Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Financials As of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

07/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est Future Costs	Incurred	%
TYPE OF CLAIM						
Indemnity	713	11.6	7,330,943.05	16,386,235.70	23,717,178.75	85.2
Medical Only	2,783	45.2	2,405,120.53	1,716,913.90	4,122,034.43	14.8
Reporting Purposes Only	2,661	43.2	0.00	0.00	0.00	0.0
Totals:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	
TIME OF INJURY						
10AM - 11:59AM	1,099	17.8	1,733,079.03	3,688,878.95	5,421,957.98	19.5
2PM - 3:59PM	944	15.3	1,763,307.65	3,232,942.14	4,996,249.79	17.9
12PM - 1:59PM	916	14.9	1,470,198.69	2,858,319.42	4,328,518.11	15.5
8AM - 9:59AM	995	16.2	1,412,655.54	2,359,764.67	3,772,420.21	13.6
4PM - 5:59PM	594	9.6	780,560.37	1,926,350.03	2,706,910.40	9.7
6PM - 7:59PM	380	6.2	653,951.11	1,011,751.35	1,665,702.46	6.0
8PM - 9:59PM	277	4.5	467,131.97	990,942.15	1,458,074.12	5.2
6AM - 7:59AM	431	7.0	652,480.44	745,990.21	1,398,470.65	5.0
10PM - 11:59PM	153	2.5	289,444.99	638,897.98	928,342.97	3.3
4AM - 5:59AM	129	2.1	227,675.15	289,870.77	517,545.92	1.9
2AM - 3:59AM	97	1.6	138,790.23	236,223.42	375,013.65	1.3
12AM - 1:59AM	142	2.3	146,788.41	123,218.51	270,006.92	1.0
Totals:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	
LENGTH OF SERVICE						
0 - 2	2,863	46.5	3,655,315.94	6,273,186.08	9,928,502.02	35.7
2 - 4	1,055	17.1	1,549,710.10	2,407,350.71	3,957,060.81	14.2
6 - 8	382	6.2	721,053.83	1,416,237.06	2,137,290.89	7.7
8 - 10	260	4.2	477,147.06	1,377,054.48	1,854,201.54	6.7
4 - 6	509	8.3	704,837.22	1,061,478.53	1,766,315.75	6.3
16 - 18	140	2.3	603,862.64	900,365.18	1,504,227.82	5.4
12 - 14	151	2.5	366,144.91	748,939.02	1,115,083.93	4.0
10 - 12	165	2.7	273,490.40	749,606.37	1,023,096.77	3.7
24 - 26	63	1.0	126,106.54	615,794.13	741,900.67	2.7
22 - 24	57	0.9	205,562.33	463,640.90	669,203.23	2.4
28 - 30	32	0.5	138,227.89	420,859.99	559,087.88	2.0
18 - 20	118	1.9	188,586.68	291,288.15	479,874.83	1.7
20 - 22	86	1.4	127,309.50	349,331.40	476,640.90	1.7
26 - 28	47	0.8	82,467.63	316,133.57	398,601.20	1.4
42 - 44	4	0.1	112,886.58	122,310.08	235,196.66	0.8
14 - 16	101	1.6	79,042.98	154,619.45	233,662.43	0.8
30 - 32	27	0.4	52,756.90	168,089.31	220,846.21	0.8
36 - 38	20	0.3	126,716.62	85,371.23	212,087.85	0.8
34 - 36	31	0.5	121,720.68	57,665.99	179,386.67	0.6
38 - 40	17	0.3	11,287.38	122,577.97	133,865.35	0.5
32 - 34	12	0.2	6,702.76	1,250.00	7,952.76	0.0
40 - 42	5	0.1	1,537.20	0.00	1,537.20	0.0
46 - 48	3	0.0	1,370.51	0.00	1,370.51	0.0
44 - 46	4	0.1	1,170.24	0.00	1,170.24	0.0
50 - 52	2	0.0	1,030.24	0.00	1,030.24	0.0
48 - 50	2	0.0	18.82	0.00	18.82	0.0

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52 - 54	1	0.0	0.00	0.00	0.00	0.0
Totals:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	
Age of Claimant						
55 - 59	594	9.6	1,621,768.57	3,077,318.50	4,699,087.07	16.9
45 - 49	554	9.0	1,022,068.44	2,276,445.20	3,298,513.64	11.8
40 - 44	553	9.0	1,023,032.10	2,046,009.94	3,069,042.04	11.0
35 - 39	636	10.3	1,079,385.06	1,890,767.87	2,970,152.93	10.7
50 - 54	542	8.8	971,372.83	1,956,598.82	2,927,971.65	10.5
60 - 64	482	7.8	1,091,214.51	1,750,564.45	2,841,778.96	10.2
25 - 29	836	13.6	947,090.79	1,401,226.52	2,348,317.31	8.4
30 - 34	755	12.3	709,335.30	1,334,125.72	2,043,461.02	7.3
65 - 69	194	3.2	382,933.00	1,225,687.75	1,608,620.75	5.8
20 - 24	758	12.3	581,717.62	796,844.91	1,378,562.53	5.0
70 - 74	56	0.9	59,238.06	186,638.76	245,876.82	0.9
15 - 19	161	2.6	88,113.89	134,145.64	222,259.53	0.8
75 - 79	23	0.4	157,363.77	24,235.08	181,598.85	0.7
80 - 84	11	0.2	1,429.64	2,540.44	3,970.08	0.0
10 - 14	1	0.0	0.00	0.00	0.00	0.0
85 - 89	1	0.0	0.00	0.00	0.00	0.0
Totals:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	
SEX OF CLAIMANT						
Male	2,967	48.2	5,055,601.08	9,735,965.46	14,791,566.54	53.1
Female	3,175	51.6	4,680,338.90	8,358,895.01	13,039,233.91	46.8
Unknown	15	0.2	123.60	8,289.13	8,412.73	0.0
Totals:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	
LOSS CAUSE						
Patient / Inmate	1,607	26.1	3,225,143.72	5,834,596.27	9,059,739.99	32.5
Vehicle/car/truck	350	5.7	1,065,472.86	1,556,819.03	2,622,291.89	9.4
Floor	197	3.2	413,787.52	938,696.46	1,352,483.98	4.9
Walking surface, outside, wet	170	2.8	355,924.54	891,039.56	1,246,964.10	4.5
Brush / tree / log	47	0.8	191,939.43	706,132.33	898,071.76	3.2
Walking surface, inside, dry	79	1.3	235,354.46	608,237.54	843,592.00	3.0
Boxes / containers	95	1.5	277,804.73	455,015.65	732,820.38	2.6
Walking surface, outside, dry	154	2.5	300,852.21	402,890.51	703,742.72	2.5
Object on Floor	60	1.0	257,729.07	346,646.40	604,375.47	2.2
Outside Surface	108	1.8	170,040.32	333,888.04	503,928.36	1.8
Ladder - Fixed	8	0.1	58,679.86	407,118.94	465,798.80	1.7
Training \ Drills	73	1.2	295,628.87	168,955.97	464,584.84	1.7
Animal, not otherwise classified	108	1.8	167,234.05	226,884.60	394,118.65	1.4
N/A	111	1.8	34,171.56	350,702.25	384,873.81	1.4
Stairs, steps	115	1.9	154,643.88	214,345.48	368,989.36	1.3
Walking surface, inside, wet	68	1.1	151,962.63	200,735.95	352,698.58	1.3
Furniture / fixtures	77	1.3	119,216.22	227,765.98	346,982.20	1.2
Vehicle, not otherwise classified	41	0.7	42,916.95	296,468.88	339,385.83	1.2
Metal items	100	1.6	73,427.75	248,888.03	322,315.78	1.2
Wall	16	0.3	77,432.26	216,569.10	294,001.36	1.1
Door	159	2.6	119,233.25	161,917.25	281,150.50	1.0
Person	133	2.2	83,819.61	184,230.00	268,049.61	1.0

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Industrial Claims Report

07/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Chair	76	1.2	85,906.62	174,553.84	260,460.46	0.9
Wrench	9	0.1	110,083.51	123,537.49	233,621.00	0.8
Chainsaw	7	0.1	40,349.45	149,545.42	189,894.87	0.7
Cords	23	0.4	82,661.20	99,161.28	181,822.48	0.7
Cart	72	1.2	57,873.82	108,566.71	166,440.53	0.6
Tractor trailer equipment	5	0.1	29,630.80	127,935.51	157,566.31	0.6
Fire / Flame / Smoke	8	0.1	29,216.00	128,265.58	157,481.58	0.6
Foreign Object	24	0.4	25,846.92	131,289.84	157,136.76	0.6
Chemicals, not otherwise classified	109	1.8	36,233.61	112,018.19	148,251.80	0.5
Machine, not otherwise classified	60	1.0	79,735.71	61,527.52	141,263.23	0.5
Recreational equipment	20	0.3	34,367.27	101,500.56	135,867.83	0.5
Battering ram	1	0.0	43,572.49	90,521.73	134,094.22	0.5
Environmental conditions	59	1.0	60,936.95	66,085.08	127,022.03	0.5
Infectious agent	49	0.8	3,716.38	121,742.65	125,459.03	0.5
Uneven Surface	58	0.9	53,206.99	64,564.13	117,771.12	0.4
Cabinet	26	0.4	53,364.72	63,534.11	116,898.83	0.4
Glass bottle / sheet	38	0.6	4,486.51	112,328.09	116,814.60	0.4
Package	10	0.2	37,767.19	75,713.20	113,480.39	0.4
Wheelchair	13	0.2	36,131.19	75,240.92	111,372.11	0.4
Work surface	10	0.2	48,307.71	49,360.40	97,668.11	0.4
Needle stick	166	2.7	74,092.42	19,694.01	93,786.43	0.3
Hand Truck (2w)	11	0.2	28,472.52	61,333.20	89,805.72	0.3
Shovel	10	0.2	25,999.32	58,342.65	84,341.97	0.3
Stairs	38	0.6	17,483.74	63,235.77	80,719.51	0.3
Tractor	7	0.1	24,326.52	52,261.25	76,587.77	0.3
Excavations	3	0.0	19,912.34	56,603.20	76,515.54	0.3
Platforms	2	0.0	25,097.92	49,566.74	74,664.66	0.3
Pipe	16	0.3	8,450.02	65,067.07	73,517.09	0.3
Water	40	0.6	41,178.60	13,925.77	55,104.37	0.2
Electricity	9	0.1	52,495.63	2,274.13	54,769.76	0.2
Overhead Object	30	0.5	32,234.84	16,555.27	48,790.11	0.2
Wires	9	0.1	7,332.56	38,238.58	45,571.14	0.2
Wood Items	26	0.4	43,374.07	693.62	44,067.69	0.2
Mechanic Trucks	1	0.0	13,468.05	28,569.37	42,037.42	0.2
Dolly	9	0.1	20,848.41	19,846.31	40,694.72	0.1
Pallet Jack	6	0.1	1,389.45	38,424.82	39,814.27	0.1
Trash receptacle	24	0.4	8,014.54	30,965.26	38,979.80	0.1
Stone / rock / brick	13	0.2	12,273.42	26,434.42	38,707.84	0.1
Fencing	25	0.4	33,573.18	1,300.00	34,873.18	0.1
Window frame	6	0.1	9,128.22	24,960.40	34,088.62	0.1
Power tool (not hand)	6	0.1	5,493.37	23,058.41	28,551.78	0.1
Docks,Ramps,Loading Platforms	5	0.1	9,306.29	19,173.72	28,480.01	0.1
Paper / Pulp	6	0.1	8,282.05	19,902.33	28,184.38	0.1
Pike pole 12'	1	0.0	14,770.13	13,248.69	28,018.82	0.1
Step stool	5	0.1	3,933.19	23,854.42	27,787.61	0.1
Sharp objects, not otherwise classified	72	1.2	12,496.36	13,242.89	25,739.25	0.1
Elevators, escalators	9	0.1	7,405.35	18,207.83	25,613.18	0.1
Gun / gunshot	17	0.3	2,656.36	21,872.43	24,528.79	0.1

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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Office equipment	27	0.4	15,521.05	7,565.79	23,086.84	0.1
Animal / insect, not otherwise classifie	65	1.1	15,498.35	6,250.00	21,748.35	0.1
Welding equipment	2	0.0	3,137.60	18,247.74	21,385.34	0.1
Cleaning Products	24	0.4	2,878.29	17,675.63	20,553.92	0.1
Scalpel	17	0.3	12,556.47	7,829.03	20,385.50	0.1
Ladder, 8' step	4	0.1	7,357.72	12,502.02	19,859.74	0.1
Hunter 325	1	0.0	18.82	19,566.68	19,585.50	0.1
Mowers	11	0.2	17,067.42	2,500.00	19,567.42	0.1
Pots/pans	18	0.3	4,579.35	14,526.96	19,106.31	0.1
Hand tool, not powered, NOC	28	0.5	11,281.32	7,771.13	19,052.45	0.1
Hand tool, powered, NOC	7	0.1	18,869.34	0.00	18,869.34	0.1
Roll cart	6	0.1	16,164.24	1,215.43	17,379.67	0.1
Pike pole 10'	2	0.0	4,412.89	12,255.62	16,668.51	0.1
Mechanical powered	4	0.1	6,373.03	10,276.90	16,649.93	0.1
Animal / tick, spider, etc.	135	2.2	2,448.45	13,450.00	15,898.45	0.1
Blower 18"	1	0.0	198.18	15,316.84	15,515.02	0.1
Straps	6	0.1	18.82	13,850.00	13,868.82	0.0
Gas / Fumes	19	0.3	11,067.46	2,480.00	13,547.46	0.0
Blade	28	0.5	10,496.88	3,043.43	13,540.31	0.0
Rope, cord	5	0.1	13,152.53	0.00	13,152.53	0.0
Safety Inflation Cage	1	0.0	7,583.00	4,860.06	12,443.06	0.0
Electrical equipment	12	0.2	9,834.44	1,891.28	11,725.72	0.0
Organic Material	38	0.6	8,800.70	2,451.26	11,251.96	0.0
Animal / bee type	46	0.7	8,203.96	2,307.66	10,511.62	0.0
Tugs	1	0.0	1,602.60	8,766.22	10,368.82	0.0
Hot/Cold Object, Liquid, Substance	58	0.9	3,409.58	6,708.28	10,117.86	0.0
Knife, Utility	29	0.5	5,547.23	4,531.33	10,078.56	0.0
Ladder - Portable	13	0.2	4,508.14	5,339.26	9,847.40	0.0
Shelving	22	0.4	7,409.85	2,370.00	9,779.85	0.0
Jack	5	0.1	7,631.36	0.00	7,631.36	0.0
Paratech battering ram	1	0.0	6,944.71	0.00	6,944.71	0.0
Bacteria	12	0.2	25.87	6,506.46	6,532.33	0.0
Working Surface	5	0.1	6,343.37	0.00	6,343.37	0.0
Poisonous agent / plant	23	0.4	3,902.41	2,433.39	6,335.80	0.0
Clothing / jewelry	6	0.1	414.44	5,700.00	6,114.44	0.0
Building parts / doors	11	0.2	6,016.61	0.00	6,016.61	0.0
Knife, NOC	27	0.4	5,656.72	0.00	5,656.72	0.0
Trailer Dolly	2	0.0	5,577.86	0.00	5,577.86	0.0
Irregular Train	1	0.0	5,310.15	0.00	5,310.15	0.0
Ceiling	6	0.1	5,258.31	0.00	5,258.31	0.0
Racks	5	0.1	3,812.01	1,077.01	4,889.02	0.0
Keyboard	2	0.0	0.00	4,768.82	4,768.82	0.0
Dust	8	0.1	2,924.80	1,222.97	4,147.77	0.0
Trailer Flap	3	0.0	3,643.06	295.97	3,939.03	0.0
Tire	10	0.2	3,773.93	0.00	3,773.93	0.0
Totes	3	0.0	2,410.23	1,250.00	3,660.23	0.0
Razor blade	9	0.1	920.04	2,500.00	3,420.04	0.0
Ergonomic Conditions	13	0.2	3,389.34	0.00	3,389.34	0.0

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Nail	9	0.1	835.09	2,500.00	3,335.09	0.0
Pallet,Skid,Flat	8	0.1	2,059.09	1,237.50	3,296.59	0.0
Hose (indicator # carried)	3	0.0	3,264.65	0.00	3,264.65	0.0
Food	20	0.3	2,713.83	50.00	2,763.83	0.0
Sprayer	5	0.1	2,538.80	0.00	2,538.80	0.0
Computer Work Station	6	0.1	1,257.35	1,250.00	2,507.35	0.0
Pressure vessels	2	0.0	2,471.02	0.00	2,471.02	0.0
Miscellaneous	11	0.2	2,470.48	0.00	2,470.48	0.0
Hammer	5	0.1	2,098.51	0.00	2,098.51	0.0
Electric Drill	3	0.0	2,076.45	0.00	2,076.45	0.0
Shears	4	0.1	717.09	1,145.19	1,862.28	0.0
Minerals / dirt	5	0.1	1,772.25	0.00	1,772.25	0.0
Nail Gun	1	0.0	1,679.51	0.00	1,679.51	0.0
Lift	10	0.2	1,603.86	0.00	1,603.86	0.0
Beam	3	0.0	1,471.60	0.00	1,471.60	0.0
Tool Stand	1	0.0	1,458.23	0.00	1,458.23	0.0
Axe, pickheaded	2	0.0	1,371.49	0.00	1,371.49	0.0
Container Sort Platform	3	0.0	18.82	1,250.00	1,268.82	0.0
Noise	5	0.1	46.27	1,222.55	1,268.82	0.0
Cooling Tower	2	0.0	580.82	669.18	1,250.00	0.0
Crow Bar	1	0.0	0.00	1,250.00	1,250.00	0.0
Hoist / crane	1	0.0	117.02	1,132.98	1,250.00	0.0
Razor Blades	1	0.0	0.00	1,250.00	1,250.00	0.0
Screwdriver	1	0.0	0.00	1,250.00	1,250.00	0.0
Sockets	1	0.0	0.00	1,250.00	1,250.00	0.0
Chain Saw	2	0.0	962.53	0.00	962.53	0.0
Grinder	5	0.1	888.94	0.00	888.94	0.0
Cylinder	2	0.0	745.31	0.00	745.31	0.0
Broom	4	0.1	729.13	0.00	729.13	0.0
Screw driver	2	0.0	672.00	0.00	672.00	0.0
Roller	3	0.0	635.64	0.00	635.64	0.0
Heating equipment	7	0.1	555.33	0.00	555.33	0.0
Steam / exhaust	9	0.1	523.33	0.00	523.33	0.0
Hose / hydair H2O	7	0.1	497.84	0.00	497.84	0.0
Conveyor	1	0.0	463.66	0.00	463.66	0.0
Assembly	2	0.0	455.84	0.00	455.84	0.0
Ground control unit/aerial	2	0.0	436.06	0.00	436.06	0.0
Grease	9	0.1	433.35	0.00	433.35	0.0
5 gallon can AFFF foam	1	0.0	422.43	0.00	422.43	0.0
Scrap, Debris, Waste Material	1	0.0	358.59	0.00	358.59	0.0
Aircraft	1	0.0	355.13	0.00	355.13	0.0
Wheel	5	0.1	238.50	0.00	238.50	0.0
Insufficient data	13	0.2	180.56	0.00	180.56	0.0
Dishes	4	0.1	156.13	0.00	156.13	0.0
Press	1	0.0	130.00	0.00	130.00	0.0
Spool	1	0.0	130.00	0.00	130.00	0.0
Cone	3	0.0	87.62	0.00	87.62	0.0
Forklift	4	0.1	80.00	0.00	80.00	0.0

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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Ladders, scaffolding	2	0.0	29.11	0.00	29.11	0.0
Paper/Pulp items	2	0.0	21.73	0.00	21.73	0.0
4 way bar	1	0.0	0.00	0.00	0.00	0.0
Air pressure	3	0.0	0.00	0.00	0.00	0.0
Animal / snake	2	0.0	0.00	0.00	0.00	0.0
Baggage/Luggage	2	0.0	0.00	0.00	0.00	0.0
Bag Machine	1	0.0	0.00	0.00	0.00	0.0
Battery	2	0.0	0.00	0.00	0.00	0.0
CO / 2 extinguisher	1	0.0	0.00	0.00	0.00	0.0
Fiberglass	2	0.0	0.00	0.00	0.00	0.0
Floor Jack	1	0.0	0.00	0.00	0.00	0.0
Gloves	3	0.0	0.00	0.00	0.00	0.0
Hazardous Material	3	0.0	0.00	0.00	0.00	0.0
Light cord and reel	1	0.0	0.00	0.00	0.00	0.0
Oil	2	0.0	0.00	0.00	0.00	0.0
Paper cutter	2	0.0	0.00	0.00	0.00	0.0
Pierce stinger nozzle	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
Plate Mounter	1	0.0	0.00	0.00	0.00	0.0
Portable air tank	1	0.0	0.00	0.00	0.00	0.0
Racking	1	0.0	0.00	0.00	0.00	0.0
Radiation / X-Ray	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 Dispenser	1	0.0	0.00	0.00	0.00	0.0
Speed Handle	1	0.0	0.00	0.00	0.00	0.0
Tire tool/bar	2	0.0	0.00	0.00	0.00	0.0
Tool Holder	1	0.0	0.00	0.00	0.00	0.0
Trailer Landing Gear	2	0.0	0.00	0.00	0.00	0.0
Trash hook	1	0.0	0.00	0.00	0.00	0.0
Valve Stems	1	0.0	0.00	0.00	0.00	0.0
Vehicle, fork truck	1	0.0	0.00	0.00	0.00	0.0
Vice Grip Straight	1	0.0	0.00	0.00	0.00	0.0
Totals:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	

ACCIDENT TYPE

Struck/Injured By Fellow Worker, Patient	1,000	16.2	2,104,795.56	3,723,644.99	5,828,440.55	20.9
Fall On the Same Level	573	9.3	1,394,387.52	2,357,672.91	3,752,060.43	13.5
Person in Act of Crime	315	5.1	627,052.07	1,305,973.88	1,933,025.95	6.9
Fall/Slip From a Different Level	145	2.4	567,086.11	1,270,456.81	1,837,542.92	6.6
Collision with Another Vehicle	143	2.3	566,917.15	896,068.82	1,462,985.97	5.3
Fall/Slip on Ice or Snow	167	2.7	337,283.10	820,611.85	1,157,894.95	4.2
Struck/Injured By Falling or Flying Objec	106	1.7	221,285.72	835,438.07	1,056,723.79	3.8
Lifting	159	2.6	361,997.56	669,913.03	1,031,910.59	3.7
Other Injury NEC	427	6.9	196,586.64	819,108.55	1,015,695.19	3.6
Strain or Injury By, NOC	193	3.1	221,659.42	597,193.29	818,852.71	2.9
Fall, Slip or Trip, NOC	171	2.8	370,841.53	442,334.68	813,176.21	2.9
Twisting	109	1.8	355,182.41	360,097.62	715,280.03	2.6
Fall/Slip From Ladder or Scaffolding	17	0.3	169,678.08	534,812.86	704,490.94	2.5

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Financials As of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

07/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Struck/Injured By Motor Vehicle	60	1.0	173,543.77	394,633.90	568,177.67	2.0
Fall/Slip From Liquid or Grease Spills	65	1.1	214,526.40	269,811.24	484,337.64	1.7
Pushing or Pulling	75	1.2	108,649.41	333,461.14	442,110.55	1.6
Fall/Slip into Openings	26	0.4	111,659.45	261,105.39	372,764.84	1.3
Caught In, Under or Between, NOC	112	1.8	122,111.18	195,438.24	317,549.42	1.1
Strike Against/Step On Stationary Objec	63	1.0	118,134.74	190,973.75	309,108.49	1.1
Fall/Slip on Stairs	110	1.8	78,489.60	169,976.38	248,465.98	0.9
Holding or Carrying	50	0.8	84,218.27	159,699.73	243,918.00	0.9
Strain By Using Tool or Machine	23	0.4	46,259.18	171,543.16	217,802.34	0.8
Struck/Injured By Animal or Insect	246	4.0	86,843.78	118,130.37	204,974.15	0.7
Collision with a Fixed Object	93	1.5	108,613.39	66,022.35	174,635.74	0.6
Struck/Injured By Explosion or Flare Bac	6	0.1	18,117.72	128,265.58	146,383.30	0.5
Struck/Injured By Object Being Lifted or	55	0.9	59,135.60	82,850.76	141,986.36	0.5
Striking Against or Stepping On, NOC	74	1.2	68,697.54	70,848.71	139,546.25	0.5
Wielding or Throwing	4	0.1	44,813.98	90,521.73	135,335.71	0.5
Cut, Punctured, Scraped, NOC	220	3.6	55,460.65	74,859.91	130,320.56	0.5
Jumping	9	0.1	74,516.35	45,655.27	120,171.62	0.4
Broken Glass	44	0.7	7,958.46	110,699.02	118,657.48	0.4
Motor Vehicle, NOC	51	0.8	61,721.99	43,638.86	105,360.85	0.4
Hand Tool, Utensil; Not Powered	202	3.3	62,181.69	33,918.87	96,100.56	0.3
Vehicle Upset	28	0.5	66,131.31	26,429.44	92,560.75	0.3
Slipped, Did Not Fall	27	0.4	45,220.47	34,099.95	79,320.42	0.3
Running and Training	2	0.0	21,717.52	54,701.30	76,418.82	0.3
Absorption, Ingestion or Inhalation NOC	113	1.8	45,171.20	25,449.13	70,620.33	0.3
Struck or Injury By, NOC	61	1.0	27,039.09	40,148.70	67,187.79	0.2
Burn or Scald-Chemicals	13	0.2	11,216.01	53,596.74	64,812.75	0.2
Caught In/Between-Machine or Machine	14	0.2	28,484.40	35,659.20	64,143.60	0.2
Temperature Extremes	8	0.1	16,727.77	44,985.32	61,713.09	0.2
Contact with Electrical Current	12	0.2	54,176.09	1,239.13	55,415.22	0.2
Object Being Lifted or Handled	62	1.0	42,046.73	8,817.02	50,863.75	0.2
Cumulative (All Other)	18	0.3	993.73	38,338.89	39,332.62	0.1
Caught In/Between-Object Handled	43	0.7	30,630.94	7,755.55	38,386.49	0.1
Contact With Not Otherwise Classified	54	0.9	26,584.43	4,969.89	31,554.32	0.1
Struck/Injured By Moving Parts of Machi	15	0.2	21,872.61	1,182.98	23,055.59	0.1
Repetitive Motion (after 7/1/94)	24	0.4	2,176.98	18,918.39	21,095.37	0.1
Reaching	18	0.3	6,337.40	13,861.29	20,198.69	0.1
Powered Hand Tool; Appliance	16	0.3	19,721.48	0.00	19,721.48	0.1
Foreign Body in Eye	61	1.0	11,748.40	6,213.01	17,961.41	0.1
Other than Physical Cause of Injury	81	1.3	7,474.63	8,523.87	15,998.50	0.1
Dust, Gases, Fumes or Vapors	23	0.4	11,122.32	3,730.00	14,852.32	0.1
Contact with Hot Object or Substance	50	0.8	11,225.24	3,543.49	14,768.73	0.1
Struck/Injured By Object Handled By Oth	12	0.2	9,780.65	2,990.84	12,771.49	0.0
Contact with Abnormal Air Pressure	1	0.0	0.00	11,068.82	11,068.82	0.0
Strike Against/Step On Obj Being Lifted	14	0.2	5,401.67	1,250.00	6,651.67	0.0
Crash of Water Vehicle	1	0.0	3,435.02	1,606.95	5,041.97	0.0
Contact with Infectious Disease	2	0.0	4,660.45	0.00	4,660.45	0.0
Struck/Injured By Hand Tool or Machine	12	0.2	881.59	2,465.43	3,347.02	0.0
Continual Noise	6	0.1	589.48	1,222.55	1,812.03	0.0

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Financials As of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Strike Against Moving Parts of Machine	9	0.1	434.02	1,250.00	1,684.02	0.0
Mold, Including Mildew	17	0.3	90.14	1,250.00	1,340.14	0.0
Repetitive Motion	2	0.0	18.82	1,250.00	1,268.82	0.0
Steam or Hot Fluids	10	0.2	0.00	1,250.00	1,250.00	0.0
Crash of Rail Vehicle	1	0.0	934.37	0.00	934.37	0.0
Rubbed or Abraded, NOC	5	0.1	677.26	0.00	677.26	0.0
Stepping on Sharp Object	4	0.1	645.31	0.00	645.31	0.0
Contact With Cold Object or Substance	6	0.1	265.16	0.00	265.16	0.0
Bending	1	0.0	24.87	0.00	24.87	0.0
Bitten	92	1.5	0.00	0.00	0.00	0.0
Bodily Reaction	15	0.2	0.00	0.00	0.00	0.0
Gunshot	3	0.0	0.00	0.00	0.00	0.0
Natural Disasters	3	0.0	0.00	0.00	0.00	0.0
Needle Stick	80	1.3	0.00	0.00	0.00	0.0
Pandemic	2	0.0	0.00	0.00	0.00	0.0
Radiation	1	0.0	0.00	0.00	0.00	0.0
Standing, Scraping, Cleaning Operations	2	0.0	0.00	0.00	0.00	0.0
Sum:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	
BODY PART						
Multiple Body Parts Multiple Body Parts	809	13.1	2,098,846.56	3,902,319.92	6,001,166.48	21.6
Lower Extremities Knee	470	7.6	1,286,405.51	2,023,439.41	3,309,844.92	11.9
Upper Extremities Shoulder(s)	201	3.3	990,567.73	1,613,745.25	2,604,312.98	9.4
Trunk Low Back Area (Incl. Lumbar & L	292	4.7	741,757.37	1,132,576.59	1,874,333.96	6.7
Head Skull	145	2.4	388,474.36	835,383.79	1,223,858.15	4.4
Lower Extremities Ankle	198	3.2	277,408.55	789,133.91	1,066,542.46	3.8
Upper Extremities Upper Arm (Incl. Clav	94	1.5	238,410.62	767,143.56	1,005,554.18	3.6
Upper Extremities Hand	387	6.3	406,192.39	535,630.03	941,822.42	3.4
Multiple Body Parts Body Systems & Mu	134	2.2	320,246.88	536,737.06	856,983.94	3.1
Lower Extremities Lower Leg	149	2.4	325,573.74	477,530.78	803,104.52	2.9
Upper Extremities Finger(s)	532	8.6	332,490.41	424,575.27	757,065.68	2.7
Upper Extremities Wrist	127	2.1	260,822.35	303,426.02	564,248.37	2.0
Head Brain	42	0.7	182,200.95	306,242.33	488,443.28	1.8
Head Other facial soft tissue	254	4.1	170,995.42	283,731.21	454,726.63	1.6
Trunk Chest (Incl. Ribs, Sternum & Soft	114	1.9	129,376.23	317,965.97	447,342.20	1.6
Lower Extremities Foot	140	2.3	142,867.90	300,689.69	443,557.59	1.6
Lower Extremities Upper Leg	76	1.2	101,750.95	336,290.86	438,041.81	1.6
Upper Extremities Multiple Upper Extrer	52	0.8	121,153.82	303,078.04	424,231.86	1.5
Upper Extremities Elbow	107	1.7	82,951.81	325,248.00	408,199.81	1.5
Trunk Heart	22	0.4	16,289.47	388,884.97	405,174.44	1.5
Head Multiple Head Injury	101	1.6	198,599.42	145,317.96	343,917.38	1.2
Trunk Upper Back Area (Thoracic Area)	48	0.8	85,316.11	250,905.19	336,221.30	1.2
Head Eye(s)	192	3.1	87,160.30	211,959.64	299,119.94	1.1
Neck Multiple Neck Injury	21	0.3	50,042.93	229,607.63	279,650.56	1.0
Lower Extremities Multiple Lower Extrer	30	0.5	51,113.27	195,227.72	246,340.99	0.9
Lower Extremities Hip	58	0.9	55,354.88	174,455.21	229,810.09	0.8
Upper Extremities Lower Arm	252	4.1	111,087.61	66,979.03	178,066.64	0.6
Trunk Pelvis	6	0.1	47,057.71	130,215.98	177,273.69	0.6
Head Nose	36	0.6	35,285.93	109,817.27	145,103.20	0.5

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Financials As of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Upper Extremities Wrist(s) and Hand(s)	36	0.6	22,311.30	116,296.00	138,607.30	0.5
Head Facial Bones	67	1.1	40,743.11	85,626.80	126,369.91	0.5
Upper Extremities Thumb	148	2.4	72,822.16	47,874.27	120,696.43	0.4
Trunk Lumbar and/or Sacral Vertebrae	14	0.2	32,030.57	61,009.12	93,039.69	0.3
Trunk Internal Organs	5	0.1	793.01	76,154.90	76,947.91	0.3
Trunk Buttocks	33	0.5	36,368.53	36,797.53	73,166.06	0.3
Multiple Body Parts No Physical Injury	425	6.9	26,057.10	44,041.64	70,098.74	0.3
Trunk Lung(s)	47	0.8	22,421.07	36,240.93	58,662.00	0.2
Head Mouth	38	0.6	12,540.34	44,733.51	57,273.85	0.2
Lower Extremities Great Toe	20	0.3	10,204.33	34,421.53	44,625.86	0.2
Trunk Spinal Cord	3	0.0	5,088.68	36,877.18	41,965.86	0.2
Trunk Abdomen Including Groin	53	0.9	24,864.19	13,808.30	38,672.49	0.1
Multiple Body Parts Whole Body	32	0.5	15,965.05	18,433.28	34,398.33	0.1
Neck Soft Tissue-Neck	25	0.4	16,288.36	7,609.58	23,897.94	0.1
Lower Extremities Toe(s)	27	0.4	15,221.08	5,850.64	21,071.72	0.1
Neck Vertebrae	10	0.2	13,806.77	4,451.44	18,258.21	0.1
Head Ear(s)	23	0.4	12,534.10	2,472.55	15,006.65	0.1
Trunk Multiple Trunk	6	0.1	6,513.12	1,300.00	7,813.12	0.0
Multiple Body Parts Stress	1	0.0	18.82	5,150.00	5,168.82	0.0
Trunk Disc (Back)	7	0.1	4,157.82	742.11	4,899.93	0.0
Neck Disc (Neck)	13	0.2	3,641.99	1,250.00	4,891.99	0.0
Neck Trachea	2	0.0	3,226.52	0.00	3,226.52	0.0
Multiple Body Parts Insufficient Info to Ic	10	0.2	0.00	2,500.00	2,500.00	0.0
Head Teeth	8	0.1	1,931.64	0.00	1,931.64	0.0
Neck Spinal Cord	4	0.1	0.00	1,250.00	1,250.00	0.0
Neck Larynx	6	0.1	394.64	0.00	394.64	0.0
Head Scalp	4	0.1	318.10	0.00	318.10	0.0
Trunk Sacrum and Coccyx	1	0.0	0.00	0.00	0.00	0.0
Sum:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	

INJURY

Contusion (Bruise, Skin Surface)	1,345	21.8	1,722,058.94	3,195,886.69	4,917,945.63	17.7
Strain	726	11.8	1,705,930.39	2,991,623.98	4,697,554.37	16.9
Multiple Physical Injury Only	345	5.6	1,460,736.86	2,675,080.14	4,135,817.00	14.9
Sprain	473	7.7	1,088,442.67	2,414,808.25	3,503,250.92	12.6
Fracture	127	2.1	751,998.54	1,686,953.11	2,438,951.65	8.8
Concussion (Brain, Cerebral)	157	2.5	654,830.71	1,047,934.77	1,702,765.48	6.1
Multiple Injury Inc. Physical & Psycholog	77	1.3	299,509.16	847,978.01	1,147,487.17	4.1
All Other (Specific) Injuries, NOC	334	5.4	417,203.54	651,202.12	1,068,405.66	3.8
Laceration	641	10.4	311,071.55	526,442.16	837,513.71	3.0
Puncture	362	5.9	215,146.10	513,408.26	728,554.36	2.6
Rupture	14	0.2	266,083.14	323,530.88	589,614.02	2.1
Dislocation	27	0.4	217,025.00	163,061.26	380,086.26	1.4
Myocardial Infarction (Heart Attack)	13	0.2	34,409.90	280,942.37	315,352.27	1.1
No Physical Injury	710	11.5	74,998.48	109,954.01	184,952.49	0.7
Burn	127	2.1	106,344.48	69,462.78	175,807.26	0.6
All Other Cumulative Injury	11	0.2	135,410.22	39,971.00	175,381.22	0.6
Inflammation	179	2.9	50,976.24	89,218.01	140,194.25	0.5
Crushing	92	1.5	90,332.72	48,649.30	138,982.02	0.5

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Financials As of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est Future Costs	Incurred	%
Adverse reaction to a vaccination or inoc	5	0.1	888.02	100,466.69	101,354.71	0.4
Angina Pectoris (Condition assc w/Heart	2	0.0	18.82	98,720.56	98,739.38	0.4
All Other Occupational Disease	8	0.1	287.96	63,152.01	63,439.97	0.2
Heat Prostration	13	0.2	16,191.49	45,540.42	61,731.91	0.2
Contagious Disease	62	1.0	31,256.34	6,304.92	37,561.26	0.1
Infection	66	1.1	15,204.98	18,500.00	33,704.98	0.1
Respiratory Disorders(Gases,Fumes,Ch	42	0.7	11,807.69	16,140.93	27,948.62	0.1
Foreign Body (Eye)	71	1.2	13,644.64	5,671.99	19,316.63	0.1
Mental Stress	11	0.2	178.48	16,984.44	17,162.92	0.1
Hernia (Rupture)	6	0.1	5,643.01	11,519.47	17,162.48	0.1
Severance	1	0.0	18.82	16,450.00	16,468.82	0.1
Poisoning - Chemical (Other than Metal)	20	0.3	12,426.37	0.00	12,426.37	0.0
Vascular Loss	1	0.0	0.00	11,068.82	11,068.82	0.0
Dermatitis	27	0.4	3,125.41	6,110.78	9,236.19	0.0
Electric Shock	10	0.2	5,376.62	2,489.13	7,865.75	0.0
Asphyxiation	5	0.1	6,865.20	0.00	6,865.20	0.0
Vision Loss	6	0.1	717.90	4,785.00	5,502.90	0.0
Syncope	16	0.3	5,455.43	0.00	5,455.43	0.0
Poisoning-General (Not OD or Cum Injur	7	0.1	2,860.36	0.00	2,860.36	0.0
Hearing Loss or Impairment	5	0.1	563.11	1,222.55	1,785.66	0.0
Freezing (Frostbite)	1	0.0	585.21	664.79	1,250.00	0.0
Inhalation	3	0.0	0.00	1,250.00	1,250.00	0.0
Carpal Tunnel Syndrome	3	0.0	420.26	0.00	420.26	0.0
Loss of Hearing	3	0.0	18.82	0.00	18.82	0.0
AIDS	1	0.0	0.00	0.00	0.00	0.0
Dust Disease NOC(All Other Pneumocor	1	0.0	0.00	0.00	0.00	0.0
Poisoning - Metal	1	0.0	0.00	0.00	0.00	0.0
Sum:	**6,157**		**$9,736,063.58**	**$18,103,149.60**	**$27,839,213.18**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
100 - Senate of Virginia						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	1
Sum:	**1**		**0.00**	**1,250.00**	**1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
16 - 18	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
45 - 49	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Foot	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Sprain	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
101 - HOUSE OF DELEGATES						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0
Sum:	**1**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
80 - 84	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Door	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
103 - MAGISTRATE SYSTEM						
TYPE OF CLAIM						
Medical Only	2	50.0	341.13	0.00	341.13	1
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0
Sum:	**4**		**341.13**	**0.00**	**341.13**	
TIME OF INJURY						
2PM - 3:59PM	2	50.0	341.13	0.00	341.13	100.0
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
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
LENGTH OF SERVICE						
0 - 2	2	50.0	$341.13	0.00	341.13	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
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
Age of Claimant						
40 - 44	1	25.0	$341.13	0.00	341.13	100.0
25 - 29	1	25.0	$0.00	0.00	0.00	0.0
50 - 54	1	25.0	$0.00	0.00	0.00	0.0
65 - 69	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
SEX OF CLAIMANT						
Female	3	75.0	$341.13	0.00	341.13	100.0
Male	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
LOSS CAUSE						
Walking surface, outside, wet	1	25.0	$341.13	0.00	341.13	100.0
Door	2	50.0	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	25.0	341.13	0.00	341.13	100.0
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$341.13**	**$0.00**	**$341.13**	

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Multiple Body Parts Multiple Body	1	25.0	341.13	0.00	341.13	100.0
Head Other facial soft tissue	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 Lower Arm	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$341.13**	**$0.00**	**$341.13**	
INJURY						
Contusion (Bruise, Skin Surface)	3	75.0	341.13	0.00	341.13	100.0
Laceration	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$341.13**	**$0.00**	**$341.13**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
107 - LEGISLATIVE SERVICES						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	0.00	0.00	0
Sum:	**2**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	$0.00	0.00	0.00	0.0
6 - 8	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	50.0	$0.00	0.00	0.00	0.0
30 - 34	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	$0.00	0.00	0.00	0.0
Chair	1	50.0	$0.00	0.00	0.00	0.0
Totals: **2**			**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Neck Multiple Neck Injury	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Injury Inc. Physical & Psycl	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
111 - SUPREME COURT OF VIRGINIA						
TYPE OF CLAIM						
Indemnity	7	24.1	108,561.67	152,328.55	260,890.22	0.97
Medical Only	12	41.4	3,070.03	5,000.00	8,070.03	0.03
Reporting Purposes Only	10	34.5	0.00	0.00	0.00	0
Sum:	**29**		**111,631.70**	**157,328.55**	**268,960.25**	
TIME OF INJURY						
2PM - 3:59PM	5	17.2	87,119.49	56,409.33	143,528.82	53.4
6AM - 7:59AM	4	13.8	17,228.82	54,338.48	71,567.30	26.6
8AM - 9:59AM	7	24.1	4,156.90	44,080.74	48,237.64	17.9
12PM - 1:59PM	5	17.2	3,088.85	1,250.00	4,338.85	1.6
10AM - 11:59AM	3	10.3	18.82	1,250.00	1,268.82	0.5
4PM - 5:59PM	2	6.9	18.82	0.00	18.82	0.0
6PM - 7:59PM	1	3.4	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	6.9	0.00	0.00	0.00	0.0
Totals:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
LENGTH OF SERVICE						
4 - 6	2	6.9	$87,119.49	53,909.33	141,028.82	52.4
18 - 20	3	10.3	$17,228.82	54,338.48	71,567.30	26.6
12 - 14	1	3.4	$4,138.08	44,080.74	48,218.82	17.9
0 - 2	10	34.5	$3,070.03	3,750.00	6,820.03	2.5
2 - 4	5	17.2	$18.82	1,250.00	1,268.82	0.5
8 - 10	3	10.3	$37.64	0.00	37.64	0.0
14 - 16	1	3.4	$18.82	0.00	18.82	0.0
6 - 8	2	6.9	$0.00	0.00	0.00	0.0
16 - 18	1	3.4	$0.00	0.00	0.00	0.0
24 - 26	1	3.4	$0.00	0.00	0.00	0.0
Totals:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
Age of Claimant						
60 - 64	7	24.1	$104,367.13	108,247.81	212,614.94	79.1
65 - 69	3	10.3	$4,156.90	44,080.74	48,237.64	17.9
25 - 29	3	10.3	$3,088.85	0.00	3,088.85	1.1
45 - 49	2	6.9	$0.00	2,500.00	2,500.00	0.9
30 - 34	4	13.8	$0.00	1,250.00	1,250.00	0.5
50 - 54	1	3.4	$0.00	1,250.00	1,250.00	0.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
75 - 79	2	6.9	$18.82	0.00	18.82	0.0
35 - 39	2	6.9	$0.00	0.00	0.00	0.0
40 - 44	2	6.9	$0.00	0.00	0.00	0.0
55 - 59	2	6.9	$0.00	0.00	0.00	0.0
70 - 74	1	3.4	$0.00	0.00	0.00	0.0
Totals:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
SEX OF CLAIMANT						
Female	25	86.2	$108,561.67	156,078.55	264,640.22	98.4
Male	4	13.8	$3,070.03	1,250.00	4,320.03	1.6
Totals:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
LOSS CAUSE						
Vehicle/car/truck	1	3.4	$87,119.49	53,909.33	141,028.82	52.4
Walking surface, outside, wet	3	10.3	$17,247.64	54,338.48	71,586.12	26.6
Stairs	3	10.3	$4,156.90	44,080.74	48,237.64	17.9
Shelving	1	3.4	$3,070.03	0.00	3,070.03	1.1
Computer Work Station	1	3.4	$0.00	1,250.00	1,250.00	0.5
Person	1	3.4	$0.00	1,250.00	1,250.00	0.5
Stairs, steps	4	13.8	$0.00	1,250.00	1,250.00	0.5
Training \ Drills	1	3.4	$0.00	1,250.00	1,250.00	0.5
Walking surface, inside, dry	3	10.3	$37.64	0.00	37.64	0.0
Chair	2	6.9	$0.00	0.00	0.00	0.0
Door	3	10.3	$0.00	0.00	0.00	0.0
Outside Surface	1	3.4	$0.00	0.00	0.00	0.0
Racking	1	3.4	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classil	1	3.4	$0.00	0.00	0.00	0.0
Trash receptacle	1	3.4	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	3.4	$0.00	0.00	0.00	0.0
Work surface	1	3.4	$0.00	0.00	0.00	0.0
Totals:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	3.4	87,119.49	53,909.33	141,028.82	52.4
Fall/Slip on Ice or Snow	2	6.9	17,228.82	54,338.48	71,567.30	26.6
Fall/Slip on Stairs	6	20.7	4,156.90	44,080.74	48,237.64	17.9
Strike Against/Step On Obj Being L	1	3.4	3,070.03	0.00	3,070.03	1.1
Absorption, Ingestion or Inhalation	1	3.4	0.00	1,250.00	1,250.00	0.5
Fall, Slip or Trip, NOC	2	6.9	0.00	1,250.00	1,250.00	0.5
Pushing or Pulling	1	3.4	0.00	1,250.00	1,250.00	0.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck or Injury By, NOC	1	3.4	0.00	1,250.00	1,250.00	0.5
Fall On the Same Level	6	20.7	56.46	0.00	56.46	0.0
Caught In, Under or Between, NOC	1	3.4	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	3.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	3.4	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	3.4	0.00	0.00	0.00	0.0
Other Injury NEC	1	3.4	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.4	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	3.4	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
BODY PART						
Multiple Body Parts Multiple Body	6	20.7	108,486.39	153,578.55	262,064.94	97.4
Upper Extremities Hand	2	6.9	3,088.85	0.00	3,088.85	1.1
Head Eye(s)	1	3.4	0.00	1,250.00	1,250.00	0.5
Lower Extremities Toe(s)	1	3.4	0.00	1,250.00	1,250.00	0.5
Upper Extremities Shoulder(s)	1	3.4	0.00	1,250.00	1,250.00	0.5
Lower Extremities Knee	6	20.7	18.82	0.00	18.82	0.0
Multiple Body Parts Whole Body	1	3.4	18.82	0.00	18.82	0.0
Upper Extremities Upper Arm (Incl	1	3.4	18.82	0.00	18.82	0.0
Lower Extremities Ankle	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	2	6.9	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Infc	1	3.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	3.4	0.00	0.00	0.00	0.0
Trunk Spinal Cord	1	3.4	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	10.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	
INJURY						
Multiple Physical Injury Only	4	13.8	87,157.13	53,909.33	141,066.46	52.4
Contusion (Bruise, Skin Surface)	3	10.3	17,228.82	54,338.48	71,567.30	26.6
Fracture	4	13.8	4,156.90	44,080.74	48,237.64	17.9
Laceration	3	10.3	3,070.03	0.00	3,070.03	1.1
Sprain	3	10.3	18.82	1,250.00	1,268.82	0.5
All Other (Specific) Injuries, NOC	1	3.4	0.00	1,250.00	1,250.00	0.5
Inflammation	2	6.9	0.00	1,250.00	1,250.00	0.5
Vision Loss	1	3.4	0.00	1,250.00	1,250.00	0.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Concussion (Brain, Cerebral)	1	3.4	0.00	0.00	0.00	0.0
No Physical Injury	5	17.2	0.00	0.00	0.00	0.0
Strain	2	6.9	0.00	0.00	0.00	0.0
Sum:	**29**		**$111,631.70**	**$157,328.55**	**$268,960.25**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
117 - VIRGINIA STATE BAR						
TYPE OF CLAIM						
Medical Only	1	100.0	4,129.38	0.00	4,129.38	1
Sum:	**1**		**4,129.38**	**0.00**	**4,129.38**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
LENGTH OF SERVICE						
2 - 4	1	100.0	$4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
Age of Claimant						
35 - 39	1	100.0	$4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
SEX OF CLAIMANT						
Female	1	100.0	$4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
LOSS CAUSE						
Trash receptacle	1	100.0	$4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
ACCIDENT TYPE						
Object Being Lifted or Handled	1	100.0	4,129.38	0.00	4,129.38	100.0
Sum:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
BODY PART						
Head Other facial soft tissue	1	100.0	4,129.38	0.00	4,129.38	100.0
Sum:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	4,129.38	0.00	4,129.38	100.0
Sum:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
121 - GOVERNOR'S OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	31.62	0.00	31.62	1
Sum:	**1**		**31.62**	**0.00**	**31.62**	
TIME OF INJURY						
10PM - 11:59PM	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
LENGTH OF SERVICE						
0 - 2	1	100.0	$31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
Age of Claimant						
25 - 29	1	100.0	$31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
SEX OF CLAIMANT						
Male	1	100.0	$31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
LOSS CAUSE						
Door	1	100.0	$31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
ACCIDENT TYPE						
Fall/Slip into Openings	1	100.0	31.62	0.00	31.62	100.0
Sum:	**1**		**$31.62**	**$0.00**	**$31.62**	
BODY PART						
Head Brain	1	100.0	31.62	0.00	31.62	100.0
Sum:	**1**		**$31.62**	**$0.00**	**$31.62**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	31.62	0.00	31.62	100.0
Sum:	**1**		**$31.62**	**$0.00**	**$31.62**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
123 - MILITARY AFFAIRS, DEPARTMENT OF						
TYPE OF CLAIM						
Indemnity	18	18.0	88,249.45	247,788.20	336,037.65	0.88
Medical Only	27	27.0	35,607.70	9,951.71	45,559.41	0.12
Reporting Purposes Only	55	55.0	0.00	0.00	0.00	0
Sum:	**100**		**123,857.15**	**257,739.91**	**381,597.06**	
TIME OF INJURY						
8AM - 9:59AM	32	32.0	80,575.09	114,541.23	195,116.32	51.1
10AM - 11:59AM	10	10.0	42,425.60	62,344.96	104,770.56	27.5
12PM - 1:59PM	4	4.0	166.81	44,302.01	44,468.82	11.7
6AM - 7:59AM	20	20.0	251.71	31,600.00	31,851.71	8.3
2PM - 3:59PM	10	10.0	347.01	2,500.00	2,847.01	0.7
4PM - 5:59PM	13	13.0	53.29	2,451.71	2,505.00	0.7
12AM - 1:59AM	1	1.0	18.82	0.00	18.82	0.0
8PM - 9:59PM	3	3.0	18.82	0.00	18.82	0.0
4AM - 5:59AM	2	2.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	5	5.0	0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
LENGTH OF SERVICE						
16 - 18	2	2.0	$45,515.68	157,593.24	203,108.92	53.2
0 - 2	70	70.0	$77,806.26	67,296.67	145,102.93	38.0
8 - 10	3	3.0	$37.64	31,600.00	31,637.64	8.3
12 - 14	6	6.0	$0.00	1,250.00	1,250.00	0.3
10 - 12	2	2.0	$328.19	0.00	328.19	0.1
4 - 6	7	7.0	$56.46	0.00	56.46	0.0
2 - 4	5	5.0	$37.64	0.00	37.64	0.0
6 - 8	1	1.0	$18.82	0.00	18.82	0.0
24 - 26	1	1.0	$18.82	0.00	18.82	0.0
14 - 16	2	2.0	$18.82	0.00	18.82	0.0
26 - 28	1	1.0	$18.82	0.00	18.82	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
Age of Claimant						
40 - 44	6	6.0	$46,084.34	146,141.23	192,225.57	50.4
55 - 59	7	7.0	$43,197.89	59,844.96	103,042.85	27.0
50 - 54	10	10.0	$242.09	43,052.01	43,294.10	11.3

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	10	10.0	$24,966.96	1,201.71	26,168.67	6.9
30 - 34	14	14.0	$4,836.28	1,250.00	6,086.28	1.6
20 - 24	18	18.0	$725.24	5,000.00	5,725.24	1.5
35 - 39	14	14.0	$3,382.06	1,250.00	4,632.06	1.2
60 - 64	5	5.0	$328.19	0.00	328.19	0.1
45 - 49	10	10.0	$56.46	0.00	56.46	0.0
65 - 69	4	4.0	$37.64	0.00	37.64	0.0
15 - 19	2	2.0	$0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
SEX OF CLAIMANT						
Male	71	71.0	$52,705.62	139,448.68	192,154.30	50.4
Female	29	29.0	$71,151.53	118,291.23	189,442.76	49.6
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
LOSS CAUSE						
Walking surface, outside, wet	3	3.0	$45,348.87	114,541.23	159,890.10	41.9
Cabinet	1	1.0	$42,425.60	58,594.96	101,020.56	26.5
N/A	4	4.0	$247.43	43,052.01	43,299.44	11.3
Vehicle/car/truck	8	8.0	$33,679.57	1,250.00	34,929.57	9.2
Chemicals, not otherwise classified	3	3.0	$18.82	31,600.00	31,618.82	8.3
Environmental conditions	27	27.0	$753.47	1,250.00	2,003.47	0.5
Outside Surface	1	1.0	$53.29	1,201.71	1,255.00	0.3
Boxes / containers	2	2.0	$0.00	1,250.00	1,250.00	0.3
Shelving	1	1.0	$0.00	1,250.00	1,250.00	0.3
Straps	1	1.0	$0.00	1,250.00	1,250.00	0.3
Training \ Drills	2	2.0	$0.00	1,250.00	1,250.00	0.3
Walking surface, outside, dry	4	4.0	$0.00	1,250.00	1,250.00	0.3
Office equipment	2	2.0	$697.83	0.00	697.83	0.2
Wood Items	1	1.0	$328.19	0.00	328.19	0.1
Infectious agent	21	21.0	$207.02	0.00	207.02	0.1
Insufficient data	3	3.0	$78.24	0.00	78.24	0.0
Object on Floor	1	1.0	$18.82	0.00	18.82	0.0
Animal / bee type	2	2.0	$0.00	0.00	0.00	0.0
Animal / insect, not otherwise class	1	1.0	$0.00	0.00	0.00	0.0
Cart	1	1.0	$0.00	0.00	0.00	0.0
Floor	1	1.0	$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.0	$0.00	0.00	0.00	0.0
Hazardous Material	1	1.0	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hot/Cold Object, Liquid, Substance	1	1.0	$0.00	0.00	0.00	0.0
Knife, Utility	1	1.0	$0.00	0.00	0.00	0.0
Noise	1	1.0	$0.00	0.00	0.00	0.0
Person	1	1.0	$0.00	0.00	0.00	0.0
Uneven Surface	1	1.0	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	2.0	$0.00	0.00	0.00	0.0
Water	1	1.0	$0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	3	3.0	46,102.34	114,541.23	160,643.57	42.1
Lifting	3	3.0	42,444.42	58,594.96	101,039.38	26.5
Other Injury NEC	29	29.0	515.58	74,652.01	75,167.59	19.7
Vehicle Upset	6	6.0	33,679.57	0.00	33,679.57	8.8
Temperature Extremes	2	2.0	53.29	1,201.71	1,255.00	0.3
Caught In, Under or Between, NOC	2	2.0	0.00	1,250.00	1,250.00	0.3
Fall On the Same Level	2	2.0	0.00	1,250.00	1,250.00	0.3
Fall/Slip From a Different Level	2	2.0	0.00	1,250.00	1,250.00	0.3
Repetitive Motion	1	1.0	0.00	1,250.00	1,250.00	0.3
Strike Against/Step On Obj Being L	2	2.0	0.00	1,250.00	1,250.00	0.3
Strike Against/Step On Stationary C	2	2.0	0.00	1,250.00	1,250.00	0.3
Twisting	5	5.0	0.00	1,250.00	1,250.00	0.3
Struck/Injured By Object Being Lifte	2	2.0	1,026.02	0.00	1,026.02	0.3
Other than Physical Cause of Injury	16	16.0	35.93	0.00	35.93	0.0
Absorption, Ingestion or Inhalation	2	2.0	0.00	0.00	0.00	0.0
Caught In/Between-Object Handlec	1	1.0	0.00	0.00	0.00	0.0
Continual Noise	1	1.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	1.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	1.0	0.00	0.00	0.00	0.0
Mold, Including Mildew	11	11.0	0.00	0.00	0.00	0.0
Pandemic	1	1.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	3.0	0.00	0.00	0.00	0.0
Sum:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
BODY PART						
Multiple Body Parts Body Systems	29	29.0	45,811.92	158,794.95	204,606.87	53.6
Upper Extremities Upper Arm (Incl	1	1.0	42,425.60	58,594.96	101,020.56	26.5
Multiple Body Parts Multiple Body	15	15.0	33,752.49	0.00	33,752.49	8.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Internal Organs	1	1.0	18.82	31,600.00	31,618.82	8.3
Upper Extremities Hand	2	2.0	328.19	1,250.00	1,578.19	0.4
Lower Extremities Foot	1	1.0	0.00	1,250.00	1,250.00	0.3
Lower Extremities Knee	4	4.0	0.00	1,250.00	1,250.00	0.3
Trunk Chest (Incl. Ribs, Sternum &	1	1.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Elbow	2	2.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Shoulder(s)	1	1.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Thumb	3	3.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Finger(s)	2	2.0	697.83	0.00	697.83	0.2
Multiple Body Parts No Physical In	21	21.0	680.55	0.00	680.55	0.2
Trunk Heart	2	2.0	63.51	0.00	63.51	0.0
Trunk Lung(s)	1	1.0	59.42	0.00	59.42	0.0
Neck Vertebrae	1	1.0	18.82	0.00	18.82	0.0
Head Ear(s)	1	1.0	0.00	0.00	0.00	0.0
Head Multiple Head Injury	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
Lower Extremities Ankle	2	2.0	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 Upper Leg	2	2.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	1.0	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	1	1.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.0	0.00	0.00	0.00	0.0
Sum:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	

INJURY

Contusion (Bruise, Skin Surface)	11	11.0	46,374.89	117,041.23	163,416.12	42.8
Rupture	1	1.0	42,425.60	58,594.96	101,020.56	26.5
All Other Occupational Disease	3	3.0	230.32	43,052.01	43,282.33	11.3
All Other (Specific) Injuries, NOC	3	3.0	97.06	31,600.00	31,697.06	8.3
Multiple Injury Inc. Physical & Psycl	4	4.0	30,465.78	0.00	30,465.78	8.0
Strain	9	9.0	3,286.71	2,500.00	5,786.71	1.5
Heat Prostration	1	1.0	53.29	1,201.71	1,255.00	0.3
Dermatitis	1	1.0	0.00	1,250.00	1,250.00	0.3
Dislocation	1	1.0	0.00	1,250.00	1,250.00	0.3
Laceration	3	3.0	0.00	1,250.00	1,250.00	0.3
No Physical Injury	22	22.0	680.55	0.00	680.55	0.2
Infection	21	21.0	207.02	0.00	207.02	0.1
Hernia (Rupture)	1	1.0	18.82	0.00	18.82	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Syncope	1	1.0	17.11	0.00	17.11	0.0
Fracture	1	1.0	0.00	0.00	0.00	0.0
Hearing Loss or Impairment	1	1.0	0.00	0.00	0.00	0.0
Inflammation	3	3.0	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	13	13.0	0.00	0.00	0.00	0.0
Sum:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
127 - EMERGENCY MANAGEMENT, DEPT OF						
TYPE OF CLAIM						
Medical Only	3	100.0	449.94	0.00	449.94	1
Sum:	**3**		**449.94**	**0.00**	**449.94**	
TIME OF INJURY						
8AM - 9:59AM	1	33.3	328.19	0.00	328.19	72.9
12AM - 1:59AM	1	33.3	121.75	0.00	121.75	27.1
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
LENGTH OF SERVICE						
0 - 2	2	66.7	$449.94	0.00	449.94	100.0
6 - 8	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
Age of Claimant						
20 - 24	1	33.3	$328.19	0.00	328.19	72.9
55 - 59	1	33.3	$121.75	0.00	121.75	27.1
65 - 69	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
SEX OF CLAIMANT						
Female	1	33.3	$328.19	0.00	328.19	72.9
Male	2	66.7	$121.75	0.00	121.75	27.1
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
LOSS CAUSE						
Outside Surface	1	33.3	$328.19	0.00	328.19	72.9
Office equipment	1	33.3	$121.75	0.00	121.75	27.1
Vehicle/car/truck	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	33.3	328.19	0.00	328.19	72.9
Strain or Injury By, NOC	1	33.3	121.75	0.00	121.75	27.1
Fall/Slip From Liquid or Grease Spi	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$449.94**	**$0.00**	**$449.94**	
BODY PART						
Upper Extremities Finger(s)	1	33.3	328.19	0.00	328.19	72.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumba	2	66.7	121.75	0.00	121.75	27.1
Sum:	**3**		**$449.94**	**$0.00**	**$449.94**	
INJURY						
Laceration	1	33.3	328.19	0.00	328.19	72.9
Strain	2	66.7	121.75	0.00	121.75	27.1
Sum:	**3**		**$449.94**	**$0.00**	**$449.94**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
129 - Human Resource Management, Dept of						
TYPE OF CLAIM						
Indemnity	1	100.0	18,073.04	40,126.00	58,199.04	1
Sum:	**1**		**18,073.04**	**40,126.00**	**58,199.04**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
LENGTH OF SERVICE						
0 - 2	1	100.0	$18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
Age of Claimant						
60 - 64	1	100.0	$18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
SEX OF CLAIMANT						
Female	1	100.0	$18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
LOSS CAUSE						
Cart	1	100.0	$18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Sum:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
BODY PART						
Trunk Lumbar and/or Sacral Vertel	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Sum:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
INJURY						
Sprain	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Sum:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
136 - VA Information Technologies Agency						
TYPE OF CLAIM						
Medical Only	2	100.0	1,106.18	4,768.82	5,875.00	1
Sum:	**2**		**1,106.18**	**4,768.82**	**5,875.00**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	0.00	4,768.82	4,768.82	81.2
8AM - 9:59AM	1	50.0	1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	$0.00	4,768.82	4,768.82	81.2
10 - 12	1	50.0	$1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
Age of Claimant						
35 - 39	1	50.0	$0.00	4,768.82	4,768.82	81.2
60 - 64	1	50.0	$1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
SEX OF CLAIMANT						
Female	2	100.0	$1,106.18	4,768.82	5,875.00	100.0
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
LOSS CAUSE						
Keyboard	1	50.0	$0.00	4,768.82	4,768.82	81.2
Floor	1	50.0	$1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	50.0	0.00	4,768.82	4,768.82	81.2
Fall On the Same Level	1	50.0	1,106.18	0.00	1,106.18	18.8
Sum:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
BODY PART						
Upper Extremities Finger(s)	1	50.0	0.00	4,768.82	4,768.82	81.2
Multiple Body Parts Multiple Body	1	50.0	1,106.18	0.00	1,106.18	18.8
Sum:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
INJURY						
Strain	1	50.0	0.00	4,768.82	4,768.82	81.2
Multiple Physical Injury Only	1	50.0	1,106.18	0.00	1,106.18	18.8

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DOI Period: 07/01/2024-06/30/2025

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
140 - CRIMINAL JUSTICE SERVICES						
TYPE OF CLAIM						
Medical Only	2	66.7	312.99	0.00	312.99	1
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0
Sum:	**3**		**312.99**	**0.00**	**312.99**	
TIME OF INJURY						
4PM - 5:59PM	2	66.7	312.99	0.00	312.99	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
LENGTH OF SERVICE						
0 - 2	2	66.7	$312.99	0.00	312.99	100.0
6 - 8	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
Age of Claimant						
60 - 64	1	33.3	$312.99	0.00	312.99	100.0
45 - 49	1	33.3	$0.00	0.00	0.00	0.0
50 - 54	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
SEX OF CLAIMANT						
Female	2	66.7	$312.99	0.00	312.99	100.0
Male	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
LOSS CAUSE						
Walking surface, outside, wet	2	66.7	$312.99	0.00	312.99	100.0
Uneven Surface	1	33.3	$0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	33.3	312.99	0.00	312.99	100.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$312.99**	**$0.00**	**$312.99**	
BODY PART						
Multiple Body Parts Multiple Body	1	33.3	312.99	0.00	312.99	100.0
Lower Extremities Knee	2	66.7	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**3**		**$312.99**	**$0.00**	**$312.99**	
INJURY						
Multiple Physical Injury Only	1	33.3	312.99	0.00	312.99	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
Sum:	**3**		**$312.99**	**$0.00**	**$312.99**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
141 - ATTORNEY GENERAL'S OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	624.49	0.00	624.49	1
Sum:	**1**		**624.49**	**0.00**	**624.49**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
LENGTH OF SERVICE						
2 - 4	1	100.0	$624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
Age of Claimant						
60 - 64	1	100.0	$624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
SEX OF CLAIMANT						
Female	1	100.0	$624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
LOSS CAUSE						
Stairs, steps	1	100.0	$624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	624.49	0.00	624.49	100.0
Sum:	**1**		**$624.49**	**$0.00**	**$624.49**	
BODY PART						
Multiple Body Parts Multiple Body	1	100.0	624.49	0.00	624.49	100.0
Sum:	**1**		**$624.49**	**$0.00**	**$624.49**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	624.49	0.00	624.49	100.0
Sum:	**1**		**$624.49**	**$0.00**	**$624.49**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
146 - SCIENCE MUSEUM OF VIRGINIA						
TYPE OF CLAIM						
Indemnity	2	11.8	19,314.89	118,922.75	138,237.64	1
Medical Only	3	17.6	374.49	0.00	374.49	0
Reporting Purposes Only	12	70.6	0.00	0.00	0.00	0
Sum:	**17**		**19,689.38**	**118,922.75**	**138,612.13**	
TIME OF INJURY						
2PM - 3:59PM	9	52.9	14,420.89	87,072.42	101,493.31	73.2
12PM - 1:59PM	2	11.8	5,268.49	31,850.33	37,118.82	26.8
10AM - 11:59AM	1	5.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	4	23.5	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
LENGTH OF SERVICE						
2 - 4	5	29.4	$14,420.89	87,072.42	101,493.31	73.2
0 - 2	9	52.9	$5,268.49	31,850.33	37,118.82	26.8
4 - 6	1	5.9	$0.00	0.00	0.00	0.0
18 - 20	1	5.9	$0.00	0.00	0.00	0.0
22 - 24	1	5.9	$0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
Age of Claimant						
40 - 44	3	17.6	$19,314.89	118,922.75	138,237.64	99.7
30 - 34	3	17.6	$374.49	0.00	374.49	0.3
15 - 19	2	11.8	$0.00	0.00	0.00	0.0
20 - 24	4	23.5	$0.00	0.00	0.00	0.0
25 - 29	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	2	11.8	$0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
SEX OF CLAIMANT						
Female	10	58.8	$14,046.40	87,072.42	101,118.82	73.0
Male	7	41.2	$5,642.98	31,850.33	37,493.31	27.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
LOSS CAUSE						
Recreational equipment	1	5.9	$14,046.40	87,072.42	101,118.82	73.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	5.9	$5,268.49	31,850.33	37,118.82	26.8
Chair	1	5.9	$374.49	0.00	374.49	0.3
Animal, not otherwise classified	5	29.4	$0.00	0.00	0.00	0.0
Blade	1	5.9	$0.00	0.00	0.00	0.0
Cabinet	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
Door	1	5.9	$0.00	0.00	0.00	0.0
Electricity	1	5.9	$0.00	0.00	0.00	0.0
Rope, cord	1	5.9	$0.00	0.00	0.00	0.0
Shelving	1	5.9	$0.00	0.00	0.00	0.0
Wood Items	2	11.8	$0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
ACCIDENT TYPE						
Other Injury NEC	9	52.9	14,420.89	87,072.42	101,493.31	73.2
Fall/Slip on Ice or Snow	1	5.9	5,268.49	31,850.33	37,118.82	26.8
Bitten	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
Contact With Cold Object or Substa	1	5.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	11.8	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	5.9	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
BODY PART						
Lower Extremities Ankle	1	5.9	14,046.40	87,072.42	101,118.82	73.0
Upper Extremities Shoulder(s)	1	5.9	5,268.49	31,850.33	37,118.82	26.8
Head Eye(s)	1	5.9	374.49	0.00	374.49	0.3
Head Other facial soft tissue	1	5.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	4	23.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	5	29.4	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	11.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
INJURY						
Fracture	1	5.9	14,046.40	87,072.42	101,118.82	73.0
Sprain	1	5.9	5,268.49	31,850.33	37,118.82	26.8
All Other (Specific) Injuries, NOC	6	35.3	374.49	0.00	374.49	0.3

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Burn	1	5.9	0.00	0.00	0.00	0.0
Electric Shock	1	5.9	0.00	0.00	0.00	0.0
Laceration	2	11.8	0.00	0.00	0.00	0.0
No Physical Injury	4	23.5	0.00	0.00	0.00	0.0
Puncture	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
152 - TREASURY, DEPARTMENT OF						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	1
Sum:	**1**		**0.00**	**1,250.00**	**1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
12 - 14	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
60 - 64	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Floor	1	100.0	$0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumba	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
TYPE OF CLAIM						
Indemnity	6	5.5	63,367.99	203,153.99	266,521.98	0.9
Medical Only	36	32.7	13,683.83	16,933.97	30,617.80	0.1
Reporting Purposes Only	68	61.8	0.00	0.00	0.00	0
Sum:	**110**		**77,051.82**	**220,087.96**	**297,139.78**	
TIME OF INJURY						
12PM - 1:59PM	18	16.4	37,959.31	132,155.27	170,114.58	57.3
10AM - 11:59AM	30	27.3	32,686.21	75,749.76	108,435.97	36.5
8AM - 9:59AM	21	19.1	4,482.30	7,179.16	11,661.46	3.9
4PM - 5:59PM	22	20.0	488.78	2,730.04	3,218.82	1.1
6PM - 7:59PM	2	1.8	1,125.04	1,023.73	2,148.77	0.7
2PM - 3:59PM	11	10.0	210.42	1,250.00	1,460.42	0.5
6AM - 7:59AM	5	4.5	99.76	0.00	99.76	0.0
2AM - 3:59AM	1	0.9	0.00	0.00	0.00	0.0
Totals:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	
LENGTH OF SERVICE						
0 - 2	37	33.6	$36,704.94	131,419.81	168,124.75	56.6
2 - 4	26	23.6	$30,601.76	49,156.60	79,758.36	26.8
16 - 18	6	5.5	$51.15	28,399.98	28,451.13	9.6
8 - 10	3	2.7	$1,546.76	4,679.16	6,225.92	2.1
12 - 14	3	2.7	$3,423.33	1,023.73	4,447.06	1.5
4 - 6	10	9.1	$2,935.54	0.00	2,935.54	1.0
28 - 30	2	1.8	$0.00	2,500.00	2,500.00	0.8
6 - 8	5	4.5	$1,125.93	715.96	1,841.89	0.6
10 - 12	4	3.6	$307.28	942.72	1,250.00	0.4
26 - 28	2	1.8	$0.00	1,250.00	1,250.00	0.4
24 - 26	4	3.6	$355.13	0.00	355.13	0.1
18 - 20	2	1.8	$0.00	0.00	0.00	0.0
14 - 16	3	2.7	$0.00	0.00	0.00	0.0
30 - 32	2	1.8	$0.00	0.00	0.00	0.0
48 - 50	1	0.9	$0.00	0.00	0.00	0.0
Totals:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	
Age of Claimant						
40 - 44	14	12.7	$54,513.46	159,367.93	213,881.39	72.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	11	10.0	$18.82	30,899.98	30,918.80	10.4
55 - 59	13	11.8	$7,086.64	15,386.08	22,472.72	7.6
60 - 64	10	9.1	$4,588.66	5,621.88	10,210.54	3.4
35 - 39	10	9.1	$4,102.99	1,661.50	5,764.49	1.9
45 - 49	18	16.4	$3,177.67	1,023.73	4,201.40	1.4
50 - 54	11	10.0	$1,605.41	1,687.40	3,292.81	1.1
30 - 34	13	11.8	$210.42	2,500.00	2,710.42	0.9
25 - 29	6	5.5	$906.02	1,480.04	2,386.06	0.8
20 - 24	2	1.8	$790.58	459.42	1,250.00	0.4
75 - 79	1	0.9	$32.33	0.00	32.33	0.0
70 - 74	1	0.9	$18.82	0.00	18.82	0.0
Totals:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	
SEX OF CLAIMANT						
Male	22	20.0	$34,161.79	122,193.49	156,355.28	52.6
Female	88	80.0	$42,890.03	97,894.47	140,784.50	47.4
Totals:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	
LOSS CAUSE						
Walking surface, outside, wet	9	8.2	$31,898.12	113,630.93	145,529.05	49.0
Vehicle/car/truck	49	44.5	$32,757.88	53,299.09	86,056.97	29.0
N/A	2	1.8	$229.24	28,399.98	28,629.22	9.6
Floor	8	7.3	$5,851.56	15,386.08	21,237.64	7.1
Paper / Pulp	1	0.9	$1,345.84	4,679.16	6,025.00	2.0
Stairs, steps	3	2.7	$3,197.06	0.00	3,197.06	1.1
Walking surface, inside, dry	2	1.8	$591.89	1,250.00	1,841.89	0.6
Glass bottle / sheet	2	1.8	$307.28	942.72	1,250.00	0.4
Sharp objects, not otherwise classil	2	1.8	$0.00	1,250.00	1,250.00	0.4
Walking surface, outside, dry	4	3.6	$0.00	1,250.00	1,250.00	0.4
Ground control unit/aerial	1	0.9	$436.06	0.00	436.06	0.1
Chair	5	4.5	$355.13	0.00	355.13	0.1
Docks,Ramps,Loading Platforms	1	0.9	$32.33	0.00	32.33	0.0
Chemicals, not otherwise classified	5	4.5	$30.61	0.00	30.61	0.0
Furniture / fixtures	1	0.9	$18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	0.9	$0.00	0.00	0.00	0.0
Cabinet	2	1.8	$0.00	0.00	0.00	0.0
Elevators, escalators	1	0.9	$0.00	0.00	0.00	0.0
Metal items	1	0.9	$0.00	0.00	0.00	0.0
Object on Floor	1	0.9	$0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Oil	1	0.9	$0.00	0.00	0.00	0.0
Person	2	1.8	$0.00	0.00	0.00	0.0
Shelving	1	0.9	$0.00	0.00	0.00	0.0
Vehicle, fork truck	1	0.9	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	1.8	$0.00	0.00	0.00	0.0
Wall	1	0.9	$0.00	0.00	0.00	0.0
Water	1	0.9	$0.00	0.00	0.00	0.0
Totals:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	10	9.1	31,898.12	113,630.93	145,529.05	49.0
Collision with Another Vehicle	28	25.5	32,438.29	51,051.25	83,489.54	28.1
Other Injury NEC	4	3.6	86.25	28,399.98	28,486.23	9.6
Fall On the Same Level	15	13.6	6,443.45	17,886.08	24,329.53	8.2
Lifting	1	0.9	1,345.84	4,679.16	6,025.00	2.0
Fall/Slip on Stairs	3	2.7	3,197.06	0.00	3,197.06	1.1
Collision with a Fixed Object	8	7.3	252.16	997.84	1,250.00	0.4
Hand Tool, Utensil; Not Powered	3	2.7	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Falling or Flying (	2	1.8	307.28	942.72	1,250.00	0.4
Struck/Injured By Motor Vehicle	10	9.1	0.00	1,250.00	1,250.00	0.4
Striking Against or Stepping On, NC	2	1.8	791.19	0.00	791.19	0.3
Twisting	2	1.8	210.42	0.00	210.42	0.1
Fall, Slip or Trip, NOC	1	0.9	32.33	0.00	32.33	0.0
Absorption, Ingestion or Inhalation	4	3.6	30.61	0.00	30.61	0.0
Pushing or Pulling	1	0.9	18.82	0.00	18.82	0.0
Broken Glass	1	0.9	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	0.9	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	6	5.5	0.00	0.00	0.00	0.0
Fall/Slip into Openings	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
Strike Against/Step On Stationary (	1	0.9	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	0.9	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, P	2	1.8	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	1.8	0.00	0.00	0.00	0.0
Sum:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	
BODY PART						
Multiple Body Parts Multiple Body	18	16.4	65,847.38	179,394.89	245,242.27	82.5
Trunk Heart	1	0.9	18.82	28,399.98	28,418.80	9.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	4	3.6	6,132.60	0.00	6,132.60	2.1
Upper Extremities Hand	2	1.8	1,345.84	4,679.16	6,025.00	2.0
Upper Extremities Multiple Upper E	3	2.7	1,038.87	1,461.13	2,500.00	0.8
Trunk Low Back Area (Incl. Lumba	3	2.7	663.50	997.84	1,661.34	0.6
Lower Extremities Knee	7	6.4	32.33	1,250.00	1,282.33	0.4
Head Eye(s)	1	0.9	0.00	1,250.00	1,250.00	0.4
Head Facial Bones	1	0.9	0.00	1,250.00	1,250.00	0.4
Lower Extremities Multiple Lower E	2	1.8	304.46	945.54	1,250.00	0.4
Multiple Body Parts No Physical In	48	43.6	790.58	459.42	1,250.00	0.4
Lower Extremities Foot	3	2.7	436.06	0.00	436.06	0.1
Trunk Chest (Incl. Ribs, Sternum &	1	0.9	355.13	0.00	355.13	0.1
Multiple Body Parts Body Systems	1	0.9	67.43	0.00	67.43	0.0
Trunk Upper Back Area (Thoracic	1	0.9	18.82	0.00	18.82	0.0
Head Other facial soft tissue	4	3.6	0.00	0.00	0.00	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
Lower Extremities Lower Leg	2	1.8	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)	3	2.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	0.9	0.00	0.00	0.00	0.0
Sum:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	

INJURY

Multiple Physical Injury Only	21	19.1	62,188.26	170,378.19	232,566.45	78.3
All Other (Specific) Injuries, NOC	1	0.9	18.82	28,399.98	28,418.80	9.6
Strain	7	6.4	6,288.25	16,409.81	22,698.06	7.6
Sprain	8	7.3	3,197.06	1,250.00	4,447.06	1.5
Fracture	3	2.7	3,309.49	0.00	3,309.49	1.1
Contusion (Bruise, Skin Surface)	5	4.5	760.36	1,940.56	2,700.92	0.9
No Physical Injury	51	46.4	822.91	459.42	1,282.33	0.4
Concussion (Brain, Cerebral)	1	0.9	0.00	1,250.00	1,250.00	0.4
Laceration	4	3.6	436.06	0.00	436.06	0.1
Poisoning - Chemical (Other than M	4	3.6	30.61	0.00	30.61	0.0
Inflammation	2	1.8	0.00	0.00	0.00	0.0
Puncture	3	2.7	0.00	0.00	0.00	0.0
Sum:	**110**		**$77,051.82**	**$220,087.96**	**$297,139.78**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
TYPE OF CLAIM						
Indemnity	47	14.4	732,884.68	942,450.73	1,675,335.41	0.76
Medical Only	158	48.3	179,233.90	357,337.58	536,571.48	0.24
Reporting Purposes Only	122	37.3	0.00	0.00	0.00	0
Sum:	**327**		**912,118.58**	**1,299,788.31**	**2,211,906.89**	
TIME OF INJURY						
12PM - 1:59PM	49	15.0	331,823.24	306,576.11	638,399.35	28.9
2PM - 3:59PM	65	19.9	143,659.82	329,828.83	473,488.65	21.4
10AM - 11:59AM	43	13.1	75,715.89	90,948.74	166,664.63	7.5
4PM - 5:59PM	26	8.0	57,174.03	106,095.84	163,269.87	7.4
10PM - 11:59PM	19	5.8	44,504.91	87,628.22	132,133.13	6.0
8PM - 9:59PM	22	6.7	40,155.27	89,199.66	129,354.93	5.8
2AM - 3:59AM	17	5.2	53,936.94	63,979.20	117,916.14	5.3
8AM - 9:59AM	27	8.3	20,681.12	72,161.49	92,842.61	4.2
12AM - 1:59AM	14	4.3	41,765.23	49,917.18	91,682.41	4.1
4AM - 5:59AM	9	2.8	60,964.22	14,811.27	75,775.49	3.4
6PM - 7:59PM	14	4.3	24,646.18	48,481.50	73,127.68	3.3
6AM - 7:59AM	22	6.7	17,091.73	40,160.27	57,252.00	2.6
Totals:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	
LENGTH OF SERVICE						
22 - 24	7	2.1	$85,921.57	236,143.02	322,064.59	14.6
0 - 2	65	19.9	$190,653.09	119,014.67	309,667.76	14.0
2 - 4	39	11.9	$101,129.42	163,345.80	264,475.22	12.0
10 - 12	22	6.7	$58,887.99	185,159.84	244,047.83	11.0
12 - 14	21	6.4	$117,137.22	90,462.51	207,599.73	9.4
4 - 6	35	10.7	$67,589.39	123,495.71	191,085.10	8.6
20 - 22	18	5.5	$71,102.67	113,174.39	184,277.06	8.3
36 - 38	2	0.6	$65,451.37	24,960.40	90,411.77	4.1
6 - 8	41	12.5	$34,078.71	51,104.70	85,183.41	3.9
8 - 10	23	7.0	$30,195.70	45,781.89	75,977.59	3.4
18 - 20	13	4.0	$52,553.54	0.00	52,553.54	2.4
16 - 18	5	1.5	$15,981.34	19,846.31	35,827.65	1.6
14 - 16	6	1.8	$2,030.73	31,956.14	33,986.87	1.5
24 - 26	13	4.0	$6,113.65	27,096.30	33,209.95	1.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
38 - 40	1	0.3	$61.41	23,857.41	23,918.82	1.1
34 - 36	4	1.2	$2,308.51	19,404.04	21,712.55	1.0
28 - 30	3	0.9	$5,346.94	15,978.28	21,325.22	1.0
26 - 28	3	0.9	$1,043.10	9,006.90	10,050.00	0.5
32 - 34	3	0.9	$4,532.23	0.00	4,532.23	0.2
42 - 44	1	0.3	$0.00	0.00	0.00	0.0
30 - 32	1	0.3	$0.00	0.00	0.00	0.0
40 - 42	1	0.3	$0.00	0.00	0.00	0.0
Totals:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	
Age of Claimant						
40 - 44	31	9.5	$200,578.93	344,035.78	544,614.71	24.6
25 - 29	72	22.0	$162,653.77	284,534.57	447,188.34	20.2
35 - 39	36	11.0	$153,261.22	173,976.07	327,237.29	14.8
55 - 59	25	7.6	$83,469.09	136,652.18	220,121.27	10.0
20 - 24	31	9.5	$142,203.95	56,589.07	198,793.02	9.0
45 - 49	29	8.9	$34,123.26	155,696.39	189,819.65	8.6
60 - 64	13	4.0	$68,092.49	61,923.95	130,016.44	5.9
30 - 34	60	18.3	$46,161.74	63,110.59	109,272.33	4.9
50 - 54	25	7.6	$21,524.33	22,019.71	43,544.04	2.0
75 - 79	1	0.3	$0.00	1,250.00	1,250.00	0.1
65 - 69	4	1.2	$49.80	0.00	49.80	0.0
Totals:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	
SEX OF CLAIMANT						
Male	281	85.9	$697,468.42	1,148,026.56	1,845,494.98	83.4
Female	46	14.1	$214,650.16	151,761.75	366,411.91	16.6
Totals:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	
LOSS CAUSE						
Vehicle/car/truck	67	20.5	$261,488.05	359,682.29	621,170.34	28.1
Outside Surface	13	4.0	$82,476.08	214,581.96	297,058.04	13.4
N/A	13	4.0	$16,342.83	179,611.23	195,954.06	8.9
Training \ Drills	19	5.8	$135,593.07	51,516.85	187,109.92	8.5
Walking surface, outside, wet	9	2.8	$97,885.96	79,304.25	177,190.21	8.0
Battering ram	1	0.3	$43,572.49	90,521.73	134,094.22	6.1
Animal, not otherwise classified	15	4.6	$85,509.09	44,594.84	130,103.93	5.9
Walking surface, inside, dry	3	0.9	$29,153.26	54,701.30	83,854.56	3.8
Work surface	1	0.3	$46,240.86	0.00	46,240.86	2.1
Environmental conditions	3	0.9	$0.00	43,118.82	43,118.82	1.9

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person	36	11.0	$16,060.72	24,639.87	40,700.59	1.8
Dolly	1	0.3	$14,372.51	19,846.31	34,218.82	1.5
Window frame	1	0.3	$8,558.42	24,960.40	33,518.82	1.5
Walking surface, outside, dry	10	3.1	$21,318.57	1,427.78	22,746.35	1.0
Vehicle, not otherwise classified	6	1.8	$5,041.22	17,364.26	22,405.48	1.0
Gun / gunshot	4	1.2	$2,267.32	19,404.04	21,671.36	1.0
Pike pole 10'	1	0.3	$4,412.89	12,255.62	16,668.51	0.8
Glass bottle / sheet	3	0.9	$1,856.91	13,661.91	15,518.82	0.7
Brush / tree / log	5	1.5	$4,925.14	10,218.74	15,143.88	0.7
Overhead Object	1	0.3	$2,011.91	11,856.14	13,868.05	0.6
Machine, not otherwise classified	1	0.3	$1,913.63	9,187.72	11,101.35	0.5
Water	1	0.3	$0.00	11,068.82	11,068.82	0.5
Stairs, steps	7	2.1	$4,956.45	1,250.00	6,206.45	0.3
Door	6	1.8	$5,251.56	0.00	5,251.56	0.2
Tire	6	1.8	$3,773.93	0.00	3,773.93	0.2
Object on Floor	4	1.2	$3,071.95	13.43	3,085.38	0.1
Patient / Inmate	8	2.4	$1,502.58	1,250.00	2,752.58	0.1
Metal items	3	0.9	$2,269.51	0.00	2,269.51	0.1
Office equipment	3	0.9	$603.80	1,250.00	1,853.80	0.1
Uneven Surface	4	1.2	$1,825.18	0.00	1,825.18	0.1
Dust	2	0.6	$1,821.83	0.00	1,821.83	0.1
Tool Stand	1	0.3	$1,458.23	0.00	1,458.23	0.1
Chair	3	0.9	$46.69	1,250.00	1,296.69	0.1
Sharp objects, not otherwise classil	3	0.9	$0.00	1,250.00	1,250.00	0.1
Infectious agent	3	0.9	$1,086.92	0.00	1,086.92	0.0
Organic Material	4	1.2	$793.32	0.00	793.32	0.0
Wall	2	0.6	$789.81	0.00	789.81	0.0
Ergonomic Conditions	3	0.9	$672.24	0.00	672.24	0.0
Stone / rock / brick	1	0.3	$491.89	0.00	491.89	0.0
Chemicals, not otherwise classified	12	3.7	$380.00	0.00	380.00	0.0
Jack	1	0.3	$289.93	0.00	289.93	0.0
Animal / tick, spider, etc.	5	1.5	$31.83	0.00	31.83	0.0
Animal / bee type	2	0.6	$0.00	0.00	0.00	0.0
Animal / insect, not otherwise class	9	2.8	$0.00	0.00	0.00	0.0
Bacteria	1	0.3	$0.00	0.00	0.00	0.0
Beam	1	0.3	$0.00	0.00	0.00	0.0
Boxes / containers	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

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Computer Work Station	2	0.6	$0.00	0.00	0.00	0.0
Cords	1	0.3	$0.00	0.00	0.00	0.0
Fencing	2	0.6	$0.00	0.00	0.00	0.0
Floor	4	1.2	$0.00	0.00	0.00	0.0
Foreign Object	2	0.6	$0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.3	$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	2	0.6	$0.00	0.00	0.00	0.0
Ladder - Portable	1	0.3	$0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	0.3	$0.00	0.00	0.00	0.0
Shears	1	0.3	$0.00	0.00	0.00	0.0
Totals:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	20	6.1	97,077.84	191,108.58	288,186.42	13.0
Fall/Slip into Openings	3	0.9	79,875.71	205,752.19	285,627.90	12.9
Collision with Another Vehicle	21	6.4	102,872.35	139,284.04	242,156.39	10.9
Twisting	8	2.4	179,112.30	41,410.14	220,522.44	10.0
Other Injury NEC	38	11.6	22,324.47	139,478.91	161,803.38	7.3
Wielding or Throwing	1	0.3	43,572.49	90,521.73	134,094.22	6.1
Fall, Slip or Trip, NOC	7	2.1	77,020.09	56,365.69	133,385.78	6.0
Fall On the Same Level	29	8.9	79,922.89	2,225.28	82,148.17	3.7
Motor Vehicle, NOC	10	3.1	43,210.21	36,647.39	79,857.60	3.6
Running and Training	2	0.6	21,717.52	54,701.30	76,418.82	3.5
Pushing or Pulling	6	1.8	12,462.47	44,998.91	57,461.38	2.6
Struck/Injured By Animal or Insect	20	6.1	25,528.54	31,163.02	56,691.56	2.6
Fall/Slip From a Different Level	9	2.8	19,404.35	32,528.13	51,932.48	2.3
Collision with a Fixed Object	9	2.8	17,397.52	25,887.72	43,285.24	2.0
Temperature Extremes	2	0.6	0.00	43,118.82	43,118.82	1.9
Fall/Slip on Ice or Snow	6	1.8	18,005.19	20,514.29	38,519.48	1.7
Cumulative (All Other)	3	0.9	48.75	37,088.89	37,137.64	1.7
Struck/Injured By Falling or Flying (	2	0.6	9,007.59	24,960.40	33,967.99	1.5
Strain or Injury By, NOC	10	3.1	5,346.94	15,978.28	21,325.22	1.0
Struck/Injured By Object Being Lifte	3	0.9	5,871.12	12,255.62	18,126.74	0.8
Holding or Carrying	4	1.2	2,913.78	13,431.82	16,345.60	0.7
Broken Glass	5	1.5	824.76	14,694.06	15,518.82	0.7
Vehicle Upset	1	0.3	11,996.72	0.00	11,996.72	0.5
Cut, Punctured, Scraped, NOC	12	3.7	9,316.63	2,501.99	11,818.62	0.5
Contact with Abnormal Air Pressure	1	0.3	0.00	11,068.82	11,068.82	0.5
Jumping	2	0.6	7,435.74	0.00	7,435.74	0.3

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other than Physical Cause of Injury	13	4.0	130.12	6,834.44	6,964.56	0.3
Fall/Slip on Stairs	5	1.5	4,201.26	1,250.00	5,451.26	0.2
Struck or Injury By, NOC	5	1.5	4,696.02	0.00	4,696.02	0.2
Slipped, Did Not Fall	3	0.9	2,314.22	1,250.00	3,564.22	0.2
Struck/Injured By Fellow Worker, P	7	2.1	1,762.26	1,300.00	3,062.26	0.1
Caught In/Between-Object Handlec	1	0.3	2,287.40	0.00	2,287.40	0.1
Foreign Body in Eye	3	0.9	1,412.15	217.85	1,630.00	0.1
Lifting	5	1.5	1,486.53	0.00	1,486.53	0.1
Mold, Including Mildew	1	0.3	0.00	1,250.00	1,250.00	0.1
Reaching	2	0.6	672.24	0.00	672.24	0.0
Caught In, Under or Between, NOC	5	1.5	447.94	0.00	447.94	0.0
Hand Tool, Utensil; Not Powered	4	1.2	289.93	0.00	289.93	0.0
Repetitive Motion (after 7/1/94)	3	0.9	152.54	0.00	152.54	0.0
Absorption, Ingestion or Inhalation	8	2.4	0.00	0.00	0.00	0.0
Bitten	8	2.4	0.00	0.00	0.00	0.0
Bodily Reaction	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
Contact With Not Otherwise Classif	4	1.2	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	3	0.9	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffoldin	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
Object Being Lifted or Handled	1	0.3	0.00	0.00	0.00	0.0
Person in Act of Crime	1	0.3	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	4	1.2	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	3	0.9	0.00	0.00	0.00	0.0
Sum:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	

BODY PART

Multiple Body Parts Multiple Body	55	16.8	244,251.22	309,029.60	553,280.82	25.0
Lower Extremities Knee	21	6.4	212,570.52	136,101.53	348,672.05	15.8
Trunk Heart	7	2.1	16,025.42	215,895.61	231,921.03	10.5
Lower Extremities Lower Leg	10	3.1	89,355.30	135,305.24	224,660.54	10.2
Upper Extremities Shoulder(s)	16	4.9	63,906.30	149,717.39	213,623.69	9.7
Upper Extremities Wrist	9	2.8	102,929.77	54,461.76	157,391.53	7.1
Lower Extremities Ankle	13	4.0	33,565.57	62,725.60	96,291.17	4.4
Trunk Low Back Area (Incl. Lumba	15	4.6	59,412.52	30,804.65	90,217.17	4.1
Upper Extremities Hand	31	9.5	20,489.11	24,647.10	45,136.21	2.0
Lower Extremities Great Toe	1	0.3	18.82	30,700.00	30,718.82	1.4
Upper Extremities Lower Arm	12	3.7	5,005.51	23,243.42	28,248.93	1.3

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Multiple Upper E	6	1.8	7,713.35	19,812.19	27,525.54	1.2
Multiple Body Parts No Physical In	21	6.4	793.75	22,284.44	23,078.19	1.0
Upper Extremities Upper Arm (Incl	5	1.5	2,491.80	19,404.04	21,895.84	1.0
Head Other facial soft tissue	5	1.5	1,043.10	20,075.72	21,118.82	1.0
Head Eye(s)	10	3.1	6,716.84	12,473.47	19,190.31	0.9
Head Multiple Head Injury	3	0.9	2,239.55	11,934.87	14,174.42	0.6
Multiple Body Parts Body Systems	6	1.8	13,541.10	0.00	13,541.10	0.6
Trunk Chest (Incl. Ribs, Sternum &	8	2.4	4,155.65	7,943.46	12,099.11	0.5
Upper Extremities Thumb	5	1.5	1,676.08	7,736.05	9,412.13	0.4
Upper Extremities Finger(s)	15	4.6	7,238.94	0.00	7,238.94	0.3
Head Brain	1	0.3	4,811.55	1.00	4,812.55	0.2
Lower Extremities Upper Leg	9	2.8	433.81	4,018.82	4,452.63	0.2
Lower Extremities Foot	6	1.8	4,042.41	0.00	4,042.41	0.2
Trunk Lung(s)	3	0.9	1,821.83	0.00	1,821.83	0.1
Head Teeth	2	0.6	1,458.23	0.00	1,458.23	0.1
Head Nose	2	0.6	1,417.84	0.00	1,417.84	0.1
Lower Extremities Hip	1	0.3	1,027.65	222.35	1,250.00	0.1
Multiple Body Parts Insufficient Info	1	0.3	0.00	1,250.00	1,250.00	0.1
Trunk Abdomen Including Groin	2	0.6	1,156.73	0.00	1,156.73	0.1
Upper Extremities Wrist(s) and Ha	3	0.9	808.31	0.00	808.31	0.0
Head Ear(s)	2	0.6	0.00	0.00	0.00	0.0
Head Facial Bones	1	0.3	0.00	0.00	0.00	0.0
Head Mouth	1	0.3	0.00	0.00	0.00	0.0
Head Skull	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
Multiple Body Parts Whole Body	4	1.2	0.00	0.00	0.00	0.0
Neck Multiple Neck Injury	2	0.6	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	3	0.9	0.00	0.00	0.00	0.0
Neck Spinal Cord	1	0.3	0.00	0.00	0.00	0.0
Trunk Buttocks	3	0.9	0.00	0.00	0.00	0.0
Trunk Multiple Trunk	1	0.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	3	0.9	0.00	0.00	0.00	0.0
Sum:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	

INJURY

Multiple Physical Injury Only	41	12.5	176,137.27	284,411.74	460,549.01	20.8
Strain	46	14.1	138,818.73	251,472.78	390,291.51	17.6
All Other (Specific) Injuries, NOC	27	8.3	212,353.60	97,775.83	310,129.43	14.0
Fracture	10	3.1	123,520.63	80,382.98	203,903.61	9.2

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	26	8.0	91,069.88	81,202.75	172,272.63	7.8
Myocardial Infarction (Heart Attack)	7	2.1	16,166.92	152,676.79	168,843.71	7.6
Rupture	3	0.9	43,659.21	54,701.30	98,360.51	4.4
Laceration	43	13.1	25,011.20	67,240.64	92,251.84	4.2
Sprain	21	6.4	24,936.67	43,838.01	68,774.68	3.1
Puncture	9	2.8	23,939.08	22,306.97	46,246.05	2.1
Heat Prostration	4	1.2	0.00	43,118.82	43,118.82	1.9
Multiple Injury Inc. Physical & Psycl	2	0.6	17,323.86	23,520.58	40,844.44	1.8
Inflammation	18	5.5	8,171.70	30,282.14	38,453.84	1.7
All Other Occupational Disease	1	0.3	18.82	20,100.00	20,118.82	0.9
Concussion (Brain, Cerebral)	3	0.9	5,295.50	11,935.87	17,231.37	0.8
No Physical Injury	36	11.0	1,711.53	15,450.00	17,161.53	0.8
Vascular Loss	1	0.3	0.00	11,068.82	11,068.82	0.5
Mental Stress	1	0.3	84.38	6,834.44	6,918.82	0.3
Burn	5	1.5	1,696.16	0.00	1,696.16	0.1
Foreign Body (Eye)	8	2.4	1,412.15	217.85	1,630.00	0.1
Respiratory Disorders(Gases,Fume	2	0.6	0.00	1,250.00	1,250.00	0.1
Contagious Disease	5	1.5	636.66	0.00	636.66	0.0
Crushing	2	0.6	154.63	0.00	154.63	0.0
All Other Cumulative Injury	1	0.3	0.00	0.00	0.00	0.0
Carpal Tunnel Syndrome	2	0.6	0.00	0.00	0.00	0.0
Loss of Hearing	1	0.3	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than M	2	0.6	0.00	0.00	0.00	0.0
Sum:	**327**		**$912,118.58**	**$1,299,788.31**	**$2,211,906.89**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
161 - TAXATION, DEPARTMENT OF						
TYPE OF CLAIM						
Indemnity	1	20.0	11,507.35	32,335.91	43,843.26	0.96
Medical Only	3	60.0	1,745.59	0.00	1,745.59	0.04
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0
Sum:	**5**		**13,252.94**	**32,335.91**	**45,588.85**	
TIME OF INJURY						
8AM - 9:59AM	1	20.0	11,507.35	32,335.91	43,843.26	96.2
6AM - 7:59AM	1	20.0	1,745.59	0.00	1,745.59	3.8
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
4PM - 5:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
LENGTH OF SERVICE						
16 - 18	1	20.0	$11,507.35	32,335.91	43,843.26	96.2
10 - 12	1	20.0	$1,745.59	0.00	1,745.59	3.8
0 - 2	1	20.0	$0.00	0.00	0.00	0.0
22 - 24	1	20.0	$0.00	0.00	0.00	0.0
42 - 44	1	20.0	$0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
Age of Claimant						
55 - 59	2	40.0	$11,507.35	32,335.91	43,843.26	96.2
45 - 49	1	20.0	$1,745.59	0.00	1,745.59	3.8
60 - 64	2	40.0	$0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
SEX OF CLAIMANT						
Female	4	80.0	$13,252.94	32,335.91	45,588.85	100.0
Male	1	20.0	$0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
LOSS CAUSE						
Walking surface, outside, wet	1	20.0	$11,507.35	32,335.91	43,843.26	96.2
Minerals / dirt	1	20.0	$1,745.59	0.00	1,745.59	3.8
Door	2	40.0	$0.00	0.00	0.00	0.0
Floor	1	20.0	$0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	20.0	11,507.35	32,335.91	43,843.26	96.2
Fall On the Same Level	2	40.0	1,745.59	0.00	1,745.59	3.8
Striking Against or Stepping On, NC	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
BODY PART						
Lower Extremities Ankle	2	40.0	13,252.94	32,335.91	45,588.85	100.0
Multiple Body Parts Multiple Body	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
Upper Extremities Multiple Upper E	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
INJURY						
Fracture	1	20.0	11,507.35	32,335.91	43,843.26	96.2
Sprain	1	20.0	1,745.59	0.00	1,745.59	3.8
Contusion (Bruise, Skin Surface)	3	60.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
171 - STATE CORPORATION COMMISSION						
TYPE OF CLAIM						
Medical Only	3	75.0	0.00	1,250.00	1,250.00	1
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0
Sum:	**4**		**0.00**	**1,250.00**	**1,250.00**	
TIME OF INJURY						
8AM - 9:59AM	1	25.0	0.00	1,250.00	1,250.00	100.0
2PM - 3:59PM	1	25.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
18 - 20	1	25.0	$0.00	1,250.00	1,250.00	100.0
0 - 2	1	25.0	$0.00	0.00	0.00	0.0
2 - 4	1	25.0	$0.00	0.00	0.00	0.0
6 - 8	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
65 - 69	1	25.0	$0.00	1,250.00	1,250.00	100.0
15 - 19	1	25.0	$0.00	0.00	0.00	0.0
25 - 29	1	25.0	$0.00	0.00	0.00	0.0
60 - 64	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	3	75.0	$0.00	1,250.00	1,250.00	100.0
Female	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Floor	1	25.0	$0.00	1,250.00	1,250.00	100.0
Cabinet	1	25.0	$0.00	0.00	0.00	0.0
N/A	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
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	25.0	0.00	1,250.00	1,250.00	100.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	1	25.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	25.0	0.00	0.00	0.00	0.0
Lifting	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Shoulder(s)	1	25.0	0.00	1,250.00	1,250.00	100.0
Lower Extremities Ankle	1	25.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	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
Sum:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Dislocation	1	25.0	0.00	1,250.00	1,250.00	100.0
Sprain	2	50.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
172 - Virginia Lottery						
TYPE OF CLAIM						
Reporting Purposes Only	9	100.0	0.00	0.00	0.00	0
Sum:	**9**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
12AM - 1:59AM	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
10AM - 11:59AM	3	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	11.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	22.2	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	4	44.4	$0.00	0.00	0.00	0.0
2 - 4	1	11.1	$0.00	0.00	0.00	0.0
4 - 6	2	22.2	$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
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	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
50 - 54	1	11.1	$0.00	0.00	0.00	0.0
60 - 64	5	55.6	$0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	6	66.7	$0.00	0.00	0.00	0.0
Male	3	33.3	$0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chair	1	11.1	$0.00	0.00	0.00	0.0
Elevators, escalators	1	11.1	$0.00	0.00	0.00	0.0
Floor	1	11.1	$0.00	0.00	0.00	0.0
Furniture / fixtures	1	11.1	$0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Insufficient data	1	11.1	$0.00	0.00	0.00	0.0
N/A	1	11.1	$0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	22.2	$0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Bodily Reaction	1	11.1	0.00	0.00	0.00	0.0
Fall On the Same Level	3	33.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	11.1	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	11.1	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	11.1	0.00	0.00	0.00	0.0
Twisting	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	3	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	3	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	11.1	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertel	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hai	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	11.1	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	11.1	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Laceration	2	22.2	0.00	0.00	0.00	0.0
No Physical Injury	2	22.2	0.00	0.00	0.00	0.0
Strain	2	22.2	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
181 - LABOR AND INDUSTRY, DEPT OF						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0
Sum:	**2**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	50.0	$0.00	0.00	0.00	0.0
10 - 12	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	50.0	$0.00	0.00	0.00	0.0
55 - 59	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	$0.00	0.00	0.00	0.0
Male	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	$0.00	0.00	0.00	0.0
Wires	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
182 - VIRGINIA EMPLOYMENT COMMISSION						
TYPE OF CLAIM						
Medical Only	6	50.0	97.93	0.00	97.93	1
Reporting Purposes Only	6	50.0	0.00	0.00	0.00	0
Sum:	**12**		**97.93**	**0.00**	**97.93**	
TIME OF INJURY						
10AM - 11:59AM	2	16.7	55.85	0.00	55.85	57.0
8AM - 9:59AM	2	16.7	23.26	0.00	23.26	23.8
2PM - 3:59PM	4	33.3	18.82	0.00	18.82	19.2
6AM - 7:59AM	2	16.7	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	16.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
LENGTH OF SERVICE						
0 - 2	8	66.7	$49.11	0.00	49.11	50.1
18 - 20	1	8.3	$30.00	0.00	30.00	30.6
2 - 4	2	16.7	$18.82	0.00	18.82	19.2
4 - 6	1	8.3	$0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
Age of Claimant						
45 - 49	2	16.7	$55.85	0.00	55.85	57.0
55 - 59	2	16.7	$23.26	0.00	23.26	23.8
40 - 44	2	16.7	$18.82	0.00	18.82	19.2
15 - 19	1	8.3	$0.00	0.00	0.00	0.0
20 - 24	1	8.3	$0.00	0.00	0.00	0.0
50 - 54	2	16.7	$0.00	0.00	0.00	0.0
65 - 69	2	16.7	$0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
SEX OF CLAIMANT						
Female	10	83.3	$97.93	0.00	97.93	100.0
Male	2	16.7	$0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
LOSS CAUSE						
Walking surface, inside, dry	1	8.3	$30.00	0.00	30.00	30.6
Outside Surface	1	8.3	$25.85	0.00	25.85	26.4
Water	1	8.3	$23.26	0.00	23.26	23.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Furniture / fixtures	2	16.7	$18.82	0.00	18.82	19.2
Floor	4	33.3	$0.00	0.00	0.00	0.0
Ladder - Portable	1	8.3	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	16.7	$0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
ACCIDENT TYPE						
Twisting	1	8.3	30.00	0.00	30.00	30.6
Fall On the Same Level	6	50.0	25.85	0.00	25.85	26.4
Contact with Hot Object or Substan	1	8.3	23.26	0.00	23.26	23.8
Other Injury NEC	1	8.3	18.82	0.00	18.82	19.2
Cut, Punctured, Scraped, NOC	1	8.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	8.3	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$97.93**	**$0.00**	**$97.93**	
BODY PART						
Multiple Body Parts Multiple Body	4	33.3	49.11	0.00	49.11	50.1
Lower Extremities Ankle	1	8.3	30.00	0.00	30.00	30.6
Multiple Body Parts No Physical In	2	16.7	18.82	0.00	18.82	19.2
Lower Extremities Knee	3	25.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	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
Sum:	**12**		**$97.93**	**$0.00**	**$97.93**	
INJURY						
Sprain	1	8.3	30.00	0.00	30.00	30.6
All Other (Specific) Injuries, NOC	3	25.0	25.85	0.00	25.85	26.4
Burn	1	8.3	23.26	0.00	23.26	23.8
No Physical Injury	4	33.3	18.82	0.00	18.82	19.2
Contusion (Bruise, Skin Surface)	2	16.7	0.00	0.00	0.00	0.0
Strain	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$97.93**	**$0.00**	**$97.93**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
194 - DEPT. OF GENERAL SERVICES						
TYPE OF CLAIM						
Indemnity	5	12.2	6,841.09	58,875.81	65,716.90	0.97
Medical Only	10	24.4	2,217.64	0.00	2,217.64	0.03
Reporting Purposes Only	26	63.4	0.00	0.00	0.00	0
Sum:	**41**		**9,058.73**	**58,875.81**	**67,934.54**	
TIME OF INJURY						
2PM - 3:59PM	6	14.6	6,697.41	49,566.74	56,264.15	82.8
10AM - 11:59AM	9	22.0	1,084.41	4,337.64	5,422.05	8.0
4PM - 5:59PM	8	19.5	445.03	2,802.61	3,247.64	4.8
8AM - 9:59AM	6	14.6	802.77	2,168.82	2,971.59	4.4
12PM - 1:59PM	5	12.2	29.11	0.00	29.11	0.0
12AM - 1:59AM	1	2.4	0.00	0.00	0.00	0.0
6AM - 7:59AM	4	9.8	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	4.9	0.00	0.00	0.00	0.0
Totals:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
LENGTH OF SERVICE						
14 - 16	1	2.4	$6,474.88	49,566.74	56,041.62	82.5
6 - 8	2	4.9	$366.21	4,971.43	5,337.64	7.9
8 - 10	5	12.2	$756.33	4,337.64	5,093.97	7.5
30 - 32	4	9.8	$748.84	0.00	748.84	1.1
0 - 2	12	29.3	$636.92	0.00	636.92	0.9
32 - 34	2	4.9	$46.44	0.00	46.44	0.1
4 - 6	5	12.2	$29.11	0.00	29.11	0.0
2 - 4	4	9.8	$0.00	0.00	0.00	0.0
10 - 12	2	4.9	$0.00	0.00	0.00	0.0
18 - 20	1	2.4	$0.00	0.00	0.00	0.0
24 - 26	1	2.4	$0.00	0.00	0.00	0.0
34 - 36	1	2.4	$0.00	0.00	0.00	0.0
36 - 38	1	2.4	$0.00	0.00	0.00	0.0
Totals:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
Age of Claimant						
70 - 74	2	4.9	$6,474.88	49,566.74	56,041.62	82.5
30 - 34	5	12.2	$366.21	4,971.43	5,337.64	7.9
35 - 39	6	14.6	$0.00	4,337.64	4,337.64	6.4

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	1	2.4	$756.33	0.00	756.33	1.1
20 - 24	4	9.8	$558.10	0.00	558.10	0.8
60 - 64	3	7.3	$526.31	0.00	526.31	0.8
65 - 69	5	12.2	$251.64	0.00	251.64	0.4
45 - 49	2	4.9	$78.82	0.00	78.82	0.1
80 - 84	2	4.9	$46.44	0.00	46.44	0.1
25 - 29	5	12.2	$0.00	0.00	0.00	0.0
55 - 59	6	14.6	$0.00	0.00	0.00	0.0
Totals:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
SEX OF CLAIMANT						
Male	14	34.1	$8,248.99	52,369.35	60,618.34	89.2
Female	27	65.9	$809.74	6,506.46	7,316.20	10.8
Totals:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
LOSS CAUSE						
Platforms	1	2.4	$6,474.88	49,566.74	56,041.62	82.5
Bacteria	5	12.2	$0.00	6,506.46	6,506.46	9.6
Infectious agent	9	22.0	$445.03	2,802.61	3,247.64	4.8
Hand tool, not powered, NOC	2	4.9	$756.33	0.00	756.33	1.1
Furniture / fixtures	1	2.4	$558.10	0.00	558.10	0.8
Glass bottle / sheet	2	4.9	$526.31	0.00	526.31	0.8
Animal / insect, not otherwise class	3	7.3	$222.53	0.00	222.53	0.3
Miscellaneous	1	2.4	$46.44	0.00	46.44	0.1
N/A	1	2.4	$29.11	0.00	29.11	0.0
Animal / tick, spider, etc.	1	2.4	$0.00	0.00	0.00	0.0
Blade	1	2.4	$0.00	0.00	0.00	0.0
Boxes / containers	2	4.9	$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	4.9	$0.00	0.00	0.00	0.0
Floor	3	7.3	$0.00	0.00	0.00	0.0
Object on Floor	1	2.4	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classil	2	4.9	$0.00	0.00	0.00	0.0
Stairs, steps	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, outside, dry	1	2.4	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.4	$0.00	0.00	0.00	0.0
Totals:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	3	7.3	6,521.32	49,566.74	56,088.06	82.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Absorption, Ingestion or Inhalation	16	39.0	445.03	9,309.07	9,754.10	14.4
Hand Tool, Utensil; Not Powered	5	12.2	756.33	0.00	756.33	1.1
Struck or Injury By, NOC	1	2.4	558.10	0.00	558.10	0.8
Broken Glass	2	4.9	526.31	0.00	526.31	0.8
Other Injury NEC	3	7.3	251.64	0.00	251.64	0.4
Bitten	3	7.3	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	2.4	0.00	0.00	0.00	0.0
Fall On the Same Level	3	7.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	2.4	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	2.4	0.00	0.00	0.00	0.0
Lifting	1	2.4	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.4	0.00	0.00	0.00	0.0
Sum:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
BODY PART						
Multiple Body Parts Body Systems	3	7.3	6,503.99	49,566.74	56,070.73	82.5
Multiple Body Parts No Physical In	15	36.6	445.03	9,309.07	9,754.10	14.4
Upper Extremities Finger(s)	7	17.1	1,282.64	0.00	1,282.64	1.9
Upper Extremities Lower Arm	3	7.3	780.63	0.00	780.63	1.1
Lower Extremities Hip	1	2.4	46.44	0.00	46.44	0.1
Lower Extremities Knee	2	4.9	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	2.4	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	2.4	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	2	4.9	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	2.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	2.4	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	2	4.9	0.00	0.00	0.00	0.0
Sum:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	
INJURY						
All Other (Specific) Injuries, NOC	23	56.1	7,217.99	58,875.81	66,093.80	97.3
Laceration	5	12.2	1,282.64	0.00	1,282.64	1.9
Contusion (Bruise, Skin Surface)	2	4.9	558.10	0.00	558.10	0.8
Concussion (Brain, Cerebral)	1	2.4	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	2.4	0.00	0.00	0.00	0.0
No Physical Injury	4	9.8	0.00	0.00	0.00	0.0
Puncture	3	7.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	2	4.9	0.00	0.00	0.00	0.0
Sum:	**41**		**$9,058.73**	**$58,875.81**	**$67,934.54**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
TYPE OF CLAIM						
Indemnity	11	4.2	112,070.84	96,579.35	208,650.19	0.8
Medical Only	63	24.0	36,064.34	15,123.00	51,187.34	0.2
Reporting Purposes Only	188	71.8	0.00	0.00	0.00	0
Sum:	**262**		**148,135.18**	**111,702.35**	**259,837.53**	
TIME OF INJURY						
10AM - 11:59AM	57	21.8	62,478.33	37,459.51	99,937.84	38.5
4PM - 5:59PM	26	9.9	36,199.43	42,575.15	78,774.58	30.3
2PM - 3:59PM	60	22.9	13,576.89	11,420.79	24,997.68	9.6
12PM - 1:59PM	76	29.0	16,535.71	6,606.63	23,142.34	8.9
2AM - 3:59AM	5	1.9	3,592.72	12,456.88	16,049.60	6.2
6PM - 7:59PM	4	1.5	10,006.20	0.00	10,006.20	3.9
8AM - 9:59AM	23	8.8	5,706.43	1,183.39	6,889.82	2.7
8PM - 9:59PM	2	0.8	39.47	0.00	39.47	0.0
12AM - 1:59AM	2	0.8	0.00	0.00	0.00	0.0
4AM - 5:59AM	2	0.8	0.00	0.00	0.00	0.0
6AM - 7:59AM	4	1.5	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	0.4	0.00	0.00	0.00	0.0
Totals:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	
LENGTH OF SERVICE						
0 - 2	160	61.1	$72,030.39	51,665.57	123,695.96	47.6
2 - 4	39	14.9	$68,158.79	32,865.24	101,024.03	38.9
14 - 16	6	2.3	$5,137.41	23,058.41	28,195.82	10.9
20 - 22	1	0.4	$2,036.87	1,631.95	3,668.82	1.4
4 - 6	23	8.8	$18.82	1,231.18	1,250.00	0.5
10 - 12	5	1.9	$0.00	1,250.00	1,250.00	0.5
16 - 18	4	1.5	$588.39	0.00	588.39	0.2
6 - 8	10	3.8	$126.87	0.00	126.87	0.0
22 - 24	1	0.4	$18.82	0.00	18.82	0.0
24 - 26	3	1.1	$18.82	0.00	18.82	0.0
8 - 10	1	0.4	$0.00	0.00	0.00	0.0
12 - 14	2	0.8	$0.00	0.00	0.00	0.0
18 - 20	3	1.1	$0.00	0.00	0.00	0.0
34 - 36	1	0.4	$0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
36 - 38	1	0.4	$0.00	0.00	0.00	0.0
28 - 30	1	0.4	$0.00	0.00	0.00	0.0
26 - 28	1	0.4	$0.00	0.00	0.00	0.0
Totals:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	
Age of Claimant						
40 - 44	18	6.9	$41,867.44	32,865.24	74,732.68	28.8
70 - 74	4	1.5	$33,517.26	30,723.62	64,240.88	24.7
55 - 59	14	5.3	$7,819.68	23,440.36	31,260.04	12.0
25 - 29	23	8.8	$16,468.15	5,651.93	22,120.08	8.5
50 - 54	13	5.0	$10,274.37	7,856.63	18,131.00	7.0
30 - 34	38	14.5	$16,705.83	1,231.18	17,937.01	6.9
15 - 19	38	14.5	$7,265.66	3,683.39	10,949.05	4.2
60 - 64	18	6.9	$9,502.18	0.00	9,502.18	3.7
20 - 24	50	19.1	$2,173.27	6,250.00	8,423.27	3.2
35 - 39	22	8.4	$1,903.11	0.00	1,903.11	0.7
45 - 49	12	4.6	$638.23	0.00	638.23	0.2
65 - 69	9	3.4	$0.00	0.00	0.00	0.0
75 - 79	1	0.4	$0.00	0.00	0.00	0.0
80 - 84	1	0.4	$0.00	0.00	0.00	0.0
10 - 14	1	0.4	$0.00	0.00	0.00	0.0
Totals:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	
SEX OF CLAIMANT						
Male	159	60.7	$117,389.16	97,424.93	214,814.09	82.7
Female	103	39.3	$30,746.02	14,277.42	45,023.44	17.3
Totals:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	
LOSS CAUSE						
Brush / tree / log	9	3.4	$55,104.16	36,209.51	91,313.67	35.1
Vehicle/car/truck	4	1.5	$30,190.05	18,266.74	48,456.79	18.6
Power tool (not hand)	3	1.1	$5,437.84	21,808.41	27,246.25	10.5
Floor	5	1.9	$10,255.55	7,856.63	18,112.18	7.0
Outside Surface	6	2.3	$3,758.98	12,456.88	16,215.86	6.2
Mowers	4	1.5	$10,092.46	0.00	10,092.46	3.9
Object on Floor	1	0.4	$9,356.49	0.00	9,356.49	3.6
Tractor	3	1.1	$6,599.76	0.00	6,599.76	2.5
Trailer Dolly	1	0.4	$5,577.86	0.00	5,577.86	2.1
Walking surface, outside, dry	4	1.5	$2,401.02	1,631.95	4,032.97	1.6
Animal / bee type	11	4.2	$192.34	2,307.66	2,500.00	1.0

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / tick, spider, etc.	101	38.5	$0.00	2,500.00	2,500.00	1.0
Poisonous agent / plant	10	3.8	$1,117.02	1,183.39	2,300.41	0.9
Gas / Fumes	1	0.4	$2,252.10	0.00	2,252.10	0.9
Foreign Object	3	1.1	$1,555.50	0.00	1,555.50	0.6
Animal / insect, not otherwise class	3	1.1	$0.00	1,250.00	1,250.00	0.5
Clothing / jewelry	1	0.4	$0.00	1,250.00	1,250.00	0.5
Environmental conditions	6	2.3	$18.82	1,231.18	1,250.00	0.5
Hand tool, not powered, NOC	2	0.8	$0.00	1,250.00	1,250.00	0.5
Person	2	0.8	$0.00	1,250.00	1,250.00	0.5
Pipe	2	0.8	$0.00	1,250.00	1,250.00	0.5
Beam	1	0.4	$1,124.08	0.00	1,124.08	0.4
Screw driver	1	0.4	$672.00	0.00	672.00	0.3
Rope, cord	2	0.8	$661.11	0.00	661.11	0.3
Sharp objects, not otherwise classil	2	0.8	$594.87	0.00	594.87	0.2
Stone / rock / brick	1	0.4	$413.93	0.00	413.93	0.2
Ladder, 8' step	1	0.4	$404.04	0.00	404.04	0.2
Wood Items	7	2.7	$192.34	0.00	192.34	0.1
Nail	3	1.1	$50.44	0.00	50.44	0.0
Fencing	3	1.1	$39.47	0.00	39.47	0.0
Uneven Surface	3	1.1	$35.31	0.00	35.31	0.0
Boxes / containers	1	0.4	$18.82	0.00	18.82	0.0
Sprayer	1	0.4	$18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	0.4	$0.00	0.00	0.00	0.0
Animal / snake	1	0.4	$0.00	0.00	0.00	0.0
Battery	1	0.4	$0.00	0.00	0.00	0.0
Blade	1	0.4	$0.00	0.00	0.00	0.0
Broom	1	0.4	$0.00	0.00	0.00	0.0
Chainsaw	1	0.4	$0.00	0.00	0.00	0.0
Chain Saw	1	0.4	$0.00	0.00	0.00	0.0
Chair	1	0.4	$0.00	0.00	0.00	0.0
Cleaning Products	1	0.4	$0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	0.4	$0.00	0.00	0.00	0.0
Door	2	0.8	$0.00	0.00	0.00	0.0
Electric Drill	1	0.4	$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.4	$0.00	0.00	0.00	0.0
Floor Jack	1	0.4	$0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.4	$0.00	0.00	0.00	0.0
Grinder	2	0.8	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hammer	3	1.1	$0.00	0.00	0.00	0.0
Hand tool, powered, NOC	2	0.8	$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.4	$0.00	0.00	0.00	0.0
Knife, Utility	1	0.4	$0.00	0.00	0.00	0.0
Machine, not otherwise classified	3	1.1	$0.00	0.00	0.00	0.0
Metal items	1	0.4	$0.00	0.00	0.00	0.0
Miscellaneous	1	0.4	$0.00	0.00	0.00	0.0
N/A	1	0.4	$0.00	0.00	0.00	0.0
Needle stick	1	0.4	$0.00	0.00	0.00	0.0
Office equipment	1	0.4	$0.00	0.00	0.00	0.0
Overhead Object	1	0.4	$0.00	0.00	0.00	0.0
Package	1	0.4	$0.00	0.00	0.00	0.0
Pressure vessels	1	0.4	$0.00	0.00	0.00	0.0
Recreational equipment	1	0.4	$0.00	0.00	0.00	0.0
Sledge hammer	1	0.4	$0.00	0.00	0.00	0.0
Stairs, steps	5	1.9	$0.00	0.00	0.00	0.0
Straps	2	0.8	$0.00	0.00	0.00	0.0
Trash receptacle	2	0.8	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	0.4	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	4	1.5	$0.00	0.00	0.00	0.0
Water	1	0.4	$0.00	0.00	0.00	0.0
Wheel	1	0.4	$0.00	0.00	0.00	0.0
Totals:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	

