.8	730.21	0.00	730.21	0.6
Absorption, Ingestion or Inhalation NOC	2	7.7	109.36	0.00	109.36	0.1
Striking Against or Stepping On, NOC	4	15.4	84.48	0.00	84.48	0.1
Fall On the Same Level	2	7.7	67.76	0.00	67.76	0.1
Hand Tool, Utensil; Not Powered	1	3.8	52.14	0.00	52.14	0.0
Dust, Gases, Fumes or Vapors	1	3.8	41.78	0.00	41.78	0.0
Other Injury NEC	1	3.8	18.82	0.00	18.82	0.0
Cut, Punctured, Scraped, NOC	1	3.8	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	3.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary Object	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

### **BODY PART**

Upper Extremities Shoulder(s)	1	3.8	11,108.14	67,244.56	78,352.70	62.2
Lower Extremities Foot	1	3.8	6,340.59	26,178.07	32,518.66	25.8
Multiple Body Parts Multiple Body Parts	5	19.2	12,447.93	0.00	12,447.93	9.9
Lower Extremities Knee	2	7.7	18.82	1,231.18	1,250.00	1.0
Upper Extremities Lower Arm	1	3.8	730.21	0.00	730.21	0.6
Trunk Low Back Area (Incl. Lumbar & L	1	3.8	221.59	0.00	221.59	0.2
Upper Extremities Thumb	1	3.8	110.12	0.00	110.12	0.1
Multiple Body Parts Whole Body	1	3.8	68.32	0.00	68.32	0.1
Head Multiple Head Injury	1	3.8	67.76	0.00	67.76	0.1
Neck Soft Tissue-Neck	1	3.8	45.66	0.00	45.66	0.0
Trunk Lung(s)	1	3.8	41.78	0.00	41.78	0.0
Multiple Body Parts No Physical Injury	1	3.8	41.04	0.00	41.04	0.0
Upper Extremities Wrist	1	3.8	24.07	0.00	24.07	0.0
Upper Extremities Hand	3	11.5	20.00	0.00	20.00	0.0
Head Brain	1	3.8	18.82	0.00	18.82	0.0
Head Other facial soft tissue	1	3.8	18.82	0.00	18.82	0.0
Lower Extremities Ankle	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

### **INJURY**

Strain	3	11.5	11,348.55	68,475.74	79,824.29	63.4
Fracture	1	3.8	6,340.59	26,178.07	32,518.66	25.8
Contusion (Bruise, Skin Surface)	8	30.8	12,525.91	0.00	12,525.91	9.9
Sprain	4	15.4	799.94	0.00	799.94	0.6
Poisoning-General (Not OD or Cum Inju	2	7.7	87.14	0.00	87.14	0.1
Puncture	4	15.4	70.96	0.00	70.96	0.1
All Other (Specific) Injuries, NOC	1	3.8	67.76	0.00	67.76	0.1
Poisoning - Chemical (Other than Metal)	1	3.8	41.78	0.00	41.78	0.0
Contagious Disease	1	3.8	41.04	0.00	41.04	0.0
Laceration	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$31,323.67</b>	<b>\$94,653.81</b>	<b>\$125,977.48</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>212 - Virginia State University</b>						
<b>S212 - Virginia State University</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
2PM - 3:59PM	3	37.5	9,927.41	73,035.65	82,963.06	2.7
8AM - 9:59AM	3	37.5	11,590.29	54,155.09	65,745.38	2.1
6PM - 7:59PM	1	12.5	509.63	0.00	509.63	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
2 - 4	1	12.5	9,927.41	73,035.65	82,963.06	2.7
0 - 2	3	37.5	9,654.40	54,155.09	63,809.49	2.1
22 - 24	1	12.5	1,935.89	0.00	1,935.89	0.1
10 - 12	1	12.5	509.63	0.00	509.63	0.0
16 - 18	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>Age of Claimant</b>						
35 - 39	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
40 - 44	2	25.0	9,927.41	73,035.65	82,963.06	2.7
25 - 29	1	12.5	9,654.40	54,155.09	63,809.49	2.1
65 - 69	2	25.0	2,445.52	0.00	2,445.52	0.1
45 - 49	2	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	62.5	568,302.45	2,430,436.60	2,998,739.05	97.9
Female	3	37.5	9,654.40	54,155.09	63,809.49	2.1
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>LOSS CAUSE</b>						
Gun / gunshot	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
Vehicle/car/truck	1	12.5	9,927.41	73,035.65	82,963.06	2.7
Training \ Drills	1	12.5	9,654.40	54,155.09	63,809.49	2.1
Floor	1	12.5	1,935.89	0.00	1,935.89	0.1
Person	1	12.5	509.63	0.00	509.63	0.0
Chair	1	12.5	0.00	0.00	0.00	0.0
Patient / Inmate	1	12.5	0.00	0.00	0.00	0.0
Work surface	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Gunshot	1	12.5	555,929.52	2,357,400.95	2,913,330.47	95.1
Fall/Slip From a Different Level	2	25.0	9,927.41	73,035.65	82,963.06	2.7
Struck/Injured By Fellow Worker, Patient	1	12.5	9,654.40	54,155.09	63,809.49	2.1
Fall On the Same Level	2	25.0	1,935.89	0.00	1,935.89	0.1
Fall, Slip or Trip, NOC	2	25.0	509.63	0.00	509.63	0.0
<b>Sum:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	5	62.5	556,439.15	2,357,400.95	2,913,840.10	95.1
Upper Extremities Wrist(s) and Hand(s)	1	12.5	9,927.41	73,035.65	82,963.06	2.7
Lower Extremities Knee	1	12.5	9,654.40	54,155.09	63,809.49	2.1
Lower Extremities Hip	1	12.5	1,935.89	0.00	1,935.89	0.1
<b>Sum:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	4	50.0	556,439.15	2,357,400.95	2,913,840.10	95.1
Fracture	1	12.5	9,927.41	73,035.65	82,963.06	2.7
Multiple Physical Injury Only	2	25.0	11,590.29	54,155.09	65,745.38	2.1
Burn	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$577,956.85</b>	<b>\$2,484,591.69</b>	<b>\$3,062,548.54</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>213 - NORFOLK STATE UNIVERSITY</b>						
<b>S213 - NORFOLK STATE UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	5	23.8	1,427.86	165,375.98	166,803.84	89.0
4AM - 5:59AM	1	4.8	7,588.88	1,361.43	8,950.31	4.8
2PM - 3:59PM	4	19.0	1,437.31	5,350.00	6,787.31	3.6
4PM - 5:59PM	3	14.3	736.08	1,231.18	1,967.26	1.0
12PM - 1:59PM	1	4.8	792.51	326.31	1,118.82	0.6
6PM - 7:59PM	4	19.0	164.23	677.00	841.23	0.4
10AM - 11:59AM	1	4.8	473.12	0.00	473.12	0.3
6AM - 7:59AM	1	4.8	420.98	0.00	420.98	0.2
8PM - 9:59PM	1	4.8	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	6	28.6	2,867.54	165,375.98	168,243.52	89.8
4 - 6	3	14.3	8,017.53	1,361.43	9,378.96	5.0
6 - 8	9	42.9	1,682.78	5,103.31	6,786.09	3.6
10 - 12	1	4.8	18.82	1,231.18	1,250.00	0.7
32 - 34	1	4.8	0.00	1,250.00	1,250.00	0.7
20 - 22	1	4.8	473.12	0.00	473.12	0.3
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>Age of Claimant</b>						
35 - 39	2	9.5	1,440.81	165,375.98	166,816.79	89.0
65 - 69	3	14.3	8,064.35	1,361.43	9,425.78	5.0
55 - 59	4	19.0	1,232.31	5,676.31	6,908.62	3.7
75 - 79	1	4.8	18.82	1,231.18	1,250.00	0.7
60 - 64	4	19.0	539.94	677.00	1,216.94	0.6
25 - 29	1	4.8	1,119.30	0.00	1,119.30	0.6
50 - 54	5	23.8	345.07	0.00	345.07	0.2
70 - 74	1	4.8	299.19	0.00	299.19	0.2
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>SEX OF CLAIMANT</b>						
Male	10	47.6	2,587.37	167,302.98	169,890.35	90.7
Female	11	52.4	10,472.42	7,018.92	17,491.34	9.3
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	9.5	1,381.04	165,375.98	166,757.02	89.0
Uneven Surface	1	4.8	7,588.88	1,361.43	8,950.31	4.8



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chair	1	4.8	18.82	4,100.00	4,118.82	2.2
Furniture / fixtures	4	19.0	539.94	1,927.00	2,466.94	1.3
Floor	3	14.3	1,232.31	326.31	1,558.62	0.8
Object on Floor	1	4.8	18.82	1,231.18	1,250.00	0.7
Person	1	4.8	1,119.30	0.00	1,119.30	0.6
Overhead Object	1	4.8	428.65	0.00	428.65	0.2
Cleaning Products	1	4.8	299.19	0.00	299.19	0.2
Door	3	14.3	288.61	0.00	288.61	0.2
Walking surface, inside, dry	1	4.8	78.59	0.00	78.59	0.0
Trash receptacle	1	4.8	46.82	0.00	46.82	0.0
Walking surface, inside, wet	1	4.8	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

### ACCIDENT TYPE

Fall On the Same Level	10	47.6	11,405.99	168,294.90	179,700.89	95.9
Fall/Slip From a Different Level	2	9.5	18.82	4,100.00	4,118.82	2.2
Strain or Injury By, NOC	3	14.3	618.53	677.00	1,295.53	0.7
Twisting	1	4.8	0.00	1,250.00	1,250.00	0.7
Struck/Injured By Falling or Flying Objec	1	4.8	428.65	0.00	428.65	0.2
Absorption, Ingestion or Inhalation NOC	1	4.8	299.19	0.00	299.19	0.2
Struck/Injured By Object Being Lifted or	1	4.8	288.61	0.00	288.61	0.2
Caught In/Between-Object Handled	1	4.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

### BODY PART

Upper Extremities Shoulder(s)	4	19.0	1,447.86	167,284.16	168,732.02	90.0
Multiple Body Parts Multiple Body Parts	6	28.6	9,320.80	5,787.74	15,108.54	8.1
Trunk Lumbar and/or Sacral Vertebrae	1	4.8	0.00	1,250.00	1,250.00	0.7
Trunk Low Back Area (Incl. Lumbar & L	1	4.8	1,119.30	0.00	1,119.30	0.6
Upper Extremities Elbow	1	4.8	420.98	0.00	420.98	0.2
Head Eye(s)	1	4.8	299.19	0.00	299.19	0.2
Upper Extremities Finger(s)	1	4.8	288.61	0.00	288.61	0.2
Lower Extremities Foot	1	4.8	78.59	0.00	78.59	0.0
Head Brain	1	4.8	46.82	0.00	46.82	0.0
Lower Extremities Ankle	1	4.8	18.82	0.00	18.82	0.0
Lower Extremities Knee	1	4.8	18.82	0.00	18.82	0.0
Head Multiple Head Injury	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

### INJURY

Multiple Physical Injury Only	1	4.8	1,362.22	165,375.98	166,738.20	89.0
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Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	3	14.3	7,607.70	1,361.43	8,969.13	4.8
Sprain	9	42.9	1,821.66	5,657.49	7,479.15	4.0
Strain	4	19.0	1,614.77	1,927.00	3,541.77	1.9
Poisoning - Chemical (Other than Metal)	1	4.8	299.19	0.00	299.19	0.2
Crushing	1	4.8	288.61	0.00	288.61	0.2
Multiple Injury Inc. Physical & Psycholog	1	4.8	46.82	0.00	46.82	0.0
Dislocation	1	4.8	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>21</b>		<b>\$13,059.79</b>	<b>\$174,321.90</b>	<b>\$187,381.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>214 - Longwood University</b>						
<b>S214 - Longwood University</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	9.1	1,202.12	3,616.70	4,818.82	27.2
10AM - 11:59AM	2	18.2	3,647.17	0.00	3,647.17	20.6
4PM - 5:59PM	2	18.2	48.51	3,289.13	3,337.64	18.8
2PM - 3:59PM	3	27.3	3,124.06	0.00	3,124.06	17.6
8AM - 9:59AM	2	18.2	2,814.00	0.00	2,814.00	15.9
6PM - 7:59PM	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	18.2	4,830.47	3,616.70	8,447.17	47.6
14 - 16	2	18.2	3,792.00	0.00	3,792.00	21.4
10 - 12	1	9.1	29.69	3,289.13	3,318.82	18.7
22 - 24	1	9.1	2,127.24	0.00	2,127.24	12.0
4 - 6	1	9.1	18.82	0.00	18.82	0.1
6 - 8	2	18.2	18.82	0.00	18.82	0.1
20 - 22	1	9.1	18.82	0.00	18.82	0.1
16 - 18	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>Age of Claimant</b>						
35 - 39	1	9.1	1,202.12	3,616.70	4,818.82	27.2
60 - 64	3	27.3	3,810.82	0.00	3,810.82	21.5
25 - 29	1	9.1	3,628.35	0.00	3,628.35	20.5
45 - 49	1	9.1	29.69	3,289.13	3,318.82	18.7
50 - 54	1	9.1	2,127.24	0.00	2,127.24	12.0
55 - 59	4	36.4	37.64	0.00	37.64	0.2
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	54.5	6,800.92	3,289.13	10,090.05	56.9
Female	5	45.5	4,034.94	3,616.70	7,651.64	43.1
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	4	36.4	1,907.70	3,616.70	5,524.40	31.1
Recreational equipment	1	9.1	3,628.35	0.00	3,628.35	20.5
Person	1	9.1	29.69	3,289.13	3,318.82	18.7
Overhead Object	1	9.1	3,105.24	0.00	3,105.24	17.5
Stairs	2	18.2	2,146.06	0.00	2,146.06	12.1

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Outside Surface	1	9.1	18.82	0.00	18.82	0.1
Cleaning Products	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

### ACCIDENT TYPE

Twisting	1	9.1	1,202.12	3,616.70	4,818.82	27.2
Struck/Injured By Object Being Lifted or	1	9.1	3,628.35	0.00	3,628.35	20.5
Struck or Injury By, NOC	1	9.1	29.69	3,289.13	3,318.82	18.7
Other Injury NEC	1	9.1	3,105.24	0.00	3,105.24	17.5
Fall/Slip on Stairs	2	18.2	2,146.06	0.00	2,146.06	12.1
Fall/Slip into Openings	2	18.2	705.58	0.00	705.58	4.0
Fall, Slip or Trip, NOC	1	9.1	18.82	0.00	18.82	0.1
Burn or Scald-Chemicals	1	9.1	0.00	0.00	0.00	0.0
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	5	45.5	5,012.94	3,616.70	8,629.64	48.6
Upper Extremities Finger(s)	1	9.1	3,628.35	0.00	3,628.35	20.5
Lower Extremities Knee	2	18.2	48.51	3,289.13	3,337.64	18.8
Lower Extremities Ankle	1	9.1	2,127.24	0.00	2,127.24	12.0
Head Other facial soft tissue	1	9.1	18.82	0.00	18.82	0.1
Upper Extremities Upper Arm (Incl. Clav	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

### INJURY

Sprain	3	27.3	6,957.71	3,616.70	10,574.41	59.6
Contusion (Bruise, Skin Surface)	6	54.5	772.91	3,289.13	4,062.04	22.9
All Other (Specific) Injuries, NOC	1	9.1	3,105.24	0.00	3,105.24	17.5
Burn	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$10,835.86</b>	<b>\$6,905.83</b>	<b>\$17,741.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>215 - University of Mary Washington</b>						
<b>S215 - University of Mary Washington</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	4	33.3	131.14	1,231.18	1,362.32	43.0
8AM - 9:59AM	2	16.7	933.83	0.00	933.83	29.5
2PM - 3:59PM	1	8.3	373.14	0.00	373.14	11.8
12PM - 1:59PM	3	25.0	306.92	0.00	306.92	9.7
6PM - 7:59PM	1	8.3	192.34	0.00	192.34	6.1
6AM - 7:59AM	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	25.0	18.82	1,231.18	1,250.00	39.5
16 - 18	1	8.3	915.01	0.00	915.01	28.9
0 - 2	4	33.3	584.30	0.00	584.30	18.4
2 - 4	1	8.3	306.92	0.00	306.92	9.7
34 - 36	1	8.3	112.32	0.00	112.32	3.5
8 - 10	1	8.3	0.00	0.00	0.00	0.0
14 - 16	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>Age of Claimant</b>						
25 - 29	1	8.3	18.82	1,231.18	1,250.00	39.5
55 - 59	3	25.0	1,027.33	0.00	1,027.33	32.4
20 - 24	3	25.0	565.48	0.00	565.48	17.8
50 - 54	1	8.3	306.92	0.00	306.92	9.7
60 - 64	3	25.0	18.82	0.00	18.82	0.6
40 - 44	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>SEX OF CLAIMANT</b>						
Female	8	66.7	1,611.63	0.00	1,611.63	50.9
Male	4	33.3	325.74	1,231.18	1,556.92	49.1
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	8.3	18.82	1,231.18	1,250.00	39.5
Outside Surface	1	8.3	915.01	0.00	915.01	28.9
Furniture / fixtures	2	16.7	565.48	0.00	565.48	17.8
Battery	1	8.3	306.92	0.00	306.92	9.7
Stairs, steps	2	16.7	131.14	0.00	131.14	4.1
Chair	1	8.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cleaning Products	1	8.3	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	8.3	0.00	0.00	0.00	0.0
Stairs	1	8.3	0.00	0.00	0.00	0.0
Window frame	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

### ACCIDENT TYPE

Fall, Slip or Trip, NOC	2	16.7	18.82	1,231.18	1,250.00	39.5
Fall/Slip on Ice or Snow	2	16.7	1,027.33	0.00	1,027.33	32.4
Struck/Injured By Object Being Lifted or	1	8.3	373.14	0.00	373.14	11.8
Lifting	1	8.3	306.92	0.00	306.92	9.7
Struck or Injury By, NOC	3	25.0	192.34	0.00	192.34	6.1
Fall/Slip on Stairs	2	16.7	18.82	0.00	18.82	0.6
Other Injury NEC	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

### BODY PART

Lower Extremities Ankle	2	16.7	18.82	1,231.18	1,250.00	39.5
Multiple Body Parts Multiple Body Parts	2	16.7	1,027.33	0.00	1,027.33	32.4
Lower Extremities Foot	1	8.3	373.14	0.00	373.14	11.8
Upper Extremities Elbow	2	16.7	306.92	0.00	306.92	9.7
Lower Extremities Toe(s)	1	8.3	192.34	0.00	192.34	6.1
Upper Extremities Multiple Upper Extrer	1	8.3	18.82	0.00	18.82	0.6
Head Other facial soft tissue	2	16.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

### INJURY

Fracture	2	16.7	211.16	1,231.18	1,442.34	45.5
Multiple Physical Injury Only	2	16.7	933.83	0.00	933.83	29.5
Contusion (Bruise, Skin Surface)	2	16.7	373.14	0.00	373.14	11.8
Sprain	1	8.3	306.92	0.00	306.92	9.7
Inflammation	1	8.3	112.32	0.00	112.32	3.5
All Other (Specific) Injuries, NOC	1	8.3	0.00	0.00	0.00	0.0
Dermatitis	1	8.3	0.00	0.00	0.00	0.0
Strain	2	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$1,937.37</b>	<b>\$1,231.18</b>	<b>\$3,168.55</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>216 - JAMES MADISON UNIVERSITY</b>						
<b>S216 - JAMES MADISON UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	16	14.5	76,695.10	58,134.48	134,829.58	67.0
8AM - 9:59AM	27	24.5	7,075.68	6,103.33	13,179.01	6.5
10AM - 11:59AM	17	15.5	6,610.09	4,311.96	10,922.05	5.4
6PM - 7:59PM	2	1.8	1,873.81	7,100.11	8,973.92	4.5
12PM - 1:59PM	18	16.4	6,220.58	2,437.37	8,657.95	4.3
2PM - 3:59PM	13	11.8	6,206.47	1,809.80	8,016.27	4.0
4PM - 5:59PM	3	2.7	5,991.59	0.00	5,991.59	3.0
2AM - 3:59AM	2	1.8	4,688.84	0.00	4,688.84	2.3
12AM - 1:59AM	4	3.6	3,107.43	0.00	3,107.43	1.5
10PM - 11:59PM	3	2.7	284.18	1,250.00	1,534.18	0.8
8PM - 9:59PM	3	2.7	66.37	1,231.18	1,297.55	0.6
4AM - 5:59AM	2	1.8	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	7	6.4	47,613.18	35,591.10	83,204.28	41.4
0 - 2	54	49.1	26,251.36	36,495.60	62,746.96	31.2
18 - 20	2	1.8	25,885.48	0.00	25,885.48	12.9
4 - 6	12	10.9	7,970.76	4,748.39	12,719.15	6.3
6 - 8	4	3.6	4,577.44	0.00	4,577.44	2.3
2 - 4	13	11.8	1,936.24	1,830.78	3,767.02	1.9
24 - 26	3	2.7	745.24	1,231.18	1,976.42	1.0
16 - 18	3	2.7	1,510.70	0.00	1,510.70	0.8
20 - 22	1	0.9	18.82	1,231.18	1,250.00	0.6
36 - 38	1	0.9	0.00	1,250.00	1,250.00	0.6
28 - 30	1	0.9	1,235.05	0.00	1,235.05	0.6
8 - 10	2	1.8	628.76	0.00	628.76	0.3
12 - 14	5	4.5	447.11	0.00	447.11	0.2
14 - 16	1	0.9	18.82	0.00	18.82	0.0
22 - 24	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	
<b>Age of Claimant</b>						
60 - 64	13	11.8	50,300.08	36,432.68	86,732.76	43.1
55 - 59	11	10.0	31,707.59	7,334.51	39,042.10	19.4
40 - 44	8	7.3	5,020.95	21,452.48	26,473.43	13.2
20 - 24	18	16.4	15,812.84	8,350.11	24,162.95	12.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
70 - 74	5	4.5	6,261.11	0.00	6,261.11	3.1
35 - 39	11	10.0	2,662.48	3,498.39	6,160.87	3.1
50 - 54	11	10.0	1,948.95	1,597.70	3,546.65	1.8
45 - 49	11	10.0	1,190.81	1,250.00	2,440.81	1.2
25 - 29	8	7.3	2,376.68	0.00	2,376.68	1.2
30 - 34	4	3.6	601.58	1,231.18	1,832.76	0.9
65 - 69	4	3.6	324.68	1,231.18	1,555.86	0.8
15 - 19	6	5.5	631.21	0.00	631.21	0.3
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

### SEX OF CLAIMANT

Female	82	74.5	97,097.91	79,922.04	177,019.95	88.0
Male	28	25.5	21,741.05	2,456.19	24,197.24	12.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

### LOSS CAUSE

Clothing / jewelry	1	0.9	46,835.86	33,699.60	80,535.46	40.0
J-hook	1	0.9	25,885.48	0.00	25,885.48	12.9
Scrap, Debris, Waste Material	1	0.9	2,066.34	21,452.48	23,518.82	11.7
Roller	1	0.9	1,408.71	7,100.11	8,508.82	4.2
Walking surface, inside, wet	4	3.6	1,764.32	4,559.53	6,323.85	3.1
Walking surface, inside, dry	2	1.8	5,991.59	0.00	5,991.59	3.0
Trash receptacle	2	1.8	4,688.84	0.00	4,688.84	2.3
Vehicle/car/truck	2	1.8	3,654.57	0.00	3,654.57	1.8
Roll bar	1	0.9	3,624.86	0.00	3,624.86	1.8
Floor	7	6.4	1,010.95	2,462.36	3,473.31	1.7
Overhead Object	3	2.7	3,453.51	0.00	3,453.51	1.7
Furniture / fixtures	7	6.4	485.74	2,751.90	3,237.64	1.6
Person	2	1.8	2,285.18	0.00	2,285.18	1.1
Hand tool, powered, NOC	2	1.8	2,229.26	0.00	2,229.26	1.1
Cleaning Products	5	4.5	658.71	1,231.18	1,889.89	0.9
Electrical equipment	4	3.6	1,311.54	482.40	1,793.94	0.9
Racks	1	0.9	1,510.70	0.00	1,510.70	0.8
Stairs	2	1.8	777.32	641.50	1,418.82	0.7
Boxes / containers	6	5.5	1,367.44	0.00	1,367.44	0.7
Chair	2	1.8	18.82	1,250.00	1,268.82	0.6
Ladder, 8' step	1	0.9	0.00	1,250.00	1,250.00	0.6
Ladder - Portable	1	0.9	0.00	1,250.00	1,250.00	0.6
Machine, not otherwise classified	2	1.8	18.82	1,231.18	1,250.00	0.6
Stairs, steps	2	1.8	18.82	1,231.18	1,250.00	0.6
Wheelchair	1	0.9	43.81	1,206.19	1,250.00	0.6
Working Surface	2	1.8	1,235.05	0.00	1,235.05	0.6
Walking surface, outside, dry	3	2.7	950.81	0.00	950.81	0.5



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Miscellaneous	1	0.9	240.20	578.62	818.82	0.4
Battery	1	0.9	583.66	0.00	583.66	0.3
Uneven Surface	1	0.9	515.24	0.00	515.24	0.3
Recreational equipment	2	1.8	512.65	0.00	512.65	0.3
Work surface	3	2.7	509.38	0.00	509.38	0.3
Lift	1	0.9	420.56	0.00	420.56	0.2
Chemicals, not otherwise classified	4	3.6	408.44	0.00	408.44	0.2
Needle stick	1	0.9	404.04	0.00	404.04	0.2
Metal items	1	0.9	338.61	0.00	338.61	0.2
Hand tool, not powered, NOC	2	1.8	320.58	0.00	320.58	0.2
Grinder	1	0.9	313.54	0.00	313.54	0.2
Animal / insect, not otherwise classified	1	0.9	305.86	0.00	305.86	0.2
Platforms	1	0.9	284.18	0.00	284.18	0.1
Razor blade	1	0.9	260.00	0.00	260.00	0.1
Ground control unit/aerial	2	1.8	57.64	0.00	57.64	0.0
Food	1	0.9	29.69	0.00	29.69	0.0
N/A	1	0.9	18.82	0.00	18.82	0.0
Vehicle, not otherwise classified	1	0.9	18.82	0.00	18.82	0.0
Brush / tree / log	1	0.9	0.00	0.00	0.00	0.0
Cart	1	0.9	0.00	0.00	0.00	0.0
Door	3	2.7	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.9	0.00	0.00	0.00	0.0
Environmental conditions	1	0.9	0.00	0.00	0.00	0.0
Fencing	1	0.9	0.00	0.00	0.00	0.0
Hose / hydrant H2O	1	0.9	0.00	0.00	0.00	0.0
Ladder, 14' extension	1	0.9	0.00	0.00	0.00	0.0
Organic Material	1	0.9	0.00	0.00	0.00	0.0
Rope, cord	1	0.9	0.00	0.00	0.00	0.0
Step stool	1	0.9	0.00	0.00	0.00	0.0
Totes	1	0.9	0.00	0.00	0.00	0.0
Water	1	0.9	0.00	0.00	0.00	0.0
Wood Items	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

### ACCIDENT TYPE

Pushing or Pulling	3	2.7	46,835.86	34,949.60	81,785.46	40.6
Caught In/Between-Object Handled	3	2.7	25,885.48	0.00	25,885.48	12.9
Lifting	5	4.5	2,066.34	22,702.48	24,768.82	12.3
Twisting	5	4.5	9,905.18	1,809.80	11,714.98	5.8
Fall, Slip or Trip, NOC	1	0.9	1,408.71	7,100.11	8,508.82	4.2
Fall On the Same Level	14	12.7	2,158.58	5,443.01	7,601.59	3.8
Reaching	2	1.8	5,923.89	0.00	5,923.89	2.9

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	2	1.8	4,811.82	0.00	4,811.82	2.4
Fall/Slip on Stairs	6	5.5	2,175.05	2,124.58	4,299.63	2.1
Natural Disasters	1	0.9	3,453.51	0.00	3,453.51	1.7
Object Being Lifted or Handled	6	5.5	1,330.36	1,713.58	3,043.94	1.5
Foreign Body in Eye	7	6.4	2,170.95	347.70	2,518.65	1.3
Struck/Injured By Falling or Flying Objec	5	4.5	0.00	2,500.00	2,500.00	1.2
Absorption, Ingestion or Inhalation NOC	1	0.9	2,195.44	0.00	2,195.44	1.1
Collision with a Fixed Object	4	3.6	1,696.82	0.00	1,696.82	0.8
Slipped, Did Not Fall	2	1.8	1,549.52	0.00	1,549.52	0.8
Fall/Slip From Ladder or Scaffolding	2	1.8	0.00	1,250.00	1,250.00	0.6
Holding or Carrying	1	0.9	18.82	1,231.18	1,250.00	0.6
Radiation	1	0.9	43.81	1,206.19	1,250.00	0.6
Hand Tool, Utensil; Not Powered	4	3.6	1,089.96	0.00	1,089.96	0.5
Caught In/Between-Machine or Machine	2	1.8	1,042.30	0.00	1,042.30	0.5
Jumping	1	0.9	852.11	0.00	852.11	0.4
Strike Against/Step On Stationary Objec	4	3.6	474.33	0.00	474.33	0.2
Fall/Slip into Openings	1	0.9	420.56	0.00	420.56	0.2
Cut, Punctured, Scraped, NOC	1	0.9	404.04	0.00	404.04	0.2
Struck/Injured By Object Being Lifted or	6	5.5	350.55	0.00	350.55	0.2
Struck/Injured By Animal or Insect	1	0.9	305.86	0.00	305.86	0.2
Contact With Not Otherwise Classified	1	0.9	93.22	0.00	93.22	0.0
Struck/Injured By Fellow Worker, Patient	1	0.9	89.74	0.00	89.74	0.0
Fall/Slip From a Different Level	4	3.6	37.64	0.00	37.64	0.0
Contact with Hot Object or Substance	1	0.9	29.69	0.00	29.69	0.0
Other than Physical Cause of Injury	1	0.9	18.82	0.00	18.82	0.0
Fall/Slip From Liquid or Grease Spills	3	2.7	0.00	0.00	0.00	0.0
Other Injury NEC	1	0.9	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	0.9	0.00	0.00	0.00	0.0
Repetitive Motion	1	0.9	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	0.9	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	2	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	0.9	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

### BODY PART

Upper Extremities Shoulder(s)	8	7.3	50,796.65	63,735.27	114,531.92	56.9
Upper Extremities Thumb	8	7.3	27,912.40	0.00	27,912.40	13.9
Lower Extremities Knee	10	9.1	6,593.17	1,231.18	7,824.35	3.9
Multiple Body Parts Multiple Body Parts	12	10.9	5,767.20	1,206.19	6,973.39	3.5
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.7	6,507.55	0.00	6,507.55	3.2
Lower Extremities Ankle	7	6.4	2,569.34	2,944.76	5,514.10	2.7

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	3	2.7	862.02	4,211.83	5,073.85	2.5
Head Other facial soft tissue	3	2.7	3,589.23	1,250.00	4,839.23	2.4
Upper Extremities Upper Arm (Incl. Clav	2	1.8	3,654.57	0.00	3,654.57	1.8
Lower Extremities Foot	4	3.6	284.18	2,500.00	2,784.18	1.4
Head Eye(s)	7	6.4	2,170.95	347.70	2,518.65	1.3
Upper Extremities Finger(s)	8	7.3	1,205.78	1,231.18	2,436.96	1.2
Head Mouth	1	0.9	2,195.44	0.00	2,195.44	1.1
Head Multiple Head Injury	3	2.7	1,261.24	641.50	1,902.74	0.9
Lower Extremities Multiple Lower Extrer	2	1.8	0.00	1,250.00	1,250.00	0.6
Upper Extremities Multiple Upper Extrer	1	0.9	0.00	1,250.00	1,250.00	0.6
Head Skull	7	6.4	886.25	0.00	886.25	0.4
Trunk Upper Back Area (Thoracic Area)	1	0.9	240.20	578.62	818.82	0.4
Upper Extremities Lower Arm	3	2.7	782.19	0.00	782.19	0.4
Upper Extremities Wrist	1	0.9	515.24	0.00	515.24	0.3
Lower Extremities Lower Leg	3	2.7	459.38	0.00	459.38	0.2
Upper Extremities Hand	5	4.5	368.30	0.00	368.30	0.2
Head Brain	1	0.9	89.74	0.00	89.74	0.0
Lower Extremities Upper Leg	1	0.9	61.57	0.00	61.57	0.0
Head Nose	1	0.9	47.55	0.00	47.55	0.0
Trunk Heart	1	0.9	18.82	0.00	18.82	0.0
Lower Extremities Great Toe	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	0.9	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

### INJURY

Strain	19	17.3	62,174.13	59,713.78	121,887.91	60.6
Contusion (Bruise, Skin Surface)	41	37.3	14,422.23	16,293.12	30,715.35	15.3
Dislocation	1	0.9	25,885.48	0.00	25,885.48	12.9
Sprain	10	9.1	3,686.16	4,175.94	7,862.10	3.9
Fracture	3	2.7	3,686.43	0.00	3,686.43	1.8
Contagious Disease	1	0.9	2,195.44	0.00	2,195.44	1.1
Laceration	12	10.9	1,438.02	0.00	1,438.02	0.7
Multiple Physical Injury Only	3	2.7	777.32	641.50	1,418.82	0.7
Multiple Injury Inc. Physical & Psycholog	2	1.8	103.44	1,206.19	1,309.63	0.7
Poisoning - Chemical (Other than Metal)	1	0.9	902.30	347.70	1,250.00	0.6
Inflammation	4	3.6	945.75	0.00	945.75	0.5
Concussion (Brain, Cerebral)	2	1.8	938.35	0.00	938.35	0.5
Foreign Body (Eye)	4	3.6	628.76	0.00	628.76	0.3
Infection	1	0.9	509.38	0.00	509.38	0.3
Puncture	1	0.9	404.04	0.00	404.04	0.2

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dermatitis	2	1.8	93.22	0.00	93.22	0.0
Burn	1	0.9	29.69	0.00	29.69	0.0
No Physical Injury	1	0.9	18.82	0.00	18.82	0.0
Crushing	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>110</b>		<b>\$118,838.96</b>	<b>\$82,378.23</b>	<b>\$201,217.19</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>217 - RADFORD UNIVERSITY</b>						
<b>S217 - RADFORD UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	11.1	157,035.76	83,494.34	240,530.10	92.6
2PM - 3:59PM	6	33.3	8,821.89	2,683.19	11,505.08	4.4
10AM - 11:59AM	8	44.4	4,518.11	1,103.51	5,621.62	2.2
4PM - 5:59PM	1	5.6	650.00	1,350.00	2,000.00	0.8
4AM - 5:59AM	1	5.6	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	16.7	156,879.09	83,494.34	240,373.43	92.6
0 - 2	8	44.4	5,500.94	3,086.70	8,587.64	3.3
2 - 4	2	11.1	8,470.24	0.00	8,470.24	3.3
8 - 10	1	5.6	0.00	1,250.00	1,250.00	0.5
18 - 20	1	5.6	18.82	800.00	818.82	0.3
6 - 8	1	5.6	156.67	0.00	156.67	0.1
10 - 12	2	11.1	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>Age of Claimant</b>						
50 - 54	2	11.1	165,065.35	83,494.34	248,559.69	95.7
55 - 59	6	33.3	4,252.95	3,153.51	7,406.46	2.9
30 - 34	2	11.1	650.00	1,350.00	2,000.00	0.8
20 - 24	3	16.7	616.81	633.19	1,250.00	0.5
60 - 64	2	11.1	283.98	0.00	283.98	0.1
65 - 69	1	5.6	156.67	0.00	156.67	0.1
25 - 29	1	5.6	18.82	0.00	18.82	0.0
70 - 74	1	5.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>SEX OF CLAIMANT</b>						
Female	12	66.7	166,810.45	87,527.53	254,337.98	97.9
Male	6	33.3	4,234.13	1,103.51	5,337.64	2.1
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	
<b>LOSS CAUSE</b>						
Water	1	5.6	156,879.09	83,494.34	240,373.43	92.6
Walking surface, outside, dry	1	5.6	8,186.26	0.00	8,186.26	3.2
Floor	2	11.1	4,499.29	1,103.51	5,602.80	2.2
Patient / Inmate	1	5.6	650.00	1,350.00	2,000.00	0.8
Door	2	11.1	635.63	633.19	1,268.82	0.5

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Wall	1	5.6	0.00	1,250.00	1,250.00	0.5
Chair	2	11.1	37.64	800.00	837.64	0.3
Furniture / fixtures	1	5.6	156.67	0.00	156.67	0.1
Cabinet	1	5.6	0.00	0.00	0.00	0.0
Electricity	1	5.6	0.00	0.00	0.00	0.0
Razor Blades	1	5.6	0.00	0.00	0.00	0.0
Sprayer	1	5.6	0.00	0.00	0.00	0.0
Stairs, steps	2	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	5.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	

### ACCIDENT TYPE

Fall On the Same Level	4	22.2	165,368.15	84,294.34	249,662.49	96.1
Fall/Slip From Liquid or Grease Spills	1	5.6	4,215.31	1,103.51	5,318.82	2.0
Struck or Injury By, NOC	1	5.6	650.00	1,350.00	2,000.00	0.8
Caught In, Under or Between, NOC	1	5.6	0.00	1,250.00	1,250.00	0.5
Collision with a Fixed Object	1	5.6	616.81	633.19	1,250.00	0.5
Fall, Slip or Trip, NOC	3	16.7	175.49	0.00	175.49	0.1
Cut, Punctured, Scraped, NOC	1	5.6	18.82	0.00	18.82	0.0
Contact With Not Otherwise Classified	1	5.6	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	5.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	5.6	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	5.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	5.6	0.00	0.00	0.00	0.0
Twisting	1	5.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	

### BODY PART

Lower Extremities Knee	4	22.2	161,251.07	84,597.85	245,848.92	94.7
Upper Extremities Elbow	1	5.6	8,186.26	0.00	8,186.26	3.2
Upper Extremities Shoulder(s)	2	11.1	668.82	1,350.00	2,018.82	0.8
Head Scalp	1	5.6	616.81	633.19	1,250.00	0.5
Upper Extremities Finger(s)	1	5.6	0.00	1,250.00	1,250.00	0.5
Trunk Low Back Area (Incl. Lumbar & L)	1	5.6	18.82	800.00	818.82	0.3
Trunk Chest (Incl. Ribs, Sternum & Soft	1	5.6	283.98	0.00	283.98	0.1
Lower Extremities Ankle	2	11.1	18.82	0.00	18.82	0.0
Head Eye(s)	1	5.6	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	5.6	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	

### INJURY

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dislocation	1	5.6	156,879.09	83,494.34	240,373.43	92.6
Fracture	1	5.6	8,186.26	0.00	8,186.26	3.2
Sprain	1	5.6	4,215.31	1,103.51	5,318.82	2.0
Strain	6	33.3	971.62	2,150.00	3,121.62	1.2
Concussion (Brain, Cerebral)	1	5.6	616.81	633.19	1,250.00	0.5
No Physical Injury	1	5.6	0.00	1,250.00	1,250.00	0.5
Multiple Physical Injury Only	1	5.6	156.67	0.00	156.67	0.1
All Other (Specific) Injuries, NOC	2	11.1	18.82	0.00	18.82	0.0
Burn	1	5.6	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	5.6	0.00	0.00	0.00	0.0
Laceration	1	5.6	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	5.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>18</b>		<b>\$171,044.58</b>	<b>\$88,631.04</b>	<b>\$259,675.62</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>218 - VA School for the Deaf &amp; Blind 218</b>						
<b>S218 - VA School for the Deaf &amp; Blind218</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	6.3	682.09	7,096.73	7,778.82	93.5
8AM - 9:59AM	6	37.5	446.52	0.00	446.52	5.4
12PM - 1:59PM	2	12.5	57.28	0.00	57.28	0.7
2PM - 3:59PM	4	25.0	36.36	0.00	36.36	0.4
12AM - 1:59AM	1	6.3	0.00	0.00	0.00	0.0
2AM - 3:59AM	1	6.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	6.3	682.09	7,096.73	7,778.82	93.5
8 - 10	2	12.5	446.52	0.00	446.52	5.4
4 - 6	3	18.8	57.28	0.00	57.28	0.7
10 - 12	1	6.3	36.36	0.00	36.36	0.4
0 - 2	2	12.5	0.00	0.00	0.00	0.0
2 - 4	2	12.5	0.00	0.00	0.00	0.0
6 - 8	1	6.3	0.00	0.00	0.00	0.0
16 - 18	1	6.3	0.00	0.00	0.00	0.0
22 - 24	1	6.3	0.00	0.00	0.00	0.0
24 - 26	1	6.3	0.00	0.00	0.00	0.0
14 - 16	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>Age of Claimant</b>						
35 - 39	2	12.5	682.09	7,096.73	7,778.82	93.5
40 - 44	1	6.3	446.52	0.00	446.52	5.4
50 - 54	2	12.5	93.64	0.00	93.64	1.1
30 - 34	3	18.8	0.00	0.00	0.00	0.0
45 - 49	2	12.5	0.00	0.00	0.00	0.0
55 - 59	4	25.0	0.00	0.00	0.00	0.0
60 - 64	1	6.3	0.00	0.00	0.00	0.0
65 - 69	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	31.3	718.45	7,096.73	7,815.18	93.9
Female	11	68.8	503.80	0.00	503.80	6.1
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>LOSS CAUSE</b>						
Person	2	12.5	682.09	7,096.73	7,778.82	93.5
Walking surface, outside, wet	1	6.3	446.52	0.00	446.52	5.4
Machine, not otherwise classified	1	6.3	57.28	0.00	57.28	0.7
Mowers	1	6.3	36.36	0.00	36.36	0.4
Door	2	12.5	0.00	0.00	0.00	0.0
Furniture / fixtures	1	6.3	0.00	0.00	0.00	0.0
Ladder, 8' step	1	6.3	0.00	0.00	0.00	0.0
Scrap, Debris, Waste Material	1	6.3	0.00	0.00	0.00	0.0
Stairs, steps	2	12.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	12.5	0.00	0.00	0.00	0.0
Window frame	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	6.3	682.09	7,096.73	7,778.82	93.5
Twisting	4	25.0	446.52	0.00	446.52	5.4
Fall On the Same Level	2	12.5	57.28	0.00	57.28	0.7
Struck/Injured By Falling or Flying Objec	1	6.3	36.36	0.00	36.36	0.4
Broken Glass	1	6.3	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	6.3	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	6.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	6.3	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	6.3	0.00	0.00	0.00	0.0
Holding or Carrying	1	6.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	6.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	6.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>BODY PART</b>						
Lower Extremities Toe(s)	1	6.3	682.09	7,096.73	7,778.82	93.5
Multiple Body Parts Multiple Body Parts	5	31.3	503.80	0.00	503.80	6.1
Head Eye(s)	1	6.3	36.36	0.00	36.36	0.4
Lower Extremities Knee	3	18.8	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	6.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	
<b>INJURY</b>						

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	1	6.3	682.09	7,096.73	7,778.82	93.5
Sprain	2	12.5	446.52	0.00	446.52	5.4
Strain	7	43.8	57.28	0.00	57.28	0.7
Laceration	2	12.5	36.36	0.00	36.36	0.4
Contusion (Bruise, Skin Surface)	1	6.3	0.00	0.00	0.00	0.0
Crushing	1	6.3	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	6.3	0.00	0.00	0.00	0.0
Puncture	1	6.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$1,222.25</b>	<b>\$7,096.73</b>	<b>\$8,318.98</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>221 - OLD DOMINION UNIVERSITY</b>						
<b>S221 - OLD DOMINION UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	7	17.9	61,800.65	156,578.68	218,379.33	54.4
6AM - 7:59AM	5	12.8	8,235.14	98,789.85	107,024.99	26.7
10AM - 11:59AM	4	10.3	56,863.10	0.00	56,863.10	14.2
12AM - 1:59AM	2	5.1	745.56	9,411.71	10,157.27	2.5
8AM - 9:59AM	6	15.4	3,945.78	0.00	3,945.78	1.0
4PM - 5:59PM	6	15.4	1,212.35	668.10	1,880.45	0.5
8PM - 9:59PM	1	2.6	1,779.09	0.00	1,779.09	0.4
2AM - 3:59AM	1	2.6	630.37	588.45	1,218.82	0.3
10PM - 11:59PM	2	5.1	69.61	0.00	69.61	0.0
2PM - 3:59PM	5	12.8	37.64	0.00	37.64	0.0
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	2	5.1	24,731.99	92,518.00	117,249.99	29.2
0 - 2	16	41.0	5,503.39	107,929.17	113,432.56	28.3
6 - 8	3	7.7	32,335.01	27,134.60	59,469.61	14.8
38 - 40	1	2.6	56,844.28	0.00	56,844.28	14.2
12 - 14	3	7.7	10,782.78	28,454.86	39,237.64	9.8
2 - 4	5	12.8	1,534.96	10,000.16	11,535.12	2.9
24 - 26	1	2.6	1,779.09	0.00	1,779.09	0.4
16 - 18	2	5.1	1,345.28	0.00	1,345.28	0.3
10 - 12	1	2.6	443.69	0.00	443.69	0.1
4 - 6	3	7.7	18.82	0.00	18.82	0.0
18 - 20	1	2.6	0.00	0.00	0.00	0.0
26 - 28	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>Age of Claimant</b>						
65 - 69	4	10.3	81,595.09	92,518.00	174,113.09	43.4
40 - 44	4	10.3	1,193.86	101,330.82	102,524.68	25.5
30 - 34	2	5.1	32,847.30	27,802.70	60,650.00	15.1
55 - 59	4	10.3	8,807.98	17,844.35	26,652.33	6.6
60 - 64	5	12.8	5,525.83	10,610.51	16,136.34	4.0
25 - 29	6	15.4	1,121.48	9,411.71	10,533.19	2.6
45 - 49	3	7.7	2,177.54	5,930.25	8,107.79	2.0
50 - 54	3	7.7	649.19	588.45	1,237.64	0.3
35 - 39	5	12.8	908.90	0.00	908.90	0.2

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	3	7.7	492.12	0.00	492.12	0.1
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>SEX OF CLAIMANT</b>						
Female	21	53.8	96,369.97	227,591.20	323,961.17	80.7
Male	18	46.2	38,949.32	38,445.59	77,394.91	19.3
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>LOSS CAUSE</b>						
Floor	3	7.7	35,495.95	119,741.68	155,237.63	38.7
Walking surface, outside, dry	5	12.8	467.11	89,126.03	89,593.14	22.3
Vehicle/car/truck	3	7.7	32,562.67	27,134.60	59,697.27	14.9
Overhead Object	2	5.1	58,527.79	0.00	58,527.79	14.6
Furniture / fixtures	2	5.1	794.02	22,847.68	23,641.70	5.9
Door	4	10.3	407.39	5,930.25	6,337.64	1.6
Ladder, 10' folding	1	2.6	1,779.09	0.00	1,779.09	0.4
Hand tool, not powered, NOC	2	5.1	1,364.10	0.00	1,364.10	0.3
Person	2	5.1	581.90	668.10	1,250.00	0.3
Wall	1	2.6	630.37	588.45	1,218.82	0.3
Walking surface, inside, dry	2	5.1	673.19	0.00	673.19	0.2
Stairs, steps	1	2.6	592.81	0.00	592.81	0.1
Training \ Drills	1	2.6	473.30	0.00	473.30	0.1
Trash receptacle	1	2.6	443.69	0.00	443.69	0.1
Outside Surface	3	7.7	418.66	0.00	418.66	0.1
Elevators, escalators	1	2.6	69.61	0.00	69.61	0.0
Boxes / containers	2	5.1	18.82	0.00	18.82	0.0
Object on Floor	1	2.6	18.82	0.00	18.82	0.0
Gas / Fumes	1	2.6	0.00	0.00	0.00	0.0
Stairs	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	8	20.5	65,060.60	97,558.67	162,619.27	40.5
Fall/Slip From a Different Level	1	2.6	24,731.99	92,518.00	117,249.99	29.2
Struck/Injured By Motor Vehicle	1	2.6	32,265.40	27,134.60	59,400.00	14.8
Strain or Injury By, NOC	2	5.1	1,223.49	31,028.21	32,251.70	8.0
Fall/Slip on Ice or Snow	1	2.6	3,639.49	9,379.33	13,018.82	3.2
Struck/Injured By Object Being Lifted or	1	2.6	388.57	5,930.25	6,318.82	1.6
Slipped, Did Not Fall	2	5.1	2,409.46	588.45	2,997.91	0.7
Struck/Injured By Falling or Flying Objec	1	2.6	1,683.51	0.00	1,683.51	0.4
Twisting	3	7.7	1,364.10	0.00	1,364.10	0.3
Absorption, Ingestion or Inhalation NOC	1	2.6	581.90	668.10	1,250.00	0.3
Reaching	1	2.6	18.82	1,231.18	1,250.00	0.3

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck or Injury By, NOC	7	17.9	859.00	0.00	859.00	0.2
Fall/Slip on Stairs	1	2.6	592.81	0.00	592.81	0.1
Pushing or Pulling	1	2.6	443.69	0.00	443.69	0.1
Fall, Slip or Trip, NOC	2	5.1	18.82	0.00	18.82	0.0
Lifting	1	2.6	18.82	0.00	18.82	0.0
Repetitive Motion (after 7/1/94)	1	2.6	18.82	0.00	18.82	0.0
Collision with a Fixed Object	1	2.6	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	2.6	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	2.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	2.6	24,731.99	92,518.00	117,249.99	29.2
Upper Extremities Lower Arm	1	2.6	0.00	79,714.32	79,714.32	19.9
Upper Extremities Shoulder(s)	2	5.1	32,895.77	27,723.05	60,618.82	15.1
Multiple Body Parts Multiple Body Parts	7	17.9	57,939.48	668.10	58,607.58	14.6
Lower Extremities Foot	2	5.1	1,223.49	31,028.21	32,251.70	8.0
Trunk Low Back Area (Incl. Lumbar & Li	3	7.7	8,922.38	17,844.35	26,766.73	6.7
Lower Extremities Knee	5	12.8	4,650.96	9,379.33	14,030.29	3.5
Head Eye(s)	3	7.7	388.57	5,930.25	6,318.82	1.6
Head Skull	1	2.6	1,683.51	0.00	1,683.51	0.4
Upper Extremities Wrist	2	5.1	1,364.10	0.00	1,364.10	0.3
Upper Extremities Upper Arm (Incl. Clav	1	2.6	18.82	1,231.18	1,250.00	0.3
Lower Extremities Ankle	4	10.3	673.19	0.00	673.19	0.2
Upper Extremities Wrist(s) and Hand(s)	1	2.6	473.30	0.00	473.30	0.1
Upper Extremities Finger(s)	3	7.7	297.27	0.00	297.27	0.1
Lower Extremities Lower Leg	2	5.1	37.64	0.00	37.64	0.0
Upper Extremities Hand	1	2.6	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	8	20.5	86,234.70	108,416.03	194,650.73	48.5
Fracture	3	7.7	88.43	79,714.32	79,802.75	19.9
Sprain	8	20.5	35,594.51	36,546.31	72,140.82	18.0
Strain	10	25.6	9,059.88	40,692.03	49,751.91	12.4
No Physical Injury	4	10.3	1,779.09	0.00	1,779.09	0.4
Laceration	2	5.1	1,683.51	0.00	1,683.51	0.4
AIDS	1	2.6	581.90	668.10	1,250.00	0.3
Inflammation	2	5.1	297.27	0.00	297.27	0.1
Multiple Physical Injury Only	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$135,319.29</b>	<b>\$266,036.79</b>	<b>\$401,356.08</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>222 - PROF &amp; OCCUP. REG., DEPT.</b>						
<b>S222 - PROF &amp; OCCUP. REG., DEPT.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	100.0	2,940.86	47,646.78	50,587.64	100.0
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	33.3	18.82	33,100.00	33,118.82	65.5
0 - 2	1	33.3	2,922.04	13,296.78	16,218.82	32.1
20 - 22	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>Age of Claimant</b>						
45 - 49	2	66.7	2,940.86	46,396.78	49,337.64	97.5
55 - 59	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	2,940.86	46,396.78	49,337.64	97.5
Male	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	33.3	18.82	33,100.00	33,118.82	65.5
Office equipment	1	33.3	2,922.04	13,296.78	16,218.82	32.1
Chair	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Totals:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	33.3	18.82	33,100.00	33,118.82	65.5
Reaching	1	33.3	2,922.04	13,296.78	16,218.82	32.1
Fall On the Same Level	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Sum:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	33.3	18.82	33,100.00	33,118.82	65.5
Trunk Low Back Area (Incl. Lumbar & Li	2	66.7	2,922.04	14,546.78	17,468.82	34.5
<b>Sum:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	
<b>INJURY</b>						
Strain	2	66.7	2,940.86	46,396.78	49,337.64	97.5
Multiple Physical Injury Only	1	33.3	0.00	1,250.00	1,250.00	2.5
<b>Sum:</b>	<b>3</b>		<b>\$2,940.86</b>	<b>\$47,646.78</b>	<b>\$50,587.64</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>223 - HEALTH PROFESSIONS DEPT.</b>						
<b>S223 - HEALTH PROFESSIONS DEPT.</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	25.0	18.82	28,900.00	28,918.82	93.8
10AM - 11:59AM	1	25.0	1,908.65	0.00	1,908.65	6.2
8AM - 9:59AM	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
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	2	50.0	1,927.47	28,900.00	30,827.47	100.0
6 - 8	1	25.0	0.00	0.00	0.00	0.0
12 - 14	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>Age of Claimant</b>						
40 - 44	1	25.0	18.82	28,900.00	28,918.82	93.8
30 - 34	2	50.0	1,908.65	0.00	1,908.65	6.2
60 - 64	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	75.0	1,927.47	28,900.00	30,827.47	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>LOSS CAUSE</b>						
Cabinet	1	25.0	18.82	28,900.00	28,918.82	93.8
Walking surface, inside, dry	1	25.0	1,908.65	0.00	1,908.65	6.2
Elevators, escalators	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
<b>Totals:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	25.0	18.82	28,900.00	28,918.82	93.8
Twisting	1	25.0	1,908.65	0.00	1,908.65	6.2
Caught In, Under or Between, NOC	1	25.0	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	2	50.0	18.82	28,900.00	28,918.82	93.8
Lower Extremities Ankle	1	25.0	1,908.65	0.00	1,908.65	6.2

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Multiple Head Injury	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	
<b>INJURY</b>						
Strain	2	50.0	18.82	28,900.00	28,918.82	93.8
Sprain	1	25.0	1,908.65	0.00	1,908.65	6.2
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$1,927.47</b>	<b>\$28,900.00</b>	<b>\$30,827.47</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>229 - VPI Coop. Ext. and Ag. Exp. Stn.</b>						
<b>S229 - VPI Coop. Ext. and Ag. Exp. Stn.</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	33.3	1,318.97	67,854.29	69,173.26	98.2
10AM - 11:59AM	1	33.3	18.82	1,231.18	1,250.00	1.8
12PM - 1:59PM	1	33.3	53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	1,337.79	69,085.47	70,423.26	99.9
4 - 6	1	33.3	53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	1,318.97	67,854.29	69,173.26	98.2
55 - 59	1	33.3	18.82	1,231.18	1,250.00	1.8
40 - 44	1	33.3	53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	1,372.42	67,854.29	69,226.71	98.2
Male	1	33.3	18.82	1,231.18	1,250.00	1.8
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>LOSS CAUSE</b>						
Fencing	1	33.3	1,318.97	67,854.29	69,173.26	98.2
Walking surface, inside, dry	1	33.3	18.82	1,231.18	1,250.00	1.8
Floor	1	33.3	53.45	0.00	53.45	0.1
<b>Totals:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	33.3	1,318.97	67,854.29	69,173.26	98.2
Fall On the Same Level	2	66.7	72.27	1,231.18	1,303.45	1.8
<b>Sum:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>BODY PART</b>						
Upper Extremities Upper Arm (Incl. Clav	1	33.3	1,318.97	67,854.29	69,173.26	98.2
Head Skull	1	33.3	18.82	1,231.18	1,250.00	1.8
Multiple Body Parts Multiple Body Parts	1	33.3	53.45	0.00	53.45	0.1
<b>Sum:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	
<b>INJURY</b>						
Fracture	1	33.3	1,318.97	67,854.29	69,173.26	98.2
Laceration	1	33.3	18.82	1,231.18	1,250.00	1.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	33.3	53.45	0.00	53.45	0.1
<b>Sum:</b>	<b>3</b>		<b>\$1,391.24</b>	<b>\$69,085.47</b>	<b>\$70,476.71</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>234 - VSU Coop. Ext. &amp; Ag. Research Svcs</b>						
<b>S234 - VSU Coop. Ext. &amp; Ag. Research Svc</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	66.7	852.72	966.88	1,819.60	59.3
10AM - 11:59AM	1	33.3	0.00	1,250.00	1,250.00	40.7
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	852.72	2,216.88	3,069.60	100.0
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>Age of Claimant</b>						
25 - 29	1	33.3	0.00	1,250.00	1,250.00	40.7
50 - 54	1	33.3	283.12	966.88	1,250.00	40.7
45 - 49	1	33.3	569.60	0.00	569.60	18.6
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	852.72	966.88	1,819.60	59.3
Male	1	33.3	0.00	1,250.00	1,250.00	40.7
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>LOSS CAUSE</b>						
Hand tool, not powered, NOC	1	33.3	0.00	1,250.00	1,250.00	40.7
Hand tool, powered, NOC	1	33.3	283.12	966.88	1,250.00	40.7
Uneven Surface	1	33.3	569.60	0.00	569.60	18.6
<b>Totals:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Machine or Machine	1	33.3	283.12	966.88	1,250.00	40.7
Struck/Injured By Object Being Lifted or	1	33.3	0.00	1,250.00	1,250.00	40.7
Fall, Slip or Trip, NOC	1	33.3	569.60	0.00	569.60	18.6
<b>Sum:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>BODY PART</b>						
Head Skull	1	33.3	0.00	1,250.00	1,250.00	40.7
Upper Extremities Finger(s)	1	33.3	283.12	966.88	1,250.00	40.7
Lower Extremities Ankle	1	33.3	569.60	0.00	569.60	18.6
<b>Sum:</b>	<b>3</b>		<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	33.3	283.12	966.88	1,250.00	40.7
Contusion (Bruise, Skin Surface)	1	33.3	0.00	1,250.00	1,250.00	40.7
Multiple Physical Injury Only	1	33.3	569.60	0.00	569.60	18.6

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
	<b>Sum:</b>	<b>3</b>	<b>\$852.72</b>	<b>\$2,216.88</b>	<b>\$3,069.60</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>122 - VCU EDUCATION DEV CNTRS COMPLEX</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>123 - VCU Instructional Technology Cntr</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
70 - 74	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>125 - VCU CHILD STUDY CENTER</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>133 - VCU Student Affairs</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	16,647.87	37,104.55	53,752.42	69.9
12PM - 1:59PM	1	50.0	18.82	23,100.00	23,118.82	30.1
<b>Totals:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	16,666.69	60,204.55	76,871.24	100.0
<b>Totals:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>Age of Claimant</b>						
20 - 24	1	50.0	16,647.87	37,104.55	53,752.42	69.9
35 - 39	1	50.0	18.82	23,100.00	23,118.82	30.1
<b>Totals:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	16,666.69	60,204.55	76,871.24	100.0
<b>Totals:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>LOSS CAUSE</b>						
Recreational equipment	2	100.0	16,666.69	60,204.55	76,871.24	100.0
<b>Totals:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>ACCIDENT TYPE</b>						
Jumping	1	50.0	16,647.87	37,104.55	53,752.42	69.9
Fall On the Same Level	1	50.0	18.82	23,100.00	23,118.82	30.1
<b>Sum:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	50.0	16,647.87	37,104.55	53,752.42	69.9
Lower Extremities Knee	1	50.0	18.82	23,100.00	23,118.82	30.1
<b>Sum:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	
<b>INJURY</b>						
Fracture	1	50.0	16,647.87	37,104.55	53,752.42	69.9
Strain	1	50.0	18.82	23,100.00	23,118.82	30.1
<b>Sum:</b>	<b>2</b>		<b>\$16,666.69</b>	<b>\$60,204.55</b>	<b>\$76,871.24</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>140 - VCU UNIVERSITY LIBRARY SERVICES</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>153 - VCU-L Resrch &amp; Refernce Serv</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>LOSS CAUSE</b>						
Overhead Object	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>ACCIDENT TYPE</b>						
Reaching	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	1,550.00	1,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,550.00</b>	<b>\$1,550.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>156 - VCU Parking Office</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>164 - VCU CAMPUS POLICE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	6	11.5	17,063.92	153,218.11	170,282.03	71.6
10PM - 11:59PM	8	15.4	3,617.96	26,187.04	29,805.00	12.5
8AM - 9:59AM	7	13.5	11,679.60	11,817.43	23,497.03	9.9
12AM - 1:59AM	4	7.7	1,919.93	3,091.56	5,011.49	2.1
8PM - 9:59PM	8	15.4	833.88	3,050.00	3,883.88	1.6
4PM - 5:59PM	2	3.8	0.00	2,500.00	2,500.00	1.1
6AM - 7:59AM	2	3.8	1,270.08	0.00	1,270.08	0.5
6PM - 7:59PM	3	5.8	761.68	488.32	1,250.00	0.5
12PM - 1:59PM	3	5.8	129.91	0.00	129.91	0.1
10AM - 11:59AM	4	7.7	40.31	0.00	40.31	0.0
2AM - 3:59AM	3	5.8	10.87	0.00	10.87	0.0
4AM - 5:59AM	2	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	5	9.6	9,232.65	75,361.74	84,594.39	35.6
0 - 2	13	25.0	891.59	45,557.14	46,448.73	19.5
14 - 16	2	3.8	7,831.27	34,037.55	41,868.82	17.6
4 - 6	14	26.9	10,097.20	23,659.24	33,756.44	14.2
6 - 8	2	3.8	5,591.59	9,905.24	15,496.83	6.5
2 - 4	9	17.3	2,415.09	8,739.99	11,155.08	4.7
10 - 12	4	7.7	1,228.44	3,091.56	4,320.00	1.8
26 - 28	1	1.9	40.31	0.00	40.31	0.0
18 - 20	1	1.9	0.00	0.00	0.00	0.0
20 - 22	1	1.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	
<b>Age of Claimant</b>						
40 - 44	5	9.6	12,754.24	89,011.61	101,765.85	42.8
30 - 34	21	40.4	13,313.89	82,851.73	96,165.62	40.5
25 - 29	14	26.9	9,991.26	25,397.56	35,388.82	14.9
50 - 54	3	5.8	1,228.44	3,091.56	4,320.00	1.8
45 - 49	3	5.8	40.31	0.00	40.31	0.0
20 - 24	2	3.8	0.00	0.00	0.00	0.0
35 - 39	2	3.8	0.00	0.00	0.00	0.0
55 - 59	2	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	6	11.5	10,106.84	120,430.56	130,537.40	54.9
Male	46	88.5	27,221.30	79,921.90	107,143.20	45.1
<b>Totals:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	20	38.5	34,809.76	146,117.92	180,927.68	76.1
Stairs, steps	2	3.8	129.91	45,068.82	45,198.73	19.0
Person	12	23.1	752.60	8,677.40	9,430.00	4.0
Vehicle/car/truck	1	1.9	761.68	488.32	1,250.00	0.5
Walking surface, outside, dry	1	1.9	833.88	0.00	833.88	0.4
Chair	1	1.9	40.31	0.00	40.31	0.0
Baggage/Luggage	1	1.9	0.00	0.00	0.00	0.0
Fencing	1	1.9	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	3	5.8	0.00	0.00	0.00	0.0
Flexible knife	1	1.9	0.00	0.00	0.00	0.0
Floor	4	7.7	0.00	0.00	0.00	0.0
Gun / gunshot	1	1.9	0.00	0.00	0.00	0.0
Needle stick	1	1.9	0.00	0.00	0.00	0.0
Pallet, Skid, Flat	1	1.9	0.00	0.00	0.00	0.0
Uneven Surface	1	1.9	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	1.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	19	36.5	34,809.76	146,117.92	180,927.68	76.1
Fall/Slip on Stairs	2	3.8	129.91	45,068.82	45,198.73	19.0
Strain or Injury By, NOC	1	1.9	752.60	5,627.40	6,380.00	2.7
Struck/Injured By Object Being Lifted or	2	3.8	0.00	3,050.00	3,050.00	1.3
Collision with Another Vehicle	1	1.9	761.68	488.32	1,250.00	0.5
Fall On the Same Level	1	1.9	833.88	0.00	833.88	0.4
Twisting	2	3.8	40.31	0.00	40.31	0.0
Absorption, Ingestion or Inhalation NOC	1	1.9	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	1.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	8	15.4	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	1.9	0.00	0.00	0.00	0.0
Fire or Flame	2	3.8	0.00	0.00	0.00	0.0
Gunshot	1	1.9	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	3.8	0.00	0.00	0.00	0.0
Other Injury NEC	1	1.9	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.9	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	1	1.9	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Striking Against or Stepping On, NOC	2	3.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	3	5.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	
<b>BODY PART</b>						
Upper Extremities Wrist(s) and Hand(s)	2	3.8	9,232.65	75,361.74	84,594.39	35.6
Multiple Body Parts Multiple Body Parts	9	17.3	1,239.31	50,660.38	51,899.69	21.8
Lower Extremities Knee	5	9.6	7,871.58	32,787.55	40,659.13	17.1
Upper Extremities Lower Arm	7	13.5	2,472.95	21,747.05	24,220.00	10.2
Neck Soft Tissue-Neck	1	1.9	4,922.97	9,905.24	14,828.21	6.2
Head Multiple Head Injury	1	1.9	6,756.63	1,912.19	8,668.82	3.6
Upper Extremities Thumb	2	3.8	1,145.01	4,439.99	5,585.00	2.3
Upper Extremities Multiple Upper Extre	4	7.7	833.88	3,050.00	3,883.88	1.6
Upper Extremities Finger(s)	2	3.8	1,270.08	0.00	1,270.08	0.5
Neck Disc (Neck)	1	1.9	761.68	488.32	1,250.00	0.5
Head Mouth	1	1.9	668.62	0.00	668.62	0.3
Lower Extremities Ankle	1	1.9	129.91	0.00	129.91	0.1
Head Facial Bones	1	1.9	22.87	0.00	22.87	0.0
Head Other facial soft tissue	4	7.7	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	1.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	1.9	0.00	0.00	0.00	0.0
Neck Trachea	1	1.9	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	1.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	3	5.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	
<b>INJURY</b>						
Sprain	6	11.5	17,234.14	108,149.29	125,383.43	52.8
Contusion (Bruise, Skin Surface)	10	19.2	8,760.54	55,699.97	64,460.51	27.1
Strain	5	9.6	7,405.00	29,563.21	36,968.21	15.6
Laceration	16	30.8	3,083.71	4,439.99	7,523.70	3.2
Multiple Physical Injury Only	6	11.5	844.75	1,250.00	2,094.75	0.9
Inflammation	1	1.9	0.00	1,250.00	1,250.00	0.5
Foreign Body (Eye)	1	1.9	0.00	0.00	0.00	0.0
Fracture	1	1.9	0.00	0.00	0.00	0.0
No Physical Injury	5	9.6	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	1.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>52</b>		<b>\$37,328.14</b>	<b>\$200,352.46</b>	<b>\$237,680.60</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>167 - VCU WC BOOKSTORE</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>179 - VCU FMDIAdministration</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	1,482.91	50.00	1,532.91	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	50.0	1,482.91	50.00	1,532.91	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	1,482.91	50.00	1,532.91	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	1,482.91	50.00	1,532.91	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	100.0	1,482.91	50.00	1,532.91	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	50.0	1,482.91	50.00	1,532.91	100.0
Collision with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	1,482.91	50.00	1,532.91	100.0
Head Multiple Head Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	50.0	1,482.91	50.00	1,532.91	100.0
Laceration	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,482.91</b>	<b>\$50.00</b>	<b>\$1,532.91</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>201 - VCU FMDIPPD/General Services</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	100.0	2,151.88	0.00	2,151.88	100.0
<b>Totals:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	2,151.88	0.00	2,151.88	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	2,151.88	0.00	2,151.88	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	2,151.88	0.00	2,151.88	100.0
<b>Totals:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>LOSS CAUSE</b>						
Water	1	50.0	2,151.88	0.00	2,151.88	100.0
Hand Truck (2w)	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>ACCIDENT TYPE</b>						
Steam or Hot Fluids	1	50.0	2,151.88	0.00	2,151.88	100.0
Strike Against/Step On Obj Being Lifted	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	2,151.88	0.00	2,151.88	100.0
Head Eye(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	
<b>INJURY</b>						
Burn	1	50.0	2,151.88	0.00	2,151.88	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$2,151.88</b>	<b>\$0.00</b>	<b>\$2,151.88</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>229 - VCU UNIVERISTY HOUSING</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>23 - VCU Welcome Center</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Motor Vehicle, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>248 - VCU CANCER CENTER</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Multiple Upper Extrer	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>249 - VCU Recreational Sports MCV Gym</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Totals:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Sum:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>BODY PART</b>						
Upper Extremities Wrist(s) and Hand(s)	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Sum:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	
<b>INJURY</b>						
Sprain	1	100.0	8,053.59	0.00	8,053.59	100.0
<b>Sum:</b>	<b>1</b>		<b>\$8,053.59</b>	<b>\$0.00</b>	<b>\$8,053.59</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>265 - VCU HUMAN GENETICS</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>267 - VCU PHARMACOLOGY &amp; TOXICOLOGY</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	0.00	1,250.00	1,250.00	99.3
12PM - 1:59PM	1	50.0	9.07	0.00	9.07	0.7
<b>Totals:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	0.00	1,250.00	1,250.00	99.3
0 - 2	1	50.0	9.07	0.00	9.07	0.7
<b>Totals:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	0.00	1,250.00	1,250.00	99.3
20 - 24	1	50.0	9.07	0.00	9.07	0.7
<b>Totals:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	1,250.00	1,250.00	99.3
Male	1	50.0	9.07	0.00	9.07	0.7
<b>Totals:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	2	100.0	9.07	1,250.00	1,259.07	100.0
<b>Totals:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	2	100.0	9.07	1,250.00	1,259.07	100.0
<b>Sum:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	2	100.0	9.07	1,250.00	1,259.07	100.0
<b>Sum:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	
<b>INJURY</b>						
Laceration	2	100.0	9.07	1,250.00	1,259.07	100.0
<b>Sum:</b>	<b>2</b>		<b>\$9.07</b>	<b>\$1,250.00</b>	<b>\$1,259.07</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>269 - VCU PHYSIOLOGY</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Organic Material	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Ear(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>276 - VCU DENTAL CLINIC</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Totals:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>BODY PART</b>						
Upper Extremities Wrist(s) and Hand(s)	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	
<b>INJURY</b>						
Fracture	1	100.0	14,454.93	0.00	14,454.93	100.0
<b>Sum:</b>	<b>1</b>		<b>\$14,454.93</b>	<b>\$0.00</b>	<b>\$14,454.93</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>280 - VCU DENTAL CLINICIORAL SURGERY</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	327.92	922.08	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	327.92	922.08	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	327.92	922.08	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	327.92	922.08	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Sharp objects, not otherwise classified	1	100.0	327.92	922.08	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Broken Glass	1	100.0	327.92	922.08	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	327.92	922.08	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	327.92	922.08	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$327.92</b>	<b>\$922.08</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>288 - VCU PERIODONTIC</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18.82	5,200.00	5,218.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$5,200.00</b>	<b>\$5,218.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>291 - VCU DENTAL HYGIENE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>302 - VCU INTERNAL MEDICINE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Work surface	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Head Ear(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>327 - VCU PEDIATRICS</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>332 - VCU SURGERY</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
10 - 12	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	0.00	0.00	0.00	0.0
70 - 74	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Organic Material	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Mold, Including Mildew	1	50.0	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Great Toe	1	50.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	50.0	0.00	0.00	0.00	0.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>346 - VCU NURSING-DEAN'S OFFICE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Lower Extremities Multiple Lower Extrer	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>349 - VCU Adult Health Nursing</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>BODY PART</b>						
Upper Extremities Elbow	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	
<b>INJURY</b>						
Fracture	1	100.0	5,711.58	3,938.42	9,650.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,711.58</b>	<b>\$3,938.42</b>	<b>\$9,650.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>352 - VCU PHARMACY-DEAN'S OFFICE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>353 - VCU MEDICINAL CHEMISTRY</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>356 - VCU PARKING OFFICE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>LENGTH OF SERVICE</b>						
32 - 34	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>LOSS CAUSE</b>						
Person	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	
<b>INJURY</b>						
Fracture	1	100.0	168.00	3,382.00	3,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$168.00</b>	<b>\$3,382.00</b>	<b>\$3,550.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>372 - VP for VCU Research</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	3	75.0	10.87	0.00	10.87	100.0
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	100.0	10.87	0.00	10.87	100.0
<b>Totals:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>Age of Claimant</b>						
45 - 49	1	25.0	10.87	0.00	10.87	100.0
20 - 24	1	25.0	0.00	0.00	0.00	0.0
30 - 34	1	25.0	0.00	0.00	0.00	0.0
65 - 69	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	50.0	10.87	0.00	10.87	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>LOSS CAUSE</b>						
Water	1	25.0	10.87	0.00	10.87	100.0
Chemicals, not otherwise classified	3	75.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	25.0	10.87	0.00	10.87	100.0
Dust, Gases, Fumes or Vapors	2	50.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	25.0	10.87	0.00	10.87	100.0
Head Eye(s)	1	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	25.0	10.87	0.00	10.87	100.0
No Physical Injury	3	75.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$10.87</b>	<b>\$0.00</b>	<b>\$10.87</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>377 - VCU ANIMAL RESOURCES</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>396 - VCU REHAB RESEARCH</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Injury Inc. Physical & Psycholog	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>409 - VCU NURSING-ADMINISTRATION</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Multiple Injury Inc. Physical & Psycholog	1	100.0	28.00	1,222.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$28.00</b>	<b>\$1,222.00</b>	<b>\$1,250.00</b>	



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>410 - VCU PARKING/TRANSPORTATION</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	1		\$0.00	\$0.00	\$0.00	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	100.0	0.00	0.00	0.00	0.0
Totals:	1		\$0.00	\$0.00	\$0.00	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	1		\$0.00	\$0.00	\$0.00	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	1		\$0.00	\$0.00	\$0.00	
<b>LOSS CAUSE</b>						
Baggage/Luggage	1	100.0	0.00	0.00	0.00	0.0
Totals:	1		\$0.00	\$0.00	\$0.00	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
Sum:	1		\$0.00	\$0.00	\$0.00	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
Sum:	1		\$0.00	\$0.00	\$0.00	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
Sum:	1		\$0.00	\$0.00	\$0.00	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>416 - VCU Rec Sports Cary St Complex</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Dust	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Multiple Upper Extrer	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Dermatitis	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>48 - VCU ART FOUNDATION</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	59.38	0.00	59.38	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	59.38	0.00	59.38	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	59.38	0.00	59.38	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	59.38	0.00	59.38	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>LOSS CAUSE</b>						
Environmental conditions	1	100.0	59.38	0.00	59.38	100.0
<b>Totals:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>ACCIDENT TYPE</b>						
Temperature Extremes	1	100.0	59.38	0.00	59.38	100.0
<b>Sum:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	59.38	0.00	59.38	100.0
<b>Sum:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	
<b>INJURY</b>						
Heat Prostration	1	100.0	59.38	0.00	59.38	100.0
<b>Sum:</b>	<b>1</b>		<b>\$59.38</b>	<b>\$0.00</b>	<b>\$59.38</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>54 - VCU SCULPTURE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Electricity	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Contact with Electrical Current	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>55 - VCU THEATRE DEPARTMENT</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>LOSS CAUSE</b>						
Pipe	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	
<b>INJURY</b>						
Crushing	1	100.0	2,070.76	0.00	2,070.76	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,070.76</b>	<b>\$0.00</b>	<b>\$2,070.76</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>565 - VCU-HONORS PROGRAM</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>574 - VCU-SAFETY &amp; RISK ADMIN PROGRAM</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Machine, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Continual Noise	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Wrist(s) and Hand(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>594 - VCU-SCH OF ENGINEERING DN'S OFF</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Screwdriver	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Strain By Using Tool or Machine	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>601 - VCU FMDIPDIMarshall Street Zone</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Overhead Object	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>609 - VCU-REAL ESTATE SERVICES</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	0.00	3,068.82	3,068.82	71.1
10AM - 11:59AM	1	50.0	327.92	922.08	1,250.00	28.9
<b>Totals:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	50.0	0.00	3,068.82	3,068.82	71.1
2 - 4	1	50.0	327.92	922.08	1,250.00	28.9
<b>Totals:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>Age of Claimant</b>						
35 - 39	1	50.0	0.00	3,068.82	3,068.82	71.1
55 - 59	1	50.0	327.92	922.08	1,250.00	28.9
<b>Totals:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	327.92	3,990.90	4,318.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	1	50.0	0.00	3,068.82	3,068.82	71.1
Floor	1	50.0	327.92	922.08	1,250.00	28.9
<b>Totals:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	50.0	0.00	3,068.82	3,068.82	71.1
Cut, Punctured, Scraped, NOC	1	50.0	327.92	922.08	1,250.00	28.9
<b>Sum:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	50.0	0.00	3,068.82	3,068.82	71.1
Lower Extremities Multiple Lower Extr	1	50.0	327.92	922.08	1,250.00	28.9
<b>Sum:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	
<b>INJURY</b>						
Fracture	1	50.0	0.00	3,068.82	3,068.82	71.1
Multiple Physical Injury Only	1	50.0	327.92	922.08	1,250.00	28.9
<b>Sum:</b>	<b>2</b>		<b>\$327.92</b>	<b>\$3,990.90</b>	<b>\$4,318.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>61 - VCU HUMANITIES &amp; SCIENCE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	0.00	1,250.00	1,250.00	98.5
4PM - 5:59PM	1	33.3	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	0.00	1,250.00	1,250.00	98.5
4 - 6	1	33.3	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>Age of Claimant</b>						
35 - 39	2	66.7	0.00	1,250.00	1,250.00	98.5
25 - 29	1	33.3	18.82	0.00	18.82	1.5
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	18.82	1,250.00	1,268.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>LOSS CAUSE</b>						
Gas / Fumes	3	100.0	18.82	1,250.00	1,268.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	3	100.0	18.82	1,250.00	1,268.82	100.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>BODY PART</b>						
Head Eye(s)	2	66.7	0.00	1,250.00	1,250.00	98.5
Multiple Body Parts No Physical Injury	1	33.3	18.82	0.00	18.82	1.5
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	
<b>INJURY</b>						
Inflammation	2	66.7	0.00	1,250.00	1,250.00	98.5
Respiratory Disorders(Gases,Fumes,Ch	1	33.3	18.82	0.00	18.82	1.5
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$1,250.00</b>	<b>\$1,268.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>62 - VCU Academic Success Center</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Multiple Head Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>706 - VCU FMDIPPD/General Services</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	75.0	0.00	1,250.00	1,250.00	50.0
12PM - 1:59PM	1	25.0	0.00	1,250.00	1,250.00	50.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	25.0	0.00	1,250.00	1,250.00	50.0
4 - 6	1	25.0	0.00	1,250.00	1,250.00	50.0
6 - 8	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	25.0	0.00	1,250.00	1,250.00	50.0
55 - 59	1	25.0	0.00	1,250.00	1,250.00	50.0
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
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	100.0	0.00	2,500.00	2,500.00	100.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>LOSS CAUSE</b>						
Door	2	50.0	0.00	2,500.00	2,500.00	100.0
Ladder, 10' folding	1	25.0	0.00	0.00	0.00	0.0
Metal items	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	25.0	0.00	1,250.00	1,250.00	50.0
Struck/Injured By Object Being Lifted or	1	25.0	0.00	1,250.00	1,250.00	50.0
Other Injury NEC	1	25.0	0.00	0.00	0.00	0.0
Twisting	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
<b>BODY PART</b>						
Head Skull	1	25.0	0.00	1,250.00	1,250.00	50.0
Upper Extremities Finger(s)	1	25.0	0.00	1,250.00	1,250.00	50.0
Trunk Low Back Area (Incl. Lumbar & L1	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	25.0	0.00	1,250.00	1,250.00	50.0
Laceration	1	25.0	0.00	1,250.00	1,250.00	50.0
Dislocation	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$0.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>708 - VCU FMDIPPDIGrounds East</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>711 - VCU Social Work-VISSTA Trainers</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	
<b>INJURY</b>						
Strain	1	100.0	1,837.44	2,712.56	4,550.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,837.44</b>	<b>\$2,712.56</b>	<b>\$4,550.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>717 - VCU Department of Pharmacy</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>747 - VCU Special Educ &amp; Disability Plc</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	439.50	1,110.50	1,550.00	100.0
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	33.3	439.50	1,110.50	1,550.00	100.0
0 - 2	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>Age of Claimant</b>						
55 - 59	2	66.7	439.50	1,110.50	1,550.00	100.0
40 - 44	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	33.3	439.50	1,110.50	1,550.00	100.0
Female	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	33.3	439.50	1,110.50	1,550.00	100.0
Stairs, steps	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
<b>Totals:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	33.3	439.50	1,110.50	1,550.00	100.0
Fall/Slip on Stairs	1	33.3	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	33.3	439.50	1,110.50	1,550.00	100.0
Lower Extremities Foot	1	33.3	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	
<b>INJURY</b>						
Laceration	1	33.3	439.50	1,110.50	1,550.00	100.0
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
	<b>Sum:</b>	<b>3</b>	<b>\$439.50</b>	<b>\$1,110.50</b>	<b>\$1,550.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>92 - VCU ENGINEERING</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	240.43	0.00	240.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	240.43	0.00	240.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	240.43	0.00	240.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	240.43	0.00	240.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>LOSS CAUSE</b>						
Work surface	1	100.0	240.43	0.00	240.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	100.0	240.43	0.00	240.43	100.0
<b>Sum:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>BODY PART</b>						
Lower Extremities Hip	1	100.0	240.43	0.00	240.43	100.0
<b>Sum:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	
<b>INJURY</b>						
Sprain	1	100.0	240.43	0.00	240.43	100.0
<b>Sum:</b>	<b>1</b>		<b>\$240.43</b>	<b>\$0.00</b>	<b>\$240.43</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>S236 - VIRGINIA COMMONWEALTH UNIVERSI</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	14.3	23,752.17	53,466.65	77,218.82	72.5
10AM - 11:59AM	3	42.9	1,806.91	21,964.20	23,771.11	22.3
4PM - 5:59PM	1	14.3	0.00	5,568.82	5,568.82	5.2
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	14.3	23,752.17	53,466.65	77,218.82	72.5
4 - 6	2	28.6	1,806.91	21,964.20	23,771.11	22.3
0 - 2	3	42.9	0.00	5,568.82	5,568.82	5.2
12 - 14	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>Age of Claimant</b>						
45 - 49	2	28.6	23,752.17	59,035.47	82,787.64	77.7
40 - 44	1	14.3	1,754.62	21,964.20	23,718.82	22.3
60 - 64	1	14.3	52.29	0.00	52.29	0.0
20 - 24	1	14.3	0.00	0.00	0.00	0.0
35 - 39	1	14.3	0.00	0.00	0.00	0.0
55 - 59	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	28.6	25,506.79	75,430.85	100,937.64	94.7
Female	5	71.4	52.29	5,568.82	5,621.11	5.3
<b>Totals:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	14.3	23,752.17	53,466.65	77,218.82	72.5
Scrap, Debris, Waste Material	1	14.3	1,754.62	21,964.20	23,718.82	22.3
Stairs, steps	1	14.3	0.00	5,568.82	5,568.82	5.2
Floor	1	14.3	52.29	0.00	52.29	0.0
Animal / insect, not otherwise classifie	1	14.3	0.00	0.00	0.00	0.0
Organic Material	1	14.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>ACCIDENT TYPE</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Twisting	1	14.3	23,752.17	53,466.65	77,218.82	72.5
Striking Against or Stepping On, NOC	1	14.3	1,754.62	21,964.20	23,718.82	22.3
Fall/Slip on Stairs	1	14.3	0.00	5,568.82	5,568.82	5.2
Fall On the Same Level	1	14.3	52.29	0.00	52.29	0.0
Collision with Another Vehicle	1	14.3	0.00	0.00	0.00	0.0
Mold, Including Mildew	1	14.3	0.00	0.00	0.00	0.0
Other Injury NEC	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	14.3	23,752.17	53,466.65	77,218.82	72.5
Lower Extremities Foot	1	14.3	1,754.62	21,964.20	23,718.82	22.3
Multiple Body Parts Multiple Body Parts	2	28.6	0.00	5,568.82	5,568.82	5.2
Upper Extremities Lower Arm	2	28.6	52.29	0.00	52.29	0.0
Multiple Body Parts No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	
<b>INJURY</b>						
Sprain	1	14.3	23,752.17	53,466.65	77,218.82	72.5
Fracture	2	28.6	1,806.91	21,964.20	23,771.11	22.3
Multiple Physical Injury Only	1	14.3	0.00	5,568.82	5,568.82	5.2
Multiple Injury Inc. Physical & Psycholog	1	14.3	0.00	0.00	0.00	0.0
No Physical Injury	2	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$25,559.08</b>	<b>\$80,999.67</b>	<b>\$106,558.75</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>238 - VA MUSEUM OF FINE ARTS</b>						
<b>S238 - VA MUSEUM OF FINE ARTS</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	4	20.0	2,843.42	104,717.77	107,561.19	96.8
2PM - 3:59PM	3	15.0	2,060.61	0.00	2,060.61	1.9
10AM - 11:59AM	3	15.0	616.79	0.00	616.79	0.6
8AM - 9:59AM	3	15.0	605.52	0.00	605.52	0.5
6PM - 7:59PM	3	15.0	227.76	0.00	227.76	0.2
12PM - 1:59PM	3	15.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	2	10.0	3,438.07	104,717.77	108,155.84	97.4
4 - 6	2	10.0	2,041.79	0.00	2,041.79	1.8
0 - 2	9	45.0	635.61	0.00	635.61	0.6
8 - 10	1	5.0	208.94	0.00	208.94	0.2
12 - 14	2	10.0	18.82	0.00	18.82	0.0
2 - 4	2	10.0	10.87	0.00	10.87	0.0
10 - 12	1	5.0	0.00	0.00	0.00	0.0
14 - 16	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>Age of Claimant</b>						
50 - 54	2	10.0	2,832.55	104,717.77	107,550.32	96.8
30 - 34	3	15.0	2,041.79	0.00	2,041.79	1.8
25 - 29	1	5.0	616.79	0.00	616.79	0.6
60 - 64	3	15.0	605.52	0.00	605.52	0.5
40 - 44	3	15.0	208.94	0.00	208.94	0.2
20 - 24	5	25.0	29.69	0.00	29.69	0.0
65 - 69	2	10.0	18.82	0.00	18.82	0.0
55 - 59	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>SEX OF CLAIMANT</b>						
Male	9	45.0	3,060.31	104,717.77	107,778.08	97.0
Female	11	55.0	3,293.79	0.00	3,293.79	3.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	10.0	2,832.55	104,717.77	107,550.32	96.8
Chair	1	5.0	2,041.79	0.00	2,041.79	1.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trash receptacle	1	5.0	616.79	0.00	616.79	0.6
Docks,Ramps,Loading Platforms	1	5.0	605.52	0.00	605.52	0.5
Glass bottle / sheet	2	10.0	208.94	0.00	208.94	0.2
Floor	3	15.0	18.82	0.00	18.82	0.0
Package	1	5.0	18.82	0.00	18.82	0.0
Machine, not otherwise classified	1	5.0	10.87	0.00	10.87	0.0
Animal / bee type	1	5.0	0.00	0.00	0.00	0.0
Beam	2	10.0	0.00	0.00	0.00	0.0
Foreign Object	1	5.0	0.00	0.00	0.00	0.0
Gas / Fumes	1	5.0	0.00	0.00	0.00	0.0
Shelving	1	5.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	5.0	0.00	0.00	0.00	0.0
Wrench	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	

### ACCIDENT TYPE

Fall/Slip From Ladder or Scaffolding	1	5.0	2,832.55	104,717.77	107,550.32	96.8
Pushing or Pulling	2	10.0	2,041.79	0.00	2,041.79	1.8
Strike Against/Step On Stationary Object	4	20.0	1,222.31	0.00	1,222.31	1.1
Broken Glass	3	15.0	208.94	0.00	208.94	0.2
Fall On the Same Level	5	25.0	18.82	0.00	18.82	0.0
Lifting	1	5.0	18.82	0.00	18.82	0.0
Struck/Injured By Object Being Lifted or	1	5.0	10.87	0.00	10.87	0.0
Dust, Gases, Fumes or Vapors	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Object	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	

### BODY PART

Upper Extremities Upper Arm (Incl. Clav	1	5.0	2,832.55	104,717.77	107,550.32	96.8
Lower Extremities Hip	1	5.0	2,041.79	0.00	2,041.79	1.8
Upper Extremities Thumb	1	5.0	616.79	0.00	616.79	0.6
Lower Extremities Knee	2	10.0	605.52	0.00	605.52	0.5
Upper Extremities Finger(s)	3	15.0	219.81	0.00	219.81	0.2
Head Other facial soft tissue	1	5.0	18.82	0.00	18.82	0.0
Upper Extremities Wrist	1	5.0	18.82	0.00	18.82	0.0
Head Ear(s)	1	5.0	0.00	0.00	0.00	0.0
Head Skull	3	15.0	0.00	0.00	0.00	0.0
Neck Trachea	1	5.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	5.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.0	0.00	0.00	0.00	0.0



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist(s) and Hand(s)	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	
<b>INJURY</b>						
Fracture	1	5.0	2,832.55	104,717.77	107,550.32	96.8
Sprain	2	10.0	2,060.61	0.00	2,060.61	1.9
Laceration	5	25.0	855.42	0.00	855.42	0.8
Contusion (Bruise, Skin Surface)	8	40.0	605.52	0.00	605.52	0.5
Puncture	2	10.0	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	5.0	0.00	0.00	0.00	0.0
Strain	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$6,354.10</b>	<b>\$104,717.77</b>	<b>\$111,071.87</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>239 - VA FRONTIER CULTURE MUSEUM</b>						
<b>S239 - VA FRONTIER CULTURE MUSEUM</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	16.7	513.24	2,036.76	2,550.00	87.8
2PM - 3:59PM	2	33.3	270.31	0.00	270.31	9.3
8AM - 9:59AM	1	16.7	84.39	0.00	84.39	2.9
4PM - 5:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	2	33.3	783.55	2,036.76	2,820.31	97.1
8 - 10	2	33.3	84.39	0.00	84.39	2.9
0 - 2	1	16.7	0.00	0.00	0.00	0.0
4 - 6	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>Age of Claimant</b>						
65 - 69	1	16.7	513.24	2,036.76	2,550.00	87.8
60 - 64	1	16.7	270.31	0.00	270.31	9.3
30 - 34	2	33.3	84.39	0.00	84.39	2.9
55 - 59	1	16.7	0.00	0.00	0.00	0.0
70 - 74	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>SEX OF CLAIMANT</b>						
Female	6	100.0	867.94	2,036.76	2,904.70	100.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>LOSS CAUSE</b>						
Building parts / doors	1	16.7	513.24	2,036.76	2,550.00	87.8
Sharp objects, not otherwise classified	1	16.7	270.31	0.00	270.31	9.3
Door	1	16.7	84.39	0.00	84.39	2.9
Animal / insect, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
Fencing	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	2	33.3	597.63	2,036.76	2,634.39	90.7
Cut, Punctured, Scraped, NOC	2	33.3	270.31	0.00	270.31	9.3
Struck/Injured By Animal or Insect	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Head Brain	1	16.7	513.24	2,036.76	2,550.00	87.8
Upper Extremities Finger(s)	2	33.3	270.31	0.00	270.31	9.3
Head Skull	1	16.7	84.39	0.00	84.39	2.9
Lower Extremities Lower Leg	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	
<b>INJURY</b>						
Concussion (Brain, Cerebral)	2	33.3	597.63	2,036.76	2,634.39	90.7
Puncture	1	16.7	270.31	0.00	270.31	9.3
All Other (Specific) Injuries, NOC	1	16.7	0.00	0.00	0.00	0.0
Laceration	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$867.94</b>	<b>\$2,036.76</b>	<b>\$2,904.70</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>241 - RICHARD BLAND COLLEGE</b>						
<b>S241 - RICHARD BLAND COLLEGE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Needle Stick	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>242 - CHRISTOPHER NEWPORT UNIVERSITY</b>						
<b>S242 - CHRISTOPHER NEWPORT UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	1	2.1	5,554.03	0.00	5,554.03	40.5
6PM - 7:59PM	4	8.5	148.82	2,481.18	2,630.00	19.2
10AM - 11:59AM	12	25.5	1,011.91	1,024.18	2,036.09	14.8
12PM - 1:59PM	10	21.3	1,324.54	0.00	1,324.54	9.7
8AM - 9:59AM	5	10.6	239.99	1,028.83	1,268.82	9.3
8PM - 9:59PM	4	8.5	663.39	0.00	663.39	4.8
6AM - 7:59AM	2	4.3	239.99	0.00	239.99	1.7
12AM - 1:59AM	1	2.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	6	12.8	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	4	8.5	5,915.45	0.00	5,915.45	43.1
0 - 2	25	53.2	1,300.95	2,481.18	3,782.13	27.6
2 - 4	8	17.0	1,038.43	1,028.83	2,067.26	15.1
20 - 22	1	2.1	225.82	1,024.18	1,250.00	9.1
14 - 16	1	2.1	280.85	0.00	280.85	2.0
12 - 14	2	4.3	253.53	0.00	253.53	1.8
8 - 10	2	4.3	130.00	0.00	130.00	0.9
24 - 26	2	4.3	37.64	0.00	37.64	0.3
10 - 12	2	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>Age of Claimant</b>						
65 - 69	3	6.4	5,572.85	0.00	5,572.85	40.6
20 - 24	11	23.4	768.39	1,250.00	2,018.39	14.7
55 - 59	4	8.5	717.24	1,024.18	1,741.42	12.7
40 - 44	5	10.6	461.16	1,028.83	1,489.99	10.9
50 - 54	4	8.5	18.82	1,231.18	1,250.00	9.1
45 - 49	7	14.9	645.77	0.00	645.77	4.7
30 - 34	3	6.4	577.27	0.00	577.27	4.2
35 - 39	3	6.4	402.35	0.00	402.35	2.9
60 - 64	5	10.6	18.82	0.00	18.82	0.1
75 - 79	2	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	17	36.2	6,843.50	3,505.36	10,348.86	75.4
Female	30	63.8	2,339.17	1,028.83	3,368.00	24.6
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>LOSS CAUSE</b>						
Stairs	1	2.1	5,554.03	0.00	5,554.03	40.5
Cart	2	4.3	663.39	1,250.00	1,913.39	13.9
Chemicals, not otherwise classified	2	4.3	221.17	1,028.83	1,250.00	9.1
Object on Floor	1	2.1	225.82	1,024.18	1,250.00	9.1
Vehicle/car/truck	2	4.3	18.82	1,231.18	1,250.00	9.1
Uneven Surface	1	2.1	577.27	0.00	577.27	4.2
Trash receptacle	2	4.3	364.92	0.00	364.92	2.7
Outside Surface	1	2.1	361.42	0.00	361.42	2.6
Animal, not otherwise classified	2	4.3	299.67	0.00	299.67	2.2
Pots/pans	1	2.1	253.53	0.00	253.53	1.8
Walking surface, inside, dry	1	2.1	221.17	0.00	221.17	1.6
Blade	2	4.3	130.00	0.00	130.00	0.9
Grease	1	2.1	130.00	0.00	130.00	0.9
Metal items	2	4.3	105.00	0.00	105.00	0.8
Insufficient data	3	6.4	37.64	0.00	37.64	0.3
Floor	1	2.1	18.82	0.00	18.82	0.1
Boxes / containers	1	2.1	0.00	0.00	0.00	0.0
Center Post	1	2.1	0.00	0.00	0.00	0.0
Cleaning Products	1	2.1	0.00	0.00	0.00	0.0
Door	1	2.1	0.00	0.00	0.00	0.0
Electrical equipment	1	2.1	0.00	0.00	0.00	0.0
Environmental conditions	2	4.3	0.00	0.00	0.00	0.0
Furniture / fixtures	2	4.3	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.1	0.00	0.00	0.00	0.0
Knife, Utility	2	4.3	0.00	0.00	0.00	0.0
Lift	1	2.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	2.1	0.00	0.00	0.00	0.0
N/A	2	4.3	0.00	0.00	0.00	0.0
Overhead Object	1	2.1	0.00	0.00	0.00	0.0
Person	1	2.1	0.00	0.00	0.00	0.0
Steam / exhaust	2	4.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>ACCIDENT TYPE</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	2	4.3	5,572.85	0.00	5,572.85	40.6
Struck or Injury By, NOC	6	12.8	253.53	1,250.00	1,503.53	11.0
Absorption, Ingestion or Inhalation NOC	1	2.1	221.17	1,028.83	1,250.00	9.1
Fall, Slip or Trip, NOC	3	6.4	225.82	1,024.18	1,250.00	9.1
Motor Vehicle, NOC	2	4.3	18.82	1,231.18	1,250.00	9.1
Cut, Punctured, Scraped, NOC	5	10.6	1,158.31	0.00	1,158.31	8.4
Collision with a Fixed Object	3	6.4	938.69	0.00	938.69	6.8
Struck/Injured By Animal or Insect	1	2.1	280.85	0.00	280.85	2.0
Other Injury NEC	6	12.8	277.63	0.00	277.63	2.0
Contact With Not Otherwise Classified	3	6.4	130.00	0.00	130.00	0.9
Strain or Injury By, NOC	3	6.4	105.00	0.00	105.00	0.8
Caught In, Under or Between, NOC	2	4.3	0.00	0.00	0.00	0.0
Contact With Cold Object or Substance	1	2.1	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	2.1	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	2.1	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	2.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	2.1	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.1	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	2.1	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	4.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	7	14.9	6,001.02	2,053.01	8,054.03	58.7
Upper Extremities Lower Arm	5	10.6	577.27	1,250.00	1,827.27	13.3
Lower Extremities Ankle	2	4.3	18.82	1,231.18	1,250.00	9.1
Upper Extremities Hand	6	12.8	794.38	0.00	794.38	5.8
Lower Extremities Foot	1	2.1	663.39	0.00	663.39	4.8
Upper Extremities Thumb	2	4.3	364.92	0.00	364.92	2.7
Upper Extremities Multiple Upper Extrer	1	2.1	361.42	0.00	361.42	2.6
Lower Extremities Knee	3	6.4	221.17	0.00	221.17	1.6
Lower Extremities Lower Leg	2	4.3	105.00	0.00	105.00	0.8
Head Eye(s)	1	2.1	18.82	0.00	18.82	0.1
Head Nose	1	2.1	18.82	0.00	18.82	0.1
Lower Extremities Upper Leg	1	2.1	18.82	0.00	18.82	0.1
Multiple Body Parts Whole Body	2	4.3	18.82	0.00	18.82	0.1
Head Other facial soft tissue	1	2.1	0.00	0.00	0.00	0.0
Head Skull	1	2.1	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	2.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	6.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	4	8.5	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	13	27.7	6,138.38	2,274.18	8,412.56	61.3
Respiratory Disorders(Gases,Fumes,Ch	1	2.1	221.17	1,028.83	1,250.00	9.1
Sprain	2	4.3	18.82	1,231.18	1,250.00	9.1
Laceration	7	14.9	1,158.31	0.00	1,158.31	8.4
Strain	3	6.4	577.27	0.00	577.27	4.2
Multiple Physical Injury Only	1	2.1	361.42	0.00	361.42	2.6
Puncture	2	4.3	299.67	0.00	299.67	2.2
All Other (Specific) Injuries, NOC	5	10.6	258.81	0.00	258.81	1.9
Burn	4	8.5	130.00	0.00	130.00	0.9
Vision Loss	1	2.1	18.82	0.00	18.82	0.1
Heat Prostration	1	2.1	0.00	0.00	0.00	0.0
Inflammation	1	2.1	0.00	0.00	0.00	0.0
No Physical Injury	6	12.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$9,182.67</b>	<b>\$4,534.19</b>	<b>\$13,716.86</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>246 - UVA College at Wise</b>						
<b>71 - UVA-CLA CLINCH VALLEY-FACULTY</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	50.0	3,412.70	4,256.12	7,668.82	71.0
12PM - 1:59PM	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Totals:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	3,412.70	4,256.12	7,668.82	71.0
12 - 14	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Totals:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>Age of Claimant</b>						
40 - 44	1	50.0	3,412.70	4,256.12	7,668.82	71.0
35 - 39	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Totals:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	3,412.70	4,256.12	7,668.82	71.0
Female	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Totals:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	50.0	3,412.70	4,256.12	7,668.82	71.0
Recreational equipment	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Totals:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	50.0	3,412.70	4,256.12	7,668.82	71.0
Struck or Injury By, NOC	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Sum:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	1	50.0	3,412.70	4,256.12	7,668.82	71.0
Multiple Body Parts Multiple Body Parts	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Sum:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	50.0	3,412.70	4,256.12	7,668.82	71.0
Laceration	1	50.0	3,126.63	0.00	3,126.63	29.0
<b>Sum:</b>	<b>2</b>		<b>\$6,539.33</b>	<b>\$4,256.12</b>	<b>\$10,795.45</b>	

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 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>246 - UVA College at Wise</b>						
<b>72 - UVA-CLB CLINCH VLY-CONT EDISUMMER</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>246 - UVA College at Wise</b>						
<b>73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	50.0	863.37	0.00	863.37	72.4
10AM - 11:59AM	1	50.0	328.52	0.00	328.52	27.6
<b>Totals:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	863.37	0.00	863.37	72.4
34 - 36	1	50.0	328.52	0.00	328.52	27.6
<b>Totals:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	863.37	0.00	863.37	72.4
60 - 64	1	50.0	328.52	0.00	328.52	27.6
<b>Totals:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	1,191.89	0.00	1,191.89	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	50.0	863.37	0.00	863.37	72.4
Dolly	1	50.0	328.52	0.00	328.52	27.6
<b>Totals:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	50.0	863.37	0.00	863.37	72.4
Strike Against/Step On Stationary Object	1	50.0	328.52	0.00	328.52	27.6
<b>Sum:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	50.0	863.37	0.00	863.37	72.4
Upper Extremities Finger(s)	1	50.0	328.52	0.00	328.52	27.6
<b>Sum:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	863.37	0.00	863.37	72.4
Strain	1	50.0	328.52	0.00	328.52	27.6
<b>Sum:</b>	<b>2</b>		<b>\$1,191.89</b>	<b>\$0.00</b>	<b>\$1,191.89</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>246 - UVA College at Wise</b>						
<b>74 - UVA-CLD CLINCH VALLEY-STUDENTS</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>247 - GEORGE MASON UNIVERSITY</b>						
<b>S247 - GEORGE MASON UNIVERSITY</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	8	13.1	38,182.79	113,591.98	151,774.77	50.5
2PM - 3:59PM	13	21.3	38,964.33	43,595.32	82,559.65	27.5
8AM - 9:59AM	11	18.0	27,304.67	9,306.13	36,610.80	12.2
10AM - 11:59AM	11	18.0	23,303.07	1,828.87	25,131.94	8.4
4PM - 5:59PM	4	6.6	1,749.15	0.00	1,749.15	0.6
6AM - 7:59AM	3	4.9	1,715.14	0.00	1,715.14	0.6
8PM - 9:59PM	2	3.3	885.01	0.00	885.01	0.3
12AM - 1:59AM	4	6.6	0.00	0.00	0.00	0.0
4AM - 5:59AM	2	3.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	1.6	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	32	52.5	58,056.61	50,600.97	108,657.58	36.2
18 - 20	3	4.9	26,691.15	77,480.99	104,172.14	34.7
12 - 14	3	4.9	19,563.64	38,122.23	57,685.87	19.2
2 - 4	7	11.5	20,700.47	1,231.18	21,931.65	7.3
6 - 8	6	9.8	6,216.94	886.93	7,103.87	2.4
16 - 18	3	4.9	783.18	0.00	783.18	0.3
8 - 10	2	3.3	92.17	0.00	92.17	0.0
4 - 6	2	3.3	0.00	0.00	0.00	0.0
10 - 12	2	3.3	0.00	0.00	0.00	0.0
14 - 16	1	1.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>Age of Claimant</b>						
50 - 54	3	4.9	23,870.50	74,582.82	98,453.32	32.8
45 - 49	7	11.5	37,969.69	43,595.32	81,565.01	27.1
55 - 59	10	16.4	34,457.78	39,372.23	73,830.01	24.6
60 - 64	5	8.2	16,260.42	4,350.32	20,610.74	6.9
35 - 39	7	11.5	3,437.73	4,129.35	7,567.08	2.5
20 - 24	10	16.4	5,822.16	578.87	6,401.03	2.1
65 - 69	2	3.3	4,166.84	0.00	4,166.84	1.4
25 - 29	6	9.8	3,420.63	0.00	3,420.63	1.1
40 - 44	3	4.9	2,060.97	886.93	2,947.90	1.0
15 - 19	1	1.6	423.54	826.46	1,250.00	0.4

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	6	9.8	213.90	0.00	213.90	0.1
80 - 84	1	1.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>SEX OF CLAIMANT</b>						
Male	36	59.0	85,079.65	122,916.93	207,996.58	69.2
Female	25	41.0	47,024.51	45,405.37	92,429.88	30.8
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	
<b>LOSS CAUSE</b>						
Person	4	6.6	24,704.86	74,582.82	99,287.68	33.0
Recreational equipment	2	3.3	32,979.38	43,595.32	76,574.70	25.5
Machine, not otherwise classified	2	3.3	10,663.61	38,122.23	48,785.84	16.2
Pipe	1	1.6	18,718.60	0.00	18,718.60	6.2
Chair	1	1.6	7,333.62	4,350.32	11,683.94	3.9
Walking surface, outside, wet	4	6.6	6,987.49	2,898.17	9,885.66	3.3
Electricity	1	1.6	8,907.98	0.00	8,907.98	3.0
Floor	2	3.3	4,306.08	0.00	4,306.08	1.4
Stairs, steps	5	8.2	3,013.48	578.87	3,592.35	1.2
Boxes / containers	4	6.6	3,439.45	0.00	3,439.45	1.1
Gun / gunshot	1	1.6	2,621.71	0.00	2,621.71	0.9
Furniture / fixtures	3	4.9	442.36	2,057.64	2,500.00	0.8
Object on Floor	1	1.6	1,749.15	0.00	1,749.15	0.6
Ceiling	1	1.6	1,687.03	0.00	1,687.03	0.6
Chemicals, not otherwise classified	4	6.6	213.90	1,250.00	1,463.90	0.5
Overhead Object	1	1.6	1,378.90	0.00	1,378.90	0.5
Wires	1	1.6	363.07	886.93	1,250.00	0.4
Platforms	1	1.6	805.90	0.00	805.90	0.3
Needle stick	2	3.3	598.26	0.00	598.26	0.2
Foreign Object	1	1.6	450.00	0.00	450.00	0.1
Door	1	1.6	325.81	0.00	325.81	0.1
Scalpel	1	1.6	305.07	0.00	305.07	0.1
Sharp objects, not otherwise classified	1	1.6	50.65	0.00	50.65	0.0
Ladders, scaffolding	2	3.3	28.11	0.00	28.11	0.0
Walking surface, inside, wet	1	1.6	18.82	0.00	18.82	0.0
Trash receptacle	1	1.6	10.87	0.00	10.87	0.0
Building parts / doors	1	1.6	0.00	0.00	0.00	0.0
Dolly	1	1.6	0.00	0.00	0.00	0.0
Film	1	1.6	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	2	3.3	0.00	0.00	0.00	0.0
Gas / Fumes	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
Hand tool, not powered, NOC	1	1.6	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Metal items	1	1.6	0.00	0.00	0.00	0.0
Shifter	1	1.6	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.6	0.00	0.00	0.00	0.0
Wall	1	1.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	2	3.3	23,870.50	74,582.82	98,453.32	32.8
Other Injury NEC	2	3.3	40,293.00	47,945.64	88,238.64	29.4
Lifting	2	3.3	10,644.79	38,122.23	48,767.02	16.2
Cut, Punctured, Scraped, NOC	4	6.6	19,044.41	0.00	19,044.41	6.3
Struck or Injury By, NOC	3	4.9	13,162.97	0.00	13,162.97	4.4
Fall On the Same Level	4	6.6	8,472.92	0.00	8,472.92	2.8
Fall/Slip on Ice or Snow	1	1.6	2,820.65	2,898.17	5,718.82	1.9
Fall/Slip From a Different Level	2	3.3	3,654.21	0.00	3,654.21	1.2
Foreign Body in Eye	4	6.6	2,500.10	886.93	3,387.03	1.1
Struck/Injured By Falling or Flying Objec	3	4.9	1,802.44	826.46	2,628.90	0.9
Powered Hand Tool; Appliance	1	1.6	2,621.71	0.00	2,621.71	0.9
Striking Against or Stepping On, NOC	2	3.3	1,749.15	0.00	1,749.15	0.6
Strain or Injury By, NOC	3	4.9	38.82	1,231.18	1,270.00	0.4
Dust, Gases, Fumes or Vapors	3	4.9	0.00	1,250.00	1,250.00	0.4
Hand Tool, Utensil; Not Powered	4	6.6	903.33	0.00	903.33	0.3
Fall/Slip on Stairs	4	6.6	165.17	578.87	744.04	0.2
Absorption, Ingestion or Inhalation NOC	2	3.3	213.90	0.00	213.90	0.1
Struck/Injured By Moving Parts of Machi	1	1.6	50.65	0.00	50.65	0.0
Fall/Slip From Ladder or Scaffolding	2	3.3	28.11	0.00	28.11	0.0
Bending	1	1.6	18.82	0.00	18.82	0.0
Holding or Carrying	1	1.6	18.82	0.00	18.82	0.0
Slipped, Did Not Fall	1	1.6	18.82	0.00	18.82	0.0
Struck/Injured By Object Being Lifted or	1	1.6	10.87	0.00	10.87	0.0
Broken Glass	1	1.6	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	3.3	0.00	0.00	0.00	0.0
Fire or Flame	3	4.9	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.6	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	1.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	8	13.1	55,145.08	47,945.64	103,090.72	34.3
Lower Extremities Lower Leg	2	3.3	23,870.50	74,582.82	98,453.32	32.8
Trunk Low Back Area (Incl. Lumbar & L1	4	6.6	10,682.43	39,353.41	50,035.84	16.7
Upper Extremities Elbow	2	3.3	18,718.60	0.00	18,718.60	6.2
Head Eye(s)	6	9.8	5,121.81	886.93	6,008.74	2.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist	1	1.6	2,820.65	2,898.17	5,718.82	1.9
Lower Extremities Knee	4	6.6	4,418.25	0.00	4,418.25	1.5
Lower Extremities Foot	3	4.9	4,227.21	0.00	4,227.21	1.4
Head Skull	2	3.3	3,420.63	0.00	3,420.63	1.1
Lower Extremities Ankle	3	4.9	515.36	1,405.33	1,920.69	0.6
Multiple Body Parts No Physical Injury	4	6.6	0.00	1,250.00	1,250.00	0.4
Upper Extremities Hand	2	3.3	924.07	0.00	924.07	0.3
Head Brain	1	1.6	834.36	0.00	834.36	0.3
Head Other facial soft tissue	3	4.9	805.90	0.00	805.90	0.3
Upper Extremities Finger(s)	6	9.8	355.72	0.00	355.72	0.1
Head Mouth	1	1.6	213.90	0.00	213.90	0.1
Trunk Lumbar and/or Sacral Vertebrae	1	1.6	18.82	0.00	18.82	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.6	10.87	0.00	10.87	0.0
Lower Extremities Great Toe	1	1.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.6	0.00	0.00	0.00	0.0
Trunk Lung(s)	3	4.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.6	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	1.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	

### INJURY

Sprain	8	13.1	28,180.69	79,291.04	107,471.73	35.8
Dislocation	1	1.6	32,959.38	43,595.32	76,554.70	25.5
Strain	5	8.2	10,683.61	38,122.23	48,805.84	16.2
Contusion (Bruise, Skin Surface)	10	16.4	29,392.32	826.46	30,218.78	10.1
Multiple Physical Injury Only	3	4.9	7,333.62	4,350.32	11,683.94	3.9
Electric Shock	1	1.6	8,907.98	0.00	8,907.98	3.0
Concussion (Brain, Cerebral)	2	3.3	4,254.99	0.00	4,254.99	1.4
Laceration	9	14.8	4,182.49	0.00	4,182.49	1.4
Fracture	1	1.6	2,848.31	0.00	2,848.31	0.9
No Physical Injury	9	14.8	363.07	2,136.93	2,500.00	0.8
Foreign Body (Eye)	2	3.3	2,137.03	0.00	2,137.03	0.7
Puncture	1	1.6	598.26	0.00	598.26	0.2
All Other (Specific) Injuries, NOC	9	14.8	262.41	0.00	262.41	0.1
<b>Sum:</b>	<b>61</b>		<b>\$132,104.16</b>	<b>\$168,322.30</b>	<b>\$300,426.46</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>261 - COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	0.00	0.00	0.00	0.0
28 - 30	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
Water	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>270 - VCCS-Shared Services Center</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>275 - VCCS-NEW RIVER COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	50.0	0.00	0.00	0.00	0.0
16 - 18	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Water	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	50.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Nose	1	50.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
N/A	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	33.3	158.20	0.00	158.20	100.0
8AM - 9:59AM	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	33.3	158.20	0.00	158.20	100.0
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
<b>Totals:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>Age of Claimant</b>						
55 - 59	1	33.3	158.20	0.00	158.20	100.0
30 - 34	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	158.20	0.00	158.20	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	33.3	158.20	0.00	158.20	100.0
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Insufficient data	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	158.20	0.00	158.20	100.0
Lifting	1	33.3	0.00	0.00	0.00	0.0
Other Injury NEC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	158.20	0.00	158.20	100.0
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	33.3	158.20	0.00	158.20	100.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other (Specific) Injuries, NOC	1	33.3	0.00	0.00	0.00	0.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$158.20</b>	<b>\$0.00</b>	<b>\$158.20</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	33.3	0.00	1,250.00	1,250.00	100.0
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	1,250.00	1,250.00	100.0
12 - 14	1	33.3	0.00	0.00	0.00	0.0
14 - 16	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
60 - 64	2	66.7	0.00	1,250.00	1,250.00	100.0
55 - 59	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	0.00	1,250.00	1,250.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	33.3	0.00	1,250.00	1,250.00	100.0
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	33.3	0.00	1,250.00	1,250.00	100.0
Lifting	1	33.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	33.3	0.00	1,250.00	1,250.00	100.0
Lower Extremities Foot	1	33.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Fracture	1	33.3	0.00	1,250.00	1,250.00	100.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	2	66.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>279 - VCCS-DANVILLE COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	25.0	6,114.59	0.00	6,114.59	83.0
10AM - 11:59AM	2	50.0	0.00	1,250.00	1,250.00	17.0
12PM - 1:59PM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	25.0	6,114.59	0.00	6,114.59	83.0
0 - 2	2	50.0	0.00	1,250.00	1,250.00	17.0
2 - 4	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>Age of Claimant</b>						
55 - 59	1	25.0	6,114.59	0.00	6,114.59	83.0
30 - 34	1	25.0	0.00	1,250.00	1,250.00	17.0
50 - 54	1	25.0	0.00	0.00	0.00	0.0
60 - 64	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	50.0	6,114.59	1,250.00	7,364.59	100.0
Male	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	25.0	6,114.59	0.00	6,114.59	83.0
Outside Surface	1	25.0	0.00	1,250.00	1,250.00	17.0
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Wall	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	2	50.0	6,114.59	1,250.00	7,364.59	100.0
Lifting	1	25.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>BODY PART</b>						
Head Skull	1	25.0	6,114.59	0.00	6,114.59	83.0
Lower Extremities Ankle	1	25.0	0.00	1,250.00	1,250.00	17.0
Multiple Body Parts Multiple Body Parts	1	25.0	0.00	0.00	0.00	0.0

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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	25.0	6,114.59	0.00	6,114.59	83.0
Sprain	1	25.0	0.00	1,250.00	1,250.00	17.0
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$6,114.59</b>	<b>\$1,250.00</b>	<b>\$7,364.59</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>280 - VCCS-NORTHERN VA COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	4	30.8	316.53	32,369.28	32,685.81	80.7
10AM - 11:59AM	3	23.1	4,036.14	1,250.00	5,286.14	13.0
8AM - 9:59AM	3	23.1	514.46	1,223.63	1,738.09	4.3
6AM - 7:59AM	2	15.4	799.24	0.00	799.24	2.0
4PM - 5:59PM	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	1	7.7	18.82	32,369.28	32,388.10	80.0
0 - 2	5	38.5	3,017.50	1,223.63	4,241.13	10.5
6 - 8	2	15.4	799.24	1,250.00	2,049.24	5.1
2 - 4	2	15.4	1,533.10	0.00	1,533.10	3.8
18 - 20	1	7.7	265.88	0.00	265.88	0.7
22 - 24	1	7.7	31.83	0.00	31.83	0.1
4 - 6	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	
<b>Age of Claimant</b>						
65 - 69	1	7.7	18.82	32,369.28	32,388.10	80.0
60 - 64	2	15.4	3,022.96	0.00	3,022.96	7.5
50 - 54	2	15.4	488.09	1,250.00	1,738.09	4.3
20 - 24	1	7.7	26.37	1,223.63	1,250.00	3.1
40 - 44	1	7.7	1,045.01	0.00	1,045.01	2.6
35 - 39	1	7.7	799.24	0.00	799.24	2.0
45 - 49	1	7.7	265.88	0.00	265.88	0.7
25 - 29	2	15.4	0.00	0.00	0.00	0.0
55 - 59	2	15.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	30.8	772.79	33,619.28	34,392.07	84.9
Male	9	69.2	4,893.58	1,223.63	6,117.21	15.1
<b>Totals:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	
<b>LOSS CAUSE</b>						
Floor	1	7.7	18.82	32,369.28	32,388.10	80.0
Walking surface, outside, wet	1	7.7	2,991.13	0.00	2,991.13	7.4
Metal items	1	7.7	26.37	1,223.63	1,250.00	3.1
Walking surface, inside, dry	1	7.7	0.00	1,250.00	1,250.00	3.1

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Water	1	7.7	1,045.01	0.00	1,045.01	2.6
Sharp objects, not otherwise classified	1	7.7	799.24	0.00	799.24	2.0
Animal, not otherwise classified	1	7.7	488.09	0.00	488.09	1.2
Overhead Object	1	7.7	265.88	0.00	265.88	0.7
Walking surface, outside, dry	1	7.7	31.83	0.00	31.83	0.1
Door	1	7.7	0.00	0.00	0.00	0.0
Electric Drill	1	7.7	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	7.7	0.00	0.00	0.00	0.0
Training \ Drills	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	

### ACCIDENT TYPE

Fall On the Same Level	2	15.4	18.82	33,619.28	33,638.10	83.0
Fall/Slip on Ice or Snow	1	7.7	2,991.13	0.00	2,991.13	7.4
Struck/Injured By Falling or Flying Objec	1	7.7	26.37	1,223.63	1,250.00	3.1
Contact With Not Otherwise Classified	1	7.7	1,045.01	0.00	1,045.01	2.6
Broken Glass	1	7.7	799.24	0.00	799.24	2.0
Struck/Injured By Animal or Insect	1	7.7	488.09	0.00	488.09	1.2
Struck or Injury By, NOC	1	7.7	265.88	0.00	265.88	0.7
Strain or Injury By, NOC	2	15.4	31.83	0.00	31.83	0.1
Lifting	1	7.7	0.00	0.00	0.00	0.0
Other Injury NEC	1	7.7	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	1	7.7	18.82	32,369.28	32,388.10	80.0
Lower Extremities Ankle	1	7.7	2,991.13	0.00	2,991.13	7.4
Upper Extremities Hand	3	23.1	1,287.33	0.00	1,287.33	3.2
Lower Extremities Knee	2	15.4	31.83	1,250.00	1,281.83	3.2
Lower Extremities Foot	1	7.7	26.37	1,223.63	1,250.00	3.1
Head Other facial soft tissue	1	7.7	1,045.01	0.00	1,045.01	2.6
Head Multiple Head Injury	1	7.7	265.88	0.00	265.88	0.7
Lower Extremities Upper Leg	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	15.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	

### INJURY

Concussion (Brain, Cerebral)	2	15.4	284.70	32,369.28	32,653.98	80.6
Sprain	2	15.4	3,022.96	0.00	3,022.96	7.5
Laceration	2	15.4	1,287.33	0.00	1,287.33	3.2
Contusion (Bruise, Skin Surface)	1	7.7	26.37	1,223.63	1,250.00	3.1
Inflammation	2	15.4	0.00	1,250.00	1,250.00	3.1

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dermatitis	1	7.7	1,045.01	0.00	1,045.01	2.6
Crushing	1	7.7	0.00	0.00	0.00	0.0
Strain	2	15.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$5,666.37</b>	<b>\$34,842.91</b>	<b>\$40,509.28</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	33.3	0.00	1,250.00	1,250.00	100.0
6AM - 7:59AM	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
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	1,250.00	1,250.00	100.0
2 - 4	1	33.3	0.00	0.00	0.00	0.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
45 - 49	2	66.7	0.00	1,250.00	1,250.00	100.0
35 - 39	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	0.00	1,250.00	1,250.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	33.3	0.00	1,250.00	1,250.00	100.0
Floor	1	33.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	33.3	0.00	1,250.00	1,250.00	100.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Elbow	1	33.3	0.00	1,250.00	1,250.00	100.0
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Sprain	2	66.7	0.00	1,250.00	1,250.00	100.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>283 - VCCS-J SARGEANT REYNOLDS</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	9	75.0	492.05	25,376.24	25,868.29	99.5
8AM - 9:59AM	2	16.7	127.30	0.00	127.30	0.5
4PM - 5:59PM	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	8	66.7	492.05	25,376.24	25,868.29	99.5
14 - 16	1	8.3	127.30	0.00	127.30	0.5
2 - 4	1	8.3	0.00	0.00	0.00	0.0
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
<b>Totals:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	
<b>Age of Claimant</b>						
55 - 59	2	16.7	86.82	25,376.24	25,463.06	98.0
40 - 44	2	16.7	405.23	0.00	405.23	1.6
60 - 64	3	25.0	127.30	0.00	127.30	0.5
20 - 24	3	25.0	0.00	0.00	0.00	0.0
30 - 34	1	8.3	0.00	0.00	0.00	0.0
45 - 49	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	
<b>SEX OF CLAIMANT</b>						
Female	7	58.3	619.35	25,376.24	25,995.59	100.0
Male	5	41.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	8.3	86.82	25,376.24	25,463.06	98.0
Chair	1	8.3	405.23	0.00	405.23	1.6
Beam	1	8.3	127.30	0.00	127.30	0.5
Floor	1	8.3	0.00	0.00	0.00	0.0
Racks	1	8.3	0.00	0.00	0.00	0.0
Razor blade	1	8.3	0.00	0.00	0.00	0.0
Stairs	1	8.3	0.00	0.00	0.00	0.0
Stairs, steps	1	8.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	8.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	3	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	8.3	86.82	25,376.24	25,463.06	98.0
Struck/Injured By Object Being Lifted or	1	8.3	405.23	0.00	405.23	1.6
Hand Tool, Utensil; Not Powered	2	16.7	127.30	0.00	127.30	0.5
Collision with Another Vehicle	1	8.3	0.00	0.00	0.00	0.0
Fall On the Same Level	1	8.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	2	16.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	8.3	0.00	0.00	0.00	0.0
Vehicle Upset	3	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	
<b>BODY PART</b>						
Head Skull	2	16.7	86.82	25,376.24	25,463.06	98.0
Lower Extremities Foot	2	16.7	405.23	0.00	405.23	1.6
Lower Extremities Ankle	3	25.0	127.30	0.00	127.30	0.5
Trunk Low Back Area (Incl. Lumbar & Li	3	25.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	
<b>INJURY</b>						
Concussion (Brain, Cerebral)	1	8.3	86.82	25,376.24	25,463.06	98.0
Crushing	1	8.3	405.23	0.00	405.23	1.6
Contusion (Bruise, Skin Surface)	1	8.3	127.30	0.00	127.30	0.5
All Other (Specific) Injuries, NOC	5	41.7	0.00	0.00	0.00	0.0
No Physical Injury	2	16.7	0.00	0.00	0.00	0.0
Puncture	1	8.3	0.00	0.00	0.00	0.0
Sprain	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$619.35</b>	<b>\$25,376.24</b>	<b>\$25,995.59</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>285 - VCCS-Patrick &amp; Henry Comm. Coll.</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	4	57.1	2,920.95	1,028.97	3,949.92	75.1
12PM - 1:59PM	2	28.6	0.00	1,250.00	1,250.00	23.8
6PM - 7:59PM	1	14.3	61.51	0.00	61.51	1.2
<b>Totals:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	42.9	1,974.57	0.00	1,974.57	37.5
8 - 10	1	14.3	721.03	1,028.97	1,750.00	33.3
12 - 14	1	14.3	0.00	1,250.00	1,250.00	23.8
4 - 6	1	14.3	286.86	0.00	286.86	5.5
20 - 22	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>Age of Claimant</b>						
15 - 19	1	14.3	1,886.56	0.00	1,886.56	35.9
35 - 39	1	14.3	721.03	1,028.97	1,750.00	33.3
65 - 69	1	14.3	0.00	1,250.00	1,250.00	23.8
20 - 24	2	28.6	313.36	0.00	313.36	6.0
60 - 64	1	14.3	61.51	0.00	61.51	1.2
80 - 84	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	42.9	2,607.59	2,278.97	4,886.56	92.9
Female	4	57.1	374.87	0.00	374.87	7.1
<b>Totals:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	2	28.6	721.03	2,278.97	3,000.00	57.0
Vehicle, not otherwise classified	3	42.9	2,199.92	0.00	2,199.92	41.8
Vehicle/car/truck	1	14.3	61.51	0.00	61.51	1.2
Floor	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>ACCIDENT TYPE</b>						
Lifting	2	28.6	721.03	2,278.97	3,000.00	57.0
Struck/Injured By Motor Vehicle	3	42.9	2,199.92	0.00	2,199.92	41.8
Motor Vehicle, NOC	1	14.3	61.51	0.00	61.51	1.2
Fall On the Same Level	1	14.3	0.00	0.00	0.00	0.0

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 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	2	28.6	1,886.56	1,250.00	3,136.56	59.6
Trunk Disc (Back)	1	14.3	721.03	1,028.97	1,750.00	33.3
Lower Extremities Knee	2	28.6	313.36	0.00	313.36	6.0
Multiple Body Parts Multiple Body Parts	1	14.3	61.51	0.00	61.51	1.2
Head Other facial soft tissue	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	
<b>INJURY</b>						
Strain	2	28.6	721.03	2,278.97	3,000.00	57.0
Contusion (Bruise, Skin Surface)	1	14.3	1,886.56	0.00	1,886.56	35.9
Multiple Injury Inc. Physical & Psycholog	1	14.3	286.86	0.00	286.86	5.5
Multiple Physical Injury Only	2	28.6	88.01	0.00	88.01	1.7
Laceration	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$2,982.46</b>	<b>\$2,278.97</b>	<b>\$5,261.43</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>286 - VCCS-VA WESTERN COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	20.0	18.82	0.00	18.82	100.0
8AM - 9:59AM	2	40.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	20.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	20.0	18.82	0.00	18.82	100.0
2 - 4	1	20.0	0.00	0.00	0.00	0.0
4 - 6	1	20.0	0.00	0.00	0.00	0.0
8 - 10	1	20.0	0.00	0.00	0.00	0.0
22 - 24	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
45 - 49	2	40.0	18.82	0.00	18.82	100.0
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
60 - 64	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	40.0	18.82	0.00	18.82	100.0
Male	3	60.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	40.0	18.82	0.00	18.82	100.0
Office equipment	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
Walking surface, outside, wet	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	20.0	18.82	0.00	18.82	100.0
Cut, Punctured, Scraped, NOC	1	20.0	0.00	0.00	0.00	0.0
Fall On the Same Level	1	20.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	20.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	20.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	20.0	18.82	0.00	18.82	100.0
Multiple Body Parts Multiple Body Parts	2	40.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extre	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Sprain	1	20.0	18.82	0.00	18.82	100.0
Contusion (Bruise, Skin Surface)	1	20.0	0.00	0.00	0.00	0.0
Laceration	1	20.0	0.00	0.00	0.00	0.0
No Physical Injury	2	40.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
36 - 38	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Metal items	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	0.00	0.00	0.00	0.0
Lifting	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	50.0	0.00	0.00	0.00	0.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>290 - VCCS-Brightpoint Community College</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	20.0	595.24	0.00	595.24	100.0
10AM - 11:59AM	2	40.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	40.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	80.0	595.24	0.00	595.24	100.0
2 - 4	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>Age of Claimant</b>						
30 - 34	1	20.0	595.24	0.00	595.24	100.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
45 - 49	2	40.0	0.00	0.00	0.00	0.0
55 - 59	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	80.0	595.24	0.00	595.24	100.0
Male	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>LOSS CAUSE</b>						
Cabinet	1	20.0	595.24	0.00	595.24	100.0
Floor	1	20.0	0.00	0.00	0.00	0.0
Metal items	1	20.0	0.00	0.00	0.00	0.0
Stairs, steps	1	20.0	0.00	0.00	0.00	0.0
Working Surface	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	20.0	595.24	0.00	595.24	100.0
Fall/Slip into Openings	1	20.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	20.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	20.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>BODY PART</b>						
Neck Soft Tissue-Neck	1	20.0	595.24	0.00	595.24	100.0

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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Skull	1	20.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	40.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	
<b>INJURY</b>						
Strain	1	20.0	595.24	0.00	595.24	100.0
All Other (Specific) Injuries, NOC	1	20.0	0.00	0.00	0.00	0.0
Concussion (Brain, Cerebral)	1	20.0	0.00	0.00	0.00	0.0
Laceration	2	40.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$595.24</b>	<b>\$0.00</b>	<b>\$595.24</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	50.0	10.63	0.00	10.63	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	10.63	0.00	10.63	100.0
<b>Totals:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	10.63	0.00	10.63	100.0
15 - 19	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	10.63	0.00	10.63	100.0
<b>Totals:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	50.0	10.63	0.00	10.63	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>ACCIDENT TYPE</b>						
Object Being Lifted or Handled	1	50.0	10.63	0.00	10.63	100.0
Struck/Injured By Object Being Lifted or	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	10.63	0.00	10.63	100.0
Lower Extremities Lower Leg	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	
<b>INJURY</b>						
Puncture	1	50.0	10.63	0.00	10.63	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$10.63</b>	<b>\$0.00</b>	<b>\$10.63</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>292 - VCCS-CENTRAL VA COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	100.0	924.70	453.36	1,378.06	100.0
<b>Totals:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	66.7	796.64	453.36	1,250.00	90.7
0 - 2	1	33.3	128.06	0.00	128.06	9.3
<b>Totals:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>Age of Claimant</b>						
50 - 54	1	33.3	796.64	453.36	1,250.00	90.7
25 - 29	1	33.3	128.06	0.00	128.06	9.3
55 - 59	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	66.7	924.70	453.36	1,378.06	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	33.3	796.64	453.36	1,250.00	90.7
Ceiling	1	33.3	128.06	0.00	128.06	9.3
Floor	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	33.3	796.64	453.36	1,250.00	90.7
Foreign Body in Eye	1	33.3	128.06	0.00	128.06	9.3
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	33.3	796.64	453.36	1,250.00	90.7
Head Eye(s)	1	33.3	128.06	0.00	128.06	9.3
Lower Extremities Great Toe	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	
<b>INJURY</b>						
Strain	1	33.3	796.64	453.36	1,250.00	90.7
Foreign Body (Eye)	1	33.3	128.06	0.00	128.06	9.3
Sprain	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$924.70</b>	<b>\$453.36</b>	<b>\$1,378.06</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>293 - VCCS-VA Peninsula Community Coll.</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	5	33.3	2,657.55	3,740.24	6,397.79	76.1
10AM - 11:59AM	2	13.3	902.34	0.00	902.34	10.7
4PM - 5:59PM	1	6.7	657.62	0.00	657.62	7.8
6AM - 7:59AM	2	13.3	435.68	0.00	435.68	5.2
8AM - 9:59AM	3	20.0	18.82	0.00	18.82	0.2
2PM - 3:59PM	1	6.7	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	20.0	2,546.37	3,740.24	6,286.61	74.7
6 - 8	4	26.7	1,689.96	0.00	1,689.96	20.1
0 - 2	2	13.3	435.68	0.00	435.68	5.2
2 - 4	1	6.7	0.00	0.00	0.00	0.0
10 - 12	1	6.7	0.00	0.00	0.00	0.0
12 - 14	1	6.7	0.00	0.00	0.00	0.0
16 - 18	3	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	
<b>Age of Claimant</b>						
55 - 59	3	20.0	2,527.55	3,740.24	6,267.79	74.5
50 - 54	2	13.3	902.34	0.00	902.34	10.7
40 - 44	1	6.7	657.62	0.00	657.62	7.8
45 - 49	1	6.7	435.68	0.00	435.68	5.2
60 - 64	5	33.3	130.00	0.00	130.00	1.5
65 - 69	2	13.3	18.82	0.00	18.82	0.2
75 - 79	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	
<b>SEX OF CLAIMANT</b>						
Female	10	66.7	3,112.05	3,740.24	6,852.29	81.5
Male	5	33.3	1,559.96	0.00	1,559.96	18.5
<b>Totals:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	
<b>LOSS CAUSE</b>						
Ground control unit/aerial	2	13.3	2,527.55	3,740.24	6,267.79	74.5
Furniture / fixtures	1	6.7	902.34	0.00	902.34	10.7
Chair	4	26.7	657.62	0.00	657.62	7.8
Stone / rock / brick	1	6.7	435.68	0.00	435.68	5.2

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cords	1	6.7	130.00	0.00	130.00	1.5
Walking surface, inside, dry	2	13.3	18.82	0.00	18.82	0.2
Computer Work Station	1	6.7	0.00	0.00	0.00	0.0
Metal items	1	6.7	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	6.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	

### ACCIDENT TYPE

Fall On the Same Level	4	26.7	2,676.37	3,740.24	6,416.61	76.3
Lifting	1	6.7	902.34	0.00	902.34	10.7
Fall/Slip From a Different Level	4	26.7	657.62	0.00	657.62	7.8
Twisting	3	20.0	435.68	0.00	435.68	5.2
Cut, Punctured, Scraped, NOC	1	6.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	13.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	

### BODY PART

Upper Extremities Shoulder(s)	2	13.3	2,527.55	3,740.24	6,267.79	74.5
Trunk Low Back Area (Incl. Lumbar & Li	2	13.3	902.34	0.00	902.34	10.7
Multiple Body Parts Multiple Body Parts	2	13.3	657.62	0.00	657.62	7.8
Lower Extremities Ankle	1	6.7	435.68	0.00	435.68	5.2
Lower Extremities Knee	2	13.3	130.00	0.00	130.00	1.5
Upper Extremities Upper Arm (Incl. Clav	1	6.7	18.82	0.00	18.82	0.2
Head Other facial soft tissue	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	13.3	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	6.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	

### INJURY

Sprain	5	33.3	3,093.23	3,740.24	6,833.47	81.2
Strain	4	26.7	1,559.96	0.00	1,559.96	18.5
Fracture	3	20.0	18.82	0.00	18.82	0.2
All Other (Specific) Injuries, NOC	1	6.7	0.00	0.00	0.00	0.0
Crushing	1	6.7	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	6.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>15</b>		<b>\$4,672.01</b>	<b>\$3,740.24</b>	<b>\$8,412.25</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	14.3	0.00	3,200.00	3,200.00	71.9
6PM - 7:59PM	1	14.3	0.00	1,250.00	1,250.00	28.1
10AM - 11:59AM	4	57.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	14.3	0.00	3,200.00	3,200.00	71.9
4 - 6	2	28.6	0.00	1,250.00	1,250.00	28.1
0 - 2	3	42.9	0.00	0.00	0.00	0.0
30 - 32	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>Age of Claimant</b>						
50 - 54	2	28.6	0.00	3,200.00	3,200.00	71.9
45 - 49	1	14.3	0.00	1,250.00	1,250.00	28.1
20 - 24	2	28.6	0.00	0.00	0.00	0.0
25 - 29	1	14.3	0.00	0.00	0.00	0.0
60 - 64	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	71.4	0.00	3,200.00	3,200.00	71.9
Male	2	28.6	0.00	1,250.00	1,250.00	28.1
<b>Totals:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	28.6	0.00	4,450.00	4,450.00	100.0
Hand tool, not powered, NOC	1	14.3	0.00	0.00	0.00	0.0
Outside Surface	1	14.3	0.00	0.00	0.00	0.0
Racks	1	14.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	14.3	0.00	0.00	0.00	0.0
Water	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	2	28.6	0.00	4,450.00	4,450.00	100.0
Fall On the Same Level	1	14.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	14.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From Liquid or Grease Spills	1	14.3	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	14.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>BODY PART</b>						
Neck Multiple Neck Injury	1	14.3	0.00	3,200.00	3,200.00	71.9
Upper Extremities Multiple Upper Extr	1	14.3	0.00	1,250.00	1,250.00	28.1
Lower Extremities Ankle	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	28.6	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	14.3	0.00	3,200.00	3,200.00	71.9
Multiple Physical Injury Only	1	14.3	0.00	1,250.00	1,250.00	28.1
Contusion (Bruise, Skin Surface)	1	14.3	0.00	0.00	0.00	0.0
Laceration	2	28.6	0.00	0.00	0.00	0.0
No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
Sprain	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$0.00</b>	<b>\$4,450.00</b>	<b>\$4,450.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>295 - VCCS-TIDEWATER COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	3	33.3	4,363.07	12,440.75	16,803.82	65.6
4PM - 5:59PM	2	22.2	5,458.04	0.00	5,458.04	21.3
8AM - 9:59AM	2	22.2	1,674.34	0.00	1,674.34	6.5
6PM - 7:59PM	1	11.1	473.85	776.15	1,250.00	4.9
10AM - 11:59AM	1	11.1	423.61	0.00	423.61	1.7
<b>Totals:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	33.3	10,160.48	13,216.90	23,377.38	91.3
4 - 6	1	11.1	1,174.40	0.00	1,174.40	4.6
12 - 14	1	11.1	499.94	0.00	499.94	2.0
24 - 26	1	11.1	423.61	0.00	423.61	1.7
8 - 10	1	11.1	115.66	0.00	115.66	0.5
16 - 18	1	11.1	18.82	0.00	18.82	0.1
38 - 40	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>Age of Claimant</b>						
60 - 64	1	11.1	4,344.25	12,440.75	16,785.00	65.5
25 - 29	1	11.1	5,342.38	0.00	5,342.38	20.9
40 - 44	2	22.2	973.79	776.15	1,749.94	6.8
55 - 59	2	22.2	1,290.06	0.00	1,290.06	5.0
50 - 54	1	11.1	423.61	0.00	423.61	1.7
65 - 69	2	22.2	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	55.6	5,452.52	13,216.90	18,669.42	72.9
Male	4	44.4	6,940.39	0.00	6,940.39	27.1
<b>Totals:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>LOSS CAUSE</b>						
Cords	1	11.1	4,344.25	12,440.75	16,785.00	65.5
Person	1	11.1	5,342.38	0.00	5,342.38	20.9
Machine, not otherwise classified	1	11.1	473.85	776.15	1,250.00	4.9
Floor	2	22.2	1,174.40	0.00	1,174.40	4.6
Water	1	11.1	499.94	0.00	499.94	2.0
Metal items	1	11.1	423.61	0.00	423.61	1.7
Foreign Object	1	11.1	115.66	0.00	115.66	0.5



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Boxes / containers	1	11.1	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	3	33.3	4,459.91	12,440.75	16,900.66	66.0
Person in Act of Crime	1	11.1	5,342.38	0.00	5,342.38	20.9
Lifting	2	22.2	897.46	776.15	1,673.61	6.5
Twisting	1	11.1	1,174.40	0.00	1,174.40	4.6
Fall/Slip From Liquid or Grease Spills	1	11.1	499.94	0.00	499.94	2.0
Other Injury NEC	1	11.1	18.82	0.00	18.82	0.1
<b>Sum:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>BODY PART</b>						
Lower Extremities Knee	2	22.2	4,344.25	12,440.75	16,785.00	65.5
Head Other facial soft tissue	1	11.1	5,342.38	0.00	5,342.38	20.9
Trunk Low Back Area (Incl. Lumbar & Li	1	11.1	473.85	776.15	1,250.00	4.9
Lower Extremities Toe(s)	1	11.1	1,174.40	0.00	1,174.40	4.6
Multiple Body Parts Multiple Body Parts	2	22.2	518.76	0.00	518.76	2.0
Upper Extremities Wrist	1	11.1	423.61	0.00	423.61	1.7
Head Ear(s)	1	11.1	115.66	0.00	115.66	0.5
<b>Sum:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	22.2	4,844.19	12,440.75	17,284.94	67.5
Multiple Physical Injury Only	1	11.1	5,342.38	0.00	5,342.38	20.9
Strain	1	11.1	473.85	776.15	1,250.00	4.9
Fracture	2	22.2	1,174.40	0.00	1,174.40	4.6
Sprain	1	11.1	423.61	0.00	423.61	1.7
Laceration	1	11.1	115.66	0.00	115.66	0.5
No Physical Injury	1	11.1	18.82	0.00	18.82	0.1
<b>Sum:</b>	<b>9</b>		<b>\$12,392.91</b>	<b>\$13,216.90</b>	<b>\$25,609.81</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>296 - VCCS-VA HIGHLANDS COMMUNITY COLL.</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	100.0	352.54	897.46	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	352.54	897.46	1,250.00	100.0
38 - 40	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	352.54	897.46	1,250.00	100.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	352.54	897.46	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Stairs	1	50.0	352.54	897.46	1,250.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	50.0	352.54	897.46	1,250.00	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	2	100.0	352.54	897.46	1,250.00	100.0
<b>Sum:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	352.54	897.46	1,250.00	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$352.54</b>	<b>\$897.46</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>297 - VCCS-GERMANNA COMMUNITY COLLEGE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	33.3	188.37	1,061.63	1,250.00	95.2
8AM - 9:59AM	3	50.0	63.63	0.00	63.63	4.8
8PM - 9:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	16.7	188.37	1,061.63	1,250.00	95.2
18 - 20	1	16.7	63.63	0.00	63.63	4.8
6 - 8	1	16.7	0.00	0.00	0.00	0.0
8 - 10	1	16.7	0.00	0.00	0.00	0.0
10 - 12	1	16.7	0.00	0.00	0.00	0.0
20 - 22	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>Age of Claimant</b>						
25 - 29	1	16.7	188.37	1,061.63	1,250.00	95.2
55 - 59	1	16.7	63.63	0.00	63.63	4.8
45 - 49	1	16.7	0.00	0.00	0.00	0.0
50 - 54	1	16.7	0.00	0.00	0.00	0.0
60 - 64	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	66.7	252.00	1,061.63	1,313.63	100.0
Female	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>LOSS CAUSE</b>						
Cart	1	16.7	188.37	1,061.63	1,250.00	95.2
Walking surface, inside, dry	1	16.7	63.63	0.00	63.63	4.8
Dolly	1	16.7	0.00	0.00	0.00	0.0
Furniture / fixtures	1	16.7	0.00	0.00	0.00	0.0
Office equipment	1	16.7	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>ACCIDENT TYPE</b>						
Reaching	1	16.7	188.37	1,061.63	1,250.00	95.2
Bending	1	16.7	63.63	0.00	63.63	4.8

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	1	16.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	16.7	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	16.7	0.00	0.00	0.00	0.0
Twisting	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	2	33.3	188.37	1,061.63	1,250.00	95.2
Trunk Abdomen Including Groin	1	16.7	63.63	0.00	63.63	4.8
Lower Extremities Lower Leg	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mt	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	
<b>INJURY</b>						
Strain	1	16.7	188.37	1,061.63	1,250.00	95.2
Hernia (Rupture)	1	16.7	63.63	0.00	63.63	4.8
All Other (Specific) Injuries, NOC	1	16.7	0.00	0.00	0.00	0.0
Laceration	1	16.7	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	16.7	0.00	0.00	0.00	0.0
Sprain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$252.00</b>	<b>\$1,061.63</b>	<b>\$1,313.63</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>298 - VCCS-Laurel Ridge Community Coll.</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	33.3	4,761.84	0.00	4,761.84	65.6
10AM - 11:59AM	2	66.7	833.22	1,666.78	2,500.00	34.4
<b>Totals:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	5,595.06	1,666.78	7,261.84	100.0
<b>Totals:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>Age of Claimant</b>						
20 - 24	1	33.3	4,761.84	0.00	4,761.84	65.6
25 - 29	1	33.3	833.22	416.78	1,250.00	17.2
30 - 34	1	33.3	0.00	1,250.00	1,250.00	17.2
<b>Totals:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	4,761.84	0.00	4,761.84	65.6
Male	2	66.7	833.22	1,666.78	2,500.00	34.4
<b>Totals:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>LOSS CAUSE</b>						
Racks	1	33.3	4,761.84	0.00	4,761.84	65.6
Walking surface, outside, dry	1	33.3	0.00	1,250.00	1,250.00	17.2
Welding equipment	1	33.3	833.22	416.78	1,250.00	17.2
<b>Totals:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Object Being Lifted or	2	66.7	5,595.06	416.78	6,011.84	82.8
Fall, Slip or Trip, NOC	1	33.3	0.00	1,250.00	1,250.00	17.2
<b>Sum:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	33.3	4,761.84	0.00	4,761.84	65.6
Lower Extremities Great Toe	1	33.3	833.22	416.78	1,250.00	17.2
Upper Extremities Hand	1	33.3	0.00	1,250.00	1,250.00	17.2
<b>Sum:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	33.3	4,761.84	0.00	4,761.84	65.6
Contusion (Bruise, Skin Surface)	1	33.3	833.22	416.78	1,250.00	17.2
Fracture	1	33.3	0.00	1,250.00	1,250.00	17.2
<b>Sum:</b>	<b>3</b>		<b>\$5,595.06</b>	<b>\$1,666.78</b>	<b>\$7,261.84</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>299 - VCCS-Mountain Empire Comm. Coll.</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	25.0	5,189.59	0.00	5,189.59	63.4
8AM - 9:59AM	1	25.0	1,747.30	0.00	1,747.30	21.3
2PM - 3:59PM	1	25.0	362.51	887.49	1,250.00	15.3
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	3	75.0	7,299.40	887.49	8,186.89	100.0
0 - 2	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>Age of Claimant</b>						
55 - 59	3	75.0	7,299.40	887.49	8,186.89	100.0
45 - 49	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	75.0	7,299.40	887.49	8,186.89	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>LOSS CAUSE</b>						
Machine, not otherwise classified	1	25.0	5,189.59	0.00	5,189.59	63.4
Chair	2	50.0	1,747.30	0.00	1,747.30	21.3
Straps	1	25.0	362.51	887.49	1,250.00	15.3
<b>Totals:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	25.0	5,189.59	0.00	5,189.59	63.4
Lifting	1	25.0	1,747.30	0.00	1,747.30	21.3
Strike Against/Step On Stationary Object	1	25.0	362.51	887.49	1,250.00	15.3
Fall/Slip From a Different Level	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>BODY PART</b>						
Neck Disc (Neck)	1	25.0	5,189.59	0.00	5,189.59	63.4
Trunk Low Back Area (Incl. Lumbar & Li	2	50.0	1,747.30	0.00	1,747.30	21.3
Upper Extremities Shoulder(s)	1	25.0	362.51	887.49	1,250.00	15.3
<b>Sum:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	
<b>INJURY</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	3	75.0	7,299.40	887.49	8,186.89	100.0
Sprain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$7,299.40</b>	<b>\$887.49</b>	<b>\$8,186.89</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>S261 - VA COMMUNITY COLLEGE SYSTEM</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	1,413.46	0.00	1,413.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,413.46</b>	<b>\$0.00</b>	<b>\$1,413.46</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>262 - Dept of Aging and Rehab Service</b>						
<b>203 - Wilson Workforce and Rehab Center</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	4	57.1	4,044.95	30,783.50	34,828.45	81.7
10AM - 11:59AM	1	14.3	1,617.51	1,932.49	3,550.00	8.3
8AM - 9:59AM	1	14.3	2,978.00	0.00	2,978.00	7.0
4PM - 5:59PM	1	14.3	0.00	1,250.00	1,250.00	2.9
<b>Totals:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	14.3	3,835.32	30,783.50	34,618.82	81.3
4 - 6	4	57.1	1,827.14	1,932.49	3,759.63	8.8
6 - 8	1	14.3	2,978.00	0.00	2,978.00	7.0
12 - 14	1	14.3	0.00	1,250.00	1,250.00	2.9
<b>Totals:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>Age of Claimant</b>						
30 - 34	1	14.3	3,835.32	30,783.50	34,618.82	81.3
60 - 64	2	28.6	4,595.51	1,932.49	6,528.00	15.3
50 - 54	1	14.3	0.00	1,250.00	1,250.00	2.9
25 - 29	2	28.6	209.63	0.00	209.63	0.5
55 - 59	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	71.4	8,430.83	33,965.99	42,396.82	99.5
Female	2	28.6	209.63	0.00	209.63	0.5
<b>Totals:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>LOSS CAUSE</b>						
Person	1	14.3	3,835.32	30,783.50	34,618.82	81.3
Electricity	1	14.3	1,617.51	1,932.49	3,550.00	8.3
Animal / bee type	1	14.3	2,978.00	0.00	2,978.00	7.0
Uneven Surface	1	14.3	0.00	1,250.00	1,250.00	2.9
Recreational equipment	2	28.6	209.63	0.00	209.63	0.5
Outside Surface	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	14.3	3,835.32	30,783.50	34,618.82	81.3
Contact with Electrical Current	1	14.3	1,617.51	1,932.49	3,550.00	8.3
Struck/Injured By Animal or Insect	1	14.3	2,978.00	0.00	2,978.00	7.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Twisting	1	14.3	0.00	1,250.00	1,250.00	2.9
Struck/Injured By Object Being Lifted or Fall/Slip on Ice or Snow	1	14.3	209.63	0.00	209.63	0.5
Other Injury NEC	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	14.3	3,835.32	30,783.50	34,618.82	81.3
Upper Extremities Lower Arm	1	14.3	1,617.51	1,932.49	3,550.00	8.3
Head Skull	1	14.3	2,978.00	0.00	2,978.00	7.0
Trunk Low Back Area (Incl. Lumbar & Li	1	14.3	0.00	1,250.00	1,250.00	2.9
Upper Extremities Thumb	1	14.3	209.63	0.00	209.63	0.5
Lower Extremities Foot	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	
<b>INJURY</b>						
Sprain	1	14.3	3,835.32	30,783.50	34,618.82	81.3
Strain	2	28.6	1,617.51	3,182.49	4,800.00	11.3
Inflammation	1	14.3	2,978.00	0.00	2,978.00	7.0
Contusion (Bruise, Skin Surface)	1	14.3	209.63	0.00	209.63	0.5
No Physical Injury	2	28.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$8,640.46</b>	<b>\$33,965.99</b>	<b>\$42,606.45</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>262 - Dept of Aging and Rehab Service</b>						
<b>262 - Disability Determination Services</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>262 - Dept of Aging and Rehab Service</b>						
<b>S262 - Dept of Aging and Rehab Service</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	33.3	5,384.20	35,741.17	41,125.37	94.3
10AM - 11:59AM	1	11.1	0.00	1,250.00	1,250.00	2.9
12PM - 1:59PM	2	22.2	0.00	1,250.00	1,250.00	2.9
6AM - 7:59AM	1	11.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	11.1	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	22.2	1,794.24	24,374.58	26,168.82	60.0
4 - 6	1	11.1	2,933.41	12,616.59	15,550.00	35.6
0 - 2	2	22.2	0.00	1,250.00	1,250.00	2.9
10 - 12	1	11.1	656.55	0.00	656.55	1.5
6 - 8	1	11.1	0.00	0.00	0.00	0.0
16 - 18	1	11.1	0.00	0.00	0.00	0.0
20 - 22	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	
<b>Age of Claimant</b>						
60 - 64	3	33.3	4,727.65	35,741.17	40,468.82	92.8
45 - 49	3	33.3	656.55	1,250.00	1,906.55	4.4
35 - 39	3	33.3	0.00	1,250.00	1,250.00	2.9
<b>Totals:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	
<b>SEX OF CLAIMANT</b>						
Female	8	88.9	5,384.20	36,991.17	42,375.37	97.1
Male	1	11.1	0.00	1,250.00	1,250.00	2.9
<b>Totals:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	2	22.2	1,794.24	23,124.58	24,918.82	57.1
Uneven Surface	1	11.1	2,933.41	12,616.59	15,550.00	35.6
Furniture / fixtures	1	11.1	0.00	1,250.00	1,250.00	2.9
N/A	1	11.1	0.00	1,250.00	1,250.00	2.9
Cabinet	1	11.1	656.55	0.00	656.55	1.5
Chair	1	11.1	0.00	0.00	0.00	0.0
Clothing / jewelry	1	11.1	0.00	0.00	0.00	0.0
Floor	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	11.1	1,794.24	23,124.58	24,918.82	57.1
Fall On the Same Level	4	44.4	2,933.41	12,616.59	15,550.00	35.6
Other Injury NEC	1	11.1	0.00	1,250.00	1,250.00	2.9
Strike Against/Step On Stationary Object	1	11.1	0.00	1,250.00	1,250.00	2.9
Object Being Lifted or Handled	1	11.1	656.55	0.00	656.55	1.5
Fall/Slip on Stairs	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	22.2	4,727.65	35,741.17	40,468.82	92.8
Head Other facial soft tissue	1	11.1	0.00	1,250.00	1,250.00	2.9
Multiple Body Parts Insufficient Info to locate	1	11.1	0.00	1,250.00	1,250.00	2.9
Head Skull	1	11.1	656.55	0.00	656.55	1.5
Lower Extremities Foot	1	11.1	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	11.1	0.00	0.00	0.00	0.0
Trunk Heart	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	
<b>INJURY</b>						
Strain	1	11.1	1,794.24	23,124.58	24,918.82	57.1
Contusion (Bruise, Skin Surface)	4	44.4	3,589.96	12,616.59	16,206.55	37.1
Laceration	2	22.2	0.00	1,250.00	1,250.00	2.9
No Physical Injury	1	11.1	0.00	1,250.00	1,250.00	2.9
Sprain	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$5,384.20</b>	<b>\$38,241.17</b>	<b>\$43,625.37</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>268 - MARINE SCIENCE, VA INST. OF</b>						
<b>S268 - MARINE SCIENCE, VA INST. OF</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	28.6	20,127.76	46,221.06	66,348.82	46.5
4PM - 5:59PM	1	14.3	17,376.48	41,842.34	59,218.82	41.5
6PM - 7:59PM	1	14.3	3,346.97	12,601.95	15,948.92	11.2
10AM - 11:59AM	1	14.3	0.00	1,250.00	1,250.00	0.9
8AM - 9:59AM	2	28.6	18.63	0.00	18.63	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	57.1	23,493.36	58,823.01	82,316.37	57.7
24 - 26	1	14.3	17,376.48	41,842.34	59,218.82	41.5
14 - 16	1	14.3	0.00	1,250.00	1,250.00	0.9
2 - 4	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>Age of Claimant</b>						
60 - 64	2	28.6	20,723.45	54,444.29	75,167.74	52.6
25 - 29	2	28.6	19,997.76	46,221.06	66,218.82	46.4
40 - 44	1	14.3	0.00	1,250.00	1,250.00	0.9
20 - 24	1	14.3	130.00	0.00	130.00	0.1
30 - 34	1	14.3	18.63	0.00	18.63	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	57.1	37,374.24	89,313.40	126,687.64	88.7
Male	3	42.9	3,495.60	12,601.95	16,097.55	11.3
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	14.3	19,997.76	46,221.06	66,218.82	46.4
Walking surface, outside, wet	1	14.3	17,376.48	41,842.34	59,218.82	41.5
Object on Floor	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Water	1	14.3	0.00	1,250.00	1,250.00	0.9
Hand tool, not powered, NOC	1	14.3	130.00	0.00	130.00	0.1
Animal, not otherwise classified	1	14.3	18.63	0.00	18.63	0.0
Outside Surface	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	14.3	19,997.76	46,221.06	66,218.82	46.4

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Ice or Snow	1	14.3	17,376.48	41,842.34	59,218.82	41.5
Fall, Slip or Trip, NOC	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Other Injury NEC	1	14.3	0.00	1,250.00	1,250.00	0.9
Hand Tool, Utensil; Not Powered	1	14.3	130.00	0.00	130.00	0.1
Struck/Injured By Animal or Insect	1	14.3	18.63	0.00	18.63	0.0
Fall/Slip From a Different Level	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	14.3	19,997.76	46,221.06	66,218.82	46.4
Multiple Body Parts Multiple Body Parts	4	57.1	17,395.11	43,092.34	60,487.45	42.4
Lower Extremities Hip	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Upper Extremities Finger(s)	1	14.3	130.00	0.00	130.00	0.1
<b>Sum:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	
<b>INJURY</b>						
Sprain	1	14.3	19,997.76	46,221.06	66,218.82	46.4
Multiple Physical Injury Only	1	14.3	17,376.48	41,842.34	59,218.82	41.5
Contusion (Bruise, Skin Surface)	1	14.3	3,346.97	12,601.95	15,948.92	11.2
Dermatitis	1	14.3	0.00	1,250.00	1,250.00	0.9
Laceration	1	14.3	130.00	0.00	130.00	0.1
All Other (Specific) Injuries, NOC	2	28.6	18.63	0.00	18.63	0.0
<b>Sum:</b>	<b>7</b>		<b>\$40,869.84</b>	<b>\$101,915.35</b>	<b>\$142,785.19</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>301 - AGRIC &amp; CONSUMER SERVS, DEPT. OF</b>						
<b>    3031 - AGRIC &amp; CONSUMER SERVS, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	11	26.8	28,085.40	59,542.91	87,628.31	56.0
6PM - 7:59PM	2	4.9	6,209.52	28,709.30	34,918.82	22.3
6AM - 7:59AM	7	17.1	64.28	32,573.36	32,637.64	20.9
8AM - 9:59AM	3	7.3	1,200.29	0.00	1,200.29	0.8
12PM - 1:59PM	2	4.9	18.82	0.00	18.82	0.0
2AM - 3:59AM	1	2.4	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	2.4	0.00	0.00	0.00	0.0
10AM - 11:59AM	8	19.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	5	12.2	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	2.4	27,456.14	49,842.17	77,298.31	49.4
2 - 4	8	19.5	6,209.52	28,709.30	34,918.82	22.3
0 - 2	16	39.0	1,283.39	32,573.36	33,856.75	21.6
16 - 18	1	2.4	629.26	7,150.74	7,780.00	5.0
12 - 14	2	4.9	0.00	2,550.00	2,550.00	1.6
4 - 6	2	4.9	0.00	0.00	0.00	0.0
6 - 8	6	14.6	0.00	0.00	0.00	0.0
8 - 10	4	9.8	0.00	0.00	0.00	0.0
24 - 26	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>Age of Claimant</b>						
60 - 64	4	9.8	27,456.14	49,842.17	77,298.31	49.4
55 - 59	2	4.9	6,228.34	28,709.30	34,937.64	22.3
45 - 49	2	4.9	45.46	32,573.36	32,618.82	20.9
50 - 54	2	4.9	629.26	7,150.74	7,780.00	5.0
35 - 39	9	22.0	0.00	2,550.00	2,550.00	1.6
30 - 34	7	17.1	603.69	0.00	603.69	0.4
70 - 74	1	2.4	596.60	0.00	596.60	0.4
25 - 29	5	12.2	18.82	0.00	18.82	0.0
20 - 24	3	7.3	0.00	0.00	0.00	0.0
40 - 44	4	9.8	0.00	0.00	0.00	0.0
65 - 69	2	4.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	15	36.6	28,117.02	82,415.53	110,532.55	70.7
Female	26	63.4	7,461.29	38,410.04	45,871.33	29.3
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	2.4	27,456.14	49,842.17	77,298.31	49.4
Boxes / containers	3	7.3	674.72	39,724.10	40,398.82	25.8
Office equipment	1	2.4	6,209.52	28,709.30	34,918.82	22.3
Walking surface, outside, dry	2	4.9	18.82	2,550.00	2,568.82	1.6
Animal / insect, not otherwise classifie	2	4.9	603.69	0.00	603.69	0.4
Stone / rock / brick	1	2.4	596.60	0.00	596.60	0.4
Dust	1	2.4	18.82	0.00	18.82	0.0
Animal, not otherwise classified	8	19.5	0.00	0.00	0.00	0.0
Animal / snake	1	2.4	0.00	0.00	0.00	0.0
Baggage/Luggage	1	2.4	0.00	0.00	0.00	0.0
Chair	1	2.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	4.9	0.00	0.00	0.00	0.0
Clothing / jewelry	1	2.4	0.00	0.00	0.00	0.0
Door	1	2.4	0.00	0.00	0.00	0.0
Food	1	2.4	0.00	0.00	0.00	0.0
Foreign Object	1	2.4	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.4	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.4	0.00	0.00	0.00	0.0
Knife, NOC	2	4.9	0.00	0.00	0.00	0.0
Knife, Utility	1	2.4	0.00	0.00	0.00	0.0
Ladder - Portable	1	2.4	0.00	0.00	0.00	0.0
Razor blade	1	2.4	0.00	0.00	0.00	0.0
Vehicle/car/truck	5	12.2	0.00	0.00	0.00	0.0
Water	1	2.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	4.9	27,456.14	49,842.17	77,298.31	49.4
Lifting	3	7.3	674.72	39,724.10	40,398.82	25.8
Struck or Injury By, NOC	3	7.3	6,209.52	28,709.30	34,918.82	22.3
Fall, Slip or Trip, NOC	2	4.9	596.60	2,550.00	3,146.60	2.0
Struck/Injured By Animal or Insect	8	19.5	603.69	0.00	603.69	0.4
Dust, Gases, Fumes or Vapors	1	2.4	18.82	0.00	18.82	0.0
Strain or Injury By, NOC	2	4.9	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	2	4.9	0.00	0.00	0.00	0.0
Broken Glass	1	2.4	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with Another Vehicle	4	9.8	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	4	9.8	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	2.4	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	2.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	4	9.8	0.00	0.00	0.00	0.0
Other Injury NEC	1	2.4	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	2.4	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	