ACCIDENT TYPE

Struck/Injured By Falling or Flying C	12	4.6	46,197.89	32,865.24	79,063.13	30.4
Struck/Injured By Motor Vehicle	1	0.4	30,116.88	18,266.74	48,383.62	18.6
Fall On the Same Level	9	3.4	16,897.93	12,456.88	29,354.81	11.3
Twisting	5	1.9	5,156.23	21,808.41	26,964.64	10.4
Caught In, Under or Between, NOC	3	1.1	9,032.00	4,594.27	13,626.27	5.2
Fall/Slip From Liquid or Grease Spi	1	0.4	6,221.52	6,606.63	12,828.15	4.9
Fall/Slip From a Different Level	4	1.5	10,193.29	0.00	10,193.29	3.9
Lifting	7	2.7	6,720.76	0.00	6,720.76	2.6
Struck/Injured By Moving Parts of M	3	1.1	6,492.73	0.00	6,492.73	2.5
Struck/Injured By Animal or Insect	76	29.0	192.34	6,057.66	6,250.00	2.4
Other Injury NEC	13	5.0	1,705.41	2,433.39	4,138.80	1.6
Slipped, Did Not Fall	2	0.8	2,036.87	1,631.95	3,668.82	1.4
Absorption, Ingestion or Inhalation	1	0.4	2,252.10	0.00	2,252.10	0.9
Cut, Punctured, Scraped, NOC	10	3.8	825.33	1,250.00	2,075.33	0.8

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand Tool, Utensil; Not Powered	8	3.1	672.00	1,250.00	1,922.00	0.7
Fall, Slip or Trip, NOC	2	0.8	0.00	1,250.00	1,250.00	0.5
Jumping	1	0.4	18.82	1,231.18	1,250.00	0.5
Stepping on Sharp Object	3	1.1	645.31	0.00	645.31	0.2
Strain or Injury By, NOC	4	1.5	556.49	0.00	556.49	0.2
Holding or Carrying	2	0.8	474.02	0.00	474.02	0.2
Object Being Lifted or Handled	1	0.4	413.93	0.00	413.93	0.2
Fall/Slip From Ladder or Scaffoldin	1	0.4	404.04	0.00	404.04	0.2
Fall/Slip into Openings	2	0.8	358.60	0.00	358.60	0.1
Powered Hand Tool; Appliance	4	1.5	300.43	0.00	300.43	0.1
Foreign Body in Eye	5	1.9	152.65	0.00	152.65	0.1
Collision with Another Vehicle	1	0.4	49.84	0.00	49.84	0.0
Fall/Slip on Stairs	5	1.9	24.44	0.00	24.44	0.0
Caught In/Between-Object Handlec	2	0.8	23.33	0.00	23.33	0.0
Bitten	40	15.3	0.00	0.00	0.00	0.0
Bodily Reaction	4	1.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	4	1.5	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	4	1.5	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classif	3	1.1	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.4	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	3	1.1	0.00	0.00	0.00	0.0
Natural Disasters	1	0.4	0.00	0.00	0.00	0.0
Person in Act of Crime	1	0.4	0.00	0.00	0.00	0.0
Reaching	1	0.4	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	0.4	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.4	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Mac	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	2	0.8	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	0.4	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Mac	3	1.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifte	2	0.8	0.00	0.00	0.00	0.0
Temperature Extremes	1	0.4	0.00	0.00	0.00	0.0
Sum:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	
BODY PART						
Lower Extremities Knee	17	6.5	92,293.71	57,719.79	150,013.50	57.7
Trunk Low Back Area (Incl. Lumba	14	5.3	11,858.17	21,808.41	33,666.58	13.0
Multiple Body Parts Multiple Body	26	9.9	13,906.91	12,456.88	26,363.79	10.1
Lower Extremities Ankle	14	5.3	9,876.22	4,594.27	14,470.49	5.6

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist	2	0.8	9,356.49	0.00	9,356.49	3.6
Lower Extremities Foot	11	4.2	2,631.74	1,631.95	4,263.69	1.6
Upper Extremities Finger(s)	14	5.3	911.28	2,500.00	3,411.28	1.3
Upper Extremities Hand	13	5.0	1,486.46	1,250.00	2,736.46	1.1
Upper Extremities Elbow	3	1.1	0.00	2,500.00	2,500.00	1.0
Trunk Lung(s)	1	0.4	2,252.10	0.00	2,252.10	0.9
Upper Extremities Lower Arm	7	2.7	941.52	1,183.39	2,124.91	0.8
Upper Extremities Thumb	8	3.1	541.79	1,250.00	1,791.79	0.7
Lower Extremities Upper Leg	15	5.7	192.34	1,250.00	1,442.34	0.6
Lower Extremities Lower Leg	18	6.9	39.47	1,250.00	1,289.47	0.5
Lower Extremities Toe(s)	3	1.1	10.87	1,250.00	1,260.87	0.5
Upper Extremities Upper Arm (Incl	5	1.9	192.34	1,057.66	1,250.00	0.5
Head Eye(s)	12	4.6	827.30	0.00	827.30	0.3
Lower Extremities Hip	7	2.7	404.04	0.00	404.04	0.2
Trunk Buttocks	4	1.5	187.09	0.00	187.09	0.1
Head Other facial soft tissue	7	2.7	139.00	0.00	139.00	0.1
Trunk Upper Back Area (Thoracic	1	0.4	49.84	0.00	49.84	0.0
Upper Extremities Multiple Upper E	1	0.4	36.50	0.00	36.50	0.0
Head Brain	2	0.8	0.00	0.00	0.00	0.0
Head Ear(s)	4	1.5	0.00	0.00	0.00	0.0
Head Scalp	1	0.4	0.00	0.00	0.00	0.0
Head Skull	5	1.9	0.00	0.00	0.00	0.0
Head Teeth	1	0.4	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	0.4	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	2	0.8	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems	1	0.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	23	8.8	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	2	0.8	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	0.4	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	0.4	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	10	3.8	0.00	0.00	0.00	0.0
Trunk Pelvis	1	0.4	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	3	1.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Ha	1	0.4	0.00	0.00	0.00	0.0
Sum:	**262**		**$148,135.18**	**$111,702.35**	**$259,837.53**	
INJURY						
Multiple Injury Inc. Physical & Psycl	4	1.5	46,122.00	31,615.24	77,737.24	29.9
Crushing	8	3.1	30,554.14	18,266.74	48,820.88	18.8

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	18	6.9	12,712.99	29,646.22	42,359.21	16.3
Contusion (Bruise, Skin Surface)	25	9.5	29,888.65	5,844.27	35,732.92	13.8
All Other (Specific) Injuries, NOC	12	4.6	9,418.78	12,456.88	21,875.66	8.4
Fracture	3	1.1	9,830.51	0.00	9,830.51	3.8
Puncture	60	22.9	1,509.65	6,057.66	7,567.31	2.9
Sprain	15	5.7	2,891.09	2,881.95	5,773.04	2.2
Inflammation	24	9.2	139.00	2,500.00	2,639.00	1.0
Laceration	18	6.9	1,114.89	1,250.00	2,364.89	0.9
Poisoning - Chemical (Other than M	1	0.4	2,252.10	0.00	2,252.10	0.9
Dermatitis	7	2.7	66.61	1,183.39	1,250.00	0.5
No Physical Injury	53	20.2	771.37	0.00	771.37	0.3
Foreign Body (Eye)	3	1.1	741.04	0.00	741.04	0.3
Infection	1	0.4	103.54	0.00	103.54	0.0
Rupture	1	0.4	18.82	0.00	18.82	0.0
Burn	4	1.5	0.00	0.00	0.00	0.0
Concussion (Brain, Cerebral)	1	0.4	0.00	0.00	0.00	0.0
Heat Prostration	3	1.1	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	0.4	0.00	0.00	0.00	0.0
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
201 - EDUCATION, STATE DEPARTMENT OF						
TYPE OF CLAIM						
Indemnity	1	25.0	39,045.79	78,503.03	117,548.82	0.98
Medical Only	3	75.0	727.48	1,209.93	1,937.41	0.02
Sum:	**4**		**39,773.27**	**79,712.96**	**119,486.23**	
TIME OF INJURY						
2PM - 3:59PM	1	25.0	39,045.79	78,503.03	117,548.82	98.4
10AM - 11:59AM	2	50.0	40.07	1,209.93	1,250.00	1.0
4PM - 5:59PM	1	25.0	687.41	0.00	687.41	0.6
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
LENGTH OF SERVICE						
0 - 2	3	75.0	$39,773.27	79,712.96	119,486.23	100.0
10 - 12	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
Age of Claimant						
55 - 59	1	25.0	$39,045.79	78,503.03	117,548.82	98.4
50 - 54	1	25.0	$40.07	1,209.93	1,250.00	1.0
25 - 29	1	25.0	$687.41	0.00	687.41	0.6
40 - 44	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
SEX OF CLAIMANT						
Female	4	100.0	$39,773.27	79,712.96	119,486.23	100.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
LOSS CAUSE						
Vehicle/car/truck	2	50.0	$39,085.86	79,712.96	118,798.82	99.4
Outside Surface	1	25.0	$687.41	0.00	687.41	0.6
Walking surface, outside, dry	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	50.0	39,085.86	79,712.96	118,798.82	99.4
Fall/Slip From a Different Level	1	25.0	687.41	0.00	687.41	0.6
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
BODY PART						

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DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Chest (Incl. Ribs, Sternum &	1	25.0	39,045.79	78,503.03	117,548.82	98.4
Multiple Body Parts Whole Body	1	25.0	40.07	1,209.93	1,250.00	1.0
Lower Extremities Ankle	2	50.0	687.41	0.00	687.41	0.6
Sum:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
INJURY						
Multiple Physical Injury Only	2	50.0	39,085.86	79,712.96	118,798.82	99.4
Sprain	2	50.0	687.41	0.00	687.41	0.6
Sum:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
202 - Library of Virginia						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0
Sum:	**2**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
16 - 18	1	50.0	$0.00	0.00	0.00	0.0
38 - 40	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	50.0	$0.00	0.00	0.00	0.0
60 - 64	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Door	1	50.0	$0.00	0.00	0.00	0.0
Stairs, steps	1	50.0	$0.00	0.00	0.00	0.0
Totals: **2**			**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
204 - COLLEGE OF WILLIAM & MARY						
TYPE OF CLAIM						
Indemnity	9	16.1	66,477.29	109,300.64	175,777.93	0.89
Medical Only	29	51.8	17,825.25	3,620.00	21,445.25	0.11
Reporting Purposes Only	18	32.1	0.00	0.00	0.00	0
Sum:	**56**		**84,302.54**	**112,920.64**	**197,223.18**	
TIME OF INJURY						
4PM - 5:59PM	8	14.3	47,139.29	77,412.20	124,551.49	63.2
8AM - 9:59AM	14	25.0	10,022.79	33,138.44	43,161.23	21.9
2PM - 3:59PM	8	14.3	19,296.21	1,120.00	20,416.21	10.4
12PM - 1:59PM	6	10.7	3,783.87	0.00	3,783.87	1.9
8PM - 9:59PM	1	1.8	2,316.51	0.00	2,316.51	1.2
10AM - 11:59AM	12	21.4	716.53	1,250.00	1,966.53	1.0
6AM - 7:59AM	4	7.1	952.99	0.00	952.99	0.5
2AM - 3:59AM	1	1.8	55.53	0.00	55.53	0.0
12AM - 1:59AM	2	3.6	18.82	0.00	18.82	0.0
Totals:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
LENGTH OF SERVICE						
24 - 26	2	3.6	$34,507.48	77,412.20	111,919.68	56.7
4 - 6	5	8.9	$11,792.49	31,888.44	43,680.93	22.1
14 - 16	3	5.4	$18,641.86	0.00	18,641.86	9.5
0 - 2	24	42.9	$7,748.47	3,620.00	11,368.47	5.8
8 - 10	4	7.1	$10,158.47	0.00	10,158.47	5.2
2 - 4	9	16.1	$666.57	0.00	666.57	0.3
6 - 8	3	5.4	$539.30	0.00	539.30	0.3
36 - 38	1	1.8	$229.08	0.00	229.08	0.1
10 - 12	1	1.8	$18.82	0.00	18.82	0.0
16 - 18	1	1.8	$0.00	0.00	0.00	0.0
18 - 20	1	1.8	$0.00	0.00	0.00	0.0
38 - 40	1	1.8	$0.00	0.00	0.00	0.0
44 - 46	1	1.8	$0.00	0.00	0.00	0.0
Totals:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
Age of Claimant						
60 - 64	8	14.3	$35,591.22	77,412.20	113,003.42	57.3
40 - 44	4	7.1	$9,475.98	31,888.44	41,364.42	21.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 54	4	7.1	$18,641.86	0.00	18,641.86	9.5
55 - 59	11	19.6	$10,982.44	1,250.00	12,232.44	6.2
25 - 29	6	10.7	$2,859.68	1,250.00	4,109.68	2.1
45 - 49	8	14.3	$3,863.38	0.00	3,863.38	2.0
30 - 34	4	7.1	$2,510.98	0.00	2,510.98	1.3
20 - 24	8	14.3	$247.00	1,120.00	1,367.00	0.7
15 - 19	1	1.8	$130.00	0.00	130.00	0.1
35 - 39	1	1.8	$0.00	0.00	0.00	0.0
65 - 69	1	1.8	$0.00	0.00	0.00	0.0
Totals:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
SEX OF CLAIMANT						
Female	31	55.4	$60,948.88	111,670.64	172,619.52	87.5
Male	25	44.6	$23,353.66	1,250.00	24,603.66	12.5
Totals:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
LOSS CAUSE						
Stairs, steps	6	10.7	$35,142.65	77,412.20	112,554.85	57.1
Metal items	2	3.6	$9,475.98	31,888.44	41,364.42	21.0
Platforms	1	1.8	$18,623.04	0.00	18,623.04	9.4
Walking surface, outside, dry	3	5.4	$10,139.65	1,250.00	11,389.65	5.8
Hand tool, powered, NOC	1	1.8	$3,271.16	0.00	3,271.16	1.7
Vehicle/car/truck	1	1.8	$2,316.51	0.00	2,316.51	1.2
Chemicals, not otherwise classified	1	1.8	$1,821.67	0.00	1,821.67	0.9
Shelving	1	1.8	$130.00	1,120.00	1,250.00	0.6
Step stool	1	1.8	$0.00	1,250.00	1,250.00	0.6
Cart	2	3.6	$689.31	0.00	689.31	0.3
Floor	3	5.4	$685.39	0.00	685.39	0.3
Outside Surface	1	1.8	$543.17	0.00	543.17	0.3
Trash receptacle	1	1.8	$338.63	0.00	338.63	0.2
Walking surface, outside, wet	3	5.4	$299.00	0.00	299.00	0.2
Furniture / fixtures	3	5.4	$229.08	0.00	229.08	0.1
Person	1	1.8	$200.67	0.00	200.67	0.1
Glass bottle / sheet	1	1.8	$130.00	0.00	130.00	0.1
Mowers	1	1.8	$117.00	0.00	117.00	0.1
Power tool (not hand)	1	1.8	$55.53	0.00	55.53	0.0
N/A	2	3.6	$37.64	0.00	37.64	0.0
Broom	1	1.8	$18.82	0.00	18.82	0.0
Machine, not otherwise classified	2	3.6	$18.82	0.00	18.82	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, inside, dry	2	3.6	$18.82	0.00	18.82	0.0
Animal / snake	1	1.8	$0.00	0.00	0.00	0.0
Boxes / containers	1	1.8	$0.00	0.00	0.00	0.0
Cabinet	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
Electrical equipment	1	1.8	$0.00	0.00	0.00	0.0
Gun / gunshot	1	1.8	$0.00	0.00	0.00	0.0
Lift	1	1.8	$0.00	0.00	0.00	0.0
Nail	1	1.8	$0.00	0.00	0.00	0.0
Shears	1	1.8	$0.00	0.00	0.00	0.0
Shovel	1	1.8	$0.00	0.00	0.00	0.0
Window frame	1	1.8	$0.00	0.00	0.00	0.0
Wood Items	3	5.4	$0.00	0.00	0.00	0.0
Totals:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
ACCIDENT TYPE						
Fall/Slip on Stairs	3	5.4	34,488.66	77,412.20	111,900.86	56.7
Lifting	3	5.4	9,494.80	31,888.44	41,383.24	21.0
Fall/Slip From a Different Level	7	12.5	19,839.02	1,250.00	21,089.02	10.7
Fall On the Same Level	6	10.7	11,514.35	0.00	11,514.35	5.8
Powered Hand Tool; Appliance	1	1.8	3,271.16	0.00	3,271.16	1.7
Collision with Another Vehicle	1	1.8	2,316.51	0.00	2,316.51	1.2
Dust, Gases, Fumes or Vapors	1	1.8	1,821.67	0.00	1,821.67	0.9
Cut, Punctured, Scraped, NOC	4	7.1	468.63	1,120.00	1,588.63	0.8
Strain or Injury By, NOC	2	3.6	0.00	1,250.00	1,250.00	0.6
Fall/Slip on Ice or Snow	4	7.1	299.00	0.00	299.00	0.2
Other Injury NEC	4	7.1	238.31	0.00	238.31	0.1
Struck/Injured By Falling or Flying (	5	8.9	229.08	0.00	229.08	0.1
Broken Glass	1	1.8	130.00	0.00	130.00	0.1
Pushing or Pulling	1	1.8	117.00	0.00	117.00	0.1
Strain By Using Tool or Machine	3	5.4	74.35	0.00	74.35	0.0
Collision with a Fixed Object	1	1.8	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classif	1	1.8	0.00	0.00	0.00	0.0
Cumulative (All Other)	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
Hand Tool, Utensil; Not Powered	1	1.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.8	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifte	2	3.6	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Twisting	2	3.6	0.00	0.00	0.00	0.0
Sum:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
BODY PART						
Multiple Body Parts Body Systems	4	7.1	38,965.47	77,412.20	116,377.67	59.0
Upper Extremities Shoulder(s)	3	5.4	9,886.97	31,888.44	41,775.41	21.2
Lower Extremities Foot	7	12.5	28,762.69	1,250.00	30,012.69	15.2
Upper Extremities Finger(s)	2	3.6	3,271.16	0.00	3,271.16	1.7
Head Other facial soft tissue	3	5.4	783.99	1,120.00	1,903.99	1.0
Upper Extremities Elbow	2	3.6	55.53	1,250.00	1,305.53	0.7
Multiple Body Parts Multiple Body	9	16.1	747.57	0.00	747.57	0.4
Upper Extremities Upper Arm (Incl	1	1.8	689.31	0.00	689.31	0.3
Head Multiple Head Injury	1	1.8	543.17	0.00	543.17	0.3
Lower Extremities Knee	7	12.5	429.04	0.00	429.04	0.2
Upper Extremities Hand	5	8.9	130.00	0.00	130.00	0.1
Trunk Chest (Incl. Ribs, Sternum &	1	1.8	18.82	0.00	18.82	0.0
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 Teeth	1	1.8	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	1.8	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	4	7.1	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	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
Upper Extremities Thumb	1	1.8	0.00	0.00	0.00	0.0
Sum:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	
INJURY						
Contusion (Bruise, Skin Surface)	13	23.2	34,717.74	78,662.20	113,379.94	57.5
Sprain	5	8.9	9,966.33	31,888.44	41,854.77	21.2
Fracture	2	3.6	18,623.04	0.00	18,623.04	9.4
Strain	12	21.4	11,239.95	1,250.00	12,489.95	6.3
Puncture	4	7.1	3,271.16	0.00	3,271.16	1.7
Laceration	9	16.1	1,746.51	1,120.00	2,866.51	1.5
Multiple Injury Inc. Physical & Psycl	1	1.8	2,316.51	0.00	2,316.51	1.2
Poisoning - Chemical (Other than M	1	1.8	1,821.67	0.00	1,821.67	0.9
Concussion (Brain, Cerebral)	1	1.8	543.17	0.00	543.17	0.3
All Other (Specific) Injuries, NOC	3	5.4	37.64	0.00	37.64	0.0
Multiple Physical Injury Only	2	3.6	18.82	0.00	18.82	0.0
Burn	1	1.8	0.00	0.00	0.00	0.0

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Reserves as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Crushing	1	1.8	0.00	0.00	0.00	0.0
Dislocation	1	1.8	0.00	0.00	0.00	0.0
Sum:	**56**		**$84,302.54**	**$112,920.64**	**$197,223.18**	

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
TYPE OF CLAIM						
Indemnity	13	21.0	121,123.20	512,909.17	634,032.37	0.84
Medical Only	47	75.8	69,351.12	49,788.21	119,139.33	0.16
Reporting Purposes Only	2	3.2	0.00	0.00	0.00	0
Sum:	**62**		**190,474.32**	**562,697.38**	**753,171.70**	
TIME OF INJURY						
10AM - 11:59AM	14	22.6	94,958.41	226,801.17	321,759.58	42.7
8AM - 9:59AM	11	17.7	25,143.74	244,495.24	269,638.98	35.8
2AM - 3:59AM	3	4.8	4,478.10	37,128.36	41,606.46	5.5
12PM - 1:59PM	3	4.8	8,564.78	32,510.56	41,075.34	5.5
4PM - 5:59PM	4	6.5	14,468.54	3,607.56	18,076.10	2.4
2PM - 3:59PM	12	19.4	10,975.47	5,211.35	16,186.82	2.1
6AM - 7:59AM	5	8.1	8,015.39	7,177.21	15,192.60	2.0
10PM - 11:59PM	3	4.8	8,024.95	2,565.93	10,590.88	1.4
6PM - 7:59PM	4	6.5	6,532.30	3,200.00	9,732.30	1.3
4AM - 5:59AM	2	3.2	6,667.73	0.00	6,667.73	0.9
12AM - 1:59AM	1	1.6	2,644.91	0.00	2,644.91	0.4
Totals:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	
LENGTH OF SERVICE						
10 - 12	3	4.8	$14,651.34	195,859.52	210,510.86	27.9
8 - 10	6	9.7	$76,870.07	113,514.92	190,384.99	25.3
0 - 2	18	29.0	$33,086.59	148,353.43	181,440.02	24.1
18 - 20	3	4.8	$14,791.38	37,718.46	52,509.84	7.0
28 - 30	3	4.8	$11,563.41	29,180.32	40,743.73	5.4
4 - 6	9	14.5	$8,413.00	22,118.26	30,531.26	4.1
2 - 4	7	11.3	$13,859.67	12,802.13	26,661.80	3.5
12 - 14	2	3.2	$7,216.96	681.95	7,898.91	1.0
6 - 8	3	4.8	$4,621.76	0.00	4,621.76	0.6
14 - 16	2	3.2	$1,879.93	1,218.39	3,098.32	0.4
16 - 18	3	4.8	$2,315.14	0.00	2,315.14	0.3
22 - 24	1	1.6	$0.00	1,250.00	1,250.00	0.2
26 - 28	1	1.6	$1,205.07	0.00	1,205.07	0.2
24 - 26	1	1.6	$0.00	0.00	0.00	0.0
Totals:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Age of Claimant						
55 - 59	8	12.9	$36,072.96	301,462.82	337,535.78	44.8
60 - 64	8	12.9	$79,583.77	86,284.04	165,867.81	22.0
20 - 24	4	6.5	$9,001.40	120,736.88	129,738.28	17.2
35 - 39	12	19.4	$26,186.54	12,905.17	39,091.71	5.2
40 - 44	10	16.1	$11,031.81	26,081.56	37,113.37	4.9
50 - 54	4	6.5	$9,794.33	3,815.93	13,610.26	1.8
25 - 29	6	9.7	$9,201.20	2,225.00	11,426.20	1.5
70 - 74	1	1.6	$1,382.84	6,685.98	8,068.82	1.1
30 - 34	3	4.8	$4,474.14	1,250.00	5,724.14	0.8
65 - 69	1	1.6	$3,218.39	0.00	3,218.39	0.4
15 - 19	1	1.6	$0.00	1,250.00	1,250.00	0.2
45 - 49	4	6.5	$526.94	0.00	526.94	0.1
Totals:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	
SEX OF CLAIMANT						
Male	41	66.1	$175,228.88	528,780.32	704,009.20	93.5
Female	21	33.9	$15,245.44	33,917.06	49,162.50	6.5
Totals:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	
LOSS CAUSE						
Floor	1	1.6	$11,859.30	195,859.52	207,718.82	27.6
Walking surface, inside, dry	3	4.8	$77,551.93	75,369.39	152,921.32	20.3
Infectious agent	1	1.6	$502.13	100,466.69	100,968.82	13.4
Shovel	1	1.6	$8,000.36	37,718.46	45,718.82	6.1
Hand Truck (2w)	1	1.6	$820.58	36,698.24	37,518.82	5.0
Walking surface, outside, dry	5	8.1	$14,566.19	19,216.55	33,782.74	4.5
Package	1	1.6	$6,962.18	22,494.34	29,456.52	3.9
Walking surface, outside, wet	5	8.1	$12,592.30	7,177.21	19,769.51	2.6
Patient / Inmate	4	6.5	$4,394.85	14,683.39	19,078.24	2.5
Cleaning Products	1	1.6	$18.82	16,450.00	16,468.82	2.2
Vehicle/car/truck	1	1.6	$14,329.65	1,139.17	15,468.82	2.1
Tugs	1	1.6	$1,602.60	8,766.22	10,368.82	1.4
Uneven Surface	1	1.6	$7,752.89	2,565.93	10,318.82	1.4
Chair	1	1.6	$576.56	8,692.26	9,268.82	1.2
Metal items	4	6.5	$7,836.31	0.00	7,836.31	1.0
Stairs, steps	2	3.2	$4,518.78	0.00	4,518.78	0.6
Clothing / jewelry	1	1.6	$18.82	3,200.00	3,218.82	0.4
Needle stick	2	3.2	$2,644.91	0.00	2,644.91	0.4

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, powered, NOC	1	1.6	$2,562.34	0.00	2,562.34	0.3
Sprayer	1	1.6	$2,519.98	0.00	2,519.98	0.3
Knife, Utility	2	3.2	$1,205.07	1,250.00	2,455.07	0.3
Furniture / fixtures	3	4.8	$2,065.24	0.00	2,065.24	0.3
Hand tool, not powered, NOC	1	1.6	$2,041.44	0.00	2,041.44	0.3
Boxes / containers	2	3.2	$840.11	681.95	1,522.06	0.2
Cabinet	1	1.6	$56.74	1,218.26	1,275.00	0.2
Door	1	1.6	$0.00	1,250.00	1,250.00	0.2
Gun / gunshot	2	3.2	$31.61	1,218.39	1,250.00	0.2
Machine, not otherwise classified	1	1.6	$0.00	1,250.00	1,250.00	0.2
Overhead Object	1	1.6	$275.00	975.00	1,250.00	0.2
Person	2	3.2	$0.00	1,250.00	1,250.00	0.2
Pipe	1	1.6	$447.23	802.77	1,250.00	0.2
Racks	1	1.6	$172.99	1,077.01	1,250.00	0.2
Walking surface, inside, wet	1	1.6	$23.37	1,226.63	1,250.00	0.2
Cart	1	1.6	$990.43	0.00	990.43	0.1
Trash receptacle	1	1.6	$419.91	0.00	419.91	0.1
Ladder - Fixed	1	1.6	$254.88	0.00	254.88	0.0
Environmental conditions	1	1.6	$18.82	0.00	18.82	0.0
Animal / bee type	1	1.6	$0.00	0.00	0.00	0.0
Totals:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	

ACCIDENT TYPE

Fall/Slip From a Different Level	2	3.2	13,014.23	195,859.52	208,873.75	27.7
Fall On the Same Level	8	12.9	95,923.65	89,883.53	185,807.18	24.7
Other Injury NEC	2	3.2	502.13	100,466.69	100,968.82	13.4
Strain or Injury By, NOC	9	14.5	13,009.07	43,946.23	56,955.30	7.6
Struck/Injured By Falling or Flying (	3	4.8	7,611.60	36,698.24	44,309.84	5.9
Struck/Injured By Object Being Lifte	1	1.6	6,962.18	22,494.34	29,456.52	3.9
Fall/Slip on Ice or Snow	5	8.1	12,592.30	7,177.21	19,769.51	2.6
Struck/Injured By Fellow Worker, P	3	4.8	4,394.85	14,683.39	19,078.24	2.5
Repetitive Motion (after 7/1/94)	2	3.2	50.43	17,668.39	17,718.82	2.4
Collision with Another Vehicle	1	1.6	14,329.65	1,139.17	15,468.82	2.1
Cut, Punctured, Scraped, NOC	9	14.5	9,206.24	1,931.95	11,138.19	1.5
Twisting	3	4.8	2,378.73	8,494.97	10,873.70	1.4
Pushing or Pulling	1	1.6	1,602.60	8,766.22	10,368.82	1.4
Fall, Slip or Trip, NOC	1	1.6	576.56	8,692.26	9,268.82	1.2
Fall/Slip on Stairs	2	3.2	4,518.78	0.00	4,518.78	0.6
Powered Hand Tool; Appliance	1	1.6	2,562.34	0.00	2,562.34	0.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	2	3.2	1,163.42	1,077.01	2,240.43	0.3
Striking Against or Stepping On, NC	1	1.6	56.74	1,218.26	1,275.00	0.2
Hand Tool, Utensil; Not Powered	1	1.6	0.00	1,250.00	1,250.00	0.2
Struck or Injury By, NOC	1	1.6	0.00	1,250.00	1,250.00	0.2
Absorption, Ingestion or Inhalation	1	1.6	18.82	0.00	18.82	0.0
Caught In/Between-Machine or Ma	1	1.6	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	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
Sum:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	

BODY PART

Multiple Body Parts Multiple Body	10	16.1	116,898.31	389,825.37	506,723.68	67.3
Upper Extremities Shoulder(s)	6	9.7	13,905.16	50,829.11	64,734.27	8.6
Trunk Low Back Area (Incl. Lumba	1	1.6	820.58	36,698.24	37,518.82	5.0
Lower Extremities Ankle	2	3.2	9,355.77	17,966.55	27,322.32	3.6
Upper Extremities Upper Arm (Incl	1	1.6	18.82	16,450.00	16,468.82	2.2
Upper Extremities Multiple Upper E	1	1.6	2,335.43	13,433.39	15,768.82	2.1
Lower Extremities Knee	7	11.3	12,524.37	2,565.93	15,090.30	2.0
Trunk Chest (Incl. Ribs, Sternum &	2	3.2	8,031.75	6,685.98	14,717.73	2.0
Lower Extremities Lower Leg	3	4.8	2,123.85	9,744.97	11,868.82	1.6
Upper Extremities Elbow	1	1.6	1,602.60	8,766.22	10,368.82	1.4
Upper Extremities Hand	5	8.1	7,489.86	1,218.26	8,708.12	1.2
Neck Soft Tissue-Neck	2	3.2	5,880.71	0.00	5,880.71	0.8
Head Other facial soft tissue	3	4.8	2,562.34	1,250.00	3,812.34	0.5
Upper Extremities Finger(s)	5	8.1	1,378.06	2,327.01	3,705.07	0.5
Upper Extremities Lower Arm	2	3.2	2,041.44	0.00	2,041.44	0.3
Upper Extremities Thumb	2	3.2	272.06	1,250.00	1,522.06	0.2
Head Eye(s)	1	1.6	568.05	681.95	1,250.00	0.2
Head Skull	1	1.6	23.37	1,226.63	1,250.00	0.2
Trunk Upper Back Area (Thoracic	1	1.6	275.00	975.00	1,250.00	0.2
Upper Extremities Wrist	1	1.6	447.23	802.77	1,250.00	0.2
Lower Extremities Toe(s)	1	1.6	990.43	0.00	990.43	0.1
Head Multiple Head Injury	1	1.6	910.31	0.00	910.31	0.1
Multiple Body Parts Body Systems	1	1.6	18.82	0.00	18.82	0.0
Lower Extremities Foot	1	1.6	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	1.6	0.00	0.00	0.00	0.0
Sum:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	

INJURY

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	9	14.5	117,186.89	269,430.27	386,617.16	51.3
Strain	18	29.0	36,483.12	140,472.88	176,956.00	23.5
Adverse reaction to a vaccination o	1	1.6	502.13	100,466.69	100,968.82	13.4
Sprain	5	8.1	10,989.54	19,987.71	30,977.25	4.1
Severance	1	1.6	18.82	16,450.00	16,468.82	2.2
Laceration	12	19.4	8,728.61	4,827.01	13,555.62	1.8
Fracture	4	6.5	10,914.47	1,218.26	12,132.73	1.6
Contusion (Bruise, Skin Surface)	4	6.5	1,508.65	7,912.61	9,421.26	1.3
Puncture	1	1.6	2,644.91	0.00	2,644.91	0.4
Foreign Body (Eye)	2	3.2	586.87	681.95	1,268.82	0.2
Rupture	1	1.6	0.00	1,250.00	1,250.00	0.2
Concussion (Brain, Cerebral)	1	1.6	910.31	0.00	910.31	0.1
Crushing	1	1.6	0.00	0.00	0.00	0.0
No Physical Injury	1	1.6	0.00	0.00	0.00	0.0
Poisoning - Metal	1	1.6	0.00	0.00	0.00	0.0
Sum:	**62**		**$190,474.32**	**$562,697.38**	**$753,171.70**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
TYPE OF CLAIM						
Indemnity	34	7.1	195,982.34	415,734.90	611,717.24	0.68
Medical Only	185	38.6	128,059.95	154,364.70	282,424.65	0.32
Reporting Purposes Only	260	54.3	0.00	0.00	0.00	0
Sum:	**479**		**324,042.29**	**570,099.60**	**894,141.89**	
TIME OF INJURY						
2PM - 3:59PM	62	12.9	84,531.18	191,036.87	275,568.05	30.8
10AM - 11:59AM	85	17.7	88,519.33	72,686.09	161,205.42	18.0
6AM - 7:59AM	33	6.9	35,404.17	93,842.22	129,246.39	14.5
8AM - 9:59AM	78	16.3	54,358.53	71,348.14	125,706.67	14.1
4PM - 5:59PM	35	7.3	6,349.08	40,874.46	47,223.54	5.3
10PM - 11:59PM	11	2.3	22,776.30	14,222.31	36,998.61	4.1
12PM - 1:59PM	66	13.8	21,938.79	8,350.35	30,289.14	3.4
6PM - 7:59PM	30	6.3	4,224.98	21,936.66	26,161.64	2.9
8PM - 9:59PM	24	5.0	2,816.26	20,816.68	23,632.94	2.6
12AM - 1:59AM	43	9.0	2,647.94	19,976.91	22,624.85	2.5
2AM - 3:59AM	5	1.0	401.50	13,758.91	14,160.41	1.6
4AM - 5:59AM	7	1.5	74.23	1,250.00	1,324.23	0.1
Totals:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	
LENGTH OF SERVICE						
0 - 2	286	59.7	$230,105.17	250,666.53	480,771.70	53.8
8 - 10	19	4.0	$22,291.38	79,845.38	102,136.76	11.4
20 - 22	2	0.4	$4,219.29	71,965.57	76,184.86	8.5
2 - 4	68	14.2	$29,474.27	35,308.33	64,782.60	7.2
16 - 18	6	1.3	$3,697.24	36,071.67	39,768.91	4.4
22 - 24	3	0.6	$44.00	37,174.82	37,218.82	4.2
6 - 8	17	3.5	$17,741.13	10,401.05	28,142.18	3.1
14 - 16	8	1.7	$5,073.53	15,763.94	20,837.47	2.3
10 - 12	13	2.7	$2,390.38	16,176.30	18,566.68	2.1
24 - 26	2	0.4	$401.50	12,508.91	12,910.41	1.4
4 - 6	30	6.3	$5,776.45	2,967.10	8,743.55	1.0
26 - 28	4	0.8	$2,202.89	0.00	2,202.89	0.2
12 - 14	4	0.8	$0.00	1,250.00	1,250.00	0.1
32 - 34	1	0.2	$595.61	0.00	595.61	0.1

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 52	1	0.2	$18.82	0.00	18.82	0.0
34 - 36	3	0.6	$10.63	0.00	10.63	0.0
18 - 20	5	1.0	$0.00	0.00	0.00	0.0
36 - 38	5	1.0	$0.00	0.00	0.00	0.0
28 - 30	1	0.2	$0.00	0.00	0.00	0.0
40 - 42	1	0.2	$0.00	0.00	0.00	0.0
Totals:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	
Age of Claimant						
35 - 39	28	5.8	$53,976.34	168,024.10	222,000.44	24.8
60 - 64	26	5.4	$68,530.48	110,456.36	178,986.84	20.0
55 - 59	36	7.5	$27,546.18	106,135.28	133,681.46	15.0
50 - 54	31	6.5	$27,272.62	70,107.41	97,380.03	10.9
20 - 24	121	25.3	$39,222.63	37,043.59	76,266.22	8.5
25 - 29	82	17.1	$43,912.91	25,294.24	69,207.15	7.7
40 - 44	34	7.1	$23,125.47	23,430.97	46,556.44	5.2
30 - 34	56	11.7	$20,779.32	7,391.42	28,170.74	3.2
15 - 19	27	5.6	$2,138.63	19,457.83	21,596.46	2.4
45 - 49	28	5.8	$14,249.49	1,545.97	15,795.46	1.8
65 - 69	8	1.7	$2,704.94	1,212.43	3,917.37	0.4
70 - 74	2	0.4	$583.28	0.00	583.28	0.1
Totals:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	
SEX OF CLAIMANT						
Female	272	56.8	$179,995.29	411,718.89	591,714.18	66.2
Male	194	40.5	$143,923.40	150,091.58	294,014.98	32.9
Unknown	13	2.7	$123.60	8,289.13	8,412.73	0.9
Totals:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	
LOSS CAUSE						
Walking surface, inside, wet	7	1.5	$48,768.08	99,799.83	148,567.91	16.6
Boxes / containers	9	1.9	$49,366.44	48,299.44	97,665.88	10.9
Brush / tree / log	1	0.2	$4,219.29	71,965.57	76,184.86	8.5
Tractor	1	0.2	$16,494.00	41,991.78	58,485.78	6.5
Metal items	11	2.3	$19,668.79	34,035.74	53,704.53	6.0
Floor	25	5.2	$13,760.18	30,363.24	44,123.42	4.9
Outside Surface	6	1.3	$22,587.80	20,102.70	42,690.50	4.8
Walking surface, outside, wet	18	3.8	$6,366.38	36,071.67	42,438.05	4.7
Animal, not otherwise classified	31	6.5	$8,241.85	29,379.36	37,621.21	4.2
Pallet Jack	2	0.4	$44.00	37,174.82	37,218.82	4.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Pike pole 12'	1	0.2	$14,770.13	13,248.69	28,018.82	3.1
Elevators, escalators	1	0.2	$2,060.99	18,207.83	20,268.82	2.3
Hunter 325	1	0.2	$18.82	19,566.68	19,585.50	2.2
Furniture / fixtures	7	1.5	$2,584.00	16,357.76	18,941.76	2.1
Pots/pans	11	2.3	$4,318.71	13,276.96	17,595.67	2.0
Needle stick	13	2.7	$17,513.44	0.00	17,513.44	2.0
Roll cart	3	0.6	$13,130.96	0.00	13,130.96	1.5
Animal / insect, not otherwise class	30	6.3	$11,254.67	1,250.00	12,504.67	1.4
Hand tool, powered, NOC	1	0.2	$12,011.31	0.00	12,011.31	1.3
Machine, not otherwise classified	6	1.3	$11,937.79	0.00	11,937.79	1.3
Patient / Inmate	1	0.2	$59.61	10,034.21	10,093.82	1.1
Walking surface, outside, dry	11	2.3	$5,699.37	2,248.86	7,948.23	0.9
Sharp objects, not otherwise classil	22	4.6	$291.07	7,039.13	7,330.20	0.8
Irregular Train	1	0.2	$5,310.15	0.00	5,310.15	0.6
Knife, NOC	16	3.3	$4,300.25	0.00	4,300.25	0.5
Mechanical powered	1	0.2	$3,959.11	0.00	3,959.11	0.4
Animal / bee type	5	1.0	$2,866.59	0.00	2,866.59	0.3
Uneven Surface	4	0.8	$25.00	2,368.82	2,393.82	0.3
Infectious agent	6	1.3	$1,143.11	1,250.00	2,393.11	0.3
Door	11	2.3	$2,202.98	0.00	2,202.98	0.2
Training \ Drills	4	0.8	$887.72	1,250.00	2,137.72	0.2
Wall	1	0.2	$2,113.97	0.00	2,113.97	0.2
Electric Drill	1	0.2	$1,777.84	0.00	1,777.84	0.2
Glass bottle / sheet	6	1.3	$426.66	1,250.00	1,676.66	0.2
Shelving	7	1.5	$1,628.04	0.00	1,628.04	0.2
Hot/Cold Object, Liquid, Substance	31	6.5	$388.76	1,222.23	1,610.99	0.2
Water	5	1.0	$165.83	1,250.00	1,415.83	0.2
Scalpel	2	0.4	$24.81	1,295.19	1,320.00	0.1
Stone / rock / brick	2	0.4	$1,308.52	0.00	1,308.52	0.1
Vehicle, not otherwise classified	2	0.4	$1,306.65	0.00	1,306.65	0.1
Poisonous agent / plant	2	0.4	$18.82	1,250.00	1,268.82	0.1
Cabinet	2	0.4	$0.00	1,250.00	1,250.00	0.1
Cooling Tower	2	0.4	$580.82	669.18	1,250.00	0.1
Dust	1	0.2	$27.03	1,222.97	1,250.00	0.1
Hand tool, not powered, NOC	1	0.2	$1,078.87	171.13	1,250.00	0.1
Overhead Object	1	0.2	$0.00	1,250.00	1,250.00	0.1
Razor Blades	1	0.2	$0.00	1,250.00	1,250.00	0.1
Trailer Flap	1	0.2	$954.03	295.97	1,250.00	0.1

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle/car/truck	2	0.4	$37.57	1,212.43	1,250.00	0.1
Wrench	2	0.4	$22.59	1,227.41	1,250.00	0.1
Knife, Utility	8	1.7	$1,245.32	0.00	1,245.32	0.1
Stairs, steps	9	1.9	$1,108.05	0.00	1,108.05	0.1
Dolly	2	0.4	$876.27	0.00	876.27	0.1
Hand Truck (2w)	1	0.2	$756.70	0.00	756.70	0.1
Cart	13	2.7	$533.15	0.00	533.15	0.1
Steam / exhaust	7	1.5	$523.33	0.00	523.33	0.1
Office equipment	2	0.4	$466.49	0.00	466.49	0.1
Chemicals, not otherwise classified	13	2.7	$265.16	0.00	265.16	0.0
Pallet,Skid,Flat	2	0.4	$169.74	0.00	169.74	0.0
Environmental conditions	2	0.4	$47.43	0.00	47.43	0.0
N/A	10	2.1	$43.50	0.00	43.50	0.0
Organic Material	1	0.2	$38.50	0.00	38.50	0.0
Walking surface, inside, dry	3	0.6	$35.74	0.00	35.74	0.0
Grease	5	1.0	$30.63	0.00	30.63	0.0
Insufficient data	2	0.4	$24.37	0.00	24.37	0.0
Animal / tick, spider, etc.	1	0.2	$23.33	0.00	23.33	0.0
Computer Work Station	1	0.2	$22.59	0.00	22.59	0.0
Food	4	0.8	$21.50	0.00	21.50	0.0
Object on Floor	4	0.8	$20.00	0.00	20.00	0.0
Ergonomic Conditions	2	0.4	$18.82	0.00	18.82	0.0
Miscellaneous	1	0.2	$18.82	0.00	18.82	0.0
Trash receptacle	3	0.6	$18.82	0.00	18.82	0.0
Stairs	4	0.8	$10.63	0.00	10.63	0.0
Bacteria	1	0.2	$0.00	0.00	0.00	0.0
Baggage/Luggage	1	0.2	$0.00	0.00	0.00	0.0
Blade	7	1.5	$0.00	0.00	0.00	0.0
Chair	2	0.4	$0.00	0.00	0.00	0.0
Cleaning Products	2	0.4	$0.00	0.00	0.00	0.0
Cords	2	0.4	$0.00	0.00	0.00	0.0
Dishes	1	0.2	$0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	0.2	$0.00	0.00	0.00	0.0
Foreign Object	3	0.6	$0.00	0.00	0.00	0.0
Heating equipment	1	0.2	$0.00	0.00	0.00	0.0
Hose / hydair H2O	1	0.2	$0.00	0.00	0.00	0.0
Keyboard	1	0.2	$0.00	0.00	0.00	0.0
Ladder - Portable	1	0.2	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Oil	1	0.2	$0.00	0.00	0.00	0.0
Person	1	0.2	$0.00	0.00	0.00	0.0
Pipe	1	0.2	$0.00	0.00	0.00	0.0
Plate Mounter	1	0.2	$0.00	0.00	0.00	0.0
Racks	2	0.4	$0.00	0.00	0.00	0.0
Razor blade	1	0.2	$0.00	0.00	0.00	0.0
Solvent Dispenser	1	0.2	$0.00	0.00	0.00	0.0
Straps	2	0.4	$0.00	0.00	0.00	0.0
Valve Stems	1	0.2	$0.00	0.00	0.00	0.0
Welding equipment	1	0.2	$0.00	0.00	0.00	0.0
Wood Items	1	0.2	$0.00	0.00	0.00	0.0
Work surface	3	0.6	$0.00	0.00	0.00	0.0
Totals:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	
ACCIDENT TYPE						
Fall On the Same Level	35	7.3	56,450.05	221,251.43	277,701.48	31.1
Twisting	5	1.0	39,921.84	113,068.05	152,989.89	17.1
Fall/Slip on Ice or Snow	29	6.1	24,365.58	56,174.37	80,539.95	9.0
Lifting	10	2.1	44,750.03	12,508.91	57,258.94	6.4
Struck/Injured By Animal or Insect	51	10.6	21,190.44	29,379.36	50,569.80	5.7
Strain or Injury By, NOC	13	2.7	12,346.66	35,073.80	47,420.46	5.3
Striking Against or Stepping On, NC	14	2.9	17,147.85	14,099.33	31,247.18	3.5
Caught In, Under or Between, NOC	12	2.5	5,943.45	20,104.42	26,047.87	2.9
Fall, Slip or Trip, NOC	8	1.7	9,803.73	13,371.67	23,175.40	2.6
Pushing or Pulling	5	1.0	4,132.20	13,276.96	17,409.16	1.9
Collision with a Fixed Object	9	1.9	14,707.59	2,368.82	17,076.41	1.9
Other Injury NEC	32	6.7	13,935.49	1,250.00	15,185.49	1.7
Strike Against/Step On Stationary C	6	1.3	4,603.76	10,034.21	14,637.97	1.6
Cut, Punctured, Scraped, NOC	25	5.2	5,421.36	8,289.13	13,710.49	1.5
Hand Tool, Utensil; Not Powered	57	11.9	11,913.93	1,762.29	13,676.22	1.5
Fall/Slip From a Different Level	11	2.3	9,448.53	0.00	9,448.53	1.1
Fall/Slip From Liquid or Grease Spi	3	0.6	2,191.20	6,929.22	9,120.42	1.0
Struck/Injured By Object Being Lifte	1	0.2	8,804.97	0.00	8,804.97	1.0
Contact with Infectious Disease	1	0.2	4,660.45	0.00	4,660.45	0.5
Powered Hand Tool; Appliance	4	0.8	4,198.14	0.00	4,198.14	0.5
Foreign Body in Eye	6	1.3	27.03	3,722.97	3,750.00	0.4
Caught In/Between-Machine or Ma	1	0.2	1,777.84	0.00	1,777.84	0.2
Contact with Hot Object or Substan	23	4.8	513.55	1,222.23	1,735.78	0.2
Absorption, Ingestion or Inhalation	6	1.3	265.16	1,250.00	1,515.16	0.2

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying (	4	0.8	141.32	1,250.00	1,391.32	0.2
Holding or Carrying	4	0.8	18.82	1,250.00	1,268.82	0.1
Collision with Another Vehicle	1	0.2	37.57	1,212.43	1,250.00	0.1
Struck/Injured By Object Handled E	1	0.2	0.00	1,250.00	1,250.00	0.1
Fall/Slip on Stairs	12	2.5	1,157.50	0.00	1,157.50	0.1
Struck or Injury By, NOC	5	1.0	1,022.52	0.00	1,022.52	0.1
Caught In/Between-Object Handlec	3	0.6	764.28	0.00	764.28	0.1
Contact With Not Otherwise Classif	22	4.6	734.18	0.00	734.18	0.1
Other than Physical Cause of Injury	4	0.8	633.25	0.00	633.25	0.1
Broken Glass	9	1.9	426.66	0.00	426.66	0.0
Rubbed or Abraded, NOC	1	0.2	223.26	0.00	223.26	0.0
Struck/Injured By Hand Tool or Mac	1	0.2	204.78	0.00	204.78	0.0
Slipped, Did Not Fall	2	0.4	54.94	0.00	54.94	0.0
Mold, Including Mildew	2	0.4	37.64	0.00	37.64	0.0
Object Being Lifted or Handled	2	0.4	25.92	0.00	25.92	0.0
Fall/Slip into Openings	2	0.4	20.00	0.00	20.00	0.0
Repetitive Motion (after 7/1/94)	1	0.2	18.82	0.00	18.82	0.0
Bitten	6	1.3	0.00	0.00	0.00	0.0
Bodily Reaction	2	0.4	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	2	0.4	0.00	0.00	0.00	0.0
Contact With Cold Object or Substa	2	0.4	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	0.2	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.2	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	0.2	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffoldin	1	0.2	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	0.2	0.00	0.00	0.00	0.0
Needle Stick	10	2.1	0.00	0.00	0.00	0.0
Steam or Hot Fluids	6	1.3	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.2	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Mac	1	0.2	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, P	1	0.2	0.00	0.00	0.00	0.0
Sum:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	

BODY PART

Multiple Body Parts Multiple Body	37	7.7	66,866.65	159,305.52	226,172.17	25.3
Trunk Low Back Area (Incl. Lumba	14	2.9	51,105.46	89,304.48	140,409.94	15.7
Upper Extremities Elbow	11	2.3	5,885.21	71,965.57	77,850.78	8.7
Lower Extremities Knee	27	5.6	17,704.34	43,038.22	60,742.56	6.8
Lower Extremities Ankle	19	4.0	29,670.35	15,617.51	45,287.86	5.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	80	16.7	38,524.59	3,772.60	42,297.19	4.7
Trunk Spinal Cord	1	0.2	4,925.33	35,790.53	40,715.86	4.6
Upper Extremities Lower Arm	21	4.4	39,194.62	0.00	39,194.62	4.4
Upper Extremities Shoulder(s)	10	2.1	610.62	37,174.82	37,785.44	4.2
Lower Extremities Foot	12	2.5	513.00	36,323.80	36,836.80	4.1
Upper Extremities Hand	48	10.0	12,372.84	19,726.03	32,098.87	3.6
Head Multiple Head Injury	10	2.1	9,206.26	11,284.21	20,490.47	2.3
Lower Extremities Lower Leg	11	2.3	8,421.06	8,179.22	16,600.28	1.9
Upper Extremities Thumb	27	5.6	3,424.68	9,539.13	12,963.81	1.4
Trunk Upper Back Area (Thoracic	4	0.8	401.50	12,508.91	12,910.41	1.4
Head Brain	2	0.4	8,895.23	0.00	8,895.23	1.0
Head Other facial soft tissue	13	2.7	2,514.66	5,113.83	7,628.49	0.9
Lower Extremities Toe(s)	5	1.0	4,389.41	850.64	5,240.05	0.6
Head Eye(s)	16	3.3	27.03	4,972.97	5,000.00	0.6
Trunk Abdomen Including Groin	2	0.4	4,437.84	0.00	4,437.84	0.5
Upper Extremities Wrist	8	1.7	4,171.06	0.00	4,171.06	0.5
Trunk Chest (Incl. Ribs, Sternum &	7	1.5	2,517.93	1,212.43	3,730.36	0.4
Multiple Body Parts No Physical In	31	6.5	2,340.06	0.00	2,340.06	0.3
Neck Soft Tissue-Neck	1	0.2	2,113.97	0.00	2,113.97	0.2
Multiple Body Parts Body Systems	5	1.0	1,962.71	0.00	1,962.71	0.2
Lower Extremities Upper Leg	7	1.5	64.32	1,250.00	1,314.32	0.1
Lower Extremities Great Toe	4	0.8	625.13	669.18	1,294.31	0.1
Head Skull	4	0.8	0.00	1,250.00	1,250.00	0.1
Trunk Buttocks	4	0.8	0.00	1,250.00	1,250.00	0.1
Head Mouth	3	0.6	377.15	0.00	377.15	0.0
Lower Extremities Hip	8	1.7	376.64	0.00	376.64	0.0
Upper Extremities Upper Arm (Incl	5	1.0	147.01	0.00	147.01	0.0
Head Teeth	1	0.2	134.80	0.00	134.80	0.0
Multiple Body Parts Whole Body	3	0.6	42.15	0.00	42.15	0.0
Upper Extremities Wrist(s) and Ha	5	1.0	37.64	0.00	37.64	0.0
Upper Extremities Multiple Upper E	2	0.4	22.22	0.00	22.22	0.0
Neck Disc (Neck)	1	0.2	18.82	0.00	18.82	0.0
Head Facial Bones	2	0.4	0.00	0.00	0.00	0.0
Head Nose	1	0.2	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	2	0.4	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info	1	0.2	0.00	0.00	0.00	0.0
Neck Larynx	1	0.2	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.2	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Lumbar and/or Sacral Vertel	1	0.2	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	0.2	0.00	0.00	0.00	0.0
Sum:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	
INJURY						
Strain	36	7.5	98,442.19	158,420.60	256,862.79	28.7
Contusion (Bruise, Skin Surface)	81	16.9	70,339.15	177,799.17	248,138.32	27.8
Fracture	9	1.9	11,370.27	109,991.03	121,361.30	13.6
Sprain	26	5.4	33,666.26	16,844.92	50,511.18	5.6
All Other (Specific) Injuries, NOC	12	2.5	6,318.53	37,321.67	43,640.20	4.9
Crushing	24	5.0	22,785.37	20,127.01	42,912.38	4.8
Concussion (Brain, Cerebral)	8	1.7	18,760.51	17,476.91	36,237.42	4.1
Laceration	91	19.0	21,827.45	9,979.20	31,806.65	3.6
Multiple Injury Inc. Physical & Psycl	1	0.2	9,784.91	13,371.67	23,156.58	2.6
Puncture	32	6.7	13,888.19	2,545.19	16,433.38	1.8
Infection	3	0.6	4,702.60	0.00	4,702.60	0.5
Hernia (Rupture)	1	0.2	4,437.84	0.00	4,437.84	0.5
No Physical Injury	48	10.0	1,475.92	2,500.00	3,975.92	0.4
Burn	51	10.6	1,215.10	1,222.23	2,437.33	0.3
Contagious Disease	8	1.7	2,089.23	0.00	2,089.23	0.2
Multiple Physical Injury Only	25	5.2	1,491.09	0.00	1,491.09	0.2
Foreign Body (Eye)	2	0.4	0.00	1,250.00	1,250.00	0.1
Vision Loss	2	0.4	0.00	1,250.00	1,250.00	0.1
Dislocation	4	0.8	783.10	0.00	783.10	0.1
Inflammation	8	1.7	626.94	0.00	626.94	0.1
Mental Stress	1	0.2	18.82	0.00	18.82	0.0
Respiratory Disorders(Gases,Fume	2	0.4	18.82	0.00	18.82	0.0
Angina Pectoris (Condition assc w/	1	0.2	0.00	0.00	0.00	0.0
Electric Shock	1	0.2	0.00	0.00	0.00	0.0
Syncope	2	0.4	0.00	0.00	0.00	0.0
Sum:	**479**		**$324,042.29**	**$570,099.60**	**$894,141.89**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
TYPE OF CLAIM						
Indemnity	56	13.8	641,990.57	1,325,622.67	1,967,613.24	0.93
Medical Only	206	50.7	81,699.00	61,300.33	142,999.33	0.07
Reporting Purposes Only	144	35.5	0.00	0.00	0.00	0
Sum:	**406**		**723,689.57**	**1,386,923.00**	**2,110,612.57**	
TIME OF INJURY						
4PM - 5:59PM	41	10.1	165,646.00	417,721.63	583,367.63	27.6
10AM - 11:59AM	67	16.5	117,292.16	238,397.90	355,690.06	16.9
12PM - 1:59PM	59	14.5	43,968.06	246,739.99	290,708.05	13.8
8AM - 9:59AM	60	14.8	109,161.89	179,914.41	289,076.30	13.7
2PM - 3:59PM	54	13.3	92,109.58	61,531.32	153,640.90	7.3
6PM - 7:59PM	25	6.2	51,267.15	84,949.71	136,216.86	6.5
6AM - 7:59AM	27	6.7	63,987.97	53,467.14	117,455.11	5.6
4AM - 5:59AM	17	4.2	34,859.88	47,310.17	82,170.05	3.9
2AM - 3:59AM	22	5.4	20,973.69	30,069.80	51,043.49	2.4
12AM - 1:59AM	11	2.7	19,100.17	26,717.31	45,817.48	2.2
8PM - 9:59PM	13	3.2	3,130.04	103.62	3,233.66	0.2
10PM - 11:59PM	10	2.5	2,192.98	0.00	2,192.98	0.1
Totals:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	
LENGTH OF SERVICE						
0 - 2	210	51.7	$311,379.69	610,607.42	921,987.11	43.7
28 - 30	1	0.2	$60,662.48	324,401.06	385,063.54	18.2
2 - 4	78	19.2	$94,030.34	167,598.88	261,629.22	12.4
12 - 14	13	3.2	$77,108.46	129,351.41	206,459.87	9.8
8 - 10	12	3.0	$62,467.08	51,595.58	114,062.66	5.4
6 - 8	23	5.7	$21,839.39	58,275.36	80,114.75	3.8
20 - 22	6	1.5	$20,410.57	30,051.56	50,462.13	2.4
22 - 24	5	1.2	$50,123.20	0.00	50,123.20	2.4
16 - 18	8	2.0	$7,327.32	5,517.63	12,844.95	0.6
18 - 20	5	1.2	$6,967.08	2,477.63	9,444.71	0.4
4 - 6	27	6.7	$4,133.89	2,445.90	6,579.79	0.3
10 - 12	5	1.2	$4,228.82	0.00	4,228.82	0.2
38 - 40	2	0.5	$1,762.76	0.00	1,762.76	0.1
14 - 16	5	1.2	$46.69	1,222.13	1,268.82	0.1

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
24 - 26	1	0.2	$0.00	1,250.00	1,250.00	0.1
30 - 32	1	0.2	$0.00	1,250.00	1,250.00	0.1
34 - 36	1	0.2	$190.38	878.44	1,068.82	0.1
50 - 52	1	0.2	$1,011.42	0.00	1,011.42	0.0
26 - 28	2	0.5	$0.00	0.00	0.00	0.0
Totals:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	
Age of Claimant						
55 - 59	27	6.7	$185,190.91	406,576.61	591,767.52	28.0
30 - 34	61	15.0	$21,578.73	237,896.18	259,474.91	12.3
35 - 39	61	15.0	$79,551.56	177,915.83	257,467.39	12.2
60 - 64	23	5.7	$102,761.34	118,790.83	221,552.17	10.5
50 - 54	30	7.4	$110,374.52	103,164.17	213,538.69	10.1
25 - 29	70	17.2	$67,398.61	135,837.96	203,236.57	9.6
45 - 49	31	7.6	$111,072.40	87,020.52	198,092.92	9.4
65 - 69	11	2.7	$28,067.19	53,417.17	81,484.36	3.9
20 - 24	53	13.1	$14,643.53	60,072.13	74,715.66	3.5
40 - 44	32	7.9	$1,284.15	6,231.60	7,515.75	0.4
75 - 79	1	0.2	$1,011.42	0.00	1,011.42	0.0
70 - 74	3	0.7	$661.60	0.00	661.60	0.0
15 - 19	3	0.7	$93.61	0.00	93.61	0.0
Totals:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	
SEX OF CLAIMANT						
Female	314	77.3	$561,878.64	1,291,639.83	1,853,518.47	87.8
Male	92	22.7	$161,810.93	95,283.17	257,094.10	12.2
Totals:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	
LOSS CAUSE						
Patient / Inmate	95	23.4	$160,351.33	316,338.54	476,689.87	22.6
Walking surface, inside, dry	8	2.0	$77,806.25	352,591.12	430,397.37	20.4
Boxes / containers	5	1.2	$48,384.20	255,076.55	303,460.75	14.4
Chair	11	2.7	$55,355.73	91,224.27	146,580.00	6.9
Object on Floor	8	2.0	$36,008.44	100,072.70	136,081.14	6.4
Floor	5	1.2	$35,445.51	77,141.70	112,587.21	5.3
Vehicle/car/truck	4	1.0	$60,872.12	51,595.58	112,467.70	5.3
Walking surface, outside, wet	5	1.2	$32,074.04	31,310.17	63,384.21	3.0
Cords	10	2.5	$60,556.96	0.00	60,556.96	2.9
Wheelchair	4	1.0	$23,379.64	11,531.18	34,910.82	1.7
Furniture / fixtures	12	3.0	$5,713.07	28,724.81	34,437.88	1.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cart	7	1.7	$7,429.45	22,245.61	29,675.06	1.4
Overhead Object	7	1.7	$26,719.89	2,474.13	29,194.02	1.4
Water	2	0.5	$28,318.82	0.00	28,318.82	1.3
Infectious agent	2	0.5	$45.47	17,223.35	17,268.82	0.8
Outside Surface	5	1.2	$10,238.45	1,212.93	11,451.38	0.5
Chemicals, not otherwise classified	17	4.2	$6,812.72	1,224.63	8,037.35	0.4
Needle stick	63	15.5	$5,438.86	2,542.75	7,981.61	0.4
Paratech battering ram	1	0.2	$6,944.71	0.00	6,944.71	0.3
Hand tool, not powered, NOC	4	1.0	$1,567.38	5,100.00	6,667.38	0.3
Walking surface, outside, dry	6	1.5	$6,088.34	0.00	6,088.34	0.3
Working Surface	1	0.2	$5,963.34	0.00	5,963.34	0.3
Sharp objects, not otherwise classil	9	2.2	$680.87	3,703.76	4,384.63	0.2
Gas / Fumes	3	0.7	$3,959.59	0.00	3,959.59	0.2
Elevators, escalators	2	0.5	$3,399.27	0.00	3,399.27	0.2
Electricity	1	0.2	$3,244.28	0.00	3,244.28	0.2
Organic Material	19	4.7	$1,906.79	1,226.13	3,132.92	0.1
Office equipment	5	1.2	$687.31	2,128.44	2,815.75	0.1
Machine, not otherwise classified	8	2.0	$2,683.00	0.00	2,683.00	0.1
Door	11	2.7	$2,476.14	0.00	2,476.14	0.1
Cabinet	4	1.0	$922.77	1,220.89	2,143.66	0.1
Cleaning Products	3	0.7	$140.36	1,225.63	1,365.99	0.1
N/A	4	1.0	$62.01	1,225.63	1,287.64	0.1
Person	5	1.2	$53.24	1,222.63	1,275.87	0.1
Stairs	4	1.0	$46.69	1,222.13	1,268.82	0.1
Container Sort Platform	2	0.5	$0.00	1,250.00	1,250.00	0.1
Electrical equipment	2	0.5	$0.00	1,250.00	1,250.00	0.1
Metal items	3	0.7	$0.00	1,250.00	1,250.00	0.1
Noise	2	0.5	$27.45	1,222.55	1,250.00	0.1
Shears	1	0.2	$104.81	1,145.19	1,250.00	0.1
Computer Work Station	1	0.2	$1,234.76	0.00	1,234.76	0.1
Cylinder	1	0.2	$337.24	0.00	337.24	0.0
Vehicle, not otherwise classified	4	1.0	$66.37	0.00	66.37	0.0
Uneven Surface	1	0.2	$61.05	0.00	61.05	0.0
Heating equipment	1	0.2	$30.11	0.00	30.11	0.0
Bacteria	4	1.0	$25.87	0.00	25.87	0.0
Knife, Utility	2	0.5	$24.87	0.00	24.87	0.0
Glass bottle / sheet	2	0.5	$0.00	0.00	0.00	0.0
Gloves	2	0.5	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hot/Cold Object, Liquid, Substance	2	0.5	$0.00	0.00	0.00	0.0
Insufficient data	2	0.5	$0.00	0.00	0.00	0.0
Knife, NOC	1	0.2	$0.00	0.00	0.00	0.0
Miscellaneous	1	0.2	$0.00	0.00	0.00	0.0
Pipe	1	0.2	$0.00	0.00	0.00	0.0
Pots/pans	1	0.2	$0.00	0.00	0.00	0.0
Radiation / X-Ray	1	0.2	$0.00	0.00	0.00	0.0
Razor blade	1	0.2	$0.00	0.00	0.00	0.0
Recreational equipment	1	0.2	$0.00	0.00	0.00	0.0
Scalpel	2	0.5	$0.00	0.00	0.00	0.0
Shelving	1	0.2	$0.00	0.00	0.00	0.0
Trash receptacle	1	0.2	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	0.5	$0.00	0.00	0.00	0.0
Wall	1	0.2	$0.00	0.00	0.00	0.0
Totals:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	
ACCIDENT TYPE						
Fall On the Same Level	42	10.3	301,318.95	541,914.16	843,233.11	40.0
Lifting	33	8.1	59,826.41	276,495.97	336,322.38	15.9
Holding or Carrying	14	3.4	68,068.59	145,017.91	213,086.50	10.1
Collision with Another Vehicle	3	0.7	60,872.12	51,595.58	112,467.70	5.3
Struck/Injured By Fellow Worker, P	30	7.4	30,568.41	76,141.96	106,710.37	5.1
Pushing or Pulling	19	4.7	34,542.02	57,081.79	91,623.81	4.3
Fall/Slip From a Different Level	7	1.7	35,456.31	35,169.54	70,625.85	3.3
Fall/Slip on Ice or Snow	7	1.7	30,124.16	31,310.17	61,434.33	2.9
Other Injury NEC	32	7.9	13,406.54	34,654.13	48,060.67	2.3
Fall/Slip From Liquid or Grease Spi	5	1.2	7,362.82	27,205.57	34,568.39	1.6
Collision with a Fixed Object	15	3.7	33,741.34	0.00	33,741.34	1.6
Slipped, Did Not Fall	2	0.5	1,836.30	31,218.00	33,054.30	1.6
Caught In, Under or Between, NOC	10	2.5	6,479.50	25,613.37	32,092.87	1.5
Strike Against/Step On Stationary C	2	0.5	1,253.58	15,350.00	16,603.58	0.8
Reaching	2	0.5	2,775.16	12,124.81	14,899.97	0.7
Fall, Slip or Trip, NOC	3	0.7	12,326.98	0.00	12,326.98	0.6
Hand Tool, Utensil; Not Powered	22	5.4	3,838.62	7,600.00	11,438.62	0.5
Absorption, Ingestion or Inhalation	17	4.2	5,856.83	1,224.63	7,081.46	0.3
Struck/Injured By Falling or Flying C	12	3.0	2,291.36	2,474.13	4,765.49	0.2
Dust, Gases, Fumes or Vapors	2	0.5	3,959.59	0.00	3,959.59	0.2
Contact with Electrical Current	1	0.2	3,244.28	0.00	3,244.28	0.2
Twisting	4	1.0	696.09	2,500.00	3,196.09	0.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Object Being Lifted or Handled	3	0.7	128.68	2,371.32	2,500.00	0.1
Broken Glass	4	1.0	359.61	1,227.63	1,587.24	0.1
Strike Against Moving Parts of Mac	3	0.7	273.41	1,250.00	1,523.41	0.1
Strain or Injury By, NOC	4	1.0	237.49	1,239.13	1,476.62	0.1
Other than Physical Cause of Injury	10	2.5	1,323.83	0.00	1,323.83	0.1
Contact with Hot Object or Substan	5	1.2	30.11	1,250.00	1,280.11	0.1
Continual Noise	3	0.7	53.82	1,222.55	1,276.37	0.1
Fall/Slip on Stairs	4	1.0	46.69	1,222.13	1,268.82	0.1
Struck/Injured By Object Being Lifte	2	0.5	29.11	1,220.89	1,250.00	0.1
Struck or Injury By, NOC	5	1.2	22.37	1,227.63	1,250.00	0.1
Cut, Punctured, Scraped, NOC	4	1.0	347.48	0.00	347.48	0.0
Strain By Using Tool or Machine	1	0.2	334.17	0.00	334.17	0.0
Foreign Body in Eye	6	1.5	267.73	0.00	267.73	0.0
Strike Against/Step On Obj Being L	1	0.2	255.36	0.00	255.36	0.0
Caught In/Between-Machine or Ma	1	0.2	53.90	0.00	53.90	0.0
Repetitive Motion (after 7/1/94)	3	0.7	28.11	0.00	28.11	0.0
Burn or Scald-Chemicals	1	0.2	25.87	0.00	25.87	0.0
Cumulative (All Other)	5	1.2	25.87	0.00	25.87	0.0
Bodily Reaction	1	0.2	0.00	0.00	0.00	0.0
Caught In/Between-Object Handlec	2	0.5	0.00	0.00	0.00	0.0
Needle Stick	49	12.1	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	2	0.5	0.00	0.00	0.00	0.0
Radiation	1	0.2	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	0.2	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flar	1	0.2	0.00	0.00	0.00	0.0
Sum:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	

BODY PART

Lower Extremities Knee	29	7.1	138,015.76	410,555.19	548,570.95	26.0
Trunk Low Back Area (Incl. Lumba	43	10.6	116,348.68	220,172.47	336,521.15	15.9
Neck Multiple Neck Injury	4	1.0	25,308.30	213,360.31	238,668.61	11.3
Multiple Body Parts Multiple Body	21	5.2	124,820.40	85,361.81	210,182.21	10.0
Upper Extremities Shoulder(s)	18	4.4	88,632.92	118,897.33	207,530.25	9.8
Upper Extremities Hand	27	6.7	52,561.71	67,329.61	119,891.32	5.7
Trunk Buttocks	4	1.0	35,256.74	34,291.10	69,547.84	3.3
Lower Extremities Hip	5	1.2	12,895.94	48,707.60	61,603.54	2.9
Upper Extremities Finger(s)	67	16.5	12,465.19	47,455.86	59,921.05	2.8
Lower Extremities Lower Leg	9	2.2	30,427.23	28,801.12	59,228.35	2.8
Head Skull	3	0.7	2,907.95	27,967.31	30,875.26	1.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Multiple Lower E	2	0.5	3,256.03	27,205.57	30,461.60	1.4
Head Brain	2	0.5	27,606.32	0.00	27,606.32	1.3
Multiple Body Parts Whole Body	4	1.0	3,994.01	17,223.35	21,217.36	1.0
Head Facial Bones	5	1.2	1,720.53	15,350.00	17,070.53	0.8
Lower Extremities Ankle	10	2.5	12,510.94	1,222.13	13,733.07	0.7
Trunk Chest (Incl. Ribs, Sternum &	6	1.5	9,740.63	2,384.32	12,124.95	0.6
Head Other facial soft tissue	12	3.0	9,058.96	1,225.63	10,284.59	0.5
Upper Extremities Wrist	10	2.5	1,134.80	3,726.13	4,860.93	0.2
Upper Extremities Lower Arm	14	3.4	2,055.07	2,475.63	4,530.70	0.2
Lower Extremities Foot	10	2.5	1,366.47	2,448.52	3,814.99	0.2
Trunk Disc (Back)	4	1.0	3,631.11	0.00	3,631.11	0.2
Head Eye(s)	19	4.7	2,176.02	1,224.63	3,400.65	0.2
Upper Extremities Thumb	14	3.4	639.66	2,489.13	3,128.79	0.1
Head Multiple Head Injury	8	2.0	963.48	1,250.00	2,213.48	0.1
Multiple Body Parts No Physical In	17	4.2	1,368.52	0.00	1,368.52	0.1
Head Ear(s)	2	0.5	27.45	1,222.55	1,250.00	0.1
Neck Soft Tissue-Neck	2	0.5	0.00	1,250.00	1,250.00	0.1
Trunk Lumbar and/or Sacral Vertel	1	0.2	26.87	1,223.13	1,250.00	0.1
Trunk Upper Back Area (Thoracic	3	0.7	25.87	1,224.13	1,250.00	0.1
Trunk Abdomen Including Groin	1	0.2	1,094.34	0.00	1,094.34	0.1
Lower Extremities Upper Leg	3	0.7	209.20	878.44	1,087.64	0.1
Lower Extremities Toe(s)	2	0.5	305.29	0.00	305.29	0.0
Upper Extremities Elbow	3	0.7	288.51	0.00	288.51	0.0
Head Nose	1	0.2	273.41	0.00	273.41	0.0
Head Scalp	2	0.5	259.03	0.00	259.03	0.0
Upper Extremities Upper Arm (Incl	6	1.5	219.54	0.00	219.54	0.0
Upper Extremities Wrist(s) and Hai	1	0.2	59.05	0.00	59.05	0.0
Multiple Body Parts Body Systems	1	0.2	18.82	0.00	18.82	0.0
Trunk Heart	1	0.2	18.82	0.00	18.82	0.0
Lower Extremities Great Toe	1	0.2	0.00	0.00	0.00	0.0
Neck Disc (Neck)	3	0.7	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	0.2	0.00	0.00	0.00	0.0
Trunk Lung(s)	5	1.2	0.00	0.00	0.00	0.0
Sum:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	
INJURY						
Strain	84	20.7	218,781.55	571,229.95	790,011.50	37.4
Contusion (Bruise, Skin Surface)	50	12.3	81,923.57	371,537.38	453,460.95	21.5
Multiple Physical Injury Only	28	6.9	157,351.28	156,991.52	314,342.80	14.9

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	10	2.5	104,412.30	131,655.25	236,067.55	11.2
Sprain	20	4.9	43,521.53	38,016.74	81,538.27	3.9
Inflammation	21	5.2	20,066.33	49,935.23	70,001.56	3.3
Concussion (Brain, Cerebral)	8	2.0	30,541.64	27,967.31	58,508.95	2.8
Laceration	27	6.7	48,643.15	4,872.82	53,515.97	2.5
Infection	3	0.7	646.73	16,000.00	16,646.73	0.8
Puncture	70	17.2	6,591.70	8,868.88	15,460.58	0.7
Poisoning - Chemical (Other than M	6	1.5	3,948.54	0.00	3,948.54	0.2
Dermatitis	8	2.0	113.37	3,677.39	3,790.76	0.2
Electric Shock	1	0.2	3,244.28	0.00	3,244.28	0.2
Contagious Disease	7	1.7	3,206.75	0.00	3,206.75	0.2
No Physical Injury	39	9.6	330.87	2,473.35	2,804.22	0.1
Burn	6	1.5	81.35	2,474.63	2,555.98	0.1
Hearing Loss or Impairment	2	0.5	27.45	1,222.55	1,250.00	0.1
Adverse reaction to a vaccination o	1	0.2	219.54	0.00	219.54	0.0
All Other Occupational Disease	1	0.2	18.82	0.00	18.82	0.0
Myocardial Infarction (Heart Attack)	1	0.2	18.82	0.00	18.82	0.0
All Other Cumulative Injury	1	0.2	0.00	0.00	0.00	0.0
All Other (Specific) Injuries, NOC	3	0.7	0.00	0.00	0.00	0.0
Dust Disease NOC(All Other Pneu	1	0.2	0.00	0.00	0.00	0.0
Foreign Body (Eye)	3	0.7	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycl	2	0.5	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	2	0.5	0.00	0.00	0.00	0.0
Syncope	1	0.2	0.00	0.00	0.00	0.0
Sum:	**406**		**$723,689.57**	**$1,386,923.00**	**$2,110,612.57**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
211 - VA MILITARY INSTITUTE						
TYPE OF CLAIM						
Medical Only	10	47.6	1,052.82	2,480.00	3,532.82	0.77
Indemnity	1	4.8	1,070.69	0.00	1,070.69	0.23
Reporting Purposes Only	10	47.6	0.00	0.00	0.00	0
Sum:	**21**		**2,123.51**	**2,480.00**	**4,603.51**	
TIME OF INJURY						
12PM - 1:59PM	6	28.6	982.53	1,230.00	2,212.53	48.1
8AM - 9:59AM	5	23.8	0.00	1,250.00	1,250.00	27.2
10AM - 11:59AM	6	28.6	1,118.02	0.00	1,118.02	24.3
6AM - 7:59AM	3	14.3	22.96	0.00	22.96	0.5
2PM - 3:59PM	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
LENGTH OF SERVICE						
12 - 14	1	4.8	$20.00	1,230.00	1,250.00	27.2
18 - 20	1	4.8	$0.00	1,250.00	1,250.00	27.2
6 - 8	1	4.8	$1,070.69	0.00	1,070.69	23.3
14 - 16	1	4.8	$962.53	0.00	962.53	20.9
8 - 10	1	4.8	$28.51	0.00	28.51	0.6
0 - 2	8	38.1	$22.96	0.00	22.96	0.5
2 - 4	5	23.8	$18.82	0.00	18.82	0.4
4 - 6	2	9.5	$0.00	0.00	0.00	0.0
16 - 18	1	4.8	$0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
Age of Claimant						
30 - 34	2	9.5	$20.00	1,230.00	1,250.00	27.2
75 - 79	1	4.8	$0.00	1,250.00	1,250.00	27.2
55 - 59	2	9.5	$1,070.69	0.00	1,070.69	23.3
35 - 39	1	4.8	$962.53	0.00	962.53	20.9
25 - 29	2	9.5	$47.33	0.00	47.33	1.0
45 - 49	2	9.5	$22.96	0.00	22.96	0.5
20 - 24	2	9.5	$0.00	0.00	0.00	0.0
50 - 54	1	4.8	$0.00	0.00	0.00	0.0
60 - 64	7	33.3	$0.00	0.00	0.00	0.0
65 - 69	1	4.8	$0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
SEX OF CLAIMANT						
Female	13	61.9	$42.96	2,480.00	2,522.96	54.8
Male	8	38.1	$2,080.55	0.00	2,080.55	45.2
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
LOSS CAUSE						
Gas / Fumes	1	4.8	$20.00	1,230.00	1,250.00	27.2
Walking surface, inside, dry	1	4.8	$0.00	1,250.00	1,250.00	27.2
Stairs, steps	4	19.0	$1,093.65	0.00	1,093.65	23.8
Chain Saw	1	4.8	$962.53	0.00	962.53	20.9
Glass bottle / sheet	1	4.8	$28.51	0.00	28.51	0.6
Environmental conditions	4	19.0	$18.82	0.00	18.82	0.4
Furniture / fixtures	2	9.5	$0.00	0.00	0.00	0.0
Metal items	1	4.8	$0.00	0.00	0.00	0.0
Shovel	1	4.8	$0.00	0.00	0.00	0.0
Trash receptacle	1	4.8	$0.00	0.00	0.00	0.0
Uneven Surface	1	4.8	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	9.5	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.8	$0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	4.8	20.00	1,230.00	1,250.00	27.2
Fall On the Same Level	4	19.0	0.00	1,250.00	1,250.00	27.2
Strain or Injury By, NOC	3	14.3	1,070.69	0.00	1,070.69	23.3
Powered Hand Tool; Appliance	1	4.8	962.53	0.00	962.53	20.9
Broken Glass	1	4.8	28.51	0.00	28.51	0.6
Fall/Slip on Stairs	2	9.5	22.96	0.00	22.96	0.5
Other than Physical Cause of Injury	1	4.8	18.82	0.00	18.82	0.4
Fall/Slip From Liquid or Grease Spi	1	4.8	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	4.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	9.5	0.00	0.00	0.00	0.0
Lifting	1	4.8	0.00	0.00	0.00	0.0
Natural Disasters	1	4.8	0.00	0.00	0.00	0.0
Pushing or Pulling	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
Sum:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
BODY PART						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	4	19.0	2,033.22	0.00	2,033.22	44.2
Multiple Body Parts Multiple Body	9	42.9	41.78	1,250.00	1,291.78	28.1
Multiple Body Parts Body Systems	1	4.8	20.00	1,230.00	1,250.00	27.2
Upper Extremities Finger(s)	1	4.8	28.51	0.00	28.51	0.6
Lower Extremities Ankle	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	4.8	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	4.8	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
INJURY						
All Other (Specific) Injuries, NOC	2	9.5	20.00	2,480.00	2,500.00	54.3
Strain	4	19.0	1,070.69	0.00	1,070.69	23.3
Laceration	2	9.5	991.04	0.00	991.04	21.5
Sprain	5	23.8	22.96	0.00	22.96	0.5
Heat Prostration	1	4.8	18.82	0.00	18.82	0.4
Contusion (Bruise, Skin Surface)	6	28.6	0.00	0.00	0.00	0.0
Fracture	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
212 - Virginia State University						
TYPE OF CLAIM						
Medical Only	12	85.7	2,105.06	1,122.07	3,227.13	0.97
Indemnity	2	14.3	90.93	0.00	90.93	0.03
Sum:	**14**		**2,195.99**	**1,122.07**	**3,318.06**	
TIME OF INJURY						
10AM - 11:59AM	2	14.3	350.46	1,122.07	1,472.53	44.4
4PM - 5:59PM	2	14.3	899.73	0.00	899.73	27.1
12PM - 1:59PM	5	35.7	873.69	0.00	873.69	26.3
2PM - 3:59PM	2	14.3	72.11	0.00	72.11	2.2
8AM - 9:59AM	2	14.3	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
LENGTH OF SERVICE						
2 - 4	5	35.7	$616.19	1,122.07	1,738.26	52.4
0 - 2	3	21.4	$831.56	0.00	831.56	25.1
6 - 8	2	14.3	$506.89	0.00	506.89	15.3
4 - 6	1	7.1	$222.53	0.00	222.53	6.7
16 - 18	2	14.3	$18.82	0.00	18.82	0.6
14 - 16	1	7.1	$0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
Age of Claimant						
55 - 59	2	14.3	$127.93	1,122.07	1,250.00	37.7
25 - 29	1	7.1	$488.26	0.00	488.26	14.7
20 - 24	1	7.1	$464.95	0.00	464.95	14.0
30 - 34	2	14.3	$434.78	0.00	434.78	13.1
50 - 54	3	21.4	$366.61	0.00	366.61	11.0
35 - 39	1	7.1	$222.53	0.00	222.53	6.7
45 - 49	2	14.3	$72.11	0.00	72.11	2.2
65 - 69	1	7.1	$18.82	0.00	18.82	0.6
70 - 74	1	7.1	$0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	11	78.6	$2,068.06	0.00	2,068.06	62.3
Male	3	21.4	$127.93	1,122.07	1,250.00	37.7
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
LOSS CAUSE						
Vehicle/car/truck	2	14.3	$200.04	1,122.07	1,322.11	39.8
Recreational equipment	2	14.3	$899.73	0.00	899.73	27.1
Walking surface, outside, dry	4	28.6	$607.96	0.00	607.96	18.3
Stairs, steps	2	14.3	$488.26	0.00	488.26	14.7
Overhead Object	1	7.1	$0.00	0.00	0.00	0.0
Steam / exhaust	1	7.1	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	7.1	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.1	$0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	7.1	127.93	1,122.07	1,250.00	37.7
Struck/Injured By Falling or Flying (	2	14.3	899.73	0.00	899.73	27.1
Fall/Slip on Stairs	1	7.1	488.26	0.00	488.26	14.7
Twisting	1	7.1	366.61	0.00	366.61	11.0
Fall On the Same Level	2	14.3	241.35	0.00	241.35	7.3
Vehicle Upset	1	7.1	72.11	0.00	72.11	2.2
Dust, Gases, Fumes or Vapors	1	7.1	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	14.3	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	2	14.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
BODY PART						
Multiple Body Parts Multiple Body	6	42.9	441.39	1,122.07	1,563.46	47.1
Trunk Upper Back Area (Thoracic	1	7.1	488.26	0.00	488.26	14.7
Head Brain	1	7.1	464.95	0.00	464.95	14.0
Head Multiple Head Injury	1	7.1	434.78	0.00	434.78	13.1
Lower Extremities Knee	1	7.1	366.61	0.00	366.61	11.0
Head Skull	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	7.1	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
All Other (Specific) Injuries, NOC	4	28.6	494.54	1,122.07	1,616.61	48.7
Concussion (Brain, Cerebral)	2	14.3	899.73	0.00	899.73	27.1
Strain	1	7.1	488.26	0.00	488.26	14.7
All Other Cumulative Injury	2	14.3	294.64	0.00	294.64	8.9
Multiple Physical Injury Only	1	7.1	18.82	0.00	18.82	0.6
Contusion (Bruise, Skin Surface)	1	7.1	0.00	0.00	0.00	0.0
Laceration	1	7.1	0.00	0.00	0.00	0.0
No Physical Injury	1	7.1	0.00	0.00	0.00	0.0
Sprain	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
213 - NORFOLK STATE UNIVERSITY						
TYPE OF CLAIM						
Indemnity	8	24.2	116,075.59	134,948.51	251,024.10	0.92
Medical Only	23	69.7	12,198.90	9,762.03	21,960.93	0.08
Reporting Purposes Only	2	6.1	0.00	0.00	0.00	0
Sum:	**33**		**128,274.49**	**144,710.54**	**272,985.03**	
TIME OF INJURY						
6PM - 7:59PM	3	9.1	111,249.98	85,054.79	196,304.77	71.9
4PM - 5:59PM	3	9.1	3,171.70	53,250.54	56,422.24	20.7
10AM - 11:59AM	7	21.2	4,858.57	1,250.00	6,108.57	2.2
10PM - 11:59PM	1	3.0	3,854.74	1,405.21	5,259.95	1.9
8AM - 9:59AM	7	21.2	2,697.55	2,500.00	5,197.55	1.9
6AM - 7:59AM	6	18.2	1,775.66	1,250.00	3,025.66	1.1
12PM - 1:59PM	3	9.1	628.65	0.00	628.65	0.2
12AM - 1:59AM	1	3.0	18.82	0.00	18.82	0.0
2PM - 3:59PM	2	6.1	18.82	0.00	18.82	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
LENGTH OF SERVICE						
2 - 4	5	15.2	$111,249.98	87,554.79	198,804.77	72.8
10 - 12	2	6.1	$75.10	51,143.72	51,218.82	18.8
0 - 2	9	27.3	$5,201.48	1,405.21	6,606.69	2.4
4 - 6	2	6.1	$4,962.07	0.00	4,962.07	1.8
18 - 20	2	6.1	$1,582.00	3,356.82	4,938.82	1.8
8 - 10	1	3.0	$2,321.21	0.00	2,321.21	0.9
6 - 8	4	12.1	$28.82	1,250.00	1,278.82	0.5
16 - 18	2	6.1	$919.39	0.00	919.39	0.3
26 - 28	1	3.0	$917.42	0.00	917.42	0.3
36 - 38	1	3.0	$573.46	0.00	573.46	0.2
24 - 26	2	6.1	$424.74	0.00	424.74	0.2
48 - 50	1	3.0	$18.82	0.00	18.82	0.0
22 - 24	1	3.0	$0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
Age of Claimant						
35 - 39	6	18.2	$116,175.07	85,054.79	201,229.86	73.7
45 - 49	1	3.0	$75.10	49,893.72	49,968.82	18.3

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	9	27.3	$2,924.16	7,106.82	10,030.98	3.7
50 - 54	2	6.1	$3,854.74	1,405.21	5,259.95	1.9
30 - 34	2	6.1	$2,321.21	1,250.00	3,571.21	1.3
40 - 44	2	6.1	$1,880.94	0.00	1,880.94	0.7
60 - 64	3	9.1	$602.28	0.00	602.28	0.2
70 - 74	4	12.1	$422.17	0.00	422.17	0.2
25 - 29	1	3.0	$18.82	0.00	18.82	0.0
20 - 24	3	9.1	$0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
SEX OF CLAIMANT						
Male	14	42.4	$117,061.42	137,603.72	254,665.14	93.3
Female	19	57.6	$11,213.07	7,106.82	18,319.89	6.7
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
LOSS CAUSE						
Floor	14	42.4	$119,332.27	142,055.33	261,387.60	95.8
Patient / Inmate	1	3.0	$3,854.74	1,405.21	5,259.95	1.9
Overhead Object	1	3.0	$1,533.42	0.00	1,533.42	0.6
Sockets	1	3.0	$0.00	1,250.00	1,250.00	0.5
Walking surface, inside, wet	1	3.0	$917.42	0.00	917.42	0.3
Training \ Drills	3	9.1	$802.74	0.00	802.74	0.3
Chair	1	3.0	$573.46	0.00	573.46	0.2
Metal items	1	3.0	$516.04	0.00	516.04	0.2
Beam	1	3.0	$347.52	0.00	347.52	0.1
N/A	1	3.0	$340.42	0.00	340.42	0.1
Furniture / fixtures	1	3.0	$18.82	0.00	18.82	0.0
Grease	1	3.0	$18.82	0.00	18.82	0.0
Hand tool, not powered, NOC	1	3.0	$18.82	0.00	18.82	0.0
Cleaning Products	2	6.1	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classil	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, dry	1	3.0	$0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spi	1	3.0	111,249.98	85,054.79	196,304.77	71.9
Fall On the Same Level	16	48.5	7,023.78	57,000.54	64,024.32	23.5
Pushing or Pulling	1	3.0	3,854.74	1,405.21	5,259.95	1.9
Fall/Slip From a Different Level	2	6.1	4,002.11	0.00	4,002.11	1.5

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary C	1	3.0	1,533.42	0.00	1,533.42	0.6
Cumulative (All Other)	1	3.0	0.00	1,250.00	1,250.00	0.5
Collision with a Fixed Object	1	3.0	347.52	0.00	347.52	0.1
Twisting	1	3.0	206.48	0.00	206.48	0.1
Hand Tool, Utensil; Not Powered	2	6.1	18.82	0.00	18.82	0.0
Other Injury NEC	3	9.1	18.82	0.00	18.82	0.0
Reaching	1	3.0	18.82	0.00	18.82	0.0
Fall, Slip or Trip, NOC	2	6.1	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	3.0	0.00	0.00	0.00	0.0
Sum:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
BODY PART						
Lower Extremities Knee	8	24.2	115,937.11	89,661.61	205,598.72	75.3
Lower Extremities Ankle	3	9.1	3,503.75	49,893.72	53,397.47	19.6
Upper Extremities Finger(s)	1	3.0	3,854.74	1,405.21	5,259.95	1.9
Upper Extremities Hand	4	12.1	403.35	2,500.00	2,903.35	1.1
Multiple Body Parts Multiple Body	4	12.1	2,025.74	0.00	2,025.74	0.7
Neck Soft Tissue-Neck	2	6.1	1,552.24	0.00	1,552.24	0.6
Upper Extremities Elbow	1	3.0	0.00	1,250.00	1,250.00	0.5
Lower Extremities Hip	2	6.1	424.74	0.00	424.74	0.2
Head Brain	1	3.0	347.52	0.00	347.52	0.1
Lower Extremities Lower Leg	2	6.1	206.48	0.00	206.48	0.1
Trunk Chest (Incl. Ribs, Sternum &	1	3.0	18.82	0.00	18.82	0.0
Head Eye(s)	1	3.0	0.00	0.00	0.00	0.0
Head Mouth	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
Sum:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
INJURY						
Sprain	17	51.5	119,898.38	89,661.61	209,559.99	76.8
Dislocation	1	3.0	75.10	49,893.72	49,968.82	18.3
Strain	4	12.1	6,401.25	1,405.21	7,806.46	2.9
All Other (Specific) Injuries, NOC	3	9.1	0.00	2,500.00	2,500.00	0.9
Multiple Physical Injury Only	1	3.0	1,533.42	0.00	1,533.42	0.6
Contusion (Bruise, Skin Surface)	3	9.1	0.00	1,250.00	1,250.00	0.5
Crushing	2	6.1	347.52	0.00	347.52	0.1
Burn	1	3.0	18.82	0.00	18.82	0.0
Multiple Injury Inc. Physical & Psycl	1	3.0	0.00	0.00	0.00	0.0
Sum:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
214 - Longwood University						
TYPE OF CLAIM						
Medical Only	5	41.7	1,463.59	1,300.00	2,763.59	0.7
Indemnity	1	8.3	1,208.10	0.00	1,208.10	0.3
Reporting Purposes Only	6	50.0	0.00	0.00	0.00	0
Sum:	**12**		**2,671.69**	**1,300.00**	**3,971.69**	
TIME OF INJURY						
4PM - 5:59PM	1	8.3	1,463.59	0.00	1,463.59	36.9
8PM - 9:59PM	1	8.3	0.00	1,300.00	1,300.00	32.7
8AM - 9:59AM	2	16.7	1,208.10	0.00	1,208.10	30.4
2AM - 3:59AM	1	8.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	16.7	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	16.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	3	25.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
LENGTH OF SERVICE						
10 - 12	3	25.0	$1,463.59	1,300.00	2,763.59	69.6
18 - 20	1	8.3	$1,208.10	0.00	1,208.10	30.4
0 - 2	3	25.0	$0.00	0.00	0.00	0.0
2 - 4	1	8.3	$0.00	0.00	0.00	0.0
4 - 6	1	8.3	$0.00	0.00	0.00	0.0
20 - 22	1	8.3	$0.00	0.00	0.00	0.0
34 - 36	1	8.3	$0.00	0.00	0.00	0.0
46 - 48	1	8.3	$0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
Age of Claimant						
40 - 44	2	16.7	$1,463.59	0.00	1,463.59	36.9
55 - 59	1	8.3	$0.00	1,300.00	1,300.00	32.7
60 - 64	1	8.3	$1,208.10	0.00	1,208.10	30.4
25 - 29	1	8.3	$0.00	0.00	0.00	0.0
30 - 34	1	8.3	$0.00	0.00	0.00	0.0
35 - 39	3	25.0	$0.00	0.00	0.00	0.0
50 - 54	1	8.3	$0.00	0.00	0.00	0.0
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

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
SEX OF CLAIMANT						
Male	9	75.0	$2,671.69	1,300.00	3,971.69	100.0
Female	3	25.0	$0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
LOSS CAUSE						
Walking surface, inside, dry	1	8.3	$1,463.59	0.00	1,463.59	36.9
Outside Surface	2	16.7	$0.00	1,300.00	1,300.00	32.7
Machine, not otherwise classified	1	8.3	$1,208.10	0.00	1,208.10	30.4
Dolly	1	8.3	$0.00	0.00	0.00	0.0
Floor	3	25.0	$0.00	0.00	0.00	0.0
Metal items	1	8.3	$0.00	0.00	0.00	0.0
Uneven Surface	1	8.3	$0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	8.3	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	8.3	$0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
ACCIDENT TYPE						
Fall On the Same Level	3	25.0	1,463.59	0.00	1,463.59	36.9
Fall, Slip or Trip, NOC	3	25.0	0.00	1,300.00	1,300.00	32.7
Struck/Injured By Moving Parts of M	1	8.3	1,208.10	0.00	1,208.10	30.4
Cut, Punctured, Scraped, NOC	1	8.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	8.3	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	8.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	8.3	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
BODY PART						
Lower Extremities Knee	1	8.3	1,463.59	0.00	1,463.59	36.9
Multiple Body Parts Multiple Body	6	50.0	0.00	1,300.00	1,300.00	32.7
Upper Extremities Hand	1	8.3	1,208.10	0.00	1,208.10	30.4
Lower Extremities Lower Leg	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	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
Upper Extremities Wrist(s) and Ha	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
INJURY						
Contusion (Bruise, Skin Surface)	4	33.3	1,463.59	0.00	1,463.59	36.9

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	3	25.0	0.00	1,300.00	1,300.00	32.7
Fracture	1	8.3	1,208.10	0.00	1,208.10	30.4
Laceration	2	16.7	0.00	0.00	0.00	0.0
Sprain	1	8.3	0.00	0.00	0.00	0.0
Strain	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
215 - University of Mary Washington						
TYPE OF CLAIM						
Indemnity	2	11.8	339.80	16,629.10	16,968.90	0.56
Medical Only	10	58.8	8,160.54	5,336.37	13,496.91	0.44
Reporting Purposes Only	5	29.4	0.00	0.00	0.00	0
Sum:	**17**		**8,500.34**	**21,965.47**	**30,465.81**	
TIME OF INJURY						
10AM - 11:59AM	3	17.6	1,806.36	16,629.10	18,435.46	60.5
6AM - 7:59AM	2	11.8	2,354.01	4,016.42	6,370.43	20.9
2PM - 3:59PM	3	17.6	1,679.51	0.00	1,679.51	5.5
8AM - 9:59AM	3	17.6	1,576.07	50.00	1,626.07	5.3
6PM - 7:59PM	1	5.9	50.05	1,269.95	1,320.00	4.3
12PM - 1:59PM	2	11.8	713.36	0.00	713.36	2.3
4PM - 5:59PM	2	11.8	320.98	0.00	320.98	1.1
4AM - 5:59AM	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
LENGTH OF SERVICE						
2 - 4	3	17.6	$1,444.40	16,629.10	18,073.50	59.3
6 - 8	2	11.8	$2,354.01	4,016.42	6,370.43	20.9
0 - 2	5	29.4	$3,305.63	1,319.95	4,625.58	15.2
18 - 20	3	17.6	$1,034.34	0.00	1,034.34	3.4
20 - 22	1	5.9	$361.96	0.00	361.96	1.2
4 - 6	1	5.9	$0.00	0.00	0.00	0.0
10 - 12	1	5.9	$0.00	0.00	0.00	0.0
12 - 14	1	5.9	$0.00	0.00	0.00	0.0
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
Age of Claimant						
60 - 64	7	41.2	$4,511.77	20,645.52	25,157.29	82.6
20 - 24	3	17.6	$1,729.56	1,269.95	2,999.51	9.8
25 - 29	1	5.9	$1,576.07	50.00	1,626.07	5.3
80 - 84	2	11.8	$682.94	0.00	682.94	2.2
30 - 34	1	5.9	$0.00	0.00	0.00	0.0
50 - 54	1	5.9	$0.00	0.00	0.00	0.0
55 - 59	1	5.9	$0.00	0.00	0.00	0.0
65 - 69	1	5.9	$0.00	0.00	0.00	0.0

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Payments As of: 06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
SEX OF CLAIMANT						
Female	14	82.4	$7,817.40	21,965.47	29,782.87	97.8
Male	3	17.6	$682.94	0.00	682.94	2.2
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
LOSS CAUSE						
Walking surface, outside, dry	2	11.8	$18.82	16,629.10	16,647.92	54.6
Furniture / fixtures	3	17.6	$4,492.95	4,016.42	8,509.37	27.9
Nail Gun	1	5.9	$1,679.51	0.00	1,679.51	5.5
Patient / Inmate	1	5.9	$1,576.07	50.00	1,626.07	5.3
Animal, not otherwise classified	1	5.9	$50.05	1,269.95	1,320.00	4.3
Dust	1	5.9	$361.96	0.00	361.96	1.2
Outside Surface	1	5.9	$320.98	0.00	320.98	1.1
Environmental conditions	3	17.6	$0.00	0.00	0.00	0.0
Floor	1	5.9	$0.00	0.00	0.00	0.0
Gas / Fumes	1	5.9	$0.00	0.00	0.00	0.0
Knife, Utility	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
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
ACCIDENT TYPE						
Fall On the Same Level	4	23.5	732.18	16,629.10	17,361.28	57.0
Caught In/Between-Object Handlec	1	5.9	2,354.01	4,016.42	6,370.43	20.9
Hand Tool, Utensil; Not Powered	2	11.8	1,679.51	0.00	1,679.51	5.5
Struck/Injured By Fellow Worker, P	1	5.9	1,576.07	50.00	1,626.07	5.3
Collision with a Fixed Object	1	5.9	1,425.58	0.00	1,425.58	4.7
Struck/Injured By Animal or Insect	1	5.9	50.05	1,269.95	1,320.00	4.3
Foreign Body in Eye	1	5.9	361.96	0.00	361.96	1.2
Fall/Slip From a Different Level	1	5.9	320.98	0.00	320.98	1.1
Bodily Reaction	1	5.9	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	5.9	0.00	0.00	0.00	0.0
Mold, Including Mildew	2	11.8	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
BODY PART						
Multiple Body Parts Multiple Body	6	35.3	2,308.25	16,679.10	18,987.35	62.3
Upper Extremities Finger(s)	4	23.5	4,083.57	5,286.37	9,369.94	30.8
Lower Extremities Lower Leg	1	5.9	1,425.58	0.00	1,425.58	4.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Eye(s)	1	5.9	361.96	0.00	361.96	1.2
Trunk Multiple Trunk	1	5.9	320.98	0.00	320.98	1.1
Lower Extremities Knee	1	5.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	5.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	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
Sum:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
INJURY						
Multiple Physical Injury Only	3	17.6	732.18	16,629.10	17,361.28	57.0
Crushing	2	11.8	2,354.01	4,016.42	6,370.43	20.9
Contusion (Bruise, Skin Surface)	2	11.8	3,001.65	50.00	3,051.65	10.0
Puncture	1	5.9	1,679.51	0.00	1,679.51	5.5
Laceration	2	11.8	50.05	1,269.95	1,320.00	4.3
Foreign Body (Eye)	1	5.9	361.96	0.00	361.96	1.2
Sprain	1	5.9	320.98	0.00	320.98	1.1
Inflammation	1	5.9	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycl	1	5.9	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	2	11.8	0.00	0.00	0.00	0.0
Strain	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
216 - JAMES MADISON UNIVERSITY						
TYPE OF CLAIM						
Indemnity	8	7.9	76,575.60	278,886.13	355,461.73	0.85
Medical Only	55	54.5	30,153.94	32,537.84	62,691.78	0.15
Reporting Purposes Only	38	37.6	0.00	0.00	0.00	0
Sum:	**101**		**106,729.54**	**311,423.97**	**418,153.51**	
TIME OF INJURY						
8PM - 9:59PM	1	1.0	7,678.50	143,672.32	151,350.82	36.2
2PM - 3:59PM	17	16.8	36,553.05	81,133.87	117,686.92	28.1
12PM - 1:59PM	12	11.9	25,619.67	16,687.63	42,307.30	10.1
4AM - 5:59AM	2	2.0	15,274.11	21,836.95	37,111.06	8.9
6AM - 7:59AM	15	14.9	7,633.33	28,595.13	36,228.46	8.7
4PM - 5:59PM	4	4.0	2,747.28	9,612.64	12,359.92	3.0
10AM - 11:59AM	23	22.8	7,252.63	3,607.01	10,859.64	2.6
8AM - 9:59AM	19	18.8	2,963.95	5,040.44	8,004.39	1.9
10PM - 11:59PM	3	3.0	285.37	1,094.63	1,380.00	0.3
6PM - 7:59PM	4	4.0	721.65	143.35	865.00	0.2
2AM - 3:59AM	1	1.0	0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
LENGTH OF SERVICE						
6 - 8	4	4.0	$7,678.50	143,672.32	151,350.82	36.2
16 - 18	4	4.0	$29,992.07	71,927.65	101,919.72	24.4
0 - 2	33	32.7	$44,245.99	32,200.74	76,446.73	18.3
8 - 10	9	8.9	$3,695.29	29,100.43	32,795.72	7.8
20 - 22	4	4.0	$890.96	15,316.84	16,207.80	3.9
2 - 4	22	21.8	$7,978.62	3,594.63	11,573.25	2.8
18 - 20	7	6.9	$3,112.60	6,706.22	9,818.82	2.3
12 - 14	7	6.9	$2,981.47	4,432.64	7,414.11	1.8
26 - 28	2	2.0	$3,537.01	2,512.99	6,050.00	1.4
28 - 30	1	1.0	$1,340.49	1,959.51	3,300.00	0.8
22 - 24	2	2.0	$708.94	0.00	708.94	0.2
24 - 26	2	2.0	$567.60	0.00	567.60	0.1
4 - 6	1	1.0	$0.00	0.00	0.00	0.0
10 - 12	3	3.0	$0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Age of Claimant						
65 - 69	5	5.0	$9,137.07	149,717.81	158,854.88	38.0
45 - 49	9	8.9	$52,986.87	70,677.65	123,664.52	29.6
60 - 64	13	12.9	$7,041.02	37,260.86	44,301.88	10.6
15 - 19	6	5.9	$15,978.20	20,624.19	36,602.39	8.8
40 - 44	13	12.9	$7,919.16	7,680.07	15,599.23	3.7
70 - 74	2	2.0	$198.18	15,316.84	15,515.02	3.7
55 - 59	11	10.9	$6,723.96	0.00	6,723.96	1.6
20 - 24	9	8.9	$2,338.19	1,393.35	3,731.54	0.9
35 - 39	8	7.9	$1,177.12	2,462.76	3,639.88	0.9
25 - 29	7	6.9	$791.15	2,500.00	3,291.15	0.8
80 - 84	1	1.0	$584.56	2,540.44	3,125.00	0.7
50 - 54	11	10.9	$1,039.04	1,250.00	2,289.04	0.5
30 - 34	6	5.9	$815.02	0.00	815.02	0.2
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
SEX OF CLAIMANT						
Male	45	44.6	$34,906.40	194,434.67	229,341.07	54.8
Female	56	55.4	$71,823.14	116,989.30	188,812.44	45.2
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
LOSS CAUSE						
Walking surface, outside, wet	3	3.0	$10,772.28	150,378.54	161,150.82	38.5
Walking surface, inside, wet	3	3.0	$29,691.67	70,677.65	100,369.32	24.0
Shovel	1	1.0	$15,236.87	20,624.19	35,861.06	8.6
Trash receptacle	2	2.0	$373.69	28,595.13	28,968.82	6.9
Furniture / fixtures	3	3.0	$23,271.74	0.00	23,271.74	5.6
Blower 18"	1	1.0	$198.18	15,316.84	15,515.02	3.7
Recreational equipment	2	2.0	$2,125.76	5,682.64	7,808.40	1.9
Stairs, steps	5	5.0	$621.52	6,430.00	7,051.52	1.7
Package	2	2.0	$6,192.12	505.30	6,697.42	1.6
Walking surface, outside, dry	3	3.0	$1,943.87	4,499.95	6,443.82	1.5
Outside Surface	5	5.0	$3,939.03	1,647.50	5,586.53	1.3
Cleaning Products	5	5.0	$1,896.33	0.00	1,896.33	0.5
Person	2	2.0	$711.77	1,094.63	1,806.40	0.4
Machine, not otherwise classified	6	5.9	$115.26	1,212.76	1,328.02	0.3
Boxes / containers	2	2.0	$384.51	865.49	1,250.00	0.3
Door	4	4.0	$0.00	1,250.00	1,250.00	0.3
Stairs	3	3.0	$0.00	1,250.00	1,250.00	0.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Work surface	1	1.0	$0.00	1,250.00	1,250.00	0.3
Pallet Jack	1	1.0	$1,119.82	0.00	1,119.82	0.3
Vehicle/car/truck	2	2.0	$721.65	143.35	865.00	0.2
Animal / bee type	2	2.0	$798.23	0.00	798.23	0.2
Hot/Cold Object, Liquid, Substance	2	2.0	$723.25	0.00	723.25	0.2
Wood Items	2	2.0	$720.72	0.00	720.72	0.2
Grinder	1	1.0	$692.78	0.00	692.78	0.2
Cords	1	1.0	$567.60	0.00	567.60	0.1
Poisonous agent / plant	1	1.0	$550.77	0.00	550.77	0.1
Blade	1	1.0	$453.31	0.00	453.31	0.1
Brush / tree / log	1	1.0	$452.54	0.00	452.54	0.1
Grease	1	1.0	$383.90	0.00	383.90	0.1
Working Surface	2	2.0	$380.03	0.00	380.03	0.1
Animal / insect, not otherwise class	1	1.0	$338.61	0.00	338.61	0.1
Gun / gunshot	1	1.0	$338.61	0.00	338.61	0.1
Mowers	1	1.0	$300.40	0.00	300.40	0.1
Fencing	1	1.0	$279.48	0.00	279.48	0.1
Hand tool, not powered, NOC	3	3.0	$171.74	0.00	171.74	0.0
Press	1	1.0	$130.00	0.00	130.00	0.0
Wires	1	1.0	$112.68	0.00	112.68	0.0
Animal, not otherwise classified	1	1.0	$18.82	0.00	18.82	0.0
Chair	1	1.0	$0.00	0.00	0.00	0.0
Cone	2	2.0	$0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	1.0	$0.00	0.00	0.00	0.0
Floor	2	2.0	$0.00	0.00	0.00	0.0
Foreign Object	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
Hose (indicator # carried)	1	1.0	$0.00	0.00	0.00	0.0
Infectious agent	1	1.0	$0.00	0.00	0.00	0.0
Ladder - Portable	1	1.0	$0.00	0.00	0.00	0.0
Light cord and reel	1	1.0	$0.00	0.00	0.00	0.0
Object on Floor	1	1.0	$0.00	0.00	0.00	0.0
Paper cutter	1	1.0	$0.00	0.00	0.00	0.0
Razor blade	1	1.0	$0.00	0.00	0.00	0.0
Steam / exhaust	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
Wall	1	1.0	$0.00	0.00	0.00	0.0
Water	2	2.0	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Window frame	1	1.0	$0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
ACCIDENT TYPE						
Fall On the Same Level	17	16.8	9,797.36	161,529.60	171,326.96	41.0
Fall/Slip From Liquid or Grease Spi	1	1.0	29,691.67	70,677.65	100,369.32	24.0
Twisting	5	5.0	23,211.27	29,845.13	53,056.40	12.7
Lifting	3	3.0	21,240.69	20,624.19	41,864.88	10.0
Fall/Slip on Ice or Snow	5	5.0	6,955.22	8,353.72	15,308.94	3.7
Fall/Slip on Stairs	5	5.0	621.52	6,430.00	7,051.52	1.7
Struck/Injured By Falling or Flying (	3	3.0	2,125.76	4,432.64	6,558.40	1.6
Fall/Slip From a Different Level	5	5.0	1,418.08	3,209.51	4,627.59	1.1
Struck/Injured By Object Being Lifte	4	4.0	1,495.67	1,212.76	2,708.43	0.6
Object Being Lifted or Handled	8	7.9	1,652.07	865.49	2,517.56	0.6
Hand Tool, Utensil; Not Powered	5	5.0	625.05	1,250.00	1,875.05	0.4
Collision with a Fixed Object	4	4.0	130.00	1,250.00	1,380.00	0.3
Reaching	2	2.0	744.70	505.30	1,250.00	0.3
Struck/Injured By Fellow Worker, P	1	1.0	155.37	1,094.63	1,250.00	0.3
Struck/Injured By Animal or Insect	4	4.0	1,155.66	0.00	1,155.66	0.3
Caught In/Between-Machine or Ma	4	4.0	993.18	0.00	993.18	0.2
Struck/Injured By Motor Vehicle	1	1.0	721.65	143.35	865.00	0.2
Burn or Scald-Chemicals	2	2.0	779.91	0.00	779.91	0.2
Contact With Not Otherwise Classif	1	1.0	723.25	0.00	723.25	0.2
Caught In/Between-Object Handlec	2	2.0	659.51	0.00	659.51	0.2
Other Injury NEC	1	1.0	550.77	0.00	550.77	0.1
Slipped, Did Not Fall	2	2.0	452.54	0.00	452.54	0.1
Jumping	1	1.0	383.90	0.00	383.90	0.1
Foreign Body in Eye	2	2.0	366.72	0.00	366.72	0.1
Holding or Carrying	1	1.0	78.02	0.00	78.02	0.0
Absorption, Ingestion or Inhalation	1	1.0	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	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
Cumulative (All Other)	1	1.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	2.0	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.0	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	1.0	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	1.0	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Mac	1	1.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	1.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary C	1	1.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
BODY PART						
Lower Extremities Upper Leg	1	1.0	7,678.50	143,672.32	151,350.82	36.2
Upper Extremities Wrist	5	5.0	31,150.92	74,083.58	105,234.50	25.2
Lower Extremities Knee	12	11.9	26,439.59	35,301.35	61,740.94	14.8
Upper Extremities Shoulder(s)	3	3.0	21,305.81	25,804.19	47,110.00	11.3
Multiple Body Parts Multiple Body	15	14.9	5,518.46	20,173.85	25,692.31	6.1
Head Skull	7	6.9	4,253.95	4,575.99	8,829.94	2.1
Lower Extremities Ankle	4	4.0	0.00	2,500.00	2,500.00	0.6
Upper Extremities Hand	5	5.0	1,072.81	1,250.00	2,322.81	0.6
Upper Extremities Thumb	6	5.9	887.39	1,094.63	1,982.02	0.5
Lower Extremities Foot	4	4.0	1,843.07	0.00	1,843.07	0.4
Upper Extremities Elbow	6	5.9	452.54	1,250.00	1,702.54	0.4
Trunk Low Back Area (Incl. Lumba	3	3.0	115.26	1,212.76	1,328.02	0.3
Neck Multiple Neck Injury	1	1.0	744.70	505.30	1,250.00	0.3
Head Eye(s)	5	5.0	1,146.63	0.00	1,146.63	0.3
Upper Extremities Finger(s)	5	5.0	925.45	0.00	925.45	0.2
Lower Extremities Great Toe	1	1.0	702.34	0.00	702.34	0.2
Trunk Upper Back Area (Thoracic	2	2.0	556.40	0.00	556.40	0.1
Multiple Body Parts Whole Body	1	1.0	550.77	0.00	550.77	0.1
Upper Extremities Lower Arm	4	4.0	420.73	0.00	420.73	0.1
Head Ear(s)	1	1.0	338.61	0.00	338.61	0.1
Head Teeth	1	1.0	338.61	0.00	338.61	0.1
Trunk Abdomen Including Groin	1	1.0	268.18	0.00	268.18	0.1
Upper Extremities Upper Arm (Incl	1	1.0	18.82	0.00	18.82	0.0
Head Other facial soft tissue	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
Lower Extremities Multiple Lower E	1	1.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	1.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	1.0	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper E	2	2.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
INJURY						
Fracture	3	3.0	37,370.17	214,349.97	251,720.14	60.2
Strain	20	19.8	46,615.30	57,445.06	104,060.36	24.9
Contusion (Bruise, Skin Surface)	30	29.7	7,599.18	13,473.12	21,072.30	5.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	7	6.9	582.69	18,682.33	19,265.02	4.6
Concussion (Brain, Cerebral)	4	4.0	3,633.94	4,575.99	8,209.93	2.0
No Physical Injury	3	3.0	3,152.50	1,647.50	4,800.00	1.1
Laceration	14	13.9	1,336.43	1,250.00	2,586.43	0.6
Burn	5	5.0	1,503.16	0.00	1,503.16	0.4
Puncture	2	2.0	1,145.32	0.00	1,145.32	0.3
Inflammation	2	2.0	798.23	0.00	798.23	0.2
Multiple Physical Injury Only	2	2.0	749.70	0.00	749.70	0.2
Foreign Body (Eye)	4	4.0	705.33	0.00	705.33	0.2
Dermatitis	1	1.0	550.77	0.00	550.77	0.1
Crushing	1	1.0	380.03	0.00	380.03	0.1
Infection	1	1.0	338.61	0.00	338.61	0.1
Hernia (Rupture)	1	1.0	268.18	0.00	268.18	0.1
Dislocation	1	1.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
217 - RADFORD UNIVERSITY						
TYPE OF CLAIM						
Indemnity	6	21.4	14,122.06	83,769.60	97,891.66	0.78
Medical Only	13	46.4	26,992.95	0.00	26,992.95	0.22
Reporting Purposes Only	9	32.1	0.00	0.00	0.00	0
Sum:	**28**		**41,115.01**	**83,769.60**	**124,884.61**	
TIME OF INJURY						
8PM - 9:59PM	2	7.1	1,413.17	48,110.40	49,523.57	39.7
10AM - 11:59AM	10	35.7	4,605.73	35,659.20	40,264.93	32.2
4PM - 5:59PM	3	10.7	22,619.43	0.00	22,619.43	18.1
12PM - 1:59PM	5	17.9	8,611.29	0.00	8,611.29	6.9
8AM - 9:59AM	5	17.9	3,823.61	0.00	3,823.61	3.1
6PM - 7:59PM	1	3.6	22.96	0.00	22.96	0.0
2PM - 3:59PM	1	3.6	18.82	0.00	18.82	0.0
12AM - 1:59AM	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
LENGTH OF SERVICE						
0 - 2	12	42.9	$1,687.07	48,110.40	49,797.47	39.9
22 - 24	1	3.6	$4,559.62	35,659.20	40,218.82	32.2
14 - 16	2	7.1	$19,325.68	0.00	19,325.68	15.5
34 - 36	2	7.1	$7,624.03	0.00	7,624.03	6.1
36 - 38	1	3.6	$3,480.88	0.00	3,480.88	2.8
2 - 4	4	14.3	$3,312.57	0.00	3,312.57	2.7
8 - 10	2	7.1	$1,100.92	0.00	1,100.92	0.9
20 - 22	1	3.6	$24.24	0.00	24.24	0.0
4 - 6	2	7.1	$0.00	0.00	0.00	0.0
16 - 18	1	3.6	$0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
Age of Claimant						
40 - 44	3	10.7	$24,671.23	35,659.20	60,330.43	48.3
45 - 49	4	14.3	$627.24	48,110.40	48,737.64	39.0
55 - 59	6	21.4	$11,401.08	0.00	11,401.08	9.1
25 - 29	4	14.3	$3,359.13	0.00	3,359.13	2.7
20 - 24	4	14.3	$1,032.09	0.00	1,032.09	0.8
50 - 54	5	17.9	$24.24	0.00	24.24	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	1	3.6	$0.00	0.00	0.00	0.0
60 - 64	1	3.6	$0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
SEX OF CLAIMANT						
Male	13	46.4	$39,697.13	83,769.60	123,466.73	98.9
Female	15	53.6	$1,417.88	0.00	1,417.88	1.1
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
LOSS CAUSE						
Work surface	1	3.6	$608.42	48,110.40	48,718.82	39.0
Pipe	2	7.1	$4,559.62	35,659.20	40,218.82	32.2
Training \ Drills	1	3.6	$19,306.86	0.00	19,306.86	15.5
Uneven Surface	3	10.7	$7,648.27	0.00	7,648.27	6.1
Office equipment	1	3.6	$3,480.88	0.00	3,480.88	2.8
Ladder - Portable	1	3.6	$3,312.57	0.00	3,312.57	2.7
Door	1	3.6	$987.26	0.00	987.26	0.8
Miscellaneous	1	3.6	$804.75	0.00	804.75	0.6
Walking surface, outside, dry	3	10.7	$296.17	0.00	296.17	0.2
Outside Surface	1	3.6	$46.56	0.00	46.56	0.0
Metal items	2	7.1	$22.96	0.00	22.96	0.0
Glass bottle / sheet	1	3.6	$21.87	0.00	21.87	0.0
Chair	1	3.6	$18.82	0.00	18.82	0.0
Boxes / containers	1	3.6	$0.00	0.00	0.00	0.0
Floor	1	3.6	$0.00	0.00	0.00	0.0
Foreign Object	1	3.6	$0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	7.1	$0.00	0.00	0.00	0.0
Roller	1	3.6	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classil	1	3.6	$0.00	0.00	0.00	0.0
Shelving	1	3.6	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.6	$0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	3.6	608.42	48,110.40	48,718.82	39.0
Caught In/Between-Machine or Ma	1	3.6	4,559.62	35,659.20	40,218.82	32.2
Jumping	1	3.6	19,306.86	0.00	19,306.86	15.5
Vehicle Upset	1	3.6	7,624.03	0.00	7,624.03	6.1
Pushing or Pulling	1	3.6	3,480.88	0.00	3,480.88	2.8
Fall/Slip From Ladder or Scaffoldin	1	3.6	3,312.57	0.00	3,312.57	2.7

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	1	3.6	987.26	0.00	987.26	0.8
Lifting	1	3.6	804.75	0.00	804.75	0.6
Fall, Slip or Trip, NOC	2	7.1	296.17	0.00	296.17	0.2
Fall/Slip From a Different Level	2	7.1	46.56	0.00	46.56	0.0
Fall On the Same Level	5	17.9	43.06	0.00	43.06	0.0
Other Injury NEC	1	3.6	22.96	0.00	22.96	0.0
Broken Glass	2	7.1	21.87	0.00	21.87	0.0
Contact with Electrical Current	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
Hand Tool, Utensil; Not Powered	1	3.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.6	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	3.6	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of M	1	3.6	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifte	2	7.1	0.00	0.00	0.00	0.0
Sum:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
BODY PART						
Upper Extremities Shoulder(s)	2	7.1	8,232.45	48,110.40	56,342.85	45.1
Upper Extremities Hand	2	7.1	4,559.62	35,659.20	40,218.82	32.2
Lower Extremities Lower Leg	2	7.1	19,306.86	0.00	19,306.86	15.5
Upper Extremities Thumb	4	14.3	4,139.19	0.00	4,139.19	3.3
Trunk Upper Back Area (Thoracic	1	3.6	3,480.88	0.00	3,480.88	2.8
Upper Extremities Finger(s)	3	10.7	987.26	0.00	987.26	0.8
Upper Extremities Wrist	1	3.6	296.17	0.00	296.17	0.2
Multiple Body Parts Body Systems	1	3.6	46.56	0.00	46.56	0.0
Lower Extremities Knee	3	10.7	24.24	0.00	24.24	0.0
Lower Extremities Great Toe	1	3.6	22.96	0.00	22.96	0.0
Lower Extremities Foot	2	7.1	18.82	0.00	18.82	0.0
Head Facial Bones	1	3.6	0.00	0.00	0.00	0.0
Head Mouth	1	3.6	0.00	0.00	0.00	0.0
Head Skull	1	3.6	0.00	0.00	0.00	0.0
Trunk Buttocks	2	7.1	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
INJURY						
Strain	4	14.3	4,089.30	48,110.40	52,199.70	41.8
Fracture	4	14.3	4,921.17	35,659.20	40,580.37	32.5
Rupture	1	3.6	19,306.86	0.00	19,306.86	15.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dislocation	1	3.6	7,624.03	0.00	7,624.03	6.1
Sprain	2	7.1	4,117.32	0.00	4,117.32	3.3
Contusion (Bruise, Skin Surface)	5	17.9	1,034.46	0.00	1,034.46	0.8
Laceration	5	17.9	21.87	0.00	21.87	0.0
All Other (Specific) Injuries, NOC	2	7.1	0.00	0.00	0.00	0.0
Crushing	1	3.6	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	3.6	0.00	0.00	0.00	0.0
No Physical Injury	2	7.1	0.00	0.00	0.00	0.0
Sum:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
218 - VA School for the Deaf & Blind 218						
TYPE OF CLAIM						
Indemnity	1	7.7	31,442.50	139,269.32	170,711.82	0.96
Medical Only	3	23.1	5,039.82	1,250.00	6,289.82	0.04
Reporting Purposes Only	9	69.2	0.00	0.00	0.00	0
Sum:	**13**		**36,482.32**	**140,519.32**	**177,001.64**	
TIME OF INJURY						
2PM - 3:59PM	2	15.4	31,442.50	139,269.32	170,711.82	96.4
12PM - 1:59PM	5	38.5	5,011.37	0.00	5,011.37	2.8
10AM - 11:59AM	1	7.7	0.00	1,250.00	1,250.00	0.7
4PM - 5:59PM	2	15.4	28.45	0.00	28.45	0.0
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
6PM - 7:59PM	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
LENGTH OF SERVICE						
22 - 24	2	15.4	$31,442.50	139,269.32	170,711.82	96.4
0 - 2	3	23.1	$5,011.37	1,250.00	6,261.37	3.5
6 - 8	2	15.4	$28.45	0.00	28.45	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
20 - 22	1	7.7	$0.00	0.00	0.00	0.0
14 - 16	1	7.7	$0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
Age of Claimant						
55 - 59	4	30.8	$31,470.95	139,269.32	170,740.27	96.5
50 - 54	2	15.4	$5,011.37	0.00	5,011.37	2.8
40 - 44	4	30.8	$0.00	1,250.00	1,250.00	0.7
45 - 49	1	7.7	$0.00	0.00	0.00	0.0
60 - 64	2	15.4	$0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
SEX OF CLAIMANT						
Female	11	84.6	$36,482.32	139,269.32	175,751.64	99.3
Male	2	15.4	$0.00	1,250.00	1,250.00	0.7
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Vehicle/car/truck	2	15.4	$31,470.95	139,269.32	170,740.27	96.5
Cabinet	1	7.7	$5,011.37	0.00	5,011.37	2.8
Screwdriver	1	7.7	$0.00	1,250.00	1,250.00	0.7
Animal, not otherwise classified	1	7.7	$0.00	0.00	0.00	0.0
Door	2	15.4	$0.00	0.00	0.00	0.0
Electricity	1	7.7	$0.00	0.00	0.00	0.0
Gas / Fumes	1	7.7	$0.00	0.00	0.00	0.0
Person	1	7.7	$0.00	0.00	0.00	0.0
Recreational equipment	1	7.7	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	15.4	$0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	15.4	31,470.95	139,269.32	170,740.27	96.5
Pushing or Pulling	1	7.7	5,011.37	0.00	5,011.37	2.8
Struck/Injured By Falling or Flying (	1	7.7	0.00	1,250.00	1,250.00	0.7
Bitten	1	7.7	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	7.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	7.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	15.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	7.7	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, P.	1	7.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	15.4	0.00	0.00	0.00	0.0
Sum:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
BODY PART						
Trunk Upper Back Area (Thoracic	1	7.7	31,442.50	139,269.32	170,711.82	96.4
Trunk Low Back Area (Incl. Lumba	1	7.7	5,011.37	0.00	5,011.37	2.8
Lower Extremities Upper Leg	1	7.7	0.00	1,250.00	1,250.00	0.7
Lower Extremities Hip	1	7.7	28.45	0.00	28.45	0.0
Head Eye(s)	1	7.7	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	7.7	0.00	0.00	0.00	0.0
Head Skull	2	15.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	7.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	7.7	0.00	0.00	0.00	0.0
Trunk Lung(s)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
INJURY						
Fracture	1	7.7	31,442.50	139,269.32	170,711.82	96.4
Strain	1	7.7	5,011.37	0.00	5,011.37	2.8
Puncture	3	23.1	0.00	1,250.00	1,250.00	0.7
Multiple Injury Inc. Physical & Psycl	1	7.7	28.45	0.00	28.45	0.0
All Other (Specific) Injuries, NOC	1	7.7	0.00	0.00	0.00	0.0
Inflammation	3	23.1	0.00	0.00	0.00	0.0
No Physical Injury	2	15.4	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
221 - OLD DOMINION UNIVERSITY						
TYPE OF CLAIM						
Indemnity	6	6.4	46,738.45	72,808.19	119,546.64	0.66
Medical Only	53	56.4	38,946.71	21,556.25	60,502.96	0.34
Reporting Purposes Only	35	37.2	0.00	0.00	0.00	0
Sum:	**94**		**85,685.16**	**94,364.44**	**180,049.60**	
TIME OF INJURY						
10PM - 11:59PM	1	1.1	45,166.28	72,808.19	117,974.47	65.5
8AM - 9:59AM	13	13.8	14,451.52	0.00	14,451.52	8.0
2PM - 3:59PM	14	14.9	7,120.95	3,224.10	10,345.05	5.7
10AM - 11:59AM	22	23.4	1,541.39	8,525.00	10,066.39	5.6
6AM - 7:59AM	7	7.4	6,088.71	2,467.17	8,555.88	4.8
12PM - 1:59PM	14	14.9	6,150.76	2,379.05	8,529.81	4.7
4PM - 5:59PM	7	7.4	2,320.96	1,250.00	3,570.96	2.0
2AM - 3:59AM	4	4.3	130.00	2,500.00	2,630.00	1.5
6PM - 7:59PM	6	6.4	1,259.73	1,210.93	2,470.66	1.4
8PM - 9:59PM	4	4.3	1,092.04	0.00	1,092.04	0.6
4AM - 5:59AM	1	1.1	362.82	0.00	362.82	0.2
12AM - 1:59AM	1	1.1	0.00	0.00	0.00	0.0
Totals:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
LENGTH OF SERVICE						
12 - 14	1	1.1	$45,166.28	72,808.19	117,974.47	65.5
0 - 2	72	76.6	$26,403.86	10,071.98	36,475.84	20.3
8 - 10	3	3.2	$169.07	7,235.93	7,405.00	4.1
16 - 18	2	2.1	$6,060.79	0.00	6,060.79	3.4
6 - 8	2	2.1	$2,426.66	2,998.34	5,425.00	3.0
2 - 4	4	4.3	$3,328.89	1,250.00	4,578.89	2.5
4 - 6	4	4.3	$1,239.22	0.00	1,239.22	0.7
10 - 12	3	3.2	$491.88	0.00	491.88	0.3
34 - 36	1	1.1	$317.43	0.00	317.43	0.2
18 - 20	1	1.1	$81.08	0.00	81.08	0.0
14 - 16	1	1.1	$0.00	0.00	0.00	0.0
Totals:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
Age of Claimant						
65 - 69	7	7.4	$45,936.32	74,019.12	119,955.44	66.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	21	22.3	$13,898.83	1,250.00	15,148.83	8.4
60 - 64	10	10.6	$6,209.61	7,275.00	13,484.61	7.5
35 - 39	11	11.7	$4,924.07	4,474.10	9,398.17	5.2
40 - 44	7	7.4	$6,036.95	2,379.05	8,416.00	4.7
25 - 29	12	12.8	$5,568.02	0.00	5,568.02	3.1
50 - 54	6	6.4	$516.24	2,467.17	2,983.41	1.7
75 - 79	2	2.1	$18.82	1,250.00	1,268.82	0.7
20 - 24	3	3.2	$0.00	1,250.00	1,250.00	0.7
45 - 49	4	4.3	$1,066.16	0.00	1,066.16	0.6
55 - 59	7	7.4	$771.63	0.00	771.63	0.4
70 - 74	4	4.3	$738.51	0.00	738.51	0.4
Totals:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
SEX OF CLAIMANT						
Male	36	38.3	$66,929.47	78,937.24	145,866.71	81.0
Female	58	61.7	$18,755.69	15,427.20	34,182.89	19.0
Totals:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
LOSS CAUSE						
Floor	7	7.4	$51,568.91	78,833.19	130,402.10	72.4
Door	3	3.2	$14,938.84	0.00	14,938.84	8.3
Person	8	8.5	$3,685.67	3,963.15	7,648.82	4.2
Boxes / containers	5	5.3	$3,376.43	1,748.34	5,124.77	2.8
Outside Surface	2	2.1	$3,237.96	1,210.93	4,448.89	2.5
Vehicle/car/truck	4	4.3	$86.69	2,500.00	2,586.69	1.4
Machine, not otherwise classified	6	6.4	$1,043.06	1,475.76	2,518.82	1.4
Uneven Surface	3	3.2	$577.57	1,250.00	1,827.57	1.0
Elevators, escalators	1	1.1	$1,711.56	0.00	1,711.56	1.0
Overhead Object	2	2.1	$1,428.57	0.00	1,428.57	0.8
Walking surface, outside, dry	5	5.3	$69.90	1,217.17	1,287.07	0.7
Metal items	1	1.1	$334.10	915.90	1,250.00	0.7
Needle stick	20	21.3	$0.00	1,250.00	1,250.00	0.7
Cabinet	1	1.1	$703.34	0.00	703.34	0.4
Walking surface, outside, wet	2	2.1	$492.82	0.00	492.82	0.3
Package	1	1.1	$469.73	0.00	469.73	0.3
Electricity	1	1.1	$454.44	0.00	454.44	0.3
Electrical equipment	1	1.1	$353.41	0.00	353.41	0.2
Shelving	1	1.1	$322.34	0.00	322.34	0.2
Chair	2	2.1	$311.03	0.00	311.03	0.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sharp objects, not otherwise classil	1	1.1	$233.69	0.00	233.69	0.1
N/A	1	1.1	$153.37	0.00	153.37	0.1
Walking surface, inside, wet	2	2.1	$112.91	0.00	112.91	0.1
Stairs, steps	3	3.2	$18.82	0.00	18.82	0.0
Animal / insect, not otherwise class	1	1.1	$0.00	0.00	0.00	0.0
Cleaning Products	1	1.1	$0.00	0.00	0.00	0.0
Computer Work Station	1	1.1	$0.00	0.00	0.00	0.0
Cords	1	1.1	$0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.1	$0.00	0.00	0.00	0.0
Office equipment	1	1.1	$0.00	0.00	0.00	0.0
Organic Material	1	1.1	$0.00	0.00	0.00	0.0
Scalpel	3	3.2	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.1	$0.00	0.00	0.00	0.0
Totals:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	2	2.1	45,185.10	72,808.19	117,993.29	65.5
Fall On the Same Level	19	20.2	10,264.43	8,453.10	18,717.53	10.4
Other Injury NEC	5	5.3	12,774.96	0.00	12,774.96	7.1
Strain or Injury By, NOC	4	4.3	5,483.12	1,463.15	6,946.27	3.9
Lifting	1	1.1	2,426.66	1,748.34	4,175.00	2.3
Hand Tool, Utensil; Not Powered	7	7.4	334.10	2,165.90	2,500.00	1.4
Twisting	3	3.2	475.71	1,250.00	1,725.71	1.0
Struck/Injured By Object Being Lifte	2	2.1	1,377.65	225.76	1,603.41	0.9
Broken Glass	2	2.1	1,454.35	0.00	1,454.35	0.8
Collision with a Fixed Object	3	3.2	1,428.57	0.00	1,428.57	0.8
Struck/Injured By Motor Vehicle	3	3.2	86.69	1,250.00	1,336.69	0.7
Collision with Another Vehicle	1	1.1	0.00	1,250.00	1,250.00	0.7
Cut, Punctured, Scraped, NOC	1	1.1	0.00	1,250.00	1,250.00	0.7
Fall, Slip or Trip, NOC	2	2.1	0.00	1,250.00	1,250.00	0.7
Strain By Using Tool or Machine	1	1.1	0.00	1,250.00	1,250.00	0.7
Caught In, Under or Between, NOC	1	1.1	1,092.04	0.00	1,092.04	0.6
Struck or Injury By, NOC	1	1.1	703.34	0.00	703.34	0.4
Fall/Slip into Openings	2	2.1	577.57	0.00	577.57	0.3
Pushing or Pulling	1	1.1	469.73	0.00	469.73	0.3
Contact with Electrical Current	1	1.1	454.44	0.00	454.44	0.3
Caught In/Between-Object Handlec	3	3.2	416.45	0.00	416.45	0.2
Fall/Slip on Ice or Snow	1	1.1	362.82	0.00	362.82	0.2
Struck/Injured By Falling or Flying (	3	3.2	317.43	0.00	317.43	0.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Absorption, Ingestion or Inhalation	1	1.1	0.00	0.00	0.00	0.0
Bitten	1	1.1	0.00	0.00	0.00	0.0
Caught In/Between-Machine or Ma	1	1.1	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spi	1	1.1	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	1.1	0.00	0.00	0.00	0.0
Needle Stick	17	18.1	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	1.1	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, P	2	2.1	0.00	0.00	0.00	0.0
Sum:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
BODY PART						
Lower Extremities Knee	6	6.4	45,488.62	72,808.19	118,296.81	65.7
Upper Extremities Thumb	5	5.3	12,859.83	0.00	12,859.83	7.1
Multiple Body Parts Multiple Body	12	12.8	1,512.91	9,967.93	11,480.84	6.4
Head Other facial soft tissue	6	6.4	5,919.30	1,250.00	7,169.30	4.0
Lower Extremities Upper Leg	2	2.1	3,685.67	1,463.15	5,148.82	2.9
Upper Extremities Hand	10	10.6	2,951.04	1,250.00	4,201.04	2.3
Upper Extremities Shoulder(s)	1	1.1	2,426.66	1,748.34	4,175.00	2.3
Neck Disc (Neck)	1	1.1	3,198.89	0.00	3,198.89	1.8
Upper Extremities Finger(s)	19	20.2	1,842.59	915.90	2,758.49	1.5
Lower Extremities Ankle	5	5.3	746.64	1,210.93	1,957.57	1.1
Head Skull	5	5.3	1,655.91	0.00	1,655.91	0.9
Head Eye(s)	2	2.1	317.43	1,250.00	1,567.43	0.9
Upper Extremities Wrist	2	2.1	37.07	1,250.00	1,287.07	0.7
Upper Extremities Lower Arm	3	3.2	0.00	1,250.00	1,250.00	0.7
Trunk Low Back Area (Incl. Lumba	4	4.3	987.81	0.00	987.81	0.5
Lower Extremities Lower Leg	2	2.1	784.42	0.00	784.42	0.4
Multiple Body Parts Body Systems	3	3.2	486.27	0.00	486.27	0.3
Head Brain	1	1.1	362.82	0.00	362.82	0.2
Lower Extremities Toe(s)	1	1.1	353.41	0.00	353.41	0.2
Lower Extremities Foot	1	1.1	67.87	0.00	67.87	0.0
Multiple Body Parts No Physical In	1	1.1	0.00	0.00	0.00	0.0
Trunk Buttocks	1	1.1	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	1.1	0.00	0.00	0.00	0.0
Sum:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	
INJURY						
Contusion (Bruise, Skin Surface)	15	16.0	52,687.47	80,083.19	132,770.66	73.7
Sprain	8	8.5	19,268.40	225.76	19,494.16	10.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	6	6.4	7,120.29	3,211.49	10,331.78	5.7
Laceration	10	10.6	2,283.24	2,165.90	4,449.14	2.5
Multiple Physical Injury Only	8	8.5	32.83	3,717.17	3,750.00	2.1
Concussion (Brain, Cerebral)	2	2.1	1,637.09	0.00	1,637.09	0.9
Fracture	4	4.3	225.09	1,210.93	1,436.02	0.8
No Physical Injury	8	8.5	153.37	1,250.00	1,403.37	0.8
Puncture	21	22.3	0.00	1,250.00	1,250.00	0.7
Vision Loss	1	1.1	0.00	1,250.00	1,250.00	0.7
Inflammation	2	2.1	1,092.04	0.00	1,092.04	0.6
All Other (Specific) Injuries, NOC	5	5.3	730.90	0.00	730.90	0.4
Electric Shock	1	1.1	454.44	0.00	454.44	0.3
Contagious Disease	1	1.1	0.00	0.00	0.00	0.0
Crushing	1	1.1	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycl	1	1.1	0.00	0.00	0.00	0.0
Sum:	**94**		**$85,685.16**	**$94,364.44**	**$180,049.60**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
223 - HEALTH PROFESSIONS DEPT.						
TYPE OF CLAIM						
Medical Only	4	57.1	881.50	830.05	1,711.55	0.72
Indemnity	2	28.6	654.03	0.00	654.03	0.28
Reporting Purposes Only	1	14.3	0.00	0.00	0.00	0
Sum:	**7**		**1,535.53**	**830.05**	**2,365.58**	
TIME OF INJURY						
8AM - 9:59AM	1	14.3	419.95	830.05	1,250.00	52.8
12PM - 1:59PM	3	42.9	946.99	0.00	946.99	40.0
10AM - 11:59AM	2	28.6	168.59	0.00	168.59	7.1
6AM - 7:59AM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
LENGTH OF SERVICE						
0 - 2	2	28.6	$419.95	830.05	1,250.00	52.8
18 - 20	1	14.3	$485.44	0.00	485.44	20.5
16 - 18	1	14.3	$461.55	0.00	461.55	19.5
2 - 4	2	28.6	$168.59	0.00	168.59	7.1
8 - 10	1	14.3	$0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
Age of Claimant						
60 - 64	1	14.3	$419.95	830.05	1,250.00	52.8
65 - 69	2	28.6	$485.44	0.00	485.44	20.5
55 - 59	2	28.6	$461.55	0.00	461.55	19.5
40 - 44	1	14.3	$168.59	0.00	168.59	7.1
50 - 54	1	14.3	$0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
SEX OF CLAIMANT						
Male	1	14.3	$419.95	830.05	1,250.00	52.8
Female	6	85.7	$1,115.58	0.00	1,115.58	47.2
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
LOSS CAUSE						
Boxes / containers	1	14.3	$419.95	830.05	1,250.00	52.8
Chair	2	28.6	$485.44	0.00	485.44	20.5
Cords	1	14.3	$461.55	0.00	461.55	19.5
Cabinet	1	14.3	$168.59	0.00	168.59	7.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Elevators, escalators	1	14.3	$0.00	0.00	0.00	0.0
Floor	1	14.3	$0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
ACCIDENT TYPE						
Lifting	1	14.3	419.95	830.05	1,250.00	52.8
Fall, Slip or Trip, NOC	1	14.3	485.44	0.00	485.44	20.5
Fall On the Same Level	3	42.9	461.55	0.00	461.55	19.5
Struck/Injured By Object Being Lifte	1	14.3	168.59	0.00	168.59	7.1
Fall/Slip on Stairs	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
BODY PART						
Trunk Low Back Area (Incl. Lumba	1	14.3	419.95	830.05	1,250.00	52.8
Upper Extremities Wrist	1	14.3	485.44	0.00	485.44	20.5
Lower Extremities Knee	2	28.6	461.55	0.00	461.55	19.5
Upper Extremities Shoulder(s)	1	14.3	168.59	0.00	168.59	7.1
Lower Extremities Ankle	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
INJURY						
Strain	3	42.9	881.50	830.05	1,711.55	72.4
Fracture	1	14.3	485.44	0.00	485.44	20.5
Contusion (Bruise, Skin Surface)	2	28.6	168.59	0.00	168.59	7.1
Sprain	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
229 - VPI Coop. Ext. and Ag. Exp. Stn.						
TYPE OF CLAIM						
Medical Only	2	50.0	2,332.81	10,681.39	13,014.20	1
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0
Sum:	**4**		**2,332.81**	**10,681.39**	**13,014.20**	
TIME OF INJURY						
12AM - 1:59AM	1	25.0	1,837.43	10,681.39	12,518.82	96.2
12PM - 1:59PM	1	25.0	495.38	0.00	495.38	3.8
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
LENGTH OF SERVICE						
4 - 6	1	25.0	$1,837.43	10,681.39	12,518.82	96.2
0 - 2	1	25.0	$495.38	0.00	495.38	3.8
2 - 4	1	25.0	$0.00	0.00	0.00	0.0
16 - 18	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
Age of Claimant						
60 - 64	2	50.0	$1,837.43	10,681.39	12,518.82	96.2
25 - 29	1	25.0	$495.38	0.00	495.38	3.8
65 - 69	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
SEX OF CLAIMANT						
Female	3	75.0	$2,332.81	10,681.39	13,014.20	100.0
Unknown	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	25.0	$1,837.43	10,681.39	12,518.82	96.2
Outside Surface	1	25.0	$495.38	0.00	495.38	3.8
Furniture / fixtures	1	25.0	$0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
ACCIDENT TYPE						
Other Injury NEC	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Fall, Slip or Trip, NOC	1	25.0	495.38	0.00	495.38	3.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
BODY PART						
Head Eye(s)	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Upper Extremities Wrist	1	25.0	495.38	0.00	495.38	3.8
Lower Extremities Foot	1	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
INJURY						
No Physical Injury	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Fracture	1	25.0	495.38	0.00	495.38	3.8
Contusion (Bruise, Skin Surface)	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
Sum:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
234 - VSU Coop. Ext. & Ag. Research Svcs						
TYPE OF CLAIM						
Indemnity	1	25.0	1,031.33	0.00	1,031.33	0.54
Medical Only	3	75.0	866.18	0.00	866.18	0.46
Sum:	**4**		**1,897.51**	**0.00**	**1,897.51**	
TIME OF INJURY						
6AM - 7:59AM	1	25.0	1,031.33	0.00	1,031.33	54.4
12PM - 1:59PM	3	75.0	866.18	0.00	866.18	45.6
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
LENGTH OF SERVICE						
20 - 22	1	25.0	$1,031.33	0.00	1,031.33	54.4
0 - 2	2	50.0	$866.18	0.00	866.18	45.6
10 - 12	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
Age of Claimant						
50 - 54	1	25.0	$1,031.33	0.00	1,031.33	54.4
40 - 44	1	25.0	$502.90	0.00	502.90	26.5
30 - 34	1	25.0	$363.28	0.00	363.28	19.1
45 - 49	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
SEX OF CLAIMANT						
Male	3	75.0	$1,897.51	0.00	1,897.51	100.0
Female	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
LOSS CAUSE						
Boxes / containers	1	25.0	$1,031.33	0.00	1,031.33	54.4
Chemicals, not otherwise classified	1	25.0	$502.90	0.00	502.90	26.5
Blade	1	25.0	$363.28	0.00	363.28	19.1
Animal, not otherwise classified	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
ACCIDENT TYPE						
Twisting	1	25.0	1,031.33	0.00	1,031.33	54.4
Burn or Scald-Chemicals	1	25.0	502.90	0.00	502.90	26.5
Hand Tool, Utensil; Not Powered	1	25.0	363.28	0.00	363.28	19.1
Strain or Injury By, NOC	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
BODY PART						
Upper Extremities Elbow	1	25.0	1,031.33	0.00	1,031.33	54.4
Head Eye(s)	1	25.0	502.90	0.00	502.90	26.5
Upper Extremities Hand	1	25.0	363.28	0.00	363.28	19.1
Upper Extremities Wrist(s) and Ha	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
INJURY						
Strain	1	25.0	1,031.33	0.00	1,031.33	54.4
Vision Loss	1	25.0	502.90	0.00	502.90	26.5
Laceration	1	25.0	363.28	0.00	363.28	19.1
Sprain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
TYPE OF CLAIM						
Indemnity	8	7.9	130,115.39	225,668.93	355,784.32	0.86
Medical Only	54	53.5	27,079.51	30,948.56	58,028.07	0.14
Reporting Purposes Only	39	38.6	0.00	0.00	0.00	0
Sum:	**101**		**157,194.90**	**256,617.49**	**413,812.39**	
TIME OF INJURY						
12PM - 1:59PM	18	17.8	116,635.16	211,259.15	327,894.31	79.2
8AM - 9:59AM	23	22.8	18,137.81	22,002.89	40,140.70	9.7
10AM - 11:59AM	18	17.8	6,012.54	17,944.78	23,957.32	5.8
2PM - 3:59PM	23	22.8	14,849.09	5,410.67	20,259.76	4.9
8PM - 9:59PM	3	3.0	628.22	0.00	628.22	0.2
4PM - 5:59PM	9	8.9	561.75	0.00	561.75	0.1
6AM - 7:59AM	4	4.0	370.33	0.00	370.33	0.1
2AM - 3:59AM	1	1.0	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	1.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	1.0	0.00	0.00	0.00	0.0
Totals:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	
LENGTH OF SERVICE						
6 - 8	7	6.9	$79,077.16	180,128.68	259,205.84	62.6
16 - 18	3	3.0	$16,979.14	30,876.35	47,855.49	11.6
2 - 4	21	20.8	$11,346.35	20,752.89	32,099.24	7.8
4 - 6	15	14.9	$23,257.97	2,500.00	25,757.97	6.2
0 - 2	40	39.6	$14,238.74	5,664.79	19,903.53	4.8
28 - 30	1	1.0	$1,559.04	15,659.78	17,218.82	4.2
10 - 12	1	1.0	$6,384.55	0.00	6,384.55	1.5
24 - 26	1	1.0	$4,136.95	0.00	4,136.95	1.0
14 - 16	5	5.0	$215.00	1,035.00	1,250.00	0.3
8 - 10	4	4.0	$0.00	0.00	0.00	0.0
18 - 20	1	1.0	$0.00	0.00	0.00	0.0
22 - 24	1	1.0	$0.00	0.00	0.00	0.0
30 - 32	1	1.0	$0.00	0.00	0.00	0.0
Totals:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	
Age of Claimant						
55 - 59	11	10.9	$79,584.38	178,878.68	258,463.06	62.5

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Industrial Claims Report

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	4	4.0	$16,342.47	30,876.35	47,218.82	11.4
45 - 49	10	9.9	$8,158.59	17,944.78	26,103.37	6.3
30 - 34	17	16.8	$8,287.25	16,681.37	24,968.62	6.0
25 - 29	18	17.8	$22,609.12	1,250.00	23,859.12	5.8
20 - 24	13	12.9	$14,023.86	1,250.00	15,273.86	3.7
50 - 54	5	5.0	$5,936.75	5,321.52	11,258.27	2.7
40 - 44	6	5.9	$585.21	1,914.79	2,500.00	0.6
35 - 39	9	8.9	$439.18	1,250.00	1,689.18	0.4
70 - 74	2	2.0	$0.00	1,250.00	1,250.00	0.3
60 - 64	5	5.0	$1,228.09	0.00	1,228.09	0.3
15 - 19	1	1.0	$0.00	0.00	0.00	0.0
Totals:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	
SEX OF CLAIMANT						
Male	47	46.5	$126,725.49	184,582.59	311,308.08	75.2
Female	53	52.5	$30,469.41	72,034.90	102,504.31	24.8
Unknown	1	1.0	$0.00	0.00	0.00	0.0
Totals:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	
LOSS CAUSE						
Object on Floor	3	3.0	$78,804.22	177,882.80	256,687.02	62.0
Uneven Surface	3	3.0	$16,596.59	31,872.23	48,468.82	11.7
Patient / Inmate	15	14.9	$11,628.31	11,094.45	22,722.76	5.5
Hand Truck (2w)	1	1.0	$20,908.46	0.00	20,908.46	5.1
N/A	4	4.0	$1,672.50	15,659.78	17,332.28	4.2
Recreational equipment	1	1.0	$12,463.56	0.00	12,463.56	3.0
Office equipment	3	3.0	$8,300.03	1,836.92	10,136.95	2.4
Vehicle/car/truck	4	4.0	$1,728.48	6,571.52	8,300.00	2.0
Chemicals, not otherwise classified	9	8.9	$628.22	1,250.00	1,878.22	0.5
Nail	2	2.0	$18.82	1,250.00	1,268.82	0.3
Walking surface, outside, dry	3	3.0	$18.82	1,250.00	1,268.82	0.3
Animal, not otherwise classified	2	2.0	$0.00	1,250.00	1,250.00	0.3
Clothing / jewelry	1	1.0	$0.00	1,250.00	1,250.00	0.3
Electricity	1	1.0	$215.00	1,035.00	1,250.00	0.3
Gun / gunshot	1	1.0	$0.00	1,250.00	1,250.00	0.3
Hot/Cold Object, Liquid, Substance	1	1.0	$585.21	664.79	1,250.00	0.3
Metal items	3	3.0	$0.00	1,250.00	1,250.00	0.3
Needle stick	4	4.0	$0.00	1,250.00	1,250.00	0.3
Stairs	4	4.0	$1,007.00	0.00	1,007.00	0.2

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Poisonous agent / plant	1	1.0	$581.07	0.00	581.07	0.1
Floor	1	1.0	$542.37	0.00	542.37	0.1
Sharp objects, not otherwise classil	2	2.0	$526.04	0.00	526.04	0.1
Outside Surface	3	3.0	$448.29	0.00	448.29	0.1
Hand tool, not powered, NOC	1	1.0	$420.36	0.00	420.36	0.1
Organic Material	2	2.0	$52.50	0.00	52.50	0.0
Gas / Fumes	1	1.0	$49.05	0.00	49.05	0.0
Bag Machine	1	1.0	$0.00	0.00	0.00	0.0
Boxes / containers	1	1.0	$0.00	0.00	0.00	0.0
Brush / tree / log	1	1.0	$0.00	0.00	0.00	0.0
Cleaning Products	1	1.0	$0.00	0.00	0.00	0.0
Door	2	2.0	$0.00	0.00	0.00	0.0
Food	1	1.0	$0.00	0.00	0.00	0.0
Foreign Object	2	2.0	$0.00	0.00	0.00	0.0
Furniture / fixtures	1	1.0	$0.00	0.00	0.00	0.0
Insufficient data	1	1.0	$0.00	0.00	0.00	0.0
Ladder - Portable	1	1.0	$0.00	0.00	0.00	0.0
Ladders, scaffolding	1	1.0	$0.00	0.00	0.00	0.0
Miscellaneous	1	1.0	$0.00	0.00	0.00	0.0
Noise	1	1.0	$0.00	0.00	0.00	0.0
Overhead Object	1	1.0	$0.00	0.00	0.00	0.0
Portable air tank	1	1.0	$0.00	0.00	0.00	0.0
Scalpel	1	1.0	$0.00	0.00	0.00	0.0
Stairs, steps	2	2.0	$0.00	0.00	0.00	0.0
Training \ Drills	3	3.0	$0.00	0.00	0.00	0.0
Water	1	1.0	$0.00	0.00	0.00	0.0
Wires	1	1.0	$0.00	0.00	0.00	0.0
Totals:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	

ACCIDENT TYPE

Fall/Slip From a Different Level	3	3.0	79,459.71	177,882.80	257,342.51	62.2
Fall On the Same Level	14	13.9	22,435.36	58,880.58	81,315.94	19.7
Caught In, Under or Between, NOC	2	2.0	20,908.46	0.00	20,908.46	5.1
Lifting	4	4.0	12,463.56	2,500.00	14,963.56	3.6
Collision with Another Vehicle	1	1.0	1,728.48	5,321.52	7,050.00	1.7
Struck/Injured By Fellow Worker, P	12	11.9	6,403.28	0.00	6,403.28	1.5
Object Being Lifted or Handled	1	1.0	4,163.08	1,836.92	6,000.00	1.4
Other Injury NEC	12	11.9	882.34	3,495.88	4,378.22	1.1
Struck/Injured By Falling or Flying (	2	2.0	4,136.95	0.00	4,136.95	1.0

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	8	7.9	526.04	2,500.00	3,026.04	0.7
Person in Act of Crime	1	1.0	1,700.66	0.00	1,700.66	0.4
Other than Physical Cause of Injury	2	2.0	328.46	1,035.00	1,363.46	0.3
Foreign Body in Eye	3	3.0	0.00	1,250.00	1,250.00	0.3
Striking Against or Stepping On, NC	1	1.0	0.00	1,250.00	1,250.00	0.3
Temperature Extremes	1	1.0	585.21	664.79	1,250.00	0.3
Contact With Not Otherwise Classif	2	2.0	581.07	0.00	581.07	0.1
Caught In/Between-Object Handlec	1	1.0	420.36	0.00	420.36	0.1
Fall/Slip on Stairs	5	5.0	370.33	0.00	370.33	0.1
Mold, Including Mildew	1	1.0	52.50	0.00	52.50	0.0
Dust, Gases, Fumes or Vapors	1	1.0	49.05	0.00	49.05	0.0
Absorption, Ingestion or Inhalation	4	4.0	0.00	0.00	0.00	0.0
Bitten	2	2.0	0.00	0.00	0.00	0.0
Bodily Reaction	2	2.0	0.00	0.00	0.00	0.0
Contact With Cold Object or Substa	1	1.0	0.00	0.00	0.00	0.0
Continual Noise	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 into Openings	1	1.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	1.0	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	2	2.0	0.00	0.00	0.00	0.0
Needle Stick	1	1.0	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.0	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	1.0	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
Struck/Injured By Animal or Insect	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of M	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled B	1	1.0	0.00	0.00	0.00	0.0
Twisting	2	2.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	
BODY PART						
Lower Extremities Upper Leg	1	1.0	78,804.22	177,882.80	256,687.02	62.0
Lower Extremities Hip	2	2.0	16,923.54	30,876.35	47,799.89	11.6
Upper Extremities Hand	8	7.9	21,536.68	0.00	21,536.68	5.2
Multiple Body Parts Multiple Body	10	9.9	2,408.03	17,905.66	20,313.69	4.9
Upper Extremities Multiple Upper E	1	1.0	3,524.37	11,094.45	14,618.82	3.5
Upper Extremities Lower Arm	2	2.0	12,463.56	1,250.00	13,713.56	3.3
Upper Extremities Finger(s)	13	12.9	7,916.16	1,914.79	9,830.95	2.4
Trunk Low Back Area (Incl. Lumba	4	4.0	2,098.81	5,321.52	7,420.33	1.8

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Great Toe	2	2.0	4,163.08	1,836.92	6,000.00	1.4
Head Multiple Head Injury	1	1.0	4,136.95	0.00	4,136.95	1.0
Head Eye(s)	5	5.0	215.00	2,285.00	2,500.00	0.6
Lower Extremities Foot	2	2.0	1,700.66	0.00	1,700.66	0.4
Head Other facial soft tissue	3	3.0	0.00	1,250.00	1,250.00	0.3
Lower Extremities Toe(s)	1	1.0	0.00	1,250.00	1,250.00	0.3
Neck Multiple Neck Injury	1	1.0	0.00	1,250.00	1,250.00	0.3
Neck Spinal Cord	1	1.0	0.00	1,250.00	1,250.00	0.3
Trunk Upper Back Area (Thoracic	1	1.0	0.00	1,250.00	1,250.00	0.3
Lower Extremities Ankle	8	7.9	1,122.51	0.00	1,122.51	0.3
Head Brain	2	2.0	113.46	0.00	113.46	0.0
Neck Larynx	1	1.0	49.05	0.00	49.05	0.0
Lower Extremities Knee	6	5.9	18.82	0.00	18.82	0.0
Head Ear(s)	2	2.0	0.00	0.00	0.00	0.0
Head Mouth	1	1.0	0.00	0.00	0.00	0.0
Head Skull	2	2.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	2.0	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems	2	2.0	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Infc	3	3.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	3	3.0	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	1.0	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertel	1	1.0	0.00	0.00	0.00	0.0
Trunk Lung(s)	4	4.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	2.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	3	3.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	
INJURY						
All Other (Specific) Injuries, NOC	15	14.9	82,812.38	188,977.25	271,789.63	65.7
Contusion (Bruise, Skin Surface)	9	8.9	39,352.34	46,536.13	85,888.47	20.8
Strain	8	7.9	14,192.04	7,821.52	22,013.56	5.3
No Physical Injury	16	15.8	4,791.30	3,086.92	7,878.22	1.9
Laceration	14	13.9	5,083.35	2,500.00	7,583.35	1.8
Dislocation	3	3.0	6,384.55	0.00	6,384.55	1.5
Sprain	8	7.9	3,058.47	995.88	4,054.35	1.0
Concussion (Brain, Cerebral)	2	2.0	0.00	1,250.00	1,250.00	0.3
Foreign Body (Eye)	1	1.0	0.00	1,250.00	1,250.00	0.3
Freezing (Frostbite)	1	1.0	585.21	664.79	1,250.00	0.3
Hernia (Rupture)	1	1.0	0.00	1,250.00	1,250.00	0.3

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	5	5.0	0.00	1,250.00	1,250.00	0.3
Vision Loss	1	1.0	215.00	1,035.00	1,250.00	0.3
Poisoning-General (Not OD or Cum	1	1.0	581.07	0.00	581.07	0.1
Multiple Injury Inc. Physical & Psycl	1	1.0	52.50	0.00	52.50	0.0
Adverse reaction to a vaccination o	1	1.0	49.05	0.00	49.05	0.0
Fracture	2	2.0	18.82	0.00	18.82	0.0
Multiple Physical Injury Only	3	3.0	18.82	0.00	18.82	0.0
All Other Cumulative Injury	1	1.0	0.00	0.00	0.00	0.0
Burn	1	1.0	0.00	0.00	0.00	0.0
Inflammation	1	1.0	0.00	0.00	0.00	0.0
Inhalation	1	1.0	0.00	0.00	0.00	0.0
Loss of Hearing	1	1.0	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than M	1	1.0	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	3	3.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$157,194.90**	**$256,617.49**	**$413,812.39**	

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
238 - VA MUSEUM OF FINE ARTS						
TYPE OF CLAIM						
Medical Only	17	68.0	4,723.88	7,500.00	12,223.88	1
Reporting Purposes Only	8	32.0	0.00	0.00	0.00	0
Sum:	**25**		**4,723.88**	**7,500.00**	**12,223.88**	
TIME OF INJURY						
8PM - 9:59PM	2	8.0	3,505.13	0.00	3,505.13	28.7
12PM - 1:59PM	8	32.0	618.95	2,500.00	3,118.95	25.5
2PM - 3:59PM	3	12.0	18.82	2,500.00	2,518.82	20.6
8AM - 9:59AM	7	28.0	580.98	1,250.00	1,830.98	15.0
10AM - 11:59AM	3	12.0	0.00	1,250.00	1,250.00	10.2
4AM - 5:59AM	1	4.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
LENGTH OF SERVICE						
0 - 2	12	48.0	$4,221.01	2,500.00	6,721.01	55.0
2 - 4	6	24.0	$484.05	3,750.00	4,234.05	34.6
32 - 34	1	4.0	$0.00	1,250.00	1,250.00	10.2
30 - 32	1	4.0	$18.82	0.00	18.82	0.2
4 - 6	1	4.0	$0.00	0.00	0.00	0.0
10 - 12	2	8.0	$0.00	0.00	0.00	0.0
20 - 22	1	4.0	$0.00	0.00	0.00	0.0
14 - 16	1	4.0	$0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
Age of Claimant						
45 - 49	2	8.0	$3,505.13	0.00	3,505.13	28.7
30 - 34	5	20.0	$222.53	2,500.00	2,722.53	22.3
25 - 29	6	24.0	$396.42	1,250.00	1,646.42	13.5
35 - 39	2	8.0	$156.13	1,250.00	1,406.13	11.5
65 - 69	3	12.0	$18.82	1,250.00	1,268.82	10.4
60 - 64	2	8.0	$0.00	1,250.00	1,250.00	10.2
20 - 24	2	8.0	$424.85	0.00	424.85	3.5
40 - 44	1	4.0	$0.00	0.00	0.00	0.0
50 - 54	1	4.0	$0.00	0.00	0.00	0.0
80 - 84	1	4.0	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
SEX OF CLAIMANT						
Female	11	44.0	$3,661.26	2,500.00	6,161.26	50.4
Male	14	56.0	$1,062.62	5,000.00	6,062.62	49.6
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
LOSS CAUSE						
Walking surface, inside, wet	1	4.0	$3,505.13	0.00	3,505.13	28.7
Gas / Fumes	1	4.0	$0.00	1,250.00	1,250.00	10.2
Hot/Cold Object, Liquid, Substance	2	8.0	$0.00	1,250.00	1,250.00	10.2
Knife, Utility	1	4.0	$0.00	1,250.00	1,250.00	10.2
Office equipment	1	4.0	$0.00	1,250.00	1,250.00	10.2
Uneven Surface	2	8.0	$0.00	1,250.00	1,250.00	10.2
Walking surface, inside, dry	1	4.0	$0.00	1,250.00	1,250.00	10.2
Dust	1	4.0	$424.85	0.00	424.85	3.5
Blade	1	4.0	$327.92	0.00	327.92	2.7
Knife, NOC	2	8.0	$291.03	0.00	291.03	2.4
Dishes	1	4.0	$156.13	0.00	156.13	1.3
Package	1	4.0	$18.82	0.00	18.82	0.2
Boxes / containers	1	4.0	$0.00	0.00	0.00	0.0
Ceiling	1	4.0	$0.00	0.00	0.00	0.0
Electrical equipment	1	4.0	$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	4.0	$0.00	0.00	0.00	0.0
Glass bottle / sheet	1	4.0	$0.00	0.00	0.00	0.0
Stairs, steps	3	12.0	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.0	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.0	$0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
ACCIDENT TYPE						
Broken Glass	3	12.0	3,661.26	0.00	3,661.26	30.0
Fall On the Same Level	5	20.0	0.00	2,500.00	2,500.00	20.5
Hand Tool, Utensil; Not Powered	4	16.0	618.95	1,250.00	1,868.95	15.3
Contact With Not Otherwise Classif	1	4.0	0.00	1,250.00	1,250.00	10.2
Dust, Gases, Fumes or Vapors	1	4.0	0.00	1,250.00	1,250.00	10.2
Other Injury NEC	1	4.0	0.00	1,250.00	1,250.00	10.2
Foreign Body in Eye	1	4.0	424.85	0.00	424.85	3.5
Lifting	1	4.0	18.82	0.00	18.82	0.2
Contact with Electrical Current	1	4.0	0.00	0.00	0.00	0.0

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact with Hot Object or Substan	1	4.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	4.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	3	12.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	4.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying (	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
BODY PART						
Upper Extremities Hand	3	12.0	3,505.13	0.00	3,505.13	28.7
Upper Extremities Finger(s)	3	12.0	378.66	1,250.00	1,628.66	13.3
Upper Extremities Thumb	2	8.0	327.92	1,250.00	1,577.92	12.9
Head Ear(s)	1	4.0	0.00	1,250.00	1,250.00	10.2
Multiple Body Parts Multiple Body	1	4.0	0.00	1,250.00	1,250.00	10.2
Trunk Lung(s)	1	4.0	0.00	1,250.00	1,250.00	10.2
Upper Extremities Elbow	1	4.0	0.00	1,250.00	1,250.00	10.2
Head Eye(s)	1	4.0	424.85	0.00	424.85	3.5
Upper Extremities Lower Arm	1	4.0	68.50	0.00	68.50	0.6
Trunk Low Back Area (Incl. Lumba	2	8.0	18.82	0.00	18.82	0.2
Lower Extremities Ankle	1	4.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	4.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	3	12.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	4.0	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	4.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	4.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
INJURY						
Laceration	3	12.0	3,727.66	1,250.00	4,977.66	40.7
Multiple Physical Injury Only	3	12.0	0.00	2,500.00	2,500.00	20.5
Foreign Body (Eye)	2	8.0	424.85	1,250.00	1,674.85	13.7
Burn	2	8.0	0.00	1,250.00	1,250.00	10.2
No Physical Injury	3	12.0	0.00	1,250.00	1,250.00	10.2
Contusion (Bruise, Skin Surface)	6	24.0	552.55	0.00	552.55	4.5
All Other (Specific) Injuries, NOC	2	8.0	18.82	0.00	18.82	0.2
Electric Shock	1	4.0	0.00	0.00	0.00	0.0
Inflammation	1	4.0	0.00	0.00	0.00	0.0
Sprain	1	4.0	0.00	0.00	0.00	0.0
Strain	1	4.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
239 - VA FRONTIER CULTURE MUSEUM						
TYPE OF CLAIM						
Medical Only	1	100.0	632.38	0.00	632.38	1
Sum:	**1**		**632.38**	**0.00**	**632.38**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
LENGTH OF SERVICE						
0 - 2	1	100.0	$632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
Age of Claimant						
20 - 24	1	100.0	$632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
SEX OF CLAIMANT						
Female	1	100.0	$632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
LOSS CAUSE						
Door	1	100.0	$632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	632.38	0.00	632.38	100.0
Sum:	**1**		**$632.38**	**$0.00**	**$632.38**	
BODY PART						
Head Brain	1	100.0	632.38	0.00	632.38	100.0
Sum:	**1**		**$632.38**	**$0.00**	**$632.38**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	632.38	0.00	632.38	100.0
Sum:	**1**		**$632.38**	**$0.00**	**$632.38**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
241 - RICHARD BLAND COLLEGE						
TYPE OF CLAIM						
Indemnity	4	66.7	26,584.33	94,195.46	120,779.79	1
Medical Only	2	33.3	412.67	0.00	412.67	0
Sum:	**6**		**26,997.00**	**94,195.46**	**121,192.46**	
TIME OF INJURY						
4PM - 5:59PM	2	33.3	23,157.91	53,596.74	76,754.65	63.3
8AM - 9:59AM	2	33.3	3,839.09	40,598.72	44,437.81	36.7
6AM - 7:59AM	1	16.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
LENGTH OF SERVICE						
4 - 6	1	16.7	$9,907.33	53,596.74	63,504.07	52.4
0 - 2	5	83.3	$17,089.67	40,598.72	57,688.39	47.6
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
Age of Claimant						
40 - 44	1	16.7	$9,907.33	53,596.74	63,504.07	52.4
50 - 54	4	66.7	$17,089.67	40,598.72	57,688.39	47.6
45 - 49	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
SEX OF CLAIMANT						
Male	3	50.0	$23,570.58	53,596.74	77,167.32	63.7
Female	3	50.0	$3,426.42	40,598.72	44,025.14	36.3
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	16.7	$9,907.33	53,596.74	63,504.07	52.4
Cords	1	16.7	$3,426.42	40,598.72	44,025.14	36.3
Wall	1	16.7	$13,250.58	0.00	13,250.58	10.9
Electrical equipment	1	16.7	$412.67	0.00	412.67	0.3
Door	1	16.7	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
ACCIDENT TYPE						
Burn or Scald-Chemicals	1	16.7	9,907.33	53,596.74	63,504.07	52.4
Fall, Slip or Trip, NOC	1	16.7	3,426.42	40,598.72	44,025.14	36.3

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	1	16.7	13,250.58	0.00	13,250.58	10.9
Lifting	1	16.7	412.67	0.00	412.67	0.3
Other Injury NEC	1	16.7	0.00	0.00	0.00	0.0
Twisting	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
BODY PART						
Upper Extremities Hand	1	16.7	9,907.33	53,596.74	63,504.07	52.4
Lower Extremities Knee	2	33.3	3,426.42	40,598.72	44,025.14	36.3
Lower Extremities Ankle	1	16.7	13,250.58	0.00	13,250.58	10.9
Trunk Low Back Area (Incl. Lumba	1	16.7	412.67	0.00	412.67	0.3
Lower Extremities Toe(s)	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
INJURY						
Burn	1	16.7	9,907.33	53,596.74	63,504.07	52.4
All Other (Specific) Injuries, NOC	1	16.7	3,426.42	40,598.72	44,025.14	36.3
Sprain	2	33.3	13,663.25	0.00	13,663.25	11.3
Dislocation	1	16.7	0.00	0.00	0.00	0.0
Laceration	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
242 - CHRISTOPHER NEWPORT UNIVERSITY						
TYPE OF CLAIM						
Indemnity	9	9.9	56,374.21	9,938.48	66,312.69	0.82
Medical Only	26	28.6	7,045.54	7,040.74	14,086.28	0.18
Reporting Purposes Only	56	61.5	0.00	0.00	0.00	0
Sum:	**91**		**63,419.75**	**16,979.22**	**80,398.97**	
TIME OF INJURY						
8AM - 9:59AM	22	24.2	49,227.15	3,420.61	52,647.76	65.5
4PM - 5:59PM	5	5.5	929.16	9,938.48	10,867.64	13.5
10AM - 11:59AM	23	25.3	8,207.73	0.00	8,207.73	10.2
12PM - 1:59PM	17	18.7	1,384.93	2,500.00	3,884.93	4.8
10PM - 11:59PM	1	1.1	2,810.23	0.00	2,810.23	3.5
8PM - 9:59PM	2	2.2	129.87	1,120.13	1,250.00	1.6
2PM - 3:59PM	14	15.4	730.68	0.00	730.68	0.9
12AM - 1:59AM	1	1.1	0.00	0.00	0.00	0.0
6AM - 7:59AM	3	3.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	3.3	0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
LENGTH OF SERVICE						
2 - 4	25	27.5	$55,972.10	1,891.28	57,863.38	72.0
12 - 14	2	2.2	$878.52	9,938.48	10,817.00	13.5
0 - 2	37	40.7	$1,264.71	3,560.39	4,825.10	6.0
8 - 10	6	6.6	$2,542.99	1,120.13	3,663.12	4.6
16 - 18	5	5.5	$1,821.21	468.94	2,290.15	2.8
22 - 24	1	1.1	$634.16	0.00	634.16	0.8
10 - 12	5	5.5	$287.24	0.00	287.24	0.4
6 - 8	3	3.3	$18.82	0.00	18.82	0.0
4 - 6	4	4.4	$0.00	0.00	0.00	0.0
18 - 20	1	1.1	$0.00	0.00	0.00	0.0
20 - 22	1	1.1	$0.00	0.00	0.00	0.0
14 - 16	1	1.1	$0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
Age of Claimant						
55 - 59	11	12.1	$47,478.23	0.00	47,478.23	59.1
45 - 49	5	5.5	$1,389.06	10,579.76	11,968.82	14.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
60 - 64	17	18.7	$9,940.58	1,718.94	11,659.52	14.5
40 - 44	8	8.8	$1,995.20	1,071.26	3,066.46	3.8
35 - 39	10	11.0	$1,460.48	1,239.13	2,699.61	3.4
20 - 24	14	15.4	$1,007.51	1,250.00	2,257.51	2.8
65 - 69	4	4.4	$129.87	1,120.13	1,250.00	1.6
75 - 79	2	2.2	$18.82	0.00	18.82	0.0
15 - 19	3	3.3	$0.00	0.00	0.00	0.0
25 - 29	6	6.6	$0.00	0.00	0.00	0.0
30 - 34	6	6.6	$0.00	0.00	0.00	0.0
50 - 54	4	4.4	$0.00	0.00	0.00	0.0
70 - 74	1	1.1	$0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
SEX OF CLAIMANT						
Female	43	47.3	$58,536.25	3,431.48	61,967.73	77.1
Male	48	52.7	$4,883.50	13,547.74	18,431.24	22.9
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
LOSS CAUSE						
Object on Floor	3	3.3	$47,755.66	0.00	47,755.66	59.4
Chemicals, not otherwise classified	3	3.3	$1,069.47	9,938.48	11,007.95	13.7
Electrical equipment	2	2.2	$5,561.42	641.28	6,202.70	7.7
Walking surface, inside, wet	6	6.6	$3,591.29	468.94	4,060.23	5.1
Hot/Cold Object, Liquid, Substance	5	5.5	$178.74	2,321.26	2,500.00	3.1
Brush / tree / log	1	1.1	$1,476.49	0.00	1,476.49	1.8
Electricity	1	1.1	$10.87	1,239.13	1,250.00	1.6
Trash receptacle	2	2.2	$129.87	1,120.13	1,250.00	1.6
Walking surface, outside, dry	3	3.3	$0.00	1,250.00	1,250.00	1.6
Boxes / containers	2	2.2	$1,040.15	0.00	1,040.15	1.3
Metal items	5	5.5	$936.63	0.00	936.63	1.2
Walking surface, inside, dry	3	3.3	$634.16	0.00	634.16	0.8
Machine, not otherwise classified	2	2.2	$317.19	0.00	317.19	0.4
Pots/pans	1	1.1	$260.64	0.00	260.64	0.3
Uneven Surface	2	2.2	$157.24	0.00	157.24	0.2
Training \ Drills	1	1.1	$98.18	0.00	98.18	0.1
Knife, Utility	3	3.3	$77.70	0.00	77.70	0.1
N/A	7	7.7	$37.64	0.00	37.64	0.0
Furniture / fixtures	5	5.5	$29.95	0.00	29.95	0.0
Shovel	1	1.1	$18.82	0.00	18.82	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Stairs, steps	1	1.1	$18.82	0.00	18.82	0.0
Vehicle/car/truck	5	5.5	$18.82	0.00	18.82	0.0
Cart	1	1.1	$0.00	0.00	0.00	0.0
Cords	1	1.1	$0.00	0.00	0.00	0.0
Door	1	1.1	$0.00	0.00	0.00	0.0
Grease	2	2.2	$0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.1	$0.00	0.00	0.00	0.0
Insufficient data	1	1.1	$0.00	0.00	0.00	0.0
Knife, NOC	1	1.1	$0.00	0.00	0.00	0.0
Ladder - Portable	2	2.2	$0.00	0.00	0.00	0.0
Minerals / dirt	1	1.1	$0.00	0.00	0.00	0.0
Outside Surface	1	1.1	$0.00	0.00	0.00	0.0
Overhead Object	2	2.2	$0.00	0.00	0.00	0.0
Paper cutter	1	1.1	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classif	3	3.3	$0.00	0.00	0.00	0.0
Tractor	1	1.1	$0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	6	6.6	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.1	$0.00	0.00	0.00	0.0
Wrench	1	1.1	$0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
ACCIDENT TYPE						
Fall On the Same Level	14	15.4	48,120.87	1,718.94	49,839.81	62.0
Absorption, Ingestion or Inhalation	3	3.3	1,069.47	9,938.48	11,007.95	13.7
Strain or Injury By, NOC	8	8.8	5,774.05	0.00	5,774.05	7.2
Fall/Slip From Liquid or Grease Spi	1	1.1	2,810.23	0.00	2,810.23	3.5
Collision with a Fixed Object	4	4.4	1,663.68	0.00	1,663.68	2.1
Cut, Punctured, Scraped, NOC	9	9.9	850.51	641.28	1,491.79	1.9
Contact with Electrical Current	1	1.1	10.87	1,239.13	1,250.00	1.6
Contact with Hot Object or Substan	4	4.4	178.74	1,071.26	1,250.00	1.6
Contact With Not Otherwise Classif	2	2.2	0.00	1,250.00	1,250.00	1.6
Lifting	1	1.1	129.87	1,120.13	1,250.00	1.6
Caught In, Under or Between, NOC	4	4.4	1,170.15	0.00	1,170.15	1.5
Struck or Injury By, NOC	3	3.3	793.02	0.00	793.02	1.0
Struck/Injured By Falling or Flying (	1	1.1	434.67	0.00	434.67	0.5
Hand Tool, Utensil; Not Powered	7	7.7	338.34	0.00	338.34	0.4
Other Injury NEC	11	12.1	37.64	0.00	37.64	0.0
Fall/Slip on Stairs	1	1.1	18.82	0.00	18.82	0.0
Motor Vehicle, NOC	4	4.4	18.82	0.00	18.82	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Broken Glass	1	1.1	0.00	0.00	0.00	0.0
Contact With Cold Object or Substa	1	1.1	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 or Trip, NOC	7	7.7	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
Striking Against or Stepping On, NC	2	2.2	0.00	0.00	0.00	0.0
Sum:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	

BODY PART

Upper Extremities Upper Arm (Incl	1	1.1	47,320.99	0.00	47,320.99	58.9
Trunk Lung(s)	3	3.3	780.34	9,938.48	10,718.82	13.3
Upper Extremities Thumb	3	3.3	4,952.70	0.00	4,952.70	6.2
Upper Extremities Finger(s)	14	15.4	2,475.85	641.28	3,117.13	3.9
Head Multiple Head Injury	1	1.1	2,810.23	0.00	2,810.23	3.5
Upper Extremities Lower Arm	4	4.4	431.40	2,310.39	2,741.79	3.4
Upper Extremities Wrist	2	2.2	0.00	2,500.00	2,500.00	3.1
Multiple Body Parts Multiple Body	9	9.9	935.70	468.94	1,404.64	1.7
Upper Extremities Shoulder(s)	3	3.3	129.87	1,120.13	1,250.00	1.6
Lower Extremities Lower Leg	3	3.3	1,040.15	0.00	1,040.15	1.3
Lower Extremities Foot	2	2.2	694.84	0.00	694.84	0.9
Lower Extremities Knee	8	8.8	634.16	0.00	634.16	0.8
Lower Extremities Toe(s)	1	1.1	434.67	0.00	434.67	0.5
Head Eye(s)	3	3.3	289.13	0.00	289.13	0.4
Head Other facial soft tissue	5	5.5	187.19	0.00	187.19	0.2
Trunk Low Back Area (Incl. Lumba	4	4.4	157.24	0.00	157.24	0.2
Upper Extremities Hand	4	4.4	77.70	0.00	77.70	0.1
Trunk Chest (Incl. Ribs, Sternum &	2	2.2	37.64	0.00	37.64	0.0
Trunk Lumbar and/or Sacral Vertel	1	1.1	29.95	0.00	29.95	0.0
Head Skull	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	1.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	10	11.0	0.00	0.00	0.00	0.0
Trunk Buttocks	2	2.2	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.1	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper E	1	1.1	0.00	0.00	0.00	0.0
Sum:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	

INJURY

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	3	3.3	47,785.61	0.00	47,785.61	59.4
Respiratory Disorders(Gases,Fume	1	1.1	780.34	9,938.48	10,718.82	13.3
Strain	9	9.9	6,914.12	1,120.13	8,034.25	10.0
Contusion (Bruise, Skin Surface)	29	31.9	3,180.57	468.94	3,649.51	4.5
Concussion (Brain, Cerebral)	1	1.1	2,810.23	0.00	2,810.23	3.5
Burn	6	6.6	178.74	2,321.26	2,500.00	3.1
Laceration	17	18.7	1,153.07	641.28	1,794.35	2.2
Electric Shock	1	1.1	10.87	1,239.13	1,250.00	1.6
Sprain	1	1.1	0.00	1,250.00	1,250.00	1.6
No Physical Injury	15	16.5	307.95	0.00	307.95	0.4
Puncture	1	1.1	241.79	0.00	241.79	0.3
All Other Cumulative Injury	1	1.1	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	3	3.3	18.82	0.00	18.82	0.0
Multiple Physical Injury Only	2	2.2	18.82	0.00	18.82	0.0
Inhalation	1	1.1	0.00	0.00	0.00	0.0
Sum:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
246 - UVA College at Wise						
TYPE OF CLAIM						
Indemnity	1	16.7	27,212.39	127,935.51	155,147.90	0.98
Medical Only	4	66.7	37.64	2,500.00	2,537.64	0.02
Reporting Purposes Only	1	16.7	0.00	0.00	0.00	0
Sum:	**6**		**27,250.03**	**130,435.51**	**157,685.54**	
TIME OF INJURY						
12PM - 1:59PM	1	16.7	27,212.39	127,935.51	155,147.90	98.4
10PM - 11:59PM	2	33.3	0.00	2,500.00	2,500.00	1.6
10AM - 11:59AM	2	33.3	37.64	0.00	37.64	0.0
8PM - 9:59PM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
LENGTH OF SERVICE						
16 - 18	1	16.7	$27,212.39	127,935.51	155,147.90	98.4
0 - 2	3	50.0	$37.64	1,250.00	1,287.64	0.8
2 - 4	1	16.7	$0.00	1,250.00	1,250.00	0.8
22 - 24	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
Age of Claimant						
40 - 44	2	33.3	$27,212.39	129,185.51	156,397.90	99.2
55 - 59	1	16.7	$0.00	1,250.00	1,250.00	0.8
25 - 29	1	16.7	$18.82	0.00	18.82	0.0
50 - 54	2	33.3	$18.82	0.00	18.82	0.0
Totals:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
SEX OF CLAIMANT						
Male	5	83.3	$27,250.03	129,185.51	156,435.54	99.2
Female	1	16.7	$0.00	1,250.00	1,250.00	0.8
Totals:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
LOSS CAUSE						
Tractor trailer equipment	1	16.7	$27,212.39	127,935.51	155,147.90	98.4
Person	2	33.3	$0.00	2,500.00	2,500.00	1.6
Animal / bee type	2	33.3	$37.64	0.00	37.64	0.0
Walking surface, inside, dry	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
ACCIDENT TYPE						

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	1	16.7	27,212.39	127,935.51	155,147.90	98.4
Struck/Injured By Fellow Worker, P	2	33.3	0.00	2,500.00	2,500.00	1.6
Struck/Injured By Animal or Insect	2	33.3	37.64	0.00	37.64	0.0
Fall On the Same Level	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
BODY PART						
Lower Extremities Multiple Lower E	1	16.7	27,212.39	127,935.51	155,147.90	98.4
Head Other facial soft tissue	2	33.3	18.82	1,250.00	1,268.82	0.8
Upper Extremities Hand	1	16.7	0.00	1,250.00	1,250.00	0.8
Upper Extremities Finger(s)	1	16.7	18.82	0.00	18.82	0.0
Upper Extremities Thumb	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
INJURY						
Sprain	1	16.7	27,212.39	127,935.51	155,147.90	98.4
Contagious Disease	2	33.3	0.00	2,500.00	2,500.00	1.6
Inflammation	2	33.3	37.64	0.00	37.64	0.0
Laceration	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$27,250.03**	**$130,435.51**	**$157,685.54**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
247 - GEORGE MASON UNIVERSITY						
TYPE OF CLAIM						
Indemnity	6	8.7	39,290.07	227,993.88	267,283.95	0.9
Medical Only	26	37.7	15,245.68	13,582.50	28,828.18	0.1
Reporting Purposes Only	37	53.6	0.00	0.00	0.00	0
Sum:	**69**		**54,535.75**	**241,576.38**	**296,112.13**	
TIME OF INJURY						
2PM - 3:59PM	17	24.6	19,102.07	129,504.71	148,606.78	50.2
10AM - 11:59AM	12	17.4	33,178.59	104,654.04	137,832.63	46.5
12PM - 1:59PM	9	13.0	1,106.87	2,452.20	3,559.07	1.2
8AM - 9:59AM	7	10.1	588.62	2,500.00	3,088.62	1.0
8PM - 9:59PM	4	5.8	532.73	2,465.43	2,998.16	1.0
6PM - 7:59PM	4	5.8	26.87	0.00	26.87	0.0
12AM - 1:59AM	1	1.4	0.00	0.00	0.00	0.0
6AM - 7:59AM	2	2.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	8	11.6	0.00	0.00	0.00	0.0
10PM - 11:59PM	5	7.2	0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
LENGTH OF SERVICE						
6 - 8	3	4.3	$18,556.80	128,265.58	146,822.38	49.6
8 - 10	4	5.8	$17,609.12	67,254.75	84,863.87	28.7
2 - 4	14	20.3	$7,337.33	39,851.49	47,188.82	15.9
0 - 2	31	44.9	$9,451.59	3,704.56	13,156.15	4.4
10 - 12	1	1.4	$0.00	1,250.00	1,250.00	0.4
14 - 16	3	4.3	$0.00	1,250.00	1,250.00	0.4
12 - 14	3	4.3	$1,207.16	0.00	1,207.16	0.4
18 - 20	3	4.3	$373.75	0.00	373.75	0.1
4 - 6	5	7.2	$0.00	0.00	0.00	0.0
16 - 18	1	1.4	$0.00	0.00	0.00	0.0
22 - 24	1	1.4	$0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
Age of Claimant						
60 - 64	6	8.7	$22,959.78	135,643.52	158,603.30	53.6
50 - 54	6	8.7	$19,185.54	66,052.55	85,238.09	28.8
45 - 49	4	5.8	$2,543.07	33,675.75	36,218.82	12.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	5	7.2	$7,268.83	0.00	7,268.83	2.5
20 - 24	21	30.4	$1,098.08	3,704.56	4,802.64	1.6
55 - 59	7	10.1	$420.26	2,500.00	2,920.26	1.0
35 - 39	5	7.2	$577.41	0.00	577.41	0.2
30 - 34	5	7.2	$343.33	0.00	343.33	0.1
15 - 19	2	2.9	$102.54	0.00	102.54	0.0
70 - 74	1	1.4	$18.82	0.00	18.82	0.0
25 - 29	5	7.2	$18.09	0.00	18.09	0.0
65 - 69	1	1.4	$0.00	0.00	0.00	0.0
80 - 84	1	1.4	$0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
SEX OF CLAIMANT						
Male	38	55.1	$20,126.22	128,265.58	148,391.80	50.1
Female	31	44.9	$34,409.53	113,310.80	147,720.33	49.9
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
LOSS CAUSE						
Fire / Flame / Smoke	1	1.4	$18,117.72	128,265.58	146,383.30	49.4
Walking surface, outside, dry	2	2.9	$18,138.73	66,052.55	84,191.28	28.4
Person	3	4.3	$2,543.07	33,675.75	36,218.82	12.2
Cart	1	1.4	$4,794.26	4,925.74	9,720.00	3.3
Training \ Drills	1	1.4	$7,268.83	0.00	7,268.83	2.5
Door	3	4.3	$343.33	1,250.00	1,593.33	0.5
Floor	3	4.3	$18.82	1,250.00	1,268.82	0.4
Boxes / containers	1	1.4	$10.87	1,239.13	1,250.00	0.4
Chair	3	4.3	$47.80	1,202.20	1,250.00	0.4
Ladder - Fixed	1	1.4	$0.00	1,250.00	1,250.00	0.4
Roll cart	1	1.4	$34.57	1,215.43	1,250.00	0.4
Walking surface, inside, dry	1	1.4	$0.00	1,250.00	1,250.00	0.4
Blade	2	2.9	$637.36	0.00	637.36	0.2
Metal items	2	2.9	$573.83	0.00	573.83	0.2
Window frame	1	1.4	$569.80	0.00	569.80	0.2
Sharp objects, not otherwise classil	1	1.4	$554.48	0.00	554.48	0.2
Wrench	1	1.4	$420.26	0.00	420.26	0.1
Wood Items	1	1.4	$373.75	0.00	373.75	0.1
Furniture / fixtures	2	2.9	$43.31	0.00	43.31	0.0
Stairs, steps	4	5.8	$26.87	0.00	26.87	0.0
Vehicle, not otherwise classified	1	1.4	$18.09	0.00	18.09	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Air pressure	3	4.3	$0.00	0.00	0.00	0.0
Animal / bee type	1	1.4	$0.00	0.00	0.00	0.0
Cabinet	1	1.4	$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	1.4	$0.00	0.00	0.00	0.0
Dishes	1	1.4	$0.00	0.00	0.00	0.0
Dolly	1	1.4	$0.00	0.00	0.00	0.0
Environmental conditions	1	1.4	$0.00	0.00	0.00	0.0
Infectious agent	1	1.4	$0.00	0.00	0.00	0.0
Ladder - Portable	1	1.4	$0.00	0.00	0.00	0.0
Machine, not otherwise classified	4	5.8	$0.00	0.00	0.00	0.0
N/A	2	2.9	$0.00	0.00	0.00	0.0
Needle stick	1	1.4	$0.00	0.00	0.00	0.0
Object on Floor	1	1.4	$0.00	0.00	0.00	0.0
Office equipment	1	1.4	$0.00	0.00	0.00	0.0
Outside Surface	2	2.9	$0.00	0.00	0.00	0.0
Overhead Object	2	2.9	$0.00	0.00	0.00	0.0
Patient / Inmate	4	5.8	$0.00	0.00	0.00	0.0
Recreational equipment	1	1.4	$0.00	0.00	0.00	0.0
Screw driver	1	1.4	$0.00	0.00	0.00	0.0
Stairs	1	1.4	$0.00	0.00	0.00	0.0
Tool Holder	1	1.4	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.4	$0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	

ACCIDENT TYPE

Struck/Injured By Explosion or Flar	5	7.2	18,117.72	128,265.58	146,383.30	49.4
Fall On the Same Level	8	11.6	22,374.40	72,228.29	94,602.69	31.9
Pushing or Pulling	2	2.9	2,543.07	33,675.75	36,218.82	12.2
Holding or Carrying	3	4.3	7,344.50	0.00	7,344.50	2.5
Caught In/Between-Object Handlec	3	4.3	354.20	2,489.13	2,843.33	1.0
Fall/Slip From a Different Level	3	4.3	47.80	1,202.20	1,250.00	0.4
Fall/Slip From Ladder or Scaffoldin	2	2.9	0.00	1,250.00	1,250.00	0.4
Fall/Slip From Liquid or Grease Spi	1	1.4	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Hand Tool or Mac	1	1.4	34.57	1,215.43	1,250.00	0.4
Hand Tool, Utensil; Not Powered	5	7.2	1,011.11	0.00	1,011.11	0.3
Fall/Slip on Ice or Snow	1	1.4	577.41	0.00	577.41	0.2
Twisting	2	2.9	569.80	0.00	569.80	0.2
Cut, Punctured, Scraped, NOC	4	5.8	554.48	0.00	554.48	0.2
Struck/Injured By Object Being Lifte	1	1.4	498.16	0.00	498.16	0.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Repetitive Motion (after 7/1/94)	1	1.4	420.26	0.00	420.26	0.1
Strike Against/Step On Stationary C	2	2.9	43.31	0.00	43.31	0.0
Fall/Slip on Stairs	5	7.2	26.87	0.00	26.87	0.0
Motor Vehicle, NOC	1	1.4	18.09	0.00	18.09	0.0
Absorption, Ingestion or Inhalation	1	1.4	0.00	0.00	0.00	0.0
Bitten	1	1.4	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	1.4	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	3	4.3	0.00	0.00	0.00	0.0
Needle Stick	1	1.4	0.00	0.00	0.00	0.0
Other Injury NEC	8	11.6	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	1.4	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	1.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.4	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	1.4	0.00	0.00	0.00	0.0
Sum:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
BODY PART						
Multiple Body Parts Body Systems	1	1.4	18,117.72	128,265.58	146,383.30	49.4
Multiple Body Parts Multiple Body	10	14.5	22,943.86	73,467.42	96,411.28	32.6
Upper Extremities Shoulder(s)	3	4.3	9,811.90	33,675.75	43,487.65	14.7
Upper Extremities Finger(s)	10	14.5	1,984.59	0.00	1,984.59	0.7
Head Skull	3	4.3	91.11	1,202.20	1,293.31	0.4
Lower Extremities Great Toe	1	1.4	34.57	1,215.43	1,250.00	0.4
Lower Extremities Knee	6	8.7	0.00	1,250.00	1,250.00	0.4
Lower Extremities Upper Leg	1	1.4	0.00	1,250.00	1,250.00	0.4
Upper Extremities Thumb	1	1.4	0.00	1,250.00	1,250.00	0.4
Upper Extremities Elbow	2	2.9	569.80	0.00	569.80	0.2
Lower Extremities Foot	2	2.9	498.16	0.00	498.16	0.2
Upper Extremities Hand	3	4.3	420.26	0.00	420.26	0.1
Lower Extremities Lower Leg	1	1.4	26.87	0.00	26.87	0.0
Head Other facial soft tissue	3	4.3	18.82	0.00	18.82	0.0
Lower Extremities Ankle	5	7.2	18.09	0.00	18.09	0.0
Head Eye(s)	1	1.4	0.00	0.00	0.00	0.0
Head Nose	1	1.4	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info	1	1.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	10	14.5	0.00	0.00	0.00	0.0
Trunk Heart	1	1.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	2	2.9	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic	1	1.4	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
INJURY						
Myocardial Infarction (Heart Attack)	2	2.9	18,117.72	128,265.58	146,383.30	49.4
Sprain	7	10.1	17,561.32	66,052.55	83,613.87	28.2
Strain	8	11.6	3,690.28	36,175.75	39,866.03	13.5
Multiple Physical Injury Only	2	2.9	4,813.08	4,925.74	9,738.82	3.3
Dislocation	1	1.4	7,268.83	0.00	7,268.83	2.5
Contusion (Bruise, Skin Surface)	14	20.3	964.67	2,452.20	3,416.87	1.2
Crushing	2	2.9	354.20	1,239.13	1,593.33	0.5
Fracture	1	1.4	34.57	1,215.43	1,250.00	0.4
Rupture	1	1.4	0.00	1,250.00	1,250.00	0.4
Laceration	8	11.6	1,235.15	0.00	1,235.15	0.4
Carpal Tunnel Syndrome	1	1.4	420.26	0.00	420.26	0.1
Puncture	2	2.9	75.67	0.00	75.67	0.0
All Other (Specific) Injuries, NOC	4	5.8	0.00	0.00	0.00	0.0
Contagious Disease	1	1.4	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	1.4	0.00	0.00	0.00	0.0
Mental Stress	4	5.8	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycl	1	1.4	0.00	0.00	0.00	0.0
No Physical Injury	9	13.0	0.00	0.00	0.00	0.0
Sum:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
TYPE OF CLAIM						
Indemnity	12	11.3	209,315.10	239,577.31	448,892.41	0.81
Medical Only	53	50.0	33,817.93	74,709.86	108,527.79	0.19
Reporting Purposes Only	41	38.7	0.00	0.00	0.00	0
Sum:	**106**		**243,133.03**	**314,287.17**	**557,420.20**	
TIME OF INJURY						
2PM - 3:59PM	21	19.8	128,352.69	192,479.28	320,831.97	57.6
10AM - 11:59AM	22	20.8	28,474.99	67,891.28	96,366.27	17.3
12PM - 1:59PM	17	16.0	65,456.92	17,132.49	82,589.41	14.8
4PM - 5:59PM	9	8.5	11,801.29	35,534.12	47,335.41	8.5
6AM - 7:59AM	8	7.5	5,368.37	1,250.00	6,618.37	1.2
8AM - 9:59AM	25	23.6	3,014.32	0.00	3,014.32	0.5
6PM - 7:59PM	2	1.9	633.84	0.00	633.84	0.1
10PM - 11:59PM	1	0.9	30.61	0.00	30.61	0.0
4AM - 5:59AM	1	0.9	0.00	0.00	0.00	0.0
Totals:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
LENGTH OF SERVICE						
42 - 44	2	1.9	$112,886.58	122,310.08	235,196.66	42.2
26 - 28	2	1.9	$26,770.60	47,151.28	73,921.88	13.3
0 - 2	32	30.2	$31,275.59	34,857.90	66,133.49	11.9
28 - 30	1	0.9	$48,571.04	0.00	48,571.04	8.7
20 - 22	3	2.8	$713.92	45,804.90	46,518.82	8.3
6 - 8	6	5.7	$10,649.97	28,542.65	39,192.62	7.0
2 - 4	23	21.7	$7,313.00	15,882.49	23,195.49	4.2
12 - 14	4	3.8	$632.29	10,246.40	10,878.69	2.0
10 - 12	1	0.9	$1,127.35	4,491.47	5,618.82	1.0
14 - 16	6	5.7	$1,534.07	1,250.00	2,784.07	0.5
4 - 6	5	4.7	$378.72	1,250.00	1,628.72	0.3
8 - 10	5	4.7	$0.00	1,250.00	1,250.00	0.2
18 - 20	3	2.8	$0.00	1,250.00	1,250.00	0.2
16 - 18	6	5.7	$1,237.69	0.00	1,237.69	0.2
24 - 26	3	2.8	$30.61	0.00	30.61	0.0
38 - 40	2	1.9	$11.60	0.00	11.60	0.0
22 - 24	2	1.9	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
Age of Claimant						
60 - 64	21	19.8	$136,603.59	205,654.03	342,257.62	61.4
55 - 59	14	13.2	$81,420.70	49,651.28	131,071.98	23.5
40 - 44	3	2.8	$7,394.98	14,117.90	21,512.88	3.9
70 - 74	4	3.8	$37.64	20,740.00	20,777.64	3.7
25 - 29	4	3.8	$3,082.79	7,917.09	10,999.88	2.0
45 - 49	8	7.5	$2,525.35	6,991.47	9,516.82	1.7
50 - 54	18	17.0	$1,102.49	7,965.40	9,067.89	1.6
15 - 19	2	1.9	$6,823.61	0.00	6,823.61	1.2
35 - 39	8	7.5	$3,174.93	0.00	3,174.93	0.6
20 - 24	6	5.7	$300.60	1,250.00	1,550.60	0.3
30 - 34	3	2.8	$351.66	0.00	351.66	0.1
65 - 69	10	9.4	$314.69	0.00	314.69	0.1
75 - 79	4	3.8	$0.00	0.00	0.00	0.0
85 - 89	1	0.9	$0.00	0.00	0.00	0.0
Totals:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
SEX OF CLAIMANT						
Male	47	44.3	$208,237.20	247,766.65	456,003.85	81.8
Female	59	55.7	$34,895.83	66,520.52	101,416.35	18.2
Totals:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
LOSS CAUSE						
Wrench	1	0.9	$106,190.48	122,310.08	228,500.56	41.0
Machine, not otherwise classified	2	1.9	$26,770.60	48,401.28	75,171.88	13.5
Electricity	1	0.9	$48,571.04	0.00	48,571.04	8.7
Vehicle, not otherwise classified	2	1.9	$732.74	44,554.90	45,287.64	8.1
Cords	1	0.9	$9,476.21	28,542.65	38,018.86	6.8
Chair	4	3.8	$1,192.58	20,740.00	21,932.58	3.9
Stairs	2	1.9	$7,210.82	12,867.90	20,078.72	3.6
Outside Surface	5	4.7	$2,506.97	9,167.09	11,674.06	2.1
Walking surface, inside, wet	1	0.9	$453.60	10,246.40	10,700.00	1.9
Floor	8	7.5	$693.63	7,965.40	8,659.03	1.6
Mowers	2	1.9	$6,557.56	1,250.00	7,807.56	1.4
Boxes / containers	1	0.9	$7,678.59	0.00	7,678.59	1.4
Jack	1	0.9	$6,696.10	0.00	6,696.10	1.2
Vehicle/car/truck	2	1.9	$1,127.35	4,491.47	5,618.82	1.0
Environmental conditions	1	0.9	$4,626.45	0.00	4,626.45	0.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Ergonomic Conditions	1	0.9	$2,574.33	0.00	2,574.33	0.5
Metal items	2	1.9	$2,059.73	0.00	2,059.73	0.4
Walking surface, outside, dry	5	4.7	$1,825.26	0.00	1,825.26	0.3
Nail	1	0.9	$0.00	1,250.00	1,250.00	0.2
Recreational equipment	2	1.9	$0.00	1,250.00	1,250.00	0.2
Training \ Drills	1	0.9	$0.00	1,250.00	1,250.00	0.2
Hand Truck (2w)	1	0.9	$849.15	0.00	849.15	0.2
Walking surface, outside, wet	3	2.8	$797.52	0.00	797.52	0.1
Sharp objects, not otherwise classil	2	1.9	$633.84	0.00	633.84	0.1
Ladder, 8' step	1	0.9	$606.84	0.00	606.84	0.1
Object on Floor	2	1.9	$562.88	0.00	562.88	0.1
Door	5	4.7	$436.60	0.00	436.60	0.1
5 gallon can AFFF foam	1	0.9	$422.43	0.00	422.43	0.1
Hand tool, not powered, NOC	1	0.9	$326.34	0.00	326.34	0.1
Dust	1	0.9	$289.13	0.00	289.13	0.1
Furniture / fixtures	3	2.8	$278.85	0.00	278.85	0.1
Infectious agent	1	0.9	$275.83	0.00	275.83	0.0
Overhead Object	1	0.9	$266.05	0.00	266.05	0.0
Blade	1	0.9	$178.69	0.00	178.69	0.0
Water	4	3.8	$156.53	0.00	156.53	0.0
Wheel	1	0.9	$59.07	0.00	59.07	0.0
Brush / tree / log	1	0.9	$18.82	0.00	18.82	0.0
Stairs, steps	2	1.9	$18.82	0.00	18.82	0.0
Animal / bee type	2	1.9	$11.60	0.00	11.60	0.0
Animal / tick, spider, etc.	1	0.9	$0.00	0.00	0.00	0.0
Cabinet	2	1.9	$0.00	0.00	0.00	0.0
Cart	3	2.8	$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	1.9	$0.00	0.00	0.00	0.0
Cleaning Products	1	0.9	$0.00	0.00	0.00	0.0
Dolly	1	0.9	$0.00	0.00	0.00	0.0
Excavations	1	0.9	$0.00	0.00	0.00	0.0
Heating equipment	2	1.9	$0.00	0.00	0.00	0.0
Hose / hydair H2O	1	0.9	$0.00	0.00	0.00	0.0
Lift	1	0.9	$0.00	0.00	0.00	0.0
Miscellaneous	1	0.9	$0.00	0.00	0.00	0.0
N/A	2	1.9	$0.00	0.00	0.00	0.0
Patient / Inmate	1	0.9	$0.00	0.00	0.00	0.0
Person	1	0.9	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Pots/pans	1	0.9	$0.00	0.00	0.00	0.0
Sprayer	1	0.9	$0.00	0.00	0.00	0.0
Trailer Flap	1	0.9	$0.00	0.00	0.00	0.0
Trash receptacle	1	0.9	$0.00	0.00	0.00	0.0
Uneven Surface	1	0.9	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	1.9	$0.00	0.00	0.00	0.0
Totals:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
ACCIDENT TYPE						
Fall/Slip From Ladder or Scaffoldin	2	1.9	106,797.32	122,310.08	229,107.40	41.1
Fall On the Same Level	17	16.0	23,358.60	73,097.55	96,456.15	17.3
Lifting	2	1.9	26,770.60	47,151.28	73,921.88	13.3
Contact with Electrical Current	1	0.9	48,571.04	0.00	48,571.04	8.7
Fall/Slip From a Different Level	6	5.7	6,653.22	20,740.00	27,393.22	4.9
Fall/Slip on Stairs	3	2.8	7,229.64	12,867.90	20,097.54	3.6
Fall, Slip or Trip, NOC	12	11.3	3,355.33	9,167.09	12,522.42	2.2
Fall/Slip From Liquid or Grease Spi	6	5.7	610.13	10,246.40	10,856.53	1.9
Other Injury NEC	3	2.8	18.82	7,965.40	7,984.22	1.4
Strain By Using Tool or Machine	1	0.9	6,696.10	0.00	6,696.10	1.2
Motor Vehicle, NOC	1	0.9	1,127.35	4,491.47	5,618.82	1.0
Fall/Slip on Ice or Snow	4	3.8	5,423.97	0.00	5,423.97	1.0
Struck/Injured By Falling or Flying (	3	2.8	1,974.12	1,250.00	3,224.12	0.6
Strain or Injury By, NOC	6	5.7	18.82	2,500.00	2,518.82	0.5
Cut, Punctured, Scraped, NOC	4	3.8	457.05	1,250.00	1,707.05	0.3
Pushing or Pulling	1	0.9	0.00	1,250.00	1,250.00	0.2
Struck/Injured By Object Being Lifte	4	3.8	1,149.75	0.00	1,149.75	0.2
Object Being Lifted or Handled	3	2.8	692.91	0.00	692.91	0.1
Fall/Slip into Openings	1	0.9	674.81	0.00	674.81	0.1
Holding or Carrying	1	0.9	422.43	0.00	422.43	0.1
Striking Against or Stepping On, NC	1	0.9	326.34	0.00	326.34	0.1
Dust, Gases, Fumes or Vapors	1	0.9	289.13	0.00	289.13	0.1
Absorption, Ingestion or Inhalation	4	3.8	275.83	0.00	275.83	0.0
Hand Tool, Utensil; Not Powered	1	0.9	178.69	0.00	178.69	0.0
Strike Against/Step On Stationary (	2	1.9	30.61	0.00	30.61	0.0
Collision with a Fixed Object	3	2.8	18.82	0.00	18.82	0.0
Struck/Injured By Animal or Insect	3	2.8	11.60	0.00	11.60	0.0
Bitten	1	0.9	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	1	0.9	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	0.9	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cumulative (All Other)	1	0.9	0.00	0.00	0.00	0.0
Reaching	1	0.9	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Mac	1	0.9	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, P	1	0.9	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	1.9	0.00	0.00	0.00	0.0
Twisting	1	0.9	0.00	0.00	0.00	0.0
Sum:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
BODY PART						
Upper Extremities Shoulder(s)	1	0.9	106,190.48	122,310.08	228,500.56	41.0
Upper Extremities Upper Arm (Incl	3	2.8	26,770.60	47,151.28	73,921.88	13.3
Upper Extremities Hand	5	4.7	48,601.65	1,250.00	49,851.65	8.9
Trunk Internal Organs	1	0.9	713.92	44,554.90	45,268.82	8.1
Lower Extremities Lower Leg	2	1.9	9,476.21	28,542.65	38,018.86	6.8
Multiple Body Parts Multiple Body	14	13.2	10,211.27	14,117.90	24,329.17	4.4
Multiple Body Parts Body Systems	2	1.9	37.64	20,740.00	20,777.64	3.7
Lower Extremities Ankle	2	1.9	2,448.95	15,882.49	18,331.44	3.3
Lower Extremities Knee	15	14.2	12,578.23	0.00	12,578.23	2.3
Head Skull	3	2.8	1,568.80	10,246.40	11,815.20	2.1
Upper Extremities Wrist	3	2.8	7,678.59	0.00	7,678.59	1.4
Upper Extremities Lower Arm	6	5.7	6,801.49	0.00	6,801.49	1.2
Upper Extremities Finger(s)	3	2.8	1,479.01	4,491.47	5,970.48	1.1
Lower Extremities Foot	7	6.6	1,601.34	1,250.00	2,851.34	0.5
Head Brain	1	0.9	2,574.33	0.00	2,574.33	0.5
Trunk Upper Back Area (Thoracic	1	0.9	1,708.07	0.00	1,708.07	0.3
Lower Extremities Upper Leg	3	2.8	0.00	1,250.00	1,250.00	0.2
Trunk Abdomen Including Groin	1	0.9	0.00	1,250.00	1,250.00	0.2
Trunk Low Back Area (Incl. Lumba	3	2.8	0.00	1,250.00	1,250.00	0.2
Upper Extremities Thumb	2	1.9	812.53	0.00	812.53	0.1
Lower Extremities Multiple Lower E	2	1.9	519.20	0.00	519.20	0.1
Upper Extremities Elbow	4	3.8	355.16	0.00	355.16	0.1
Head Other facial soft tissue	2	1.9	326.34	0.00	326.34	0.1
Head Facial Bones	2	1.9	300.60	0.00	300.60	0.1
Neck Larynx	1	0.9	289.13	0.00	289.13	0.1
Head Scalp	1	0.9	59.07	0.00	59.07	0.0
Trunk Disc (Back)	1	0.9	18.82	0.00	18.82	0.0
Head Mouth	1	0.9	11.60	0.00	11.60	0.0
Head Eye(s)	2	1.9	0.00	0.00	0.00	0.0
Head Multiple Head Injury	1	0.9	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Nose	1	0.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	6	5.7	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	0.9	0.00	0.00	0.00	0.0
Trunk Heart	1	0.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	2	1.9	0.00	0.00	0.00	0.0
Sum:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	
INJURY						
Multiple Physical Injury Only	13	12.3	114,360.25	158,417.98	272,778.23	48.9
Strain	15	14.2	40,093.76	50,901.28	90,995.04	16.3
Fracture	4	3.8	18,300.97	40,999.52	59,300.49	10.6
Burn	1	0.9	48,571.04	0.00	48,571.04	8.7
Laceration	11	10.4	2,649.41	45,804.90	48,454.31	8.7
Contusion (Bruise, Skin Surface)	17	16.0	11,776.93	0.00	11,776.93	2.1
Concussion (Brain, Cerebral)	2	1.9	719.65	10,246.40	10,966.05	2.0
Sprain	10	9.4	2,708.98	7,917.09	10,626.07	1.9
Syncope	2	1.9	2,574.33	0.00	2,574.33	0.5
Crushing	3	2.8	422.43	0.00	422.43	0.1
Multiple Injury Inc. Physical & Psycl	1	0.9	378.72	0.00	378.72	0.1
No Physical Injury	13	12.3	289.13	0.00	289.13	0.1
Poisoning-General (Not OD or Cum	1	0.9	275.83	0.00	275.83	0.0
All Other (Specific) Injuries, NOC	5	4.7	11.60	0.00	11.60	0.0
Dermatitis	1	0.9	0.00	0.00	0.00	0.0
Inflammation	5	4.7	0.00	0.00	0.00	0.0
Puncture	1	0.9	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	1	0.9	0.00	0.00	0.00	0.0
Sum:	**106**		**$243,133.03**	**$314,287.17**	**$557,420.20**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
262 - Dept of Aging and Rehab Service						
TYPE OF CLAIM						
Medical Only	14	70.0	5,196.87	4,525.45	9,722.32	0.5
Indemnity	2	10.0	79.09	9,600.00	9,679.09	0.5
Reporting Purposes Only	4	20.0	0.00	0.00	0.00	0
Sum:	**20**		**5,275.96**	**14,125.45**	**19,401.41**	
TIME OF INJURY						
12AM - 1:59AM	2	10.0	29.69	9,600.00	9,629.69	49.6
8AM - 9:59AM	4	20.0	2,162.07	2,326.95	4,489.02	23.1
10AM - 11:59AM	3	15.0	1,774.95	0.00	1,774.95	9.1
12PM - 1:59PM	4	20.0	361.77	948.50	1,310.27	6.8
4PM - 5:59PM	2	10.0	0.00	1,250.00	1,250.00	6.4
2PM - 3:59PM	3	15.0	947.48	0.00	947.48	4.9
6AM - 7:59AM	1	5.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	
LENGTH OF SERVICE						
2 - 4	6	30.0	$2,417.86	10,700.00	13,117.86	67.6
22 - 24	3	15.0	$354.41	1,226.95	1,581.36	8.2
6 - 8	3	15.0	$10.87	1,250.00	1,260.87	6.5
8 - 10	1	5.0	$301.50	948.50	1,250.00	6.4
40 - 42	1	5.0	$1,243.84	0.00	1,243.84	6.4
0 - 2	2	10.0	$947.48	0.00	947.48	4.9
18 - 20	1	5.0	$0.00	0.00	0.00	0.0
14 - 16	3	15.0	$0.00	0.00	0.00	0.0
Totals:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	
Age of Claimant						
50 - 54	5	25.0	$320.32	12,898.50	13,218.82	68.1
45 - 49	2	10.0	$2,399.04	0.00	2,399.04	12.4
60 - 64	4	20.0	$2,202.19	0.00	2,202.19	11.4
55 - 59	6	30.0	$354.41	1,226.95	1,581.36	8.2
25 - 29	1	5.0	$0.00	0.00	0.00	0.0
35 - 39	1	5.0	$0.00	0.00	0.00	0.0
65 - 69	1	5.0	$0.00	0.00	0.00	0.0
Totals:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	15	75.0	$2,423.12	11,926.95	14,350.07	74.0
Male	5	25.0	$2,852.84	2,198.50	5,051.34	26.0
Totals:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	5.0	$18.82	9,600.00	9,618.82	49.6
Lift	1	5.0	$1,603.86	0.00	1,603.86	8.3
Chemicals, not otherwise classified	1	5.0	$123.05	1,226.95	1,350.00	7.0
Walking surface, inside, dry	1	5.0	$0.00	1,250.00	1,250.00	6.4
Walking surface, outside, dry	4	20.0	$301.50	948.50	1,250.00	6.4
Stairs, steps	1	5.0	$1,243.84	0.00	1,243.84	6.4
Person	2	10.0	$0.00	1,100.00	1,100.00	5.7
Vehicle/car/truck	2	10.0	$947.48	0.00	947.48	4.9
Metal items	1	5.0	$795.18	0.00	795.18	4.1
Wheelchair	1	5.0	$171.09	0.00	171.09	0.9
N/A	1	5.0	$60.27	0.00	60.27	0.3
Infectious agent	1	5.0	$10.87	0.00	10.87	0.1
Machine, not otherwise classified	1	5.0	$0.00	0.00	0.00	0.0
Overhead Object	1	5.0	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	5.0	$0.00	0.00	0.00	0.0
Totals:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	
ACCIDENT TYPE						
Other Injury NEC	2	10.0	29.69	9,600.00	9,629.69	49.6
Fall On the Same Level	5	25.0	1,664.13	1,250.00	2,914.13	15.0
Absorption, Ingestion or Inhalation	1	5.0	123.05	1,226.95	1,350.00	7.0
Twisting	1	5.0	301.50	948.50	1,250.00	6.4
Fall/Slip on Stairs	1	5.0	1,243.84	0.00	1,243.84	6.4
Strain or Injury By, NOC	2	10.0	0.00	1,100.00	1,100.00	5.7
Motor Vehicle, NOC	1	5.0	947.48	0.00	947.48	4.9
Struck/Injured By Falling or Flying (	1	5.0	795.18	0.00	795.18	4.1
Reaching	2	10.0	171.09	0.00	171.09	0.9
Fall/Slip From a Different Level	2	10.0	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	5.0	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of M	1	5.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	
BODY PART						
Lower Extremities Lower Leg	1	5.0	18.82	9,600.00	9,618.82	49.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumba	3	15.0	301.50	2,198.50	2,500.00	12.9
Lower Extremities Knee	1	5.0	1,603.86	0.00	1,603.86	8.3
Trunk Lung(s)	1	5.0	123.05	1,226.95	1,350.00	7.0
Upper Extremities Wrist	2	10.0	1,243.84	0.00	1,243.84	6.4
Neck Vertebrae	1	5.0	0.00	1,100.00	1,100.00	5.7
Multiple Body Parts Multiple Body	3	15.0	947.48	0.00	947.48	4.9
Lower Extremities Ankle	2	10.0	795.18	0.00	795.18	4.1
Trunk Upper Back Area (Thoracic	1	5.0	171.09	0.00	171.09	0.9
Trunk Internal Organs	1	5.0	60.27	0.00	60.27	0.3
Head Eye(s)	1	5.0	10.87	0.00	10.87	0.1
Head Other facial soft tissue	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	2	10.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	
INJURY						
Contusion (Bruise, Skin Surface)	5	25.0	814.00	11,950.00	12,764.00	65.8
Strain	10	50.0	3,023.93	948.50	3,972.43	20.5
Respiratory Disorders(Gases,Fume	1	5.0	123.05	1,226.95	1,350.00	7.0
Fracture	2	10.0	1,243.84	0.00	1,243.84	6.4
Adverse reaction to a vaccination o	1	5.0	60.27	0.00	60.27	0.3
Infection	1	5.0	10.87	0.00	10.87	0.1
Sum:	**20**		**$5,275.96**	**$14,125.45**	**$19,401.41**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
268 - MARINE SCIENCE, VA INST. OF						
TYPE OF CLAIM						
Medical Only	7	77.8	1,977.65	1,250.00	3,227.65	1
Reporting Purposes Only	2	22.2	0.00	0.00	0.00	0
Sum:	**9**		**1,977.65**	**1,250.00**	**3,227.65**	
TIME OF INJURY						
12PM - 1:59PM	2	22.2	0.00	1,250.00	1,250.00	38.7
8AM - 9:59AM	2	22.2	1,060.41	0.00	1,060.41	32.9
10AM - 11:59AM	4	44.4	917.24	0.00	917.24	28.4
2PM - 3:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
LENGTH OF SERVICE						
2 - 4	2	22.2	$223.80	1,250.00	1,473.80	45.7
0 - 2	3	33.3	$1,157.06	0.00	1,157.06	35.8
16 - 18	2	22.2	$596.79	0.00	596.79	18.5
6 - 8	1	11.1	$0.00	0.00	0.00	0.0
20 - 22	1	11.1	$0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
Age of Claimant						
25 - 29	2	22.2	$463.62	1,250.00	1,713.62	53.1
45 - 49	1	11.1	$596.79	0.00	596.79	18.5
30 - 34	2	22.2	$382.02	0.00	382.02	11.8
20 - 24	1	11.1	$311.42	0.00	311.42	9.6
35 - 39	2	22.2	$223.80	0.00	223.80	6.9
50 - 54	1	11.1	$0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
SEX OF CLAIMANT						
Female	5	55.6	$978.81	1,250.00	2,228.81	69.1
Male	4	44.4	$998.84	0.00	998.84	30.9
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
LOSS CAUSE						
Animal / insect, not otherwise class	1	11.1	$0.00	1,250.00	1,250.00	38.7
Knife, Utility	1	11.1	$596.79	0.00	596.79	18.5
Floor	1	11.1	$463.62	0.00	463.62	14.4
Vehicle, not otherwise classified	1	11.1	$382.02	0.00	382.02	11.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Wires	1	11.1	$311.42	0.00	311.42	9.6
Sharp objects, not otherwise classil	2	22.2	$223.80	0.00	223.80	6.9
Rope, cord	1	11.1	$0.00	0.00	0.00	0.0
Scalpel	1	11.1	$0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
ACCIDENT TYPE						
Other Injury NEC	1	11.1	0.00	1,250.00	1,250.00	38.7
Hand Tool, Utensil; Not Powered	2	22.2	596.79	0.00	596.79	18.5
Fall On the Same Level	1	11.1	463.62	0.00	463.62	14.4
Collision with a Fixed Object	1	11.1	382.02	0.00	382.02	11.8
Caught In, Under or Between, NOC	1	11.1	311.42	0.00	311.42	9.6
Cut, Punctured, Scraped, NOC	2	22.2	223.80	0.00	223.80	6.9
Strain By Using Tool or Machine	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
BODY PART						
Upper Extremities Hand	4	44.4	978.81	1,250.00	2,228.81	69.1
Multiple Body Parts Multiple Body	1	11.1	463.62	0.00	463.62	14.4
Upper Extremities Finger(s)	1	11.1	311.42	0.00	311.42	9.6
Upper Extremities Wrist	1	11.1	223.80	0.00	223.80	6.9
Lower Extremities Foot	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
INJURY						
Laceration	6	66.7	1,284.21	1,250.00	2,534.21	78.5
Contusion (Bruise, Skin Surface)	2	22.2	693.44	0.00	693.44	21.5
Strain	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
301 - AGRIC & CONSUMER SERVS, DEPT. OF						
TYPE OF CLAIM						
Indemnity	3	5.3	20,312.71	41,642.13	61,954.84	0.61
Medical Only	16	28.1	23,088.46	17,287.71	40,376.17	0.39
Reporting Purposes Only	38	66.7	0.00	0.00	0.00	0
Sum:	**57**		**43,401.17**	**58,929.84**	**102,331.01**	
TIME OF INJURY						
8AM - 9:59AM	6	10.5	21,396.18	41,771.02	63,167.20	61.7
12PM - 1:59PM	8	14.0	18,333.61	15,908.82	34,242.43	33.5
10AM - 11:59AM	10	17.5	1,594.67	1,250.00	2,844.67	2.8
2PM - 3:59PM	13	22.8	1,685.85	0.00	1,685.85	1.6
4PM - 5:59PM	8	14.0	324.77	0.00	324.77	0.3
6AM - 7:59AM	9	15.8	47.27	0.00	47.27	0.0
8PM - 9:59PM	2	3.5	18.82	0.00	18.82	0.0
12AM - 1:59AM	1	1.8	0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
LENGTH OF SERVICE						
10 - 12	3	5.3	$20,275.07	41,642.13	61,917.20	60.5
16 - 18	3	5.3	$16,210.00	15,908.82	32,118.82	31.4
2 - 4	14	24.6	$2,974.96	128.89	3,103.85	3.0
6 - 8	3	5.3	$1,924.12	0.00	1,924.12	1.9
0 - 2	19	33.3	$571.53	1,250.00	1,821.53	1.8
12 - 14	5	8.8	$893.14	0.00	893.14	0.9
4 - 6	6	10.5	$533.53	0.00	533.53	0.5
28 - 30	1	1.8	$18.82	0.00	18.82	0.0
8 - 10	2	3.5	$0.00	0.00	0.00	0.0
24 - 26	1	1.8	$0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
Age of Claimant						
45 - 49	3	5.3	$20,275.07	41,642.13	61,917.20	60.5
40 - 44	9	15.8	$18,757.78	16,037.71	34,795.49	34.0
35 - 39	10	17.5	$2,170.88	0.00	2,170.88	2.1
25 - 29	9	15.8	$1,991.80	0.00	1,991.80	1.9
20 - 24	7	12.3	$0.00	1,250.00	1,250.00	1.2
30 - 34	6	10.5	$168.00	0.00	168.00	0.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
60 - 64	4	7.0	$37.64	0.00	37.64	0.0
50 - 54	2	3.5	$0.00	0.00	0.00	0.0
55 - 59	6	10.5	$0.00	0.00	0.00	0.0
65 - 69	1	1.8	$0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
SEX OF CLAIMANT						
Male	23	40.4	$23,567.06	43,021.02	66,588.08	65.1
Female	34	59.6	$19,834.11	15,908.82	35,742.93	34.9
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
LOSS CAUSE						
Package	1	1.8	$20,275.07	41,642.13	61,917.20	60.5
Door	1	1.8	$16,210.00	15,908.82	32,118.82	31.4
Pallet,Skid,Flat	2	3.5	$1,876.85	0.00	1,876.85	1.8
Machine, not otherwise classified	2	3.5	$1,835.03	0.00	1,835.03	1.8
Vehicle/car/truck	15	26.3	$1,168.38	128.89	1,297.27	1.3
Animal, not otherwise classified	4	7.0	$0.00	1,250.00	1,250.00	1.2
Floor	1	1.8	$893.14	0.00	893.14	0.9
Sharp objects, not otherwise classil	2	3.5	$533.53	0.00	533.53	0.5
Outside Surface	2	3.5	$324.77	0.00	324.77	0.3
Fencing	1	1.8	$246.76	0.00	246.76	0.2
Walking surface, inside, wet	2	3.5	$18.82	0.00	18.82	0.0
Walking surface, outside, dry	3	5.3	$18.82	0.00	18.82	0.0
Animal / bee type	2	3.5	$0.00	0.00	0.00	0.0
Animal / insect, not otherwise class	1	1.8	$0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	5	8.8	$0.00	0.00	0.00	0.0
Cart	1	1.8	$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	3.5	$0.00	0.00	0.00	0.0
Infectious agent	1	1.8	$0.00	0.00	0.00	0.0
Knife, NOC	2	3.5	$0.00	0.00	0.00	0.0
Object on Floor	1	1.8	$0.00	0.00	0.00	0.0
Office equipment	1	1.8	$0.00	0.00	0.00	0.0
Overhead Object	1	1.8	$0.00	0.00	0.00	0.0
Sprayer	1	1.8	$0.00	0.00	0.00	0.0
Stairs, steps	1	1.8	$0.00	0.00	0.00	0.0
Uneven Surface	1	1.8	$0.00	0.00	0.00	0.0
Vice Grip Straight	1	1.8	$0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Lifting	1	1.8	20,275.07	41,642.13	61,917.20	60.5
Caught In, Under or Between, NOC	1	1.8	16,210.00	15,908.82	32,118.82	31.4
Struck/Injured By Falling or Flying (	3	5.3	1,876.85	0.00	1,876.85	1.8
Contact with Electrical Current	1	1.8	1,667.03	0.00	1,667.03	1.6
Collision with Another Vehicle	4	7.0	1,121.11	128.89	1,250.00	1.2
Struck/Injured By Animal or Insect	11	19.3	0.00	1,250.00	1,250.00	1.2
Fall, Slip or Trip, NOC	2	3.5	893.14	0.00	893.14	0.9
Cut, Punctured, Scraped, NOC	3	5.3	533.53	0.00	533.53	0.5
Fall/Slip into Openings	1	1.8	324.77	0.00	324.77	0.3
Hand Tool, Utensil; Not Powered	4	7.0	246.76	0.00	246.76	0.2
Striking Against or Stepping On, NC	1	1.8	168.00	0.00	168.00	0.2
Struck/Injured By Motor Vehicle	2	3.5	47.27	0.00	47.27	0.0
Fall On the Same Level	6	10.5	18.82	0.00	18.82	0.0
Fall/Slip From a Different Level	1	1.8	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation	1	1.8	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	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
Jumping	1	1.8	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	6	10.5	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	1.8	0.00	0.00	0.00	0.0
Other Injury NEC	2	3.5	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifte	1	1.8	0.00	0.00	0.00	0.0
Vehicle Upset	2	3.5	0.00	0.00	0.00	0.0
Sum:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
BODY PART						
Upper Extremities Shoulder(s)	1	1.8	20,275.07	41,642.13	61,917.20	60.5
Upper Extremities Finger(s)	7	12.3	16,990.29	15,908.82	32,899.11	32.1
Multiple Body Parts Multiple Body	5	8.8	1,895.67	0.00	1,895.67	1.9
Multiple Body Parts Whole Body	1	1.8	1,667.03	0.00	1,667.03	1.6
Lower Extremities Knee	8	14.0	18.82	1,250.00	1,268.82	1.2
Neck Soft Tissue-Neck	1	1.8	1,121.11	128.89	1,250.00	1.2
Upper Extremities Elbow	1	1.8	893.14	0.00	893.14	0.9
Lower Extremities Ankle	4	7.0	372.04	0.00	372.04	0.4
Head Multiple Head Injury	1	1.8	168.00	0.00	168.00	0.2
Head Eye(s)	1	1.8	0.00	0.00	0.00	0.0
Head Mouth	1	1.8	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Foot	2	3.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	3.5	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	3.5	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Inf	1	1.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	15	26.3	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 Lower Arm	1	1.8	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	1.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.8	0.00	0.00	0.00	0.0
Sum:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
INJURY						
Strain	5	8.8	20,275.07	41,642.13	61,917.20	60.5
Contusion (Bruise, Skin Surface)	10	17.5	18,998.81	15,908.82	34,907.63	34.1
Electric Shock	1	1.8	1,667.03	0.00	1,667.03	1.6
Sprain	4	7.0	1,493.15	128.89	1,622.04	1.6
Inflammation	5	8.8	0.00	1,250.00	1,250.00	1.2
Laceration	6	10.5	533.53	0.00	533.53	0.5
Puncture	1	1.8	246.76	0.00	246.76	0.2
Concussion (Brain, Cerebral)	1	1.8	168.00	0.00	168.00	0.2
Fracture	1	1.8	18.82	0.00	18.82	0.0
Crushing	1	1.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	1.8	0.00	0.00	0.00	0.0
No Physical Injury	21	36.8	0.00	0.00	0.00	0.0
Sum:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
327 - Dept of Workforce Dev and Advancem						
TYPE OF CLAIM						
Medical Only	2	28.6	1,252.50	0.00	1,252.50	1
Reporting Purposes Only	5	71.4	0.00	0.00	0.00	0
Sum:	**7**		**1,252.50**	**0.00**	**1,252.50**	
TIME OF INJURY						
10AM - 11:59AM	3	42.9	1,170.24	0.00	1,170.24	93.4
6AM - 7:59AM	2	28.6	82.26	0.00	82.26	6.6
8AM - 9:59AM	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
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
LENGTH OF SERVICE						
44 - 46	1	14.3	$1,170.24	0.00	1,170.24	93.4
0 - 2	4	57.1	$82.26	0.00	82.26	6.6
4 - 6	1	14.3	$0.00	0.00	0.00	0.0
6 - 8	1	14.3	$0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
Age of Claimant						
65 - 69	3	42.9	$1,170.24	0.00	1,170.24	93.4
45 - 49	1	14.3	$82.26	0.00	82.26	6.6
50 - 54	1	14.3	$0.00	0.00	0.00	0.0
60 - 64	1	14.3	$0.00	0.00	0.00	0.0
70 - 74	1	14.3	$0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
SEX OF CLAIMANT						
Female	3	42.9	$1,170.24	0.00	1,170.24	93.4
Male	4	57.1	$82.26	0.00	82.26	6.6
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
LOSS CAUSE						
Paper / Pulp	1	14.3	$1,170.24	0.00	1,170.24	93.4
Walking surface, outside, wet	2	28.6	$82.26	0.00	82.26	6.6
Door	1	14.3	$0.00	0.00	0.00	0.0
Floor	2	28.6	$0.00	0.00	0.00	0.0
Outside Surface	1	14.3	$0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Struck/Injured By Falling or Flying (	1	14.3	1,170.24	0.00	1,170.24	93.4
Fall/Slip into Openings	1	14.3	82.26	0.00	82.26	6.6
Fall On the Same Level	4	57.1	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
BODY PART						
Upper Extremities Wrist	1	14.3	1,170.24	0.00	1,170.24	93.4
Multiple Body Parts Multiple Body	2	28.6	82.26	0.00	82.26	6.6
Lower Extremities Knee	2	28.6	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	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
Sum:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
INJURY						
Contusion (Bruise, Skin Surface)	4	57.1	1,252.50	0.00	1,252.50	100.0
All Other (Specific) Injuries, NOC	2	28.6	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
350 - Dept of Small Bus. & Supplier Div.						
TYPE OF CLAIM						
Medical Only	1	100.0	35.69	0.00	35.69	1
Sum:	**1**		**35.69**	**0.00**	**35.69**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
LENGTH OF SERVICE						
2 - 4	1	100.0	$35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
Age of Claimant						
40 - 44	1	100.0	$35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
SEX OF CLAIMANT						
Female	1	100.0	$35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	$35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	35.69	0.00	35.69	100.0
Sum:	**1**		**$35.69**	**$0.00**	**$35.69**	
BODY PART						
Lower Extremities Multiple Lower E	1	100.0	35.69	0.00	35.69	100.0
Sum:	**1**		**$35.69**	**$0.00**	**$35.69**	
INJURY						
No Physical Injury	1	100.0	35.69	0.00	35.69	100.0
Sum:	**1**		**$35.69**	**$0.00**	**$35.69**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
402 - MARINE RESOURCES COMMISSION						
TYPE OF CLAIM						
Medical Only	7	63.6	14,098.45	9,549.48	23,647.93	0.54
Indemnity	1	9.1	18.82	20,100.00	20,118.82	0.46
Reporting Purposes Only	3	27.3	0.00	0.00	0.00	0
Sum:	**11**		**14,117.27**	**29,649.48**	**43,766.75**	
TIME OF INJURY						
4PM - 5:59PM	1	9.1	18.82	20,100.00	20,118.82	46.0
2PM - 3:59PM	2	18.2	11,182.36	8,299.48	19,481.84	44.5
6PM - 7:59PM	1	9.1	1,622.36	0.00	1,622.36	3.7
12PM - 1:59PM	1	9.1	1,273.80	0.00	1,273.80	2.9
12AM - 1:59AM	1	9.1	0.00	1,250.00	1,250.00	2.9
8AM - 9:59AM	2	18.2	19.93	0.00	19.93	0.0
6AM - 7:59AM	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
LENGTH OF SERVICE						
0 - 2	2	18.2	$18.82	21,350.00	21,368.82	48.8
2 - 4	2	18.2	$11,182.36	8,299.48	19,481.84	44.5
8 - 10	1	9.1	$1,622.36	0.00	1,622.36	3.7
4 - 6	1	9.1	$1,273.80	0.00	1,273.80	2.9
10 - 12	2	18.2	$19.93	0.00	19.93	0.0
6 - 8	1	9.1	$0.00	0.00	0.00	0.0
20 - 22	1	9.1	$0.00	0.00	0.00	0.0
30 - 32	1	9.1	$0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
Age of Claimant						
50 - 54	2	18.2	$18.82	20,100.00	20,118.82	46.0
30 - 34	2	18.2	$11,182.36	8,299.48	19,481.84	44.5
45 - 49	1	9.1	$1,622.36	0.00	1,622.36	3.7
35 - 39	2	18.2	$1,293.73	0.00	1,293.73	3.0
20 - 24	1	9.1	$0.00	1,250.00	1,250.00	2.9
40 - 44	1	9.1	$0.00	0.00	0.00	0.0
60 - 64	2	18.2	$0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	9	81.8	$4,828.87	22,769.06	27,597.93	63.1
Female	2	18.2	$9,288.40	6,880.42	16,168.82	36.9
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
LOSS CAUSE						
N/A	1	9.1	$18.82	20,100.00	20,118.82	46.0
Vehicle/car/truck	3	27.3	$11,182.36	8,299.48	19,481.84	44.5
Brush / tree / log	1	9.1	$1,622.36	0.00	1,622.36	3.7
Sharp objects, not otherwise classil	1	9.1	$1,273.80	0.00	1,273.80	2.9
Person	1	9.1	$0.00	1,250.00	1,250.00	2.9
Walking surface, outside, wet	1	9.1	$19.93	0.00	19.93	0.0
Pallet Jack	1	9.1	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	9.1	$0.00	0.00	0.00	0.0
Water	1	9.1	$0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
ACCIDENT TYPE						
Other Injury NEC	1	9.1	18.82	20,100.00	20,118.82	46.0
Fall, Slip or Trip, NOC	4	36.4	9,308.33	8,130.42	17,438.75	39.8
Collision with Another Vehicle	1	9.1	1,893.96	1,419.06	3,313.02	7.6
Foreign Body in Eye	1	9.1	1,622.36	0.00	1,622.36	3.7
Striking Against or Stepping On, NC	1	9.1	1,273.80	0.00	1,273.80	2.9
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
Vehicle Upset	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
BODY PART						
Trunk Lung(s)	1	9.1	18.82	20,100.00	20,118.82	46.0
Trunk Low Back Area (Incl. Lumba	1	9.1	9,288.40	6,880.42	16,168.82	36.9
Multiple Body Parts Multiple Body	2	18.2	1,893.96	1,419.06	3,313.02	7.6
Head Eye(s)	1	9.1	1,622.36	0.00	1,622.36	3.7
Upper Extremities Finger(s)	1	9.1	1,273.80	0.00	1,273.80	2.9
Trunk Chest (Incl. Ribs, Sternum &	1	9.1	0.00	1,250.00	1,250.00	2.9
Trunk Lumbar and/or Sacral Vertel	1	9.1	19.93	0.00	19.93	0.0
Multiple Body Parts No Physical In	2	18.2	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
INJURY						
No Physical Injury	4	36.4	18.82	20,100.00	20,118.82	46.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	2	18.2	9,288.40	8,130.42	17,418.82	39.8
Strain	2	18.2	1,913.89	1,419.06	3,332.95	7.6
All Other (Specific) Injuries, NOC	1	9.1	1,622.36	0.00	1,622.36	3.7
Laceration	2	18.2	1,273.80	0.00	1,273.80	2.9
Sum:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
TYPE OF CLAIM						
Indemnity	4	10.5	5,671.69	33,903.97	39,575.66	0.64
Medical Only	23	60.5	15,757.02	6,138.28	21,895.30	0.36
Reporting Purposes Only	11	28.9	0.00	0.00	0.00	0
Sum:	**38**		**21,428.71**	**40,042.25**	**61,470.96**	
TIME OF INJURY						
2PM - 3:59PM	7	18.4	4,133.68	35,935.30	40,068.98	65.2
4PM - 5:59PM	7	18.4	9,754.77	0.00	9,754.77	15.9
6PM - 7:59PM	2	5.3	3,435.02	2,856.95	6,291.97	10.2
10AM - 11:59AM	10	26.3	2,678.07	0.00	2,678.07	4.4
8AM - 9:59AM	2	5.3	0.00	1,250.00	1,250.00	2.0
12PM - 1:59PM	8	21.1	905.29	0.00	905.29	1.5
8PM - 9:59PM	1	2.6	521.88	0.00	521.88	0.8
6AM - 7:59AM	1	2.6	0.00	0.00	0.00	0.0
Totals:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
LENGTH OF SERVICE						
8 - 10	5	13.2	$1,635.67	33,903.97	35,539.64	57.8
6 - 8	5	13.2	$9,870.29	0.00	9,870.29	16.1
10 - 12	2	5.3	$3,435.02	2,856.95	6,291.97	10.2
0 - 2	8	21.1	$3,064.41	781.33	3,845.74	6.3
2 - 4	8	21.1	$2,452.86	1,250.00	3,702.86	6.0
14 - 16	1	2.6	$0.00	1,250.00	1,250.00	2.0
34 - 36	1	2.6	$521.88	0.00	521.88	0.8
28 - 30	2	5.3	$358.60	0.00	358.60	0.6
24 - 26	1	2.6	$89.98	0.00	89.98	0.1
18 - 20	5	13.2	$0.00	0.00	0.00	0.0
Totals:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
Age of Claimant						
35 - 39	5	13.2	$7,292.94	35,510.92	42,803.86	69.6
30 - 34	6	15.8	$9,840.41	0.00	9,840.41	16.0
40 - 44	7	18.4	$1,796.38	2,500.00	4,296.38	7.0
50 - 54	3	7.9	$429.76	1,250.00	1,679.76	2.7
45 - 49	4	10.5	$514.73	781.33	1,296.06	2.1
25 - 29	7	18.4	$970.48	0.00	970.48	1.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
60 - 64	1	2.6	$521.88	0.00	521.88	0.8
20 - 24	3	7.9	$43.31	0.00	43.31	0.1
55 - 59	2	5.3	$18.82	0.00	18.82	0.0
Totals:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
SEX OF CLAIMANT						
Male	30	78.9	$14,438.26	38,792.25	53,230.51	86.6
Female	8	21.1	$6,990.45	1,250.00	8,240.45	13.4
Totals:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
LOSS CAUSE						
Person	1	2.6	$1,214.85	33,903.97	35,118.82	57.1
Uneven Surface	2	5.3	$4,438.02	1,250.00	5,688.02	9.3
Organic Material	3	7.9	$5,316.75	0.00	5,316.75	8.6
Water	2	5.3	$3,525.00	1,606.95	5,131.95	8.3
Animal / bee type	1	2.6	$2,238.43	0.00	2,238.43	3.6
Animal / tick, spider, etc.	6	15.8	$830.06	1,250.00	2,080.06	3.4
Object on Floor	1	2.6	$1,796.38	0.00	1,796.38	2.9
Knife, Utility	1	2.6	$468.67	781.33	1,250.00	2.0
Training \ Drills	2	5.3	$0.00	1,250.00	1,250.00	2.0
Fencing	1	2.6	$656.48	0.00	656.48	1.1
Scalpel	1	2.6	$521.88	0.00	521.88	0.8
Poisonous agent / plant	1	2.6	$314.00	0.00	314.00	0.5
Walking surface, outside, wet	1	2.6	$46.06	0.00	46.06	0.1
Animal, not otherwise classified	2	5.3	$43.31	0.00	43.31	0.1
Noise	1	2.6	$18.82	0.00	18.82	0.0
Environmental conditions	1	2.6	$0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	5.3	$0.00	0.00	0.00	0.0
Metal items	2	5.3	$0.00	0.00	0.00	0.0
N/A	1	2.6	$0.00	0.00	0.00	0.0
Outside Surface	1	2.6	$0.00	0.00	0.00	0.0
Overhead Object	1	2.6	$0.00	0.00	0.00	0.0
Vehicle/car/truck	2	5.3	$0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.6	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.6	$0.00	0.00	0.00	0.0
Totals:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, P	1	2.6	1,214.85	33,903.97	35,118.82	57.1
Other Injury NEC	6	15.8	5,630.75	1,250.00	6,880.75	11.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Crash of Water Vehicle	1	2.6	3,435.02	1,606.95	5,041.97	8.2
Pushing or Pulling	1	2.6	4,438.02	0.00	4,438.02	7.2
Struck/Injured By Animal or Insect	8	21.1	3,111.80	1,250.00	4,361.80	7.1
Strain or Injury By, NOC	4	10.5	1,886.36	0.00	1,886.36	3.1
Hand Tool, Utensil; Not Powered	2	5.3	990.55	781.33	1,771.88	2.9
Striking Against or Stepping On, NC	2	5.3	0.00	1,250.00	1,250.00	2.0
Fall/Slip on Ice or Snow	1	2.6	656.48	0.00	656.48	1.1
Fall/Slip From a Different Level	1	2.6	46.06	0.00	46.06	0.1
Cumulative (All Other)	1	2.6	18.82	0.00	18.82	0.0
Caught In/Between-Machine or Ma	1	2.6	0.00	0.00	0.00	0.0
Collision with Another Vehicle	2	5.3	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	2.6	0.00	0.00	0.00	0.0
Fall On the Same Level	1	2.6	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.6	0.00	0.00	0.00	0.0
Holding or Carrying	1	2.6	0.00	0.00	0.00	0.0
Jumping	1	2.6	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	2.6	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.6	0.00	0.00	0.00	0.0
Sum:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
BODY PART						
Multiple Body Parts Multiple Body	2	5.3	1,214.85	33,903.97	35,118.82	57.1
Multiple Body Parts Whole Body	6	15.8	5,630.75	0.00	5,630.75	9.2
Trunk Upper Back Area (Thoracic	1	2.6	3,435.02	1,606.95	5,041.97	8.2
Lower Extremities Ankle	1	2.6	4,438.02	0.00	4,438.02	7.2
Upper Extremities Shoulder(s)	2	5.3	2,238.43	0.00	2,238.43	3.6
Lower Extremities Knee	4	10.5	699.79	1,250.00	1,949.79	3.2
Upper Extremities Wrist	1	2.6	1,796.38	0.00	1,796.38	2.9
Lower Extremities Upper Leg	2	5.3	0.00	1,250.00	1,250.00	2.0
Trunk Lung(s)	1	2.6	0.00	1,250.00	1,250.00	2.0
Upper Extremities Hand	3	7.9	468.67	781.33	1,250.00	2.0
Upper Extremities Finger(s)	2	5.3	521.88	0.00	521.88	0.8
Trunk Abdomen Including Groin	1	2.6	374.76	0.00	374.76	0.6
Upper Extremities Lower Arm	1	2.6	339.78	0.00	339.78	0.6
Trunk Low Back Area (Incl. Lumba	2	5.3	115.52	0.00	115.52	0.2
Upper Extremities Thumb	1	2.6	89.98	0.00	89.98	0.1
Lower Extremities Multiple Lower E	1	2.6	46.06	0.00	46.06	0.1
Head Ear(s)	1	2.6	18.82	0.00	18.82	0.0
Lower Extremities Foot	1	2.6	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Hip	1	2.6	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	2.6	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems	1	2.6	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	1	2.6	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertel	1	2.6	0.00	0.00	0.00	0.0
Sum:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	
INJURY						
Multiple Physical Injury Only	2	5.3	1,260.91	33,903.97	35,164.88	57.2
Infection	6	15.8	5,656.53	1,250.00	6,906.53	11.2
Strain	6	15.8	3,525.00	1,606.95	5,131.95	8.3
Contusion (Bruise, Skin Surface)	4	10.5	4,438.02	0.00	4,438.02	7.2
Sprain	3	7.9	1,796.38	1,250.00	3,046.38	5.0
Inflammation	4	10.5	2,728.71	0.00	2,728.71	4.4
Laceration	4	10.5	1,647.03	781.33	2,428.36	4.0
Respiratory Disorders(Gases,Fume	1	2.6	0.00	1,250.00	1,250.00	2.0
Dermatitis	1	2.6	314.00	0.00	314.00	0.5
Puncture	3	7.9	43.31	0.00	43.31	0.1
Loss of Hearing	1	2.6	18.82	0.00	18.82	0.0
Multiple Injury Inc. Physical & Psycl	1	2.6	0.00	0.00	0.00	0.0
No Physical Injury	2	5.3	0.00	0.00	0.00	0.0
Sum:	**38**		**$21,428.71**	**$40,042.25**	**$61,470.96**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
409 - Virginia Department of Energy						
TYPE OF CLAIM						
Medical Only	1	50.0	216.46	0.00	216.46	1
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0
Sum:	**2**		**216.46**	**0.00**	**216.46**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	216.46	0.00	216.46	100.0
6AM - 7:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$216.46**	**$0.00**	**$216.46**	
LENGTH OF SERVICE						
8 - 10	1	50.0	$216.46	0.00	216.46	100.0
0 - 2	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$216.46**	**$0.00**	**$216.46**	
Age of Claimant						
50 - 54	1	50.0	$216.46	0.00	216.46	100.0
45 - 49	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$216.46**	**$0.00**	**$216.46**	
SEX OF CLAIMANT						
Male	1	50.0	$216.46	0.00	216.46	100.0
Female	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$216.46**	**$0.00**	**$216.46**	
LOSS CAUSE						
Stairs	2	100.0	$216.46	0.00	216.46	100.0
Totals:	**2**		**$216.46**	**$0.00**	**$216.46**	
ACCIDENT TYPE						
Fall/Slip on Stairs	2	100.0	216.46	0.00	216.46	100.0
Sum:	**2**		**$216.46**	**$0.00**	**$216.46**	
BODY PART						
Lower Extremities Foot	1	50.0	216.46	0.00	216.46	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$216.46**	**$0.00**	**$216.46**	
INJURY						
Sprain	1	50.0	216.46	0.00	216.46	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**2**		**$216.46**	**$0.00**	**$216.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
411 - FORESTRY, DEPARTMENT OF						
TYPE OF CLAIM						
Medical Only	14	87.5	7,376.90	3,731.18	11,108.08	1
Indemnity	1	6.3	18.82	0.00	18.82	0
Reporting Purposes Only	1	6.3	0.00	0.00	0.00	0
Sum:	**16**		**7,395.72**	**3,731.18**	**11,126.90**	
TIME OF INJURY						
8AM - 9:59AM	3	18.8	3,749.96	0.00	3,749.96	33.7
2PM - 3:59PM	3	18.8	1,849.85	0.00	1,849.85	16.6
12PM - 1:59PM	3	18.8	615.22	1,231.18	1,846.40	16.6
4PM - 5:59PM	3	18.8	203.62	1,250.00	1,453.62	13.1
6AM - 7:59AM	1	6.3	0.00	1,250.00	1,250.00	11.2
10AM - 11:59AM	3	18.8	977.07	0.00	977.07	8.8
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
LENGTH OF SERVICE						
0 - 2	8	50.0	$3,297.29	1,250.00	4,547.29	40.9
2 - 4	1	6.3	$1,849.85	0.00	1,849.85	16.6
22 - 24	1	6.3	$1,280.43	0.00	1,280.43	11.5
8 - 10	1	6.3	$18.82	1,231.18	1,250.00	11.2
10 - 12	1	6.3	$0.00	1,250.00	1,250.00	11.2
14 - 16	1	6.3	$596.40	0.00	596.40	5.4
32 - 34	1	6.3	$334.11	0.00	334.11	3.0
12 - 14	1	6.3	$18.82	0.00	18.82	0.2
6 - 8	1	6.3	$0.00	0.00	0.00	0.0
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
Age of Claimant						
25 - 29	4	25.0	$4,943.52	0.00	4,943.52	44.4
20 - 24	3	18.8	$203.62	1,250.00	1,453.62	13.1
45 - 49	1	6.3	$1,280.43	0.00	1,280.43	11.5
30 - 34	1	6.3	$0.00	1,250.00	1,250.00	11.2
70 - 74	1	6.3	$18.82	1,231.18	1,250.00	11.2
35 - 39	1	6.3	$596.40	0.00	596.40	5.4
65 - 69	1	6.3	$334.11	0.00	334.11	3.0
55 - 59	1	6.3	$18.82	0.00	18.82	0.2
40 - 44	3	18.8	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
SEX OF CLAIMANT						
Male	12	75.0	$6,530.32	1,250.00	7,780.32	69.9
Female	4	25.0	$865.40	2,481.18	3,346.58	30.1
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
LOSS CAUSE						
Gas / Fumes	1	6.3	$2,450.71	0.00	2,450.71	22.0
Brush / tree / log	3	18.8	$2,446.25	0.00	2,446.25	22.0
Metal items	1	6.3	$1,280.43	0.00	1,280.43	11.5
Boxes / containers	1	6.3	$18.82	1,231.18	1,250.00	11.2
Door	1	6.3	$0.00	1,250.00	1,250.00	11.2
Vehicle/car/truck	1	6.3	$0.00	1,250.00	1,250.00	11.2
Uneven Surface	1	6.3	$642.96	0.00	642.96	5.8
Docks,Ramps,Loading Platforms	1	6.3	$334.11	0.00	334.11	3.0
Animal / tick, spider, etc.	2	12.5	$203.62	0.00	203.62	1.8
Wheel	1	6.3	$18.82	0.00	18.82	0.2
Fire / Flame / Smoke	1	6.3	$0.00	0.00	0.00	0.0
Pierce stinger nozzle	1	6.3	$0.00	0.00	0.00	0.0
Wood Items	1	6.3	$0.00	0.00	0.00	0.0
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	6.3	2,450.71	0.00	2,450.71	22.0
Fall, Slip or Trip, NOC	1	6.3	1,849.85	0.00	1,849.85	16.6
Cut, Punctured, Scraped, NOC	2	12.5	1,280.43	0.00	1,280.43	11.5
Motor Vehicle, NOC	1	6.3	0.00	1,250.00	1,250.00	11.2
Reaching	1	6.3	18.82	1,231.18	1,250.00	11.2
Striking Against or Stepping On, NC	1	6.3	0.00	1,250.00	1,250.00	11.2
Fall On the Same Level	2	12.5	1,239.36	0.00	1,239.36	11.1
Lifting	2	12.5	352.93	0.00	352.93	3.2
Struck/Injured By Animal or Insect	2	12.5	203.62	0.00	203.62	1.8
Contact with Hot Object or Substan	1	6.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifte	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
Sum:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
BODY PART						
Multiple Body Parts No Physical In	1	6.3	2,450.71	0.00	2,450.71	22.0
Upper Extremities Hand	1	6.3	1,849.85	0.00	1,849.85	16.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	1	6.3	1,280.43	0.00	1,280.43	11.5
Head Skull	2	12.5	0.00	1,250.00	1,250.00	11.2
Trunk Low Back Area (Incl. Lumba	1	6.3	0.00	1,250.00	1,250.00	11.2
Upper Extremities Shoulder(s)	1	6.3	18.82	1,231.18	1,250.00	11.2
Lower Extremities Knee	1	6.3	642.96	0.00	642.96	5.8
Upper Extremities Wrist	1	6.3	596.40	0.00	596.40	5.4
Neck Soft Tissue-Neck	2	12.5	334.11	0.00	334.11	3.0
Lower Extremities Upper Leg	1	6.3	203.62	0.00	203.62	1.8
Trunk Abdomen Including Groin	2	12.5	18.82	0.00	18.82	0.2
Head Eye(s)	1	6.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	