**BODY PART**

Lower Extremities Ankle	3	7.3	27,474.96	52,392.17	79,867.13	51.1
Lower Extremities Lower Leg	2	4.9	6,209.52	28,709.30	34,918.82	22.3
Upper Extremities Multiple Upper Extr	1	2.4	45.46	32,573.36	32,618.82	20.9
Trunk Upper Back Area (Thoracic Area)	1	2.4	629.26	7,150.74	7,780.00	5.0
Upper Extremities Shoulder(s)	2	4.9	603.69	0.00	603.69	0.4
Head Facial Bones	1	2.4	596.60	0.00	596.60	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.4	18.82	0.00	18.82	0.0
Head Eye(s)	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	4	9.8	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	3	7.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	6	14.6	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	2	4.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	4.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	7	17.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	4.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	

**INJURY**

Sprain	3	7.3	27,474.96	52,392.17	79,867.13	51.1
Strain	6	14.6	674.72	39,724.10	40,398.82	25.8
Contusion (Bruise, Skin Surface)	9	22.0	6,209.52	28,709.30	34,918.82	22.3
Inflammation	4	9.8	603.69	0.00	603.69	0.4
Laceration	8	19.5	596.60	0.00	596.60	0.4
Respiratory Disorders(Gases,Fumes,Ch	1	2.4	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	2.4	0.00	0.00	0.00	0.0
No Physical Injury	6	14.6	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	1	2.4	0.00	0.00	0.00	0.0
Puncture	2	4.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>41</b>		<b>\$35,578.31</b>	<b>\$120,825.57</b>	<b>\$156,403.88</b>	

Company: Commonwealth of Virginia  
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Payments as of: 06/30/2024  
Claims added as of: 06/30/2024  
Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>350 - Dept of Small Bus. &amp; Supplier Div.</b>						
<b>S350 - Dept of Small Bus. &amp; Supplier Div</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	1,166.03	2,402.79	3,568.82	100.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	1,166.03	2,402.79	3,568.82	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	1,166.03	2,402.79	3,568.82	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	1,166.03	2,402.79	3,568.82	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>LOSS CAUSE</b>						
Elevators, escalators	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Collision with a Fixed Object	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Lower Extremities Toe(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	50.0	1,166.03	2,402.79	3,568.82	100.0
Fracture	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,166.03</b>	<b>\$2,402.79</b>	<b>\$3,568.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>402 - MARINE RESOURCES COMMISSION</b>						
<b>S402 - MARINE RESOURCES COMMISSION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	2	28.6	209.53	7,159.29	7,368.82	48.1
6PM - 7:59PM	1	14.3	1,166.08	4,791.15	5,957.23	38.9
6AM - 7:59AM	1	14.3	1,536.65	0.00	1,536.65	10.0
10AM - 11:59AM	2	28.6	467.04	0.00	467.04	3.0
12PM - 1:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>LENGTH OF SERVICE</b>						
30 - 32	1	14.3	18.82	6,100.00	6,118.82	39.9
6 - 8	1	14.3	1,166.08	4,791.15	5,957.23	38.9
2 - 4	1	14.3	1,536.65	0.00	1,536.65	10.0
4 - 6	2	28.6	190.71	1,059.29	1,250.00	8.2
0 - 2	1	14.3	467.04	0.00	467.04	3.0
16 - 18	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>Age of Claimant</b>						
55 - 59	2	28.6	1,633.12	4,791.15	6,424.27	41.9
60 - 64	1	14.3	18.82	6,100.00	6,118.82	39.9
50 - 54	2	28.6	1,536.65	0.00	1,536.65	10.0
25 - 29	1	14.3	190.71	1,059.29	1,250.00	8.2
30 - 34	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	100.0	3,379.30	11,950.44	15,329.74	100.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>LOSS CAUSE</b>						
N/A	1	14.3	18.82	6,100.00	6,118.82	39.9
Trailer Flap	1	14.3	1,166.08	4,791.15	5,957.23	38.9
Vehicle, not otherwise classified	2	28.6	1,727.36	1,059.29	2,786.65	18.2
Wall	1	14.3	467.04	0.00	467.04	3.0
Cords	1	14.3	0.00	0.00	0.00	0.0
Water	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	3	42.9	2,721.55	10,891.15	13,612.70	88.8

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lifting	1	14.3	190.71	1,059.29	1,250.00	8.2
Struck/Injured By Falling or Flying Objec	1	14.3	467.04	0.00	467.04	3.0
Contact with Electrical Current	1	14.3	0.00	0.00	0.00	0.0
Fall On the Same Level	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	14.3	18.82	6,100.00	6,118.82	39.9
Lower Extremities Lower Leg	1	14.3	1,166.08	4,791.15	5,957.23	38.9
Lower Extremities Knee	1	14.3	1,536.65	0.00	1,536.65	10.0
Trunk Low Back Area (Incl. Lumbar & Li	1	14.3	190.71	1,059.29	1,250.00	8.2
Trunk Chest (Incl. Ribs, Sternum & Soft	1	14.3	467.04	0.00	467.04	3.0
Upper Extremities Hand	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	
<b>INJURY</b>						
No Physical Injury	3	42.9	485.86	6,100.00	6,585.86	43.0
Laceration	1	14.3	1,166.08	4,791.15	5,957.23	38.9
Sprain	1	14.3	1,536.65	0.00	1,536.65	10.0
Strain	1	14.3	190.71	1,059.29	1,250.00	8.2
Electric Shock	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$3,379.30</b>	<b>\$11,950.44</b>	<b>\$15,329.74</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>000 - DWR Headquarters</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	4	23.5	783.57	19,810.00	20,593.57	55.9
12PM - 1:59PM	4	23.5	654.40	5,762.93	6,417.33	17.4
8AM - 9:59AM	2	11.8	652.82	3,116.00	3,768.82	10.2
4PM - 5:59PM	3	17.6	364.82	3,185.18	3,550.00	9.6
4AM - 5:59AM	2	11.8	0.00	1,250.00	1,250.00	3.4
10AM - 11:59AM	1	5.9	339.01	910.99	1,250.00	3.4
10PM - 11:59PM	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	13	76.5	2,738.73	28,272.17	31,010.90	84.2
2 - 4	1	5.9	37.07	4,512.93	4,550.00	12.4
4 - 6	1	5.9	0.00	1,250.00	1,250.00	3.4
36 - 38	1	5.9	18.82	0.00	18.82	0.1
18 - 20	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	
<b>Age of Claimant</b>						
25 - 29	2	11.8	0.00	18,560.00	18,560.00	50.4
30 - 34	7	41.2	1,801.21	8,801.18	10,602.39	28.8
35 - 39	1	5.9	37.07	4,512.93	4,550.00	12.4
45 - 49	2	11.8	598.51	1,250.00	1,848.51	5.0
20 - 24	3	17.6	339.01	910.99	1,250.00	3.4
65 - 69	1	5.9	18.82	0.00	18.82	0.1
50 - 54	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	
<b>SEX OF CLAIMANT</b>						
Male	11	64.7	2,104.73	25,156.17	27,260.90	74.0
Female	6	35.3	689.89	8,878.93	9,568.82	26.0
<b>Totals:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	
<b>LOSS CAUSE</b>						
Person	3	17.6	598.51	18,560.00	19,158.51	52.0
Training \ Drills	6	35.3	703.83	6,596.17	7,300.00	19.8
Baggage/Luggage	1	5.9	37.07	4,512.93	4,550.00	12.4
Chair	1	5.9	652.82	3,116.00	3,768.82	10.2
Knife, Utility	1	5.9	0.00	1,250.00	1,250.00	3.4
Floor	1	5.9	783.57	0.00	783.57	2.1

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
N/A	1	5.9	18.82	0.00	18.82	0.1
Animal / tick, spider, etc.	1	5.9	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	5.9	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	1	5.9	0.00	15,810.00	15,810.00	42.9
Struck or Injury By, NOC	4	23.5	1,616.15	9,051.18	10,667.33	29.0
Strain or Injury By, NOC	1	5.9	37.07	4,512.93	4,550.00	12.4
Twisting	2	11.8	0.00	2,500.00	2,500.00	6.8
Hand Tool, Utensil; Not Powered	1	5.9	0.00	1,250.00	1,250.00	3.4
Pushing or Pulling	1	5.9	339.01	910.99	1,250.00	3.4
Striking Against or Stepping On, NOC	1	5.9	783.57	0.00	783.57	2.1
Other Injury NEC	1	5.9	18.82	0.00	18.82	0.1
Cumulative (All Other)	1	5.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	5.9	0.00	0.00	0.00	0.0
Fall On the Same Level	1	5.9	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	5.9	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	

### BODY PART

Head Teeth	1	5.9	0.00	15,810.00	15,810.00	42.9
Lower Extremities Knee	5	29.4	1,382.08	4,000.00	5,382.08	14.6
Upper Extremities Shoulder(s)	1	5.9	37.07	4,512.93	4,550.00	12.4
Lower Extremities Toe(s)	1	5.9	652.82	3,116.00	3,768.82	10.2
Trunk Chest (Incl. Ribs, Sternum & Soft	1	5.9	364.82	3,185.18	3,550.00	9.6
Lower Extremities Ankle	1	5.9	0.00	1,250.00	1,250.00	3.4
Upper Extremities Elbow	1	5.9	339.01	910.99	1,250.00	3.4
Upper Extremities Finger(s)	1	5.9	0.00	1,250.00	1,250.00	3.4
Trunk Heart	1	5.9	18.82	0.00	18.82	0.1
Lower Extremities Hip	1	5.9	0.00	0.00	0.00	0.0
Trunk Pelvis	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	

### INJURY

Contusion (Bruise, Skin Surface)	3	17.6	1,436.39	18,926.00	20,362.39	55.3
Sprain	7	41.2	963.33	8,435.18	9,398.51	25.5
Strain	3	17.6	376.08	5,423.92	5,800.00	15.7
Laceration	2	11.8	0.00	1,250.00	1,250.00	3.4



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other Occupational Disease	1	5.9	18.82	0.00	18.82	0.1
Infection	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$2,794.62</b>	<b>\$34,035.10</b>	<b>\$36,829.72</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>001 - DWR Region 1</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	18.2	3,538.88	1,250.00	4,788.88	50.0
10AM - 11:59AM	3	27.3	2,691.46	1,250.00	3,941.46	41.1
8AM - 9:59AM	3	27.3	645.42	0.00	645.42	6.7
4PM - 5:59PM	1	9.1	205.00	0.00	205.00	2.1
2PM - 3:59PM	1	9.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	9.1	3,538.88	0.00	3,538.88	36.9
0 - 2	3	27.3	2,896.46	0.00	2,896.46	30.2
14 - 16	2	18.2	28.55	1,250.00	1,278.55	13.3
8 - 10	1	9.1	0.00	1,250.00	1,250.00	13.0
12 - 14	1	9.1	616.87	0.00	616.87	6.4
4 - 6	1	9.1	0.00	0.00	0.00	0.0
6 - 8	2	18.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>Age of Claimant</b>						
40 - 44	3	27.3	3,772.43	0.00	3,772.43	39.4
25 - 29	4	36.4	2,691.46	0.00	2,691.46	28.1
30 - 34	1	9.1	0.00	1,250.00	1,250.00	13.0
55 - 59	1	9.1	0.00	1,250.00	1,250.00	13.0
35 - 39	2	18.2	616.87	0.00	616.87	6.4
<b>Totals:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>SEX OF CLAIMANT</b>						
Male	8	72.7	3,336.88	2,500.00	5,836.88	60.9
Female	3	27.3	3,743.88	0.00	3,743.88	39.1
<b>Totals:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	2	18.2	4,155.75	0.00	4,155.75	43.4
Vehicle, not otherwise classified	1	9.1	2,691.46	0.00	2,691.46	28.1
Animal / tick, spider, etc.	3	27.3	0.00	1,250.00	1,250.00	13.0
Trailer Landing Gear	1	9.1	0.00	1,250.00	1,250.00	13.0
Walking surface, outside, dry	1	9.1	205.00	0.00	205.00	2.1
Brush / tree / log	1	9.1	28.55	0.00	28.55	0.3
Door	1	9.1	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Training \ Drills	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	9.1	3,538.88	0.00	3,538.88	36.9
Crash of Water Vehicle	1	9.1	2,691.46	0.00	2,691.46	28.1
Other Injury NEC	1	9.1	0.00	1,250.00	1,250.00	13.0
Struck or Injury By, NOC	1	9.1	0.00	1,250.00	1,250.00	13.0
Struck/Injured By Animal or Insect	3	27.3	616.87	0.00	616.87	6.4
Foreign Body in Eye	2	18.2	233.55	0.00	233.55	2.4
Caught In, Under or Between, NOC	1	9.1	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	2	18.2	3,538.88	0.00	3,538.88	36.9
Upper Extremities Hand	2	18.2	3,308.33	0.00	3,308.33	34.5
Trunk Internal Organs	1	9.1	0.00	1,250.00	1,250.00	13.0
Upper Extremities Elbow	1	9.1	0.00	1,250.00	1,250.00	13.0
Head Eye(s)	2	18.2	233.55	0.00	233.55	2.4
Lower Extremities Lower Leg	1	9.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	9.1	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	
<b>INJURY</b>						
Laceration	1	9.1	3,538.88	0.00	3,538.88	36.9
Sprain	1	9.1	2,691.46	0.00	2,691.46	28.1
Contusion (Bruise, Skin Surface)	2	18.2	0.00	1,250.00	1,250.00	13.0
Inflammation	1	9.1	0.00	1,250.00	1,250.00	13.0
Puncture	1	9.1	616.87	0.00	616.87	6.4
Foreign Body (Eye)	2	18.2	233.55	0.00	233.55	2.4
Infection	2	18.2	0.00	0.00	0.00	0.0
Strain	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,080.76</b>	<b>\$2,500.00</b>	<b>\$9,580.76</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>002 - DWR Region 2</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	11.1	0.00	1,250.00	1,250.00	100.0
8AM - 9:59AM	1	11.1	0.00	0.00	0.00	0.0
10AM - 11:59AM	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
2PM - 3:59PM	3	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	6	66.7	0.00	1,250.00	1,250.00	100.0
6 - 8	1	11.1	0.00	0.00	0.00	0.0
16 - 18	1	11.1	0.00	0.00	0.00	0.0
14 - 16	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
70 - 74	1	11.1	0.00	1,250.00	1,250.00	100.0
30 - 34	5	55.6	0.00	0.00	0.00	0.0
35 - 39	1	11.1	0.00	0.00	0.00	0.0
40 - 44	1	11.1	0.00	0.00	0.00	0.0
45 - 49	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	66.7	0.00	1,250.00	1,250.00	100.0
Female	3	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Ladder - Fixed	1	11.1	0.00	1,250.00	1,250.00	100.0
Animal / tick, spider, etc.	4	44.4	0.00	0.00	0.00	0.0
Training \ Drills	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
Walking surface, outside, wet	2	22.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	11.1	0.00	1,250.00	1,250.00	100.0
Fall On the Same Level	2	22.2	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	4	44.4	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	11.1	0.00	0.00	0.00	0.0
Twisting	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	11.1	0.00	1,250.00	1,250.00	100.0
Lower Extremities Hip	1	11.1	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	11.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	3	33.3	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	22.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	11.1	0.00	1,250.00	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	11.1	0.00	0.00	0.00	0.0
Contagious Disease	1	11.1	0.00	0.00	0.00	0.0
Dislocation	1	11.1	0.00	0.00	0.00	0.0
Infection	1	11.1	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Sprain	1	11.1	0.00	0.00	0.00	0.0
Strain	2	22.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>003 - DWR Region 3</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	4	36.4	5,080.20	9,069.80	14,150.00	79.5
2PM - 3:59PM	5	45.5	1,143.72	1,239.37	2,383.09	13.4
8AM - 9:59AM	1	9.1	1,272.73	0.00	1,272.73	7.1
6PM - 7:59PM	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	9.1	1,414.86	4,685.14	6,100.00	34.3
38 - 40	1	9.1	3,418.68	2,131.32	5,550.00	31.2
0 - 2	4	36.4	1,143.72	1,239.37	2,383.09	13.4
18 - 20	1	9.1	1,272.73	0.00	1,272.73	7.1
16 - 18	1	9.1	246.66	1,003.34	1,250.00	7.0
28 - 30	1	9.1	0.00	1,250.00	1,250.00	7.0
4 - 6	1	9.1	0.00	0.00	0.00	0.0
6 - 8	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	
<b>Age of Claimant</b>						
35 - 39	1	9.1	1,414.86	4,685.14	6,100.00	34.3
60 - 64	2	18.2	3,418.68	2,131.32	5,550.00	31.2
50 - 54	2	18.2	1,519.39	1,003.34	2,522.73	14.2
30 - 34	1	9.1	10.63	1,239.37	1,250.00	7.0
70 - 74	1	9.1	0.00	1,250.00	1,250.00	7.0
20 - 24	2	18.2	911.15	0.00	911.15	5.1
25 - 29	2	18.2	221.94	0.00	221.94	1.2
<b>Totals:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	9	81.8	7,264.08	9,069.80	16,333.88	91.7
Female	2	18.2	232.57	1,239.37	1,471.94	8.3
<b>Totals:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	3	27.3	3,665.34	4,384.66	8,050.00	45.2
Stone / rock / brick	1	9.1	1,414.86	4,685.14	6,100.00	34.3
Boxes / containers	1	9.1	1,272.73	0.00	1,272.73	7.1
Environmental conditions	1	9.1	10.63	1,239.37	1,250.00	7.0
Scalpel	1	9.1	911.15	0.00	911.15	5.1
Vehicle, not otherwise classified	1	9.1	221.94	0.00	221.94	1.2

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / tick, spider, etc.	1	9.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	9.1	0.00	0.00	0.00	0.0
Uneven Surface	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	

### ACCIDENT TYPE

Fall On the Same Level	3	27.3	1,661.52	5,688.48	7,350.00	41.3
Fall/Slip From a Different Level	1	9.1	3,418.68	2,131.32	5,550.00	31.2
Strain or Injury By, NOC	1	9.1	1,272.73	0.00	1,272.73	7.1
Absorption, Ingestion or Inhalation NOC	1	9.1	10.63	1,239.37	1,250.00	7.0
Slipped, Did Not Fall	1	9.1	0.00	1,250.00	1,250.00	7.0
Hand Tool, Utensil; Not Powered	1	9.1	911.15	0.00	911.15	5.1
Struck/Injured By Object Being Lifted or	1	9.1	221.94	0.00	221.94	1.2
Cut, Punctured, Scraped, NOC	1	9.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	

### BODY PART

Lower Extremities Knee	2	18.2	1,414.86	5,935.14	7,350.00	41.3
Multiple Body Parts Multiple Body Parts	3	27.3	3,429.31	3,370.69	6,800.00	38.2
Upper Extremities Shoulder(s)	1	9.1	1,272.73	0.00	1,272.73	7.1
Lower Extremities Ankle	1	9.1	246.66	1,003.34	1,250.00	7.0
Upper Extremities Hand	2	18.2	911.15	0.00	911.15	5.1
Upper Extremities Finger(s)	1	9.1	221.94	0.00	221.94	1.2
Lower Extremities Hip	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	

### INJURY

Inflammation	1	9.1	1,414.86	4,685.14	6,100.00	34.3
Multiple Physical Injury Only	1	9.1	3,418.68	2,131.32	5,550.00	31.2
Strain	2	18.2	1,272.73	1,250.00	2,522.73	14.2
Respiratory Disorders(Gases,Fumes,Ch	1	9.1	10.63	1,239.37	1,250.00	7.0
Sprain	1	9.1	246.66	1,003.34	1,250.00	7.0
Laceration	2	18.2	911.15	0.00	911.15	5.1
Contusion (Bruise, Skin Surface)	2	18.2	221.94	0.00	221.94	1.2
All Other (Specific) Injuries, NOC	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,496.65</b>	<b>\$10,309.17</b>	<b>\$17,805.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>004 - DWR Region 4</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	9.1	2,112.63	15,106.19	17,218.82	56.8
10AM - 11:59AM	4	36.4	2,486.64	7,558.77	10,045.41	33.1
12PM - 1:59PM	4	36.4	2,239.21	0.00	2,239.21	7.4
8AM - 9:59AM	2	18.2	815.74	0.00	815.74	2.7
<b>Totals:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	27.3	2,112.63	15,106.19	17,218.82	56.8
2 - 4	4	36.4	3,268.37	7,558.77	10,827.14	35.7
46 - 48	1	9.1	1,633.87	0.00	1,633.87	5.4
14 - 16	1	9.1	412.76	0.00	412.76	1.4
18 - 20	1	9.1	226.59	0.00	226.59	0.7
6 - 8	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>Age of Claimant</b>						
20 - 24	2	18.2	2,112.63	15,106.19	17,218.82	56.8
35 - 39	4	36.4	2,865.39	7,558.77	10,424.16	34.4
65 - 69	1	9.1	1,633.87	0.00	1,633.87	5.4
30 - 34	2	18.2	815.74	0.00	815.74	2.7
45 - 49	2	18.2	226.59	0.00	226.59	0.7
<b>Totals:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	63.6	5,201.59	15,106.19	20,307.78	67.0
Female	4	36.4	2,452.63	7,558.77	10,011.40	33.0
<b>Totals:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	1	9.1	2,112.63	15,106.19	17,218.82	56.8
Irregular Train	1	9.1	2,260.05	7,558.77	9,818.82	32.4
Machine, not otherwise classified	1	9.1	1,633.87	0.00	1,633.87	5.4
Roll bar	1	9.1	815.74	0.00	815.74	2.7
Water	1	9.1	412.76	0.00	412.76	1.4
Animal / tick, spider, etc.	1	9.1	226.59	0.00	226.59	0.7
Brush / tree / log	1	9.1	192.58	0.00	192.58	0.6
Battery	1	9.1	0.00	0.00	0.00	0.0
Environmental conditions	1	9.1	0.00	0.00	0.00	0.0
Gas / Fumes	1	9.1	0.00	0.00	0.00	0.0



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle/car/truck	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	9.1	2,112.63	15,106.19	17,218.82	56.8
Other Injury NEC	2	18.2	2,260.05	7,558.77	9,818.82	32.4
Caught In/Between-Machine or Machine	1	9.1	1,633.87	0.00	1,633.87	5.4
Lifting	1	9.1	815.74	0.00	815.74	2.7
Repetitive Motion (after 7/1/94)	1	9.1	412.76	0.00	412.76	1.4
Struck/Injured By Animal or Insect	1	9.1	226.59	0.00	226.59	0.7
Foreign Body in Eye	1	9.1	192.58	0.00	192.58	0.6
Collision with Another Vehicle	1	9.1	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	9.1	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	3	27.3	2,112.63	15,106.19	17,218.82	56.8
Lower Extremities Lower Leg	2	18.2	2,486.64	7,558.77	10,045.41	33.1
Upper Extremities Finger(s)	1	9.1	1,633.87	0.00	1,633.87	5.4
Trunk Low Back Area (Incl. Lumbar & Li	1	9.1	815.74	0.00	815.74	2.7
Upper Extremities Shoulder(s)	1	9.1	412.76	0.00	412.76	1.4
Head Eye(s)	2	18.2	192.58	0.00	192.58	0.6
Lower Extremities Knee	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	18.2	2,112.63	15,106.19	17,218.82	56.8
Rupture	1	9.1	2,260.05	7,558.77	9,818.82	32.4
Laceration	1	9.1	1,633.87	0.00	1,633.87	5.4
Strain	1	9.1	815.74	0.00	815.74	2.7
Sprain	2	18.2	412.76	0.00	412.76	1.4
No Physical Injury	1	9.1	226.59	0.00	226.59	0.7
All Other (Specific) Injuries, NOC	2	18.2	192.58	0.00	192.58	0.6
Poisoning-General (Not OD or Cum Injur	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$7,654.22</b>	<b>\$22,664.96</b>	<b>\$30,319.18</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>403 - Department of Wildlife Resources</b>						
<b>S403 - Department of Wildlife Resources</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Tool Holder	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Holding or Carrying	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>405 - VIRGINIA RACING COMMISSION</b>						
<b>S405 - VIRGINIA RACING COMMISSION</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>409 - Virginia Department of Energy</b>						
<b>10 - VDOE Mined, Land, Reclam., Div Of</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Brush / tree / log	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>409 - Virginia Department of Energy</b>						
<b>11 - VDOE Mineral Resources, Division Of</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	20.00	1,230.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$20.00</b>	<b>\$1,230.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>409 - Virginia Department of Energy</b>						
<b>12 - VDOE Division Of Mines</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	0.00	0.00	0.00	0.0
20 - 22	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
65 - 69	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Elevators, escalators	1	50.0	0.00	0.00	0.00	0.0
Stairs	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	50.0	0.00	0.00	0.00	0.0
Pushing or Pulling	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Hip	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>409 - Virginia Department of Energy</b>						
<b>24 - VDOE Administration, Division Of</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	32,984.86	118,192.46	151,177.32	98.0
2PM - 3:59PM	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Totals:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>LENGTH OF SERVICE</b>						
28 - 30	1	50.0	32,984.86	118,192.46	151,177.32	98.0
0 - 2	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Totals:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	32,984.86	118,192.46	151,177.32	98.0
45 - 49	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Totals:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	32,984.86	118,192.46	151,177.32	98.0
Female	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Totals:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>LOSS CAUSE</b>						
Ladder - Portable	1	50.0	32,984.86	118,192.46	151,177.32	98.0
Outside Surface	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Totals:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Ladder or Scaffolding	1	50.0	32,984.86	118,192.46	151,177.32	98.0
Fall On the Same Level	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Sum:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	32,984.86	118,192.46	151,177.32	98.0
Upper Extremities Finger(s)	1	50.0	0.00	3,050.00	3,050.00	2.0
<b>Sum:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	100.0	32,984.86	121,242.46	154,227.32	100.0
<b>Sum:</b>	<b>2</b>		<b>\$32,984.86</b>	<b>\$121,242.46</b>	<b>\$154,227.32</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>411 - FORESTRY, DEPARTMENT OF</b>						
<b>S411 - FORESTRY, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	6	20.0	13,343.28	109,240.09	122,583.37	90.8
2PM - 3:59PM	6	20.0	2,574.40	2,998.17	5,572.57	4.1
12PM - 1:59PM	2	6.7	38.50	4,011.50	4,050.00	3.0
10AM - 11:59AM	7	23.3	0.00	2,500.00	2,500.00	1.9
8AM - 9:59AM	2	6.7	315.22	0.00	315.22	0.2
12AM - 1:59AM	1	3.3	0.00	0.00	0.00	0.0
2AM - 3:59AM	2	6.7	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	10.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	3	10.0	18.82	99,200.00	99,218.82	73.5
16 - 18	2	6.7	8,075.13	10,040.09	18,115.22	13.4
0 - 2	9	30.0	5,213.65	6,078.90	11,292.55	8.4
42 - 44	1	3.3	2,644.57	0.00	2,644.57	2.0
30 - 32	2	6.7	24.00	2,476.00	2,500.00	1.9
2 - 4	3	10.0	295.23	954.77	1,250.00	0.9
4 - 6	1	3.3	0.00	0.00	0.00	0.0
6 - 8	1	3.3	0.00	0.00	0.00	0.0
12 - 14	1	3.3	0.00	0.00	0.00	0.0
18 - 20	3	10.0	0.00	0.00	0.00	0.0
22 - 24	2	6.7	0.00	0.00	0.00	0.0
14 - 16	2	6.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>Age of Claimant</b>						
45 - 49	1	3.3	18.82	99,200.00	99,218.82	73.5
40 - 44	4	13.3	7,759.91	11,290.09	19,050.00	14.1
50 - 54	4	13.3	1,861.07	4,011.50	5,872.57	4.3
55 - 59	6	20.0	339.22	2,476.00	2,815.22	2.1
60 - 64	1	3.3	2,644.57	0.00	2,644.57	2.0
25 - 29	6	20.0	727.83	1,772.17	2,500.00	1.9
20 - 24	1	3.3	2,104.17	0.00	2,104.17	1.6
30 - 34	3	10.0	815.81	0.00	815.81	0.6
35 - 39	3	10.0	0.00	0.00	0.00	0.0
65 - 69	1	3.3	0.00	0.00	0.00	0.0



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>SEX OF CLAIMANT</b>						
Male	22	73.3	13,518.28	113,783.49	127,301.77	94.3
Female	8	26.7	2,753.12	4,966.27	7,719.39	5.7
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>LOSS CAUSE</b>						
Environmental conditions	2	6.7	18.82	99,200.00	99,218.82	73.5
Stone / rock / brick	2	6.7	9,864.08	10,040.09	19,904.17	14.7
Uneven Surface	8	26.7	353.72	4,011.50	4,365.22	3.2
Stairs, steps	2	6.7	2,644.57	0.00	2,644.57	2.0
Vehicle/car/truck	7	23.3	295.23	2,204.77	2,500.00	1.9
Vehicle, not otherwise classified	1	3.3	1,822.57	0.00	1,822.57	1.3
Animal, not otherwise classified	1	3.3	432.60	817.40	1,250.00	0.9
Chainsaw	1	3.3	0.00	1,250.00	1,250.00	0.9
Metal items	1	3.3	24.00	1,226.00	1,250.00	0.9
Hand tool, powered, NOC	1	3.3	815.81	0.00	815.81	0.6
Animal / bee type	1	3.3	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	3.3	0.00	0.00	0.00	0.0
Brush / tree / log	1	3.3	0.00	0.00	0.00	0.0
Wheel	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	3	10.0	18.82	99,200.00	99,218.82	73.5
Struck/Injured By Falling or Flying Objec	1	3.3	7,759.91	10,040.09	17,800.00	13.2
Fall On the Same Level	1	3.3	38.50	4,011.50	4,050.00	3.0
Twisting	1	3.3	2,644.57	0.00	2,644.57	2.0
Struck or Injury By, NOC	2	6.7	2,104.17	0.00	2,104.17	1.6
Fall, Slip or Trip, NOC	6	20.0	815.81	1,250.00	2,065.81	1.5
Contact with Hot Object or Substance	1	3.3	1,822.57	0.00	1,822.57	1.3
Lifting	1	3.3	24.00	1,226.00	1,250.00	0.9
Strain By Using Tool or Machine	1	3.3	0.00	1,250.00	1,250.00	0.9
Struck/Injured By Animal or Insect	3	10.0	432.60	817.40	1,250.00	0.9
Vehicle Upset	1	3.3	295.23	954.77	1,250.00	0.9
Other than Physical Cause of Injury	1	3.3	315.22	0.00	315.22	0.2
Caught In, Under or Between, NOC	1	3.3	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	3.3	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	3.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	3.3	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	2	6.7	0.00	0.00	0.00	0.0

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Slipped, Did Not Fall	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	3	10.0	18.82	99,200.00	99,218.82	73.5
Lower Extremities Knee	8	26.7	10,719.70	10,040.09	20,759.79	15.4
Upper Extremities Lower Arm	1	3.3	38.50	4,011.50	4,050.00	3.0
Trunk Low Back Area (Incl. Lumbar & Li	2	6.7	0.00	2,500.00	2,500.00	1.9
Head Skull	1	3.3	2,104.17	0.00	2,104.17	1.6
Upper Extremities Hand	1	3.3	1,822.57	0.00	1,822.57	1.3
Head Brain	1	3.3	295.23	954.77	1,250.00	0.9
Lower Extremities Ankle	3	10.0	432.60	817.40	1,250.00	0.9
Upper Extremities Elbow	1	3.3	24.00	1,226.00	1,250.00	0.9
Upper Extremities Shoulder(s)	2	6.7	815.81	0.00	815.81	0.6
Head Ear(s)	1	3.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	3.3	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	2	6.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	3.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	
<b>INJURY</b>						
No Physical Injury	9	30.0	18.82	99,200.00	99,218.82	73.5
Sprain	3	10.0	10,404.48	10,040.09	20,444.57	15.1
Fracture	2	6.7	38.50	4,011.50	4,050.00	3.0
Contusion (Bruise, Skin Surface)	4	13.3	2,104.17	1,250.00	3,354.17	2.5
Burn	1	3.3	1,822.57	0.00	1,822.57	1.3
Concussion (Brain, Cerebral)	1	3.3	295.23	954.77	1,250.00	0.9
Inflammation	2	6.7	24.00	1,226.00	1,250.00	0.9
Laceration	2	6.7	432.60	817.40	1,250.00	0.9
Strain	2	6.7	0.00	1,250.00	1,250.00	0.9
Dislocation	1	3.3	815.81	0.00	815.81	0.6
All Other (Specific) Injuries, NOC	2	6.7	315.22	0.00	315.22	0.2
Heat Prostration	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$16,271.40</b>	<b>\$118,749.76</b>	<b>\$135,021.16</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>417 - GUNSTON HALL</b>						
<b>S417 - GUNSTON HALL</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>423 - HISTORIC RESOURCE, DEPARTMENT OF</b>						
<b>S423 - HISTORIC RESOURCE, DEPARTMENT OF</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Insufficient data	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Abdomen Including Groin	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>425 - JAMESTOWN-YORKTOWN FOUNDATION</b>						
<b>S425 - JAMESTOWN-YORKTOWN FOUNDATION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	27.3	0.00	2,500.00	2,500.00	48.8
4PM - 5:59PM	4	36.4	0.00	2,500.00	2,500.00	48.8
2PM - 3:59PM	1	9.1	118.47	0.00	118.47	2.3
10AM - 11:59AM	3	27.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	6	54.5	0.00	2,500.00	2,500.00	48.8
8 - 10	3	27.3	118.47	1,250.00	1,368.47	26.7
4 - 6	1	9.1	0.00	1,250.00	1,250.00	24.4
2 - 4	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>Age of Claimant</b>						
30 - 34	2	18.2	0.00	1,250.00	1,250.00	24.4
35 - 39	1	9.1	0.00	1,250.00	1,250.00	24.4
40 - 44	2	18.2	0.00	1,250.00	1,250.00	24.4
65 - 69	2	18.2	0.00	1,250.00	1,250.00	24.4
70 - 74	2	18.2	118.47	0.00	118.47	2.3
20 - 24	1	9.1	0.00	0.00	0.00	0.0
50 - 54	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	45.5	0.00	3,750.00	3,750.00	73.3
Female	6	54.5	118.47	1,250.00	1,368.47	26.7
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>LOSS CAUSE</b>						
Blower 18"	1	9.1	0.00	1,250.00	1,250.00	24.4
Hand tool, not powered, NOC	1	9.1	0.00	1,250.00	1,250.00	24.4
Nail	1	9.1	0.00	1,250.00	1,250.00	24.4
Rope, cord	1	9.1	0.00	1,250.00	1,250.00	24.4
Animal / bee type	1	9.1	118.47	0.00	118.47	2.3
Boxes / containers	1	9.1	0.00	0.00	0.00	0.0
Door	1	9.1	0.00	0.00	0.00	0.0
Floor	1	9.1	0.00	0.00	0.00	0.0
Knife, NOC	1	9.1	0.00	0.00	0.00	0.0
Ladder - Portable	1	9.1	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	2	18.2	0.00	1,250.00	1,250.00	24.4
Pushing or Pulling	1	9.1	0.00	1,250.00	1,250.00	24.4
Struck/Injured By Object Being Lifted or	1	9.1	0.00	1,250.00	1,250.00	24.4
Twisting	1	9.1	0.00	1,250.00	1,250.00	24.4
Struck/Injured By Animal or Insect	1	9.1	118.47	0.00	118.47	2.3
Cut, Punctured, Scraped, NOC	1	9.1	0.00	0.00	0.00	0.0
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	9.1	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	2	18.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	3	27.3	0.00	2,500.00	2,500.00	48.8
Lower Extremities Lower Leg	1	9.1	0.00	1,250.00	1,250.00	24.4
Upper Extremities Shoulder(s)	1	9.1	0.00	1,250.00	1,250.00	24.4
Upper Extremities Hand	2	18.2	118.47	0.00	118.47	2.3
Lower Extremities Knee	1	9.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	9.1	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	9.1	0.00	0.00	0.00	0.0
Trunk Disc (Back)	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	4	36.4	0.00	1,250.00	1,250.00	24.4
Puncture	1	9.1	0.00	1,250.00	1,250.00	24.4
Sprain	1	9.1	0.00	1,250.00	1,250.00	24.4
Strain	3	27.3	0.00	1,250.00	1,250.00	24.4
Inflammation	1	9.1	118.47	0.00	118.47	2.3
Laceration	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$118.47</b>	<b>\$5,000.00</b>	<b>\$5,118.47</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>440 - ENVIRONMENTAL QUALITY, DEPT OF</b>						
<b>S440 - ENVIRONMENTAL QUALITY, DEPT OF</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	14.3	0.00	1,250.00	1,250.00	85.0
2PM - 3:59PM	2	28.6	140.38	0.00	140.38	9.5
10AM - 11:59AM	2	28.6	79.64	0.00	79.64	5.4
6AM - 7:59AM	1	14.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	28.6	140.38	1,250.00	1,390.38	94.6
6 - 8	1	14.3	79.64	0.00	79.64	5.4
0 - 2	4	57.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>Age of Claimant</b>						
25 - 29	3	42.9	0.00	1,250.00	1,250.00	85.0
30 - 34	3	42.9	220.02	0.00	220.02	15.0
40 - 44	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	57.1	220.02	1,250.00	1,470.02	100.0
Male	3	42.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	14.3	0.00	1,250.00	1,250.00	85.0
Animal / tick, spider, etc.	4	57.1	220.02	0.00	220.02	15.0
Outside Surface	1	14.3	0.00	0.00	0.00	0.0
Uneven Surface	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>ACCIDENT TYPE</b>						
Motor Vehicle, NOC	1	14.3	0.00	1,250.00	1,250.00	85.0
Struck/Injured By Animal or Insect	4	57.1	220.02	0.00	220.02	15.0
Fall, Slip or Trip, NOC	1	14.3	0.00	0.00	0.00	0.0
Twisting	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	
<b>BODY PART</b>						
Neck Multiple Neck Injury	1	14.3	0.00	1,250.00	1,250.00	85.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Chest (Incl. Ribs, Sternum & Soft	1	14.3	140.38	0.00	140.38	9.5
Lower Extremities Hip	1	14.3	79.64	0.00	79.64	5.4
Lower Extremities Ankle	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	14.3	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	

### INJURY

Multiple Physical Injury Only	1	14.3	0.00	1,250.00	1,250.00	85.0
All Other (Specific) Injuries, NOC	3	42.9	220.02	0.00	220.02	15.0
Inflammation	1	14.3	0.00	0.00	0.00	0.0
Sprain	1	14.3	0.00	0.00	0.00	0.0
Strain	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$220.02</b>	<b>\$1,250.00</b>	<b>\$1,470.02</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>10000 - VDOT Central Office Orgs</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	3	12.5	25,964.84	48,263.10	74,227.94	89.8
12PM - 1:59PM	6	25.0	18.82	4,100.00	4,118.82	5.0
4PM - 5:59PM	3	12.5	477.46	1,250.00	1,727.46	2.1
8AM - 9:59AM	2	8.3	290.65	959.35	1,250.00	1.5
2PM - 3:59PM	2	8.3	0.00	1,250.00	1,250.00	1.5
6AM - 7:59AM	3	12.5	81.82	0.00	81.82	0.1
10AM - 11:59AM	4	16.7	18.82	0.00	18.82	0.0
8PM - 9:59PM	1	4.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	5	20.8	26,311.27	49,513.10	75,824.37	91.7
6 - 8	1	4.2	18.82	4,100.00	4,118.82	5.0
0 - 2	6	25.0	18.82	1,250.00	1,268.82	1.5
22 - 24	2	8.3	290.65	959.35	1,250.00	1.5
18 - 20	1	4.2	131.03	0.00	131.03	0.2
32 - 34	1	4.2	63.00	0.00	63.00	0.1
8 - 10	3	12.5	18.82	0.00	18.82	0.0
12 - 14	1	4.2	0.00	0.00	0.00	0.0
20 - 22	1	4.2	0.00	0.00	0.00	0.0
24 - 26	1	4.2	0.00	0.00	0.00	0.0
38 - 40	1	4.2	0.00	0.00	0.00	0.0
28 - 30	1	4.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	
<b>Age of Claimant</b>						
50 - 54	3	12.5	25,964.84	48,263.10	74,227.94	89.8
60 - 64	3	12.5	18.82	4,100.00	4,118.82	5.0
55 - 59	7	29.2	700.08	959.35	1,659.43	2.0
25 - 29	2	8.3	0.00	1,250.00	1,250.00	1.5
35 - 39	1	4.2	0.00	1,250.00	1,250.00	1.5
70 - 74	1	4.2	131.03	0.00	131.03	0.2
20 - 24	2	8.3	18.82	0.00	18.82	0.0
45 - 49	3	12.5	18.82	0.00	18.82	0.0
40 - 44	2	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	13	54.2	26,639.56	54,572.45	81,212.01	98.2
Female	11	45.8	212.85	1,250.00	1,462.85	1.8
<b>Totals:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	4.2	25,964.84	48,263.10	74,227.94	89.8
Stairs	1	4.2	18.82	4,100.00	4,118.82	5.0
Machine, not otherwise classified	1	4.2	0.00	1,250.00	1,250.00	1.5
Sharp objects, not otherwise classified	1	4.2	0.00	1,250.00	1,250.00	1.5
Vehicle/car/truck	2	8.3	290.65	959.35	1,250.00	1.5
Furniture / fixtures	1	4.2	346.43	0.00	346.43	0.4
Walking surface, inside, dry	4	16.7	149.85	0.00	149.85	0.2
Outside Surface	2	8.3	63.00	0.00	63.00	0.1
Wall	1	4.2	18.82	0.00	18.82	0.0
Animal / bee type	1	4.2	0.00	0.00	0.00	0.0
Bearing Press	1	4.2	0.00	0.00	0.00	0.0
Boxes / containers	1	4.2	0.00	0.00	0.00	0.0
Brush / tree / log	1	4.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	4.2	0.00	0.00	0.00	0.0
Metal items	2	8.3	0.00	0.00	0.00	0.0
Stairs, steps	1	4.2	0.00	0.00	0.00	0.0
Stone / rock / brick	1	4.2	0.00	0.00	0.00	0.0
Water	1	4.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	4.2	25,964.84	48,263.10	74,227.94	89.8
Fall/Slip on Stairs	1	4.2	18.82	4,100.00	4,118.82	5.0
Collision with Another Vehicle	2	8.3	290.65	959.35	1,250.00	1.5
Hand Tool, Utensil; Not Powered	1	4.2	0.00	1,250.00	1,250.00	1.5
Struck/Injured By Object Being Lifted or	1	4.2	0.00	1,250.00	1,250.00	1.5
Strain or Injury By, NOC	1	4.2	346.43	0.00	346.43	0.4
Fall On the Same Level	5	20.8	149.85	0.00	149.85	0.2
Fall/Slip From a Different Level	1	4.2	63.00	0.00	63.00	0.1
Other Injury NEC	1	4.2	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	1	4.2	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	4.2	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	4.2	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	4.2	0.00	0.00	0.00	0.0
Lifting	1	4.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	4.2	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary Object	1	4.2	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	4.2	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Object	2	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	

### BODY PART

Lower Extremities Ankle	1	4.2	25,964.84	48,263.10	74,227.94	89.8
Upper Extremities Hand	2	8.3	18.82	5,350.00	5,368.82	6.5
Neck Disc (Neck)	1	4.2	290.65	959.35	1,250.00	1.5
Upper Extremities Finger(s)	2	8.3	0.00	1,250.00	1,250.00	1.5
Lower Extremities Knee	2	8.3	346.43	0.00	346.43	0.4
Head Skull	1	4.2	131.03	0.00	131.03	0.2
Multiple Body Parts Multiple Body Parts	4	16.7	63.00	0.00	63.00	0.1
Lower Extremities Foot	2	8.3	18.82	0.00	18.82	0.0
Neck Soft Tissue-Neck	1	4.2	18.82	0.00	18.82	0.0
Lower Extremities Lower Leg	1	4.2	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	4.2	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	4.2	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	4.2	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	4.2	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	4.2	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	4.2	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	4.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	

### INJURY

Fracture	2	8.3	25,983.66	52,363.10	78,346.76	94.8
Laceration	2	8.3	0.00	2,500.00	2,500.00	3.0
Strain	6	25.0	655.90	959.35	1,615.25	2.0
No Physical Injury	2	8.3	131.03	0.00	131.03	0.2
Multiple Physical Injury Only	1	4.2	63.00	0.00	63.00	0.1
Sprain	2	8.3	18.82	0.00	18.82	0.0
Burn	1	4.2	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	3	12.5	0.00	0.00	0.00	0.0
Crushing	1	4.2	0.00	0.00	0.00	0.0
Hernia (Rupture)	1	4.2	0.00	0.00	0.00	0.0
Inflammation	2	8.3	0.00	0.00	0.00	0.0
Puncture	1	4.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>24</b>		<b>\$26,852.41</b>	<b>\$55,822.45</b>	<b>\$82,674.86</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>911000 - VDOT Bristol District Wide</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	9	17.6	98,025.82	42,797.28	140,823.10	41.9
6AM - 7:59AM	4	7.8	19,347.43	72,040.21	91,387.64	27.2
12PM - 1:59PM	11	21.6	11,285.59	40,139.82	51,425.41	15.3
10AM - 11:59AM	15	29.4	1,635.60	24,100.00	25,735.60	7.7
2PM - 3:59PM	8	15.7	1,854.01	17,558.06	19,412.07	5.8
4PM - 5:59PM	1	2.0	7,216.51	0.00	7,216.51	2.1
12AM - 1:59AM	1	2.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	2.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	2.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	19	37.3	101,613.38	83,975.58	185,588.96	55.2
28 - 30	4	7.8	19,117.09	31,901.73	51,018.82	15.2
42 - 44	1	2.0	18.82	39,100.00	39,118.82	11.6
8 - 10	3	5.9	1,635.60	22,850.00	24,485.60	7.3
22 - 24	1	2.0	1,610.76	17,558.06	19,168.82	5.7
6 - 8	3	5.9	7,216.51	0.00	7,216.51	2.1
34 - 36	4	7.8	5,268.51	0.00	5,268.51	1.6
4 - 6	6	11.8	2,834.95	0.00	2,834.95	0.8
12 - 14	2	3.9	23.00	1,250.00	1,273.00	0.4
10 - 12	2	3.9	26.34	0.00	26.34	0.0
18 - 20	1	2.0	0.00	0.00	0.00	0.0
24 - 26	3	5.9	0.00	0.00	0.00	0.0
32 - 34	1	2.0	0.00	0.00	0.00	0.0
30 - 32	1	2.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	
<b>Age of Claimant</b>						
55 - 59	8	15.7	102,446.30	60,355.34	162,801.64	48.5
50 - 54	13	25.5	27,969.38	33,151.73	61,121.11	18.2
30 - 34	7	13.7	6,017.08	40,139.82	46,156.90	13.7
60 - 64	5	9.8	45.16	39,100.00	39,145.16	11.7
45 - 49	7	13.7	2,652.52	22,850.00	25,502.52	7.6
20 - 24	4	7.8	211.52	1,038.48	1,250.00	0.4
65 - 69	2	3.9	23.00	0.00	23.00	0.0
25 - 29	1	2.0	0.00	0.00	0.00	0.0

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	2	3.9	0.00	0.00	0.00	0.0
40 - 44	2	3.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	

### SEX OF CLAIMANT

Male	49	96.1	139,364.96	196,635.37	336,000.33	100.0
Female	2	3.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	

### LOSS CAUSE

Vehicle/car/truck	2	3.9	97,139.05	70,742.83	167,881.88	50.0
Wood Items	5	9.8	20,945.39	32,940.21	53,885.60	16.0
Machine, not otherwise classified	5	9.8	12,081.15	39,100.00	51,181.15	15.2
Walking surface, outside, dry	3	5.9	37.82	22,850.00	22,887.82	6.8
Trash receptacle	1	2.0	1,610.76	17,558.06	19,168.82	5.7
Fencing	1	2.0	4,243.81	12,194.27	16,438.08	4.9
Brush / tree / log	3	5.9	2,633.70	0.00	2,633.70	0.8
Environmental conditions	2	3.9	0.00	1,250.00	1,250.00	0.4
Stone / rock / brick	5	9.8	422.69	0.00	422.69	0.1
Animal / tick, spider, etc.	1	2.0	201.25	0.00	201.25	0.1
Chainsaw	1	2.0	26.34	0.00	26.34	0.0
Mowers	2	3.9	23.00	0.00	23.00	0.0
Animal / bee type	1	2.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	2.0	0.00	0.00	0.00	0.0
Cone	1	2.0	0.00	0.00	0.00	0.0
Door	1	2.0	0.00	0.00	0.00	0.0
Foreign Object	1	2.0	0.00	0.00	0.00	0.0
Hazardous Material	1	2.0	0.00	0.00	0.00	0.0
Insufficient data	1	2.0	0.00	0.00	0.00	0.0
Knife, Utility	1	2.0	0.00	0.00	0.00	0.0
Metal items	3	5.9	0.00	0.00	0.00	0.0
Miscellaneous	2	3.9	0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	2.0	0.00	0.00	0.00	0.0
Pipe	1	2.0	0.00	0.00	0.00	0.0
Uneven Surface	1	2.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	3.9	0.00	0.00	0.00	0.0
Welding equipment	1	2.0	0.00	0.00	0.00	0.0
Window frame	1	2.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	

### ACCIDENT TYPE

Collision with a Fixed Object	1	2.0	95,365.78	42,797.28	138,163.06	41.1
Struck/Injured By Falling or Flying Objec	10	19.6	23,367.57	31,901.73	55,269.30	16.4

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Continual Noise	2	3.9	4,864.64	39,100.00	43,964.64	13.1
Struck/Injured By Motor Vehicle	1	2.0	1,773.27	27,945.55	29,718.82	8.8
Fall/Slip From a Different Level	4	7.8	37.82	22,850.00	22,887.82	6.8
Welding or Throwing	1	2.0	1,610.76	17,558.06	19,168.82	5.7
Twisting	1	2.0	4,243.81	12,194.27	16,438.08	4.9
Cut, Punctured, Scraped, NOC	5	9.8	7,216.51	0.00	7,216.51	2.1
Caught In/Between-Object Handled	1	2.0	211.52	1,038.48	1,250.00	0.4
Other Injury NEC	4	7.8	0.00	1,250.00	1,250.00	0.4
Lifting	4	7.8	422.69	0.00	422.69	0.1
Struck or Injury By, NOC	2	3.9	201.25	0.00	201.25	0.1
Powered Hand Tool; Appliance	1	2.0	26.34	0.00	26.34	0.0
Caught In/Between-Machine or Machine	1	2.0	23.00	0.00	23.00	0.0
Absorption, Ingestion or Inhalation NOC	1	2.0	0.00	0.00	0.00	0.0
Broken Glass	1	2.0	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	2.0	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	2.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	2.0	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	2.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	3.9	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	2	3.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	

### BODY PART

Trunk Upper Back Area (Thoracic Area)	2	3.9	95,788.47	42,797.28	138,585.75	41.2
Multiple Body Parts Multiple Body Parts	6	11.8	20,733.87	31,901.73	52,635.60	15.7
Head Ear(s)	2	3.9	4,864.64	39,100.00	43,964.64	13.1
Trunk Low Back Area (Incl. Lumbar & L	6	11.8	1,629.58	40,408.06	42,037.64	12.5
Multiple Body Parts No Physical Injury	2	3.9	1,773.27	27,945.55	29,718.82	8.8
Lower Extremities Knee	6	11.8	4,445.06	12,194.27	16,639.33	5.0
Upper Extremities Finger(s)	9	17.6	10,088.07	1,038.48	11,126.55	3.3
Multiple Body Parts Body Systems & Mt	2	3.9	0.00	1,250.00	1,250.00	0.4
Upper Extremities Elbow	2	3.9	23.00	0.00	23.00	0.0
Lower Extremities Upper Leg	2	3.9	19.00	0.00	19.00	0.0
Head Eye(s)	1	2.0	0.00	0.00	0.00	0.0
Head Other facial soft tissue	2	3.9	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	2.0	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	2.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	2.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Heart	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	2.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	

### INJURY

Multiple Physical Injury Only	3	5.9	95,365.78	42,797.28	138,163.06	41.1
Laceration	10	19.6	26,382.94	31,901.73	58,284.67	17.3
Sprain	5	9.8	4,281.63	35,044.27	39,325.90	11.7
Loss of Hearing	1	2.0	18.82	39,100.00	39,118.82	11.6
Foreign Body (Eye)	1	2.0	1,773.27	27,945.55	29,718.82	8.8
Strain	9	17.6	2,033.45	17,558.06	19,591.51	5.8
Hearing Loss or Impairment	1	2.0	4,845.82	0.00	4,845.82	1.4
Contusion (Bruise, Skin Surface)	7	13.7	1,828.30	1,038.48	2,866.78	0.9
Fracture	1	2.0	2,633.70	0.00	2,633.70	0.8
Heat Prostration	1	2.0	0.00	1,250.00	1,250.00	0.4
Infection	1	2.0	201.25	0.00	201.25	0.1
All Other (Specific) Injuries, NOC	1	2.0	0.00	0.00	0.00	0.0
Contagious Disease	1	2.0	0.00	0.00	0.00	0.0
Crushing	1	2.0	0.00	0.00	0.00	0.0
Inflammation	3	5.9	0.00	0.00	0.00	0.0
Myocardial Infarction (Heart Attack)	1	2.0	0.00	0.00	0.00	0.0
No Physical Injury	4	7.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>51</b>		<b>\$139,364.96</b>	<b>\$196,635.37</b>	<b>\$336,000.33</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>912000 - VDOT Salem District Wide</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	6	16.2	45,053.45	82,300.89	127,354.34	47.9
8AM - 9:59AM	8	21.6	35,449.97	32,977.02	68,426.99	25.8
10AM - 11:59AM	8	21.6	3,920.60	52,090.48	56,011.08	21.1
12PM - 1:59PM	11	29.7	5,185.64	8,339.13	13,524.77	5.1
4PM - 5:59PM	2	5.4	247.80	0.00	247.80	0.1
12AM - 1:59AM	1	2.7	157.17	0.00	157.17	0.1
6AM - 7:59AM	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	8.1	41,100.62	75,759.46	116,860.08	44.0
0 - 2	13	35.1	36,599.06	60,060.09	96,659.15	36.4
6 - 8	5	13.5	4,569.11	31,548.84	36,117.95	13.6
8 - 10	1	2.7	10.87	8,339.13	8,350.00	3.1
12 - 14	1	2.7	4,142.21	0.00	4,142.21	1.6
10 - 12	5	13.5	3,326.14	0.00	3,326.14	1.3
24 - 26	3	8.1	266.62	0.00	266.62	0.1
20 - 22	3	8.1	0.00	0.00	0.00	0.0
34 - 36	1	2.7	0.00	0.00	0.00	0.0
30 - 32	1	2.7	0.00	0.00	0.00	0.0
38 - 40	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	
<b>Age of Claimant</b>						
55 - 59	10	27.0	80,133.04	140,285.32	220,418.36	83.0
45 - 49	6	16.2	288.05	28,880.77	29,168.82	11.0
25 - 29	3	8.1	4,298.65	6,541.43	10,840.08	4.1
60 - 64	4	10.8	4,176.47	0.00	4,176.47	1.6
30 - 34	1	2.7	433.43	0.00	433.43	0.2
50 - 54	6	16.2	423.79	0.00	423.79	0.2
35 - 39	2	5.4	261.20	0.00	261.20	0.1
20 - 24	2	5.4	0.00	0.00	0.00	0.0
40 - 44	2	5.4	0.00	0.00	0.00	0.0
65 - 69	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	33	89.2	56,108.68	111,181.66	167,290.34	63.0
Female	4	10.8	33,905.95	64,525.86	98,431.81	37.0
<b>Totals:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	
<b>LOSS CAUSE</b>						
Minerals / dirt	5	13.5	44,568.61	75,759.46	120,328.07	45.3
Organic Material	3	8.1	30,278.63	32,977.02	63,255.65	23.8
Metal items	5	13.5	8,152.91	38,090.27	46,243.18	17.4
Machine, not otherwise classified	1	2.7	18.82	19,200.00	19,218.82	7.2
Foreign Object	1	2.7	10.87	8,339.13	8,350.00	3.1
Environmental conditions	1	2.7	4,142.21	0.00	4,142.21	1.6
Vehicle/car/truck	3	8.1	258.36	1,341.64	1,600.00	0.6
Knife, NOC	2	5.4	1,311.17	0.00	1,311.17	0.5
Walking surface, outside, dry	1	2.7	538.74	0.00	538.74	0.2
Outside Surface	3	8.1	433.43	0.00	433.43	0.2
Nail Gun	1	2.7	247.80	0.00	247.80	0.1
Pipe	1	2.7	34.26	0.00	34.26	0.0
Animal / tick, spider, etc.	1	2.7	18.82	0.00	18.82	0.0
Animal / bee type	2	5.4	0.00	0.00	0.00	0.0
Chair	1	2.7	0.00	0.00	0.00	0.0
Mechanical powered	1	2.7	0.00	0.00	0.00	0.0
Overhead Object	1	2.7	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	2.7	0.00	0.00	0.00	0.0
Uneven Surface	1	2.7	0.00	0.00	0.00	0.0
Wires	1	2.7	0.00	0.00	0.00	0.0
Wrench	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	6	16.2	45,486.11	75,759.46	121,245.57	45.6
Fall/Slip into Openings	2	5.4	30,278.63	32,977.02	63,255.65	23.8
Cut, Punctured, Scraped, NOC	7	18.9	5,213.26	39,887.97	45,101.23	17.0
Jumping	1	2.7	18.82	19,200.00	19,218.82	7.2
Struck/Injured By Object Being Lifted or	1	2.7	4,248.29	6,541.43	10,789.72	4.1
Fall On the Same Level	3	8.1	3,759.57	0.00	3,759.57	1.4
Collision with Another Vehicle	2	5.4	258.36	1,341.64	1,600.00	0.6
Lifting	1	2.7	437.31	0.00	437.31	0.2
Foreign Body in Eye	1	2.7	261.20	0.00	261.20	0.1
Caught In, Under or Between, NOC	2	5.4	34.26	0.00	34.26	0.0
Struck/Injured By Animal or Insect	3	8.1	18.82	0.00	18.82	0.0
Broken Glass	1	2.7	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In/Between-Machine or Machine	1	2.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	2.7	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	2.7	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	2.7	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	5.4	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	

### BODY PART

Upper Extremities Shoulder(s)	2	5.4	40,805.16	75,759.46	116,564.62	43.9
Lower Extremities Knee	6	16.2	33,881.03	32,977.02	66,858.05	25.2
Lower Extremities Lower Leg	3	8.1	3,611.88	50,748.84	54,360.72	20.5
Upper Extremities Thumb	1	2.7	4,248.29	6,541.43	10,789.72	4.1
Upper Extremities Finger(s)	4	10.8	258.67	8,339.13	8,597.80	3.2
Multiple Body Parts Multiple Body Parts	3	8.1	4,161.03	0.00	4,161.03	1.6
Neck Multiple Neck Injury	1	2.7	258.36	1,341.64	1,600.00	0.6
Upper Extremities Hand	2	5.4	1,345.43	0.00	1,345.43	0.5
Lower Extremities Upper Leg	4	10.8	695.91	0.00	695.91	0.3
Trunk Multiple Trunk	1	2.7	437.31	0.00	437.31	0.2
Head Eye(s)	2	5.4	261.20	0.00	261.20	0.1
Head Other facial soft tissue	2	5.4	50.36	0.00	50.36	0.0
Head Ear(s)	1	2.7	0.00	0.00	0.00	0.0
Head Multiple Head Injury	1	2.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extr	1	2.7	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mt	1	2.7	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	2.7	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	

### INJURY

Strain	8	21.6	45,107.35	75,759.46	120,866.81	45.5
Laceration	12	32.4	5,266.34	59,087.97	64,354.31	24.2
Sprain	4	10.8	30,278.63	32,977.02	63,255.65	23.8
Fracture	1	2.7	4,248.29	6,541.43	10,789.72	4.1
Multiple Physical Injury Only	1	2.7	4,142.21	0.00	4,142.21	1.6
Inflammation	3	8.1	691.79	1,341.64	2,033.43	0.8
Foreign Body (Eye)	1	2.7	261.20	0.00	261.20	0.1
Contagious Disease	1	2.7	18.82	0.00	18.82	0.0
Contusion (Bruise, Skin Surface)	3	8.1	0.00	0.00	0.00	0.0
No Physical Injury	1	2.7	0.00	0.00	0.00	0.0
Poisoning-General (Not OD or Cum Injur	1	2.7	0.00	0.00	0.00	0.0
Puncture	1	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>37</b>		<b>\$90,014.63</b>	<b>\$175,707.52</b>	<b>\$265,722.15</b>	

Company: Commonwealth of Virginia  
DOI Period: 07/01/2023-06/30/2024  
Payments as of: 06/30/2024  
Claims added as of: 06/30/2024  
Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**501 - HIGHWAYS & TRANS, DEPT OF**  
**913000 - VDOT Lynchburg District Wide**

**TIME OF INJURY**

8AM - 9:59AM	8	20.5	84,021.74	152,782.76	236,804.50	49.3
10AM - 11:59AM	16	41.0	49,426.76	184,952.62	234,379.38	48.8
2PM - 3:59PM	5	12.8	5,669.53	1,250.00	6,919.53	1.4
8PM - 9:59PM	1	2.6	973.67	276.33	1,250.00	0.3
12PM - 1:59PM	4	10.3	528.72	0.00	528.72	0.1
6AM - 7:59AM	4	10.3	58.06	0.00	58.06	0.0
4PM - 5:59PM	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	

**LENGTH OF SERVICE**

0 - 2	12	30.8	103,161.13	149,209.09	252,370.22	52.6
38 - 40	1	2.6	2,612.26	96,356.56	98,968.82	20.6
10 - 12	2	5.1	21,360.66	59,208.16	80,568.82	16.8
2 - 4	7	17.9	9,858.81	29,387.90	39,246.71	8.2
18 - 20	2	5.1	37.64	5,100.00	5,137.64	1.1
4 - 6	4	10.3	2,293.37	0.00	2,293.37	0.5
6 - 8	4	10.3	810.02	0.00	810.02	0.2
8 - 10	4	10.3	544.59	0.00	544.59	0.1
24 - 26	1	2.6	0.00	0.00	0.00	0.0
36 - 38	1	2.6	0.00	0.00	0.00	0.0
28 - 30	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	

**Age of Claimant**

65 - 69	1	2.6	82,430.66	147,682.76	230,113.42	47.9
60 - 64	2	5.1	2,612.26	96,356.56	98,968.82	20.6
50 - 54	11	28.2	27,848.42	65,834.49	93,682.91	19.5
30 - 34	6	15.4	8,905.83	24,775.50	33,681.33	7.0
35 - 39	4	10.3	13,738.71	1,250.00	14,988.71	3.1
55 - 59	7	17.9	3,308.43	2,112.40	5,420.83	1.1
40 - 44	5	12.8	1,295.48	0.00	1,295.48	0.3
45 - 49	2	5.1	0.00	1,250.00	1,250.00	0.3
20 - 24	1	2.6	538.69	0.00	538.69	0.1
<b>Totals:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	38	97.4	140,678.48	339,261.71	479,940.19	100.0
Female	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	5	12.8	84,237.24	147,682.76	231,920.00	48.3
Lift	1	2.6	2,612.26	96,356.56	98,968.82	20.6
Wood Items	4	10.3	22,334.33	59,484.49	81,818.82	17.0
Tractor	1	2.6	7,352.39	24,775.50	32,127.89	6.7
Brush / tree / log	2	5.1	16,245.13	2,112.40	18,357.53	3.8
Minerals / dirt	1	2.6	5,437.21	0.00	5,437.21	1.1
N/A	1	2.6	18.82	5,100.00	5,118.82	1.1
Environmental conditions	1	2.6	0.00	1,250.00	1,250.00	0.3
Fencing	1	2.6	0.00	1,250.00	1,250.00	0.3
Flexible knife	1	2.6	0.00	1,250.00	1,250.00	0.3
Hand tool, not powered, NOC	2	5.1	1,046.30	0.00	1,046.30	0.2
Oil	1	2.6	810.02	0.00	810.02	0.2
Furniture / fixtures	1	2.6	275.58	0.00	275.58	0.1
Hammer	1	2.6	232.32	0.00	232.32	0.0
Roller	1	2.6	23.37	0.00	23.37	0.0
Insufficient data	1	2.6	18.82	0.00	18.82	0.0
Tire	1	2.6	18.82	0.00	18.82	0.0
Machine, not otherwise classified	1	2.6	15.87	0.00	15.87	0.0
Air tool	1	2.6	0.00	0.00	0.00	0.0
Animal / bee type	3	7.7	0.00	0.00	0.00	0.0
Animal / snake	1	2.6	0.00	0.00	0.00	0.0
Boxes / containers	1	2.6	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	2.6	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	2.6	0.00	0.00	0.00	0.0
Knife, Utility	1	2.6	0.00	0.00	0.00	0.0
Metal items	1	2.6	0.00	0.00	0.00	0.0
Outside Surface	1	2.6	0.00	0.00	0.00	0.0
Screwdriver	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Object Being Lifted or	2	5.1	82,454.03	147,682.76	230,136.79	48.0
Fall/Slip From a Different Level	2	5.1	2,612.26	96,356.56	98,968.82	20.6
Lifting	5	12.8	22,143.85	59,208.16	81,352.01	17.0
Struck or Injury By, NOC	2	5.1	7,352.39	24,775.50	32,127.89	6.7
Fall On the Same Level	1	2.6	13,738.71	0.00	13,738.71	2.9

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Natural Disasters	1	2.6	5,437.21	0.00	5,437.21	1.1
Cumulative (All Other)	1	2.6	18.82	5,100.00	5,118.82	1.1
Other Injury NEC	1	2.6	2,506.42	2,112.40	4,618.82	1.0
Cut, Punctured, Scraped, NOC	2	5.1	1,553.44	1,250.00	2,803.44	0.6
Hand Tool, Utensil; Not Powered	4	10.3	232.32	1,250.00	1,482.32	0.3
Dust, Gases, Fumes or Vapors	1	2.6	0.00	1,250.00	1,250.00	0.3
Struck/Injured By Falling or Flying Objec	1	2.6	973.67	276.33	1,250.00	0.3
Foreign Body in Eye	1	2.6	810.02	0.00	810.02	0.2
Struck/Injured By Hand Tool or Machine	2	5.1	538.69	0.00	538.69	0.1
Twisting	2	5.1	253.14	0.00	253.14	0.1
Object Being Lifted or Handled	2	5.1	18.82	0.00	18.82	0.0
Other than Physical Cause of Injury	1	2.6	18.82	0.00	18.82	0.0
Caught In, Under or Between, NOC	1	2.6	15.87	0.00	15.87	0.0
Contact With Not Otherwise Classified	1	2.6	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	2.6	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.6	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	4	10.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	

### BODY PART

Upper Extremities Shoulder(s)	3	7.7	104,298.93	206,890.92	311,189.85	64.8
Lower Extremities Knee	3	7.7	2,612.26	96,356.56	98,968.82	20.6
Lower Extremities Hip	1	2.6	7,352.39	24,775.50	32,127.89	6.7
Lower Extremities Lower Leg	2	5.1	13,738.71	0.00	13,738.71	2.9
Trunk Chest (Incl. Ribs, Sternum & Soft	5	12.8	2,562.88	7,212.40	9,775.28	2.0
Lower Extremities Ankle	1	2.6	5,437.21	0.00	5,437.21	1.1
Lower Extremities Foot	2	5.1	1,512.36	276.33	1,788.69	0.4
Upper Extremities Finger(s)	3	7.7	1,569.31	0.00	1,569.31	0.3
Upper Extremities Hand	3	7.7	232.32	1,250.00	1,482.32	0.3
Head Other facial soft tissue	1	2.6	0.00	1,250.00	1,250.00	0.3
Multiple Body Parts No Physical Injury	1	2.6	0.00	1,250.00	1,250.00	0.3
Head Eye(s)	1	2.6	810.02	0.00	810.02	0.2
Trunk Low Back Area (Incl. Lumbar & L1	5	12.8	528.72	0.00	528.72	0.1
Upper Extremities Lower Arm	3	7.7	23.37	0.00	23.37	0.0
Multiple Body Parts Multiple Body Parts	2	5.1	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	5.1	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	

### INJURY

Strain	7	17.9	104,827.65	206,890.92	311,718.57	64.9
Fracture	2	5.1	8,049.47	96,356.56	104,406.03	21.8
Multiple Physical Injury Only	3	7.7	7,352.39	24,775.50	32,127.89	6.7

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	4	10.3	15,251.07	276.33	15,527.40	3.2
Myocardial Infarction (Heart Attack)	1	2.6	18.82	5,100.00	5,118.82	1.1
Respiratory Disorders(Gases,Fumes,Ch	1	2.6	2,506.42	2,112.40	4,618.82	1.0
Laceration	4	10.3	1,785.76	1,250.00	3,035.76	0.6
Heat Prostration	1	2.6	0.00	1,250.00	1,250.00	0.3
Puncture	3	7.7	0.00	1,250.00	1,250.00	0.3
Foreign Body (Eye)	1	2.6	810.02	0.00	810.02	0.2
Crushing	2	5.1	39.24	0.00	39.24	0.0
Angina Pectoris (Condition assc w/Heart	2	5.1	37.64	0.00	37.64	0.0
All Other (Specific) Injuries, NOC	3	7.7	0.00	0.00	0.00	0.0
Burn	1	2.6	0.00	0.00	0.00	0.0
Inflammation	2	5.1	0.00	0.00	0.00	0.0
No Physical Injury	1	2.6	0.00	0.00	0.00	0.0
Sprain	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$140,678.48</b>	<b>\$339,261.71</b>	<b>\$479,940.19</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>914000 - VDOT Richmond District Wide</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	7	18.9	70,276.07	92,629.86	162,905.93	35.2
2PM - 3:59PM	6	16.2	53,312.14	108,786.72	162,098.86	35.1
10AM - 11:59AM	10	27.0	74,357.82	35,412.30	109,770.12	23.7
8AM - 9:59AM	11	29.7	6,952.06	19,431.14	26,383.20	5.7
12AM - 1:59AM	2	5.4	18.82	1,231.18	1,250.00	0.3
6AM - 7:59AM	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	8.1	51,455.75	76,528.26	127,984.01	27.7
24 - 26	2	5.4	38,835.73	88,087.65	126,923.38	27.4
0 - 2	6	16.2	63,839.99	47,763.90	111,603.89	24.1
8 - 10	4	10.8	21,447.72	20,378.81	41,826.53	9.0
6 - 8	3	8.1	5,297.99	18,181.14	23,479.13	5.1
34 - 36	1	2.7	20,665.33	0.00	20,665.33	4.5
18 - 20	1	2.7	0.00	5,000.00	5,000.00	1.1
14 - 16	1	2.7	2,029.74	320.26	2,350.00	0.5
20 - 22	3	8.1	18.82	1,231.18	1,250.00	0.3
22 - 24	1	2.7	661.11	0.00	661.11	0.1
2 - 4	5	13.5	321.38	0.00	321.38	0.1
12 - 14	3	8.1	294.10	0.00	294.10	0.1
32 - 34	1	2.7	49.25	0.00	49.25	0.0
10 - 12	1	2.7	0.00	0.00	0.00	0.0
16 - 18	1	2.7	0.00	0.00	0.00	0.0
28 - 30	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	
<b>Age of Claimant</b>						
60 - 64	11	29.7	91,314.76	169,615.91	260,930.67	56.4
55 - 59	7	18.9	46,873.45	68,972.25	115,845.70	25.1
50 - 54	6	16.2	63,693.97	16,101.60	79,795.57	17.3
45 - 49	5	13.5	2,152.30	1,551.44	3,703.74	0.8
35 - 39	1	2.7	0.00	1,250.00	1,250.00	0.3
30 - 34	3	8.1	882.43	0.00	882.43	0.2
25 - 29	2	5.4	0.00	0.00	0.00	0.0
40 - 44	1	2.7	0.00	0.00	0.00	0.0
65 - 69	1	2.7	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	
<b>SEX OF CLAIMANT</b>						
Male	33	89.2	185,425.01	241,389.60	426,814.61	92.3
Female	4	10.8	19,491.90	16,101.60	35,593.50	7.7
<b>Totals:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	7	18.9	72,645.54	94,200.12	166,845.66	36.1
Outside Surface	1	2.7	29,531.58	88,087.65	117,619.23	25.4
Uneven Surface	1	2.7	41,173.58	30,412.30	71,585.88	15.5
Walking surface, outside, wet	3	8.1	29,666.38	0.00	29,666.38	6.4
Floor Jack	1	2.7	4,614.38	18,181.14	22,795.52	4.9
Water	1	2.7	1,085.49	20,378.81	21,464.30	4.6
Wood Items	1	2.7	20,665.33	0.00	20,665.33	4.5
Beam	1	2.7	0.00	5,000.00	5,000.00	1.1
Tire	1	2.7	3,223.76	0.00	3,223.76	0.7
Metal items	3	8.1	312.92	1,231.18	1,544.10	0.3
Brush / tree / log	1	2.7	943.71	0.00	943.71	0.2
Walking surface, outside, dry	4	10.8	683.61	0.00	683.61	0.1
Hand tool, not powered, NOC	2	5.4	302.56	0.00	302.56	0.1
Trash receptacle	1	2.7	49.25	0.00	49.25	0.0
Animal / tick, spider, etc.	1	2.7	18.82	0.00	18.82	0.0
Animal / insect, not otherwise classifye	1	2.7	0.00	0.00	0.00	0.0
Floor	1	2.7	0.00	0.00	0.00	0.0
Foreign Object	1	2.7	0.00	0.00	0.00	0.0
Organic Material	1	2.7	0.00	0.00	0.00	0.0
Pipe	1	2.7	0.00	0.00	0.00	0.0
Stairs, steps	1	2.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.7	0.00	0.00	0.00	0.0
Wheel	1	2.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	7	18.9	60,438.94	88,087.65	148,526.59	32.1
Pushing or Pulling	2	5.4	50,512.04	76,528.26	127,040.30	27.5
Strain or Injury By, NOC	3	8.1	42,221.03	30,412.30	72,633.33	15.7
Motor Vehicle, NOC	1	2.7	19,442.65	16,101.60	35,544.25	7.7
Struck/Injured By Falling or Flying Objec	2	5.4	23,889.09	0.00	23,889.09	5.2
Hand Tool, Utensil; Not Powered	1	2.7	4,614.38	18,181.14	22,795.52	4.9
Holding or Carrying	1	2.7	1,085.49	20,378.81	21,464.30	4.6
Striking Against or Stepping On, NOC	1	2.7	0.00	5,000.00	5,000.00	1.1
Collision with Another Vehicle	2	5.4	2,029.74	1,570.26	3,600.00	0.8

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Reaching	1	2.7	18.82	1,231.18	1,250.00	0.3
Struck or Injury By, NOC	2	5.4	302.56	0.00	302.56	0.1
Caught In, Under or Between, NOC	2	5.4	294.10	0.00	294.10	0.1
Fall On the Same Level	2	5.4	49.25	0.00	49.25	0.0
Struck/Injured By Animal or Insect	2	5.4	18.82	0.00	18.82	0.0
Cut, Punctured, Scraped, NOC	1	2.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	3	8.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	5.4	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	

### BODY PART

Lower Extremities Knee	3	8.1	49,893.81	88,087.65	137,981.46	29.8
Upper Extremities Shoulder(s)	1	2.7	50,512.04	76,528.26	127,040.30	27.5
Multiple Body Parts Multiple Body Parts	7	18.9	51,188.09	31,662.30	82,850.39	17.9
Neck Disc (Neck)	1	2.7	19,442.65	16,101.60	35,544.25	7.7
Trunk Low Back Area (Incl. Lumbar & Li	3	8.1	3,115.23	20,699.07	23,814.30	5.2
Upper Extremities Finger(s)	4	10.8	5,488.35	18,181.14	23,669.49	5.1
Head Multiple Head Injury	1	2.7	20,665.33	0.00	20,665.33	4.5
Head Other facial soft tissue	2	5.4	0.00	5,000.00	5,000.00	1.1
Upper Extremities Thumb	2	5.4	3,223.76	0.00	3,223.76	0.7
Upper Extremities Lower Arm	2	5.4	321.38	1,231.18	1,552.56	0.3
Lower Extremities Ankle	3	8.1	1,047.45	0.00	1,047.45	0.2
Head Skull	1	2.7	18.82	0.00	18.82	0.0
Head Eye(s)	2	5.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	2.7	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	2.7	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	

### INJURY

Strain	16	43.2	138,876.94	144,991.23	283,868.17	61.4
Sprain	1	2.7	29,531.58	88,087.65	117,619.23	25.4
Multiple Physical Injury Only	4	10.8	30,679.84	0.00	30,679.84	6.6
Laceration	7	18.9	4,908.48	23,181.14	28,089.62	6.1
Inflammation	1	2.7	18.82	1,231.18	1,250.00	0.3
Fracture	1	2.7	579.87	0.00	579.87	0.1
Contusion (Bruise, Skin Surface)	2	5.4	302.56	0.00	302.56	0.1
Infection	1	2.7	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	2.7	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dermatitis	1	2.7	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	2.7	0.00	0.00	0.00	0.0
No Physical Injury	1	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>37</b>		<b>\$204,916.91</b>	<b>\$257,491.20</b>	<b>\$462,408.11</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>915000 - VDOT HamptonRds District Wide</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	7	24.1	54,332.83	80,140.74	134,473.57	42.7
8AM - 9:59AM	8	27.6	60,541.27	9,577.64	70,118.91	22.2
4AM - 5:59AM	2	6.9	10,056.77	59,206.15	69,262.92	22.0
6AM - 7:59AM	1	3.4	18.82	37,650.00	37,668.82	12.0
12AM - 1:59AM	1	3.4	2,041.39	0.00	2,041.39	0.6
2PM - 3:59PM	3	10.3	0.00	1,250.00	1,250.00	0.4
12PM - 1:59PM	6	20.7	347.17	0.00	347.17	0.1
4PM - 5:59PM	1	3.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	12	41.4	59,463.36	106,400.87	165,864.23	52.6
22 - 24	3	10.3	67,133.54	40,377.37	107,510.91	34.1
26 - 28	2	6.9	18.82	37,650.00	37,668.82	12.0
10 - 12	1	3.4	703.71	2,846.29	3,550.00	1.1
32 - 34	1	3.4	18.82	550.00	568.82	0.2
2 - 4	1	3.4	0.00	0.00	0.00	0.0
6 - 8	1	3.4	0.00	0.00	0.00	0.0
8 - 10	2	6.9	0.00	0.00	0.00	0.0
24 - 26	1	3.4	0.00	0.00	0.00	0.0
14 - 16	1	3.4	0.00	0.00	0.00	0.0
34 - 36	1	3.4	0.00	0.00	0.00	0.0
30 - 32	2	6.9	0.00	0.00	0.00	0.0
28 - 30	1	3.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	
<b>Age of Claimant</b>						
60 - 64	7	24.1	67,133.54	40,377.37	107,510.91	34.1
40 - 44	3	10.3	14,535.75	68,194.99	82,730.74	26.3
50 - 54	3	10.3	3,998.45	66,472.47	70,470.92	22.4
30 - 34	2	6.9	30,423.22	5,436.78	35,860.00	11.4
25 - 29	5	17.2	11,058.71	4,912.68	15,971.39	5.1
45 - 49	2	6.9	169.76	1,880.24	2,050.00	0.7
65 - 69	3	10.3	18.82	550.00	568.82	0.2
20 - 24	1	3.4	0.00	0.00	0.00	0.0
55 - 59	3	10.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	27	93.1	127,319.43	150,174.53	277,493.96	88.0
Female	2	6.9	18.82	37,650.00	37,668.82	12.0
<b>Totals:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	5	17.2	57,478.75	106,116.92	163,595.67	51.9
Lift	1	3.4	60,352.69	7,147.40	67,500.09	21.4
Chair	1	3.4	6,780.85	33,229.97	40,010.82	12.7
Environmental conditions	1	3.4	18.82	37,650.00	37,668.82	12.0
Nail	1	3.4	169.76	1,880.24	2,050.00	0.7
Fire / Flame / Smoke	1	3.4	2,041.39	0.00	2,041.39	0.6
Pressure vessels	1	3.4	0.00	1,250.00	1,250.00	0.4
N/A	1	3.4	18.82	550.00	568.82	0.2
Air tool	1	3.4	347.17	0.00	347.17	0.1
Container Sort Platform	2	6.9	130.00	0.00	130.00	0.0
Air pressure	1	3.4	0.00	0.00	0.00	0.0
Animal / bee type	2	6.9	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classifie	1	3.4	0.00	0.00	0.00	0.0
Brush / tree / log	1	3.4	0.00	0.00	0.00	0.0
Door	1	3.4	0.00	0.00	0.00	0.0
Electrical equipment	2	6.9	0.00	0.00	0.00	0.0
Excavations	1	3.4	0.00	0.00	0.00	0.0
Floor	1	3.4	0.00	0.00	0.00	0.0
Insufficient data	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
Outside Surface	1	3.4	0.00	0.00	0.00	0.0
Pallet Jack	1	3.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	3	10.3	45,315.51	76,478.06	121,793.57	38.6
Hand Tool, Utensil; Not Powered	4	13.8	60,699.86	7,147.40	67,847.26	21.5
Struck/Injured By Motor Vehicle	2	6.9	12,163.24	29,638.86	41,802.10	13.3
Fall/Slip From a Different Level	2	6.9	6,780.85	33,229.97	40,010.82	12.7
Continual Noise	1	3.4	18.82	37,650.00	37,668.82	12.0
Cut, Punctured, Scraped, NOC	1	3.4	169.76	1,880.24	2,050.00	0.7
Fire or Flame	1	3.4	2,041.39	0.00	2,041.39	0.6
Powered Hand Tool; Appliance	2	6.9	0.00	1,250.00	1,250.00	0.4
Cumulative (All Other)	1	3.4	18.82	550.00	568.82	0.2
Lifting	2	6.9	130.00	0.00	130.00	0.0
Absorption, Ingestion or Inhalation NOC	1	3.4	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact with Electrical Current	1	3.4	0.00	0.00	0.00	0.0
Fall On the Same Level	3	10.3	0.00	0.00	0.00	0.0
Pushing or Pulling	1	3.4	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	3.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	10.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	4	13.8	23,094.72	72,407.67	95,502.39	30.3
Upper Extremities Finger(s)	1	3.4	60,352.69	7,147.40	67,500.09	21.4
Neck Disc (Neck)	1	3.4	6,780.85	33,229.97	40,010.82	12.7
Head Ear(s)	1	3.4	18.82	37,650.00	37,668.82	12.0
Head Multiple Head Injury	2	6.9	30,423.22	5,436.78	35,860.00	11.4
Trunk Disc (Back)	1	3.4	3,275.92	25,976.18	29,252.10	9.3
Trunk Lumbar and/or Sacral Vertebrae	1	3.4	703.71	2,846.29	3,550.00	1.1
Lower Extremities Foot	1	3.4	169.76	1,880.24	2,050.00	0.7
Trunk Chest (Incl. Ribs, Sternum & Soft	1	3.4	2,041.39	0.00	2,041.39	0.6
Upper Extremities Hand	5	17.2	0.00	1,250.00	1,250.00	0.4
Lower Extremities Toe(s)	1	3.4	347.17	0.00	347.17	0.1
Trunk Low Back Area (Incl. Lumbar & L	2	6.9	130.00	0.00	130.00	0.0
Head Other facial soft tissue	2	6.9	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	6.9	0.00	0.00	0.00	0.0
Trunk Buttocks	1	3.4	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	3.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	3.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	

### INJURY

Multiple Physical Injury Only	2	6.9	14,892.29	71,041.28	85,933.57	27.3
Laceration	4	13.8	60,352.69	7,147.40	67,500.09	21.4
Strain	5	17.2	15,798.17	36,892.65	52,690.82	16.7
Loss of Hearing	1	3.4	18.82	37,650.00	37,668.82	12.0
Concussion (Brain, Cerebral)	2	6.9	30,423.22	5,436.78	35,860.00	11.4
Fracture	2	6.9	3,623.09	25,976.18	29,599.27	9.4
Puncture	1	3.4	169.76	1,880.24	2,050.00	0.7
Respiratory Disorders(Gases,Fumes,Ch	1	3.4	2,041.39	0.00	2,041.39	0.6
Burn	1	3.4	0.00	1,250.00	1,250.00	0.4
Multiple Injury Inc. Physical & Psycholog	1	3.4	18.82	550.00	568.82	0.2
Contusion (Bruise, Skin Surface)	2	6.9	0.00	0.00	0.00	0.0
Electric Shock	1	3.4	0.00	0.00	0.00	0.0
Inflammation	3	10.3	0.00	0.00	0.00	0.0
No Physical Injury	2	6.9	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	1	3.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>29</b>		<b>\$127,338.25</b>	<b>\$187,824.53</b>	<b>\$315,162.78</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**501 - HIGHWAYS & TRANS, DEPT OF**  
**916000 - VDOT Fredericksburg Dist. Wide**

**TIME OF INJURY**

10AM - 11:59AM	14	42.4	94,040.27	84,057.10	178,097.37	98.2
2PM - 3:59PM	3	9.1	350.82	1,250.00	1,600.82	0.9
12PM - 1:59PM	5	15.2	715.15	589.24	1,304.39	0.7
8AM - 9:59AM	7	21.2	385.77	0.00	385.77	0.2
4PM - 5:59PM	2	6.1	31.33	0.00	31.33	0.0
6AM - 7:59AM	2	6.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	

**LENGTH OF SERVICE**

36 - 38	1	3.0	92,774.12	58,757.10	151,531.22	83.5
2 - 4	4	12.1	18.82	25,300.00	25,318.82	14.0
0 - 2	12	36.4	590.92	1,250.00	1,840.92	1.0
16 - 18	2	6.1	679.58	589.24	1,268.82	0.7
24 - 26	1	3.0	899.79	0.00	899.79	0.5
4 - 6	6	18.2	339.73	0.00	339.73	0.2
20 - 22	1	3.0	184.81	0.00	184.81	0.1
38 - 40	1	3.0	35.57	0.00	35.57	0.0
6 - 8	1	3.0	0.00	0.00	0.00	0.0
12 - 14	1	3.0	0.00	0.00	0.00	0.0
22 - 24	2	6.1	0.00	0.00	0.00	0.0
26 - 28	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	

**Age of Claimant**

65 - 69	3	9.1	92,809.69	58,757.10	151,566.79	83.5
20 - 24	7	21.2	404.59	25,300.00	25,704.59	14.2
30 - 34	4	12.1	50.15	1,250.00	1,300.15	0.7
55 - 59	4	12.1	679.58	589.24	1,268.82	0.7
60 - 64	1	3.0	899.79	0.00	899.79	0.5
50 - 54	5	15.2	524.54	0.00	524.54	0.3
35 - 39	3	9.1	155.00	0.00	155.00	0.1
25 - 29	4	12.1	0.00	0.00	0.00	0.0
40 - 44	1	3.0	0.00	0.00	0.00	0.0
45 - 49	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	30	90.9	95,504.52	85,896.34	181,400.86	100.0
Female	3	9.1	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	
<b>LOSS CAUSE</b>						
Vehicle, not otherwise classified	1	3.0	92,774.12	58,757.10	151,531.22	83.5
Uneven Surface	2	6.1	173.82	24,050.00	24,223.82	13.4
Splinter/Burr	1	3.0	660.76	589.24	1,250.00	0.7
Stairs	1	3.0	0.00	1,250.00	1,250.00	0.7
Vehicle/car/truck	2	6.1	0.00	1,250.00	1,250.00	0.7
Floor	1	3.0	899.79	0.00	899.79	0.5
Brush / tree / log	4	12.1	366.95	0.00	366.95	0.2
Trailer Flap	1	3.0	195.82	0.00	195.82	0.1
Outside Surface	1	3.0	184.81	0.00	184.81	0.1
Metal items	1	3.0	125.09	0.00	125.09	0.1
Straps	1	3.0	35.57	0.00	35.57	0.0
Hand tool, not powered, NOC	1	3.0	31.33	0.00	31.33	0.0
CO / 2 extinguisher	1	3.0	18.82	0.00	18.82	0.0
Environmental conditions	2	6.1	18.82	0.00	18.82	0.0
Furniture / fixtures	1	3.0	18.82	0.00	18.82	0.0
Hand Truck (2w)	1	3.0	18.82	0.00	18.82	0.0
Animal / bee type	4	12.1	0.00	0.00	0.00	0.0
Ceiling	1	3.0	0.00	0.00	0.00	0.0
Chainsaw	1	3.0	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	3.0	0.00	0.00	0.00	0.0
Foreign Object	1	3.0	0.00	0.00	0.00	0.0
Stairs, steps	1	3.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	3	9.1	93,828.91	58,757.10	152,586.01	84.1
Fall/Slip From a Different Level	3	9.1	203.63	24,050.00	24,253.63	13.4
Cut, Punctured, Scraped, NOC	3	9.1	696.33	589.24	1,285.57	0.7
Collision with Another Vehicle	1	3.0	0.00	1,250.00	1,250.00	0.7
Fall/Slip on Stairs	2	6.1	0.00	1,250.00	1,250.00	0.7
Lifting	2	6.1	385.77	0.00	385.77	0.2
Struck/Injured By Object Being Lifted or	1	3.0	195.82	0.00	195.82	0.1
Hand Tool, Utensil; Not Powered	2	6.1	156.42	0.00	156.42	0.1
Foreign Body in Eye	1	3.0	18.82	0.00	18.82	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	3	9.1	18.82	0.00	18.82	0.0
Pushing or Pulling	2	6.1	18.82	0.00	18.82	0.0
Contact With Not Otherwise Classified	1	3.0	0.00	0.00	0.00	0.0
Mold, Including Mildew	1	3.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	3.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	4	12.1	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	3.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	3.0	0.00	0.00	0.00	0.0
Twisting	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	

### BODY PART

Lower Extremities Knee	2	6.1	92,774.12	60,007.10	152,781.22	84.2
Lower Extremities Ankle	1	3.0	18.82	24,050.00	24,068.82	13.3
Head Eye(s)	3	9.1	679.58	589.24	1,268.82	0.7
Head Ear(s)	2	6.1	0.00	1,250.00	1,250.00	0.7
Upper Extremities Shoulder(s)	1	3.0	899.79	0.00	899.79	0.5
Trunk Low Back Area (Incl. Lumbar & Li	1	3.0	366.95	0.00	366.95	0.2
Lower Extremities Foot	2	6.1	280.09	0.00	280.09	0.2
Upper Extremities Hand	3	9.1	216.14	0.00	216.14	0.1
Neck Soft Tissue-Neck	1	3.0	195.82	0.00	195.82	0.1
Head Skull	1	3.0	35.57	0.00	35.57	0.0
Lower Extremities Upper Leg	2	6.1	18.82	0.00	18.82	0.0
Trunk Abdomen Including Groin	2	6.1	18.82	0.00	18.82	0.0
Trunk Heart	1	3.0	18.82	0.00	18.82	0.0
Lower Extremities Hip	1	3.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	3.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	3.0	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	3.0	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	3.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	3.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	3.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	3.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	2	6.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	

### INJURY

Sprain	5	15.2	93,692.73	82,807.10	176,499.83	97.3
Laceration	3	9.1	696.33	1,839.24	2,535.57	1.4
Dislocation	1	3.0	0.00	1,250.00	1,250.00	0.7
Strain	7	21.2	600.41	0.00	600.41	0.3
Contusion (Bruise, Skin Surface)	1	3.0	184.81	0.00	184.81	0.1

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	3	9.1	156.42	0.00	156.42	0.1
Fracture	1	3.0	155.00	0.00	155.00	0.1
All Other (Specific) Injuries, NOC	7	21.2	18.82	0.00	18.82	0.0
Foreign Body (Eye)	1	3.0	18.82	0.00	18.82	0.0
Dermatitis	1	3.0	0.00	0.00	0.00	0.0
Heat Prostration	1	3.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	3.0	0.00	0.00	0.00	0.0
No Physical Injury	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$95,523.34</b>	<b>\$85,896.34</b>	<b>\$181,419.68</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>917000 - VDOT Culpeper District Wide</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	6	26.1	50,555.62	92,983.08	143,538.70	43.5
10AM - 11:59AM	6	26.1	28,196.56	34,338.47	62,535.03	19.0
6AM - 7:59AM	2	8.7	20,977.07	33,031.20	54,008.27	16.4
4AM - 5:59AM	1	4.3	27,616.53	12,840.89	40,457.42	12.3
12PM - 1:59PM	4	17.4	13,050.68	5,263.53	18,314.21	5.6
4PM - 5:59PM	1	4.3	10,649.37	0.00	10,649.37	3.2
2PM - 3:59PM	3	13.0	464.99	0.00	464.99	0.1
<b>Totals:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	4	17.4	76,717.03	71,049.66	147,766.69	44.8
0 - 2	8	34.8	52,213.19	67,305.72	119,518.91	36.2
12 - 14	2	8.7	7,707.72	20,572.03	28,279.75	8.6
6 - 8	3	13.0	4,337.82	19,529.76	23,867.58	7.2
28 - 30	1	4.3	9,068.74	0.00	9,068.74	2.7
2 - 4	2	8.7	1,142.56	0.00	1,142.56	0.3
16 - 18	1	4.3	323.76	0.00	323.76	0.1
8 - 10	1	4.3	0.00	0.00	0.00	0.0
10 - 12	1	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	
<b>Age of Claimant</b>						
40 - 44	2	8.7	42,254.97	71,049.66	113,304.63	34.3
45 - 49	1	4.3	20,977.07	33,031.20	54,008.27	16.4
35 - 39	2	8.7	31,055.42	20,572.03	51,627.45	15.6
60 - 64	2	8.7	27,616.53	12,840.89	40,457.42	12.3
55 - 59	7	30.4	15,454.18	19,529.76	34,983.94	10.6
50 - 54	4	17.4	11,982.20	6,488.30	18,470.50	5.6
20 - 24	2	8.7	66.37	13,583.94	13,650.31	4.1
25 - 29	3	13.0	2,104.08	1,361.39	3,465.47	1.1
<b>Totals:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	
<b>SEX OF CLAIMANT</b>						
Male	20	87.0	109,230.62	106,182.74	215,413.36	65.3
Female	3	13.0	42,280.20	72,274.43	114,554.63	34.7
<b>Totals:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	
<b>LOSS CAUSE</b>						
Stone / rock / brick	1	4.3	42,254.97	71,049.66	113,304.63	34.3

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Metal items	4	17.4	31,967.02	46,615.14	78,582.16	23.8
Vehicle/car/truck	2	8.7	30,183.00	18,104.42	48,287.42	14.6
Outside Surface	3	13.0	27,828.75	19,529.76	47,358.51	14.4
Brush / tree / log	2	8.7	8,253.10	21,933.42	30,186.52	9.1
Shovel	1	4.3	9,068.74	0.00	9,068.74	2.7
Animal / tick, spider, etc.	2	8.7	25.23	1,224.77	1,250.00	0.4
Foreign Object	1	4.3	1,142.56	0.00	1,142.56	0.3
Portable air tank	1	4.3	323.76	0.00	323.76	0.1
Wood Items	2	8.7	320.46	0.00	320.46	0.1
Pipe	1	4.3	143.23	0.00	143.23	0.0
Food	1	4.3	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	4.3	0.00	0.00	0.00	0.0
Power tool (not hand)	1	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	

### ACCIDENT TYPE

Fall On the Same Level	3	13.0	65,889.13	71,049.66	136,938.79	41.5
Caught In/Between-Object Handled	2	8.7	31,626.44	33,031.20	64,657.64	19.6
Collision with a Fixed Object	1	4.3	27,616.53	12,840.89	40,457.42	12.3
Twisting	2	8.7	13,406.56	19,529.76	32,936.32	10.0
Lifting	3	13.0	7,935.80	20,572.03	28,507.83	8.6
Hand Tool, Utensil; Not Powered	1	4.3	18.82	13,583.94	13,602.76	4.1
Struck/Injured By Motor Vehicle	1	4.3	2,566.47	5,263.53	7,830.00	2.4
Struck/Injured By Falling or Flying Objec	3	13.0	1,010.37	1,361.39	2,371.76	0.7
Struck/Injured By Animal or Insect	2	8.7	25.23	1,224.77	1,250.00	0.4
Object Being Lifted or Handled	1	4.3	1,142.56	0.00	1,142.56	0.3
Foreign Body in Eye	1	4.3	272.91	0.00	272.91	0.1
Fall/Slip From a Different Level	1	4.3	0.00	0.00	0.00	0.0
Holding or Carrying	1	4.3	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	4.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	2	8.7	69,871.50	83,890.55	153,762.05	46.6
Upper Extremities Hand	1	4.3	20,977.07	33,031.20	54,008.27	16.4
Upper Extremities Lower Arm	4	17.4	8,602.09	23,158.19	31,760.28	9.6
Upper Extremities Finger(s)	3	13.0	11,810.75	13,583.94	25,394.69	7.7
Trunk Low Back Area (Incl. Lumbar & Li	2	8.7	4,481.05	19,529.76	24,010.81	7.3
Lower Extremities Knee	1	4.3	23,490.93	0.00	23,490.93	7.1
Upper Extremities Shoulder(s)	1	4.3	9,068.74	0.00	9,068.74	2.7
Lower Extremities Ankle	1	4.3	2,566.47	5,263.53	7,830.00	2.4
Head Other facial soft tissue	1	4.3	321.76	0.00	321.76	0.1
Head Eye(s)	1	4.3	272.91	0.00	272.91	0.1

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Upper Back Area (Thoracic Area)	2	8.7	47.55	0.00	47.55	0.0
Head Multiple Head Injury	1	4.3	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	4.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	4.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	4.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	

**INJURY**

Fracture	1	4.3	42,254.97	71,049.66	113,304.63	34.3
Strain	7	30.4	23,908.83	45,365.32	69,274.15	21.0
Laceration	4	17.4	22,460.21	46,615.14	69,075.35	20.9
Sprain	4	17.4	51,250.69	12,840.89	64,091.58	19.4
Crushing	1	4.3	10,649.37	0.00	10,649.37	3.2
Contusion (Bruise, Skin Surface)	2	8.7	688.61	1,361.39	2,050.00	0.6
Inflammation	1	4.3	25.23	1,224.77	1,250.00	0.4
Foreign Body (Eye)	1	4.3	272.91	0.00	272.91	0.1
Infection	1	4.3	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	4.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>23</b>		<b>\$151,510.82</b>	<b>\$178,457.17</b>	<b>\$329,967.99</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**501 - HIGHWAYS & TRANS, DEPT OF**  
**918000 - VDOT Staunton District Wide**

**TIME OF INJURY**

8AM - 9:59AM	8	26.7	39,175.77	116,116.17	155,291.94	44.3
10AM - 11:59AM	8	26.7	28,119.15	102,740.27	130,859.42	37.3
2PM - 3:59PM	2	6.7	38,099.40	9,773.66	47,873.06	13.6
12PM - 1:59PM	8	26.7	3,839.30	11,671.20	15,510.50	4.4
8PM - 9:59PM	2	6.7	0.00	1,250.00	1,250.00	0.4
6AM - 7:59AM	1	3.3	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	

**LENGTH OF SERVICE**

22 - 24	2	6.7	38,524.84	104,553.24	143,078.08	40.8
2 - 4	3	10.0	20,367.63	91,928.72	112,296.35	32.0
16 - 18	3	10.0	47,390.36	22,482.75	69,873.11	19.9
10 - 12	4	13.3	37.07	11,562.93	11,600.00	3.3
4 - 6	4	13.3	1,347.89	9,773.66	11,121.55	3.2
0 - 2	5	16.7	1,404.70	0.00	1,404.70	0.4
6 - 8	4	13.3	0.00	1,250.00	1,250.00	0.4
30 - 32	2	6.7	161.13	0.00	161.13	0.0
8 - 10	1	3.3	0.00	0.00	0.00	0.0
24 - 26	1	3.3	0.00	0.00	0.00	0.0
14 - 16	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	

**Age of Claimant**

55 - 59	5	16.7	50,131.11	155,462.67	205,593.78	58.6
25 - 29	2	6.7	17,374.21	61,604.50	78,978.71	22.5
50 - 54	6	20.0	37,238.07	0.00	37,238.07	10.6
30 - 34	2	6.7	2,427.62	12,921.20	15,348.82	4.4
45 - 49	3	10.0	37.07	11,562.93	11,600.00	3.3
35 - 39	3	10.0	1,348.37	0.00	1,348.37	0.4
60 - 64	6	20.0	654.67	0.00	654.67	0.2
40 - 44	2	6.7	22.50	0.00	22.50	0.0
70 - 74	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	28	93.3	107,885.25	241,551.30	349,436.55	99.6
Female	2	6.7	1,348.37	0.00	1,348.37	0.4
<b>Totals:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	
<b>LOSS CAUSE</b>						
Wood Items	2	6.7	38,524.84	105,803.24	144,328.08	41.1
Brush / tree / log	1	3.3	17,374.21	61,604.50	78,978.71	22.5
Tire	1	3.3	37,204.24	0.00	37,204.24	10.6
Vehicle/car/truck	6	20.0	10,145.31	22,482.75	32,628.06	9.3
Walking surface, outside, dry	2	6.7	1,018.53	18,653.02	19,671.55	5.6
Mowers	1	3.3	2,427.62	11,671.20	14,098.82	4.0
Stairs	2	6.7	37.07	11,562.93	11,600.00	3.3
Vehicle, not otherwise classified	1	3.3	895.16	9,773.66	10,668.82	3.0
Environmental conditions	2	6.7	1,382.20	0.00	1,382.20	0.4
Door	2	6.7	161.13	0.00	161.13	0.0
Metal items	3	10.0	40.81	0.00	40.81	0.0
Animal, not otherwise classified	1	3.3	22.50	0.00	22.50	0.0
Ladder - Fixed	1	3.3	0.00	0.00	0.00	0.0
Outside Surface	1	3.3	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	3.3	0.00	0.00	0.00	0.0
Razor blade	1	3.3	0.00	0.00	0.00	0.0
Shovel	1	3.3	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	4	13.3	65,176.49	84,087.25	149,263.74	42.6
Struck/Injured By Falling or Flying Objec	2	6.7	38,524.84	105,803.24	144,328.08	41.1
Twisting	2	6.7	565.80	18,653.02	19,218.82	5.5
Caught In, Under or Between, NOC	2	6.7	2,588.75	11,671.20	14,259.95	4.1
Fall On the Same Level	1	3.3	37.07	11,562.93	11,600.00	3.3
Other Injury NEC	2	6.7	895.16	9,773.66	10,668.82	3.0
Contact With Not Otherwise Classified	1	3.3	1,348.37	0.00	1,348.37	0.4
Cut, Punctured, Scraped, NOC	2	6.7	40.81	0.00	40.81	0.0
Temperature Extremes	1	3.3	33.83	0.00	33.83	0.0
Struck/Injured By Animal or Insect	1	3.3	22.50	0.00	22.50	0.0
Collision with Another Vehicle	2	6.7	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	3.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	3.3	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	3.3	0.00	0.00	0.00	0.0
Lifting	1	3.3	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Striking Against or Stepping On, NOC	1	3.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	2	6.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	3	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	

**BODY PART**

Upper Extremities Shoulder(s)	4	13.3	55,899.05	167,407.74	223,306.79	63.7
Upper Extremities Upper Arm (Incl. Clav	1	3.3	37,204.24	0.00	37,204.24	10.6
Neck Disc (Neck)	1	3.3	10,145.31	22,482.75	32,628.06	9.3
Lower Extremities Knee	4	13.3	1,913.69	28,426.68	30,340.37	8.6
Upper Extremities Finger(s)	2	6.7	2,427.62	11,671.20	14,098.82	4.0
Lower Extremities Ankle	1	3.3	37.07	11,562.93	11,600.00	3.3
Multiple Body Parts Multiple Body Parts	6	20.0	1,348.37	0.00	1,348.37	0.4
Upper Extremities Thumb	2	6.7	161.13	0.00	161.13	0.0
Lower Extremities Lower Leg	1	3.3	40.81	0.00	40.81	0.0
Multiple Body Parts Whole Body	1	3.3	33.83	0.00	33.83	0.0
Head Ear(s)	1	3.3	22.50	0.00	22.50	0.0
Head Other facial soft tissue	1	3.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	3.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	3.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	3.3	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	

**INJURY**

Sprain	6	20.0	65,326.63	114,303.20	179,629.83	51.2
Strain	5	16.7	39,872.73	114,326.90	154,199.63	44.0
Laceration	5	16.7	2,588.75	11,671.20	14,259.95	4.1
Dermatitis	2	6.7	1,348.37	0.00	1,348.37	0.4
Contusion (Bruise, Skin Surface)	5	16.7	0.00	1,250.00	1,250.00	0.4
Puncture	2	6.7	63.31	0.00	63.31	0.0
Heat Prostration	1	3.3	33.83	0.00	33.83	0.0
Inflammation	1	3.3	0.00	0.00	0.00	0.0
No Physical Injury	3	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$109,233.62</b>	<b>\$241,551.30</b>	<b>\$350,784.92</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>501 - HIGHWAYS &amp; TRANS, DEPT OF</b>						
<b>919000 - VDOT Northern VA Dist. Wide</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	16	29.1	17,989.95	139,357.59	157,347.54	25.0
8AM - 9:59AM	9	16.4	83,279.54	73,408.97	156,688.51	24.9
12PM - 1:59PM	11	20.0	28,487.44	94,495.36	122,982.80	19.5
2PM - 3:59PM	10	18.2	27,082.08	84,166.09	111,248.17	17.7
6PM - 7:59PM	2	3.6	35,521.17	44,515.51	80,036.68	12.7
6AM - 7:59AM	4	7.3	1,155.17	0.00	1,155.17	0.2
12AM - 1:59AM	1	1.8	18.82	0.00	18.82	0.0
4AM - 5:59AM	1	1.8	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	1.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	24	43.6	58,921.91	115,902.15	174,824.06	27.8
2 - 4	7	12.7	91,834.48	80,171.07	172,005.55	27.3
14 - 16	1	1.8	2,139.33	117,529.49	119,668.82	19.0
6 - 8	4	7.3	21,510.37	45,995.41	67,505.78	10.7
28 - 30	4	7.3	6,783.65	39,618.90	46,402.55	7.4
34 - 36	1	1.8	10,978.55	30,413.77	41,392.32	6.6
8 - 10	3	5.5	424.91	6,312.73	6,737.64	1.1
36 - 38	1	1.8	626.12	0.00	626.12	0.1
12 - 14	1	1.8	249.84	0.00	249.84	0.0
4 - 6	3	5.5	46.19	0.00	46.19	0.0
32 - 34	1	1.8	18.82	0.00	18.82	0.0
10 - 12	1	1.8	0.00	0.00	0.00	0.0
22 - 24	3	5.5	0.00	0.00	0.00	0.0
26 - 28	1	1.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	
<b>Age of Claimant</b>						
55 - 59	10	18.2	107,130.95	157,575.06	264,706.01	42.1
50 - 54	4	7.3	2,794.86	117,529.49	120,324.35	19.1
40 - 44	7	12.7	40,448.22	68,462.56	108,910.78	17.3
60 - 64	8	14.5	22,566.81	45,995.41	68,562.22	10.9
65 - 69	4	7.3	6,146.94	39,618.90	45,765.84	7.3
30 - 34	5	9.1	10,667.15	6,762.10	17,429.25	2.8
45 - 49	4	7.3	2,823.53	0.00	2,823.53	0.4
35 - 39	5	9.1	955.71	0.00	955.71	0.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	3	5.5	0.00	0.00	0.00	0.0
25 - 29	5	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	
<b>SEX OF CLAIMANT</b>						
Male	53	96.4	193,534.17	435,943.52	629,477.69	100.0
Female	2	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	11	20.0	58,697.11	140,455.05	199,152.16	31.6
Ladder - Fixed	1	1.8	80,632.36	73,408.97	154,041.33	24.5
Vehicle, not otherwise classified	1	1.8	2,139.33	117,529.49	119,668.82	19.0
Pallet,Skid,Flat	1	1.8	20,781.56	45,995.41	66,776.97	10.6
Walking surface, outside, wet	2	3.6	11,307.89	30,413.77	41,721.66	6.6
Hand tool, not powered, NOC	1	1.8	3,303.82	15,066.00	18,369.82	2.9
Machine, not otherwise classified	1	1.8	2,439.44	6,762.10	9,201.54	1.5
Chainsaw	1	1.8	7,698.19	0.00	7,698.19	1.2
Stairs, steps	2	3.6	433.46	6,312.73	6,746.19	1.1
Brush / tree / log	4	7.3	2,615.69	0.00	2,615.69	0.4
Object on Floor	2	3.6	1,169.63	0.00	1,169.63	0.2
Animal / insect, not otherwise classified	1	1.8	728.81	0.00	728.81	0.1
Work surface	2	3.6	657.45	0.00	657.45	0.1
Animal / tick, spider, etc.	1	1.8	655.53	0.00	655.53	0.1
Blower 18"	1	1.8	249.84	0.00	249.84	0.0
Ergonomic Conditions	1	1.8	18.82	0.00	18.82	0.0
Animal / bee type	6	10.9	5.24	0.00	5.24	0.0
Boxes / containers	1	1.8	0.00	0.00	0.00	0.0
Chair	1	1.8	0.00	0.00	0.00	0.0
Door	1	1.8	0.00	0.00	0.00	0.0
Environmental conditions	1	1.8	0.00	0.00	0.00	0.0
Fencing	1	1.8	0.00	0.00	0.00	0.0
Hose (indicator # carried)	1	1.8	0.00	0.00	0.00	0.0
N/A	1	1.8	0.00	0.00	0.00	0.0
Outside Surface	1	1.8	0.00	0.00	0.00	0.0
Overhead Object	1	1.8	0.00	0.00	0.00	0.0
Pike pole 6'	1	1.8	0.00	0.00	0.00	0.0
Pipe	1	1.8	0.00	0.00	0.00	0.0
Shovel	2	3.6	0.00	0.00	0.00	0.0
Sledge hammer	1	1.8	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Twisting	10	18.2	44,143.30	248,623.57	292,766.87	46.5
Fall/Slip From Ladder or Scaffolding	1	1.8	80,632.36	73,408.97	154,041.33	24.5
Struck/Injured By Motor Vehicle	4	7.3	36,351.30	53,396.56	89,747.86	14.3
Fall/Slip From a Different Level	1	1.8	15,071.07	47,439.59	62,510.66	9.9
Jumping	1	1.8	2,439.44	6,762.10	9,201.54	1.5
Struck/Injured By Falling or Flying Objec	2	3.6	7,698.19	0.00	7,698.19	1.2
Fall/Slip on Stairs	2	3.6	433.46	6,312.73	6,746.19	1.1
Object Being Lifted or Handled	2	3.6	2,067.35	0.00	2,067.35	0.3
Caught In/Between-Object Handled	2	3.6	1,594.01	0.00	1,594.01	0.3
Struck/Injured By Animal or Insect	8	14.5	1,389.58	0.00	1,389.58	0.2
Fall On the Same Level	5	9.1	645.19	0.00	645.19	0.1
Struck or Injury By, NOC	1	1.8	626.12	0.00	626.12	0.1
Fall/Slip on Ice or Snow	1	1.8	329.34	0.00	329.34	0.1
Strike Against/Step On Stationary Objec	1	1.8	63.31	0.00	63.31	0.0
Absorption, Ingestion or Inhalation NOC	1	1.8	31.33	0.00	31.33	0.0
Other than Physical Cause of Injury	2	3.6	18.82	0.00	18.82	0.0
Collision with a Fixed Object	2	3.6	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	1.8	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	3.6	0.00	0.00	0.00	0.0
Lifting	2	3.6	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	1.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	1.8	0.00	0.00	0.00	0.0
Vehicle Upset	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	11	20.0	50,301.27	139,975.13	190,276.40	30.2
Upper Extremities Elbow	1	1.8	80,632.36	73,408.97	154,041.33	24.5
Upper Extremities Shoulder(s)	3	5.5	2,545.42	123,842.22	126,387.64	20.1
Multiple Body Parts Multiple Body Parts	5	9.1	37,969.16	51,277.61	89,246.77	14.2
Head Multiple Head Injury	3	5.5	15,071.07	47,439.59	62,510.66	9.9
Upper Extremities Upper Arm (Incl. Clav	2	3.6	2,317.19	0.00	2,317.19	0.4
Upper Extremities Hand	4	7.3	1,695.85	0.00	1,695.85	0.3
Upper Extremities Wrist	3	5.5	728.81	0.00	728.81	0.1
Upper Extremities Lower Arm	2	3.6	655.53	0.00	655.53	0.1
Lower Extremities Ankle	2	3.6	645.19	0.00	645.19	0.1
Lower Extremities Upper Leg	1	1.8	529.52	0.00	529.52	0.1
Lower Extremities Knee	3	5.5	329.34	0.00	329.34	0.1
Head Mouth	1	1.8	63.31	0.00	63.31	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	3	5.5	31.33	0.00	31.33	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Heart	1	1.8	18.82	0.00	18.82	0.0
Head Eye(s)	1	1.8	0.00	0.00	0.00	0.0
Head Nose	1	1.8	0.00	0.00	0.00	0.0
Head Other facial soft tissue	2	3.6	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	1.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	4	7.3	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	

### INJURY

Strain	14	25.5	44,461.98	137,983.96	182,445.94	29.0
Multiple Injury Inc. Physical & Psycholog	1	1.8	80,632.36	73,408.97	154,041.33	24.5
Sprain	4	7.3	3,113.61	117,529.49	120,643.10	19.2
Laceration	5	9.1	36,095.18	44,515.51	80,610.69	12.8
Contusion (Bruise, Skin Surface)	9	16.4	23,525.44	47,439.59	70,965.03	11.3
Inflammation	4	7.3	3,309.06	15,066.00	18,375.06	2.9
Crushing	1	1.8	1,064.49	0.00	1,064.49	0.2
No Physical Injury	9	16.4	674.35	0.00	674.35	0.1
Fracture	1	1.8	626.37	0.00	626.37	0.1
Multiple Physical Injury Only	5	9.1	31.33	0.00	31.33	0.0
All Other (Specific) Injuries, NOC	1	1.8	0.00	0.00	0.00	0.0
Heat Prostration	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$193,534.17</b>	<b>\$435,943.52</b>	<b>\$629,477.69</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>101 - VDH Office of Environ. Health Svc</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Knife, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Hand Tool or Machine	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>11 - VDH Prince William Health District</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	1,181.30	1,318.70	2,500.00	71.9
6AM - 7:59AM	1	33.3	976.81	0.00	976.81	28.1
<b>Totals:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	1,250.00	1,250.00	36.0
12 - 14	1	33.3	1,181.30	68.70	1,250.00	36.0
18 - 20	1	33.3	976.81	0.00	976.81	28.1
<b>Totals:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>Age of Claimant</b>						
40 - 44	1	33.3	0.00	1,250.00	1,250.00	36.0
45 - 49	1	33.3	1,181.30	68.70	1,250.00	36.0
35 - 39	1	33.3	976.81	0.00	976.81	28.1
<b>Totals:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	2,158.11	1,318.70	3,476.81	100.0
<b>Totals:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	33.3	0.00	1,250.00	1,250.00	36.0
Patient / Inmate	1	33.3	1,181.30	68.70	1,250.00	36.0
Floor	1	33.3	976.81	0.00	976.81	28.1
<b>Totals:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	33.3	0.00	1,250.00	1,250.00	36.0
Other Injury NEC	1	33.3	1,181.30	68.70	1,250.00	36.0
Fall/Slip From Liquid or Grease Spills	1	33.3	976.81	0.00	976.81	28.1
<b>Sum:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>BODY PART</b>						
Head Eye(s)	1	33.3	1,181.30	68.70	1,250.00	36.0
Upper Extremities Thumb	1	33.3	0.00	1,250.00	1,250.00	36.0
Multiple Body Parts Multiple Body Parts	1	33.3	976.81	0.00	976.81	28.1
<b>Sum:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	33.3	1,181.30	68.70	1,250.00	36.0
Puncture	1	33.3	0.00	1,250.00	1,250.00	36.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	1	33.3	976.81	0.00	976.81	28.1
<b>Sum:</b>	<b>3</b>		<b>\$2,158.11</b>	<b>\$1,318.70</b>	<b>\$3,476.81</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>13 - VDH Central Virginia Health Dist.</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	28.6	44.31	0.00	44.31	100.0
8AM - 9:59AM	1	14.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	3	42.9	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	4	57.1	44.31	0.00	44.31	100.0
4 - 6	1	14.3	0.00	0.00	0.00	0.0
16 - 18	1	14.3	0.00	0.00	0.00	0.0
30 - 32	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>Age of Claimant</b>						
40 - 44	1	14.3	44.31	0.00	44.31	100.0
30 - 34	2	28.6	0.00	0.00	0.00	0.0
35 - 39	1	14.3	0.00	0.00	0.00	0.0
55 - 59	2	28.6	0.00	0.00	0.00	0.0
65 - 69	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	71.4	44.31	0.00	44.31	100.0
Male	2	28.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	14.3	44.31	0.00	44.31	100.0
Animal / bee type	1	14.3	0.00	0.00	0.00	0.0
Blade	1	14.3	0.00	0.00	0.00	0.0
Dolly	1	14.3	0.00	0.00	0.00	0.0
Furniture / fixtures	1	14.3	0.00	0.00	0.00	0.0
Office equipment	1	14.3	0.00	0.00	0.00	0.0
Organic Material	1	14.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	5	71.4	44.31	0.00	44.31	100.0
Fall On the Same Level	1	14.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	2	28.6	44.31	0.00	44.31	100.0
Multiple Body Parts Multiple Body Parts	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	14.3	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav)	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	
<b>INJURY</b>						
Puncture	3	42.9	44.31	0.00	44.31	100.0
All Other (Specific) Injuries, NOC	2	28.6	0.00	0.00	0.00	0.0
No Physical Injury	1	14.3	0.00	0.00	0.00	0.0
Strain	1	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>7</b>		<b>\$44.31</b>	<b>\$0.00</b>	<b>\$44.31</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>14 - VDH Cumberland Plateau Health Dist.</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	100.0	1,838.40	5,962.32	7,800.72	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	1,838.40	5,962.32	7,800.72	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	1,838.40	5,962.32	7,800.72	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	1,838.40	5,962.32	7,800.72	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>LOSS CAUSE</b>						
Door	1	50.0	1,838.40	5,962.32	7,800.72	100.0
Overhead Object	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	1,838.40	5,962.32	7,800.72	100.0
Fall, Slip or Trip, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	50.0	1,838.40	5,962.32	7,800.72	100.0
Lower Extremities Hip	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	
<b>INJURY</b>						
Fracture	1	50.0	1,838.40	5,962.32	7,800.72	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,838.40</b>	<b>\$5,962.32</b>	<b>\$7,800.72</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>15 - VDH Pittsylvania/Danville Hlth Dist</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>17 - VDH Lenowisco Health Department</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Flex Handle	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with a Fixed Object	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Nose	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>18 - VDH Mount Rogers Health District</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	20.0	1,288.78	0.00	1,288.78	50.8
2PM - 3:59PM	1	20.0	0.00	1,250.00	1,250.00	49.2
8AM - 9:59AM	1	20.0	0.00	0.00	0.00	0.0
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
<b>Totals:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	2	40.0	1,288.78	1,250.00	2,538.78	100.0
0 - 2	2	40.0	0.00	0.00	0.00	0.0
32 - 34	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	
<b>Age of Claimant</b>						
55 - 59	2	40.0	1,288.78	0.00	1,288.78	50.8
35 - 39	2	40.0	0.00	1,250.00	1,250.00	49.2
60 - 64	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	80.0	1,288.78	1,250.00	2,538.78	100.0
Male	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	
<b>LOSS CAUSE</b>						
Person	1	20.0	1,288.78	0.00	1,288.78	50.8
Walking surface, outside, dry	1	20.0	0.00	1,250.00	1,250.00	49.2
Needle stick	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, outside, wet	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	20.0	1,288.78	0.00	1,288.78	50.8
Fall/Slip From a Different Level	1	20.0	0.00	1,250.00	1,250.00	49.2
Cut, Punctured, Scraped, NOC	1	20.0	0.00	0.00	0.00	0.0
Fall On the Same Level	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Trunk Lung(s)	1	20.0	1,288.78	0.00	1,288.78	50.8
Lower Extremities Ankle	2	40.0	0.00	1,250.00	1,250.00	49.2
Lower Extremities Great Toe	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	
<b>INJURY</b>						
Contagious Disease	2	40.0	1,288.78	0.00	1,288.78	50.8
Inflammation	2	40.0	0.00	1,250.00	1,250.00	49.2
Crushing	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$1,288.78</b>	<b>\$1,250.00</b>	<b>\$2,538.78</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>19 - VDH New River Health District</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal / bee type	1	50.0	0.00	0.00	0.00	0.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Puncture	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>1 - VDH Central Shenandoah Health Dist.</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	40.0	3,614.30	1,277.13	4,891.43	100.0
10AM - 11:59AM	1	20.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	40.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	40.0	3,591.43	0.00	3,591.43	73.4
6 - 8	1	20.0	22.87	1,277.13	1,300.00	26.6
18 - 20	1	20.0	0.00	0.00	0.00	0.0
24 - 26	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	
<b>Age of Claimant</b>						
40 - 44	1	20.0	3,591.43	0.00	3,591.43	73.4
35 - 39	1	20.0	22.87	1,277.13	1,300.00	26.6
45 - 49	1	20.0	0.00	0.00	0.00	0.0
50 - 54	1	20.0	0.00	0.00	0.00	0.0
65 - 69	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	100.0	3,614.30	1,277.13	4,891.43	100.0
<b>Totals:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	20.0	3,591.43	0.00	3,591.43	73.4
Walking surface, outside, dry	1	20.0	22.87	1,277.13	1,300.00	26.6
Dolly	1	20.0	0.00	0.00	0.00	0.0
Floor	1	20.0	0.00	0.00	0.00	0.0
Stairs	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	20.0	3,591.43	0.00	3,591.43	73.4
Fall/Slip From a Different Level	1	20.0	22.87	1,277.13	1,300.00	26.6
Fall On the Same Level	1	20.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	20.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Lower Extremities Ankle	2	40.0	3,614.30	1,277.13	4,891.43	100.0
Head Other facial soft tissue	1	20.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	
<b>INJURY</b>						
Inflammation	2	40.0	3,591.43	0.00	3,591.43	73.4
Sprain	1	20.0	22.87	1,277.13	1,300.00	26.6
All Other (Specific) Injuries, NOC	1	20.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$3,614.30</b>	<b>\$1,277.13</b>	<b>\$4,891.43</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>20 - VDH Roanoke City Health District</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	0.00	0.00	0.00	0.0
26 - 28	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Oil	1	50.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>22 - VDH Crater Health District</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	2	50.0	962.61	306.21	1,268.82	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
<b>Totals:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	25.0	943.79	306.21	1,250.00	98.5
4 - 6	1	25.0	18.82	0.00	18.82	1.5
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
<b>Totals:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	
<b>Age of Claimant</b>						
45 - 49	2	50.0	962.61	306.21	1,268.82	100.0
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
<b>Totals:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	962.61	306.21	1,268.82	100.0
<b>Totals:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	25.0	943.79	306.21	1,250.00	98.5
Object on Floor	1	25.0	18.82	0.00	18.82	1.5
Air Ramp Equipment	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
<b>Totals:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	25.0	943.79	306.21	1,250.00	98.5
Lifting	1	25.0	18.82	0.00	18.82	1.5
Fall On the Same Level	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	25.0	943.79	306.21	1,250.00	98.5
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	18.82	0.00	18.82	1.5
Multiple Body Parts Multiple Body Parts	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Contagious Disease	1	25.0	943.79	306.21	1,250.00	98.5
Strain	1	25.0	18.82	0.00	18.82	1.5
Contusion (Bruise, Skin Surface)	2	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$962.61</b>	<b>\$306.21</b>	<b>\$1,268.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>23 - VDH Chickahominy Health District</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	10,137.62	88,232.77	98,370.39	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10,137.62</b>	<b>\$88,232.77</b>	<b>\$98,370.39</b>	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>24 - VDH Henrico Health District</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	50.0	3,478.95	4,851.86	8,330.81	100.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	3,478.95	4,851.86	8,330.81	100.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>Age of Claimant</b>						
35 - 39	2	100.0	3,478.95	4,851.86	8,330.81	100.0
<b>Totals:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	3,478.95	4,851.86	8,330.81	100.0
<b>Totals:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	100.0	3,478.95	4,851.86	8,330.81	100.0
<b>Totals:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	2	100.0	3,478.95	4,851.86	8,330.81	100.0
<b>Sum:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>BODY PART</b>						
Neck Multiple Neck Injury	1	50.0	3,478.95	4,851.86	8,330.81	100.0
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	100.0	3,478.95	4,851.86	8,330.81	100.0
<b>Sum:</b>	<b>2</b>		<b>\$3,478.95</b>	<b>\$4,851.86</b>	<b>\$8,330.81</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>25 - VDH Piedmont Health District</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Scalpel	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>26 - VDH Richmond City Health District</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	66.7	284.09	0.00	284.09	100.0
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	284.09	0.00	284.09	100.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>Age of Claimant</b>						
25 - 29	1	33.3	284.09	0.00	284.09	100.0
40 - 44	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	284.09	0.00	284.09	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>LOSS CAUSE</b>						
Door	1	33.3	284.09	0.00	284.09	100.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Object Being Lifted or	1	33.3	284.09	0.00	284.09	100.0
Collision with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	66.7	284.09	0.00	284.09	100.0
Upper Extremities Shoulder(s)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	33.3	284.09	0.00	284.09	100.0
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$284.09</b>	<b>\$0.00</b>	<b>\$284.09</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>27 - VDH Southside Health District</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
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
20 - 22	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	0.00	0.00	0.00	0.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Cords	1	33.3	0.00	0.00	0.00	0.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	33.3	0.00	0.00	0.00	0.0
Vehicle Upset	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	2	66.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>29 - VDH Eastern Shore Health District</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>2 - VDH Lord Fairfax Health District</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	90.86	0.00	90.86	100.0
10PM - 11:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	90.86	0.00	90.86	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	90.86	0.00	90.86	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	90.86	0.00	90.86	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>LOSS CAUSE</b>						
Water	1	50.0	90.86	0.00	90.86	100.0
Infectious agent	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	90.86	0.00	90.86	100.0
Object Being Lifted or Handled	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	90.86	0.00	90.86	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	90.86	0.00	90.86	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$90.86</b>	<b>\$0.00</b>	<b>\$90.86</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>30 - VDH Hampton Health District</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Totals:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	
<b>INJURY</b>						
Strain	1	100.0	1,137.43	0.00	1,137.43	100.0
<b>Sum:</b>	<b>1</b>		<b>\$1,137.43</b>	<b>\$0.00</b>	<b>\$1,137.43</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>32 - VDH Norfolk Health District</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	33.3	196.16	1,053.84	1,250.00	53.6
4PM - 5:59PM	1	33.3	853.71	0.00	853.71	36.6
10AM - 11:59AM	1	33.3	227.11	0.00	227.11	9.7
<b>Totals:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	196.16	1,053.84	1,250.00	53.6
8 - 10	1	33.3	853.71	0.00	853.71	36.6
4 - 6	1	33.3	227.11	0.00	227.11	9.7
<b>Totals:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>Age of Claimant</b>						
50 - 54	2	66.7	1,049.87	1,053.84	2,103.71	90.3
60 - 64	1	33.3	227.11	0.00	227.11	9.7
<b>Totals:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	1,276.98	1,053.84	2,330.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	33.3	196.16	1,053.84	1,250.00	53.6
Glass bottle / sheet	1	33.3	853.71	0.00	853.71	36.6
Chair	1	33.3	227.11	0.00	227.11	9.7
<b>Totals:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	33.3	196.16	1,053.84	1,250.00	53.6
Broken Glass	1	33.3	853.71	0.00	853.71	36.6
Fall On the Same Level	1	33.3	227.11	0.00	227.11	9.7
<b>Sum:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	33.3	196.16	1,053.84	1,250.00	53.6
Upper Extremities Wrist	1	33.3	853.71	0.00	853.71	36.6
Upper Extremities Shoulder(s)	1	33.3	227.11	0.00	227.11	9.7
<b>Sum:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	
<b>INJURY</b>						
Sprain	1	33.3	196.16	1,053.84	1,250.00	53.6
All Other (Specific) Injuries, NOC	1	33.3	853.71	0.00	853.71	36.6



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	33.3	227.11	0.00	227.11	9.7
<b>Sum:</b>	<b>3</b>		<b>\$1,276.98</b>	<b>\$1,053.84</b>	<b>\$2,330.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 601 - VA DEPARTMENT OF HEALTH

#### 33 - VDH Three Rivers Health District

#### TIME OF INJURY

8AM - 9:59AM	1	16.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	16.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

#### LENGTH OF SERVICE

0 - 2	3	50.0	0.00	0.00	0.00	0.0
8 - 10	1	16.7	0.00	0.00	0.00	0.0
16 - 18	1	16.7	0.00	0.00	0.00	0.0
20 - 22	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

#### Age of Claimant

30 - 34	2	33.3	0.00	0.00	0.00	0.0
45 - 49	2	33.3	0.00	0.00	0.00	0.0
50 - 54	1	16.7	0.00	0.00	0.00	0.0
65 - 69	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

#### SEX OF CLAIMANT

Female	5	83.3	0.00	0.00	0.00	0.0
Male	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

#### LOSS CAUSE

Dust	1	16.7	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
N/A	2	33.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

#### ACCIDENT TYPE

Bending	1	16.7	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	16.7	0.00	0.00	0.00	0.0
Fall On the Same Level	2	33.3	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

#### BODY PART

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	50.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	16.7	0.00	0.00	0.00	0.0
No Physical Injury	4	66.7	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>34 - VDH Peninsula Health District</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	2,087.30	0.00	2,087.30	100.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>LENGTH OF SERVICE</b>						
28 - 30	1	50.0	2,087.30	0.00	2,087.30	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	2,087.30	0.00	2,087.30	100.0
30 - 34	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	2,087.30	0.00	2,087.30	100.0
<b>Totals:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	50.0	2,087.30	0.00	2,087.30	100.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	50.0	2,087.30	0.00	2,087.30	100.0
Motor Vehicle, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	2,087.30	0.00	2,087.30	100.0
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	
<b>INJURY</b>						
Puncture	1	50.0	2,087.30	0.00	2,087.30	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$2,087.30</b>	<b>\$0.00</b>	<b>\$2,087.30</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>35 - VDH Western Tidewater Health Dist.</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	66.7	42.31	0.00	42.31	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	42.31	0.00	42.31	100.0
12 - 14	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>Age of Claimant</b>						
50 - 54	1	33.3	42.31	0.00	42.31	100.0
30 - 34	1	33.3	0.00	0.00	0.00	0.0
65 - 69	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	42.31	0.00	42.31	100.0
<b>Totals:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>LOSS CAUSE</b>						
Water	1	33.3	42.31	0.00	42.31	100.0
Chair	1	33.3	0.00	0.00	0.00	0.0
Fencing	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	3	100.0	42.31	0.00	42.31	100.0
<b>Sum:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	42.31	0.00	42.31	100.0
Trunk Abdomen Including Groin	1	33.3	0.00	0.00	0.00	0.0
Trunk Buttocks	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	
<b>INJURY</b>						
Sprain	1	33.3	42.31	0.00	42.31	100.0
Multiple Physical Injury Only	1	33.3	0.00	0.00	0.00	0.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$42.31</b>	<b>\$0.00</b>	<b>\$42.31</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>36 - VDH Virginia Beach Health District</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	25.0	292.19	0.00	292.19	100.0
8AM - 9:59AM	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
<b>Totals:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	2	50.0	292.19	0.00	292.19	100.0
0 - 2	1	25.0	0.00	0.00	0.00	0.0
4 - 6	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b>Age of Claimant</b>						
50 - 54	2	50.0	292.19	0.00	292.19	100.0
45 - 49	2	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	75.0	292.19	0.00	292.19	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	25.0	292.19	0.00	292.19	100.0
Chair	1	25.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	25.0	292.19	0.00	292.19	100.0
Collision with Another Vehicle	1	25.0	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	25.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	25.0	292.19	0.00	292.19	100.0
Lower Extremities Toe(s)	1	25.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	
<b><i>INJURY</i></b>						
Laceration	1	25.0	292.19	0.00	292.19	100.0
All Other (Specific) Injuries, NOC	1	25.0	0.00	0.00	0.00	0.0
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$292.19</b>	<b>\$0.00</b>	<b>\$292.19</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>39 - VDH Portsmouth Health District</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	46.82	8,350.00	8,396.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$46.82</b>	<b>\$8,350.00</b>	<b>\$8,396.82</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>3 - VDH Rappahannock Health District</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	16.7	351.43	898.57	1,250.00	100.0
4AM - 5:59AM	1	16.7	0.00	0.00	0.00	0.0
8AM - 9:59AM	3	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	16.7	351.43	898.57	1,250.00	100.0
0 - 2	2	33.3	0.00	0.00	0.00	0.0
8 - 10	1	16.7	0.00	0.00	0.00	0.0
16 - 18	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
70 - 74	1	16.7	351.43	898.57	1,250.00	100.0
40 - 44	1	16.7	0.00	0.00	0.00	0.0
50 - 54	3	50.0	0.00	0.00	0.00	0.0
55 - 59	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	16.7	351.43	898.57	1,250.00	100.0
Female	5	83.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	16.7	351.43	898.57	1,250.00	100.0
Chair	1	16.7	0.00	0.00	0.00	0.0
Shelving	1	16.7	0.00	0.00	0.00	0.0
Splinter/Burr	1	16.7	0.00	0.00	0.00	0.0
Stairs, steps	1	16.7	0.00	0.00	0.00	0.0
Step stool	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	16.7	351.43	898.57	1,250.00	100.0
Cut, Punctured, Scraped, NOC	1	16.7	0.00	0.00	0.00	0.0
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	16.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Stairs	1	16.7	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	3	50.0	351.43	898.57	1,250.00	100.0
Head Skull	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extremities	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	16.7	351.43	898.57	1,250.00	100.0
Concussion (Brain, Cerebral)	1	16.7	0.00	0.00	0.00	0.0
Puncture	1	16.7	0.00	0.00	0.00	0.0
Sprain	2	33.3	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$351.43</b>	<b>\$898.57</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>4 - VDH Rappahannock/Rapidan Health Dist</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	100.0	755.91	0.00	755.91	100.0
<b>Totals:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	33.3	445.07	0.00	445.07	58.9
24 - 26	1	33.3	310.84	0.00	310.84	41.1
2 - 4	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>Age of Claimant</b>						
45 - 49	1	33.3	445.07	0.00	445.07	58.9
55 - 59	1	33.3	310.84	0.00	310.84	41.1
50 - 54	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	755.91	0.00	755.91	100.0
<b>Totals:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>LOSS CAUSE</b>						
Miscellaneous	1	33.3	445.07	0.00	445.07	58.9
Door	1	33.3	310.84	0.00	310.84	41.1
Animal, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	445.07	0.00	445.07	58.9
Struck or Injury By, NOC	1	33.3	310.84	0.00	310.84	41.1
Absorption, Ingestion or Inhalation NOC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	445.07	0.00	445.07	58.9
Upper Extremities Elbow	1	33.3	310.84	0.00	310.84	41.1
Head Other facial soft tissue	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	
<b>INJURY</b>						
Sprain	1	33.3	445.07	0.00	445.07	58.9
Strain	1	33.3	310.84	0.00	310.84	41.1
Contagious Disease	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$755.91</b>	<b>\$0.00</b>	<b>\$755.91</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>512 - VDH Office of Internal Audit</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
N/A	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Whole Body	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>555 - VDH Vital Records &amp; Health Stats.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	50.0	31.11	1,218.89	1,250.00	100.0
6AM - 7:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	2	100.0	31.11	1,218.89	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
60 - 64	2	100.0	31.11	1,218.89	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	31.11	1,218.89	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	50.0	31.11	1,218.89	1,250.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	100.0	31.11	1,218.89	1,250.00	100.0
<b>Sum:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	50.0	31.11	1,218.89	1,250.00	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Fracture	1	50.0	31.11	1,218.89	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$31.11</b>	<b>\$1,218.89</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>560 - VDH Office of Licensure &amp; Certif.</b>						
<b>TIME OF INJURY</b>						
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
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	0.00	0.00	0.0
10 - 12	1	33.3	0.00	0.00	0.00	0.0
14 - 16	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
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
65 - 69	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	33.3	0.00	0.00	0.00	0.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	3	100.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	3		\$0.00	\$0.00	\$0.00	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>584 - VDH Office of the Chief Med. Exam.</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	6	50.0	4,860.58	2,231.03	7,091.61	79.7
2PM - 3:59PM	1	8.3	590.97	659.03	1,250.00	14.1
10PM - 11:59PM	1	8.3	541.19	0.00	541.19	6.1
8AM - 9:59AM	1	8.3	10.87	0.00	10.87	0.1
6AM - 7:59AM	1	8.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	8	66.7	4,198.62	2,601.54	6,800.16	76.5
4 - 6	1	8.3	961.48	288.52	1,250.00	14.1
12 - 14	1	8.3	541.19	0.00	541.19	6.1
2 - 4	2	16.7	302.32	0.00	302.32	3.4
<b>Totals:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	
<b>Age of Claimant</b>						
25 - 29	6	50.0	4,844.06	2,247.55	7,091.61	79.7
30 - 34	1	8.3	607.49	642.51	1,250.00	14.1
40 - 44	1	8.3	541.19	0.00	541.19	6.1
35 - 39	2	16.7	10.87	0.00	10.87	0.1
20 - 24	1	8.3	0.00	0.00	0.00	0.0
50 - 54	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	
<b>SEX OF CLAIMANT</b>						
Female	12	100.0	6,003.61	2,890.06	8,893.67	100.0
<b>Totals:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	
<b>LOSS CAUSE</b>						
Scalpel	4	33.3	3,629.89	1,588.52	5,218.41	58.7
Patient / Inmate	1	8.3	607.49	642.51	1,250.00	14.1
Sharp objects, not otherwise classified	1	8.3	590.97	659.03	1,250.00	14.1
Uneven Surface	1	8.3	541.19	0.00	541.19	6.1
Foreign Object	1	8.3	320.88	0.00	320.88	3.6
Needle stick	1	8.3	302.32	0.00	302.32	3.4
Vehicle/car/truck	1	8.3	10.87	0.00	10.87	0.1
Outside Surface	1	8.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	5	41.7	3,291.61	1,300.00	4,591.61	51.6
Cut, Punctured, Scraped, NOC	1	8.3	607.49	642.51	1,250.00	14.1
Object Being Lifted or Handled	1	8.3	590.97	659.03	1,250.00	14.1
Powered Hand Tool; Appliance	1	8.3	961.48	288.52	1,250.00	14.1
Fall On the Same Level	3	25.0	541.19	0.00	541.19	6.1
Struck/Injured By Motor Vehicle	1	8.3	10.87	0.00	10.87	0.1
<b>Sum:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	6	50.0	2,480.82	2,840.06	5,320.88	59.8
Upper Extremities Thumb	1	8.3	2,668.41	50.00	2,718.41	30.6
Lower Extremities Ankle	1	8.3	541.19	0.00	541.19	6.1
Upper Extremities Hand	1	8.3	302.32	0.00	302.32	3.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	8.3	10.87	0.00	10.87	0.1
Multiple Body Parts Multiple Body Parts	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	
<b>INJURY</b>						
Laceration	4	33.3	3,629.89	338.52	3,968.41	44.6
Puncture	4	33.3	1,230.69	1,892.51	3,123.20	35.1
Contagious Disease	1	8.3	590.97	659.03	1,250.00	14.1
Sprain	2	16.7	541.19	0.00	541.19	6.1
All Other (Specific) Injuries, NOC	1	8.3	10.87	0.00	10.87	0.1
<b>Sum:</b>	<b>12</b>		<b>\$6,003.61</b>	<b>\$2,890.06</b>	<b>\$8,893.67</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>5 - VDH Thomas Jefferson Health District</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	100.0	6,638.04	2,495.97	9,134.01	100.0
<b>Totals:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	5,684.01	0.00	5,684.01	62.2
10 - 12	1	50.0	954.03	2,495.97	3,450.00	37.8
<b>Totals:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	5,684.01	0.00	5,684.01	62.2
60 - 64	1	50.0	954.03	2,495.97	3,450.00	37.8
<b>Totals:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	5,684.01	0.00	5,684.01	62.2
Female	1	50.0	954.03	2,495.97	3,450.00	37.8
<b>Totals:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	50.0	5,684.01	0.00	5,684.01	62.2
Animal, not otherwise classified	1	50.0	954.03	2,495.97	3,450.00	37.8
<b>Totals:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	5,684.01	0.00	5,684.01	62.2
Struck/Injured By Animal or Insect	1	50.0	954.03	2,495.97	3,450.00	37.8
<b>Sum:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	100.0	6,638.04	2,495.97	9,134.01	100.0
<b>Sum:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	100.0	6,638.04	2,495.97	9,134.01	100.0
<b>Sum:</b>	<b>2</b>		<b>\$6,638.04</b>	<b>\$2,495.97</b>	<b>\$9,134.01</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>6 - VDH Alexandria Health District</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
70 - 74	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>760 - VDH- CENTRAL OFFICE</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	0.00	0.00	0.00	0.0
44 - 46	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
70 - 74	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chair	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	50.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>601 - VA DEPARTMENT OF HEALTH</b>						
<b>S601 - VA DEPARTMENT OF HEALTH</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	33.3	18.82	10,100.00	10,118.82	100.0
8AM - 9:59AM	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	18.82	10,100.00	10,118.82	100.0
30 - 32	1	33.3	0.00	0.00	0.00	0.0
26 - 28	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>Age of Claimant</b>						
60 - 64	2	66.7	18.82	10,100.00	10,118.82	100.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	18.82	10,100.00	10,118.82	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	33.3	18.82	10,100.00	10,118.82	100.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	33.3	18.82	10,100.00	10,118.82	100.0
Collision with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	18.82	10,100.00	10,118.82	100.0
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	
<b>INJURY</b>						
Fracture	1	33.3	18.82	10,100.00	10,118.82	100.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$18.82</b>	<b>\$10,100.00</b>	<b>\$10,118.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>602 - MEDICAL ASST. SERVS., DEPT. OF</b>						
<b>S602 - MEDICAL ASST. SERVS., DEPT. OF</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	50.0	0.00	1,250.00	1,250.00	100.0
6AM - 7:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	50.0	0.00	1,250.00	1,250.00	100.0
24 - 26	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	0.00	1,250.00	1,250.00	100.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Floor	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	0.00	1,250.00	1,250.00	100.0
Fall/Slip on Ice or Snow	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Body Systems & Mt	1	50.0	0.00	1,250.00	1,250.00	100.0
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Sprain	1	50.0	0.00	1,250.00	1,250.00	100.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>158 - VADOC-BASKERVILLE CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>160 - VADOC-Central VA Corr. Unit #13</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	50.0	0.00	1,250.00	1,250.00	62.3
2PM - 3:59PM	1	25.0	396.25	0.00	396.25	19.7
4AM - 5:59AM	1	25.0	360.11	0.00	360.11	17.9
<b>Totals:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	25.0	0.00	1,250.00	1,250.00	62.3
0 - 2	3	75.0	756.36	0.00	756.36	37.7
<b>Totals:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>Age of Claimant</b>						
55 - 59	1	25.0	0.00	1,250.00	1,250.00	62.3
20 - 24	1	25.0	396.25	0.00	396.25	19.7
25 - 29	1	25.0	360.11	0.00	360.11	17.9
35 - 39	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	756.36	1,250.00	2,006.36	100.0
<b>Totals:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>LOSS CAUSE</b>						
Needle stick	1	25.0	0.00	1,250.00	1,250.00	62.3
Training \ Drills	1	25.0	396.25	0.00	396.25	19.7
Door	1	25.0	360.11	0.00	360.11	17.9
Shelving	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>ACCIDENT TYPE</b>						
Object Being Lifted or Handled	1	25.0	0.00	1,250.00	1,250.00	62.3
Strain or Injury By, NOC	1	25.0	396.25	0.00	396.25	19.7
Caught In/Between-Object Handled	1	25.0	360.11	0.00	360.11	17.9
Strike Against/Step On Stationary Objec	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	25.0	0.00	1,250.00	1,250.00	62.3
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	396.25	0.00	396.25	19.7
Upper Extremities Thumb	1	25.0	360.11	0.00	360.11	17.9
Head Facial Bones	1	25.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	
<b>INJURY</b>						
Puncture	1	25.0	0.00	1,250.00	1,250.00	62.3
Strain	1	25.0	396.25	0.00	396.25	19.7
Laceration	1	25.0	360.11	0.00	360.11	17.9
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$756.36</b>	<b>\$1,250.00</b>	<b>\$2,006.36</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>257 - VADOC-RUSTBURG CORRECTION. UNIT #9</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	33.3	0.00	0.00	0.00	0.0
12 - 14	1	33.3	0.00	0.00	0.00	0.0
26 - 28	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
65 - 69	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Stairs, steps	2	66.7	0.00	0.00	0.00	0.0
Wires	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	2	66.7	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	33.3	0.00	0.00	0.00	0.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Strain	1	33.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	3		\$0.00	\$0.00	\$0.00	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>291 - VADOC-Appalachian Detention Center</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	615.19	0.00	615.19	100.0
<b>Totals:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	615.19	0.00	615.19	100.0
18 - 20	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>Age of Claimant</b>						
20 - 24	1	50.0	615.19	0.00	615.19	100.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	615.19	0.00	615.19	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>LOSS CAUSE</b>						
Metal items	1	50.0	615.19	0.00	615.19	100.0
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Objec	1	50.0	615.19	0.00	615.19	100.0
Struck/Injured By Object Being Lifted or	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	50.0	615.19	0.00	615.19	100.0
Lower Extremities Foot	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	
<b>INJURY</b>						
Laceration	1	50.0	615.19	0.00	615.19	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$615.19</b>	<b>\$0.00</b>	<b>\$615.19</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>334 - VADOC-Chesterfield Women's Div Ctr</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	25.0	22,624.86	0.00	22,624.86	82.0
6AM - 7:59AM	1	25.0	4,297.85	0.00	4,297.85	15.6
10AM - 11:59AM	1	25.0	645.55	0.00	645.55	2.3
8AM - 9:59AM	1	25.0	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	25.0	22,624.86	0.00	22,624.86	82.0
4 - 6	2	50.0	4,316.67	0.00	4,316.67	15.6
2 - 4	1	25.0	645.55	0.00	645.55	2.3
<b>Totals:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>Age of Claimant</b>						
35 - 39	1	25.0	22,624.86	0.00	22,624.86	82.0
40 - 44	2	50.0	4,943.40	0.00	4,943.40	17.9
25 - 29	1	25.0	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	27,587.08	0.00	27,587.08	100.0
<b>Totals:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	25.0	22,624.86	0.00	22,624.86	82.0
Walking surface, inside, wet	1	25.0	4,297.85	0.00	4,297.85	15.6
Walking surface, outside, dry	1	25.0	645.55	0.00	645.55	2.3
Training \ Drills	1	25.0	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	25.0	22,624.86	0.00	22,624.86	82.0
Fall/Slip From Liquid or Grease Spills	1	25.0	4,297.85	0.00	4,297.85	15.6
Strain or Injury By, NOC	2	50.0	664.37	0.00	664.37	2.4
<b>Sum:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	25.0	22,624.86	0.00	22,624.86	82.0
Multiple Body Parts Multiple Body Parts	1	25.0	4,297.85	0.00	4,297.85	15.6
Lower Extremities Ankle	1	25.0	645.55	0.00	645.55	2.3
Upper Extremities Multiple Upper Extremities	1	25.0	18.82	0.00	18.82	0.1

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	
<b>INJURY</b>						
Laceration	1	25.0	22,624.86	0.00	22,624.86	82.0
Multiple Physical Injury Only	1	25.0	4,297.85	0.00	4,297.85	15.6
Sprain	2	50.0	664.37	0.00	664.37	2.4
<b>Sum:</b>	<b>4</b>		<b>\$27,587.08</b>	<b>\$0.00</b>	<b>\$27,587.08</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>357 - VADOC-COLD SPRINGS CORR. UNIT #10</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	50.0	1,547.87	0.00	1,547.87	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	1,547.87	0.00	1,547.87	100.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	1,547.87	0.00	1,547.87	100.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	1,547.87	0.00	1,547.87	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>LOSS CAUSE</b>						
Scrap, Debris, Waste Material	1	50.0	1,547.87	0.00	1,547.87	100.0
Water	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	1,547.87	0.00	1,547.87	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & L)	1	50.0	1,547.87	0.00	1,547.87	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	
<b>INJURY</b>						
Strain	1	50.0	1,547.87	0.00	1,547.87	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$1,547.87</b>	<b>\$0.00</b>	<b>\$1,547.87</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>359 - VADOC-HARRISONBURG DIVERSION CTR</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	0.00	0.00	0.00	0.0
24 - 26	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Fencing	1	50.0	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Object Handled	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>457 - VADOC-WISE CORRECTIONAL UNIT #18</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	33.3	52.33	3,516.49	3,568.82	100.0
4AM - 5:59AM	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	2	66.7	52.33	3,516.49	3,568.82	100.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>Age of Claimant</b>						
80 - 84	1	33.3	52.33	3,516.49	3,568.82	100.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
55 - 59	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	33.3	52.33	3,516.49	3,568.82	100.0
Male	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	33.3	52.33	3,516.49	3,568.82	100.0
Person	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
<b>Totals:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	33.3	52.33	3,516.49	3,568.82	100.0
Collision with a Fixed Object	2	66.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	3	100.0	52.33	3,516.49	3,568.82	100.0
<b>Sum:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	
<b>INJURY</b>						
No Physical Injury	3	100.0	52.33	3,516.49	3,568.82	100.0
<b>Sum:</b>	<b>3</b>		<b>\$52.33</b>	<b>\$3,516.49</b>	<b>\$3,568.82</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>458 - VADOC-HALIFAX CORRECTION. UNIT #23</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Food	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Absorption, Ingestion or Inhalation NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Neck Larynx	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>649 - VADOC-Eastern Regional Office</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	50.0	727.08	522.92	1,250.00	100.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	50.0	727.08	522.92	1,250.00	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	50.0	727.08	522.92	1,250.00	100.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	727.08	522.92	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	50.0	727.08	522.92	1,250.00	100.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Motor Vehicle, NOC	1	50.0	727.08	522.92	1,250.00	100.0
Struck/Injured By Motor Vehicle	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Elbow	1	50.0	727.08	522.92	1,250.00	100.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	727.08	522.92	1,250.00	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$727.08</b>	<b>\$522.92</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>659 - VADOC-STAFFORD DIVERSION CENTER</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	20.0	50,019.41	30,361.37	80,380.78	92.3
4PM - 5:59PM	1	20.0	808.63	4,241.37	5,050.00	5.8
10AM - 11:59AM	1	20.0	0.00	1,250.00	1,250.00	1.4
12PM - 1:59PM	1	20.0	445.44	0.00	445.44	0.5
6PM - 7:59PM	1	20.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	5	100.0	51,273.48	35,852.74	87,126.22	100.0
<b>Totals:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	
<b>Age of Claimant</b>						
80 - 84	1	20.0	50,019.41	30,361.37	80,380.78	92.3
35 - 39	4	80.0	1,254.07	5,491.37	6,745.44	7.7
<b>Totals:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	100.0	51,273.48	35,852.74	87,126.22	100.0
<b>Totals:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	
<b>LOSS CAUSE</b>						
Stairs	1	20.0	50,019.41	30,361.37	80,380.78	92.3
Patient / Inmate	4	80.0	1,254.07	5,491.37	6,745.44	7.7
<b>Totals:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Stairs	1	20.0	50,019.41	30,361.37	80,380.78	92.3
Person in Act of Crime	1	20.0	808.63	4,241.37	5,050.00	5.8
Strike Against/Step On Stationary Objec	1	20.0	0.00	1,250.00	1,250.00	1.4
Twisting	1	20.0	445.44	0.00	445.44	0.5
Absorption, Ingestion or Inhalation NOC	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	20.0	50,019.41	30,361.37	80,380.78	92.3
Head Eye(s)	1	20.0	808.63	4,241.37	5,050.00	5.8
Trunk Buttocks	1	20.0	0.00	1,250.00	1,250.00	1.4
Trunk Low Back Area (Incl. Lumbar & L1	1	20.0	445.44	0.00	445.44	0.5
Upper Extremities Hand	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Multiple Physical Injury Only	2	40.0	50,464.85	30,361.37	80,826.22	92.8
All Other (Specific) Injuries, NOC	1	20.0	808.63	4,241.37	5,050.00	5.8
Contusion (Bruise, Skin Surface)	1	20.0	0.00	1,250.00	1,250.00	1.4
Contagious Disease	1	20.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>5</b>		<b>\$51,273.48</b>	<b>\$35,852.74</b>	<b>\$87,126.22</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>701 - VADOC-CORRECTIONS ADMINISTRATION</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	4	50.0	20,065.14	0.00	20,065.14	77.3
10AM - 11:59AM	2	25.0	398.06	3,820.76	4,218.82	16.3
4PM - 5:59PM	1	12.5	0.00	1,250.00	1,250.00	4.8
12PM - 1:59PM	1	12.5	415.38	0.00	415.38	1.6
<b>Totals:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	37.5	20,461.70	0.00	20,461.70	78.9
0 - 2	3	37.5	398.06	3,820.76	4,218.82	16.3
28 - 30	1	12.5	0.00	1,250.00	1,250.00	4.8
8 - 10	1	12.5	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>Age of Claimant</b>						
50 - 54	2	25.0	20,296.58	2,718.56	23,015.14	88.7
55 - 59	3	37.5	563.18	1,102.20	1,665.38	6.4
65 - 69	1	12.5	0.00	1,250.00	1,250.00	4.8
35 - 39	1	12.5	18.82	0.00	18.82	0.1
45 - 49	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	25.0	20,046.32	0.00	20,046.32	77.3
Female	6	75.0	832.26	5,070.76	5,903.02	22.7
<b>Totals:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>LOSS CAUSE</b>						
Pipe	1	12.5	20,046.32	0.00	20,046.32	77.3
Elevators, escalators	1	12.5	250.26	2,718.56	2,968.82	11.4
Animal, not otherwise classified	1	12.5	0.00	1,250.00	1,250.00	4.8
Racks	1	12.5	147.80	1,102.20	1,250.00	4.8
Walking surface, inside, dry	1	12.5	415.38	0.00	415.38	1.6
Miscellaneous	1	12.5	18.82	0.00	18.82	0.1
Office equipment	1	12.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	2	25.0	20,194.12	1,102.20	21,296.32	82.1



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Moving Parts of Machi	1	12.5	250.26	2,718.56	2,968.82	11.4
Fall On the Same Level	1	12.5	0.00	1,250.00	1,250.00	4.8
Twisting	2	25.0	415.38	0.00	415.38	1.6
Other than Physical Cause of Injury	1	12.5	18.82	0.00	18.82	0.1
Collision with Another Vehicle	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	12.5	20,046.32	0.00	20,046.32	77.3
Upper Extremities Upper Arm (Incl. Clav	1	12.5	250.26	2,718.56	2,968.82	11.4
Head Other facial soft tissue	1	12.5	147.80	1,102.20	1,250.00	4.8
Trunk Buttocks	1	12.5	0.00	1,250.00	1,250.00	4.8
Lower Extremities Ankle	1	12.5	415.38	0.00	415.38	1.6
Multiple Body Parts No Physical Injury	1	12.5	18.82	0.00	18.82	0.1
Multiple Body Parts Multiple Body Parts	1	12.5	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	
<b>INJURY</b>						
Fracture	1	12.5	20,046.32	0.00	20,046.32	77.3
Crushing	1	12.5	250.26	2,718.56	2,968.82	11.4
Strain	3	37.5	415.38	1,250.00	1,665.38	6.4
Inflammation	1	12.5	147.80	1,102.20	1,250.00	4.8
No Physical Injury	1	12.5	18.82	0.00	18.82	0.1
Multiple Injury Inc. Physical & Psycholog	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$20,878.58</b>	<b>\$5,070.76</b>	<b>\$25,949.34</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>711 - VADOC-VIRGINIA CORR. ENTERPRISES</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	37.5	54,747.10	73,989.18	128,736.28	97.4
8AM - 9:59AM	2	25.0	1,865.24	1,287.35	3,152.59	2.4
6AM - 7:59AM	1	12.5	297.95	0.00	297.95	0.2
4AM - 5:59AM	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
<b>Totals:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	12.5	53,055.62	71,111.84	124,167.46	93.9
8 - 10	1	12.5	1,691.48	1,627.34	3,318.82	2.5
22 - 24	1	12.5	1,632.65	1,287.35	2,920.00	2.2
0 - 2	4	50.0	297.95	1,250.00	1,547.95	1.2
4 - 6	1	12.5	232.59	0.00	232.59	0.2
<b>Totals:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	
<b>Age of Claimant</b>						
45 - 49	2	25.0	53,353.57	71,111.84	124,465.41	94.2
55 - 59	2	25.0	1,632.65	2,537.35	4,170.00	3.2
60 - 64	2	25.0	1,924.07	1,627.34	3,551.41	2.7
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
<b>Totals:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	5	62.5	56,677.70	74,026.53	130,704.23	98.9
Female	3	37.5	232.59	1,250.00	1,482.59	1.1
<b>Totals:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	
<b>LOSS CAUSE</b>						
Overhead Object	1	12.5	53,055.62	71,111.84	124,167.46	93.9
Furniture / fixtures	1	12.5	1,691.48	1,627.34	3,318.82	2.5
Cart	1	12.5	1,632.65	1,287.35	2,920.00	2.2
Stone / rock / brick	1	12.5	0.00	1,250.00	1,250.00	0.9
Propane Tank	1	12.5	297.95	0.00	297.95	0.2
Chair	1	12.5	232.59	0.00	232.59	0.2
Fencing	1	12.5	0.00	0.00	0.00	0.0
N/A	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	12.5	53,055.62	71,111.84	124,167.46	93.9
Fall On the Same Level	3	37.5	1,865.24	2,537.35	4,402.59	3.3
Caught In/Between-Object Handled	1	12.5	1,691.48	1,627.34	3,318.82	2.5
Dust, Gases, Fumes or Vapors	1	12.5	297.95	0.00	297.95	0.2
Other Injury NEC	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	4	50.0	53,288.21	72,361.84	125,650.05	95.1
Upper Extremities Wrist	1	12.5	1,691.48	1,627.34	3,318.82	2.5
Lower Extremities Lower Leg	1	12.5	1,632.65	1,287.35	2,920.00	2.2
Upper Extremities Finger(s)	1	12.5	297.95	0.00	297.95	0.2
Upper Extremities Hand	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	12.5	53,055.62	71,111.84	124,167.46	93.9
Contusion (Bruise, Skin Surface)	5	62.5	3,556.72	4,164.69	7,721.41	5.8
Burn	1	12.5	297.95	0.00	297.95	0.2
All Other (Specific) Injuries, NOC	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$56,910.29</b>	<b>\$75,276.53</b>	<b>\$132,186.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>716 - VADOC-VIRGINIA CORR. CTR FOR WOMEN</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	5.9	52,402.92	57,062.62	109,465.54	61.8
6AM - 7:59AM	4	23.5	17,059.53	10,409.89	27,469.42	15.5
2PM - 3:59PM	2	11.8	815.41	25,927.50	26,742.91	15.1
12PM - 1:59PM	3	17.6	143.20	9,250.18	9,393.38	5.3
8AM - 9:59AM	5	29.4	1,650.51	2,500.00	4,150.51	2.3
10AM - 11:59AM	2	11.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	14	82.4	70,124.55	103,629.13	173,753.68	98.0
6 - 8	1	5.9	0.00	1,250.00	1,250.00	0.7
2 - 4	1	5.9	1,199.26	0.00	1,199.26	0.7
4 - 6	1	5.9	747.76	271.06	1,018.82	0.6
<b>Totals:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	
<b>Age of Claimant</b>						
55 - 59	5	29.4	69,605.65	76,722.69	146,328.34	82.6
40 - 44	1	5.9	41.32	25,927.50	25,968.82	14.7
25 - 29	3	17.6	1,199.26	1,250.00	2,449.26	1.4
20 - 24	2	11.8	774.09	1,250.00	2,024.09	1.1
60 - 64	2	11.8	451.25	0.00	451.25	0.3
30 - 34	2	11.8	0.00	0.00	0.00	0.0
35 - 39	1	5.9	0.00	0.00	0.00	0.0
45 - 49	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	
<b>SEX OF CLAIMANT</b>						
Male	3	17.6	52,444.24	82,990.12	135,434.36	76.4
Female	14	82.4	19,627.33	22,160.07	41,787.40	23.6
<b>Totals:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	3	17.6	52,546.12	67,562.80	120,108.92	67.8
N/A	1	5.9	41.32	25,927.50	25,968.82	14.7
Uneven Surface	4	23.5	16,311.77	8,888.83	25,200.60	14.2
Patient / Inmate	1	5.9	0.00	1,250.00	1,250.00	0.7
Stairs	1	5.9	0.00	1,250.00	1,250.00	0.7
Walking surface, outside, wet	1	5.9	1,199.26	0.00	1,199.26	0.7
Stairs, steps	1	5.9	747.76	271.06	1,018.82	0.6