INJURY

No Physical Injury	3	18.8	2,988.44	0.00	2,988.44	26.9
Strain	2	12.5	661.78	1,231.18	1,892.96	17.0
Contusion (Bruise, Skin Surface)	3	18.8	1,849.85	0.00	1,849.85	16.6
Laceration	1	6.3	1,280.43	0.00	1,280.43	11.5
Concussion (Brain, Cerebral)	1	6.3	0.00	1,250.00	1,250.00	11.2
Electric Shock	1	6.3	0.00	1,250.00	1,250.00	11.2
All Other (Specific) Injuries, NOC	1	6.3	596.40	0.00	596.40	5.4
Hernia (Rupture)	1	6.3	18.82	0.00	18.82	0.2
Burn	1	6.3	0.00	0.00	0.00	0.0
Inflammation	1	6.3	0.00	0.00	0.00	0.0
Puncture	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
423 - HISTORIC RESOURCE, DEPARTMENT OF						
TYPE OF CLAIM						
Medical Only	2	100.0	120.22	6,177.78	6,298.00	1
Sum:	**2**		**120.22**	**6,177.78**	**6,298.00**	
TIME OF INJURY						
10AM - 11:59AM	2	100.0	120.22	6,177.78	6,298.00	100.0
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
LENGTH OF SERVICE						
2 - 4	2	100.0	$120.22	6,177.78	6,298.00	100.0
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
Age of Claimant						
60 - 64	1	50.0	$41.04	6,177.78	6,218.82	98.7
40 - 44	1	50.0	$79.18	0.00	79.18	1.3
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
SEX OF CLAIMANT						
Female	1	50.0	$41.04	6,177.78	6,218.82	98.7
Male	1	50.0	$79.18	0.00	79.18	1.3
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	50.0	$41.04	6,177.78	6,218.82	98.7
Stone / rock / brick	1	50.0	$79.18	0.00	79.18	1.3
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	50.0	41.04	6,177.78	6,218.82	98.7
Lifting	1	50.0	79.18	0.00	79.18	1.3
Sum:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
BODY PART						
Multiple Body Parts Multiple Body	1	50.0	41.04	6,177.78	6,218.82	98.7
Trunk Lumbar and/or Sacral Vertel	1	50.0	79.18	0.00	79.18	1.3
Sum:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
INJURY						
Puncture	1	50.0	41.04	6,177.78	6,218.82	98.7
Strain	1	50.0	79.18	0.00	79.18	1.3
Sum:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
425 - JAMESTOWN-YORKTOWN FOUNDATION						
TYPE OF CLAIM						
Indemnity	2	9.5	125,571.57	152,264.76	277,836.33	0.99
Medical Only	10	47.6	2,763.71	0.00	2,763.71	0.01
Reporting Purposes Only	9	42.9	0.00	0.00	0.00	0
Sum:	**21**		**128,335.28**	**152,264.76**	**280,600.04**	
TIME OF INJURY						
10AM - 11:59AM	7	33.3	125,701.57	152,264.76	277,966.33	99.1
8AM - 9:59AM	2	9.5	2,221.75	0.00	2,221.75	0.8
2PM - 3:59PM	6	28.6	263.14	0.00	263.14	0.1
12PM - 1:59PM	4	19.0	148.82	0.00	148.82	0.1
4PM - 5:59PM	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
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
LENGTH OF SERVICE						
4 - 6	3	14.3	$12,654.96	152,264.76	164,919.72	58.8
2 - 4	5	23.8	$113,309.75	0.00	113,309.75	40.4
22 - 24	1	4.8	$2,221.75	0.00	2,221.75	0.8
0 - 2	9	42.9	$148.82	0.00	148.82	0.1
6 - 8	2	9.5	$0.00	0.00	0.00	0.0
16 - 18	1	4.8	$0.00	0.00	0.00	0.0
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
Age of Claimant						
65 - 69	1	4.8	$12,524.96	152,264.76	164,789.72	58.7
75 - 79	2	9.5	$113,065.43	0.00	113,065.43	40.3
60 - 64	2	9.5	$2,221.75	0.00	2,221.75	0.8
35 - 39	2	9.5	$263.14	0.00	263.14	0.1
40 - 44	1	4.8	$130.00	0.00	130.00	0.0
70 - 74	2	9.5	$130.00	0.00	130.00	0.0
15 - 19	2	9.5	$0.00	0.00	0.00	0.0
20 - 24	1	4.8	$0.00	0.00	0.00	0.0
25 - 29	3	14.3	$0.00	0.00	0.00	0.0
30 - 34	2	9.5	$0.00	0.00	0.00	0.0
45 - 49	1	4.8	$0.00	0.00	0.00	0.0
50 - 54	2	9.5	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
SEX OF CLAIMANT						
Male	12	57.1	$15,006.71	152,264.76	167,271.47	59.6
Female	9	42.9	$113,328.57	0.00	113,328.57	40.4
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
LOSS CAUSE						
Walking surface, outside, wet	1	4.8	$12,524.96	152,264.76	164,789.72	58.7
Boxes / containers	1	4.8	$113,046.61	0.00	113,046.61	40.3
Animal / insect, not otherwise class	2	9.5	$2,221.75	0.00	2,221.75	0.8
Shovel	1	4.8	$263.14	0.00	263.14	0.1
Animal, not otherwise classified	1	4.8	$130.00	0.00	130.00	0.0
Axe, pickheaded	1	4.8	$130.00	0.00	130.00	0.0
Floor	1	4.8	$18.82	0.00	18.82	0.0
Dust	1	4.8	$0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	4.8	$0.00	0.00	0.00	0.0
Knife, Utility	2	9.5	$0.00	0.00	0.00	0.0
Metal items	1	4.8	$0.00	0.00	0.00	0.0
N/A	1	4.8	$0.00	0.00	0.00	0.0
Outside Surface	1	4.8	$0.00	0.00	0.00	0.0
Pots/pans	1	4.8	$0.00	0.00	0.00	0.0
Stone / rock / brick	3	14.3	$0.00	0.00	0.00	0.0
Wood Items	1	4.8	$0.00	0.00	0.00	0.0
Working Surface	1	4.8	$0.00	0.00	0.00	0.0
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	4.8	12,524.96	152,264.76	164,789.72	58.7
Fall On the Same Level	2	9.5	113,065.43	0.00	113,065.43	40.3
Struck/Injured By Animal or Insect	2	9.5	2,221.75	0.00	2,221.75	0.8
Pushing or Pulling	1	4.8	263.14	0.00	263.14	0.1
Hand Tool, Utensil; Not Powered	4	19.0	130.00	0.00	130.00	0.0
Strain or Injury By, NOC	1	4.8	130.00	0.00	130.00	0.0
Collision with a Fixed Object	1	4.8	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	4.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	4.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	4.8	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	4.8	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	4.8	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Standing, Scraping, Cleaning Oper	2	9.5	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary C	1	4.8	0.00	0.00	0.00	0.0
Wielding or Throwing	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
BODY PART						
Upper Extremities Upper Arm (Incl	2	9.5	12,524.96	152,264.76	164,789.72	58.7
Lower Extremities Knee	2	9.5	113,065.43	0.00	113,065.43	40.3
Upper Extremities Lower Arm	2	9.5	2,221.75	0.00	2,221.75	0.8
Upper Extremities Wrist(s) and Ha	1	4.8	263.14	0.00	263.14	0.1
Lower Extremities Lower Leg	1	4.8	130.00	0.00	130.00	0.0
Upper Extremities Finger(s)	4	19.0	130.00	0.00	130.00	0.0
Head Eye(s)	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Ankle	2	9.5	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	2	9.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	14.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
INJURY						
Fracture	1	4.8	12,524.96	152,264.76	164,789.72	58.7
Dislocation	1	4.8	113,046.61	0.00	113,046.61	40.3
Inflammation	5	23.8	2,221.75	0.00	2,221.75	0.8
Strain	2	9.5	263.14	0.00	263.14	0.1
Laceration	8	38.1	260.00	0.00	260.00	0.1
Sprain	2	9.5	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	4.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
440 - ENVIRONMENTAL QUALITY, DEPT OF						
TYPE OF CLAIM						
Medical Only	8	57.1	906.94	1,231.18	2,138.12	1
Reporting Purposes Only	6	42.9	0.00	0.00	0.00	0
Sum:	**14**		**906.94**	**1,231.18**	**2,138.12**	
TIME OF INJURY						
4PM - 5:59PM	3	21.4	77.04	1,231.18	1,308.22	61.2
8AM - 9:59AM	4	28.6	596.37	0.00	596.37	27.9
10AM - 11:59AM	4	28.6	233.53	0.00	233.53	10.9
6AM - 7:59AM	1	7.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	7.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
LENGTH OF SERVICE						
2 - 4	3	21.4	$18.82	1,231.18	1,250.00	58.5
0 - 2	7	50.0	$654.59	0.00	654.59	30.6
4 - 6	2	14.3	$233.53	0.00	233.53	10.9
10 - 12	1	7.1	$0.00	0.00	0.00	0.0
20 - 22	1	7.1	$0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
Age of Claimant						
65 - 69	1	7.1	$18.82	1,231.18	1,250.00	58.5
20 - 24	3	21.4	$654.59	0.00	654.59	30.6
50 - 54	2	14.3	$233.53	0.00	233.53	10.9
25 - 29	3	21.4	$0.00	0.00	0.00	0.0
45 - 49	1	7.1	$0.00	0.00	0.00	0.0
55 - 59	1	7.1	$0.00	0.00	0.00	0.0
60 - 64	3	21.4	$0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
SEX OF CLAIMANT						
Male	7	50.0	$673.41	1,231.18	1,904.59	89.1
Female	7	50.0	$233.53	0.00	233.53	10.9
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
LOSS CAUSE						
Walking surface, outside, wet	1	7.1	$18.82	1,231.18	1,250.00	58.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle/car/truck	2	14.3	$596.37	0.00	596.37	27.9
Elevators, escalators	1	7.1	$233.53	0.00	233.53	10.9
N/A	2	14.3	$58.22	0.00	58.22	2.7
Animal / tick, spider, etc.	1	7.1	$0.00	0.00	0.00	0.0
Environmental conditions	1	7.1	$0.00	0.00	0.00	0.0
Fiberglass	2	14.3	$0.00	0.00	0.00	0.0
Object on Floor	1	7.1	$0.00	0.00	0.00	0.0
Outside Surface	1	7.1	$0.00	0.00	0.00	0.0
Poisonous agent / plant	1	7.1	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	7.1	$0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	2	14.3	252.35	1,231.18	1,483.53	69.4
Collision with Another Vehicle	2	14.3	596.37	0.00	596.37	27.9
Other Injury NEC	4	28.6	58.22	0.00	58.22	2.7
Bodily Reaction	2	14.3	0.00	0.00	0.00	0.0
Fall On the Same Level	2	14.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	7.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
BODY PART						
Lower Extremities Knee	2	14.3	18.82	1,231.18	1,250.00	58.5
Upper Extremities Shoulder(s)	1	7.1	298.68	0.00	298.68	14.0
Upper Extremities Elbow	1	7.1	297.69	0.00	297.69	13.9
Trunk Low Back Area (Incl. Lumba	1	7.1	233.53	0.00	233.53	10.9
Multiple Body Parts No Physical In	2	14.3	58.22	0.00	58.22	2.7
Head Other facial soft tissue	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	7.1	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems	2	14.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper E	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
INJURY						
Sprain	1	7.1	18.82	1,231.18	1,250.00	58.5
Contusion (Bruise, Skin Surface)	2	14.3	596.37	0.00	596.37	27.9
Strain	1	7.1	233.53	0.00	233.53	10.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	2	14.3	58.22	0.00	58.22	2.7
All Other (Specific) Injuries, NOC	2	14.3	0.00	0.00	0.00	0.0
Dermatitis	1	7.1	0.00	0.00	0.00	0.0
Inflammation	3	21.4	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	7.1	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fume	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
TYPE OF CLAIM						
Indemnity	58	15.0	621,965.91	2,193,980.79	2,815,946.70	0.9
Medical Only	173	44.7	229,580.76	96,887.68	326,468.44	0.1
Reporting Purposes Only	156	40.3	0.00	0.00	0.00	0
Sum:	**387**		**851,546.67**	**2,290,868.47**	**3,142,415.14**	
TIME OF INJURY						
12PM - 1:59PM	83	21.4	206,202.19	624,468.72	830,670.91	26.4
8AM - 9:59AM	82	21.2	211,226.39	423,623.39	634,849.78	20.2
2PM - 3:59PM	59	15.2	207,083.76	352,136.08	559,219.84	17.8
10PM - 11:59PM	3	0.8	55,101.38	380,007.14	435,108.52	13.8
10AM - 11:59AM	104	26.9	119,983.45	215,249.81	335,233.26	10.7
4AM - 5:59AM	7	1.8	28,238.22	179,285.30	207,523.52	6.6
4PM - 5:59PM	10	2.6	4,390.43	98,720.56	103,110.99	3.3
6AM - 7:59AM	27	7.0	9,968.92	17,377.47	27,346.39	0.9
12AM - 1:59AM	2	0.5	7,263.88	0.00	7,263.88	0.2
6PM - 7:59PM	6	1.6	1,480.37	0.00	1,480.37	0.0
2AM - 3:59AM	2	0.5	406.23	0.00	406.23	0.0
8PM - 9:59PM	2	0.5	201.45	0.00	201.45	0.0
Totals:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
LENGTH OF SERVICE						
0 - 2	123	31.8	$183,303.55	531,928.91	715,232.46	22.8
8 - 10	27	7.0	$53,317.65	471,963.29	525,280.94	16.7
2 - 4	64	16.5	$138,785.73	366,958.56	505,744.29	16.1
6 - 8	34	8.8	$131,720.51	186,254.95	317,975.46	10.1
12 - 14	20	5.2	$82,844.65	190,805.32	273,649.97	8.7
30 - 32	9	2.3	$51,175.33	166,839.31	218,014.64	6.9
10 - 12	16	4.1	$18,445.06	132,539.84	150,984.90	4.8
34 - 36	6	1.6	$90,622.66	35,203.66	125,826.32	4.0
38 - 40	3	0.8	$41.19	98,720.56	98,761.75	3.1
4 - 6	39	10.1	$26,673.03	37,385.00	64,058.03	2.0
20 - 22	8	2.1	$3,206.97	46,896.29	50,103.26	1.6
36 - 38	2	0.5	$38,218.68	0.00	38,218.68	1.2
24 - 26	6	1.6	$10,836.38	22,917.20	33,753.58	1.1
26 - 28	4	1.0	$18,328.79	1,205.58	19,534.37	0.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
18 - 20	8	2.1	$10.87	1,250.00	1,260.87	0.0
16 - 18	4	1.0	$1,184.81	0.00	1,184.81	0.0
22 - 24	3	0.8	$1,148.81	0.00	1,148.81	0.0
46 - 48	1	0.3	$837.26	0.00	837.26	0.0
14 - 16	4	1.0	$551.38	0.00	551.38	0.0
40 - 42	1	0.3	$293.36	0.00	293.36	0.0
32 - 34	1	0.3	$0.00	0.00	0.00	0.0
28 - 30	2	0.5	$0.00	0.00	0.00	0.0
52 - 54	1	0.3	$0.00	0.00	0.00	0.0
44 - 46	1	0.3	$0.00	0.00	0.00	0.0
Totals:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
Age of Claimant						
50 - 54	54	14.0	$182,905.72	588,179.93	771,085.65	24.5
55 - 59	55	14.2	$211,475.58	364,280.84	575,756.42	18.3
35 - 39	41	10.6	$149,126.53	364,303.26	513,429.79	16.3
30 - 34	43	11.1	$76,172.48	248,396.04	324,568.52	10.3
45 - 49	44	11.4	$9,363.24	263,150.82	272,514.06	8.7
40 - 44	42	10.9	$96,296.38	169,499.27	265,795.65	8.5
60 - 64	46	11.9	$66,193.65	188,847.64	255,041.29	8.1
25 - 29	23	5.9	$13,809.11	56,471.65	70,280.76	2.2
20 - 24	22	5.7	$22,349.74	36,149.19	58,498.93	1.9
65 - 69	11	2.8	$22,169.44	10,339.83	32,509.27	1.0
15 - 19	4	1.0	$1,662.95	1,250.00	2,912.95	0.1
70 - 74	2	0.5	$21.85	0.00	21.85	0.0
Totals:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
SEX OF CLAIMANT						
Male	345	89.1	$784,236.00	2,039,460.48	2,823,696.48	89.9
Female	42	10.9	$67,310.67	251,407.99	318,718.66	10.1
Totals:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
LOSS CAUSE						
Brush / tree / log	23	5.9	$114,836.02	587,738.51	702,574.53	22.4
Vehicle/car/truck	47	12.1	$209,309.06	317,814.44	527,123.50	16.8
Floor	8	2.1	$75,962.38	206,967.05	282,929.43	9.0
Vehicle, not otherwise classified	5	1.3	$32,954.22	224,949.72	257,903.94	8.2
Stairs, steps	15	3.9	$90,934.42	121,070.86	212,005.28	6.7
Chainsaw	6	1.6	$40,349.45	149,545.42	189,894.87	6.0
Walking surface, outside, dry	14	3.6	$50,764.83	110,619.77	161,384.60	5.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Foreign Object	4	1.0	$11,585.41	131,289.84	142,875.25	4.5
Outside Surface	16	4.1	$24,823.47	62,825.50	87,648.97	2.8
Glass bottle / sheet	3	0.8	$241.35	82,896.00	83,137.35	2.6
Excavations	2	0.5	$19,912.34	56,603.20	76,515.54	2.4
N/A	13	3.4	$1,208.82	45,868.82	47,077.64	1.5
Mechanic Trucks	1	0.3	$13,468.05	28,569.37	42,037.42	1.3
Walking surface, inside, wet	2	0.5	$24,310.97	14,739.03	39,050.00	1.2
Cart	3	0.8	$12,512.39	19,556.43	32,068.82	1.0
Walking surface, inside, dry	2	0.5	$18.82	31,600.00	31,618.82	1.0
Pipe	8	2.1	$3,443.17	27,355.10	30,798.27	1.0
Machine, not otherwise classified	4	1.0	$22,992.70	0.00	22,992.70	0.7
Welding equipment	1	0.3	$3,137.60	18,247.74	21,385.34	0.7
Person	2	0.5	$3,914.48	12,506.19	16,420.67	0.5
Tractor	2	0.5	$1,232.76	10,269.47	11,502.23	0.4
Wood Items	5	1.3	$11,280.80	0.00	11,280.80	0.4
Animal, not otherwise classified	2	0.5	$9,267.82	1,556.33	10,824.15	0.3
Blade	6	1.6	$8,423.37	1,828.00	10,251.37	0.3
Metal items	23	5.9	$5,050.24	4,993.29	10,043.53	0.3
Walking surface, outside, wet	21	5.4	$9,488.02	0.00	9,488.02	0.3
Animal / tick, spider, etc.	10	2.6	$789.73	8,450.00	9,239.73	0.3
Water	3	0.8	$7,016.64	0.00	7,016.64	0.2
Ladder - Portable	2	0.5	$679.56	5,339.26	6,018.82	0.2
Stone / rock / brick	3	0.8	$3,160.30	508.68	3,668.98	0.1
Racks	2	0.5	$3,639.02	0.00	3,639.02	0.1
Wrench	3	0.8	$3,450.18	0.00	3,450.18	0.1
Hose (indicator # carried)	2	0.5	$3,264.65	0.00	3,264.65	0.1
Trailer Flap	1	0.3	$2,689.03	0.00	2,689.03	0.1
Shovel	4	1.0	$2,480.13	0.00	2,480.13	0.1
Pressure vessels	1	0.3	$2,471.02	0.00	2,471.02	0.1
Roll cart	1	0.3	$2,465.46	0.00	2,465.46	0.1
Hammer	2	0.5	$2,098.51	0.00	2,098.51	0.1
Animal / bee type	11	2.8	$2,040.31	0.00	2,040.31	0.1
Boxes / containers	4	1.0	$1,413.33	0.00	1,413.33	0.0
Hand tool, not powered, NOC	5	1.3	$25.37	1,250.00	1,275.37	0.0
Crow Bar	1	0.3	$0.00	1,250.00	1,250.00	0.0
Hoist / crane	1	0.3	$117.02	1,132.98	1,250.00	0.0
Mowers	3	0.8	$0.00	1,250.00	1,250.00	0.0
Object on Floor	2	0.5	$222.53	1,027.47	1,250.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Power tool (not hand)	2	0.5	$0.00	1,250.00	1,250.00	0.0
Axe, pickheaded	1	0.3	$1,241.49	0.00	1,241.49	0.0
Hand tool, powered, NOC	1	0.3	$1,024.53	0.00	1,024.53	0.0
Knife, NOC	1	0.3	$1,020.20	0.00	1,020.20	0.0
Uneven Surface	5	1.3	$993.12	0.00	993.12	0.0
Environmental conditions	2	0.5	$837.26	0.00	837.26	0.0
Poisonous agent / plant	6	1.6	$739.03	0.00	739.03	0.0
Roller	1	0.3	$635.64	0.00	635.64	0.0
Ladder - Fixed	1	0.3	$594.52	0.00	594.52	0.0
Broom	1	0.3	$582.33	0.00	582.33	0.0
Knife, Utility	2	0.5	$544.31	0.00	544.31	0.0
Hose / hydair H2O	4	1.0	$497.84	0.00	497.84	0.0
Razor blade	1	0.3	$463.73	0.00	463.73	0.0
Assembly	2	0.5	$455.84	0.00	455.84	0.0
Door	3	0.8	$356.08	0.00	356.08	0.0
Tractor trailer equipment	2	0.5	$344.14	0.00	344.14	0.0
Furniture / fixtures	2	0.5	$328.98	0.00	328.98	0.0
Jack	2	0.5	$316.32	0.00	316.32	0.0
Animal / insect, not otherwise class	2	0.5	$239.13	0.00	239.13	0.0
Chemicals, not otherwise classified	1	0.3	$212.61	0.00	212.61	0.0
Wheel	1	0.3	$160.61	0.00	160.61	0.0
Organic Material	2	0.5	$155.44	0.00	155.44	0.0
Spool	1	0.3	$130.00	0.00	130.00	0.0
Cone	1	0.3	$87.62	0.00	87.62	0.0
Clothing / jewelry	1	0.3	$63.77	0.00	63.77	0.0
Wall	1	0.3	$27.87	0.00	27.87	0.0
Chair	1	0.3	$18.82	0.00	18.82	0.0
Food	2	0.5	$18.82	0.00	18.82	0.0
Hand Truck (2w)	2	0.5	$10.87	0.00	10.87	0.0
4 way bar	1	0.3	$0.00	0.00	0.00	0.0
Bacteria	1	0.3	$0.00	0.00	0.00	0.0
Baggage/Luggage	1	0.3	$0.00	0.00	0.00	0.0
Ceiling	1	0.3	$0.00	0.00	0.00	0.0
Cleaning Products	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
Forklift	1	0.3	$0.00	0.00	0.00	0.0
Gas / Fumes	1	0.3	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Gloves	1	0.3	$0.00	0.00	0.00	0.0
Grinder	1	0.3	$0.00	0.00	0.00	0.0
Heating equipment	1	0.3	$0.00	0.00	0.00	0.0
Minerals / dirt	2	0.5	$0.00	0.00	0.00	0.0
Miscellaneous	1	0.3	$0.00	0.00	0.00	0.0
Overhead Object	1	0.3	$0.00	0.00	0.00	0.0
Pike pole 10'	1	0.3	$0.00	0.00	0.00	0.0
Pots/pans	1	0.3	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classif	2	0.5	$0.00	0.00	0.00	0.0
Speed Handle	1	0.3	$0.00	0.00	0.00	0.0
Stairs	2	0.5	$0.00	0.00	0.00	0.0
Tire	4	1.0	$0.00	0.00	0.00	0.0
Tire tool/bar	2	0.5	$0.00	0.00	0.00	0.0
Trailer Landing Gear	2	0.5	$0.00	0.00	0.00	0.0
Trash receptacle	2	0.5	$0.00	0.00	0.00	0.0
Working Surface	1	0.3	$0.00	0.00	0.00	0.0
Totals:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying C	17	4.4	102,492.32	684,813.46	787,305.78	25.1
Fall/Slip From a Different Level	20	5.2	172,634.34	539,014.24	711,648.58	22.6
Collision with Another Vehicle	13	3.4	123,181.57	105,225.14	228,406.71	7.3
Strain By Using Tool or Machine	10	2.6	38,948.08	170,293.16	209,241.24	6.7
Fall, Slip or Trip, NOC	25	6.5	99,394.12	106,824.95	206,219.07	6.6
Other Injury NEC	13	3.4	518.43	144,589.38	145,107.81	4.6
Struck/Injured By Motor Vehicle	8	2.1	26,634.39	108,994.04	135,628.43	4.3
Strike Against/Step On Stationary C	11	2.8	14,865.69	91,519.37	106,385.06	3.4
Lifting	28	7.2	38,610.51	57,921.04	96,531.55	3.1
Broken Glass	2	0.5	18.82	82,896.00	82,914.82	2.6
Fall/Slip into Openings	4	1.0	24,343.93	55,353.20	79,697.13	2.5
Strain or Injury By, NOC	13	3.4	553.51	39,641.90	40,195.41	1.3
Fall/Slip From Liquid or Grease Spi	3	0.8	24,310.97	14,739.03	39,050.00	1.2
Struck/Injured By Object Being Lifte	11	2.8	19,241.74	19,556.43	38,798.17	1.2
Slipped, Did Not Fall	3	0.8	38,218.68	0.00	38,218.68	1.2
Pushing or Pulling	11	2.8	5,277.74	21,594.36	26,872.10	0.9
Fall On the Same Level	22	5.7	11,925.04	11,753.98	23,679.02	0.8
Contact With Not Otherwise Classif	3	0.8	22,871.20	0.00	22,871.20	0.7
Struck/Injured By Animal or Insect	25	6.5	12,336.99	10,006.33	22,343.32	0.7
Object Being Lifted or Handled	16	4.1	9,338.51	3,743.29	13,081.80	0.4

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Fellow Worker, P	1	0.3	62.63	12,506.19	12,568.82	0.4
Twisting	12	3.1	12,159.22	0.00	12,159.22	0.4
Hand Tool, Utensil; Not Powered	10	2.6	10,769.33	1,250.00	12,019.33	0.4
Collision with a Fixed Object	4	1.0	10,012.29	1,250.00	11,262.29	0.4
Fall/Slip on Ice or Snow	16	4.1	9,440.28	0.00	9,440.28	0.3
Powered Hand Tool; Appliance	3	0.8	8,426.88	0.00	8,426.88	0.3
Striking Against or Stepping On, NC	1	0.3	4,136.76	0.00	4,136.76	0.1
Cut, Punctured, Scraped, NOC	20	5.2	1,139.20	1,250.00	2,389.20	0.1
Foreign Body in Eye	8	2.1	2,117.24	0.00	2,117.24	0.1
Holding or Carrying	11	2.8	1,996.82	0.00	1,996.82	0.1
Struck/Injured By Hand Tool or Mac	5	1.3	642.24	1,250.00	1,892.24	0.1
Motor Vehicle, NOC	2	0.5	378.25	1,250.00	1,628.25	0.1
Struck/Injured By Moving Parts of M	4	1.0	431.51	1,132.98	1,564.49	0.0
Fall/Slip From Ladder or Scaffolding	2	0.5	0.00	1,250.00	1,250.00	0.0
Repetitive Motion (after 7/1/94)	4	1.0	0.00	1,250.00	1,250.00	0.0
Wielding or Throwing	1	0.3	1,241.49	0.00	1,241.49	0.0
Reaching	3	0.8	866.62	0.00	866.62	0.0
Strike Against/Step On Obj Being L	3	0.8	837.26	0.00	837.26	0.0
Vehicle Upset	3	0.8	635.64	0.00	635.64	0.0
Rubbed or Abraded, NOC	2	0.5	324.00	0.00	324.00	0.0
Strike Against Moving Parts of Mac	1	0.3	160.61	0.00	160.61	0.0
Absorption, Ingestion or Inhalation	5	1.3	51.82	0.00	51.82	0.0
Bodily Reaction	1	0.3	0.00	0.00	0.00	0.0
Caught In/Between-Machine or Ma	1	0.3	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.3	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	0.3	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	0.5	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	0.5	0.00	0.00	0.00	0.0
Sum:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
BODY PART						
Upper Extremities Shoulder(s)	29	7.5	242,304.54	506,080.62	748,385.16	23.8
Lower Extremities Knee	35	9.0	116,218.82	518,541.97	634,760.79	20.2
Trunk Low Back Area (Incl. Lumba	54	14.0	101,450.99	320,152.13	421,603.12	13.4
Multiple Body Parts Multiple Body	34	8.8	177,101.38	188,071.52	365,172.90	11.6
Trunk Chest (Incl. Ribs, Sternum &	11	2.8	37,521.75	216,085.36	253,607.11	8.1
Lower Extremities Lower Leg	14	3.6	31,525.98	173,516.48	205,042.46	6.5
Trunk Heart	5	1.3	106.44	144,589.38	144,695.82	4.6
Upper Extremities Wrist(s) and Ha	4	1.0	1,061.82	82,896.00	83,957.82	2.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Elbow	8	2.1	19,912.34	55,353.20	75,265.54	2.4
Trunk Lumbar and/or Sacral Vertel	1	0.3	12,512.39	19,556.43	32,068.82	1.0
Head Brain	2	0.5	15,863.24	13,805.58	29,668.82	0.9
Upper Extremities Hand	16	4.1	10,696.29	13,600.00	24,296.29	0.8
Lower Extremities Ankle	12	3.1	12,912.45	6,751.27	19,663.72	0.6
Head Other facial soft tissue	10	2.6	11,470.14	2,806.33	14,276.47	0.5
Trunk Abdomen Including Groin	7	1.8	1,332.62	11,519.47	12,852.09	0.4
Upper Extremities Finger(s)	25	6.5	11,432.65	0.00	11,432.65	0.4
Head Skull	6	1.6	9,057.28	1,250.00	10,307.28	0.3
Lower Extremities Foot	7	1.8	8,834.85	0.00	8,834.85	0.3
Upper Extremities Wrist	9	2.3	3,677.97	3,743.29	7,421.26	0.2
Head Multiple Head Injury	6	1.6	5,215.04	1,250.00	6,465.04	0.2
Multiple Body Parts No Physical In	9	2.3	0.00	5,768.82	5,768.82	0.2
Trunk Upper Back Area (Thoracic	4	1.0	3,168.57	1,393.97	4,562.54	0.1
Multiple Body Parts Body Systems	10	2.6	4,211.09	0.00	4,211.09	0.1
Upper Extremities Upper Arm (Incl	6	1.6	2,678.07	1,250.00	3,928.07	0.1
Head Eye(s)	14	3.6	3,128.76	0.00	3,128.76	0.1
Upper Extremities Thumb	5	1.3	2,523.16	0.00	2,523.16	0.1
Upper Extremities Lower Arm	17	4.4	829.95	1,132.98	1,962.93	0.1
Lower Extremities Hip	6	1.6	257.95	1,250.00	1,507.95	0.0
Head Nose	3	0.8	1,427.41	0.00	1,427.41	0.0
Upper Extremities Multiple Upper E	2	0.5	809.84	503.67	1,313.51	0.0
Lower Extremities Toe(s)	1	0.3	1,211.26	0.00	1,211.26	0.0
Head Mouth	2	0.5	739.71	0.00	739.71	0.0
Lower Extremities Upper Leg	3	0.8	282.86	0.00	282.86	0.0
Head Facial Bones	1	0.3	27.87	0.00	27.87	0.0
Trunk Lung(s)	1	0.3	22.37	0.00	22.37	0.0
Multiple Body Parts Whole Body	1	0.3	18.82	0.00	18.82	0.0
Head Ear(s)	2	0.5	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	0.3	0.00	0.00	0.00	0.0
Neck Disc (Neck)	2	0.5	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	0.3	0.00	0.00	0.00	0.0
Trunk Sacrum and Coccyx	1	0.3	0.00	0.00	0.00	0.0
Sum:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	
INJURY						
Sprain	51	13.2	172,697.34	779,249.78	951,947.12	30.3
Fracture	9	2.3	109,175.38	405,316.77	514,492.15	16.4
Strain	85	22.0	145,646.71	330,333.66	475,980.37	15.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	18	4.7	85,122.96	293,348.69	378,471.65	12.0
Contusion (Bruise, Skin Surface)	39	10.1	176,604.65	97,665.03	274,269.68	8.7
Laceration	56	14.5	32,919.53	86,835.31	119,754.84	3.8
Angina Pectoris (Condition assc w/	1	0.3	18.82	98,720.56	98,739.38	3.1
No Physical Injury	27	7.0	25,572.40	45,401.00	70,973.40	2.3
Rupture	1	0.3	16,875.63	45,924.23	62,799.86	2.0
All Other (Specific) Injuries, NOC	31	8.0	10,003.03	47,118.82	57,121.85	1.8
Concussion (Brain, Cerebral)	5	1.3	24,814.16	15,055.58	39,869.74	1.3
Multiple Injury Inc. Physical & Psycl	2	0.5	12,792.97	25,929.57	38,722.54	1.2
Burn	5	1.3	23,001.20	0.00	23,001.20	0.7
Puncture	12	3.1	7,094.61	7,200.00	14,294.61	0.5
Hernia (Rupture)	1	0.3	899.35	10,269.47	11,168.82	0.4
Crushing	8	2.1	3,523.54	1,250.00	4,773.54	0.2
Dermatitis	6	1.6	2,080.66	0.00	2,080.66	0.1
Infection	5	1.3	239.13	1,250.00	1,489.13	0.0
Inflammation	10	2.6	1,047.53	0.00	1,047.53	0.0
Foreign Body (Eye)	5	1.3	749.28	0.00	749.28	0.0
Dislocation	2	0.5	518.98	0.00	518.98	0.0
Myocardial Infarction (Heart Attack)	3	0.8	106.44	0.00	106.44	0.0
Respiratory Disorders(Gases,Fume	1	0.3	22.37	0.00	22.37	0.0
All Other Occupational Disease	1	0.3	20.00	0.00	20.00	0.0
All Other Cumulative Injury	1	0.3	0.00	0.00	0.00	0.0
Contagious Disease	1	0.3	0.00	0.00	0.00	0.0
Syncope	1	0.3	0.00	0.00	0.00	0.0
Sum:	**387**		**$851,546.67**	**$2,290,868.47**	**$3,142,415.14**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
505 - RAIL & PUBLIC TRANS, DEPT. OF						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0
Sum:	**1**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Uneven Surface	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumba	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
TYPE OF CLAIM						
Indemnity	7	5.3	39,492.90	149,355.09	188,847.99	0.53
Medical Only	81	60.9	92,275.97	72,474.40	164,750.37	0.47
Reporting Purposes Only	45	33.8	0.00	0.00	0.00	0
Sum:	**133**		**131,768.87**	**221,829.49**	**353,598.36**	
TIME OF INJURY						
10AM - 11:59AM	41	30.8	59,893.36	151,136.17	211,029.53	59.7
4PM - 5:59PM	14	10.5	22,712.12	51,201.87	73,913.99	20.9
12PM - 1:59PM	29	21.8	28,910.59	17,187.61	46,098.20	13.0
2PM - 3:59PM	23	17.3	9,095.42	2,303.84	11,399.26	3.2
8AM - 9:59AM	21	15.8	11,157.38	0.00	11,157.38	3.2
2AM - 3:59AM	1	0.8	0.00	0.00	0.00	0.0
6AM - 7:59AM	2	1.5	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	1.5	0.00	0.00	0.00	0.0
Totals:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	
LENGTH OF SERVICE						
2 - 4	23	17.3	$55,353.02	96,499.89	151,852.91	42.9
0 - 2	52	39.1	$30,421.77	62,485.58	92,907.35	26.3
36 - 38	1	0.8	$18,325.79	59,321.83	77,647.62	22.0
6 - 8	13	9.8	$8,824.25	0.00	8,824.25	2.5
8 - 10	6	4.5	$8,153.56	0.00	8,153.56	2.3
16 - 18	4	3.0	$6,711.89	0.00	6,711.89	1.9
4 - 6	10	7.5	$722.22	1,250.00	1,972.22	0.6
12 - 14	3	2.3	$0.00	1,250.00	1,250.00	0.4
18 - 20	5	3.8	$227.81	1,022.19	1,250.00	0.4
32 - 34	1	0.8	$1,194.37	0.00	1,194.37	0.3
26 - 28	2	1.5	$1,130.08	0.00	1,130.08	0.3
20 - 22	3	2.3	$529.63	0.00	529.63	0.1
10 - 12	1	0.8	$174.48	0.00	174.48	0.0
14 - 16	2	1.5	$0.00	0.00	0.00	0.0
34 - 36	1	0.8	$0.00	0.00	0.00	0.0
30 - 32	1	0.8	$0.00	0.00	0.00	0.0
38 - 40	4	3.0	$0.00	0.00	0.00	0.0
44 - 46	1	0.8	$0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	
Age of Claimant						
55 - 59	21	15.8	$32,759.59	101,873.61	134,633.20	38.1
60 - 64	9	6.8	$16,201.90	48,731.48	64,933.38	18.4
45 - 49	14	10.5	$14,825.79	34,268.97	49,094.76	13.9
40 - 44	15	11.3	$23,429.68	14,097.11	37,526.79	10.6
50 - 54	13	9.8	$13,654.41	6,675.15	20,329.56	5.7
35 - 39	18	13.5	$10,550.30	2,500.00	13,050.30	3.7
20 - 24	5	3.8	$4,162.30	5,906.56	10,068.86	2.8
25 - 29	15	11.3	$7,000.29	2,026.23	9,026.52	2.6
30 - 34	12	9.0	$2,592.57	4,500.38	7,092.95	2.0
70 - 74	3	2.3	$5,378.85	0.00	5,378.85	1.5
65 - 69	6	4.5	$1,213.19	1,250.00	2,463.19	0.7
75 - 79	2	1.5	$0.00	0.00	0.00	0.0
Totals:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	
SEX OF CLAIMANT						
Female	113	85.0	$85,045.32	106,713.86	191,759.18	54.2
Male	20	15.0	$46,723.55	115,115.63	161,839.18	45.8
Totals:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	
LOSS CAUSE						
Vehicle/car/truck	20	15.0	$54,385.17	112,664.96	167,050.13	47.2
Walking surface, outside, dry	2	1.5	$15,319.34	48,731.48	64,050.82	18.1
Chair	4	3.0	$3,712.98	41,301.78	45,014.76	12.7
Scalpel	7	5.3	$12,009.78	6,533.84	18,543.62	5.2
Needle stick	15	11.3	$8,860.49	6,950.58	15,811.07	4.5
Ladder - Fixed	1	0.8	$6,186.67	0.00	6,186.67	1.7
Dolly	1	0.8	$5,599.63	0.00	5,599.63	1.6
Floor	4	3.0	$5,587.81	0.00	5,587.81	1.6
Patient / Inmate	6	4.5	$4,017.88	1,022.19	5,040.07	1.4
Animal, not otherwise classified	8	6.0	$1,648.97	2,303.84	3,952.81	1.1
Cabinet	1	0.8	$3,386.50	0.00	3,386.50	1.0
Totes	2	1.5	$2,410.23	0.00	2,410.23	0.7
Boxes / containers	4	3.0	$1,855.18	0.00	1,855.18	0.5
Work surface	1	0.8	$1,458.43	0.00	1,458.43	0.4
Door	4	3.0	$29.61	1,220.39	1,250.00	0.4
Office equipment	1	0.8	$149.57	1,100.43	1,250.00	0.4
Animal / insect, not otherwise class	3	2.3	$1,019.90	0.00	1,019.90	0.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sharp objects, not otherwise classil	3	2.3	$980.07	0.00	980.07	0.3
Walking surface, inside, wet	1	0.8	$670.36	0.00	670.36	0.2
Knife, Utility	2	1.5	$643.15	0.00	643.15	0.2
Shears	1	0.8	$612.28	0.00	612.28	0.2
Heating equipment	1	0.8	$525.22	0.00	525.22	0.1
Paper / Pulp	1	0.8	$502.90	0.00	502.90	0.1
Cart	1	0.8	$130.00	0.00	130.00	0.0
N/A	7	5.3	$37.64	0.00	37.64	0.0
Ladders, scaffolding	1	0.8	$29.11	0.00	29.11	0.0
Animal / bee type	1	0.8	$0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.8	$0.00	0.00	0.00	0.0
Environmental conditions	1	0.8	$0.00	0.00	0.00	0.0
Food	1	0.8	$0.00	0.00	0.00	0.0
Foreign Object	1	0.8	$0.00	0.00	0.00	0.0
Gun / gunshot	1	0.8	$0.00	0.00	0.00	0.0
Hazardous Material	1	0.8	$0.00	0.00	0.00	0.0
Infectious agent	1	0.8	$0.00	0.00	0.00	0.0
Miscellaneous	1	0.8	$0.00	0.00	0.00	0.0
Organic Material	1	0.8	$0.00	0.00	0.00	0.0
Outside Surface	6	4.5	$0.00	0.00	0.00	0.0
Overhead Object	2	1.5	$0.00	0.00	0.00	0.0
Person	2	1.5	$0.00	0.00	0.00	0.0
Shelving	1	0.8	$0.00	0.00	0.00	0.0
Stairs, steps	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, dry	1	0.8	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	4	3.0	$0.00	0.00	0.00	0.0
Wires	1	0.8	$0.00	0.00	0.00	0.0
Totals:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	

ACCIDENT TYPE

Fall On the Same Level	18	13.5	25,651.49	90,033.26	115,684.75	32.7
Collision with Another Vehicle	11	8.3	33,994.93	53,343.13	87,338.06	24.7
Struck/Injured By Motor Vehicle	2	1.5	18,325.79	59,321.83	77,647.62	22.0
Hand Tool, Utensil; Not Powered	11	8.3	14,536.76	10,393.92	24,930.68	7.1
Other Injury NEC	20	15.0	5,220.01	5,394.34	10,614.35	3.0
Fall/Slip From Ladder or Scaffoldin	2	1.5	6,215.78	0.00	6,215.78	1.8
Object Being Lifted or Handled	2	1.5	6,211.91	0.00	6,211.91	1.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	5	3.8	3,893.34	1,220.39	5,113.73	1.4
Lifting	3	2.3	3,759.27	0.00	3,759.27	1.1
Strike Against/Step On Stationary C	2	1.5	2,624.04	1,100.43	3,724.47	1.1
Twisting	1	0.8	3,312.84	0.00	3,312.84	0.9
Struck/Injured By Animal or Insect	9	6.8	2,472.71	0.00	2,472.71	0.7
Strain or Injury By, NOC	3	2.3	1,961.33	0.00	1,961.33	0.6
Foreign Body in Eye	6	4.5	705.04	1,022.19	1,727.23	0.5
Caught In, Under or Between, NOC	2	1.5	1,130.08	0.00	1,130.08	0.3
Crash of Rail Vehicle	1	0.8	934.37	0.00	934.37	0.3
Fall/Slip From Liquid or Grease Spi	1	0.8	670.36	0.00	670.36	0.2
Rubbed or Abraded, NOC	1	0.8	130.00	0.00	130.00	0.0
Other than Physical Cause of Injury	5	3.8	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation	2	1.5	0.00	0.00	0.00	0.0
Bitten	1	0.8	0.00	0.00	0.00	0.0
Caught In/Between-Object Handlec	1	0.8	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classif	1	0.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	1.5	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	0.8	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	4	3.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	0.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	3	2.3	0.00	0.00	0.00	0.0
Holding or Carrying	1	0.8	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	0.8	0.00	0.00	0.00	0.0
Person in Act of Crime	1	0.8	0.00	0.00	0.00	0.0
Pushing or Pulling	1	0.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.8	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	2	1.5	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NC	1	0.8	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying C	1	0.8	0.00	0.00	0.00	0.0
Vehicle Upset	3	2.3	0.00	0.00	0.00	0.0
Sum:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	
BODY PART						
Multiple Body Parts Multiple Body	23	17.3	34,045.66	73,328.17	107,373.83	30.4
Head Other facial soft tissue	2	1.5	18,325.79	59,321.83	77,647.62	22.0
Lower Extremities Knee	6	4.5	16,347.46	48,731.48	65,078.94	18.4
Neck Multiple Neck Injury	1	0.8	17,151.74	13,242.02	30,393.76	8.6
Upper Extremities Finger(s)	15	11.3	10,013.42	10,357.14	20,370.56	5.8
Upper Extremities Thumb	10	7.5	10,875.82	2,272.19	13,148.01	3.7

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Multiple Head Injury	4	3.0	5,291.84	6,675.15	11,966.99	3.4
Upper Extremities Hand	11	8.3	6,148.46	2,105.09	8,253.55	2.3
Lower Extremities Toe(s)	1	0.8	3,386.50	0.00	3,386.50	1.0
Trunk Low Back Area (Incl. Lumba	4	3.0	3,312.84	0.00	3,312.84	0.9
Upper Extremities Elbow	4	3.0	2,410.23	0.00	2,410.23	0.7
Head Eye(s)	6	4.5	705.04	1,022.19	1,727.23	0.5
Multiple Body Parts Body Systems	9	6.8	326.87	1,250.00	1,576.87	0.4
Trunk Multiple Trunk	1	0.8	1,458.43	0.00	1,458.43	0.4
Lower Extremities Foot	3	2.3	58.72	1,220.39	1,279.11	0.4
Neck Disc (Neck)	1	0.8	0.00	1,250.00	1,250.00	0.4
Upper Extremities Upper Arm (Incl	1	0.8	196.16	1,053.84	1,250.00	0.4
Lower Extremities Upper Leg	1	0.8	711.85	0.00	711.85	0.2
Lower Extremities Lower Leg	1	0.8	670.36	0.00	670.36	0.2
Upper Extremities Shoulder(s)	2	1.5	182.86	0.00	182.86	0.1
Upper Extremities Lower Arm	1	0.8	130.00	0.00	130.00	0.0
Multiple Body Parts No Physical In	20	15.0	18.82	0.00	18.82	0.0
Head Mouth	1	0.8	0.00	0.00	0.00	0.0
Lower Extremities Ankle	4	3.0	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	0.8	0.00	0.00	0.00	0.0
Sum:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	
INJURY						
Multiple Physical Injury Only	13	9.8	27,523.48	74,578.17	102,101.65	28.9
Concussion (Brain, Cerebral)	3	2.3	18,475.36	60,422.26	78,897.62	22.3
Contusion (Bruise, Skin Surface)	8	6.0	15,544.61	49,785.32	65,329.93	18.5
Strain	9	6.8	23,565.02	13,242.02	36,807.04	10.4
Puncture	20	15.0	13,912.43	11,607.14	25,519.57	7.2
All Other (Specific) Injuries, NOC	12	9.0	7,496.31	5,574.72	13,071.03	3.7
Laceration	16	12.0	10,160.58	1,877.28	12,037.86	3.4
Sprain	10	7.5	9,083.51	0.00	9,083.51	2.6
Rupture	2	1.5	3,386.50	0.00	3,386.50	1.0
Inflammation	7	5.3	532.51	1,220.39	1,752.90	0.5
Contagious Disease	2	1.5	0.00	1,250.00	1,250.00	0.4
Foreign Body (Eye)	5	3.8	227.81	1,022.19	1,250.00	0.4
Multiple Injury Inc. Physical & Psycl	3	2.3	0.00	1,250.00	1,250.00	0.4
Crushing	1	0.8	1,130.08	0.00	1,130.08	0.3
Infection	1	0.8	711.85	0.00	711.85	0.2
Syncope	1	0.8	18.82	0.00	18.82	0.0
All Other Occupational Disease	1	0.8	0.00	0.00	0.00	0.0

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Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Burn	1	0.8	0.00	0.00	0.00	0.0
Heat Prostration	1	0.8	0.00	0.00	0.00	0.0
No Physical Injury	17	12.8	0.00	0.00	0.00	0.0
Sum:	**133**		**$131,768.87**	**$221,829.49**	**$353,598.36**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
TYPE OF CLAIM						
Indemnity	118	11.8	1,134,247.26	2,497,576.94	3,631,824.20	0.84
Medical Only	481	48.1	476,166.07	212,720.92	688,886.99	0.16
Reporting Purposes Only	402	40.2	0.00	0.00	0.00	0
Sum:	**1,001**		**1,610,413.33**	**2,710,297.86**	**4,320,711.19**	
TIME OF INJURY						
10AM - 11:59AM	164	16.4	411,744.55	1,065,827.54	1,477,572.09	34.2
2PM - 3:59PM	144	14.4	276,986.40	583,049.69	860,036.09	19.9
8AM - 9:59AM	206	20.6	358,808.27	457,846.81	816,655.08	18.9
6AM - 7:59AM	99	9.9	185,948.61	129,866.97	315,815.58	7.3
12PM - 1:59PM	135	13.5	121,868.56	131,656.75	253,525.31	5.9
4PM - 5:59PM	97	9.7	44,176.08	159,971.03	204,147.11	4.7
8PM - 9:59PM	39	3.9	68,557.16	63,444.48	132,001.64	3.1
2AM - 3:59AM	10	1.0	37,200.70	73,106.61	110,307.31	2.6
6PM - 7:59PM	41	4.1	48,130.90	33,048.52	81,179.42	1.9
10PM - 11:59PM	23	2.3	24,440.81	2,500.00	26,940.81	0.6
12AM - 1:59AM	21	2.1	18,641.01	3,079.95	21,720.96	0.5
4AM - 5:59AM	22	2.2	13,910.28	6,899.51	20,809.79	0.5
Totals:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
LENGTH OF SERVICE						
0 - 2	453	45.3	$421,489.33	663,304.39	1,084,793.72	25.1
2 - 4	189	18.9	$312,050.30	340,163.39	652,213.69	15.1
24 - 26	8	0.8	$41,924.24	444,107.52	486,031.76	11.2
16 - 18	22	2.2	$154,252.94	259,539.88	413,792.82	9.6
6 - 8	76	7.6	$224,366.92	128,119.07	352,485.99	8.2
4 - 6	98	9.8	$175,519.48	117,770.60	293,290.08	6.8
26 - 28	13	1.3	$23,280.19	230,321.86	253,602.05	5.9
18 - 20	15	1.5	$44,965.70	170,163.45	215,129.15	5.0
8 - 10	38	3.8	$56,681.23	157,951.68	214,632.91	5.0
10 - 12	23	2.3	$93,249.94	62,659.94	155,909.88	3.6
12 - 14	19	1.9	$14,976.02	88,718.69	103,694.71	2.4
20 - 22	18	1.8	$21,028.93	24,489.90	45,518.83	1.1
28 - 30	5	0.5	$4,876.29	16,413.35	21,289.64	0.5
22 - 24	6	0.6	$8,374.33	4,457.95	12,832.28	0.3

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
14 - 16	10	1.0	$9,060.25	2,116.19	11,176.44	0.3
34 - 36	5	0.5	$3,523.97	0.00	3,523.97	0.1
30 - 32	2	0.2	$516.91	0.00	516.91	0.0
36 - 38	1	0.1	$276.36	0.00	276.36	0.0
Totals:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
Age of Claimant						
45 - 49	106	10.6	$358,990.55	697,436.52	1,056,427.07	24.5
55 - 59	91	9.1	$170,621.86	543,680.71	714,302.57	16.5
25 - 29	169	16.9	$261,018.41	259,072.90	520,091.31	12.0
35 - 39	111	11.1	$166,700.17	338,136.67	504,836.84	11.7
30 - 34	156	15.6	$208,710.34	250,777.16	459,487.50	10.6
20 - 24	131	13.1	$133,626.35	267,719.10	401,345.45	9.3
50 - 54	80	8.0	$118,280.66	129,211.43	247,492.09	5.7
40 - 44	68	6.8	$74,938.63	121,453.64	196,392.27	4.5
60 - 64	40	4.0	$102,262.57	47,297.52	149,560.09	3.5
65 - 69	28	2.8	$11,158.96	51,773.08	62,932.04	1.5
15 - 19	18	1.8	$3,156.53	3,739.13	6,895.66	0.2
70 - 74	2	0.2	$948.30	0.00	948.30	0.0
75 - 79	1	0.1	$0.00	0.00	0.00	0.0
Totals:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
SEX OF CLAIMANT						
Male	634	63.3	$1,212,569.12	2,218,311.55	3,430,880.67	79.4
Female	367	36.7	$397,844.21	491,986.31	889,830.52	20.6
Totals:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
LOSS CAUSE						
Patient / Inmate	341	34.1	$636,946.58	1,309,419.00	1,946,365.58	45.0
Vehicle/car/truck	66	6.6	$168,924.60	305,264.65	474,189.25	11.0
Ladder - Fixed	4	0.4	$51,643.79	405,868.94	457,512.73	10.6
Animal, not otherwise classified	23	2.3	$56,915.09	126,111.11	183,026.20	4.2
Floor	22	2.2	$61,435.66	96,109.10	157,544.76	3.6
Walking surface, outside, dry	26	2.6	$58,615.52	53,712.16	112,327.68	2.6
Training \ Drills	26	2.6	$59,819.18	49,239.08	109,058.26	2.5
Walking surface, inside, dry	16	1.6	$32,679.86	61,822.64	94,502.50	2.2
Object on Floor	10	1.0	$51,030.72	23,829.05	74,859.77	1.7
Metal items	19	1.9	$12,949.91	58,578.16	71,528.07	1.7
Door	47	4.7	$31,530.35	37,525.85	69,056.20	1.6
Wires	4	0.4	$6,908.46	38,238.58	45,147.04	1.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	35	3.5	$36,646.74	7,169.81	43,816.55	1.0
Walking surface, inside, wet	26	2.6	$33,401.07	3,577.47	36,978.54	0.9
Cords	3	0.3	$6,928.35	30,019.91	36,948.26	0.9
Uneven Surface	9	0.9	$10,695.89	23,300.00	33,995.89	0.8
Fencing	17	1.7	$32,350.99	1,300.00	33,650.99	0.8
Needle stick	25	2.5	$25,197.61	7,350.97	32,548.58	0.8
Wood Items	1	0.1	$29,921.89	0.00	29,921.89	0.7
Docks,Ramps,Loading Platforms	1	0.1	$8,939.85	19,173.72	28,113.57	0.7
Paper / Pulp	3	0.3	$5,263.07	15,223.17	20,486.24	0.5
Boxes / containers	8	0.8	$19,779.69	0.00	19,779.69	0.5
Chair	13	1.3	$10,642.90	6,899.51	17,542.41	0.4
Chemicals, not otherwise classified	19	1.9	$11,764.81	2,500.00	14,264.81	0.3
Person	13	1.3	$11,957.12	1,250.00	13,207.12	0.3
Stairs, steps	23	2.3	$8,382.00	4,432.42	12,814.42	0.3
Foreign Object	5	0.5	$12,541.09	0.00	12,541.09	0.3
Rope, cord	1	0.1	$12,491.42	0.00	12,491.42	0.3
Safety Inflation Cage	1	0.1	$7,583.00	4,860.06	12,443.06	0.3
Environmental conditions	3	0.3	$11,733.32	0.00	11,733.32	0.3
Fire / Flame / Smoke	5	0.5	$11,098.28	0.00	11,098.28	0.3
Machine, not otherwise classified	5	0.5	$8,900.53	0.00	8,900.53	0.2
N/A	19	1.9	$2,503.44	6,250.00	8,753.44	0.2
Cart	17	1.7	$5,921.37	2,420.00	8,341.37	0.2
Stairs	8	0.8	$4,835.24	2,565.00	7,400.24	0.2
Building parts / doors	9	0.9	$6,016.61	0.00	6,016.61	0.1
Sharp objects, not otherwise classil	6	0.6	$5,933.80	0.00	5,933.80	0.1
Outside Surface	7	0.7	$5,556.10	0.00	5,556.10	0.1
Ceiling	3	0.3	$5,258.31	0.00	5,258.31	0.1
Hand tool, not powered, NOC	3	0.3	$4,521.46	0.00	4,521.46	0.1
Step stool	2	0.2	$2,858.06	1,250.00	4,108.06	0.1
Electrical equipment	4	0.4	$3,506.94	0.00	3,506.94	0.1
Vehicle, not otherwise classified	8	0.8	$2,396.82	0.00	2,396.82	0.1
Gas / Fumes	3	0.3	$2,336.01	0.00	2,336.01	0.1
Tractor trailer equipment	2	0.2	$2,074.27	0.00	2,074.27	0.0
Razor blade	4	0.4	$456.31	1,250.00	1,706.31	0.0
Cabinet	4	0.4	$396.45	1,250.00	1,646.45	0.0
Animal / insect, not otherwise class	5	0.5	$201.76	1,250.00	1,451.76	0.0
Food	6	0.6	$1,267.08	50.00	1,317.08	0.0
Hot/Cold Object, Liquid, Substance	5	0.5	$1,268.46	0.00	1,268.46	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Pallet,Skid,Flat	3	0.3	$12.50	1,237.50	1,250.00	0.0
Furniture / fixtures	4	0.4	$962.25	0.00	962.25	0.0
Nail	2	0.2	$765.83	0.00	765.83	0.0
Hand Truck (2w)	1	0.1	$660.12	0.00	660.12	0.0
Animal / tick, spider, etc.	1	0.1	$569.88	0.00	569.88	0.0
Recreational equipment	3	0.3	$457.42	0.00	457.42	0.0
Stone / rock / brick	1	0.1	$446.64	0.00	446.64	0.0
Trash receptacle	2	0.2	$444.80	0.00	444.80	0.0
Cylinder	1	0.1	$408.07	0.00	408.07	0.0
Scrap, Debris, Waste Material	1	0.1	$358.59	0.00	358.59	0.0
Aircraft	1	0.1	$355.13	0.00	355.13	0.0
Clothing / jewelry	1	0.1	$331.85	0.00	331.85	0.0
Shelving	2	0.2	$322.88	0.00	322.88	0.0
Electric Drill	1	0.1	$298.61	0.00	298.61	0.0
Water	6	0.6	$289.98	0.00	289.98	0.0
Cleaning Products	1	0.1	$255.36	0.00	255.36	0.0
Ladder - Portable	1	0.1	$172.75	0.00	172.75	0.0
Miscellaneous	1	0.1	$130.39	0.00	130.39	0.0
Ergonomic Conditions	3	0.3	$123.95	0.00	123.95	0.0
Insufficient data	3	0.3	$77.95	0.00	77.95	0.0
Paper/Pulp items	2	0.2	$21.73	0.00	21.73	0.0
Gun / gunshot	7	0.7	$18.82	0.00	18.82	0.0
Animal / bee type	1	0.1	$0.00	0.00	0.00	0.0
Battery	1	0.1	$0.00	0.00	0.00	0.0
Blade	1	0.1	$0.00	0.00	0.00	0.0
Forklift	1	0.1	$0.00	0.00	0.00	0.0
Glass bottle / sheet	2	0.2	$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
Office equipment	1	0.1	$0.00	0.00	0.00	0.0
Organic Material	1	0.1	$0.00	0.00	0.00	0.0
Overhead Object	2	0.2	$0.00	0.00	0.00	0.0
Package	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
Sprayer	1	0.1	$0.00	0.00	0.00	0.0
Trailer Dolly	1	0.1	$0.00	0.00	0.00	0.0
Trash hook	1	0.1	$0.00	0.00	0.00	0.0
Work surface	1	0.1	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
ACCIDENT TYPE						
Person in Act of Crime	310	31.0	625,351.41	1,305,973.88	1,931,325.29	44.7
Fall/Slip From Ladder or Scaffoldin	4	0.4	52,948.37	410,002.78	462,951.15	10.7
Fall On the Same Level	93	9.3	223,667.20	138,603.92	362,271.12	8.4
Collision with Another Vehicle	35	3.5	25,121.15	206,206.31	231,327.46	5.4
Other Injury NEC	73	7.3	58,333.29	113,613.41	171,946.70	4.0
Fall/Slip From a Different Level	22	2.2	117,306.56	43,796.40	161,102.96	3.7
Fall/Slip on Ice or Snow	33	3.3	64,510.38	75,765.33	140,275.71	3.2
Strain or Injury By, NOC	27	2.7	35,087.48	64,353.82	99,441.30	2.3
Jumping	1	0.1	47,371.03	44,424.09	91,795.12	2.1
Lifting	11	1.1	29,789.72	58,578.16	88,367.88	2.0
Twisting	23	2.3	19,567.29	56,100.58	75,667.87	1.8
Cut, Punctured, Scraped, NOC	34	3.4	13,593.51	43,986.48	57,579.99	1.3
Fall/Slip From Liquid or Grease Spi	15	1.5	23,590.60	33,568.31	57,158.91	1.3
Collision with a Fixed Object	15	1.5	18,029.41	25,808.33	43,837.74	1.0
Fall/Slip on Stairs	23	2.3	15,375.26	23,423.27	38,798.53	0.9
Absorption, Ingestion or Inhalation	25	2.5	34,763.66	1,250.00	36,013.66	0.8
Struck/Injured By Animal or Insect	13	1.3	3,735.80	29,076.27	32,812.07	0.8
Caught In/Between-Machine or Ma	3	0.3	21,099.86	0.00	21,099.86	0.5
Pushing or Pulling	3	0.3	4,472.45	16,100.00	20,572.45	0.5
Caught In/Between-Object Handlec	17	1.7	18,324.67	0.00	18,324.67	0.4
Caught In, Under or Between, NOC	29	2.9	15,253.94	1,250.00	16,503.94	0.4
Temperature Extremes	2	0.2	16,089.27	0.00	16,089.27	0.4
Motor Vehicle, NOC	16	1.6	16,021.79	0.00	16,021.79	0.4
Object Being Lifted or Handled	17	1.7	14,466.41	0.00	14,466.41	0.3
Struck/Injured By Moving Parts of M	4	0.4	13,740.27	50.00	13,790.27	0.3
Striking Against or Stepping On, NC	13	1.3	10,800.17	1,237.50	12,037.67	0.3
Fall, Slip or Trip, NOC	22	2.2	10,711.65	1,170.00	11,881.65	0.3
Hand Tool, Utensil; Not Powered	13	1.3	10,685.94	0.00	10,685.94	0.2
Contact with Hot Object or Substan	5	0.5	10,479.58	0.00	10,479.58	0.2
Struck/Injured By Object Being Lifte	5	0.5	9,290.37	0.00	9,290.37	0.2
Struck/Injured By Motor Vehicle	2	0.2	42.69	8,376.13	8,418.82	0.2
Struck/Injured By Fellow Worker, P	12	1.2	4,989.35	1,958.57	6,947.92	0.2
Fall/Slip into Openings	3	0.3	5,370.18	0.00	5,370.18	0.1
Other than Physical Cause of Injury	11	1.1	4,568.22	654.43	5,222.65	0.1
Struck/Injured By Falling or Flying C	10	1.0	4,425.76	0.00	4,425.76	0.1
Strike Against/Step On Stationary C	7	0.7	2,744.12	1,250.00	3,994.12	0.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dust, Gases, Fumes or Vapors	3	0.3	2,336.01	1,250.00	3,586.01	0.1
Struck or Injury By, NOC	9	0.9	1,075.43	1,250.00	2,325.43	0.1
Repetitive Motion (after 7/1/94)	3	0.3	1,334.56	0.00	1,334.56	0.0
Foreign Body in Eye	1	0.1	1,268.46	0.00	1,268.46	0.0
Contact With Not Otherwise Classif	4	0.4	30.11	1,219.89	1,250.00	0.0
Holding or Carrying	5	0.5	947.78	0.00	947.78	0.0
Reaching	1	0.1	606.29	0.00	606.29	0.0
Continual Noise	1	0.1	535.66	0.00	535.66	0.0
Slipped, Did Not Fall	4	0.4	306.92	0.00	306.92	0.0
Contact with Electrical Current	1	0.1	228.43	0.00	228.43	0.0
Bending	1	0.1	24.87	0.00	24.87	0.0
Bitten	5	0.5	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	1	0.1	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	0.1	0.00	0.00	0.00	0.0
Gunshot	3	0.3	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
Strike Against/Step On Obj Being L	1	0.1	0.00	0.00	0.00	0.0
Vehicle Upset	4	0.4	0.00	0.00	0.00	0.0
Wielding or Throwing	1	0.1	0.00	0.00	0.00	0.0
Sum:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
BODY PART						
Multiple Body Parts Multiple Body	141	14.1	542,956.99	1,288,052.30	1,831,009.29	42.4
Lower Extremities Ankle	31	3.1	77,387.03	426,528.42	503,915.45	11.7
Lower Extremities Knee	100	10.0	174,457.28	168,229.13	342,686.41	7.9
Upper Extremities Shoulder(s)	26	2.6	93,097.66	149,982.01	243,079.67	5.6
Upper Extremities Finger(s)	87	8.7	90,723.87	101,423.44	192,147.31	4.4
Head Other facial soft tissue	56	5.6	73,635.52	90,551.41	164,186.93	3.8
Upper Extremities Upper Arm (Incl	19	1.9	34,816.30	115,604.71	150,421.01	3.5
Upper Extremities Hand	61	6.1	57,661.75	78,171.60	135,833.35	3.1
Trunk Low Back Area (Incl. Lumba	15	1.5	95,815.23	17,704.35	113,519.58	2.6
Upper Extremities Multiple Upper E	15	1.5	11,263.45	77,926.39	89,189.84	2.1
Lower Extremities Foot	17	1.7	38,568.45	44,807.09	83,375.54	1.9
Multiple Body Parts Body Systems	21	2.1	29,097.44	47,317.69	76,415.13	1.8
Head Multiple Head Injury	11	1.1	42,288.60	26,347.34	68,635.94	1.6
Upper Extremities Lower Arm	45	4.5	24,895.34	28,332.50	53,227.84	1.2
Lower Extremities Lower Leg	27	2.7	47,118.07	2,500.00	49,618.07	1.1
Upper Extremities Wrist	11	1.1	31,855.81	3,182.42	35,038.23	0.8
Upper Extremities Elbow	18	1.8	20,392.34	10,787.88	31,180.22	0.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical In	111	11.1	16,618.59	6,219.89	22,838.48	0.5
Upper Extremities Thumb	19	1.9	14,055.72	6,546.72	20,602.44	0.5
Trunk Lung(s)	13	1.3	17,128.16	2,475.50	19,603.66	0.5
Trunk Chest (Incl. Ribs, Sternum &	21	2.1	11,499.70	312.39	11,812.09	0.3
Head Eye(s)	10	1.0	8,277.84	1,300.00	9,577.84	0.2
Neck Vertebrae	3	0.3	8,770.57	0.00	8,770.57	0.2
Head Skull	14	1.4	6,545.98	700.72	7,246.70	0.2
Head Facial Bones	13	1.3	6,180.35	907.98	7,088.33	0.2
Neck Soft Tissue-Neck	2	0.2	1,769.31	4,980.69	6,750.00	0.2
Lower Extremities Multiple Lower E	4	0.4	6,235.70	0.00	6,235.70	0.1
Trunk Abdomen Including Groin	9	0.9	4,529.66	1,038.83	5,568.49	0.1
Trunk Upper Back Area (Thoracic	10	1.0	2,816.50	2,746.88	5,563.38	0.1
Multiple Body Parts Whole Body	5	0.5	4,002.63	0.00	4,002.63	0.1
Trunk Multiple Trunk	1	0.1	3,950.41	50.00	4,000.41	0.1
Lower Extremities Toe(s)	3	0.3	1,175.28	1,250.00	2,425.28	0.1
Head Ear(s)	3	0.3	2,302.85	0.00	2,302.85	0.1
Lower Extremities Hip	7	0.7	1,895.29	0.00	1,895.29	0.0
Head Mouth	10	1.0	1,759.93	0.00	1,759.93	0.0
Head Nose	5	0.5	514.61	1,027.47	1,542.08	0.0
Lower Extremities Upper Leg	13	1.3	1,442.63	0.00	1,442.63	0.0
Upper Extremities Wrist(s) and Ha	5	0.5	1,312.79	50.00	1,362.79	0.0
Neck Multiple Neck Injury	2	0.2	10.63	1,250.00	1,260.63	0.0
Multiple Body Parts Insufficient Inf	2	0.2	0.00	1,250.00	1,250.00	0.0
Trunk Disc (Back)	1	0.1	507.89	742.11	1,250.00	0.0
Trunk Buttocks	5	0.5	861.13	0.00	861.13	0.0
Trunk Lumbar and/or Sacral Vertel	2	0.2	123.95	0.00	123.95	0.0
Neck Larynx	3	0.3	56.46	0.00	56.46	0.0
Trunk Heart	2	0.2	37.64	0.00	37.64	0.0
Head Teeth	1	0.1	0.00	0.00	0.00	0.0
Trunk Pelvis	1	0.1	0.00	0.00	0.00	0.0
Sum:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	
INJURY						
Multiple Physical Injury Only	66	6.6	407,762.67	824,015.87	1,231,778.54	28.5
Sprain	98	9.8	243,352.67	297,783.90	541,136.57	12.5
Puncture	61	6.1	100,239.99	427,984.56	528,224.55	12.2
Contusion (Bruise, Skin Surface)	212	21.2	222,773.92	254,599.00	477,372.92	11.0
Multiple Injury Inc. Physical & Psycl	12	1.2	44,289.59	397,495.56	441,785.15	10.2
Strain	101	10.1	200,192.03	174,911.79	375,103.82	8.7

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	98	9.8	71,223.94	198,021.41	269,245.35	6.2
Fracture	16	1.6	88,469.45	74,345.57	162,815.02	3.8
Dislocation	4	0.4	59,798.78	32,910.44	92,709.22	2.1
Concussion (Brain, Cerebral)	8	0.8	46,672.37	3,604.59	50,276.96	1.2
No Physical Injury	193	19.3	27,013.23	5,654.43	32,667.66	0.8
Burn	13	1.3	19,553.15	6,097.92	25,651.07	0.6
Crushing	20	2.0	23,779.39	0.00	23,779.39	0.6
Heat Prostration	3	0.3	16,119.38	1,219.89	17,339.27	0.4
Inflammation	36	3.6	13,217.07	1,677.43	14,894.50	0.3
Respiratory Disorders(Gases,Fume	9	0.9	10,648.13	2,475.50	13,123.63	0.3
Mental Stress	3	0.3	56.46	5,000.00	5,056.46	0.1
Foreign Body (Eye)	15	1.5	4,237.49	0.00	4,237.49	0.1
Poisoning - Chemical (Other than M	2	0.2	3,836.83	0.00	3,836.83	0.1
Syncope	8	0.8	2,845.17	0.00	2,845.17	0.1
All Other (Specific) Injuries, NOC	14	1.4	1,109.73	1,250.00	2,359.73	0.1
Poisoning-General (Not OD or Curr	1	0.1	2,003.46	0.00	2,003.46	0.0
Inhalation	1	0.1	0.00	1,250.00	1,250.00	0.0
Contagious Disease	1	0.1	607.49	0.00	607.49	0.0
Hearing Loss or Impairment	1	0.1	535.66	0.00	535.66	0.0
Asphyxiation	3	0.3	56.46	0.00	56.46	0.0
Infection	1	0.1	18.82	0.00	18.82	0.0
Electric Shock	1	0.1	0.00	0.00	0.00	0.0
Sum:	**1,001**		**$1,610,413.33**	**$2,710,297.86**	**$4,320,711.19**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
702 - Dept For Blind & Vision Impaired						
TYPE OF CLAIM						
Indemnity	2	15.4	42,882.56	20,485.08	63,367.64	0.91
Medical Only	8	61.5	2,261.85	3,721.63	5,983.48	0.09
Reporting Purposes Only	3	23.1	0.00	0.00	0.00	0
Sum:	**13**		**45,144.41**	**24,206.71**	**69,351.12**	
TIME OF INJURY						
6AM - 7:59AM	1	7.7	42,863.74	20,485.08	63,348.82	91.3
12PM - 1:59PM	4	30.8	2,159.01	0.00	2,159.01	3.1
8AM - 9:59AM	2	15.4	93.29	1,250.00	1,343.29	1.9
2PM - 3:59PM	1	7.7	0.00	1,250.00	1,250.00	1.8
6PM - 7:59PM	1	7.7	28.37	1,221.63	1,250.00	1.8
10AM - 11:59AM	3	23.1	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	
LENGTH OF SERVICE						
6 - 8	2	15.4	$42,863.74	20,485.08	63,348.82	91.3
4 - 6	1	7.7	$0.00	1,250.00	1,250.00	1.8
8 - 10	3	23.1	$0.00	1,250.00	1,250.00	1.8
28 - 30	1	7.7	$28.37	1,221.63	1,250.00	1.8
0 - 2	2	15.4	$1,244.11	0.00	1,244.11	1.8
22 - 24	1	7.7	$896.08	0.00	896.08	1.3
2 - 4	1	7.7	$93.29	0.00	93.29	0.1
12 - 14	1	7.7	$18.82	0.00	18.82	0.0
30 - 32	1	7.7	$0.00	0.00	0.00	0.0
Totals:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	
Age of Claimant						
75 - 79	1	7.7	$42,863.74	20,485.08	63,348.82	91.3
55 - 59	3	23.1	$1,365.77	1,221.63	2,587.40	3.7
65 - 69	2	15.4	$896.08	1,250.00	2,146.08	3.1
35 - 39	3	23.1	$0.00	1,250.00	1,250.00	1.8
60 - 64	1	7.7	$18.82	0.00	18.82	0.0
40 - 44	2	15.4	$0.00	0.00	0.00	0.0
70 - 74	1	7.7	$0.00	0.00	0.00	0.0
Totals:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	7	53.8	$43,871.93	22,985.08	66,857.01	96.4
Female	6	46.2	$1,272.48	1,221.63	2,494.11	3.6
Totals:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	
LOSS CAUSE						
Environmental conditions	1	7.7	$42,863.74	20,485.08	63,348.82	91.3
Vehicle/car/truck	4	30.8	$28.37	2,471.63	2,500.00	3.6
Knife, Utility	1	7.7	$0.00	1,250.00	1,250.00	1.8
Cords	1	7.7	$1,244.11	0.00	1,244.11	1.8
Furniture / fixtures	1	7.7	$896.08	0.00	896.08	1.3
Animal, not otherwise classified	1	7.7	$93.29	0.00	93.29	0.1
Door	1	7.7	$18.82	0.00	18.82	0.0
Floor	1	7.7	$0.00	0.00	0.00	0.0
Package	1	7.7	$0.00	0.00	0.00	0.0
Shelving	1	7.7	$0.00	0.00	0.00	0.0
Totals:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	
ACCIDENT TYPE						
Strike Against/Step On Stationary (	2	15.4	42,882.56	20,485.08	63,367.64	91.4
Struck/Injured By Motor Vehicle	2	15.4	28.37	2,471.63	2,500.00	3.6
Hand Tool, Utensil; Not Powered	1	7.7	0.00	1,250.00	1,250.00	1.8
Fall On the Same Level	1	7.7	1,244.11	0.00	1,244.11	1.8
Struck/Injured By Falling or Flying (	1	7.7	896.08	0.00	896.08	1.3
Struck/Injured By Animal or Insect	1	7.7	93.29	0.00	93.29	0.1
Collision with Another Vehicle	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/Slip From a Different Level	1	7.7	0.00	0.00	0.00	0.0
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
Sum:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	
BODY PART						
Trunk Low Back Area (Incl. Lumba	4	30.8	42,863.74	21,735.08	64,598.82	93.1
Head Skull	1	7.7	28.37	1,221.63	1,250.00	1.8
Upper Extremities Thumb	1	7.7	0.00	1,250.00	1,250.00	1.8
Upper Extremities Elbow	1	7.7	1,244.11	0.00	1,244.11	1.8
Multiple Body Parts Multiple Body	1	7.7	896.08	0.00	896.08	1.3
Lower Extremities Ankle	1	7.7	93.29	0.00	93.29	0.1
Neck Multiple Neck Injury	1	7.7	18.82	0.00	18.82	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical In	2	15.4	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	
INJURY						
Strain	4	30.8	42,863.74	21,735.08	64,598.82	93.1
Laceration	3	23.1	93.29	1,250.00	1,343.29	1.9
Fracture	2	15.4	1,262.93	0.00	1,262.93	1.8
Concussion (Brain, Cerebral)	1	7.7	28.37	1,221.63	1,250.00	1.8
Contusion (Bruise, Skin Surface)	1	7.7	896.08	0.00	896.08	1.3
No Physical Injury	2	15.4	0.00	0.00	0.00	0.0
Sum:	**13**		**$45,144.41**	**$24,206.71**	**$69,351.12**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
TYPE OF CLAIM						
Indemnity	156	11.5	1,981,314.70	4,537,334.92	6,518,649.62	0.88
Medical Only	563	41.5	583,612.77	282,894.89	866,507.66	0.12
Reporting Purposes Only	637	47.0	0.00	0.00	0.00	0
Sum:	**1,356**		**2,564,927.47**	**4,820,229.81**	**7,385,157.28**	
TIME OF INJURY						
10AM - 11:59AM	162	11.9	294,065.99	907,956.88	1,202,022.87	16.3
12PM - 1:59PM	150	11.1	281,551.06	788,970.22	1,070,521.28	14.5
2PM - 3:59PM	185	13.6	425,124.67	622,455.92	1,047,580.59	14.2
6PM - 7:59PM	178	13.1	351,312.48	657,309.37	1,008,621.85	13.7
4PM - 5:59PM	164	12.1	276,319.06	693,912.25	970,231.31	13.1
8PM - 9:59PM	109	8.0	247,963.30	489,633.67	737,596.97	10.0
8AM - 9:59AM	167	12.3	262,521.52	385,358.48	647,880.00	8.8
6AM - 7:59AM	79	5.8	236,532.98	179,300.65	415,833.63	5.6
10PM - 11:59PM	59	4.4	53,050.33	72,425.51	125,475.84	1.7
4AM - 5:59AM	50	3.7	66,191.32	17,687.43	83,878.75	1.1
12AM - 1:59AM	30	2.2	52,679.94	1,995.77	54,675.71	0.7
2AM - 3:59AM	23	1.7	17,614.82	3,223.66	20,838.48	0.3
Totals:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	
LENGTH OF SERVICE						
0 - 2	771	56.9	$1,564,750.95	2,893,116.58	4,457,867.53	60.4
2 - 4	239	17.6	$310,058.22	729,028.29	1,039,086.51	14.1
4 - 6	113	8.3	$218,424.97	399,194.45	617,619.42	8.4
6 - 8	70	5.2	$86,999.95	459,335.47	546,335.42	7.4
16 - 18	19	1.4	$219,742.55	73,966.17	293,708.72	4.0
8 - 10	41	3.0	$85,368.60	77,253.01	162,621.61	2.2
12 - 14	22	1.6	$5,952.45	98,908.96	104,861.41	1.4
10 - 12	18	1.3	$9,580.93	51,083.94	60,664.87	0.8
18 - 20	5	0.4	$34,868.13	0.00	34,868.13	0.5
14 - 16	16	1.2	$6,079.96	24,932.51	31,012.47	0.4
28 - 30	6	0.4	$3,877.04	12,321.43	16,198.47	0.2
38 - 40	2	0.1	$9,391.60	0.00	9,391.60	0.1
22 - 24	7	0.5	$6,867.94	0.00	6,867.94	0.1
36 - 38	4	0.3	$161.00	1,089.00	1,250.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 22	9	0.7	$1,195.08	0.00	1,195.08	0.0
26 - 28	2	0.1	$886.82	0.00	886.82	0.0
34 - 36	1	0.1	$424.28	0.00	424.28	0.0
30 - 32	2	0.1	$297.00	0.00	297.00	0.0
24 - 26	6	0.4	$0.00	0.00	0.00	0.0
32 - 34	2	0.1	$0.00	0.00	0.00	0.0
40 - 42	1	0.1	$0.00	0.00	0.00	0.0
Totals:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	
Age of Claimant						
50 - 54	132	9.7	$336,626.53	748,286.72	1,084,913.25	14.7
55 - 59	126	9.3	$452,614.65	460,465.80	913,080.45	12.4
25 - 29	196	14.5	$269,816.84	595,936.41	865,753.25	11.7
65 - 69	22	1.6	$217,688.78	619,735.17	837,423.95	11.3
45 - 49	128	9.4	$271,399.69	553,996.32	825,396.01	11.2
40 - 44	138	10.2	$245,963.12	506,778.99	752,742.11	10.2
30 - 34	150	11.1	$205,338.43	425,841.12	631,179.55	8.5
60 - 64	96	7.1	$185,554.85	282,034.87	467,589.72	6.3
35 - 39	134	9.9	$149,209.99	303,048.56	452,258.55	6.1
20 - 24	177	13.1	$171,799.44	178,840.35	350,639.79	4.7
15 - 19	47	3.5	$50,762.16	84,141.10	134,903.26	1.8
70 - 74	8	0.6	$8,152.99	61,124.40	69,277.39	0.9
75 - 79	1	0.1	$0.00	0.00	0.00	0.0
80 - 84	1	0.1	$0.00	0.00	0.00	0.0
Totals:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	
SEX OF CLAIMANT						
Female	921	67.9	$2,031,348.03	3,801,819.31	5,833,167.34	79.0
Male	435	32.1	$533,579.44	1,018,410.50	1,551,989.94	21.0
Totals:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	
LOSS CAUSE						
Patient / Inmate	1,029	75.9	$2,059,904.92	3,775,342.38	5,835,247.30	79.0
Wall	5	0.4	$60,661.04	216,569.10	277,230.14	3.8
Furniture / fixtures	10	0.7	$77,594.58	178,666.99	256,261.57	3.5
Walking surface, outside, dry	9	0.7	$91,958.68	68,454.69	160,413.37	2.2
Training \ Drills	7	0.5	$71,852.29	61,950.04	133,802.33	1.8
Walking surface, outside, wet	18	1.3	$23,755.86	79,435.09	103,190.95	1.4
Door	24	1.8	$25,187.97	77,511.66	102,699.63	1.4
Floor	28	2.1	$9,851.53	67,606.40	77,457.93	1.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person	9	0.7	$5,397.85	62,073.81	67,471.66	0.9
Object on Floor	8	0.6	$16,558.17	39,141.10	55,699.27	0.8
Wheelchair	7	0.5	$2,437.06	46,300.88	48,737.94	0.7
Walking surface, inside, dry	8	0.6	$14,631.29	24,866.03	39,497.32	0.5
Vehicle/car/truck	11	0.8	$12,679.12	26,429.44	39,108.56	0.5
Step stool	2	0.1	$1,075.13	21,354.42	22,429.55	0.3
Ladder, 8' step	2	0.1	$6,346.84	12,502.02	18,848.86	0.3
Chair	14	1.0	$12,194.19	3,243.82	15,438.01	0.2
Package	1	0.1	$3,849.27	11,071.43	14,920.70	0.2
Needle stick	19	1.4	$13,763.11	349.71	14,112.82	0.2
Outside Surface	11	0.8	$7,181.73	6,140.70	13,322.43	0.2
Cart	17	1.3	$2,208.77	10,821.80	13,030.57	0.2
Mechanical powered	3	0.2	$2,413.92	10,276.90	12,690.82	0.2
Recreational equipment	4	0.3	$4,374.40	6,245.50	10,619.90	0.1
Boxes / containers	4	0.3	$8,654.86	0.00	8,654.86	0.1
N/A	3	0.2	$2,965.17	5,000.00	7,965.17	0.1
Brush / tree / log	1	0.1	$6,838.36	0.00	6,838.36	0.1
Walking surface, inside, wet	5	0.4	$6,497.94	0.00	6,497.94	0.1
Trash receptacle	4	0.3	$2,159.44	1,250.00	3,409.44	0.0
Uneven Surface	5	0.4	$1,739.08	707.15	2,446.23	0.0
Hot/Cold Object, Liquid, Substance	4	0.3	$265.16	1,250.00	1,515.16	0.0
Miscellaneous	1	0.1	$1,470.08	0.00	1,470.08	0.0
Food	6	0.4	$1,406.43	0.00	1,406.43	0.0
Water	6	0.4	$1,360.64	0.00	1,360.64	0.0
Animal / tick, spider, etc.	1	0.1	$0.00	1,250.00	1,250.00	0.0
Organic Material	2	0.1	$24.87	1,225.13	1,250.00	0.0
Stairs	2	0.1	$0.00	1,250.00	1,250.00	0.0
Totes	1	0.1	$0.00	1,250.00	1,250.00	0.0
Wood Items	1	0.1	$556.38	693.62	1,250.00	0.0
Shelving	1	0.1	$1,244.96	0.00	1,244.96	0.0
Animal, not otherwise classified	3	0.2	$1,075.41	0.00	1,075.41	0.0
Office equipment	3	0.2	$1,013.39	0.00	1,013.39	0.0
Metal items	5	0.4	$350.80	0.00	350.80	0.0
Jack	1	0.1	$329.01	0.00	329.01	0.0
Cleaning Products	4	0.3	$311.19	0.00	311.19	0.0
Pallet Jack	1	0.1	$225.63	0.00	225.63	0.0
Foreign Object	2	0.1	$164.92	0.00	164.92	0.0
Broom	1	0.1	$127.98	0.00	127.98	0.0

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Forklift	1	0.1	$80.00	0.00	80.00	0.0
Chemicals, not otherwise classified	5	0.4	$57.03	0.00	57.03	0.0
Knife, NOC	4	0.3	$45.24	0.00	45.24	0.0
Stairs, steps	2	0.1	$40.30	0.00	40.30	0.0
Minerals / dirt	1	0.1	$26.66	0.00	26.66	0.0
Hand tool, not powered, NOC	1	0.1	$18.82	0.00	18.82	0.0
Animal / bee type	1	0.1	$0.00	0.00	0.00	0.0
Animal / insect, not otherwise class	2	0.1	$0.00	0.00	0.00	0.0
Building parts / doors	1	0.1	$0.00	0.00	0.00	0.0
Cabinet	1	0.1	$0.00	0.00	0.00	0.0
Ceiling	1	0.1	$0.00	0.00	0.00	0.0
CO / 2 extinguisher	1	0.1	$0.00	0.00	0.00	0.0
Dust	1	0.1	$0.00	0.00	0.00	0.0
Electricity	1	0.1	$0.00	0.00	0.00	0.0
Environmental conditions	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
Hazardous Material	1	0.1	$0.00	0.00	0.00	0.0
Infectious agent	1	0.1	$0.00	0.00	0.00	0.0
Lift	4	0.3	$0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.1	$0.00	0.00	0.00	0.0
Overhead Object	1	0.1	$0.00	0.00	0.00	0.0
Pipe	1	0.1	$0.00	0.00	0.00	0.0
Pots/pans	1	0.1	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classil	2	0.1	$0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	3	0.2	$0.00	0.00	0.00	0.0
Wheel	1	0.1	$0.00	0.00	0.00	0.0
Window frame	2	0.1	$0.00	0.00	0.00	0.0
Totals:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	

ACCIDENT TYPE

Struck/Injured By Fellow Worker, P	858	63.3	1,879,722.99	3,446,764.65	5,326,487.64	72.1
Fall On the Same Level	55	4.1	147,029.14	386,593.50	533,622.64	7.2
Fall, Slip or Trip, NOC	31	2.3	138,869.24	189,232.70	328,101.94	4.4
Strain or Injury By, NOC	46	3.4	63,800.32	202,365.78	266,166.10	3.6
Caught In, Under or Between, NOC	22	1.6	29,840.70	125,640.35	155,481.05	2.1
Twisting	11	0.8	59,895.95	61,950.04	121,845.99	1.6
Fall/Slip From a Different Level	14	1.0	25,039.05	96,179.54	121,218.59	1.6
Fall/Slip on Ice or Snow	19	1.4	38,694.81	74,244.72	112,939.53	1.5
Struck/Injured By Falling or Flying (	5	0.4	30,458.58	42,805.11	73,263.69	1.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary C	9	0.7	33,108.94	25,234.13	58,343.07	0.8
Pushing or Pulling	9	0.7	10,701.01	46,589.61	57,290.62	0.8
Struck or Injury By, NOC	14	1.0	18,087.50	33,921.07	52,008.57	0.7
Striking Against or Stepping On, NC	14	1.0	15,757.55	32,885.39	48,642.94	0.7
Vehicle Upset	5	0.4	12,123.24	26,429.44	38,552.68	0.5
Other Injury NEC	59	4.4	27,019.45	5,544.27	32,563.72	0.4
Fall/Slip From Liquid or Grease Spi	11	0.8	5,619.74	11,180.82	16,800.56	0.2
Cut, Punctured, Scraped, NOC	39	2.9	4,051.77	5,168.69	9,220.46	0.1
Lifting	17	1.3	6,224.54	2,500.00	8,724.54	0.1
Struck/Injured By Object Handled B	7	0.5	6,171.49	0.00	6,171.49	0.1
Contact With Not Otherwise Classif	8	0.6	1,625.80	1,250.00	2,875.80	0.0
Struck/Injured By Animal or Insect	4	0.3	1,075.41	1,250.00	2,325.41	0.0
Foreign Body in Eye	12	0.9	2,253.45	0.00	2,253.45	0.0
Holding or Carrying	3	0.2	1,953.51	0.00	1,953.51	0.0
Caught In/Between-Object Handlec	2	0.1	162.87	1,250.00	1,412.87	0.0
Fall/Slip on Stairs	3	0.2	0.00	1,250.00	1,250.00	0.0
Strike Against/Step On Obj Being L	2	0.1	1,239.02	0.00	1,239.02	0.0
Struck/Injured By Object Being Lifte	5	0.4	1,203.16	0.00	1,203.16	0.0
Hand Tool, Utensil; Not Powered	6	0.4	1,139.56	0.00	1,139.56	0.0
Cumulative (All Other)	1	0.1	900.29	0.00	900.29	0.0
Object Being Lifted or Handled	3	0.2	823.93	0.00	823.93	0.0
Strain By Using Tool or Machine	2	0.1	206.48	0.00	206.48	0.0
Repetitive Motion (after 7/1/94)	1	0.1	127.98	0.00	127.98	0.0
Bitten	22	1.6	0.00	0.00	0.00	0.0
Broken Glass	2	0.1	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	3	0.2	0.00	0.00	0.00	0.0
Collision with a Fixed Object	5	0.4	0.00	0.00	0.00	0.0
Collision with Another Vehicle	3	0.2	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	0.1	0.00	0.00	0.00	0.0
Contact with Hot Object or Substan	4	0.3	0.00	0.00	0.00	0.0
Contact with Infectious Disease	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
Jumping	1	0.1	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	2	0.1	0.00	0.00	0.00	0.0
Natural Disasters	1	0.1	0.00	0.00	0.00	0.0
Needle Stick	2	0.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	4	0.3	0.00	0.00	0.00	0.0
Pandemic	1	0.1	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Reaching	1	0.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.1	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	0.1	0.00	0.00	0.00	0.0
Stepping on Sharp Object	1	0.1	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	0.1	0.00	0.00	0.00	0.0
Sum:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	
BODY PART						
Head Skull	79	5.8	349,035.41	756,205.32	1,105,240.73	15.0
Multiple Body Parts Multiple Body	217	16.0	376,346.46	582,101.89	958,448.35	13.0
Trunk Low Back Area (Incl. Lumba	54	4.0	198,761.73	304,422.48	503,184.21	6.8
Lower Extremities Knee	60	4.4	134,760.82	343,882.35	478,643.17	6.5
Upper Extremities Shoulder(s)	45	3.3	239,090.07	217,158.80	456,248.87	6.2
Upper Extremities Upper Arm (Incl	31	2.3	66,779.24	354,312.31	421,091.55	5.7
Head Brain	24	1.8	120,456.22	292,435.75	412,891.97	5.6
Upper Extremities Hand	75	5.5	126,787.16	202,232.82	329,019.98	4.5
Upper Extremities Multiple Upper E	10	0.7	80,699.31	152,910.67	233,609.98	3.2
Lower Extremities Foot	19	1.4	43,520.25	182,926.85	226,447.10	3.1
Head Eye(s)	61	4.5	51,580.07	173,568.04	225,148.11	3.0
Head Multiple Head Injury	47	3.5	124,391.21	85,326.39	209,717.60	2.8
Upper Extremities Wrist	38	2.8	54,198.62	139,964.13	194,162.75	2.6
Multiple Body Parts Body Systems	19	1.4	136,803.09	39,971.00	176,774.09	2.4
Trunk Pelvis	3	0.2	47,038.89	122,115.98	169,154.87	2.3
Upper Extremities Finger(s)	67	4.9	44,376.40	106,247.19	150,623.59	2.0
Lower Extremities Lower Leg	21	1.5	72,343.64	71,336.87	143,680.51	1.9
Head Nose	18	1.3	31,652.66	108,789.80	140,442.46	1.9
Head Other facial soft tissue	97	7.2	38,008.89	95,186.51	133,195.40	1.8
Trunk Upper Back Area (Thoracic	9	0.7	36,795.31	89,930.03	126,725.34	1.7
Lower Extremities Hip	11	0.8	21,074.20	93,398.91	114,473.11	1.6
Upper Extremities Elbow	17	1.3	18,507.34	89,869.71	108,377.05	1.5
Head Facial Bones	35	2.6	28,749.90	68,118.82	96,868.72	1.3
Lower Extremities Multiple Lower E	3	0.2	13,503.74	39,141.10	52,644.84	0.7
Lower Extremities Ankle	24	1.8	11,123.97	41,516.17	52,640.14	0.7
Head Mouth	14	1.0	8,056.51	41,853.95	49,910.46	0.7
Upper Extremities Thumb	18	1.3	10,322.66	9,446.42	19,769.08	0.3
Trunk Chest (Incl. Ribs, Sternum &	44	3.2	15,248.87	2,339.00	17,587.87	0.2
Upper Extremities Lower Arm	91	6.7	11,358.31	4,680.34	16,038.65	0.2
Trunk Abdomen Including Groin	13	1.0	11,651.24	0.00	11,651.24	0.2
Head Ear(s)	4	0.3	9,846.37	0.00	9,846.37	0.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Upper Leg	6	0.4	6,928.05	0.00	6,928.05	0.1
Neck Multiple Neck Injury	7	0.5	6,808.74	0.00	6,808.74	0.1
Multiple Body Parts Stress	1	0.1	18.82	5,150.00	5,168.82	0.1
Neck Soft Tissue-Neck	7	0.5	3,498.09	1,250.00	4,748.09	0.1
Lower Extremities Great Toe	3	0.2	4,618.61	0.00	4,618.61	0.1
Upper Extremities Wrist(s) and Ha	9	0.7	4,045.72	0.00	4,045.72	0.1
Neck Trachea	2	0.1	3,226.52	0.00	3,226.52	0.0
Trunk Multiple Trunk	2	0.1	783.30	1,250.00	2,033.30	0.0
Trunk Lumbar and/or Sacral Vertel	2	0.1	1,165.26	103.56	1,268.82	0.0
Trunk Spinal Cord	1	0.1	163.35	1,086.65	1,250.00	0.0
Neck Disc (Neck)	3	0.2	424.28	0.00	424.28	0.0
Multiple Body Parts No Physical In	29	2.1	378.17	0.00	378.17	0.0
Lower Extremities Toe(s)	2	0.1	0.00	0.00	0.00	0.0
Neck Spinal Cord	2	0.1	0.00	0.00	0.00	0.0
Neck Vertebrae	2	0.1	0.00	0.00	0.00	0.0
Trunk Buttocks	5	0.4	0.00	0.00	0.00	0.0
Trunk Disc (Back)	1	0.1	0.00	0.00	0.00	0.0
Trunk Heart	1	0.1	0.00	0.00	0.00	0.0
Trunk Lung(s)	3	0.2	0.00	0.00	0.00	0.0
Sum:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	
INJURY						
Contusion (Bruise, Skin Surface)	548	40.4	551,532.90	1,476,865.95	2,028,398.85	27.5
Concussion (Brain, Cerebral)	90	6.6	483,901.51	862,166.01	1,346,067.52	18.2
Strain	121	8.9	484,124.83	786,771.22	1,270,896.05	17.2
Sprain	87	6.4	272,074.11	736,773.39	1,008,847.50	13.7
Multiple Physical Injury Only	54	4.0	140,105.40	224,322.62	364,428.02	4.9
Multiple Injury Inc. Physical & Psycl	31	2.3	121,824.16	238,818.89	360,643.05	4.9
Rupture	3	0.2	140,410.52	161,810.39	302,220.91	4.1
All Other Cumulative Injury	4	0.3	135,096.76	39,971.00	175,067.76	2.4
All Other (Specific) Injuries, NOC	116	8.6	63,741.03	84,615.57	148,356.60	2.0
Laceration	96	7.1	55,209.18	75,868.23	131,077.41	1.8
Dislocation	2	0.1	21,525.02	76,507.10	98,032.12	1.3
Fracture	9	0.7	21,356.49	41,615.83	62,972.32	0.9
Puncture	33	2.4	31,763.25	3,918.69	35,681.94	0.5
Contagious Disease	29	2.1	24,620.93	2,554.92	27,175.85	0.4
Asphyxiation	2	0.1	6,808.74	0.00	6,808.74	0.1
Mental Stress	1	0.1	18.82	5,150.00	5,168.82	0.1
Crushing	8	0.6	3,350.78	1,250.00	4,600.78	0.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Foreign Body (Eye)	13	1.0	3,163.94	0.00	3,163.94	0.0
Infection	21	1.5	2,550.46	0.00	2,550.46	0.0
Burn	17	1.3	576.35	1,250.00	1,826.35	0.0
No Physical Injury	63	4.6	1,115.26	0.00	1,115.26	0.0
Adverse reaction to a vaccination o	1	0.1	57.03	0.00	57.03	0.0
AIDS	1	0.1	0.00	0.00	0.00	0.0
Dermatitis	1	0.1	0.00	0.00	0.00	0.0
Hearing Loss or Impairment	1	0.1	0.00	0.00	0.00	0.0
Inflammation	2	0.1	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than M	2	0.1	0.00	0.00	0.00	0.0
Sum:	**1,356**		**$2,564,927.47**	**$4,820,229.81**	**$7,385,157.28**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
765 - SOCIAL SERVICES, DEPT. OF						
TYPE OF CLAIM						
Indemnity	2	50.0	37.64	12,600.00	12,637.64	0.81
Medical Only	2	50.0	2,895.33	0.00	2,895.33	0.19
Sum:	**4**		**2,932.97**	**12,600.00**	**15,532.97**	
TIME OF INJURY						
10AM - 11:59AM	2	50.0	37.64	12,600.00	12,637.64	81.4
12PM - 1:59PM	1	25.0	2,362.08	0.00	2,362.08	15.2
2PM - 3:59PM	1	25.0	533.25	0.00	533.25	3.4
Totals:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
LENGTH OF SERVICE						
16 - 18	1	25.0	$18.82	12,600.00	12,618.82	81.2
0 - 2	1	25.0	$2,362.08	0.00	2,362.08	15.2
46 - 48	1	25.0	$533.25	0.00	533.25	3.4
38 - 40	1	25.0	$18.82	0.00	18.82	0.1
Totals:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
Age of Claimant						
55 - 59	1	25.0	$18.82	12,600.00	12,618.82	81.2
60 - 64	2	50.0	$2,380.90	0.00	2,380.90	15.3
70 - 74	1	25.0	$533.25	0.00	533.25	3.4
Totals:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
SEX OF CLAIMANT						
Female	3	75.0	$2,399.72	12,600.00	14,999.72	96.6
Male	1	25.0	$533.25	0.00	533.25	3.4
Totals:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
LOSS CAUSE						
Straps	1	25.0	$18.82	12,600.00	12,618.82	81.2
Floor	1	25.0	$2,362.08	0.00	2,362.08	15.2
Roll cart	1	25.0	$533.25	0.00	533.25	3.4
Boxes / containers	1	25.0	$18.82	0.00	18.82	0.1
Totals:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
ACCIDENT TYPE						
Fall On the Same Level	2	50.0	2,380.90	12,600.00	14,980.90	96.4
Struck/Injured By Object Being Lifte	1	25.0	533.25	0.00	533.25	3.4
Lifting	1	25.0	18.82	0.00	18.82	0.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
BODY PART						
Multiple Body Parts Multiple Body	1	25.0	18.82	12,600.00	12,618.82	81.2
Lower Extremities Knee	1	25.0	2,362.08	0.00	2,362.08	15.2
Lower Extremities Foot	1	25.0	533.25	0.00	533.25	3.4
Trunk Upper Back Area (Thoracic	1	25.0	18.82	0.00	18.82	0.1
Sum:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	
INJURY						
Multiple Physical Injury Only	1	25.0	18.82	12,600.00	12,618.82	81.2
Contusion (Bruise, Skin Surface)	1	25.0	2,362.08	0.00	2,362.08	15.2
All Other (Specific) Injuries, NOC	1	25.0	533.25	0.00	533.25	3.4
Strain	1	25.0	18.82	0.00	18.82	0.1
Sum:	**4**		**$2,932.97**	**$12,600.00**	**$15,532.97**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
TYPE OF CLAIM						
Indemnity	38	24.7	229,438.52	362,774.66	592,213.18	0.78
Medical Only	95	61.7	105,005.02	58,960.57	163,965.59	0.22
Reporting Purposes Only	21	13.6	0.00	0.00	0.00	0
Sum:	**154**		**334,443.54**	**421,735.23**	**756,178.77**	
TIME OF INJURY						
8PM - 9:59PM	15	9.7	83,855.57	129,825.76	213,681.33	28.3
8AM - 9:59AM	24	15.6	54,831.99	70,097.23	124,929.22	16.5
10AM - 11:59AM	26	16.9	55,623.10	59,029.76	114,652.86	15.2
2PM - 3:59PM	17	11.0	46,842.20	64,913.12	111,755.32	14.8
6PM - 7:59PM	22	14.3	20,708.56	58,944.26	79,652.82	10.5
12PM - 1:59PM	20	13.0	34,230.03	14,356.73	48,586.76	6.4
4PM - 5:59PM	16	10.4	9,110.37	21,850.56	30,960.93	4.1
10PM - 11:59PM	6	3.9	27,174.48	1,740.84	28,915.32	3.8
6AM - 7:59AM	6	3.9	1,638.96	976.97	2,615.93	0.3
4AM - 5:59AM	1	0.6	428.28	0.00	428.28	0.1
12AM - 1:59AM	1	0.6	0.00	0.00	0.00	0.0
Totals:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
LENGTH OF SERVICE						
0 - 2	68	44.2	$179,692.35	260,421.10	440,113.45	58.2
8 - 10	7	4.5	$21,862.56	43,613.67	65,476.23	8.7
16 - 18	11	7.1	$33,458.18	26,127.12	59,585.30	7.9
24 - 26	4	2.6	$26,680.64	30,502.00	57,182.64	7.6
4 - 6	12	7.8	$19,001.26	29,175.14	48,176.40	6.4
2 - 4	10	6.5	$13,571.39	11,951.81	25,523.20	3.4
34 - 36	3	1.9	$16,176.91	2,179.85	18,356.76	2.4
18 - 20	14	9.1	$9,027.22	9,254.90	18,282.12	2.4
22 - 24	3	1.9	$8,756.69	8,459.64	17,216.33	2.3
26 - 28	5	3.2	$1,662.98	50.00	1,712.98	0.2
10 - 12	6	3.9	$1,433.09	0.00	1,433.09	0.2
12 - 14	3	1.9	$1,196.85	0.00	1,196.85	0.2
14 - 16	1	0.6	$794.52	0.00	794.52	0.1
6 - 8	6	3.9	$571.82	0.00	571.82	0.1
20 - 22	1	0.6	$557.08	0.00	557.08	0.1

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
Age of Claimant						
35 - 39	23	14.9	$110,437.87	200,148.55	310,586.42	41.1
45 - 49	19	12.3	$56,163.52	76,700.45	132,863.97	17.6
50 - 54	17	11.0	$45,787.68	45,458.71	91,246.39	12.1
40 - 44	28	18.2	$34,024.83	38,139.58	72,164.41	9.5
55 - 59	15	9.7	$29,124.67	36,805.25	65,929.92	8.7
30 - 34	12	7.8	$21,902.26	15,572.19	37,474.45	5.0
20 - 24	11	7.1	$13,003.23	4,625.33	17,628.56	2.3
25 - 29	16	10.4	$13,560.94	2,105.32	15,666.26	2.1
60 - 64	10	6.5	$9,931.48	2,179.85	12,111.33	1.6
65 - 69	3	1.9	$507.06	0.00	507.06	0.1
Totals:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
SEX OF CLAIMANT						
Male	66	42.9	$212,104.52	281,491.37	493,595.89	65.3
Female	88	57.1	$122,339.02	140,243.86	262,582.88	34.7
Totals:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
LOSS CAUSE						
Patient / Inmate	78	50.6	$268,389.17	372,249.43	640,638.60	84.7
Door	5	3.2	$14,051.39	24,750.53	38,801.92	5.1
Person	22	14.3	$37,770.14	50.00	37,820.14	5.0
Animal, not otherwise classified	2	1.3	$4,083.61	12,991.39	17,075.00	2.3
Floor	7	4.5	$4,791.22	2,500.00	7,291.22	1.0
Object on Floor	2	1.3	$1,414.33	2,179.85	3,594.18	0.5
Vehicle/car/truck	6	3.9	$455.65	2,226.97	2,682.62	0.4
Walking surface, inside, dry	5	3.2	$701.21	1,037.06	1,738.27	0.2
Outside Surface	1	0.6	$0.00	1,250.00	1,250.00	0.2
Recreational equipment	1	0.6	$0.00	1,250.00	1,250.00	0.2
Stairs, steps	4	2.6	$0.00	1,250.00	1,250.00	0.2
Walking surface, outside, dry	1	0.6	$705.16	0.00	705.16	0.1
Wall	2	1.3	$588.99	0.00	588.99	0.1
Chemicals, not otherwise classified	1	0.6	$536.62	0.00	536.62	0.1
Ladder - Portable	1	0.6	$343.26	0.00	343.26	0.0
Cabinet	1	0.6	$293.36	0.00	293.36	0.0
Walking surface, outside, wet	2	1.3	$137.00	0.00	137.00	0.0
N/A	1	0.6	$89.47	0.00	89.47	0.0
Sharp objects, not otherwise classil	1	0.6	$36.50	0.00	36.50	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / bee type	1	0.6	$18.82	0.00	18.82	0.0
Boxes / containers	2	1.3	$18.82	0.00	18.82	0.0
Environmental conditions	1	0.6	$18.82	0.00	18.82	0.0
Chair	1	0.6	$0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.6	$0.00	0.00	0.00	0.0
Gas / Fumes	1	0.6	$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	0.6	$0.00	0.00	0.00	0.0
Uneven Surface	1	0.6	$0.00	0.00	0.00	0.0
Water	1	0.6	$0.00	0.00	0.00	0.0
Work surface	1	0.6	$0.00	0.00	0.00	0.0
Totals:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, P	49	31.8	128,203.06	131,491.63	259,694.69	34.3
Fall On the Same Level	16	10.4	93,939.05	160,773.01	254,712.06	33.7
Strain or Injury By, NOC	15	9.7	38,784.83	41,252.80	80,037.63	10.6
Strike Against/Step On Stationary C	4	2.6	13,753.11	24,750.53	38,503.64	5.1
Striking Against or Stepping On, NC	9	5.8	14,907.42	17,658.23	32,565.65	4.3
Other Injury NEC	15	9.7	6,383.90	15,232.15	21,616.05	2.9
Pushing or Pulling	2	1.3	9,747.41	9,349.43	19,096.84	2.5
Collision with a Fixed Object	1	0.6	8,444.51	8,459.64	16,904.15	2.2
Caught In, Under or Between, NOC	7	4.5	12,140.82	0.00	12,140.82	1.6
Twisting	6	3.9	2,834.60	2,550.00	5,384.60	0.7
Struck/Injured By Object Handled B	2	1.3	3,609.16	1,740.84	5,350.00	0.7
Struck/Injured By Motor Vehicle	3	1.9	436.83	2,226.97	2,663.80	0.4
Fall, Slip or Trip, NOC	3	1.9	0.00	2,500.00	2,500.00	0.3
Fall/Slip From Liquid or Grease Spi	2	1.3	0.00	1,250.00	1,250.00	0.2
Struck/Injured By Falling or Flying C	1	0.6	0.00	1,250.00	1,250.00	0.2
Struck or Injury By, NOC	3	1.9	0.00	1,250.00	1,250.00	0.2
Caught In/Between-Object Handlec	2	1.3	703.30	0.00	703.30	0.1
Fall/Slip From a Different Level	1	0.6	343.26	0.00	343.26	0.0
Fall/Slip on Ice or Snow	2	1.3	137.00	0.00	137.00	0.0
Absorption, Ingestion or Inhalation	2	1.3	18.82	0.00	18.82	0.0
Collision with Another Vehicle	3	1.9	18.82	0.00	18.82	0.0
Repetitive Motion	1	0.6	18.82	0.00	18.82	0.0
Struck/Injured By Animal or Insect	1	0.6	18.82	0.00	18.82	0.0
Burn or Scald-Chemicals	1	0.6	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classif	1	0.6	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	2	1.3	0.00	0.00	0.00	0.0

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
BODY PART						
Multiple Body Parts Multiple Body	26	16.9	106,881.21	129,797.20	236,678.41	31.3
Upper Extremities Finger(s)	10	6.5	58,730.92	110,159.37	168,890.29	22.3
Upper Extremities Shoulder(s)	6	3.9	51,722.98	40,774.20	92,497.18	12.2
Head Skull	4	2.6	13,306.23	28,287.59	41,593.82	5.5
Upper Extremities Multiple Upper E	4	2.6	13,466.28	25,936.15	39,402.43	5.2
Multiple Body Parts Body Systems	9	5.8	24,209.94	12,188.90	36,398.84	4.8
Upper Extremities Wrist(s) and Ha	1	0.6	18.82	33,350.00	33,368.82	4.4
Lower Extremities Ankle	8	5.2	10,418.75	18,116.52	28,535.27	3.8
Lower Extremities Knee	18	11.7	17,717.42	2,500.00	20,217.42	2.7
Upper Extremities Hand	9	5.8	7,141.96	6,286.33	13,428.29	1.8
Lower Extremities Lower Leg	7	4.5	2,983.67	3,219.43	6,203.10	0.8
Lower Extremities Foot	1	0.6	5,052.44	0.00	5,052.44	0.7
Head Eye(s)	5	3.2	4,694.48	0.00	4,694.48	0.6
Head Mouth	2	1.3	1,595.44	2,879.56	4,475.00	0.6
Upper Extremities Elbow	6	3.9	2,785.63	1,632.52	4,418.15	0.6
Upper Extremities Thumb	3	1.9	4,067.78	0.00	4,067.78	0.5
Head Other facial soft tissue	2	1.3	2,827.81	855.32	3,683.13	0.5
Upper Extremities Wrist	4	2.6	2,941.76	0.00	2,941.76	0.4
Lower Extremities Upper Leg	3	1.9	1,113.88	875.33	1,989.21	0.3
Upper Extremities Lower Arm	3	1.9	253.83	1,120.38	1,374.21	0.2
Trunk Buttocks	1	0.6	63.57	1,256.43	1,320.00	0.2
Head Multiple Head Injury	2	1.3	0.00	1,250.00	1,250.00	0.2
Trunk Low Back Area (Incl. Lumba	3	1.9	0.00	1,250.00	1,250.00	0.2
Upper Extremities Upper Arm (Incl	3	1.9	1,102.24	0.00	1,102.24	0.1
Trunk Chest (Incl. Ribs, Sternum &	2	1.3	961.22	0.00	961.22	0.1
Head Facial Bones	3	1.9	366.46	0.00	366.46	0.0
Trunk Lung(s)	1	0.6	18.82	0.00	18.82	0.0
Lower Extremities Hip	1	0.6	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	2	1.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	4	2.6	0.00	0.00	0.00	0.0
Neck Multiple Neck Injury	1	0.6	0.00	0.00	0.00	0.0
Sum:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	
INJURY						
Contusion (Bruise, Skin Surface)	72	46.8	157,041.56	174,058.17	331,099.73	43.8
Fracture	4	2.6	53,858.26	85,823.09	139,681.35	18.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	16	10.4	64,024.07	54,379.07	118,403.14	15.7
Sprain	19	12.3	20,628.88	56,486.28	77,115.16	10.2
Concussion (Brain, Cerebral)	5	3.2	14,288.49	27,037.59	41,326.08	5.5
Multiple Physical Injury Only	4	2.6	16,402.10	8,459.64	24,861.74	3.3
Puncture	3	1.9	4,790.41	12,991.39	17,781.80	2.4
No Physical Injury	13	8.4	1,530.87	0.00	1,530.87	0.2
All Other (Specific) Injuries, NOC	3	1.9	89.47	1,250.00	1,339.47	0.2
Dislocation	2	1.3	0.00	1,250.00	1,250.00	0.2
Laceration	2	1.3	639.27	0.00	639.27	0.1
Multiple Injury Inc. Physical & Psycl	1	0.6	557.08	0.00	557.08	0.1
Poisoning - Chemical (Other than M	1	0.6	536.62	0.00	536.62	0.1
Infection	1	0.6	18.82	0.00	18.82	0.0
Inflammation	4	2.6	18.82	0.00	18.82	0.0
Respiratory Disorders(Gases,Fume	1	0.6	18.82	0.00	18.82	0.0
Burn	1	0.6	0.00	0.00	0.00	0.0
Crushing	2	1.3	0.00	0.00	0.00	0.0
Sum:	**154**		**$334,443.54**	**$421,735.23**	**$756,178.77**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
778 - Department of Forensic Science						
TYPE OF CLAIM						
Medical Only	4	44.4	9,097.27	5,534.80	14,632.07	1
Reporting Purposes Only	5	55.6	0.00	0.00	0.00	0
Sum:	**9**		**9,097.27**	**5,534.80**	**14,632.07**	
TIME OF INJURY						
10AM - 11:59AM	3	33.3	8,355.92	5,534.80	13,890.72	94.9
12PM - 1:59PM	2	22.2	741.35	0.00	741.35	5.1
8AM - 9:59AM	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
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
LENGTH OF SERVICE						
0 - 2	5	55.6	$9,097.27	5,534.80	14,632.07	100.0
2 - 4	1	11.1	$0.00	0.00	0.00	0.0
4 - 6	1	11.1	$0.00	0.00	0.00	0.0
6 - 8	1	11.1	$0.00	0.00	0.00	0.0
30 - 32	1	11.1	$0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
Age of Claimant						
40 - 44	2	22.2	$8,355.92	5,534.80	13,890.72	94.9
20 - 24	1	11.1	$741.35	0.00	741.35	5.1
25 - 29	1	11.1	$0.00	0.00	0.00	0.0
30 - 34	3	33.3	$0.00	0.00	0.00	0.0
45 - 49	1	11.1	$0.00	0.00	0.00	0.0
55 - 59	1	11.1	$0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
SEX OF CLAIMANT						
Male	4	44.4	$8,355.92	5,534.80	13,890.72	94.9
Female	5	55.6	$741.35	0.00	741.35	5.1
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
LOSS CAUSE						
N/A	1	11.1	$8,034.02	5,534.80	13,568.82	92.7
Knife, Utility	1	11.1	$741.35	0.00	741.35	5.1
Water	1	11.1	$321.90	0.00	321.90	2.2
Chemicals, not otherwise classified	2	22.2	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Glass bottle / sheet	1	11.1	$0.00	0.00	0.00	0.0
Organic Material	1	11.1	$0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	$0.00	0.00	0.00	0.0
Wrench	1	11.1	$0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
ACCIDENT TYPE						
Other Injury NEC	2	22.2	8,034.02	5,534.80	13,568.82	92.7
Cut, Punctured, Scraped, NOC	1	11.1	741.35	0.00	741.35	5.1
Other than Physical Cause of Injury	3	33.3	321.90	0.00	321.90	2.2
Broken Glass	1	11.1	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 Motor Vehicle	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
BODY PART						
Lower Extremities Lower Leg	1	11.1	8,034.02	5,534.80	13,568.82	92.7
Upper Extremities Finger(s)	3	33.3	741.35	0.00	741.35	5.1
Head Eye(s)	1	11.1	321.90	0.00	321.90	2.2
Multiple Body Parts No Physical In	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	22.2	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
INJURY						
All Other (Specific) Injuries, NOC	1	11.1	8,034.02	5,534.80	13,568.82	92.7
Puncture	2	22.2	741.35	0.00	741.35	5.1
No Physical Injury	6	66.7	321.90	0.00	321.90	2.2
Sum:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
841 - AVIATION, DEPT. OF						
TYPE OF CLAIM						
Medical Only	5	83.3	6,854.54	1,527.18	8,381.72	1
Reporting Purposes Only	1	16.7	0.00	0.00	0.00	0
Sum:	**6**		**6,854.54**	**1,527.18**	**8,381.72**	
TIME OF INJURY						
10AM - 11:59AM	3	50.0	3,522.82	1,527.18	5,050.00	60.3
12PM - 1:59PM	1	16.7	3,331.72	0.00	3,331.72	39.7
12AM - 1:59AM	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
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
LENGTH OF SERVICE						
0 - 2	2	33.3	$3,522.82	1,527.18	5,050.00	60.3
6 - 8	2	33.3	$3,331.72	0.00	3,331.72	39.7
2 - 4	1	16.7	$0.00	0.00	0.00	0.0
26 - 28	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
Age of Claimant						
55 - 59	1	16.7	$3,522.82	1,527.18	5,050.00	60.3
45 - 49	1	16.7	$3,331.72	0.00	3,331.72	39.7
25 - 29	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	1	16.7	$0.00	0.00	0.00	0.0
65 - 69	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
SEX OF CLAIMANT						
Male	4	66.7	$6,854.54	1,527.18	8,381.72	100.0
Female	2	33.3	$0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
LOSS CAUSE						
Vehicle/car/truck	3	50.0	$3,522.82	1,527.18	5,050.00	60.3
Door	1	16.7	$3,331.72	0.00	3,331.72	39.7
Floor	1	16.7	$0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	16.7	$0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Collision with Another Vehicle	3	50.0	3,522.82	1,527.18	5,050.00	60.3
Striking Against or Stepping On, NC	1	16.7	3,331.72	0.00	3,331.72	39.7
Fall/Slip From a Different Level	1	16.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
BODY PART						
Multiple Body Parts Multiple Body	1	16.7	3,522.82	1,527.18	5,050.00	60.3
Head Facial Bones	1	16.7	3,331.72	0.00	3,331.72	39.7
Multiple Body Parts Body Systems	2	33.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumba	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
Sum:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
INJURY						
Multiple Physical Injury Only	1	16.7	3,522.82	1,527.18	5,050.00	60.3
Contusion (Bruise, Skin Surface)	2	33.3	3,331.72	0.00	3,331.72	39.7
All Other (Specific) Injuries, NOC	3	50.0	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
848 - VA Indigent Defense Commission						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0
Sum:	**2**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	$0.00	0.00	0.00	0.0
2 - 4	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	2	100.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	50.0	$0.00	0.00	0.00	0.0
Stairs	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	50.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	50.0	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Infection	1	50.0	0.00	0.00	0.00	0.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
912 - Department of Veterans Services						
TYPE OF CLAIM						
Indemnity	12	16.2	86,343.19	86,582.06	172,925.25	0.86
Medical Only	35	47.3	15,143.50	11,955.76	27,099.26	0.14
Reporting Purposes Only	27	36.5	0.00	0.00	0.00	0
Sum:	**74**		**101,486.69**	**98,537.82**	**200,024.51**	
TIME OF INJURY						
8AM - 9:59AM	11	14.9	27,500.83	49,150.48	76,651.31	38.3
12PM - 1:59PM	10	13.5	20,638.74	19,904.53	40,543.27	20.3
10AM - 11:59AM	17	23.0	21,732.16	9,721.13	31,453.29	15.7
4PM - 5:59PM	3	4.1	10,143.40	17,408.86	27,552.26	13.8
6PM - 7:59PM	2	2.7	15,381.62	0.00	15,381.62	7.7
2PM - 3:59PM	14	18.9	3,291.15	1,102.82	4,393.97	2.2
8PM - 9:59PM	10	13.5	2,516.95	1,250.00	3,766.95	1.9
4AM - 5:59AM	2	2.7	244.20	0.00	244.20	0.1
6AM - 7:59AM	5	6.8	37.64	0.00	37.64	0.0
Totals:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
LENGTH OF SERVICE						
0 - 2	35	47.3	$38,401.54	44,536.42	82,937.96	41.5
8 - 10	4	5.4	$8,420.65	35,646.87	44,067.52	22.0
4 - 6	8	10.8	$19,964.65	17,104.53	37,069.18	18.5
10 - 12	4	5.4	$33,382.58	0.00	33,382.58	16.7
2 - 4	12	16.2	$386.63	1,250.00	1,636.63	0.8
14 - 16	3	4.1	$600.52	0.00	600.52	0.3
6 - 8	3	4.1	$291.30	0.00	291.30	0.1
18 - 20	1	1.4	$38.82	0.00	38.82	0.0
12 - 14	1	1.4	$0.00	0.00	0.00	0.0
16 - 18	1	1.4	$0.00	0.00	0.00	0.0
20 - 22	2	2.7	$0.00	0.00	0.00	0.0
Totals:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
Age of Claimant						
30 - 34	9	12.2	$22,690.86	27,175.74	49,866.60	24.9
45 - 49	7	9.5	$30,024.84	17,104.53	47,129.37	23.6
50 - 54	8	10.8	$17,470.02	21,564.62	39,034.64	19.5
60 - 64	14	18.9	$4,559.30	18,921.80	23,481.10	11.7