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Tire	1	5.9	774.09	0.00	774.09	0.4
Cabinet	1	5.9	451.25	0.00	451.25	0.3
Chair	1	5.9	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	5.9	0.00	0.00	0.00	0.0
Floor	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	

### ACCIDENT TYPE

Collision with a Fixed Object	1	5.9	52,402.92	57,062.62	109,465.54	61.8
Other Injury NEC	1	5.9	41.32	25,927.50	25,968.82	14.7
Fall, Slip or Trip, NOC	1	5.9	16,311.77	8,888.83	25,200.60	14.2
Striking Against or Stepping On, NOC	1	5.9	143.20	9,250.18	9,393.38	5.3
Fall/Slip on Stairs	2	11.8	747.76	1,521.06	2,268.82	1.3
Person in Act of Crime	1	5.9	0.00	1,250.00	1,250.00	0.7
Struck/Injured By Motor Vehicle	1	5.9	0.00	1,250.00	1,250.00	0.7
Fall/Slip on Ice or Snow	1	5.9	1,199.26	0.00	1,199.26	0.7
Reaching	1	5.9	774.09	0.00	774.09	0.4
Struck/Injured By Falling or Flying Objec	1	5.9	451.25	0.00	451.25	0.3
Absorption, Ingestion or Inhalation NOC	1	5.9	0.00	0.00	0.00	0.0
Fall On the Same Level	4	23.5	0.00	0.00	0.00	0.0
Twisting	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	5	29.4	52,444.24	84,240.12	136,684.36	77.1
Lower Extremities Hip	1	5.9	16,311.77	8,888.83	25,200.60	14.2
Lower Extremities Knee	4	23.5	143.20	10,500.18	10,643.38	6.0
Upper Extremities Elbow	2	11.8	1,650.51	0.00	1,650.51	0.9
Neck Soft Tissue-Neck	1	5.9	0.00	1,250.00	1,250.00	0.7
Upper Extremities Shoulder(s)	1	5.9	747.76	271.06	1,018.82	0.6
Trunk Low Back Area (Incl. Lumbar & L	1	5.9	774.09	0.00	774.09	0.4
Lower Extremities Ankle	1	5.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	

### INJURY

Multiple Physical Injury Only	1	5.9	52,402.92	57,062.62	109,465.54	61.8
Contusion (Bruise, Skin Surface)	6	35.3	16,763.02	10,138.83	26,901.85	15.2
All Other (Specific) Injuries, NOC	1	5.9	41.32	25,927.50	25,968.82	14.7
Strain	4	23.5	1,665.05	10,771.24	12,436.29	7.0
Sprain	2	11.8	0.00	1,250.00	1,250.00	0.7
Fracture	1	5.9	1,199.26	0.00	1,199.26	0.7
No Physical Injury	1	5.9	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Syncope	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$72,071.57</b>	<b>\$105,150.19</b>	<b>\$177,221.76</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>718 - VADOC-BLAND CORRECTIONAL UNIT</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	8	42.1	2,802.37	561.04	3,363.41	45.0
12PM - 1:59PM	5	26.3	1,837.77	1,029.28	2,867.05	38.3
2PM - 3:59PM	3	15.8	352.15	897.85	1,250.00	16.7
2AM - 3:59AM	1	5.3	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	5.3	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	6	31.6	1,338.98	1,434.44	2,773.42	37.1
2 - 4	4	21.1	1,707.67	1,029.28	2,736.95	36.6
4 - 6	2	10.5	1,945.64	24.45	1,970.09	26.3
0 - 2	6	31.6	0.00	0.00	0.00	0.0
20 - 22	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	
<b>Age of Claimant</b>						
30 - 34	6	31.6	2,473.78	536.59	3,010.37	40.2
50 - 54	1	5.3	1,815.54	24.45	1,839.99	24.6
25 - 29	6	31.6	350.82	1,029.28	1,380.10	18.4
45 - 49	3	15.8	352.15	897.85	1,250.00	16.7
20 - 24	1	5.3	0.00	0.00	0.00	0.0
35 - 39	1	5.3	0.00	0.00	0.00	0.0
40 - 44	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	
<b>SEX OF CLAIMANT</b>						
Male	12	63.2	4,992.29	2,488.17	7,480.46	100.0
Female	7	36.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	3	15.8	2,620.14	24.45	2,644.59	35.4
Needle stick	2	10.5	1,486.95	0.00	1,486.95	19.9
Patient / Inmate	2	10.5	220.72	1,029.28	1,250.00	16.7
Wires	1	5.3	352.15	897.85	1,250.00	16.7
Chair	1	5.3	182.23	536.59	718.82	9.6
Metal items	1	5.3	130.10	0.00	130.10	1.7
Animal, not otherwise classified	1	5.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Building parts / doors	1	5.3	0.00	0.00	0.00	0.0
Cart	1	5.3	0.00	0.00	0.00	0.0
Fencing	2	10.5	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	5.3	0.00	0.00	0.00	0.0
Overhead Object	1	5.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	5.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	

### ACCIDENT TYPE

Absorption, Ingestion or Inhalation NOC	3	15.8	2,620.14	24.45	2,644.59	35.4
Hand Tool, Utensil; Not Powered	1	5.3	1,486.95	0.00	1,486.95	19.9
Person in Act of Crime	2	10.5	220.72	1,029.28	1,250.00	16.7
Strike Against/Step On Stationary Object	2	10.5	352.15	897.85	1,250.00	16.7
Fall On the Same Level	1	5.3	182.23	536.59	718.82	9.6
Gunshot	1	5.3	130.10	0.00	130.10	1.7
Caught In/Between-Object Handled	2	10.5	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	5.3	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	5.3	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	5.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	5.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	5.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.3	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Object	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	3	15.8	2,620.14	24.45	2,644.59	35.4
Upper Extremities Finger(s)	6	31.6	1,486.95	0.00	1,486.95	19.9
Upper Extremities Hand	4	21.1	220.72	1,029.28	1,250.00	16.7
Upper Extremities Wrist	1	5.3	352.15	897.85	1,250.00	16.7
Upper Extremities Elbow	1	5.3	182.23	536.59	718.82	9.6
Head Other facial soft tissue	2	10.5	130.10	0.00	130.10	1.7
Lower Extremities Upper Leg	1	5.3	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	

### INJURY

Laceration	6	31.6	2,059.82	1,927.13	3,986.95	53.3
All Other (Specific) Injuries, NOC	3	15.8	2,620.14	24.45	2,644.59	35.4
Contusion (Bruise, Skin Surface)	4	21.1	182.23	536.59	718.82	9.6
Burn	2	10.5	130.10	0.00	130.10	1.7
Crushing	1	5.3	0.00	0.00	0.00	0.0



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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	2	10.5	0.00	0.00	0.00	0.0
Strain	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$4,992.29</b>	<b>\$2,488.17</b>	<b>\$7,480.46</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>721 - VADOC-State Farm Enterprise Unit</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Foreign Body in Eye	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Burn	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>733 - VADOC-SUSSEX I STATE PRISON</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	3	10.0	18,075.34	34,135.98	52,211.32	35.5
4AM - 5:59AM	2	6.7	5,014.68	33,872.96	38,887.64	26.4
2PM - 3:59PM	6	20.0	1,235.28	21,408.56	22,643.84	15.4
8AM - 9:59AM	5	16.7	10,736.97	5,827.47	16,564.44	11.3
10AM - 11:59AM	8	26.7	5,434.50	706.20	6,140.70	4.2
12PM - 1:59PM	2	6.7	4,114.51	0.00	4,114.51	2.8
12AM - 1:59AM	1	3.3	1,341.36	2,300.00	3,641.36	2.5
6AM - 7:59AM	2	6.7	493.35	2,006.65	2,500.00	1.7
6PM - 7:59PM	1	3.3	395.37	0.00	395.37	0.3
<b>Totals:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	3.3	18,075.34	32,885.98	50,961.32	34.6
0 - 2	7	23.3	2,805.10	25,332.70	28,137.80	19.1
12 - 14	2	6.7	10,780.50	14,922.88	25,703.38	17.5
2 - 4	8	26.7	5,350.56	18,950.08	24,300.64	16.5
4 - 6	8	26.7	5,100.35	5,050.00	10,150.35	6.9
20 - 22	1	3.3	4,095.69	0.00	4,095.69	2.8
6 - 8	2	6.7	411.29	2,088.71	2,500.00	1.7
14 - 16	1	3.3	222.53	1,027.47	1,250.00	0.8
<b>Totals:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	
<b>Age of Claimant</b>						
45 - 49	4	13.3	19,613.82	35,435.98	55,049.80	37.4
55 - 59	3	10.0	11,381.96	14,922.88	26,304.84	17.9
35 - 39	2	6.7	4,162.54	19,656.28	23,818.82	16.2
30 - 34	9	30.0	1,995.65	21,326.50	23,322.15	15.9
50 - 54	4	13.3	4,095.69	2,500.00	6,595.69	4.5
25 - 29	5	16.7	1,582.71	4,550.00	6,132.71	4.2
40 - 44	2	6.7	3,786.46	838.71	4,625.17	3.1
60 - 64	1	3.3	222.53	1,027.47	1,250.00	0.8
<b>Totals:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	
<b>SEX OF CLAIMANT</b>						
Male	19	63.3	17,560.24	66,121.84	83,682.08	56.9
Female	11	36.7	29,281.12	34,135.98	63,417.10	43.1
<b>Totals:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	
<b>LOSS CAUSE</b>						

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Patient / Inmate	12	40.0	12,761.50	44,894.29	57,655.79	39.2
Floor	1	3.3	18,075.34	32,885.98	50,961.32	34.6
Water	1	3.3	3,618.74	18,950.08	22,568.82	15.3
Door	3	10.0	9,428.36	0.00	9,428.36	6.4
Chemicals, not otherwise classified	1	3.3	222.53	1,027.47	1,250.00	0.8
Hot/Cold Object, Liquid, Substance	1	3.3	0.00	1,250.00	1,250.00	0.8
Infectious agent	1	3.3	0.00	1,250.00	1,250.00	0.8
Animal, not otherwise classified	4	13.3	957.47	0.00	957.47	0.7
Building parts / doors	2	6.7	761.77	0.00	761.77	0.5
Needle stick	1	3.3	601.46	0.00	601.46	0.4
Cart	1	3.3	395.37	0.00	395.37	0.3
Chair	1	3.3	18.82	0.00	18.82	0.0
Fencing	1	3.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	

### ACCIDENT TYPE

Person in Act of Crime	11	36.7	7,305.63	45,094.29	52,399.92	35.6
Fall, Slip or Trip, NOC	1	3.3	18,075.34	32,885.98	50,961.32	34.6
Contact with Hot Object or Substance	1	3.3	3,618.74	18,950.08	22,568.82	15.3
Struck/Injured By Object Being Lifted or	2	6.7	9,779.93	0.00	9,779.93	6.6
Broken Glass	1	3.3	4,095.69	0.00	4,095.69	2.8
Struck/Injured By Fellow Worker, Patient	1	3.3	1,341.36	2,300.00	3,641.36	2.5
Fall On the Same Level	2	6.7	241.35	1,027.47	1,268.82	0.9
Object Being Lifted or Handled	3	10.0	1,035.04	0.00	1,035.04	0.7
Struck/Injured By Animal or Insect	3	10.0	957.47	0.00	957.47	0.7
Strike Against/Step On Stationary Objec	1	3.3	328.19	0.00	328.19	0.2
Struck or Injury By, NOC	1	3.3	43.80	0.00	43.80	0.0
Other Injury NEC	1	3.3	18.82	0.00	18.82	0.0
Cut, Punctured, Scraped, NOC	1	3.3	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	3.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	5	16.7	27,972.07	35,892.63	63,864.70	43.4
Head Other facial soft tissue	4	13.3	1,807.23	36,331.44	38,138.67	25.9
Lower Extremities Foot	1	3.3	3,618.74	18,950.08	22,568.82	15.3
Head Eye(s)	4	13.3	8,556.94	3,800.00	12,356.94	8.4
Upper Extremities Hand	6	20.0	2,493.54	3,550.00	6,043.54	4.1
Trunk Low Back Area (Incl. Lumbar & Li	1	3.3	222.53	1,027.47	1,250.00	0.8
Upper Extremities Lower Arm	1	3.3	543.80	706.20	1,250.00	0.8
Upper Extremities Thumb	1	3.3	433.58	0.00	433.58	0.3
Upper Extremities Wrist	1	3.3	395.37	0.00	395.37	0.3
Head Ear(s)	1	3.3	382.79	0.00	382.79	0.3

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Lower Leg	1	3.3	352.15	0.00	352.15	0.2
Head Skull	1	3.3	43.80	0.00	43.80	0.0
Head Multiple Head Injury	1	3.3	18.82	0.00	18.82	0.0
Upper Extremities Finger(s)	2	6.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	4	13.3	28,855.84	67,128.71	95,984.55	65.3
Burn	1	3.3	3,618.74	18,950.08	22,568.82	15.3
Contagious Disease	5	16.7	5,556.06	5,556.65	11,112.71	7.6
Puncture	5	16.7	2,541.27	3,006.20	5,547.47	3.8
Foreign Body (Eye)	1	3.3	4,095.69	0.00	4,095.69	2.8
No Physical Injury	2	6.7	0.00	2,500.00	2,500.00	1.7
Contusion (Bruise, Skin Surface)	4	13.3	618.48	1,027.47	1,645.95	1.1
Laceration	3	10.0	794.08	838.71	1,632.79	1.1
Inflammation	2	6.7	328.19	1,250.00	1,578.19	1.1
Sprain	1	3.3	395.37	0.00	395.37	0.3
Concussion (Brain, Cerebral)	1	3.3	18.82	0.00	18.82	0.0
Mental Stress	1	3.3	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>30</b>		<b>\$46,841.36</b>	<b>\$100,257.82</b>	<b>\$147,099.18</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>734 - VADOC-SUSSEX II STATE PRISON</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	5	29.4	4,438.35	6,750.00	11,188.35	62.1
6PM - 7:59PM	2	11.8	2,015.07	0.00	2,015.07	11.2
2PM - 3:59PM	3	17.6	667.73	897.85	1,565.58	8.7
8AM - 9:59AM	1	5.9	779.12	470.88	1,250.00	6.9
4PM - 5:59PM	1	5.9	1,178.20	0.00	1,178.20	6.5
10AM - 11:59AM	2	11.8	818.17	0.00	818.17	4.5
6AM - 7:59AM	3	17.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	5.9	1,042.78	6,750.00	7,792.78	43.3
4 - 6	3	17.6	2,367.22	897.85	3,265.07	18.1
2 - 4	2	11.8	3,216.87	0.00	3,216.87	17.9
0 - 2	5	29.4	1,273.40	470.88	1,744.28	9.7
26 - 28	1	5.9	1,178.20	0.00	1,178.20	6.5
14 - 16	3	17.6	818.17	0.00	818.17	4.5
8 - 10	1	5.9	0.00	0.00	0.00	0.0
42 - 44	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	
<b>Age of Claimant</b>						
35 - 39	3	17.6	1,860.95	6,750.00	8,610.95	47.8
30 - 34	3	17.6	2,794.19	470.88	3,265.07	18.1
65 - 69	2	11.8	2,901.29	0.00	2,901.29	16.1
40 - 44	2	11.8	667.73	897.85	1,565.58	8.7
55 - 59	2	11.8	1,178.20	0.00	1,178.20	6.5
15 - 19	1	5.9	494.28	0.00	494.28	2.7
25 - 29	1	5.9	0.00	0.00	0.00	0.0
45 - 49	3	17.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	
<b>SEX OF CLAIMANT</b>						
Male	10	58.8	5,322.87	8,118.73	13,441.60	74.6
Female	7	41.2	4,573.77	0.00	4,573.77	25.4
<b>Totals:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	
<b>LOSS CAUSE</b>						
Infectious agent	2	11.8	1,537.06	6,750.00	8,287.06	46.0
Object on Floor	1	5.9	2,901.29	0.00	2,901.29	16.1

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Patient / Inmate	2	11.8	1,131.27	1,368.73	2,500.00	13.9
Walking surface, inside, wet	2	11.8	2,015.07	0.00	2,015.07	11.2
Cabinet	1	5.9	1,178.20	0.00	1,178.20	6.5
Walking surface, outside, dry	1	5.9	818.17	0.00	818.17	4.5
Razor blade	1	5.9	315.58	0.00	315.58	1.8
Boxes / containers	1	5.9	0.00	0.00	0.00	0.0
Door	1	5.9	0.00	0.00	0.00	0.0
Metal items	1	5.9	0.00	0.00	0.00	0.0
Package	1	5.9	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	11.8	0.00	0.00	0.00	0.0
Wall	1	5.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	

### ACCIDENT TYPE

Person in Act of Crime	3	17.6	2,316.18	7,220.88	9,537.06	52.9
Fall On the Same Level	2	11.8	2,901.29	0.00	2,901.29	16.1
Fall/Slip From Liquid or Grease Spills	1	5.9	2,015.07	0.00	2,015.07	11.2
Struck/Injured By Fellow Worker, Patient	1	5.9	352.15	897.85	1,250.00	6.9
Struck/Injured By Falling or Flying Objec	1	5.9	1,178.20	0.00	1,178.20	6.5
Twisting	1	5.9	818.17	0.00	818.17	4.5
Hand Tool, Utensil; Not Powered	1	5.9	315.58	0.00	315.58	1.8
Absorption, Ingestion or Inhalation NOC	1	5.9	0.00	0.00	0.00	0.0
Broken Glass	1	5.9	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	5.9	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	5.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	5.9	0.00	0.00	0.00	0.0
Lifting	1	5.9	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	3	17.6	2,220.98	6,750.00	8,970.98	49.8
Upper Extremities Wrist	2	11.8	2,901.29	0.00	2,901.29	16.1
Lower Extremities Knee	2	11.8	2,015.07	0.00	2,015.07	11.2
Head Other facial soft tissue	1	5.9	779.12	470.88	1,250.00	6.9
Upper Extremities Upper Arm (Incl. Clav	1	5.9	352.15	897.85	1,250.00	6.9
Lower Extremities Ankle	1	5.9	818.17	0.00	818.17	4.5
Lower Extremities Lower Leg	1	5.9	494.28	0.00	494.28	2.7
Upper Extremities Finger(s)	3	17.6	315.58	0.00	315.58	1.8
Multiple Body Parts No Physical Injury	1	5.9	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>INJURY</b>						
Contagious Disease	3	17.6	1,852.64	6,750.00	8,602.64	47.8
Sprain	3	17.6	5,734.53	0.00	5,734.53	31.8
Contusion (Bruise, Skin Surface)	3	17.6	779.12	470.88	1,250.00	6.9
Puncture	2	11.8	352.15	897.85	1,250.00	6.9
Multiple Physical Injury Only	1	5.9	1,178.20	0.00	1,178.20	6.5
All Other (Specific) Injuries, NOC	1	5.9	0.00	0.00	0.00	0.0
Crushing	1	5.9	0.00	0.00	0.00	0.0
Laceration	1	5.9	0.00	0.00	0.00	0.0
No Physical Injury	1	5.9	0.00	0.00	0.00	0.0
Strain	1	5.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>17</b>		<b>\$9,896.64</b>	<b>\$8,118.73</b>	<b>\$18,015.37</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>735 - VADOC-WALLENS RIDGE STATE PRISON</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	8	8.9	52,388.87	42,245.63	94,634.50	61.0
8AM - 9:59AM	33	36.7	33,961.11	8,244.96	42,206.07	27.2
10AM - 11:59AM	17	18.9	4,449.26	6,884.15	11,333.41	7.3
6PM - 7:59PM	4	4.4	3,744.37	15.43	3,759.80	2.4
4PM - 5:59PM	6	6.7	51.15	1,250.00	1,301.15	0.8
6AM - 7:59AM	4	4.4	898.34	351.66	1,250.00	0.8
8PM - 9:59PM	11	12.2	561.21	0.00	561.21	0.4
12PM - 1:59PM	5	5.6	18.82	0.00	18.82	0.0
4AM - 5:59AM	2	2.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	34	37.8	62,478.56	42,227.96	104,706.52	67.5
4 - 6	18	20.0	13,072.59	8,555.81	21,628.40	13.9
2 - 4	16	17.8	9,734.52	1,810.08	11,544.60	7.4
24 - 26	2	2.2	5,002.02	5,147.98	10,150.00	6.5
6 - 8	8	8.9	3,409.47	1,250.00	4,659.47	3.0
8 - 10	1	1.1	2,024.52	0.00	2,024.52	1.3
10 - 12	3	3.3	332.63	0.00	332.63	0.2
18 - 20	2	2.2	18.82	0.00	18.82	0.0
16 - 18	3	3.3	0.00	0.00	0.00	0.0
20 - 22	1	1.1	0.00	0.00	0.00	0.0
22 - 24	1	1.1	0.00	0.00	0.00	0.0
26 - 28	1	1.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	
<b>Age of Claimant</b>						
40 - 44	2	2.2	49,481.38	40,977.96	90,459.34	58.3
25 - 29	22	24.4	16,765.55	9,981.13	26,746.68	17.2
30 - 34	18	20.0	11,069.42	0.00	11,069.42	7.1
65 - 69	2	2.2	5,002.02	5,147.98	10,150.00	6.5
35 - 39	10	11.1	5,426.41	384.76	5,811.17	3.7
50 - 54	9	10.0	2,074.95	2,500.00	4,574.95	3.0
45 - 49	7	7.8	3,668.76	0.00	3,668.76	2.4
20 - 24	15	16.7	2,565.82	0.00	2,565.82	1.7
60 - 64	2	2.2	18.82	0.00	18.82	0.0
15 - 19	1	1.1	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	2	2.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	
<b>SEX OF CLAIMANT</b>						
Male	79	87.8	85,669.27	58,991.83	144,661.10	93.3
Female	11	12.2	10,403.86	0.00	10,403.86	6.7
<b>Totals:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	55	61.1	82,170.84	56,140.17	138,311.01	89.2
Walking surface, outside, dry	1	1.1	7,627.62	0.00	7,627.62	4.9
Needle stick	1	1.1	2,713.08	0.00	2,713.08	1.7
Razor blade	1	1.1	2,024.52	0.00	2,024.52	1.3
Object on Floor	1	1.1	898.34	351.66	1,250.00	0.8
Walking surface, inside, dry	3	3.3	0.00	1,250.00	1,250.00	0.8
Walking surface, inside, wet	1	1.1	0.00	1,250.00	1,250.00	0.8
Door	3	3.3	530.38	0.00	530.38	0.3
Vehicle/car/truck	1	1.1	32.33	0.00	32.33	0.0
Stairs, steps	2	2.2	30.83	0.00	30.83	0.0
Sharp objects, not otherwise classified	2	2.2	26.37	0.00	26.37	0.0
Miscellaneous	1	1.1	18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	1.1	0.00	0.00	0.00	0.0
Boxes / containers	1	1.1	0.00	0.00	0.00	0.0
Building parts / doors	1	1.1	0.00	0.00	0.00	0.0
Cart	2	2.2	0.00	0.00	0.00	0.0
Chair	2	2.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	2.2	0.00	0.00	0.00	0.0
Fencing	1	1.1	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	4	4.4	0.00	0.00	0.00	0.0
Floor	1	1.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.1	0.00	0.00	0.00	0.0
Person	1	1.1	0.00	0.00	0.00	0.0
Wires	1	1.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	54	60.0	82,170.84	56,140.17	138,311.01	89.2
Fall On the Same Level	5	5.6	7,627.62	0.00	7,627.62	4.9
Cut, Punctured, Scraped, NOC	4	4.4	5,267.98	0.00	5,267.98	3.4
Fall/Slip on Stairs	2	2.2	929.17	351.66	1,280.83	0.8
Fall/Slip on Ice or Snow	1	1.1	0.00	1,250.00	1,250.00	0.8
Repetitive Motion (after 7/1/94)	1	1.1	0.00	1,250.00	1,250.00	0.8
Collision with Another Vehicle	1	1.1	32.33	0.00	32.33	0.0

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Object Being Lifted or Handled	1	1.1	26.37	0.00	26.37	0.0
Other Injury NEC	3	3.3	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	4	4.4	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	2	2.2	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	1.1	0.00	0.00	0.00	0.0
Fall/Slip into Openings	3	3.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	1.1	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	1.1	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.1	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	2	2.2	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.1	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	1.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	24	26.7	70,028.57	50,449.78	120,478.35	77.7
Upper Extremities Hand	8	8.9	11,742.52	5,147.98	16,890.50	10.9
Head Other facial soft tissue	11	12.2	3,170.63	1,792.41	4,963.04	3.2
Lower Extremities Knee	8	8.9	2,542.58	1,601.66	4,144.24	2.7
Upper Extremities Shoulder(s)	4	4.4	3,409.47	0.00	3,409.47	2.2
Upper Extremities Thumb	1	1.1	2,713.08	0.00	2,713.08	1.7
Upper Extremities Elbow	1	1.1	2,074.95	0.00	2,074.95	1.3
Head Eye(s)	1	1.1	332.63	0.00	332.63	0.2
Multiple Body Parts No Physical Injury	1	1.1	32.33	0.00	32.33	0.0
Upper Extremities Finger(s)	4	4.4	26.37	0.00	26.37	0.0
Head Facial Bones	3	3.3	0.00	0.00	0.00	0.0
Head Mouth	2	2.2	0.00	0.00	0.00	0.0
Head Nose	2	2.2	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	3	3.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.1	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.1	0.00	0.00	0.00	0.0
Trunk Lung(s)	4	4.4	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	2	2.2	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	8	8.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	

### INJURY

Multiple Physical Injury Only	6	6.7	64,266.41	42,297.96	106,564.37	68.7
Laceration	15	16.7	9,586.19	6,917.25	16,503.44	10.6
Contusion (Bruise, Skin Surface)	15	16.7	5,365.48	5,147.98	10,513.46	6.8
Sprain	8	8.9	6,457.97	2,851.66	9,309.63	6.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contagious Disease	12	13.3	1,909.05	1,776.98	3,686.03	2.4
Puncture	3	3.3	2,713.08	0.00	2,713.08	1.7
All Other (Specific) Injuries, NOC	5	5.6	2,074.95	0.00	2,074.95	1.3
Crushing	1	1.1	2,035.44	0.00	2,035.44	1.3
Strain	6	6.7	1,613.41	0.00	1,613.41	1.0
No Physical Injury	11	12.2	32.33	0.00	32.33	0.0
Mental Stress	1	1.1	18.82	0.00	18.82	0.0
Foreign Body (Eye)	2	2.2	0.00	0.00	0.00	0.0
Inflammation	4	4.4	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	1.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>90</b>		<b>\$96,073.13</b>	<b>\$58,991.83</b>	<b>\$155,064.96</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>737 - VADOC-ST BRIDES CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	1	8.3	10,849.86	16,918.96	27,768.82	85.0
10AM - 11:59AM	2	16.7	3,081.08	0.00	3,081.08	9.4
6AM - 7:59AM	3	25.0	709.75	540.25	1,250.00	3.8
4PM - 5:59PM	1	8.3	554.41	0.00	554.41	1.7
2PM - 3:59PM	2	16.7	18.82	0.00	18.82	0.1
12AM - 1:59AM	1	8.3	0.00	0.00	0.00	0.0
8AM - 9:59AM	2	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	8.3	10,849.86	16,918.96	27,768.82	85.0
0 - 2	6	50.0	3,081.08	0.00	3,081.08	9.4
4 - 6	3	25.0	1,264.16	540.25	1,804.41	5.5
6 - 8	2	16.7	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	
<b>Age of Claimant</b>						
40 - 44	2	16.7	13,900.07	16,918.96	30,819.03	94.3
45 - 49	2	16.7	709.75	540.25	1,250.00	3.8
30 - 34	3	25.0	585.28	0.00	585.28	1.8
50 - 54	2	16.7	18.82	0.00	18.82	0.1
35 - 39	1	8.3	0.00	0.00	0.00	0.0
55 - 59	2	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	50.0	13,918.89	16,918.96	30,837.85	94.4
Female	6	50.0	1,295.03	540.25	1,835.28	5.6
<b>Totals:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	1	8.3	10,849.86	16,918.96	27,768.82	85.0
Animal / insect, not otherwise classifie	1	8.3	3,050.21	0.00	3,050.21	9.3
Outside Surface	1	8.3	709.75	540.25	1,250.00	3.8
Cart	1	8.3	554.41	0.00	554.41	1.7
Food	1	8.3	30.87	0.00	30.87	0.1
Minerals / dirt	1	8.3	18.82	0.00	18.82	0.1
Fencing	1	8.3	0.00	0.00	0.00	0.0
Needle stick	1	8.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle/car/truck	3	25.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	

### ACCIDENT TYPE

Twisting	1	8.3	10,849.86	16,918.96	27,768.82	85.0
Struck/Injured By Animal or Insect	1	8.3	3,050.21	0.00	3,050.21	9.3
Fall On the Same Level	2	16.7	728.57	540.25	1,268.82	3.9
Pushing or Pulling	1	8.3	554.41	0.00	554.41	1.7
Other Injury NEC	1	8.3	30.87	0.00	30.87	0.1
Collision with a Fixed Object	2	16.7	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	8.3	0.00	0.00	0.00	0.0
Holding or Carrying	1	8.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	8.3	0.00	0.00	0.00	0.0
Vehicle Upset	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	

### BODY PART

Upper Extremities Wrist	1	8.3	10,849.86	16,918.96	27,768.82	85.0
Upper Extremities Hand	2	16.7	3,604.62	0.00	3,604.62	11.0
Lower Extremities Ankle	1	8.3	709.75	540.25	1,250.00	3.8
Multiple Body Parts Multiple Body Parts	1	8.3	30.87	0.00	30.87	0.1
Lower Extremities Knee	1	8.3	18.82	0.00	18.82	0.1
Multiple Body Parts No Physical Injury	4	33.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	8.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	

### INJURY

Strain	2	16.7	11,404.27	16,918.96	28,323.23	86.7
Puncture	2	16.7	3,050.21	0.00	3,050.21	9.3
Sprain	1	8.3	709.75	540.25	1,250.00	3.8
All Other (Specific) Injuries, NOC	1	8.3	30.87	0.00	30.87	0.1
Inflammation	1	8.3	18.82	0.00	18.82	0.1
Laceration	1	8.3	0.00	0.00	0.00	0.0
No Physical Injury	4	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>12</b>		<b>\$15,213.92</b>	<b>\$17,459.21</b>	<b>\$32,673.13</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>741 - VADOC-RED ONION STATE PRISON</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	29	22.1	42,343.11	110,845.36	153,188.47	34.3
4PM - 5:59PM	12	9.2	79,576.25	48,804.27	128,380.52	28.7
6AM - 7:59AM	19	14.5	24,282.59	40,242.87	64,525.46	14.4
10AM - 11:59AM	28	21.4	14,292.19	33,377.69	47,669.88	10.7
6PM - 7:59PM	5	3.8	6,448.94	19,779.95	26,228.89	5.9
2PM - 3:59PM	17	13.0	7,567.80	3,331.30	10,899.10	2.4
12PM - 1:59PM	12	9.2	2,683.33	7,451.13	10,134.46	2.3
8PM - 9:59PM	5	3.8	5,728.59	0.00	5,728.59	1.3
12AM - 1:59AM	1	0.8	54.03	0.00	54.03	0.0
10PM - 11:59PM	2	1.5	36.07	0.00	36.07	0.0
4AM - 5:59AM	1	0.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	63	48.1	75,408.06	181,142.24	256,550.30	57.4
24 - 26	2	1.5	70,920.27	48,804.27	119,724.54	26.8
2 - 4	18	13.7	14,044.47	21,056.58	35,101.05	7.9
6 - 8	10	7.6	12,772.35	10,941.52	23,713.87	5.3
12 - 14	4	3.1	4,178.74	124.13	4,302.87	1.0
4 - 6	18	13.7	779.36	1,763.83	2,543.19	0.6
18 - 20	1	0.8	1,899.79	0.00	1,899.79	0.4
10 - 12	2	1.5	1,645.37	0.00	1,645.37	0.4
26 - 28	3	2.3	1,301.23	0.00	1,301.23	0.3
20 - 22	1	0.8	63.26	0.00	63.26	0.0
8 - 10	6	4.6	0.00	0.00	0.00	0.0
16 - 18	1	0.8	0.00	0.00	0.00	0.0
22 - 24	1	0.8	0.00	0.00	0.00	0.0
14 - 16	1	0.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	
<b>Age of Claimant</b>						
25 - 29	25	19.1	35,823.08	108,217.98	144,041.06	32.2
45 - 49	12	9.2	76,732.48	51,355.30	128,087.78	28.7
60 - 64	4	3.1	23,629.45	39,709.27	63,338.72	14.2
20 - 24	32	24.4	17,323.12	30,175.32	47,498.44	10.6
30 - 34	32	24.4	11,599.55	24,872.04	36,471.59	8.2
40 - 44	4	3.1	6,681.00	9,478.53	16,159.53	3.6

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	9	6.9	6,076.44	24.13	6,100.57	1.4
55 - 59	7	5.3	3,846.55	0.00	3,846.55	0.9
50 - 54	4	3.1	1,301.23	0.00	1,301.23	0.3
15 - 19	1	0.8	0.00	0.00	0.00	0.0
65 - 69	1	0.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	

### SEX OF CLAIMANT

Male	114	87.0	144,984.31	213,909.65	358,893.96	80.3
Female	17	13.0	38,028.59	49,922.92	87,951.51	19.7
<b>Totals:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	

### LOSS CAUSE

Patient / Inmate	93	71.0	68,874.07	170,737.73	239,611.80	53.6
Vehicle/car/truck	2	1.5	70,920.27	48,804.27	119,724.54	26.8
Pallet, Skid, Flat	1	0.8	23,566.19	39,709.27	63,275.46	14.2
Object on Floor	1	0.8	4,458.00	822.00	5,280.00	1.2
Door	2	1.5	5,191.31	0.00	5,191.31	1.2
Walking surface, inside, dry	2	1.5	3,459.22	0.00	3,459.22	0.8
Outside Surface	1	0.8	1,964.09	1,287.91	3,252.00	0.7
Needle stick	1	0.8	1,645.37	0.00	1,645.37	0.4
Metal items	5	3.8	1,436.86	0.00	1,436.86	0.3
Building parts / doors	3	2.3	52.98	1,221.39	1,274.37	0.3
Razor blade	1	0.8	1,264.76	0.00	1,264.76	0.3
Chemicals, not otherwise classified	2	1.5	0.00	1,250.00	1,250.00	0.3
Floor	1	0.8	63.26	0.00	63.26	0.0
Cart	2	1.5	61.63	0.00	61.63	0.0
N/A	2	1.5	54.89	0.00	54.89	0.0
Electrical equipment	1	0.8	0.00	0.00	0.00	0.0
Furniture / fixtures	2	1.5	0.00	0.00	0.00	0.0
Ground control unit/aerial	1	0.8	0.00	0.00	0.00	0.0
Gun / gunshot	1	0.8	0.00	0.00	0.00	0.0
Person	1	0.8	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	1.5	0.00	0.00	0.00	0.0
Training \ Drills	1	0.8	0.00	0.00	0.00	0.0
Uneven Surface	1	0.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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
<b>Totals:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	

### ACCIDENT TYPE

Twisting	2	1.5	30,011.36	104,115.45	134,126.81	30.0
Collision with Another Vehicle	1	0.8	70,920.27	48,804.27	119,724.54	26.8



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person in Act of Crime	71	54.2	33,420.23	57,577.33	90,997.56	20.4
Fall On the Same Level	12	9.2	33,415.82	40,557.90	73,973.72	16.6
Struck/Injured By Fellow Worker, Patient	5	3.8	2,378.86	6,518.32	8,897.18	2.0
Object Being Lifted or Handled	5	3.8	4,317.33	0.00	4,317.33	1.0
Fall/Slip into Openings	2	1.5	3,570.60	0.00	3,570.60	0.8
Repetitive Motion (after 7/1/94)	3	2.3	1,982.91	1,287.91	3,270.82	0.7
Strike Against/Step On Stationary Object	6	4.6	1,674.74	0.00	1,674.74	0.4
Other Injury NEC	2	1.5	18.82	1,250.00	1,268.82	0.3
Absorption, Ingestion or Inhalation NOC	3	2.3	0.00	1,250.00	1,250.00	0.3
Caught In, Under or Between, NOC	4	3.1	28.61	1,221.39	1,250.00	0.3
Pushing or Pulling	1	0.8	0.00	1,250.00	1,250.00	0.3
Cut, Punctured, Scraped, NOC	3	2.3	1,237.28	0.00	1,237.28	0.3
Other than Physical Cause of Injury	1	0.8	36.07	0.00	36.07	0.0
Caught In/Between-Object Handled	1	0.8	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	0.8	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Object Being Lifted	1	0.8	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	1.5	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Object	1	0.8	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	0.8	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	2	1.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	29	22.1	95,527.21	102,385.15	197,912.36	44.3
Lower Extremities Knee	5	3.8	29,771.98	104,115.45	133,887.43	30.0
Upper Extremities Shoulder(s)	4	3.1	28,024.19	40,531.27	68,555.46	15.3
Lower Extremities Upper Leg	3	2.3	2,699.05	7,489.04	10,188.09	2.3
Upper Extremities Finger(s)	12	9.2	8,068.60	0.00	8,068.60	1.8
Head Other facial soft tissue	11	8.4	2,793.29	2,792.58	5,585.87	1.3
Head Facial Bones	7	5.3	2,787.21	1,179.74	3,966.95	0.9
Head Mouth	2	1.5	3,570.60	0.00	3,570.60	0.8
Upper Extremities Elbow	7	5.3	1,241.08	1,274.13	2,515.21	0.6
Upper Extremities Wrist(s) and Hand(s)	1	0.8	2,376.47	26.63	2,403.10	0.5
Upper Extremities Hand	8	6.1	1,863.40	0.00	1,863.40	0.4
Lower Extremities Foot	2	1.5	1,620.71	0.00	1,620.71	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	0.8	1,565.17	0.00	1,565.17	0.4
Multiple Body Parts Whole Body	2	1.5	36.07	1,250.00	1,286.07	0.3
Upper Extremities Wrist	3	2.3	52.98	1,221.39	1,274.37	0.3
Multiple Body Parts Body Systems & Mt	1	0.8	0.00	1,250.00	1,250.00	0.3
Upper Extremities Lower Arm	8	6.1	932.81	317.19	1,250.00	0.3
Lower Extremities Ankle	1	0.8	63.26	0.00	63.26	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Heart	1	0.8	18.82	0.00	18.82	0.0
Head Eye(s)	3	2.3	0.00	0.00	0.00	0.0
Head Skull	2	1.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	5	3.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	4	3.1	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	2	1.5	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extre	6	4.6	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	0.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	

### INJURY

Strain	11	8.4	38,805.26	107,475.36	146,280.62	32.7
Contusion (Bruise, Skin Surface)	27	20.6	75,059.70	51,639.00	126,698.70	28.4
Multiple Physical Injury Only	15	11.5	21,370.90	53,147.28	74,518.18	16.7
Sprain	8	6.1	28,345.28	39,760.03	68,105.31	15.2
Contagious Disease	21	16.0	6,209.08	7,035.46	13,244.54	3.0
Laceration	27	20.6	9,206.78	1,958.25	11,165.03	2.5
Puncture	4	3.1	3,961.01	317.19	4,278.20	1.0
All Other (Specific) Injuries, NOC	2	1.5	18.82	1,250.00	1,268.82	0.3
Syncope	1	0.8	0.00	1,250.00	1,250.00	0.3
Multiple Injury Inc. Physical & Psycholog	1	0.8	36.07	0.00	36.07	0.0
Foreign Body (Eye)	1	0.8	0.00	0.00	0.00	0.0
Inflammation	3	2.3	0.00	0.00	0.00	0.0
No Physical Injury	10	7.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>131</b>		<b>\$183,012.90</b>	<b>\$263,832.57</b>	<b>\$446,845.47</b>	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>742 - VADOC-ACADEMY FOR STAFF DEVELOPMNT</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, wet	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	
<b>INJURY</b>						
Strain	1	100.0	4,628.57	43,140.25	47,768.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$4,628.57</b>	<b>\$43,140.25</b>	<b>\$47,768.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>743 - VADOC-FLUVANNA CORRECTIONAL CENTER</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	5	12.5	69,407.55	51,988.25	121,395.80	37.4
8AM - 9:59AM	6	15.0	57,316.09	44,534.31	101,850.40	31.4
4PM - 5:59PM	2	5.0	18.82	75,350.00	75,368.82	23.2
6AM - 7:59AM	4	10.0	4,875.73	1,556.88	6,432.61	2.0
12PM - 1:59PM	3	7.5	4,454.31	1,250.00	5,704.31	1.8
8PM - 9:59PM	3	7.5	4,337.60	994.64	5,332.24	1.6
2PM - 3:59PM	9	22.5	2,687.99	1,811.19	4,499.18	1.4
10AM - 11:59AM	4	10.0	1,319.48	941.34	2,260.82	0.7
4AM - 5:59AM	2	5.0	317.84	1,250.00	1,567.84	0.5
2AM - 3:59AM	1	2.5	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	2.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	20	50.0	81,483.30	54,028.83	135,512.13	41.8
2 - 4	5	12.5	58,846.89	49,041.12	107,888.01	33.3
6 - 8	5	12.5	1,698.82	74,100.00	75,798.82	23.4
28 - 30	1	2.5	1,394.24	50.00	1,444.24	0.4
4 - 6	5	12.5	757.63	511.19	1,268.82	0.4
8 - 10	1	2.5	255.36	994.64	1,250.00	0.4
26 - 28	1	2.5	299.17	950.83	1,250.00	0.4
18 - 20	1	2.5	0.00	0.00	0.00	0.0
14 - 16	1	2.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	
<b>Age of Claimant</b>						
55 - 59	4	10.0	56,147.85	117,699.53	173,847.38	53.6
50 - 54	4	10.0	69,074.46	51,037.42	120,111.88	37.0
35 - 39	13	32.5	7,187.16	1,761.19	8,948.35	2.8
45 - 49	4	10.0	5,458.52	1,892.17	7,350.69	2.3
60 - 64	3	7.5	5,600.51	1,606.88	7,207.39	2.2
20 - 24	4	10.0	342.09	2,184.78	2,526.87	0.8
30 - 34	3	7.5	669.46	1,250.00	1,919.46	0.6
25 - 29	3	7.5	0.00	1,250.00	1,250.00	0.4
40 - 44	2	5.0	255.36	994.64	1,250.00	0.4
<b>Totals:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	18	45.0	127,350.92	172,427.56	299,778.48	92.4
Female	22	55.0	17,384.49	7,249.05	24,633.54	7.6
<b>Totals:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	
<b>LOSS CAUSE</b>						
Cart	1	2.5	66,697.69	46,530.61	113,228.30	34.9
Hand Truck (2w)	1	2.5	56,129.03	43,599.53	99,728.56	30.7
Walking surface, inside, wet	3	7.5	727.48	75,041.34	75,768.82	23.4
Patient / Inmate	16	40.0	9,490.24	8,247.42	17,737.66	5.5
Trash receptacle	2	5.0	4,454.31	1,250.00	5,704.31	1.8
Metal items	2	5.0	3,381.94	1,556.88	4,938.82	1.5
Object on Floor	2	5.0	0.00	1,250.00	1,250.00	0.4
Stairs	1	2.5	299.17	950.83	1,250.00	0.4
Uneven Surface	1	2.5	0.00	1,250.00	1,250.00	0.4
Walking surface, inside, dry	1	2.5	843.15	0.00	843.15	0.3
Floor	1	2.5	650.64	0.00	650.64	0.2
Grease	1	2.5	536.12	0.00	536.12	0.2
Vehicle, not otherwise classified	1	2.5	484.57	0.00	484.57	0.1
Water	1	2.5	368.45	0.00	368.45	0.1
Gun / gunshot	1	2.5	317.84	0.00	317.84	0.1
Scrap, Debris, Waste Material	1	2.5	310.09	0.00	310.09	0.1
Boxes / containers	1	2.5	25.87	0.00	25.87	0.0
Person	1	2.5	18.82	0.00	18.82	0.0
Building parts / doors	1	2.5	0.00	0.00	0.00	0.0
Training \ Drills	1	2.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	
<b>ACCIDENT TYPE</b>						
Object Being Lifted or Handled	5	12.5	71,973.23	46,530.61	118,503.84	36.5
Caught In/Between-Machine or Machine	1	2.5	56,129.03	43,599.53	99,728.56	30.7
Fall/Slip From Liquid or Grease Spills	3	7.5	1,263.60	75,041.34	76,304.94	23.5
Person in Act of Crime	12	30.0	9,471.42	8,247.42	17,718.84	5.5
Fall On the Same Level	7	17.5	4,593.54	4,056.88	8,650.42	2.7
Lifting	2	5.0	310.09	1,250.00	1,560.09	0.5
Fall/Slip on Stairs	1	2.5	299.17	950.83	1,250.00	0.4
Fall, Slip or Trip, NOC	1	2.5	650.64	0.00	650.64	0.2
Reaching	1	2.5	25.87	0.00	25.87	0.0
Twisting	2	5.0	18.82	0.00	18.82	0.0
Caught In/Between-Object Handled	1	2.5	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.5	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	2.5	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	1	2.5	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	2.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	7	17.5	70,949.38	125,067.74	196,017.12	60.4
Upper Extremities Shoulder(s)	3	7.5	56,439.12	44,849.53	101,288.65	31.2
Trunk Abdomen Including Groin	1	2.5	2,357.95	4,506.81	6,864.76	2.1
Upper Extremities Wrist	3	7.5	4,473.13	0.00	4,473.13	1.4
Head Facial Bones	1	2.5	4,082.24	0.00	4,082.24	1.3
Lower Extremities Knee	5	12.5	904.57	2,500.00	3,404.57	1.0
Lower Extremities Lower Leg	2	5.0	708.66	941.34	1,650.00	0.5
Head Eye(s)	1	2.5	1,394.24	50.00	1,444.24	0.4
Lower Extremities Ankle	1	2.5	0.00	1,250.00	1,250.00	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.5	738.81	511.19	1,250.00	0.4
Upper Extremities Finger(s)	2	5.0	843.15	0.00	843.15	0.3
Trunk Low Back Area (Incl. Lumbar & Li	2	5.0	676.51	0.00	676.51	0.2
Upper Extremities Thumb	1	2.5	484.57	0.00	484.57	0.1
Upper Extremities Hand	2	5.0	317.84	0.00	317.84	0.1
Head Other facial soft tissue	3	7.5	300.73	0.00	300.73	0.1
Head Multiple Head Injury	1	2.5	26.87	0.00	26.87	0.0
Lower Extremities Foot	2	5.0	18.82	0.00	18.82	0.0
Neck Disc (Neck)	1	2.5	18.82	0.00	18.82	0.0
Trunk Buttocks	1	2.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	5	12.5	71,806.58	122,522.78	194,329.36	59.9
Strain	11	27.5	61,420.40	47,401.05	108,821.45	33.5
Contusion (Bruise, Skin Surface)	6	15.0	4,791.25	5,952.78	10,744.03	3.3
Sprain	5	12.5	4,491.95	1,250.00	5,741.95	1.8
Inflammation	5	12.5	1,394.24	2,550.00	3,944.24	1.2
Crushing	1	2.5	484.57	0.00	484.57	0.1
Contagious Disease	2	5.0	300.73	0.00	300.73	0.1
Concussion (Brain, Cerebral)	1	2.5	26.87	0.00	26.87	0.0
Fracture	1	2.5	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	2.5	0.00	0.00	0.00	0.0
Laceration	2	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>40</b>		<b>\$144,735.41</b>	<b>\$179,676.61</b>	<b>\$324,412.02</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>745 - VADOC-NOTTOWAY CORRECTIONAL CENTER</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	11	23.4	102,489.20	127,259.20	229,748.40	77.3
2PM - 3:59PM	6	12.8	6,455.63	23,966.28	30,421.91	10.2
10AM - 11:59AM	8	17.0	6,472.17	20,498.47	26,970.64	9.1
8PM - 9:59PM	4	8.5	6,223.85	0.00	6,223.85	2.1
8AM - 9:59AM	3	6.4	2,402.91	0.00	2,402.91	0.8
6AM - 7:59AM	4	8.5	95.13	1,154.87	1,250.00	0.4
10PM - 11:59PM	6	12.8	18.82	0.00	18.82	0.0
2AM - 3:59AM	1	2.1	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	2.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	6.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	20	42.6	95,256.26	137,662.87	232,919.13	78.4
4 - 6	4	8.5	11,697.95	32,715.95	44,413.90	15.0
2 - 4	8	17.0	8,212.04	1,250.00	9,462.04	3.2
26 - 28	1	2.1	5,428.06	0.00	5,428.06	1.8
18 - 20	3	6.4	3,544.58	0.00	3,544.58	1.2
14 - 16	1	2.1	0.00	1,250.00	1,250.00	0.4
10 - 12	2	4.3	18.82	0.00	18.82	0.0
6 - 8	1	2.1	0.00	0.00	0.00	0.0
8 - 10	2	4.3	0.00	0.00	0.00	0.0
16 - 18	1	2.1	0.00	0.00	0.00	0.0
20 - 22	2	4.3	0.00	0.00	0.00	0.0
24 - 26	2	4.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	
<b>Age of Claimant</b>						
50 - 54	10	21.3	95,979.44	119,759.53	215,738.97	72.6
30 - 34	7	14.9	9,176.41	40,714.75	49,891.16	16.8
35 - 39	6	12.8	7,848.49	9,999.67	17,848.16	6.0
45 - 49	4	8.5	6,687.23	1,154.87	7,842.10	2.6
55 - 59	5	10.6	2,380.54	1,250.00	3,630.54	1.2
60 - 64	2	4.3	1,997.48	0.00	1,997.48	0.7
20 - 24	8	17.0	65.75	0.00	65.75	0.0
25 - 29	3	6.4	22.37	0.00	22.37	0.0
40 - 44	2	4.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	
<b>SEX OF CLAIMANT</b>						
Male	22	46.8	105,825.79	143,725.81	249,551.60	84.0
Female	25	53.2	18,331.92	29,153.01	47,484.93	16.0
<b>Totals:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	
<b>LOSS CAUSE</b>						
Person	2	4.3	83,700.41	117,259.53	200,959.94	67.7
Patient / Inmate	9	19.1	10,579.94	23,966.28	34,546.22	11.6
Outside Surface	1	2.1	3,070.35	17,998.47	21,068.82	7.1
Cart	2	4.3	9,725.95	8,749.67	18,475.62	6.2
Needle stick	1	2.1	6,499.58	0.00	6,499.58	2.2
Pipe	2	4.3	5,428.06	0.00	5,428.06	1.8
Walking surface, inside, dry	2	4.3	0.00	2,500.00	2,500.00	0.8
Floor	1	2.1	1,997.48	0.00	1,997.48	0.7
Gun / gunshot	1	2.1	1,734.70	0.00	1,734.70	0.6
Stairs, steps	2	4.3	113.95	1,154.87	1,268.82	0.4
Stairs	1	2.1	0.00	1,250.00	1,250.00	0.4
Chemicals, not otherwise classified	2	4.3	1,164.04	0.00	1,164.04	0.4
Tire	1	2.1	105.61	0.00	105.61	0.0
Door	2	4.3	18.82	0.00	18.82	0.0
N/A	1	2.1	18.82	0.00	18.82	0.0
Animal / bee type	1	2.1	0.00	0.00	0.00	0.0
Boxes / containers	1	2.1	0.00	0.00	0.00	0.0
Cabinet	1	2.1	0.00	0.00	0.00	0.0
Cleaning Products	1	2.1	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	2.1	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	2.1	0.00	0.00	0.00	0.0
Food	1	2.1	0.00	0.00	0.00	0.0
Foreign Object	1	2.1	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.1	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.1	0.00	0.00	0.00	0.0
Infectious agent	1	2.1	0.00	0.00	0.00	0.0
Metal items	1	2.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	2.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	4.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.1	0.00	0.00	0.00	0.0
Water	1	2.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	3	6.4	83,700.41	117,259.53	200,959.94	67.7



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person in Act of Crime	5	10.6	10,557.57	23,966.28	34,523.85	11.6
Jumping	1	2.1	3,070.35	17,998.47	21,068.82	7.1
Fall On the Same Level	5	10.6	7,345.41	11,249.67	18,595.08	6.3
Absorption, Ingestion or Inhalation NOC	7	14.9	6,521.95	0.00	6,521.95	2.2
Struck/Injured By Falling or Flying Objec	3	6.4	5,533.67	0.00	5,533.67	1.9
Fall/Slip on Stairs	3	6.4	2,111.43	1,154.87	3,266.30	1.1
Caught In/Between-Object Handled	1	2.1	2,380.54	0.00	2,380.54	0.8
Object Being Lifted or Handled	2	4.3	1,734.70	0.00	1,734.70	0.6
Strike Against/Step On Stationary Objec	4	8.5	18.82	1,250.00	1,268.82	0.4
Dust, Gases, Fumes or Vapors	1	2.1	1,164.04	0.00	1,164.04	0.4
Other Injury NEC	2	4.3	18.82	0.00	18.82	0.0
Collision with a Fixed Object	2	4.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	2.1	0.00	0.00	0.00	0.0
Reaching	1	2.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	6.4	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	2.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled By Oth	2	4.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	

<b>BODY PART</b>						
Upper Extremities Shoulder(s)	4	8.5	90,667.17	126,009.20	216,676.37	72.9
Head Multiple Head Injury	1	2.1	4,352.54	22,716.28	27,068.82	9.1
Lower Extremities Knee	7	14.9	3,601.54	19,248.47	22,850.01	7.7
Multiple Body Parts Multiple Body Parts	6	12.8	12,022.77	1,154.87	13,177.64	4.4
Head Other facial soft tissue	4	8.5	7,340.96	1,250.00	8,590.96	2.9
Upper Extremities Finger(s)	3	6.4	2,380.54	0.00	2,380.54	0.8
Lower Extremities Multiple Lower Extrer	1	2.1	1,997.48	0.00	1,997.48	0.7
Upper Extremities Hand	3	6.4	1,753.52	0.00	1,753.52	0.6
Head Skull	1	2.1	0.00	1,250.00	1,250.00	0.4
Lower Extremities Foot	3	6.4	0.00	1,250.00	1,250.00	0.4
Upper Extremities Lower Arm	2	4.3	22.37	0.00	22.37	0.0
Trunk Heart	1	2.1	18.82	0.00	18.82	0.0
Head Eye(s)	3	6.4	0.00	0.00	0.00	0.0
Head Mouth	2	4.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	6.4	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.1	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L1	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	

<b>INJURY</b>						
Sprain	5	10.6	86,789.58	136,508.00	223,297.58	75.2
Laceration	4	8.5	11,515.30	22,716.28	34,231.58	11.5

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	7	14.9	7,440.54	11,154.54	18,595.08	6.3
Contusion (Bruise, Skin Surface)	5	10.6	6,205.03	2,500.00	8,705.03	2.9
Adverse reaction to a vaccination or inoc	1	2.1	6,499.58	0.00	6,499.58	2.2
Fracture	2	4.3	2,399.36	0.00	2,399.36	0.8
No Physical Injury	7	14.9	2,103.09	0.00	2,103.09	0.7
Burn	1	2.1	1,164.04	0.00	1,164.04	0.4
Contagious Disease	3	6.4	22.37	0.00	22.37	0.0
All Other (Specific) Injuries, NOC	2	4.3	18.82	0.00	18.82	0.0
Crushing	1	2.1	0.00	0.00	0.00	0.0
Foreign Body (Eye)	3	6.4	0.00	0.00	0.00	0.0
Inflammation	5	10.6	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	1	2.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>47</b>		<b>\$124,157.71</b>	<b>\$172,878.82</b>	<b>\$297,036.53</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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**701 - DEPARTMENT OF CORRECTIONS**

**747 - VADOC-MARION CORRECTIONAL TRMT CTR**

**TIME OF INJURY**

6PM - 7:59PM	2	9.5	109,848.64	109,922.36	219,771.00	98.5
8AM - 9:59AM	9	42.9	3,297.94	0.00	3,297.94	1.5
4PM - 5:59PM	1	4.8	18.82	0.00	18.82	0.0
2AM - 3:59AM	1	4.8	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	4.8	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	9.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	9.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	4.8	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	4.8	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	

**LENGTH OF SERVICE**

16 - 18	3	14.3	111,298.60	109,922.36	221,220.96	99.2
20 - 22	1	4.8	1,829.16	0.00	1,829.16	0.8
4 - 6	4	19.0	18.82	0.00	18.82	0.0
10 - 12	1	4.8	18.82	0.00	18.82	0.0
0 - 2	3	14.3	0.00	0.00	0.00	0.0
2 - 4	2	9.5	0.00	0.00	0.00	0.0
6 - 8	4	19.0	0.00	0.00	0.00	0.0
8 - 10	2	9.5	0.00	0.00	0.00	0.0
18 - 20	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	

**Age of Claimant**

45 - 49	2	9.5	109,848.64	109,922.36	219,771.00	98.5
20 - 24	2	9.5	1,829.16	0.00	1,829.16	0.8
40 - 44	3	14.3	1,449.96	0.00	1,449.96	0.6
35 - 39	5	23.8	18.82	0.00	18.82	0.0
60 - 64	3	14.3	18.82	0.00	18.82	0.0
25 - 29	2	9.5	0.00	0.00	0.00	0.0
30 - 34	2	9.5	0.00	0.00	0.00	0.0
50 - 54	1	4.8	0.00	0.00	0.00	0.0
55 - 59	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	12	57.1	111,298.60	109,922.36	221,220.96	99.2
Female	9	42.9	1,866.80	0.00	1,866.80	0.8
<b>Totals:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	7	33.3	109,848.64	109,922.36	219,771.00	98.5
Wires	1	4.8	1,829.16	0.00	1,829.16	0.8
Object on Floor	1	4.8	1,449.96	0.00	1,449.96	0.6
Building parts / doors	2	9.5	18.82	0.00	18.82	0.0
Door	3	14.3	18.82	0.00	18.82	0.0
Baggage/Luggage	1	4.8	0.00	0.00	0.00	0.0
Fencing	1	4.8	0.00	0.00	0.00	0.0
Heating equipment	1	4.8	0.00	0.00	0.00	0.0
Nail	1	4.8	0.00	0.00	0.00	0.0
Needle stick	1	4.8	0.00	0.00	0.00	0.0
Stairs, steps	1	4.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	4.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	7	33.3	109,848.64	109,922.36	219,771.00	98.5
Stepping on Sharp Object	1	4.8	1,829.16	0.00	1,829.16	0.8
Strain or Injury By, NOC	1	4.8	1,449.96	0.00	1,449.96	0.6
Caught In/Between-Object Handled	5	23.8	18.82	0.00	18.82	0.0
Struck or Injury By, NOC	1	4.8	18.82	0.00	18.82	0.0
Fall On the Same Level	1	4.8	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	4.8	0.00	0.00	0.00	0.0
Other Injury NEC	1	4.8	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	4.8	0.00	0.00	0.00	0.0
Twisting	2	9.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	3	14.3	109,848.64	109,922.36	219,771.00	98.5
Lower Extremities Upper Leg	1	4.8	1,829.16	0.00	1,829.16	0.8
Trunk Low Back Area (Incl. Lumbar & Li	3	14.3	1,449.96	0.00	1,449.96	0.6
Lower Extremities Hip	2	9.5	18.82	0.00	18.82	0.0
Upper Extremities Thumb	2	9.5	18.82	0.00	18.82	0.0
Head Eye(s)	1	4.8	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extr	1	4.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical Injury	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	14.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	

**INJURY**

Multiple Physical Injury Only	1	4.8	109,848.64	109,922.36	219,771.00	98.5
Laceration	5	23.8	1,829.16	0.00	1,829.16	0.8
Strain	4	19.0	1,449.96	0.00	1,449.96	0.6
All Other (Specific) Injuries, NOC	2	9.5	18.82	0.00	18.82	0.0
Crushing	1	4.8	18.82	0.00	18.82	0.0
Contagious Disease	1	4.8	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	3	14.3	0.00	0.00	0.00	0.0
No Physical Injury	3	14.3	0.00	0.00	0.00	0.0
Puncture	1	4.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>21</b>		<b>\$113,165.40</b>	<b>\$109,922.36</b>	<b>\$223,087.76</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>749 - VADOC-BUCKINGHAM CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	2	15.4	248.98	5,627.02	5,876.00	78.5
6AM - 7:59AM	5	38.5	226.00	1,250.00	1,476.00	19.7
4AM - 5:59AM	2	15.4	114.19	0.00	114.19	1.5
6PM - 7:59PM	1	7.7	18.82	0.00	18.82	0.3
10AM - 11:59AM	2	15.4	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	7.7	248.98	5,627.02	5,876.00	78.5
2 - 4	2	15.4	0.00	1,250.00	1,250.00	16.7
20 - 22	1	7.7	226.00	0.00	226.00	3.0
34 - 36	1	7.7	114.19	0.00	114.19	1.5
24 - 26	1	7.7	18.82	0.00	18.82	0.3
0 - 2	5	38.5	0.00	0.00	0.00	0.0
16 - 18	1	7.7	0.00	0.00	0.00	0.0
18 - 20	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	
<b>Age of Claimant</b>						
45 - 49	3	23.1	248.98	5,627.02	5,876.00	78.5
30 - 34	2	15.4	0.00	1,250.00	1,250.00	16.7
60 - 64	1	7.7	226.00	0.00	226.00	3.0
50 - 54	2	15.4	133.01	0.00	133.01	1.8
20 - 24	2	15.4	0.00	0.00	0.00	0.0
35 - 39	1	7.7	0.00	0.00	0.00	0.0
40 - 44	1	7.7	0.00	0.00	0.00	0.0
55 - 59	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	53.8	474.98	6,877.02	7,352.00	98.2
Female	6	46.2	133.01	0.00	133.01	1.8
<b>Totals:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	6	46.2	474.98	5,627.02	6,102.00	81.5
Scrap, Debris, Waste Material	1	7.7	0.00	1,250.00	1,250.00	16.7
Walking surface, inside, dry	1	7.7	114.19	0.00	114.19	1.5

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Paper / Pulp	1	7.7	18.82	0.00	18.82	0.3
Chemicals, not otherwise classified	1	7.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	7.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.7	0.00	0.00	0.00	0.0
Wires	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	

### ACCIDENT TYPE

Person in Act of Crime	3	23.1	248.98	5,627.02	5,876.00	78.5
Strain or Injury By, NOC	1	7.7	0.00	1,250.00	1,250.00	16.7
Absorption, Ingestion or Inhalation NOC	1	7.7	226.00	0.00	226.00	3.0
Repetitive Motion (after 7/1/94)	1	7.7	114.19	0.00	114.19	1.5
Lifting	1	7.7	18.82	0.00	18.82	0.3
Caught In, Under or Between, NOC	1	7.7	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	7.7	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	7.7	0.00	0.00	0.00	0.0
Fall On the Same Level	2	15.4	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	

### BODY PART

Lower Extremities Knee	4	30.8	363.17	6,877.02	7,240.19	96.7
Upper Extremities Hand	3	23.1	226.00	0.00	226.00	3.0
Trunk Low Back Area (Incl. Lumbar & Li	1	7.7	18.82	0.00	18.82	0.3
Head Other facial soft tissue	1	7.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	

### INJURY

Contusion (Bruise, Skin Surface)	4	30.8	248.98	5,627.02	5,876.00	78.5
Strain	4	30.8	133.01	1,250.00	1,383.01	18.5
Contagious Disease	1	7.7	226.00	0.00	226.00	3.0
Laceration	2	15.4	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	7.7	0.00	0.00	0.00	0.0
Sprain	1	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$607.99</b>	<b>\$6,877.02</b>	<b>\$7,485.01</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>752 - VADOC-State Farm Infirmary Annex</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	6	11.1	10,584.11	254,191.52	264,775.63	42.6
4AM - 5:59AM	4	7.4	36,620.21	126,247.57	162,867.78	26.2
8AM - 9:59AM	12	22.2	45,579.04	107,517.91	153,096.95	24.7
10AM - 11:59AM	8	14.8	3,994.41	29,045.30	33,039.71	5.3
6PM - 7:59PM	5	9.3	2,161.75	2,860.13	5,021.88	0.8
6AM - 7:59AM	4	7.4	1,813.66	50.00	1,863.66	0.3
12PM - 1:59PM	8	14.8	389.34	0.00	389.34	0.1
2AM - 3:59AM	1	1.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	3.7	0.00	0.00	0.00	0.0
10PM - 11:59PM	4	7.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	22	40.7	36,247.41	345,693.19	381,940.60	61.5
4 - 6	9	16.7	17,618.78	64,869.23	82,488.01	13.3
16 - 18	2	3.7	21,821.33	44,797.49	66,618.82	10.7
42 - 44	1	1.9	18,895.94	44,094.36	62,990.30	10.1
6 - 8	7	13.0	4,329.67	19,158.16	23,487.83	3.8
24 - 26	2	3.7	1,813.66	50.00	1,863.66	0.3
8 - 10	2	3.7	0.00	1,250.00	1,250.00	0.2
2 - 4	5	9.3	415.73	0.00	415.73	0.1
18 - 20	2	3.7	0.00	0.00	0.00	0.0
14 - 16	2	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>Age of Claimant</b>						
60 - 64	1	1.9	10,270.42	252,941.52	263,211.94	42.4
65 - 69	1	1.9	22,388.27	84,642.06	107,030.33	17.2
40 - 44	8	14.8	24,214.75	45,517.73	69,732.48	11.2
70 - 74	1	1.9	18,895.94	44,094.36	62,990.30	10.1
55 - 59	5	9.3	14,484.12	34,855.51	49,339.63	7.9
30 - 34	9	16.7	5,124.64	33,076.78	38,201.42	6.2
25 - 29	6	11.1	3,827.67	17,877.03	21,704.70	3.5
20 - 24	6	11.1	1,203.87	6,907.44	8,111.31	1.3
35 - 39	8	14.8	655.00	0.00	655.00	0.1
45 - 49	4	7.4	77.84	0.00	77.84	0.0
50 - 54	5	9.3	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>SEX OF CLAIMANT</b>						
Male	42	77.8	44,742.98	355,650.26	400,393.24	64.5
Female	12	22.2	56,399.54	164,262.17	220,661.71	35.5
<b>Totals:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>LOSS CAUSE</b>						
Wall	1	1.9	10,270.42	252,941.52	263,211.94	42.4
Patient / Inmate	17	31.5	32,236.18	93,630.54	125,866.72	20.3
Cords	1	1.9	22,388.27	84,642.06	107,030.33	17.2
Boxes / containers	1	1.9	18,895.94	44,094.36	62,990.30	10.1
Object on Floor	2	3.7	14,484.12	34,855.51	49,339.63	7.9
N/A	2	3.7	139.35	6,750.00	6,889.35	1.1
Needle stick	1	1.9	721.80	2,328.20	3,050.00	0.5
Chair	2	3.7	579.76	670.24	1,250.00	0.2
Building parts / doors	4	7.4	721.88	0.00	721.88	0.1
Fencing	2	3.7	337.89	0.00	337.89	0.1
Propane Tank	1	1.9	265.66	0.00	265.66	0.0
Walking surface, inside, dry	1	1.9	51.45	0.00	51.45	0.0
Insufficient data	1	1.9	49.80	0.00	49.80	0.0
Animal, not otherwise classified	1	1.9	0.00	0.00	0.00	0.0
Infectious agent	1	1.9	0.00	0.00	0.00	0.0
Pike pole 10'	2	3.7	0.00	0.00	0.00	0.0
Pike pole 12'	1	1.9	0.00	0.00	0.00	0.0
Vehicle/car/truck	12	22.2	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	1.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	2	3.7	10,608.31	252,941.52	263,549.83	42.4
Fall On the Same Level	8	14.8	57,721.34	170,391.93	228,113.27	36.7
Person in Act of Crime	11	20.4	26,551.78	64,799.86	91,351.64	14.7
Twisting	1	1.9	2,194.45	26,967.62	29,162.07	4.7
Strain or Injury By, NOC	3	5.6	1,589.43	1,951.37	3,540.80	0.6
Hand Tool, Utensil; Not Powered	1	1.9	721.80	2,328.20	3,050.00	0.5
Absorption, Ingestion or Inhalation NOC	1	1.9	718.07	531.93	1,250.00	0.2
Caught In/Between-Object Handled	1	1.9	721.88	0.00	721.88	0.1
Object Being Lifted or Handled	1	1.9	265.66	0.00	265.66	0.0
Other Injury NEC	2	3.7	49.80	0.00	49.80	0.0
Caught In, Under or Between, NOC	1	1.9	0.00	0.00	0.00	0.0
Collision with a Fixed Object	9	16.7	0.00	0.00	0.00	0.0
Collision with Another Vehicle	4	7.4	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	1	1.9	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	1.9	0.00	0.00	0.00	0.0
Pandemic	1	1.9	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	1.9	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	2	3.7	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	1.9	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	2	3.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	9	16.7	30,063.60	300,253.78	330,317.38	53.2
Upper Extremities Shoulder(s)	4	7.4	45,167.82	130,720.68	175,888.50	28.3
Upper Extremities Elbow	2	3.7	14,508.32	34,855.51	49,363.83	7.9
Lower Extremities Knee	2	3.7	4,008.11	27,017.62	31,025.73	5.0
Head Multiple Head Injury	4	7.4	3,245.14	23,377.03	26,622.17	4.3
Upper Extremities Thumb	1	1.9	721.80	2,328.20	3,050.00	0.5
Head Eye(s)	1	1.9	1,092.56	157.44	1,250.00	0.2
Head Other facial soft tissue	3	5.6	718.07	531.93	1,250.00	0.2
Trunk Abdomen Including Groin	1	1.9	579.76	670.24	1,250.00	0.2
Upper Extremities Hand	4	7.4	987.54	0.00	987.54	0.2
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.9	49.80	0.00	49.80	0.0
Head Brain	1	1.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	14	25.9	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	1.9	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L1	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	5	9.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	10	18.5	66,960.19	419,751.35	486,711.54	78.4
Strain	5	9.3	23,359.31	46,748.86	70,108.17	11.3
Sprain	1	1.9	2,194.45	26,967.62	29,162.07	4.7
Multiple Injury Inc. Physical & Psycholog	1	1.9	3,105.79	16,627.03	19,732.82	3.2
Contusion (Bruise, Skin Surface)	5	9.3	2,597.05	6,800.00	9,397.05	1.5
Puncture	1	1.9	721.80	2,328.20	3,050.00	0.5
Contagious Disease	2	3.7	1,810.63	689.37	2,500.00	0.4
Burn	1	1.9	265.66	0.00	265.66	0.0
Syncope	2	3.7	77.84	0.00	77.84	0.0
All Other (Specific) Injuries, NOC	1	1.9	49.80	0.00	49.80	0.0
Concussion (Brain, Cerebral)	1	1.9	0.00	0.00	0.00	0.0
COVID-19	1	1.9	0.00	0.00	0.00	0.0
Crushing	1	1.9	0.00	0.00	0.00	0.0
Inflammation	4	7.4	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	3	5.6	0.00	0.00	0.00	0.0
No Physical Injury	15	27.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>54</b>		<b>\$101,142.52</b>	<b>\$519,912.43</b>	<b>\$621,054.95</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>753 - VADOC-DEERFIELD CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	5	12.8	206.89	29,250.75	29,457.64	60.3
10AM - 11:59AM	14	35.9	5,158.63	5,665.93	10,824.56	22.2
12AM - 1:59AM	2	5.1	54.82	4,914.00	4,968.82	10.2
2PM - 3:59PM	3	7.7	0.00	2,500.00	2,500.00	5.1
6PM - 7:59PM	2	5.1	492.34	0.00	492.34	1.0
6AM - 7:59AM	4	10.3	412.93	0.00	412.93	0.8
8AM - 9:59AM	7	17.9	172.11	0.00	172.11	0.4
4AM - 5:59AM	1	2.6	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	8	20.5	5,009.79	34,265.93	39,275.72	80.4
0 - 2	14	35.9	547.16	6,164.00	6,711.16	13.7
14 - 16	1	2.6	0.00	1,250.00	1,250.00	2.6
8 - 10	6	15.4	473.81	650.75	1,124.56	2.3
4 - 6	2	5.1	412.93	0.00	412.93	0.8
6 - 8	4	10.3	54.03	0.00	54.03	0.1
16 - 18	2	5.1	0.00	0.00	0.00	0.0
24 - 26	1	2.6	0.00	0.00	0.00	0.0
26 - 28	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	
<b>Age of Claimant</b>						
65 - 69	3	7.7	344.56	29,850.00	30,194.56	61.8
55 - 59	5	12.8	4,852.89	6,915.93	11,768.82	24.1
45 - 49	7	17.9	222.89	5,564.75	5,787.64	11.9
25 - 29	2	5.1	492.34	0.00	492.34	1.0
35 - 39	4	10.3	412.93	0.00	412.93	0.8
50 - 54	3	7.7	118.08	0.00	118.08	0.2
70 - 74	1	2.6	54.03	0.00	54.03	0.1
20 - 24	1	2.6	0.00	0.00	0.00	0.0
30 - 34	3	7.7	0.00	0.00	0.00	0.0
40 - 44	5	12.8	0.00	0.00	0.00	0.0
60 - 64	5	12.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	27	69.2	930.39	34,764.00	35,694.39	73.1
Male	12	30.8	5,567.33	7,566.68	13,134.01	26.9
<b>Totals:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	
<b>LOSS CAUSE</b>						
Door	2	5.1	38.82	29,850.00	29,888.82	61.2
Building parts / doors	3	7.7	5,265.82	5,665.93	10,931.75	22.4
Cleaning Products	2	5.1	54.82	4,914.00	4,968.82	10.2
Animal / bee type	2	5.1	0.00	1,250.00	1,250.00	2.6
Docks,Ramps,Loading Platforms	2	5.1	168.07	650.75	818.82	1.7
Furniture / fixtures	3	7.7	492.34	0.00	492.34	1.0
Fire / Flame / Smoke	11	28.2	305.74	0.00	305.74	0.6
Patient / Inmate	4	10.3	118.08	0.00	118.08	0.2
Step stool	1	2.6	54.03	0.00	54.03	0.1
Cabinet	1	2.6	0.00	0.00	0.00	0.0
Cart	1	2.6	0.00	0.00	0.00	0.0
Dust	1	2.6	0.00	0.00	0.00	0.0
Metal items	1	2.6	0.00	0.00	0.00	0.0
Racks	1	2.6	0.00	0.00	0.00	0.0
Scrap, Debris, Waste Material	1	2.6	0.00	0.00	0.00	0.0
Stone / rock / brick	1	2.6	0.00	0.00	0.00	0.0
Water	1	2.6	0.00	0.00	0.00	0.0
Wires	1	2.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Object Handled	3	7.7	4,891.71	34,265.93	39,157.64	80.2
Absorption, Ingestion or Inhalation NOC	13	33.3	360.56	4,914.00	5,274.56	10.8
Pushing or Pulling	1	2.6	0.00	1,250.00	1,250.00	2.6
Struck/Injured By Animal or Insect	2	5.1	0.00	1,250.00	1,250.00	2.6
Fall/Slip From a Different Level	1	2.6	168.07	650.75	818.82	1.7
Holding or Carrying	1	2.6	492.34	0.00	492.34	1.0
Object Being Lifted or Handled	2	5.1	412.93	0.00	412.93	0.8
Struck/Injured By Object Being Lifted or	2	5.1	118.08	0.00	118.08	0.2
Fall On the Same Level	3	7.7	54.03	0.00	54.03	0.1
Caught In, Under or Between, NOC	1	2.6	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	2.6	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	2.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.6	0.00	0.00	0.00	0.0
Person in Act of Crime	2	5.1	0.00	0.00	0.00	0.0
Stepping on Sharp Object	2	5.1	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary Object	3	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	6	15.4	5,304.64	34,265.93	39,570.57	81.0
Trunk Lung(s)	1	2.6	54.82	4,914.00	4,968.82	10.2
Trunk Low Back Area (Incl. Lumbar & Li	2	5.1	0.00	2,500.00	2,500.00	5.1
Multiple Body Parts Multiple Body Parts	3	7.7	660.41	650.75	1,311.16	2.7
Multiple Body Parts No Physical Injury	9	23.1	305.74	0.00	305.74	0.6
Lower Extremities Foot	3	7.7	118.08	0.00	118.08	0.2
Head Multiple Head Injury	1	2.6	54.03	0.00	54.03	0.1
Head Eye(s)	4	10.3	0.00	0.00	0.00	0.0
Head Mouth	1	2.6	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	2.6	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	2.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.6	0.00	0.00	0.00	0.0
Upper Extremities Hand	4	10.3	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.6	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	2.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	10	25.6	737.90	29,250.75	29,988.65	61.4
Laceration	4	10.3	4,852.89	5,665.93	10,518.82	21.5
Inflammation	3	7.7	54.82	6,164.00	6,218.82	12.7
Strain	2	5.1	492.34	1,250.00	1,742.34	3.6
No Physical Injury	11	28.2	305.74	0.00	305.74	0.6
Syncope	1	2.6	54.03	0.00	54.03	0.1
Burn	3	7.7	0.00	0.00	0.00	0.0
Foreign Body (Eye)	2	5.1	0.00	0.00	0.00	0.0
Puncture	3	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>39</b>		<b>\$6,497.72</b>	<b>\$42,330.68</b>	<b>\$48,828.40</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>754 - VADOC-AUGUSTA CORRECTIONAL CENTER</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	2	25.0	353.93	19,750.00	20,103.93	92.6
8AM - 9:59AM	2	25.0	0.00	1,250.00	1,250.00	5.8
2PM - 3:59PM	2	25.0	336.79	0.00	336.79	1.6
2AM - 3:59AM	1	12.5	18.82	0.00	18.82	0.1
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	12.5	180.64	19,750.00	19,930.64	91.8
38 - 40	1	12.5	0.00	1,250.00	1,250.00	5.8
0 - 2	6	75.0	528.90	0.00	528.90	2.4
<b>Totals:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>Age of Claimant</b>						
20 - 24	3	37.5	199.46	19,750.00	19,949.46	91.9
60 - 64	1	12.5	0.00	1,250.00	1,250.00	5.8
65 - 69	1	12.5	336.79	0.00	336.79	1.6
15 - 19	1	12.5	173.29	0.00	173.29	0.8
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
<b>Totals:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	87.5	690.72	21,000.00	21,690.72	99.9
Female	1	12.5	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	2	25.0	353.93	19,750.00	20,103.93	92.6
Blade	1	12.5	0.00	1,250.00	1,250.00	5.8
Wires	1	12.5	336.79	0.00	336.79	1.6
Machine, not otherwise classified	1	12.5	18.82	0.00	18.82	0.1
Cabinet	1	12.5	0.00	0.00	0.00	0.0
Overhead Object	1	12.5	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	2	25.0	353.93	19,750.00	20,103.93	92.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Object Being Lifted or	1	12.5	0.00	1,250.00	1,250.00	5.8
Object Being Lifted or Handled	1	12.5	336.79	0.00	336.79	1.6
Fall/Slip From a Different Level	1	12.5	18.82	0.00	18.82	0.1
Caught In/Between-Object Handled	1	12.5	0.00	0.00	0.00	0.0
Fall On the Same Level	1	12.5	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>BODY PART</b>						
Head Eye(s)	2	25.0	353.93	19,750.00	20,103.93	92.6
Upper Extremities Finger(s)	2	25.0	0.00	1,250.00	1,250.00	5.8
Upper Extremities Thumb	1	12.5	336.79	0.00	336.79	1.6
Lower Extremities Ankle	1	12.5	18.82	0.00	18.82	0.1
Head Other facial soft tissue	2	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	
<b>INJURY</b>						
Inflammation	2	25.0	180.64	19,750.00	19,930.64	91.8
Laceration	3	37.5	336.79	1,250.00	1,586.79	7.3
All Other (Specific) Injuries, NOC	2	25.0	192.11	0.00	192.11	0.9
Strain	1	12.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>8</b>		<b>\$709.54</b>	<b>\$21,000.00</b>	<b>\$21,709.54</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>756 - VADOC-INSTITUTIONS ADMINISTRATION</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	4	18.2	21,114.86	1,250.00	22,364.86	45.8
12PM - 1:59PM	8	36.4	9,336.55	12,794.45	22,131.00	45.3
8PM - 9:59PM	1	4.5	3,285.32	0.00	3,285.32	6.7
8AM - 9:59AM	4	18.2	697.61	0.00	697.61	1.4
2PM - 3:59PM	1	4.5	395.41	0.00	395.41	0.8
4AM - 5:59AM	1	4.5	0.00	0.00	0.00	0.0
6AM - 7:59AM	2	9.1	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	5	22.7	24,913.31	1,250.00	26,163.31	53.5
8 - 10	2	9.1	2,110.15	11,544.45	13,654.60	27.9
22 - 24	1	4.5	5,285.22	0.00	5,285.22	10.8
2 - 4	3	13.6	1,323.99	0.00	1,323.99	2.7
4 - 6	1	4.5	0.00	1,250.00	1,250.00	2.6
32 - 34	1	4.5	602.84	0.00	602.84	1.2
14 - 16	1	4.5	395.41	0.00	395.41	0.8
12 - 14	3	13.6	118.40	0.00	118.40	0.2
26 - 28	1	4.5	80.43	0.00	80.43	0.2
18 - 20	2	9.1	0.00	0.00	0.00	0.0
20 - 22	1	4.5	0.00	0.00	0.00	0.0
24 - 26	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	
<b>Age of Claimant</b>						
35 - 39	2	9.1	19,786.06	0.00	19,786.06	40.5
50 - 54	3	13.6	2,110.15	12,794.45	14,904.60	30.5
45 - 49	3	13.6	5,365.65	0.00	5,365.65	11.0
20 - 24	3	13.6	4,609.31	0.00	4,609.31	9.4
40 - 44	3	13.6	1,806.21	0.00	1,806.21	3.7
30 - 34	2	9.1	0.00	1,250.00	1,250.00	2.6
60 - 64	3	13.6	1,029.43	0.00	1,029.43	2.1
25 - 29	1	4.5	104.12	0.00	104.12	0.2
65 - 69	1	4.5	18.82	0.00	18.82	0.0
55 - 59	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	17	77.3	29,081.33	2,500.00	31,581.33	64.6
Female	5	22.7	5,748.42	11,544.45	17,292.87	35.4
<b>Totals:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	
<b>LOSS CAUSE</b>						
Outside Surface	3	13.6	21,686.52	0.00	21,686.52	44.4
Water	2	9.1	2,110.15	12,794.45	14,904.60	30.5
Metal items	1	4.5	5,285.22	0.00	5,285.22	10.8
Chemicals, not otherwise classified	3	13.6	3,415.81	0.00	3,415.81	7.0
Pressure vessels	1	4.5	1,737.81	0.00	1,737.81	3.6
Boxes / containers	1	4.5	0.00	1,250.00	1,250.00	2.6
Animal, not otherwise classified	4	18.2	544.24	0.00	544.24	1.1
Environmental conditions	1	4.5	31.18	0.00	31.18	0.1
Vehicle/car/truck	3	13.6	18.82	0.00	18.82	0.0
Stairs, steps	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
Wrench	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	5	22.7	21,705.34	0.00	21,705.34	44.4
Slipped, Did Not Fall	1	4.5	2,110.15	11,544.45	13,654.60	27.9
Strike Against/Step On Stationary Object	1	4.5	5,285.22	0.00	5,285.22	10.8
Other Injury NEC	1	4.5	3,285.32	0.00	3,285.32	6.7
Contact With Not Otherwise Classified	1	4.5	1,737.81	0.00	1,737.81	3.6
Fall/Slip From Liquid or Grease Spills	1	4.5	0.00	1,250.00	1,250.00	2.6
Lifting	1	4.5	0.00	1,250.00	1,250.00	2.6
Caught In, Under or Between, NOC	1	4.5	395.41	0.00	395.41	0.8
Struck/Injured By Animal or Insect	3	13.6	148.83	0.00	148.83	0.3
Absorption, Ingestion or Inhalation NOC	1	4.5	104.12	0.00	104.12	0.2
Temperature Extremes	1	4.5	31.18	0.00	31.18	0.1
Dust, Gases, Fumes or Vapors	1	4.5	26.37	0.00	26.37	0.1
Collision with Another Vehicle	1	4.5	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	4.5	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	4.5	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	4.5	19,786.06	0.00	19,786.06	40.5
Trunk Low Back Area (Incl. Lumbar & Li	1	4.5	2,110.15	11,544.45	13,654.60	27.9
Head Other facial soft tissue	1	4.5	5,285.22	0.00	5,285.22	10.8

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Whole Body	1	4.5	3,285.32	0.00	3,285.32	6.7
Lower Extremities Lower Leg	2	9.1	2,340.65	0.00	2,340.65	4.8
Upper Extremities Finger(s)	1	4.5	1,297.62	0.00	1,297.62	2.7
Lower Extremities Knee	4	18.2	0.00	1,250.00	1,250.00	2.6
Upper Extremities Wrist	1	4.5	0.00	1,250.00	1,250.00	2.6
Upper Extremities Hand	3	13.6	463.81	0.00	463.81	0.9
Head Eye(s)	1	4.5	104.12	0.00	104.12	0.2
Upper Extremities Lower Arm	1	4.5	80.43	0.00	80.43	0.2
Head Multiple Head Injury	1	4.5	31.18	0.00	31.18	0.1
Multiple Body Parts No Physical Injury	3	13.6	26.37	0.00	26.37	0.1
Neck Disc (Neck)	1	4.5	18.82	0.00	18.82	0.0
<b>Sum:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	

### INJURY

Sprain	2	9.1	19,786.06	1,250.00	21,036.06	43.0
Strain	3	13.6	2,110.15	12,794.45	14,904.60	30.5
Contusion (Bruise, Skin Surface)	2	9.1	5,285.22	0.00	5,285.22	10.8
Syncope	1	4.5	3,285.32	0.00	3,285.32	6.7
Burn	1	4.5	1,737.81	0.00	1,737.81	3.6
Fracture	1	4.5	1,297.62	0.00	1,297.62	2.7
Multiple Physical Injury Only	3	13.6	1,017.07	0.00	1,017.07	2.1
No Physical Injury	4	18.2	104.12	0.00	104.12	0.2
Inflammation	1	4.5	80.43	0.00	80.43	0.2
Puncture	1	4.5	68.40	0.00	68.40	0.1
Heat Prostration	1	4.5	31.18	0.00	31.18	0.1
Poisoning - Chemical (Other than Metal)	1	4.5	26.37	0.00	26.37	0.1
All Other (Specific) Injuries, NOC	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$34,829.75</b>	<b>\$14,044.45</b>	<b>\$48,874.20</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>767 - VADOC -COMMUNITY CORRECTIONS ADMIN</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	5	19.2	7,992.95	51,941.71	59,934.66	84.7
10AM - 11:59AM	7	26.9	4,484.53	1,250.00	5,734.53	8.1
2PM - 3:59PM	6	23.1	893.10	1,625.72	2,518.82	3.6
8AM - 9:59AM	5	19.2	1,497.35	727.98	2,225.33	3.1
4PM - 5:59PM	2	7.7	358.35	0.00	358.35	0.5
6AM - 7:59AM	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	15	57.7	11,540.83	39,168.64	50,709.47	71.7
2 - 4	4	15.4	2,634.12	14,398.79	17,032.91	24.1
4 - 6	2	7.7	1,032.51	727.98	1,760.49	2.5
8 - 10	1	3.8	0.00	1,250.00	1,250.00	1.8
6 - 8	3	11.5	18.82	0.00	18.82	0.0
10 - 12	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	
<b>Age of Claimant</b>						
40 - 44	4	15.4	2,615.72	35,500.00	38,115.72	53.9
30 - 34	5	19.2	2,952.31	14,398.79	17,351.10	24.5
20 - 24	2	7.7	2,807.08	3,292.92	6,100.00	8.6
15 - 19	1	3.8	3,220.22	0.00	3,220.22	4.6
50 - 54	4	15.4	1,895.42	375.72	2,271.14	3.2
25 - 29	5	19.2	553.49	727.98	1,281.47	1.8
55 - 59	2	7.7	0.00	1,250.00	1,250.00	1.8
45 - 49	3	11.5	1,182.04	0.00	1,182.04	1.7
<b>Totals:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	
<b>SEX OF CLAIMANT</b>						
Female	16	61.5	8,319.33	42,396.62	50,715.95	71.7
Male	10	38.5	6,906.95	13,148.79	20,055.74	28.3
<b>Totals:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	
<b>LOSS CAUSE</b>						
Walking surface, outside, dry	2	7.7	2,596.90	36,750.00	39,346.90	55.6
Vehicle/car/truck	5	19.2	8,334.54	16,441.71	24,776.25	35.0
Stairs	4	15.4	1,697.97	375.72	2,073.69	2.9
Chair	1	3.8	522.02	727.98	1,250.00	1.8
Chemicals, not otherwise classified	4	15.4	0.00	1,250.00	1,250.00	1.8

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / insect, not otherwise classifie	1	3.8	975.33	0.00	975.33	1.4
Uneven Surface	1	3.8	676.54	0.00	676.54	1.0
Walking surface, inside, wet	1	3.8	358.35	0.00	358.35	0.5
N/A	2	7.7	45.81	0.00	45.81	0.1
Animal, not otherwise classified	1	3.8	18.82	0.00	18.82	0.0
Docks,Ramps,Loading Platforms	1	3.8	0.00	0.00	0.00	0.0
Furniture / fixtures	1	3.8	0.00	0.00	0.00	0.0
Gun / gunshot	1	3.8	0.00	0.00	0.00	0.0
Stairs, steps	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	

### ACCIDENT TYPE

Fall On the Same Level	5	19.2	3,795.46	37,477.98	41,273.44	58.3
Collision with Another Vehicle	4	15.4	5,114.32	16,441.71	21,556.03	30.5
Vehicle Upset	1	3.8	3,220.22	0.00	3,220.22	4.6
Fall/Slip on Stairs	4	15.4	1,187.48	375.72	1,563.20	2.2
Absorption, Ingestion or Inhalation NOC	4	15.4	0.00	1,250.00	1,250.00	1.8
Struck/Injured By Animal or Insect	2	7.7	994.15	0.00	994.15	1.4
Strike Against/Step On Stationary Objec	1	3.8	510.49	0.00	510.49	0.7
Fall/Slip From Liquid or Grease Spills	1	3.8	358.35	0.00	358.35	0.5
Other than Physical Cause of Injury	1	3.8	45.81	0.00	45.81	0.1
Object Being Lifted or Handled	1	3.8	0.00	0.00	0.00	0.0
Other Injury NEC	1	3.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	

### BODY PART

Trunk Low Back Area (Incl. Lumbar & Li	2	7.7	3,118.92	36,227.98	39,346.90	55.6
Multiple Body Parts Multiple Body Parts	13	50.0	9,383.77	18,941.71	28,325.48	40.0
Lower Extremities Knee	3	11.5	874.28	375.72	1,250.00	1.8
Lower Extremities Lower Leg	1	3.8	975.33	0.00	975.33	1.4
Upper Extremities Elbow	1	3.8	510.49	0.00	510.49	0.7
Lower Extremities Ankle	1	3.8	313.20	0.00	313.20	0.4
Multiple Body Parts Whole Body	1	3.8	31.47	0.00	31.47	0.0
Upper Extremities Hand	2	7.7	18.82	0.00	18.82	0.0
Head Skull	1	3.8	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mt	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	

### INJURY

Strain	1	3.8	2,596.90	35,500.00	38,096.90	53.8
Multiple Physical Injury Only	7	26.9	9,011.08	17,691.71	26,702.79	37.7
Sprain	2	7.7	835.22	727.98	1,563.20	2.2

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other (Specific) Injuries, NOC	4	15.4	0.00	1,250.00	1,250.00	1.8
Fracture	1	3.8	874.28	375.72	1,250.00	1.8
Puncture	2	7.7	994.15	0.00	994.15	1.4
Inflammation	1	3.8	510.49	0.00	510.49	0.7
Concussion (Brain, Cerebral)	1	3.8	358.35	0.00	358.35	0.5
Syncope	2	7.7	45.81	0.00	45.81	0.1
Contusion (Bruise, Skin Surface)	2	7.7	0.00	0.00	0.00	0.0
Laceration	1	3.8	0.00	0.00	0.00	0.0
No Physical Injury	2	7.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$15,226.28</b>	<b>\$55,545.41</b>	<b>\$70,771.69</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>768 - VADOC-KEEN MOUNTAIN CORR. CNTR</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	3	5.5	14,060.13	56,372.76	70,432.89	42.3
6AM - 7:59AM	16	29.1	35,489.87	25,039.04	60,528.91	36.3
8AM - 9:59AM	6	10.9	7,536.89	5,331.18	12,868.07	7.7
2PM - 3:59PM	5	9.1	11,607.04	0.00	11,607.04	7.0
12PM - 1:59PM	10	18.2	4,237.78	1,104.03	5,341.81	3.2
10AM - 11:59AM	9	16.4	4,581.17	0.00	4,581.17	2.7
6PM - 7:59PM	1	1.8	0.00	1,250.00	1,250.00	0.8
12AM - 1:59AM	1	1.8	0.00	0.00	0.00	0.0
4AM - 5:59AM	4	7.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	5	9.1	16,150.74	78,741.01	94,891.75	57.0
4 - 6	9	16.4	19,499.06	4,081.18	23,580.24	14.2
2 - 4	14	25.5	15,112.52	3,654.03	18,766.55	11.3
0 - 2	10	18.2	11,240.18	1,241.42	12,481.60	7.5
6 - 8	3	5.5	4,501.69	855.56	5,357.25	3.2
14 - 16	2	3.6	4,762.53	473.81	5,236.34	3.1
10 - 12	2	3.6	3,254.92	50.00	3,304.92	2.0
18 - 20	3	5.5	2,972.42	0.00	2,972.42	1.8
16 - 18	2	3.6	18.82	0.00	18.82	0.0
12 - 14	1	1.8	0.00	0.00	0.00	0.0
32 - 34	1	1.8	0.00	0.00	0.00	0.0
28 - 30	1	1.8	0.00	0.00	0.00	0.0
26 - 28	2	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	
<b>Age of Claimant</b>						
30 - 34	11	20.0	23,867.02	79,982.43	103,849.45	62.3
25 - 29	8	14.5	25,374.37	4,936.74	30,311.11	18.2
20 - 24	9	16.4	13,078.07	1,154.03	14,232.10	8.5
35 - 39	5	9.1	6,227.34	1,300.00	7,527.34	4.5
45 - 49	6	10.9	4,461.42	473.81	4,935.23	3.0
60 - 64	1	1.8	3,986.34	0.00	3,986.34	2.4
55 - 59	3	5.5	18.82	1,250.00	1,268.82	0.8
50 - 54	8	14.5	437.28	0.00	437.28	0.3
40 - 44	4	7.3	62.22	0.00	62.22	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	
<b>SEX OF CLAIMANT</b>						
Male	44	80.0	69,147.06	86,597.01	155,744.07	93.5
Female	11	20.0	8,365.82	2,500.00	10,865.82	6.5
<b>Totals:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	28	50.9	51,514.85	85,492.98	137,007.83	82.2
Animal / insect, not otherwise classifie	2	3.6	7,121.37	1,104.03	8,225.40	4.9
Animal, not otherwise classified	3	5.5	6,195.52	0.00	6,195.52	3.7
Chemicals, not otherwise classified	2	3.6	4,072.99	0.00	4,072.99	2.4
Needle stick	2	3.6	4,048.56	0.00	4,048.56	2.4
Walking surface, outside, wet	1	1.8	3,527.48	0.00	3,527.48	2.1
Elevators, escalators	2	3.6	0.00	1,250.00	1,250.00	0.8
Object on Floor	1	1.8	0.00	1,250.00	1,250.00	0.8
Razor blade	2	3.6	789.78	0.00	789.78	0.5
Sharp objects, not otherwise classified	1	1.8	242.33	0.00	242.33	0.1
Chair	1	1.8	0.00	0.00	0.00	0.0
Door	1	1.8	0.00	0.00	0.00	0.0
Fencing	1	1.8	0.00	0.00	0.00	0.0
Floor	1	1.8	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.8	0.00	0.00	0.00	0.0
Ladder, 10' folding	1	1.8	0.00	0.00	0.00	0.0
Lift	1	1.8	0.00	0.00	0.00	0.0
Minerals / dirt	1	1.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.8	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	24	43.6	34,874.06	84,923.37	119,797.43	71.9
Struck/Injured By Animal or Insect	5	9.1	13,316.89	1,104.03	14,420.92	8.7
Lifting	1	1.8	11,607.04	0.00	11,607.04	7.0
Absorption, Ingestion or Inhalation NOC	4	7.3	9,106.74	569.61	9,676.35	5.8
Object Being Lifted or Handled	4	7.3	4,048.56	0.00	4,048.56	2.4
Fall/Slip on Ice or Snow	1	1.8	3,527.48	0.00	3,527.48	2.1
Fall On the Same Level	3	5.5	0.00	1,250.00	1,250.00	0.8
Struck/Injured By Moving Parts of Machi	2	3.6	0.00	1,250.00	1,250.00	0.8
Hand Tool, Utensil; Not Powered	2	3.6	789.78	0.00	789.78	0.5
Other than Physical Cause of Injury	1	1.8	242.33	0.00	242.33	0.1
Caught In/Between-Machine or Machine	1	1.8	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	1.8	0.00	0.00	0.00	0.0



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with a Fixed Object	1	1.8	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	3	5.5	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	1.8	0.00	0.00	0.00	0.0
Twisting	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	

**BODY PART**

Head Multiple Head Injury	4	7.3	16,343.97	56,994.57	73,338.54	44.0
Upper Extremities Hand	7	12.7	15,915.35	23,718.25	39,633.60	23.8
Multiple Body Parts Multiple Body Parts	15	27.3	18,314.31	7,280.16	25,594.47	15.4
Trunk Low Back Area (Incl. Lumbar & Li	3	5.5	11,607.04	0.00	11,607.04	7.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.8	6,975.40	0.00	6,975.40	4.2
Upper Extremities Finger(s)	5	9.1	4,776.12	0.00	4,776.12	2.9
Lower Extremities Knee	4	7.3	2,972.42	0.00	2,972.42	1.8
Upper Extremities Thumb	3	5.5	208.19	1,104.03	1,312.22	0.8
Lower Extremities Foot	3	5.5	242.33	0.00	242.33	0.1
Head Other facial soft tissue	2	3.6	157.75	0.00	157.75	0.1
Head Facial Bones	2	3.6	0.00	0.00	0.00	0.0
Head Nose	2	3.6	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	1.8	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	2	3.6	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	

**INJURY**

Laceration	8	14.5	19,811.53	61,507.97	81,319.50	48.8
Contagious Disease	7	12.7	13,028.30	23,037.86	36,066.16	21.6
Puncture	4	7.3	13,996.38	0.00	13,996.38	8.4
Strain	9	16.4	13,428.87	50.00	13,478.87	8.1
Multiple Physical Injury Only	7	12.7	4,859.42	2,579.37	7,438.79	4.5
Inflammation	8	14.5	4,545.58	1,921.81	6,467.39	3.9
Multiple Injury Inc. Physical & Psycholog	1	1.8	4,072.99	0.00	4,072.99	2.4
All Other (Specific) Injuries, NOC	6	10.9	3,527.48	0.00	3,527.48	2.1
No Physical Injury	2	3.6	242.33	0.00	242.33	0.1
Crushing	2	3.6	0.00	0.00	0.00	0.0
Fracture	1	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>55</b>		<b>\$77,512.88</b>	<b>\$89,097.01</b>	<b>\$166,609.89</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>769 - VADOC-GREENSVILLE CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	6	11.3	6,760.45	71,340.89	78,101.34	40.3
12PM - 1:59PM	9	17.0	9,193.43	34,944.69	44,138.12	22.8
4PM - 5:59PM	6	11.3	2,335.81	41,575.00	43,910.81	22.7
8AM - 9:59AM	7	13.2	5,970.54	6,885.48	12,856.02	6.6
6AM - 7:59AM	5	9.4	1,113.34	3,505.48	4,618.82	2.4
10AM - 11:59AM	7	13.2	1,315.15	3,284.85	4,600.00	2.4
2PM - 3:59PM	4	7.5	1,709.79	2,309.03	4,018.82	2.1
8PM - 9:59PM	4	7.5	0.00	1,250.00	1,250.00	0.6
4AM - 5:59AM	2	3.8	330.37	0.00	330.37	0.2
2AM - 3:59AM	2	3.8	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	1.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	10	18.9	3,313.91	71,583.66	74,897.57	38.6
4 - 6	5	9.4	6,319.75	41,575.00	47,894.75	24.7
8 - 10	2	3.8	2,138.98	32,591.39	34,730.37	17.9
0 - 2	23	43.4	6,788.10	16,762.03	23,550.13	12.2
6 - 8	5	9.4	9,003.23	0.00	9,003.23	4.6
16 - 18	2	3.8	929.65	2,583.34	3,512.99	1.8
22 - 24	1	1.9	162.99	0.00	162.99	0.1
24 - 26	1	1.9	53.45	0.00	53.45	0.0
20 - 22	1	1.9	18.82	0.00	18.82	0.0
10 - 12	1	1.9	0.00	0.00	0.00	0.0
26 - 28	2	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	
<b>Age of Claimant</b>						
25 - 29	6	11.3	1,666.40	46,771.24	48,437.64	25.0
45 - 49	8	15.1	10,261.10	34,900.42	45,161.52	23.3
40 - 44	4	7.5	1,153.77	38,749.50	39,903.27	20.6
35 - 39	12	22.6	3,494.30	33,649.34	37,143.64	19.2
20 - 24	5	9.4	2,433.19	6,885.48	9,318.67	4.8
50 - 54	5	9.4	8,246.57	0.00	8,246.57	4.3
60 - 64	4	7.5	929.65	2,583.34	3,512.99	1.8
30 - 34	3	5.7	543.90	1,556.10	2,100.00	1.1
15 - 19	2	3.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	3	5.7	0.00	0.00	0.00	0.0
70 - 74	1	1.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	

**SEX OF CLAIMANT**

Male	22	41.5	13,629.95	85,789.37	99,419.32	51.3
Female	31	58.5	15,098.93	79,306.05	94,404.98	48.7
<b>Totals:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	

**LOSS CAUSE**

Patient / Inmate	15	28.3	9,771.37	79,623.38	89,394.75	46.1
Chair	3	5.7	3,417.31	38,749.50	42,166.81	21.8
Cart	3	5.7	431.85	31,699.96	32,131.81	16.6
Outside Surface	4	7.5	1,983.34	6,885.48	8,868.82	4.6
Pipe	1	1.9	1,099.09	3,244.73	4,343.82	2.2
Walking surface, inside, dry	1	1.9	1,709.79	2,309.03	4,018.82	2.1
Fire / Flame / Smoke	2	3.8	3,493.69	0.00	3,493.69	1.8
Platforms	1	1.9	766.66	2,583.34	3,350.00	1.7
Overhead Object	1	1.9	3,211.37	0.00	3,211.37	1.7
Door	4	7.5	1,489.92	0.00	1,489.92	0.8
Cabinet	1	1.9	468.67	0.00	468.67	0.2
Water	1	1.9	339.01	0.00	339.01	0.2
Animal, not otherwise classified	1	1.9	311.55	0.00	311.55	0.2
Walking surface, inside, wet	2	3.8	162.99	0.00	162.99	0.1
Steam / exhaust	1	1.9	53.45	0.00	53.45	0.0
Floor	2	3.8	18.82	0.00	18.82	0.0
Boxes / containers	1	1.9	0.00	0.00	0.00	0.0
Building parts / doors	1	1.9	0.00	0.00	0.00	0.0
Cleaning Products	1	1.9	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.9	0.00	0.00	0.00	0.0
Solvent pump	2	3.8	0.00	0.00	0.00	0.0
Stairs, steps	1	1.9	0.00	0.00	0.00	0.0
Step stool	1	1.9	0.00	0.00	0.00	0.0
Training \ Drills	1	1.9	0.00	0.00	0.00	0.0
Window frame	1	1.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	

**ACCIDENT TYPE**

Person in Act of Crime	15	28.3	9,771.37	79,623.38	89,394.75	46.1
Fall On the Same Level	12	22.6	4,723.61	41,332.84	46,056.45	23.8
Fall/Slip From a Different Level	2	3.8	268.86	31,699.96	31,968.82	16.5
Twisting	1	1.9	1,964.52	6,885.48	8,850.00	4.6
Strike Against/Step On Stationary Object	4	7.5	4,310.46	3,244.73	7,555.19	3.9

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip into Openings	1	1.9	1,709.79	2,309.03	4,018.82	2.1
Absorption, Ingestion or Inhalation NOC	2	3.8	3,493.69	0.00	3,493.69	1.8
Caught In/Between-Object Handled	3	5.7	1,489.92	0.00	1,489.92	0.8
Cut, Punctured, Scraped, NOC	1	1.9	468.67	0.00	468.67	0.2
Struck/Injured By Animal or Insect	1	1.9	311.55	0.00	311.55	0.2
Pushing or Pulling	3	5.7	162.99	0.00	162.99	0.1
Contact with Hot Object or Substance	3	5.7	53.45	0.00	53.45	0.0
Caught In, Under or Between, NOC	1	1.9	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	1.9	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	1.9	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	1.9	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	1.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	9	17.0	6,787.05	44,343.38	51,130.43	26.4
Upper Extremities Lower Arm	2	3.8	72.27	41,575.00	41,647.27	21.5
Head Other facial soft tissue	5	9.4	6,550.97	31,699.96	38,250.93	19.7
Lower Extremities Knee	4	7.5	1,846.25	32,591.39	34,437.64	17.8
Lower Extremities Ankle	2	3.8	1,964.52	6,885.48	8,850.00	4.6
Head Scalp	1	1.9	1,099.09	3,244.73	4,343.82	2.2
Trunk Lung(s)	2	3.8	3,493.69	0.00	3,493.69	1.8
Head Multiple Head Injury	2	3.8	3,211.37	0.00	3,211.37	1.7
Upper Extremities Hand	1	1.9	543.90	1,556.10	2,100.00	1.1
Upper Extremities Finger(s)	4	7.5	1,958.59	0.00	1,958.59	1.0
Head Mouth	1	1.9	115.80	1,134.20	1,250.00	0.6
Multiple Body Parts No Physical Injury	7	13.2	0.00	1,250.00	1,250.00	0.6
Upper Extremities Wrist	1	1.9	434.82	815.18	1,250.00	0.6
Trunk Low Back Area (Incl. Lumbar & L1	1	1.9	339.01	0.00	339.01	0.2
Upper Extremities Upper Arm (Incl. Clav	1	1.9	311.55	0.00	311.55	0.2
Head Skull	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	3.8	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	2	3.8	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	1.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	

### INJURY

Multiple Physical Injury Only	8	15.1	5,308.91	41,058.53	46,367.44	23.9
Sprain	3	5.7	4,226.77	40,292.05	44,518.82	23.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	5	9.4	18.82	41,575.00	41,593.82	21.5
Inflammation	3	5.7	607.87	31,699.96	32,307.83	16.7
Contusion (Bruise, Skin Surface)	8	15.1	3,518.66	5,828.07	9,346.73	4.8
No Physical Injury	13	24.5	6,282.11	1,250.00	7,532.11	3.9
Laceration	5	9.4	4,358.56	2,690.30	7,048.86	3.6
Respiratory Disorders(Gases,Fumes,Ch	2	3.8	3,493.69	0.00	3,493.69	1.8
All Other (Specific) Injuries, NOC	1	1.9	548.49	701.51	1,250.00	0.6
Puncture	1	1.9	311.55	0.00	311.55	0.2
Burn	1	1.9	53.45	0.00	53.45	0.0
Concussion (Brain, Cerebral)	1	1.9	0.00	0.00	0.00	0.0
Contagious Disease	1	1.9	0.00	0.00	0.00	0.0
Crushing	1	1.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>53</b>		<b>\$28,728.88</b>	<b>\$165,095.42</b>	<b>\$193,824.30</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>770 - VADOC-DILLWYN CORRECTIONAL CENTER</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	6.3	9,233.33	30,028.29	39,261.62	36.4
6AM - 7:59AM	2	12.5	24,931.13	6,434.11	31,365.24	29.1
2PM - 3:59PM	1	6.3	18.82	30,311.52	30,330.34	28.1
12PM - 1:59PM	6	37.5	4,076.57	2,424.44	6,501.01	6.0
8AM - 9:59AM	2	12.5	444.65	0.00	444.65	0.4
4AM - 5:59AM	3	18.8	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	3	18.8	9,252.15	61,589.81	70,841.96	65.7
6 - 8	1	6.3	24,931.13	5,184.11	30,115.24	27.9
0 - 2	8	50.0	4,521.22	1,174.44	5,695.66	5.3
2 - 4	4	25.0	0.00	1,250.00	1,250.00	1.2
<b>Totals:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	
<b>Age of Claimant</b>						
40 - 44	1	6.3	9,233.33	30,028.29	39,261.62	36.4
50 - 54	4	25.0	4,001.01	30,311.52	34,312.53	31.8
45 - 49	2	12.5	24,931.13	5,184.11	30,115.24	27.9
55 - 59	2	12.5	444.65	1,250.00	1,694.65	1.6
35 - 39	2	12.5	94.38	1,174.44	1,268.82	1.2
20 - 24	3	18.8	0.00	1,250.00	1,250.00	1.2
25 - 29	1	6.3	0.00	0.00	0.00	0.0
30 - 34	1	6.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	
<b>SEX OF CLAIMANT</b>						
Male	9	56.3	34,703.49	37,636.84	72,340.33	67.0
Female	7	43.8	4,001.01	31,561.52	35,562.53	33.0
<b>Totals:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	4	25.0	9,233.33	30,028.29	39,261.62	36.4
Walking surface, outside, dry	2	12.5	18.82	30,311.52	30,330.34	28.1
Fencing	1	6.3	24,931.13	5,184.11	30,115.24	27.9
Object on Floor	1	6.3	3,982.19	0.00	3,982.19	3.7
Outside Surface	1	6.3	94.38	1,174.44	1,268.82	1.2
Cabinet	1	6.3	0.00	1,250.00	1,250.00	1.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Water	1	6.3	0.00	1,250.00	1,250.00	1.2
Walking surface, inside, wet	1	6.3	444.65	0.00	444.65	0.4
Boxes / containers	1	6.3	0.00	0.00	0.00	0.0
Chair	1	6.3	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	12.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	

### ACCIDENT TYPE

Lifting	1	6.3	9,233.33	30,028.29	39,261.62	36.4
Fall On the Same Level	5	31.3	4,095.39	31,485.96	35,581.35	33.0
Strike Against/Step On Stationary Object	1	6.3	24,931.13	5,184.11	30,115.24	27.9
Slipped, Did Not Fall	2	12.5	444.65	1,250.00	1,694.65	1.6
Pushing or Pulling	2	12.5	0.00	1,250.00	1,250.00	1.2
Bodily Reaction	1	6.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	6.3	0.00	0.00	0.00	0.0
Other Injury NEC	3	18.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	

### BODY PART

Trunk Low Back Area (Incl. Lumbar & Li	2	12.5	9,233.33	30,028.29	39,261.62	36.4
Lower Extremities Ankle	3	18.8	463.47	31,561.52	32,024.99	29.7
Upper Extremities Multiple Upper Extr	1	6.3	24,931.13	5,184.11	30,115.24	27.9
Multiple Body Parts Multiple Body Parts	1	6.3	3,982.19	0.00	3,982.19	3.7
Lower Extremities Knee	2	12.5	94.38	1,174.44	1,268.82	1.2
Upper Extremities Shoulder(s)	1	6.3	0.00	1,250.00	1,250.00	1.2
Head Multiple Head Injury	1	6.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	6.3	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mt	1	6.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	18.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	

### INJURY

Strain	3	18.8	9,233.33	31,278.29	40,511.62	37.5
Multiple Physical Injury Only	2	12.5	28,913.32	5,184.11	34,097.43	31.6
Contusion (Bruise, Skin Surface)	2	12.5	18.82	30,311.52	30,330.34	28.1
Sprain	2	12.5	444.65	1,250.00	1,694.65	1.6
Laceration	1	6.3	94.38	1,174.44	1,268.82	1.2
Multiple Injury Inc. Physical & Psycholog	1	6.3	0.00	0.00	0.00	0.0
No Physical Injury	5	31.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>16</b>		<b>\$38,704.50</b>	<b>\$69,198.36</b>	<b>\$107,902.86</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 701 - DEPARTMENT OF CORRECTIONS

#### 771 - VADOC-INDIAN CREEK CORRECTION. CTR

#### TIME OF INJURY

8AM - 9:59AM	6	21.4	37,696.13	55,441.87	93,138.00	88.1
6AM - 7:59AM	5	17.9	2,481.61	2,500.00	4,981.61	4.7
4PM - 5:59PM	4	14.3	1,546.14	1,404.37	2,950.51	2.8
2PM - 3:59PM	3	10.7	2,757.49	0.00	2,757.49	2.6
12AM - 1:59AM	1	3.6	1,378.75	50.00	1,428.75	1.4
12PM - 1:59PM	3	10.7	513.62	0.00	513.62	0.5
2AM - 3:59AM	1	3.6	0.00	0.00	0.00	0.0
4AM - 5:59AM	2	7.1	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	7.1	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	

#### LENGTH OF SERVICE

0 - 2	20	71.4	26,693.87	54,996.73	81,690.60	77.2
4 - 6	1	3.6	17,109.64	4,399.51	21,509.15	20.3
6 - 8	1	3.6	2,056.61	0.00	2,056.61	1.9
16 - 18	1	3.6	513.62	0.00	513.62	0.5
2 - 4	3	10.7	0.00	0.00	0.00	0.0
10 - 12	1	3.6	0.00	0.00	0.00	0.0
26 - 28	1	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	

#### Age of Claimant

50 - 54	5	17.9	21,076.60	51,042.36	72,118.96	68.2
25 - 29	6	21.4	18,938.90	4,449.51	23,388.41	22.1
70 - 74	2	7.1	3,853.12	154.37	4,007.49	3.8
35 - 39	2	7.1	0.00	2,500.00	2,500.00	2.4
55 - 59	3	10.7	2,056.61	0.00	2,056.61	1.9
60 - 64	1	3.6	0.00	1,250.00	1,250.00	1.2
45 - 49	3	10.7	448.51	0.00	448.51	0.4
15 - 19	1	3.6	0.00	0.00	0.00	0.0
20 - 24	2	7.1	0.00	0.00	0.00	0.0
30 - 34	1	3.6	0.00	0.00	0.00	0.0
40 - 44	1	3.6	0.00	0.00	0.00	0.0
65 - 69	1	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	11	39.3	24,614.24	49,946.73	74,560.97	70.5
Male	17	60.7	21,759.50	9,449.51	31,209.01	29.5
<b>Totals:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	3.6	20,137.98	49,792.36	69,930.34	66.1
Patient / Inmate	8	28.6	17,623.26	4,399.51	22,022.77	20.8
Person	1	3.6	2,757.49	0.00	2,757.49	2.6
Needle stick	2	7.1	1,378.75	1,300.00	2,678.75	2.5
Vehicle/car/truck	3	10.7	0.00	2,500.00	2,500.00	2.4
Overhead Object	1	3.6	2,056.61	0.00	2,056.61	1.9
Stairs, steps	2	7.1	0.00	1,250.00	1,250.00	1.2
Wood Items	1	3.6	1,095.63	154.37	1,250.00	1.2
Building parts / doors	1	3.6	450.51	0.00	450.51	0.4
Stairs	1	3.6	448.51	0.00	448.51	0.4
Fencing	1	3.6	425.00	0.00	425.00	0.4
Door	1	3.6	0.00	0.00	0.00	0.0
Outside Surface	1	3.6	0.00	0.00	0.00	0.0
Training \ Drills	1	3.6	0.00	0.00	0.00	0.0
Uneven Surface	1	3.6	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	3.6	0.00	0.00	0.00	0.0
Water	1	3.6	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	5	17.9	21,233.61	49,946.73	71,180.34	67.3
Strain or Injury By, NOC	1	3.6	17,109.64	4,399.51	21,509.15	20.3
Struck/Injured By Fellow Worker, Patient	1	3.6	2,757.49	0.00	2,757.49	2.6
Object Being Lifted or Handled	2	7.1	0.00	2,500.00	2,500.00	2.4
Strike Against/Step On Stationary Object	1	3.6	2,056.61	0.00	2,056.61	1.9
Fall/Slip on Stairs	3	10.7	448.51	1,250.00	1,698.51	1.6
Hand Tool, Utensil; Not Powered	1	3.6	1,378.75	50.00	1,428.75	1.4
Struck/Injured By Motor Vehicle	1	3.6	0.00	1,250.00	1,250.00	1.2
Person in Act of Crime	5	17.9	513.62	0.00	513.62	0.5
Absorption, Ingestion or Inhalation NOC	1	3.6	450.51	0.00	450.51	0.4
Caught In/Between-Object Handled	1	3.6	425.00	0.00	425.00	0.4
Caught In, Under or Between, NOC	1	3.6	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	3.6	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	3.6	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	3.6	0.00	0.00	0.00	0.0
Jumping	1	3.6	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	1	3.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	
<b>BODY PART</b>						
Lower Extremities Knee	5	17.9	21,233.61	51,196.73	72,430.34	68.5
Upper Extremities Shoulder(s)	2	7.1	19,867.13	4,399.51	24,266.64	22.9
Upper Extremities Finger(s)	4	14.3	1,803.75	1,300.00	3,103.75	2.9
Multiple Body Parts Multiple Body Parts	4	14.3	962.13	1,250.00	2,212.13	2.1
Head Skull	1	3.6	2,056.61	0.00	2,056.61	1.9
Lower Extremities Ankle	2	7.1	0.00	1,250.00	1,250.00	1.2
Upper Extremities Hand	1	3.6	450.51	0.00	450.51	0.4
Head Other facial soft tissue	3	10.7	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.6	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	3.6	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	7.1	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	3.6	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	3.6	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	5	17.9	21,233.61	49,946.73	71,180.34	67.3
Strain	3	10.7	17,109.64	4,399.51	21,509.15	20.3
Sprain	2	7.1	2,757.49	1,250.00	4,007.49	3.8
Puncture	2	7.1	1,378.75	1,300.00	2,678.75	2.5
Multiple Physical Injury Only	3	10.7	962.13	1,250.00	2,212.13	2.1
Concussion (Brain, Cerebral)	1	3.6	2,056.61	0.00	2,056.61	1.9
Laceration	5	17.9	425.00	1,250.00	1,675.00	1.6
Contagious Disease	1	3.6	450.51	0.00	450.51	0.4
All Other (Specific) Injuries, NOC	1	3.6	0.00	0.00	0.00	0.0
No Physical Injury	5	17.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>28</b>		<b>\$46,373.74</b>	<b>\$59,396.24</b>	<b>\$105,769.98</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>772 - VADOC-HAYNESVILLE CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	5	35.7	2,924.55	2,481.18	5,405.73	50.0
10AM - 11:59AM	2	14.3	0.00	2,500.00	2,500.00	23.1
12PM - 1:59PM	1	7.1	1,342.41	0.00	1,342.41	12.4
12AM - 1:59AM	2	14.3	0.00	1,250.00	1,250.00	11.6
8AM - 9:59AM	1	7.1	261.82	0.00	261.82	2.4
8PM - 9:59PM	1	7.1	23.37	0.00	23.37	0.2
4PM - 5:59PM	2	14.3	22.87	0.00	22.87	0.2
<b>Totals:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	11	78.6	1,536.72	6,231.18	7,767.90	71.9
14 - 16	1	7.1	1,434.07	0.00	1,434.07	13.3
12 - 14	1	7.1	1,342.41	0.00	1,342.41	12.4
4 - 6	1	7.1	261.82	0.00	261.82	2.4
<b>Totals:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	
<b>Age of Claimant</b>						
35 - 39	3	21.4	2,654.83	1,250.00	3,904.83	36.1
20 - 24	3	21.4	23.37	2,500.00	2,523.37	23.4
50 - 54	1	7.1	1,342.41	0.00	1,342.41	12.4
25 - 29	2	14.3	22.87	1,250.00	1,272.87	11.8
30 - 34	2	14.3	18.82	1,231.18	1,250.00	11.6
40 - 44	3	21.4	512.72	0.00	512.72	4.7
<b>Totals:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	
<b>SEX OF CLAIMANT</b>						
Male	7	50.0	3,079.99	2,481.18	5,561.17	51.5
Female	7	50.0	1,495.03	3,750.00	5,245.03	48.5
<b>Totals:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	
<b>LOSS CAUSE</b>						
Needle stick	3	21.4	2,563.17	0.00	2,563.17	23.7
Sharp objects, not otherwise classified	2	14.3	250.90	1,250.00	1,500.90	13.9
Knife, Utility	1	7.1	1,434.07	0.00	1,434.07	13.3
Patient / Inmate	1	7.1	18.82	1,231.18	1,250.00	11.6
Stairs, steps	1	7.1	0.00	1,250.00	1,250.00	11.6
Vehicle/car/truck	1	7.1	0.00	1,250.00	1,250.00	11.6
Walking surface, inside, dry	1	7.1	0.00	1,250.00	1,250.00	11.6
Machine, not otherwise classified	1	7.1	261.82	0.00	261.82	2.4

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chemicals, not otherwise classified	1	7.1	23.37	0.00	23.37	0.2
Building parts / doors	1	7.1	22.87	0.00	22.87	0.2
Door	1	7.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	

### ACCIDENT TYPE

Object Being Lifted or Handled	7	50.0	4,271.01	1,250.00	5,521.01	51.1
Collision with Another Vehicle	1	7.1	0.00	1,250.00	1,250.00	11.6
Person in Act of Crime	1	7.1	18.82	1,231.18	1,250.00	11.6
Slipped, Did Not Fall	1	7.1	0.00	1,250.00	1,250.00	11.6
Strain or Injury By, NOC	1	7.1	0.00	1,250.00	1,250.00	11.6
Pushing or Pulling	1	7.1	261.82	0.00	261.82	2.4
Contact With Cold Object or Substance	1	7.1	23.37	0.00	23.37	0.2
Caught In/Between-Object Handled	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	

### BODY PART

Upper Extremities Thumb	4	28.6	2,814.07	1,250.00	4,064.07	37.6
Upper Extremities Hand	2	14.3	1,456.94	0.00	1,456.94	13.5
Head Multiple Head Injury	1	7.1	0.00	1,250.00	1,250.00	11.6
Lower Extremities Ankle	1	7.1	0.00	1,250.00	1,250.00	11.6
Lower Extremities Knee	1	7.1	0.00	1,250.00	1,250.00	11.6
Upper Extremities Shoulder(s)	1	7.1	18.82	1,231.18	1,250.00	11.6
Upper Extremities Elbow	1	7.1	261.82	0.00	261.82	2.4
Head Eye(s)	1	7.1	23.37	0.00	23.37	0.2
Upper Extremities Finger(s)	2	14.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	

### INJURY

Puncture	5	35.7	2,814.07	1,250.00	4,064.07	37.6
Sprain	2	14.3	0.00	2,500.00	2,500.00	23.1
Strain	2	14.3	280.64	1,231.18	1,511.82	14.0
Laceration	2	14.3	1,456.94	0.00	1,456.94	13.5
Multiple Physical Injury Only	1	7.1	0.00	1,250.00	1,250.00	11.6
Burn	1	7.1	23.37	0.00	23.37	0.2
Contusion (Bruise, Skin Surface)	1	7.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>14</b>		<b>\$4,575.02</b>	<b>\$6,231.18</b>	<b>\$10,806.20</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>773 - VADOC-COFFEEWOOD CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	3	11.5	129,737.99	0.00	129,737.99	88.0
8PM - 9:59PM	1	3.8	8,871.63	0.00	8,871.63	6.0
2PM - 3:59PM	3	11.5	18.82	3,731.18	3,750.00	2.5
12PM - 1:59PM	5	19.2	1,247.75	1,579.60	2,827.35	1.9
8AM - 9:59AM	6	23.1	56.56	1,223.13	1,279.69	0.9
6PM - 7:59PM	2	7.7	685.46	0.00	685.46	0.5
2AM - 3:59AM	1	3.8	279.70	0.00	279.70	0.2
4AM - 5:59AM	4	15.4	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	4	15.4	126,793.61	1,223.13	128,016.74	86.8
0 - 2	13	50.0	5,221.80	5,310.78	10,532.58	7.1
14 - 16	1	3.8	8,871.63	0.00	8,871.63	6.0
2 - 4	4	15.4	10.87	0.00	10.87	0.0
6 - 8	2	7.7	0.00	0.00	0.00	0.0
12 - 14	1	3.8	0.00	0.00	0.00	0.0
16 - 18	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	
<b>Age of Claimant</b>						
25 - 29	4	15.4	126,777.61	0.00	126,777.61	86.0
60 - 64	3	11.5	11,792.06	0.00	11,792.06	8.0
30 - 34	7	26.9	298.52	3,731.18	4,029.70	2.7
20 - 24	4	15.4	1,605.86	1,579.60	3,185.46	2.2
55 - 59	1	3.8	26.87	1,223.13	1,250.00	0.8
35 - 39	3	11.5	327.35	0.00	327.35	0.2
15 - 19	1	3.8	50.82	0.00	50.82	0.0
40 - 44	2	7.7	18.82	0.00	18.82	0.0
45 - 49	1	3.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	21	80.8	137,580.49	5,302.73	142,883.22	96.9
Female	5	19.2	3,317.42	1,231.18	4,548.60	3.1
<b>Totals:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	
<b>LOSS CAUSE</b>						

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Patient / Inmate	7	26.9	127,376.34	920.10	128,296.44	87.0
Door	3	11.5	8,949.32	1,223.13	10,172.45	6.9
Cart	1	3.8	2,920.43	0.00	2,920.43	2.0
Training \ Drills	2	7.7	18.82	2,481.18	2,500.00	1.7
Building parts / doors	2	7.7	0.00	1,250.00	1,250.00	0.8
Metal items	2	7.7	590.50	659.50	1,250.00	0.8
Uneven Surface	1	3.8	685.46	0.00	685.46	0.5
Boxes / containers	1	3.8	327.35	0.00	327.35	0.2
Floor	1	3.8	18.82	0.00	18.82	0.0
Walking surface, outside, wet	1	3.8	10.87	0.00	10.87	0.0
Animal, not otherwise classified	1	3.8	0.00	0.00	0.00	0.0
Minerals / dirt	1	3.8	0.00	0.00	0.00	0.0
Outside Surface	1	3.8	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	

### ACCIDENT TYPE

Person in Act of Crime	6	23.1	127,376.34	920.10	128,296.44	87.0
Caught In/Between-Object Handled	3	11.5	8,922.45	0.00	8,922.45	6.1
Fall On the Same Level	2	7.7	2,947.30	1,223.13	4,170.43	2.8
Caught In, Under or Between, NOC	1	3.8	0.00	1,250.00	1,250.00	0.8
Jumping	1	3.8	0.00	1,250.00	1,250.00	0.8
Object Being Lifted or Handled	1	3.8	590.50	659.50	1,250.00	0.8
Repetitive Motion (after 7/1/94)	2	7.7	18.82	1,231.18	1,250.00	0.8
Twisting	1	3.8	685.46	0.00	685.46	0.5
Lifting	1	3.8	327.35	0.00	327.35	0.2
Slipped, Did Not Fall	2	7.7	18.82	0.00	18.82	0.0
Fall/Slip on Ice or Snow	1	3.8	10.87	0.00	10.87	0.0
Collision with Another Vehicle	2	7.7	0.00	0.00	0.00	0.0
Pushing or Pulling	1	3.8	0.00	0.00	0.00	0.0
Stepping on Sharp Object	1	3.8	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	

### BODY PART

Lower Extremities Knee	4	15.4	126,766.74	1,250.00	128,016.74	86.8
Upper Extremities Finger(s)	3	11.5	8,922.45	0.00	8,922.45	6.1
Multiple Body Parts Multiple Body Parts	2	7.7	2,939.25	0.00	2,939.25	2.0
Upper Extremities Hand	3	11.5	870.20	1,909.50	2,779.70	1.9
Head Facial Bones	1	3.8	329.90	920.10	1,250.00	0.8
Head Skull	1	3.8	26.87	1,223.13	1,250.00	0.8
Lower Extremities Upper Leg	1	3.8	18.82	1,231.18	1,250.00	0.8
Lower Extremities Ankle	4	15.4	685.46	0.00	685.46	0.5

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	3	11.5	338.22	0.00	338.22	0.2
Multiple Body Parts No Physical Injury	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	3.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	
<b>INJURY</b>						
Strain	10	38.5	130,052.16	2,481.18	132,533.34	89.9
Laceration	4	15.4	9,462.13	1,909.50	11,371.63	7.7
Contusion (Bruise, Skin Surface)	3	11.5	26.87	1,223.13	1,250.00	0.8
Inflammation	1	3.8	329.90	920.10	1,250.00	0.8
Sprain	1	3.8	685.46	0.00	685.46	0.5
Crushing	2	7.7	330.52	0.00	330.52	0.2
No Physical Injury	4	15.4	10.87	0.00	10.87	0.0
Multiple Physical Injury Only	1	3.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>26</b>		<b>\$140,897.91</b>	<b>\$6,533.91</b>	<b>\$147,431.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>774 - VADOC-LUNENBERG CORRECTIONAL CTR</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	3	15.0	17,036.50	6,861.21	23,897.71	65.7
10AM - 11:59AM	3	15.0	2,527.55	962.50	3,490.05	9.6
8PM - 9:59PM	1	5.0	2,730.07	0.00	2,730.07	7.5
4PM - 5:59PM	3	15.0	23.37	1,250.00	1,273.37	3.5
2AM - 3:59AM	2	10.0	0.00	1,250.00	1,250.00	3.4
8AM - 9:59AM	4	20.0	249.42	1,000.58	1,250.00	3.4
12PM - 1:59PM	1	5.0	194.75	1,055.25	1,250.00	3.4
10PM - 11:59PM	1	5.0	588.75	661.25	1,250.00	3.4
2PM - 3:59PM	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	2	10.0	16,333.68	6,861.21	23,194.89	63.7
12 - 14	2	10.0	5,672.94	0.00	5,672.94	15.6
0 - 2	11	55.0	467.54	4,555.83	5,023.37	13.8
4 - 6	1	5.0	588.75	661.25	1,250.00	3.4
6 - 8	1	5.0	287.50	962.50	1,250.00	3.4
8 - 10	1	5.0	0.00	0.00	0.00	0.0
10 - 12	2	10.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	
<b>Age of Claimant</b>						
40 - 44	2	10.0	15,843.66	6,861.21	22,704.87	62.4
35 - 39	4	20.0	3,627.64	3,555.25	7,182.89	19.7
45 - 49	3	15.0	3,017.57	962.50	3,980.07	10.9
25 - 29	2	10.0	612.12	661.25	1,273.37	3.5
20 - 24	3	15.0	249.42	1,000.58	1,250.00	3.4
30 - 34	1	5.0	0.00	0.00	0.00	0.0
50 - 54	2	10.0	0.00	0.00	0.00	0.0
55 - 59	3	15.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	
<b>SEX OF CLAIMANT</b>						
Male	9	45.0	19,894.15	11,790.79	31,684.94	87.1
Female	11	55.0	3,456.26	1,250.00	4,706.26	12.9
<b>Totals:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	3	15.0	14,085.86	8,878.96	22,964.82	63.1



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Needle stick	3	15.0	2,979.49	1,000.58	3,980.07	10.9
Object on Floor	1	5.0	3,432.89	0.00	3,432.89	9.4
Stairs, steps	2	10.0	588.75	1,911.25	2,500.00	6.9
Trash hook	1	5.0	2,240.05	0.00	2,240.05	6.2
Metal items	1	5.0	0.00	1,250.00	1,250.00	3.4
Machine, not otherwise classified	1	5.0	23.37	0.00	23.37	0.1
Building parts / doors	1	5.0	0.00	0.00	0.00	0.0
Door	1	5.0	0.00	0.00	0.00	0.0
Fencing	1	5.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	5.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	10.0	0.00	0.00	0.00	0.0
Wall	1	5.0	0.00	0.00	0.00	0.0
Window frame	1	5.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	

### ACCIDENT TYPE

Person in Act of Crime	3	15.0	14,085.86	8,878.96	22,964.82	63.1
Object Being Lifted or Handled	4	20.0	4,993.49	0.00	4,993.49	13.7
Fall On the Same Level	4	20.0	3,432.89	0.00	3,432.89	9.4
Fall/Slip on Stairs	1	5.0	588.75	661.25	1,250.00	3.4
Hand Tool, Utensil; Not Powered	1	5.0	249.42	1,000.58	1,250.00	3.4
Lifting	1	5.0	0.00	1,250.00	1,250.00	3.4
Twisting	1	5.0	0.00	1,250.00	1,250.00	3.4
Caught In/Between-Machine or Machine	1	5.0	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	5.0	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	5.0	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	5.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	

### BODY PART

Upper Extremities Shoulder(s)	2	10.0	13,603.61	6,861.21	20,464.82	56.2
Upper Extremities Wrist	2	10.0	3,720.39	962.50	4,682.89	12.9
Upper Extremities Finger(s)	3	15.0	2,979.49	1,000.58	3,980.07	10.9
Upper Extremities Thumb	3	15.0	2,263.42	0.00	2,263.42	6.2
Head Facial Bones	1	5.0	194.75	1,055.25	1,250.00	3.4
Head Multiple Head Injury	2	10.0	588.75	661.25	1,250.00	3.4
Lower Extremities Knee	1	5.0	0.00	1,250.00	1,250.00	3.4
Trunk Low Back Area (Incl. Lumbar & Li	1	5.0	0.00	1,250.00	1,250.00	3.4
Head Other facial soft tissue	1	5.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	10.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	5.0	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	
<b>INJURY</b>						
Dislocation	1	5.0	13,603.61	6,861.21	20,464.82	56.2
Contusion (Bruise, Skin Surface)	4	20.0	3,627.64	1,055.25	4,682.89	12.9
Puncture	3	15.0	2,979.49	1,000.58	3,980.07	10.9
Strain	2	10.0	0.00	2,500.00	2,500.00	6.9
Laceration	5	25.0	2,263.42	0.00	2,263.42	6.2
Concussion (Brain, Cerebral)	1	5.0	588.75	661.25	1,250.00	3.4
Sprain	1	5.0	287.50	962.50	1,250.00	3.4
Inflammation	1	5.0	0.00	0.00	0.00	0.0
No Physical Injury	2	10.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>20</b>		<b>\$23,350.41</b>	<b>\$13,040.79</b>	<b>\$36,391.20</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>775 - VADOC-Pocahontas State Corr. Ctr</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	5	22.7	35,717.37	86,920.42	122,637.79	80.4
8AM - 9:59AM	4	18.2	4,043.63	16,044.01	20,087.64	13.2
8PM - 9:59PM	2	9.1	5,124.51	0.00	5,124.51	3.4
12PM - 1:59PM	3	13.6	2,043.58	0.00	2,043.58	1.3
6AM - 7:59AM	2	9.1	669.51	1,080.49	1,750.00	1.1
4PM - 5:59PM	4	18.2	906.00	0.00	906.00	0.6
2AM - 3:59AM	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
<b>Totals:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	4	18.2	32,042.35	87,950.91	119,993.26	78.7
0 - 2	9	40.9	4,949.63	16,044.01	20,993.64	13.8
2 - 4	5	22.7	5,046.73	50.00	5,096.73	3.3
6 - 8	3	13.6	4,668.08	0.00	4,668.08	3.1
4 - 6	1	4.5	1,797.81	0.00	1,797.81	1.2
<b>Totals:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	
<b>Age of Claimant</b>						
50 - 54	1	4.5	31,372.84	86,870.42	118,243.26	77.5
20 - 24	6	27.3	7,542.65	16,094.01	23,636.66	15.5
35 - 39	3	13.6	3,380.97	0.00	3,380.97	2.2
65 - 69	1	4.5	2,658.57	0.00	2,658.57	1.7
45 - 49	4	18.2	2,028.33	0.00	2,028.33	1.3
60 - 64	1	4.5	669.51	1,080.49	1,750.00	1.1
25 - 29	3	13.6	851.73	0.00	851.73	0.6
30 - 34	1	4.5	0.00	0.00	0.00	0.0
40 - 44	1	4.5	0.00	0.00	0.00	0.0
55 - 59	1	4.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	
<b>SEX OF CLAIMANT</b>						
Male	14	63.6	45,624.54	104,044.92	149,669.46	98.1
Female	8	36.4	2,880.06	0.00	2,880.06	1.9
<b>Totals:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	
<b>LOSS CAUSE</b>						
Cart	2	9.1	32,224.57	86,870.42	119,094.99	78.1
Patient / Inmate	2	9.1	4,058.88	16,044.01	20,102.89	13.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	3	13.6	3,326.70	0.00	3,326.70	2.2
Mechanical powered	1	4.5	2,658.57	0.00	2,658.57	1.7
Cabinet	1	4.5	2,009.51	0.00	2,009.51	1.3
Fire / Flame / Smoke	1	4.5	1,797.81	0.00	1,797.81	1.2
Floor	3	13.6	688.33	1,080.49	1,768.82	1.2
Needle stick	1	4.5	1,685.96	50.00	1,735.96	1.1
Chemicals, not otherwise classified	1	4.5	54.27	0.00	54.27	0.0
Building parts / doors	1	4.5	0.00	0.00	0.00	0.0
Fencing	1	4.5	0.00	0.00	0.00	0.0
Insufficient data	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
Pallet, Skid, Flat	1	4.5	0.00	0.00	0.00	0.0
Razor Blades	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
<b>Totals:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	

### ACCIDENT TYPE

Pushing or Pulling	1	4.5	31,372.84	86,870.42	118,243.26	77.5
Person in Act of Crime	2	9.1	4,058.88	16,044.01	20,102.89	13.2
Absorption, Ingestion or Inhalation NOC	3	13.6	3,538.04	50.00	3,588.04	2.4
Fall/Slip on Ice or Snow	3	13.6	3,326.70	0.00	3,326.70	2.2
Twisting	1	4.5	2,658.57	0.00	2,658.57	1.7
Strike Against/Step On Stationary Object	2	9.1	2,009.51	0.00	2,009.51	1.3
Other Injury NEC	1	4.5	669.51	1,080.49	1,750.00	1.1
Caught In, Under or Between, NOC	1	4.5	851.73	0.00	851.73	0.6
Fall On the Same Level	4	18.2	18.82	0.00	18.82	0.0
Fall/Slip From Liquid or Grease Spills	1	4.5	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	4.5	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	4.5	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	

### BODY PART

Upper Extremities Shoulder(s)	1	4.5	31,372.84	86,870.42	118,243.26	77.5
Multiple Body Parts Multiple Body Parts	3	13.6	5,822.62	16,044.01	21,866.63	14.3
Neck Disc (Neck)	1	4.5	3,326.70	0.00	3,326.70	2.2
Trunk Low Back Area (Incl. Lumbar & L	1	4.5	2,658.57	0.00	2,658.57	1.7
Upper Extremities Hand	2	9.1	2,537.69	50.00	2,587.69	1.7
Upper Extremities Lower Arm	1	4.5	2,009.51	0.00	2,009.51	1.3
Lower Extremities Knee	2	9.1	669.51	1,080.49	1,750.00	1.1
Multiple Body Parts Whole Body	2	9.1	54.27	0.00	54.27	0.0
Head Eye(s)	1	4.5	34.07	0.00	34.07	0.0
Lower Extremities Hip	1	4.5	18.82	0.00	18.82	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Other facial soft tissue	1	4.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	4.5	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	4.5	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	4.5	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	4.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	4.5	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	

### INJURY

Strain	3	13.6	34,031.41	86,870.42	120,901.83	79.3
Multiple Physical Injury Only	3	13.6	6,034.32	16,044.01	22,078.33	14.5
Concussion (Brain, Cerebral)	1	4.5	3,326.70	0.00	3,326.70	2.2
Multiple Injury Inc. Physical & Psycholog	1	4.5	1,797.81	0.00	1,797.81	1.2
Foreign Body (Eye)	1	4.5	669.51	1,080.49	1,750.00	1.1
Puncture	1	4.5	1,685.96	50.00	1,735.96	1.1
Sprain	1	4.5	851.73	0.00	851.73	0.6
All Other (Specific) Injuries, NOC	1	4.5	54.27	0.00	54.27	0.0
Contagious Disease	1	4.5	34.07	0.00	34.07	0.0
Contusion (Bruise, Skin Surface)	5	22.7	18.82	0.00	18.82	0.0
Inflammation	1	4.5	0.00	0.00	0.00	0.0
Laceration	1	4.5	0.00	0.00	0.00	0.0
No Physical Injury	1	4.5	0.00	0.00	0.00	0.0
Syncope	1	4.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>22</b>		<b>\$48,504.60</b>	<b>\$104,044.92</b>	<b>\$152,549.52</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>776 - VADOC-Green Rock Correctional Ctr</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	11.1	9,542.16	24,968.20	34,510.36	66.4
12PM - 1:59PM	9	33.3	8,649.69	3,386.70	12,036.39	23.1
4PM - 5:59PM	3	11.1	2,441.67	1,230.00	3,671.67	7.1
2PM - 3:59PM	3	11.1	706.63	0.00	706.63	1.4
12AM - 1:59AM	1	3.7	564.51	0.00	564.51	1.1
10AM - 11:59AM	5	18.5	505.94	0.00	505.94	1.0
2AM - 3:59AM	1	3.7	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	3.7	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	10	37.0	16,148.99	23,718.20	39,867.19	76.7
8 - 10	3	11.1	3,394.79	1,230.00	4,624.79	8.9
16 - 18	4	14.8	580.37	1,919.63	2,500.00	4.8
12 - 14	3	11.1	1,018.74	795.77	1,814.51	3.5
2 - 4	2	7.4	492.32	757.68	1,250.00	2.4
4 - 6	3	11.1	86.38	1,163.62	1,250.00	2.4
18 - 20	2	7.4	689.01	0.00	689.01	1.3
<b>Totals:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	
<b>Age of Claimant</b>						
30 - 34	5	18.5	12,203.61	24,948.20	37,151.81	71.5
35 - 39	4	14.8	3,944.28	1,250.00	5,194.28	10.0
50 - 54	5	18.5	2,474.57	1,465.40	3,939.97	7.6
40 - 44	2	7.4	2,421.67	0.00	2,421.67	4.7
20 - 24	2	7.4	492.32	757.68	1,250.00	2.4
25 - 29	1	3.7	86.38	1,163.62	1,250.00	2.4
45 - 49	2	7.4	564.51	0.00	564.51	1.1
55 - 59	3	11.1	223.26	0.00	223.26	0.4
15 - 19	1	3.7	0.00	0.00	0.00	0.0
60 - 64	1	3.7	0.00	0.00	0.00	0.0
65 - 69	1	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	9	33.3	10,433.93	24,881.82	35,315.75	67.9
Male	18	66.7	11,976.67	4,703.08	16,679.75	32.1
<b>Totals:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	
<b>LOSS CAUSE</b>						
Door	1	3.7	8,850.62	23,718.20	32,568.82	62.6
Patient / Inmate	12	44.4	5,203.54	3,453.08	8,656.62	16.6
Walking surface, outside, dry	2	7.4	3,944.28	1,250.00	5,194.28	10.0
Outside Surface	2	7.4	2,421.67	0.00	2,421.67	4.7
Water	1	3.7	86.38	1,163.62	1,250.00	2.4
Furniture / fixtures	1	3.7	691.54	0.00	691.54	1.3
Person	1	3.7	465.75	0.00	465.75	0.9
Needle stick	1	3.7	282.68	0.00	282.68	0.5
Training \ Drills	1	3.7	240.88	0.00	240.88	0.5
Gun / gunshot	1	3.7	223.26	0.00	223.26	0.4
Cart	1	3.7	0.00	0.00	0.00	0.0
Object on Floor	1	3.7	0.00	0.00	0.00	0.0
Trash receptacle	1	3.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	
<b>ACCIDENT TYPE</b>						
Caught In/Between-Object Handled	1	3.7	8,850.62	23,718.20	32,568.82	62.6
Strain or Injury By, NOC	2	7.4	6,365.95	0.00	6,365.95	12.2
Caught In, Under or Between, NOC	1	3.7	3,092.11	0.00	3,092.11	5.9
Person in Act of Crime	8	29.6	1,076.83	1,987.68	3,064.51	5.9
Fall On the Same Level	6	22.2	580.37	1,919.63	2,500.00	4.8
Struck/Injured By Fellow Worker, Patient	2	7.4	919.98	795.77	1,715.75	3.3
Contact with Hot Object or Substance	2	7.4	86.38	1,163.62	1,250.00	2.4
Struck/Injured By Object Being Lifted or	2	7.4	691.54	0.00	691.54	1.3
Hand Tool, Utensil; Not Powered	1	3.7	282.68	0.00	282.68	0.5
Repetitive Motion (after 7/1/94)	1	3.7	240.88	0.00	240.88	0.5
Struck/Injured By Hand Tool or Machine	1	3.7	223.26	0.00	223.26	0.4
<b>Sum:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	3	11.1	12,225.41	23,718.20	35,943.61	69.1
Lower Extremities Ankle	1	3.7	3,944.28	0.00	3,944.28	7.6
Lower Extremities Foot	2	7.4	2,662.55	0.00	2,662.55	5.1
Multiple Body Parts Multiple Body Parts	3	11.1	1,271.91	669.63	1,941.54	3.7
Upper Extremities Lower Arm	2	7.4	1,018.74	795.77	1,814.51	3.5
Head Other facial soft tissue	2	7.4	715.58	757.68	1,473.26	2.8

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Eye(s)	2	7.4	20.00	1,230.00	1,250.00	2.4
Lower Extremities Knee	2	7.4	0.00	1,250.00	1,250.00	2.4
Lower Extremities Multiple Lower Extr	1	3.7	86.38	1,163.62	1,250.00	2.4
Trunk Chest (Incl. Ribs, Sternum & Soft	3	11.1	465.75	0.00	465.75	0.9
Head Facial Bones	1	3.7	0.00	0.00	0.00	0.0
Head Mouth	1	3.7	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	3.7	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	3.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	3.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	3.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	

### INJURY

Crushing	1	3.7	8,850.62	23,718.20	32,568.82	62.6
Strain	2	7.4	6,365.95	0.00	6,365.95	12.2
Contusion (Bruise, Skin Surface)	11	40.7	1,781.70	2,657.31	4,439.01	8.5
Dislocation	1	3.7	3,092.11	0.00	3,092.11	5.9
Sprain	3	11.1	240.88	1,250.00	1,490.88	2.9
Burn	2	7.4	86.38	1,163.62	1,250.00	2.4
Puncture	1	3.7	454.23	795.77	1,250.00	2.4
Multiple Physical Injury Only	1	3.7	691.54	0.00	691.54	1.3
Laceration	2	7.4	564.51	0.00	564.51	1.1
Contagious Disease	1	3.7	282.68	0.00	282.68	0.5
No Physical Injury	2	7.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>27</b>		<b>\$22,410.60</b>	<b>\$29,584.90</b>	<b>\$51,995.50</b>	



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>701 - DEPARTMENT OF CORRECTIONS</b>						
<b>785 - VADOC-River North Correctional Ctr</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	5	15.2	12,975.77	31,875.58	44,851.35	63.0
8AM - 9:59AM	12	36.4	15,098.75	3,259.30	18,358.05	25.8
10AM - 11:59AM	4	12.1	3,515.68	0.00	3,515.68	4.9
6AM - 7:59AM	1	3.0	27.77	1,222.23	1,250.00	1.8
12PM - 1:59PM	4	12.1	173.03	1,076.97	1,250.00	1.8
6PM - 7:59PM	2	6.1	100.66	1,149.34	1,250.00	1.8
8PM - 9:59PM	1	3.0	666.23	0.00	666.23	0.9
2AM - 3:59AM	1	3.0	9.00	0.00	9.00	0.0
4AM - 5:59AM	1	3.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	6.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	17	51.5	11,923.88	33,835.51	45,759.39	64.3
8 - 10	4	12.1	15,388.34	1,222.23	16,610.57	23.3
6 - 8	7	21.2	5,131.01	2,399.34	7,530.35	10.6
2 - 4	2	6.1	123.66	1,126.34	1,250.00	1.8
10 - 12	3	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	
<b>Age of Claimant</b>						
30 - 34	7	21.2	5,640.73	31,774.92	37,415.65	52.6
35 - 39	5	15.2	20,157.70	882.96	21,040.66	29.6
25 - 29	8	24.2	5,447.24	1,250.00	6,697.24	9.4
40 - 44	5	15.2	503.56	2,326.97	2,830.53	4.0
20 - 24	2	6.1	123.66	1,126.34	1,250.00	1.8
50 - 54	4	12.1	27.77	1,222.23	1,250.00	1.8
55 - 59	2	6.1	666.23	0.00	666.23	0.9
<b>Totals:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	
<b>SEX OF CLAIMANT</b>						
Male	25	75.8	27,280.80	37,506.45	64,787.25	91.1
Female	8	24.2	5,286.09	1,076.97	6,363.06	8.9
<b>Totals:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	
<b>LOSS CAUSE</b>						
Outside Surface	4	12.1	1,139.83	33,097.81	34,237.64	48.1
Walking surface, outside, dry	1	3.0	11,863.71	0.00	11,863.71	16.7
Patient / Inmate	9	27.3	3,410.19	3,158.64	6,568.83	9.2

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chemicals, not otherwise classified	2	6.1	4,699.82	0.00	4,699.82	6.6
Metal items	1	3.0	4,430.09	0.00	4,430.09	6.2
Hazardous Material	1	3.0	3,496.86	0.00	3,496.86	4.9
Person	1	3.0	2,328.78	0.00	2,328.78	3.3
Propane Tank	1	3.0	0.00	1,250.00	1,250.00	1.8
Walking surface, inside, wet	2	6.1	173.03	1,076.97	1,250.00	1.8
Stairs, steps	1	3.0	666.23	0.00	666.23	0.9
Building parts / doors	2	6.1	330.53	0.00	330.53	0.5
N/A	1	3.0	18.82	0.00	18.82	0.0
Clothing / jewelry	1	3.0	9.00	0.00	9.00	0.0
Animal, not otherwise classified	1	3.0	0.00	0.00	0.00	0.0
Hose / hydair H2O	1	3.0	0.00	0.00	0.00	0.0
Nail	1	3.0	0.00	0.00	0.00	0.0
Stone / rock / brick	1	3.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	3.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	

### ACCIDENT TYPE

Repetitive Motion (after 7/1/94)	4	12.1	1,787.24	33,097.81	34,885.05	49.0
Twisting	2	6.1	11,882.53	0.00	11,882.53	16.7
Strike Against/Step On Stationary Object	2	6.1	4,430.09	0.00	4,430.09	6.2
Person in Act of Crime	7	21.2	756.35	3,158.64	3,914.99	5.5
Fall On the Same Level	5	15.2	2,826.87	1,076.97	3,903.84	5.5
Other than Physical Cause of Injury	2	6.1	3,515.68	0.00	3,515.68	4.9
Other Injury NEC	1	3.0	2,906.83	0.00	2,906.83	4.1
Struck/Injured By Fellow Worker, Patient	1	3.0	2,328.78	0.00	2,328.78	3.3
Absorption, Ingestion or Inhalation NOC	1	3.0	1,792.99	0.00	1,792.99	2.5
Object Being Lifted or Handled	1	3.0	0.00	1,250.00	1,250.00	1.8
Caught In/Between-Object Handled	2	6.1	330.53	0.00	330.53	0.5
Strain or Injury By, NOC	1	3.0	9.00	0.00	9.00	0.0
Collision with a Fixed Object	1	3.0	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	3.0	0.00	0.00	0.00	0.0
Stepping on Sharp Object	1	3.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	

### BODY PART

Lower Extremities Ankle	2	6.1	1,759.47	30,625.58	32,385.05	45.5
Lower Extremities Knee	7	21.2	19,117.89	3,598.57	22,716.46	31.9
Multiple Body Parts Multiple Body Parts	6	18.2	8,196.68	0.00	8,196.68	11.5
Upper Extremities Shoulder(s)	2	6.1	2,337.78	0.00	2,337.78	3.3
Head Nose	1	3.0	367.04	882.96	1,250.00	1.8

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Thumb	1	3.0	0.00	1,250.00	1,250.00	1.8
Upper Extremities Wrist	1	3.0	173.03	1,076.97	1,250.00	1.8
Upper Extremities Wrist(s) and Hand(s)	1	3.0	100.66	1,149.34	1,250.00	1.8
Upper Extremities Lower Arm	2	6.1	495.52	0.00	495.52	0.7
Multiple Body Parts No Physical Injury	1	3.0	18.82	0.00	18.82	0.0
Head Facial Bones	1	3.0	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	3.0	0.00	0.00	0.00	0.0
Head Teeth	1	3.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	2	6.1	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	3.0	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	3.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	3.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	

### INJURY

Sprain	3	9.1	1,932.50	31,702.55	33,635.05	47.3
Inflammation	2	6.1	11,863.71	1,250.00	13,113.71	18.4
Strain	5	15.2	4,600.34	2,348.57	6,948.91	9.8
Contusion (Bruise, Skin Surface)	10	30.3	3,250.02	2,399.34	5,649.36	7.9
All Other (Specific) Injuries, NOC	1	3.0	3,496.86	0.00	3,496.86	4.9
No Physical Injury	1	3.0	2,906.83	0.00	2,906.83	4.1
Dislocation	2	6.1	2,337.78	0.00	2,337.78	3.3
Multiple Injury Inc. Physical & Psycholog	1	3.0	1,792.99	0.00	1,792.99	2.5
Fracture	2	6.1	367.04	882.96	1,250.00	1.8
Mental Stress	1	3.0	18.82	0.00	18.82	0.0
Multiple Physical Injury Only	2	6.1	0.00	0.00	0.00	0.0
Puncture	2	6.1	0.00	0.00	0.00	0.0
Syncope	1	3.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>33</b>		<b>\$32,566.89</b>	<b>\$38,583.42</b>	<b>\$71,150.31</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>702 - Dept For Blind &amp; Vision Impaired</b>						
<b>702 - Virginia Industries for the Blind</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	33.3	2,818.13	0.00	2,818.13	84.6
12AM - 1:59AM	1	16.7	511.94	0.00	511.94	15.4
8AM - 9:59AM	1	16.7	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	16.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	16.7	1,430.81	0.00	1,430.81	43.0
10 - 12	1	16.7	1,387.32	0.00	1,387.32	41.7
8 - 10	2	33.3	511.94	0.00	511.94	15.4
4 - 6	1	16.7	0.00	0.00	0.00	0.0
32 - 34	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>Age of Claimant</b>						
30 - 34	1	16.7	1,430.81	0.00	1,430.81	43.0
45 - 49	1	16.7	1,387.32	0.00	1,387.32	41.7
60 - 64	3	50.0	511.94	0.00	511.94	15.4
80 - 84	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	50.0	2,818.13	0.00	2,818.13	84.6
Male	3	50.0	511.94	0.00	511.94	15.4
<b>Totals:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	1	16.7	1,430.81	0.00	1,430.81	43.0
Roll	1	16.7	1,387.32	0.00	1,387.32	41.7
Pallet,Skid,Flat	1	16.7	511.94	0.00	511.94	15.4
Person	1	16.7	0.00	0.00	0.00	0.0
Racking	1	16.7	0.00	0.00	0.00	0.0
Valve Stems	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	1	16.7	1,430.81	0.00	1,430.81	43.0
Strike Against/Step On Obj Being Lifted	1	16.7	1,387.32	0.00	1,387.32	41.7

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lifting	1	16.7	511.94	0.00	511.94	15.4
Cut, Punctured, Scraped, NOC	1	16.7	0.00	0.00	0.00	0.0
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>BODY PART</b>						
Head Eye(s)	1	16.7	1,430.81	0.00	1,430.81	43.0
Upper Extremities Wrist(s) and Hand(s)	1	16.7	1,387.32	0.00	1,387.32	41.7
Upper Extremities Elbow	1	16.7	511.94	0.00	511.94	15.4
Multiple Body Parts Multiple Body Parts	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	
<b>INJURY</b>						
Sprain	2	33.3	1,899.26	0.00	1,899.26	57.0
Inflammation	1	16.7	1,430.81	0.00	1,430.81	43.0
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
Laceration	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$3,330.07</b>	<b>\$0.00</b>	<b>\$3,330.07</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>702 - Dept For Blind &amp; Vision Impaired</b>						
<b>S702 - Dept For Blind &amp; Vision Impaired</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	66.7	30.83	0.00	30.83	100.0
6AM - 7:59AM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	66.7	30.83	0.00	30.83	100.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>Age of Claimant</b>						
60 - 64	2	66.7	30.83	0.00	30.83	100.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	30.83	0.00	30.83	100.0
<b>Totals:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>LOSS CAUSE</b>						
N/A	1	33.3	30.83	0.00	30.83	100.0
Animal, 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
<b>Totals:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	33.3	30.83	0.00	30.83	100.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	66.7	30.83	0.00	30.83	100.0
Upper Extremities Lower Arm	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	
<b>INJURY</b>						
Syncope	1	33.3	30.83	0.00	30.83	100.0
Inflammation	1	33.3	0.00	0.00	0.00	0.0
Laceration	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$30.83</b>	<b>\$0.00</b>	<b>\$30.83</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>703 - DBHDS \ Central State Hospital</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	12	10.3	62,605.21	145,304.76	207,909.97	26.7
4AM - 5:59AM	8	6.8	66,192.62	119,955.82	186,148.44	23.9
10PM - 11:59PM	4	3.4	56,205.24	70,969.22	127,174.46	16.3
10AM - 11:59AM	21	17.9	42,238.68	60,913.63	103,152.31	13.2
2PM - 3:59PM	15	12.8	12,040.97	46,805.88	58,846.85	7.5
8AM - 9:59AM	16	13.7	29,242.22	16,462.33	45,704.55	5.9
6PM - 7:59PM	11	9.4	16,310.71	3,475.70	19,786.41	2.5
4PM - 5:59PM	13	11.1	12,694.78	1,224.13	13,918.91	1.8
8PM - 9:59PM	6	5.1	7,823.11	1,250.00	9,073.11	1.2
12AM - 1:59AM	3	2.6	2,567.69	1,250.00	3,817.69	0.5
6AM - 7:59AM	6	5.1	1,441.28	1,250.00	2,691.28	0.3
2AM - 3:59AM	2	1.7	1,438.87	0.00	1,438.87	0.2
<b>Totals:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	47	40.2	129,196.69	165,353.38	294,550.07	37.8
16 - 18	6	5.1	50,455.93	146,695.95	197,151.88	25.3
4 - 6	18	15.4	67,140.29	78,312.89	145,453.18	18.7
2 - 4	16	13.7	6,286.00	48,030.01	54,316.01	7.0
6 - 8	14	12.0	33,698.01	17,396.28	51,094.29	6.6
14 - 16	5	4.3	13,151.21	9,597.26	22,748.47	2.9
30 - 32	1	0.9	6,224.30	3,475.70	9,700.00	1.2
10 - 12	1	0.9	1,967.71	0.00	1,967.71	0.3
12 - 14	4	3.4	1,835.88	0.00	1,835.88	0.2
8 - 10	2	1.7	826.54	0.00	826.54	0.1
20 - 22	1	0.9	18.82	0.00	18.82	0.0
24 - 26	1	0.9	0.00	0.00	0.00	0.0
42 - 44	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	
<b>Age of Claimant</b>						
55 - 59	12	10.3	88,818.33	134,506.12	223,324.45	28.6
60 - 64	11	9.4	62,500.54	115,331.02	177,831.56	22.8
40 - 44	6	5.1	64,128.64	78,694.52	142,823.16	18.3
50 - 54	12	10.3	39,018.58	60,913.63	99,932.21	12.8
25 - 29	21	17.9	7,777.30	46,805.88	54,583.18	7.0
30 - 34	20	17.1	16,327.90	21,995.23	38,323.13	4.9

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	11	9.4	22,530.45	6,865.07	29,395.52	3.8
45 - 49	11	9.4	5,753.33	1,250.00	7,003.33	0.9
20 - 24	7	6.0	1,450.91	2,500.00	3,950.91	0.5
65 - 69	4	3.4	2,482.30	0.00	2,482.30	0.3
70 - 74	2	1.7	13.10	0.00	13.10	0.0
<b>Totals:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	

### SEX OF CLAIMANT

Male	51	43.6	180,574.09	289,500.04	470,074.13	60.3
Female	66	56.4	130,227.29	179,361.43	309,588.72	39.7
<b>Totals:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	

### LOSS CAUSE

Patient / Inmate	81	69.2	210,738.21	318,856.88	529,595.09	67.9
Door	4	3.4	33,100.10	87,113.35	120,213.45	15.4
Furniture / fixtures	1	0.9	19,761.08	14,896.28	34,657.36	4.4
Lift	1	0.9	7,793.48	19,973.83	27,767.31	3.6
Walking surface, inside, wet	2	1.7	3,278.47	20,821.30	24,099.77	3.1
Walking surface, inside, dry	4	3.4	22,075.05	0.00	22,075.05	2.8
Walking surface, outside, wet	2	1.7	8,009.50	3,475.70	11,485.20	1.5
Person	6	5.1	0.00	2,500.00	2,500.00	0.3
Knife, Utility	1	0.9	2,271.24	0.00	2,271.24	0.3
Floor	1	0.9	1,544.29	0.00	1,544.29	0.2
Needle stick	2	1.7	1,463.09	0.00	1,463.09	0.2
Cart	2	1.7	25.87	1,224.13	1,250.00	0.2
Chemicals, not otherwise classified	1	0.9	703.36	0.00	703.36	0.1
Walking surface, outside, dry	3	2.6	37.64	0.00	37.64	0.0
Boxes / containers	1	0.9	0.00	0.00	0.00	0.0
Chair	1	0.9	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	0.9	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.9	0.00	0.00	0.00	0.0
Stairs, steps	1	0.9	0.00	0.00	0.00	0.0
Training \ Drills	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	80	68.4	220,399.21	311,759.62	532,158.83	68.3
Caught In, Under or Between, NOC	5	4.3	33,095.52	88,337.48	121,433.00	15.6
Struck/Injured By Object Being Lifted or	8	6.8	31,776.07	44,467.37	76,243.44	9.8
Fall, Slip or Trip, NOC	5	4.3	3,390.79	20,821.30	24,212.09	3.1
Fall On the Same Level	5	4.3	9,234.74	3,475.70	12,710.44	1.6
Foreign Body in Eye	3	2.6	4,946.28	0.00	4,946.28	0.6
Struck/Injured By Hand Tool or Machine	1	0.9	2,271.24	0.00	2,271.24	0.3