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Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	6	8.1	$19,235.64	2,800.00	22,035.64	11.0
55 - 59	13	17.6	$3,953.30	10,971.13	14,924.43	7.5
40 - 44	6	8.1	$2,079.90	0.00	2,079.90	1.0
20 - 24	3	4.1	$1,196.60	0.00	1,196.60	0.6
25 - 29	6	8.1	$276.23	0.00	276.23	0.1
65 - 69	1	1.4	$0.00	0.00	0.00	0.0
70 - 74	1	1.4	$0.00	0.00	0.00	0.0
Totals:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
SEX OF CLAIMANT						
Female	60	81.1	$93,035.01	69,812.08	162,847.09	81.4
Male	14	18.9	$8,451.68	28,725.74	37,177.42	18.6
Totals:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
LOSS CAUSE						
Patient / Inmate	23	31.1	$72,517.68	21,707.47	94,225.15	47.1
Stone / rock / brick	1	1.4	$6,372.96	25,925.74	32,298.70	16.1
Wheelchair	1	1.4	$10,143.40	17,408.86	27,552.26	13.8
Boxes / containers	4	5.4	$3,744.20	18,921.80	22,666.00	11.3
Cart	2	2.7	$2,047.69	8,471.13	10,518.82	5.3
Object on Floor	2	2.7	$1,478.20	1,250.00	2,728.20	1.4
Floor	3	4.1	$1,217.09	1,102.82	2,319.91	1.2
Pots/pans	1	1.4	$0.00	1,250.00	1,250.00	0.6
Razor blade	1	1.4	$0.00	1,250.00	1,250.00	0.6
Walking surface, outside, dry	2	2.7	$0.00	1,250.00	1,250.00	0.6
Door	4	5.4	$1,216.60	0.00	1,216.60	0.6
Needle stick	3	4.1	$674.00	0.00	674.00	0.3
Poisonous agent / plant	1	1.4	$581.70	0.00	581.70	0.3
Organic Material	1	1.4	$512.53	0.00	512.53	0.3
Person	5	6.8	$310.03	0.00	310.03	0.2
Chemicals, not otherwise classified	1	1.4	$265.16	0.00	265.16	0.1
Cleaning Products	1	1.4	$256.23	0.00	256.23	0.1
Furniture / fixtures	6	8.1	$111.58	0.00	111.58	0.1
Container Sort Platform	1	1.4	$18.82	0.00	18.82	0.0
Uneven Surface	1	1.4	$18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	1.4	$0.00	0.00	0.00	0.0
Dishes	1	1.4	$0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	1.4	$0.00	0.00	0.00	0.0
Lift	2	2.7	$0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Outside Surface	1	1.4	$0.00	0.00	0.00	0.0
Shelving	1	1.4	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.4	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.4	$0.00	0.00	0.00	0.0
Water	1	1.4	$0.00	0.00	0.00	0.0
Totals:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
ACCIDENT TYPE						
Lifting	2	2.7	25,730.15	41,780.27	67,510.42	33.8
Struck/Injured By Fellow Worker, P	13	17.6	45,742.44	0.00	45,742.44	22.9
Fall On the Same Level	14	18.9	12,095.48	19,908.86	32,004.34	16.0
Twisting	1	1.4	3,744.20	18,921.80	22,666.00	11.3
Strain or Injury By, NOC	4	5.4	8,278.12	14,324.07	22,602.19	11.3
Other Injury NEC	4	5.4	1,771.97	0.00	1,771.97	0.9
Cut, Punctured, Scraped, NOC	8	10.8	442.48	1,250.00	1,692.48	0.8
Fall/Slip From Liquid or Grease Spi	1	1.4	197.18	1,102.82	1,300.00	0.6
Steam or Hot Fluids	2	2.7	0.00	1,250.00	1,250.00	0.6
Caught In/Between-Object Handlec	1	1.4	1,196.60	0.00	1,196.60	0.6
Foreign Body in Eye	3	4.1	768.76	0.00	768.76	0.4
Fall, Slip or Trip, NOC	4	5.4	696.43	0.00	696.43	0.3
Struck/Injured By Falling or Flying (	1	1.4	443.62	0.00	443.62	0.2
Contact With Cold Object or Substa	1	1.4	265.16	0.00	265.16	0.1
Other than Physical Cause of Injury	5	6.8	95.28	0.00	95.28	0.0
Contact With Not Otherwise Classif	1	1.4	18.82	0.00	18.82	0.0
Caught In, Under or Between, NOC	2	2.7	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	2.7	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	1.4	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	2	2.7	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being L	1	1.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.4	0.00	0.00	0.00	0.0
Sum:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
BODY PART						
Trunk Low Back Area (Incl. Lumba	6	8.1	33,901.64	44,833.21	78,734.85	39.4
Multiple Body Parts Multiple Body	13	17.6	11,346.18	21,458.86	32,805.04	16.4
Lower Extremities Knee	7	9.5	21,751.82	9,573.95	31,325.77	15.7
Upper Extremities Wrist	3	4.1	4,430.47	18,921.80	23,352.27	11.7
Upper Extremities Wrist(s) and Ha	1	1.4	14,704.01	0.00	14,704.01	7.4
Upper Extremities Shoulder(s)	2	2.7	10,843.58	0.00	10,843.58	5.4

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	9	12.2	2,243.77	1,250.00	3,493.77	1.7
Head Other facial soft tissue	3	4.1	0.00	1,250.00	1,250.00	0.6
Upper Extremities Thumb	1	1.4	0.00	1,250.00	1,250.00	0.6
Head Eye(s)	4	5.4	1,033.92	0.00	1,033.92	0.5
Upper Extremities Lower Arm	6	8.1	854.18	0.00	854.18	0.4
Upper Extremities Multiple Upper E	2	2.7	244.20	0.00	244.20	0.1
Multiple Body Parts No Physical In	6	8.1	95.28	0.00	95.28	0.0
Lower Extremities Great Toe	2	2.7	18.82	0.00	18.82	0.0
Neck Soft Tissue-Neck	1	1.4	18.82	0.00	18.82	0.0
Head Nose	1	1.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	1.4	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower E	1	1.4	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	1.4	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum &	1	1.4	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	4.1	0.00	0.00	0.00	0.0
Sum:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	
INJURY						
Strain	8	10.8	30,610.91	63,502.07	94,112.98	47.1
Contusion (Bruise, Skin Surface)	32	43.2	50,657.54	30,182.93	80,840.47	40.4
Multiple Physical Injury Only	1	1.4	14,704.01	0.00	14,704.01	7.4
Laceration	10	13.5	462.48	1,250.00	1,712.48	0.9
Inflammation	1	1.4	197.18	1,102.82	1,300.00	0.6
Burn	3	4.1	18.82	1,250.00	1,268.82	0.6
Concussion (Brain, Cerebral)	1	1.4	0.00	1,250.00	1,250.00	0.6
Crushing	2	2.7	1,196.60	0.00	1,196.60	0.6
Puncture	3	4.1	1,170.27	0.00	1,170.27	0.6
Foreign Body (Eye)	3	4.1	1,033.92	0.00	1,033.92	0.5
Multiple Injury Inc. Physical & Psycl	1	1.4	739.16	0.00	739.16	0.4
All Other (Specific) Injuries, NOC	1	1.4	581.70	0.00	581.70	0.3
Contagious Disease	5	6.8	95.28	0.00	95.28	0.0
Fracture	1	1.4	18.82	0.00	18.82	0.0
No Physical Injury	2	2.7	0.00	0.00	0.00	0.0
Sum:	**74**		**$101,486.69**	**$98,537.82**	**$200,024.51**	

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Company: Commonwealth of Virginia
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Reserves as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
937 - Southern VA Higher Education Ctr.						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0
Sum:	**1**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Stairs	1	100.0	$0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
948 - Southwest VA Higher Education Ctr.						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0
Sum:	**2**		**0.00**	**0.00**	**0.00**	
TIME OF INJURY						
2PM - 3:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	$0.00	0.00	0.00	0.0
8 - 10	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	$0.00	0.00	0.00	0.0
65 - 69	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	$0.00	0.00	0.00	0.0
Male	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Electricity	1	50.0	$0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	50.0	$0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Contact with Electrical Current	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Mac	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Teeth	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Electric Shock	1	50.0	0.00	0.00	0.00	0.0

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Description		# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture		1	50.0	0.00	0.00	0.00	0.0
	Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
960 - FIRE PROGRAMS, DEPT. OF						
TYPE OF CLAIM						
Indemnity	1	100.0	2,209.08	0.00	2,209.08	1
Sum:	**1**		**2,209.08**	**0.00**	**2,209.08**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
LENGTH OF SERVICE						
22 - 24	1	100.0	$2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
Age of Claimant						
60 - 64	1	100.0	$2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
SEX OF CLAIMANT						
Male	1	100.0	$2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
LOSS CAUSE						
Stairs, steps	1	100.0	$2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	2,209.08	0.00	2,209.08	100.0
Sum:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
BODY PART						
Lower Extremities Knee	1	100.0	2,209.08	0.00	2,209.08	100.0
Sum:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
INJURY						
Strain	1	100.0	2,209.08	0.00	2,209.08	100.0
Sum:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
961 - Capitol Police						
TYPE OF CLAIM						
Medical Only	2	50.0	459.86	790.14	1,250.00	1
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0
Sum:	**4**		**459.86**	**790.14**	**1,250.00**	
TIME OF INJURY						
4AM - 5:59AM	1	25.0	459.86	790.14	1,250.00	100.0
6AM - 7:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	3	75.0	$459.86	790.14	1,250.00	100.0
6 - 8	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
Age of Claimant						
25 - 29	4	100.0	$459.86	790.14	1,250.00	100.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
SEX OF CLAIMANT						
Female	3	75.0	$459.86	790.14	1,250.00	100.0
Male	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
LOSS CAUSE						
Outside Surface	1	25.0	$459.86	790.14	1,250.00	100.0
Stairs	1	25.0	$0.00	0.00	0.00	0.0
Training \ Drills	1	25.0	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	$0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	2	50.0	459.86	790.14	1,250.00	100.0
Fall On the Same Level	1	25.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
BODY PART						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist	1	25.0	459.86	790.14	1,250.00	100.0
Lower Extremities Foot	1	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
INJURY						
Laceration	1	25.0	459.86	790.14	1,250.00	100.0
Contusion (Bruise, Skin Surface)	2	50.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$459.86**	**$790.14**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
TYPE OF CLAIM						
Indemnity	17	15.5	37,607.83	281,783.18	319,391.01	0.92
Medical Only	41	37.3	13,032.69	13,268.96	26,301.65	0.08
Reporting Purposes Only	52	47.3	0.00	0.00	0.00	0
Sum:	**110**		**50,640.52**	**295,052.14**	**345,692.66**	
TIME OF INJURY						
2PM - 3:59PM	19	17.3	19,553.68	131,273.26	150,826.94	43.6
6AM - 7:59AM	6	5.5	5,937.23	78,569.03	84,506.26	24.4
12PM - 1:59PM	17	15.5	10,122.74	42,000.26	52,123.00	15.1
10AM - 11:59AM	24	21.8	9,311.94	28,384.96	37,696.90	10.9
6PM - 7:59PM	9	8.2	84.50	11,100.00	11,184.50	3.2
8AM - 9:59AM	15	13.6	1,264.65	3,724.63	4,989.28	1.4
4PM - 5:59PM	9	8.2	4,324.97	0.00	4,324.97	1.3
8PM - 9:59PM	10	9.1	40.81	0.00	40.81	0.0
10PM - 11:59PM	1	0.9	0.00	0.00	0.00	0.0
Totals:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
LENGTH OF SERVICE						
8 - 10	6	5.5	$7,719.82	115,976.50	123,696.32	35.8
2 - 4	29	26.4	$16,623.74	83,974.34	100,598.08	29.1
0 - 2	43	39.1	$16,864.01	60,291.71	77,155.72	22.3
26 - 28	1	0.9	$1,483.86	24,634.96	26,118.82	7.6
6 - 8	9	8.2	$7,423.45	6,450.00	13,873.45	4.0
12 - 14	4	3.6	$334.39	1,250.00	1,584.39	0.5
18 - 20	1	0.9	$0.00	1,250.00	1,250.00	0.4
28 - 30	1	0.9	$25.37	1,224.63	1,250.00	0.4
4 - 6	9	8.2	$165.88	0.00	165.88	0.0
10 - 12	4	3.6	$0.00	0.00	0.00	0.0
16 - 18	2	1.8	$0.00	0.00	0.00	0.0
14 - 16	1	0.9	$0.00	0.00	0.00	0.0
Totals:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
Age of Claimant						
60 - 64	11	10.0	$10,326.79	125,301.13	135,627.92	39.2
45 - 49	11	10.0	$8,638.68	104,453.99	113,092.67	32.7
40 - 44	10	9.1	$11,744.56	36,148.82	47,893.38	13.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	14	12.7	$2,135.11	13,131.33	15,266.44	4.4
30 - 34	14	12.7	$5,299.54	8,551.44	13,850.98	4.0
35 - 39	18	16.4	$6,521.02	2,500.00	9,021.02	2.6
65 - 69	8	7.3	$4,362.54	0.00	4,362.54	1.3
50 - 54	8	7.3	$482.48	3,750.00	4,232.48	1.2
20 - 24	9	8.2	$679.71	1,215.43	1,895.14	0.5
75 - 79	1	0.9	$334.39	0.00	334.39	0.1
80 - 84	1	0.9	$115.70	0.00	115.70	0.0
55 - 59	5	4.5	$0.00	0.00	0.00	0.0
Totals:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
SEX OF CLAIMANT						
Female	51	46.4	$25,290.54	185,086.35	210,376.89	60.9
Male	59	53.6	$25,349.98	109,965.79	135,315.77	39.1
Totals:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
LOSS CAUSE						
Boxes / containers	26	23.6	$16,703.00	124,871.72	141,574.72	41.0
Metal items	5	4.5	$9,307.31	115,976.50	125,283.81	36.2
Hand Truck (2w)	4	3.6	$4,466.64	24,634.96	29,101.60	8.4
Glass bottle / sheet	12	10.9	$947.62	13,577.46	14,525.08	4.2
Object on Floor	3	2.7	$9,630.28	1,250.00	10,880.28	3.1
Vehicle/car/truck	2	1.8	$5,042.75	4,576.07	9,618.82	2.8
Floor	12	10.9	$84.50	5,200.00	5,284.50	1.5
Cart	1	0.9	$2,543.96	0.00	2,543.96	0.7
Blade	5	4.5	$112.95	1,215.43	1,328.38	0.4
Animal / insect, not otherwise class	1	0.9	$0.00	1,250.00	1,250.00	0.4
Pallet Jack	1	0.9	$0.00	1,250.00	1,250.00	0.4
Person	7	6.4	$0.00	1,250.00	1,250.00	0.4
Shelving	1	0.9	$691.60	0.00	691.60	0.2
Conveyor	1	0.9	$463.66	0.00	463.66	0.1
Hand tool, not powered, NOC	1	0.9	$334.39	0.00	334.39	0.1
Grinder	1	0.9	$196.16	0.00	196.16	0.1
Animal, not otherwise classified	1	0.9	$115.70	0.00	115.70	0.0
Chemicals, not otherwise classified	4	3.6	$0.00	0.00	0.00	0.0
Dolly	2	1.8	$0.00	0.00	0.00	0.0
Door	1	0.9	$0.00	0.00	0.00	0.0
Ergonomic Conditions	1	0.9	$0.00	0.00	0.00	0.0
Forklift	1	0.9	$0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Gas / Fumes	4	3.6	$0.00	0.00	0.00	0.0
Lift	1	0.9	$0.00	0.00	0.00	0.0
N/A	5	4.5	$0.00	0.00	0.00	0.0
Roller	1	0.9	$0.00	0.00	0.00	0.0
Sharp objects, not otherwise classil	1	0.9	$0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	1.8	$0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	1.8	$0.00	0.00	0.00	0.0
Wall	1	0.9	$0.00	0.00	0.00	0.0
Totals:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
ACCIDENT TYPE						
Fall On the Same Level	19	17.3	21,964.06	153,375.32	175,339.38	50.7
Pushing or Pulling	2	1.8	5,514.74	78,122.90	83,637.64	24.2
Struck/Injured By Object Being Lifte	4	3.6	1,483.86	25,884.96	27,368.82	7.9
Lifting	12	10.9	6,401.01	9,350.00	15,751.01	4.6
Broken Glass	8	7.3	506.31	11,881.33	12,387.64	3.6
Collision with Another Vehicle	1	0.9	5,017.38	3,351.44	8,368.82	2.4
Other Injury NEC	7	6.4	18.82	5,200.00	5,218.82	1.5
Struck/Injured By Falling or Flying (	6	5.5	3,052.31	446.13	3,498.44	1.0
Caught In/Between-Object Handlec	1	0.9	2,963.96	0.00	2,963.96	0.9
Hand Tool, Utensil; Not Powered	9	8.2	447.34	2,465.43	2,912.77	0.8
Cut, Punctured, Scraped, NOC	5	4.5	1,587.49	1,250.00	2,837.49	0.8
Struck/Injured By Animal or Insect	2	1.8	115.70	1,250.00	1,365.70	0.4
Struck/Injured By Fellow Worker, P	3	2.7	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Motor Vehicle	1	0.9	25.37	1,224.63	1,250.00	0.4
Strike Against/Step On Stationary (	3	2.7	691.60	0.00	691.60	0.2
Reaching	1	0.9	463.66	0.00	463.66	0.1
Dust, Gases, Fumes or Vapors	3	2.7	196.16	0.00	196.16	0.1
Struck or Injury By, NOC	1	0.9	80.79	0.00	80.79	0.0
Fall, Slip or Trip, NOC	2	1.8	65.68	0.00	65.68	0.0
Repetitive Motion (after 7/1/94)	3	2.7	44.28	0.00	44.28	0.0
Absorption, Ingestion or Inhalation	7	6.4	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	2	1.8	0.00	0.00	0.00	0.0
Person in Act of Crime	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
Strain or Injury By, NOC	3	2.7	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Mac	1	0.9	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled E	1	0.9	0.00	0.00	0.00	0.0
Twisting	1	0.9	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
BODY PART						
Multiple Body Parts Multiple Body	15	13.6	12,833.47	117,226.50	130,059.97	37.6
Upper Extremities Elbow	5	4.5	6,268.31	78,122.90	84,391.21	24.4
Lower Extremities Knee	5	4.5	2,070.00	36,148.82	38,218.82	11.1
Lower Extremities Foot	5	4.5	1,906.35	26,331.09	28,237.44	8.2
Upper Extremities Hand	8	7.3	559.63	14,346.76	14,906.39	4.3
Lower Extremities Ankle	4	3.6	9,649.10	5,200.00	14,849.10	4.3
Trunk Low Back Area (Incl. Lumba	14	12.7	6,159.66	2,500.00	8,659.66	2.5
Neck Vertebrae	2	1.8	5,017.38	3,351.44	8,368.82	2.4
Trunk Pelvis	1	0.9	18.82	8,100.00	8,118.82	2.3
Upper Extremities Finger(s)	14	12.7	1,647.12	2,500.00	4,147.12	1.2
Lower Extremities Toe(s)	2	1.8	2,963.96	0.00	2,963.96	0.9
Head Other facial soft tissue	7	6.4	25.37	1,224.63	1,250.00	0.4
Trunk Upper Back Area (Thoracic	1	0.9	463.66	0.00	463.66	0.1
Upper Extremities Thumb	2	1.8	353.21	0.00	353.21	0.1
Trunk Chest (Incl. Ribs, Sternum &	3	2.7	222.53	0.00	222.53	0.1
Trunk Lung(s)	1	0.9	196.16	0.00	196.16	0.1
Lower Extremities Lower Leg	1	0.9	115.70	0.00	115.70	0.0
Head Facial Bones	2	1.8	65.68	0.00	65.68	0.0
Upper Extremities Wrist	2	1.8	44.28	0.00	44.28	0.0
Head Brain	1	0.9	41.31	0.00	41.31	0.0
Upper Extremities Shoulder(s)	2	1.8	18.82	0.00	18.82	0.0
Head Multiple Head Injury	2	1.8	0.00	0.00	0.00	0.0
Head Nose	3	2.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical In	5	4.5	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	0.9	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	0.9	0.00	0.00	0.00	0.0
Trunk Buttocks	1	0.9	0.00	0.00	0.00	0.0
Sum:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	
INJURY						
Strain	20	18.2	18,924.93	116,709.30	135,634.23	39.2
Multiple Injury Inc. Physical & Psycl	4	3.6	12,833.47	115,976.50	128,809.97	37.3
Contusion (Bruise, Skin Surface)	19	17.3	2,135.68	36,148.82	38,284.50	11.1
Fracture	7	6.4	10,090.41	8,146.13	18,236.54	5.3
Laceration	19	17.3	2,541.14	13,096.76	15,637.90	4.5
Sprain	8	7.3	3,655.56	0.00	3,655.56	1.1

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments As of: 06/30/2025
Claims added as of: 06/30/2025
Reserves as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Crushing	2	1.8	0.00	2,500.00	2,500.00	0.7
Concussion (Brain, Cerebral)	2	1.8	66.68	1,224.63	1,291.31	0.4
All Other (Specific) Injuries, NOC	1	0.9	0.00	1,250.00	1,250.00	0.4
Respiratory Disorders(Gases,Fume	1	0.9	196.16	0.00	196.16	0.1
Puncture	1	0.9	115.70	0.00	115.70	0.0
Inflammation	4	3.6	80.79	0.00	80.79	0.0
All Other Occupational Disease	1	0.9	0.00	0.00	0.00	0.0
Dislocation	1	0.9	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	0.9	0.00	0.00	0.00	0.0
Mental Stress	1	0.9	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	2	1.8	0.00	0.00	0.00	0.0
No Physical Injury	12	10.9	0.00	0.00	0.00	0.0
Poisoning-General (Not OD or Cum	4	3.6	0.00	0.00	0.00	0.0
Sum:	**110**		**$50,640.52**	**$295,052.14**	**$345,692.66**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
100 - Senate of Virginia						
S100 - Senate of Virginia						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
16 - 18	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Foot	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Sprain	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
101 - HOUSE OF DELEGATES						
S101 - HOUSE OF DELEGATES						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
80 - 84	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Door	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
103 - MAGISTRATE SYSTEM						
S103 - MAGISTRATE SYSTEM						
TYPE OF CLAIM						
Medical Only	2	50.0	341.13	0.00	341.13	100.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
TIME OF INJURY						
2PM - 3:59PM	2	50.0	341.13	0.00	341.13	100.0
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
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
LENGTH OF SERVICE						
0 - 2	2	50.0	341.13	0.00	341.13	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
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
Age of Claimant						
40 - 44	1	25.0	341.13	0.00	341.13	100.0
25 - 29	1	25.0	0.00	0.00	0.00	0.0
50 - 54	1	25.0	0.00	0.00	0.00	0.0
65 - 69	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
SEX OF CLAIMANT						
Female	3	75.0	341.13	0.00	341.13	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
LOSS CAUSE						
Walking surface, outside, wet	1	25.0	341.13	0.00	341.13	100.0
Door	2	50.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$341.13**	**$0.00**	**$341.13**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	25.0	341.13	0.00	341.13	100.0
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$341.13**	**$0.00**	**$341.13**	
BODY PART						

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	1	25.0	341.13	0.00	341.13	100.0
Head Other facial soft tissue	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 Lower Arm	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$341.13**	**$0.00**	**$341.13**	
INJURY						
Contusion (Bruise, Skin Surface)	3	75.0	341.13	0.00	341.13	100.0
Laceration	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$341.13**	**$0.00**	**$341.13**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
107 - LEGISLATIVE SERVICES						
S107 - LEGISLATIVE SERVICES						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	0.00	0.00	0.00	0.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	50.0	0.00	0.00	0.00	0.0
30 - 34	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Chair	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Neck Multiple Neck Injury	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
111 - SUPREME COURT OF VIRGINIA						
114 - GENERAL COURTS						
TYPE OF CLAIM						
Indemnity	4	26.7	104,385.95	108,247.81	212,633.76	98.8
Medical Only	7	46.7	0.00	2,500.00	2,500.00	1.2
Reporting Purposes Only	4	26.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
TIME OF INJURY						
2PM - 3:59PM	1	6.7	87,119.49	53,909.33	141,028.82	65.6
6AM - 7:59AM	4	26.7	17,228.82	54,338.48	71,567.30	33.3
12PM - 1:59PM	4	26.7	18.82	1,250.00	1,268.82	0.6
10AM - 11:59AM	2	13.3	0.00	1,250.00	1,250.00	0.6
4PM - 5:59PM	1	6.7	18.82	0.00	18.82	0.0
8AM - 9:59AM	3	20.0	0.00	0.00	0.00	0.0
Totals:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
LENGTH OF SERVICE						
4 - 6	1	6.7	87,119.49	53,909.33	141,028.82	65.6
18 - 20	2	13.3	17,228.82	54,338.48	71,567.30	33.3
0 - 2	5	33.3	0.00	2,500.00	2,500.00	1.2
2 - 4	3	20.0	18.82	0.00	18.82	0.0
8 - 10	2	13.3	18.82	0.00	18.82	0.0
16 - 18	1	6.7	0.00	0.00	0.00	0.0
24 - 26	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
Age of Claimant						
60 - 64	5	33.3	104,367.13	108,247.81	212,614.94	98.8
30 - 34	3	20.0	0.00	1,250.00	1,250.00	0.6
45 - 49	1	6.7	0.00	1,250.00	1,250.00	0.6
25 - 29	1	6.7	18.82	0.00	18.82	0.0
40 - 44	1	6.7	0.00	0.00	0.00	0.0
55 - 59	1	6.7	0.00	0.00	0.00	0.0
65 - 69	1	6.7	0.00	0.00	0.00	0.0
70 - 74	1	6.7	0.00	0.00	0.00	0.0
75 - 79	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	14	93.3	104,385.95	109,497.81	213,883.76	99.4
Male	1	6.7	0.00	1,250.00	1,250.00	0.6
Totals:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
LOSS CAUSE						
Vehicle/car/truck	1	6.7	87,119.49	53,909.33	141,028.82	65.6
Walking surface, outside, wet	2	13.3	17,247.64	54,338.48	71,586.12	33.3
Stairs, steps	4	26.7	0.00	1,250.00	1,250.00	0.6
Training \ Drills	1	6.7	0.00	1,250.00	1,250.00	0.6
Stairs	1	6.7	18.82	0.00	18.82	0.0
Chair	1	6.7	0.00	0.00	0.00	0.0
Door	1	6.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	6.7	0.00	0.00	0.00	0.0
Trash receptacle	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
Work surface	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	6.7	87,119.49	53,909.33	141,028.82	65.6
Fall/Slip on Ice or Snow	1	6.7	17,228.82	54,338.48	71,567.30	33.3
Fall, Slip or Trip, NOC	1	6.7	0.00	1,250.00	1,250.00	0.6
Pushing or Pulling	1	6.7	0.00	1,250.00	1,250.00	0.6
Fall On the Same Level	4	26.7	18.82	0.00	18.82	0.0
Fall/Slip on Stairs	4	26.7	18.82	0.00	18.82	0.0
Hand Tool, Utensil; Not Powered	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
Slipped, Did Not Fall	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
BODY PART						
Multiple Body Parts Multiple Body Parts	5	33.3	104,348.31	109,497.81	213,846.12	99.4
Upper Extremities Shoulder(s)	1	6.7	0.00	1,250.00	1,250.00	0.6
Lower Extremities Knee	4	26.7	18.82	0.00	18.82	0.0
Upper Extremities Hand	1	6.7	18.82	0.00	18.82	0.0
Lower Extremities Foot	1	6.7	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info to Ic	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 Wrist	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	
INJURY						
Multiple Physical Injury Only	2	13.3	87,119.49	53,909.33	141,028.82	65.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	2	13.3	17,228.82	54,338.48	71,567.30	33.3
All Other (Specific) Injuries, NOC	1	6.7	0.00	1,250.00	1,250.00	0.6
Inflammation	1	6.7	0.00	1,250.00	1,250.00	0.6
Fracture	2	13.3	18.82	0.00	18.82	0.0
Sprain	2	13.3	18.82	0.00	18.82	0.0
Laceration	1	6.7	0.00	0.00	0.00	0.0
No Physical Injury	3	20.0	0.00	0.00	0.00	0.0
Strain	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$104,385.95**	**$110,747.81**	**$215,133.76**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
111 - SUPREME COURT OF VIRGINIA						
115 - JUVENILE & DOMESTIC						
TYPE OF CLAIM						
Indemnity	2	50.0	4,156.90	44,080.74	48,237.64	100.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
TIME OF INJURY						
8AM - 9:59AM	1	25.0	4,138.08	44,080.74	48,218.82	100.0
10AM - 11:59AM	1	25.0	18.82	0.00	18.82	0.0
2PM - 3:59PM	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
Totals:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
LENGTH OF SERVICE						
12 - 14	1	25.0	4,138.08	44,080.74	48,218.82	100.0
8 - 10	1	25.0	18.82	0.00	18.82	0.0
0 - 2	1	25.0	0.00	0.00	0.00	0.0
4 - 6	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
Age of Claimant						
65 - 69	1	25.0	4,138.08	44,080.74	48,218.82	100.0
75 - 79	1	25.0	18.82	0.00	18.82	0.0
35 - 39	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
SEX OF CLAIMANT						
Female	3	75.0	4,156.90	44,080.74	48,237.64	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
LOSS CAUSE						
Stairs	1	25.0	4,138.08	44,080.74	48,218.82	100.0
Walking surface, inside, dry	1	25.0	18.82	0.00	18.82	0.0
Walking surface, inside, wet	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
Totals:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	25.0	4,138.08	44,080.74	48,218.82	100.0
Fall On the Same Level	1	25.0	18.82	0.00	18.82	0.0
Fall/Slip From Liquid or Grease Spills	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Ice or Snow	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	25.0	4,138.08	44,080.74	48,218.82	100.0
Multiple Body Parts Whole Body	1	25.0	18.82	0.00	18.82	0.0
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0
Trunk Spinal Cord	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	
INJURY						
Fracture	1	25.0	4,138.08	44,080.74	48,218.82	100.0
Multiple Physical Injury Only	1	25.0	18.82	0.00	18.82	0.0
Concussion (Brain, Cerebral)	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
Sum:	**4**		**$4,156.90**	**$44,080.74**	**$48,237.64**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
111 - SUPREME COURT OF VIRGINIA						
S111 - SUPREME COURT OF VIRGINIA						
TYPE OF CLAIM						
Medical Only	5	50.0	3,070.03	2,500.00	5,570.03	99.7
Indemnity	1	10.0	18.82	0.00	18.82	0.3
Reporting Purposes Only	4	40.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
TIME OF INJURY						
12PM - 1:59PM	1	10.0	3,070.03	0.00	3,070.03	54.9
2PM - 3:59PM	3	30.0	0.00	2,500.00	2,500.00	44.7
8AM - 9:59AM	3	30.0	18.82	0.00	18.82	0.3
6PM - 7:59PM	1	10.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	20.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
LENGTH OF SERVICE						
0 - 2	4	40.0	3,070.03	1,250.00	4,320.03	77.3
2 - 4	2	20.0	0.00	1,250.00	1,250.00	22.4
14 - 16	1	10.0	18.82	0.00	18.82	0.3
6 - 8	2	20.0	0.00	0.00	0.00	0.0
18 - 20	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
Age of Claimant						
25 - 29	2	20.0	3,070.03	0.00	3,070.03	54.9
45 - 49	1	10.0	0.00	1,250.00	1,250.00	22.4
50 - 54	1	10.0	0.00	1,250.00	1,250.00	22.4
65 - 69	1	10.0	18.82	0.00	18.82	0.3
30 - 34	1	10.0	0.00	0.00	0.00	0.0
40 - 44	1	10.0	0.00	0.00	0.00	0.0
55 - 59	1	10.0	0.00	0.00	0.00	0.0
60 - 64	2	20.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
SEX OF CLAIMANT						
Male	2	20.0	3,070.03	0.00	3,070.03	54.9
Female	8	80.0	18.82	2,500.00	2,518.82	45.1
Totals:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
LOSS CAUSE						
Shelving	1	10.0	3,070.03	0.00	3,070.03	54.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Computer Work Station	1	10.0	0.00	1,250.00	1,250.00	22.4
Person	1	10.0	0.00	1,250.00	1,250.00	22.4
Walking surface, inside, dry	1	10.0	18.82	0.00	18.82	0.3
Chair	1	10.0	0.00	0.00	0.00	0.0
Door	2	20.0	0.00	0.00	0.00	0.0
Outside Surface	1	10.0	0.00	0.00	0.00	0.0
Racking	1	10.0	0.00	0.00	0.00	0.0
Stairs	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
ACCIDENT TYPE						
Strike Against/Step On Obj Being Lifted	1	10.0	3,070.03	0.00	3,070.03	54.9
Absorption, Ingestion or Inhalation NOC	1	10.0	0.00	1,250.00	1,250.00	22.4
Struck or Injury By, NOC	1	10.0	0.00	1,250.00	1,250.00	22.4
Fall On the Same Level	1	10.0	18.82	0.00	18.82	0.3
Caught In, Under or Between, NOC	1	10.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	10.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	10.0	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	10.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	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
Sum:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
BODY PART						
Upper Extremities Hand	1	10.0	3,070.03	0.00	3,070.03	54.9
Head Eye(s)	1	10.0	0.00	1,250.00	1,250.00	22.4
Lower Extremities Toe(s)	1	10.0	0.00	1,250.00	1,250.00	22.4
Upper Extremities Upper Arm (Incl. Cla	1	10.0	18.82	0.00	18.82	0.3
Lower Extremities Ankle	1	10.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	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
Trunk Low Back Area (Incl. Lumbar & L	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	20.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	
INJURY						
Laceration	2	20.0	3,070.03	0.00	3,070.03	54.9
Sprain	1	10.0	0.00	1,250.00	1,250.00	22.4
Vision Loss	1	10.0	0.00	1,250.00	1,250.00	22.4
Multiple Physical Injury Only	1	10.0	18.82	0.00	18.82	0.3
Contusion (Bruise, Skin Surface)	1	10.0	0.00	0.00	0.00	0.0
Fracture	1	10.0	0.00	0.00	0.00	0.0
Inflammation	1	10.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	1	10.0	0.00	0.00	0.00	0.0
Strain	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$3,088.85**	**$2,500.00**	**$5,588.85**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
117 - VIRGINIA STATE BAR						
S117 - VIRGINIA STATE BAR						
TYPE OF CLAIM						
Medical Only	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
LENGTH OF SERVICE						
2 - 4	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
Age of Claimant						
35 - 39	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
SEX OF CLAIMANT						
Female	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
LOSS CAUSE						
Trash receptacle	1	100.0	4,129.38	0.00	4,129.38	100.0
Totals:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
ACCIDENT TYPE						
Object Being Lifted or Handled	1	100.0	4,129.38	0.00	4,129.38	100.0
Sum:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
BODY PART						
Head Other facial soft tissue	1	100.0	4,129.38	0.00	4,129.38	100.0
Sum:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	4,129.38	0.00	4,129.38	100.0
Sum:	**1**		**$4,129.38**	**$0.00**	**$4,129.38**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
121 - GOVERNOR'S OFFICE						
S121 - GOVERNOR'S OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
TIME OF INJURY						
10PM - 11:59PM	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
LENGTH OF SERVICE						
0 - 2	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
Age of Claimant						
25 - 29	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
SEX OF CLAIMANT						
Male	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
LOSS CAUSE						
Door	1	100.0	31.62	0.00	31.62	100.0
Totals:	**1**		**$31.62**	**$0.00**	**$31.62**	
ACCIDENT TYPE						
Fall/Slip into Openings	1	100.0	31.62	0.00	31.62	100.0
Sum:	**1**		**$31.62**	**$0.00**	**$31.62**	
BODY PART						
Head Brain	1	100.0	31.62	0.00	31.62	100.0
Sum:	**1**		**$31.62**	**$0.00**	**$31.62**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	31.62	0.00	31.62	100.0
Sum:	**1**		**$31.62**	**$0.00**	**$31.62**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
123 - MILITARY AFFAIRS, DEPARTMENT OF						
S123 - MILITARY AFFAIRS, DEPARTMENT OF						
TYPE OF CLAIM						
Indemnity	18	18.0	88,249.45	247,788.20	336,037.65	88.1
Medical Only	27	27.0	35,607.70	9,951.71	45,559.41	11.9
Reporting Purposes Only	55	55.0	0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
TIME OF INJURY						
8AM - 9:59AM	32	32.0	80,575.09	114,541.23	195,116.32	51.1
10AM - 11:59AM	10	10.0	42,425.60	62,344.96	104,770.56	27.5
12PM - 1:59PM	4	4.0	166.81	44,302.01	44,468.82	11.7
6AM - 7:59AM	20	20.0	251.71	31,600.00	31,851.71	8.3
2PM - 3:59PM	10	10.0	347.01	2,500.00	2,847.01	0.7
4PM - 5:59PM	13	13.0	53.29	2,451.71	2,505.00	0.7
12AM - 1:59AM	1	1.0	18.82	0.00	18.82	0.0
8PM - 9:59PM	3	3.0	18.82	0.00	18.82	0.0
4AM - 5:59AM	2	2.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	5	5.0	0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
LENGTH OF SERVICE						
16 - 18	2	2.0	45,515.68	157,593.24	203,108.92	53.2
0 - 2	70	70.0	77,806.26	67,296.67	145,102.93	38.0
8 - 10	3	3.0	37.64	31,600.00	31,637.64	8.3
12 - 14	6	6.0	0.00	1,250.00	1,250.00	0.3
10 - 12	2	2.0	328.19	0.00	328.19	0.1
4 - 6	7	7.0	56.46	0.00	56.46	0.0
2 - 4	5	5.0	37.64	0.00	37.64	0.0
6 - 8	1	1.0	18.82	0.00	18.82	0.0
24 - 26	1	1.0	18.82	0.00	18.82	0.0
14 - 16	2	2.0	18.82	0.00	18.82	0.0
26 - 28	1	1.0	18.82	0.00	18.82	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
Age of Claimant						
40 - 44	6	6.0	46,084.34	146,141.23	192,225.57	50.4
55 - 59	7	7.0	43,197.89	59,844.96	103,042.85	27.0
50 - 54	10	10.0	242.09	43,052.01	43,294.10	11.3
25 - 29	10	10.0	24,966.96	1,201.71	26,168.67	6.9
30 - 34	14	14.0	4,836.28	1,250.00	6,086.28	1.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	18	18.0	725.24	5,000.00	5,725.24	1.5
35 - 39	14	14.0	3,382.06	1,250.00	4,632.06	1.2
60 - 64	5	5.0	328.19	0.00	328.19	0.1
45 - 49	10	10.0	56.46	0.00	56.46	0.0
65 - 69	4	4.0	37.64	0.00	37.64	0.0
15 - 19	2	2.0	0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
SEX OF CLAIMANT						
Male	71	71.0	52,705.62	139,448.68	192,154.30	50.4
Female	29	29.0	71,151.53	118,291.23	189,442.76	49.6
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
LOSS CAUSE						
Walking surface, outside, wet	3	3.0	45,348.87	114,541.23	159,890.10	41.9
Cabinet	1	1.0	42,425.60	58,594.96	101,020.56	26.5
N/A	4	4.0	247.43	43,052.01	43,299.44	11.3
Vehicle/car/truck	8	8.0	33,679.57	1,250.00	34,929.57	9.2
Chemicals, not otherwise classified	3	3.0	18.82	31,600.00	31,618.82	8.3
Environmental conditions	27	27.0	753.47	1,250.00	2,003.47	0.5
Outside Surface	1	1.0	53.29	1,201.71	1,255.00	0.3
Boxes / containers	2	2.0	0.00	1,250.00	1,250.00	0.3
Shelving	1	1.0	0.00	1,250.00	1,250.00	0.3
Straps	1	1.0	0.00	1,250.00	1,250.00	0.3
Training \ Drills	2	2.0	0.00	1,250.00	1,250.00	0.3
Walking surface, outside, dry	4	4.0	0.00	1,250.00	1,250.00	0.3
Office equipment	2	2.0	697.83	0.00	697.83	0.2
Wood Items	1	1.0	328.19	0.00	328.19	0.1
Infectious agent	21	21.0	207.02	0.00	207.02	0.1
Insufficient data	3	3.0	78.24	0.00	78.24	0.0
Object on Floor	1	1.0	18.82	0.00	18.82	0.0
Animal / bee type	2	2.0	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classifie	1	1.0	0.00	0.00	0.00	0.0
Cart	1	1.0	0.00	0.00	0.00	0.0
Floor	1	1.0	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	1.0	0.00	0.00	0.00	0.0
Hazardous Material	1	1.0	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	1.0	0.00	0.00	0.00	0.0
Knife, Utility	1	1.0	0.00	0.00	0.00	0.0
Noise	1	1.0	0.00	0.00	0.00	0.0
Person	1	1.0	0.00	0.00	0.00	0.0
Uneven Surface	1	1.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	2.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Water	1	1.0	0.00	0.00	0.00	0.0
Totals:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	3	3.0	46,102.34	114,541.23	160,643.57	42.1
Lifting	3	3.0	42,444.42	58,594.96	101,039.38	26.5
Other Injury NEC	29	29.0	515.58	74,652.01	75,167.59	19.7
Vehicle Upset	6	6.0	33,679.57	0.00	33,679.57	8.8
Temperature Extremes	2	2.0	53.29	1,201.71	1,255.00	0.3
Caught In, Under or Between, NOC	2	2.0	0.00	1,250.00	1,250.00	0.3
Fall On the Same Level	2	2.0	0.00	1,250.00	1,250.00	0.3
Fall/Slip From a Different Level	2	2.0	0.00	1,250.00	1,250.00	0.3
Repetitive Motion	1	1.0	0.00	1,250.00	1,250.00	0.3
Strike Against/Step On Obj Being Lifted	2	2.0	0.00	1,250.00	1,250.00	0.3
Strike Against/Step On Stationary Objec	2	2.0	0.00	1,250.00	1,250.00	0.3
Twisting	5	5.0	0.00	1,250.00	1,250.00	0.3
Struck/Injured By Object Being Lifted or	2	2.0	1,026.02	0.00	1,026.02	0.3
Other than Physical Cause of Injury	16	16.0	35.93	0.00	35.93	0.0
Absorption, Ingestion or Inhalation NOC	2	2.0	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	1.0	0.00	0.00	0.00	0.0
Continual Noise	1	1.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	1.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	1.0	0.00	0.00	0.00	0.0
Mold, Including Mildew	11	11.0	0.00	0.00	0.00	0.0
Pandemic	1	1.0	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	2	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	3.0	0.00	0.00	0.00	0.0
Sum:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
BODY PART						
Multiple Body Parts Body Systems & Mu	29	29.0	45,811.92	158,794.95	204,606.87	53.6
Upper Extremities Upper Arm (Incl. Clav	1	1.0	42,425.60	58,594.96	101,020.56	26.5
Multiple Body Parts Multiple Body Parts	15	15.0	33,752.49	0.00	33,752.49	8.8
Trunk Internal Organs	1	1.0	18.82	31,600.00	31,618.82	8.3
Upper Extremities Hand	2	2.0	328.19	1,250.00	1,578.19	0.4
Lower Extremities Foot	1	1.0	0.00	1,250.00	1,250.00	0.3
Lower Extremities Knee	4	4.0	0.00	1,250.00	1,250.00	0.3
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Elbow	2	2.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Shoulder(s)	1	1.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Thumb	3	3.0	0.00	1,250.00	1,250.00	0.3
Upper Extremities Finger(s)	2	2.0	697.83	0.00	697.83	0.2
Multiple Body Parts No Physical Injury	21	21.0	680.55	0.00	680.55	0.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Heart	2	2.0	63.51	0.00	63.51	0.0
Trunk Lung(s)	1	1.0	59.42	0.00	59.42	0.0
Neck Vertebrae	1	1.0	18.82	0.00	18.82	0.0
Head Ear(s)	1	1.0	0.00	0.00	0.00	0.0
Head Multiple Head Injury	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
Lower Extremities Ankle	2	2.0	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 Upper Leg	2	2.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	1.0	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.0	0.00	0.00	0.00	0.0
Sum:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	
INJURY						
Contusion (Bruise, Skin Surface)	11	11.0	46,374.89	117,041.23	163,416.12	42.8
Rupture	1	1.0	42,425.60	58,594.96	101,020.56	26.5
All Other Occupational Disease	3	3.0	230.32	43,052.01	43,282.33	11.3
All Other (Specific) Injuries, NOC	3	3.0	97.06	31,600.00	31,697.06	8.3
Multiple Injury Inc. Physical & Psycholog	4	4.0	30,465.78	0.00	30,465.78	8.0
Strain	9	9.0	3,286.71	2,500.00	5,786.71	1.5
Heat Prostration	1	1.0	53.29	1,201.71	1,255.00	0.3
Dermatitis	1	1.0	0.00	1,250.00	1,250.00	0.3
Dislocation	1	1.0	0.00	1,250.00	1,250.00	0.3
Laceration	3	3.0	0.00	1,250.00	1,250.00	0.3
No Physical Injury	22	22.0	680.55	0.00	680.55	0.2
Infection	21	21.0	207.02	0.00	207.02	0.1
Hernia (Rupture)	1	1.0	18.82	0.00	18.82	0.0
Syncope	1	1.0	17.11	0.00	17.11	0.0
Fracture	1	1.0	0.00	0.00	0.00	0.0
Hearing Loss or Impairment	1	1.0	0.00	0.00	0.00	0.0
Inflammation	3	3.0	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	13	13.0	0.00	0.00	0.00	0.0
Sum:	**100**		**$123,857.15**	**$257,739.91**	**$381,597.06**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
127 - EMERGENCY MANAGEMENT, DEPT OF						
S127 - EMERGENCY MANAGEMENT, DEPT OF						
TYPE OF CLAIM						
Medical Only	3	100.0	449.94	0.00	449.94	100.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
TIME OF INJURY						
8AM - 9:59AM	1	33.3	328.19	0.00	328.19	72.9
12AM - 1:59AM	1	33.3	121.75	0.00	121.75	27.1
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
LENGTH OF SERVICE						
0 - 2	2	66.7	449.94	0.00	449.94	100.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
Age of Claimant						
20 - 24	1	33.3	328.19	0.00	328.19	72.9
55 - 59	1	33.3	121.75	0.00	121.75	27.1
65 - 69	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
SEX OF CLAIMANT						
Female	1	33.3	328.19	0.00	328.19	72.9
Male	2	66.7	121.75	0.00	121.75	27.1
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
LOSS CAUSE						
Outside Surface	1	33.3	328.19	0.00	328.19	72.9
Office equipment	1	33.3	121.75	0.00	121.75	27.1
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$449.94**	**$0.00**	**$449.94**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	33.3	328.19	0.00	328.19	72.9
Strain or Injury By, NOC	1	33.3	121.75	0.00	121.75	27.1
Fall/Slip From Liquid or Grease Spills	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$449.94**	**$0.00**	**$449.94**	
BODY PART						
Upper Extremities Finger(s)	1	33.3	328.19	0.00	328.19	72.9
Trunk Low Back Area (Incl. Lumbar & Li	2	66.7	121.75	0.00	121.75	27.1
Sum:	**3**		**$449.94**	**$0.00**	**$449.94**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Laceration	1	33.3	328.19	0.00	328.19	72.9
Strain	2	66.7	121.75	0.00	121.75	27.1
Sum:	**3**		**$449.94**	**$0.00**	**$449.94**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
129 - Human Resource Management, Dept of						
S129 - Human Resource Mgmt, Dept of						
TYPE OF CLAIM						
Indemnity	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
LENGTH OF SERVICE						
0 - 2	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
Age of Claimant						
60 - 64	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
SEX OF CLAIMANT						
Female	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
LOSS CAUSE						
Cart	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Totals:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Sum:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
BODY PART						
Trunk Lumbar and/or Sacral Vertebrae	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Sum:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	
INJURY						
Sprain	1	100.0	18,073.04	40,126.00	58,199.04	100.0
Sum:	**1**		**$18,073.04**	**$40,126.00**	**$58,199.04**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
136 - VA Information Technologies Agency						
S136 - VA Information Technologies Agncy						
TYPE OF CLAIM						
Medical Only	2	100.0	1,106.18	4,768.82	5,875.00	100.0
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	0.00	4,768.82	4,768.82	81.2
8AM - 9:59AM	1	50.0	1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	0.00	4,768.82	4,768.82	81.2
10 - 12	1	50.0	1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
Age of Claimant						
35 - 39	1	50.0	0.00	4,768.82	4,768.82	81.2
60 - 64	1	50.0	1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
SEX OF CLAIMANT						
Female	2	100.0	1,106.18	4,768.82	5,875.00	100.0
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
LOSS CAUSE						
Keyboard	1	50.0	0.00	4,768.82	4,768.82	81.2
Floor	1	50.0	1,106.18	0.00	1,106.18	18.8
Totals:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	50.0	0.00	4,768.82	4,768.82	81.2
Fall On the Same Level	1	50.0	1,106.18	0.00	1,106.18	18.8
Sum:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
BODY PART						
Upper Extremities Finger(s)	1	50.0	0.00	4,768.82	4,768.82	81.2
Multiple Body Parts Multiple Body Parts	1	50.0	1,106.18	0.00	1,106.18	18.8
Sum:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	
INJURY						
Strain	1	50.0	0.00	4,768.82	4,768.82	81.2
Multiple Physical Injury Only	1	50.0	1,106.18	0.00	1,106.18	18.8
Sum:	**2**		**$1,106.18**	**$4,768.82**	**$5,875.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
140 - CRIMINAL JUSTICE SERVICES						
S140 - CRIMINAL JUSTICE SERVICES						
TYPE OF CLAIM						
Medical Only	2	66.7	312.99	0.00	312.99	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
TIME OF INJURY						
4PM - 5:59PM	2	66.7	312.99	0.00	312.99	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
LENGTH OF SERVICE						
0 - 2	2	66.7	312.99	0.00	312.99	100.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
Age of Claimant						
60 - 64	1	33.3	312.99	0.00	312.99	100.0
45 - 49	1	33.3	0.00	0.00	0.00	0.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
SEX OF CLAIMANT						
Female	2	66.7	312.99	0.00	312.99	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
LOSS CAUSE						
Walking surface, outside, wet	2	66.7	312.99	0.00	312.99	100.0
Uneven Surface	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$312.99**	**$0.00**	**$312.99**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	33.3	312.99	0.00	312.99	100.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$312.99**	**$0.00**	**$312.99**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	33.3	312.99	0.00	312.99	100.0
Lower Extremities Knee	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$312.99**	**$0.00**	**$312.99**	
INJURY						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	33.3	312.99	0.00	312.99	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
Sum:	**3**		**$312.99**	**$0.00**	**$312.99**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
141 - ATTORNEY GENERAL'S OFFICE						
S141 - ATTORNEY GENERAL'S OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
LENGTH OF SERVICE						
2 - 4	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
Age of Claimant						
60 - 64	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
SEX OF CLAIMANT						
Female	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
LOSS CAUSE						
Stairs, steps	1	100.0	624.49	0.00	624.49	100.0
Totals:	**1**		**$624.49**	**$0.00**	**$624.49**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	624.49	0.00	624.49	100.0
Sum:	**1**		**$624.49**	**$0.00**	**$624.49**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	624.49	0.00	624.49	100.0
Sum:	**1**		**$624.49**	**$0.00**	**$624.49**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	624.49	0.00	624.49	100.0
Sum:	**1**		**$624.49**	**$0.00**	**$624.49**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
146 - SCIENCE MUSEUM OF VIRGINIA						
S146 - SCIENCE MUSEUM OF VIRGINIA						
TYPE OF CLAIM						
Indemnity	2	11.8	19,314.89	118,922.75	138,237.64	99.7
Medical Only	3	17.6	374.49	0.00	374.49	0.3
Reporting Purposes Only	12	70.6	0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
TIME OF INJURY						
2PM - 3:59PM	9	52.9	14,420.89	87,072.42	101,493.31	73.2
12PM - 1:59PM	2	11.8	5,268.49	31,850.33	37,118.82	26.8
10AM - 11:59AM	1	5.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	4	23.5	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
LENGTH OF SERVICE						
2 - 4	5	29.4	14,420.89	87,072.42	101,493.31	73.2
0 - 2	9	52.9	5,268.49	31,850.33	37,118.82	26.8
4 - 6	1	5.9	0.00	0.00	0.00	0.0
18 - 20	1	5.9	0.00	0.00	0.00	0.0
22 - 24	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
Age of Claimant						
40 - 44	3	17.6	19,314.89	118,922.75	138,237.64	99.7
30 - 34	3	17.6	374.49	0.00	374.49	0.3
15 - 19	2	11.8	0.00	0.00	0.00	0.0
20 - 24	4	23.5	0.00	0.00	0.00	0.0
25 - 29	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	2	11.8	0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
SEX OF CLAIMANT						
Female	10	58.8	14,046.40	87,072.42	101,118.82	73.0
Male	7	41.2	5,642.98	31,850.33	37,493.31	27.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
LOSS CAUSE						
Recreational equipment	1	5.9	14,046.40	87,072.42	101,118.82	73.0
Walking surface, outside, wet	1	5.9	5,268.49	31,850.33	37,118.82	26.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Chair	1	5.9	374.49	0.00	374.49	0.3
Animal, not otherwise classified	5	29.4	0.00	0.00	0.00	0.0
Blade	1	5.9	0.00	0.00	0.00	0.0
Cabinet	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
Door	1	5.9	0.00	0.00	0.00	0.0
Electricity	1	5.9	0.00	0.00	0.00	0.0
Rope, cord	1	5.9	0.00	0.00	0.00	0.0
Shelving	1	5.9	0.00	0.00	0.00	0.0
Wood Items	2	11.8	0.00	0.00	0.00	0.0
Totals:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
ACCIDENT TYPE						
Other Injury NEC	9	52.9	14,420.89	87,072.42	101,493.31	73.2
Fall/Slip on Ice or Snow	1	5.9	5,268.49	31,850.33	37,118.82	26.8
Bitten	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
Contact With Cold Object or Substance	1	5.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	11.8	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	5.9	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
BODY PART						
Lower Extremities Ankle	1	5.9	14,046.40	87,072.42	101,118.82	73.0
Upper Extremities Shoulder(s)	1	5.9	5,268.49	31,850.33	37,118.82	26.8
Head Eye(s)	1	5.9	374.49	0.00	374.49	0.3
Head Other facial soft tissue	1	5.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	4	23.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	5	29.4	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	5.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	11.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	
INJURY						
Fracture	1	5.9	14,046.40	87,072.42	101,118.82	73.0
Sprain	1	5.9	5,268.49	31,850.33	37,118.82	26.8
All Other (Specific) Injuries, NOC	6	35.3	374.49	0.00	374.49	0.3
Burn	1	5.9	0.00	0.00	0.00	0.0
Electric Shock	1	5.9	0.00	0.00	0.00	0.0
Laceration	2	11.8	0.00	0.00	0.00	0.0
No Physical Injury	4	23.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$19,689.38**	**$118,922.75**	**$138,612.13**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
152 - TREASURY, DEPARTMENT OF						
S152 - TREASURY, DEPARTMENT OF						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
12 - 14	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
001 - DMV Accomack						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
18 - 20	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Great Toe	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
013 - DMV Arlington						
TYPE OF CLAIM						
Indemnity	1	33.3	2,935.54	0.00	2,935.54	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
TIME OF INJURY						
8AM - 9:59AM	1	33.3	2,935.54	0.00	2,935.54	100.0
10AM - 11:59AM	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
LENGTH OF SERVICE						
4 - 6	1	33.3	2,935.54	0.00	2,935.54	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
Totals:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
Age of Claimant						
60 - 64	1	33.3	2,935.54	0.00	2,935.54	100.0
45 - 49	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
SEX OF CLAIMANT						
Male	3	100.0	2,935.54	0.00	2,935.54	100.0
Totals:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	2,935.54	0.00	2,935.54	100.0
Person	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
Totals:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	33.3	2,935.54	0.00	2,935.54	100.0
Struck/Injured By Fellow Worker, Patient	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	
BODY PART						
Lower Extremities Ankle	1	33.3	2,935.54	0.00	2,935.54	100.0
Multiple Body Parts No Physical Injury	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
Sum:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Fracture	1	33.3	2,935.54	0.00	2,935.54	100.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$2,935.54**	**$0.00**	**$2,935.54**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
041 - DMV Chesterfield						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
059 - DMV Fairfax County						
TYPE OF CLAIM						
Medical Only	1	50.0	812.60	437.40	1,250.00	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	812.60	437.40	1,250.00	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	812.60	437.40	1,250.00	100.0
14 - 16	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
Age of Claimant						
50 - 54	1	50.0	812.60	437.40	1,250.00	100.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	50.0	812.60	437.40	1,250.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
LOSS CAUSE						
Vehicle/car/truck	2	100.0	812.60	437.40	1,250.00	100.0
Totals:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	50.0	812.60	437.40	1,250.00	100.0
Struck/Injured By Motor Vehicle	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
BODY PART						
Upper Extremities Multiple Upper Extrer	1	50.0	812.60	437.40	1,250.00	100.0
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$812.60**	**$437.40**	**$1,250.00**	
INJURY						
Multiple Physical Injury Only	1	50.0	812.60	437.40	1,250.00	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$812.60**	**$437.40**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
155 - DMV Pulaski						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
161 - DMV Roanoke County						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Cabinet	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
550 - DMV Chesapeake						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
660 - DMV Harrisonburg						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
680 - DMV Lynchburg						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
18 - 20	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Multiple Lower Extrer	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
683 - DMV Manassas						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
720 - DMV Norton						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
28 - 30	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Multiple Physical Injury Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
760 - DMV Richmond (City)						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
14 - 16	1	50.0	0.00	0.00	0.00	0.0
48 - 50	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Lower Leg	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
770 - DMV Roanoke (City)						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	50.0	0.00	0.00	0.00	0.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Cabinet	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	50.0	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
800 - DMV Suffolk						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
810 - DMV Virginia Beach						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spills	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
154 - MOTOR VEHICLES, DEPT. OF						
S154 - MOTOR VEHICLES, DEPT. OF						
TYPE OF CLAIM						
Indemnity	5	5.6	60,432.45	203,153.99	263,586.44	90.4
Medical Only	34	38.2	12,871.23	15,246.57	28,117.80	9.6
Reporting Purposes Only	50	56.2	0.00	0.00	0.00	0.0
Totals:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
TIME OF INJURY						
12PM - 1:59PM	15	16.9	37,959.31	132,155.27	170,114.58	58.3
10AM - 11:59AM	22	24.7	31,873.61	75,312.36	107,185.97	36.7
8AM - 9:59AM	18	20.2	1,546.76	5,929.16	7,475.92	2.6
4PM - 5:59PM	18	20.2	488.78	2,730.04	3,218.82	1.1
6PM - 7:59PM	2	2.2	1,125.04	1,023.73	2,148.77	0.7
2PM - 3:59PM	8	9.0	210.42	1,250.00	1,460.42	0.5
6AM - 7:59AM	5	5.6	99.76	0.00	99.76	0.0
2AM - 3:59AM	1	1.1	0.00	0.00	0.00	0.0
Totals:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
LENGTH OF SERVICE						
0 - 2	32	36.0	36,704.94	131,419.81	168,124.75	57.6
2 - 4	21	23.6	29,789.16	48,719.20	78,508.36	26.9
16 - 18	6	6.7	51.15	28,399.98	28,451.13	9.8
8 - 10	3	3.4	1,546.76	4,679.16	6,225.92	2.1
12 - 14	3	3.4	3,423.33	1,023.73	4,447.06	1.5
6 - 8	5	5.6	1,125.93	715.96	1,841.89	0.6
10 - 12	2	2.2	307.28	942.72	1,250.00	0.4
28 - 30	1	1.1	0.00	1,250.00	1,250.00	0.4
26 - 28	2	2.2	0.00	1,250.00	1,250.00	0.4
24 - 26	4	4.5	355.13	0.00	355.13	0.1
4 - 6	7	7.9	0.00	0.00	0.00	0.0
14 - 16	1	1.1	0.00	0.00	0.00	0.0
30 - 32	2	2.2	0.00	0.00	0.00	0.0
Totals:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
Age of Claimant						
40 - 44	11	12.4	54,513.46	159,367.93	213,881.39	73.3
65 - 69	6	6.7	18.82	29,649.98	29,668.80	10.2
55 - 59	12	13.5	7,086.64	15,386.08	22,472.72	7.7
60 - 64	8	9.0	1,653.12	5,621.88	7,275.00	2.5
35 - 39	9	10.1	4,102.99	1,661.50	5,764.49	2.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
45 - 49	12	13.5	3,177.67	1,023.73	4,201.40	1.4
30 - 34	13	14.6	210.42	2,500.00	2,710.42	0.9
25 - 29	6	6.7	906.02	1,480.04	2,386.06	0.8
50 - 54	8	9.0	792.81	1,250.00	2,042.81	0.7
20 - 24	2	2.2	790.58	459.42	1,250.00	0.4
75 - 79	1	1.1	32.33	0.00	32.33	0.0
70 - 74	1	1.1	18.82	0.00	18.82	0.0
Totals:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
SEX OF CLAIMANT						
Male	17	19.1	30,413.65	121,756.09	152,169.74	52.2
Female	72	80.9	42,890.03	96,644.47	139,534.50	47.8
Totals:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
LOSS CAUSE						
Walking surface, outside, wet	8	9.0	28,962.58	113,630.93	142,593.51	48.9
Vehicle/car/truck	37	41.6	31,945.28	52,861.69	84,806.97	29.1
N/A	2	2.2	229.24	28,399.98	28,629.22	9.8
Floor	7	7.9	5,851.56	15,386.08	21,237.64	7.3
Paper / Pulp	1	1.1	1,345.84	4,679.16	6,025.00	2.1
Stairs, steps	2	2.2	3,197.06	0.00	3,197.06	1.1
Walking surface, inside, dry	2	2.2	591.89	1,250.00	1,841.89	0.6
Glass bottle / sheet	2	2.2	307.28	942.72	1,250.00	0.4
Sharp objects, not otherwise classified	2	2.2	0.00	1,250.00	1,250.00	0.4
Ground control unit/aerial	1	1.1	436.06	0.00	436.06	0.1
Chair	5	5.6	355.13	0.00	355.13	0.1
Docks,Ramps,Loading Platforms	1	1.1	32.33	0.00	32.33	0.0
Chemicals, not otherwise classified	5	5.6	30.61	0.00	30.61	0.0
Furniture / fixtures	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
Elevators, escalators	1	1.1	0.00	0.00	0.00	0.0
Object on Floor	1	1.1	0.00	0.00	0.00	0.0
Oil	1	1.1	0.00	0.00	0.00	0.0
Person	1	1.1	0.00	0.00	0.00	0.0
Shelving	1	1.1	0.00	0.00	0.00	0.0
Vehicle, fork truck	1	1.1	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	2.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	3	3.4	0.00	0.00	0.00	0.0
Wall	1	1.1	0.00	0.00	0.00	0.0
Totals:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	9	10.1	28,962.58	113,630.93	142,593.51	48.9

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with Another Vehicle	22	24.7	31,625.69	50,613.85	82,239.54	28.2
Other Injury NEC	4	4.5	86.25	28,399.98	28,486.23	9.8
Fall On the Same Level	12	13.5	6,443.45	16,636.08	23,079.53	7.9
Lifting	1	1.1	1,345.84	4,679.16	6,025.00	2.1
Fall/Slip on Stairs	2	2.2	3,197.06	0.00	3,197.06	1.1
Collision with a Fixed Object	7	7.9	252.16	997.84	1,250.00	0.4
Hand Tool, Utensil; Not Powered	3	3.4	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Falling or Flying Objec	1	1.1	307.28	942.72	1,250.00	0.4
Struck/Injured By Motor Vehicle	5	5.6	0.00	1,250.00	1,250.00	0.4
Striking Against or Stepping On, NOC	2	2.2	791.19	0.00	791.19	0.3
Twisting	2	2.2	210.42	0.00	210.42	0.1
Fall, Slip or Trip, NOC	1	1.1	32.33	0.00	32.33	0.0
Absorption, Ingestion or Inhalation NOC	4	4.5	30.61	0.00	30.61	0.0
Pushing or Pulling	1	1.1	18.82	0.00	18.82	0.0
Broken Glass	1	1.1	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 From Liquid or Grease Spills	5	5.6	0.00	0.00	0.00	0.0
Fall/Slip into Openings	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 Objec	1	1.1	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
Struck or Injury By, NOC	1	1.1	0.00	0.00	0.00	0.0
Sum:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
BODY PART						
Multiple Body Parts Multiple Body Parts	16	18.0	65,847.38	178,144.89	243,992.27	83.6
Trunk Heart	1	1.1	18.82	28,399.98	28,418.80	9.7
Upper Extremities Hand	2	2.2	1,345.84	4,679.16	6,025.00	2.1
Lower Extremities Ankle	3	3.4	3,197.06	0.00	3,197.06	1.1
Trunk Low Back Area (Incl. Lumbar & Li	3	3.4	663.50	997.84	1,661.34	0.6
Lower Extremities Knee	7	7.9	32.33	1,250.00	1,282.33	0.4
Head Eye(s)	1	1.1	0.00	1,250.00	1,250.00	0.4
Head Facial Bones	1	1.1	0.00	1,250.00	1,250.00	0.4
Lower Extremities Multiple Lower Extrer	1	1.1	304.46	945.54	1,250.00	0.4
Multiple Body Parts No Physical Injury	36	40.4	790.58	459.42	1,250.00	0.4
Upper Extremities Multiple Upper Extrer	2	2.2	226.27	1,023.73	1,250.00	0.4
Lower Extremities Foot	3	3.4	436.06	0.00	436.06	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.1	355.13	0.00	355.13	0.1
Multiple Body Parts Body Systems & Mu	1	1.1	67.43	0.00	67.43	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.1	18.82	0.00	18.82	0.0
Head Other facial soft tissue	4	4.5	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Hip	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	1.1	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.1	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	2.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	1.1	0.00	0.00	0.00	0.0
Sum:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	
INJURY						
Multiple Physical Injury Only	18	20.2	61,375.66	168,690.79	230,066.45	78.9
All Other (Specific) Injuries, NOC	1	1.1	18.82	28,399.98	28,418.80	9.7
Strain	6	6.7	6,288.25	16,409.81	22,698.06	7.8
Sprain	7	7.9	3,197.06	1,250.00	4,447.06	1.5
Contusion (Bruise, Skin Surface)	5	5.6	760.36	1,940.56	2,700.92	0.9
No Physical Injury	38	42.7	822.91	459.42	1,282.33	0.4
Concussion (Brain, Cerebral)	1	1.1	0.00	1,250.00	1,250.00	0.4
Laceration	3	3.4	436.06	0.00	436.06	0.1
Fracture	2	2.2	373.95	0.00	373.95	0.1
Poisoning - Chemical (Other than Metal)	4	4.5	30.61	0.00	30.61	0.0
Inflammation	1	1.1	0.00	0.00	0.00	0.0
Puncture	3	3.4	0.00	0.00	0.00	0.0
Sum:	**89**		**$73,303.68**	**$218,400.56**	**$291,704.24**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
00 - VSP Headquarters						
TYPE OF CLAIM						
Indemnity	8	19.0	79,617.20	175,923.03	255,540.23	82.3
Medical Only	24	57.1	29,164.44	25,926.97	55,091.41	17.7
Reporting Purposes Only	10	23.8	0.00	0.00	0.00	0.0
Totals:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
TIME OF INJURY						
12PM - 1:59PM	8	19.0	44,984.26	90,521.73	135,505.99	43.6
8PM - 9:59PM	1	2.4	21,717.52	54,701.30	76,418.82	24.6
4PM - 5:59PM	6	14.3	25,565.89	21,056.97	46,622.86	15.0
8AM - 9:59AM	5	11.9	2,215.69	30,700.00	32,915.69	10.6
10PM - 11:59PM	4	9.5	13,991.36	0.00	13,991.36	4.5
10AM - 11:59AM	8	19.0	100.58	2,500.00	2,600.58	0.8
2PM - 3:59PM	7	16.7	76.34	1,250.00	1,326.34	0.4
6AM - 7:59AM	3	7.1	130.00	1,120.00	1,250.00	0.4
Totals:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
LENGTH OF SERVICE						
10 - 12	2	4.8	44,022.75	90,521.73	134,544.48	43.3
12 - 14	3	7.1	34,589.78	54,701.30	89,291.08	28.7
4 - 6	6	14.3	23,553.88	21,056.97	44,610.85	14.4
2 - 4	5	11.9	1,354.35	30,700.00	32,054.35	10.3
32 - 34	1	2.4	3,638.16	0.00	3,638.16	1.2
22 - 24	3	7.1	46.69	2,500.00	2,546.69	0.8
0 - 2	8	19.0	911.14	1,250.00	2,161.14	0.7
6 - 8	5	11.9	130.00	1,120.00	1,250.00	0.4
8 - 10	1	2.4	449.17	0.00	449.17	0.1
20 - 22	3	7.1	53.89	0.00	53.89	0.0
24 - 26	3	7.1	31.83	0.00	31.83	0.0
14 - 16	1	2.4	0.00	0.00	0.00	0.0
26 - 28	1	2.4	0.00	0.00	0.00	0.0
Totals:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
Age of Claimant						
40 - 44	4	9.5	45,351.80	90,521.73	135,873.53	43.7
35 - 39	3	7.1	34,513.44	54,701.30	89,214.74	28.7
25 - 29	5	11.9	22,372.56	52,876.97	75,249.53	24.2
55 - 59	5	11.9	4,973.69	0.00	4,973.69	1.6
45 - 49	6	14.3	234.47	1,250.00	1,484.47	0.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	1	2.4	0.00	1,250.00	1,250.00	0.4
75 - 79	1	2.4	0.00	1,250.00	1,250.00	0.4
50 - 54	5	11.9	781.73	0.00	781.73	0.3
30 - 34	4	9.5	450.26	0.00	450.26	0.1
60 - 64	5	11.9	53.89	0.00	53.89	0.0
65 - 69	3	7.1	49.80	0.00	49.80	0.0
Totals:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
SEX OF CLAIMANT						
Male	25	59.5	106,870.49	200,600.00	307,470.49	99.0
Female	17	40.5	1,911.15	1,250.00	3,161.15	1.0
Totals:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
LOSS CAUSE						
Battering ram	1	2.4	43,572.49	90,521.73	134,094.22	43.2
Walking surface, inside, dry	2	4.8	21,717.52	54,701.30	76,418.82	24.6
Animal, not otherwise classified	4	9.5	21,608.56	23,426.97	45,035.53	14.5
Vehicle/car/truck	6	14.3	13,715.87	30,700.00	44,415.87	14.3
Person	1	2.4	3,638.16	0.00	3,638.16	1.2
Stairs, steps	3	7.1	755.19	1,250.00	2,005.19	0.6
Walking surface, outside, dry	2	4.8	1,335.53	0.00	1,335.53	0.4
Outside Surface	1	2.4	1,330.14	0.00	1,330.14	0.4
Chair	3	7.1	46.69	1,250.00	1,296.69	0.4
Infectious agent	1	2.4	450.26	0.00	450.26	0.1
Office equipment	1	2.4	449.17	0.00	449.17	0.1
N/A	2	4.8	130.23	0.00	130.23	0.0
Animal / tick, spider, etc.	1	2.4	31.83	0.00	31.83	0.0
Animal / bee type	2	4.8	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classifie	1	2.4	0.00	0.00	0.00	0.0
Boxes / containers	1	2.4	0.00	0.00	0.00	0.0
Computer Work Station	2	4.8	0.00	0.00	0.00	0.0
Floor	1	2.4	0.00	0.00	0.00	0.0
Foreign Object	1	2.4	0.00	0.00	0.00	0.0
Ladder - Portable	1	2.4	0.00	0.00	0.00	0.0
Object on Floor	1	2.4	0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	2.4	0.00	0.00	0.00	0.0
Training \ Drills	2	4.8	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	2.4	0.00	0.00	0.00	0.0
Totals:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
ACCIDENT TYPE						
Wielding or Throwing	1	2.4	43,572.49	90,521.73	134,094.22	43.2
Running and Training	1	2.4	21,717.52	54,701.30	76,418.82	24.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	6	14.3	21,640.39	23,426.97	45,067.36	14.5
Struck/Injured By Motor Vehicle	1	2.4	18.82	30,700.00	30,718.82	9.9
Collision with a Fixed Object	2	4.8	13,541.10	0.00	13,541.10	4.4
Pushing or Pulling	2	4.8	3,638.16	0.00	3,638.16	1.2
Fall On the Same Level	9	21.4	1,330.14	1,250.00	2,580.14	0.8
Twisting	1	2.4	1,335.53	0.00	1,335.53	0.4
Fall/Slip on Stairs	1	2.4	0.00	1,250.00	1,250.00	0.4
Slipped, Did Not Fall	1	2.4	705.39	0.00	705.39	0.2
Other Injury NEC	5	11.9	630.29	0.00	630.29	0.2
Struck/Injured By Falling or Flying Objec	1	2.4	449.17	0.00	449.17	0.1
Collision with Another Vehicle	1	2.4	155.95	0.00	155.95	0.1
Fall/Slip From a Different Level	2	4.8	46.69	0.00	46.69	0.0
Bitten	1	2.4	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	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
Holding or Carrying	1	2.4	0.00	0.00	0.00	0.0
Jumping	1	2.4	0.00	0.00	0.00	0.0
Lifting	1	2.4	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	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
Sum:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	

BODY PART

Upper Extremities Shoulder(s)	3	7.1	45,058.58	90,521.73	135,580.31	43.6
Lower Extremities Ankle	1	2.4	21,717.52	54,701.30	76,418.82	24.6
Multiple Body Parts Multiple Body Parts	7	16.7	21,557.08	23,556.97	45,114.05	14.5
Lower Extremities Great Toe	1	2.4	18.82	30,700.00	30,718.82	9.9
Multiple Body Parts Body Systems & Mu	3	7.1	13,541.10	0.00	13,541.10	4.4
Upper Extremities Finger(s)	3	7.1	3,638.16	0.00	3,638.16	1.2
Lower Extremities Foot	4	9.5	2,490.09	0.00	2,490.09	0.8
Lower Extremities Lower Leg	1	2.4	130.00	1,120.00	1,250.00	0.4
Lower Extremities Upper Leg	2	4.8	0.00	1,250.00	1,250.00	0.4
Upper Extremities Hand	2	4.8	450.26	0.00	450.26	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.4	76.34	0.00	76.34	0.0
Multiple Body Parts No Physical Injury	1	2.4	53.89	0.00	53.89	0.0
Lower Extremities Knee	3	7.1	49.80	0.00	49.80	0.0
Head Ear(s)	1	2.4	0.00	0.00	0.00	0.0
Head Facial Bones	1	2.4	0.00	0.00	0.00	0.0
Head Multiple Head Injury	1	2.4	0.00	0.00	0.00	0.0
Head Teeth	1	2.4	0.00	0.00	0.00	0.0
Trunk Buttocks	1	2.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	2	4.8	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Elbow	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	4.8	0.00	0.00	0.00	0.0
Sum:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	
INJURY						
Strain	4	9.5	43,572.49	90,521.73	134,094.22	43.2
Rupture	2	4.8	25,355.68	54,701.30	80,056.98	25.8
Fracture	4	9.5	14,150.27	30,700.00	44,850.27	14.4
Puncture	3	7.1	21,478.56	21,056.97	42,535.53	13.7
Multiple Physical Injury Only	4	9.5	332.64	2,370.00	2,702.64	0.9
Contusion (Bruise, Skin Surface)	5	11.9	1,194.35	1,250.00	2,444.35	0.8
Sprain	2	4.8	1,330.14	0.00	1,330.14	0.4
Laceration	4	9.5	0.00	1,250.00	1,250.00	0.4
Inflammation	2	4.8	705.39	0.00	705.39	0.2
No Physical Injury	5	11.9	535.98	0.00	535.98	0.2
Myocardial Infarction (Heart Attack)	1	2.4	76.34	0.00	76.34	0.0
All Other (Specific) Injuries, NOC	2	4.8	49.80	0.00	49.80	0.0
Carpal Tunnel Syndrome	2	4.8	0.00	0.00	0.00	0.0
Concussion (Brain, Cerebral)	1	2.4	0.00	0.00	0.00	0.0
Loss of Hearing	1	2.4	0.00	0.00	0.00	0.0
Sum:	**42**		**$108,781.64**	**$201,850.00**	**$310,631.64**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
05 - VSP Safety						
TYPE OF CLAIM						
Medical Only	2	25.0	0.00	1,250.00	1,250.00	90.6
Indemnity	2	25.0	129.72	0.00	129.72	9.4
Reporting Purposes Only	4	50.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
TIME OF INJURY						
10AM - 11:59AM	1	12.5	0.00	1,250.00	1,250.00	90.6
8AM - 9:59AM	3	37.5	129.72	0.00	129.72	9.4
6AM - 7:59AM	2	25.0	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
Totals:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
LENGTH OF SERVICE						
20 - 22	3	37.5	129.72	1,250.00	1,379.72	100.0
8 - 10	1	12.5	0.00	0.00	0.00	0.0
10 - 12	2	25.0	0.00	0.00	0.00	0.0
16 - 18	1	12.5	0.00	0.00	0.00	0.0
18 - 20	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
Age of Claimant						
60 - 64	1	12.5	0.00	1,250.00	1,250.00	90.6
45 - 49	4	50.0	129.72	0.00	129.72	9.4
30 - 34	2	25.0	0.00	0.00	0.00	0.0
35 - 39	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
SEX OF CLAIMANT						
Male	6	75.0	83.98	1,250.00	1,333.98	96.7
Female	2	25.0	45.74	0.00	45.74	3.3
Totals:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
LOSS CAUSE						
Office equipment	1	12.5	0.00	1,250.00	1,250.00	90.6
N/A	2	25.0	129.72	0.00	129.72	9.4
Environmental conditions	1	12.5	0.00	0.00	0.00	0.0
Person	2	25.0	0.00	0.00	0.00	0.0
Training \ Drills	1	12.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	12.5	0.00	1,250.00	1,250.00	90.6
Other Injury NEC	1	12.5	83.98	0.00	83.98	6.1
Other than Physical Cause of Injury	1	12.5	45.74	0.00	45.74	3.3
Fall/Slip on Ice or Snow	1	12.5	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	12.5	0.00	0.00	0.00	0.0
Temperature Extremes	1	12.5	0.00	0.00	0.00	0.0
Twisting	2	25.0	0.00	0.00	0.00	0.0
Sum:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
BODY PART						
Upper Extremities Hand	3	37.5	0.00	1,250.00	1,250.00	90.6
Trunk Chest (Incl. Ribs, Sternum & Soft	1	12.5	83.98	0.00	83.98	6.1
Trunk Heart	1	12.5	45.74	0.00	45.74	3.3
Lower Extremities Knee	1	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	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
Sum:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	
INJURY						
Laceration	2	25.0	0.00	1,250.00	1,250.00	90.6
Myocardial Infarction (Heart Attack)	2	25.0	129.72	0.00	129.72	9.4
Heat Prostration	1	12.5	0.00	0.00	0.00	0.0
Sprain	1	12.5	0.00	0.00	0.00	0.0
Strain	2	25.0	0.00	0.00	0.00	0.0
Sum:	**8**		**$129.72**	**$1,250.00**	**$1,379.72**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
06 - VSP Training						
TYPE OF CLAIM						
Indemnity	3	5.8	131,595.92	41,410.14	173,006.06	71.9
Medical Only	34	65.4	17,874.58	49,789.62	67,664.20	28.1
Reporting Purposes Only	15	28.8	0.00	0.00	0.00	0.0
Totals:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
TIME OF INJURY						
12PM - 1:59PM	8	15.4	135,837.30	55,148.87	190,986.17	79.4
6AM - 7:59AM	7	13.5	6,842.52	25,546.02	32,388.54	13.5
10AM - 11:59AM	9	17.3	4,837.48	7,736.05	12,573.53	5.2
2PM - 3:59PM	14	26.9	1,170.91	2,768.82	3,939.73	1.6
8AM - 9:59AM	5	9.6	741.10	0.00	741.10	0.3
8PM - 9:59PM	2	3.8	41.19	0.00	41.19	0.0
12AM - 1:59AM	1	1.9	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	1.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	3.8	0.00	0.00	0.00	0.0
6PM - 7:59PM	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
Totals:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
LENGTH OF SERVICE						
0 - 2	29	55.8	134,651.36	41,410.14	176,061.50	73.2
20 - 22	2	3.8	4,830.61	13,689.88	18,520.49	7.7
8 - 10	2	3.8	3,902.57	13,738.73	17,641.30	7.3
14 - 16	1	1.9	2,011.91	11,856.14	13,868.05	5.8
4 - 6	3	5.8	1,382.77	7,736.05	9,118.82	3.8
6 - 8	5	9.6	869.56	2,768.82	3,638.38	1.5
2 - 4	3	5.8	1,121.26	0.00	1,121.26	0.5
32 - 34	1	1.9	380.16	0.00	380.16	0.2
10 - 12	1	1.9	279.11	0.00	279.11	0.1
34 - 36	1	1.9	41.19	0.00	41.19	0.0
12 - 14	1	1.9	0.00	0.00	0.00	0.0
18 - 20	1	1.9	0.00	0.00	0.00	0.0
22 - 24	1	1.9	0.00	0.00	0.00	0.0
24 - 26	1	1.9	0.00	0.00	0.00	0.0
Totals:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
Age of Claimant						
20 - 24	16	30.8	133,891.44	41,410.14	175,301.58	72.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
45 - 49	6	11.5	5,366.06	13,689.88	19,055.94	7.9
30 - 34	8	15.4	3,902.57	13,738.73	17,641.30	7.3
25 - 29	13	25.0	3,579.24	10,504.87	14,084.11	5.9
60 - 64	1	1.9	2,011.91	11,856.14	13,868.05	5.8
55 - 59	2	3.8	421.35	0.00	421.35	0.2
35 - 39	2	3.8	279.11	0.00	279.11	0.1
50 - 54	3	5.8	18.82	0.00	18.82	0.0
40 - 44	1	1.9	0.00	0.00	0.00	0.0
Totals:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
SEX OF CLAIMANT						
Female	8	15.4	131,915.91	41,410.14	173,326.05	72.0
Male	44	84.6	17,554.59	49,789.62	67,344.21	28.0
Totals:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
LOSS CAUSE						
Training \ Drills	12	23.1	133,287.86	44,178.96	177,466.82	73.7
Person	9	17.3	5,936.81	13,738.73	19,675.54	8.2
Vehicle/car/truck	2	3.8	4,830.61	13,689.88	18,520.49	7.7
Overhead Object	1	1.9	2,011.91	11,856.14	13,868.05	5.8
Animal, not otherwise classified	5	9.6	2,148.74	7,736.05	9,884.79	4.1
Vehicle, not otherwise classified	1	1.9	535.45	0.00	535.45	0.2
Chemicals, not otherwise classified	1	1.9	380.00	0.00	380.00	0.2
Walking surface, outside, wet	1	1.9	279.11	0.00	279.11	0.1
N/A	3	5.8	60.01	0.00	60.01	0.0
Animal / insect, not otherwise classifie	3	5.8	0.00	0.00	0.00	0.0
Beam	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
Ergonomic Conditions	2	3.8	0.00	0.00	0.00	0.0
Floor	2	3.8	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	1.9	0.00	0.00	0.00	0.0
Object on Floor	1	1.9	0.00	0.00	0.00	0.0
Outside Surface	1	1.9	0.00	0.00	0.00	0.0
Stairs, steps	1	1.9	0.00	0.00	0.00	0.0
Tire	2	3.8	0.00	0.00	0.00	0.0
Uneven Surface	1	1.9	0.00	0.00	0.00	0.0
Wall	1	1.9	0.00	0.00	0.00	0.0
Totals:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
ACCIDENT TYPE						
Twisting	2	3.8	131,535.91	41,410.14	172,946.05	71.9
Pushing or Pulling	2	3.8	5,889.61	25,594.87	31,484.48	13.1
Struck/Injured By Motor Vehicle	1	1.9	4,830.61	13,689.88	18,520.49	7.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	3	5.8	1,407.64	7,736.05	9,143.69	3.8
Other Injury NEC	16	30.8	2,553.06	2,768.82	5,321.88	2.2
Fall On the Same Level	6	11.5	1,400.37	0.00	1,400.37	0.6
Struck or Injury By, NOC	3	5.8	557.69	0.00	557.69	0.2
Holding or Carrying	1	1.9	535.45	0.00	535.45	0.2
Struck/Injured By Fellow Worker, Patient	2	3.8	380.16	0.00	380.16	0.2
Foreign Body in Eye	1	1.9	380.00	0.00	380.00	0.2
Bitten	1	1.9	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	1.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, 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
Fall, Slip or Trip, NOC	1	1.9	0.00	0.00	0.00	0.0
Running and Training	1	1.9	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	4	7.7	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	2	3.8	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	3.8	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	1.9	0.00	0.00	0.00	0.0
Sum:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
BODY PART						
Lower Extremities Knee	4	7.7	131,554.73	41,410.14	172,964.87	71.9
Upper Extremities Shoulder(s)	8	15.4	7,010.87	25,594.87	32,605.74	13.5
Upper Extremities Multiple Upper Extrer	2	3.8	4,830.61	13,689.88	18,520.49	7.7
Upper Extremities Thumb	3	5.8	1,382.77	7,736.05	9,118.82	3.8
Lower Extremities Upper Leg	2	3.8	0.00	2,768.82	2,768.82	1.2
Head Nose	2	3.8	1,417.84	0.00	1,417.84	0.6
Head Eye(s)	6	11.5	1,271.80	0.00	1,271.80	0.5
Upper Extremities Hand	1	1.9	741.10	0.00	741.10	0.3
Upper Extremities Wrist(s) and Hand(s)	1	1.9	535.45	0.00	535.45	0.2
Trunk Chest (Incl. Ribs, Sternum & Soft	2	3.8	380.16	0.00	380.16	0.2
Lower Extremities Lower Leg	2	3.8	279.11	0.00	279.11	0.1
Trunk Heart	1	1.9	41.19	0.00	41.19	0.0
Upper Extremities Upper Arm (Incl. Clav	2	3.8	24.87	0.00	24.87	0.0
Head Ear(s)	1	1.9	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	1.9	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	1.9	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	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
Trunk Abdomen Including Groin	1	1.9	0.00	0.00	0.00	0.0
Trunk Buttocks	1	1.9	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	2	3.8	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.9	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	2	3.8	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	2	3.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	3.8	0.00	0.00	0.00	0.0
Sum:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	
INJURY						
All Other (Specific) Injuries, NOC	12	23.1	133,287.86	41,410.14	174,698.00	72.6
Strain	12	23.1	9,829.57	30,197.43	40,027.00	16.6
Sprain	6	11.5	2,566.18	11,856.14	14,422.32	6.0
Contusion (Bruise, Skin Surface)	5	9.6	2,042.04	7,736.05	9,778.09	4.1
Puncture	3	5.8	765.97	0.00	765.97	0.3
Laceration	6	11.5	557.69	0.00	557.69	0.2
Foreign Body (Eye)	1	1.9	380.00	0.00	380.00	0.2
Myocardial Infarction (Heart Attack)	1	1.9	41.19	0.00	41.19	0.0
All Other Cumulative Injury	1	1.9	0.00	0.00	0.00	0.0
Burn	1	1.9	0.00	0.00	0.00	0.0
Inflammation	2	3.8	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	2	3.8	0.00	0.00	0.00	0.0
Sum:	**52**		**$149,470.50**	**$91,199.76**	**$240,670.26**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
10 - VSP Bureau of Field Operations						
TYPE OF CLAIM						
Medical Only	1	25.0	1,913.63	9,187.72	11,101.35	54.1
Indemnity	1	25.0	2,068.51	7,337.89	9,406.40	45.9
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
TIME OF INJURY						
4PM - 5:59PM	1	25.0	1,913.63	9,187.72	11,101.35	54.1
10AM - 11:59AM	1	25.0	2,068.51	7,337.89	9,406.40	45.9
4AM - 5:59AM	1	25.0	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
LENGTH OF SERVICE						
6 - 8	1	25.0	1,913.63	9,187.72	11,101.35	54.1
28 - 30	1	25.0	2,068.51	7,337.89	9,406.40	45.9
10 - 12	1	25.0	0.00	0.00	0.00	0.0
20 - 22	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
Age of Claimant						
25 - 29	1	25.0	1,913.63	9,187.72	11,101.35	54.1
50 - 54	1	25.0	2,068.51	7,337.89	9,406.40	45.9
30 - 34	1	25.0	0.00	0.00	0.00	0.0
45 - 49	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
SEX OF CLAIMANT						
Male	4	100.0	3,982.14	16,525.61	20,507.75	100.0
Totals:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
LOSS CAUSE						
Machine, not otherwise classified	1	25.0	1,913.63	9,187.72	11,101.35	54.1
Training \ Drills	1	25.0	2,068.51	7,337.89	9,406.40	45.9
Patient / Inmate	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	25.0	1,913.63	9,187.72	11,101.35	54.1
Strain or Injury By, NOC	1	25.0	2,068.51	7,337.89	9,406.40	45.9
Reaching	1	25.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Twisting	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	25.0	1,913.63	9,187.72	11,101.35	54.1
Lower Extremities Knee	1	25.0	2,068.51	7,337.89	9,406.40	45.9
Trunk Low Back Area (Incl. Lumbar & Li	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
Sum:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	
INJURY						
Multiple Physical Injury Only	1	25.0	1,913.63	9,187.72	11,101.35	54.1
Strain	3	75.0	2,068.51	7,337.89	9,406.40	45.9
Sum:	**4**		**$3,982.14**	**$16,525.61**	**$20,507.75**	

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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
20 - VSP Aviation						
TYPE OF CLAIM						
Indemnity	1	50.0	14,372.51	19,846.31	34,218.82	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
TIME OF INJURY						
6PM - 7:59PM	1	50.0	14,372.51	19,846.31	34,218.82	100.0
6AM - 7:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
LENGTH OF SERVICE						
16 - 18	1	50.0	14,372.51	19,846.31	34,218.82	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
Age of Claimant						
40 - 44	1	50.0	14,372.51	19,846.31	34,218.82	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
SEX OF CLAIMANT						
Male	2	100.0	14,372.51	19,846.31	34,218.82	100.0
Totals:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
LOSS CAUSE						
Dolly	1	50.0	14,372.51	19,846.31	34,218.82	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	50.0	14,372.51	19,846.31	34,218.82	100.0
Fall/Slip on Stairs	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	100.0	14,372.51	19,846.31	34,218.82	100.0
Sum:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	14,372.51	19,846.31	34,218.82	100.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$14,372.51**	**$19,846.31**	**$34,218.82**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
21 - VSP BFO- Div. 1 - Richmond						
TYPE OF CLAIM						
Medical Only	17	63.0	8,779.57	70,988.97	79,768.54	53.6
Indemnity	1	3.7	35,909.67	33,149.27	69,058.94	46.4
Reporting Purposes Only	9	33.3	0.00	0.00	0.00	0.0
Totals:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
TIME OF INJURY						
12AM - 1:59AM	4	14.8	36,184.39	35,374.55	71,558.94	48.1
2PM - 3:59PM	6	22.2	557.08	43,811.74	44,368.82	29.8
10AM - 11:59AM	5	18.5	6,129.66	20,984.10	27,113.76	18.2
4PM - 5:59PM	2	7.4	1,032.15	1,467.85	2,500.00	1.7
10PM - 11:59PM	2	7.4	433.81	1,250.00	1,683.81	1.1
8AM - 9:59AM	3	11.1	0.00	1,250.00	1,250.00	0.8
6AM - 7:59AM	2	7.4	352.15	0.00	352.15	0.2
2AM - 3:59AM	2	7.4	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	3.7	0.00	0.00	0.00	0.0
Totals:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
LENGTH OF SERVICE						
2 - 4	4	14.8	35,909.67	35,649.27	71,558.94	48.1
20 - 22	1	3.7	0.00	43,118.82	43,118.82	29.0
4 - 6	7	25.9	53.54	22,234.10	22,287.64	15.0
8 - 10	4	14.8	6,076.12	1,250.00	7,326.12	4.9
0 - 2	6	22.2	2,023.04	910.77	2,933.81	2.0
6 - 8	1	3.7	274.72	975.28	1,250.00	0.8
24 - 26	1	3.7	352.15	0.00	352.15	0.2
10 - 12	2	7.4	0.00	0.00	0.00	0.0
12 - 14	1	3.7	0.00	0.00	0.00	0.0
Totals:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
Age of Claimant						
35 - 39	6	22.2	36,941.82	34,617.12	71,558.94	48.1
55 - 59	1	3.7	0.00	43,118.82	43,118.82	29.0
25 - 29	13	48.1	885.34	25,152.30	26,037.64	17.5
30 - 34	4	14.8	6,076.12	1,250.00	7,326.12	4.9
20 - 24	2	7.4	433.81	0.00	433.81	0.3
50 - 54	1	3.7	352.15	0.00	352.15	0.2
Totals:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	25	92.6	44,689.24	102,888.24	147,577.48	99.2
Female	2	7.4	0.00	1,250.00	1,250.00	0.8
Totals:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
LOSS CAUSE						
Vehicle/car/truck	8	29.6	42,542.87	37,592.19	80,135.06	53.8
Environmental conditions	2	7.4	0.00	43,118.82	43,118.82	29.0
Water	1	3.7	0.00	11,068.82	11,068.82	7.4
Glass bottle / sheet	2	7.4	1,085.69	8,883.13	9,968.82	6.7
Brush / tree / log	2	7.4	274.72	2,225.28	2,500.00	1.7
Patient / Inmate	1	3.7	0.00	1,250.00	1,250.00	0.8
Animal, not otherwise classified	2	7.4	785.96	0.00	785.96	0.5
Chemicals, not otherwise classified	1	3.7	0.00	0.00	0.00	0.0
Organic Material	2	7.4	0.00	0.00	0.00	0.0
Person	3	11.1	0.00	0.00	0.00	0.0
Training \ Drills	2	7.4	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.7	0.00	0.00	0.00	0.0
Totals:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	4	14.8	36,466.75	35,092.19	71,558.94	48.1
Temperature Extremes	1	3.7	0.00	43,118.82	43,118.82	29.0
Contact with Abnormal Air Pressure	1	3.7	0.00	11,068.82	11,068.82	7.4
Broken Glass	2	7.4	53.54	9,915.28	9,968.82	6.7
Collision with Another Vehicle	1	3.7	6,076.12	0.00	6,076.12	4.1
Fall On the Same Level	3	11.1	274.72	975.28	1,250.00	0.8
Fall, Slip or Trip, NOC	1	3.7	0.00	1,250.00	1,250.00	0.8
Foreign Body in Eye	1	3.7	1,032.15	217.85	1,250.00	0.8
Mold, Including Mildew	1	3.7	0.00	1,250.00	1,250.00	0.8
Struck/Injured By Fellow Worker, Patient	2	7.4	0.00	1,250.00	1,250.00	0.8
Struck/Injured By Animal or Insect	3	11.1	785.96	0.00	785.96	0.5
Absorption, Ingestion or Inhalation NOC	1	3.7	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	3	11.1	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	3	11.1	0.00	0.00	0.00	0.0
Sum:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
BODY PART						
Multiple Body Parts Multiple Body Parts	5	18.5	41,985.79	36,899.27	78,885.06	53.0
Trunk Heart	1	3.7	0.00	43,118.82	43,118.82	29.0
Head Other facial soft tissue	2	7.4	0.00	11,068.82	11,068.82	7.4
Upper Extremities Hand	5	18.5	53.54	9,915.28	9,968.82	6.7
Head Eye(s)	1	3.7	1,032.15	217.85	1,250.00	0.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	2	7.4	274.72	975.28	1,250.00	0.8
Multiple Body Parts Insufficient Info to Ic	1	3.7	0.00	1,250.00	1,250.00	0.8
Upper Extremities Multiple Upper Extrer	1	3.7	557.08	692.92	1,250.00	0.8
Lower Extremities Upper Leg	2	7.4	433.81	0.00	433.81	0.3
Upper Extremities Upper Arm (Incl. Clav	1	3.7	352.15	0.00	352.15	0.2
Multiple Body Parts Body Systems & Mu	1	3.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Lı	1	3.7	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	3.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	3.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	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
Sum:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	
INJURY						
Multiple Physical Injury Only	5	18.5	41,985.79	35,649.27	77,635.06	52.2
Heat Prostration	2	7.4	0.00	43,118.82	43,118.82	29.0
Vascular Loss	1	3.7	0.00	11,068.82	11,068.82	7.4
Laceration	6	22.2	53.54	9,915.28	9,968.82	6.7
All Other (Specific) Injuries, NOC	2	7.4	352.15	1,250.00	1,602.15	1.1
Foreign Body (Eye)	1	3.7	1,032.15	217.85	1,250.00	0.8
Inflammation	1	3.7	274.72	975.28	1,250.00	0.8
Respiratory Disorders(Gases,Fumes,Ch	1	3.7	0.00	1,250.00	1,250.00	0.8
Strain	4	14.8	557.08	692.92	1,250.00	0.8
Contusion (Bruise, Skin Surface)	1	3.7	433.81	0.00	433.81	0.3
Contagious Disease	2	7.4	0.00	0.00	0.00	0.0
No Physical Injury	1	3.7	0.00	0.00	0.00	0.0
Sum:	**27**		**$44,689.24**	**$104,138.24**	**$148,827.48**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
22 - VSP BFO-Div. 2 - Culpeper						
TYPE OF CLAIM						
Indemnity	4	30.8	27,933.17	39,771.68	67,704.85	62.9
Medical Only	5	38.5	14,371.13	25,576.39	39,947.52	37.1
Reporting Purposes Only	4	30.8	0.00	0.00	0.00	0.0
Totals:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
TIME OF INJURY						
2PM - 3:59PM	5	38.5	23,520.28	27,516.06	51,036.34	47.4
4PM - 5:59PM	2	15.4	5,764.43	29,322.90	35,087.33	32.6
8PM - 9:59PM	1	7.7	10,180.02	3,079.72	13,259.74	12.3
12AM - 1:59AM	1	7.7	2,325.66	5,429.39	7,755.05	7.2
10AM - 11:59AM	2	15.4	513.91	0.00	513.91	0.5
12PM - 1:59PM	1	7.7	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
LENGTH OF SERVICE						
2 - 4	3	23.1	33,028.06	30,595.78	63,623.84	59.1
4 - 6	2	15.4	3,677.20	22,496.67	26,173.87	24.3
6 - 8	3	23.1	4,412.89	12,255.62	16,668.51	15.5
18 - 20	1	7.7	672.24	0.00	672.24	0.6
32 - 34	1	7.7	513.91	0.00	513.91	0.5
8 - 10	1	7.7	0.00	0.00	0.00	0.0
12 - 14	2	15.4	0.00	0.00	0.00	0.0
Totals:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
Age of Claimant						
25 - 29	3	23.1	24,199.58	44,583.34	68,782.92	63.9
30 - 34	5	38.5	4,412.89	12,255.62	16,668.51	15.5
45 - 49	1	7.7	10,180.02	3,079.72	13,259.74	12.3
20 - 24	1	7.7	2,325.66	5,429.39	7,755.05	7.2
55 - 59	1	7.7	672.24	0.00	672.24	0.6
60 - 64	1	7.7	513.91	0.00	513.91	0.5
35 - 39	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
SEX OF CLAIMANT						
Female	2	15.4	11,063.94	44,583.34	55,647.28	51.7
Male	11	84.6	31,240.36	20,764.73	52,005.09	48.3
Totals:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Vehicle/car/truck	3	23.1	21,243.96	47,663.06	68,907.02	64.0
Pike pole 10'	1	7.7	4,412.89	12,255.62	16,668.51	15.5
Walking surface, outside, wet	1	7.7	13,135.64	0.00	13,135.64	12.2
Vehicle, not otherwise classified	1	7.7	2,325.66	5,429.39	7,755.05	7.2
Ergonomic Conditions	1	7.7	672.24	0.00	672.24	0.6
Metal items	1	7.7	513.91	0.00	513.91	0.5
Chemicals, not otherwise classified	2	15.4	0.00	0.00	0.00	0.0
Door	1	7.7	0.00	0.00	0.00	0.0
Fencing	1	7.7	0.00	0.00	0.00	0.0
Person	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
ACCIDENT TYPE						
Collision with Another Vehicle	3	23.1	21,243.96	47,663.06	68,907.02	64.0
Struck/Injured By Object Being Lifted or	1	7.7	4,412.89	12,255.62	16,668.51	15.5
Fall, Slip or Trip, NOC	1	7.7	13,135.64	0.00	13,135.64	12.2
Motor Vehicle, NOC	1	7.7	2,325.66	5,429.39	7,755.05	7.2
Reaching	1	7.7	672.24	0.00	672.24	0.6
Other Injury NEC	1	7.7	513.91	0.00	513.91	0.5
Absorption, Ingestion or Inhalation NOC	2	15.4	0.00	0.00	0.00	0.0
Broken Glass	1	7.7	0.00	0.00	0.00	0.0
Fall On the Same Level	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
Sum:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
BODY PART						
Multiple Body Parts Multiple Body Parts	5	38.5	21,243.96	47,663.06	68,907.02	64.0
Head Eye(s)	1	7.7	4,412.89	12,255.62	16,668.51	15.5
Lower Extremities Knee	2	15.4	13,135.64	0.00	13,135.64	12.2
Upper Extremities Multiple Upper Extrer	1	7.7	2,325.66	5,429.39	7,755.05	7.2
Trunk Low Back Area (Incl. Lumbar & Li	1	7.7	672.24	0.00	672.24	0.6
Upper Extremities Finger(s)	1	7.7	513.91	0.00	513.91	0.5
Upper Extremities Lower Arm	2	15.4	0.00	0.00	0.00	0.0
Sum:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	
INJURY						
Multiple Physical Injury Only	3	23.1	13,389.60	50,012.73	63,402.33	58.9
Laceration	3	23.1	4,926.80	12,255.62	17,182.42	16.0
Contusion (Bruise, Skin Surface)	1	7.7	10,180.02	3,079.72	13,259.74	12.3
Sprain	1	7.7	13,135.64	0.00	13,135.64	12.2
Strain	1	7.7	672.24	0.00	672.24	0.6
All Other (Specific) Injuries, NOC	1	7.7	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Foreign Body (Eye)	2	15.4	0.00	0.00	0.00	0.0
Inflammation	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$42,304.30**	**$65,348.07**	**$107,652.37**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
23 - VSP BFO-Div. 3 - Appomattox						
TYPE OF CLAIM						
Medical Only	8	30.8	16,454.17	2,502.99	18,957.16	99.1
Indemnity	1	3.8	179.68	0.00	179.68	0.9
Reporting Purposes Only	17	65.4	0.00	0.00	0.00	0.0
Totals:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
TIME OF INJURY						
8PM - 9:59PM	7	26.9	4,524.78	1,263.43	5,788.21	30.2
2PM - 3:59PM	3	11.5	4,811.55	1.00	4,812.55	25.1
6PM - 7:59PM	3	11.5	4,138.33	0.00	4,138.33	21.6
8AM - 9:59AM	4	15.4	2,543.54	1,238.56	3,782.10	19.8
12PM - 1:59PM	3	11.5	435.97	0.00	435.97	2.3
4PM - 5:59PM	1	3.8	179.68	0.00	179.68	0.9
12AM - 1:59AM	1	3.8	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	3.8	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	7.7	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	3.8	0.00	0.00	0.00	0.0
Totals:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
LENGTH OF SERVICE						
8 - 10	2	7.7	5,247.52	1.00	5,248.52	27.4
24 - 26	1	3.8	4,138.33	0.00	4,138.33	21.6
6 - 8	6	23.1	2,579.65	1,263.43	3,843.08	20.1
22 - 24	1	3.8	1,161.44	1,188.56	2,350.00	12.3
2 - 4	4	15.4	1,945.13	0.00	1,945.13	10.2
0 - 2	7	26.9	1,382.10	50.00	1,432.10	7.5
20 - 22	1	3.8	179.68	0.00	179.68	0.9
4 - 6	2	7.7	0.00	0.00	0.00	0.0
12 - 14	1	3.8	0.00	0.00	0.00	0.0
14 - 16	1	3.8	0.00	0.00	0.00	0.0
Totals:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
Age of Claimant						
55 - 59	4	15.4	5,479.45	1,188.56	6,668.01	34.8
30 - 34	8	30.8	5,247.52	1,251.00	6,498.52	34.0
25 - 29	8	30.8	3,327.23	50.00	3,377.23	17.6
40 - 44	2	7.7	2,579.65	13.43	2,593.08	13.6
20 - 24	1	3.8	0.00	0.00	0.00	0.0
35 - 39	3	11.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
SEX OF CLAIMANT						
Male	25	96.2	16,197.88	2,502.99	18,700.87	97.7
Female	1	3.8	435.97	0.00	435.97	2.3
Totals:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
LOSS CAUSE						
Vehicle/car/truck	8	30.8	6,936.36	1.00	6,937.36	36.3
Person	6	23.1	2,979.51	1,238.56	4,218.07	22.0
Door	2	7.7	4,138.33	0.00	4,138.33	21.6
Object on Floor	1	3.8	2,579.65	13.43	2,593.08	13.6
Sharp objects, not otherwise classified	2	7.7	0.00	1,250.00	1,250.00	6.5
Animal / insect, not otherwise classifie	1	3.8	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	3.8	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	3.8	0.00	0.00	0.00	0.0
Fencing	1	3.8	0.00	0.00	0.00	0.0
N/A	1	3.8	0.00	0.00	0.00	0.0
Patient / Inmate	1	3.8	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.8	0.00	0.00	0.00	0.0
Totals:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
ACCIDENT TYPE						
Motor Vehicle, NOC	3	11.5	6,756.68	1.00	6,757.68	35.3
Cut, Punctured, Scraped, NOC	4	15.4	3,741.09	1,201.99	4,943.08	25.8
Struck or Injury By, NOC	1	3.8	4,138.33	0.00	4,138.33	21.6
Struck/Injured By Fellow Worker, Patient	1	3.8	1,382.10	50.00	1,432.10	7.5
Fall/Slip From a Different Level	2	7.7	0.00	1,250.00	1,250.00	6.5
Fall On the Same Level	2	7.7	435.97	0.00	435.97	2.3
Struck/Injured By Motor Vehicle	1	3.8	179.68	0.00	179.68	0.9
Bitten	2	7.7	0.00	0.00	0.00	0.0
Bodily Reaction	1	3.8	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	3.8	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	3.8	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	3.8	0.00	0.00	0.00	0.0
Other Injury NEC	2	7.7	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	3.8	0.00	0.00	0.00	0.0
Person in Act of Crime	1	3.8	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	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
Sum:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
BODY PART						
Multiple Body Parts Multiple Body Parts	5	19.2	4,177.06	1,201.99	5,379.05	28.1

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Brain	1	3.8	4,811.55	1.00	4,812.55	25.1
Lower Extremities Ankle	2	7.7	4,138.33	0.00	4,138.33	21.6
Upper Extremities Lower Arm	3	11.5	1,945.13	0.00	1,945.13	10.2
Upper Extremities Hand	4	15.4	1,382.10	50.00	1,432.10	7.5
Lower Extremities Knee	1	3.8	0.00	1,250.00	1,250.00	6.5
Trunk Low Back Area (Incl. Lumbar & Li	2	7.7	179.68	0.00	179.68	0.9
Lower Extremities Lower Leg	1	3.8	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	3.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	5	19.2	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	3.8	0.00	0.00	0.00	0.0
Sum:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	
INJURY						
Multiple Physical Injury Only	5	19.2	9,824.55	1,201.99	11,026.54	57.6
Concussion (Brain, Cerebral)	1	3.8	4,811.55	1.00	4,812.55	25.1
Laceration	5	19.2	1,382.10	50.00	1,432.10	7.5
Puncture	1	3.8	0.00	1,250.00	1,250.00	6.5
Inflammation	2	7.7	435.97	0.00	435.97	2.3
Strain	1	3.8	179.68	0.00	179.68	0.9
Crushing	1	3.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	3.8	0.00	0.00	0.00	0.0
Heat Prostration	1	3.8	0.00	0.00	0.00	0.0
No Physical Injury	7	26.9	0.00	0.00	0.00	0.0
Sprain	1	3.8	0.00	0.00	0.00	0.0
Sum:	**26**		**$16,633.85**	**$2,502.99**	**$19,136.84**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
24 - VSP BFO-Div. 4 - Wytheville						
TYPE OF CLAIM						
Indemnity	3	27.3	46,355.17	23,823.33	70,178.50	95.0
Medical Only	5	45.5	2,428.75	1,250.00	3,678.75	5.0
Reporting Purposes Only	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
TIME OF INJURY						
12PM - 1:59PM	3	27.3	46,325.24	6,834.44	53,159.68	72.0
6PM - 7:59PM	2	18.2	1,638.76	16,988.89	18,627.65	25.2
10AM - 11:59AM	3	27.3	0.00	1,250.00	1,250.00	1.7
8PM - 9:59PM	1	9.1	819.92	0.00	819.92	1.1
6AM - 7:59AM	1	9.1	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
LENGTH OF SERVICE						
18 - 20	1	9.1	46,240.86	0.00	46,240.86	62.6
0 - 2	2	18.2	849.85	16,988.89	17,838.74	24.2
8 - 10	1	9.1	84.38	6,834.44	6,918.82	9.4
16 - 18	1	9.1	1,608.83	0.00	1,608.83	2.2
4 - 6	1	9.1	0.00	1,250.00	1,250.00	1.7
6 - 8	1	9.1	0.00	0.00	0.00	0.0
12 - 14	2	18.2	0.00	0.00	0.00	0.0
20 - 22	1	9.1	0.00	0.00	0.00	0.0
24 - 26	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
Age of Claimant						
40 - 44	2	18.2	46,240.86	0.00	46,240.86	62.6
35 - 39	2	18.2	1,638.76	16,988.89	18,627.65	25.2
30 - 34	1	9.1	84.38	6,834.44	6,918.82	9.4
25 - 29	2	18.2	0.00	1,250.00	1,250.00	1.7
50 - 54	2	18.2	819.92	0.00	819.92	1.1
45 - 49	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
SEX OF CLAIMANT						
Male	11	100.0	48,783.92	25,073.33	73,857.25	100.0
Totals:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Work surface	1	9.1	46,240.86	0.00	46,240.86	62.6
N/A	2	18.2	114.31	23,823.33	23,937.64	32.4
Walking surface, outside, dry	2	18.2	1,608.83	0.00	1,608.83	2.2
Vehicle/car/truck	2	18.2	0.00	1,250.00	1,250.00	1.7
Door	1	9.1	819.92	0.00	819.92	1.1
Animal / tick, spider, etc.	2	18.2	0.00	0.00	0.00	0.0
Stairs, steps	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
ACCIDENT TYPE						
Twisting	1	9.1	46,240.86	0.00	46,240.86	62.6
Cumulative (All Other)	1	9.1	29.93	16,988.89	17,018.82	23.0
Other than Physical Cause of Injury	1	9.1	84.38	6,834.44	6,918.82	9.4
Slipped, Did Not Fall	1	9.1	1,608.83	0.00	1,608.83	2.2
Collision with a Fixed Object	1	9.1	0.00	1,250.00	1,250.00	1.7
Pushing or Pulling	1	9.1	819.92	0.00	819.92	1.1
Fall/Slip From a Different Level	1	9.1	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	9.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	18.2	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
BODY PART						
Lower Extremities Knee	2	18.2	47,060.78	0.00	47,060.78	63.7
Trunk Heart	1	9.1	29.93	16,988.89	17,018.82	23.0
Multiple Body Parts No Physical Injury	1	9.1	84.38	6,834.44	6,918.82	9.4
Lower Extremities Ankle	2	18.2	1,608.83	0.00	1,608.83	2.2
Upper Extremities Lower Arm	1	9.1	0.00	1,250.00	1,250.00	1.7
Head Skull	1	9.1	0.00	0.00	0.00	0.0
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
Upper Extremities Upper Arm (Incl. Cla\	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	
INJURY						
Contusion (Bruise, Skin Surface)	3	27.3	46,240.86	0.00	46,240.86	62.6
Myocardial Infarction (Heart Attack)	1	9.1	29.93	16,988.89	17,018.82	23.0
Mental Stress	1	9.1	84.38	6,834.44	6,918.82	9.4
Sprain	2	18.2	1,608.83	0.00	1,608.83	2.2
Laceration	1	9.1	0.00	1,250.00	1,250.00	1.7
Strain	1	9.1	819.92	0.00	819.92	1.1
No Physical Injury	2	18.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**11**		**$48,783.92**	**$25,073.33**	**$73,857.25**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
25 - VSP BFO-Div. 5 - Hampton						
TYPE OF CLAIM						
Indemnity	4	14.3	22,367.30	27,761.27	50,128.57	60.4
Medical Only	12	42.9	13,827.50	18,994.80	32,822.30	39.6
Reporting Purposes Only	12	42.9	0.00	0.00	0.00	0.0
Totals:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
TIME OF INJURY						
2PM - 3:59PM	3	10.7	2,844.18	22,143.46	24,987.64	30.1
10PM - 11:59PM	1	3.6	18,303.53	0.00	18,303.53	22.1
4AM - 5:59AM	3	10.7	4,071.27	13,561.27	17,632.54	21.3
10AM - 11:59AM	1	3.6	1,702.26	10,766.56	12,468.82	15.0
6AM - 7:59AM	2	7.1	3,187.47	62.43	3,249.90	3.9
6PM - 7:59PM	2	7.1	2,287.40	0.00	2,287.40	2.8
8AM - 9:59AM	1	3.6	1,694.55	0.00	1,694.55	2.0
2AM - 3:59AM	3	10.7	1,027.65	222.35	1,250.00	1.5
4PM - 5:59PM	2	7.1	786.56	0.00	786.56	0.9
12PM - 1:59PM	6	21.4	289.93	0.00	289.93	0.3
12AM - 1:59AM	2	7.1	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	7.1	0.00	0.00	0.00	0.0
Totals:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
LENGTH OF SERVICE						
2 - 4	7	25.0	6,407.97	21,554.73	27,962.70	33.7
12 - 14	2	7.1	18,303.53	0.00	18,303.53	22.1
4 - 6	5	17.9	5,218.64	10,766.56	15,985.20	19.3
24 - 26	1	3.6	18.82	14,200.00	14,218.82	17.1
18 - 20	2	7.1	3,073.96	0.00	3,073.96	3.7
0 - 2	5	17.9	1,519.54	222.35	1,741.89	2.1
8 - 10	2	7.1	1,362.41	12.43	1,374.84	1.7
6 - 8	3	10.7	289.93	0.00	289.93	0.3
16 - 18	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
Age of Claimant						
25 - 29	12	42.9	10,293.44	32,271.29	42,564.73	51.3
35 - 39	2	7.1	18,303.53	0.00	18,303.53	22.1
45 - 49	1	3.6	18.82	14,200.00	14,218.82	17.1
40 - 44	5	17.9	4,101.61	222.35	4,323.96	5.2
30 - 34	4	14.3	3,187.47	62.43	3,249.90	3.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	1	3.6	289.93	0.00	289.93	0.3
20 - 24	3	10.7	0.00	0.00	0.00	0.0
Totals:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
SEX OF CLAIMANT						
Male	22	78.6	29,324.49	25,251.34	54,575.83	65.8
Female	6	21.4	6,870.31	21,504.73	28,375.04	34.2
Totals:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
LOSS CAUSE						
Vehicle/car/truck	10	35.7	5,868.69	38,762.61	44,631.30	53.8
Walking surface, outside, dry	1	3.6	18,303.53	0.00	18,303.53	22.1
Brush / tree / log	2	7.1	4,650.42	7,993.46	12,643.88	15.2
Tire	3	10.7	3,073.96	0.00	3,073.96	3.7
Dust	1	3.6	1,821.83	0.00	1,821.83	2.2
Animal, not otherwise classified	1	3.6	1,694.55	0.00	1,694.55	2.0
Stone / rock / brick	1	3.6	491.89	0.00	491.89	0.6
Jack	1	3.6	289.93	0.00	289.93	0.3
Hot/Cold Object, Liquid, Substance	1	3.6	0.00	0.00	0.00	0.0
Metal items	1	3.6	0.00	0.00	0.00	0.0
Outside Surface	2	7.1	0.00	0.00	0.00	0.0
Patient / Inmate	1	3.6	0.00	0.00	0.00	0.0
Person	2	7.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
ACCIDENT TYPE						
Fall On the Same Level	4	14.3	18,795.42	0.00	18,795.42	22.7
Struck/Injured By Motor Vehicle	2	7.1	3,119.96	13,573.70	16,693.66	20.1
Collision with a Fixed Object	1	3.6	18.82	14,200.00	14,218.82	17.1
Collision with Another Vehicle	5	17.9	2,729.91	10,988.91	13,718.82	16.5
Motor Vehicle, NOC	2	7.1	4,647.19	7,943.46	12,590.65	15.2
Caught In/Between-Object Handled	1	3.6	2,287.40	0.00	2,287.40	2.8
Cut, Punctured, Scraped, NOC	2	7.1	1,825.06	50.00	1,875.06	2.3
Struck/Injured By Animal or Insect	1	3.6	1,694.55	0.00	1,694.55	2.0
Lifting	2	7.1	786.56	0.00	786.56	0.9
Hand Tool, Utensil; Not Powered	2	7.1	289.93	0.00	289.93	0.3
Bitten	2	7.1	0.00	0.00	0.00	0.0
Broken Glass	1	3.6	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	3.6	0.00	0.00	0.00	0.0
Holding or Carrying	1	3.6	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Lower Extremities Lower Leg	2	7.1	20,061.08	13,561.27	33,622.35	40.5
Multiple Body Parts Multiple Body Parts	7	25.0	5,381.62	10,828.99	16,210.61	19.5
Multiple Body Parts No Physical Injury	1	3.6	18.82	14,200.00	14,218.82	17.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	3.6	2,825.36	7,943.46	10,768.82	13.0
Upper Extremities Finger(s)	2	7.1	2,287.40	0.00	2,287.40	2.8
Upper Extremities Hand	3	10.7	1,984.48	0.00	1,984.48	2.4
Trunk Lung(s)	1	3.6	1,821.83	0.00	1,821.83	2.2
Lower Extremities Hip	1	3.6	1,027.65	222.35	1,250.00	1.5
Trunk Low Back Area (Incl. Lumbar & Li	1	3.6	786.56	0.00	786.56	0.9
Head Other facial soft tissue	1	3.6	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	3.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	7.1	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	3.6	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	3.6	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	2	7.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	
INJURY						
Rupture	1	3.6	18,303.53	0.00	18,303.53	22.1
Contusion (Bruise, Skin Surface)	3	10.7	5,017.31	10,988.91	16,006.22	19.3
Sprain	1	3.6	1,757.55	13,561.27	15,318.82	18.5
No Physical Injury	2	7.1	18.82	14,200.00	14,218.82	17.1
Multiple Physical Injury Only	4	14.3	2,825.36	7,943.46	10,768.82	13.0
Laceration	7	25.0	2,114.99	50.00	2,164.99	2.6
All Other (Specific) Injuries, NOC	2	7.1	1,821.83	0.00	1,821.83	2.2
Puncture	1	3.6	1,694.55	0.00	1,694.55	2.0
Inflammation	1	3.6	1,362.41	12.43	1,374.84	1.7
Strain	5	17.9	1,278.45	0.00	1,278.45	1.5
Burn	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$36,194.80**	**$46,756.07**	**$82,950.87**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
26 - VSP BFO-Div. 6 - Salem						
TYPE OF CLAIM						
Medical Only	13	50.0	4,697.82	15,036.33	19,734.15	90.0
Indemnity	3	11.5	2,188.98	0.00	2,188.98	10.0
Reporting Purposes Only	10	38.5	0.00	0.00	0.00	0.0
Totals:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
TIME OF INJURY						
8PM - 9:59PM	5	19.2	2,728.46	8,829.77	11,558.23	52.7
12AM - 1:59AM	2	7.7	771.22	4,778.78	5,550.00	25.3
10AM - 11:59AM	2	7.7	2,252.29	0.00	2,252.29	10.3
10PM - 11:59PM	1	3.8	0.00	1,250.00	1,250.00	5.7
6PM - 7:59PM	2	7.7	636.66	0.00	636.66	2.9
12PM - 1:59PM	3	11.5	295.08	177.78	472.86	2.2
2PM - 3:59PM	8	30.8	154.63	0.00	154.63	0.7
4PM - 5:59PM	2	7.7	48.46	0.00	48.46	0.2
2AM - 3:59AM	1	3.8	0.00	0.00	0.00	0.0
Totals:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
LENGTH OF SERVICE						
8 - 10	2	7.7	1,270.23	8,829.77	10,100.00	46.1
12 - 14	2	7.7	793.44	4,956.56	5,750.00	26.2
20 - 22	2	7.7	1,552.32	0.00	1,552.32	7.1
2 - 4	4	15.4	1,458.23	0.00	1,458.23	6.7
4 - 6	2	7.7	48.46	1,250.00	1,298.46	5.9
10 - 12	5	19.2	1,290.91	0.00	1,290.91	5.9
18 - 20	4	15.4	318.58	0.00	318.58	1.5
6 - 8	2	7.7	154.63	0.00	154.63	0.7
0 - 2	1	3.8	0.00	0.00	0.00	0.0
24 - 26	1	3.8	0.00	0.00	0.00	0.0
14 - 16	1	3.8	0.00	0.00	0.00	0.0
Totals:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
Age of Claimant						
40 - 44	6	23.1	1,588.81	7,579.77	9,168.58	41.8
35 - 39	4	15.4	1,044.08	6,028.78	7,072.86	32.3
50 - 54	4	15.4	2,025.03	0.00	2,025.03	9.2
55 - 59	3	11.5	1,480.45	177.78	1,658.23	7.6
25 - 29	3	11.5	48.46	1,250.00	1,298.46	5.9
30 - 34	3	11.5	699.97	0.00	699.97	3.2

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	1	3.8	0.00	0.00	0.00	0.0
45 - 49	2	7.7	0.00	0.00	0.00	0.0
Totals:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
SEX OF CLAIMANT						
Male	24	92.3	5,179.85	15,036.33	20,216.18	92.2
Female	2	7.7	1,706.95	0.00	1,706.95	7.8
Totals:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
LOSS CAUSE						
Outside Surface	3	11.5	1,270.23	7,579.77	8,850.00	40.4
Glass bottle / sheet	1	3.8	771.22	4,778.78	5,550.00	25.3
Uneven Surface	2	7.7	1,825.18	0.00	1,825.18	8.3
Walking surface, outside, dry	3	11.5	70.68	1,427.78	1,498.46	6.8
Tool Stand	1	3.8	1,458.23	0.00	1,458.23	6.7
Vehicle/car/truck	3	11.5	0.00	1,250.00	1,250.00	5.7
Tire	1	3.8	699.97	0.00	699.97	3.2
Infectious agent	2	7.7	636.66	0.00	636.66	2.9
Office equipment	1	3.8	154.63	0.00	154.63	0.7
Animal / insect, not otherwise classifie	4	15.4	0.00	0.00	0.00	0.0
Brush / tree / log	1	3.8	0.00	0.00	0.00	0.0
Gun / gunshot	1	3.8	0.00	0.00	0.00	0.0
Person	2	7.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.8	0.00	0.00	0.00	0.0
Totals:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	2	7.7	1,292.45	7,757.55	9,050.00	41.3
Broken Glass	1	3.8	771.22	4,778.78	5,550.00	25.3
Other Injury NEC	5	19.2	2,188.98	0.00	2,188.98	10.0
Struck/Injured By Object Being Lifted or	1	3.8	1,458.23	0.00	1,458.23	6.7
Slipped, Did Not Fall	1	3.8	0.00	1,250.00	1,250.00	5.7
Struck/Injured By Motor Vehicle	1	3.8	0.00	1,250.00	1,250.00	5.7
Lifting	1	3.8	699.97	0.00	699.97	3.2
Fall, Slip or Trip, NOC	2	7.7	321.32	0.00	321.32	1.5
Caught In, Under or Between, NOC	1	3.8	154.63	0.00	154.63	0.7
Bitten	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
Fall On the Same Level	1	3.8	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	3.8	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	3.8	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	3.8	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	3.8	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	3	11.5	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	3.8	0.00	0.00	0.00	0.0
Sum:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
BODY PART						
Multiple Body Parts Multiple Body Parts	4	15.4	1,318.69	8,829.77	10,148.46	46.3
Upper Extremities Wrist	2	7.7	771.22	4,778.78	5,550.00	25.3
Lower Extremities Foot	1	3.8	1,552.32	0.00	1,552.32	7.1
Head Teeth	1	3.8	1,458.23	0.00	1,458.23	6.7
Lower Extremities Ankle	2	7.7	22.22	1,427.78	1,450.00	6.6
Trunk Low Back Area (Incl. Lumbar & Li	1	3.8	699.97	0.00	699.97	3.2
Multiple Body Parts No Physical Injury	3	11.5	636.66	0.00	636.66	2.9
Upper Extremities Wrist(s) and Hand(s)	1	3.8	272.86	0.00	272.86	1.2
Upper Extremities Finger(s)	2	7.7	154.63	0.00	154.63	0.7
Head Eye(s)	1	3.8	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	7.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	3.8	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	3.8	0.00	0.00	0.00	0.0
Neck Spinal Cord	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 Hand	2	7.7	0.00	0.00	0.00	0.0
Sum:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	
INJURY						
Multiple Physical Injury Only	3	11.5	1,270.23	8,829.77	10,100.00	46.1
Laceration	2	7.7	771.22	4,778.78	5,550.00	25.3
Fracture	2	7.7	3,010.55	0.00	3,010.55	13.7
Inflammation	2	7.7	0.00	1,250.00	1,250.00	5.7
Strain	4	15.4	699.97	0.00	699.97	3.2
Contagious Disease	2	7.7	636.66	0.00	636.66	2.9
Sprain	2	7.7	295.08	177.78	472.86	2.2
Crushing	1	3.8	154.63	0.00	154.63	0.7
Multiple Injury Inc. Physical & Psycholog	1	3.8	48.46	0.00	48.46	0.2
All Other (Specific) Injuries, NOC	1	3.8	0.00	0.00	0.00	0.0
Burn	1	3.8	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	3.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	2	7.7	0.00	0.00	0.00	0.0
No Physical Injury	2	7.7	0.00	0.00	0.00	0.0
Sum:	**26**		**$6,886.80**	**$15,036.33**	**$21,923.13**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
27 - VSP BFO-Div. 7 - Fairfax						
TYPE OF CLAIM						
Indemnity	7	15.6	212,500.71	208,406.55	420,907.26	86.8
Medical Only	23	51.1	18,439.29	45,684.77	64,124.06	13.2
Reporting Purposes Only	15	33.3	0.00	0.00	0.00	0.0
Totals:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
TIME OF INJURY						
2PM - 3:59PM	4	8.9	88,502.08	79,658.46	168,160.54	34.7
2AM - 3:59AM	6	13.3	45,887.90	56,279.50	102,167.40	21.1
10AM - 11:59AM	6	13.3	58,111.20	39,124.14	97,235.34	20.0
12PM - 1:59PM	12	26.7	34,770.35	33,269.32	68,039.67	14.0
8PM - 9:59PM	3	6.7	143.38	21,325.44	21,468.82	4.4
4PM - 5:59PM	1	2.2	18.82	20,100.00	20,118.82	4.1
12AM - 1:59AM	3	6.7	2,483.96	4,334.46	6,818.42	1.4
10PM - 11:59PM	7	15.6	785.61	0.00	785.61	0.2
8AM - 9:59AM	1	2.2	236.70	0.00	236.70	0.0
4AM - 5:59AM	1	2.2	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
LENGTH OF SERVICE						
20 - 22	2	4.4	64,356.45	55,115.69	119,472.14	24.6
0 - 2	4	8.9	45,493.41	50,705.17	96,198.58	19.8
12 - 14	3	6.7	56,837.37	30,804.65	87,642.02	18.1
2 - 4	8	17.8	18,208.59	44,846.02	63,054.61	13.0
4 - 6	4	8.9	29,773.99	23,273.54	53,047.53	10.9
6 - 8	12	26.7	10,973.03	11,598.96	22,571.99	4.7
14 - 16	1	2.2	18.82	20,100.00	20,118.82	4.1
28 - 30	1	2.2	3,278.43	8,640.39	11,918.82	2.5
26 - 28	2	4.4	1,043.10	9,006.90	10,050.00	2.1
18 - 20	1	2.2	492.30	0.00	492.30	0.1
10 - 12	3	6.7	464.51	0.00	464.51	0.1
8 - 10	2	4.4	0.00	0.00	0.00	0.0
42 - 44	1	2.2	0.00	0.00	0.00	0.0
34 - 36	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
Age of Claimant						
25 - 29	11	24.4	94,338.13	107,408.08	201,746.21	41.6

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	4	8.9	67,884.66	72,762.98	140,647.64	29.0
35 - 39	7	15.6	57,445.26	52,130.09	109,575.35	22.6
40 - 44	2	4.4	511.12	20,100.00	20,611.12	4.2
30 - 34	12	26.7	8,656.58	667.98	9,324.56	1.9
20 - 24	3	6.7	227.81	1,022.19	1,250.00	0.3
50 - 54	2	4.4	1,083.12	0.00	1,083.12	0.2
45 - 49	2	4.4	793.32	0.00	793.32	0.2
60 - 64	1	2.2	0.00	0.00	0.00	0.0
65 - 69	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
SEX OF CLAIMANT						
Male	44	97.8	174,665.22	223,974.08	398,639.30	82.2
Female	1	2.2	56,274.78	30,117.24	86,392.02	17.8
Totals:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
LOSS CAUSE						
Vehicle/car/truck	14	31.1	135,314.39	145,024.49	280,338.88	57.8
Walking surface, outside, wet	3	6.7	82,059.37	79,304.25	161,363.62	33.3
N/A	1	2.2	18.82	20,100.00	20,118.82	4.1
Person	9	20.0	3,506.24	9,662.58	13,168.82	2.7
Walking surface, inside, dry	1	2.2	7,435.74	0.00	7,435.74	1.5
Organic Material	2	4.4	793.32	0.00	793.32	0.2
Wall	1	2.2	789.81	0.00	789.81	0.2
Object on Floor	1	2.2	492.30	0.00	492.30	0.1
Door	1	2.2	293.31	0.00	293.31	0.1
Training \ Drills	1	2.2	236.70	0.00	236.70	0.0
Bacteria	1	2.2	0.00	0.00	0.00	0.0
Cords	1	2.2	0.00	0.00	0.00	0.0
Floor	1	2.2	0.00	0.00	0.00	0.0
Foreign Object	1	2.2	0.00	0.00	0.00	0.0
Outside Surface	3	6.7	0.00	0.00	0.00	0.0
Patient / Inmate	2	4.4	0.00	0.00	0.00	0.0
Shears	1	2.2	0.00	0.00	0.00	0.0
Uneven Surface	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	2	4.4	63,563.13	55,115.69	118,678.82	24.5
Collision with Another Vehicle	4	8.9	57,040.46	58,039.20	115,079.66	23.7
Struck/Injured By Motor Vehicle	6	13.3	48,565.44	63,711.75	112,277.19	23.1
Motor Vehicle, NOC	2	4.4	29,480.68	23,273.54	52,754.22	10.9
Fall/Slip From a Different Level	2	4.4	18,065.21	23,520.58	41,585.79	8.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cumulative (All Other)	1	2.2	18.82	20,100.00	20,118.82	4.1
Strain or Injury By, NOC	1	2.2	3,278.43	8,640.39	11,918.82	2.5
Jumping	1	2.2	7,435.74	0.00	7,435.74	1.5
Fall/Slip on Ice or Snow	1	2.2	1,220.84	667.98	1,888.82	0.4
Other Injury NEC	3	6.7	464.51	1,022.19	1,486.70	0.3
Fall On the Same Level	1	2.2	793.32	0.00	793.32	0.2
Cut, Punctured, Scraped, NOC	2	4.4	492.30	0.00	492.30	0.1
Caught In, Under or Between, NOC	1	2.2	293.31	0.00	293.31	0.1
Collision with a Fixed Object	2	4.4	227.81	0.00	227.81	0.0
Absorption, Ingestion or Inhalation NOC	1	2.2	0.00	0.00	0.00	0.0
Bitten	1	2.2	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	2.2	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.2	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	4.4	0.00	0.00	0.00	0.0
Lifting	1	2.2	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	7	15.6	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	2.2	0.00	0.00	0.00	0.0
Twisting	1	2.2	0.00	0.00	0.00	0.0
Sum:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	
BODY PART						
Multiple Body Parts Multiple Body Parts	11	24.4	113,262.30	107,266.46	220,528.76	45.5
Upper Extremities Wrist	1	2.2	45,265.60	49,682.98	94,948.58	19.6
Trunk Low Back Area (Incl. Lumbar & Li	3	6.7	57,074.07	30,804.65	87,878.72	18.1
Upper Extremities Lower Arm	2	4.4	1,364.22	21,993.42	23,357.64	4.8
Trunk Heart	1	2.2	18.82	20,100.00	20,118.82	4.1
Upper Extremities Shoulder(s)	1	2.2	3,278.43	8,640.39	11,918.82	2.5
Head Other facial soft tissue	1	2.2	1,043.10	9,006.90	10,050.00	2.1
Lower Extremities Knee	2	4.4	7,435.74	0.00	7,435.74	1.5
Lower Extremities Ankle	3	6.7	622.30	6,596.52	7,218.82	1.5
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.2	789.81	0.00	789.81	0.2
Upper Extremities Finger(s)	1	2.2	492.30	0.00	492.30	0.1
Upper Extremities Thumb	2	4.4	293.31	0.00	293.31	0.1
Head Eye(s)	1	2.2	0.00	0.00	0.00	0.0
Head Mouth	1	2.2	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.2	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.2	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	4	8.9	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	2.2	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	2.2	0.00	0.00	0.00	0.0
Upper Extremities Hand	6	13.3	0.00	0.00	0.00	0.0
Sum:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
All Other (Specific) Injuries, NOC	5	11.1	64,845.24	55,115.69	119,960.93	24.7
Fracture	1	2.2	45,265.60	49,682.98	94,948.58	19.6
Strain	6	13.3	64,175.03	30,117.24	94,292.27	19.4
Multiple Physical Injury Only	6	13.3	31,491.92	25,651.12	57,143.04	11.8
Multiple Injury Inc. Physical & Psycholog	1	2.2	17,275.40	23,520.58	40,795.98	8.4
Laceration	4	8.9	143.38	21,325.44	21,468.82	4.4
All Other Occupational Disease	1	2.2	18.82	20,100.00	20,118.82	4.1
Contusion (Bruise, Skin Surface)	4	8.9	3,030.56	13,341.36	16,371.92	3.4
Inflammation	5	11.1	3,278.43	8,640.39	11,918.82	2.5
Sprain	2	4.4	1,415.62	6,596.52	8,012.14	1.7
Contagious Disease	1	2.2	0.00	0.00	0.00	0.0
No Physical Injury	8	17.8	0.00	0.00	0.00	0.0
Puncture	1	2.2	0.00	0.00	0.00	0.0
Sum:	**45**		**$230,940.00**	**$254,091.32**	**$485,031.32**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
80 - VSP Bureau of Criminal Investigatio						
TYPE OF CLAIM						
Indemnity	1	50.0	56,892.95	0.00	56,892.95	78.3
Medical Only	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Totals:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
TIME OF INJURY						
4AM - 5:59AM	1	50.0	56,892.95	0.00	56,892.95	78.3
6AM - 7:59AM	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Totals:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
LENGTH OF SERVICE						
36 - 38	1	50.0	56,892.95	0.00	56,892.95	78.3
4 - 6	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Totals:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
Age of Claimant						
60 - 64	1	50.0	56,892.95	0.00	56,892.95	78.3
50 - 54	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Totals:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
SEX OF CLAIMANT						
Male	2	100.0	59,271.28	13,431.82	72,703.10	100.0
Totals:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
LOSS CAUSE						
Animal, not otherwise classified	2	100.0	59,271.28	13,431.82	72,703.10	100.0
Totals:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	56,892.95	0.00	56,892.95	78.3
Holding or Carrying	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Sum:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
BODY PART						
Upper Extremities Wrist	1	50.0	56,892.95	0.00	56,892.95	78.3
Upper Extremities Hand	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Sum:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	
INJURY						
Fracture	1	50.0	56,892.95	0.00	56,892.95	78.3
Multiple Physical Injury Only	1	50.0	2,378.33	13,431.82	15,810.15	21.7
Sum:	**2**		**$59,271.28**	**$13,431.82**	**$72,703.10**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
81 - VSP BCI-Div. 1 - Richmond						
TYPE OF CLAIM						
Indemnity	1	25.0	15,828.33	111,830.49	127,658.82	100.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
TIME OF INJURY						
2PM - 3:59PM	3	75.0	15,828.33	111,830.49	127,658.82	100.0
12PM - 1:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
LENGTH OF SERVICE						
22 - 24	1	25.0	15,828.33	111,830.49	127,658.82	100.0
8 - 10	2	50.0	0.00	0.00	0.00	0.0
24 - 26	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
Age of Claimant						
45 - 49	1	25.0	15,828.33	111,830.49	127,658.82	100.0
35 - 39	1	25.0	0.00	0.00	0.00	0.0
40 - 44	1	25.0	0.00	0.00	0.00	0.0
50 - 54	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
SEX OF CLAIMANT						
Male	4	100.0	15,828.33	111,830.49	127,658.82	100.0
Totals:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
LOSS CAUSE						
N/A	1	25.0	15,828.33	111,830.49	127,658.82	100.0
Chemicals, not otherwise classified	2	50.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
ACCIDENT TYPE						
Other Injury NEC	2	50.0	15,828.33	111,830.49	127,658.82	100.0
Absorption, Ingestion or Inhalation NOC	1	25.0	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
BODY PART						
Trunk Heart	1	25.0	15,828.33	111,830.49	127,658.82	100.0
Multiple Body Parts Multiple Body Parts	2	50.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Whole Body	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	
INJURY						
Myocardial Infarction (Heart Attack)	1	25.0	15,828.33	111,830.49	127,658.82	100.0
Foreign Body (Eye)	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
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$15,828.33**	**$111,830.49**	**$127,658.82**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
82 - VSP BCI-Div. 2 - Culpeper						
TYPE OF CLAIM						
Medical Only	2	40.0	2,267.32	19,404.04	21,671.36	100.0
Reporting Purposes Only	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
TIME OF INJURY						
2PM - 3:59PM	2	40.0	2,114.78	19,404.04	21,518.82	99.3
4PM - 5:59PM	1	20.0	152.54	0.00	152.54	0.7
6AM - 7:59AM	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
Totals:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
LENGTH OF SERVICE						
34 - 36	2	40.0	2,267.32	19,404.04	21,671.36	100.0
10 - 12	1	20.0	0.00	0.00	0.00	0.0
30 - 32	1	20.0	0.00	0.00	0.00	0.0
28 - 30	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
Age of Claimant						
55 - 59	3	60.0	2,267.32	19,404.04	21,671.36	100.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
50 - 54	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
SEX OF CLAIMANT						
Male	5	100.0	2,267.32	19,404.04	21,671.36	100.0
Totals:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
LOSS CAUSE						
Gun / gunshot	3	60.0	2,267.32	19,404.04	21,671.36	100.0
Chemicals, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
ACCIDENT TYPE						
Pushing or Pulling	1	20.0	2,114.78	19,404.04	21,518.82	99.3
Repetitive Motion (after 7/1/94)	1	20.0	152.54	0.00	152.54	0.7
Absorption, Ingestion or Inhalation NOC	1	20.0	0.00	0.00	0.00	0.0
Collision with Another Vehicle	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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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
BODY PART						
Upper Extremities Upper Arm (Incl. Cla\	1	20.0	2,114.78	19,404.04	21,518.82	99.3
Upper Extremities Finger(s)	1	20.0	152.54	0.00	152.54	0.7
Neck Multiple Neck Injury	1	20.0	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	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
Sum:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	
INJURY						
Inflammation	1	20.0	2,114.78	19,404.04	21,518.82	99.3
Strain	1	20.0	152.54	0.00	152.54	0.7
Burn	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
No Physical Injury	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$2,267.32**	**$19,404.04**	**$21,671.36**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
83 - VSP BCI-Div. 3 - Appomattox						
TYPE OF CLAIM						
Medical Only	1	50.0	1,840.11	9,509.89	11,350.00	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
TIME OF INJURY						
2PM - 3:59PM	2	100.0	1,840.11	9,509.89	11,350.00	100.0
Totals:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
LENGTH OF SERVICE						
10 - 12	1	50.0	1,840.11	9,509.89	11,350.00	100.0
14 - 16	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
Age of Claimant						
35 - 39	1	50.0	1,840.11	9,509.89	11,350.00	100.0
40 - 44	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
SEX OF CLAIMANT						
Male	2	100.0	1,840.11	9,509.89	11,350.00	100.0
Totals:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	1,840.11	9,509.89	11,350.00	100.0
Person	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	50.0	1,840.11	9,509.89	11,350.00	100.0
Other than Physical Cause of Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	50.0	1,840.11	9,509.89	11,350.00	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	
INJURY						
Multiple Physical Injury Only	1	50.0	1,840.11	9,509.89	11,350.00	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$1,840.11**	**$9,509.89**	**$11,350.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
84 - VSP BCI-Div. 4 - Wytheville						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
20 - 22	1	50.0	0.00	0.00	0.00	0.0
40 - 42	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	50.0	0.00	0.00	0.00	0.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	50.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Buttocks	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Fracture	1	50.0	0.00	0.00	0.00	0.0
Inflammation	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
85 - VSP BCI-Div. 5 - Chesapeake						
TYPE OF CLAIM						
Medical Only	3	37.5	16,976.10	7,477.35	24,453.45	63.4
Indemnity	2	25.0	2,180.11	11,934.87	14,114.98	36.6
Reporting Purposes Only	3	37.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
TIME OF INJURY						
4PM - 5:59PM	2	25.0	13,153.45	0.00	13,153.45	34.1
2AM - 3:59AM	3	37.5	5,518.81	7,477.35	12,996.16	33.7
2PM - 3:59PM	2	25.0	483.95	11,934.87	12,418.82	32.2
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
LENGTH OF SERVICE						
6 - 8	2	25.0	12,480.67	11,934.87	24,415.54	63.3
0 - 2	1	12.5	3,822.65	7,477.35	11,300.00	29.3
2 - 4	1	12.5	1,696.16	0.00	1,696.16	4.4
12 - 14	1	12.5	1,156.73	0.00	1,156.73	3.0
8 - 10	1	12.5	0.00	0.00	0.00	0.0
16 - 18	1	12.5	0.00	0.00	0.00	0.0
18 - 20	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
Age of Claimant						
30 - 34	3	37.5	1,640.68	11,934.87	13,575.55	35.2
50 - 54	2	25.0	11,996.72	0.00	11,996.72	31.1
20 - 24	1	12.5	3,822.65	7,477.35	11,300.00	29.3
25 - 29	1	12.5	1,696.16	0.00	1,696.16	4.4
40 - 44	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
SEX OF CLAIMANT						
Male	6	75.0	16,303.32	19,412.22	35,715.54	92.6
Female	2	25.0	2,852.89	0.00	2,852.89	7.4
Totals:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
LOSS CAUSE						
Vehicle/car/truck	4	50.0	15,819.37	7,477.35	23,296.72	60.4
Vehicle, not otherwise classified	2	25.0	2,180.11	11,934.87	14,114.98	36.6
Walking surface, outside, wet	1	12.5	1,156.73	0.00	1,156.73	3.0

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dust	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	12.5	483.95	11,934.87	12,418.82	32.2
Vehicle Upset	1	12.5	11,996.72	0.00	11,996.72	31.1
Collision with Another Vehicle	1	12.5	3,822.65	7,477.35	11,300.00	29.3
Collision with a Fixed Object	1	12.5	1,696.16	0.00	1,696.16	4.4
Fall/Slip on Ice or Snow	1	12.5	1,156.73	0.00	1,156.73	3.0
Cumulative (All Other)	1	12.5	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	12.5	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
BODY PART						
Head Multiple Head Injury	1	12.5	483.95	11,934.87	12,418.82	32.2
Upper Extremities Hand	1	12.5	11,996.72	0.00	11,996.72	31.1
Multiple Body Parts Multiple Body Parts	1	12.5	3,822.65	7,477.35	11,300.00	29.3
Upper Extremities Lower Arm	1	12.5	1,696.16	0.00	1,696.16	4.4
Trunk Abdomen Including Groin	1	12.5	1,156.73	0.00	1,156.73	3.0
Multiple Body Parts Body Systems & Mu	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 Multiple Trunk	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	
INJURY						
Concussion (Brain, Cerebral)	1	12.5	483.95	11,934.87	12,418.82	32.2
All Other (Specific) Injuries, NOC	1	12.5	11,996.72	0.00	11,996.72	31.1
Strain	1	12.5	3,822.65	7,477.35	11,300.00	29.3
Burn	1	12.5	1,696.16	0.00	1,696.16	4.4
No Physical Injury	2	25.0	1,156.73	0.00	1,156.73	3.0
Respiratory Disorders(Gases,Fumes,Ch	1	12.5	0.00	0.00	0.00	0.0
Sprain	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$19,156.21**	**$19,412.22**	**$38,568.43**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
86 - VSP BCI-Div. 6 - Salem						
TYPE OF CLAIM						
Medical Only	1	25.0	8,558.42	24,960.40	33,518.82	58.4
Indemnity	1	25.0	61.41	23,857.41	23,918.82	41.6
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
TIME OF INJURY						
4PM - 5:59PM	1	25.0	8,558.42	24,960.40	33,518.82	58.4
8AM - 9:59AM	1	25.0	61.41	23,857.41	23,918.82	41.6
12PM - 1:59PM	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
LENGTH OF SERVICE						
36 - 38	1	25.0	8,558.42	24,960.40	33,518.82	58.4
38 - 40	1	25.0	61.41	23,857.41	23,918.82	41.6
10 - 12	1	25.0	0.00	0.00	0.00	0.0
20 - 22	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
Age of Claimant						
60 - 64	2	50.0	8,619.83	48,817.81	57,437.64	100.0
30 - 34	1	25.0	0.00	0.00	0.00	0.0
40 - 44	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
SEX OF CLAIMANT						
Male	4	100.0	8,619.83	48,817.81	57,437.64	100.0
Totals:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
LOSS CAUSE						
Window frame	1	25.0	8,558.42	24,960.40	33,518.82	58.4
N/A	1	25.0	61.41	23,857.41	23,918.82	41.6
Chemicals, not otherwise classified	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	25.0	8,558.42	24,960.40	33,518.82	58.4
Other Injury NEC	1	25.0	61.41	23,857.41	23,918.82	41.6
Dust, Gases, Fumes or Vapors	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
BODY PART						

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Shoulder(s)	1	25.0	8,558.42	24,960.40	33,518.82	58.4
Trunk Heart	1	25.0	61.41	23,857.41	23,918.82	41.6
Multiple Body Parts No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	
INJURY						
Contusion (Bruise, Skin Surface)	1	25.0	8,558.42	24,960.40	33,518.82	58.4
Myocardial Infarction (Heart Attack)	1	25.0	61.41	23,857.41	23,918.82	41.6
No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$8,619.83**	**$48,817.81**	**$57,437.64**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
87 - VSP BCI-Div. 7 - Fairfax						
TYPE OF CLAIM						
Indemnity	1	33.3	1,255.11	0.00	1,255.11	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
TIME OF INJURY						
8AM - 9:59AM	3	100.0	1,255.11	0.00	1,255.11	100.0
Totals:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
LENGTH OF SERVICE						
12 - 14	2	66.7	1,255.11	0.00	1,255.11	100.0
10 - 12	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
Age of Claimant						
35 - 39	1	33.3	1,255.11	0.00	1,255.11	100.0
30 - 34	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
SEX OF CLAIMANT						
Male	3	100.0	1,255.11	0.00	1,255.11	100.0
Totals:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
LOSS CAUSE						
Walking surface, outside, wet	1	33.3	1,255.11	0.00	1,255.11	100.0
Chemicals, not otherwise classified	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	33.3	1,255.11	0.00	1,255.11	100.0
Absorption, Ingestion or Inhalation NOC	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
BODY PART						
Lower Extremities Ankle	1	33.3	1,255.11	0.00	1,255.11	100.0
Multiple Body Parts No Physical Injury	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	
INJURY						
Sprain	1	33.3	1,255.11	0.00	1,255.11	100.0
Poisoning - Chemical (Other than Metal)	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,255.11**	**$0.00**	**$1,255.11**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
88 - VSP BCI-Criminal Intelligence Div.						
TYPE OF CLAIM						
Indemnity	1	33.3	1,572.52	11,646.30	13,218.82	100.0
Medical Only	1	33.3	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
TIME OF INJURY						
6PM - 7:59PM	1	33.3	1,572.52	11,646.30	13,218.82	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
LENGTH OF SERVICE						
24 - 26	1	33.3	1,572.52	11,646.30	13,218.82	100.0
4 - 6	1	33.3	0.00	0.00	0.00	0.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
Age of Claimant						
45 - 49	2	66.7	1,572.52	11,646.30	13,218.82	100.0
30 - 34	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
SEX OF CLAIMANT						
Female	3	100.0	1,572.52	11,646.30	13,218.82	100.0
Totals:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
LOSS CAUSE						
Vehicle/car/truck	1	33.3	1,572.52	11,646.30	13,218.82	100.0
Door	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
Totals:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	33.3	1,572.52	11,646.30	13,218.82	100.0
Caught In, Under or Between, NOC	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
Sum:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	33.3	1,572.52	11,646.30	13,218.82	100.0
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	
INJURY						
Sprain	1	33.3	1,572.52	11,646.30	13,218.82	100.0
All Other (Specific) Injuries, NOC	1	33.3	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,572.52**	**$11,646.30**	**$13,218.82**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
89 - VSP BCI-High Tech Crimes Division						
TYPE OF CLAIM						
Medical Only	2	100.0	4,201.26	1,250.00	5,451.26	100.0
Totals:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
TIME OF INJURY						
6AM - 7:59AM	1	50.0	4,201.26	0.00	4,201.26	77.1
4AM - 5:59AM	1	50.0	0.00	1,250.00	1,250.00	22.9
Totals:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
LENGTH OF SERVICE						
12 - 14	1	50.0	4,201.26	0.00	4,201.26	77.1
24 - 26	1	50.0	0.00	1,250.00	1,250.00	22.9
Totals:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
Age of Claimant						
40 - 44	1	50.0	4,201.26	0.00	4,201.26	77.1
50 - 54	1	50.0	0.00	1,250.00	1,250.00	22.9
Totals:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
SEX OF CLAIMANT						
Male	2	100.0	4,201.26	1,250.00	5,451.26	100.0
Totals:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
LOSS CAUSE						
Stairs, steps	1	50.0	4,201.26	0.00	4,201.26	77.1
Outside Surface	1	50.0	0.00	1,250.00	1,250.00	22.9
Totals:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	50.0	4,201.26	0.00	4,201.26	77.1
Collision with a Fixed Object	1	50.0	0.00	1,250.00	1,250.00	22.9
Sum:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
BODY PART						
Lower Extremities Ankle	1	50.0	4,201.26	0.00	4,201.26	77.1
Multiple Body Parts No Physical Injury	1	50.0	0.00	1,250.00	1,250.00	22.9
Sum:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	
INJURY						
Fracture	1	50.0	4,201.26	0.00	4,201.26	77.1
No Physical Injury	1	50.0	0.00	1,250.00	1,250.00	22.9
Sum:	**2**		**$4,201.26**	**$1,250.00**	**$5,451.26**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
92 - VSP BCI-Counter Ter. & Crim. Inter.						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Neck Multiple Neck Injury	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
156 - STATE POLICE						
S156 - STATE POLICE						
TYPE OF CLAIM						
Indemnity	2	33.3	79,875.71	205,752.19	285,627.90	90.4
Medical Only	3	50.0	15,061.48	15,115.52	30,177.00	9.6
Reporting Purposes Only	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
TIME OF INJURY						
12PM - 1:59PM	1	16.7	68,885.11	120,623.97	189,509.08	60.0
10PM - 11:59PM	1	16.7	10,990.60	85,128.22	96,118.82	30.4
8AM - 9:59AM	1	16.7	11,803.30	15,115.52	26,918.82	8.5
2PM - 3:59PM	1	16.7	1,755.60	0.00	1,755.60	0.6
2AM - 3:59AM	2	33.3	1,502.58	0.00	1,502.58	0.5
Totals:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
LENGTH OF SERVICE						
22 - 24	1	16.7	68,885.11	120,623.97	189,509.08	60.0
10 - 12	1	16.7	10,990.60	85,128.22	96,118.82	30.4
8 - 10	1	16.7	11,803.30	15,115.52	26,918.82	8.5
18 - 20	1	16.7	1,755.60	0.00	1,755.60	0.6
4 - 6	1	16.7	1,502.58	0.00	1,502.58	0.5
24 - 26	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
Age of Claimant						
40 - 44	3	50.0	81,631.31	205,752.19	287,383.50	91.0
30 - 34	1	16.7	11,803.30	15,115.52	26,918.82	8.5
20 - 24	1	16.7	1,502.58	0.00	1,502.58	0.5
45 - 49	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
SEX OF CLAIMANT						
Male	6	100.0	94,937.19	220,867.71	315,804.90	100.0
Totals:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
LOSS CAUSE						
Outside Surface	2	33.3	79,875.71	205,752.19	285,627.90	90.4
Vehicle/car/truck	1	16.7	11,803.30	15,115.52	26,918.82	8.5
Metal items	1	16.7	1,755.60	0.00	1,755.60	0.6
Patient / Inmate	1	16.7	1,502.58	0.00	1,502.58	0.5
Chemicals, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
ACCIDENT TYPE						
Fall/Slip into Openings	2	33.3	79,875.71	205,752.19	285,627.90	90.4
Collision with Another Vehicle	1	16.7	11,803.30	15,115.52	26,918.82	8.5
Cut, Punctured, Scraped, NOC	2	33.3	3,258.18	0.00	3,258.18	1.0
Other Injury NEC	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
BODY PART						
Lower Extremities Lower Leg	1	16.7	68,885.11	120,623.97	189,509.08	60.0
Lower Extremities Knee	1	16.7	10,990.60	85,128.22	96,118.82	30.4
Multiple Body Parts Multiple Body Parts	1	16.7	11,803.30	15,115.52	26,918.82	8.5
Head Multiple Head Injury	1	16.7	1,755.60	0.00	1,755.60	0.6
Upper Extremities Hand	1	16.7	1,502.58	0.00	1,502.58	0.5
Multiple Body Parts Whole Body	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	
INJURY						
Multiple Physical Injury Only	1	16.7	68,885.11	120,623.97	189,509.08	60.0
Strain	1	16.7	10,990.60	85,128.22	96,118.82	30.4
Laceration	3	50.0	15,061.48	15,115.52	30,177.00	9.6
No Physical Injury	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$94,937.19**	**$220,867.71**	**$315,804.90**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
161 - TAXATION, DEPARTMENT OF						
S161 - TAXATION, DEPARTMENT OF						
TYPE OF CLAIM						
Indemnity	1	20.0	11,507.35	32,335.91	43,843.26	96.2
Medical Only	3	60.0	1,745.59	0.00	1,745.59	3.8
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
TIME OF INJURY						
8AM - 9:59AM	1	20.0	11,507.35	32,335.91	43,843.26	96.2
6AM - 7:59AM	1	20.0	1,745.59	0.00	1,745.59	3.8
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
4PM - 5:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
LENGTH OF SERVICE						
16 - 18	1	20.0	11,507.35	32,335.91	43,843.26	96.2
10 - 12	1	20.0	1,745.59	0.00	1,745.59	3.8
0 - 2	1	20.0	0.00	0.00	0.00	0.0
22 - 24	1	20.0	0.00	0.00	0.00	0.0
42 - 44	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
Age of Claimant						
55 - 59	2	40.0	11,507.35	32,335.91	43,843.26	96.2
45 - 49	1	20.0	1,745.59	0.00	1,745.59	3.8
60 - 64	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
SEX OF CLAIMANT						
Female	4	80.0	13,252.94	32,335.91	45,588.85	100.0
Male	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
LOSS CAUSE						
Walking surface, outside, wet	1	20.0	11,507.35	32,335.91	43,843.26	96.2
Minerals / dirt	1	20.0	1,745.59	0.00	1,745.59	3.8
Door	2	40.0	0.00	0.00	0.00	0.0
Floor	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
ACCIDENT TYPE						

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Ice or Snow	1	20.0	11,507.35	32,335.91	43,843.26	96.2
Fall On the Same Level	2	40.0	1,745.59	0.00	1,745.59	3.8
Striking Against or Stepping On, NOC	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
BODY PART						
Lower Extremities Ankle	2	40.0	13,252.94	32,335.91	45,588.85	100.0
Multiple Body Parts Multiple Body Parts	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
Upper Extremities Multiple Upper Extrer	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	
INJURY						
Fracture	1	20.0	11,507.35	32,335.91	43,843.26	96.2
Sprain	1	20.0	1,745.59	0.00	1,745.59	3.8
Contusion (Bruise, Skin Surface)	3	60.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$13,252.94**	**$32,335.91**	**$45,588.85**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
171 - STATE CORPORATION COMMISSION						
231 - SCC INSURANCE ADMINISTATION						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
18 - 20	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Shoulder(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Dislocation	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
171 - STATE CORPORATION COMMISSION						
S171 - STATE CORPORATION COMMISSION						
TYPE OF CLAIM						
Medical Only	2	66.7	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
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
6PM - 7:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	33.3	0.00	0.00	0.00	0.0
2 - 4	1	33.3	0.00	0.00	0.00	0.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
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
60 - 64	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Cabinet	1	33.3	0.00	0.00	0.00	0.0
N/A	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
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Caught In, Under or Between, NOC	1	33.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	33.3	0.00	0.00	0.00	0.0
Lifting	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	33.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	2	66.7	0.00	0.00	0.00	0.0
Strain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
172 - Virginia Lottery						
S172 - Virginia Lottery						
TYPE OF CLAIM						
Reporting Purposes Only	9	100.0	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12AM - 1:59AM	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
10AM - 11:59AM	3	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	11.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	22.2	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	4	44.4	0.00	0.00	0.00	0.0
2 - 4	1	11.1	0.00	0.00	0.00	0.0
4 - 6	2	22.2	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
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	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
50 - 54	1	11.1	0.00	0.00	0.00	0.0
60 - 64	5	55.6	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	6	66.7	0.00	0.00	0.00	0.0
Male	3	33.3	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chair	1	11.1	0.00	0.00	0.00	0.0
Elevators, escalators	1	11.1	0.00	0.00	0.00	0.0
Floor	1	11.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	11.1	0.00	0.00	0.00	0.0
Insufficient data	1	11.1	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
N/A	1	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Bodily Reaction	1	11.1	0.00	0.00	0.00	0.0
Fall On the Same Level	3	33.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	11.1	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	11.1	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	11.1	0.00	0.00	0.00	0.0
Twisting	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	3	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	3	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	11.1	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	11.1	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Laceration	2	22.2	0.00	0.00	0.00	0.0
No Physical Injury	2	22.2	0.00	0.00	0.00	0.0
Strain	2	22.2	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
181 - LABOR AND INDUSTRY, DEPT OF						
S181 - LABOR AND INDUSTRY, DEPT OF						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	50.0	0.00	0.00	0.00	0.0
10 - 12	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	0.00	0.00	0.00	0.0
Wires	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
182 - VIRGINIA EMPLOYMENT COMMISSION						
S182 - VIRGINIA EMPLOYMENT COMMISSION						
TYPE OF CLAIM						
Medical Only	6	50.0	97.93	0.00	97.93	100.0
Reporting Purposes Only	6	50.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
TIME OF INJURY						
10AM - 11:59AM	2	16.7	55.85	0.00	55.85	57.0
8AM - 9:59AM	2	16.7	23.26	0.00	23.26	23.8
2PM - 3:59PM	4	33.3	18.82	0.00	18.82	19.2
6AM - 7:59AM	2	16.7	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	16.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
LENGTH OF SERVICE						
0 - 2	8	66.7	49.11	0.00	49.11	50.1
18 - 20	1	8.3	30.00	0.00	30.00	30.6
2 - 4	2	16.7	18.82	0.00	18.82	19.2
4 - 6	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
Age of Claimant						
45 - 49	2	16.7	55.85	0.00	55.85	57.0
55 - 59	2	16.7	23.26	0.00	23.26	23.8
40 - 44	2	16.7	18.82	0.00	18.82	19.2
15 - 19	1	8.3	0.00	0.00	0.00	0.0
20 - 24	1	8.3	0.00	0.00	0.00	0.0
50 - 54	2	16.7	0.00	0.00	0.00	0.0
65 - 69	2	16.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
SEX OF CLAIMANT						
Female	10	83.3	97.93	0.00	97.93	100.0
Male	2	16.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
LOSS CAUSE						
Walking surface, inside, dry	1	8.3	30.00	0.00	30.00	30.6
Outside Surface	1	8.3	25.85	0.00	25.85	26.4
Water	1	8.3	23.26	0.00	23.26	23.8
Furniture / fixtures	2	16.7	18.82	0.00	18.82	19.2

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Floor	4	33.3	0.00	0.00	0.00	0.0
Ladder - Portable	1	8.3	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	16.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$97.93**	**$0.00**	**$97.93**	
ACCIDENT TYPE						
Twisting	1	8.3	30.00	0.00	30.00	30.6
Fall On the Same Level	6	50.0	25.85	0.00	25.85	26.4
Contact with Hot Object or Substance	1	8.3	23.26	0.00	23.26	23.8
Other Injury NEC	1	8.3	18.82	0.00	18.82	19.2
Cut, Punctured, Scraped, NOC	1	8.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	8.3	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$97.93**	**$0.00**	**$97.93**	
BODY PART						
Multiple Body Parts Multiple Body Parts	4	33.3	49.11	0.00	49.11	50.1
Lower Extremities Ankle	1	8.3	30.00	0.00	30.00	30.6
Multiple Body Parts No Physical Injury	2	16.7	18.82	0.00	18.82	19.2
Lower Extremities Knee	3	25.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	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
Sum:	**12**		**$97.93**	**$0.00**	**$97.93**	
INJURY						
Sprain	1	8.3	30.00	0.00	30.00	30.6
All Other (Specific) Injuries, NOC	3	25.0	25.85	0.00	25.85	26.4
Burn	1	8.3	23.26	0.00	23.26	23.8
No Physical Injury	4	33.3	18.82	0.00	18.82	19.2
Contusion (Bruise, Skin Surface)	2	16.7	0.00	0.00	0.00	0.0
Strain	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$97.93**	**$0.00**	**$97.93**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
194 - DEPT. OF GENERAL SERVICES						
10 - DGS - Consolidated Laboratory Svcs.						
TYPE OF CLAIM						
Indemnity	4	14.3	366.21	9,309.07	9,675.28	87.5
Medical Only	4	14.3	1,385.76	0.00	1,385.76	12.5
Reporting Purposes Only	20	71.4	0.00	0.00	0.00	0.0
Totals:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
TIME OF INJURY						
10AM - 11:59AM	9	32.1	1,084.41	4,337.64	5,422.05	49.0
4PM - 5:59PM	7	25.0	445.03	2,802.61	3,247.64	29.4
8AM - 9:59AM	4	14.3	0.00	2,168.82	2,168.82	19.6
2PM - 3:59PM	5	17.9	222.53	0.00	222.53	2.0
6AM - 7:59AM	1	3.6	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	7.1	0.00	0.00	0.00	0.0
Totals:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
LENGTH OF SERVICE						
6 - 8	2	7.1	366.21	4,971.43	5,337.64	48.3
8 - 10	3	10.7	0.00	4,337.64	4,337.64	39.2
30 - 32	3	10.7	748.84	0.00	748.84	6.8
0 - 2	10	35.7	636.92	0.00	636.92	5.8
2 - 4	4	14.3	0.00	0.00	0.00	0.0
4 - 6	3	10.7	0.00	0.00	0.00	0.0
18 - 20	1	3.6	0.00	0.00	0.00	0.0
32 - 34	1	3.6	0.00	0.00	0.00	0.0
36 - 38	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
Age of Claimant						
30 - 34	5	17.9	366.21	4,971.43	5,337.64	48.3
35 - 39	6	21.4	0.00	4,337.64	4,337.64	39.2
20 - 24	3	10.7	558.10	0.00	558.10	5.0
60 - 64	2	7.1	526.31	0.00	526.31	4.8
65 - 69	4	14.3	222.53	0.00	222.53	2.0
45 - 49	1	3.6	78.82	0.00	78.82	0.7
25 - 29	5	17.9	0.00	0.00	0.00	0.0
55 - 59	2	7.1	0.00	0.00	0.00	0.0
Totals:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	20	71.4	780.63	6,506.46	7,287.09	65.9
Male	8	28.6	971.34	2,802.61	3,773.95	34.1
Totals:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
LOSS CAUSE						
Bacteria	5	17.9	0.00	6,506.46	6,506.46	58.8
Infectious agent	9	32.1	445.03	2,802.61	3,247.64	29.4
Furniture / fixtures	1	3.6	558.10	0.00	558.10	5.0
Glass bottle / sheet	2	7.1	526.31	0.00	526.31	4.8
Animal / insect, not otherwise classifie	2	7.1	222.53	0.00	222.53	2.0
Animal / tick, spider, etc.	1	3.6	0.00	0.00	0.00	0.0
Blade	1	3.6	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	7.1	0.00	0.00	0.00	0.0
Floor	2	7.1	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	7.1	0.00	0.00	0.00	0.0
Totals:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	16	57.1	445.03	9,309.07	9,754.10	88.2
Struck or Injury By, NOC	1	3.6	558.10	0.00	558.10	5.0
Broken Glass	2	7.1	526.31	0.00	526.31	4.8
Other Injury NEC	1	3.6	222.53	0.00	222.53	2.0
Bitten	2	7.1	0.00	0.00	0.00	0.0
Fall On the Same Level	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
Hand Tool, Utensil; Not Powered	4	14.3	0.00	0.00	0.00	0.0
Sum:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
BODY PART						
Multiple Body Parts No Physical Injury	13	46.4	445.03	9,309.07	9,754.10	88.2
Upper Extremities Lower Arm	2	7.1	780.63	0.00	780.63	7.1
Upper Extremities Finger(s)	6	21.4	526.31	0.00	526.31	4.8
Lower Extremities Knee	1	3.6	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	3.6	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	3.6	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	3.6	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	3.6	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	3.6	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	
INJURY						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other (Specific) Injuries, NOC	16	57.1	667.56	9,309.07	9,976.63	90.2
Contusion (Bruise, Skin Surface)	1	3.6	558.10	0.00	558.10	5.0
Laceration	4	14.3	526.31	0.00	526.31	4.8
Concussion (Brain, Cerebral)	1	3.6	0.00	0.00	0.00	0.0
No Physical Injury	3	10.7	0.00	0.00	0.00	0.0
Puncture	3	10.7	0.00	0.00	0.00	0.0
Sum:	**28**		**$1,751.97**	**$9,309.07**	**$11,061.04**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
194 - DEPT. OF GENERAL SERVICES						
1 - DGS - Director's Office						
TYPE OF CLAIM						
Medical Only	2	66.7	785.44	0.00	785.44	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$785.44**	**$0.00**	**$785.44**	
TIME OF INJURY						
8AM - 9:59AM	1	33.3	756.33	0.00	756.33	96.3
12PM - 1:59PM	1	33.3	29.11	0.00	29.11	3.7
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$785.44**	**$0.00**	**$785.44**	
LENGTH OF SERVICE						
8 - 10	1	33.3	756.33	0.00	756.33	96.3
4 - 6	1	33.3	29.11	0.00	29.11	3.7
24 - 26	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$785.44**	**$0.00**	**$785.44**	
Age of Claimant						
40 - 44	1	33.3	756.33	0.00	756.33	96.3
65 - 69	1	33.3	29.11	0.00	29.11	3.7
55 - 59	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$785.44**	**$0.00**	**$785.44**	
SEX OF CLAIMANT						
Male	1	33.3	756.33	0.00	756.33	96.3
Female	2	66.7	29.11	0.00	29.11	3.7
Totals:	**3**		**$785.44**	**$0.00**	**$785.44**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	33.3	756.33	0.00	756.33	96.3
N/A	1	33.3	29.11	0.00	29.11	3.7
Walking surface, outside, wet	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$785.44**	**$0.00**	**$785.44**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	33.3	756.33	0.00	756.33	96.3
Other Injury NEC	1	33.3	29.11	0.00	29.11	3.7
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$785.44**	**$0.00**	**$785.44**	
BODY PART						
Upper Extremities Finger(s)	1	33.3	756.33	0.00	756.33	96.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Body Systems & Mu	1	33.3	29.11	0.00	29.11	3.7
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$785.44**	**$0.00**	**$785.44**	
INJURY						
Laceration	1	33.3	756.33	0.00	756.33	96.3
All Other (Specific) Injuries, NOC	2	66.7	29.11	0.00	29.11	3.7
Sum:	**3**		**$785.44**	**$0.00**	**$785.44**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
194 - DEPT. OF GENERAL SERVICES						
2 - DGS - Facilities Managment						
TYPE OF CLAIM						
Indemnity	1	25.0	6,474.88	49,566.74	56,041.62	100.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
TIME OF INJURY						
2PM - 3:59PM	1	25.0	6,474.88	49,566.74	56,041.62	100.0
12PM - 1:59PM	2	50.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
LENGTH OF SERVICE						
14 - 16	1	25.0	6,474.88	49,566.74	56,041.62	100.0
0 - 2	2	50.0	0.00	0.00	0.00	0.0
10 - 12	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
Age of Claimant						
70 - 74	1	25.0	6,474.88	49,566.74	56,041.62	100.0
20 - 24	1	25.0	0.00	0.00	0.00	0.0
45 - 49	1	25.0	0.00	0.00	0.00	0.0
60 - 64	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
SEX OF CLAIMANT						
Male	2	50.0	6,474.88	49,566.74	56,041.62	100.0
Female	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
LOSS CAUSE						
Platforms	1	25.0	6,474.88	49,566.74	56,041.62	100.0
Animal / insect, not otherwise classifie	1	25.0	0.00	0.00	0.00	0.0
Boxes / containers	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
Totals:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	25.0	6,474.88	49,566.74	56,041.62	100.0
Bitten	1	25.0	0.00	0.00	0.00	0.0
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

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
BODY PART						
Multiple Body Parts Body Systems & Mu	1	25.0	6,474.88	49,566.74	56,041.62	100.0
Multiple Body Parts No Physical Injury	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
Upper Extremities Shoulder(s)	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	
INJURY						
All Other (Specific) Injuries, NOC	2	50.0	6,474.88	49,566.74	56,041.62	100.0
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
Sum:	**4**		**$6,474.88**	**$49,566.74**	**$56,041.62**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
194 - DEPT. OF GENERAL SERVICES						
4 - DGS - Purchases & Supply						
TYPE OF CLAIM						
Medical Only	3	75.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12AM - 1:59AM	1	25.0	0.00	0.00	0.00	0.0
6AM - 7:59AM	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	25.0	0.00	0.00	0.00	0.0
8 - 10	1	25.0	0.00	0.00	0.00	0.0
10 - 12	1	25.0	0.00	0.00	0.00	0.0
30 - 32	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	3	75.0	0.00	0.00	0.00	0.0
70 - 74	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	3	75.0	0.00	0.00	0.00	0.0
Male	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	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
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	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
Fall, Slip or Trip, NOC	1	25.0	0.00	0.00	0.00	0.0
Pushing or Pulling	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	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
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	25.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	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
Strain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
194 - DEPT. OF GENERAL SERVICES						
5 - DGS - Engineering & Buildings						
TYPE OF CLAIM						
Medical Only	1	50.0	46.44	0.00	46.44	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$46.44**	**$0.00**	**$46.44**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	46.44	0.00	46.44	100.0
6PM - 7:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$46.44**	**$0.00**	**$46.44**	
LENGTH OF SERVICE						
32 - 34	1	50.0	46.44	0.00	46.44	100.0
34 - 36	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$46.44**	**$0.00**	**$46.44**	
Age of Claimant						
80 - 84	2	100.0	46.44	0.00	46.44	100.0
Totals:	**2**		**$46.44**	**$0.00**	**$46.44**	
SEX OF CLAIMANT						
Male	2	100.0	46.44	0.00	46.44	100.0
Totals:	**2**		**$46.44**	**$0.00**	**$46.44**	
LOSS CAUSE						
Miscellaneous	1	50.0	46.44	0.00	46.44	100.0
Floor	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$46.44**	**$0.00**	**$46.44**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	50.0	46.44	0.00	46.44	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$46.44**	**$0.00**	**$46.44**	
BODY PART						
Lower Extremities Hip	1	50.0	46.44	0.00	46.44	100.0
Upper Extremities Shoulder(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$46.44**	**$0.00**	**$46.44**	
INJURY						
All Other (Specific) Injuries, NOC	2	100.0	46.44	0.00	46.44	100.0
Sum:	**2**		**$46.44**	**$0.00**	**$46.44**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
16 - DCR PARKS DIVISION						
TYPE OF CLAIM						
Medical Only	1	7.1	36.50	0.00	36.50	100.0
Reporting Purposes Only	13	92.9	0.00	0.00	0.00	0.0
Totals:	**14**		**$36.50**	**$0.00**	**$36.50**	
TIME OF INJURY						
10AM - 11:59AM	1	7.1	36.50	0.00	36.50	100.0
8AM - 9:59AM	1	7.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	6	42.9	0.00	0.00	0.00	0.0
2PM - 3:59PM	4	28.6	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	14.3	0.00	0.00	0.00	0.0
Totals:	**14**		**$36.50**	**$0.00**	**$36.50**	
LENGTH OF SERVICE						
0 - 2	4	28.6	36.50	0.00	36.50	100.0
4 - 6	4	28.6	0.00	0.00	0.00	0.0
12 - 14	1	7.1	0.00	0.00	0.00	0.0
18 - 20	3	21.4	0.00	0.00	0.00	0.0
34 - 36	1	7.1	0.00	0.00	0.00	0.0
36 - 38	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$36.50**	**$0.00**	**$36.50**	
Age of Claimant						
20 - 24	1	7.1	36.50	0.00	36.50	100.0
15 - 19	1	7.1	0.00	0.00	0.00	0.0
35 - 39	5	35.7	0.00	0.00	0.00	0.0
40 - 44	3	21.4	0.00	0.00	0.00	0.0
45 - 49	1	7.1	0.00	0.00	0.00	0.0
55 - 59	1	7.1	0.00	0.00	0.00	0.0
65 - 69	1	7.1	0.00	0.00	0.00	0.0
10 - 14	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$36.50**	**$0.00**	**$36.50**	
SEX OF CLAIMANT						
Male	10	71.4	36.50	0.00	36.50	100.0
Female	4	28.6	0.00	0.00	0.00	0.0
Totals:	**14**		**$36.50**	**$0.00**	**$36.50**	
LOSS CAUSE						
Poisonous agent / plant	4	28.6	36.50	0.00	36.50	100.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / tick, spider, etc.	8	57.1	0.00	0.00	0.00	0.0
Environmental conditions	1	7.1	0.00	0.00	0.00	0.0
Fencing	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$36.50**	**$0.00**	**$36.50**	
ACCIDENT TYPE						
Other Injury NEC	1	7.1	36.50	0.00	36.50	100.0
Bitten	4	28.6	0.00	0.00	0.00	0.0
Bodily Reaction	3	21.4	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	7.1	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	4	28.6	0.00	0.00	0.00	0.0
Sum:	**14**		**$36.50**	**$0.00**	**$36.50**	
BODY PART						
Upper Extremities Multiple Upper Extrer	1	7.1	36.50	0.00	36.50	100.0
Lower Extremities Ankle	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	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	14.3	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
Multiple Body Parts Whole Body	1	7.1	0.00	0.00	0.00	0.0
Trunk Buttocks	2	14.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	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
Sum:	**14**		**$36.50**	**$0.00**	**$36.50**	
INJURY						
All Other (Specific) Injuries, NOC	1	7.1	36.50	0.00	36.50	100.0
Dermatitis	5	35.7	0.00	0.00	0.00	0.0
Heat Prostration	1	7.1	0.00	0.00	0.00	0.0
Inflammation	1	7.1	0.00	0.00	0.00	0.0
Laceration	1	7.1	0.00	0.00	0.00	0.0
No Physical Injury	4	28.6	0.00	0.00	0.00	0.0
Puncture	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$36.50**	**$0.00**	**$36.50**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
401 - DCR DIVISION OF ADMINISTRATION (SE						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Hip	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
635 - DCR DIVISION OF NATURAL HERITAGE						
TYPE OF CLAIM						
Indemnity	1	2.8	18.82	0.00	18.82	100.0
Reporting Purposes Only	35	97.2	0.00	0.00	0.00	0.0
Totals:	**36**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
10AM - 11:59AM	7	19.4	18.82	0.00	18.82	100.0
12AM - 1:59AM	1	2.8	0.00	0.00	0.00	0.0
12PM - 1:59PM	16	44.4	0.00	0.00	0.00	0.0
2PM - 3:59PM	10	27.8	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	5.6	0.00	0.00	0.00	0.0
Totals:	**36**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
22 - 24	1	2.8	18.82	0.00	18.82	100.0
0 - 2	17	47.2	0.00	0.00	0.00	0.0
2 - 4	6	16.7	0.00	0.00	0.00	0.0
4 - 6	8	22.2	0.00	0.00	0.00	0.0
12 - 14	1	2.8	0.00	0.00	0.00	0.0
24 - 26	1	2.8	0.00	0.00	0.00	0.0
14 - 16	1	2.8	0.00	0.00	0.00	0.0
26 - 28	1	2.8	0.00	0.00	0.00	0.0
Totals:	**36**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
50 - 54	3	8.3	18.82	0.00	18.82	100.0
20 - 24	4	11.1	0.00	0.00	0.00	0.0
25 - 29	2	5.6	0.00	0.00	0.00	0.0
30 - 34	12	33.3	0.00	0.00	0.00	0.0
35 - 39	7	19.4	0.00	0.00	0.00	0.0
40 - 44	4	11.1	0.00	0.00	0.00	0.0
45 - 49	1	2.8	0.00	0.00	0.00	0.0
55 - 59	2	5.6	0.00	0.00	0.00	0.0
60 - 64	1	2.8	0.00	0.00	0.00	0.0
Totals:	**36**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Male	23	63.9	18.82	0.00	18.82	100.0
Female	13	36.1	0.00	0.00	0.00	0.0
Totals:	**36**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Sprayer	1	2.8	18.82	0.00	18.82	100.0
Animal / bee type	1	2.8	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	31	86.1	0.00	0.00	0.00	0.0
Brush / tree / log	1	2.8	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	2.8	0.00	0.00	0.00	0.0
Straps	1	2.8	0.00	0.00	0.00	0.0
Totals:	**36**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Twisting	1	2.8	18.82	0.00	18.82	100.0
Bitten	13	36.1	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	2.8	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	2.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	2.8	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	19	52.8	0.00	0.00	0.00	0.0
Sum:	**36**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Lower Extremities Knee	1	2.8	18.82	0.00	18.82	100.0
Head Skull	1	2.8	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.8	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	2.8	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	5.6	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	2.8	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	5.6	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	7	19.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	13	36.1	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	2.8	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	3	8.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	2.8	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	2.8	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	2.8	0.00	0.00	0.00	0.0
Sum:	**36**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Rupture	1	2.8	18.82	0.00	18.82	100.0
All Other (Specific) Injuries, NOC	1	2.8	0.00	0.00	0.00	0.0
Dermatitis	1	2.8	0.00	0.00	0.00	0.0
Inflammation	3	8.3	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	2.8	0.00	0.00	0.00	0.0
No Physical Injury	17	47.2	0.00	0.00	0.00	0.0
Puncture	12	33.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**36**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
730 - DCR STAUNTON RIVER BATTLEFIELD STA						
TYPE OF CLAIM						
Medical Only	2	66.7	10,480.57	0.00	10,480.57	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
TIME OF INJURY						
2PM - 3:59PM	2	66.7	10,480.57	0.00	10,480.57	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
LENGTH OF SERVICE						
2 - 4	2	66.7	10,480.57	0.00	10,480.57	100.0
0 - 2	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
Age of Claimant						
60 - 64	1	33.3	9,356.49	0.00	9,356.49	89.3
35 - 39	1	33.3	1,124.08	0.00	1,124.08	10.7
55 - 59	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
SEX OF CLAIMANT						
Female	2	66.7	9,356.49	0.00	9,356.49	89.3
Male	1	33.3	1,124.08	0.00	1,124.08	10.7
Totals:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
LOSS CAUSE						
Object on Floor	1	33.3	9,356.49	0.00	9,356.49	89.3
Beam	1	33.3	1,124.08	0.00	1,124.08	10.7
Nail	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
ACCIDENT TYPE						
Fall On the Same Level	1	33.3	9,356.49	0.00	9,356.49	89.3
Lifting	1	33.3	1,124.08	0.00	1,124.08	10.7
Cut, Punctured, Scraped, NOC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
BODY PART						
Upper Extremities Wrist	1	33.3	9,356.49	0.00	9,356.49	89.3
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	1,124.08	0.00	1,124.08	10.7
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	
INJURY						
Fracture	1	33.3	9,356.49	0.00	9,356.49	89.3
Strain	1	33.3	1,124.08	0.00	1,124.08	10.7
Laceration	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$10,480.57**	**$0.00**	**$10,480.57**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
732 - DCR WILDERNESS ROAD STATE PARK						
TYPE OF CLAIM						
Indemnity	2	40.0	16,257.57	0.00	16,257.57	92.3
Medical Only	2	40.0	107.03	1,250.00	1,357.03	7.7
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
TIME OF INJURY						
6PM - 7:59PM	1	20.0	10,006.20	0.00	10,006.20	56.8
10AM - 11:59AM	1	20.0	6,251.37	0.00	6,251.37	35.5
4PM - 5:59PM	1	20.0	0.00	1,250.00	1,250.00	7.1
2PM - 3:59PM	1	20.0	107.03	0.00	107.03	0.6
12PM - 1:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
LENGTH OF SERVICE						
2 - 4	2	40.0	10,006.20	1,250.00	11,256.20	63.9
0 - 2	3	60.0	6,358.40	0.00	6,358.40	36.1
Totals:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
Age of Claimant						
30 - 34	1	20.0	10,006.20	0.00	10,006.20	56.8
15 - 19	1	20.0	6,251.37	0.00	6,251.37	35.5
20 - 24	1	20.0	0.00	1,250.00	1,250.00	7.1
35 - 39	1	20.0	107.03	0.00	107.03	0.6
25 - 29	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
SEX OF CLAIMANT						
Male	5	100.0	16,364.60	1,250.00	17,614.60	100.0
Totals:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
LOSS CAUSE						
Mowers	1	20.0	10,006.20	0.00	10,006.20	56.8
Tractor	2	40.0	6,358.40	0.00	6,358.40	36.1
Animal / insect, not otherwise classifie	1	20.0	0.00	1,250.00	1,250.00	7.1
Package	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	20.0	10,006.20	0.00	10,006.20	56.8
Struck/Injured By Moving Parts of Machi	1	20.0	6,251.37	0.00	6,251.37	35.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	1	20.0	0.00	1,250.00	1,250.00	7.1
Fall On the Same Level	1	20.0	107.03	0.00	107.03	0.6
Twisting	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
BODY PART						
Lower Extremities Knee	1	20.0	10,006.20	0.00	10,006.20	56.8
Multiple Body Parts Multiple Body Parts	1	20.0	6,251.37	0.00	6,251.37	35.5
Upper Extremities Hand	1	20.0	0.00	1,250.00	1,250.00	7.1
Lower Extremities Ankle	1	20.0	107.03	0.00	107.03	0.6
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	
INJURY						
Contusion (Bruise, Skin Surface)	2	40.0	16,257.57	0.00	16,257.57	92.3
Inflammation	1	20.0	0.00	1,250.00	1,250.00	7.1
Sprain	1	20.0	107.03	0.00	107.03	0.6
Strain	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$16,364.60**	**$1,250.00**	**$17,614.60**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
733 - DCR ANDY GUEST / SHENANDOAH STATE						
TYPE OF CLAIM						
Medical Only	2	33.3	5,936.46	0.00	5,936.46	100.0
Reporting Purposes Only	4	66.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
TIME OF INJURY						
12PM - 1:59PM	1	16.7	5,577.86	0.00	5,577.86	94.0
10AM - 11:59AM	2	33.3	358.60	0.00	358.60	6.0
4PM - 5:59PM	3	50.0	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
LENGTH OF SERVICE						
0 - 2	6	100.0	5,936.46	0.00	5,936.46	100.0
Totals:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
Age of Claimant						
30 - 34	1	16.7	5,577.86	0.00	5,577.86	94.0
20 - 24	2	33.3	358.60	0.00	358.60	6.0
15 - 19	3	50.0	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
SEX OF CLAIMANT						
Female	5	83.3	5,577.86	0.00	5,577.86	94.0
Male	1	16.7	358.60	0.00	358.60	6.0
Totals:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
LOSS CAUSE						
Trailer Dolly	1	16.7	5,577.86	0.00	5,577.86	94.0
Outside Surface	1	16.7	358.60	0.00	358.60	6.0
Animal / tick, spider, etc.	4	66.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
ACCIDENT TYPE						
Lifting	1	16.7	5,577.86	0.00	5,577.86	94.0
Fall/Slip into Openings	1	16.7	358.60	0.00	358.60	6.0
Struck/Injured By Animal or Insect	4	66.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	5,577.86	0.00	5,577.86	94.0
Lower Extremities Ankle	1	16.7	358.60	0.00	358.60	6.0
Lower Extremities Lower Leg	1	16.7	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
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 Upper Arm (Incl. Cla	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	
INJURY						
All Other (Specific) Injuries, NOC	1	16.7	5,577.86	0.00	5,577.86	94.0
Sprain	1	16.7	358.60	0.00	358.60	6.0
Puncture	4	66.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$5,936.46**	**$0.00**	**$5,936.46**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
734 - DCR JAMES RIVER STATE PARK						
TYPE OF CLAIM						
Reporting Purposes Only	9	100.0	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	11.1	0.00	0.00	0.00	0.0
8AM - 9:59AM	2	22.2	0.00	0.00	0.00	0.0
12PM - 1:59PM	3	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	22.2	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	4	44.4	0.00	0.00	0.00	0.0
2 - 4	1	11.1	0.00	0.00	0.00	0.0
6 - 8	3	33.3	0.00	0.00	0.00	0.0
8 - 10	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
15 - 19	2	22.2	0.00	0.00	0.00	0.0
20 - 24	1	11.1	0.00	0.00	0.00	0.0
30 - 34	3	33.3	0.00	0.00	0.00	0.0
40 - 44	1	11.1	0.00	0.00	0.00	0.0
60 - 64	1	11.1	0.00	0.00	0.00	0.0
65 - 69	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	3	33.3	0.00	0.00	0.00	0.0
Male	6	66.7	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / insect, not otherwise classifie	1	11.1	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	5	55.6	0.00	0.00	0.00	0.0
Grinder	1	11.1	0.00	0.00	0.00	0.0
Hammer	1	11.1	0.00	0.00	0.00	0.0
Wheel	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Bitten	2	22.2	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	11.1	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	11.1	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	4	44.4	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Skull	1	11.1	0.00	0.00	0.00	0.0
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 Upper Leg	1	11.1	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	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
Upper Extremities Hand	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Crushing	1	11.1	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Laceration	1	11.1	0.00	0.00	0.00	0.0
No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Puncture	4	44.4	0.00	0.00	0.00	0.0
Strain	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
737 - DCR KIPTOPEKE STATE PARK						
TYPE OF CLAIM						
Medical Only	1	25.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4AM - 5:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	4	100.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
15 - 19	1	25.0	0.00	0.00	0.00	0.0
20 - 24	1	25.0	0.00	0.00	0.00	0.0
55 - 59	1	25.0	0.00	0.00	0.00	0.0
65 - 69	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	50.0	0.00	0.00	0.00	0.0
Male	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	25.0	0.00	0.00	0.00	0.0
Electric Drill	1	25.0	0.00	0.00	0.00	0.0
Environmental conditions	1	25.0	0.00	0.00	0.00	0.0
Recreational equipment	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Contact with Hot Object or Substance	1	25.0	0.00	0.00	0.00	0.0
Holding or Carrying	1	25.0	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Machine	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Foot	1	25.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	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
Upper Extremities Thumb	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Burn	1	25.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
Inflammation	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
743 - DCR SOUTHWEST VA MUSEUM						
TYPE OF CLAIM						
Medical Only	3	60.0	2,046.87	2,881.95	4,928.82	100.0
Reporting Purposes Only	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
TIME OF INJURY						
2PM - 3:59PM	1	20.0	2,036.87	1,631.95	3,668.82	74.4
4PM - 5:59PM	2	40.0	0.00	1,250.00	1,250.00	25.4
12PM - 1:59PM	2	40.0	10.00	0.00	10.00	0.2
Totals:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
LENGTH OF SERVICE						
20 - 22	1	20.0	2,036.87	1,631.95	3,668.82	74.4
14 - 16	2	40.0	0.00	1,250.00	1,250.00	25.4
0 - 2	2	40.0	10.00	0.00	10.00	0.2
Totals:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
Age of Claimant						
55 - 59	1	20.0	2,036.87	1,631.95	3,668.82	74.4
50 - 54	1	20.0	0.00	1,250.00	1,250.00	25.4
30 - 34	1	20.0	10.00	0.00	10.00	0.2
75 - 79	1	20.0	0.00	0.00	0.00	0.0
80 - 84	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
SEX OF CLAIMANT						
Female	3	60.0	2,036.87	1,631.95	3,668.82	74.4
Male	2	40.0	10.00	1,250.00	1,260.00	25.6
Totals:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
LOSS CAUSE						
Walking surface, outside, dry	2	40.0	2,046.87	1,631.95	3,678.82	74.6
Floor	1	20.0	0.00	1,250.00	1,250.00	25.4
Stairs, steps	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	20.0	2,036.87	1,631.95	3,668.82	74.4
Fall, Slip or Trip, NOC	1	20.0	0.00	1,250.00	1,250.00	25.4
Strain or Injury By, NOC	1	20.0	10.00	0.00	10.00	0.2
Fall/Slip on Ice or Snow	1	20.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Stairs	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
BODY PART						
Lower Extremities Foot	1	20.0	2,036.87	1,631.95	3,668.82	74.4
Upper Extremities Elbow	2	40.0	0.00	1,250.00	1,250.00	25.4
Lower Extremities Knee	1	20.0	10.00	0.00	10.00	0.2
Lower Extremities Ankle	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	
INJURY						
Sprain	3	60.0	2,046.87	1,631.95	3,678.82	74.6
Contusion (Bruise, Skin Surface)	1	20.0	0.00	1,250.00	1,250.00	25.4
No Physical Injury	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$2,046.87**	**$2,881.95**	**$4,928.82**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
750 - DCR BEAR CREEK LAKE STATE PARK						
TYPE OF CLAIM						
Medical Only	2	33.3	404.04	0.00	404.04	100.0
Reporting Purposes Only	4	66.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$404.04**	**$0.00**	**$404.04**	
TIME OF INJURY						
12PM - 1:59PM	4	66.7	404.04	0.00	404.04	100.0
2PM - 3:59PM	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$404.04**	**$0.00**	**$404.04**	
LENGTH OF SERVICE						
0 - 2	5	83.3	404.04	0.00	404.04	100.0
2 - 4	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$404.04**	**$0.00**	**$404.04**	
Age of Claimant						
55 - 59	1	16.7	404.04	0.00	404.04	100.0
15 - 19	3	50.0	0.00	0.00	0.00	0.0
20 - 24	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$404.04**	**$0.00**	**$404.04**	
SEX OF CLAIMANT						
Male	1	16.7	404.04	0.00	404.04	100.0
Female	5	83.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$404.04**	**$0.00**	**$404.04**	
LOSS CAUSE						
Ladder, 8' step	1	16.7	404.04	0.00	404.04	100.0
Animal / bee type	2	33.3	0.00	0.00	0.00	0.0
Hammer	1	16.7	0.00	0.00	0.00	0.0
Office equipment	1	16.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$404.04**	**$0.00**	**$404.04**	
ACCIDENT TYPE						
Fall/Slip From Ladder or Scaffolding	1	16.7	404.04	0.00	404.04	100.0
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
Struck/Injured By Animal or Insect	2	33.3	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
Sum:	**6**		**$404.04**	**$0.00**	**$404.04**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Lower Extremities Hip	1	16.7	404.04	0.00	404.04	100.0
Head Other facial soft tissue	1	16.7	0.00	0.00	0.00	0.0
Head Skull	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 Thumb	1	16.7	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$404.04**	**$0.00**	**$404.04**	
INJURY						
All Other (Specific) Injuries, NOC	1	16.7	404.04	0.00	404.04	100.0
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
Fracture	1	16.7	0.00	0.00	0.00	0.0
Inflammation	2	33.3	0.00	0.00	0.00	0.0
Puncture	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$404.04**	**$0.00**	**$404.04**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
751 - DCR CALEDON NATURAL AREA						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
15 - 19	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Brush / tree / log	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Brain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
753 - DCR CLAYTOR LAKE STATE PARK						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Power tool (not hand)	1	50.0	0.00	0.00	0.00	0.0
Wood Items	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Foreign Body in Eye	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	1	50.0	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Foreign Body (Eye)	1	50.0	0.00	0.00	0.00	0.0
Puncture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
755 - DCR DOUTHAT STATE PARK						
TYPE OF CLAIM						
Indemnity	1	11.1	5,137.41	21,808.41	26,945.82	100.0
Reporting Purposes Only	8	88.9	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
TIME OF INJURY						
4PM - 5:59PM	1	11.1	5,137.41	21,808.41	26,945.82	100.0
6AM - 7:59AM	1	11.1	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	11.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	3	33.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	22.2	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
LENGTH OF SERVICE						
14 - 16	2	22.2	5,137.41	21,808.41	26,945.82	100.0
0 - 2	3	33.3	0.00	0.00	0.00	0.0
2 - 4	1	11.1	0.00	0.00	0.00	0.0
4 - 6	3	33.3	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
Age of Claimant						
55 - 59	1	11.1	5,137.41	21,808.41	26,945.82	100.0
15 - 19	1	11.1	0.00	0.00	0.00	0.0
20 - 24	1	11.1	0.00	0.00	0.00	0.0
25 - 29	1	11.1	0.00	0.00	0.00	0.0
35 - 39	2	22.2	0.00	0.00	0.00	0.0
45 - 49	1	11.1	0.00	0.00	0.00	0.0
50 - 54	1	11.1	0.00	0.00	0.00	0.0
70 - 74	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
SEX OF CLAIMANT						
Male	6	66.7	5,137.41	21,808.41	26,945.82	100.0
Female	3	33.3	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
LOSS CAUSE						
Power tool (not hand)	1	11.1	5,137.41	21,808.41	26,945.82	100.0
Animal / tick, spider, etc.	2	22.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, powered, NOC	1	11.1	0.00	0.00	0.00	0.0
Outside Surface	1	11.1	0.00	0.00	0.00	0.0
Trash receptacle	1	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
ACCIDENT TYPE						
Twisting	2	22.2	5,137.41	21,808.41	26,945.82	100.0
Bitten	2	22.2	0.00	0.00	0.00	0.0
Fall On the Same Level	1	11.1	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	11.1	0.00	0.00	0.00	0.0
Reaching	1	11.1	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	11.1	5,137.41	21,808.41	26,945.82	100.0
Head Teeth	1	11.1	0.00	0.00	0.00	0.0
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
Lower Extremities Lower Leg	1	11.1	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	11.1	0.00	0.00	0.00	0.0
Trunk Pelvis	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 Shoulder(s)	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	
INJURY						
Strain	3	33.3	5,137.41	21,808.41	26,945.82	100.0
Contusion (Bruise, Skin Surface)	2	22.2	0.00	0.00	0.00	0.0
Puncture	2	22.2	0.00	0.00	0.00	0.0
Sprain	2	22.2	0.00	0.00	0.00	0.0
Sum:	**9**		**$5,137.41**	**$21,808.41**	**$26,945.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
756 - DCR FAIRY STONE STATE PARK						
TYPE OF CLAIM						
Medical Only	1	14.3	0.00	0.00	0.00	0.0
Reporting Purposes Only	6	85.7	0.00	0.00	0.00	0.0
Totals:	**7**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
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
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	5	71.4	0.00	0.00	0.00	0.0
2 - 4	1	14.3	0.00	0.00	0.00	0.0
16 - 18	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
15 - 19	1	14.3	0.00	0.00	0.00	0.0
20 - 24	1	14.3	0.00	0.00	0.00	0.0
45 - 49	1	14.3	0.00	0.00	0.00	0.0
60 - 64	3	42.9	0.00	0.00	0.00	0.0
65 - 69	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	4	57.1	0.00	0.00	0.00	0.0
Male	3	42.9	0.00	0.00	0.00	0.0
Totals:	**7**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	2	28.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	14.3	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	14.3	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	14.3	0.00	0.00	0.00	0.0
Stairs, steps	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
Totals:	**7**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact with Hot Object or Substance	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
Fall/Slip on Stairs	1	14.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	28.6	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	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
Sum:	**7**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Skull	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	28.6	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
Upper Extremities Lower Arm	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Burn	1	14.3	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	2	28.6	0.00	0.00	0.00	0.0
Laceration	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
Sprain	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
757 - DCR FALSE CAPE STATE PARK						
TYPE OF CLAIM						
Medical Only	2	66.7	741.04	0.00	741.04	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$741.04**	**$0.00**	**$741.04**	
TIME OF INJURY						
12PM - 1:59PM	1	33.3	588.39	0.00	588.39	79.4
8AM - 9:59AM	1	33.3	152.65	0.00	152.65	20.6
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$741.04**	**$0.00**	**$741.04**	
LENGTH OF SERVICE						
16 - 18	1	33.3	588.39	0.00	588.39	79.4
2 - 4	1	33.3	152.65	0.00	152.65	20.6
0 - 2	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$741.04**	**$0.00**	**$741.04**	
Age of Claimant						
45 - 49	1	33.3	588.39	0.00	588.39	79.4
25 - 29	2	66.7	152.65	0.00	152.65	20.6
Totals:	**3**		**$741.04**	**$0.00**	**$741.04**	
SEX OF CLAIMANT						
Male	3	100.0	741.04	0.00	741.04	100.0
Totals:	**3**		**$741.04**	**$0.00**	**$741.04**	
LOSS CAUSE						
Foreign Object	2	66.7	741.04	0.00	741.04	100.0
Pipe	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$741.04**	**$0.00**	**$741.04**	
ACCIDENT TYPE						
Other Injury NEC	1	33.3	588.39	0.00	588.39	79.4
Foreign Body in Eye	1	33.3	152.65	0.00	152.65	20.6
Collision with a Fixed Object	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$741.04**	**$0.00**	**$741.04**	
BODY PART						
Head Eye(s)	2	66.7	741.04	0.00	741.04	100.0
Head Skull	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$741.04**	**$0.00**	**$741.04**	
INJURY						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Foreign Body (Eye)	2	66.7	741.04	0.00	741.04	100.0
Contusion (Bruise, Skin Surface)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$741.04**	**$0.00**	**$741.04**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
758 - DCR TWIN LAKES STATE PARK						
TYPE OF CLAIM						
Medical Only	4	57.1	192.34	3,557.66	3,750.00	100.0
Reporting Purposes Only	3	42.9	0.00	0.00	0.00	0.0
Totals:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
TIME OF INJURY						
2PM - 3:59PM	4	57.1	192.34	3,557.66	3,750.00	100.0
10AM - 11:59AM	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
6PM - 7:59PM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
LENGTH OF SERVICE						
0 - 2	7	100.0	192.34	3,557.66	3,750.00	100.0
Totals:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
Age of Claimant						
15 - 19	2	28.6	0.00	1,250.00	1,250.00	33.3
20 - 24	3	42.9	0.00	1,250.00	1,250.00	33.3
25 - 29	1	14.3	192.34	1,057.66	1,250.00	33.3
30 - 34	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
SEX OF CLAIMANT						
Female	5	71.4	192.34	2,307.66	2,500.00	66.7
Male	2	28.6	0.00	1,250.00	1,250.00	33.3
Totals:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
LOSS CAUSE						
Animal / bee type	2	28.6	192.34	2,307.66	2,500.00	66.7
Pipe	1	14.3	0.00	1,250.00	1,250.00	33.3
Animal / tick, spider, etc.	2	28.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	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
Totals:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	3	42.9	192.34	2,307.66	2,500.00	66.7
Cut, Punctured, Scraped, NOC	1	14.3	0.00	1,250.00	1,250.00	33.3
Bitten	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary Objec	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
BODY PART						
Lower Extremities Lower Leg	1	14.3	0.00	1,250.00	1,250.00	33.3
Upper Extremities Finger(s)	1	14.3	0.00	1,250.00	1,250.00	33.3
Upper Extremities Upper Arm (Incl. Cla	1	14.3	192.34	1,057.66	1,250.00	33.3
Head Brain	1	14.3	0.00	0.00	0.00	0.0
Head Other facial soft tissue	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
Trunk Buttocks	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	
INJURY						
Puncture	4	57.1	192.34	2,307.66	2,500.00	66.7
Laceration	1	14.3	0.00	1,250.00	1,250.00	33.3
Concussion (Brain, Cerebral)	1	14.3	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$192.34**	**$3,557.66**	**$3,750.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
760 - DCR GRAYSON HIGHLANDS STATE PARK						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
15 - 19	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Brush / tree / log	1	50.0	0.00	0.00	0.00	0.0
Chair	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
762 - DCR HOLIDAY LAKE STATE PARK						
TYPE OF CLAIM						
Indemnity	1	25.0	30,116.88	18,266.74	48,383.62	100.0
Medical Only	1	25.0	10.87	0.00	10.87	0.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
TIME OF INJURY						
4PM - 5:59PM	1	25.0	30,116.88	18,266.74	48,383.62	100.0
12PM - 1:59PM	1	25.0	10.87	0.00	10.87	0.0
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
LENGTH OF SERVICE						
0 - 2	3	75.0	30,127.75	18,266.74	48,394.49	100.0
6 - 8	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
Age of Claimant						
70 - 74	1	25.0	30,116.88	18,266.74	48,383.62	100.0
15 - 19	1	25.0	10.87	0.00	10.87	0.0
25 - 29	1	25.0	0.00	0.00	0.00	0.0
30 - 34	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
SEX OF CLAIMANT						
Male	2	50.0	30,116.88	18,266.74	48,383.62	100.0
Female	2	50.0	10.87	0.00	10.87	0.0
Totals:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
LOSS CAUSE						
Vehicle/car/truck	1	25.0	30,116.88	18,266.74	48,383.62	100.0
Uneven Surface	1	25.0	10.87	0.00	10.87	0.0
Animal / bee type	1	25.0	0.00	0.00	0.00	0.0
Brush / tree / log	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	25.0	30,116.88	18,266.74	48,383.62	100.0
Cut, Punctured, Scraped, NOC	1	25.0	10.87	0.00	10.87	0.0
Struck/Injured By Animal or Insect	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
BODY PART						
Lower Extremities Knee	1	25.0	30,116.88	18,266.74	48,383.62	100.0
Lower Extremities Toe(s)	1	25.0	10.87	0.00	10.87	0.0
Lower Extremities Foot	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
Sum:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	
INJURY						
Crushing	1	25.0	30,116.88	18,266.74	48,383.62	100.0
Contusion (Bruise, Skin Surface)	2	50.0	10.87	0.00	10.87	0.0
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$30,127.75**	**$18,266.74**	**$48,394.49**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
763 - DCR HUNGRY MOTHER STATE PARK						
TYPE OF CLAIM						
Indemnity	1	9.1	6,221.52	6,606.63	12,828.15	72.2
Medical Only	4	36.4	4,929.33	0.00	4,929.33	27.8
Reporting Purposes Only	6	54.5	0.00	0.00	0.00	0.0
Totals:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
TIME OF INJURY						
12PM - 1:59PM	2	18.2	6,221.52	6,606.63	12,828.15	72.2
8AM - 9:59AM	2	18.2	4,034.03	0.00	4,034.03	22.7
4PM - 5:59PM	2	18.2	895.30	0.00	895.30	5.0
10AM - 11:59AM	2	18.2	0.00	0.00	0.00	0.0
2PM - 3:59PM	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
LENGTH OF SERVICE						
0 - 2	7	63.6	11,150.85	6,606.63	17,757.48	100.0
2 - 4	3	27.3	0.00	0.00	0.00	0.0
10 - 12	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
Age of Claimant						
50 - 54	3	27.3	10,255.55	6,606.63	16,862.18	95.0
25 - 29	2	18.2	594.87	0.00	594.87	3.3
30 - 34	1	9.1	300.43	0.00	300.43	1.7
20 - 24	3	27.3	0.00	0.00	0.00	0.0
40 - 44	1	9.1	0.00	0.00	0.00	0.0
45 - 49	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
SEX OF CLAIMANT						
Female	4	36.4	10,255.55	6,606.63	16,862.18	95.0
Male	7	63.6	895.30	0.00	895.30	5.0
Totals:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
LOSS CAUSE						
Floor	3	27.3	10,255.55	6,606.63	16,862.18	95.0
Sharp objects, not otherwise classified	1	9.1	594.87	0.00	594.87	3.3
Power tool (not hand)	1	9.1	300.43	0.00	300.43	1.7
Chain Saw	1	9.1	0.00	0.00	0.00	0.0
Grinder	1	9.1	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Needle stick	1	9.1	0.00	0.00	0.00	0.0
Outside Surface	1	9.1	0.00	0.00	0.00	0.0
Water	1	9.1	0.00	0.00	0.00	0.0
Wood Items	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spills	1	9.1	6,221.52	6,606.63	12,828.15	72.2
Fall On the Same Level	2	18.2	4,034.03	0.00	4,034.03	22.7
Stepping on Sharp Object	1	9.1	594.87	0.00	594.87	3.3
Powered Hand Tool; Appliance	2	18.2	300.43	0.00	300.43	1.7
Contact with Hot Object or Substance	2	18.2	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	9.1	0.00	0.00	0.00	0.0
Natural Disasters	1	9.1	0.00	0.00	0.00	0.0
Other Injury NEC	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
BODY PART						
Lower Extremities Knee	3	27.3	10,255.55	6,606.63	16,862.18	95.0
Lower Extremities Foot	2	18.2	594.87	0.00	594.87	3.3
Upper Extremities Thumb	1	9.1	300.43	0.00	300.43	1.7
Head Ear(s)	1	9.1	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	9.1	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	27.3	0.00	0.00	0.00	0.0
Sum:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	
INJURY						
Strain	1	9.1	6,221.52	6,606.63	12,828.15	72.2
Contusion (Bruise, Skin Surface)	1	9.1	4,034.03	0.00	4,034.03	22.7
Puncture	2	18.2	594.87	0.00	594.87	3.3
Laceration	2	18.2	300.43	0.00	300.43	1.7
Burn	2	18.2	0.00	0.00	0.00	0.0
Crushing	1	9.1	0.00	0.00	0.00	0.0
Inflammation	1	9.1	0.00	0.00	0.00	0.0
Sprain	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$11,150.85**	**$6,606.63**	**$17,757.48**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
764 - DCR LAKE ANNA STATE PARK						
TYPE OF CLAIM						
Medical Only	2	66.7	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	33.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	33.3	0.00	0.00	0.00	0.0
2 - 4	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	2	66.7	0.00	0.00	0.00	0.0
30 - 34	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	33.3	0.00	0.00	0.00	0.0
Male	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	33.3	0.00	0.00	0.00	0.0
Fencing	1	33.3	0.00	0.00	0.00	0.0
Metal items	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	2	66.7	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
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	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 Lower Arm	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
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
Puncture	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
765 - DCR LEESYLVANIA STATE PARK						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Blade	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
766 - DCR MASON NECK STATE PARK						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Hand tool, powered, NOC	1	50.0	0.00	0.00	0.00	0.0
Mowers	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	50.0	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Lower Leg	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
767 - DCR NATURAL TUNNEL STATE PARK						
TYPE OF CLAIM						
Medical Only	3	75.0	1,475.57	0.00	1,475.57	100.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
TIME OF INJURY						
12PM - 1:59PM	1	25.0	814.46	0.00	814.46	55.2
10AM - 11:59AM	3	75.0	661.11	0.00	661.11	44.8
Totals:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
LENGTH OF SERVICE						
2 - 4	1	25.0	814.46	0.00	814.46	55.2
0 - 2	3	75.0	661.11	0.00	661.11	44.8
Totals:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
Age of Claimant						
20 - 24	2	50.0	814.46	0.00	814.46	55.2
15 - 19	2	50.0	661.11	0.00	661.11	44.8
Totals:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
SEX OF CLAIMANT						
Male	3	75.0	1,475.57	0.00	1,475.57	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
LOSS CAUSE						
Foreign Object	1	25.0	814.46	0.00	814.46	55.2
Rope, cord	2	50.0	661.11	0.00	661.11	44.8
Overhead Object	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	2	50.0	814.46	0.00	814.46	55.2
Holding or Carrying	1	25.0	474.02	0.00	474.02	32.1
Fall/Slip From a Different Level	1	25.0	187.09	0.00	187.09	12.7
Sum:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
BODY PART						
Upper Extremities Hand	1	25.0	814.46	0.00	814.46	55.2
Upper Extremities Finger(s)	1	25.0	474.02	0.00	474.02	32.1
Trunk Buttocks	1	25.0	187.09	0.00	187.09	12.7
Head Other facial soft tissue	1	25.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	
INJURY						
Laceration	1	25.0	814.46	0.00	814.46	55.2
Fracture	1	25.0	474.02	0.00	474.02	32.1
Contusion (Bruise, Skin Surface)	1	25.0	187.09	0.00	187.09	12.7
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,475.57**	**$0.00**	**$1,475.57**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
768 - DCR OCCONEECHEE STATE PARK						
TYPE OF CLAIM						
Indemnity	1	16.7	3,400.38	12,456.88	15,857.26	100.0
Reporting Purposes Only	5	83.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
TIME OF INJURY						
2AM - 3:59AM	1	16.7	3,400.38	12,456.88	15,857.26	100.0
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
4PM - 5:59PM	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
Totals:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
LENGTH OF SERVICE						
0 - 2	6	100.0	3,400.38	12,456.88	15,857.26	100.0
Totals:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
Age of Claimant						
70 - 74	1	16.7	3,400.38	12,456.88	15,857.26	100.0
15 - 19	3	50.0	0.00	0.00	0.00	0.0
40 - 44	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
SEX OF CLAIMANT						
Male	6	100.0	3,400.38	12,456.88	15,857.26	100.0
Totals:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
LOSS CAUSE						
Outside Surface	1	16.7	3,400.38	12,456.88	15,857.26	100.0
Animal / tick, spider, etc.	5	83.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
ACCIDENT TYPE						
Fall On the Same Level	1	16.7	3,400.38	12,456.88	15,857.26	100.0
Bitten	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	4	66.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	16.7	3,400.38	12,456.88	15,857.26	100.0
Lower Extremities Ankle	1	16.7	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	33.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Upper 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
Sum:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	
INJURY						
All Other (Specific) Injuries, NOC	2	33.3	3,400.38	12,456.88	15,857.26	100.0
Inflammation	1	16.7	0.00	0.00	0.00	0.0
Puncture	3	50.0	0.00	0.00	0.00	0.0
Sum:	**6**		**$3,400.38**	**$12,456.88**	**$15,857.26**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
769 - DCR POCAHONTAS STATE PARK						
TYPE OF CLAIM						
Medical Only	2	33.3	2,291.57	0.00	2,291.57	100.0
Reporting Purposes Only	4	66.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
TIME OF INJURY						
12PM - 1:59PM	3	50.0	2,252.10	0.00	2,252.10	98.3
8PM - 9:59PM	1	16.7	39.47	0.00	39.47	1.7
10AM - 11:59AM	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
Totals:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
LENGTH OF SERVICE						
0 - 2	6	100.0	2,291.57	0.00	2,291.57	100.0
Totals:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
Age of Claimant						
25 - 29	4	66.7	2,291.57	0.00	2,291.57	100.0
20 - 24	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
SEX OF CLAIMANT						
Female	5	83.3	2,291.57	0.00	2,291.57	100.0
Male	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
LOSS CAUSE						
Gas / Fumes	1	16.7	2,252.10	0.00	2,252.10	98.3
Fencing	1	16.7	39.47	0.00	39.47	1.7
Animal / snake	1	16.7	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	16.7	0.00	0.00	0.00	0.0
Battery	1	16.7	0.00	0.00	0.00	0.0
Chainsaw	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	1	16.7	2,252.10	0.00	2,252.10	98.3
Struck/Injured By Falling or Flying Objec	2	33.3	39.47	0.00	39.47	1.7
Repetitive Motion (after 7/1/94)	1	16.7	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	33.3	0.00	0.00	0.00	0.0
Sum:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Trunk Lung(s)	1	16.7	2,252.10	0.00	2,252.10	98.3
Lower Extremities Lower Leg	1	16.7	39.47	0.00	39.47	1.7
Lower Extremities Toe(s)	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	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 Upper Arm (Incl. Cla	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	
INJURY						
Poisoning - Chemical (Other than Metal)	1	16.7	2,252.10	0.00	2,252.10	98.3
Contusion (Bruise, Skin Surface)	2	33.3	39.47	0.00	39.47	1.7
Laceration	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
Strain	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$2,291.57**	**$0.00**	**$2,291.57**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
770 - DCR FIRST LANDING STATE PARK						
TYPE OF CLAIM						
Medical Only	5	100.0	1,085.93	0.00	1,085.93	100.0
Totals:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
TIME OF INJURY						
2PM - 3:59PM	1	20.0	672.00	0.00	672.00	61.9
12PM - 1:59PM	1	20.0	413.93	0.00	413.93	38.1
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
6PM - 7:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
LENGTH OF SERVICE						
0 - 2	4	80.0	1,085.93	0.00	1,085.93	100.0
2 - 4	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
Age of Claimant						
35 - 39	3	60.0	672.00	0.00	672.00	61.9
30 - 34	1	20.0	413.93	0.00	413.93	38.1
55 - 59	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
SEX OF CLAIMANT						
Male	3	60.0	672.00	0.00	672.00	61.9
Female	2	40.0	413.93	0.00	413.93	38.1
Totals:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
LOSS CAUSE						
Screw driver	1	20.0	672.00	0.00	672.00	61.9
Stone / rock / brick	1	20.0	413.93	0.00	413.93	38.1
Door	1	20.0	0.00	0.00	0.00	0.0
Person	1	20.0	0.00	0.00	0.00	0.0
Sledge hammer	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	20.0	672.00	0.00	672.00	61.9
Object Being Lifted or Handled	1	20.0	413.93	0.00	413.93	38.1
Collision with a Fixed Object	1	20.0	0.00	0.00	0.00	0.0
Person in Act of Crime	1	20.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Slipped, Did Not Fall	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
BODY PART						
Upper Extremities Hand	1	20.0	672.00	0.00	672.00	61.9
Upper Extremities Finger(s)	2	40.0	413.93	0.00	413.93	38.1
Lower Extremities Ankle	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
Sum:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	
INJURY						
Puncture	1	20.0	672.00	0.00	672.00	61.9
Crushing	1	20.0	413.93	0.00	413.93	38.1
Inflammation	1	20.0	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	20.0	0.00	0.00	0.00	0.0
Sprain	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,085.93**	**$0.00**	**$1,085.93**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
772 - DCR SKY MEADOWS STATE PARK						
TYPE OF CLAIM						
Medical Only	2	18.2	0.00	1,250.00	1,250.00	100.0
Reporting Purposes Only	9	81.8	0.00	0.00	0.00	0.0
Totals:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	4	36.4	0.00	1,250.00	1,250.00	100.0
10AM - 11:59AM	1	9.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	5	45.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	9	81.8	0.00	1,250.00	1,250.00	100.0
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
Totals:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
20 - 24	2	18.2	0.00	1,250.00	1,250.00	100.0
15 - 19	2	18.2	0.00	0.00	0.00	0.0
30 - 34	3	27.3	0.00	0.00	0.00	0.0
40 - 44	1	9.1	0.00	0.00	0.00	0.0
50 - 54	1	9.1	0.00	0.00	0.00	0.0
55 - 59	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	7	63.6	0.00	1,250.00	1,250.00	100.0
Female	4	36.4	0.00	0.00	0.00	0.0
Totals:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Person	1	9.1	0.00	1,250.00	1,250.00	100.0
Animal / tick, spider, etc.	7	63.6	0.00	0.00	0.00	0.0
Brush / tree / log	1	9.1	0.00	0.00	0.00	0.0
Cleaning Products	1	9.1	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	9.1	0.00	1,250.00	1,250.00	100.0
Bitten	3	27.3	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	9.1	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	9.1	0.00	0.00	0.00	0.0
Other Injury NEC	1	9.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	4	36.4	0.00	0.00	0.00	0.0
Sum:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Finger(s)	1	9.1	0.00	1,250.00	1,250.00	100.0
Head Eye(s)	3	27.3	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	9.1	0.00	0.00	0.00	0.0
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
Multiple Body Parts No Physical Injury	2	18.2	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	9.1	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Sprain	1	9.1	0.00	1,250.00	1,250.00	100.0
Inflammation	1	9.1	0.00	0.00	0.00	0.0
No Physical Injury	6	54.5	0.00	0.00	0.00	0.0
Puncture	3	27.3	0.00	0.00	0.00	0.0
Sum:	**11**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
773 - DCR SMITH MOUNTAIN LAKE STATE PARK						
TYPE OF CLAIM						
Medical Only	2	66.7	378.59	0.00	378.59	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$378.59**	**$0.00**	**$378.59**	
TIME OF INJURY						
8AM - 9:59AM	2	66.7	354.15	0.00	354.15	93.5
10AM - 11:59AM	1	33.3	24.44	0.00	24.44	6.5
Totals:	**3**		**$378.59**	**$0.00**	**$378.59**	
LENGTH OF SERVICE						
2 - 4	1	33.3	354.15	0.00	354.15	93.5
0 - 2	1	33.3	24.44	0.00	24.44	6.5
10 - 12	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$378.59**	**$0.00**	**$378.59**	
Age of Claimant						
30 - 34	2	66.7	378.59	0.00	378.59	100.0
45 - 49	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$378.59**	**$0.00**	**$378.59**	
SEX OF CLAIMANT						
Female	2	66.7	378.59	0.00	378.59	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$378.59**	**$0.00**	**$378.59**	
LOSS CAUSE						
Walking surface, outside, dry	1	33.3	354.15	0.00	354.15	93.5
Uneven Surface	1	33.3	24.44	0.00	24.44	6.5
Animal / tick, spider, etc.	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$378.59**	**$0.00**	**$378.59**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	33.3	354.15	0.00	354.15	93.5
Fall/Slip on Stairs	1	33.3	24.44	0.00	24.44	6.5
Bitten	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$378.59**	**$0.00**	**$378.59**	
BODY PART						
Lower Extremities Ankle	2	66.7	378.59	0.00	378.59	100.0
Lower Extremities Upper Leg	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$378.59**	**$0.00**	**$378.59**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Sprain	2	66.7	378.59	0.00	378.59	100.0
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$378.59**	**$0.00**	**$378.59**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
774 - DCR STAUNTON RIVER STATE PARK						
TYPE OF CLAIM						
Medical Only	1	12.5	771.37	0.00	771.37	100.0
Reporting Purposes Only	7	87.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$771.37**	**$0.00**	**$771.37**	
TIME OF INJURY						
8AM - 9:59AM	2	25.0	771.37	0.00	771.37	100.0
2AM - 3:59AM	1	12.5	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	4	50.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$771.37**	**$0.00**	**$771.37**	
LENGTH OF SERVICE						
0 - 2	5	62.5	771.37	0.00	771.37	100.0
2 - 4	1	12.5	0.00	0.00	0.00	0.0
6 - 8	1	12.5	0.00	0.00	0.00	0.0
10 - 12	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$771.37**	**$0.00**	**$771.37**	
Age of Claimant						
20 - 24	5	62.5	771.37	0.00	771.37	100.0
25 - 29	1	12.5	0.00	0.00	0.00	0.0
30 - 34	1	12.5	0.00	0.00	0.00	0.0
40 - 44	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$771.37**	**$0.00**	**$771.37**	
SEX OF CLAIMANT						
Male	7	87.5	771.37	0.00	771.37	100.0
Female	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$771.37**	**$0.00**	**$771.37**	
LOSS CAUSE						
Poisonous agent / plant	1	12.5	771.37	0.00	771.37	100.0
Animal / tick, spider, etc.	3	37.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	25.0	0.00	0.00	0.00	0.0
Outside Surface	1	12.5	0.00	0.00	0.00	0.0
Pressure vessels	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$771.37**	**$0.00**	**$771.37**	
ACCIDENT TYPE						
Other Injury NEC	1	12.5	771.37	0.00	771.37	100.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In/Between-Object Handled	1	12.5	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	12.5	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	37.5	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$771.37**	**$0.00**	**$771.37**	
BODY PART						
Upper Extremities Lower Arm	2	25.0	771.37	0.00	771.37	100.0
Head Eye(s)	1	12.5	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	12.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	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
Upper Extremities Hand	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$771.37**	**$0.00**	**$771.37**	
INJURY						
No Physical Injury	4	50.0	771.37	0.00	771.37	100.0
All Other (Specific) Injuries, NOC	2	25.0	0.00	0.00	0.00	0.0
Crushing	1	12.5	0.00	0.00	0.00	0.0
Laceration	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$771.37**	**$0.00**	**$771.37**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
775 - DCR WESTMORELAND STATE PARK						
TYPE OF CLAIM						
Medical Only	2	22.2	192.34	0.00	192.34	100.0
Indemnity	1	11.1	0.00	0.00	0.00	0.0
Reporting Purposes Only	6	66.7	0.00	0.00	0.00	0.0
Totals:	**9**		**$192.34**	**$0.00**	**$192.34**	
TIME OF INJURY						
2AM - 3:59AM	3	33.3	192.34	0.00	192.34	100.0
12AM - 1:59AM	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	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$192.34**	**$0.00**	**$192.34**	
LENGTH OF SERVICE						
2 - 4	1	11.1	192.34	0.00	192.34	100.0
0 - 2	8	88.9	0.00	0.00	0.00	0.0
Totals:	**9**		**$192.34**	**$0.00**	**$192.34**	
Age of Claimant						
20 - 24	4	44.4	192.34	0.00	192.34	100.0
15 - 19	1	11.1	0.00	0.00	0.00	0.0
50 - 54	2	22.2	0.00	0.00	0.00	0.0
55 - 59	1	11.1	0.00	0.00	0.00	0.0
65 - 69	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$192.34**	**$0.00**	**$192.34**	
SEX OF CLAIMANT						
Male	9	100.0	192.34	0.00	192.34	100.0
Totals:	**9**		**$192.34**	**$0.00**	**$192.34**	
LOSS CAUSE						
Wood Items	2	22.2	192.34	0.00	192.34	100.0
Animal / bee type	1	11.1	0.00	0.00	0.00	0.0
Animal, not otherwise classified	1	11.1	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	22.2	0.00	0.00	0.00	0.0
N/A	1	11.1	0.00	0.00	0.00	0.0
Outside Surface	1	11.1	0.00	0.00	0.00	0.0
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$192.34**	**$0.00**	**$192.34**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Strain or Injury By, NOC	1	11.1	192.34	0.00	192.34	100.0
Fall/Slip on Stairs	1	11.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	22.2	0.00	0.00	0.00	0.0
Other Injury NEC	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	3	33.3	0.00	0.00	0.00	0.0
Twisting	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$192.34**	**$0.00**	**$192.34**	
BODY PART						
Lower Extremities Upper Leg	2	22.2	192.34	0.00	192.34	100.0
Head Eye(s)	2	22.2	0.00	0.00	0.00	0.0
Lower Extremities Ankle	2	22.2	0.00	0.00	0.00	0.0
Lower Extremities Foot	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
Multiple Body Parts No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$192.34**	**$0.00**	**$192.34**	
INJURY						
Strain	2	22.2	192.34	0.00	192.34	100.0
All Other (Specific) Injuries, NOC	3	33.3	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
No Physical Injury	2	22.2	0.00	0.00	0.00	0.0
Sprain	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$192.34**	**$0.00**	**$192.34**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
776 - DCR YORK RIVER STATE PARK						
TYPE OF CLAIM						
Medical Only	2	66.7	0.00	1,250.00	1,250.00	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	0.00	1,250.00	1,250.00	100.0
10AM - 11:59AM	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	2	66.7	0.00	1,250.00	1,250.00	100.0
24 - 26	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
15 - 19	2	66.7	0.00	1,250.00	1,250.00	100.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	33.3	0.00	1,250.00	1,250.00	100.0
Male	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Clothing / jewelry	1	33.3	0.00	1,250.00	1,250.00	100.0
Animal / tick, spider, etc.	1	33.3	0.00	0.00	0.00	0.0
Miscellaneous	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	1	33.3	0.00	1,250.00	1,250.00	100.0
Bitten	1	33.3	0.00	0.00	0.00	0.0
Lifting	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Toe(s)	1	33.3	0.00	1,250.00	1,250.00	100.0
Lower Extremities Upper 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
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Inflammation	1	33.3	0.00	1,250.00	1,250.00	100.0
Puncture	1	33.3	0.00	0.00	0.00	0.0
Strain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
780 - DCR NEW RIVER TRAIL STATE PARK & S						
TYPE OF CLAIM						
Medical Only	3	30.0	265.87	0.00	265.87	100.0
Reporting Purposes Only	7	70.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$265.87**	**$0.00**	**$265.87**	
TIME OF INJURY						
12PM - 1:59PM	3	30.0	242.54	0.00	242.54	91.2
10AM - 11:59AM	5	50.0	23.33	0.00	23.33	8.8
8AM - 9:59AM	1	10.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$265.87**	**$0.00**	**$265.87**	
LENGTH OF SERVICE						
0 - 2	4	40.0	139.00	0.00	139.00	52.3
6 - 8	3	30.0	126.87	0.00	126.87	47.7
2 - 4	2	20.0	0.00	0.00	0.00	0.0
16 - 18	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$265.87**	**$0.00**	**$265.87**	
Age of Claimant						
15 - 19	3	30.0	139.00	0.00	139.00	52.3
60 - 64	4	40.0	126.87	0.00	126.87	47.7
20 - 24	1	10.0	0.00	0.00	0.00	0.0
55 - 59	1	10.0	0.00	0.00	0.00	0.0
70 - 74	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$265.87**	**$0.00**	**$265.87**	
SEX OF CLAIMANT						
Male	7	70.0	139.00	0.00	139.00	52.3
Female	3	30.0	126.87	0.00	126.87	47.7
Totals:	**10**		**$265.87**	**$0.00**	**$265.87**	
LOSS CAUSE						
Poisonous agent / plant	3	30.0	242.54	0.00	242.54	91.2
Vehicle/car/truck	1	10.0	23.33	0.00	23.33	8.8
Animal / bee type	1	10.0	0.00	0.00	0.00	0.0
Door	1	10.0	0.00	0.00	0.00	0.0
Floor Jack	1	10.0	0.00	0.00	0.00	0.0
Mowers	1	10.0	0.00	0.00	0.00	0.0
Trash receptacle	1	10.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Wood Items	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$265.87**	**$0.00**	**$265.87**	
ACCIDENT TYPE						
Other Injury NEC	3	30.0	242.54	0.00	242.54	91.2
Caught In/Between-Object Handled	1	10.0	23.33	0.00	23.33	8.8
Collision with a Fixed Object	1	10.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	10.0	0.00	0.00	0.00	0.0
Lifting	1	10.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	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
Sum:	**10**		**$265.87**	**$0.00**	**$265.87**	
BODY PART						
Head Other facial soft tissue	1	10.0	139.00	0.00	139.00	52.3
Upper Extremities Lower Arm	1	10.0	103.54	0.00	103.54	38.9
Upper Extremities Finger(s)	1	10.0	23.33	0.00	23.33	8.8
Lower Extremities Foot	1	10.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	10.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	30.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$265.87**	**$0.00**	**$265.87**	
INJURY						
Inflammation	4	40.0	139.00	0.00	139.00	52.3
Infection	1	10.0	103.54	0.00	103.54	38.9
Crushing	1	10.0	23.33	0.00	23.33	8.8
All Other (Specific) Injuries, NOC	1	10.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	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
Strain	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$265.87**	**$0.00**	**$265.87**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
781 - DCR High Bridge Trail State Park						
TYPE OF CLAIM						
Medical Only	2	100.0	260.18	0.00	260.18	100.0
Totals:	**2**		**$260.18**	**$0.00**	**$260.18**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	241.36	0.00	241.36	92.8
2PM - 3:59PM	1	50.0	18.82	0.00	18.82	7.2
Totals:	**2**		**$260.18**	**$0.00**	**$260.18**	
LENGTH OF SERVICE						
0 - 2	1	50.0	241.36	0.00	241.36	92.8
24 - 26	1	50.0	18.82	0.00	18.82	7.2
Totals:	**2**		**$260.18**	**$0.00**	**$260.18**	
Age of Claimant						
55 - 59	1	50.0	241.36	0.00	241.36	92.8
60 - 64	1	50.0	18.82	0.00	18.82	7.2
Totals:	**2**		**$260.18**	**$0.00**	**$260.18**	
SEX OF CLAIMANT						
Male	2	100.0	260.18	0.00	260.18	100.0
Totals:	**2**		**$260.18**	**$0.00**	**$260.18**	
LOSS CAUSE						
Tractor	1	50.0	241.36	0.00	241.36	92.8
Boxes / containers	1	50.0	18.82	0.00	18.82	7.2
Totals:	**2**		**$260.18**	**$0.00**	**$260.18**	
ACCIDENT TYPE						
Struck/Injured By Moving Parts of Machi	1	50.0	241.36	0.00	241.36	92.8
Lifting	1	50.0	18.82	0.00	18.82	7.2
Sum:	**2**		**$260.18**	**$0.00**	**$260.18**	
BODY PART						
Upper Extremities Thumb	1	50.0	241.36	0.00	241.36	92.8
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	18.82	0.00	18.82	7.2
Sum:	**2**		**$260.18**	**$0.00**	**$260.18**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	241.36	0.00	241.36	92.8
Strain	1	50.0	18.82	0.00	18.82	7.2
Sum:	**2**		**$260.18**	**$0.00**	**$260.18**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
782 - DCR Powhatan State Park						
TYPE OF CLAIM						
Reporting Purposes Only	5	100.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	20.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	40.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	20.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	40.0	0.00	0.00	0.00	0.0
2 - 4	2	40.0	0.00	0.00	0.00	0.0
4 - 6	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	20.0	0.00	0.00	0.00	0.0
30 - 34	2	40.0	0.00	0.00	0.00	0.0
45 - 49	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	20.0	0.00	0.00	0.00	0.0
Male	4	80.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / insect, not otherwise classifie	1	20.0	0.00	0.00	0.00	0.0
Environmental conditions	1	20.0	0.00	0.00	0.00	0.0
Hammer	1	20.0	0.00	0.00	0.00	0.0
Knife, Utility	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
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Bitten	1	20.0	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	20.0	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	20.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	40.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**5**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Ear(s)	1	20.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	20.0	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	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
Upper Extremities Thumb	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Crushing	2	40.0	0.00	0.00	0.00	0.0
Heat Prostration	1	20.0	0.00	0.00	0.00	0.0
Inflammation	1	20.0	0.00	0.00	0.00	0.0
Laceration	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
783 - DCR Natural Bridge State Park						
TYPE OF CLAIM						
Medical Only	3	33.3	136.10	1,250.00	1,386.10	52.6
Indemnity	1	11.1	18.82	1,231.18	1,250.00	47.4
Reporting Purposes Only	5	55.6	0.00	0.00	0.00	0.0
Totals:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
TIME OF INJURY						
2PM - 3:59PM	4	44.4	18.82	2,481.18	2,500.00	94.8
8AM - 9:59AM	2	22.2	86.26	0.00	86.26	3.3
4PM - 5:59PM	1	11.1	49.84	0.00	49.84	1.9
10AM - 11:59AM	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
LENGTH OF SERVICE						
0 - 2	5	55.6	49.84	1,250.00	1,299.84	49.3
4 - 6	1	11.1	18.82	1,231.18	1,250.00	47.4
2 - 4	2	22.2	86.26	0.00	86.26	3.3
6 - 8	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
Age of Claimant						
20 - 24	2	22.2	0.00	1,250.00	1,250.00	47.4
30 - 34	2	22.2	18.82	1,231.18	1,250.00	47.4
15 - 19	2	22.2	86.26	0.00	86.26	3.3
45 - 49	1	11.1	49.84	0.00	49.84	1.9
60 - 64	1	11.1	0.00	0.00	0.00	0.0
65 - 69	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
SEX OF CLAIMANT						
Female	5	55.6	105.08	2,481.18	2,586.26	98.1
Male	4	44.4	49.84	0.00	49.84	1.9
Totals:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
LOSS CAUSE						
Environmental conditions	1	11.1	18.82	1,231.18	1,250.00	47.4
Hand tool, not powered, NOC	1	11.1	0.00	1,250.00	1,250.00	47.4
Mowers	1	11.1	86.26	0.00	86.26	3.3
Vehicle/car/truck	1	11.1	49.84	0.00	49.84	1.9
Animal / bee type	1	11.1	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / tick, spider, etc.	1	11.1	0.00	0.00	0.00	0.0
Brush / tree / log	1	11.1	0.00	0.00	0.00	0.0
Straps	1	11.1	0.00	0.00	0.00	0.0
Uneven Surface	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	11.1	0.00	1,250.00	1,250.00	47.4
Jumping	1	11.1	18.82	1,231.18	1,250.00	47.4
Struck/Injured By Falling or Flying Objec	1	11.1	86.26	0.00	86.26	3.3
Collision with Another Vehicle	1	11.1	49.84	0.00	49.84	1.9
Bitten	1	11.1	0.00	0.00	0.00	0.0
Bodily Reaction	1	11.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	11.1	0.00	0.00	0.00	0.0
Other Injury NEC	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
Sum:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
BODY PART						
Lower Extremities Knee	1	11.1	18.82	1,231.18	1,250.00	47.4
Upper Extremities Thumb	1	11.1	0.00	1,250.00	1,250.00	47.4
Head Eye(s)	3	33.3	86.26	0.00	86.26	3.3
Trunk Upper Back Area (Thoracic Area)	1	11.1	49.84	0.00	49.84	1.9
Head Ear(s)	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
Multiple Body Parts Multiple Body Parts	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	
INJURY						
Puncture	2	22.2	0.00	1,250.00	1,250.00	47.4
Strain	1	11.1	18.82	1,231.18	1,250.00	47.4
Contusion (Bruise, Skin Surface)	1	11.1	86.26	0.00	86.26	3.3
Multiple Injury Inc. Physical & Psycholog	1	11.1	49.84	0.00	49.84	1.9
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Laceration	1	11.1	0.00	0.00	0.00	0.0
No Physical Injury	2	22.2	0.00	0.00	0.00	0.0
Sum:	**9**		**$154.92**	**$2,481.18**	**$2,636.10**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
785 - DCR Seven Bends State Park						
TYPE OF CLAIM						
Indemnity	1	11.1	9,032.00	4,594.27	13,626.27	100.0
Medical Only	1	11.1	0.00	0.00	0.00	0.0
Reporting Purposes Only	7	77.8	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
TIME OF INJURY						
10AM - 11:59AM	3	33.3	9,032.00	4,594.27	13,626.27	100.0
12PM - 1:59PM	3	33.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	3	33.3	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
LENGTH OF SERVICE						
0 - 2	8	88.9	9,032.00	4,594.27	13,626.27	100.0
2 - 4	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
Age of Claimant						
25 - 29	1	11.1	9,032.00	4,594.27	13,626.27	100.0
20 - 24	5	55.6	0.00	0.00	0.00	0.0
35 - 39	1	11.1	0.00	0.00	0.00	0.0
60 - 64	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
SEX OF CLAIMANT						
Male	7	77.8	9,032.00	4,594.27	13,626.27	100.0
Female	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
LOSS CAUSE						
Brush / tree / log	1	11.1	9,032.00	4,594.27	13,626.27	100.0
Animal / bee type	1	11.1	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	6	66.7	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
ACCIDENT TYPE						
Caught In, Under or Between, NOC	1	11.1	9,032.00	4,594.27	13,626.27	100.0
Strain or Injury By, NOC	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	7	77.8	0.00	0.00	0.00	0.0
Sum:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Lower Extremities Ankle	1	11.1	9,032.00	4,594.27	13,626.27	100.0
Head Other facial soft tissue	1	11.1	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
Multiple Body Parts Multiple Body Parts	1	11.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	22.2	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	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
Sum:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	
INJURY						
Contusion (Bruise, Skin Surface)	1	11.1	9,032.00	4,594.27	13,626.27	100.0
No Physical Injury	2	22.2	0.00	0.00	0.00	0.0
Puncture	5	55.6	0.00	0.00	0.00	0.0
Strain	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$9,032.00**	**$4,594.27**	**$13,626.27**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
786 - DCR Sweet Run State Park						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	1,250.00	1,250.00	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	0.00	1,250.00	1,250.00	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	2	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	1,250.00	1,250.00	100.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	50.0	0.00	1,250.00	1,250.00	100.0
Wood Items	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	50.0	0.00	1,250.00	1,250.00	100.0
Lifting	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Elbow	1	50.0	0.00	1,250.00	1,250.00	100.0
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Puncture	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
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
790 - DCR Machicomoco State Park						
TYPE OF CLAIM						
Indemnity	1	14.3	41,867.44	31,615.24	73,482.68	94.6
Medical Only	1	14.3	4,204.72	0.00	4,204.72	5.4
Reporting Purposes Only	5	71.4	0.00	0.00	0.00	0.0
Totals:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
TIME OF INJURY						
10AM - 11:59AM	4	57.1	46,072.16	31,615.24	77,687.40	100.0
8AM - 9:59AM	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
2PM - 3:59PM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
LENGTH OF SERVICE						
2 - 4	2	28.6	46,072.16	31,615.24	77,687.40	100.0
0 - 2	5	71.4	0.00	0.00	0.00	0.0
Totals:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
Age of Claimant						
40 - 44	2	28.6	41,867.44	31,615.24	73,482.68	94.6
25 - 29	2	28.6	4,204.72	0.00	4,204.72	5.4
15 - 19	1	14.3	0.00	0.00	0.00	0.0
30 - 34	1	14.3	0.00	0.00	0.00	0.0
60 - 64	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
SEX OF CLAIMANT						
Male	3	42.9	46,072.16	31,615.24	77,687.40	100.0
Female	4	57.1	0.00	0.00	0.00	0.0
Totals:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
LOSS CAUSE						
Brush / tree / log	2	28.6	46,072.16	31,615.24	77,687.40	100.0
Animal / bee type	1	14.3	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	2	28.6	0.00	0.00	0.00	0.0
Environmental conditions	1	14.3	0.00	0.00	0.00	0.0
Wood Items	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	3	42.9	46,072.16	31,615.24	77,687.40	100.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	3	42.9	0.00	0.00	0.00	0.0
Temperature Extremes	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
BODY PART						
Lower Extremities Knee	1	14.3	41,867.44	31,615.24	73,482.68	94.6
Multiple Body Parts Multiple Body Parts	1	14.3	4,204.72	0.00	4,204.72	5.4
Lower Extremities Foot	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	14.3	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	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
Multiple Body Parts Whole Body	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	2	28.6	46,072.16	31,615.24	77,687.40	100.0
Contusion (Bruise, Skin Surface)	1	14.3	0.00	0.00	0.00	0.0
Heat Prostration	1	14.3	0.00	0.00	0.00	0.0
Inflammation	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
Puncture	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$46,072.16**	**$31,615.24**	**$77,687.40**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
950 - DCR DIV. OF PLANNING & REC RESOURC						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
14 - 16	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip into Openings	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
199 - DEPT. CONSERVATION & RECREATION						
S199 - DEPT. CONSERVATION & RECREATION						
TYPE OF CLAIM						
Medical Only	4	20.0	117.05	2,433.39	2,550.44	100.0
Reporting Purposes Only	16	80.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
TIME OF INJURY						
8AM - 9:59AM	3	15.0	66.61	1,183.39	1,250.00	49.0
10AM - 11:59AM	4	20.0	0.00	1,250.00	1,250.00	49.0
2PM - 3:59PM	6	30.0	50.44	0.00	50.44	2.0
12PM - 1:59PM	5	25.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	10.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
LENGTH OF SERVICE						
0 - 2	11	55.0	117.05	1,183.39	1,300.44	51.0
10 - 12	1	5.0	0.00	1,250.00	1,250.00	49.0
2 - 4	4	20.0	0.00	0.00	0.00	0.0
4 - 6	2	10.0	0.00	0.00	0.00	0.0
16 - 18	1	5.0	0.00	0.00	0.00	0.0
28 - 30	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
Age of Claimant						
15 - 19	3	15.0	117.05	1,183.39	1,300.44	51.0
40 - 44	2	10.0	0.00	1,250.00	1,250.00	49.0
20 - 24	4	20.0	0.00	0.00	0.00	0.0
25 - 29	4	20.0	0.00	0.00	0.00	0.0
30 - 34	4	20.0	0.00	0.00	0.00	0.0
50 - 54	1	5.0	0.00	0.00	0.00	0.0
60 - 64	2	10.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
SEX OF CLAIMANT						
Male	8	40.0	117.05	2,433.39	2,550.44	100.0
Female	12	60.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
LOSS CAUSE						
Animal / tick, spider, etc.	14	70.0	0.00	1,250.00	1,250.00	49.0
Poisonous agent / plant	1	5.0	66.61	1,183.39	1,250.00	49.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Nail	2	10.0	50.44	0.00	50.44	2.0
Broom	1	5.0	0.00	0.00	0.00	0.0
Environmental conditions	1	5.0	0.00	0.00	0.00	0.0
Stairs, steps	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
ACCIDENT TYPE						
Other Injury NEC	2	10.0	66.61	1,183.39	1,250.00	49.0
Struck/Injured By Animal or Insect	4	20.0	0.00	1,250.00	1,250.00	49.0
Stepping on Sharp Object	2	10.0	50.44	0.00	50.44	2.0
Bitten	10	50.0	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	5.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	5.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
BODY PART						
Lower Extremities Upper Leg	1	5.0	0.00	1,250.00	1,250.00	49.0
Upper Extremities Lower Arm	1	5.0	66.61	1,183.39	1,250.00	49.0
Multiple Body Parts Multiple Body Parts	8	40.0	50.44	0.00	50.44	2.0
Head Ear(s)	1	5.0	0.00	0.00	0.00	0.0
Head Scalp	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Hip	2	10.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	5.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	10.0	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	2	10.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	
INJURY						
Puncture	11	55.0	50.44	1,250.00	1,300.44	51.0
Dermatitis	1	5.0	66.61	1,183.39	1,250.00	49.0
Contusion (Bruise, Skin Surface)	1	5.0	0.00	0.00	0.00	0.0
Inflammation	1	5.0	0.00	0.00	0.00	0.0
Laceration	1	5.0	0.00	0.00	0.00	0.0
No Physical Injury	4	20.0	0.00	0.00	0.00	0.0
Sprain	1	5.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$117.05**	**$2,433.39**	**$2,550.44**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
201 - EDUCATION, STATE DEPARTMENT OF						
S201 - EDUCATION, STATE DEPARTMENT OF						
TYPE OF CLAIM						
Indemnity	1	25.0	39,045.79	78,503.03	117,548.82	98.4
Medical Only	3	75.0	727.48	1,209.93	1,937.41	1.6
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
TIME OF INJURY						
2PM - 3:59PM	1	25.0	39,045.79	78,503.03	117,548.82	98.4
10AM - 11:59AM	2	50.0	40.07	1,209.93	1,250.00	1.0
4PM - 5:59PM	1	25.0	687.41	0.00	687.41	0.6
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
LENGTH OF SERVICE						
0 - 2	3	75.0	39,773.27	79,712.96	119,486.23	100.0
10 - 12	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
Age of Claimant						
55 - 59	1	25.0	39,045.79	78,503.03	117,548.82	98.4
50 - 54	1	25.0	40.07	1,209.93	1,250.00	1.0
25 - 29	1	25.0	687.41	0.00	687.41	0.6
40 - 44	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
SEX OF CLAIMANT						
Female	4	100.0	39,773.27	79,712.96	119,486.23	100.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
LOSS CAUSE						
Vehicle/car/truck	2	50.0	39,085.86	79,712.96	118,798.82	99.4
Outside Surface	1	25.0	687.41	0.00	687.41	0.6
Walking surface, outside, dry	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	50.0	39,085.86	79,712.96	118,798.82	99.4
Fall/Slip From a Different Level	1	25.0	687.41	0.00	687.41	0.6
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	25.0	39,045.79	78,503.03	117,548.82	98.4
Multiple Body Parts Whole Body	1	25.0	40.07	1,209.93	1,250.00	1.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	2	50.0	687.41	0.00	687.41	0.6
Sum:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	
INJURY						
Multiple Physical Injury Only	2	50.0	39,085.86	79,712.96	118,798.82	99.4
Sprain	2	50.0	687.41	0.00	687.41	0.6
Sum:	**4**		**$39,773.27**	**$79,712.96**	**$119,486.23**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
202 - Library of Virginia						
S202 - Library of Virginia						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
16 - 18	1	50.0	0.00	0.00	0.00	0.0
38 - 40	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	50.0	0.00	0.00	0.00	0.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Door	1	50.0	0.00	0.00	0.00	0.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	50.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
204 - COLLEGE OF WILLIAM & MARY						
204 - W & M-WILLIAMSBURG						
TYPE OF CLAIM						
Indemnity	1	50.0	18.82	0.00	18.82	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	18.82	0.00	18.82	100.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
24 - 26	1	50.0	18.82	0.00	18.82	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
55 - 59	1	50.0	18.82	0.00	18.82	100.0
60 - 64	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Female	1	50.0	18.82	0.00	18.82	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
N/A	1	50.0	18.82	0.00	18.82	100.0
Walking surface, inside, dry	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Other Injury NEC	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
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	18.82	0.00	18.82	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
All Other (Specific) Injuries, NOC	2	100.0	18.82	0.00	18.82	100.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
204 - COLLEGE OF WILLIAM & MARY						
S204 - COLLEGE OF WILLIAM & MARY						
TYPE OF CLAIM						
Indemnity	8	14.8	66,458.47	109,300.64	175,759.11	89.1
Medical Only	29	53.7	17,825.25	3,620.00	21,445.25	10.9
Reporting Purposes Only	17	31.5	0.00	0.00	0.00	0.0
Totals:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
TIME OF INJURY						
4PM - 5:59PM	8	14.8	47,139.29	77,412.20	124,551.49	63.2
8AM - 9:59AM	12	22.2	10,003.97	33,138.44	43,142.41	21.9
2PM - 3:59PM	8	14.8	19,296.21	1,120.00	20,416.21	10.4
12PM - 1:59PM	6	11.1	3,783.87	0.00	3,783.87	1.9
8PM - 9:59PM	1	1.9	2,316.51	0.00	2,316.51	1.2
10AM - 11:59AM	12	22.2	716.53	1,250.00	1,966.53	1.0
6AM - 7:59AM	4	7.4	952.99	0.00	952.99	0.5
2AM - 3:59AM	1	1.9	55.53	0.00	55.53	0.0
12AM - 1:59AM	2	3.7	18.82	0.00	18.82	0.0
Totals:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
LENGTH OF SERVICE						
24 - 26	1	1.9	34,488.66	77,412.20	111,900.86	56.7
4 - 6	5	9.3	11,792.49	31,888.44	43,680.93	22.2
14 - 16	3	5.6	18,641.86	0.00	18,641.86	9.5
0 - 2	24	44.4	7,748.47	3,620.00	11,368.47	5.8
8 - 10	4	7.4	10,158.47	0.00	10,158.47	5.2
2 - 4	8	14.8	666.57	0.00	666.57	0.3
6 - 8	3	5.6	539.30	0.00	539.30	0.3
36 - 38	1	1.9	229.08	0.00	229.08	0.1
10 - 12	1	1.9	18.82	0.00	18.82	0.0
16 - 18	1	1.9	0.00	0.00	0.00	0.0
18 - 20	1	1.9	0.00	0.00	0.00	0.0
38 - 40	1	1.9	0.00	0.00	0.00	0.0
44 - 46	1	1.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
Age of Claimant						
60 - 64	7	13.0	35,591.22	77,412.20	113,003.42	57.3
40 - 44	4	7.4	9,475.98	31,888.44	41,364.42	21.0
50 - 54	4	7.4	18,641.86	0.00	18,641.86	9.5
55 - 59	10	18.5	10,963.62	1,250.00	12,213.62	6.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	6	11.1	2,859.68	1,250.00	4,109.68	2.1
45 - 49	8	14.8	3,863.38	0.00	3,863.38	2.0
30 - 34	4	7.4	2,510.98	0.00	2,510.98	1.3
20 - 24	8	14.8	247.00	1,120.00	1,367.00	0.7
15 - 19	1	1.9	130.00	0.00	130.00	0.1
35 - 39	1	1.9	0.00	0.00	0.00	0.0
65 - 69	1	1.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
SEX OF CLAIMANT						
Female	30	55.6	60,930.06	111,670.64	172,600.70	87.5
Male	24	44.4	23,353.66	1,250.00	24,603.66	12.5
Totals:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
LOSS CAUSE						
Stairs, steps	6	11.1	35,142.65	77,412.20	112,554.85	57.1
Metal items	2	3.7	9,475.98	31,888.44	41,364.42	21.0
Platforms	1	1.9	18,623.04	0.00	18,623.04	9.4
Walking surface, outside, dry	3	5.6	10,139.65	1,250.00	11,389.65	5.8
Hand tool, powered, NOC	1	1.9	3,271.16	0.00	3,271.16	1.7
Vehicle/car/truck	1	1.9	2,316.51	0.00	2,316.51	1.2
Chemicals, not otherwise classified	1	1.9	1,821.67	0.00	1,821.67	0.9
Shelving	1	1.9	130.00	1,120.00	1,250.00	0.6
Step stool	1	1.9	0.00	1,250.00	1,250.00	0.6
Cart	2	3.7	689.31	0.00	689.31	0.3
Floor	3	5.6	685.39	0.00	685.39	0.3
Outside Surface	1	1.9	543.17	0.00	543.17	0.3
Trash receptacle	1	1.9	338.63	0.00	338.63	0.2
Walking surface, outside, wet	3	5.6	299.00	0.00	299.00	0.2
Furniture / fixtures	3	5.6	229.08	0.00	229.08	0.1
Person	1	1.9	200.67	0.00	200.67	0.1
Glass bottle / sheet	1	1.9	130.00	0.00	130.00	0.1
Mowers	1	1.9	117.00	0.00	117.00	0.1
Power tool (not hand)	1	1.9	55.53	0.00	55.53	0.0
Broom	1	1.9	18.82	0.00	18.82	0.0
Machine, not otherwise classified	2	3.7	18.82	0.00	18.82	0.0
N/A	1	1.9	18.82	0.00	18.82	0.0
Walking surface, inside, dry	1	1.9	18.82	0.00	18.82	0.0
Animal / snake	1	1.9	0.00	0.00	0.00	0.0
Boxes / containers	1	1.9	0.00	0.00	0.00	0.0
Cabinet	1	1.9	0.00	0.00	0.00	0.0
Chair	1	1.9	0.00	0.00	0.00	0.0
Door	1	1.9	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Electrical equipment	1	1.9	0.00	0.00	0.00	0.0
Gun / gunshot	1	1.9	0.00	0.00	0.00	0.0
Lift	1	1.9	0.00	0.00	0.00	0.0
Nail	1	1.9	0.00	0.00	0.00	0.0
Shears	1	1.9	0.00	0.00	0.00	0.0
Shovel	1	1.9	0.00	0.00	0.00	0.0
Window frame	1	1.9	0.00	0.00	0.00	0.0
Wood Items	3	5.6	0.00	0.00	0.00	0.0
Totals:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
ACCIDENT TYPE						
Fall/Slip on Stairs	3	5.6	34,488.66	77,412.20	111,900.86	56.7
Lifting	3	5.6	9,494.80	31,888.44	41,383.24	21.0
Fall/Slip From a Different Level	7	13.0	19,839.02	1,250.00	21,089.02	10.7
Fall On the Same Level	5	9.3	11,514.35	0.00	11,514.35	5.8
Powered Hand Tool; Appliance	1	1.9	3,271.16	0.00	3,271.16	1.7
Collision with Another Vehicle	1	1.9	2,316.51	0.00	2,316.51	1.2
Dust, Gases, Fumes or Vapors	1	1.9	1,821.67	0.00	1,821.67	0.9
Cut, Punctured, Scraped, NOC	4	7.4	468.63	1,120.00	1,588.63	0.8
Strain or Injury By, NOC	2	3.7	0.00	1,250.00	1,250.00	0.6
Fall/Slip on Ice or Snow	4	7.4	299.00	0.00	299.00	0.2
Struck/Injured By Falling or Flying Objec	5	9.3	229.08	0.00	229.08	0.1
Other Injury NEC	3	5.6	219.49	0.00	219.49	0.1
Broken Glass	1	1.9	130.00	0.00	130.00	0.1
Pushing or Pulling	1	1.9	117.00	0.00	117.00	0.1
Strain By Using Tool or Machine	3	5.6	74.35	0.00	74.35	0.0
Collision with a Fixed Object	1	1.9	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	1.9	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	1.9	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	1.9	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	1.9	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	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
Twisting	2	3.7	0.00	0.00	0.00	0.0
Sum:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
BODY PART						
Multiple Body Parts Body Systems & Mu	4	7.4	38,965.47	77,412.20	116,377.67	59.0
Upper Extremities Shoulder(s)	3	5.6	9,886.97	31,888.44	41,775.41	21.2
Lower Extremities Foot	7	13.0	28,762.69	1,250.00	30,012.69	15.2
Upper Extremities Finger(s)	2	3.7	3,271.16	0.00	3,271.16	1.7
Head Other facial soft tissue	3	5.6	783.99	1,120.00	1,903.99	1.0
Upper Extremities Elbow	2	3.7	55.53	1,250.00	1,305.53	0.7