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	2	1.7	1,967.71	0.00	1,967.71	0.3
Fall/Slip on Ice or Snow	1	0.9	1,785.20	0.00	1,785.20	0.2
Fall/Slip From Liquid or Grease Spills	1	0.9	1,723.56	0.00	1,723.56	0.2
Cut, Punctured, Scraped, NOC	1	0.9	211.06	0.00	211.06	0.0
Fall/Slip From a Different Level	1	0.9	0.00	0.00	0.00	0.0
Lifting	1	0.9	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Object	2	1.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	69	59.0	223,677.46	268,283.08	491,960.54	63.1
Upper Extremities Hand	3	2.6	30,294.19	87,113.35	117,407.54	15.1
Lower Extremities Lower Leg	3	2.6	30,085.54	60,913.63	90,999.17	11.7
Neck Disc (Neck)	1	0.9	18.82	44,305.88	44,324.70	5.7
Head Facial Bones	1	0.9	10,012.31	0.00	10,012.31	1.3
Head Other facial soft tissue	5	4.3	2,986.42	2,021.40	5,007.82	0.6
Head Eye(s)	4	3.4	3,514.69	1,250.00	4,764.69	0.6
Trunk Chest (Incl. Ribs, Sternum & Soft Tissue)	2	1.7	3,037.23	0.00	3,037.23	0.4
Upper Extremities Upper Arm (Incl. Clavicle)	5	4.3	294.57	2,500.00	2,794.57	0.4
Upper Extremities Finger(s)	5	4.3	2,512.75	0.00	2,512.75	0.3
Trunk Upper Back Area (Thoracic Area)	3	2.6	1,544.29	0.00	1,544.29	0.2
Lower Extremities Knee	3	2.6	1,428.51	0.00	1,428.51	0.2
Upper Extremities Lower Arm	3	2.6	1,368.73	0.00	1,368.73	0.2
Upper Extremities Shoulder(s)	1	0.9	25.87	1,224.13	1,250.00	0.2
Upper Extremities Wrist	1	0.9	0.00	1,250.00	1,250.00	0.2
Head Nose	1	0.9	0.00	0.00	0.00	0.0
Head Skull	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	0.9	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Lumbosacral)	2	1.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	2	1.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	

### INJURY

Multiple Injury Inc. Physical & Psychological	35	29.9	112,175.53	115,824.19	227,999.72	29.2
Multiple Physical Injury Only	7	6.0	69,428.23	78,694.52	148,122.75	19.0
Puncture	5	4.3	30,793.33	87,113.35	117,906.68	15.1
Strain	4	3.4	31,477.80	70,510.89	101,988.69	13.1
Contusion (Bruise, Skin Surface)	28	23.9	35,924.65	40,443.28	76,367.93	9.8
All Other (Specific) Injuries, NOC	22	18.8	9,990.02	52,551.41	62,541.43	8.0
Fracture	2	1.7	17,805.79	19,973.83	37,779.62	4.8
Laceration	9	7.7	2,502.67	2,500.00	5,002.67	0.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	3	2.6	0.00	1,250.00	1,250.00	0.2
All Other Occupational Disease	1	0.9	703.36	0.00	703.36	0.1
Contagious Disease	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>117</b>		<b>\$310,801.38</b>	<b>\$468,861.47</b>	<b>\$779,662.85</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>704 - DBHDS \ Eastern State Hospital</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	22	17.6	108,817.46	176,213.39	285,030.85	27.5
6PM - 7:59PM	14	11.2	66,728.02	191,069.04	257,797.06	24.9
12PM - 1:59PM	26	20.8	85,209.40	160,861.95	246,071.35	23.8
6AM - 7:59AM	12	9.6	45,477.02	88,411.00	133,888.02	12.9
4PM - 5:59PM	8	6.4	12,782.50	32,809.57	45,592.07	4.4
2PM - 3:59PM	15	12.0	2,061.28	38,103.80	40,165.08	3.9
12AM - 1:59AM	2	1.6	19,467.05	0.00	19,467.05	1.9
8AM - 9:59AM	13	10.4	2,845.00	0.00	2,845.00	0.3
4AM - 5:59AM	3	2.4	1,325.64	1,250.00	2,575.64	0.2
2AM - 3:59AM	2	1.6	130.00	1,120.00	1,250.00	0.1
8PM - 9:59PM	5	4.0	1,065.92	0.00	1,065.92	0.1
10PM - 11:59PM	3	2.4	117.78	0.00	117.78	0.0
<b>Totals:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	73	58.4	237,471.08	337,810.66	575,281.74	55.5
12 - 14	4	3.2	61,071.78	157,119.04	218,190.82	21.1
2 - 4	19	15.2	32,641.68	139,629.58	172,271.26	16.6
20 - 22	2	1.6	11,887.56	51,529.47	63,417.03	6.1
32 - 34	1	0.8	2,585.00	0.00	2,585.00	0.2
8 - 10	5	4.0	0.00	2,500.00	2,500.00	0.2
42 - 44	1	0.8	0.00	1,250.00	1,250.00	0.1
4 - 6	3	2.4	328.47	0.00	328.47	0.0
28 - 30	1	0.8	41.50	0.00	41.50	0.0
10 - 12	4	3.2	0.00	0.00	0.00	0.0
16 - 18	1	0.8	0.00	0.00	0.00	0.0
24 - 26	2	1.6	0.00	0.00	0.00	0.0
14 - 16	2	1.6	0.00	0.00	0.00	0.0
34 - 36	2	1.6	0.00	0.00	0.00	0.0
30 - 32	2	1.6	0.00	0.00	0.00	0.0
38 - 40	2	1.6	0.00	0.00	0.00	0.0
26 - 28	1	0.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	
<b>Age of Claimant</b>						
60 - 64	18	14.4	203,431.46	356,447.54	559,879.00	54.0
30 - 34	12	9.6	45,891.15	84,896.00	130,787.15	12.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	4	3.2	12,040.15	69,289.74	81,329.89	7.9
45 - 49	11	8.8	11,452.99	55,517.26	66,970.25	6.5
35 - 39	14	11.2	14,902.59	31,559.57	46,462.16	4.5
40 - 44	14	11.2	709.36	45,389.84	46,099.20	4.5
20 - 24	11	8.8	513.82	36,723.80	37,237.62	3.6
55 - 59	12	9.6	28,516.41	1,250.00	29,766.41	2.9
50 - 54	10	8.0	20,002.11	1,015.00	21,017.11	2.0
25 - 29	12	9.6	2,901.44	5,250.00	8,151.44	0.8
70 - 74	4	3.2	5,413.64	1,250.00	6,663.64	0.6
75 - 79	1	0.8	0.00	1,250.00	1,250.00	0.1
15 - 19	2	1.6	251.95	0.00	251.95	0.0
<b>Totals:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	

### SEX OF CLAIMANT

Female	90	72.0	245,265.08	522,476.80	767,741.88	74.1
Male	35	28.0	100,761.99	167,361.95	268,123.94	25.9
<b>Totals:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	

### LOSS CAUSE

Patient / Inmate	81	64.8	242,655.78	530,192.62	772,848.40	74.6
Chair	5	4.0	62,746.28	82,606.39	145,352.67	14.0
Door	4	3.2	31,637.20	68,039.74	99,676.94	9.6
Walking surface, inside, dry	1	0.8	0.00	4,000.00	4,000.00	0.4
Wheelchair	1	0.8	3,473.99	0.00	3,473.99	0.3
Water	2	1.6	2,585.00	0.00	2,585.00	0.2
Wall	1	0.8	1,325.64	0.00	1,325.64	0.1
N/A	2	1.6	18.82	1,250.00	1,268.82	0.1
Heating equipment	3	2.4	0.00	1,250.00	1,250.00	0.1
Needle stick	2	1.6	0.00	1,250.00	1,250.00	0.1
Outside Surface	1	0.8	0.00	1,250.00	1,250.00	0.1
Office equipment	1	0.8	617.14	0.00	617.14	0.1
Furniture / fixtures	3	2.4	420.15	0.00	420.15	0.0
Walking surface, outside, dry	4	3.2	295.12	0.00	295.12	0.0
Object on Floor	2	1.6	251.95	0.00	251.95	0.0
Animal, not otherwise classified	1	0.8	0.00	0.00	0.00	0.0
Cart	1	0.8	0.00	0.00	0.00	0.0
Ceiling	1	0.8	0.00	0.00	0.00	0.0
Environmental conditions	1	0.8	0.00	0.00	0.00	0.0
Floor	2	1.6	0.00	0.00	0.00	0.0
Gas / Fumes	1	0.8	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.8	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	1.6	0.00	0.00	0.00	0.0
Person	1	0.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Training \ Drills	1	0.8	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	

**ACCIDENT TYPE**

Struck/Injured By Fellow Worker, Patient	43	34.4	218,864.76	472,050.79	690,915.55	66.7
Pushing or Pulling	1	0.8	62,704.78	82,606.39	145,311.17	14.0
Collision with a Fixed Object	2	1.6	12,040.15	68,039.74	80,079.89	7.7
Strain or Injury By, NOC	6	4.8	13,229.80	35,559.57	48,789.37	4.7
Lifting	2	1.6	7,213.04	25,567.26	32,780.30	3.2
Striking Against or Stepping On, NOC	2	1.6	19,467.05	0.00	19,467.05	1.9
Struck or Injury By, NOC	26	20.8	8,101.78	2,265.00	10,366.78	1.0
Fall On the Same Level	8	6.4	2,886.50	0.00	2,886.50	0.3
Fall, Slip or Trip, NOC	7	5.6	581.71	1,250.00	1,831.71	0.2
Contact with Hot Object or Substance	2	1.6	0.00	1,250.00	1,250.00	0.1
Other Injury NEC	5	4.0	0.00	1,250.00	1,250.00	0.1
Contact with Infectious Disease	1	0.8	328.47	0.00	328.47	0.0
Twisting	2	1.6	300.06	0.00	300.06	0.0
Strike Against/Step On Stationary Object	1	0.8	290.15	0.00	290.15	0.0
Other than Physical Cause of Injury	5	4.0	18.82	0.00	18.82	0.0
Contact With Not Otherwise Classified	4	3.2	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	3	2.4	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	0.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	1.6	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	0.8	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	0.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	

**BODY PART**

Upper Extremities Shoulder(s)	5	4.0	81,957.97	176,213.39	258,171.36	24.9
Head Other facial soft tissue	15	12.0	61,518.03	157,119.04	218,637.07	21.1
Multiple Body Parts Multiple Body Parts	12	9.6	67,906.63	95,142.64	163,049.27	15.7
Lower Extremities Ankle	7	5.6	46,935.94	88,896.00	135,831.94	13.1
Head Teeth	1	0.8	11,887.56	51,529.47	63,417.03	6.1
Upper Extremities Hand	7	5.6	15,232.23	32,809.57	48,041.80	4.6
Upper Extremities Finger(s)	7	5.6	383.82	46,274.84	46,658.66	4.5
Head Nose	1	0.8	383.82	35,603.80	35,987.62	3.5
Lower Extremities Knee	9	7.2	28,732.33	0.00	28,732.33	2.8
Upper Extremities Wrist	4	3.2	19,467.05	0.00	19,467.05	1.9
Head Facial Bones	16	12.8	5,467.36	1,250.00	6,717.36	0.6
Head Mouth	2	1.6	2,159.50	1,250.00	3,409.50	0.3
Lower Extremities Hip	2	1.6	1,942.78	0.00	1,942.78	0.2
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.4	290.15	1,250.00	1,540.15	0.1
Upper Extremities Elbow	3	2.4	0.00	1,250.00	1,250.00	0.1

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	4	3.2	0.00	1,250.00	1,250.00	0.1
Upper Extremities Wrist(s) and Hand(s)	4	3.2	810.42	0.00	810.42	0.1
Trunk Low Back Area (Incl. Lumbar & Li	1	0.8	447.30	0.00	447.30	0.0
Head Eye(s)	4	3.2	225.36	0.00	225.36	0.0
Head Multiple Head Injury	1	0.8	130.00	0.00	130.00	0.0
Lower Extremities Lower Leg	3	2.4	130.00	0.00	130.00	0.0
Head Brain	1	0.8	18.82	0.00	18.82	0.0
Head Ear(s)	1	0.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	2.4	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	0.8	0.00	0.00	0.00	0.0
Neck Trachea	1	0.8	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.8	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	0.8	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	0.8	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	4	3.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	

### INJURY

Multiple Physical Injury Only	3	2.4	128,516.83	221,061.68	349,578.51	33.7
Sprain	9	7.2	59,701.49	121,470.57	181,172.06	17.5
Strain	12	9.6	71,211.77	108,173.65	179,385.42	17.3
Contusion (Bruise, Skin Surface)	56	44.8	14,538.66	113,443.64	127,982.30	12.4
Dislocation	1	0.8	12,040.15	68,039.74	80,079.89	7.7
All Other (Specific) Injuries, NOC	5	4.0	14,047.06	51,529.47	65,576.53	6.3
Fracture	2	1.6	45,268.46	0.00	45,268.46	4.4
No Physical Injury	25	20.0	347.29	3,750.00	4,097.29	0.4
Burn	4	3.2	0.00	1,250.00	1,250.00	0.1
Puncture	2	1.6	130.00	1,120.00	1,250.00	0.1
Laceration	3	2.4	225.36	0.00	225.36	0.0
Foreign Body (Eye)	3	2.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>125</b>		<b>\$346,027.07</b>	<b>\$689,838.75</b>	<b>\$1,035,865.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>705 - DBHDS \ SWVMHI</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	23	10.4	46,783.28	147,423.49	194,206.77	43.6
2PM - 3:59PM	21	9.5	18,851.41	65,009.06	83,860.47	18.8
8AM - 9:59AM	25	11.3	26,613.69	17,348.57	43,962.26	9.9
4AM - 5:59AM	16	7.2	4,237.73	32,054.12	36,291.85	8.1
8PM - 9:59PM	18	8.1	21,648.24	0.00	21,648.24	4.9
6PM - 7:59PM	32	14.5	17,234.31	1,250.00	18,484.31	4.1
4PM - 5:59PM	26	11.8	4,881.23	13,345.23	18,226.46	4.1
10AM - 11:59AM	15	6.8	10,735.93	0.00	10,735.93	2.4
10PM - 11:59PM	13	5.9	8,264.99	0.00	8,264.99	1.9
12PM - 1:59PM	15	6.8	4,382.84	0.00	4,382.84	1.0
12AM - 1:59AM	9	4.1	3,336.26	0.00	3,336.26	0.7
2AM - 3:59AM	8	3.6	2,149.68	0.00	2,149.68	0.5
<b>Totals:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	87	39.4	89,774.37	119,348.22	209,122.59	46.9
2 - 4	52	23.5	58,030.75	141,237.02	199,267.77	44.7
4 - 6	24	10.9	248.63	14,595.23	14,843.86	3.3
10 - 12	14	6.3	11,374.16	0.00	11,374.16	2.6
20 - 22	3	1.4	4,358.72	0.00	4,358.72	1.0
6 - 8	12	5.4	1,110.03	1,250.00	2,360.03	0.5
24 - 26	1	0.5	2,080.14	0.00	2,080.14	0.5
8 - 10	10	4.5	1,551.37	0.00	1,551.37	0.3
16 - 18	3	1.4	591.42	0.00	591.42	0.1
18 - 20	3	1.4	0.00	0.00	0.00	0.0
22 - 24	2	0.9	0.00	0.00	0.00	0.0
14 - 16	4	1.8	0.00	0.00	0.00	0.0
32 - 34	1	0.5	0.00	0.00	0.00	0.0
28 - 30	4	1.8	0.00	0.00	0.00	0.0
26 - 28	1	0.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	
<b>Age of Claimant</b>						
40 - 44	12	5.4	23,832.60	77,477.96	101,310.56	22.7
60 - 64	32	14.5	23,929.54	63,123.26	87,052.80	19.5
35 - 39	9	4.1	13,547.09	68,695.53	82,242.62	18.5
45 - 49	23	10.4	29,741.86	17,348.57	47,090.43	10.6

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	30	13.6	12,802.91	32,054.12	44,857.03	10.1
20 - 24	20	9.0	27,668.18	0.00	27,668.18	6.2
55 - 59	19	8.6	15,662.09	1,885.80	17,547.89	3.9
65 - 69	5	2.3	2,398.31	14,595.23	16,993.54	3.8
30 - 34	32	14.5	13,270.73	1,250.00	14,520.73	3.3
50 - 54	36	16.3	3,161.17	0.00	3,161.17	0.7
15 - 19	3	1.4	3,105.11	0.00	3,105.11	0.7
<b>Totals:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	

### SEX OF CLAIMANT

Female	183	82.8	142,882.06	213,307.21	356,189.27	79.9
Male	38	17.2	26,237.53	63,123.26	89,360.79	20.1
<b>Totals:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	

### LOSS CAUSE

Patient / Inmate	193	87.3	130,375.12	183,721.48	314,096.60	70.5
Furniture / fixtures	1	0.5	23,832.60	77,477.96	101,310.56	22.7
Recreational equipment	1	0.5	248.63	13,345.23	13,593.86	3.1
Machine, not otherwise classified	1	0.5	3,935.10	0.00	3,935.10	0.9
Uneven Surface	3	1.4	2,958.46	0.00	2,958.46	0.7
Training \ Drills	1	0.5	2,396.51	0.00	2,396.51	0.5
Person	1	0.5	2,110.24	0.00	2,110.24	0.5
Pots/pans	1	0.5	2,080.14	0.00	2,080.14	0.5
Floor	2	0.9	266.61	1,250.00	1,516.61	0.3
Boxes / containers	2	0.9	357.36	635.80	993.16	0.2
Pallet, Skid, Flat	1	0.5	408.40	0.00	408.40	0.1
Lift	1	0.5	150.42	0.00	150.42	0.0
Cabinet	1	0.5	0.00	0.00	0.00	0.0
Cart	1	0.5	0.00	0.00	0.00	0.0
Cleaning Products	2	0.9	0.00	0.00	0.00	0.0
Door	2	0.9	0.00	0.00	0.00	0.0
Fiberglass	1	0.5	0.00	0.00	0.00	0.0
Needle stick	1	0.5	0.00	0.00	0.00	0.0
Outside Surface	2	0.9	0.00	0.00	0.00	0.0
Pike pole 8'	1	0.5	0.00	0.00	0.00	0.0
Stairs	1	0.5	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	187	84.6	127,409.58	183,721.48	311,131.06	69.8
Struck/Injured By Falling or Flying Objec	1	0.5	23,832.60	77,477.96	101,310.56	22.7
Reaching	1	0.5	248.63	13,345.23	13,593.86	3.1



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	1	0.5	3,935.10	0.00	3,935.10	0.9
Fall/Slip on Ice or Snow	1	0.5	2,958.46	0.00	2,958.46	0.7
Lifting	4	1.8	2,228.96	635.80	2,864.76	0.6
Object Being Lifted or Handled	2	0.9	2,488.54	0.00	2,488.54	0.6
Twisting	1	0.5	2,396.51	0.00	2,396.51	0.5
Strain or Injury By, NOC	2	0.9	2,110.24	0.00	2,110.24	0.5
Fall On the Same Level	5	2.3	266.61	1,250.00	1,516.61	0.3
Struck or Injury By, NOC	1	0.5	1,244.36	0.00	1,244.36	0.3
Bitten	1	0.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	4	1.8	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	0.5	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	0.9	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	0.5	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	2	0.9	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	0.5	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	0.9	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	

<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	34	15.4	24,106.22	101,999.65	126,105.87	28.3
Head Multiple Head Injury	4	1.8	27,741.84	77,477.96	105,219.80	23.6
Head Skull	17	7.7	19,925.30	63,123.26	83,048.56	18.6
Upper Extremities Upper Arm (Incl. Clav	12	5.4	15,709.87	18,598.57	34,308.44	7.7
Upper Extremities Shoulder(s)	9	4.1	11,649.61	13,345.23	24,994.84	5.6
Trunk Abdomen Including Groin	3	1.4	9,813.72	0.00	9,813.72	2.2
Head Facial Bones	11	5.0	8,555.48	0.00	8,555.48	1.9
Upper Extremities Finger(s)	7	3.2	8,267.81	0.00	8,267.81	1.9
Lower Extremities Knee	10	4.5	7,121.48	0.00	7,121.48	1.6
Lower Extremities Lower Leg	6	2.7	6,827.45	0.00	6,827.45	1.5
Trunk Chest (Incl. Ribs, Sternum & Soft	13	5.9	6,156.82	0.00	6,156.82	1.4
Head Nose	5	2.3	5,612.05	0.00	5,612.05	1.3
Upper Extremities Multiple Upper Extrer	4	1.8	3,745.80	0.00	3,745.80	0.8
Upper Extremities Hand	15	6.8	2,256.12	1,250.00	3,506.12	0.8
Neck Soft Tissue-Neck	7	3.2	2,910.47	0.00	2,910.47	0.7
Trunk Low Back Area (Incl. Lumbar & Li	3	1.4	2,078.54	635.80	2,714.34	0.6
Upper Extremities Thumb	1	0.5	2,080.14	0.00	2,080.14	0.5
Neck Multiple Neck Injury	3	1.4	1,672.59	0.00	1,672.59	0.4
Upper Extremities Lower Arm	12	5.4	1,178.42	0.00	1,178.42	0.3
Head Eye(s)	7	3.2	722.65	0.00	722.65	0.2
Head Other facial soft tissue	23	10.4	578.81	0.00	578.81	0.1
Lower Extremities Toe(s)	1	0.5	408.40	0.00	408.40	0.1

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Ear(s)	1	0.5	0.00	0.00	0.00	0.0
Head Mouth	4	1.8	0.00	0.00	0.00	0.0
Lower Extremities Hip	3	1.4	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	0.5	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.5	0.00	0.00	0.00	0.0
Upper Extremities Wrist	3	1.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	0.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	

### INJURY

Concussion (Brain, Cerebral)	6	2.7	47,712.67	140,601.22	188,313.89	42.3
Contusion (Bruise, Skin Surface)	125	56.6	50,414.73	71,195.53	121,610.26	27.3
Sprain	10	4.5	20,858.44	33,304.12	54,162.56	12.2
Fracture	4	1.8	21,876.14	17,348.57	39,224.71	8.8
Strain	25	11.3	18,008.59	13,981.03	31,989.62	7.2
Laceration	27	12.2	3,571.40	0.00	3,571.40	0.8
Multiple Injury Inc. Physical & Psycholog	4	1.8	2,777.02	0.00	2,777.02	0.6
Contagious Disease	2	0.9	2,722.18	0.00	2,722.18	0.6
Puncture	4	1.8	1,178.42	0.00	1,178.42	0.3
Burn	2	0.9	0.00	0.00	0.00	0.0
Dermatitis	3	1.4	0.00	0.00	0.00	0.0
Foreign Body (Eye)	6	2.7	0.00	0.00	0.00	0.0
Inflammation	1	0.5	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	2	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>221</b>		<b>\$169,119.59</b>	<b>\$276,430.47</b>	<b>\$445,550.06</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>706 - DBHDS \ Western State Hospital</b>						
<b>TIME OF INJURY</b>						
12AM - 1:59AM	6	2.0	68,919.56	252,473.59	321,393.15	22.0
4PM - 5:59PM	45	15.4	44,957.07	220,215.73	265,172.80	18.1
12PM - 1:59PM	29	9.9	89,053.40	149,580.22	238,633.62	16.3
10AM - 11:59AM	37	12.6	69,709.23	93,656.95	163,366.18	11.2
8AM - 9:59AM	34	11.6	30,816.17	87,947.73	118,763.90	8.1
2PM - 3:59PM	41	14.0	29,974.38	52,242.75	82,217.13	5.6
2AM - 3:59AM	6	2.0	12,367.99	68,626.63	80,994.62	5.5
8PM - 9:59PM	23	7.8	15,968.71	36,340.42	52,309.13	3.6
6AM - 7:59AM	12	4.1	11,637.00	38,417.05	50,054.05	3.4
4AM - 5:59AM	3	1.0	9,490.51	35,877.71	45,368.22	3.1
6PM - 7:59PM	42	14.3	36,661.76	1,758.71	38,420.47	2.6
10PM - 11:59PM	15	5.1	2,154.35	3,526.74	5,681.09	0.4
<b>Totals:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	168	57.3	211,875.07	619,486.50	831,361.57	56.9
2 - 4	37	12.6	48,385.36	138,301.32	186,686.68	12.8
20 - 22	2	0.7	67,295.23	98,118.98	165,414.21	11.3
10 - 12	3	1.0	38,344.81	88,909.77	127,254.58	8.7
38 - 40	1	0.3	2,487.15	51,577.73	54,064.88	3.7
16 - 18	4	1.4	17,787.60	35,420.69	53,208.29	3.6
4 - 6	30	10.2	18,616.13	276.45	18,892.58	1.3
6 - 8	9	3.1	7,310.61	0.00	7,310.61	0.5
8 - 10	9	3.1	2,016.15	4,116.74	6,132.89	0.4
26 - 28	7	2.4	5,633.09	0.00	5,633.09	0.4
12 - 14	4	1.4	543.95	1,956.05	2,500.00	0.2
14 - 16	11	3.8	867.31	1,250.00	2,117.31	0.1
36 - 38	1	0.3	0.00	1,250.00	1,250.00	0.1
34 - 36	2	0.7	547.67	0.00	547.67	0.0
18 - 20	3	1.0	0.00	0.00	0.00	0.0
22 - 24	1	0.3	0.00	0.00	0.00	0.0
30 - 32	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	
<b>Age of Claimant</b>						
40 - 44	27	9.2	44,631.25	256,976.77	301,608.02	20.6
35 - 39	39	13.3	42,375.03	191,408.31	233,783.34	16.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
60 - 64	11	3.8	51,445.06	173,471.39	224,916.45	15.4
25 - 29	31	10.6	80,539.91	138,887.96	219,427.87	15.0
50 - 54	30	10.2	81,085.70	101,333.92	182,419.62	12.5
30 - 34	56	19.1	57,636.97	54,544.76	112,181.73	7.7
20 - 24	40	13.7	29,164.00	75,124.23	104,288.23	7.1
45 - 49	22	7.5	18,569.23	41,439.97	60,009.20	4.1
55 - 59	22	7.5	10,974.42	3,833.10	14,807.52	1.0
65 - 69	6	2.0	1,452.65	3,643.82	5,096.47	0.3
15 - 19	8	2.7	3,835.91	0.00	3,835.91	0.3
70 - 74	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	
<b>SEX OF CLAIMANT</b>						
Female	185	63.1	225,906.46	666,044.36	891,950.82	61.0
Male	108	36.9	195,803.67	374,619.87	570,423.54	39.0
<b>Totals:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	253	86.3	329,324.77	885,796.94	1,215,121.71	83.1
Chair	5	1.7	67,321.60	101,012.80	168,334.40	11.5
Door	2	0.7	15,116.47	48,297.01	63,413.48	4.3
Floor	5	1.7	5,432.53	1,143.82	6,576.35	0.4
Needle stick	3	1.0	584.26	2,234.84	2,819.10	0.2
Person	4	1.4	2,440.47	371.12	2,811.59	0.2
Cart	2	0.7	1,477.55	557.70	2,035.25	0.1
Infectious agent	1	0.3	0.00	1,250.00	1,250.00	0.1
Furniture / fixtures	1	0.3	12.48	0.00	12.48	0.0
Cleaning Products	1	0.3	0.00	0.00	0.00	0.0
Cords	1	0.3	0.00	0.00	0.00	0.0
Dust	1	0.3	0.00	0.00	0.00	0.0
Electric Drill	1	0.3	0.00	0.00	0.00	0.0
Foreign Object	1	0.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.3	0.00	0.00	0.00	0.0
Metal items	1	0.3	0.00	0.00	0.00	0.0
Racks	1	0.3	0.00	0.00	0.00	0.0
Stairs	1	0.3	0.00	0.00	0.00	0.0
Training \ Drills	2	0.7	0.00	0.00	0.00	0.0
Uneven Surface	1	0.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	0.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	0.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	0.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	257	87.7	329,659.64	887,368.06	1,217,027.70	83.2
Pushing or Pulling	3	1.0	67,295.23	98,118.98	165,414.21	11.3
Strike Against/Step On Stationary Object	1	0.3	15,116.47	48,297.01	63,413.48	4.3
Fall On the Same Level	9	3.1	5,458.90	4,037.64	9,496.54	0.6
Lifting	3	1.0	1,524.07	50.00	1,574.07	0.1
Caught In, Under or Between, NOC	1	0.3	692.30	557.70	1,250.00	0.1
Cut, Punctured, Scraped, NOC	1	0.3	0.00	1,250.00	1,250.00	0.1
Struck/Injured By Object Being Lifted or	1	0.3	265.16	984.84	1,250.00	0.1
Absorption, Ingestion or Inhalation NOC	1	0.3	913.11	0.00	913.11	0.1
Fall, Slip or Trip, NOC	3	1.0	785.25	0.00	785.25	0.1
Collision with a Fixed Object	2	0.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	3	1.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	2	0.7	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	0.3	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	0.3	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.3	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	0.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	0.3	0.00	0.00	0.00	0.0
Twisting	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	
<b>BODY PART</b>						
Head Skull	45	15.4	62,862.10	201,428.08	264,290.18	18.1
Lower Extremities Knee	17	5.8	11,948.28	192,243.90	204,192.18	14.0
Upper Extremities Shoulder(s)	23	7.8	32,099.51	149,769.37	181,868.88	12.4
Trunk Low Back Area (Incl. Lumbar & L	10	3.4	78,991.75	98,118.98	177,110.73	12.1
Head Multiple Head Injury	2	0.7	40,325.71	86,015.95	126,341.66	8.6
Head Other facial soft tissue	28	9.6	40,249.02	64,329.61	104,578.63	7.2
Trunk Upper Back Area (Thoracic Area)	4	1.4	40,763.90	60,729.83	101,493.73	6.9
Head Brain	1	0.3	10,991.04	67,376.63	78,367.67	5.4
Upper Extremities Finger(s)	8	2.7	11,534.22	65,951.47	77,485.69	5.3
Upper Extremities Upper Arm (Incl. Clav	4	1.4	17,439.96	36,144.35	53,584.31	3.7
Head Eye(s)	20	6.8	18,221.68	5,050.00	23,271.68	1.6
Upper Extremities Lower Arm	27	9.2	17,615.92	321.12	17,937.04	1.2
Upper Extremities Hand	20	6.8	12,105.24	3,217.25	15,322.49	1.0
Multiple Body Parts Multiple Body Parts	13	4.4	5,693.37	2,584.18	8,277.55	0.6
Neck Disc (Neck)	2	0.7	4,014.18	0.00	4,014.18	0.3
Head Ear(s)	5	1.7	4,007.59	0.00	4,007.59	0.3
Head Mouth	6	2.0	1,334.73	1,376.45	2,711.18	0.2
Head Nose	6	2.0	2,610.39	0.00	2,610.39	0.2
Neck Soft Tissue-Neck	5	1.7	1,361.71	736.76	2,098.47	0.1

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Spinal Cord	2	0.7	917.76	1,026.74	1,944.50	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	7	2.4	1,895.11	0.00	1,895.11	0.1
Trunk Abdomen Including Groin	3	1.0	338.30	1,230.80	1,569.10	0.1
Upper Extremities Wrist	7	2.4	1,395.80	0.00	1,395.80	0.1
Lower Extremities Ankle	6	2.0	737.24	512.76	1,250.00	0.1
Lower Extremities Hip	2	0.7	0.00	1,250.00	1,250.00	0.1
Upper Extremities Multiple Upper Extrer	1	0.3	0.00	1,250.00	1,250.00	0.1
Multiple Body Parts No Physical Injury	2	0.7	1,060.15	0.00	1,060.15	0.1
Lower Extremities Lower Leg	5	1.7	736.87	0.00	736.87	0.1
Head Facial Bones	2	0.7	458.60	0.00	458.60	0.0
Lower Extremities Upper Leg	3	1.0	0.00	0.00	0.00	0.0
Neck Multiple Neck Injury	1	0.3	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	0.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	0.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	

### INJURY

Strain	50	17.1	163,072.75	352,159.21	515,231.96	35.2
Concussion (Brain, Cerebral)	15	5.1	93,873.32	292,714.40	386,587.72	26.4
Contusion (Bruise, Skin Surface)	147	50.2	106,107.37	247,343.89	353,451.26	24.2
Sprain	19	6.5	19,179.43	135,195.75	154,375.18	10.6
Contagious Disease	34	11.6	20,573.39	9,805.30	30,378.69	2.1
Laceration	13	4.4	8,573.14	50.00	8,623.14	0.6
Fracture	4	1.4	6,543.58	298.26	6,841.84	0.5
Infection	2	0.7	0.00	2,500.00	2,500.00	0.2
Multiple Physical Injury Only	2	0.7	1,200.25	597.42	1,797.67	0.1
Puncture	3	1.0	1,526.75	0.00	1,526.75	0.1
No Physical Injury	2	0.7	1,060.15	0.00	1,060.15	0.1
Burn	1	0.3	0.00	0.00	0.00	0.0
Dislocation	1	0.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>293</b>		<b>\$421,710.13</b>	<b>\$1,040,664.23</b>	<b>\$1,462,374.36</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>708 - DBHDS \ CCCA (DeJarnette)</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	28	12.6	84,282.73	268,906.25	353,188.98	32.3
2PM - 3:59PM	35	15.8	55,899.63	206,155.02	262,054.65	23.9
10AM - 11:59AM	23	10.4	37,746.68	196,133.87	233,880.55	21.4
6PM - 7:59PM	35	15.8	43,773.18	38,183.03	81,956.21	7.5
12PM - 1:59PM	36	16.2	21,393.11	24,457.97	45,851.08	4.2
10PM - 11:59PM	4	1.8	13,134.59	30,436.96	43,571.55	4.0
4PM - 5:59PM	33	14.9	23,499.80	19,929.19	43,428.99	4.0
6AM - 7:59AM	7	3.2	14,382.23	0.00	14,382.23	1.3
8AM - 9:59AM	16	7.2	6,299.75	6,001.87	12,301.62	1.1
4AM - 5:59AM	2	0.9	4,307.08	0.00	4,307.08	0.4
2AM - 3:59AM	2	0.9	12.48	0.00	12.48	0.0
12AM - 1:59AM	1	0.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	192	86.5	205,579.70	443,950.51	649,530.21	59.3
14 - 16	2	0.9	63,070.56	255,842.93	318,913.49	29.1
6 - 8	5	2.3	7,383.82	74,942.20	82,326.02	7.5
2 - 4	10	4.5	20,149.85	0.00	20,149.85	1.8
4 - 6	6	2.7	7,479.27	7,986.58	15,465.85	1.4
10 - 12	1	0.5	1,068.06	4,981.94	6,050.00	0.6
8 - 10	5	2.3	0.00	2,500.00	2,500.00	0.2
22 - 24	1	0.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	
<b>Age of Claimant</b>						
55 - 59	7	3.2	70,312.70	256,646.41	326,959.11	29.9
20 - 24	42	18.9	90,237.96	207,796.00	298,033.96	27.2
35 - 39	29	13.1	26,908.62	110,519.81	137,428.43	12.6
40 - 44	38	17.1	29,958.29	79,974.14	109,932.43	10.0
25 - 29	44	19.8	38,452.18	56,277.98	94,730.16	8.7
30 - 34	30	13.5	22,108.21	48,565.91	70,674.12	6.5
15 - 19	12	5.4	11,121.25	13,200.00	24,321.25	2.2
60 - 64	6	2.7	6,304.57	9,156.12	15,460.69	1.4
50 - 54	7	3.2	6,215.27	6,792.66	13,007.93	1.2
45 - 49	6	2.7	2,519.79	1,275.13	3,794.92	0.3
65 - 69	1	0.5	592.42	0.00	592.42	0.1

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	
<b>SEX OF CLAIMANT</b>						
Female	154	69.4	251,881.06	686,398.60	938,279.66	85.7
Male	68	30.6	52,850.20	103,805.56	156,655.76	14.3
<b>Totals:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	206	92.8	244,759.75	614,270.11	859,029.86	78.5
Person	6	2.7	50,059.44	131,935.59	181,995.03	16.6
Recreational equipment	2	0.9	6,695.48	43,998.46	50,693.94	4.6
Wall	1	0.5	1,452.20	0.00	1,452.20	0.1
Walking surface, outside, dry	2	0.9	1,079.65	0.00	1,079.65	0.1
Floor	1	0.5	449.00	0.00	449.00	0.0
Cart	1	0.5	223.26	0.00	223.26	0.0
Door	2	0.9	12.48	0.00	12.48	0.0
Racks	1	0.5	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	186	83.8	236,676.19	659,247.15	895,923.34	81.8
Twisting	1	0.5	41,290.49	59,794.46	101,084.95	9.2
Fall On the Same Level	3	1.4	1,600.01	43,998.46	45,598.47	4.2
Holding or Carrying	4	1.8	6,892.41	25,974.88	32,867.29	3.0
Struck or Injury By, NOC	6	2.7	10,865.67	0.00	10,865.67	1.0
Absorption, Ingestion or Inhalation NOC	3	1.4	1,417.70	19.67	1,437.37	0.1
Pushing or Pulling	2	0.9	1,261.04	0.00	1,261.04	0.1
Other Injury NEC	2	0.9	80.46	1,169.54	1,250.00	0.1
Caught In, Under or Between, NOC	2	0.9	971.04	0.00	971.04	0.1
Caught In/Between-Object Handled	1	0.5	894.83	0.00	894.83	0.1
Foreign Body in Eye	2	0.9	883.90	0.00	883.90	0.1
Struck/Injured By Object Being Lifted or	1	0.5	741.60	0.00	741.60	0.1
Strike Against/Step On Stationary Objec	1	0.5	483.66	0.00	483.66	0.0
Fall/Slip From Liquid or Grease Spills	1	0.5	449.00	0.00	449.00	0.0
Object Being Lifted or Handled	1	0.5	223.26	0.00	223.26	0.0
Cut, Punctured, Scraped, NOC	1	0.5	0.00	0.00	0.00	0.0
Lifting	1	0.5	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	0.5	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	0.5	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Machine	1	0.5	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	0.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	
<b>BODY PART</b>						



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist(s) and Hand(s)	1	0.5	63,070.56	255,842.93	318,913.49	29.1
Multiple Body Parts Multiple Body Parts	50	22.5	53,174.41	136,648.21	189,822.62	17.3
Lower Extremities Knee	6	2.7	44,164.20	103,792.92	147,957.12	13.5
Head Other facial soft tissue	15	6.8	22,276.22	99,742.46	122,018.68	11.1
Lower Extremities Foot	4	1.8	9,635.29	72,665.46	82,300.75	7.5
Head Skull	4	1.8	8,198.90	48,947.29	57,146.19	5.2
Lower Extremities Lower Leg	1	0.5	9,185.68	35,832.21	45,017.89	4.1
Head Brain	22	9.9	24,614.84	11,669.03	36,283.87	3.3
Upper Extremities Hand	19	8.6	9,670.27	3,576.74	13,247.01	1.2
Upper Extremities Finger(s)	10	4.5	8,277.42	3,526.74	11,804.16	1.1
Head Facial Bones	12	5.4	5,613.46	3,303.48	8,916.94	0.8
Trunk Sacrum and Coccyx	2	0.9	2,847.72	5,026.74	7,874.46	0.7
Trunk Low Back Area (Incl. Lumbar & L	6	2.7	6,152.35	1,225.13	7,377.48	0.7
Upper Extremities Shoulder(s)	3	1.4	6,783.90	0.00	6,783.90	0.6
Upper Extremities Thumb	2	0.9	1,068.06	4,981.94	6,050.00	0.6
Head Multiple Head Injury	3	1.4	5,671.54	0.00	5,671.54	0.5
Upper Extremities Lower Arm	10	4.5	3,595.73	1,447.21	5,042.94	0.5
Upper Extremities Upper Arm (Incl. Clav	8	3.6	4,778.29	0.00	4,778.29	0.4
Upper Extremities Wrist	5	2.3	2,257.15	725.67	2,982.82	0.3
Head Nose	2	0.9	1,345.02	1,250.00	2,595.02	0.2
Lower Extremities Upper Leg	1	0.5	2,475.89	0.00	2,475.89	0.2
Trunk Chest (Incl. Ribs, Sternum & Soft	5	2.3	1,779.85	0.00	1,779.85	0.2
Upper Extremities Elbow	3	1.4	1,534.39	0.00	1,534.39	0.1
Head Eye(s)	8	3.6	1,391.32	0.00	1,391.32	0.1
Trunk Abdomen Including Groin	1	0.5	1,382.84	0.00	1,382.84	0.1
Upper Extremities Multiple Upper Extre	2	0.9	729.30	0.00	729.30	0.1
Lower Extremities Toe(s)	1	0.5	709.24	0.00	709.24	0.1
Head Mouth	5	2.3	492.94	0.00	492.94	0.0
Lower Extremities Ankle	1	0.5	487.23	0.00	487.23	0.0
Neck Vertebrae	1	0.5	468.14	0.00	468.14	0.0
Neck Larynx	1	0.5	446.52	0.00	446.52	0.0
Trunk Upper Back Area (Thoracic Area)	2	0.9	242.96	0.00	242.96	0.0
Neck Disc (Neck)	2	0.9	209.63	0.00	209.63	0.0
Head Ear(s)	1	0.5	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	0.5	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	0.5	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	0.5	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	

### INJURY

Sprain	15	6.8	133,940.63	469,135.39	603,076.02	55.1
Concussion (Brain, Cerebral)	35	15.8	58,883.77	142,417.05	201,300.82	18.4

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	39	17.6	39,079.33	144,151.24	183,230.57	16.7
Contusion (Bruise, Skin Surface)	71	32.0	35,264.74	27,758.86	63,023.60	5.8
Puncture	8	3.6	8,623.20	50.00	8,673.20	0.8
Strain	14	6.3	6,297.78	1,026.74	7,324.52	0.7
Multiple Injury Inc. Physical & Psycholog	6	2.7	5,145.60	1,250.00	6,395.60	0.6
Dislocation	1	0.5	6,175.12	0.00	6,175.12	0.6
Infection	3	1.4	1,469.66	2,419.54	3,889.20	0.4
Laceration	13	5.9	3,098.42	0.00	3,098.42	0.3
Contagious Disease	2	0.9	2,526.97	19.67	2,546.64	0.2
Crushing	5	2.3	1,507.85	725.67	2,233.52	0.2
Fracture	2	0.9	894.83	1,250.00	2,144.83	0.2
Foreign Body (Eye)	4	1.8	1,127.87	0.00	1,127.87	0.1
Asphyxiation	1	0.5	446.52	0.00	446.52	0.0
All Other (Specific) Injuries, NOC	1	0.5	248.97	0.00	248.97	0.0
No Physical Injury	2	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>222</b>		<b>\$304,731.26</b>	<b>\$790,204.16</b>	<b>\$1,094,935.42</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>723 - DBHDS \Southeast VA Training Ctr</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	11	10.7	41,139.94	53,220.28	94,360.22	24.5
4PM - 5:59PM	12	11.7	18,282.48	57,426.85	75,709.33	19.7
8AM - 9:59AM	10	9.7	14,752.39	48,025.56	62,777.95	16.3
6AM - 7:59AM	11	10.7	10,271.31	42,346.43	52,617.74	13.7
2PM - 3:59PM	20	19.4	12,959.89	32,244.13	45,204.02	11.7
10AM - 11:59AM	14	13.6	14,957.34	25,626.04	40,583.38	10.5
6PM - 7:59PM	13	12.6	2,232.87	2,550.00	4,782.87	1.2
4AM - 5:59AM	4	3.9	1,797.64	2,481.57	4,279.21	1.1
10PM - 11:59PM	2	1.9	4,164.06	0.00	4,164.06	1.1
12AM - 1:59AM	1	1.0	261.88	0.00	261.88	0.1
8PM - 9:59PM	5	4.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	55	53.4	35,149.17	62,953.20	98,102.37	25.5
2 - 4	15	14.6	24,320.76	71,680.95	96,001.71	25.0
34 - 36	2	1.9	38,167.17	51,258.44	89,425.61	23.2
8 - 10	5	4.9	3,800.61	43,051.65	46,852.26	12.2
6 - 8	7	6.8	8,516.07	31,714.78	40,230.85	10.5
10 - 12	2	1.9	3,667.29	50.00	3,717.29	1.0
22 - 24	1	1.0	3,602.56	0.00	3,602.56	0.9
26 - 28	2	1.9	936.59	1,961.84	2,898.43	0.8
4 - 6	8	7.8	1,608.21	1,250.00	2,858.21	0.7
14 - 16	4	3.9	1,051.37	0.00	1,051.37	0.3
16 - 18	1	1.0	0.00	0.00	0.00	0.0
20 - 22	1	1.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	
<b>Age of Claimant</b>						
30 - 34	11	10.7	42,114.85	114,365.00	156,479.85	40.7
60 - 64	5	4.9	38,510.97	51,258.44	89,769.41	23.3
50 - 54	11	10.7	15,349.15	48,030.45	63,379.60	16.5
45 - 49	13	12.6	5,669.49	42,008.13	47,677.62	12.4
55 - 59	9	8.7	3,892.56	3,767.94	7,660.50	2.0
40 - 44	12	11.7	4,285.99	1,300.00	5,585.99	1.5
25 - 29	9	8.7	4,702.63	720.65	5,423.28	1.4
35 - 39	14	13.6	1,951.62	1,438.05	3,389.67	0.9

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	12	11.7	2,295.07	1,032.20	3,327.27	0.9
70 - 74	1	1.0	1,051.37	0.00	1,051.37	0.3
65 - 69	5	4.9	996.10	0.00	996.10	0.3
15 - 19	1	1.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	

### SEX OF CLAIMANT

Female	75	72.8	108,514.12	221,037.01	329,551.13	85.7
Male	28	27.2	12,305.68	42,883.85	55,189.53	14.3
<b>Totals:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	

### LOSS CAUSE

Patient / Inmate	68	66.0	89,698.90	203,555.58	293,254.48	76.2
Vehicle/car/truck	14	13.6	14,105.40	28,126.04	42,231.44	11.0
Person	3	2.9	6,055.91	31,518.59	37,574.50	9.8
Floor	3	2.9	4,683.62	0.00	4,683.62	1.2
Walking surface, inside, wet	1	1.0	4,164.06	0.00	4,164.06	1.1
Heating equipment	1	1.0	529.35	720.65	1,250.00	0.3
Machine, not otherwise classified	1	1.0	641.80	0.00	641.80	0.2
Furniture / fixtures	1	1.0	535.98	0.00	535.98	0.1
Hot/Cold Object, Liquid, Substance	1	1.0	404.78	0.00	404.78	0.1
Cart	1	1.0	0.00	0.00	0.00	0.0
Chair	1	1.0	0.00	0.00	0.00	0.0
Door	1	1.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.0	0.00	0.00	0.00	0.0
Roll cart	1	1.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	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
Wall	1	1.0	0.00	0.00	0.00	0.0
Wheelchair	1	1.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	61	59.2	71,839.31	145,805.86	217,645.17	56.6
Lifting	2	1.9	17,977.10	57,426.85	75,403.95	19.6
Collision with Another Vehicle	2	1.9	13,742.78	25,626.04	39,368.82	10.2
Strain or Injury By, NOC	3	2.9	6,055.91	30,268.59	36,324.50	9.4
Fall/Slip From Liquid or Grease Spills	2	1.9	4,653.93	0.00	4,653.93	1.2
Fall/Slip From a Different Level	1	1.0	4,164.06	0.00	4,164.06	1.1
Vehicle Upset	11	10.7	343.80	2,500.00	2,843.80	0.7
Other Injury NEC	2	1.9	206.48	1,043.52	1,250.00	0.3
Pushing or Pulling	1	1.0	0.00	1,250.00	1,250.00	0.3

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	1.0	641.80	0.00	641.80	0.2
Fall, Slip or Trip, NOC	2	1.9	535.98	0.00	535.98	0.1
Absorption, Ingestion or Inhalation NOC	1	1.0	404.78	0.00	404.78	0.1
Fall On the Same Level	5	4.9	235.05	0.00	235.05	0.1
Motor Vehicle, NOC	1	1.0	18.82	0.00	18.82	0.0
Contact With Not Otherwise Classified	1	1.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	4	3.9	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	1.9	0.00	0.00	0.00	0.0
Holding or Carrying	1	1.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	

### BODY PART

Trunk Low Back Area (Incl. Lumbar & Li	5	4.9	39,601.59	52,508.44	92,110.03	23.9
Upper Extremities Wrist	3	2.9	18,840.88	57,426.85	76,267.73	19.8
Lower Extremities Hip	1	1.0	8,785.76	47,304.91	56,090.67	14.6
Multiple Body Parts Multiple Body Parts	8	7.8	7,890.52	41,623.78	49,514.30	12.9
Head Multiple Head Injury	6	5.8	15,603.22	26,907.68	42,510.90	11.0
Upper Extremities Shoulder(s)	4	3.9	6,055.91	30,268.59	36,324.50	9.4
Lower Extremities Ankle	3	2.9	4,164.06	1,250.00	5,414.06	1.4
Upper Extremities Lower Arm	6	5.8	4,154.46	0.00	4,154.46	1.1
Neck Soft Tissue-Neck	2	1.9	936.59	3,211.84	4,148.43	1.1
Upper Extremities Elbow	3	2.9	3,602.56	0.00	3,602.56	0.9
Head Other facial soft tissue	5	4.9	3,356.38	50.00	3,406.38	0.9
Upper Extremities Finger(s)	5	4.9	1,997.93	572.40	2,570.33	0.7
Lower Extremities Knee	7	6.8	1,300.38	720.65	2,021.03	0.5
Upper Extremities Thumb	3	2.9	1,657.95	0.00	1,657.95	0.4
Neck Multiple Neck Injury	2	1.9	561.60	1,032.20	1,593.80	0.4
Upper Extremities Hand	9	8.7	206.48	1,043.52	1,250.00	0.3
Lower Extremities Foot	1	1.0	641.80	0.00	641.80	0.2
Head Eye(s)	1	1.0	404.78	0.00	404.78	0.1
Upper Extremities Upper Arm (Incl. Clav	3	2.9	399.15	0.00	399.15	0.1
Head Facial Bones	4	3.9	253.70	0.00	253.70	0.1
Lower Extremities Lower Leg	4	3.9	230.40	0.00	230.40	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.9	173.70	0.00	173.70	0.0
Head Mouth	1	1.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	10	9.7	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	3	2.9	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	1.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	

### INJURY

Sprain	20	19.4	32,977.75	90,907.28	123,885.03	32.2
Contusion (Bruise, Skin Surface)	45	43.7	54,558.43	56,458.58	111,017.01	28.9

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	3	2.9	22,528.54	71,680.95	94,209.49	24.5
Multiple Physical Injury Only	3	2.9	5,388.42	40,758.13	46,146.55	12.0
No Physical Injury	17	16.5	0.00	2,500.00	2,500.00	0.6
Laceration	5	4.9	847.50	1,043.52	1,891.02	0.5
Fracture	2	1.9	1,693.17	0.00	1,693.17	0.4
Puncture	1	1.0	677.60	572.40	1,250.00	0.3
Concussion (Brain, Cerebral)	3	2.9	1,195.58	0.00	1,195.58	0.3
Dislocation	1	1.0	529.21	0.00	529.21	0.1
Contagious Disease	1	1.0	404.78	0.00	404.78	0.1
Syncope	1	1.0	18.82	0.00	18.82	0.0
Burn	1	1.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>103</b>		<b>\$120,819.80</b>	<b>\$263,920.86</b>	<b>\$384,740.66</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>724 - DBHDS \ Catawba Hospital</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	17	11.5	12,637.42	113,041.49	125,678.91	66.9
6AM - 7:59AM	11	7.4	1,285.31	21,305.00	22,590.31	12.0
8AM - 9:59AM	26	17.6	655.57	15,113.91	15,769.48	8.4
12PM - 1:59PM	25	16.9	5,252.94	6,155.26	11,408.20	6.1
10AM - 11:59AM	34	23.0	3,416.10	3,773.34	7,189.44	3.8
4PM - 5:59PM	12	8.1	1,133.75	4,017.12	5,150.87	2.7
4AM - 5:59AM	5	3.4	59.75	0.00	59.75	0.0
12AM - 1:59AM	1	0.7	0.00	0.00	0.00	0.0
6PM - 7:59PM	9	6.1	0.00	0.00	0.00	0.0
8PM - 9:59PM	6	4.1	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	1.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	85	57.4	18,665.48	160,906.12	179,571.60	95.6
2 - 4	29	19.6	1,929.24	1,250.00	3,179.24	1.7
26 - 28	1	0.7	3,079.80	0.00	3,079.80	1.6
6 - 8	5	3.4	633.04	1,250.00	1,883.04	1.0
8 - 10	4	2.7	108.10	0.00	108.10	0.1
4 - 6	18	12.2	25.18	0.00	25.18	0.0
10 - 12	1	0.7	0.00	0.00	0.00	0.0
16 - 18	1	0.7	0.00	0.00	0.00	0.0
18 - 20	1	0.7	0.00	0.00	0.00	0.0
22 - 24	1	0.7	0.00	0.00	0.00	0.0
24 - 26	1	0.7	0.00	0.00	0.00	0.0
32 - 34	1	0.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	
<b>Age of Claimant</b>						
50 - 54	19	12.8	13,122.84	97,983.10	111,105.94	59.1
35 - 39	9	6.1	1,406.77	22,388.93	23,795.70	12.7
25 - 29	11	7.4	322.22	16,331.73	16,653.95	8.9
15 - 19	8	5.4	931.83	12,779.98	13,711.81	7.3
55 - 59	17	11.5	7,185.06	4,017.12	11,202.18	6.0
60 - 64	13	8.8	741.14	6,200.00	6,941.14	3.7
45 - 49	15	10.1	44.74	3,705.26	3,750.00	2.0
30 - 34	13	8.8	568.97	0.00	568.97	0.3

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	16	10.8	117.27	0.00	117.27	0.1
20 - 24	26	17.6	0.00	0.00	0.00	0.0
75 - 79	1	0.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	
<b>SEX OF CLAIMANT</b>						
Female	103	69.6	18,360.71	123,092.54	141,453.25	75.3
Male	45	30.4	6,080.13	40,313.58	46,393.71	24.7
<b>Totals:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	98	66.2	14,973.62	140,385.68	155,359.30	82.7
Outside Surface	4	2.7	586.97	12,779.98	13,366.95	7.1
Walking surface, inside, dry	2	1.4	0.00	4,950.00	4,950.00	2.6
Stairs, steps	1	0.7	1,109.25	2,767.12	3,876.37	2.1
Training \ Drills	2	1.4	3,079.80	0.00	3,079.80	1.6
Lift	1	0.7	1,613.60	23.34	1,636.94	0.9
Furniture / fixtures	1	0.7	1,339.70	0.00	1,339.70	0.7
Glass bottle / sheet	2	1.4	0.00	1,250.00	1,250.00	0.7
Machine, not otherwise classified	1	0.7	0.00	1,250.00	1,250.00	0.7
Pipe	2	1.4	866.27	0.00	866.27	0.5
Floor	5	3.4	667.61	0.00	667.61	0.4
N/A	1	0.7	121.32	0.00	121.32	0.1
Walking surface, outside, wet	3	2.0	57.83	0.00	57.83	0.0
Walking surface, outside, dry	1	0.7	24.87	0.00	24.87	0.0
Animal / insect, not otherwise classifie	1	0.7	0.00	0.00	0.00	0.0
Boxes / containers	1	0.7	0.00	0.00	0.00	0.0
Cart	3	2.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Cleaning Products	1	0.7	0.00	0.00	0.00	0.0
Dishes	1	0.7	0.00	0.00	0.00	0.0
Door	1	0.7	0.00	0.00	0.00	0.0
Elevators, escalators	1	0.7	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.7	0.00	0.00	0.00	0.0
Food	1	0.7	0.00	0.00	0.00	0.0
Grease	1	0.7	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.7	0.00	0.00	0.00	0.0
Knife, NOC	1	0.7	0.00	0.00	0.00	0.0
Ladder - Portable	1	0.7	0.00	0.00	0.00	0.0
Metal items	1	0.7	0.00	0.00	0.00	0.0
Office equipment	1	0.7	0.00	0.00	0.00	0.0
Person	1	0.7	0.00	0.00	0.00	0.0
Shears	1	0.7	0.00	0.00	0.00	0.0



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Valve Stems	1	0.7	0.00	0.00	0.00	0.0
Wheelchair	2	1.4	0.00	0.00	0.00	0.0
Window frame	1	0.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	19	12.8	11,589.11	100,415.02	112,004.13	59.6
Strain or Injury By, NOC	13	8.8	4,389.29	27,528.34	31,917.63	17.0
Struck or Injury By, NOC	38	25.7	453.16	17,415.66	17,868.82	9.5
Fall On the Same Level	8	5.4	4,191.71	12,779.98	16,971.69	9.0
Twisting	3	2.0	2,448.95	2,767.12	5,216.07	2.8
Broken Glass	2	1.4	0.00	1,250.00	1,250.00	0.7
Cut, Punctured, Scraped, NOC	24	16.2	0.00	1,250.00	1,250.00	0.7
Strike Against/Step On Stationary Object	1	0.7	866.27	0.00	866.27	0.5
Fall/Slip on Ice or Snow	4	2.7	165.93	0.00	165.93	0.1
Caught In, Under or Between, NOC	4	2.7	155.66	0.00	155.66	0.1
Striking Against or Stepping On, NOC	6	4.1	121.32	0.00	121.32	0.1
Fall/Slip on Stairs	1	0.7	34.57	0.00	34.57	0.0
Fall/Slip From a Different Level	1	0.7	24.87	0.00	24.87	0.0
Absorption, Ingestion or Inhalation NOC	12	8.1	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	3	2.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	1.4	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	1.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	1.4	0.00	0.00	0.00	0.0
Other Injury NEC	1	0.7	0.00	0.00	0.00	0.0
Pushing or Pulling	1	0.7	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	0.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	

### BODY PART

Multiple Body Parts Multiple Body Parts	23	15.5	13,273.05	109,489.74	122,762.79	65.4
Trunk Low Back Area (Incl. Lumbar & L	8	5.4	2,732.98	21,328.34	24,061.32	12.8
Head Skull	3	2.0	287.09	16,331.73	16,618.82	8.8
Lower Extremities Foot	3	2.0	1,109.25	4,017.12	5,126.37	2.7
Lower Extremities Knee	4	2.7	0.00	4,950.00	4,950.00	2.6
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.0	4,419.50	0.00	4,419.50	2.4
Upper Extremities Shoulder(s)	6	4.1	1,885.73	1,250.00	3,135.73	1.7
Head Eye(s)	15	10.1	166.07	2,333.93	2,500.00	1.3
Upper Extremities Hand	8	5.4	0.00	1,250.00	1,250.00	0.7
Upper Extremities Thumb	6	4.1	0.00	1,250.00	1,250.00	0.7
Upper Extremities Upper Arm (Incl. Clav	10	6.8	44.74	1,205.26	1,250.00	0.7
Lower Extremities Ankle	5	3.4	438.18	0.00	438.18	0.2
Head Other facial soft tissue	10	6.8	59.75	0.00	59.75	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	19	12.8	24.50	0.00	24.50	0.0
Head Multiple Head Injury	2	1.4	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extr	1	0.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	0.7	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.7	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	0.7	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.7	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	0.7	0.00	0.00	0.00	0.0
Upper Extremities Elbow	6	4.1	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	4	2.7	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extr	2	1.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist	4	2.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	

### INJURY

Multiple Physical Injury Only	8	5.4	11,484.06	96,709.76	108,193.82	57.6
Contusion (Bruise, Skin Surface)	44	29.7	5,554.53	35,462.76	41,017.29	21.8
Strain	15	10.1	5,728.99	21,328.34	27,057.33	14.4
Sprain	8	5.4	701.94	4,950.00	5,651.94	3.0
Contagious Disease	13	8.8	79.87	2,455.26	2,535.13	1.3
Laceration	39	26.4	25.18	1,250.00	1,275.18	0.7
Dislocation	1	0.7	0.00	1,250.00	1,250.00	0.7
Concussion (Brain, Cerebral)	1	0.7	866.27	0.00	866.27	0.5
Burn	4	2.7	0.00	0.00	0.00	0.0
Crushing	1	0.7	0.00	0.00	0.00	0.0
Foreign Body (Eye)	2	1.4	0.00	0.00	0.00	0.0
No Physical Injury	12	8.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>148</b>		<b>\$24,440.84</b>	<b>\$163,406.12</b>	<b>\$187,846.96</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>728 - DBHDS W. VA Mental Health Inst</b>						
<b>TIME OF INJURY</b>						
10PM - 11:59PM	4	3.7	24,931.50	17,775.32	42,706.82	38.0
2PM - 3:59PM	17	15.6	10,660.00	18,368.87	29,028.87	25.8
6PM - 7:59PM	9	8.3	14,261.23	0.00	14,261.23	12.7
8AM - 9:59AM	19	17.4	4,215.47	7,735.00	11,950.47	10.6
12PM - 1:59PM	26	23.9	6,312.14	0.00	6,312.14	5.6
4PM - 5:59PM	8	7.3	2,620.17	0.00	2,620.17	2.3
8PM - 9:59PM	8	7.3	1,169.84	1,250.00	2,419.84	2.2
10AM - 11:59AM	11	10.1	1,905.02	0.00	1,905.02	1.7
6AM - 7:59AM	6	5.5	0.00	1,250.00	1,250.00	1.1
4AM - 5:59AM	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	4	3.7	24,931.50	17,775.32	42,706.82	38.0
0 - 2	52	47.7	19,376.92	7,136.00	26,512.92	23.6
6 - 8	8	7.3	5,390.65	16,561.37	21,952.02	19.5
24 - 26	9	8.3	8,380.04	4,906.50	13,286.54	11.8
2 - 4	14	12.8	4,998.48	0.00	4,998.48	4.4
4 - 6	9	8.3	2,953.09	0.00	2,953.09	2.6
8 - 10	4	3.7	44.69	0.00	44.69	0.0
10 - 12	4	3.7	0.00	0.00	0.00	0.0
12 - 14	1	0.9	0.00	0.00	0.00	0.0
16 - 18	2	1.8	0.00	0.00	0.00	0.0
22 - 24	1	0.9	0.00	0.00	0.00	0.0
26 - 28	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	
<b>Age of Claimant</b>						
40 - 44	9	8.3	24,931.50	17,775.32	42,706.82	38.0
60 - 64	9	8.3	9,626.55	18,410.37	28,036.92	24.9
20 - 24	3	2.8	14,609.58	0.00	14,609.58	13.0
45 - 49	22	20.2	5,701.62	1,250.00	6,951.62	6.2
55 - 59	14	12.8	3,750.86	3,057.50	6,808.36	6.1
25 - 29	17	15.6	3,940.69	1,098.00	5,038.69	4.5
50 - 54	22	20.2	1,810.94	2,440.00	4,250.94	3.8
30 - 34	5	4.6	918.75	1,250.00	2,168.75	1.9
35 - 39	7	6.4	784.88	1,098.00	1,882.88	1.7

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	

### SEX OF CLAIMANT

Female	62	56.9	53,534.69	26,431.82	79,966.51	71.1
Male	47	43.1	12,540.68	19,947.37	32,488.05	28.9
<b>Totals:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	

### LOSS CAUSE

Patient / Inmate	92	84.4	35,217.67	26,796.37	62,014.04	55.1
Environmental conditions	1	0.9	24,931.50	17,775.32	42,706.82	38.0
Floor	2	1.8	3,795.55	1,807.50	5,603.05	5.0
Person	4	3.7	2,130.65	0.00	2,130.65	1.9
Bag Machine	1	0.9	0.00	0.00	0.00	0.0
Door	2	1.8	0.00	0.00	0.00	0.0
Needle stick	3	2.8	0.00	0.00	0.00	0.0
Shears	1	0.9	0.00	0.00	0.00	0.0
Stairs, steps	1	0.9	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	0.9	0.00	0.00	0.00	0.0
Water	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	75	68.8	33,990.15	26,796.37	60,786.52	54.1
Fall/Slip on Ice or Snow	1	0.9	24,931.50	17,775.32	42,706.82	38.0
Fall On the Same Level	3	2.8	3,795.55	1,807.50	5,603.05	5.0
Other Injury NEC	3	2.8	2,130.65	0.00	2,130.65	1.9
Twisting	3	2.8	1,227.52	0.00	1,227.52	1.1
Absorption, Ingestion or Inhalation NOC	9	8.3	0.00	0.00	0.00	0.0
Bitten	1	0.9	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	2	1.8	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	0.9	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	0.9	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	0.9	0.00	0.00	0.00	0.0
Holding or Carrying	1	0.9	0.00	0.00	0.00	0.0
Needle Stick	1	0.9	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	0.9	0.00	0.00	0.00	0.0
Pushing or Pulling	2	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flare Bac	1	0.9	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	

### BODY PART

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Lower Leg	4	3.7	27,416.76	18,965.32	46,382.08	41.2
Multiple Body Parts Multiple Body Parts	16	14.7	21,326.75	2,905.50	24,232.25	21.5
Upper Extremities Multiple Upper Extre	3	2.8	6,512.63	15,311.37	21,824.00	19.4
Head Facial Bones	7	6.4	4,586.61	3,099.00	7,685.61	6.8
Head Multiple Head Injury	2	1.8	2,318.36	0.00	2,318.36	2.1
Head Skull	8	7.3	1,732.45	0.00	1,732.45	1.5
Multiple Body Parts Body Systems & Mt	3	2.8	0.00	1,250.00	1,250.00	1.1
Neck Soft Tissue-Neck	1	0.9	0.00	1,250.00	1,250.00	1.1
Neck Vertebrae	1	0.9	0.00	1,250.00	1,250.00	1.1
Upper Extremities Shoulder(s)	3	2.8	152.00	1,098.00	1,250.00	1.1
Upper Extremities Wrist	2	1.8	0.00	1,250.00	1,250.00	1.1
Head Other facial soft tissue	17	15.6	771.32	0.00	771.32	0.7
Upper Extremities Lower Arm	5	4.6	519.01	0.00	519.01	0.5
Trunk Abdomen Including Groin	2	1.8	399.74	0.00	399.74	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.8	339.74	0.00	339.74	0.3
Head Eye(s)	9	8.3	0.00	0.00	0.00	0.0
Head Mouth	3	2.8	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Knee	3	2.8	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & L	1	0.9	0.00	0.00	0.00	0.0
Trunk Pelvis	1	0.9	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	8	7.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	2	1.8	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	

### INJURY

Strain	6	5.5	26,159.02	19,025.32	45,184.34	40.2
Contusion (Bruise, Skin Surface)	45	41.3	24,870.80	9,137.00	34,007.80	30.2
Multiple Physical Injury Only	6	5.5	5,875.08	16,409.37	22,284.45	19.8
All Other (Specific) Injuries, NOC	16	14.7	6,417.57	1,807.50	8,225.07	7.3
Contagious Disease	14	12.8	2,189.20	0.00	2,189.20	1.9
Laceration	9	8.3	519.01	0.00	519.01	0.5
Concussion (Brain, Cerebral)	1	0.9	44.69	0.00	44.69	0.0
All Other Cumulative Injury	1	0.9	0.00	0.00	0.00	0.0
All Other Occupational Disease	2	1.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	3	2.8	0.00	0.00	0.00	0.0
Infection	1	0.9	0.00	0.00	0.00	0.0
No Physical Injury	2	1.8	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Poisoning - Metal	1	0.9	0.00	0.00	0.00	0.0
Puncture	1	0.9	0.00	0.00	0.00	0.0
Sprain	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>109</b>		<b>\$66,075.37</b>	<b>\$46,379.19</b>	<b>\$112,454.56</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>729 - DBHDS \Piedmont Geriatric Hospital</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	10	22.2	112,045.12	137,899.31	249,944.43	86.5
10AM - 11:59AM	5	11.1	15,427.95	14,461.45	29,889.40	10.3
2PM - 3:59PM	4	8.9	3,644.69	0.00	3,644.69	1.3
4PM - 5:59PM	5	11.1	1,760.90	970.94	2,731.84	0.9
8PM - 9:59PM	5	11.1	1,118.63	1,095.37	2,214.00	0.8
6AM - 7:59AM	2	4.4	393.62	0.00	393.62	0.1
12AM - 1:59AM	1	2.2	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	2.2	0.00	0.00	0.00	0.0
8AM - 9:59AM	5	11.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	5	11.1	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	4.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	6	13.3	104,561.97	137,899.31	242,461.28	83.9
2 - 4	3	6.7	13,710.73	14,461.45	28,172.18	9.8
0 - 2	26	57.8	14,596.18	1,095.37	15,691.55	5.4
6 - 8	2	4.4	279.06	970.94	1,250.00	0.4
24 - 26	1	2.2	964.00	0.00	964.00	0.3
8 - 10	3	6.7	278.97	0.00	278.97	0.1
22 - 24	1	2.2	0.00	0.00	0.00	0.0
28 - 30	1	2.2	0.00	0.00	0.00	0.0
26 - 28	2	4.4	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>Age of Claimant</b>						
45 - 49	3	6.7	55,462.18	136,649.31	192,111.49	66.5
60 - 64	11	24.4	49,309.17	0.00	49,309.17	17.1
50 - 54	5	11.1	24,957.27	14,461.45	39,418.72	13.6
40 - 44	3	6.7	3,930.81	0.00	3,930.81	1.4
25 - 29	3	6.7	0.00	1,250.00	1,250.00	0.4
35 - 39	2	4.4	154.63	1,095.37	1,250.00	0.4
55 - 59	4	8.9	279.06	970.94	1,250.00	0.4
65 - 69	2	4.4	297.79	0.00	297.79	0.1
20 - 24	5	11.1	0.00	0.00	0.00	0.0
30 - 34	5	11.1	0.00	0.00	0.00	0.0
70 - 74	2	4.4	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Totals:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>SEX OF CLAIMANT</b>						
Female	37	82.2	132,846.87	153,331.70	286,178.57	99.1
Male	8	17.8	1,544.04	1,095.37	2,639.41	0.9
<b>Totals:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	31	68.9	119,794.34	137,744.68	257,539.02	89.2
Walking surface, inside, dry	1	2.2	13,710.73	14,461.45	28,172.18	9.8
Animal / insect, not otherwise classifie	1	2.2	279.06	970.94	1,250.00	0.4
Stairs, steps	1	2.2	0.00	1,250.00	1,250.00	0.4
Cart	1	2.2	304.94	0.00	304.94	0.1
Person	1	2.2	278.97	0.00	278.97	0.1
Chemicals, not otherwise classified	1	2.2	22.87	0.00	22.87	0.0
Chair	1	2.2	0.00	0.00	0.00	0.0
Door	2	4.4	0.00	0.00	0.00	0.0
Floor	2	4.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.2	0.00	0.00	0.00	0.0
Metal items	1	2.2	0.00	0.00	0.00	0.0
Steam / exhaust	1	2.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	13	28.9	102,895.89	136,649.31	239,545.20	82.9
Fall On the Same Level	2	4.4	13,710.73	14,461.45	28,172.18	9.8
Struck or Injury By, NOC	7	15.6	11,617.29	0.00	11,617.29	4.0
Collision with a Fixed Object	2	4.4	3,780.50	1,095.37	4,875.87	1.7
Absorption, Ingestion or Inhalation NOC	2	4.4	1,481.84	0.00	1,481.84	0.5
Struck/Injured By Animal or Insect	1	2.2	279.06	970.94	1,250.00	0.4
Twisting	1	2.2	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Falling or Flying Objec	1	2.2	304.94	0.00	304.94	0.1
Holding or Carrying	1	2.2	278.97	0.00	278.97	0.1
Foreign Body in Eye	2	4.4	22.87	0.00	22.87	0.0
Lifting	1	2.2	18.82	0.00	18.82	0.0
Bitten	1	2.2	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	2	4.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	4.4	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	2.2	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	2.2	0.00	0.00	0.00	0.0
Other Injury NEC	1	2.2	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	2.2	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	2	4.4	0.00	0.00	0.00	0.0



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Striking Against or Stepping On, NOC	1	2.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	3	6.7	53,958.12	136,649.31	190,607.43	66.0
Lower Extremities Lower Leg	1	2.2	46,863.33	0.00	46,863.33	16.2
Lower Extremities Upper Leg	1	2.2	13,710.73	14,461.45	28,172.18	9.8
Upper Extremities Wrist	2	4.4	11,223.67	0.00	11,223.67	3.9
Head Facial Bones	4	8.9	4,589.87	0.00	4,589.87	1.6
Upper Extremities Lower Arm	4	8.9	1,668.47	970.94	2,639.41	0.9
Head Eye(s)	4	8.9	1,504.71	0.00	1,504.71	0.5
Lower Extremities Ankle	1	2.2	0.00	1,250.00	1,250.00	0.4
Upper Extremities Finger(s)	2	4.4	154.63	1,095.37	1,250.00	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.2	393.62	0.00	393.62	0.1
Lower Extremities Foot	1	2.2	304.94	0.00	304.94	0.1
Trunk Low Back Area (Incl. Lumbar & Li	1	2.2	18.82	0.00	18.82	0.0
Head Ear(s)	1	2.2	0.00	0.00	0.00	0.0
Head Other facial soft tissue	4	8.9	0.00	0.00	0.00	0.0
Head Skull	1	2.2	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	2.2	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extr	1	2.2	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	3	6.7	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	2.2	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	4.4	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	6.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	4.4	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	2.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	19	42.2	58,158.21	137,744.68	195,902.89	67.8
Fracture	2	4.4	60,574.06	14,461.45	75,035.51	26.0
Sprain	3	6.7	11,223.67	1,250.00	12,473.67	4.3
Contagious Disease	2	4.4	1,481.84	0.00	1,481.84	0.5
Laceration	7	15.6	1,389.41	0.00	1,389.41	0.5
Inflammation	1	2.2	279.06	970.94	1,250.00	0.4
Concussion (Brain, Cerebral)	1	2.2	964.00	0.00	964.00	0.3
Strain	2	4.4	297.79	0.00	297.79	0.1
Poisoning - Chemical (Other than Metal)	1	2.2	22.87	0.00	22.87	0.0
Burn	1	2.2	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	2.2	0.00	0.00	0.00	0.0
No Physical Injury	2	4.4	0.00	0.00	0.00	0.0
Puncture	2	4.4	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Syncope	1	2.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>45</b>		<b>\$134,390.91</b>	<b>\$154,427.07</b>	<b>\$288,817.98</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>739 - DBHDS \S. VA Mental Health Inst</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	11	18.6	2,602.82	3,460.02	6,062.84	32.3
12PM - 1:59PM	7	11.9	44.29	4,955.71	5,000.00	26.6
2AM - 3:59AM	4	6.8	4,694.06	0.00	4,694.06	25.0
10AM - 11:59AM	11	18.6	1,354.75	0.00	1,354.75	7.2
12AM - 1:59AM	1	1.7	603.16	0.00	603.16	3.2
2PM - 3:59PM	16	27.1	513.24	0.00	513.24	2.7
6AM - 7:59AM	2	3.4	272.28	0.00	272.28	1.5
4PM - 5:59PM	3	5.1	265.16	0.00	265.16	1.4
6PM - 7:59PM	2	3.4	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	1.7	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	1.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	32	54.2	1,722.50	4,987.25	6,709.75	35.8
4 - 6	7	11.9	5,992.90	0.00	5,992.90	31.9
14 - 16	3	5.1	1,797.74	0.00	1,797.74	9.6
2 - 4	9	15.3	0.00	1,250.00	1,250.00	6.7
6 - 8	2	3.4	289.98	960.02	1,250.00	6.7
12 - 14	1	1.7	31.54	1,218.46	1,250.00	6.7
22 - 24	2	3.4	515.10	0.00	515.10	2.7
8 - 10	1	1.7	0.00	0.00	0.00	0.0
10 - 12	1	1.7	0.00	0.00	0.00	0.0
18 - 20	1	1.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	
<b>Age of Claimant</b>						
45 - 49	4	6.8	4,984.04	960.02	5,944.06	31.7
55 - 59	13	22.0	2,101.56	2,468.46	4,570.02	24.4
20 - 24	12	20.3	671.82	2,487.25	3,159.07	16.8
60 - 64	8	13.6	1,474.08	1,250.00	2,724.08	14.5
30 - 34	5	8.5	603.16	1,250.00	1,853.16	9.9
50 - 54	5	8.5	515.10	0.00	515.10	2.7
25 - 29	9	15.3	0.00	0.00	0.00	0.0
35 - 39	2	3.4	0.00	0.00	0.00	0.0
40 - 44	1	1.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Male	24	40.7	3,875.94	5,947.27	9,823.21	52.3
Female	35	59.3	6,473.82	2,468.46	8,942.28	47.7
<b>Totals:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	42	71.2	8,741.47	4,710.02	13,451.49	71.7
Animal / insect, not otherwise classifie	1	1.7	31.54	1,218.46	1,250.00	6.7
Ceiling	1	1.7	0.00	1,250.00	1,250.00	6.7
Floor	4	6.8	12.75	1,237.25	1,250.00	6.7
Office equipment	1	1.7	695.68	0.00	695.68	3.7
Wall	2	3.4	603.16	0.00	603.16	3.2
Work surface	1	1.7	265.16	0.00	265.16	1.4
Cabinet	2	3.4	0.00	0.00	0.00	0.0
Cone	1	1.7	0.00	0.00	0.00	0.0
Door	1	1.7	0.00	0.00	0.00	0.0
Metal items	1	1.7	0.00	0.00	0.00	0.0
Person	1	1.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	38	64.4	6,943.73	4,710.02	11,653.75	62.1
Absorption, Ingestion or Inhalation NOC	1	1.7	1,797.74	0.00	1,797.74	9.6
Reaching	1	1.7	0.00	1,250.00	1,250.00	6.7
Struck/Injured By Animal or Insect	1	1.7	31.54	1,218.46	1,250.00	6.7
Twisting	1	1.7	12.75	1,237.25	1,250.00	6.7
Fall On the Same Level	5	8.5	868.32	0.00	868.32	4.6
Strain By Using Tool or Machine	1	1.7	695.68	0.00	695.68	3.7
Caught In/Between-Object Handled	1	1.7	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	3.4	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	1.7	0.00	0.00	0.00	0.0
Lifting	1	1.7	0.00	0.00	0.00	0.0
Other Injury NEC	1	1.7	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	1.7	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	1.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	3	5.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	
<b>BODY PART</b>						
Upper Extremities Lower Arm	6	10.2	4,984.04	960.02	5,944.06	31.7
Multiple Body Parts Multiple Body Parts	21	35.6	1,118.26	2,500.00	3,618.26	19.3
Upper Extremities Hand	2	3.4	2,493.42	0.00	2,493.42	13.3