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	9	16.7	747.57	0.00	747.57	0.4
Upper Extremities Upper Arm (Incl. Clav	1	1.9	689.31	0.00	689.31	0.3
Head Multiple Head Injury	1	1.9	543.17	0.00	543.17	0.3
Lower Extremities Knee	6	11.1	429.04	0.00	429.04	0.2
Upper Extremities Hand	5	9.3	130.00	0.00	130.00	0.1
Trunk Heart	1	1.9	18.82	0.00	18.82	0.0
Head Eye(s)	1	1.9	0.00	0.00	0.00	0.0
Head Teeth	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
Trunk Low Back Area (Incl. Lumbar & Li	4	7.4	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	1.9	0.00	0.00	0.00	0.0
Sum:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	
INJURY						
Contusion (Bruise, Skin Surface)	13	24.1	34,717.74	78,662.20	113,379.94	57.5
Sprain	5	9.3	9,966.33	31,888.44	41,854.77	21.2
Fracture	2	3.7	18,623.04	0.00	18,623.04	9.4
Strain	12	22.2	11,239.95	1,250.00	12,489.95	6.3
Puncture	4	7.4	3,271.16	0.00	3,271.16	1.7
Laceration	9	16.7	1,746.51	1,120.00	2,866.51	1.5
Multiple Injury Inc. Physical & Psycholog	1	1.9	2,316.51	0.00	2,316.51	1.2
Poisoning - Chemical (Other than Metal)	1	1.9	1,821.67	0.00	1,821.67	0.9
Concussion (Brain, Cerebral)	1	1.9	543.17	0.00	543.17	0.3
All Other (Specific) Injuries, NOC	1	1.9	18.82	0.00	18.82	0.0
Multiple Physical Injury Only	2	3.7	18.82	0.00	18.82	0.0
Burn	1	1.9	0.00	0.00	0.00	0.0
Crushing	1	1.9	0.00	0.00	0.00	0.0
Dislocation	1	1.9	0.00	0.00	0.00	0.0
Sum:	**54**		**$84,283.72**	**$112,920.64**	**$197,204.36**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
142 - UVA-EVD ENVIRONMENTAL SCIENCES DEP						
TYPE OF CLAIM						
Medical Only	1	100.0	576.56	8,692.26	9,268.82	100.0
Totals:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	576.56	8,692.26	9,268.82	100.0
Totals:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
LENGTH OF SERVICE						
8 - 10	1	100.0	576.56	8,692.26	9,268.82	100.0
Totals:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
Age of Claimant						
55 - 59	1	100.0	576.56	8,692.26	9,268.82	100.0
Totals:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
SEX OF CLAIMANT						
Female	1	100.0	576.56	8,692.26	9,268.82	100.0
Totals:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
LOSS CAUSE						
Chair	1	100.0	576.56	8,692.26	9,268.82	100.0
Totals:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	100.0	576.56	8,692.26	9,268.82	100.0
Sum:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
BODY PART						
Upper Extremities Shoulder(s)	1	100.0	576.56	8,692.26	9,268.82	100.0
Sum:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	
INJURY						
Strain	1	100.0	576.56	8,692.26	9,268.82	100.0
Sum:	**1**		**$576.56**	**$8,692.26**	**$9,268.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
184 - UVA-HCA MC-MEDICAL CENTER ADMIN						
TYPE OF CLAIM						
Medical Only	1	100.0	214.34	0.00	214.34	100.0
Totals:	**1**		**$214.34**	**$0.00**	**$214.34**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	214.34	0.00	214.34	100.0
Totals:	**1**		**$214.34**	**$0.00**	**$214.34**	
LENGTH OF SERVICE						
4 - 6	1	100.0	214.34	0.00	214.34	100.0
Totals:	**1**		**$214.34**	**$0.00**	**$214.34**	
Age of Claimant						
35 - 39	1	100.0	214.34	0.00	214.34	100.0
Totals:	**1**		**$214.34**	**$0.00**	**$214.34**	
SEX OF CLAIMANT						
Female	1	100.0	214.34	0.00	214.34	100.0
Totals:	**1**		**$214.34**	**$0.00**	**$214.34**	
LOSS CAUSE						
Stairs, steps	1	100.0	214.34	0.00	214.34	100.0
Totals:	**1**		**$214.34**	**$0.00**	**$214.34**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	214.34	0.00	214.34	100.0
Sum:	**1**		**$214.34**	**$0.00**	**$214.34**	
BODY PART						
Lower Extremities Knee	1	100.0	214.34	0.00	214.34	100.0
Sum:	**1**		**$214.34**	**$0.00**	**$214.34**	
INJURY						
Strain	1	100.0	214.34	0.00	214.34	100.0
Sum:	**1**		**$214.34**	**$0.00**	**$214.34**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
190 - UVA-HRL MC-MAIL SERVICES						
TYPE OF CLAIM						
Indemnity	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Totals:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Totals:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
LENGTH OF SERVICE						
28 - 30	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Totals:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
Age of Claimant						
55 - 59	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Totals:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
SEX OF CLAIMANT						
Male	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Totals:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
LOSS CAUSE						
Package	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Totals:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
ACCIDENT TYPE						
Struck/Injured By Object Being Lifted or	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Sum:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Sum:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	
INJURY						
Strain	1	100.0	6,962.18	22,494.34	29,456.52	100.0
Sum:	**1**		**$6,962.18**	**$22,494.34**	**$29,456.52**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
202 - UVA-ITC ITC-CURRUTHERS						
TYPE OF CLAIM						
Medical Only	1	100.0	1,154.93	0.00	1,154.93	100.0
Totals:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	1,154.93	0.00	1,154.93	100.0
Totals:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
LENGTH OF SERVICE						
4 - 6	1	100.0	1,154.93	0.00	1,154.93	100.0
Totals:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
Age of Claimant						
60 - 64	1	100.0	1,154.93	0.00	1,154.93	100.0
Totals:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
SEX OF CLAIMANT						
Male	1	100.0	1,154.93	0.00	1,154.93	100.0
Totals:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	1,154.93	0.00	1,154.93	100.0
Totals:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	1,154.93	0.00	1,154.93	100.0
Sum:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
BODY PART						
Lower Extremities Knee	1	100.0	1,154.93	0.00	1,154.93	100.0
Sum:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	
INJURY						
Sprain	1	100.0	1,154.93	0.00	1,154.93	100.0
Sum:	**1**		**$1,154.93**	**$0.00**	**$1,154.93**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
222 - UVA-MED MEDICINE-EMERGENCY MEDICIN						
TYPE OF CLAIM						
Medical Only	1	100.0	990.43	0.00	990.43	100.0
Totals:	**1**		**$990.43**	**$0.00**	**$990.43**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	990.43	0.00	990.43	100.0
Totals:	**1**		**$990.43**	**$0.00**	**$990.43**	
LENGTH OF SERVICE						
8 - 10	1	100.0	990.43	0.00	990.43	100.0
Totals:	**1**		**$990.43**	**$0.00**	**$990.43**	
Age of Claimant						
35 - 39	1	100.0	990.43	0.00	990.43	100.0
Totals:	**1**		**$990.43**	**$0.00**	**$990.43**	
SEX OF CLAIMANT						
Female	1	100.0	990.43	0.00	990.43	100.0
Totals:	**1**		**$990.43**	**$0.00**	**$990.43**	
LOSS CAUSE						
Cart	1	100.0	990.43	0.00	990.43	100.0
Totals:	**1**		**$990.43**	**$0.00**	**$990.43**	
ACCIDENT TYPE						
Caught In, Under or Between, NOC	1	100.0	990.43	0.00	990.43	100.0
Sum:	**1**		**$990.43**	**$0.00**	**$990.43**	
BODY PART						
Lower Extremities Toe(s)	1	100.0	990.43	0.00	990.43	100.0
Sum:	**1**		**$990.43**	**$0.00**	**$990.43**	
INJURY						
Fracture	1	100.0	990.43	0.00	990.43	100.0
Sum:	**1**		**$990.43**	**$0.00**	**$990.43**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
223 - UVA-MHA MEDICINE-DEANS OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	3,218.39	0.00	3,218.39	100.0
Totals:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	3,218.39	0.00	3,218.39	100.0
Totals:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
LENGTH OF SERVICE						
28 - 30	1	100.0	3,218.39	0.00	3,218.39	100.0
Totals:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
Age of Claimant						
65 - 69	1	100.0	3,218.39	0.00	3,218.39	100.0
Totals:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
SEX OF CLAIMANT						
Female	1	100.0	3,218.39	0.00	3,218.39	100.0
Totals:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	3,218.39	0.00	3,218.39	100.0
Totals:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	3,218.39	0.00	3,218.39	100.0
Sum:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
BODY PART						
Upper Extremities Shoulder(s)	1	100.0	3,218.39	0.00	3,218.39	100.0
Sum:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	
INJURY						
Fracture	1	100.0	3,218.39	0.00	3,218.39	100.0
Sum:	**1**		**$3,218.39**	**$0.00**	**$3,218.39**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR						
TYPE OF CLAIM						
Medical Only	1	100.0	1,205.07	0.00	1,205.07	100.0
Totals:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	1,205.07	0.00	1,205.07	100.0
Totals:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
LENGTH OF SERVICE						
26 - 28	1	100.0	1,205.07	0.00	1,205.07	100.0
Totals:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
Age of Claimant						
55 - 59	1	100.0	1,205.07	0.00	1,205.07	100.0
Totals:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
SEX OF CLAIMANT						
Female	1	100.0	1,205.07	0.00	1,205.07	100.0
Totals:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
LOSS CAUSE						
Knife, Utility	1	100.0	1,205.07	0.00	1,205.07	100.0
Totals:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	1,205.07	0.00	1,205.07	100.0
Sum:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	1,205.07	0.00	1,205.07	100.0
Sum:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	
INJURY						
Laceration	1	100.0	1,205.07	0.00	1,205.07	100.0
Sum:	**1**		**$1,205.07**	**$0.00**	**$1,205.07**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
253 - UVA-MPS MEDICINE-SURGERY DEPT						
TYPE OF CLAIM						
Medical Only	1	100.0	2,644.91	0.00	2,644.91	100.0
Totals:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
TIME OF INJURY						
12AM - 1:59AM	1	100.0	2,644.91	0.00	2,644.91	100.0
Totals:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
LENGTH OF SERVICE						
4 - 6	1	100.0	2,644.91	0.00	2,644.91	100.0
Totals:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
Age of Claimant						
40 - 44	1	100.0	2,644.91	0.00	2,644.91	100.0
Totals:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
SEX OF CLAIMANT						
Male	1	100.0	2,644.91	0.00	2,644.91	100.0
Totals:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
LOSS CAUSE						
Needle stick	1	100.0	2,644.91	0.00	2,644.91	100.0
Totals:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	2,644.91	0.00	2,644.91	100.0
Sum:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
BODY PART						
Upper Extremities Hand	1	100.0	2,644.91	0.00	2,644.91	100.0
Sum:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	
INJURY						
Puncture	1	100.0	2,644.91	0.00	2,644.91	100.0
Sum:	**1**		**$2,644.91**	**$0.00**	**$2,644.91**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
25 - UVA-ART ART DEPT						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
22 - 24	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Laceration	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
278 - UVA-POL POLICE DEPT						
TYPE OF CLAIM						
Indemnity	2	20.0	520.95	103,666.69	104,187.64	76.6
Medical Only	8	80.0	12,179.35	19,717.71	31,897.06	23.4
Totals:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
TIME OF INJURY						
10AM - 11:59AM	2	20.0	2,561.55	100,466.69	103,028.24	75.7
2AM - 3:59AM	1	10.0	2,335.43	13,433.39	15,768.82	11.6
10PM - 11:59PM	2	20.0	7,752.89	2,565.93	10,318.82	7.6
6PM - 7:59PM	1	10.0	18.82	3,200.00	3,218.82	2.4
4PM - 5:59PM	2	20.0	31.61	2,468.39	2,500.00	1.8
12PM - 1:59PM	1	10.0	0.00	1,250.00	1,250.00	0.9
6AM - 7:59AM	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
LENGTH OF SERVICE						
0 - 2	2	20.0	2,837.56	113,900.08	116,737.64	85.8
2 - 4	3	30.0	7,752.89	3,815.93	11,568.82	8.5
4 - 6	3	30.0	18.82	4,450.00	4,468.82	3.3
6 - 8	1	10.0	2,059.42	0.00	2,059.42	1.5
14 - 16	1	10.0	31.61	1,218.39	1,250.00	0.9
Totals:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
Age of Claimant						
20 - 24	1	10.0	502.13	100,466.69	100,968.82	74.2
40 - 44	2	20.0	2,354.25	16,633.39	18,987.64	14.0
50 - 54	1	10.0	7,752.89	2,565.93	10,318.82	7.6
35 - 39	3	30.0	0.00	2,500.00	2,500.00	1.8
25 - 29	2	20.0	2,059.42	0.00	2,059.42	1.5
60 - 64	1	10.0	31.61	1,218.39	1,250.00	0.9
Totals:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
SEX OF CLAIMANT						
Male	6	60.0	12,649.87	117,716.01	130,365.88	95.8
Female	4	40.0	50.43	5,668.39	5,718.82	4.2
Totals:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
LOSS CAUSE						
Infectious agent	1	10.0	502.13	100,466.69	100,968.82	74.2
Patient / Inmate	4	40.0	4,394.85	14,683.39	19,078.24	14.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Uneven Surface	1	10.0	7,752.89	2,565.93	10,318.82	7.6
Clothing / jewelry	1	10.0	18.82	3,200.00	3,218.82	2.4
Gun / gunshot	2	20.0	31.61	1,218.39	1,250.00	0.9
Walking surface, outside, dry	1	10.0	0.00	1,250.00	1,250.00	0.9
Totals:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
ACCIDENT TYPE						
Other Injury NEC	1	10.0	502.13	100,466.69	100,968.82	74.2
Struck/Injured By Fellow Worker, Patient	3	30.0	4,394.85	14,683.39	19,078.24	14.0
Fall On the Same Level	1	10.0	7,752.89	2,565.93	10,318.82	7.6
Strain or Injury By, NOC	1	10.0	18.82	3,200.00	3,218.82	2.4
Repetitive Motion (after 7/1/94)	1	10.0	31.61	1,218.39	1,250.00	0.9
Twisting	1	10.0	0.00	1,250.00	1,250.00	0.9
Cut, Punctured, Scraped, NOC	1	10.0	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	20.0	502.13	101,716.69	102,218.82	75.1
Upper Extremities Multiple Upper Extrer	1	10.0	2,335.43	13,433.39	15,768.82	11.6
Lower Extremities Knee	1	10.0	7,752.89	2,565.93	10,318.82	7.6
Upper Extremities Shoulder(s)	3	30.0	2,109.85	4,418.39	6,528.24	4.8
Lower Extremities Lower Leg	1	10.0	0.00	1,250.00	1,250.00	0.9
Multiple Body Parts Whole Body	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
Sum:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	
INJURY						
Adverse reaction to a vaccination or inoc	1	10.0	502.13	100,466.69	100,968.82	74.2
Strain	3	30.0	4,413.67	16,633.39	21,047.06	15.5
Multiple Physical Injury Only	2	20.0	7,752.89	3,815.93	11,568.82	8.5
Rupture	1	10.0	0.00	1,250.00	1,250.00	0.9
Sprain	1	10.0	31.61	1,218.39	1,250.00	0.9
Laceration	1	10.0	0.00	0.00	0.00	0.0
Poisoning - Metal	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$12,700.30**	**$123,384.40**	**$136,084.70**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
281 - UVA-PRI PRINTING OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	56.74	1,218.26	1,275.00	100.0
Totals:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	56.74	1,218.26	1,275.00	100.0
Totals:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	56.74	1,218.26	1,275.00	100.0
Totals:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
Age of Claimant						
35 - 39	1	100.0	56.74	1,218.26	1,275.00	100.0
Totals:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
SEX OF CLAIMANT						
Male	1	100.0	56.74	1,218.26	1,275.00	100.0
Totals:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
LOSS CAUSE						
Cabinet	1	100.0	56.74	1,218.26	1,275.00	100.0
Totals:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
ACCIDENT TYPE						
Striking Against or Stepping On, NOC	1	100.0	56.74	1,218.26	1,275.00	100.0
Sum:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
BODY PART						
Upper Extremities Hand	1	100.0	56.74	1,218.26	1,275.00	100.0
Sum:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	
INJURY						
Fracture	1	100.0	56.74	1,218.26	1,275.00	100.0
Sum:	**1**		**$56.74**	**$1,218.26**	**$1,275.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
284 - UVA-PRO PROVOST-VICE-PRESIDENT						
TYPE OF CLAIM						
Medical Only	1	100.0	1,052.86	0.00	1,052.86	100.0
Totals:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	1,052.86	0.00	1,052.86	100.0
Totals:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
LENGTH OF SERVICE						
0 - 2	1	100.0	1,052.86	0.00	1,052.86	100.0
Totals:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
Age of Claimant						
35 - 39	1	100.0	1,052.86	0.00	1,052.86	100.0
Totals:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
SEX OF CLAIMANT						
Female	1	100.0	1,052.86	0.00	1,052.86	100.0
Totals:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	1,052.86	0.00	1,052.86	100.0
Totals:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	1,052.86	0.00	1,052.86	100.0
Sum:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
BODY PART						
Lower Extremities Ankle	1	100.0	1,052.86	0.00	1,052.86	100.0
Sum:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	
INJURY						
Sprain	1	100.0	1,052.86	0.00	1,052.86	100.0
Sum:	**1**		**$1,052.86**	**$0.00**	**$1,052.86**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
310 - UVA-STH STUDENT HEALTH						
TYPE OF CLAIM						
Medical Only	2	100.0	102.44	0.00	102.44	100.0
Totals:	**2**		**$102.44**	**$0.00**	**$102.44**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	102.44	0.00	102.44	100.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$102.44**	**$0.00**	**$102.44**	
LENGTH OF SERVICE						
0 - 2	2	100.0	102.44	0.00	102.44	100.0
Totals:	**2**		**$102.44**	**$0.00**	**$102.44**	
Age of Claimant						
40 - 44	2	100.0	102.44	0.00	102.44	100.0
Totals:	**2**		**$102.44**	**$0.00**	**$102.44**	
SEX OF CLAIMANT						
Female	2	100.0	102.44	0.00	102.44	100.0
Totals:	**2**		**$102.44**	**$0.00**	**$102.44**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	102.44	0.00	102.44	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$102.44**	**$0.00**	**$102.44**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	50.0	102.44	0.00	102.44	100.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$102.44**	**$0.00**	**$102.44**	
BODY PART						
Lower Extremities Knee	1	50.0	102.44	0.00	102.44	100.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$102.44**	**$0.00**	**$102.44**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	102.44	0.00	102.44	100.0
Laceration	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$102.44**	**$0.00**	**$102.44**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
337 - UVA-MPV-ANIMAL RESOURCE FACILITY						
TYPE OF CLAIM						
Medical Only	1	100.0	23.37	1,226.63	1,250.00	100.0
Totals:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	23.37	1,226.63	1,250.00	100.0
Totals:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	23.37	1,226.63	1,250.00	100.0
Totals:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
Age of Claimant						
20 - 24	1	100.0	23.37	1,226.63	1,250.00	100.0
Totals:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	23.37	1,226.63	1,250.00	100.0
Totals:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	100.0	23.37	1,226.63	1,250.00	100.0
Totals:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	23.37	1,226.63	1,250.00	100.0
Sum:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
BODY PART						
Head Skull	1	100.0	23.37	1,226.63	1,250.00	100.0
Sum:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	23.37	1,226.63	1,250.00	100.0
Sum:	**1**		**$23.37**	**$1,226.63**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
33 - UVA-ATD ATHLETIC DEPT						
TYPE OF CLAIM						
Medical Only	2	100.0	1,658.78	681.95	2,340.73	100.0
Totals:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	568.05	681.95	1,250.00	53.4
10AM - 11:59AM	1	50.0	1,090.73	0.00	1,090.73	46.6
Totals:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
LENGTH OF SERVICE						
12 - 14	1	50.0	568.05	681.95	1,250.00	53.4
0 - 2	1	50.0	1,090.73	0.00	1,090.73	46.6
Totals:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
Age of Claimant						
40 - 44	1	50.0	568.05	681.95	1,250.00	53.4
35 - 39	1	50.0	1,090.73	0.00	1,090.73	46.6
Totals:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
SEX OF CLAIMANT						
Male	2	100.0	1,658.78	681.95	2,340.73	100.0
Totals:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
LOSS CAUSE						
Boxes / containers	1	50.0	568.05	681.95	1,250.00	53.4
Walking surface, outside, dry	1	50.0	1,090.73	0.00	1,090.73	46.6
Totals:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	50.0	568.05	681.95	1,250.00	53.4
Fall On the Same Level	1	50.0	1,090.73	0.00	1,090.73	46.6
Sum:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
BODY PART						
Head Eye(s)	1	50.0	568.05	681.95	1,250.00	53.4
Lower Extremities Knee	1	50.0	1,090.73	0.00	1,090.73	46.6
Sum:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	
INJURY						
Foreign Body (Eye)	1	50.0	568.05	681.95	1,250.00	53.4
Strain	1	50.0	1,090.73	0.00	1,090.73	46.6
Sum:	**2**		**$1,658.78**	**$681.95**	**$2,340.73**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
349 - UVA-FM-Roofing Shop						
TYPE OF CLAIM						
Indemnity	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Totals:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Totals:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
LENGTH OF SERVICE						
10 - 12	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Totals:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
Age of Claimant						
55 - 59	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Totals:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
SEX OF CLAIMANT						
Male	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Totals:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
LOSS CAUSE						
Floor	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Totals:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Sum:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Sum:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	
INJURY						
Multiple Physical Injury Only	1	100.0	11,859.30	195,859.52	207,718.82	100.0
Sum:	**1**		**$11,859.30**	**$195,859.52**	**$207,718.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT						
TYPE OF CLAIM						
Medical Only	1	100.0	272.06	0.00	272.06	100.0
Totals:	**1**		**$272.06**	**$0.00**	**$272.06**	
TIME OF INJURY						
10PM - 11:59PM	1	100.0	272.06	0.00	272.06	100.0
Totals:	**1**		**$272.06**	**$0.00**	**$272.06**	
LENGTH OF SERVICE						
10 - 12	1	100.0	272.06	0.00	272.06	100.0
Totals:	**1**		**$272.06**	**$0.00**	**$272.06**	
Age of Claimant						
45 - 49	1	100.0	272.06	0.00	272.06	100.0
Totals:	**1**		**$272.06**	**$0.00**	**$272.06**	
SEX OF CLAIMANT						
Male	1	100.0	272.06	0.00	272.06	100.0
Totals:	**1**		**$272.06**	**$0.00**	**$272.06**	
LOSS CAUSE						
Boxes / containers	1	100.0	272.06	0.00	272.06	100.0
Totals:	**1**		**$272.06**	**$0.00**	**$272.06**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	100.0	272.06	0.00	272.06	100.0
Sum:	**1**		**$272.06**	**$0.00**	**$272.06**	
BODY PART						
Upper Extremities Thumb	1	100.0	272.06	0.00	272.06	100.0
Sum:	**1**		**$272.06**	**$0.00**	**$272.06**	
INJURY						
Strain	1	100.0	272.06	0.00	272.06	100.0
Sum:	**1**		**$272.06**	**$0.00**	**$272.06**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
357 - UVA-FM-HS Elevator						
TYPE OF CLAIM						
Indemnity	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Totals:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
TIME OF INJURY						
2AM - 3:59AM	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Totals:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
LENGTH OF SERVICE						
2 - 4	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Totals:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
Age of Claimant						
35 - 39	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Totals:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
SEX OF CLAIMANT						
Male	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Totals:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Totals:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
ACCIDENT TYPE						
Twisting	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Sum:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Sum:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	
INJURY						
Strain	1	100.0	2,123.85	7,244.97	9,368.82	100.0
Sum:	**1**		**$2,123.85**	**$7,244.97**	**$9,368.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
361 - UVA-FM-Supt-Specialty Trades						
TYPE OF CLAIM						
Indemnity	1	50.0	6,648.91	0.00	6,648.91	77.3
Medical Only	1	50.0	1,954.16	0.00	1,954.16	22.7
Totals:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
TIME OF INJURY						
4AM - 5:59AM	1	50.0	6,648.91	0.00	6,648.91	77.3
6PM - 7:59PM	1	50.0	1,954.16	0.00	1,954.16	22.7
Totals:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
LENGTH OF SERVICE						
12 - 14	1	50.0	6,648.91	0.00	6,648.91	77.3
2 - 4	1	50.0	1,954.16	0.00	1,954.16	22.7
Totals:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
Age of Claimant						
55 - 59	1	50.0	6,648.91	0.00	6,648.91	77.3
30 - 34	1	50.0	1,954.16	0.00	1,954.16	22.7
Totals:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
SEX OF CLAIMANT						
Male	2	100.0	8,603.07	0.00	8,603.07	100.0
Totals:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	6,648.91	0.00	6,648.91	77.3
Walking surface, outside, dry	1	50.0	1,954.16	0.00	1,954.16	22.7
Totals:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	50.0	6,648.91	0.00	6,648.91	77.3
Strain or Injury By, NOC	1	50.0	1,954.16	0.00	1,954.16	22.7
Sum:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	6,648.91	0.00	6,648.91	77.3
Lower Extremities Knee	1	50.0	1,954.16	0.00	1,954.16	22.7
Sum:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	
INJURY						
Fracture	1	50.0	6,648.91	0.00	6,648.91	77.3
Strain	1	50.0	1,954.16	0.00	1,954.16	22.7
Sum:	**2**		**$8,603.07**	**$0.00**	**$8,603.07**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
362 - UVA-FM-Facilities Management						
TYPE OF CLAIM						
Indemnity	1	7.1	8,000.36	37,718.46	45,718.82	51.8
Medical Only	12	85.7	26,614.82	15,924.39	42,539.21	48.2
Reporting Purposes Only	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
TIME OF INJURY						
8AM - 9:59AM	5	35.7	10,704.70	39,943.46	50,648.16	57.4
4PM - 5:59PM	1	7.1	14,329.65	1,139.17	15,468.82	17.5
12PM - 1:59PM	1	7.1	1,602.60	8,766.22	10,368.82	11.7
6AM - 7:59AM	2	14.3	4,591.11	491.23	5,082.34	5.8
10AM - 11:59AM	3	21.4	2,939.89	1,250.00	4,189.89	4.7
2PM - 3:59PM	2	14.3	447.23	2,052.77	2,500.00	2.8
Totals:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
LENGTH OF SERVICE						
18 - 20	1	7.1	8,000.36	37,718.46	45,718.82	51.8
0 - 2	8	57.1	19,503.73	14,183.16	33,686.89	38.2
2 - 4	2	14.3	2,028.77	1,741.23	3,770.00	4.3
6 - 8	1	7.1	2,562.34	0.00	2,562.34	2.9
10 - 12	1	7.1	2,519.98	0.00	2,519.98	2.9
8 - 10	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
Age of Claimant						
55 - 59	2	14.3	8,000.36	37,718.46	45,718.82	51.8
35 - 39	2	14.3	14,776.88	1,941.94	16,718.82	18.9
40 - 44	3	21.4	4,451.85	8,766.22	13,218.07	15.0
25 - 29	3	21.4	2,837.34	2,225.00	5,062.34	5.7
30 - 34	2	14.3	2,519.98	1,250.00	3,769.98	4.3
60 - 64	1	7.1	2,028.77	491.23	2,520.00	2.9
15 - 19	1	7.1	0.00	1,250.00	1,250.00	1.4
Totals:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
SEX OF CLAIMANT						
Male	10	71.4	31,318.70	52,840.08	84,158.78	95.4
Female	4	28.6	3,296.48	802.77	4,099.25	4.6
Totals:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
LOSS CAUSE						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Shovel	1	7.1	8,000.36	37,718.46	45,718.82	51.8
Vehicle/car/truck	1	7.1	14,329.65	1,139.17	15,468.82	17.5
Tugs	1	7.1	1,602.60	8,766.22	10,368.82	11.7
Walking surface, outside, wet	2	14.3	4,458.11	491.23	4,949.34	5.6
Hand tool, powered, NOC	1	7.1	2,562.34	0.00	2,562.34	2.9
Sprayer	1	7.1	2,519.98	0.00	2,519.98	2.9
Door	1	7.1	0.00	1,250.00	1,250.00	1.4
Knife, Utility	1	7.1	0.00	1,250.00	1,250.00	1.4
Overhead Object	1	7.1	275.00	975.00	1,250.00	1.4
Person	2	14.3	0.00	1,250.00	1,250.00	1.4
Pipe	1	7.1	447.23	802.77	1,250.00	1.4
Trash receptacle	1	7.1	419.91	0.00	419.91	0.5
Totals:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
ACCIDENT TYPE						
Strain or Injury By, NOC	5	35.7	8,722.59	40,746.23	49,468.82	56.1
Collision with Another Vehicle	1	7.1	14,329.65	1,139.17	15,468.82	17.5
Pushing or Pulling	1	7.1	1,602.60	8,766.22	10,368.82	11.7
Fall/Slip on Ice or Snow	2	14.3	4,458.11	491.23	4,949.34	5.6
Cut, Punctured, Scraped, NOC	2	14.3	2,939.89	0.00	2,939.89	3.3
Powered Hand Tool; Appliance	1	7.1	2,562.34	0.00	2,562.34	2.9
Hand Tool, Utensil; Not Powered	1	7.1	0.00	1,250.00	1,250.00	1.4
Struck or Injury By, NOC	1	7.1	0.00	1,250.00	1,250.00	1.4
Sum:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
BODY PART						
Upper Extremities Shoulder(s)	1	7.1	8,000.36	37,718.46	45,718.82	51.8
Multiple Body Parts Multiple Body Parts	3	21.4	18,787.76	1,630.40	20,418.16	23.1
Upper Extremities Elbow	1	7.1	1,602.60	8,766.22	10,368.82	11.7
Head Other facial soft tissue	3	21.4	2,562.34	1,250.00	3,812.34	4.3
Upper Extremities Hand	2	14.3	2,939.89	0.00	2,939.89	3.3
Trunk Upper Back Area (Thoracic Area)	1	7.1	275.00	975.00	1,250.00	1.4
Upper Extremities Finger(s)	1	7.1	0.00	1,250.00	1,250.00	1.4
Upper Extremities Thumb	1	7.1	0.00	1,250.00	1,250.00	1.4
Upper Extremities Wrist	1	7.1	447.23	802.77	1,250.00	1.4
Sum:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	
INJURY						
Strain	4	28.6	9,877.96	48,709.68	58,587.64	66.4
Multiple Physical Injury Only	3	21.4	18,787.76	1,630.40	20,418.16	23.1
Laceration	5	35.7	5,502.23	2,500.00	8,002.23	9.1
Sprain	1	7.1	447.23	802.77	1,250.00	1.4
Contusion (Bruise, Skin Surface)	1	7.1	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**14**		**$34,615.18**	**$53,642.85**	**$88,258.03**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
378 - UVA-FM-Project Services-Carpentry						
TYPE OF CLAIM						
Indemnity	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Totals:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Totals:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
LENGTH OF SERVICE						
28 - 30	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Totals:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
Age of Claimant						
70 - 74	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Totals:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
SEX OF CLAIMANT						
Male	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Totals:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Totals:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Sum:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Sum:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	1,382.84	6,685.98	8,068.82	100.0
Sum:	**1**		**$1,382.84**	**$6,685.98**	**$8,068.82**	

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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
379 - UVA-FM-Project Svcs-MasonryPlaster						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / bee type	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Neck Soft Tissue-Neck	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
386 - UVA-FM-Project Services-Paint						
TYPE OF CLAIM						
Medical Only	2	100.0	2,951.75	0.00	2,951.75	100.0
Totals:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
TIME OF INJURY						
6AM - 7:59AM	1	50.0	2,041.44	0.00	2,041.44	69.2
8AM - 9:59AM	1	50.0	910.31	0.00	910.31	30.8
Totals:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
LENGTH OF SERVICE						
16 - 18	1	50.0	2,041.44	0.00	2,041.44	69.2
18 - 20	1	50.0	910.31	0.00	910.31	30.8
Totals:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
Age of Claimant						
50 - 54	1	50.0	2,041.44	0.00	2,041.44	69.2
40 - 44	1	50.0	910.31	0.00	910.31	30.8
Totals:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
SEX OF CLAIMANT						
Male	2	100.0	2,951.75	0.00	2,951.75	100.0
Totals:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	2,041.44	0.00	2,041.44	69.2
Furniture / fixtures	1	50.0	910.31	0.00	910.31	30.8
Totals:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	50.0	2,041.44	0.00	2,041.44	69.2
Struck/Injured By Falling or Flying Objec	1	50.0	910.31	0.00	910.31	30.8
Sum:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
BODY PART						
Upper Extremities Lower Arm	1	50.0	2,041.44	0.00	2,041.44	69.2
Head Multiple Head Injury	1	50.0	910.31	0.00	910.31	30.8
Sum:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	
INJURY						
Strain	1	50.0	2,041.44	0.00	2,041.44	69.2
Concussion (Brain, Cerebral)	1	50.0	910.31	0.00	910.31	30.8
Sum:	**2**		**$2,951.75**	**$0.00**	**$2,951.75**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
388 - UVA-ANC- ANIMAL RESEARCH COMMITTEE						
TYPE OF CLAIM						
Medical Only	1	100.0	172.99	1,077.01	1,250.00	100.0
Totals:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	172.99	1,077.01	1,250.00	100.0
Totals:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	172.99	1,077.01	1,250.00	100.0
Totals:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
Age of Claimant						
20 - 24	1	100.0	172.99	1,077.01	1,250.00	100.0
Totals:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	172.99	1,077.01	1,250.00	100.0
Totals:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
LOSS CAUSE						
Racks	1	100.0	172.99	1,077.01	1,250.00	100.0
Totals:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
ACCIDENT TYPE						
Caught In, Under or Between, NOC	1	100.0	172.99	1,077.01	1,250.00	100.0
Sum:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	172.99	1,077.01	1,250.00	100.0
Sum:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	
INJURY						
Laceration	1	100.0	172.99	1,077.01	1,250.00	100.0
Sum:	**1**		**$172.99**	**$1,077.01**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
391 - UVA-FM-Project Svcs-HS Constr Mgmt						
TYPE OF CLAIM						
Indemnity	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Totals:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	74,375.22	68,124.42	142,499.64	99.9
4PM - 5:59PM	1	50.0	107.28	0.00	107.28	0.1
Totals:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
LENGTH OF SERVICE						
8 - 10	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Totals:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
Age of Claimant						
60 - 64	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Totals:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
SEX OF CLAIMANT						
Male	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Totals:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	74,375.22	68,124.42	142,499.64	99.9
Metal items	1	50.0	107.28	0.00	107.28	0.1
Totals:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
ACCIDENT TYPE						
Fall On the Same Level	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Sum:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Sum:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	
INJURY						
Multiple Physical Injury Only	2	100.0	74,482.50	68,124.42	142,606.92	100.0
Sum:	**2**		**$74,482.50**	**$68,124.42**	**$142,606.92**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
393 - UVA-FM-Project Services-Gen. Svcs.						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Caught In/Between-Machine or Machine	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Crushing	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
397 - UVA-FM-Housing Custodial						
TYPE OF CLAIM						
Indemnity	1	50.0	18.82	16,450.00	16,468.82	99.9
Medical Only	1	50.0	18.82	0.00	18.82	0.1
Totals:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
TIME OF INJURY						
2AM - 3:59AM	1	50.0	18.82	16,450.00	16,468.82	99.9
4AM - 5:59AM	1	50.0	18.82	0.00	18.82	0.1
Totals:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
LENGTH OF SERVICE						
4 - 6	1	50.0	18.82	16,450.00	16,468.82	99.9
16 - 18	1	50.0	18.82	0.00	18.82	0.1
Totals:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
Age of Claimant						
60 - 64	2	100.0	37.64	16,450.00	16,487.64	100.0
Totals:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
SEX OF CLAIMANT						
Female	2	100.0	37.64	16,450.00	16,487.64	100.0
Totals:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
LOSS CAUSE						
Cleaning Products	1	50.0	18.82	16,450.00	16,468.82	99.9
Environmental conditions	1	50.0	18.82	0.00	18.82	0.1
Totals:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
ACCIDENT TYPE						
Repetitive Motion (after 7/1/94)	1	50.0	18.82	16,450.00	16,468.82	99.9
Absorption, Ingestion or Inhalation NOC	1	50.0	18.82	0.00	18.82	0.1
Sum:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
BODY PART						
Upper Extremities Upper Arm (Incl. Clav	1	50.0	18.82	16,450.00	16,468.82	99.9
Multiple Body Parts Body Systems & Mu	1	50.0	18.82	0.00	18.82	0.1
Sum:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	
INJURY						
Severance	1	50.0	18.82	16,450.00	16,468.82	99.9
Foreign Body (Eye)	1	50.0	18.82	0.00	18.82	0.1
Sum:	**2**		**$37.64**	**$16,450.00**	**$16,487.64**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
398 - UVA-FM-E&U Instr & Meter Reading						
TYPE OF CLAIM						
Medical Only	1	100.0	254.88	0.00	254.88	100.0
Totals:	**1**		**$254.88**	**$0.00**	**$254.88**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	254.88	0.00	254.88	100.0
Totals:	**1**		**$254.88**	**$0.00**	**$254.88**	
LENGTH OF SERVICE						
16 - 18	1	100.0	254.88	0.00	254.88	100.0
Totals:	**1**		**$254.88**	**$0.00**	**$254.88**	
Age of Claimant						
45 - 49	1	100.0	254.88	0.00	254.88	100.0
Totals:	**1**		**$254.88**	**$0.00**	**$254.88**	
SEX OF CLAIMANT						
Male	1	100.0	254.88	0.00	254.88	100.0
Totals:	**1**		**$254.88**	**$0.00**	**$254.88**	
LOSS CAUSE						
Ladder - Fixed	1	100.0	254.88	0.00	254.88	100.0
Totals:	**1**		**$254.88**	**$0.00**	**$254.88**	
ACCIDENT TYPE						
Twisting	1	100.0	254.88	0.00	254.88	100.0
Sum:	**1**		**$254.88**	**$0.00**	**$254.88**	
BODY PART						
Lower Extremities Knee	1	100.0	254.88	0.00	254.88	100.0
Sum:	**1**		**$254.88**	**$0.00**	**$254.88**	
INJURY						
Strain	1	100.0	254.88	0.00	254.88	100.0
Sum:	**1**		**$254.88**	**$0.00**	**$254.88**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
40 - UVA-BIO BIOLOGY DEPT						
TYPE OF CLAIM						
Medical Only	1	100.0	4,304.44	0.00	4,304.44	100.0
Totals:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	4,304.44	0.00	4,304.44	100.0
Totals:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
LENGTH OF SERVICE						
4 - 6	1	100.0	4,304.44	0.00	4,304.44	100.0
Totals:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
Age of Claimant						
25 - 29	1	100.0	4,304.44	0.00	4,304.44	100.0
Totals:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
SEX OF CLAIMANT						
Female	1	100.0	4,304.44	0.00	4,304.44	100.0
Totals:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
LOSS CAUSE						
Stairs, steps	1	100.0	4,304.44	0.00	4,304.44	100.0
Totals:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	4,304.44	0.00	4,304.44	100.0
Sum:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	4,304.44	0.00	4,304.44	100.0
Sum:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	
INJURY						
Multiple Physical Injury Only	1	100.0	4,304.44	0.00	4,304.44	100.0
Sum:	**1**		**$4,304.44**	**$0.00**	**$4,304.44**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
46 - UVA-FM-Landscape						
TYPE OF CLAIM						
Indemnity	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Totals:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Totals:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
LENGTH OF SERVICE						
0 - 2	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Totals:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
Age of Claimant						
20 - 24	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Totals:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
SEX OF CLAIMANT						
Male	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Totals:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Totals:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Sum:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
BODY PART						
Lower Extremities Ankle	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Sum:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	
INJURY						
Sprain	1	100.0	8,302.91	17,966.55	26,269.46	100.0
Sum:	**1**		**$8,302.91**	**$17,966.55**	**$26,269.46**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
47 - UVA-FM-HVAC & FM-Maint-Supt Staff						
TYPE OF CLAIM						
Medical Only	1	100.0	1,848.32	0.00	1,848.32	100.0
Totals:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	1,848.32	0.00	1,848.32	100.0
Totals:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
LENGTH OF SERVICE						
14 - 16	1	100.0	1,848.32	0.00	1,848.32	100.0
Totals:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
Age of Claimant						
60 - 64	1	100.0	1,848.32	0.00	1,848.32	100.0
Totals:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
SEX OF CLAIMANT						
Male	1	100.0	1,848.32	0.00	1,848.32	100.0
Totals:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
LOSS CAUSE						
Metal items	1	100.0	1,848.32	0.00	1,848.32	100.0
Totals:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	1,848.32	0.00	1,848.32	100.0
Sum:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
BODY PART						
Upper Extremities Hand	1	100.0	1,848.32	0.00	1,848.32	100.0
Sum:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	
INJURY						
Laceration	1	100.0	1,848.32	0.00	1,848.32	100.0
Sum:	**1**		**$1,848.32**	**$0.00**	**$1,848.32**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
207 - UNIVERSITY OF VIRGINIA						
S207 - UNIVERSITY OF VIRGINIA						
TYPE OF CLAIM						
Indemnity	1	33.3	820.58	36,698.24	37,518.82	86.4
Medical Only	2	66.7	5,880.71	0.00	5,880.71	13.6
Totals:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
TIME OF INJURY						
10AM - 11:59AM	1	33.3	820.58	36,698.24	37,518.82	86.4
2PM - 3:59PM	2	66.7	5,880.71	0.00	5,880.71	13.6
Totals:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
LENGTH OF SERVICE						
8 - 10	1	33.3	820.58	36,698.24	37,518.82	86.4
18 - 20	1	33.3	5,880.71	0.00	5,880.71	13.6
24 - 26	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
Age of Claimant						
55 - 59	1	33.3	820.58	36,698.24	37,518.82	86.4
35 - 39	1	33.3	5,880.71	0.00	5,880.71	13.6
45 - 49	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
SEX OF CLAIMANT						
Male	3	100.0	6,701.29	36,698.24	43,399.53	100.0
Totals:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
LOSS CAUSE						
Hand Truck (2w)	1	33.3	820.58	36,698.24	37,518.82	86.4
Metal items	2	66.7	5,880.71	0.00	5,880.71	13.6
Totals:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	2	66.7	6,701.29	36,698.24	43,399.53	100.0
Cut, Punctured, Scraped, NOC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	820.58	36,698.24	37,518.82	86.4
Neck Soft Tissue-Neck	1	33.3	5,880.71	0.00	5,880.71	13.6
Upper Extremities Finger(s)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	
INJURY						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	2	66.7	6,701.29	36,698.24	43,399.53	100.0
Laceration	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$6,701.29**	**$36,698.24**	**$43,399.53**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
10 - VPISU-Natural Resources						
TYPE OF CLAIM						
Medical Only	6	75.0	10,221.58	2,500.00	12,721.58	70.5
Indemnity	2	25.0	5,328.97	0.00	5,328.97	29.5
Totals:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
TIME OF INJURY						
10AM - 11:59AM	2	25.0	8,823.79	0.00	8,823.79	48.9
12PM - 1:59PM	1	12.5	5,310.15	0.00	5,310.15	29.4
4PM - 5:59PM	2	25.0	1,416.61	0.00	1,416.61	7.8
12AM - 1:59AM	1	12.5	0.00	1,250.00	1,250.00	6.9
8PM - 9:59PM	1	12.5	0.00	1,250.00	1,250.00	6.9
2PM - 3:59PM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
LENGTH OF SERVICE						
2 - 4	2	25.0	8,804.97	1,250.00	10,054.97	55.7
0 - 2	4	50.0	5,352.30	1,250.00	6,602.30	36.6
10 - 12	1	12.5	1,393.28	0.00	1,393.28	7.7
6 - 8	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
Age of Claimant						
45 - 49	3	37.5	10,217.07	0.00	10,217.07	56.6
20 - 24	1	12.5	5,310.15	0.00	5,310.15	29.4
15 - 19	1	12.5	0.00	1,250.00	1,250.00	6.9
35 - 39	1	12.5	0.00	1,250.00	1,250.00	6.9
25 - 29	1	12.5	23.33	0.00	23.33	0.1
60 - 64	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
SEX OF CLAIMANT						
Male	4	50.0	10,221.58	1,250.00	11,471.58	63.6
Female	4	50.0	5,328.97	1,250.00	6,578.97	36.4
Totals:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
LOSS CAUSE						
Machine, not otherwise classified	1	12.5	8,804.97	0.00	8,804.97	48.8
Irregular Train	1	12.5	5,310.15	0.00	5,310.15	29.4
Walking surface, outside, wet	1	12.5	1,393.28	0.00	1,393.28	7.7
Animal, not otherwise classified	1	12.5	0.00	1,250.00	1,250.00	6.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Poisonous agent / plant	1	12.5	0.00	1,250.00	1,250.00	6.9
Animal / tick, spider, etc.	1	12.5	23.33	0.00	23.33	0.1
Miscellaneous	1	12.5	18.82	0.00	18.82	0.1
Food	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
ACCIDENT TYPE						
Struck/Injured By Object Being Lifted or	1	12.5	8,804.97	0.00	8,804.97	48.8
Fall/Slip on Ice or Snow	2	25.0	6,703.43	0.00	6,703.43	37.1
Struck/Injured By Animal or Insect	2	25.0	23.33	1,250.00	1,273.33	7.1
Other Injury NEC	3	37.5	18.82	1,250.00	1,268.82	7.0
Sum:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
BODY PART						
Head Multiple Head Injury	1	12.5	8,804.97	0.00	8,804.97	48.8
Lower Extremities Lower Leg	1	12.5	5,310.15	0.00	5,310.15	29.4
Multiple Body Parts Multiple Body Parts	1	12.5	1,393.28	0.00	1,393.28	7.7
Head Eye(s)	1	12.5	0.00	1,250.00	1,250.00	6.9
Upper Extremities Finger(s)	1	12.5	0.00	1,250.00	1,250.00	6.9
Multiple Body Parts Whole Body	1	12.5	23.33	0.00	23.33	0.1
Multiple Body Parts No Physical Injury	1	12.5	18.82	0.00	18.82	0.1
Head Mouth	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	
INJURY						
Concussion (Brain, Cerebral)	1	12.5	8,804.97	0.00	8,804.97	48.8
Fracture	1	12.5	5,310.15	0.00	5,310.15	29.4
Contusion (Bruise, Skin Surface)	1	12.5	1,393.28	0.00	1,393.28	7.7
No Physical Injury	1	12.5	0.00	1,250.00	1,250.00	6.9
Puncture	1	12.5	0.00	1,250.00	1,250.00	6.9
Infection	1	12.5	23.33	0.00	23.33	0.1
Mental Stress	1	12.5	18.82	0.00	18.82	0.1
All Other (Specific) Injuries, NOC	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$15,550.55**	**$2,500.00**	**$18,050.55**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
11 - VPISU-Dean of Libraries						
TYPE OF CLAIM						
Medical Only	1	50.0	61.70	15,507.12	15,568.82	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	61.70	15,507.12	15,568.82	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
LENGTH OF SERVICE						
10 - 12	1	50.0	61.70	15,507.12	15,568.82	100.0
18 - 20	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
Age of Claimant						
35 - 39	1	50.0	61.70	15,507.12	15,568.82	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
SEX OF CLAIMANT						
Male	2	100.0	61.70	15,507.12	15,568.82	100.0
Totals:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	61.70	15,507.12	15,568.82	100.0
Pallet Jack	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	50.0	61.70	15,507.12	15,568.82	100.0
Strain By Using Tool or Machine	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
BODY PART						
Lower Extremities Foot	1	50.0	61.70	15,507.12	15,568.82	100.0
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	61.70	15,507.12	15,568.82	100.0
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$61.70**	**$15,507.12**	**$15,568.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
1 - VPISU-Agriculture & Life Sciences						
TYPE OF CLAIM						
Indemnity	1	6.7	4,219.29	71,965.57	76,184.86	76.2
Medical Only	11	73.3	16,293.19	7,442.70	23,735.89	23.8
Reporting Purposes Only	3	20.0	0.00	0.00	0.00	0.0
Totals:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
TIME OF INJURY						
2PM - 3:59PM	2	13.3	4,272.03	71,965.57	76,237.60	76.3
8AM - 9:59AM	2	13.3	8,895.23	0.00	8,895.23	8.9
12AM - 1:59AM	4	26.7	794.94	6,192.70	6,987.64	7.0
4PM - 5:59PM	1	6.7	4,660.45	0.00	4,660.45	4.7
12PM - 1:59PM	2	13.3	1,777.84	0.00	1,777.84	1.8
6PM - 7:59PM	1	6.7	0.00	1,250.00	1,250.00	1.3
10AM - 11:59AM	3	20.0	111.99	0.00	111.99	0.1
Totals:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
LENGTH OF SERVICE						
20 - 22	1	6.7	4,219.29	71,965.57	76,184.86	76.2
0 - 2	8	53.3	9,802.16	6,192.70	15,994.86	16.0
6 - 8	1	6.7	4,660.45	0.00	4,660.45	4.7
26 - 28	1	6.7	1,777.84	0.00	1,777.84	1.8
4 - 6	1	6.7	0.00	1,250.00	1,250.00	1.3
2 - 4	3	20.0	52.74	0.00	52.74	0.1
Totals:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
Age of Claimant						
55 - 59	2	13.3	4,219.29	73,215.57	77,434.86	77.5
20 - 24	3	20.0	9,671.35	4,942.70	14,614.05	14.6
40 - 44	1	6.7	4,660.45	0.00	4,660.45	4.7
50 - 54	1	6.7	1,777.84	0.00	1,777.84	1.8
45 - 49	1	6.7	0.00	1,250.00	1,250.00	1.3
25 - 29	6	40.0	164.73	0.00	164.73	0.2
30 - 34	1	6.7	18.82	0.00	18.82	0.0
Totals:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
SEX OF CLAIMANT						
Female	6	40.0	17,774.97	73,215.57	90,990.54	91.1
Male	9	60.0	2,737.51	6,192.70	8,930.21	8.9
Totals:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Brush / tree / log	1	6.7	4,219.29	71,965.57	76,184.86	76.2
Animal / insect, not otherwise classifie	3	20.0	8,947.97	1,250.00	10,197.97	10.2
Animal, not otherwise classified	1	6.7	776.12	4,942.70	5,718.82	5.7
Needle stick	1	6.7	4,660.45	0.00	4,660.45	4.7
Electric Drill	1	6.7	1,777.84	0.00	1,777.84	1.8
Overhead Object	1	6.7	0.00	1,250.00	1,250.00	1.3
Dolly	1	6.7	111.99	0.00	111.99	0.1
Poisonous agent / plant	1	6.7	18.82	0.00	18.82	0.0
Foreign Object	1	6.7	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	6.7	0.00	0.00	0.00	0.0
N/A	1	6.7	0.00	0.00	0.00	0.0
Stairs	1	6.7	0.00	0.00	0.00	0.0
Work surface	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
ACCIDENT TYPE						
Fall On the Same Level	1	6.7	4,219.29	71,965.57	76,184.86	76.2
Struck/Injured By Animal or Insect	4	26.7	9,724.09	6,192.70	15,916.79	15.9
Contact with Infectious Disease	1	6.7	4,660.45	0.00	4,660.45	4.7
Caught In/Between-Machine or Machine	1	6.7	1,777.84	0.00	1,777.84	1.8
Struck/Injured By Falling or Flying Objec	2	13.3	111.99	1,250.00	1,361.99	1.4
Mold, Including Mildew	1	6.7	18.82	0.00	18.82	0.0
Broken Glass	1	6.7	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	6.7	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	6.7	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
Sum:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
BODY PART						
Upper Extremities Elbow	1	6.7	4,219.29	71,965.57	76,184.86	76.2
Head Brain	1	6.7	8,895.23	0.00	8,895.23	8.9
Head Other facial soft tissue	1	6.7	776.12	4,942.70	5,718.82	5.7
Upper Extremities Hand	1	6.7	4,660.45	0.00	4,660.45	4.7
Upper Extremities Finger(s)	2	13.3	1,777.84	0.00	1,777.84	1.8
Head Multiple Head Injury	1	6.7	0.00	1,250.00	1,250.00	1.3
Lower Extremities Upper Leg	1	6.7	0.00	1,250.00	1,250.00	1.3
Head Mouth	1	6.7	111.99	0.00	111.99	0.1
Upper Extremities Lower Arm	2	13.3	52.74	0.00	52.74	0.1
Multiple Body Parts Multiple Body Parts	1	6.7	18.82	0.00	18.82	0.0
Head Eye(s)	1	6.7	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Vertebrae	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
Sum:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	
INJURY						
Fracture	2	13.3	4,331.28	71,965.57	76,296.85	76.4
Concussion (Brain, Cerebral)	3	20.0	9,671.35	6,192.70	15,864.05	15.9
Infection	1	6.7	4,660.45	0.00	4,660.45	4.7
Laceration	1	6.7	1,777.84	0.00	1,777.84	1.8
All Other (Specific) Injuries, NOC	2	13.3	52.74	1,250.00	1,302.74	1.3
Respiratory Disorders(Gases,Fumes,Ch	1	6.7	18.82	0.00	18.82	0.0
Contusion (Bruise, Skin Surface)	1	6.7	0.00	0.00	0.00	0.0
Sprain	1	6.7	0.00	0.00	0.00	0.0
Strain	1	6.7	0.00	0.00	0.00	0.0
Syncope	1	6.7	0.00	0.00	0.00	0.0
Vision Loss	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$20,512.48**	**$79,408.27**	**$99,920.75**	

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7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
25 - VPISU-Senior VP & Chief Bus. Ofc.						
TYPE OF CLAIM						
Medical Only	3	75.0	75.07	2,472.97	2,548.04	100.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
TIME OF INJURY						
4AM - 5:59AM	1	25.0	0.00	1,250.00	1,250.00	49.1
10AM - 11:59AM	1	25.0	27.03	1,222.97	1,250.00	49.1
8PM - 9:59PM	1	25.0	48.04	0.00	48.04	1.9
6PM - 7:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
LENGTH OF SERVICE						
4 - 6	1	25.0	0.00	1,250.00	1,250.00	49.1
6 - 8	1	25.0	27.03	1,222.97	1,250.00	49.1
0 - 2	2	50.0	48.04	0.00	48.04	1.9
Totals:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
Age of Claimant						
25 - 29	1	25.0	27.03	1,222.97	1,250.00	49.1
30 - 34	1	25.0	0.00	1,250.00	1,250.00	49.1
20 - 24	2	50.0	48.04	0.00	48.04	1.9
Totals:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
SEX OF CLAIMANT						
Female	2	50.0	48.04	1,250.00	1,298.04	50.9
Male	2	50.0	27.03	1,222.97	1,250.00	49.1
Totals:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
LOSS CAUSE						
Dust	1	25.0	27.03	1,222.97	1,250.00	49.1
Training \ Drills	1	25.0	0.00	1,250.00	1,250.00	49.1
Animal / insect, not otherwise classifie	1	25.0	48.04	0.00	48.04	1.9
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
ACCIDENT TYPE						
Foreign Body in Eye	1	25.0	27.03	1,222.97	1,250.00	49.1
Twisting	1	25.0	0.00	1,250.00	1,250.00	49.1
Other Injury NEC	1	25.0	48.04	0.00	48.04	1.9
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
BODY PART						
Head Eye(s)	1	25.0	27.03	1,222.97	1,250.00	49.1
Trunk Buttocks	1	25.0	0.00	1,250.00	1,250.00	49.1
Lower Extremities Lower Leg	1	25.0	48.04	0.00	48.04	1.9
Multiple Body Parts Multiple Body Parts	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	
INJURY						
Laceration	1	25.0	27.03	1,222.97	1,250.00	49.1
Strain	1	25.0	0.00	1,250.00	1,250.00	49.1
Puncture	1	25.0	48.04	0.00	48.04	1.9
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$75.07**	**$2,472.97**	**$2,548.04**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
26 - VPISU-Executive VP & Provost						
TYPE OF CLAIM						
Medical Only	4	66.7	5,759.71	0.00	5,759.71	100.0
Reporting Purposes Only	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
TIME OF INJURY						
6AM - 7:59AM	1	16.7	4,544.15	0.00	4,544.15	78.9
12PM - 1:59PM	2	33.3	1,215.56	0.00	1,215.56	21.1
2PM - 3:59PM	2	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
LENGTH OF SERVICE						
6 - 8	1	16.7	4,544.15	0.00	4,544.15	78.9
2 - 4	2	33.3	770.79	0.00	770.79	13.4
14 - 16	1	16.7	444.77	0.00	444.77	7.7
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
Totals:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
Age of Claimant						
60 - 64	1	16.7	4,544.15	0.00	4,544.15	78.9
40 - 44	1	16.7	770.79	0.00	770.79	13.4
50 - 54	2	33.3	444.77	0.00	444.77	7.7
20 - 24	1	16.7	0.00	0.00	0.00	0.0
55 - 59	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
SEX OF CLAIMANT						
Female	3	50.0	5,314.94	0.00	5,314.94	92.3
Male	3	50.0	444.77	0.00	444.77	7.7
Totals:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
LOSS CAUSE						
Walking surface, outside, dry	2	33.3	5,314.94	0.00	5,314.94	92.3
Outside Surface	1	16.7	444.77	0.00	444.77	7.7
Floor	1	16.7	0.00	0.00	0.00	0.0
Stairs, steps	1	16.7	0.00	0.00	0.00	0.0
Training \ Drills	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	1	16.7	4,544.15	0.00	4,544.15	78.9
Fall On the Same Level	2	33.3	770.79	0.00	770.79	13.4
Fall/Slip From a Different Level	1	16.7	444.77	0.00	444.77	7.7
Bodily Reaction	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
Sum:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
BODY PART						
Lower Extremities Ankle	2	33.3	5,314.94	0.00	5,314.94	92.3
Lower Extremities Lower Leg	1	16.7	444.77	0.00	444.77	7.7
Lower Extremities Knee	1	16.7	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	16.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Lı	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	
INJURY						
Sprain	1	16.7	4,544.15	0.00	4,544.15	78.9
Fracture	1	16.7	770.79	0.00	770.79	13.4
Laceration	1	16.7	444.77	0.00	444.77	7.7
All Other (Specific) Injuries, NOC	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
Syncope	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$5,759.71**	**$0.00**	**$5,759.71**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
27 - VPISU-President						
TYPE OF CLAIM						
Medical Only	2	50.0	232.33	0.00	232.33	100.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$232.33**	**$0.00**	**$232.33**	
TIME OF INJURY						
10AM - 11:59AM	2	50.0	213.51	0.00	213.51	91.9
8AM - 9:59AM	2	50.0	18.82	0.00	18.82	8.1
Totals:	**4**		**$232.33**	**$0.00**	**$232.33**	
LENGTH OF SERVICE						
2 - 4	2	50.0	232.33	0.00	232.33	100.0
0 - 2	1	25.0	0.00	0.00	0.00	0.0
8 - 10	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$232.33**	**$0.00**	**$232.33**	
Age of Claimant						
20 - 24	1	25.0	213.51	0.00	213.51	91.9
30 - 34	1	25.0	18.82	0.00	18.82	8.1
45 - 49	1	25.0	0.00	0.00	0.00	0.0
55 - 59	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$232.33**	**$0.00**	**$232.33**	
SEX OF CLAIMANT						
Female	3	75.0	213.51	0.00	213.51	91.9
Male	1	25.0	18.82	0.00	18.82	8.1
Totals:	**4**		**$232.33**	**$0.00**	**$232.33**	
LOSS CAUSE						
Walking surface, outside, wet	1	25.0	213.51	0.00	213.51	91.9
Trash receptacle	1	25.0	18.82	0.00	18.82	8.1
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Uneven Surface	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$232.33**	**$0.00**	**$232.33**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	2	50.0	213.51	0.00	213.51	91.9
Lifting	1	25.0	18.82	0.00	18.82	8.1
Fall On the Same Level	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$232.33**	**$0.00**	**$232.33**	
BODY PART						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	1	25.0	213.51	0.00	213.51	91.9
Upper Extremities Shoulder(s)	1	25.0	18.82	0.00	18.82	8.1
Lower Extremities Hip	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$232.33**	**$0.00**	**$232.33**	
INJURY						
Inflammation	1	25.0	213.51	0.00	213.51	91.9
Strain	1	25.0	18.82	0.00	18.82	8.1
Contusion (Bruise, Skin Surface)	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
Sum:	**4**		**$232.33**	**$0.00**	**$232.33**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
2 - VPISU-Architecture, Arts, and Design						
TYPE OF CLAIM						
Medical Only	1	50.0	18.82	0.00	18.82	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
6AM - 7:59AM	1	50.0	18.82	0.00	18.82	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
0 - 2	2	100.0	18.82	0.00	18.82	100.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
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
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Female	2	100.0	18.82	0.00	18.82	100.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Walking surface, outside, dry	1	50.0	18.82	0.00	18.82	100.0
Welding equipment	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	18.82	0.00	18.82	100.0
Contact with Electrical Current	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	18.82	0.00	18.82	100.0
Upper Extremities Wrist(s) and Hand(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	18.82	0.00	18.82	100.0
Electric Shock	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
33 - VPISU-VP Health Sciences and Tech.						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Needle Stick	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
3 - VPISU-College of Business						
TYPE OF CLAIM						
Medical Only	1	100.0	22.59	0.00	22.59	100.0
Totals:	**1**		**$22.59**	**$0.00**	**$22.59**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	22.59	0.00	22.59	100.0
Totals:	**1**		**$22.59**	**$0.00**	**$22.59**	
LENGTH OF SERVICE						
16 - 18	1	100.0	22.59	0.00	22.59	100.0
Totals:	**1**		**$22.59**	**$0.00**	**$22.59**	
Age of Claimant						
45 - 49	1	100.0	22.59	0.00	22.59	100.0
Totals:	**1**		**$22.59**	**$0.00**	**$22.59**	
SEX OF CLAIMANT						
Male	1	100.0	22.59	0.00	22.59	100.0
Totals:	**1**		**$22.59**	**$0.00**	**$22.59**	
LOSS CAUSE						
Computer Work Station	1	100.0	22.59	0.00	22.59	100.0
Totals:	**1**		**$22.59**	**$0.00**	**$22.59**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	22.59	0.00	22.59	100.0
Sum:	**1**		**$22.59**	**$0.00**	**$22.59**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	22.59	0.00	22.59	100.0
Sum:	**1**		**$22.59**	**$0.00**	**$22.59**	
INJURY						
Inflammation	1	100.0	22.59	0.00	22.59	100.0
Sum:	**1**		**$22.59**	**$0.00**	**$22.59**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
41 - VPISU-Vice Pres Advancement						
TYPE OF CLAIM						
Medical Only	1	100.0	260.20	0.00	260.20	100.0
Totals:	**1**		**$260.20**	**$0.00**	**$260.20**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	260.20	0.00	260.20	100.0
Totals:	**1**		**$260.20**	**$0.00**	**$260.20**	
LENGTH OF SERVICE						
2 - 4	1	100.0	260.20	0.00	260.20	100.0
Totals:	**1**		**$260.20**	**$0.00**	**$260.20**	
Age of Claimant						
30 - 34	1	100.0	260.20	0.00	260.20	100.0
Totals:	**1**		**$260.20**	**$0.00**	**$260.20**	
SEX OF CLAIMANT						
Male	1	100.0	260.20	0.00	260.20	100.0
Totals:	**1**		**$260.20**	**$0.00**	**$260.20**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	260.20	0.00	260.20	100.0
Totals:	**1**		**$260.20**	**$0.00**	**$260.20**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	260.20	0.00	260.20	100.0
Sum:	**1**		**$260.20**	**$0.00**	**$260.20**	
BODY PART						
Upper Extremities Thumb	1	100.0	260.20	0.00	260.20	100.0
Sum:	**1**		**$260.20**	**$0.00**	**$260.20**	
INJURY						
Laceration	1	100.0	260.20	0.00	260.20	100.0
Sum:	**1**		**$260.20**	**$0.00**	**$260.20**	

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Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
42 - VPISU-Vice Pres.- Info Technology						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Furniture / fixtures	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Caught In/Between-Object Handled	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Crushing	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
43 - VPISU-VP for Student Affairs						
TYPE OF CLAIM						
Indemnity	8	4.8	46,188.95	106,823.21	153,012.16	76.7
Medical Only	60	36.1	14,362.14	32,068.41	46,430.55	23.3
Reporting Purposes Only	98	59.0	0.00	0.00	0.00	0.0
Totals:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
TIME OF INJURY						
6AM - 7:59AM	13	7.8	27,037.13	93,546.25	120,583.38	60.5
10AM - 11:59AM	31	18.7	16,666.15	19,457.83	36,123.98	18.1
8AM - 9:59AM	25	15.1	11,357.08	13,946.14	25,303.22	12.7
12PM - 1:59PM	16	9.6	4,241.88	7,100.35	11,342.23	5.7
2PM - 3:59PM	27	16.3	290.77	2,368.82	2,659.59	1.3
4PM - 5:59PM	13	7.8	87.77	1,222.23	1,310.00	0.7
12AM - 1:59AM	7	4.2	50.63	1,250.00	1,300.63	0.7
8PM - 9:59PM	12	7.2	778.18	0.00	778.18	0.4
10PM - 11:59PM	3	1.8	21.50	0.00	21.50	0.0
6PM - 7:59PM	16	9.6	20.00	0.00	20.00	0.0
2AM - 3:59AM	2	1.2	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	0.6	0.00	0.00	0.00	0.0
Totals:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
LENGTH OF SERVICE						
8 - 10	9	5.4	21,798.89	77,782.31	99,581.20	49.9
0 - 2	100	60.2	22,572.61	37,575.84	60,148.45	30.2
14 - 16	2	1.2	3,525.93	15,763.94	19,289.87	9.7
6 - 8	6	3.6	7,699.81	6,929.22	14,629.03	7.3
2 - 4	23	13.9	2,318.47	0.00	2,318.47	1.2
10 - 12	11	6.6	935.40	669.18	1,604.58	0.8
4 - 6	7	4.2	1,078.87	171.13	1,250.00	0.6
32 - 34	1	0.6	595.61	0.00	595.61	0.3
16 - 18	3	1.8	25.50	0.00	25.50	0.0
12 - 14	2	1.2	0.00	0.00	0.00	0.0
26 - 28	1	0.6	0.00	0.00	0.00	0.0
40 - 42	1	0.6	0.00	0.00	0.00	0.0
Totals:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
Age of Claimant						
60 - 64	8	4.8	24,457.02	71,032.68	95,489.70	47.9
35 - 39	12	7.2	6,426.26	37,709.71	44,135.97	22.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	19	11.4	2,100.99	18,207.83	20,308.82	10.2
30 - 34	13	7.8	16,421.90	2,368.82	18,790.72	9.4
25 - 29	21	12.7	5,371.09	8,322.58	13,693.67	6.9
20 - 24	54	32.5	2,291.29	1,250.00	3,541.29	1.8
45 - 49	8	4.8	2,020.39	0.00	2,020.39	1.0
55 - 59	10	6.0	655.61	0.00	655.61	0.3
70 - 74	2	1.2	583.28	0.00	583.28	0.3
40 - 44	7	4.2	223.26	0.00	223.26	0.1
50 - 54	11	6.6	0.00	0.00	0.00	0.0
65 - 69	1	0.6	0.00	0.00	0.00	0.0
Totals:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
SEX OF CLAIMANT						
Female	93	56.0	46,402.08	98,088.91	144,490.99	72.4
Male	70	42.2	14,149.01	40,802.71	54,951.72	27.6
Unknown	3	1.8	0.00	0.00	0.00	0.0
Totals:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
LOSS CAUSE						
Tractor	1	0.6	16,494.00	41,991.78	58,485.78	29.3
Boxes / containers	3	1.8	4,925.33	35,790.53	40,715.86	20.4
Elevators, escalators	1	0.6	2,060.99	18,207.83	20,268.82	10.2
Floor	10	6.0	3,869.64	15,763.94	19,633.58	9.8
Pots/pans	8	4.8	4,278.71	13,276.96	17,555.67	8.8
Walking surface, inside, wet	4	2.4	6,205.24	6,929.22	13,134.46	6.6
Roll cart	2	1.2	12,927.32	0.00	12,927.32	6.5
Uneven Surface	1	0.6	25.00	2,368.82	2,393.82	1.2
Shelving	6	3.6	1,628.04	0.00	1,628.04	0.8
Hot/Cold Object, Liquid, Substance	22	13.3	388.76	1,222.23	1,610.99	0.8
Water	3	1.8	147.01	1,250.00	1,397.01	0.7
Cooling Tower	2	1.2	580.82	669.18	1,250.00	0.6
Glass bottle / sheet	1	0.6	0.00	1,250.00	1,250.00	0.6
Hand tool, not powered, NOC	1	0.6	1,078.87	171.13	1,250.00	0.6
Knife, Utility	6	3.6	1,245.32	0.00	1,245.32	0.6
Walking surface, outside, wet	3	1.8	1,110.44	0.00	1,110.44	0.6
Dolly	1	0.6	764.28	0.00	764.28	0.4
Hand Truck (2w)	1	0.6	756.70	0.00	756.70	0.4
Machine, not otherwise classified	4	2.4	595.61	0.00	595.61	0.3
Steam / exhaust	6	3.6	523.33	0.00	523.33	0.3
Cart	10	6.0	514.33	0.00	514.33	0.3
Door	7	4.2	244.58	0.00	244.58	0.1
Metal items	5	3.0	50.79	0.00	50.79	0.0
Grease	4	2.4	30.63	0.00	30.63	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Environmental conditions	1	0.6	28.61	0.00	28.61	0.0
Insufficient data	1	0.6	24.37	0.00	24.37	0.0
Food	3	1.8	21.50	0.00	21.50	0.0
Sharp objects, not otherwise classified	11	6.6	20.00	0.00	20.00	0.0
N/A	2	1.2	10.87	0.00	10.87	0.0
Baggage/Luggage	1	0.6	0.00	0.00	0.00	0.0
Blade	3	1.8	0.00	0.00	0.00	0.0
Chair	2	1.2	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	1.2	0.00	0.00	0.00	0.0
Cleaning Products	2	1.2	0.00	0.00	0.00	0.0
Dishes	1	0.6	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	0.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.6	0.00	0.00	0.00	0.0
Heating equipment	1	0.6	0.00	0.00	0.00	0.0
Hose / hydair H2O	1	0.6	0.00	0.00	0.00	0.0
Keyboard	1	0.6	0.00	0.00	0.00	0.0
Knife, NOC	11	6.6	0.00	0.00	0.00	0.0
Object on Floor	1	0.6	0.00	0.00	0.00	0.0
Oil	1	0.6	0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	0.6	0.00	0.00	0.00	0.0
Pipe	1	0.6	0.00	0.00	0.00	0.0
Racks	1	0.6	0.00	0.00	0.00	0.0
Stairs	1	0.6	0.00	0.00	0.00	0.0
Trash receptacle	1	0.6	0.00	0.00	0.00	0.0
Wood Items	1	0.6	0.00	0.00	0.00	0.0
Work surface	1	0.6	0.00	0.00	0.00	0.0
Totals:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
ACCIDENT TYPE						
Twisting	2	1.2	21,419.33	77,782.31	99,201.64	49.7
Fall On the Same Level	9	5.4	7,863.68	15,763.94	23,627.62	11.8
Caught In, Under or Between, NOC	6	3.6	2,661.81	18,877.01	21,538.82	10.8
Pushing or Pulling	3	1.8	4,113.38	13,276.96	17,390.34	8.7
Collision with a Fixed Object	7	4.2	12,593.62	2,368.82	14,962.44	7.5
Fall/Slip From Liquid or Grease Spills	2	1.2	2,191.20	6,929.22	9,120.42	4.6
Hand Tool, Utensil; Not Powered	32	19.3	3,797.43	171.13	3,968.56	2.0
Foreign Body in Eye	2	1.2	0.00	2,500.00	2,500.00	1.3
Contact with Hot Object or Substance	18	10.8	513.55	1,222.23	1,735.78	0.9
Fall/Slip on Ice or Snow	4	2.4	1,110.44	0.00	1,110.44	0.6
Striking Against or Stepping On, NOC	10	6.0	875.53	0.00	875.53	0.4
Caught In/Between-Object Handled	1	0.6	764.28	0.00	764.28	0.4
Lifting	3	1.8	756.70	0.00	756.70	0.4

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contact With Not Otherwise Classified	20	12.0	701.55	0.00	701.55	0.4
Other than Physical Cause of Injury	2	1.2	595.61	0.00	595.61	0.3
Rubbed or Abraded, NOC	1	0.6	223.26	0.00	223.26	0.1
Struck or Injury By, NOC	2	1.2	134.80	0.00	134.80	0.1
Other Injury NEC	7	4.2	63.85	0.00	63.85	0.0
Cut, Punctured, Scraped, NOC	8	4.8	44.87	0.00	44.87	0.0
Struck/Injured By Falling or Flying Objec	2	1.2	29.33	0.00	29.33	0.0
Object Being Lifted or Handled	1	0.6	25.92	0.00	25.92	0.0
Strain or Injury By, NOC	2	1.2	21.50	0.00	21.50	0.0
Fall/Slip into Openings	1	0.6	20.00	0.00	20.00	0.0
Fall, Slip or Trip, NOC	3	1.8	18.82	0.00	18.82	0.0
Slipped, Did Not Fall	1	0.6	10.63	0.00	10.63	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
Contact With Cold Object or Substance	1	0.6	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	4	2.4	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	0.6	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	2	1.2	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	2	1.2	0.00	0.00	0.00	0.0
Steam or Hot Fluids	3	1.8	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Machine	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	0.6	0.00	0.00	0.00	0.0
Sum:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & L	4	2.4	20,607.38	55,268.74	75,876.12	38.0
Trunk Spinal Cord	1	0.6	4,925.33	35,790.53	40,715.86	20.4
Upper Extremities Hand	30	18.1	4,046.08	19,430.06	23,476.14	11.8
Multiple Body Parts Multiple Body Parts	7	4.2	5,183.28	15,763.94	20,947.22	10.5
Upper Extremities Finger(s)	29	17.5	13,609.36	0.00	13,609.36	6.8
Lower Extremities Lower Leg	2	1.2	2,414.46	6,929.22	9,343.68	4.7
Upper Extremities Wrist	4	2.4	4,171.06	0.00	4,171.06	2.1
Head Eye(s)	8	4.8	0.00	2,500.00	2,500.00	1.3
Lower Extremities Ankle	6	3.6	46.50	2,368.82	2,415.32	1.2
Head Other facial soft tissue	5	3.0	1,467.40	171.13	1,638.53	0.8
Lower Extremities Great Toe	2	1.2	580.82	669.18	1,250.00	0.6
Upper Extremities Elbow	8	4.8	778.20	0.00	778.20	0.4
Lower Extremities Toe(s)	2	1.2	764.28	0.00	764.28	0.4
Upper Extremities Lower Arm	12	7.2	617.09	0.00	617.09	0.3
Lower Extremities Hip	4	2.4	334.58	0.00	334.58	0.2
Lower Extremities Foot	2	1.2	301.58	0.00	301.58	0.2
Head Multiple Head Injury	3	1.8	244.58	0.00	244.58	0.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Upper Arm (Incl. Clav	2	1.2	147.01	0.00	147.01	0.1
Head Teeth	1	0.6	134.80	0.00	134.80	0.1
Multiple Body Parts No Physical Injury	5	3.0	52.98	0.00	52.98	0.0
Lower Extremities Upper Leg	3	1.8	45.50	0.00	45.50	0.0
Lower Extremities Knee	7	4.2	20.00	0.00	20.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	3	1.8	20.00	0.00	20.00	0.0
Upper Extremities Thumb	6	3.6	20.00	0.00	20.00	0.0
Upper Extremities Wrist(s) and Hand(s)	3	1.8	18.82	0.00	18.82	0.0
Head Brain	1	0.6	0.00	0.00	0.00	0.0
Head Facial Bones	1	0.6	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info to Ic	1	0.6	0.00	0.00	0.00	0.0
Neck Larynx	1	0.6	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	2	1.2	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	0.6	0.00	0.00	0.00	0.0
Sum:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	
INJURY						
Strain	11	6.6	26,681.86	91,059.27	117,741.13	59.0
Crushing	12	7.2	15,031.77	18,877.01	33,908.78	17.0
Contusion (Bruise, Skin Surface)	34	20.5	7,468.81	22,693.16	30,161.97	15.1
Sprain	8	4.8	5,134.61	2,368.82	7,503.43	3.8
Laceration	40	24.1	3,842.30	171.13	4,013.43	2.0
Burn	41	24.7	1,215.10	1,222.23	2,437.33	1.2
Foreign Body (Eye)	1	0.6	0.00	1,250.00	1,250.00	0.6
Vision Loss	1	0.6	0.00	1,250.00	1,250.00	0.6
Dislocation	1	0.6	764.28	0.00	764.28	0.4
Concussion (Brain, Cerebral)	2	1.2	224.58	0.00	224.58	0.1
All Other (Specific) Injuries, NOC	1	0.6	134.80	0.00	134.80	0.1
No Physical Injury	8	4.8	52.98	0.00	52.98	0.0
Inflammation	1	0.6	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	0.6	0.00	0.00	0.00	0.0
Puncture	4	2.4	0.00	0.00	0.00	0.0
Sum:	**166**		**$60,551.09**	**$138,891.62**	**$199,442.71**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
44 - VPISU-VP Campus Planning & Facilit.						
TYPE OF CLAIM						
Indemnity	9	13.8	31,027.17	52,178.29	83,205.46	86.6
Medical Only	20	30.8	10,356.67	2,544.83	12,901.50	13.4
Reporting Purposes Only	36	55.4	0.00	0.00	0.00	0.0
Totals:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
TIME OF INJURY						
8AM - 9:59AM	17	26.2	19,917.63	20,102.70	40,020.33	41.6
8PM - 9:59PM	3	4.6	18.82	19,566.68	19,585.50	20.4
2PM - 3:59PM	6	9.2	16,750.29	2,248.86	18,999.15	19.8
2AM - 3:59AM	1	1.5	401.50	12,508.91	12,910.41	13.4
10AM - 11:59AM	10	15.4	3,021.29	0.00	3,021.29	3.1
6AM - 7:59AM	12	18.5	1,006.66	295.97	1,302.63	1.4
12PM - 1:59PM	9	13.8	248.83	0.00	248.83	0.3
12AM - 1:59AM	2	3.1	18.82	0.00	18.82	0.0
4AM - 5:59AM	4	6.2	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	1.5	0.00	0.00	0.00	0.0
Totals:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
LENGTH OF SERVICE						
0 - 2	29	44.6	35,668.55	39,669.38	75,337.93	78.4
24 - 26	2	3.1	401.50	12,508.91	12,910.41	13.4
4 - 6	8	12.3	4,112.38	295.97	4,408.35	4.6
6 - 8	2	3.1	301.14	2,248.86	2,550.00	2.7
2 - 4	6	9.2	464.59	0.00	464.59	0.5
26 - 28	2	3.1	425.05	0.00	425.05	0.4
34 - 36	3	4.6	10.63	0.00	10.63	0.0
8 - 10	2	3.1	0.00	0.00	0.00	0.0
12 - 14	1	1.5	0.00	0.00	0.00	0.0
18 - 20	3	4.6	0.00	0.00	0.00	0.0
14 - 16	1	1.5	0.00	0.00	0.00	0.0
36 - 38	5	7.7	0.00	0.00	0.00	0.0
28 - 30	1	1.5	0.00	0.00	0.00	0.0
Totals:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
Age of Claimant						
40 - 44	5	7.7	16,692.25	20,102.70	36,794.95	38.3
55 - 59	11	16.9	12,837.86	12,508.91	25,346.77	26.4
20 - 24	10	15.4	5,377.01	19,566.68	24,943.69	26.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
60 - 64	12	18.5	1,006.37	2,248.86	3,255.23	3.4
45 - 49	6	9.2	1,970.62	295.97	2,266.59	2.4
65 - 69	1	1.5	2,122.94	0.00	2,122.94	2.2
25 - 29	3	4.6	1,297.65	0.00	1,297.65	1.4
50 - 54	8	12.3	48.51	0.00	48.51	0.1
30 - 34	6	9.2	30.63	0.00	30.63	0.0
35 - 39	3	4.6	0.00	0.00	0.00	0.0
Totals:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
SEX OF CLAIMANT						
Male	42	64.6	39,112.72	54,723.12	93,835.84	97.6
Female	23	35.4	2,271.12	0.00	2,271.12	2.4
Totals:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
LOSS CAUSE						
Outside Surface	3	4.6	12,689.05	20,102.70	32,791.75	34.1
Hunter 325	1	1.5	18.82	19,566.68	19,585.50	20.4
Boxes / containers	3	4.6	4,839.34	12,508.91	17,348.25	18.1
Hand tool, powered, NOC	1	1.5	12,011.31	0.00	12,011.31	12.5
Mechanical powered	1	1.5	3,959.11	0.00	3,959.11	4.1
Walking surface, outside, dry	4	6.2	301.14	2,248.86	2,550.00	2.7
Furniture / fixtures	1	1.5	2,122.94	0.00	2,122.94	2.2
Stone / rock / brick	2	3.1	1,308.52	0.00	1,308.52	1.4
Trailer Flap	1	1.5	954.03	295.97	1,250.00	1.3
Stairs, steps	3	4.6	1,071.31	0.00	1,071.31	1.1
Training \ Drills	1	1.5	887.72	0.00	887.72	0.9
Metal items	2	3.1	694.60	0.00	694.60	0.7
Animal / bee type	1	1.5	425.05	0.00	425.05	0.4
N/A	5	7.7	32.63	0.00	32.63	0.0
Object on Floor	1	1.5	20.00	0.00	20.00	0.0
Cart	1	1.5	18.82	0.00	18.82	0.0
Water	1	1.5	18.82	0.00	18.82	0.0
Stairs	1	1.5	10.63	0.00	10.63	0.0
Blade	1	1.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	3.1	0.00	0.00	0.00	0.0
Cords	2	3.1	0.00	0.00	0.00	0.0
Door	2	3.1	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	1.5	0.00	0.00	0.00	0.0
Floor	3	4.6	0.00	0.00	0.00	0.0
Insufficient data	1	1.5	0.00	0.00	0.00	0.0
Knife, Utility	2	3.1	0.00	0.00	0.00	0.0
Person	1	1.5	0.00	0.00	0.00	0.0
Plate Mounter	1	1.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Racks	1	1.5	0.00	0.00	0.00	0.0
Razor blade	1	1.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	2	3.1	0.00	0.00	0.00	0.0
Solvent Dispenser	1	1.5	0.00	0.00	0.00	0.0
Straps	1	1.5	0.00	0.00	0.00	0.0
Trash receptacle	1	1.5	0.00	0.00	0.00	0.0
Valve Stems	1	1.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	3.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	4	6.2	0.00	0.00	0.00	0.0
Wrench	1	1.5	0.00	0.00	0.00	0.0
Totals:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	9	13.8	12,689.05	20,102.70	32,791.75	34.1
Strain or Injury By, NOC	5	7.7	12,041.00	19,566.68	31,607.68	32.9
Lifting	2	3.1	4,839.34	12,508.91	17,348.25	18.1
Cut, Punctured, Scraped, NOC	9	13.8	4,115.19	0.00	4,115.19	4.3
Powered Hand Tool; Appliance	1	1.5	3,959.11	0.00	3,959.11	4.1
Fall On the Same Level	7	10.8	301.14	2,248.86	2,550.00	2.7
Hand Tool, Utensil; Not Powered	7	10.8	954.03	295.97	1,250.00	1.3
Fall/Slip on Stairs	4	6.2	1,101.94	0.00	1,101.94	1.1
Struck or Injury By, NOC	1	1.5	887.72	0.00	887.72	0.9
Struck/Injured By Animal or Insect	1	1.5	425.05	0.00	425.05	0.4
Contact With Not Otherwise Classified	1	1.5	32.63	0.00	32.63	0.0
Other Injury NEC	5	7.7	18.82	0.00	18.82	0.0
Pushing or Pulling	1	1.5	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	1	1.5	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	1.5	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	1.5	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	3.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	1.5	0.00	0.00	0.00	0.0
Holding or Carrying	2	3.1	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	1.5	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	1.5	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	1.5	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	1.5	0.00	0.00	0.00	0.0
Sum:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
BODY PART						
Lower Extremities Knee	12	18.5	16,938.67	22,351.56	39,290.23	40.9
Lower Extremities Foot	5	7.7	48.51	19,566.68	19,615.19	20.4
Trunk Upper Back Area (Thoracic Area)	1	1.5	401.50	12,508.91	12,910.41	13.4

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	5	7.7	12,011.31	0.00	12,011.31	12.5
Trunk Abdomen Including Groin	2	3.1	4,437.84	0.00	4,437.84	4.6
Lower Extremities Toe(s)	1	1.5	2,122.94	0.00	2,122.94	2.2
Multiple Body Parts Multiple Body Parts	5	7.7	1,340.91	0.00	1,340.91	1.4
Upper Extremities Hand	3	4.6	954.03	295.97	1,250.00	1.3
Multiple Body Parts Body Systems & Mu	3	4.6	1,016.59	0.00	1,016.59	1.1
Upper Extremities Elbow	2	3.1	887.72	0.00	887.72	0.9
Upper Extremities Finger(s)	8	12.3	694.60	0.00	694.60	0.7
Lower Extremities Ankle	2	3.1	425.05	0.00	425.05	0.4
Head Multiple Head Injury	3	4.6	74.72	0.00	74.72	0.1
Upper Extremities Shoulder(s)	3	4.6	18.82	0.00	18.82	0.0
Head Other facial soft tissue	2	3.1	10.63	0.00	10.63	0.0
Head Eye(s)	2	3.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	1.5	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.5	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	1.5	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.5	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	1.5	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	1.5	0.00	0.00	0.00	0.0
Sum:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	
INJURY						
Strain	5	7.7	12,431.63	32,075.59	44,507.22	46.3
Contusion (Bruise, Skin Surface)	5	7.7	13,034.28	22,351.56	35,385.84	36.8
Laceration	16	24.6	7,339.15	295.97	7,635.12	7.9
Hernia (Rupture)	1	1.5	4,437.84	0.00	4,437.84	4.6
Crushing	3	4.6	2,133.81	0.00	2,133.81	2.2
Multiple Physical Injury Only	18	27.7	1,472.27	0.00	1,472.27	1.5
Puncture	2	3.1	464.59	0.00	464.59	0.5
No Physical Injury	8	12.3	32.63	0.00	32.63	0.0
Dislocation	2	3.1	18.82	0.00	18.82	0.0
Infection	1	1.5	18.82	0.00	18.82	0.0
Foreign Body (Eye)	1	1.5	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	1.5	0.00	0.00	0.00	0.0
Sprain	2	3.1	0.00	0.00	0.00	0.0
Sum:	**65**		**$41,383.84**	**$54,723.12**	**$96,106.96**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
45 - VPISU-Vice President for Research						
TYPE OF CLAIM						
Medical Only	4	50.0	4,961.79	37,366.86	42,328.65	100.0
Indemnity	1	12.5	18.82	0.00	18.82	0.0
Reporting Purposes Only	3	37.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
TIME OF INJURY						
8AM - 9:59AM	2	25.0	3,649.15	36,071.67	39,720.82	93.8
2PM - 3:59PM	1	12.5	24.81	1,295.19	1,320.00	3.1
12PM - 1:59PM	1	12.5	1,287.83	0.00	1,287.83	3.0
12AM - 1:59AM	2	25.0	18.82	0.00	18.82	0.0
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
LENGTH OF SERVICE						
16 - 18	2	25.0	3,649.15	36,071.67	39,720.82	93.8
0 - 2	3	37.5	1,312.64	1,295.19	2,607.83	6.2
4 - 6	2	25.0	18.82	0.00	18.82	0.0
14 - 16	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
Age of Claimant						
50 - 54	3	37.5	4,936.98	36,071.67	41,008.65	96.8
30 - 34	1	12.5	24.81	1,295.19	1,320.00	3.1
45 - 49	2	25.0	18.82	0.00	18.82	0.0
40 - 44	1	12.5	0.00	0.00	0.00	0.0
55 - 59	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
SEX OF CLAIMANT						
Female	5	62.5	3,667.97	36,071.67	39,739.64	93.8
Male	3	37.5	1,312.64	1,295.19	2,607.83	6.2
Totals:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
LOSS CAUSE						
Walking surface, outside, wet	2	25.0	3,649.15	36,071.67	39,720.82	93.8
Scalpel	1	12.5	24.81	1,295.19	1,320.00	3.1
Vehicle, not otherwise classified	1	12.5	1,287.83	0.00	1,287.83	3.0
Ergonomic Conditions	1	12.5	18.82	0.00	18.82	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
N/A	1	12.5	0.00	0.00	0.00	0.0
Straps	1	12.5	0.00	0.00	0.00	0.0
Uneven Surface	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	2	25.0	3,649.15	36,071.67	39,720.82	93.8
Hand Tool, Utensil; Not Powered	1	12.5	24.81	1,295.19	1,320.00	3.1
Caught In, Under or Between, NOC	1	12.5	1,287.83	0.00	1,287.83	3.0
Repetitive Motion (after 7/1/94)	1	12.5	18.82	0.00	18.82	0.0
Cumulative (All Other)	1	12.5	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	12.5	0.00	0.00	0.00	0.0
Other Injury NEC	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	25.0	3,649.15	36,071.67	39,720.82	93.8
Upper Extremities Finger(s)	2	25.0	1,312.64	1,295.19	2,607.83	6.2
Upper Extremities Wrist(s) and Hand(s)	1	12.5	18.82	0.00	18.82	0.0
Lower Extremities Multiple Lower Extrer	1	12.5	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	
INJURY						
All Other (Specific) Injuries, NOC	2	25.0	3,649.15	36,071.67	39,720.82	93.8
Puncture	1	12.5	24.81	1,295.19	1,320.00	3.1
Laceration	1	12.5	1,287.83	0.00	1,287.83	3.0
Strain	1	12.5	18.82	0.00	18.82	0.0
Dislocation	1	12.5	0.00	0.00	0.00	0.0
Inflammation	1	12.5	0.00	0.00	0.00	0.0
No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$4,980.61**	**$37,366.86**	**$42,347.47**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
46 - VPISU-VP for Finance						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
12 - 14	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Cabinet	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Holding or Carrying	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Foot	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Crushing	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
47 - VPISU-Graduate School						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
8 - 10	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
55 - 59	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Male	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Floor	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Lower Extremities Upper Leg	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Multiple Physical Injury Only	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
49 - VPISU-VP & Dean - Undergraduate Ed						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Hip	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
51 - VPISU-VP for Policy & Governance						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Uneven Surface	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
53 - VPISU-VP for Admin & Business Svcs.						
TYPE OF CLAIM						
Indemnity	2	40.0	38,497.76	0.00	38,497.76	100.0
Reporting Purposes Only	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
TIME OF INJURY						
10AM - 11:59AM	2	40.0	38,478.94	0.00	38,478.94	100.0
2PM - 3:59PM	1	20.0	18.82	0.00	18.82	0.0
6PM - 7:59PM	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
LENGTH OF SERVICE						
0 - 2	2	40.0	38,478.94	0.00	38,478.94	100.0
4 - 6	2	40.0	18.82	0.00	18.82	0.0
8 - 10	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
Age of Claimant						
60 - 64	1	20.0	38,478.94	0.00	38,478.94	100.0
55 - 59	1	20.0	18.82	0.00	18.82	0.0
30 - 34	2	40.0	0.00	0.00	0.00	0.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
SEX OF CLAIMANT						
Male	4	80.0	38,497.76	0.00	38,497.76	100.0
Female	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
LOSS CAUSE						
Boxes / containers	1	20.0	38,478.94	0.00	38,478.94	100.0
Vehicle, not otherwise classified	1	20.0	18.82	0.00	18.82	0.0
N/A	1	20.0	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Training \ Drills	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
ACCIDENT TYPE						
Lifting	1	20.0	38,478.94	0.00	38,478.94	100.0
Holding or Carrying	1	20.0	18.82	0.00	18.82	0.0
Broken Glass	1	20.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	1	20.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
BODY PART						
Upper Extremities Lower Arm	1	20.0	38,478.94	0.00	38,478.94	100.0
Neck Disc (Neck)	1	20.0	18.82	0.00	18.82	0.0
Lower Extremities Lower Leg	1	20.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	20.0	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
Sum:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	
INJURY						
Strain	2	40.0	38,497.76	0.00	38,497.76	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	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$38,497.76**	**$0.00**	**$38,497.76**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
5 - VPISU-College of Engineering						
TYPE OF CLAIM						
Medical Only	5	83.3	1,340.11	2,477.41	3,817.52	100.0
Reporting Purposes Only	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
TIME OF INJURY						
12PM - 1:59PM	3	50.0	1,317.52	0.00	1,317.52	34.5
12AM - 1:59AM	1	16.7	0.00	1,250.00	1,250.00	32.7
4PM - 5:59PM	1	16.7	22.59	1,227.41	1,250.00	32.7
8AM - 9:59AM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
LENGTH OF SERVICE						
0 - 2	3	50.0	668.84	2,477.41	3,146.25	82.4
6 - 8	1	16.7	466.49	0.00	466.49	12.2
2 - 4	1	16.7	204.78	0.00	204.78	5.4
4 - 6	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
Age of Claimant						
30 - 34	3	50.0	873.62	1,227.41	2,101.03	55.0
20 - 24	1	16.7	0.00	1,250.00	1,250.00	32.7
65 - 69	1	16.7	466.49	0.00	466.49	12.2
25 - 29	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
SEX OF CLAIMANT						
Male	4	66.7	1,135.33	1,227.41	2,362.74	61.9
Unknown	1	16.7	0.00	1,250.00	1,250.00	32.7
Female	1	16.7	204.78	0.00	204.78	5.4
Totals:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
LOSS CAUSE						
Infectious agent	1	16.7	0.00	1,250.00	1,250.00	32.7
Wrench	1	16.7	22.59	1,227.41	1,250.00	32.7
Knife, NOC	1	16.7	646.25	0.00	646.25	16.9
Office equipment	1	16.7	466.49	0.00	466.49	12.2
Door	1	16.7	204.78	0.00	204.78	5.4
Animal, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	1	16.7	0.00	1,250.00	1,250.00	32.7
Caught In, Under or Between, NOC	1	16.7	22.59	1,227.41	1,250.00	32.7
Hand Tool, Utensil; Not Powered	1	16.7	646.25	0.00	646.25	16.9
Lifting	1	16.7	466.49	0.00	466.49	12.2
Struck/Injured By Hand Tool or Machine	1	16.7	204.78	0.00	204.78	5.4
Bitten	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
BODY PART						
Upper Extremities Finger(s)	3	50.0	227.37	1,227.41	1,454.78	38.1
Upper Extremities Thumb	1	16.7	0.00	1,250.00	1,250.00	32.7
Upper Extremities Hand	1	16.7	646.25	0.00	646.25	16.9
Upper Extremities Shoulder(s)	1	16.7	466.49	0.00	466.49	12.2
Sum:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	
INJURY						
No Physical Injury	1	16.7	0.00	1,250.00	1,250.00	32.7
Sprain	1	16.7	22.59	1,227.41	1,250.00	32.7
Laceration	2	33.3	646.25	0.00	646.25	16.9
Strain	1	16.7	466.49	0.00	466.49	12.2
Contusion (Bruise, Skin Surface)	1	16.7	204.78	0.00	204.78	5.4
Sum:	**6**		**$1,340.11**	**$2,477.41**	**$3,817.52**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
7 - VPISU-Liberal Arts & Human Sciences						
TYPE OF CLAIM						
Indemnity	1	25.0	42.06	0.00	42.06	100.0
Medical Only	2	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$42.06**	**$0.00**	**$42.06**	
TIME OF INJURY						
12PM - 1:59PM	1	25.0	42.06	0.00	42.06	100.0
12AM - 1:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$42.06**	**$0.00**	**$42.06**	
LENGTH OF SERVICE						
6 - 8	1	25.0	42.06	0.00	42.06	100.0
0 - 2	2	50.0	0.00	0.00	0.00	0.0
20 - 22	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$42.06**	**$0.00**	**$42.06**	
Age of Claimant						
50 - 54	1	25.0	42.06	0.00	42.06	100.0
20 - 24	1	25.0	0.00	0.00	0.00	0.0
45 - 49	1	25.0	0.00	0.00	0.00	0.0
55 - 59	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$42.06**	**$0.00**	**$42.06**	
SEX OF CLAIMANT						
Female	4	100.0	42.06	0.00	42.06	100.0
Totals:	**4**		**$42.06**	**$0.00**	**$42.06**	
LOSS CAUSE						
Floor	1	25.0	42.06	0.00	42.06	100.0
Object on Floor	1	25.0	0.00	0.00	0.00	0.0
Stairs	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
Totals:	**4**		**$42.06**	**$0.00**	**$42.06**	
ACCIDENT TYPE						
Fall On the Same Level	2	50.0	42.06	0.00	42.06	100.0
Fall/Slip From a Different Level	1	25.0	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	25.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$42.06**	**$0.00**	**$42.06**	
BODY PART						
Lower Extremities Hip	1	25.0	42.06	0.00	42.06	100.0
Lower Extremities Ankle	1	25.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$42.06**	**$0.00**	**$42.06**	
INJURY						
Inflammation	1	25.0	42.06	0.00	42.06	100.0
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
Sprain	1	25.0	0.00	0.00	0.00	0.0
Strain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$42.06**	**$0.00**	**$42.06**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
8 - VPISU-College of Science						
TYPE OF CLAIM						
Indemnity	1	5.6	9,003.76	0.00	9,003.76	92.3
Medical Only	4	22.2	756.29	0.00	756.29	7.7
Reporting Purposes Only	13	72.2	0.00	0.00	0.00	0.0
Totals:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
TIME OF INJURY						
8AM - 9:59AM	4	22.2	9,430.42	0.00	9,430.42	96.6
12PM - 1:59PM	5	27.8	265.16	0.00	265.16	2.7
2PM - 3:59PM	5	27.8	64.47	0.00	64.47	0.7
12AM - 1:59AM	1	5.6	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	5.6	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	11.1	0.00	0.00	0.00	0.0
Totals:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
LENGTH OF SERVICE						
0 - 2	13	72.2	9,695.58	0.00	9,695.58	99.3
2 - 4	2	11.1	64.47	0.00	64.47	0.7
4 - 6	2	11.1	0.00	0.00	0.00	0.0
14 - 16	1	5.6	0.00	0.00	0.00	0.0
Totals:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
Age of Claimant						
20 - 24	6	33.3	9,268.92	0.00	9,268.92	95.0
25 - 29	8	44.4	491.13	0.00	491.13	5.0
30 - 34	1	5.6	0.00	0.00	0.00	0.0
40 - 44	1	5.6	0.00	0.00	0.00	0.0
55 - 59	1	5.6	0.00	0.00	0.00	0.0
60 - 64	1	5.6	0.00	0.00	0.00	0.0
Totals:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
SEX OF CLAIMANT						
Female	12	66.7	9,068.23	0.00	9,068.23	92.9
Male	6	33.3	691.82	0.00	691.82	7.1
Totals:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
LOSS CAUSE						
Outside Surface	1	5.6	9,003.76	0.00	9,003.76	92.3
Glass bottle / sheet	3	16.7	426.66	0.00	426.66	4.4
Chemicals, not otherwise classified	7	38.9	265.16	0.00	265.16	2.7