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Multiple Upper Extre	2	3.4	659.07	1,250.00	1,909.07	10.2
Lower Extremities Toe(s)	1	1.7	12.75	1,237.25	1,250.00	6.7
Lower Extremities Upper Leg	1	1.7	31.54	1,218.46	1,250.00	6.7
Trunk Abdomen Including Groin	1	1.7	0.00	1,250.00	1,250.00	6.7
Head Other facial soft tissue	10	16.9	785.52	0.00	785.52	4.2
Head Skull	2	3.4	265.16	0.00	265.16	1.4
Head Eye(s)	2	3.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	3.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	3.4	0.00	0.00	0.00	0.0
Trunk Buttocks	1	1.7	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	3.4	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	2	3.4	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	1.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	58	98.3	10,349.76	8,415.73	18,765.49	100.0
Contagious Disease	1	1.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>59</b>		<b>\$10,349.76</b>	<b>\$8,415.73</b>	<b>\$18,765.49</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>748 - DBHDS \ Hiram Davis Medical Center</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	4	36.4	6,005.25	29,061.27	35,066.52	67.8
12AM - 1:59AM	1	9.1	0.00	10,518.82	10,518.82	20.3
6AM - 7:59AM	2	18.2	2,450.70	0.00	2,450.70	4.7
10AM - 11:59AM	1	9.1	2,168.96	0.00	2,168.96	4.2
2AM - 3:59AM	1	9.1	1,542.70	0.00	1,542.70	3.0
2PM - 3:59PM	1	9.1	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	3	27.3	4,557.55	29,061.27	33,618.82	65.0
0 - 2	4	36.4	2,990.40	10,518.82	13,509.22	26.1
2 - 4	3	27.3	2,450.70	0.00	2,450.70	4.7
16 - 18	1	9.1	2,168.96	0.00	2,168.96	4.2
<b>Totals:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	
<b>Age of Claimant</b>						
60 - 64	2	18.2	6,726.51	29,061.27	35,787.78	69.2
50 - 54	2	18.2	0.00	10,518.82	10,518.82	20.3
65 - 69	2	18.2	2,019.58	0.00	2,019.58	3.9
55 - 59	3	27.3	1,973.82	0.00	1,973.82	3.8
30 - 34	1	9.1	1,447.70	0.00	1,447.70	2.8
40 - 44	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	
<b>SEX OF CLAIMANT</b>						
Female	10	90.9	12,167.61	29,061.27	41,228.88	79.7
Male	1	9.1	0.00	10,518.82	10,518.82	20.3
<b>Totals:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	
<b>LOSS CAUSE</b>						
Floor	1	9.1	4,557.55	29,061.27	33,618.82	65.0
Walking surface, inside, dry	1	9.1	0.00	10,518.82	10,518.82	20.3
Patient / Inmate	5	45.5	3,711.66	0.00	3,711.66	7.2
Chair	1	9.1	1,973.82	0.00	1,973.82	3.8
Infectious agent	1	9.1	1,447.70	0.00	1,447.70	2.8
Door	1	9.1	476.88	0.00	476.88	0.9
Needle stick	1	9.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	2	18.2	6,531.37	29,061.27	35,592.64	68.8
Twisting	1	9.1	0.00	10,518.82	10,518.82	20.3
Struck/Injured By Fellow Worker, Patient	5	45.5	3,711.66	0.00	3,711.66	7.2
Other Injury NEC	1	9.1	1,447.70	0.00	1,447.70	2.8
Struck or Injury By, NOC	1	9.1	476.88	0.00	476.88	0.9
Cut, Punctured, Scraped, NOC	1	9.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	
<b>BODY PART</b>						
Lower Extremities Knee	2	18.2	4,557.55	39,580.09	44,137.64	85.3
Upper Extremities Shoulder(s)	1	9.1	2,168.96	0.00	2,168.96	4.2
Trunk Low Back Area (Incl. Lumbar & L)	1	9.1	1,973.82	0.00	1,973.82	3.8
Upper Extremities Hand	1	9.1	1,542.70	0.00	1,542.70	3.0
Head Other facial soft tissue	1	9.1	1,447.70	0.00	1,447.70	2.8
Trunk Chest (Incl. Ribs, Sternum & Soft	2	18.2	476.88	0.00	476.88	0.9
Head Skull	1	9.1	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	18.2	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	
<b>INJURY</b>						
Strain	3	27.3	8,700.33	29,061.27	37,761.60	73.0
Fracture	1	9.1	0.00	10,518.82	10,518.82	20.3
Contusion (Bruise, Skin Surface)	3	27.3	2,019.58	0.00	2,019.58	3.9
No Physical Injury	4	36.4	1,447.70	0.00	1,447.70	2.8
<b>Sum:</b>	<b>11</b>		<b>\$12,167.61</b>	<b>\$39,580.09</b>	<b>\$51,747.70</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>794 - DBHDS \VA Ctr for Behavioral Rehab</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	8	18.6	33,673.85	55,299.37	88,973.22	69.8
6PM - 7:59PM	3	7.0	1,479.25	23,650.04	25,129.29	19.7
8AM - 9:59AM	4	9.3	2,693.43	1,356.57	4,050.00	3.2
8PM - 9:59PM	6	14.0	0.00	3,750.00	3,750.00	2.9
6AM - 7:59AM	5	11.6	3,069.60	0.00	3,069.60	2.4
2AM - 3:59AM	1	2.3	0.00	1,250.00	1,250.00	1.0
10AM - 11:59AM	7	16.3	0.00	1,250.00	1,250.00	1.0
2PM - 3:59PM	5	11.6	22.87	0.00	22.87	0.0
12AM - 1:59AM	2	4.7	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	2.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	2.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	25	58.1	14,182.35	31,929.83	46,112.18	36.2
4 - 6	6	14.0	18,342.81	27,119.54	45,462.35	35.7
6 - 8	3	7.0	37.64	24,900.04	24,937.68	19.6
8 - 10	3	7.0	5,302.55	1,356.57	6,659.12	5.2
2 - 4	4	9.3	3,073.65	0.00	3,073.65	2.4
14 - 16	1	2.3	0.00	1,250.00	1,250.00	1.0
16 - 18	1	2.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	
<b>Age of Claimant</b>						
30 - 34	7	16.3	18,136.73	29,619.54	47,756.27	37.5
25 - 29	11	25.6	7,848.28	27,457.10	35,305.38	27.7
35 - 39	5	11.6	4,915.33	25,622.77	30,538.10	24.0
60 - 64	5	11.6	5,302.55	1,356.57	6,659.12	5.2
50 - 54	2	4.7	2,686.76	0.00	2,686.76	2.1
40 - 44	1	2.3	1,666.51	0.00	1,666.51	1.3
20 - 24	7	16.3	0.00	1,250.00	1,250.00	1.0
65 - 69	1	2.3	0.00	1,250.00	1,250.00	1.0
45 - 49	1	2.3	364.02	0.00	364.02	0.3
55 - 59	3	7.0	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	24	55.8	21,546.40	53,079.87	74,626.27	58.5
Male	19	44.2	19,392.60	33,476.11	52,868.71	41.5
<b>Totals:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	4.7	21,549.94	29,092.27	50,642.21	39.7
Training \ Drills	2	4.7	7,848.28	26,207.10	34,055.38	26.7
Person	6	14.0	4,088.37	23,650.04	27,738.41	21.8
Patient / Inmate	10	23.3	2,686.76	3,750.00	6,436.76	5.0
Object on Floor	2	4.7	2,693.43	2,606.57	5,300.00	4.2
Metal items	1	2.3	1,666.51	0.00	1,666.51	1.3
Needle stick	3	7.0	41.69	1,250.00	1,291.69	1.0
Recreational equipment	1	2.3	364.02	0.00	364.02	0.3
Animal, not otherwise classified	3	7.0	0.00	0.00	0.00	0.0
Boxes / containers	1	2.3	0.00	0.00	0.00	0.0
Cart	3	7.0	0.00	0.00	0.00	0.0
Door	2	4.7	0.00	0.00	0.00	0.0
Food	1	2.3	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.3	0.00	0.00	0.00	0.0
Pallet, Skid, Flat	1	2.3	0.00	0.00	0.00	0.0
Pots/pans	1	2.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	4	9.3	10,560.53	52,463.71	63,024.24	49.4
Struck/Injured By Motor Vehicle	1	2.3	16,676.30	27,119.54	43,795.84	34.4
Motor Vehicle, NOC	1	2.3	4,873.64	1,972.73	6,846.37	5.4
Struck/Injured By Object Being Lifted or	5	11.6	3,050.78	1,250.00	4,300.78	3.4
Struck/Injured By Fellow Worker, Patient	9	20.9	1,460.43	2,500.00	3,960.43	3.1
Fall, Slip or Trip, NOC	1	2.3	2,609.12	0.00	2,609.12	2.0
Foreign Body in Eye	1	2.3	1,666.51	0.00	1,666.51	1.3
Cut, Punctured, Scraped, NOC	2	4.7	22.87	1,250.00	1,272.87	1.0
Other Injury NEC	4	9.3	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	1	2.3	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	2	4.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	2.3	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	2.3	0.00	0.00	0.00	0.0
Lifting	1	2.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Steam or Hot Fluids	1	2.3	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	4.7	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 Moving Parts of Machinery	1	2.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled By Operator	1	2.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.3	0.00	0.00	0.00	0.0
Vehicle Upset	2	4.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	7	16.3	23,393.21	30,342.27	53,735.48	42.1
Lower Extremities Knee	5	11.6	7,848.28	26,207.10	34,055.38	26.7
Trunk Low Back Area (Incl. Lumbar & L5/S1)	3	7.0	2,627.94	23,650.04	26,277.98	20.6
Head Eye(s)	4	9.3	4,353.27	1,250.00	5,603.27	4.4
Lower Extremities Hip	1	2.3	2,693.43	1,356.57	4,050.00	3.2
Head Facial Bones	1	2.3	0.00	1,250.00	1,250.00	1.0
Lower Extremities Great Toe	1	2.3	0.00	1,250.00	1,250.00	1.0
Trunk Chest (Incl. Ribs, Sternum & Soft Tissue)	2	4.7	0.00	1,250.00	1,250.00	1.0
Upper Extremities Finger(s)	2	4.7	22.87	0.00	22.87	0.0
Head Other facial soft tissue	2	4.7	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	2.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	2	4.7	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	2.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	4.7	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	2.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	2.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	4.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	2	4.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	2	4.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	6	14.0	23,374.39	29,092.27	52,466.66	41.2
All Other (Specific) Injuries, NOC	14	32.6	10,541.71	31,313.67	41,855.38	32.8
Strain	3	7.0	2,627.94	23,650.04	26,277.98	20.6
Foreign Body (Eye)	3	7.0	4,353.27	0.00	4,353.27	3.4
Fracture	1	2.3	0.00	1,250.00	1,250.00	1.0
Laceration	3	7.0	0.00	1,250.00	1,250.00	1.0
Puncture	1	2.3	22.87	0.00	22.87	0.0
Adverse reaction to a vaccination or inoculation	1	2.3	18.82	0.00	18.82	0.0
Burn	1	2.3	0.00	0.00	0.00	0.0
Contagious Disease	1	2.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	2	4.7	0.00	0.00	0.00	0.0
No Physical Injury	6	14.0	0.00	0.00	0.00	0.0
Sprain	1	2.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>43</b>		<b>\$40,939.00</b>	<b>\$86,555.98</b>	<b>\$127,494.98</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>720 - Behavioral Health &amp; Develop. Svcs.</b>						
<b>S720 - Behavioral Health &amp; Developmental</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	16.7	23.87	0.00	23.87	100.0
12AM - 1:59AM	1	16.7	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	16.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	33.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	16.7	23.87	0.00	23.87	100.0
0 - 2	3	50.0	0.00	0.00	0.00	0.0
4 - 6	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	
<b>Age of Claimant</b>						
45 - 49	1	16.7	23.87	0.00	23.87	100.0
20 - 24	2	33.3	0.00	0.00	0.00	0.0
25 - 29	1	16.7	0.00	0.00	0.00	0.0
35 - 39	1	16.7	0.00	0.00	0.00	0.0
50 - 54	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	33.3	23.87	0.00	23.87	100.0
Female	4	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	4	66.7	23.87	0.00	23.87	100.0
Food	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	
<b>ACCIDENT TYPE</b>						
Foreign Body in Eye	1	16.7	23.87	0.00	23.87	100.0
Contact With Not Otherwise Classified	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	16.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	16.7	0.00	0.00	0.00	0.0
Twisting	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>BODY PART</b>						
Head Eye(s)	1	16.7	23.87	0.00	23.87	100.0
Lower Extremities Upper Leg	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	16.7	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	
<b>INJURY</b>						
Foreign Body (Eye)	1	16.7	23.87	0.00	23.87	100.0
Burn	1	16.7	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	3	50.0	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$23.87</b>	<b>\$0.00</b>	<b>\$23.87</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>765 - SOCIAL SERVICES, DEPT. OF</b>						
<b>11 - SOCIAL SRVS, DEPT OF - ESP WORK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>BODY PART</b>						
Lower Extremities Lower Leg	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	3,357.95	0.00	3,357.95	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,357.95</b>	<b>\$0.00</b>	<b>\$3,357.95</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>765 - SOCIAL SERVICES, DEPT. OF</b>						
<b>S765 - SOCIAL SERVICES, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>LOSS CAUSE</b>						
Cabinet	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>BODY PART</b>						
Head Multiple Head Injury	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	92.81	1,207.19	1,300.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$92.81</b>	<b>\$1,207.19</b>	<b>\$1,300.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>510 - DJJ Central Off.-Administration</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	16.7	7,805.61	6,413.21	14,218.82	78.9
6AM - 7:59AM	1	16.7	1,299.63	31.18	1,330.81	7.4
2PM - 3:59PM	1	16.7	18.82	1,231.18	1,250.00	6.9
12PM - 1:59PM	1	16.7	1,222.43	0.00	1,222.43	6.8
10AM - 11:59AM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>LENGTH OF SERVICE</b>						
22 - 24	1	16.7	7,805.61	6,413.21	14,218.82	78.9
8 - 10	1	16.7	1,299.63	31.18	1,330.81	7.4
16 - 18	1	16.7	18.82	1,231.18	1,250.00	6.9
0 - 2	2	33.3	1,222.43	0.00	1,222.43	6.8
10 - 12	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>Age of Claimant</b>						
50 - 54	2	33.3	7,824.43	7,644.39	15,468.82	85.8
35 - 39	1	16.7	1,299.63	31.18	1,330.81	7.4
45 - 49	2	33.3	1,222.43	0.00	1,222.43	6.8
55 - 59	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	83.3	10,346.49	7,675.57	18,022.06	100.0
Male	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	33.3	9,105.24	6,444.39	15,549.63	86.3
Animal / insect, not otherwise classifie	1	16.7	18.82	1,231.18	1,250.00	6.9
Walking surface, inside, dry	1	16.7	1,222.43	0.00	1,222.43	6.8
Animal, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
Battery	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	16.7	7,805.61	6,413.21	14,218.82	78.9
Collision with Another Vehicle	1	16.7	1,299.63	31.18	1,330.81	7.4
Struck/Injured By Animal or Insect	2	33.3	18.82	1,231.18	1,250.00	6.9



Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	1	16.7	1,222.43	0.00	1,222.43	6.8
Object Being Lifted or Handled	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	33.3	7,824.43	7,644.39	15,468.82	85.8
Upper Extremities Multiple Upper Extre	1	16.7	1,299.63	31.18	1,330.81	7.4
Lower Extremities Lower Leg	1	16.7	1,222.43	0.00	1,222.43	6.8
Upper Extremities Hand	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	
<b>INJURY</b>						
Inflammation	2	33.3	7,824.43	7,644.39	15,468.82	85.8
Sprain	1	16.7	1,299.63	31.18	1,330.81	7.4
Strain	1	16.7	1,222.43	0.00	1,222.43	6.8
Burn	1	16.7	0.00	0.00	0.00	0.0
Laceration	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,346.49</b>	<b>\$7,675.57</b>	<b>\$18,022.06</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 777 - DEPT. OF JUVENILE JUSTICE

#### 712 - DJJ Bon Air Juvenile Crctnl Ctr

#### TIME OF INJURY

4PM - 5:59PM	18	15.5	57,778.05	166,170.93	223,948.98	29.7
12PM - 1:59PM	18	15.5	129,481.81	53,332.82	182,814.63	24.2
8PM - 9:59PM	12	10.3	43,398.14	44,065.20	87,463.34	11.6
6PM - 7:59PM	20	17.2	43,079.75	28,103.24	71,182.99	9.4
10AM - 11:59AM	13	11.2	62,437.60	0.00	62,437.60	8.3
6AM - 7:59AM	6	5.2	21,478.30	27,544.79	49,023.09	6.5
8AM - 9:59AM	18	15.5	21,596.69	21,259.25	42,855.94	5.7
2PM - 3:59PM	9	7.8	23,017.20	11,117.67	34,134.87	4.5
4AM - 5:59AM	1	0.9	542.35	0.00	542.35	0.1
2AM - 3:59AM	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

#### LENGTH OF SERVICE

0 - 2	35	30.2	99,651.35	187,931.08	287,582.43	38.1
18 - 20	4	3.4	89,771.67	17,013.86	106,785.53	14.2
12 - 14	4	3.4	20,852.21	55,620.43	76,472.64	10.1
4 - 6	14	12.1	24,312.01	29,018.62	53,330.63	7.1
16 - 18	12	10.3	34,847.95	16,669.64	51,517.59	6.8
8 - 10	11	9.5	23,952.03	20,580.04	44,532.07	5.9
14 - 16	3	2.6	24,078.76	16,065.90	40,144.66	5.3
6 - 8	4	3.4	35,942.50	0.00	35,942.50	4.8
10 - 12	6	5.2	19,674.58	1,250.00	20,924.58	2.8
2 - 4	11	9.5	11,720.73	2,500.00	14,220.73	1.9
24 - 26	4	3.4	8,621.99	0.00	8,621.99	1.1
26 - 28	1	0.9	2,485.67	4,944.33	7,430.00	1.0
36 - 38	1	0.9	3,282.38	0.00	3,282.38	0.4
22 - 24	3	2.6	2,354.89	0.00	2,354.89	0.3
20 - 22	2	1.7	1,242.35	0.00	1,242.35	0.2
30 - 32	1	0.9	18.82	0.00	18.82	0.0
<b>Totals:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

#### Age of Claimant

45 - 49	13	11.2	50,663.01	136,491.71	187,154.72	24.8
55 - 59	9	7.8	121,269.59	21,958.19	143,227.78	19.0
50 - 54	18	15.5	83,353.09	52,719.48	136,072.57	18.0
40 - 44	21	18.1	31,273.48	56,898.03	88,171.51	11.7
30 - 34	19	16.4	39,748.40	27,130.55	66,878.95	8.9

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	15	12.9	40,750.83	20,245.42	60,996.25	8.1
65 - 69	2	1.7	13,970.79	20,216.85	34,187.64	4.5
25 - 29	11	9.5	7,929.31	15,064.92	22,994.23	3.0
20 - 24	3	2.6	9,307.84	868.75	10,176.59	1.3
60 - 64	4	3.4	3,301.20	0.00	3,301.20	0.4
70 - 74	1	0.9	1,242.35	0.00	1,242.35	0.2
<b>Totals:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

### SEX OF CLAIMANT

Male	65	56.0	210,061.16	225,455.98	435,517.14	57.7
Female	51	44.0	192,748.73	126,137.92	318,886.65	42.3
<b>Totals:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

### LOSS CAUSE

Patient / Inmate	35	30.2	229,485.68	142,085.70	371,571.38	49.3
Person	55	47.4	129,401.02	190,942.30	320,343.32	42.5
Floor	3	2.6	22,683.09	16,065.90	38,748.99	5.1
Cart	1	0.9	9,892.20	0.00	9,892.20	1.3
Chair	1	0.9	4,578.25	0.00	4,578.25	0.6
Boxes / containers	3	2.6	3,757.17	0.00	3,757.17	0.5
Outside Surface	1	0.9	0.00	1,250.00	1,250.00	0.2
Sharp objects, not otherwise classified	1	0.9	0.00	1,250.00	1,250.00	0.2
Walking surface, inside, dry	1	0.9	1,242.35	0.00	1,242.35	0.2
Stairs, steps	1	0.9	542.35	0.00	542.35	0.1
Walking surface, outside, dry	1	0.9	344.22	0.00	344.22	0.0
Door	3	2.6	330.37	0.00	330.37	0.0
Animal, not otherwise classified	1	0.9	308.15	0.00	308.15	0.0
Cabinet	1	0.9	207.40	0.00	207.40	0.0
Food	2	1.7	18.82	0.00	18.82	0.0
Ground control unit/aerial	1	0.9	18.82	0.00	18.82	0.0
Dolly	1	0.9	0.00	0.00	0.00	0.0
Training \ Drills	1	0.9	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	0.9	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.9	0.00	0.00	0.00	0.0
Wires	1	0.9	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

### ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	79	68.1	320,144.04	331,778.00	651,922.04	86.4
Fall/Slip From Liquid or Grease Spills	2	1.7	21,769.08	16,065.90	37,834.98	5.0
Struck or Injury By, NOC	5	4.3	34,570.25	0.00	34,570.25	4.6
Striking Against or Stepping On, NOC	1	0.9	13,614.68	0.00	13,614.68	1.8
Fall On the Same Level	7	6.0	6,305.23	0.00	6,305.23	0.8

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lifting	2	1.7	3,301.20	0.00	3,301.20	0.4
Caught In, Under or Between, NOC	2	1.7	330.37	1,250.00	1,580.37	0.2
Fall/Slip From a Different Level	1	0.9	0.00	1,250.00	1,250.00	0.2
Hand Tool, Utensil; Not Powered	1	0.9	0.00	1,250.00	1,250.00	0.2
Strain or Injury By, NOC	5	4.3	1,242.35	0.00	1,242.35	0.2
Struck/Injured By Object Being Lifted or	2	1.7	764.12	0.00	764.12	0.1
Fall/Slip on Stairs	1	0.9	542.35	0.00	542.35	0.1
Caught In/Between-Object Handled	1	0.9	207.40	0.00	207.40	0.0
Other Injury NEC	2	1.7	18.82	0.00	18.82	0.0
Collision with a Fixed Object	1	0.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	0.9	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	0.9	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	2	1.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

### BODY PART

Upper Extremities Shoulder(s)	6	5.2	30,297.56	147,366.86	177,664.42	23.6
Trunk Low Back Area (Incl. Lumbar & Li	8	6.9	112,857.66	50,158.82	163,016.48	21.6
Upper Extremities Wrist	6	5.2	22,891.60	67,808.79	90,700.39	12.0
Multiple Body Parts Multiple Body Parts	19	16.4	28,331.25	48,216.15	76,547.40	10.1
Upper Extremities Elbow	5	4.3	55,312.17	0.00	55,312.17	7.3
Lower Extremities Multiple Lower Extrer	2	1.7	21,769.08	16,065.90	37,834.98	5.0
Trunk Multiple Trunk	1	0.9	20,536.75	11,117.67	31,654.42	4.2
Lower Extremities Knee	21	18.1	20,883.17	1,250.00	22,133.17	2.9
Lower Extremities Ankle	4	3.4	15,013.68	0.00	15,013.68	2.0
Head Other facial soft tissue	5	4.3	14,323.22	0.00	14,323.22	1.9
Lower Extremities Lower Leg	2	1.7	13,614.68	0.00	13,614.68	1.8
Upper Extremities Finger(s)	5	4.3	9,517.71	1,250.00	10,767.71	1.4
Lower Extremities Hip	2	1.7	10,342.13	0.00	10,342.13	1.4
Upper Extremities Thumb	4	3.4	9,166.02	0.00	9,166.02	1.2
Upper Extremities Hand	2	1.7	2,820.29	5,859.71	8,680.00	1.2
Head Facial Bones	2	1.7	8,600.48	0.00	8,600.48	1.1
Upper Extremities Lower Arm	7	6.0	2,057.95	2,500.00	4,557.95	0.6
Upper Extremities Multiple Upper Extrer	2	1.7	1,114.37	0.00	1,114.37	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	0.9	695.48	0.00	695.48	0.1
Trunk Upper Back Area (Thoracic Area)	1	0.9	605.68	0.00	605.68	0.1
Upper Extremities Wrist(s) and Hand(s)	2	1.7	577.52	0.00	577.52	0.1
Trunk Lumbar and/or Sacral Vertebrae	1	0.9	531.22	0.00	531.22	0.1
Trunk Lung(s)	2	1.7	501.20	0.00	501.20	0.1
Head Eye(s)	1	0.9	344.09	0.00	344.09	0.0
Head Skull	1	0.9	104.93	0.00	104.93	0.0
Head Mouth	1	0.9	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Foot	1	0.9	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	0.9	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.9	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

### INJURY

Contusion (Bruise, Skin Surface)	48	41.4	163,360.42	197,964.21	361,324.63	47.9
Sprain	20	17.2	70,324.43	91,051.61	161,376.04	21.4
Strain	13	11.2	103,121.40	32,078.78	135,200.18	17.9
Laceration	6	5.2	34,161.06	2,500.00	36,661.06	4.9
Multiple Injury Inc. Physical & Psycholog	2	1.7	7,857.09	25,880.55	33,737.64	4.5
Dislocation	1	0.9	8,671.79	0.00	8,671.79	1.1
Concussion (Brain, Cerebral)	1	0.9	8,534.61	0.00	8,534.61	1.1
Inflammation	21	18.1	4,477.21	868.75	5,345.96	0.7
Multiple Physical Injury Only	2	1.7	1,732.16	1,250.00	2,982.16	0.4
Fracture	1	0.9	542.35	0.00	542.35	0.1
Respiratory Disorders(Gases,Fumes,Ch	1	0.9	27.37	0.00	27.37	0.0
<b>Sum:</b>	<b>116</b>		<b>\$402,809.89</b>	<b>\$351,593.90</b>	<b>\$754,403.79</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>715 - DJJ Va Public Service Training Ctr</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	1	100.0	505.57	0.00	505.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	505.57	0.00	505.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	505.57	0.00	505.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	505.57	0.00	505.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	505.57	0.00	505.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	505.57	0.00	505.57	100.0
<b>Sum:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>BODY PART</b>						
Upper Extremities Thumb	1	100.0	505.57	0.00	505.57	100.0
<b>Sum:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	
<b>INJURY</b>						
Laceration	1	100.0	505.57	0.00	505.57	100.0
<b>Sum:</b>	<b>1</b>		<b>\$505.57</b>	<b>\$0.00</b>	<b>\$505.57</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>849 - DJJ 7TH JUD DIST CSU-NEWPORT NEWS</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	2,946.79	14,896.48	17,843.27	60.4
4PM - 5:59PM	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Totals:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	50.0	2,946.79	14,896.48	17,843.27	60.4
24 - 26	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Totals:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>Age of Claimant</b>						
60 - 64	1	50.0	2,946.79	14,896.48	17,843.27	60.4
55 - 59	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Totals:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	2,946.79	14,896.48	17,843.27	60.4
Male	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Totals:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	50.0	2,946.79	14,896.48	17,843.27	60.4
Chair	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Totals:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	2	100.0	3,049.24	26,512.85	29,562.09	100.0
<b>Sum:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	50.0	2,946.79	14,896.48	17,843.27	60.4
Upper Extremities Thumb	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Sum:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	
<b>INJURY</b>						
Strain	1	50.0	2,946.79	14,896.48	17,843.27	60.4
Sprain	1	50.0	102.45	11,616.37	11,718.82	39.6
<b>Sum:</b>	<b>2</b>		<b>\$3,049.24</b>	<b>\$26,512.85</b>	<b>\$29,562.09</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>852 - DJJ 3RD JUD DIST CSU-PORTSMOUTH</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>LOSS CAUSE</b>						
Keyboard	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>ACCIDENT TYPE</b>						
Strain or Injury By, NOC	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>BODY PART</b>						
Upper Extremities Elbow	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	
<b>INJURY</b>						
Strain	1	100.0	2,791.39	2,025.50	4,816.89	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,791.39</b>	<b>\$2,025.50</b>	<b>\$4,816.89</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>855 - DJJ 6TH JUDICIAL DIST CSU-HOPEWELL</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
12 - 14	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
70 - 74	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Organic Material	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Fracture	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>857 - DJJ 10TH JUD DIST CSU-APPOMATTOX</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	245.50	623.32	868.82	97.9
10AM - 11:59AM	1	50.0	18.82	0.00	18.82	2.1
<b>Totals:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	245.50	623.32	868.82	97.9
2 - 4	1	50.0	18.82	0.00	18.82	2.1
<b>Totals:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>Age of Claimant</b>						
55 - 59	1	50.0	245.50	623.32	868.82	97.9
35 - 39	1	50.0	18.82	0.00	18.82	2.1
<b>Totals:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	264.32	623.32	887.64	100.0
<b>Totals:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>LOSS CAUSE</b>						
Floor	1	50.0	245.50	623.32	868.82	97.9
Animal / tick, spider, etc.	1	50.0	18.82	0.00	18.82	2.1
<b>Totals:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	245.50	623.32	868.82	97.9
Struck/Injured By Animal or Insect	1	50.0	18.82	0.00	18.82	2.1
<b>Sum:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>BODY PART</b>						
Head Skull	1	50.0	245.50	623.32	868.82	97.9
Lower Extremities Foot	1	50.0	18.82	0.00	18.82	2.1
<b>Sum:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	245.50	623.32	868.82	97.9
Inflammation	1	50.0	18.82	0.00	18.82	2.1
<b>Sum:</b>	<b>2</b>		<b>\$264.32</b>	<b>\$623.32</b>	<b>\$887.64</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>861 - DJJ 15TH JUD DST CSU-FREDERICKBURG</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	385.43	0.00	385.43	100.0
<b>Totals:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	50.0	385.43	0.00	385.43	100.0
20 - 22	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	385.43	0.00	385.43	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	385.43	0.00	385.43	100.0
<b>Totals:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>LOSS CAUSE</b>						
Floor	1	50.0	385.43	0.00	385.43	100.0
Cabinet	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	50.0	385.43	0.00	385.43	100.0
Striking Against or Stepping On, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	385.43	0.00	385.43	100.0
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	385.43	0.00	385.43	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$385.43</b>	<b>\$0.00</b>	<b>\$385.43</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>862 - DJJ 16TH CSU-CHARLOTTESVILLE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	0.00	0.00	0.00	0.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	33.3	0.00	0.00	0.00	0.0
25 - 29	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Stairs	1	33.3	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	33.3	0.00	0.00	0.00	0.0
No Physical Injury	2	66.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>868 - DJJ 25TH JUD DIST CSU-STANTON</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	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
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	66.7	0.00	0.00	0.00	0.0
12 - 14	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	33.3	0.00	0.00	0.00	0.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
65 - 69	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Cabinet	1	33.3	0.00	0.00	0.00	0.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	33.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Buttocks	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	66.7	0.00	0.00	0.00	0.0
Laceration	1	33.3	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	3		\$0.00	\$0.00	\$0.00	

Company: Commonwealth of Virginia  
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 Payments as of: 06/30/2024  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>871 - DJJ 28TH JUD DIST CSU-ABINGDON</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Sprain	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>875 - DJJ 31ST JUD DIST CSU-MANASSAS</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	213.90	0.00	213.90	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>LENGTH OF SERVICE</b>						
36 - 38	1	100.0	213.90	0.00	213.90	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>Age of Claimant</b>						
75 - 79	1	100.0	213.90	0.00	213.90	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	213.90	0.00	213.90	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>LOSS CAUSE</b>						
Uneven Surface	1	100.0	213.90	0.00	213.90	100.0
<b>Totals:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	213.90	0.00	213.90	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	213.90	0.00	213.90	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	213.90	0.00	213.90	100.0
<b>Sum:</b>	<b>1</b>		<b>\$213.90</b>	<b>\$0.00</b>	<b>\$213.90</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>877 - DJJ 23A JUD DISTRICT-ROANOKE</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Office equipment	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>878 - DJJ 2ND JUD DIST CSU-VA. BEACH</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>882 - DJJ 20L JUDICIAL DIST CSU-LOUDOUN</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Animal, not otherwise classified	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Animal or Insect	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Upper Leg	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	202.29	1,047.71	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$202.29</b>	<b>\$1,047.71</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>S777 - DEPT. OF JUVENILE JUSTICE</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	33.3	41,889.55	66,272.57	108,162.12	99.3
10AM - 11:59AM	1	33.3	572.03	0.00	572.03	0.5
2PM - 3:59PM	1	33.3	209.94	0.00	209.94	0.2
<b>Totals:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	33.3	41,889.55	66,272.57	108,162.12	99.3
0 - 2	1	33.3	572.03	0.00	572.03	0.5
10 - 12	1	33.3	209.94	0.00	209.94	0.2
<b>Totals:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>Age of Claimant</b>						
55 - 59	1	33.3	41,889.55	66,272.57	108,162.12	99.3
20 - 24	1	33.3	572.03	0.00	572.03	0.5
50 - 54	1	33.3	209.94	0.00	209.94	0.2
<b>Totals:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	66.7	42,099.49	66,272.57	108,372.06	99.5
Female	1	33.3	572.03	0.00	572.03	0.5
<b>Totals:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	2	66.7	42,099.49	66,272.57	108,372.06	99.5
Person	1	33.3	572.03	0.00	572.03	0.5
<b>Totals:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	2	66.7	42,461.58	66,272.57	108,734.15	99.8
Strain or Injury By, NOC	1	33.3	209.94	0.00	209.94	0.2
<b>Sum:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	33.3	41,889.55	66,272.57	108,162.12	99.3
Upper Extremities Elbow	1	33.3	572.03	0.00	572.03	0.5
Neck Multiple Neck Injury	1	33.3	209.94	0.00	209.94	0.2
<b>Sum:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	66.7	42,099.49	66,272.57	108,372.06	99.5
Sprain	1	33.3	572.03	0.00	572.03	0.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>Sum:</b>	<b>3</b>		<b>\$42,671.52</b>	<b>\$66,272.57</b>	<b>\$108,944.09</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>778 - Department of Forensic Science</b>						
<b>S778 - Department of Forensic Science</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	7.7	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	7.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	7	53.8	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	15.4	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	7.7	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	7	53.8	0.00	0.00	0.00	0.0
2 - 4	2	15.4	0.00	0.00	0.00	0.0
4 - 6	2	15.4	0.00	0.00	0.00	0.0
6 - 8	1	7.7	0.00	0.00	0.00	0.0
18 - 20	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	5	38.5	0.00	0.00	0.00	0.0
25 - 29	4	30.8	0.00	0.00	0.00	0.0
30 - 34	2	15.4	0.00	0.00	0.00	0.0
40 - 44	1	7.7	0.00	0.00	0.00	0.0
45 - 49	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	12	92.3	0.00	0.00	0.00	0.0
Male	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Chemicals, not otherwise classified	8	61.5	0.00	0.00	0.00	0.0
Door	1	7.7	0.00	0.00	0.00	0.0
Gas / Fumes	1	7.7	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	15.4	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Broken Glass	2	15.4	0.00	0.00	0.00	0.0



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	1	7.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	4	30.8	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	7.7	0.00	0.00	0.00	0.0
Other Injury NEC	3	23.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	15.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	7.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	5	38.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	4	30.8	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	23.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	7.7	0.00	0.00	0.00	0.0
Laceration	1	7.7	0.00	0.00	0.00	0.0
No Physical Injury	9	69.2	0.00	0.00	0.00	0.0
Puncture	2	15.4	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>13</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>848 - VA Indigent Defense Commission</b>						
<b>S848 - VA Indigent Defense Commission</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	50.0	6,012.94	35,705.88	41,718.82	66.1
2PM - 3:59PM	1	16.7	2,837.38	12,781.44	15,618.82	24.7
12PM - 1:59PM	1	16.7	952.83	3,615.99	4,568.82	7.2
4PM - 5:59PM	1	16.7	240.05	1,009.95	1,250.00	2.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	50.0	9,090.37	49,497.27	58,587.64	92.8
4 - 6	1	16.7	952.83	3,615.99	4,568.82	7.2
8 - 10	1	16.7	0.00	0.00	0.00	0.0
14 - 16	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>Age of Claimant</b>						
40 - 44	1	16.7	6,012.94	35,705.88	41,718.82	66.1
30 - 34	2	33.3	3,790.21	16,397.43	20,187.64	32.0
25 - 29	1	16.7	240.05	1,009.95	1,250.00	2.0
35 - 39	1	16.7	0.00	0.00	0.00	0.0
45 - 49	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>SEX OF CLAIMANT</b>						
Female	5	83.3	9,803.15	52,103.31	61,906.46	98.0
Male	1	16.7	240.05	1,009.95	1,250.00	2.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	2	33.3	6,252.99	36,715.83	42,968.82	68.0
Door	1	16.7	2,837.38	12,781.44	15,618.82	24.7
Stairs	1	16.7	952.83	3,615.99	4,568.82	7.2
Clothing / jewelry	1	16.7	0.00	0.00	0.00	0.0
Patient / Inmate	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	2	33.3	6,252.99	36,715.83	42,968.82	68.0
Collision with a Fixed Object	1	16.7	2,837.38	12,781.44	15,618.82	24.7
Fall/Slip on Stairs	1	16.7	952.83	3,615.99	4,568.82	7.2
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person in Act of Crime	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	16.7	6,012.94	35,705.88	41,718.82	66.1
Head Brain	1	16.7	2,837.38	12,781.44	15,618.82	24.7
Lower Extremities Ankle	1	16.7	952.83	3,615.99	4,568.82	7.2
Multiple Body Parts Multiple Body Parts	1	16.7	240.05	1,009.95	1,250.00	2.0
Head Other facial soft tissue	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	2	33.3	6,012.94	35,705.88	41,718.82	66.1
Concussion (Brain, Cerebral)	2	33.3	3,077.43	13,791.39	16,868.82	26.7
Sprain	1	16.7	952.83	3,615.99	4,568.82	7.2
Laceration	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$10,043.20</b>	<b>\$53,113.26</b>	<b>\$63,156.46</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>912 - Department of Veterans Services</b>						
<b>128 - Davis &amp; McDaniel Veterans Care Ctr</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	4	8.2	11,337.33	7,397.28	18,734.61	62.0
2PM - 3:59PM	7	14.3	591.43	3,252.77	3,844.20	12.7
8PM - 9:59PM	7	14.3	2,605.05	0.00	2,605.05	8.6
10AM - 11:59AM	7	14.3	1,569.41	0.00	1,569.41	5.2
8AM - 9:59AM	7	14.3	1,055.55	0.00	1,055.55	3.5
6AM - 7:59AM	2	4.1	966.04	0.00	966.04	3.2
12PM - 1:59PM	7	14.3	666.85	0.00	666.85	2.2
10PM - 11:59PM	2	4.1	548.98	0.00	548.98	1.8
4AM - 5:59AM	1	2.0	246.55	0.00	246.55	0.8
12AM - 1:59AM	1	2.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	4	8.2	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	30	61.2	17,041.65	9,440.72	26,482.37	87.6
2 - 4	8	16.3	1,492.67	0.00	1,492.67	4.9
6 - 8	3	6.1	40.67	1,209.33	1,250.00	4.1
4 - 6	4	8.2	795.31	0.00	795.31	2.6
18 - 20	1	2.0	216.89	0.00	216.89	0.7
8 - 10	1	2.0	0.00	0.00	0.00	0.0
20 - 22	2	4.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	
<b>Age of Claimant</b>						
55 - 59	11	22.4	13,050.54	7,397.28	20,447.82	67.6
20 - 24	3	6.1	2,184.90	0.00	2,184.90	7.2
60 - 64	7	14.3	806.54	1,209.33	2,015.87	6.7
65 - 69	1	2.0	0.00	1,250.00	1,250.00	4.1
25 - 29	4	8.2	275.38	793.44	1,068.82	3.5
30 - 34	6	12.2	1,066.36	0.00	1,066.36	3.5
40 - 44	5	10.2	966.04	0.00	966.04	3.2
70 - 74	1	2.0	421.60	0.00	421.60	1.4
45 - 49	2	4.1	351.97	0.00	351.97	1.2
35 - 39	3	6.1	340.66	0.00	340.66	1.1
50 - 54	3	6.1	123.20	0.00	123.20	0.4
15 - 19	3	6.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	36	73.5	18,139.53	8,606.61	26,746.14	88.5
Male	13	26.5	1,447.66	2,043.44	3,491.10	11.5
<b>Totals:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	
<b>LOSS CAUSE</b>						
Patient / Inmate	21	42.9	16,759.63	7,397.28	24,156.91	79.9
Laundry	3	6.1	737.65	2,002.77	2,740.42	9.1
Cords	1	2.0	0.00	1,250.00	1,250.00	4.1
Lift	3	6.1	465.33	0.00	465.33	1.5
Hand tool, powered, NOC	1	2.0	410.59	0.00	410.59	1.4
Needle stick	1	2.0	333.15	0.00	333.15	1.1
Cart	2	4.1	275.38	0.00	275.38	0.9
Door	1	2.0	246.55	0.00	246.55	0.8
Floor	4	8.2	216.89	0.00	216.89	0.7
Chemicals, not otherwise classified	2	4.1	123.20	0.00	123.20	0.4
Walking surface, outside, dry	1	2.0	18.82	0.00	18.82	0.1
Boxes / containers	1	2.0	0.00	0.00	0.00	0.0
Dishes	1	2.0	0.00	0.00	0.00	0.0
Dry chemical extinguisher	1	2.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.0	0.00	0.00	0.00	0.0
N/A	1	2.0	0.00	0.00	0.00	0.0
Overhead Object	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
Steam / exhaust	1	2.0	0.00	0.00	0.00	0.0
Trash receptacle	1	2.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	10	20.4	13,283.48	7,397.28	20,680.76	68.4
Lifting	4	8.2	1,165.02	2,002.77	3,167.79	10.5
Twisting	4	8.2	984.86	1,250.00	2,234.86	7.4
Pushing or Pulling	3	6.1	1,086.11	0.00	1,086.11	3.6
Fall On the Same Level	3	6.1	548.98	0.00	548.98	1.8
Struck/Injured By Hand Tool or Machine	2	4.1	442.74	0.00	442.74	1.5
Powered Hand Tool; Appliance	1	2.0	410.59	0.00	410.59	1.4
Struck or Injury By, NOC	2	4.1	382.37	0.00	382.37	1.3
Strain or Injury By, NOC	2	4.1	340.66	0.00	340.66	1.1
Cut, Punctured, Scraped, NOC	5	10.2	333.15	0.00	333.15	1.1
Caught In, Under or Between, NOC	1	2.0	246.55	0.00	246.55	0.8
Fall/Slip From Liquid or Grease Spills	2	4.1	216.89	0.00	216.89	0.7
Contact With Not Otherwise Classified	3	6.1	123.20	0.00	123.20	0.4

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In/Between-Object Handled	1	2.0	22.59	0.00	22.59	0.1
Object Being Lifted or Handled	1	2.0	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	2.0	0.00	0.00	0.00	0.0
Reaching	1	2.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	2	4.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	

### BODY PART

Head Other facial soft tissue	3	6.1	11,583.66	7,397.28	18,980.94	62.8
Upper Extremities Shoulder(s)	7	14.3	3,262.60	2,002.77	5,265.37	17.4
Trunk Lumbar and/or Sacral Vertebrae	1	2.0	0.00	1,250.00	1,250.00	4.1
Trunk Upper Back Area (Thoracic Area)	1	2.0	966.04	0.00	966.04	3.2
Upper Extremities Finger(s)	6	12.2	743.74	0.00	743.74	2.5
Trunk Low Back Area (Incl. Lumbar & Li	3	6.1	696.98	0.00	696.98	2.3
Lower Extremities Hip	2	4.1	548.98	0.00	548.98	1.8
Upper Extremities Lower Arm	5	10.2	505.57	0.00	505.57	1.7
Multiple Body Parts Multiple Body Parts	6	12.2	420.58	0.00	420.58	1.4
Upper Extremities Upper Arm (Incl. Clav	1	2.0	397.26	0.00	397.26	1.3
Upper Extremities Hand	1	2.0	246.55	0.00	246.55	0.8
Lower Extremities Lower Leg	1	2.0	196.41	0.00	196.41	0.6
Lower Extremities Knee	1	2.0	18.82	0.00	18.82	0.1
Head Brain	1	2.0	0.00	0.00	0.00	0.0
Head Eye(s)	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	2.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.0	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	2.0	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	4.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	

### INJURY

Contusion (Bruise, Skin Surface)	21	42.9	13,355.96	7,397.28	20,753.24	68.6
Strain	17	34.7	5,364.29	2,002.77	7,367.06	24.4
COVID-19	1	2.0	0.00	1,250.00	1,250.00	4.1
Laceration	5	10.2	410.59	0.00	410.59	1.4
Puncture	1	2.0	333.15	0.00	333.15	1.1
Dermatitis	1	2.0	123.20	0.00	123.20	0.4
All Other (Specific) Injuries, NOC	1	2.0	0.00	0.00	0.00	0.0
Burn	1	2.0	0.00	0.00	0.00	0.0

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	1	2.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>49</b>		<b>\$19,587.19</b>	<b>\$10,650.05</b>	<b>\$30,237.24</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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### 912 - Department of Veterans Services

#### 922 - Sitter & Barfoot Veterans Care Ctr

#### TIME OF INJURY

8PM - 9:59PM	1	5.3	7,861.55	29,094.03	36,955.58	43.1
6PM - 7:59PM	3	15.8	23,380.63	0.00	23,380.63	27.3
2AM - 3:59AM	1	5.3	15,012.97	0.00	15,012.97	17.5
6AM - 7:59AM	3	15.8	4,777.47	0.00	4,777.47	5.6
10AM - 11:59AM	4	21.1	1,096.48	475.81	1,572.29	1.8
4PM - 5:59PM	1	5.3	0.00	1,250.00	1,250.00	1.5
12PM - 1:59PM	3	15.8	1,195.82	0.00	1,195.82	1.4
12AM - 1:59AM	1	5.3	1,167.83	0.00	1,167.83	1.4
10PM - 11:59PM	1	5.3	417.72	0.00	417.72	0.5
8AM - 9:59AM	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	

#### LENGTH OF SERVICE

6 - 8	2	10.5	31,165.77	29,094.03	60,259.80	70.3
10 - 12	1	5.3	15,012.97	0.00	15,012.97	17.5
0 - 2	9	47.4	7,198.51	1,250.00	8,448.51	9.9
16 - 18	1	5.3	774.19	475.81	1,250.00	1.5
8 - 10	2	10.5	436.74	0.00	436.74	0.5
2 - 4	2	10.5	303.47	0.00	303.47	0.4
12 - 14	1	5.3	18.82	0.00	18.82	0.0
14 - 16	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	

#### Age of Claimant

35 - 39	4	21.1	33,068.40	29,094.03	62,162.43	72.5
50 - 54	2	10.5	15,031.79	0.00	15,031.79	17.5
45 - 49	2	10.5	4,816.04	0.00	4,816.04	5.6
25 - 29	2	10.5	442.20	1,250.00	1,692.20	2.0
60 - 64	3	15.8	1,096.48	475.81	1,572.29	1.8
30 - 34	1	5.3	417.72	0.00	417.72	0.5
55 - 59	2	10.5	19.02	0.00	19.02	0.0
65 - 69	2	10.5	18.82	0.00	18.82	0.0
20 - 24	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	



Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>SEX OF CLAIMANT</b>						
Female	17	89.5	54,607.00	30,819.84	85,426.84	99.6
Male	2	10.5	303.47	0.00	303.47	0.4
<b>Totals:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	
<b>LOSS CAUSE</b>						
Wheelchair	3	15.8	31,223.16	29,094.03	60,317.19	70.4
Patient / Inmate	5	26.3	17,689.79	475.81	18,165.60	21.2
Person	1	5.3	4,758.65	0.00	4,758.65	5.6
Needle stick	3	15.8	436.74	1,250.00	1,686.74	2.0
Door	1	5.3	442.20	0.00	442.20	0.5
Cleaning Products	1	5.3	303.47	0.00	303.47	0.4
Cart	1	5.3	18.82	0.00	18.82	0.0
Chemicals, not otherwise classified	2	10.5	18.82	0.00	18.82	0.0
Object on Floor	1	5.3	18.82	0.00	18.82	0.0
Cords	1	5.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	2	10.5	31,165.77	29,094.03	60,259.80	70.3
Pushing or Pulling	1	5.3	15,012.97	0.00	15,012.97	17.5
Struck/Injured By Fellow Worker, Patient	3	15.8	5,493.45	0.00	5,493.45	6.4
Other Injury NEC	3	15.8	18.82	1,250.00	1,268.82	1.5
Lifting	1	5.3	774.19	475.81	1,250.00	1.5
Twisting	2	10.5	1,186.65	0.00	1,186.65	1.4
Caught In, Under or Between, NOC	1	5.3	442.20	0.00	442.20	0.5
Hand Tool, Utensil; Not Powered	2	10.5	436.74	0.00	436.74	0.5
Foreign Body in Eye	1	5.3	303.47	0.00	303.47	0.4
Struck/Injured By Moving Parts of Machi	1	5.3	57.39	0.00	57.39	0.1
Fall/Slip on Stairs	1	5.3	18.82	0.00	18.82	0.0
Fall On the Same Level	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	
<b>BODY PART</b>						
Lower Extremities Great Toe	1	5.3	7,861.55	29,094.03	36,955.58	43.1
Lower Extremities Foot	2	10.5	23,361.61	0.00	23,361.61	27.3
Trunk Lumbar and/or Sacral Vertebrae	1	5.3	15,012.97	0.00	15,012.97	17.5
Trunk Abdomen Including Groin	2	10.5	4,758.65	0.00	4,758.65	5.6
Upper Extremities Thumb	2	10.5	19.02	1,250.00	1,269.02	1.5
Trunk Low Back Area (Incl. Lumbar & L	2	10.5	793.01	475.81	1,268.82	1.5
Trunk Upper Back Area (Thoracic Area)	1	5.3	1,167.83	0.00	1,167.83	1.4
Upper Extremities Hand	2	10.5	859.92	0.00	859.92	1.0
Upper Extremities Lower Arm	1	5.3	734.80	0.00	734.80	0.9

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Eye(s)	1	5.3	303.47	0.00	303.47	0.4
Head Other facial soft tissue	1	5.3	18.82	0.00	18.82	0.0
Multiple Body Parts Multiple Body Parts	2	10.5	18.82	0.00	18.82	0.0
Multiple Body Parts No Physical Injury	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	7	36.8	37,158.81	29,094.03	66,252.84	77.3
Sprain	1	5.3	15,012.97	0.00	15,012.97	17.5
Strain	3	15.8	1,960.84	475.81	2,436.65	2.8
Puncture	3	15.8	436.74	1,250.00	1,686.74	2.0
Inflammation	1	5.3	303.47	0.00	303.47	0.4
All Other (Specific) Injuries, NOC	2	10.5	18.82	0.00	18.82	0.0
No Physical Injury	1	5.3	18.82	0.00	18.82	0.0
Multiple Physical Injury Only	1	5.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>19</b>		<b>\$54,910.47</b>	<b>\$30,819.84</b>	<b>\$85,730.31</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
 Payments as of: 06/30/2024  
 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>912 - Department of Veterans Services</b>						
<b>S912 - Department of Veterans Services</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	11.1	16,962.19	0.00	16,962.19	86.3
4PM - 5:59PM	3	33.3	18.82	1,250.00	1,268.82	6.5
12AM - 1:59AM	1	11.1	18.82	1,231.18	1,250.00	6.4
12PM - 1:59PM	2	22.2	105.52	0.00	105.52	0.5
8AM - 9:59AM	1	11.1	38.82	0.00	38.82	0.2
6AM - 7:59AM	1	11.1	18.82	0.00	18.82	0.1
<b>Totals:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	3	33.3	17,019.83	0.00	17,019.83	86.6
0 - 2	2	22.2	105.52	1,250.00	1,355.52	6.9
12 - 14	2	22.2	18.82	1,231.18	1,250.00	6.4
14 - 16	1	11.1	18.82	0.00	18.82	0.1
4 - 6	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>Age of Claimant</b>						
45 - 49	1	11.1	16,962.19	0.00	16,962.19	86.3
30 - 34	1	11.1	0.00	1,250.00	1,250.00	6.4
60 - 64	1	11.1	18.82	1,231.18	1,250.00	6.4
35 - 39	1	11.1	105.52	0.00	105.52	0.5
40 - 44	3	33.3	57.64	0.00	57.64	0.3
55 - 59	1	11.1	18.82	0.00	18.82	0.1
50 - 54	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>SEX OF CLAIMANT</b>						
Male	6	66.7	17,144.17	0.00	17,144.17	87.3
Female	3	33.3	18.82	2,481.18	2,500.00	12.7
<b>Totals:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>LOSS CAUSE</b>						
Shovel	1	11.1	16,962.19	0.00	16,962.19	86.3
Vehicle/car/truck	1	11.1	0.00	1,250.00	1,250.00	6.4
Walking surface, outside, dry	1	11.1	18.82	1,231.18	1,250.00	6.4
Walking surface, outside, wet	1	11.1	105.52	0.00	105.52	0.5
Animal / insect, not otherwise classifie	1	11.1	38.82	0.00	38.82	0.2
Brush / tree / log	1	11.1	18.82	0.00	18.82	0.1
Chair	1	11.1	18.82	0.00	18.82	0.1

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Outside Surface	1	11.1	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>ACCIDENT TYPE</b>						
Repetitive Motion	1	11.1	16,962.19	0.00	16,962.19	86.3
Collision with Another Vehicle	1	11.1	0.00	1,250.00	1,250.00	6.4
Fall On the Same Level	2	22.2	18.82	1,231.18	1,250.00	6.4
Fall/Slip on Ice or Snow	1	11.1	105.52	0.00	105.52	0.5
Struck/Injured By Animal or Insect	2	22.2	38.82	0.00	38.82	0.2
Lifting	1	11.1	18.82	0.00	18.82	0.1
Other Injury NEC	1	11.1	18.82	0.00	18.82	0.1
<b>Sum:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	11.1	16,962.19	0.00	16,962.19	86.3
Multiple Body Parts Multiple Body Parts	5	55.6	163.16	2,481.18	2,644.34	13.5
Trunk Low Back Area (Incl. Lumbar & Li	2	22.2	37.64	0.00	37.64	0.2
Lower Extremities Foot	1	11.1	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	
<b>INJURY</b>						
Strain	2	22.2	16,981.01	0.00	16,981.01	86.4
All Other (Specific) Injuries, NOC	6	66.7	76.46	2,481.18	2,557.64	13.0
Concussion (Brain, Cerebral)	1	11.1	105.52	0.00	105.52	0.5
<b>Sum:</b>	<b>9</b>		<b>\$17,162.99</b>	<b>\$2,481.18</b>	<b>\$19,644.17</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>948 - Southwest VA Higher Education Ctr.</b>						
<b>S948 - Southwest VA Higher Education Ctr</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	3	100.0	2,327.22	24,933.60	27,260.82	100.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	33.3	2,327.22	24,933.60	27,260.82	100.0
0 - 2	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	33.3	2,327.22	24,933.60	27,260.82	100.0
15 - 19	1	33.3	0.00	0.00	0.00	0.0
25 - 29	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	2,327.22	24,933.60	27,260.82	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>LOSS CAUSE</b>						
Floor	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Ceiling	1	33.3	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Contact with Electrical Current	1	33.3	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$2,327.22</b>	<b>\$24,933.60</b>	<b>\$27,260.82</b>	
<b>INJURY</b>						
Fracture	1	33.3	2,327.22	24,933.60	27,260.82	100.0
Burn	1	33.3	0.00	0.00	0.00	0.0
Electric Shock	1	33.3	0.00	0.00	0.00	0.0

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	3		\$2,327.22	\$24,933.60	\$27,260.82	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>960 - FIRE PROGRAMS, DEPT. OF</b>						
<b>S960 - FIRE PROGRAMS, DEPT. OF</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>LOSS CAUSE</b>						
Baggage/Luggage	1	100.0	243.75	0.00	243.75	100.0
<b>Totals:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	243.75	0.00	243.75	100.0
<b>Sum:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	243.75	0.00	243.75	100.0
<b>Sum:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	
<b>INJURY</b>						
Fracture	1	100.0	243.75	0.00	243.75	100.0
<b>Sum:</b>	<b>1</b>		<b>\$243.75</b>	<b>\$0.00</b>	<b>\$243.75</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>961 - Capitol Police</b>						
<b>S961 - Capitol Police</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	16.7	1,155.77	94.23	1,250.00	81.8
10AM - 11:59AM	1	16.7	279.00	0.00	279.00	18.2
8AM - 9:59AM	2	33.3	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	16.7	1,155.77	94.23	1,250.00	81.8
4 - 6	2	33.3	279.00	0.00	279.00	18.2
6 - 8	1	16.7	0.00	0.00	0.00	0.0
10 - 12	1	16.7	0.00	0.00	0.00	0.0
24 - 26	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	16.7	1,155.77	94.23	1,250.00	81.8
30 - 34	2	33.3	279.00	0.00	279.00	18.2
25 - 29	1	16.7	0.00	0.00	0.00	0.0
40 - 44	1	16.7	0.00	0.00	0.00	0.0
50 - 54	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	4	66.7	1,155.77	94.23	1,250.00	81.8
Female	2	33.3	279.00	0.00	279.00	18.2
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>LOSS CAUSE</b>						
Miscellaneous	1	16.7	1,155.77	94.23	1,250.00	81.8
Cleaning Products	1	16.7	279.00	0.00	279.00	18.2
Animal, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
Object on Floor	1	16.7	0.00	0.00	0.00	0.0
Sprocket/Ratchet	1	16.7	0.00	0.00	0.00	0.0
Working Surface	1	16.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	16.7	1,155.77	94.23	1,250.00	81.8
Burn or Scald-Chemicals	1	16.7	279.00	0.00	279.00	18.2



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	1	16.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled By Otr	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>BODY PART</b>						
Head Teeth	1	16.7	1,155.77	94.23	1,250.00	81.8
Head Eye(s)	1	16.7	279.00	0.00	279.00	18.2
Lower Extremities Ankle	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	
<b>INJURY</b>						
All Other (Specific) Injuries, NOC	2	33.3	1,434.77	94.23	1,529.00	100.0
Laceration	2	33.3	0.00	0.00	0.00	0.0
Puncture	1	16.7	0.00	0.00	0.00	0.0
Strain	1	16.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>6</b>		<b>\$1,434.77</b>	<b>\$94.23</b>	<b>\$1,529.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>977 - Virginia Cannabis Control Auth.</b>						
<b>S977 - Virginia Cannabis Control Auth.</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	18.82	0.00	18.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>ACCIDENT TYPE</b>						
Motor Vehicle, NOC	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18.82	0.00	18.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$0.00</b>	<b>\$18.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>998 - AmeriCorps clo DSS-OVC</b>						
<b>390 - DCR, Division of State Parks</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>LOSS CAUSE</b>						
Chainsaw	1	100.0	751.96	0.00	751.96	100.0
<b>Totals:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>ACCIDENT TYPE</b>						
Powered Hand Tool; Appliance	1	100.0	751.96	0.00	751.96	100.0
<b>Sum:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	751.96	0.00	751.96	100.0
<b>Sum:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	
<b>INJURY</b>						
Laceration	1	100.0	751.96	0.00	751.96	100.0
<b>Sum:</b>	<b>1</b>		<b>\$751.96</b>	<b>\$0.00</b>	<b>\$751.96</b>	

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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>032 - ABC Deltaville</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	338.74	0.00	338.74	100.0
<b>Totals:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	338.74	0.00	338.74	100.0
<b>Totals:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	338.74	0.00	338.74	100.0
<b>Totals:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	338.74	0.00	338.74	100.0
<b>Totals:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	338.74	0.00	338.74	100.0
<b>Totals:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	338.74	0.00	338.74	100.0
<b>Sum:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	338.74	0.00	338.74	100.0
<b>Sum:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	
<b>INJURY</b>						
Sprain	1	100.0	338.74	0.00	338.74	100.0
<b>Sum:</b>	<b>1</b>		<b>\$338.74</b>	<b>\$0.00</b>	<b>\$338.74</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>039 - ABC Bristow</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Person	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>055 - ABC Manassas</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Shelving	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Inflammation	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>058 - ABC Bristol</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	57.87	1,242.13	1,300.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$57.87</b>	<b>\$1,242.13</b>	<b>\$1,300.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>062 - ABC Fredericksburg</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	33.3	0.00	0.00	0.00	0.0
4 - 6	1	33.3	0.00	0.00	0.00	0.0
14 - 16	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	2	66.7	0.00	0.00	0.00	0.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Gas / Fumes	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	3	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Multiple Head Injury	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	66.7	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	3	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>066 - ABC Bealeton</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>075 - ABC Stephens City</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	600.00	600.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	600.00	600.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	600.00	600.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	600.00	600.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	600.00	600.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>ACCIDENT TYPE</b>						
Repetitive Motion (after 7/1/94)	1	100.0	0.00	600.00	600.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	600.00	600.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	600.00	600.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$600.00</b>	<b>\$600.00</b>	

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<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>078 - ABC Haymarket</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	314.64	935.36	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	314.64	935.36	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	314.64	935.36	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	314.64	935.36	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Belt Loaders	1	100.0	314.64	935.36	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Object Being Lifted or Handled	1	100.0	314.64	935.36	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	100.0	314.64	935.36	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	314.64	935.36	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$314.64</b>	<b>\$935.36</b>	<b>\$1,250.00</b>	

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<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>090 - ABC Fairfax</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	50.0	615.12	5,333.16	5,948.28	92.3
2PM - 3:59PM	1	50.0	497.74	0.00	497.74	7.7
<b>Totals:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	1,112.86	5,333.16	6,446.02	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>Age of Claimant</b>						
25 - 29	2	100.0	1,112.86	5,333.16	6,446.02	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	1,112.86	5,333.16	6,446.02	100.0
<b>Totals:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	50.0	615.12	5,333.16	5,948.28	92.3
Overhead Object	1	50.0	497.74	0.00	497.74	7.7
<b>Totals:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	50.0	615.12	5,333.16	5,948.28	92.3
Struck or Injury By, NOC	1	50.0	497.74	0.00	497.74	7.7
<b>Sum:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>BODY PART</b>						
Head Multiple Head Injury	2	100.0	1,112.86	5,333.16	6,446.02	100.0
<b>Sum:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	
<b>INJURY</b>						
Concussion (Brain, Cerebral)	2	100.0	1,112.86	5,333.16	6,446.02	100.0
<b>Sum:</b>	<b>2</b>		<b>\$1,112.86</b>	<b>\$5,333.16</b>	<b>\$6,446.02</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>106 - ABC Beach</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From Liquid or Grease Spills	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>113 - ABC Hot Springs</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>115 - ABC Roanoke</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Hand Truck (2w)	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>116 - ABC Chester</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Object Being Lifted or Handled	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>120 - ABC Alexandria</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	50.0	0.00	0.00	0.00	0.0
16 - 18	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	50.0	0.00	0.00	0.00	0.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Person	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>125 - ABC Charlottesville</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Gun / gunshot	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Object Being Lifted or	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>126 - ABC Nellysford</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>LOSS CAUSE</b>						
Outside Surface	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip on Ice or Snow	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	
<b>INJURY</b>						
Sprain	1	100.0	798.13	5,056.87	5,855.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$798.13</b>	<b>\$5,056.87</b>	<b>\$5,855.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>128 - ABC Norfolk</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	270.86	0.00	270.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	270.86	0.00	270.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	270.86	0.00	270.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	270.86	0.00	270.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	100.0	270.86	0.00	270.86	100.0
<b>Totals:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	270.86	0.00	270.86	100.0
<b>Sum:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>BODY PART</b>						
Upper Extremities Upper Arm (Incl. Clav	1	100.0	270.86	0.00	270.86	100.0
<b>Sum:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	270.86	0.00	270.86	100.0
<b>Sum:</b>	<b>1</b>		<b>\$270.86</b>	<b>\$0.00</b>	<b>\$270.86</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>129 - ABC Beach</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Totals:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Sum:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Sum:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	
<b>INJURY</b>						
Strain	1	100.0	31,933.09	29,128.48	61,061.57	100.0
<b>Sum:</b>	<b>1</b>		<b>\$31,933.09</b>	<b>\$29,128.48</b>	<b>\$61,061.57</b>	

Company: Commonwealth of Virginia  
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 Claims added as of: 06/30/2024  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>133 - ABC Manassas</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>139 - ABC Winchester</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>140 - ABC Lexington</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	
<b>INJURY</b>						
Strain	1	100.0	18.82	6,700.00	6,718.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$6,700.00</b>	<b>\$6,718.82</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>148 - ABC Williamsburg</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Sum:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Sum:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	
<b>INJURY</b>						
Sprain	1	100.0	23,799.71	26,752.48	50,552.19	100.0
<b>Sum:</b>	<b>1</b>		<b>\$23,799.71</b>	<b>\$26,752.48</b>	<b>\$50,552.19</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>150 - ABC Richmond</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Environmental conditions	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>153 - ABC Wytheville</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	93.20	0.00	93.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	93.20	0.00	93.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	93.20	0.00	93.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	93.20	0.00	93.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>LOSS CAUSE</b>						
Door	1	100.0	93.20	0.00	93.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	93.20	0.00	93.20	100.0
<b>Sum:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	93.20	0.00	93.20	100.0
<b>Sum:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	93.20	0.00	93.20	100.0
<b>Sum:</b>	<b>1</b>		<b>\$93.20</b>	<b>\$0.00</b>	<b>\$93.20</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>182 - ABC Richmond</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Blade	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>211 - ABC Suffolk</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Blade	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>226 - ABC Norfolk</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Blade	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>258 - ABC Hampton</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Person	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Eye(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
 DOI Period: 07/01/2023-06/30/2024  
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 Claims added as of: 06/30/2024  
 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>260 - ABC Falls Church</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
14 - 16	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Obj Being Lifted	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>262 - ABC Lynchburg</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Metal items	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Lower Extremities Toe(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>265 - ABC Hampton</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Totals:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	2,448.17	0.00	2,448.17	100.0
<b>Sum:</b>	<b>1</b>		<b>\$2,448.17</b>	<b>\$0.00</b>	<b>\$2,448.17</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>269 - ABC Roanoke</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	50.0	0.00	0.00	0.00	0.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Insufficient data	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>280 - ABC Chesapeake</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Gun / gunshot	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Mental Stress	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>284 - ABC Midlothian</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	363.48	0.00	363.48	100.0
<b>Totals:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	363.48	0.00	363.48	100.0
<b>Totals:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	363.48	0.00	363.48	100.0
<b>Totals:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	363.48	0.00	363.48	100.0
<b>Totals:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>LOSS CAUSE</b>						
Office equipment	1	100.0	363.48	0.00	363.48	100.0
<b>Totals:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	363.48	0.00	363.48	100.0
<b>Sum:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	363.48	0.00	363.48	100.0
<b>Sum:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	
<b>INJURY</b>						
Sprain	1	100.0	363.48	0.00	363.48	100.0
<b>Sum:</b>	<b>1</b>		<b>\$363.48</b>	<b>\$0.00</b>	<b>\$363.48</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>286 - ABC Gainesville</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Gas / Fumes	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Respiratory Disorders(Gases,Fumes,Ch	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>289 - ABC Roanoke</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>290 - ABC Grafton</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Shelving	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Neck Soft Tissue-Neck	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>306 - ABC Beach</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	25.0	5,744.01	30,674.81	36,418.82	83.9
2PM - 3:59PM	1	25.0	23.53	5,706.47	5,730.00	13.2
6PM - 7:59PM	1	25.0	0.00	1,250.00	1,250.00	2.9
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	25.0	5,744.01	30,674.81	36,418.82	83.9
8 - 10	1	25.0	23.53	5,706.47	5,730.00	13.2
10 - 12	2	50.0	0.00	1,250.00	1,250.00	2.9
<b>Totals:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>Age of Claimant</b>						
30 - 34	1	25.0	5,744.01	30,674.81	36,418.82	83.9
45 - 49	3	75.0	23.53	6,956.47	6,980.00	16.1
<b>Totals:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	4	100.0	5,767.54	37,631.28	43,398.82	100.0
<b>Totals:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	3	75.0	5,767.54	37,631.28	43,398.82	100.0
Glass bottle / sheet	1	25.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	25.0	5,744.01	30,674.81	36,418.82	83.9
Object Being Lifted or Handled	1	25.0	23.53	5,706.47	5,730.00	13.2
Fall On the Same Level	1	25.0	0.00	1,250.00	1,250.00	2.9
Struck/Injured By Object Being Lifted or	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	25.0	5,744.01	30,674.81	36,418.82	83.9
Upper Extremities Elbow	1	25.0	23.53	5,706.47	5,730.00	13.2
Lower Extremities Knee	1	25.0	0.00	1,250.00	1,250.00	2.9
Multiple Body Parts Multiple Body Parts	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	
<b>INJURY</b>						

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	2	50.0	5,744.01	31,924.81	37,668.82	86.8
Strain	1	25.0	23.53	5,706.47	5,730.00	13.2
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>4</b>		<b>\$5,767.54</b>	<b>\$37,631.28</b>	<b>\$43,398.82</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>307 - ABC Beach</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	2	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
18 - 20	1	50.0	0.00	1,250.00	1,250.00	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	50.0	0.00	1,250.00	1,250.00	100.0
20 - 24	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	50.0	0.00	1,250.00	1,250.00	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Door	1	50.0	0.00	1,250.00	1,250.00	100.0
Glass bottle / sheet	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Objec	1	50.0	0.00	1,250.00	1,250.00	100.0
Struck or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	50.0	0.00	1,250.00	1,250.00	100.0
Head Multiple Head Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	1,250.00	1,250.00	100.0
Concussion (Brain, Cerebral)	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>313 - ABC Fredericksburg</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	2	100.0	447.88	802.12	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	50.0	447.88	802.12	1,250.00	100.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	50.0	447.88	802.12	1,250.00	100.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	447.88	802.12	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Gas / Fumes	2	100.0	447.88	802.12	1,250.00	100.0
<b>Totals:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	2	100.0	447.88	802.12	1,250.00	100.0
<b>Sum:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	447.88	802.12	1,250.00	100.0
Head Multiple Head Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Respiratory Disorders(Gases,Fumes,Ch	1	50.0	447.88	802.12	1,250.00	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$447.88</b>	<b>\$802.12</b>	<b>\$1,250.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>314 - ABC Richmond</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	503.97	0.00	503.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>LENGTH OF SERVICE</b>						
16 - 18	1	100.0	503.97	0.00	503.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	503.97	0.00	503.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	503.97	0.00	503.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>LOSS CAUSE</b>						
Floor	1	100.0	503.97	0.00	503.97	100.0
<b>Totals:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>ACCIDENT TYPE</b>						
Fall, Slip or Trip, NOC	1	100.0	503.97	0.00	503.97	100.0
<b>Sum:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	503.97	0.00	503.97	100.0
<b>Sum:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	503.97	0.00	503.97	100.0
<b>Sum:</b>	<b>1</b>		<b>\$503.97</b>	<b>\$0.00</b>	<b>\$503.97</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>320 - ABC Williamsburg</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
N/A	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Other than Physical Cause of Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>329 - ABC Culpeper</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Insufficient data	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>340 - ABC Newport News</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>342 - ABC Newport News</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	564.46	0.00	564.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	100.0	564.46	0.00	564.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	564.46	0.00	564.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	564.46	0.00	564.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	564.46	0.00	564.46	100.0
<b>Totals:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>ACCIDENT TYPE</b>						
Fall/Slip From a Different Level	1	100.0	564.46	0.00	564.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	564.46	0.00	564.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	
<b>INJURY</b>						
Sprain	1	100.0	564.46	0.00	564.46	100.0
<b>Sum:</b>	<b>1</b>		<b>\$564.46</b>	<b>\$0.00</b>	<b>\$564.46</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>348 - ABC Richmond</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	409.34	0.00	409.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>LENGTH OF SERVICE</b>						
20 - 22	1	100.0	409.34	0.00	409.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	409.34	0.00	409.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	409.34	0.00	409.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>LOSS CAUSE</b>						
Chair	1	100.0	409.34	0.00	409.34	100.0
<b>Totals:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>ACCIDENT TYPE</b>						
Natural Disasters	1	100.0	409.34	0.00	409.34	100.0
<b>Sum:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	409.34	0.00	409.34	100.0
<b>Sum:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	409.34	0.00	409.34	100.0
<b>Sum:</b>	<b>1</b>		<b>\$409.34</b>	<b>\$0.00</b>	<b>\$409.34</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>357 - ABC Reston</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Totals:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>ACCIDENT TYPE</b>						
Broken Glass	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	
<b>INJURY</b>						
Laceration	1	100.0	3,484.09	0.00	3,484.09	100.0
<b>Sum:</b>	<b>1</b>		<b>\$3,484.09</b>	<b>\$0.00</b>	<b>\$3,484.09</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>360 - ABC Richmond</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Upper Extremities Shoulder(s)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>363 - ABC Richmond</b>						
<b>TIME OF INJURY</b>						
4AM - 5:59AM	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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	50.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	2	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>367 - ABC Loudon</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Totals:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>ACCIDENT TYPE</b>						
Strike Against/Step On Stationary Object	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Sum:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Sum:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	55,169.14	47,832.05	103,001.19	100.0
<b>Sum:</b>	<b>1</b>		<b>\$55,169.14</b>	<b>\$47,832.05</b>	<b>\$103,001.19</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>369 - ABC Falls Church</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck or Injury By, NOC	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>372 - ABC Alexandria</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Shelving	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>374 - ABC Arlandria</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	47.80	0.00	47.80	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	47.80	0.00	47.80	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	47.80	0.00	47.80	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	47.80	0.00	47.80	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>LOSS CAUSE</b>						
Cart	1	100.0	47.80	0.00	47.80	100.0
<b>Totals:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>ACCIDENT TYPE</b>						
Person in Act of Crime	1	100.0	47.80	0.00	47.80	100.0
<b>Sum:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	47.80	0.00	47.80	100.0
<b>Sum:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	
<b>INJURY</b>						
Sprain	1	100.0	47.80	0.00	47.80	100.0
<b>Sum:</b>	<b>1</b>		<b>\$47.80</b>	<b>\$0.00</b>	<b>\$47.80</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>376 - ABC Lake Anna</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	368.63	0.00	368.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	368.63	0.00	368.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	368.63	0.00	368.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	368.63	0.00	368.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	100.0	368.63	0.00	368.63	100.0
<b>Totals:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	368.63	0.00	368.63	100.0
<b>Sum:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	368.63	0.00	368.63	100.0
<b>Sum:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	368.63	0.00	368.63	100.0
<b>Sum:</b>	<b>1</b>		<b>\$368.63</b>	<b>\$0.00</b>	<b>\$368.63</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>379 - ABC Beach</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Glass bottle / sheet	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>382 - ABC Poquoson</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Trunk Upper Back Area (Thoracic Area)	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>393 - ABC Fairfax</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>LENGTH OF SERVICE</b>						
2 - 4	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>ACCIDENT TYPE</b>						
Repetitive Motion (after 7/1/94)	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>BODY PART</b>						
Trunk Upper Back Area (Thoracic Area)	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	
<b>INJURY</b>						
Strain	1	100.0	18.82	13,650.00	13,668.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$13,650.00</b>	<b>\$13,668.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>397 - ABC Alexandria</b>						
<b>TIME OF INJURY</b>						
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
6PM - 7:59PM	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	3	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	33.3	0.00	0.00	0.00	0.0
45 - 49	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	66.7	0.00	0.00	0.00	0.0
Male	1	33.3	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Gas / Fumes	2	66.7	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Dust, Gases, Fumes or Vapors	2	66.7	0.00	0.00	0.00	0.0
Lifting	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	2	66.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	2	66.7	0.00	0.00	0.00	0.0
Strain	1	33.3	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>3</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>409 - ABC Norfolk</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Other facial soft tissue	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Laceration	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>410 - ABC Moneta</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Totals:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>LENGTH OF SERVICE</b>						
26 - 28	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Totals:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Totals:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Totals:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Totals:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>ACCIDENT TYPE</b>						
Lifting	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Sum:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Sum:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	
<b>INJURY</b>						
Strain	1	100.0	152.88	22,465.93	22,618.81	100.0
<b>Sum:</b>	<b>1</b>		<b>\$152.88</b>	<b>\$22,465.93</b>	<b>\$22,618.81</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>421 - ABC Fairfax</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>LENGTH OF SERVICE</b>						
10 - 12	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>LOSS CAUSE</b>						
Blade	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>ACCIDENT TYPE</b>						
Hand Tool, Utensil; Not Powered	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>BODY PART</b>						
Upper Extremities Hand	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	
<b>INJURY</b>						
Laceration	1	100.0	18.82	7,350.00	7,368.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$7,350.00</b>	<b>\$7,368.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>437 - ABC Chesapeake</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>Age of Claimant</b>						
25 - 29	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>LOSS CAUSE</b>						
N/A	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>ACCIDENT TYPE</b>						
Other Injury NEC	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>BODY PART</b>						
Multiple Body Parts No Physical Injury	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	1,250.00	1,250.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$1,250.00</b>	<b>\$1,250.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>494 - ABC Stores Maintenance</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	309.30	0.00	309.30	100.0
<b>Totals:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	309.30	0.00	309.30	100.0
<b>Totals:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	309.30	0.00	309.30	100.0
<b>Totals:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	309.30	0.00	309.30	100.0
<b>Totals:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>LOSS CAUSE</b>						
Sharp objects, not otherwise classified	1	100.0	309.30	0.00	309.30	100.0
<b>Totals:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>ACCIDENT TYPE</b>						
Cut, Punctured, Scraped, NOC	1	100.0	309.30	0.00	309.30	100.0
<b>Sum:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>BODY PART</b>						
Upper Extremities Finger(s)	1	100.0	309.30	0.00	309.30	100.0
<b>Sum:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	
<b>INJURY</b>						
Laceration	1	100.0	309.30	0.00	309.30	100.0
<b>Sum:</b>	<b>1</b>		<b>\$309.30</b>	<b>\$0.00</b>	<b>\$309.30</b>	

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 Reserves as of: 06/30/2024

## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>507 - ABC Warehouse</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	50.0	11,336.47	42,003.09	53,339.56	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	11,336.47	42,003.09	53,339.56	100.0
<b>Totals:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>Age of Claimant</b>						
30 - 34	2	100.0	11,336.47	42,003.09	53,339.56	100.0
<b>Totals:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	50.0	11,336.47	42,003.09	53,339.56	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	50.0	11,336.47	42,003.09	53,339.56	100.0
N/A	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>ACCIDENT TYPE</b>						
Reaching	1	50.0	11,336.47	42,003.09	53,339.56	100.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>BODY PART</b>						
Lower Extremities Knee	1	50.0	11,336.47	42,003.09	53,339.56	100.0
Head Brain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	
<b>INJURY</b>						
Strain	1	50.0	11,336.47	42,003.09	53,339.56	100.0
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$11,336.47</b>	<b>\$42,003.09</b>	<b>\$53,339.56</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>521 - ABC Independence</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, dry	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>523 - ABC Great Falls</b>						
<b>TIME OF INJURY</b>						
4PM - 5:59PM	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>LENGTH OF SERVICE</b>						
6 - 8	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>Age of Claimant</b>						
40 - 44	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Totals:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Sum:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Sum:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	
<b>INJURY</b>						
Multiple Injury Inc. Physical & Psycholog	1	100.0	11,674.04	49,186.16	60,860.20	100.0
<b>Sum:</b>	<b>1</b>		<b>\$11,674.04</b>	<b>\$49,186.16</b>	<b>\$60,860.20</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>701 - ABC Administration</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Object on Floor	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Twisting	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Strain	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>706 - ABC Training</b>						
<b>TIME OF INJURY</b>						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Wall	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Head Skull	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>712 - ABC Security</b>						
<b>TIME OF INJURY</b>						
6AM - 7:59AM	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>LENGTH OF SERVICE</b>						
24 - 26	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>Age of Claimant</b>						
65 - 69	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>LOSS CAUSE</b>						
Cords	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	18.82	133,300.00	133,318.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$133,300.00</b>	<b>\$133,318.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>810 - ABC Staunton-region #3</b>						
<b>TIME OF INJURY</b>						
10AM - 11:59AM	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>ACCIDENT TYPE</b>						
Struck/Injured By Motor Vehicle	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	
<b>INJURY</b>						
Multiple Physical Injury Only	1	100.0	5,155.54	2,894.46	8,050.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$5,155.54</b>	<b>\$2,894.46</b>	<b>\$8,050.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>811 - ABC Alexandria-region #4</b>						
<b>TIME OF INJURY</b>						
12PM - 1:59PM	1	100.0	225.16	0.00	225.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	225.16	0.00	225.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>Age of Claimant</b>						
50 - 54	1	100.0	225.16	0.00	225.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	225.16	0.00	225.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>LOSS CAUSE</b>						
Walking surface, inside, wet	1	100.0	225.16	0.00	225.16	100.0
<b>Totals:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	100.0	225.16	0.00	225.16	100.0
<b>Sum:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>BODY PART</b>						
Upper Extremities Wrist	1	100.0	225.16	0.00	225.16	100.0
<b>Sum:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	
<b>INJURY</b>						
Sprain	1	100.0	225.16	0.00	225.16	100.0
<b>Sum:</b>	<b>1</b>		<b>\$225.16</b>	<b>\$0.00</b>	<b>\$225.16</b>	

Company: Commonwealth of Virginia  
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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>813 - ABC Richmond-region #6</b>						
<b>TIME OF INJURY</b>						
2PM - 3:59PM	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>Age of Claimant</b>						
35 - 39	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Totals:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	
<b>INJURY</b>						
Inflammation	1	100.0	10,341.55	9,158.45	19,500.00	100.0
<b>Sum:</b>	<b>1</b>		<b>\$10,341.55</b>	<b>\$9,158.45</b>	<b>\$19,500.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>820 - ABC Charlottesville-region #9</b>						
<b>TIME OF INJURY</b>						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>821 - ABC Southwest-region #1 (Abingdon)</b>						
<b>TIME OF INJURY</b>						
8PM - 9:59PM	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>Age of Claimant</b>						
20 - 24	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>SEX OF CLAIMANT</b>						
Male	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>LOSS CAUSE</b>						
Person	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Totals:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>ACCIDENT TYPE</b>						
Striking Against or Stepping On, NOC	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>BODY PART</b>						
Trunk Heart	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	
<b>INJURY</b>						
Contusion (Bruise, Skin Surface)	1	100.0	18.82	4,100.00	4,118.82	100.0
<b>Sum:</b>	<b>1</b>		<b>\$18.82</b>	<b>\$4,100.00</b>	<b>\$4,118.82</b>	

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## Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
<b>999 - VA Alcoholic Beverage Control Auth</b>						
<b>S999 - VA Alcoholic Beverage Control Aut</b>						
<b>TIME OF INJURY</b>						
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
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LENGTH OF SERVICE</b>						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Age of Claimant</b>						
45 - 49	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>SEX OF CLAIMANT</b>						
Female	2	100.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>LOSS CAUSE</b>						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Outside Surface	1	50.0	0.00	0.00	0.00	0.0
<b>Totals:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>ACCIDENT TYPE</b>						
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Lifting	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>BODY PART</b>						
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>INJURY</b>						
Sprain	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
<b>Sum:</b>	<b>2</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	