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, dry	2	11.1	64.47	0.00	64.47	0.7
Animal / insect, not otherwise classifie	1	5.6	0.00	0.00	0.00	0.0
Foreign Object	1	5.6	0.00	0.00	0.00	0.0
Needle stick	1	5.6	0.00	0.00	0.00	0.0
Water	1	5.6	0.00	0.00	0.00	0.0
Work surface	1	5.6	0.00	0.00	0.00	0.0
Totals:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	5.6	9,003.76	0.00	9,003.76	92.3
Broken Glass	4	22.2	426.66	0.00	426.66	4.4
Absorption, Ingestion or Inhalation NOC	1	5.6	265.16	0.00	265.16	2.7
Fall On the Same Level	2	11.1	64.47	0.00	64.47	0.7
Burn or Scald-Chemicals	2	11.1	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	5.6	0.00	0.00	0.00	0.0
Contact With Cold Object or Substance	1	5.6	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	5.6	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	5.6	0.00	0.00	0.00	0.0
Needle Stick	1	5.6	0.00	0.00	0.00	0.0
Other Injury NEC	2	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	5.6	0.00	0.00	0.00	0.0
Sum:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
BODY PART						
Lower Extremities Ankle	2	11.1	9,003.76	0.00	9,003.76	92.3
Upper Extremities Thumb	3	16.7	426.66	0.00	426.66	4.4
Head Mouth	1	5.6	265.16	0.00	265.16	2.7
Lower Extremities Foot	1	5.6	64.47	0.00	64.47	0.7
Head Other facial soft tissue	1	5.6	0.00	0.00	0.00	0.0
Lower Extremities Knee	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
Trunk Lung(s)	1	5.6	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	16.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	5.6	0.00	0.00	0.00	0.0
Sum:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	
INJURY						
Sprain	1	5.6	9,003.76	0.00	9,003.76	92.3
Puncture	3	16.7	426.66	0.00	426.66	4.4
No Physical Injury	7	38.9	265.16	0.00	265.16	2.7
Fracture	2	11.1	64.47	0.00	64.47	0.7
Burn	1	5.6	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	1	5.6	0.00	0.00	0.00	0.0
Crushing	1	5.6	0.00	0.00	0.00	0.0
Laceration	2	11.1	0.00	0.00	0.00	0.0
Sum:	**18**		**$9,760.05**	**$0.00**	**$9,760.05**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
9 - VPISU-College of Veterinary Medicine						
TYPE OF CLAIM						
Medical Only	30	41.1	26,324.51	4,940.06	31,264.57	59.6
Indemnity	1	1.4	532.16	20,686.66	21,218.82	40.4
Reporting Purposes Only	42	57.5	0.00	0.00	0.00	0.0
Totals:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
TIME OF INJURY						
6PM - 7:59PM	3	4.1	532.16	20,686.66	21,218.82	40.4
10PM - 11:59PM	4	5.5	12,548.68	0.00	12,548.68	23.9
12PM - 1:59PM	14	19.2	4,456.06	0.00	4,456.06	8.5
2PM - 3:59PM	8	11.0	3,330.42	0.00	3,330.42	6.3
10AM - 11:59AM	18	24.7	471.60	2,462.43	2,934.03	5.6
6AM - 7:59AM	1	1.4	2,537.21	0.00	2,537.21	4.8
8AM - 9:59AM	12	16.4	1,090.20	1,227.63	2,317.83	4.4
8PM - 9:59PM	1	1.4	1,753.62	0.00	1,753.62	3.3
2AM - 3:59AM	2	2.7	0.00	1,250.00	1,250.00	2.4
4AM - 5:59AM	1	1.4	74.23	0.00	74.23	0.1
12AM - 1:59AM	7	9.6	62.49	0.00	62.49	0.1
4PM - 5:59PM	2	2.7	0.00	0.00	0.00	0.0
Totals:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
LENGTH OF SERVICE						
0 - 2	52	71.2	24,680.69	3,727.63	28,408.32	54.1
2 - 4	10	13.7	668.88	20,686.66	21,355.54	40.7
8 - 10	2	2.7	74.31	1,212.43	1,286.74	2.5
14 - 16	2	2.7	1,102.83	0.00	1,102.83	2.1
4 - 6	3	4.1	329.96	0.00	329.96	0.6
6 - 8	2	2.7	0.00	0.00	0.00	0.0
18 - 20	1	1.4	0.00	0.00	0.00	0.0
22 - 24	1	1.4	0.00	0.00	0.00	0.0
Totals:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
Age of Claimant						
35 - 39	5	6.8	2,616.85	20,686.66	23,303.51	44.4
25 - 29	22	30.1	19,100.79	2,500.00	21,600.79	41.2
30 - 34	16	21.9	2,912.92	0.00	2,912.92	5.6
20 - 24	12	16.4	1,753.62	0.00	1,753.62	3.3
40 - 44	9	12.3	379.36	1,227.63	1,606.99	3.1
65 - 69	2	2.7	74.31	1,212.43	1,286.74	2.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	2	2.7	18.82	0.00	18.82	0.0
45 - 49	3	4.1	0.00	0.00	0.00	0.0
55 - 59	1	1.4	0.00	0.00	0.00	0.0
60 - 64	1	1.4	0.00	0.00	0.00	0.0
Totals:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
SEX OF CLAIMANT						
Female	62	84.9	22,457.41	25,626.72	48,084.13	91.6
Male	8	11.0	4,325.03	0.00	4,325.03	8.2
Unknown	3	4.1	74.23	0.00	74.23	0.1
Totals:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
LOSS CAUSE						
Animal, not otherwise classified	23	31.5	6,379.08	23,186.66	29,565.74	56.3
Needle stick	7	9.6	11,602.56	0.00	11,602.56	22.1
Machine, not otherwise classified	1	1.4	2,537.21	0.00	2,537.21	4.8
Animal / insect, not otherwise classifie	19	26.0	2,236.81	0.00	2,236.81	4.3
Door	1	1.4	1,753.62	0.00	1,753.62	3.3
Floor	2	2.7	22.37	1,227.63	1,250.00	2.4
Vehicle/car/truck	1	1.4	37.57	1,212.43	1,250.00	2.4
Boxes / containers	1	1.4	1,102.83	0.00	1,102.83	2.1
Infectious agent	1	1.4	1,067.83	0.00	1,067.83	2.0
Walking surface, inside, wet	1	1.4	44.31	0.00	44.31	0.1
Stairs, steps	2	2.7	36.74	0.00	36.74	0.1
Walking surface, inside, dry	1	1.4	35.74	0.00	35.74	0.1
Animal / bee type	1	1.4	0.00	0.00	0.00	0.0
Bacteria	1	1.4	0.00	0.00	0.00	0.0
Blade	1	1.4	0.00	0.00	0.00	0.0
Foreign Object	1	1.4	0.00	0.00	0.00	0.0
Furniture / fixtures	2	2.7	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	1.4	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	1.4	0.00	0.00	0.00	0.0
Ladder - Portable	1	1.4	0.00	0.00	0.00	0.0
Scalpel	1	1.4	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.4	0.00	0.00	0.00	0.0
Shelving	1	1.4	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.4	0.00	0.00	0.00	0.0
Totals:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	30	41.1	7,467.93	21,936.66	29,404.59	56.0
Other Injury NEC	7	9.6	13,706.05	0.00	13,706.05	26.1
Hand Tool, Utensil; Not Powered	3	4.1	2,537.21	0.00	2,537.21	4.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	1	1.4	1,753.62	0.00	1,753.62	3.3
Fall On the Same Level	3	4.1	134.67	1,227.63	1,362.30	2.6
Collision with Another Vehicle	1	1.4	37.57	1,212.43	1,250.00	2.4
Struck/Injured By Object Handled By Otl	1	1.4	0.00	1,250.00	1,250.00	2.4
Striking Against or Stepping On, NOC	1	1.4	1,102.83	0.00	1,102.83	2.1
Slipped, Did Not Fall	1	1.4	44.31	0.00	44.31	0.1
Fall/Slip on Stairs	1	1.4	36.74	0.00	36.74	0.1
Twisting	1	1.4	35.74	0.00	35.74	0.1
Absorption, Ingestion or Inhalation NOC	1	1.4	0.00	0.00	0.00	0.0
Bitten	5	6.8	0.00	0.00	0.00	0.0
Broken Glass	1	1.4	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	1.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	2.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	1.4	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	1.4	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	1.4	0.00	0.00	0.00	0.0
Needle Stick	6	8.2	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	1.4	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	1.4	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	2.7	0.00	0.00	0.00	0.0
Sum:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
BODY PART						
Lower Extremities Knee	1	1.4	532.16	20,686.66	21,218.82	40.4
Upper Extremities Finger(s)	13	17.8	15,718.90	0.00	15,718.90	30.0
Multiple Body Parts Multiple Body Parts	8	11.0	2,955.18	1,227.63	4,182.81	8.0
Upper Extremities Thumb	6	8.2	2,537.21	0.00	2,537.21	4.8
Upper Extremities Hand	4	5.5	1,615.81	0.00	1,615.81	3.1
Head Skull	3	4.1	0.00	1,250.00	1,250.00	2.4
Lower Extremities Lower Leg	2	2.7	0.00	1,250.00	1,250.00	2.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.4	37.57	1,212.43	1,250.00	2.4
Lower Extremities Toe(s)	1	1.4	1,102.83	0.00	1,102.83	2.1
Multiple Body Parts No Physical Injury	9	12.3	1,067.83	0.00	1,067.83	2.0
Multiple Body Parts Body Systems & Mu	1	1.4	946.12	0.00	946.12	1.8
Lower Extremities Ankle	2	2.7	109.97	0.00	109.97	0.2
Upper Extremities Shoulder(s)	3	4.1	62.49	0.00	62.49	0.1
Upper Extremities Lower Arm	3	4.1	45.85	0.00	45.85	0.1
Lower Extremities Great Toe	2	2.7	44.31	0.00	44.31	0.1
Lower Extremities Foot	2	2.7	36.74	0.00	36.74	0.1
Upper Extremities Multiple Upper Extrer	1	1.4	22.22	0.00	22.22	0.0
Head Other facial soft tissue	2	2.7	21.48	0.00	21.48	0.0
Head Eye(s)	2	2.7	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Facial Bones	1	1.4	0.00	0.00	0.00	0.0
Head Nose	1	1.4	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.4	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	1.4	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.4	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla\	1	1.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.4	0.00	0.00	0.00	0.0
Sum:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	
INJURY						
Contusion (Bruise, Skin Surface)	17	23.3	3,019.93	24,376.72	27,396.65	52.2
Puncture	15	20.5	11,651.81	0.00	11,651.81	22.2
Crushing	4	5.5	5,402.19	0.00	5,402.19	10.3
Laceration	7	9.6	2,537.21	0.00	2,537.21	4.8
Contagious Disease	4	5.5	2,013.95	0.00	2,013.95	3.8
Strain	4	5.5	1,670.30	0.00	1,670.30	3.2
Concussion (Brain, Cerebral)	1	1.4	0.00	1,250.00	1,250.00	2.4
Inflammation	2	2.7	348.78	0.00	348.78	0.7
Sprain	6	8.2	191.02	0.00	191.02	0.4
All Other (Specific) Injuries, NOC	1	1.4	21.48	0.00	21.48	0.0
Burn	2	2.7	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	1.4	0.00	0.00	0.00	0.0
No Physical Injury	9	12.3	0.00	0.00	0.00	0.0
Sum:	**73**		**$26,856.67**	**$25,626.72**	**$52,483.39**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
208 - VPI STATE UNIVERSITY						
S208 - VPI STATE UNIVERSITY						
TYPE OF CLAIM						
Indemnity	7	8.2	61,104.58	164,081.17	225,185.75	73.1
Medical Only	29	34.1	37,013.25	45,794.34	82,807.59	26.9
Reporting Purposes Only	49	57.6	0.00	0.00	0.00	0.0
Totals:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
TIME OF INJURY						
2PM - 3:59PM	9	10.6	59,779.57	113,158.43	172,938.00	56.1
10AM - 11:59AM	8	9.4	20,620.74	34,035.74	54,656.48	17.7
4PM - 5:59PM	12	14.1	161.66	38,424.82	38,586.48	12.5
10PM - 11:59PM	4	4.7	10,206.12	14,222.31	24,428.43	7.9
12AM - 1:59AM	17	20.0	1,702.24	10,034.21	11,736.45	3.8
6PM - 7:59PM	6	7.1	3,654.00	0.00	3,654.00	1.2
12PM - 1:59PM	8	9.4	1,775.90	0.00	1,775.90	0.6
8PM - 9:59PM	6	7.1	217.60	0.00	217.60	0.1
6AM - 7:59AM	3	3.5	0.00	0.00	0.00	0.0
8AM - 9:59AM	12	14.1	0.00	0.00	0.00	0.0
Totals:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
LENGTH OF SERVICE						
0 - 2	64	75.3	81,806.00	158,478.38	240,284.38	78.0
22 - 24	1	1.2	44.00	37,174.82	37,218.82	12.1
2 - 4	14	16.5	15,632.05	13,371.67	29,003.72	9.4
8 - 10	2	2.4	399.36	850.64	1,250.00	0.4
4 - 6	2	2.4	217.60	0.00	217.60	0.1
50 - 52	1	1.2	18.82	0.00	18.82	0.0
6 - 8	1	1.2	0.00	0.00	0.00	0.0
Totals:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
Age of Claimant						
35 - 39	5	5.9	44,871.53	92,870.61	137,742.14	44.7
50 - 54	4	4.7	20,003.64	34,035.74	54,039.38	17.5
60 - 64	1	1.2	44.00	37,174.82	37,218.82	12.1
25 - 29	16	18.8	17,437.16	13,248.69	30,685.85	10.0
55 - 59	4	4.7	9,795.78	20,410.80	30,206.58	9.8
20 - 24	28	32.9	5,288.74	10,034.21	15,322.95	5.0
30 - 34	9	10.6	217.60	1,250.00	1,467.60	0.5
40 - 44	8	9.4	399.36	850.64	1,250.00	0.4
65 - 69	3	3.5	41.20	0.00	41.20	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	5	5.9	18.82	0.00	18.82	0.0
45 - 49	2	2.4	0.00	0.00	0.00	0.0
Totals:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
SEX OF CLAIMANT						
Female	48	56.5	67,182.39	174,966.02	242,148.41	78.6
Male	31	36.5	30,886.07	27,870.36	58,756.43	19.1
Unknown	6	7.1	49.37	7,039.13	7,088.50	2.3
Totals:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
LOSS CAUSE						
Walking surface, inside, wet	2	2.4	42,518.53	92,870.61	135,389.14	44.0
Metal items	4	4.7	18,923.40	34,035.74	52,959.14	17.2
Pallet Jack	1	1.2	44.00	37,174.82	37,218.82	12.1
Pike pole 12'	1	1.2	14,770.13	13,248.69	28,018.82	9.1
Floor	7	8.2	9,807.29	13,371.67	23,178.96	7.5
Patient / Inmate	1	1.2	59.61	10,034.21	10,093.82	3.3
Sharp objects, not otherwise classified	6	7.1	10.87	7,039.13	7,050.00	2.3
Knife, NOC	4	4.7	3,654.00	0.00	3,654.00	1.2
Animal / bee type	3	3.5	2,441.54	0.00	2,441.54	0.8
Wall	1	1.2	2,113.97	0.00	2,113.97	0.7
Needle stick	3	3.5	1,250.43	0.00	1,250.43	0.4
Furniture / fixtures	1	1.2	399.36	850.64	1,250.00	0.4
Razor Blades	1	1.2	0.00	1,250.00	1,250.00	0.4
Animal, not otherwise classified	5	5.9	1,086.65	0.00	1,086.65	0.4
Outside Surface	1	1.2	450.22	0.00	450.22	0.1
Roll cart	1	1.2	203.64	0.00	203.64	0.1
Pallet,Skid,Flat	1	1.2	169.74	0.00	169.74	0.1
Infectious agent	4	4.7	75.28	0.00	75.28	0.0
Pots/pans	3	3.5	40.00	0.00	40.00	0.0
Organic Material	1	1.2	38.50	0.00	38.50	0.0
Animal / insect, not otherwise classifie	6	7.1	21.85	0.00	21.85	0.0
Boxes / containers	1	1.2	20.00	0.00	20.00	0.0
Environmental conditions	1	1.2	18.82	0.00	18.82	0.0
Blade	2	2.4	0.00	0.00	0.00	0.0
Cabinet	1	1.2	0.00	0.00	0.00	0.0
Cart	2	2.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	2.4	0.00	0.00	0.00	0.0
Grease	1	1.2	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	8	9.4	0.00	0.00	0.00	0.0
Object on Floor	1	1.2	0.00	0.00	0.00	0.0
Office equipment	1	1.2	0.00	0.00	0.00	0.0
Steam / exhaust	1	1.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, dry	1	1.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	6	7.1	0.00	0.00	0.00	0.0
Totals:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
ACCIDENT TYPE						
Fall On the Same Level	7	8.2	43,035.13	130,045.43	173,080.56	56.2
Twisting	1	1.2	18,466.77	34,035.74	52,502.51	17.0
Striking Against or Stepping On, NOC	2	2.4	15,169.49	14,099.33	29,268.82	9.5
Fall, Slip or Trip, NOC	2	2.4	9,784.91	13,371.67	23,156.58	7.5
Strike Against/Step On Stationary Objec	2	2.4	59.61	10,034.21	10,093.82	3.3
Cut, Punctured, Scraped, NOC	6	7.1	1,261.30	8,289.13	9,550.43	3.1
Hand Tool, Utensil; Not Powered	12	14.1	3,694.00	0.00	3,694.00	1.2
Struck/Injured By Animal or Insect	13	15.3	3,550.04	0.00	3,550.04	1.2
Collision with a Fixed Object	2	2.4	2,113.97	0.00	2,113.97	0.7
Powered Hand Tool; Appliance	1	1.2	239.03	0.00	239.03	0.1
Strain or Injury By, NOC	4	4.7	222.46	0.00	222.46	0.1
Caught In, Under or Between, NOC	1	1.2	217.60	0.00	217.60	0.1
Lifting	2	2.4	189.74	0.00	189.74	0.1
Other Injury NEC	3	3.5	57.32	0.00	57.32	0.0
Other than Physical Cause of Injury	2	2.4	37.64	0.00	37.64	0.0
Mold, Including Mildew	1	1.2	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	2	2.4	0.00	0.00	0.00	0.0
Broken Glass	1	1.2	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	1.2	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	4	4.7	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	1.2	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	9	10.6	0.00	0.00	0.00	0.0
Needle Stick	2	2.4	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.2	0.00	0.00	0.00	0.0
Steam or Hot Fluids	3	3.5	0.00	0.00	0.00	0.0
Sum:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
BODY PART						
Multiple Body Parts Multiple Body Parts	8	9.4	52,303.44	106,242.28	158,545.72	51.5
Trunk Low Back Area (Incl. Lumbar & Li	3	3.5	18,486.77	34,035.74	52,522.51	17.1
Upper Extremities Shoulder(s)	1	1.2	44.00	37,174.82	37,218.82	12.1
Lower Extremities Ankle	3	3.5	14,770.13	13,248.69	28,018.82	9.1
Head Multiple Head Injury	2	2.4	81.99	10,034.21	10,116.20	3.3
Upper Extremities Thumb	9	10.6	180.61	8,289.13	8,469.74	2.7
Upper Extremities Finger(s)	19	22.4	5,183.88	0.00	5,183.88	1.7
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.2	2,441.54	0.00	2,441.54	0.8
Neck Soft Tissue-Neck	1	1.2	2,113.97	0.00	2,113.97	0.7
Lower Extremities Toe(s)	1	1.2	399.36	850.64	1,250.00	0.4

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical Injury	14	16.5	1,200.43	0.00	1,200.43	0.4
Upper Extremities Hand	5	5.9	450.22	0.00	450.22	0.1
Head Other facial soft tissue	2	2.4	239.03	0.00	239.03	0.1
Lower Extremities Lower Leg	2	2.4	203.64	0.00	203.64	0.1
Multiple Body Parts Whole Body	1	1.2	18.82	0.00	18.82	0.0
Head Eye(s)	1	1.2	0.00	0.00	0.00	0.0
Head Skull	1	1.2	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	1.2	0.00	0.00	0.00	0.0
Lower Extremities Knee	3	3.5	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	1.2	0.00	0.00	0.00	0.0
Trunk Buttocks	3	3.5	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.2	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla\	1	1.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.2	0.00	0.00	0.00	0.0
Sum:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	
INJURY						
Contusion (Bruise, Skin Surface)	14	16.5	45,137.55	92,870.61	138,008.16	44.8
Strain	8	9.4	18,656.51	34,035.74	52,692.25	17.1
Fracture	3	3.5	893.58	38,025.46	38,919.04	12.6
Sprain	4	4.7	14,770.13	13,248.69	28,018.82	9.1
Multiple Injury Inc. Physical & Psycholog	1	1.2	9,784.91	13,371.67	23,156.58	7.5
Laceration	18	21.2	3,664.87	8,289.13	11,954.00	3.9
Concussion (Brain, Cerebral)	1	1.2	59.61	10,034.21	10,093.82	3.3
All Other (Specific) Injuries, NOC	4	4.7	2,460.36	0.00	2,460.36	0.8
Puncture	4	4.7	1,272.28	0.00	1,272.28	0.4
No Physical Injury	11	12.9	1,125.15	0.00	1,125.15	0.4
Crushing	2	2.4	217.60	0.00	217.60	0.1
Contagious Disease	4	4.7	75.28	0.00	75.28	0.0
Angina Pectoris (Condition assc w/Heart	1	1.2	0.00	0.00	0.00	0.0
Burn	7	8.2	0.00	0.00	0.00	0.0
Inflammation	1	1.2	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	2	2.4	0.00	0.00	0.00	0.0
Sum:	**85**		**$98,117.83**	**$209,875.51**	**$307,993.34**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
104 - UVA Health - NORTHRIDGE INTERNAL						
TYPE OF CLAIM						
Indemnity	1	50.0	657.60	0.00	657.60	90.6
Medical Only	1	50.0	68.59	0.00	68.59	9.4
Totals:	**2**		**$726.19**	**$0.00**	**$726.19**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	657.60	0.00	657.60	90.6
10AM - 11:59AM	1	50.0	68.59	0.00	68.59	9.4
Totals:	**2**		**$726.19**	**$0.00**	**$726.19**	
LENGTH OF SERVICE						
8 - 10	1	50.0	657.60	0.00	657.60	90.6
2 - 4	1	50.0	68.59	0.00	68.59	9.4
Totals:	**2**		**$726.19**	**$0.00**	**$726.19**	
Age of Claimant						
35 - 39	2	100.0	726.19	0.00	726.19	100.0
Totals:	**2**		**$726.19**	**$0.00**	**$726.19**	
SEX OF CLAIMANT						
Female	2	100.0	726.19	0.00	726.19	100.0
Totals:	**2**		**$726.19**	**$0.00**	**$726.19**	
LOSS CAUSE						
Cabinet	1	50.0	657.60	0.00	657.60	90.6
Cords	1	50.0	68.59	0.00	68.59	9.4
Totals:	**2**		**$726.19**	**$0.00**	**$726.19**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	50.0	657.60	0.00	657.60	90.6
Fall On the Same Level	1	50.0	68.59	0.00	68.59	9.4
Sum:	**2**		**$726.19**	**$0.00**	**$726.19**	
BODY PART						
Head Multiple Head Injury	1	50.0	657.60	0.00	657.60	90.6
Upper Extremities Shoulder(s)	1	50.0	68.59	0.00	68.59	9.4
Sum:	**2**		**$726.19**	**$0.00**	**$726.19**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	657.60	0.00	657.60	90.6
Strain	1	50.0	68.59	0.00	68.59	9.4
Sum:	**2**		**$726.19**	**$0.00**	**$726.19**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
109 - UVA Health - Employee Health						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	50.0	0.00	0.00	0.00	0.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Knife, Utility	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	50.0	0.00	0.00	0.00	0.0
Lifting	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
10 - UVA Health - 6 CENTRAL						
TYPE OF CLAIM						
Medical Only	6	100.0	3,623.73	3,504.64	7,128.37	100.0
Totals:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
TIME OF INJURY						
6AM - 7:59AM	1	16.7	3,572.99	1,055.38	4,628.37	64.9
8AM - 9:59AM	1	16.7	23.87	1,226.13	1,250.00	17.5
12PM - 1:59PM	2	33.3	26.87	1,223.13	1,250.00	17.5
12AM - 1:59AM	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
Totals:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
LENGTH OF SERVICE						
0 - 2	4	66.7	3,623.73	3,504.64	7,128.37	100.0
16 - 18	1	16.7	0.00	0.00	0.00	0.0
14 - 16	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
Age of Claimant						
25 - 29	1	16.7	3,572.99	1,055.38	4,628.37	64.9
20 - 24	1	16.7	23.87	1,226.13	1,250.00	17.5
45 - 49	1	16.7	26.87	1,223.13	1,250.00	17.5
35 - 39	1	16.7	0.00	0.00	0.00	0.0
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
Totals:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
SEX OF CLAIMANT						
Female	6	100.0	3,623.73	3,504.64	7,128.37	100.0
Totals:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
LOSS CAUSE						
Patient / Inmate	3	50.0	3,599.86	2,278.51	5,878.37	82.5
Organic Material	1	16.7	23.87	1,226.13	1,250.00	17.5
Cords	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
Totals:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	16.7	3,572.99	1,055.38	4,628.37	64.9
Lifting	2	33.3	26.87	1,223.13	1,250.00	17.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	1	16.7	23.87	1,226.13	1,250.00	17.5
Fall On the Same Level	2	33.3	0.00	0.00	0.00	0.0
Sum:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
BODY PART						
Upper Extremities Shoulder(s)	1	16.7	3,572.99	1,055.38	4,628.37	64.9
Trunk Lumbar and/or Sacral Vertebrae	1	16.7	26.87	1,223.13	1,250.00	17.5
Upper Extremities Wrist	1	16.7	23.87	1,226.13	1,250.00	17.5
Lower Extremities Knee	2	33.3	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
Sum:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	
INJURY						
Multiple Physical Injury Only	2	33.3	3,572.99	1,055.38	4,628.37	64.9
Dermatitis	1	16.7	23.87	1,226.13	1,250.00	17.5
Strain	2	33.3	26.87	1,223.13	1,250.00	17.5
Contusion (Bruise, Skin Surface)	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$3,623.73**	**$3,504.64**	**$7,128.37**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
111 - UVA Health - OPERATING ROOM						
TYPE OF CLAIM						
Indemnity	2	4.4	38,921.31	22,245.61	61,166.92	87.0
Medical Only	10	22.2	6,693.72	2,446.26	9,139.98	13.0
Reporting Purposes Only	33	73.3	0.00	0.00	0.00	0.0
Totals:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
TIME OF INJURY						
8AM - 9:59AM	2	4.4	33,916.98	0.00	33,916.98	48.2
6PM - 7:59PM	4	8.9	5,004.33	22,245.61	27,249.94	38.8
10AM - 11:59AM	11	24.4	6,470.44	1,224.13	7,694.57	10.9
4PM - 5:59PM	8	17.8	27.87	1,222.13	1,250.00	1.8
12PM - 1:59PM	8	17.8	195.41	0.00	195.41	0.3
6AM - 7:59AM	1	2.2	0.00	0.00	0.00	0.0
2PM - 3:59PM	9	20.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	4.4	0.00	0.00	0.00	0.0
Totals:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
LENGTH OF SERVICE						
0 - 2	22	48.9	39,142.59	23,469.74	62,612.33	89.1
10 - 12	1	2.2	3,948.54	0.00	3,948.54	5.6
20 - 22	1	2.2	2,262.87	0.00	2,262.87	3.2
14 - 16	1	2.2	27.87	1,222.13	1,250.00	1.8
4 - 6	6	13.3	233.16	0.00	233.16	0.3
2 - 4	12	26.7	0.00	0.00	0.00	0.0
6 - 8	1	2.2	0.00	0.00	0.00	0.0
18 - 20	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
Age of Claimant						
55 - 59	3	6.7	40,128.39	0.00	40,128.39	57.1
20 - 24	3	6.7	5,004.33	22,245.61	27,249.94	38.8
30 - 34	17	37.8	259.03	1,224.13	1,483.16	2.1
35 - 39	10	22.2	223.28	1,222.13	1,445.41	2.1
25 - 29	7	15.6	0.00	0.00	0.00	0.0
40 - 44	3	6.7	0.00	0.00	0.00	0.0
60 - 64	2	4.4	0.00	0.00	0.00	0.0
Totals:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	31	68.9	40,610.70	2,446.26	43,056.96	61.2
Male	14	31.1	5,004.33	22,245.61	27,249.94	38.8
Totals:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
LOSS CAUSE						
Cords	2	4.4	33,916.98	0.00	33,916.98	48.2
Cart	1	2.2	5,004.33	22,245.61	27,249.94	38.8
Chemicals, not otherwise classified	3	6.7	3,948.54	0.00	3,948.54	5.6
Door	2	4.4	2,262.87	0.00	2,262.87	3.2
Overhead Object	2	4.4	259.03	1,224.13	1,483.16	2.1
Stairs	1	2.2	27.87	1,222.13	1,250.00	1.8
Sharp objects, not otherwise classified	2	4.4	195.41	0.00	195.41	0.3
Hand tool, not powered, NOC	2	4.4	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.2	0.00	0.00	0.00	0.0
Insufficient data	1	2.2	0.00	0.00	0.00	0.0
Knife, 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
Needle stick	21	46.7	0.00	0.00	0.00	0.0
Organic Material	2	4.4	0.00	0.00	0.00	0.0
Patient / Inmate	1	2.2	0.00	0.00	0.00	0.0
Person	1	2.2	0.00	0.00	0.00	0.0
Pots/pans	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
ACCIDENT TYPE						
Fall On the Same Level	3	6.7	36,179.85	0.00	36,179.85	51.5
Pushing or Pulling	1	2.2	5,004.33	22,245.61	27,249.94	38.8
Absorption, Ingestion or Inhalation NOC	1	2.2	3,948.54	0.00	3,948.54	5.6
Struck/Injured By Falling or Flying Objec	2	4.4	259.03	1,224.13	1,483.16	2.1
Fall/Slip on Stairs	1	2.2	27.87	1,222.13	1,250.00	1.8
Hand Tool, Utensil; Not Powered	6	13.3	195.41	0.00	195.41	0.3
Caught In, Under or Between, NOC	1	2.2	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	4.4	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	2.2	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	2.2	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	4.4	0.00	0.00	0.00	0.0
Lifting	1	2.2	0.00	0.00	0.00	0.0
Needle Stick	18	40.0	0.00	0.00	0.00	0.0
Other Injury NEC	3	6.7	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	2.2	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	2.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	2.2	33,916.98	0.00	33,916.98	48.2
Trunk Low Back Area (Incl. Lumbar & Li	2	4.4	5,004.33	22,245.61	27,249.94	38.8
Multiple Body Parts Whole Body	1	2.2	3,948.54	0.00	3,948.54	5.6
Lower Extremities Ankle	2	4.4	2,290.74	1,222.13	3,512.87	5.0
Trunk Upper Back Area (Thoracic Area)	1	2.2	25.87	1,224.13	1,250.00	1.8
Head Scalp	1	2.2	233.16	0.00	233.16	0.3
Upper Extremities Finger(s)	22	48.9	195.41	0.00	195.41	0.3
Head Eye(s)	4	8.9	0.00	0.00	0.00	0.0
Head Other facial soft tissue	2	4.4	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	2.2	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	6.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	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
Sum:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	
INJURY						
Laceration	3	6.7	33,916.98	0.00	33,916.98	48.2
Strain	3	6.7	5,030.20	23,469.74	28,499.94	40.5
Poisoning - Chemical (Other than Metal)	1	2.2	3,948.54	0.00	3,948.54	5.6
Multiple Physical Injury Only	3	6.7	2,290.74	1,222.13	3,512.87	5.0
No Physical Injury	7	15.6	233.16	0.00	233.16	0.3
Puncture	24	53.3	195.41	0.00	195.41	0.3
Burn	1	2.2	0.00	0.00	0.00	0.0
Inflammation	2	4.4	0.00	0.00	0.00	0.0
Sprain	1	2.2	0.00	0.00	0.00	0.0
Sum:	**45**		**$45,615.03**	**$24,691.87**	**$70,306.90**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
113 - UVA Health - OPHTHALMOLOGY DEPART						
TYPE OF CLAIM						
Medical Only	1	100.0	267.73	0.00	267.73	100.0
Totals:	**1**		**$267.73**	**$0.00**	**$267.73**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	267.73	0.00	267.73	100.0
Totals:	**1**		**$267.73**	**$0.00**	**$267.73**	
LENGTH OF SERVICE						
2 - 4	1	100.0	267.73	0.00	267.73	100.0
Totals:	**1**		**$267.73**	**$0.00**	**$267.73**	
Age of Claimant						
25 - 29	1	100.0	267.73	0.00	267.73	100.0
Totals:	**1**		**$267.73**	**$0.00**	**$267.73**	
SEX OF CLAIMANT						
Female	1	100.0	267.73	0.00	267.73	100.0
Totals:	**1**		**$267.73**	**$0.00**	**$267.73**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	267.73	0.00	267.73	100.0
Totals:	**1**		**$267.73**	**$0.00**	**$267.73**	
ACCIDENT TYPE						
Foreign Body in Eye	1	100.0	267.73	0.00	267.73	100.0
Sum:	**1**		**$267.73**	**$0.00**	**$267.73**	
BODY PART						
Head Eye(s)	1	100.0	267.73	0.00	267.73	100.0
Sum:	**1**		**$267.73**	**$0.00**	**$267.73**	
INJURY						
Inflammation	1	100.0	267.73	0.00	267.73	100.0
Sum:	**1**		**$267.73**	**$0.00**	**$267.73**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
116 - UVA Health - PROSTH & ORTHO DIVIS						
TYPE OF CLAIM						
Medical Only	1	100.0	197.19	0.00	197.19	100.0
Totals:	**1**		**$197.19**	**$0.00**	**$197.19**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	197.19	0.00	197.19	100.0
Totals:	**1**		**$197.19**	**$0.00**	**$197.19**	
LENGTH OF SERVICE						
2 - 4	1	100.0	197.19	0.00	197.19	100.0
Totals:	**1**		**$197.19**	**$0.00**	**$197.19**	
Age of Claimant						
25 - 29	1	100.0	197.19	0.00	197.19	100.0
Totals:	**1**		**$197.19**	**$0.00**	**$197.19**	
SEX OF CLAIMANT						
Female	1	100.0	197.19	0.00	197.19	100.0
Totals:	**1**		**$197.19**	**$0.00**	**$197.19**	
LOSS CAUSE						
Chair	1	100.0	197.19	0.00	197.19	100.0
Totals:	**1**		**$197.19**	**$0.00**	**$197.19**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	197.19	0.00	197.19	100.0
Sum:	**1**		**$197.19**	**$0.00**	**$197.19**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	197.19	0.00	197.19	100.0
Sum:	**1**		**$197.19**	**$0.00**	**$197.19**	
INJURY						
Multiple Physical Injury Only	1	100.0	197.19	0.00	197.19	100.0
Sum:	**1**		**$197.19**	**$0.00**	**$197.19**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
11 - UVA Health - 6 EAST						
TYPE OF CLAIM						
Medical Only	1	100.0	254.41	0.00	254.41	100.0
Totals:	**1**		**$254.41**	**$0.00**	**$254.41**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	254.41	0.00	254.41	100.0
Totals:	**1**		**$254.41**	**$0.00**	**$254.41**	
LENGTH OF SERVICE						
10 - 12	1	100.0	254.41	0.00	254.41	100.0
Totals:	**1**		**$254.41**	**$0.00**	**$254.41**	
Age of Claimant						
30 - 34	1	100.0	254.41	0.00	254.41	100.0
Totals:	**1**		**$254.41**	**$0.00**	**$254.41**	
SEX OF CLAIMANT						
Female	1	100.0	254.41	0.00	254.41	100.0
Totals:	**1**		**$254.41**	**$0.00**	**$254.41**	
LOSS CAUSE						
Patient / Inmate	1	100.0	254.41	0.00	254.41	100.0
Totals:	**1**		**$254.41**	**$0.00**	**$254.41**	
ACCIDENT TYPE						
Lifting	1	100.0	254.41	0.00	254.41	100.0
Sum:	**1**		**$254.41**	**$0.00**	**$254.41**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	254.41	0.00	254.41	100.0
Sum:	**1**		**$254.41**	**$0.00**	**$254.41**	
INJURY						
Sprain	1	100.0	254.41	0.00	254.41	100.0
Sum:	**1**		**$254.41**	**$0.00**	**$254.41**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
122 - UVA Health - PATIENT REP DEPT						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
123 - UVA Health - PCC						
TYPE OF CLAIM						
Indemnity	1	25.0	34,174.64	34,291.10	68,465.74	100.0
Medical Only	2	50.0	22.87	0.00	22.87	0.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
TIME OF INJURY						
4PM - 5:59PM	2	50.0	34,197.51	34,291.10	68,488.61	100.0
2AM - 3:59AM	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
Totals:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
LENGTH OF SERVICE						
12 - 14	1	25.0	34,174.64	34,291.10	68,465.74	100.0
2 - 4	2	50.0	22.87	0.00	22.87	0.0
0 - 2	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
Age of Claimant						
55 - 59	1	25.0	34,174.64	34,291.10	68,465.74	100.0
20 - 24	3	75.0	22.87	0.00	22.87	0.0
Totals:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
SEX OF CLAIMANT						
Female	3	75.0	34,197.51	34,291.10	68,488.61	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
LOSS CAUSE						
Chair	1	25.0	34,174.64	34,291.10	68,465.74	100.0
Patient / Inmate	2	50.0	22.87	0.00	22.87	0.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	25.0	34,174.64	34,291.10	68,465.74	100.0
Holding or Carrying	1	25.0	22.87	0.00	22.87	0.0
Lifting	1	25.0	0.00	0.00	0.00	0.0
Powered Hand Tool; Appliance	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
BODY PART						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Buttocks	1	25.0	34,174.64	34,291.10	68,465.74	100.0
Neck Multiple Neck Injury	1	25.0	22.87	0.00	22.87	0.0
Upper Extremities Finger(s)	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
Sum:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	
INJURY						
Multiple Physical Injury Only	1	25.0	34,174.64	34,291.10	68,465.74	100.0
Strain	2	50.0	22.87	0.00	22.87	0.0
Puncture	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$34,197.51**	**$34,291.10**	**$68,488.61**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
125 - UVA Health - PEDIATRIC ICU						
TYPE OF CLAIM						
Medical Only	1	25.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	2	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	25.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	3	75.0	0.00	0.00	0.00	0.0
4 - 6	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	2	50.0	0.00	0.00	0.00	0.0
25 - 29	1	25.0	0.00	0.00	0.00	0.0
35 - 39	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	4	100.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Needle stick	1	25.0	0.00	0.00	0.00	0.0
Office equipment	1	25.0	0.00	0.00	0.00	0.0
Organic Material	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Foreign Body in Eye	2	50.0	0.00	0.00	0.00	0.0
Needle Stick	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	3	75.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Foreign Body (Eye)	1	25.0	0.00	0.00	0.00	0.0
Inflammation	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
Puncture	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
126 - UVA Health - PEDIATRICS DEPARTMEN						
TYPE OF CLAIM						
Medical Only	3	60.0	1,701.71	1,250.00	2,951.71	100.0
Reporting Purposes Only	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
TIME OF INJURY						
4PM - 5:59PM	2	40.0	1,701.71	0.00	1,701.71	57.7
12PM - 1:59PM	1	20.0	0.00	1,250.00	1,250.00	42.3
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
Totals:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
LENGTH OF SERVICE						
38 - 40	1	20.0	1,701.71	0.00	1,701.71	57.7
2 - 4	2	40.0	0.00	1,250.00	1,250.00	42.3
0 - 2	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
Age of Claimant						
60 - 64	1	20.0	1,701.71	0.00	1,701.71	57.7
45 - 49	1	20.0	0.00	1,250.00	1,250.00	42.3
25 - 29	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
SEX OF CLAIMANT						
Female	5	100.0	1,701.71	1,250.00	2,951.71	100.0
Totals:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
LOSS CAUSE						
Patient / Inmate	1	20.0	1,701.71	0.00	1,701.71	57.7
Office equipment	1	20.0	0.00	1,250.00	1,250.00	42.3
Person	1	20.0	0.00	0.00	0.00	0.0
Recreational equipment	1	20.0	0.00	0.00	0.00	0.0
Trash receptacle	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	20.0	1,701.71	0.00	1,701.71	57.7
Hand Tool, Utensil; Not Powered	1	20.0	0.00	1,250.00	1,250.00	42.3
Caught In, Under or Between, NOC	1	20.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	20.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
BODY PART						
Head Facial Bones	1	20.0	1,701.71	0.00	1,701.71	57.7
Upper Extremities Finger(s)	2	40.0	0.00	1,250.00	1,250.00	42.3
Lower Extremities Foot	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	
INJURY						
Laceration	3	60.0	1,701.71	1,250.00	2,951.71	100.0
Infection	1	20.0	0.00	0.00	0.00	0.0
Inflammation	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,701.71**	**$1,250.00**	**$2,951.71**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
127 - UVA Health - PHARMACY						
TYPE OF CLAIM						
Medical Only	3	75.0	364.61	0.00	364.61	100.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$364.61**	**$0.00**	**$364.61**	
TIME OF INJURY						
12PM - 1:59PM	1	25.0	337.24	0.00	337.24	92.5
4PM - 5:59PM	2	50.0	27.37	0.00	27.37	7.5
8PM - 9:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$364.61**	**$0.00**	**$364.61**	
LENGTH OF SERVICE						
0 - 2	2	50.0	364.61	0.00	364.61	100.0
2 - 4	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$364.61**	**$0.00**	**$364.61**	
Age of Claimant						
25 - 29	1	25.0	337.24	0.00	337.24	92.5
20 - 24	1	25.0	27.37	0.00	27.37	7.5
35 - 39	1	25.0	0.00	0.00	0.00	0.0
50 - 54	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$364.61**	**$0.00**	**$364.61**	
SEX OF CLAIMANT						
Male	2	50.0	337.24	0.00	337.24	92.5
Female	2	50.0	27.37	0.00	27.37	7.5
Totals:	**4**		**$364.61**	**$0.00**	**$364.61**	
LOSS CAUSE						
Cylinder	1	25.0	337.24	0.00	337.24	92.5
Walking surface, inside, dry	1	25.0	27.37	0.00	27.37	7.5
Insufficient data	1	25.0	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$364.61**	**$0.00**	**$364.61**	
ACCIDENT TYPE						
Broken Glass	1	25.0	337.24	0.00	337.24	92.5
Fall On the Same Level	1	25.0	27.37	0.00	27.37	7.5
Fall/Slip From a Different Level	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
Sum:	**4**		**$364.61**	**$0.00**	**$364.61**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Upper Extremities Hand	1	25.0	337.24	0.00	337.24	92.5
Head Multiple Head Injury	1	25.0	27.37	0.00	27.37	7.5
Lower Extremities Knee	1	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$364.61**	**$0.00**	**$364.61**	
INJURY						
Laceration	1	25.0	337.24	0.00	337.24	92.5
Concussion (Brain, Cerebral)	1	25.0	27.37	0.00	27.37	7.5
Strain	1	25.0	0.00	0.00	0.00	0.0
Syncope	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$364.61**	**$0.00**	**$364.61**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
129 - UVA Health - PACU / SAS / PAC						
TYPE OF CLAIM						
Medical Only	2	100.0	539.71	4,260.29	4,800.00	100.0
Totals:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	539.71	3,010.29	3,550.00	74.0
10AM - 11:59AM	1	50.0	0.00	1,250.00	1,250.00	26.0
Totals:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	539.71	3,010.29	3,550.00	74.0
24 - 26	1	50.0	0.00	1,250.00	1,250.00	26.0
Totals:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
Age of Claimant						
50 - 54	1	50.0	539.71	3,010.29	3,550.00	74.0
55 - 59	1	50.0	0.00	1,250.00	1,250.00	26.0
Totals:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
SEX OF CLAIMANT						
Female	2	100.0	539.71	4,260.29	4,800.00	100.0
Totals:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
LOSS CAUSE						
Patient / Inmate	2	100.0	539.71	4,260.29	4,800.00	100.0
Totals:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	50.0	539.71	3,010.29	3,550.00	74.0
Twisting	1	50.0	0.00	1,250.00	1,250.00	26.0
Sum:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	539.71	3,010.29	3,550.00	74.0
Neck Soft Tissue-Neck	1	50.0	0.00	1,250.00	1,250.00	26.0
Sum:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	
INJURY						
Strain	2	100.0	539.71	4,260.29	4,800.00	100.0
Sum:	**2**		**$539.71**	**$4,260.29**	**$4,800.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
12 - UVA Health - 6 WEST						
TYPE OF CLAIM						
Indemnity	1	16.7	1,375.82	31,218.00	32,593.82	96.3
Medical Only	2	33.3	0.00	1,250.00	1,250.00	3.7
Reporting Purposes Only	3	50.0	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
TIME OF INJURY						
10AM - 11:59AM	1	16.7	1,375.82	31,218.00	32,593.82	96.3
12PM - 1:59PM	3	50.0	0.00	1,250.00	1,250.00	3.7
4PM - 5:59PM	1	16.7	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
LENGTH OF SERVICE						
0 - 2	5	83.3	1,375.82	32,468.00	33,843.82	100.0
6 - 8	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
Age of Claimant						
45 - 49	1	16.7	1,375.82	31,218.00	32,593.82	96.3
25 - 29	1	16.7	0.00	1,250.00	1,250.00	3.7
20 - 24	2	33.3	0.00	0.00	0.00	0.0
30 - 34	1	16.7	0.00	0.00	0.00	0.0
50 - 54	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
SEX OF CLAIMANT						
Female	6	100.0	1,375.82	32,468.00	33,843.82	100.0
Totals:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
LOSS CAUSE						
Object on Floor	1	16.7	1,375.82	31,218.00	32,593.82	96.3
Patient / Inmate	3	50.0	0.00	1,250.00	1,250.00	3.7
Needle stick	1	16.7	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	16.7	1,375.82	31,218.00	32,593.82	96.3
Struck/Injured By Fellow Worker, Patient	1	16.7	0.00	1,250.00	1,250.00	3.7
Fall/Slip From Liquid or Grease Spills	1	16.7	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lifting	2	33.3	0.00	0.00	0.00	0.0
Needle Stick	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
BODY PART						
Lower Extremities Knee	1	16.7	1,375.82	31,218.00	32,593.82	96.3
Upper Extremities Wrist	1	16.7	0.00	1,250.00	1,250.00	3.7
Trunk Low Back Area (Incl. Lumbar & Li	3	50.0	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	
INJURY						
Sprain	2	33.3	1,375.82	32,468.00	33,843.82	100.0
Multiple Physical Injury Only	1	16.7	0.00	0.00	0.00	0.0
Puncture	1	16.7	0.00	0.00	0.00	0.0
Strain	2	33.3	0.00	0.00	0.00	0.0
Sum:	**6**		**$1,375.82**	**$32,468.00**	**$33,843.82**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
131 - UVA Health - Marketing & Communica						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Upper Arm (Incl. Cla	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
135 - UVA Health - RADIOLOGY						
TYPE OF CLAIM						
Indemnity	1	8.3	26,371.56	0.00	26,371.56	72.1
Medical Only	10	83.3	7,748.83	2,458.19	10,207.02	27.9
Reporting Purposes Only	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
TIME OF INJURY						
12PM - 1:59PM	2	16.7	26,371.56	0.00	26,371.56	72.1
6AM - 7:59AM	2	16.7	3,959.59	0.00	3,959.59	10.8
12AM - 1:59AM	2	16.7	3,044.29	0.00	3,044.29	8.3
10AM - 11:59AM	1	8.3	41.81	1,208.19	1,250.00	3.4
2PM - 3:59PM	2	16.7	0.00	1,250.00	1,250.00	3.4
10PM - 11:59PM	1	8.3	677.27	0.00	677.27	1.9
8AM - 9:59AM	2	16.7	25.87	0.00	25.87	0.1
Totals:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
LENGTH OF SERVICE						
0 - 2	5	41.7	29,855.51	1,208.19	31,063.70	84.9
6 - 8	1	8.3	3,959.59	0.00	3,959.59	10.8
2 - 4	3	25.0	0.00	1,250.00	1,250.00	3.4
4 - 6	1	8.3	305.29	0.00	305.29	0.8
10 - 12	1	8.3	0.00	0.00	0.00	0.0
16 - 18	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
Age of Claimant						
45 - 49	3	25.0	27,074.70	0.00	27,074.70	74.0
60 - 64	1	8.3	3,959.59	0.00	3,959.59	10.8
25 - 29	1	8.3	2,739.00	0.00	2,739.00	7.5
50 - 54	1	8.3	0.00	1,250.00	1,250.00	3.4
55 - 59	2	16.7	41.81	1,208.19	1,250.00	3.4
35 - 39	3	25.0	305.29	0.00	305.29	0.8
30 - 34	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
SEX OF CLAIMANT						
Male	4	33.3	30,372.96	2,458.19	32,831.15	89.8
Female	8	66.7	3,747.43	0.00	3,747.43	10.2
Totals:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Overhead Object	1	8.3	26,371.56	0.00	26,371.56	72.1
Gas / Fumes	2	16.7	3,959.59	0.00	3,959.59	10.8
Chemicals, not otherwise classified	1	8.3	2,739.00	0.00	2,739.00	7.5
Patient / Inmate	3	25.0	719.08	1,208.19	1,927.27	5.3
Needle stick	1	8.3	0.00	1,250.00	1,250.00	3.4
Furniture / fixtures	2	16.7	331.16	0.00	331.16	0.9
Container Sort Platform	1	8.3	0.00	0.00	0.00	0.0
Door	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
ACCIDENT TYPE						
Collision with a Fixed Object	3	25.0	26,397.43	0.00	26,397.43	72.2
Dust, Gases, Fumes or Vapors	1	8.3	3,959.59	0.00	3,959.59	10.8
Fall On the Same Level	1	8.3	2,739.00	0.00	2,739.00	7.5
Other Injury NEC	2	16.7	305.29	1,250.00	1,555.29	4.3
Lifting	1	8.3	41.81	1,208.19	1,250.00	3.4
Twisting	1	8.3	677.27	0.00	677.27	1.9
Absorption, Ingestion or Inhalation NOC	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
Pushing or Pulling	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
BODY PART						
Head Brain	1	8.3	26,371.56	0.00	26,371.56	72.1
Multiple Body Parts Multiple Body Parts	1	8.3	3,959.59	0.00	3,959.59	10.8
Lower Extremities Knee	1	8.3	2,739.00	0.00	2,739.00	7.5
Upper Extremities Shoulder(s)	3	25.0	41.81	1,208.19	1,250.00	3.4
Upper Extremities Thumb	1	8.3	0.00	1,250.00	1,250.00	3.4
Upper Extremities Hand	1	8.3	677.27	0.00	677.27	1.9
Lower Extremities Toe(s)	1	8.3	305.29	0.00	305.29	0.8
Head Scalp	1	8.3	25.87	0.00	25.87	0.1
Head Multiple Head Injury	1	8.3	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	
INJURY						
Concussion (Brain, Cerebral)	1	8.3	26,371.56	0.00	26,371.56	72.1
Multiple Physical Injury Only	2	16.7	4,636.86	0.00	4,636.86	12.7
Contusion (Bruise, Skin Surface)	3	25.0	3,070.16	0.00	3,070.16	8.4
Puncture	1	8.3	0.00	1,250.00	1,250.00	3.4
Strain	3	25.0	41.81	1,208.19	1,250.00	3.4
All Other (Specific) Injuries, NOC	1	8.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Poisoning - Chemical (Other than Metal)	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$34,120.39**	**$2,458.19**	**$36,578.58**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
136 - UVA Health - Acute Care Pool						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Repetitive Motion (after 7/1/94)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
137 - UVA Health - RENAL UNIT						
TYPE OF CLAIM						
Medical Only	1	100.0	1,554.70	0.00	1,554.70	100.0
Totals:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	1,554.70	0.00	1,554.70	100.0
Totals:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
LENGTH OF SERVICE						
4 - 6	1	100.0	1,554.70	0.00	1,554.70	100.0
Totals:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
Age of Claimant						
25 - 29	1	100.0	1,554.70	0.00	1,554.70	100.0
Totals:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
SEX OF CLAIMANT						
Female	1	100.0	1,554.70	0.00	1,554.70	100.0
Totals:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
LOSS CAUSE						
Machine, not otherwise classified	1	100.0	1,554.70	0.00	1,554.70	100.0
Totals:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	1,554.70	0.00	1,554.70	100.0
Sum:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
BODY PART						
Upper Extremities Lower Arm	1	100.0	1,554.70	0.00	1,554.70	100.0
Sum:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	
INJURY						
Strain	1	100.0	1,554.70	0.00	1,554.70	100.0
Sum:	**1**		**$1,554.70**	**$0.00**	**$1,554.70**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
13 - UVA Health - 7 CENTRAL						
TYPE OF CLAIM						
Medical Only	1	100.0	27.37	1,222.63	1,250.00	100.0
Totals:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	27.37	1,222.63	1,250.00	100.0
Totals:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	27.37	1,222.63	1,250.00	100.0
Totals:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
Age of Claimant						
20 - 24	1	100.0	27.37	1,222.63	1,250.00	100.0
Totals:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	27.37	1,222.63	1,250.00	100.0
Totals:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
LOSS CAUSE						
Person	1	100.0	27.37	1,222.63	1,250.00	100.0
Totals:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	100.0	27.37	1,222.63	1,250.00	100.0
Sum:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	27.37	1,222.63	1,250.00	100.0
Sum:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	
INJURY						
Multiple Physical Injury Only	1	100.0	27.37	1,222.63	1,250.00	100.0
Sum:	**1**		**$27.37**	**$1,222.63**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
143 - UVA Health - SURGERY DEPARTMENT						
TYPE OF CLAIM						
Indemnity	2	20.0	35,497.90	73,554.34	109,052.24	99.6
Medical Only	4	40.0	393.98	0.00	393.98	0.4
Reporting Purposes Only	4	40.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
TIME OF INJURY						
6PM - 7:59PM	1	10.0	35,479.08	58,204.34	93,683.42	85.6
10AM - 11:59AM	5	50.0	18.82	15,350.00	15,368.82	14.0
8AM - 9:59AM	2	20.0	334.93	0.00	334.93	0.3
6AM - 7:59AM	1	10.0	59.05	0.00	59.05	0.1
2PM - 3:59PM	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
LENGTH OF SERVICE						
0 - 2	6	60.0	35,538.13	58,204.34	93,742.47	85.7
6 - 8	1	10.0	18.82	15,350.00	15,368.82	14.0
8 - 10	1	10.0	334.93	0.00	334.93	0.3
2 - 4	1	10.0	0.00	0.00	0.00	0.0
12 - 14	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
Age of Claimant						
25 - 29	2	20.0	35,497.90	73,554.34	109,052.24	99.6
55 - 59	1	10.0	334.93	0.00	334.93	0.3
35 - 39	2	20.0	59.05	0.00	59.05	0.1
20 - 24	1	10.0	0.00	0.00	0.00	0.0
30 - 34	2	20.0	0.00	0.00	0.00	0.0
45 - 49	1	10.0	0.00	0.00	0.00	0.0
50 - 54	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
SEX OF CLAIMANT						
Female	7	70.0	35,891.88	73,554.34	109,446.22	100.0
Male	3	30.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
LOSS CAUSE						
Patient / Inmate	1	10.0	35,479.08	58,204.34	93,683.42	85.6
Furniture / fixtures	1	10.0	18.82	15,350.00	15,368.82	14.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Boxes / containers	1	10.0	334.93	0.00	334.93	0.3
Chemicals, not otherwise classified	2	20.0	59.05	0.00	59.05	0.1
Gloves	1	10.0	0.00	0.00	0.00	0.0
Miscellaneous	1	10.0	0.00	0.00	0.00	0.0
Needle stick	2	20.0	0.00	0.00	0.00	0.0
Organic Material	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
ACCIDENT TYPE						
Lifting	1	10.0	35,479.08	58,204.34	93,683.42	85.6
Strike Against/Step On Stationary Objec	1	10.0	18.82	15,350.00	15,368.82	14.0
Holding or Carrying	1	10.0	334.93	0.00	334.93	0.3
Other Injury NEC	1	10.0	59.05	0.00	59.05	0.1
Absorption, Ingestion or Inhalation NOC	1	10.0	0.00	0.00	0.00	0.0
Bodily Reaction	1	10.0	0.00	0.00	0.00	0.0
Needle Stick	2	20.0	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	10.0	0.00	0.00	0.00	0.0
Reaching	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & L	1	10.0	35,479.08	58,204.34	93,683.42	85.6
Head Facial Bones	1	10.0	18.82	15,350.00	15,368.82	14.0
Upper Extremities Wrist	1	10.0	334.93	0.00	334.93	0.3
Upper Extremities Wrist(s) and Hand(s)	1	10.0	59.05	0.00	59.05	0.1
Head Eye(s)	1	10.0	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
Multiple Body Parts No Physical Injury	1	10.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	20.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	
INJURY						
Strain	3	30.0	35,814.01	58,204.34	94,018.35	85.9
Contusion (Bruise, Skin Surface)	1	10.0	18.82	15,350.00	15,368.82	14.0
Inflammation	1	10.0	59.05	0.00	59.05	0.1
No Physical Injury	2	20.0	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	1	10.0	0.00	0.00	0.00	0.0
Puncture	2	20.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$35,891.88**	**$73,554.34**	**$109,446.22**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
145 - UVA Health - STBICU						
TYPE OF CLAIM						
Medical Only	1	33.3	806.98	0.00	806.98	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$806.98**	**$0.00**	**$806.98**	
TIME OF INJURY						
10PM - 11:59PM	1	33.3	806.98	0.00	806.98	100.0
10AM - 11:59AM	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$806.98**	**$0.00**	**$806.98**	
LENGTH OF SERVICE						
2 - 4	3	100.0	806.98	0.00	806.98	100.0
Totals:	**3**		**$806.98**	**$0.00**	**$806.98**	
Age of Claimant						
25 - 29	2	66.7	806.98	0.00	806.98	100.0
35 - 39	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$806.98**	**$0.00**	**$806.98**	
SEX OF CLAIMANT						
Female	1	33.3	806.98	0.00	806.98	100.0
Male	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$806.98**	**$0.00**	**$806.98**	
LOSS CAUSE						
Patient / Inmate	1	33.3	806.98	0.00	806.98	100.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$806.98**	**$0.00**	**$806.98**	
ACCIDENT TYPE						
Lifting	1	33.3	806.98	0.00	806.98	100.0
Needle Stick	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
Sum:	**3**		**$806.98**	**$0.00**	**$806.98**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	806.98	0.00	806.98	100.0
Lower Extremities Foot	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
Sum:	**3**		**$806.98**	**$0.00**	**$806.98**	
INJURY						

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Company: Commonwealth of Virginia

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	1	33.3	806.98	0.00	806.98	100.0
Inflammation	1	33.3	0.00	0.00	0.00	0.0
Puncture	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$806.98**	**$0.00**	**$806.98**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
14 - UVA Health - 7 WEST						
TYPE OF CLAIM						
Medical Only	1	100.0	6,380.67	0.00	6,380.67	100.0
Totals:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	6,380.67	0.00	6,380.67	100.0
Totals:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
LENGTH OF SERVICE						
16 - 18	1	100.0	6,380.67	0.00	6,380.67	100.0
Totals:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
Age of Claimant						
55 - 59	1	100.0	6,380.67	0.00	6,380.67	100.0
Totals:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
SEX OF CLAIMANT						
Female	1	100.0	6,380.67	0.00	6,380.67	100.0
Totals:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
LOSS CAUSE						
Patient / Inmate	1	100.0	6,380.67	0.00	6,380.67	100.0
Totals:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	100.0	6,380.67	0.00	6,380.67	100.0
Sum:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	100.0	6,380.67	0.00	6,380.67	100.0
Sum:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	
INJURY						
Inflammation	1	100.0	6,380.67	0.00	6,380.67	100.0
Sum:	**1**		**$6,380.67**	**$0.00**	**$6,380.67**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
151 - UVA Health - UMA - UNIVERSITY MED						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
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
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
18 - 20	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
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
40 - 44	1	50.0	0.00	1,250.00	1,250.00	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Patient / Inmate	1	50.0	0.00	1,250.00	1,250.00	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Lifting	1	50.0	0.00	1,250.00	1,250.00	100.0
Caught In, Under or Between, NOC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	0.00	1,250.00	1,250.00	100.0
Upper Extremities Elbow	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Strain	1	50.0	0.00	1,250.00	1,250.00	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
160 - UVA Health - INTERNS AND RESIDENT						
TYPE OF CLAIM						
Reporting Purposes Only	3	100.0	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	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
6PM - 7:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	66.7	0.00	0.00	0.00	0.0
4 - 6	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
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
45 - 49	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	3	100.0	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Needle stick	2	66.7	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Needle Stick	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	2	66.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	2	66.7	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

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Industrial Claims Report

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

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DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
161 - UVA Health - Outpatient Surg. Ctr.						
TYPE OF CLAIM						
Indemnity	1	25.0	2,775.16	12,124.81	14,899.97	100.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
TIME OF INJURY						
2PM - 3:59PM	1	25.0	2,775.16	12,124.81	14,899.97	100.0
12PM - 1:59PM	2	50.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
LENGTH OF SERVICE						
0 - 2	2	50.0	2,775.16	12,124.81	14,899.97	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
Totals:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
Age of Claimant						
35 - 39	1	25.0	2,775.16	12,124.81	14,899.97	100.0
30 - 34	1	25.0	0.00	0.00	0.00	0.0
50 - 54	1	25.0	0.00	0.00	0.00	0.0
60 - 64	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
SEX OF CLAIMANT						
Female	4	100.0	2,775.16	12,124.81	14,899.97	100.0
Totals:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
LOSS CAUSE						
Furniture / fixtures	1	25.0	2,775.16	12,124.81	14,899.97	100.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
Patient / Inmate	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
ACCIDENT TYPE						
Reaching	1	25.0	2,775.16	12,124.81	14,899.97	100.0
Needle Stick	1	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
BODY PART						
Upper Extremities Shoulder(s)	1	25.0	2,775.16	12,124.81	14,899.97	100.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Disc (Back)	2	50.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	
INJURY						
Strain	1	25.0	2,775.16	12,124.81	14,899.97	100.0
No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
Puncture	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$2,775.16**	**$12,124.81**	**$14,899.97**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
163 - UVA Health - Lynchburg Dialysis						
TYPE OF CLAIM						
Medical Only	1	50.0	289.98	0.00	289.98	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$289.98**	**$0.00**	**$289.98**	
TIME OF INJURY						
6AM - 7:59AM	1	50.0	289.98	0.00	289.98	100.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$289.98**	**$0.00**	**$289.98**	
LENGTH OF SERVICE						
2 - 4	1	50.0	289.98	0.00	289.98	100.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$289.98**	**$0.00**	**$289.98**	
Age of Claimant						
35 - 39	1	50.0	289.98	0.00	289.98	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$289.98**	**$0.00**	**$289.98**	
SEX OF CLAIMANT						
Female	2	100.0	289.98	0.00	289.98	100.0
Totals:	**2**		**$289.98**	**$0.00**	**$289.98**	
LOSS CAUSE						
Patient / Inmate	1	50.0	289.98	0.00	289.98	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$289.98**	**$0.00**	**$289.98**	
ACCIDENT TYPE						
Lifting	1	50.0	289.98	0.00	289.98	100.0
Hand Tool, Utensil; Not Powered	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$289.98**	**$0.00**	**$289.98**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	289.98	0.00	289.98	100.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$289.98**	**$0.00**	**$289.98**	
INJURY						
Strain	1	50.0	289.98	0.00	289.98	100.0
Puncture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$289.98**	**$0.00**	**$289.98**	

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
16 - UVA Health - 8 EAST / L&D OR						
TYPE OF CLAIM						
Medical Only	1	33.3	115.99	0.00	115.99	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$115.99**	**$0.00**	**$115.99**	
TIME OF INJURY						
6PM - 7:59PM	1	33.3	115.99	0.00	115.99	100.0
2AM - 3:59AM	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$115.99**	**$0.00**	**$115.99**	
LENGTH OF SERVICE						
0 - 2	1	33.3	115.99	0.00	115.99	100.0
4 - 6	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$115.99**	**$0.00**	**$115.99**	
Age of Claimant						
45 - 49	1	33.3	115.99	0.00	115.99	100.0
35 - 39	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$115.99**	**$0.00**	**$115.99**	
SEX OF CLAIMANT						
Female	3	100.0	115.99	0.00	115.99	100.0
Totals:	**3**		**$115.99**	**$0.00**	**$115.99**	
LOSS CAUSE						
Cleaning Products	1	33.3	115.99	0.00	115.99	100.0
Needle stick	1	33.3	0.00	0.00	0.00	0.0
Scalpel	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$115.99**	**$0.00**	**$115.99**	
ACCIDENT TYPE						
Lifting	1	33.3	115.99	0.00	115.99	100.0
Needle Stick	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$115.99**	**$0.00**	**$115.99**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	115.99	0.00	115.99	100.0
Upper Extremities Finger(s)	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
Sum:	**3**		**$115.99**	**$0.00**	**$115.99**	
INJURY						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	1	33.3	115.99	0.00	115.99	100.0
Puncture	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$115.99**	**$0.00**	**$115.99**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
170 - UVA Health - Hope Cancer Clinics						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
18 - 20	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
172 - UVA Health - Patient & Guest Svcs						
TYPE OF CLAIM						
Indemnity	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Totals:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Totals:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
LENGTH OF SERVICE						
0 - 2	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Totals:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
Age of Claimant						
45 - 49	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Totals:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
SEX OF CLAIMANT						
Male	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Totals:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
LOSS CAUSE						
Wheelchair	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Totals:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
ACCIDENT TYPE						
Pushing or Pulling	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Sum:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Sum:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	
INJURY						
Strain	1	100.0	23,306.92	10,300.00	33,606.92	100.0
Sum:	**1**		**$23,306.92**	**$10,300.00**	**$33,606.92**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
17 - UVA Health - 8 WEST						
TYPE OF CLAIM						
Indemnity	1	25.0	12,895.94	48,707.60	61,603.54	100.0
Medical Only	1	25.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
TIME OF INJURY						
8AM - 9:59AM	1	25.0	12,895.94	48,707.60	61,603.54	100.0
4AM - 5:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	25.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
LENGTH OF SERVICE						
0 - 2	2	50.0	12,895.94	48,707.60	61,603.54	100.0
2 - 4	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
Age of Claimant						
25 - 29	2	50.0	12,895.94	48,707.60	61,603.54	100.0
45 - 49	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
SEX OF CLAIMANT						
Female	4	100.0	12,895.94	48,707.60	61,603.54	100.0
Totals:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
LOSS CAUSE						
Patient / Inmate	2	50.0	12,895.94	48,707.60	61,603.54	100.0
Sharp objects, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Wall	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
ACCIDENT TYPE						
Holding or Carrying	1	25.0	12,895.94	48,707.60	61,603.54	100.0
Collision with a Fixed Object	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
Lifting	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
BODY PART						
Lower Extremities Hip	1	25.0	12,895.94	48,707.60	61,603.54	100.0

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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
Upper Extremities Finger(s)	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
Sum:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	
INJURY						
Inflammation	1	25.0	12,895.94	48,707.60	61,603.54	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
Sum:	**4**		**$12,895.94**	**$48,707.60**	**$61,603.54**	

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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
18 - UVA Health - ADMINISTRATIVE SERVI						
TYPE OF CLAIM						
Indemnity	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Totals:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Totals:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
LENGTH OF SERVICE						
0 - 2	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Totals:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
Age of Claimant						
30 - 34	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Totals:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
SEX OF CLAIMANT						
Female	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Totals:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
LOSS CAUSE						
Boxes / containers	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Totals:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
ACCIDENT TYPE						
Lifting	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Sum:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
BODY PART						
Neck Multiple Neck Injury	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Sum:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	
INJURY						
Strain	1	100.0	10,157.23	213,360.31	223,517.54	100.0
Sum:	**1**		**$10,157.23**	**$213,360.31**	**$223,517.54**	

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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
19 - UVA Health - MSICU						
TYPE OF CLAIM						
Medical Only	1	50.0	26.37	0.00	26.37	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$26.37**	**$0.00**	**$26.37**	
TIME OF INJURY						
2AM - 3:59AM	1	50.0	26.37	0.00	26.37	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$26.37**	**$0.00**	**$26.37**	
LENGTH OF SERVICE						
0 - 2	2	100.0	26.37	0.00	26.37	100.0
Totals:	**2**		**$26.37**	**$0.00**	**$26.37**	
Age of Claimant						
35 - 39	1	50.0	26.37	0.00	26.37	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$26.37**	**$0.00**	**$26.37**	
SEX OF CLAIMANT						
Female	2	100.0	26.37	0.00	26.37	100.0
Totals:	**2**		**$26.37**	**$0.00**	**$26.37**	
LOSS CAUSE						
Patient / Inmate	2	100.0	26.37	0.00	26.37	100.0
Totals:	**2**		**$26.37**	**$0.00**	**$26.37**	
ACCIDENT TYPE						
Other than Physical Cause of Injury	2	100.0	26.37	0.00	26.37	100.0
Sum:	**2**		**$26.37**	**$0.00**	**$26.37**	
BODY PART						
Multiple Body Parts No Physical Injury	2	100.0	26.37	0.00	26.37	100.0
Sum:	**2**		**$26.37**	**$0.00**	**$26.37**	
INJURY						
Contagious Disease	2	100.0	26.37	0.00	26.37	100.0
Sum:	**2**		**$26.37**	**$0.00**	**$26.37**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
1 - UVA Health - 3 Central						
TYPE OF CLAIM						
Indemnity	2	50.0	11,447.05	0.00	11,447.05	99.7
Medical Only	1	25.0	30.11	0.00	30.11	0.3
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
TIME OF INJURY						
8AM - 9:59AM	1	25.0	6,944.71	0.00	6,944.71	60.5
6PM - 7:59PM	1	25.0	4,502.34	0.00	4,502.34	39.2
12PM - 1:59PM	1	25.0	30.11	0.00	30.11	0.3
10PM - 11:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
LENGTH OF SERVICE						
18 - 20	1	25.0	6,944.71	0.00	6,944.71	60.5
0 - 2	3	75.0	4,532.45	0.00	4,532.45	39.5
Totals:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
Age of Claimant						
45 - 49	1	25.0	6,944.71	0.00	6,944.71	60.5
65 - 69	2	50.0	4,502.34	0.00	4,502.34	39.2
40 - 44	1	25.0	30.11	0.00	30.11	0.3
Totals:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
SEX OF CLAIMANT						
Female	4	100.0	11,477.16	0.00	11,477.16	100.0
Totals:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
LOSS CAUSE						
Paratech battering ram	1	25.0	6,944.71	0.00	6,944.71	60.5
Cords	2	50.0	4,502.34	0.00	4,502.34	39.2
Heating equipment	1	25.0	30.11	0.00	30.11	0.3
Totals:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
ACCIDENT TYPE						
Fall On the Same Level	3	75.0	11,447.05	0.00	11,447.05	99.7
Contact with Hot Object or Substance	1	25.0	30.11	0.00	30.11	0.3
Sum:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	50.0	11,447.05	0.00	11,447.05	99.7
Upper Extremities Lower Arm	1	25.0	30.11	0.00	30.11	0.3

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Hip	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	
INJURY						
Multiple Physical Injury Only	1	25.0	6,944.71	0.00	6,944.71	60.5
Fracture	1	25.0	4,502.34	0.00	4,502.34	39.2
Burn	1	25.0	30.11	0.00	30.11	0.3
No Physical Injury	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$11,477.16**	**$0.00**	**$11,477.16**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
21 - UVA Health - Psych/Behavior Med						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
22 - UVA Health Zion Crossroads Dialysis						
TYPE OF CLAIM						
Indemnity	2	100.0	61,266.63	324,401.06	385,667.69	100.0
Totals:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
TIME OF INJURY						
4PM - 5:59PM	1	50.0	60,662.48	324,401.06	385,063.54	99.8
10AM - 11:59AM	1	50.0	604.15	0.00	604.15	0.2
Totals:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
LENGTH OF SERVICE						
28 - 30	1	50.0	60,662.48	324,401.06	385,063.54	99.8
2 - 4	1	50.0	604.15	0.00	604.15	0.2
Totals:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
Age of Claimant						
55 - 59	2	100.0	61,266.63	324,401.06	385,667.69	100.0
Totals:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
SEX OF CLAIMANT						
Female	2	100.0	61,266.63	324,401.06	385,667.69	100.0
Totals:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
LOSS CAUSE						
Walking surface, inside, dry	1	50.0	60,662.48	324,401.06	385,063.54	99.8
Chair	1	50.0	604.15	0.00	604.15	0.2
Totals:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	60,662.48	324,401.06	385,063.54	99.8
Pushing or Pulling	1	50.0	604.15	0.00	604.15	0.2
Sum:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
BODY PART						
Lower Extremities Knee	1	50.0	60,662.48	324,401.06	385,063.54	99.8
Upper Extremities Thumb	1	50.0	604.15	0.00	604.15	0.2
Sum:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	60,662.48	324,401.06	385,063.54	99.8
Strain	1	50.0	604.15	0.00	604.15	0.2
Sum:	**2**		**$61,266.63**	**$324,401.06**	**$385,667.69**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
23 - UVA Health - ANESTHESIOLOGY						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Needle Stick	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Lower Arm	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
25 - UVA Health - AUGUSTA DIALYSIS CEN						
TYPE OF CLAIM						
Medical Only	2	66.7	569.72	0.00	569.72	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$569.72**	**$0.00**	**$569.72**	
TIME OF INJURY						
4PM - 5:59PM	1	33.3	515.82	0.00	515.82	90.5
10AM - 11:59AM	2	66.7	53.90	0.00	53.90	9.5
Totals:	**3**		**$569.72**	**$0.00**	**$569.72**	
LENGTH OF SERVICE						
4 - 6	1	33.3	515.82	0.00	515.82	90.5
0 - 2	2	66.7	53.90	0.00	53.90	9.5
Totals:	**3**		**$569.72**	**$0.00**	**$569.72**	
Age of Claimant						
50 - 54	1	33.3	515.82	0.00	515.82	90.5
35 - 39	2	66.7	53.90	0.00	53.90	9.5
Totals:	**3**		**$569.72**	**$0.00**	**$569.72**	
SEX OF CLAIMANT						
Female	3	100.0	569.72	0.00	569.72	100.0
Totals:	**3**		**$569.72**	**$0.00**	**$569.72**	
LOSS CAUSE						
Cords	1	33.3	515.82	0.00	515.82	90.5
Wheelchair	1	33.3	53.90	0.00	53.90	9.5
Organic Material	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$569.72**	**$0.00**	**$569.72**	
ACCIDENT TYPE						
Caught In, Under or Between, NOC	1	33.3	515.82	0.00	515.82	90.5
Caught In/Between-Machine or Machine	1	33.3	53.90	0.00	53.90	9.5
Cumulative (All Other)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$569.72**	**$0.00**	**$569.72**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	515.82	0.00	515.82	90.5
Upper Extremities Hand	1	33.3	53.90	0.00	53.90	9.5
Head Other facial soft tissue	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$569.72**	**$0.00**	**$569.72**	
INJURY						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	33.3	515.82	0.00	515.82	90.5
Inflammation	1	33.3	53.90	0.00	53.90	9.5
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$569.72**	**$0.00**	**$569.72**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
2 - UVA Health - 3 South						
TYPE OF CLAIM						
Medical Only	2	40.0	43.46	0.00	43.46	100.0
Reporting Purposes Only	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$43.46**	**$0.00**	**$43.46**	
TIME OF INJURY						
10AM - 11:59AM	1	20.0	24.64	0.00	24.64	56.7
2PM - 3:59PM	2	40.0	18.82	0.00	18.82	43.3
2AM - 3:59AM	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
Totals:	**5**		**$43.46**	**$0.00**	**$43.46**	
LENGTH OF SERVICE						
8 - 10	1	20.0	24.64	0.00	24.64	56.7
0 - 2	4	80.0	18.82	0.00	18.82	43.3
Totals:	**5**		**$43.46**	**$0.00**	**$43.46**	
Age of Claimant						
55 - 59	1	20.0	24.64	0.00	24.64	56.7
30 - 34	1	20.0	18.82	0.00	18.82	43.3
20 - 24	1	20.0	0.00	0.00	0.00	0.0
25 - 29	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$43.46**	**$0.00**	**$43.46**	
SEX OF CLAIMANT						
Male	2	40.0	24.64	0.00	24.64	56.7
Female	3	60.0	18.82	0.00	18.82	43.3
Totals:	**5**		**$43.46**	**$0.00**	**$43.46**	
LOSS CAUSE						
Patient / Inmate	2	40.0	24.64	0.00	24.64	56.7
Walking surface, inside, dry	1	20.0	18.82	0.00	18.82	43.3
Needle stick	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$43.46**	**$0.00**	**$43.46**	
ACCIDENT TYPE						
Holding or Carrying	1	20.0	24.64	0.00	24.64	56.7
Twisting	1	20.0	18.82	0.00	18.82	43.3
Lifting	1	20.0	0.00	0.00	0.00	0.0
Needle Stick	2	40.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$43.46**	**$0.00**	**$43.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Upper Extremities Thumb	2	40.0	24.64	0.00	24.64	56.7
Lower Extremities Knee	1	20.0	18.82	0.00	18.82	43.3
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
Sum:	**5**		**$43.46**	**$0.00**	**$43.46**	
INJURY						
Sprain	1	20.0	24.64	0.00	24.64	56.7
Inflammation	1	20.0	18.82	0.00	18.82	43.3
Puncture	2	40.0	0.00	0.00	0.00	0.0
Strain	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$43.46**	**$0.00**	**$43.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
30 - UVA Health - Call Center						
TYPE OF CLAIM						
Medical Only	1	100.0	27.87	0.00	27.87	100.0
Totals:	**1**		**$27.87**	**$0.00**	**$27.87**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	27.87	0.00	27.87	100.0
Totals:	**1**		**$27.87**	**$0.00**	**$27.87**	
LENGTH OF SERVICE						
0 - 2	1	100.0	27.87	0.00	27.87	100.0
Totals:	**1**		**$27.87**	**$0.00**	**$27.87**	
Age of Claimant						
35 - 39	1	100.0	27.87	0.00	27.87	100.0
Totals:	**1**		**$27.87**	**$0.00**	**$27.87**	
SEX OF CLAIMANT						
Female	1	100.0	27.87	0.00	27.87	100.0
Totals:	**1**		**$27.87**	**$0.00**	**$27.87**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	27.87	0.00	27.87	100.0
Totals:	**1**		**$27.87**	**$0.00**	**$27.87**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	100.0	27.87	0.00	27.87	100.0
Sum:	**1**		**$27.87**	**$0.00**	**$27.87**	
BODY PART						
Lower Extremities Knee	1	100.0	27.87	0.00	27.87	100.0
Sum:	**1**		**$27.87**	**$0.00**	**$27.87**	
INJURY						
Multiple Physical Injury Only	1	100.0	27.87	0.00	27.87	100.0
Sum:	**1**		**$27.87**	**$0.00**	**$27.87**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
38 - UVA Health - CANCER CENTER						
TYPE OF CLAIM						
Indemnity	2	14.3	18,415.95	25,712.43	44,128.38	96.7
Medical Only	10	71.4	283.25	1,218.89	1,502.14	3.3
Reporting Purposes Only	2	14.3	0.00	0.00	0.00	0.0
Totals:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
TIME OF INJURY						
2PM - 3:59PM	2	14.3	17,056.39	25,712.43	42,768.82	93.7
4PM - 5:59PM	4	28.6	1,359.56	0.00	1,359.56	3.0
8AM - 9:59AM	2	14.3	31.11	1,218.89	1,250.00	2.7
10AM - 11:59AM	2	14.3	162.84	0.00	162.84	0.4
12PM - 1:59PM	1	7.1	89.30	0.00	89.30	0.2
12AM - 1:59AM	1	7.1	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	14.3	0.00	0.00	0.00	0.0
Totals:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
LENGTH OF SERVICE						
6 - 8	2	14.3	17,056.39	25,712.43	42,768.82	93.7
0 - 2	7	50.0	1,448.86	0.00	1,448.86	3.2
16 - 18	1	7.1	31.11	1,218.89	1,250.00	2.7
2 - 4	2	14.3	162.84	0.00	162.84	0.4
4 - 6	1	7.1	0.00	0.00	0.00	0.0
22 - 24	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
Age of Claimant						
65 - 69	3	21.4	17,219.23	25,712.43	42,931.66	94.1
50 - 54	1	7.1	1,359.56	0.00	1,359.56	3.0
45 - 49	2	14.3	31.11	1,218.89	1,250.00	2.7
40 - 44	2	14.3	89.30	0.00	89.30	0.2
25 - 29	2	14.3	0.00	0.00	0.00	0.0
35 - 39	2	14.3	0.00	0.00	0.00	0.0
60 - 64	2	14.3	0.00	0.00	0.00	0.0
Totals:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
SEX OF CLAIMANT						
Female	13	92.9	18,668.09	25,712.43	44,380.52	97.3
Male	1	7.1	31.11	1,218.89	1,250.00	2.7
Totals:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Walking surface, inside, dry	1	7.1	17,056.39	25,712.43	42,768.82	93.7
Cart	1	7.1	1,359.56	0.00	1,359.56	3.0
Patient / Inmate	1	7.1	31.11	1,218.89	1,250.00	2.7
Door	2	14.3	162.84	0.00	162.84	0.4
Overhead Object	1	7.1	89.30	0.00	89.30	0.2
Boxes / containers	1	7.1	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	5	35.7	0.00	0.00	0.00	0.0
Needle stick	1	7.1	0.00	0.00	0.00	0.0
Object on Floor	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
ACCIDENT TYPE						
Fall On the Same Level	3	21.4	17,056.39	25,712.43	42,768.82	93.7
Pushing or Pulling	2	14.3	1,390.67	1,218.89	2,609.56	5.7
Collision with a Fixed Object	2	14.3	252.14	0.00	252.14	0.6
Absorption, Ingestion or Inhalation NOC	4	28.6	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	7.1	0.00	0.00	0.00	0.0
Needle Stick	1	7.1	0.00	0.00	0.00	0.0
Radiation	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
BODY PART						
Upper Extremities Shoulder(s)	1	7.1	17,056.39	25,712.43	42,768.82	93.7
Lower Extremities Knee	2	14.3	1,359.56	0.00	1,359.56	3.0
Trunk Low Back Area (Incl. Lumbar & L	2	14.3	31.11	1,218.89	1,250.00	2.7
Head Multiple Head Injury	2	14.3	252.14	0.00	252.14	0.6
Trunk Lung(s)	5	35.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	14.3	0.00	0.00	0.00	0.0
Sum:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	
INJURY						
Fracture	1	7.1	17,056.39	25,712.43	42,768.82	93.7
Sprain	1	7.1	1,359.56	0.00	1,359.56	3.0
Strain	1	7.1	31.11	1,218.89	1,250.00	2.7
Contusion (Bruise, Skin Surface)	3	21.4	252.14	0.00	252.14	0.6
Laceration	1	7.1	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	7.1	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	3	21.4	0.00	0.00	0.00	0.0
Puncture	1	7.1	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	2	14.3	0.00	0.00	0.00	0.0
Sum:	**14**		**$18,699.20**	**$26,931.32**	**$45,630.52**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
39 - UVA Health - 5 North						
TYPE OF CLAIM						
Medical Only	1	25.0	283.69	0.00	283.69	100.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$283.69**	**$0.00**	**$283.69**	
TIME OF INJURY						
2PM - 3:59PM	2	50.0	283.69	0.00	283.69	100.0
8AM - 9:59AM	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
Totals:	**4**		**$283.69**	**$0.00**	**$283.69**	
LENGTH OF SERVICE						
0 - 2	2	50.0	283.69	0.00	283.69	100.0
2 - 4	1	25.0	0.00	0.00	0.00	0.0
4 - 6	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$283.69**	**$0.00**	**$283.69**	
Age of Claimant						
25 - 29	4	100.0	283.69	0.00	283.69	100.0
Totals:	**4**		**$283.69**	**$0.00**	**$283.69**	
SEX OF CLAIMANT						
Female	4	100.0	283.69	0.00	283.69	100.0
Totals:	**4**		**$283.69**	**$0.00**	**$283.69**	
LOSS CAUSE						
Patient / Inmate	1	25.0	283.69	0.00	283.69	100.0
Needle stick	1	25.0	0.00	0.00	0.00	0.0
Organic Material	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$283.69**	**$0.00**	**$283.69**	
ACCIDENT TYPE						
Pushing or Pulling	1	25.0	283.69	0.00	283.69	100.0
Absorption, Ingestion or Inhalation NOC	2	50.0	0.00	0.00	0.00	0.0
Needle Stick	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$283.69**	**$0.00**	**$283.69**	
BODY PART						
Upper Extremities Shoulder(s)	1	25.0	283.69	0.00	283.69	100.0
Head Eye(s)	2	50.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$283.69**	**$0.00**	**$283.69**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Sprain	1	25.0	283.69	0.00	283.69	100.0
No Physical Injury	2	50.0	0.00	0.00	0.00	0.0
Puncture	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$283.69**	**$0.00**	**$283.69**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
3 - UVA Health - 3 WEST						
TYPE OF CLAIM						
Indemnity	1	12.5	1,032.71	22,086.11	23,118.82	88.5
Medical Only	4	50.0	3,009.31	0.00	3,009.31	11.5
Reporting Purposes Only	3	37.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
TIME OF INJURY						
8AM - 9:59AM	2	25.0	1,032.71	22,086.11	23,118.82	88.5
4PM - 5:59PM	1	12.5	1,882.92	0.00	1,882.92	7.2
6AM - 7:59AM	1	12.5	1,094.34	0.00	1,094.34	4.2
4AM - 5:59AM	2	25.0	32.05	0.00	32.05	0.1
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
LENGTH OF SERVICE						
2 - 4	3	37.5	2,915.63	22,086.11	25,001.74	95.7
0 - 2	3	37.5	1,126.39	0.00	1,126.39	4.3
8 - 10	1	12.5	0.00	0.00	0.00	0.0
12 - 14	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
Age of Claimant						
30 - 34	1	12.5	1,032.71	22,086.11	23,118.82	88.5
25 - 29	1	12.5	1,882.92	0.00	1,882.92	7.2
45 - 49	2	25.0	1,094.34	0.00	1,094.34	4.2
35 - 39	2	25.0	32.05	0.00	32.05	0.1
40 - 44	1	12.5	0.00	0.00	0.00	0.0
60 - 64	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
SEX OF CLAIMANT						
Female	5	62.5	2,947.68	22,086.11	25,033.79	95.8
Male	3	37.5	1,094.34	0.00	1,094.34	4.2
Totals:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
LOSS CAUSE						
Patient / Inmate	3	37.5	2,159.10	22,086.11	24,245.21	92.8
Organic Material	2	25.0	1,882.92	0.00	1,882.92	7.2
Needle stick	2	25.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Object on Floor	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
ACCIDENT TYPE						
Pushing or Pulling	1	12.5	1,032.71	22,086.11	23,118.82	88.5
Absorption, Ingestion or Inhalation NOC	1	12.5	1,882.92	0.00	1,882.92	7.2
Struck/Injured By Fellow Worker, Patient	1	12.5	1,094.34	0.00	1,094.34	4.2
Lifting	1	12.5	32.05	0.00	32.05	0.1
Fall On the Same Level	1	12.5	0.00	0.00	0.00	0.0
Needle Stick	2	25.0	0.00	0.00	0.00	0.0
Struck/Injured By Explosion or Flare Bac	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	12.5	1,032.71	22,086.11	23,118.82	88.5
Head Eye(s)	2	25.0	1,882.92	0.00	1,882.92	7.2
Trunk Abdomen Including Groin	1	12.5	1,094.34	0.00	1,094.34	4.2
Upper Extremities Wrist	1	12.5	32.05	0.00	32.05	0.1
Lower Extremities Hip	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	
INJURY						
Strain	3	37.5	1,064.76	22,086.11	23,150.87	88.6
Contagious Disease	1	12.5	1,882.92	0.00	1,882.92	7.2
Contusion (Bruise, Skin Surface)	1	12.5	1,094.34	0.00	1,094.34	4.2
No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Puncture	2	25.0	0.00	0.00	0.00	0.0
Sum:	**8**		**$4,042.02**	**$22,086.11**	**$26,128.13**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
42 - UVA Health - CARDOVASCULAR MEDICI						
TYPE OF CLAIM						
Indemnity	3	25.0	20,040.22	70,444.04	90,484.26	96.9
Medical Only	4	33.3	438.65	2,475.63	2,914.28	3.1
Reporting Purposes Only	5	41.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
TIME OF INJURY						
2AM - 3:59AM	2	16.7	14,108.15	28,830.67	42,938.82	46.0
8AM - 9:59AM	2	16.7	5,913.25	26,863.37	32,776.62	35.1
4AM - 5:59AM	1	8.3	18.82	16,000.00	16,018.82	17.2
6AM - 7:59AM	1	8.3	24.37	1,225.63	1,250.00	1.3
12PM - 1:59PM	3	25.0	414.28	0.00	414.28	0.4
12AM - 1:59AM	1	8.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	8.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
LENGTH OF SERVICE						
20 - 22	1	8.3	14,108.15	28,830.67	42,938.82	46.0
0 - 2	8	66.7	5,937.62	28,089.00	34,026.62	36.4
6 - 8	1	8.3	18.82	16,000.00	16,018.82	17.2
16 - 18	1	8.3	414.28	0.00	414.28	0.4
26 - 28	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
Age of Claimant						
50 - 54	3	25.0	14,126.97	44,830.67	58,957.64	63.1
65 - 69	1	8.3	5,913.25	25,613.37	31,526.62	33.8
25 - 29	2	16.7	24.37	1,225.63	1,250.00	1.3
35 - 39	2	16.7	0.00	1,250.00	1,250.00	1.3
40 - 44	1	8.3	414.28	0.00	414.28	0.4
20 - 24	1	8.3	0.00	0.00	0.00	0.0
30 - 34	1	8.3	0.00	0.00	0.00	0.0
45 - 49	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
SEX OF CLAIMANT						
Female	8	66.7	20,454.50	71,694.04	92,148.54	98.7
Male	4	33.3	24.37	1,225.63	1,250.00	1.3
Totals:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Chair	2	16.7	20,021.40	54,444.04	74,465.44	79.7
Infectious agent	1	8.3	18.82	16,000.00	16,018.82	17.2
N/A	1	8.3	24.37	1,225.63	1,250.00	1.3
Overhead Object	2	16.7	0.00	1,250.00	1,250.00	1.3
Needle stick	1	8.3	414.28	0.00	414.28	0.4
Gas / Fumes	1	8.3	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Organic Material	1	8.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	8.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
ACCIDENT TYPE						
Fall On the Same Level	1	8.3	14,108.15	28,830.67	42,938.82	46.0
Caught In, Under or Between, NOC	1	8.3	5,913.25	25,613.37	31,526.62	33.8
Other Injury NEC	3	25.0	457.47	17,225.63	17,683.10	18.9
Strike Against Moving Parts of Machine	1	8.3	0.00	1,250.00	1,250.00	1.3
Collision with a Fixed Object	1	8.3	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	8.3	0.00	0.00	0.00	0.0
Lifting	1	8.3	0.00	0.00	0.00	0.0
Needle Stick	1	8.3	0.00	0.00	0.00	0.0
Pushing or Pulling	1	8.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	8.3	14,108.15	28,830.67	42,938.82	46.0
Upper Extremities Hand	1	8.3	5,913.25	25,613.37	31,526.62	33.8
Multiple Body Parts Whole Body	1	8.3	18.82	16,000.00	16,018.82	17.2
Head Other facial soft tissue	3	25.0	24.37	1,225.63	1,250.00	1.3
Head Skull	1	8.3	0.00	1,250.00	1,250.00	1.3
Upper Extremities Lower Arm	1	8.3	414.28	0.00	414.28	0.4
Head Multiple Head Injury	1	8.3	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	8.3	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	
INJURY						
Strain	3	25.0	14,108.15	28,830.67	42,938.82	46.0
Contusion (Bruise, Skin Surface)	1	8.3	5,913.25	25,613.37	31,526.62	33.8
Infection	1	8.3	18.82	16,000.00	16,018.82	17.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Dermatitis	1	8.3	24.37	1,225.63	1,250.00	1.3
No Physical Injury	3	25.0	0.00	1,250.00	1,250.00	1.3
Multiple Physical Injury Only	1	8.3	414.28	0.00	414.28	0.4
Multiple Injury Inc. Physical & Psycholog	1	8.3	0.00	0.00	0.00	0.0
Puncture	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$20,478.87**	**$72,919.67**	**$93,398.54**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
43 - UVA Health - CCU						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4AM - 5:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Organic Material	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Facial Bones	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
45 - UVA Health - CENTRAL STERILE SUPP						
TYPE OF CLAIM						
Medical Only	5	100.0	1,703.45	3,684.32	5,387.77	100.0
Totals:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
TIME OF INJURY						
8PM - 9:59PM	1	20.0	1,567.38	50.00	1,617.38	30.0
8AM - 9:59AM	1	20.0	0.00	1,250.00	1,250.00	23.2
4PM - 5:59PM	1	20.0	10.87	1,239.13	1,250.00	23.2
6PM - 7:59PM	1	20.0	104.81	1,145.19	1,250.00	23.2
12PM - 1:59PM	1	20.0	20.39	0.00	20.39	0.4
Totals:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
LENGTH OF SERVICE						
0 - 2	4	80.0	1,703.45	2,434.32	4,137.77	76.8
2 - 4	1	20.0	0.00	1,250.00	1,250.00	23.2
Totals:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
Age of Claimant						
20 - 24	3	60.0	1,692.58	1,195.19	2,887.77	53.6
25 - 29	2	40.0	10.87	2,489.13	2,500.00	46.4
Totals:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
SEX OF CLAIMANT						
Male	3	60.0	1,692.58	1,195.19	2,887.77	53.6
Female	2	40.0	10.87	2,489.13	2,500.00	46.4
Totals:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	20.0	1,567.38	50.00	1,617.38	30.0
Needle stick	1	20.0	10.87	1,239.13	1,250.00	23.2
Object on Floor	1	20.0	0.00	1,250.00	1,250.00	23.2
Shears	1	20.0	104.81	1,145.19	1,250.00	23.2
Chemicals, not otherwise classified	1	20.0	20.39	0.00	20.39	0.4
Totals:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	20.0	1,567.38	50.00	1,617.38	30.0
Other Injury NEC	2	40.0	31.26	1,239.13	1,270.39	23.6
Fall On the Same Level	1	20.0	0.00	1,250.00	1,250.00	23.2
Object Being Lifted or Handled	1	20.0	104.81	1,145.19	1,250.00	23.2
Sum:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Upper Extremities Finger(s)	1	20.0	1,567.38	50.00	1,617.38	30.0
Lower Extremities Knee	1	20.0	0.00	1,250.00	1,250.00	23.2
Trunk Chest (Incl. Ribs, Sternum & Soft	1	20.0	104.81	1,145.19	1,250.00	23.2
Upper Extremities Thumb	1	20.0	10.87	1,239.13	1,250.00	23.2
Upper Extremities Elbow	1	20.0	20.39	0.00	20.39	0.4
Sum:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	
INJURY						
Puncture	2	40.0	1,578.25	1,289.13	2,867.38	53.2
Contusion (Bruise, Skin Surface)	1	20.0	0.00	1,250.00	1,250.00	23.2
Laceration	1	20.0	104.81	1,145.19	1,250.00	23.2
Dermatitis	1	20.0	20.39	0.00	20.39	0.4
Sum:	**5**		**$1,703.45**	**$3,684.32**	**$5,387.77**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
47 - UVA Health - CLINICAL LABORATORIE						
TYPE OF CLAIM						
Medical Only	1	100.0	347.48	0.00	347.48	100.0
Totals:	**1**		**$347.48**	**$0.00**	**$347.48**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	347.48	0.00	347.48	100.0
Totals:	**1**		**$347.48**	**$0.00**	**$347.48**	
LENGTH OF SERVICE						
0 - 2	1	100.0	347.48	0.00	347.48	100.0
Totals:	**1**		**$347.48**	**$0.00**	**$347.48**	
Age of Claimant						
60 - 64	1	100.0	347.48	0.00	347.48	100.0
Totals:	**1**		**$347.48**	**$0.00**	**$347.48**	
SEX OF CLAIMANT						
Female	1	100.0	347.48	0.00	347.48	100.0
Totals:	**1**		**$347.48**	**$0.00**	**$347.48**	
LOSS CAUSE						
Chair	1	100.0	347.48	0.00	347.48	100.0
Totals:	**1**		**$347.48**	**$0.00**	**$347.48**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	347.48	0.00	347.48	100.0
Sum:	**1**		**$347.48**	**$0.00**	**$347.48**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	347.48	0.00	347.48	100.0
Sum:	**1**		**$347.48**	**$0.00**	**$347.48**	
INJURY						
Laceration	1	100.0	347.48	0.00	347.48	100.0
Sum:	**1**		**$347.48**	**$0.00**	**$347.48**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
499 - UVA Health - UVA-MED CTR MULTORGA						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Dermatitis	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
4 - UVA Health - 4 CENTRAL						
TYPE OF CLAIM						
Indemnity	2	25.0	1,148.49	0.00	1,148.49	92.7
Medical Only	3	37.5	89.94	0.00	89.94	7.3
Reporting Purposes Only	3	37.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
TIME OF INJURY						
4AM - 5:59AM	1	12.5	972.77	0.00	972.77	78.5
8AM - 9:59AM	2	25.0	175.72	0.00	175.72	14.2
12AM - 1:59AM	1	12.5	89.94	0.00	89.94	7.3
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	12.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	12.5	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
LENGTH OF SERVICE						
2 - 4	3	37.5	1,148.49	0.00	1,148.49	92.7
8 - 10	1	12.5	89.94	0.00	89.94	7.3
0 - 2	3	37.5	0.00	0.00	0.00	0.0
4 - 6	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
Age of Claimant						
20 - 24	1	12.5	972.77	0.00	972.77	78.5
25 - 29	3	37.5	175.72	0.00	175.72	14.2
40 - 44	1	12.5	89.94	0.00	89.94	7.3
15 - 19	1	12.5	0.00	0.00	0.00	0.0
30 - 34	1	12.5	0.00	0.00	0.00	0.0
35 - 39	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
SEX OF CLAIMANT						
Female	8	100.0	1,238.43	0.00	1,238.43	100.0
Totals:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
LOSS CAUSE						
Patient / Inmate	5	62.5	1,062.71	0.00	1,062.71	85.8
Object on Floor	1	12.5	175.72	0.00	175.72	14.2
Cords	1	12.5	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Door	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
ACCIDENT TYPE						
Lifting	3	37.5	1,062.71	0.00	1,062.71	85.8
Fall, Slip or Trip, NOC	1	12.5	175.72	0.00	175.72	14.2
Caught In, Under or Between, NOC	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
Holding or Carrying	1	12.5	0.00	0.00	0.00	0.0
Other Injury NEC	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	2	25.0	1,148.49	0.00	1,148.49	92.7
Upper Extremities Shoulder(s)	1	12.5	89.94	0.00	89.94	7.3
Head Other facial soft tissue	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
Neck Disc (Neck)	1	12.5	0.00	0.00	0.00	0.0
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
Sum:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	
INJURY						
Strain	3	37.5	1,062.71	0.00	1,062.71	85.8
Inflammation	1	12.5	175.72	0.00	175.72	14.2
Concussion (Brain, Cerebral)	1	12.5	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	3	37.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$1,238.43**	**$0.00**	**$1,238.43**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
500 - UVA Health - MEDICAL CENTER EMERG						
TYPE OF CLAIM						
Medical Only	1	100.0	1,011.42	0.00	1,011.42	100.0
Totals:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	1,011.42	0.00	1,011.42	100.0
Totals:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
LENGTH OF SERVICE						
50 - 52	1	100.0	1,011.42	0.00	1,011.42	100.0
Totals:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
Age of Claimant						
75 - 79	1	100.0	1,011.42	0.00	1,011.42	100.0
Totals:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
SEX OF CLAIMANT						
Female	1	100.0	1,011.42	0.00	1,011.42	100.0
Totals:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	1,011.42	0.00	1,011.42	100.0
Totals:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	1,011.42	0.00	1,011.42	100.0
Sum:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
BODY PART						
Lower Extremities Foot	1	100.0	1,011.42	0.00	1,011.42	100.0
Sum:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	
INJURY						
Fracture	1	100.0	1,011.42	0.00	1,011.42	100.0
Sum:	**1**		**$1,011.42**	**$0.00**	**$1,011.42**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
503 - UVA Health - MEDICINE CENTER						
TYPE OF CLAIM						
Indemnity	2	66.7	18.82	1,231.18	1,250.00	100.0
Medical Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	2	66.7	18.82	1,231.18	1,250.00	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	2	66.7	18.82	1,231.18	1,250.00	100.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
Age of Claimant						
35 - 39	1	33.3	18.82	1,231.18	1,250.00	100.0
45 - 49	1	33.3	0.00	0.00	0.00	0.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
SEX OF CLAIMANT						
Male	2	66.7	18.82	1,231.18	1,250.00	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
LOSS CAUSE						
Wheelchair	1	33.3	18.82	1,231.18	1,250.00	100.0
Furniture / fixtures	1	33.3	0.00	0.00	0.00	0.0
Noise	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
ACCIDENT TYPE						
Pushing or Pulling	1	33.3	18.82	1,231.18	1,250.00	100.0
Caught In, Under or Between, NOC	1	33.3	0.00	0.00	0.00	0.0
Continual Noise	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
BODY PART						
Upper Extremities Shoulder(s)	1	33.3	18.82	1,231.18	1,250.00	100.0
Head Ear(s)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	
INJURY						
Strain	1	33.3	18.82	1,231.18	1,250.00	100.0
Hearing Loss or Impairment	1	33.3	0.00	0.00	0.00	0.0
Inflammation	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$18.82**	**$1,231.18**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
506 - UVA Health - Medical Center ADMI						
TYPE OF CLAIM						
Medical Only	1	100.0	37.07	1,212.93	1,250.00	100.0
Totals:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	37.07	1,212.93	1,250.00	100.0
Totals:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
LENGTH OF SERVICE						
6 - 8	1	100.0	37.07	1,212.93	1,250.00	100.0
Totals:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
Age of Claimant						
65 - 69	1	100.0	37.07	1,212.93	1,250.00	100.0
Totals:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	37.07	1,212.93	1,250.00	100.0
Totals:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
LOSS CAUSE						
Outside Surface	1	100.0	37.07	1,212.93	1,250.00	100.0
Totals:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	37.07	1,212.93	1,250.00	100.0
Sum:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	37.07	1,212.93	1,250.00	100.0
Sum:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	37.07	1,212.93	1,250.00	100.0
Sum:	**1**		**$37.07**	**$1,212.93**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
507 - UVA Health - Medical Center ADMIT						
TYPE OF CLAIM						
Medical Only	1	100.0	236.06	0.00	236.06	100.0
Totals:	**1**		**$236.06**	**$0.00**	**$236.06**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	236.06	0.00	236.06	100.0
Totals:	**1**		**$236.06**	**$0.00**	**$236.06**	
LENGTH OF SERVICE						
4 - 6	1	100.0	236.06	0.00	236.06	100.0
Totals:	**1**		**$236.06**	**$0.00**	**$236.06**	
Age of Claimant						
45 - 49	1	100.0	236.06	0.00	236.06	100.0
Totals:	**1**		**$236.06**	**$0.00**	**$236.06**	
SEX OF CLAIMANT						
Female	1	100.0	236.06	0.00	236.06	100.0
Totals:	**1**		**$236.06**	**$0.00**	**$236.06**	
LOSS CAUSE						
Cabinet	1	100.0	236.06	0.00	236.06	100.0
Totals:	**1**		**$236.06**	**$0.00**	**$236.06**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	236.06	0.00	236.06	100.0
Sum:	**1**		**$236.06**	**$0.00**	**$236.06**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	236.06	0.00	236.06	100.0
Sum:	**1**		**$236.06**	**$0.00**	**$236.06**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	236.06	0.00	236.06	100.0
Sum:	**1**		**$236.06**	**$0.00**	**$236.06**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
511 - UVA Health - CLINICAL LABORATORY						
TYPE OF CLAIM						
Medical Only	1	50.0	190.38	878.44	1,068.82	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
TIME OF INJURY						
6PM - 7:59PM	1	50.0	190.38	878.44	1,068.82	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
LENGTH OF SERVICE						
34 - 36	1	50.0	190.38	878.44	1,068.82	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
Age of Claimant						
65 - 69	1	50.0	190.38	878.44	1,068.82	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
SEX OF CLAIMANT						
Female	2	100.0	190.38	878.44	1,068.82	100.0
Totals:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
LOSS CAUSE						
Office equipment	1	50.0	190.38	878.44	1,068.82	100.0
Glass bottle / sheet	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	50.0	190.38	878.44	1,068.82	100.0
Broken Glass	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
BODY PART						
Lower Extremities Upper Leg	1	50.0	190.38	878.44	1,068.82	100.0
Upper Extremities Thumb	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$190.38**	**$878.44**	**$1,068.82**	
INJURY						
Strain	1	50.0	190.38	878.44	1,068.82	100.0
Laceration	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$190.38**	**$878.44**	**$1,068.82**	

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DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
513 - UVA Health - STERILE SUPPLY						
TYPE OF CLAIM						
Indemnity	3	13.6	37,929.68	41,716.24	79,645.92	87.3
Medical Only	14	63.6	1,524.98	10,081.25	11,606.23	12.7
Reporting Purposes Only	5	22.7	0.00	0.00	0.00	0.0
Totals:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
TIME OF INJURY						
10AM - 11:59AM	3	13.6	37,918.04	41,716.24	79,634.28	87.3
2PM - 3:59PM	3	13.6	0.00	7,550.00	7,550.00	8.3
12PM - 1:59PM	5	22.7	22.37	1,227.63	1,250.00	1.4
4PM - 5:59PM	2	9.1	0.00	1,250.00	1,250.00	1.4
8PM - 9:59PM	3	13.6	1,196.38	53.62	1,250.00	1.4
2AM - 3:59AM	2	9.1	280.23	0.00	280.23	0.3
6PM - 7:59PM	1	4.5	18.82	0.00	18.82	0.0
10PM - 11:59PM	1	4.5	18.82	0.00	18.82	0.0
4AM - 5:59AM	1	4.5	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
LENGTH OF SERVICE						
0 - 2	19	86.4	39,435.84	51,797.49	91,233.33	100.0
2 - 4	2	9.1	18.82	0.00	18.82	0.0
12 - 14	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
Age of Claimant						
55 - 59	2	9.1	37,892.04	41,716.24	79,608.28	87.2
25 - 29	5	22.7	1,218.75	6,331.25	7,550.00	8.3
20 - 24	5	22.7	26.00	3,750.00	3,776.00	4.1
60 - 64	2	9.1	255.36	0.00	255.36	0.3
45 - 49	2	9.1	37.64	0.00	37.64	0.0
30 - 34	4	18.2	24.87	0.00	24.87	0.0
40 - 44	2	9.1	0.00	0.00	0.00	0.0
Totals:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
SEX OF CLAIMANT						
Male	8	36.4	37,892.04	41,716.24	79,608.28	87.2
Female	14	63.6	1,562.62	10,081.25	11,643.87	12.8
Totals:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Boxes / containers	2	9.1	37,892.04	41,716.24	79,608.28	87.2
Hand tool, not powered, NOC	1	4.5	0.00	5,050.00	5,050.00	5.5
Container Sort Platform	1	4.5	0.00	1,250.00	1,250.00	1.4
Electrical equipment	1	4.5	0.00	1,250.00	1,250.00	1.4
Furniture / fixtures	1	4.5	0.00	1,250.00	1,250.00	1.4
Needle stick	2	9.1	1,196.38	53.62	1,250.00	1.4
Sharp objects, not otherwise classified	2	9.1	22.37	1,227.63	1,250.00	1.4
Office equipment	1	4.5	255.36	0.00	255.36	0.3
Cart	3	13.6	26.00	0.00	26.00	0.0
Knife, Utility	1	4.5	24.87	0.00	24.87	0.0
N/A	1	4.5	18.82	0.00	18.82	0.0
Walking surface, inside, dry	1	4.5	18.82	0.00	18.82	0.0
Door	2	9.1	0.00	0.00	0.00	0.0
Gloves	1	4.5	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	4.5	0.00	0.00	0.00	0.0
Patient / Inmate	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
ACCIDENT TYPE						
Fall On the Same Level	2	9.1	37,910.86	41,716.24	79,627.10	87.3
Hand Tool, Utensil; Not Powered	4	18.2	24.87	5,050.00	5,074.87	5.6
Other Injury NEC	2	9.1	1,215.20	53.62	1,268.82	1.4
Broken Glass	1	4.5	22.37	1,227.63	1,250.00	1.4
Contact with Hot Object or Substance	2	9.1	0.00	1,250.00	1,250.00	1.4
Holding or Carrying	1	4.5	0.00	1,250.00	1,250.00	1.4
Struck/Injured By Falling or Flying Objec	1	4.5	0.00	1,250.00	1,250.00	1.4
Strike Against/Step On Obj Being Lifted	1	4.5	255.36	0.00	255.36	0.3
Pushing or Pulling	1	4.5	26.00	0.00	26.00	0.0
Absorption, Ingestion or Inhalation NOC	1	4.5	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	4.5	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	4.5	0.00	0.00	0.00	0.0
Needle Stick	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
Striking Against or Stepping On, NOC	1	4.5	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	4.5	0.00	0.00	0.00	0.0
Sum:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
BODY PART						
Upper Extremities Hand	2	9.1	37,892.04	41,716.24	79,608.28	87.2
Upper Extremities Finger(s)	8	36.4	1,243.62	6,331.25	7,574.87	8.3
Upper Extremities Wrist	2	9.1	255.36	1,250.00	1,505.36	1.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Multiple Head Injury	1	4.5	0.00	1,250.00	1,250.00	1.4
Upper Extremities Lower Arm	2	9.1	0.00	1,250.00	1,250.00	1.4
Trunk Low Back Area (Incl. Lumbar & Li	1	4.5	26.00	0.00	26.00	0.0
Lower Extremities Lower Leg	2	9.1	18.82	0.00	18.82	0.0
Trunk Heart	1	4.5	18.82	0.00	18.82	0.0
Trunk Upper Back Area (Thoracic Area)	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 Thumb	1	4.5	0.00	0.00	0.00	0.0
Sum:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	
INJURY						
Strain	5	22.7	37,918.04	42,966.24	80,884.28	88.6
Puncture	3	13.6	1,196.38	5,103.62	6,300.00	6.9
Laceration	5	22.7	47.24	1,227.63	1,274.87	1.4
Burn	2	9.1	0.00	1,250.00	1,250.00	1.4
Concussion (Brain, Cerebral)	1	4.5	0.00	1,250.00	1,250.00	1.4
Contusion (Bruise, Skin Surface)	2	9.1	255.36	0.00	255.36	0.3
Myocardial Infarction (Heart Attack)	1	4.5	18.82	0.00	18.82	0.0
Sprain	1	4.5	18.82	0.00	18.82	0.0
Dermatitis	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
Sum:	**22**		**$39,454.66**	**$51,797.49**	**$91,252.15**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
516 - UVA Health - ENDOSCOPY/BRONCHOSCO						
TYPE OF CLAIM						
Indemnity	1	16.7	5,963.34	0.00	5,963.34	80.2
Medical Only	3	50.0	251.99	1,224.63	1,476.62	19.8
Reporting Purposes Only	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
TIME OF INJURY						
6AM - 7:59AM	1	16.7	5,963.34	0.00	5,963.34	80.2
2PM - 3:59PM	1	16.7	25.37	1,224.63	1,250.00	16.8
2AM - 3:59AM	1	16.7	226.62	0.00	226.62	3.0
10AM - 11:59AM	1	16.7	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
LENGTH OF SERVICE						
0 - 2	3	50.0	5,988.71	1,224.63	7,213.34	97.0
6 - 8	2	33.3	226.62	0.00	226.62	3.0
8 - 10	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
Age of Claimant						
60 - 64	1	16.7	5,963.34	0.00	5,963.34	80.2
25 - 29	1	16.7	25.37	1,224.63	1,250.00	16.8
50 - 54	1	16.7	226.62	0.00	226.62	3.0
30 - 34	1	16.7	0.00	0.00	0.00	0.0
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
Totals:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
SEX OF CLAIMANT						
Female	5	83.3	6,215.33	1,224.63	7,439.96	100.0
Male	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
LOSS CAUSE						
Working Surface	1	16.7	5,963.34	0.00	5,963.34	80.2
Chemicals, not otherwise classified	1	16.7	25.37	1,224.63	1,250.00	16.8
Machine, not otherwise classified	1	16.7	226.62	0.00	226.62	3.0
Furniture / fixtures	1	16.7	0.00	0.00	0.00	0.0
Needle stick	1	16.7	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Patient / Inmate	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	16.7	5,963.34	0.00	5,963.34	80.2
Absorption, Ingestion or Inhalation NOC	1	16.7	25.37	1,224.63	1,250.00	16.8
Strain or Injury By, NOC	1	16.7	226.62	0.00	226.62	3.0
Holding or Carrying	1	16.7	0.00	0.00	0.00	0.0
Needle Stick	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
Sum:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
BODY PART						
Upper Extremities Hand	2	33.3	5,963.34	0.00	5,963.34	80.2
Head Eye(s)	1	16.7	25.37	1,224.63	1,250.00	16.8
Trunk Low Back Area (Incl. Lumbar & Li	2	33.3	226.62	0.00	226.62	3.0
Upper Extremities Finger(s)	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	
INJURY						
Multiple Physical Injury Only	1	16.7	5,963.34	0.00	5,963.34	80.2
Burn	1	16.7	25.37	1,224.63	1,250.00	16.8
Strain	3	50.0	226.62	0.00	226.62	3.0
Puncture	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,215.33**	**$1,224.63**	**$7,439.96**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
525 - UVA Health - EMPLOYEE HEALTH						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
532 - UVA Health - LINEN SERVICES DEPAR						
TYPE OF CLAIM						
Indemnity	1	100.0	10,201.38	0.00	10,201.38	100.0
Totals:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
TIME OF INJURY						
12AM - 1:59AM	1	100.0	10,201.38	0.00	10,201.38	100.0
Totals:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
LENGTH OF SERVICE						
2 - 4	1	100.0	10,201.38	0.00	10,201.38	100.0
Totals:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
Age of Claimant						
35 - 39	1	100.0	10,201.38	0.00	10,201.38	100.0
Totals:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
SEX OF CLAIMANT						
Female	1	100.0	10,201.38	0.00	10,201.38	100.0
Totals:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
LOSS CAUSE						
Outside Surface	1	100.0	10,201.38	0.00	10,201.38	100.0
Totals:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	100.0	10,201.38	0.00	10,201.38	100.0
Sum:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
BODY PART						
Lower Extremities Ankle	1	100.0	10,201.38	0.00	10,201.38	100.0
Sum:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	
INJURY						
Sprain	1	100.0	10,201.38	0.00	10,201.38	100.0
Sum:	**1**		**$10,201.38**	**$0.00**	**$10,201.38**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
533 - UVA Health - Medical Center						
TYPE OF CLAIM						
Indemnity	4	26.7	32,187.41	56,006.69	88,194.10	86.9
Medical Only	8	53.3	13,253.21	0.00	13,253.21	13.1
Reporting Purposes Only	3	20.0	0.00	0.00	0.00	0.0
Totals:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	
TIME OF INJURY						
4AM - 5:59AM	2	13.3	29,574.16	28,801.12	58,375.28	57.5
12PM - 1:59PM	3	20.0	2,613.25	27,205.57	29,818.82	29.4
6PM - 7:59PM	1	6.7	5,020.46	0.00	5,020.46	4.9
6AM - 7:59AM	4	26.7	4,768.39	0.00	4,768.39	4.7
10AM - 11:59AM	2	13.3	2,802.76	0.00	2,802.76	2.8
4PM - 5:59PM	1	6.7	642.78	0.00	642.78	0.6
8AM - 9:59AM	2	13.3	18.82	0.00	18.82	0.0
Totals:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	
LENGTH OF SERVICE						
2 - 4	5	33.3	34,342.55	28,801.12	63,143.67	62.2
0 - 2	5	33.3	10,436.47	27,205.57	37,642.04	37.1
20 - 22	1	6.7	642.78	0.00	642.78	0.6
12 - 14	1	6.7	18.82	0.00	18.82	0.0
4 - 6	1	6.7	0.00	0.00	0.00	0.0
6 - 8	1	6.7	0.00	0.00	0.00	0.0
14 - 16	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	
Age of Claimant						
45 - 49	3	20.0	34,575.80	28,801.12	63,376.92	62.5
35 - 39	1	6.7	2,613.25	27,205.57	29,818.82	29.4
30 - 34	3	20.0	4,749.57	0.00	4,749.57	4.7
20 - 24	1	6.7	2,802.76	0.00	2,802.76	2.8
70 - 74	2	13.3	661.60	0.00	661.60	0.7
40 - 44	2	13.3	18.82	0.00	18.82	0.0
50 - 54	1	6.7	18.82	0.00	18.82	0.0
25 - 29	1	6.7	0.00	0.00	0.00	0.0
55 - 59	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	10	66.7	42,619.04	56,006.69	98,625.73	97.2
Male	5	33.3	2,821.58	0.00	2,821.58	2.8
Totals:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	
LOSS CAUSE						
Walking surface, outside, wet	1	6.7	29,555.34	28,801.12	58,356.46	57.5
Floor	2	13.3	7,362.82	27,205.57	34,568.39	34.1
Walking surface, outside, dry	4	26.7	5,076.92	0.00	5,076.92	5.0
Patient / Inmate	2	13.3	2,802.76	0.00	2,802.76	2.8
Object on Floor	1	6.7	642.78	0.00	642.78	0.6
Machine, not otherwise classified	1	6.7	0.00	0.00	0.00	0.0
Stairs	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
Vehicle, not otherwise classified	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
Totals:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	6.7	29,555.34	28,801.12	58,356.46	57.5
Fall/Slip From Liquid or Grease Spills	2	13.3	7,362.82	27,205.57	34,568.39	34.1
Fall On the Same Level	5	33.3	5,682.06	0.00	5,682.06	5.6
Pushing or Pulling	1	6.7	2,802.76	0.00	2,802.76	2.8
Fall/Slip From a Different Level	1	6.7	18.82	0.00	18.82	0.0
Other Injury NEC	1	6.7	18.82	0.00	18.82	0.0
Collision with Another Vehicle	1	6.7	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	6.7	0.00	0.00	0.00	0.0
Lifting	1	6.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	
BODY PART						
Lower Extremities Lower Leg	2	13.3	29,555.34	28,801.12	58,356.46	57.5
Lower Extremities Multiple Lower Extrer	2	13.3	3,256.03	27,205.57	30,461.60	30.0
Lower Extremities Knee	2	13.3	7,552.33	0.00	7,552.33	7.4
Head Other facial soft tissue	1	6.7	5,020.46	0.00	5,020.46	4.9
Lower Extremities Ankle	2	13.3	18.82	0.00	18.82	0.0
Multiple Body Parts Multiple Body Parts	2	13.3	18.82	0.00	18.82	0.0
Upper Extremities Hand	1	6.7	18.82	0.00	18.82	0.0
Lower Extremities Foot	1	6.7	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	6.7	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Fracture	3	20.0	32,187.41	56,006.69	88,194.10	86.9
Laceration	1	6.7	5,020.46	0.00	5,020.46	4.9
Contusion (Bruise, Skin Surface)	3	20.0	4,768.39	0.00	4,768.39	4.7
Strain	3	20.0	2,802.76	0.00	2,802.76	2.8
Sprain	1	6.7	642.78	0.00	642.78	0.6
Inflammation	2	13.3	18.82	0.00	18.82	0.0
Concussion (Brain, Cerebral)	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
Sum:	**15**		**$45,440.62**	**$56,006.69**	**$101,447.31**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
537 - UVA Health - PATIENT TRANSPORTATI						
TYPE OF CLAIM						
Medical Only	2	100.0	25.87	0.00	25.87	100.0
Totals:	**2**		**$25.87**	**$0.00**	**$25.87**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	25.87	0.00	25.87	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$25.87**	**$0.00**	**$25.87**	
LENGTH OF SERVICE						
0 - 2	2	100.0	25.87	0.00	25.87	100.0
Totals:	**2**		**$25.87**	**$0.00**	**$25.87**	
Age of Claimant						
30 - 34	1	50.0	25.87	0.00	25.87	100.0
20 - 24	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$25.87**	**$0.00**	**$25.87**	
SEX OF CLAIMANT						
Female	2	100.0	25.87	0.00	25.87	100.0
Totals:	**2**		**$25.87**	**$0.00**	**$25.87**	
LOSS CAUSE						
Person	1	50.0	25.87	0.00	25.87	100.0
Shelving	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$25.87**	**$0.00**	**$25.87**	
ACCIDENT TYPE						
Burn or Scald-Chemicals	1	50.0	25.87	0.00	25.87	100.0
Caught In/Between-Object Handled	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$25.87**	**$0.00**	**$25.87**	
BODY PART						
Head Other facial soft tissue	1	50.0	25.87	0.00	25.87	100.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$25.87**	**$0.00**	**$25.87**	
INJURY						
Burn	1	50.0	25.87	0.00	25.87	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$25.87**	**$0.00**	**$25.87**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
538 - UVA Health - PATIENT REP DEPARTME						
TYPE OF CLAIM						
Indemnity	1	100.0	1,949.88	0.00	1,949.88	100.0
Totals:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	1,949.88	0.00	1,949.88	100.0
Totals:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
LENGTH OF SERVICE						
0 - 2	1	100.0	1,949.88	0.00	1,949.88	100.0
Totals:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
Age of Claimant						
50 - 54	1	100.0	1,949.88	0.00	1,949.88	100.0
Totals:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
SEX OF CLAIMANT						
Female	1	100.0	1,949.88	0.00	1,949.88	100.0
Totals:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	1,949.88	0.00	1,949.88	100.0
Totals:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	100.0	1,949.88	0.00	1,949.88	100.0
Sum:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	1,949.88	0.00	1,949.88	100.0
Sum:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	1,949.88	0.00	1,949.88	100.0
Sum:	**1**		**$1,949.88**	**$0.00**	**$1,949.88**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
539 - UVA Health - CARDIOVASCULAR DEPT						
TYPE OF CLAIM						
Indemnity	1	25.0	21,553.23	0.00	21,553.23	94.4
Medical Only	3	75.0	28.11	1,250.00	1,278.11	5.6
Totals:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
TIME OF INJURY						
2PM - 3:59PM	1	25.0	21,553.23	0.00	21,553.23	94.4
4PM - 5:59PM	1	25.0	0.00	1,250.00	1,250.00	5.5
10AM - 11:59AM	1	25.0	28.11	0.00	28.11	0.1
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
LENGTH OF SERVICE						
22 - 24	1	25.0	21,553.23	0.00	21,553.23	94.4
16 - 18	1	25.0	0.00	1,250.00	1,250.00	5.5
12 - 14	2	50.0	28.11	0.00	28.11	0.1
Totals:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
Age of Claimant						
50 - 54	1	25.0	21,553.23	0.00	21,553.23	94.4
55 - 59	1	25.0	0.00	1,250.00	1,250.00	5.5
40 - 44	2	50.0	28.11	0.00	28.11	0.1
Totals:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
SEX OF CLAIMANT						
Female	3	75.0	21,553.23	1,250.00	22,803.23	99.9
Male	1	25.0	28.11	0.00	28.11	0.1
Totals:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
LOSS CAUSE						
Cords	1	25.0	21,553.23	0.00	21,553.23	94.4
Walking surface, inside, dry	1	25.0	0.00	1,250.00	1,250.00	5.5
Patient / Inmate	1	25.0	28.11	0.00	28.11	0.1
Scalpel	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
ACCIDENT TYPE						
Fall On the Same Level	1	25.0	21,553.23	0.00	21,553.23	94.4
Other Injury NEC	1	25.0	0.00	1,250.00	1,250.00	5.5
Repetitive Motion (after 7/1/94)	1	25.0	28.11	0.00	28.11	0.1
Hand Tool, Utensil; Not Powered	1	25.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
BODY PART						
Upper Extremities Shoulder(s)	1	25.0	21,553.23	0.00	21,553.23	94.4
Lower Extremities Knee	1	25.0	0.00	1,250.00	1,250.00	5.5
Upper Extremities Wrist	1	25.0	28.11	0.00	28.11	0.1
Upper Extremities Finger(s)	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	
INJURY						
Fracture	1	25.0	21,553.23	0.00	21,553.23	94.4
Sprain	1	25.0	0.00	1,250.00	1,250.00	5.5
Strain	1	25.0	28.11	0.00	28.11	0.1
Laceration	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$21,581.34**	**$1,250.00**	**$22,831.34**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
545 - UVA Health - OUTPATIENT DEPARTMEN						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	50.0	0.00	0.00	0.00	0.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Foreign Body in Eye	1	50.0	0.00	0.00	0.00	0.0
Needle Stick	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other Cumulative Injury	1	50.0	0.00	0.00	0.00	0.0
Puncture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
546 - UVA Health - OPERATING ROOMS						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
551 - UVA Health - PRIMARY CARE						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Patient / Inmate	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Lifting	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
57 - UVA Health - EMERGENCY MEDICINE D						
TYPE OF CLAIM						
Indemnity	4	14.8	46,431.49	105,020.95	151,452.44	96.2
Medical Only	13	48.1	4,737.57	1,223.35	5,960.92	3.8
Reporting Purposes Only	10	37.0	0.00	0.00	0.00	0.0
Totals:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
TIME OF INJURY						
10AM - 11:59AM	3	11.1	33,286.33	95,060.31	128,346.64	81.5
2PM - 3:59PM	6	22.2	14,427.94	9,960.64	24,388.58	15.5
4PM - 5:59PM	4	14.8	3,383.45	0.00	3,383.45	2.1
12PM - 1:59PM	3	11.1	45.47	1,223.35	1,268.82	0.8
8AM - 9:59AM	5	18.5	25.87	0.00	25.87	0.0
12AM - 1:59AM	1	3.7	0.00	0.00	0.00	0.0
2AM - 3:59AM	3	11.1	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
Totals:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
LENGTH OF SERVICE						
12 - 14	1	3.7	33,267.51	95,060.31	128,327.82	81.5
0 - 2	20	74.1	17,648.35	9,960.64	27,608.99	17.5
4 - 6	2	7.4	26.65	1,223.35	1,250.00	0.8
2 - 4	3	11.1	199.18	0.00	199.18	0.1
8 - 10	1	3.7	27.37	0.00	27.37	0.0
Totals:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
Age of Claimant						
35 - 39	7	25.9	36,730.85	96,283.66	133,014.51	84.5
45 - 49	2	7.4	9,358.18	9,960.64	19,318.82	12.3
25 - 29	4	14.8	3,786.98	0.00	3,786.98	2.4
20 - 24	10	37.0	1,082.10	0.00	1,082.10	0.7
65 - 69	1	3.7	173.31	0.00	173.31	0.1
30 - 34	2	7.4	18.82	0.00	18.82	0.0
60 - 64	1	3.7	18.82	0.00	18.82	0.0
Totals:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
SEX OF CLAIMANT						
Female	16	59.3	39,533.37	96,283.66	135,817.03	86.3
Male	11	40.7	11,635.69	9,960.64	21,596.33	13.7
Totals:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Patient / Inmate	12	44.4	47,733.09	105,020.95	152,754.04	97.0
Needle stick	4	14.8	3,383.45	0.00	3,383.45	2.1
Infectious agent	1	3.7	26.65	1,223.35	1,250.00	0.8
Bacteria	4	14.8	25.87	0.00	25.87	0.0
Glass bottle / sheet	1	3.7	0.00	0.00	0.00	0.0
Organic Material	4	14.8	0.00	0.00	0.00	0.0
Radiation / X-Ray	1	3.7	0.00	0.00	0.00	0.0
Totals:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
ACCIDENT TYPE						
Holding or Carrying	2	7.4	33,294.88	95,060.31	128,355.19	81.5
Other Injury NEC	4	14.8	10,736.14	11,183.99	21,920.13	13.9
Lifting	2	7.4	4,869.08	0.00	4,869.08	3.1
Hand Tool, Utensil; Not Powered	1	3.7	2,050.96	0.00	2,050.96	1.3
Struck/Injured By Fellow Worker, Patient	3	11.1	173.31	0.00	173.31	0.1
Cumulative (All Other)	3	11.1	25.87	0.00	25.87	0.0
Pushing or Pulling	1	3.7	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	3	11.1	0.00	0.00	0.00	0.0
Broken Glass	1	3.7	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	3.7	0.00	0.00	0.00	0.0
Needle Stick	2	7.4	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	4	14.8	0.00	0.00	0.00	0.0
Sum:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	4	14.8	37,100.68	95,060.31	132,160.99	84.0
Upper Extremities Shoulder(s)	1	3.7	9,358.18	9,960.64	19,318.82	12.3
Upper Extremities Finger(s)	4	14.8	2,050.96	0.00	2,050.96	1.3
Upper Extremities Hand	1	3.7	1,332.49	0.00	1,332.49	0.8
Multiple Body Parts Whole Body	1	3.7	26.65	1,223.35	1,250.00	0.8
Trunk Buttocks	1	3.7	1,082.10	0.00	1,082.10	0.7
Lower Extremities Knee	1	3.7	173.31	0.00	173.31	0.1
Multiple Body Parts No Physical Injury	7	25.9	44.69	0.00	44.69	0.0
Head Facial Bones	2	7.4	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	3	11.1	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	3.7	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	3.7	0.00	0.00	0.00	0.0
Sum:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	
INJURY						
Strain	6	22.2	47,540.96	105,020.95	152,561.91	96.9
Puncture	4	14.8	3,383.45	0.00	3,383.45	2.1

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	8	29.6	52.52	1,223.35	1,275.87	0.8
Inflammation	2	7.4	173.31	0.00	173.31	0.1
All Other Occupational Disease	1	3.7	18.82	0.00	18.82	0.0
Contagious Disease	2	7.4	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	3.7	0.00	0.00	0.00	0.0
Foreign Body (Eye)	2	7.4	0.00	0.00	0.00	0.0
Laceration	1	3.7	0.00	0.00	0.00	0.0
Sum:	**27**		**$51,169.06**	**$106,244.30**	**$157,413.36**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
5 - UVA Health - 4 EAST						
TYPE OF CLAIM						
Medical Only	2	100.0	20.37	1,250.00	1,270.37	100.0
Totals:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	1,250.00	1,250.00	98.4
6PM - 7:59PM	1	50.0	20.37	0.00	20.37	1.6
Totals:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
LENGTH OF SERVICE						
0 - 2	2	100.0	20.37	1,250.00	1,270.37	100.0
Totals:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
Age of Claimant						
40 - 44	1	50.0	0.00	1,250.00	1,250.00	98.4
30 - 34	1	50.0	20.37	0.00	20.37	1.6
Totals:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
SEX OF CLAIMANT						
Female	2	100.0	20.37	1,250.00	1,270.37	100.0
Totals:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
LOSS CAUSE						
Patient / Inmate	1	50.0	0.00	1,250.00	1,250.00	98.4
Chemicals, not otherwise classified	1	50.0	20.37	0.00	20.37	1.6
Totals:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	50.0	0.00	1,250.00	1,250.00	98.4
Other Injury NEC	1	50.0	20.37	0.00	20.37	1.6
Sum:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
BODY PART						
Lower Extremities Knee	1	50.0	0.00	1,250.00	1,250.00	98.4
Upper Extremities Hand	1	50.0	20.37	0.00	20.37	1.6
Sum:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	
INJURY						
Strain	1	50.0	0.00	1,250.00	1,250.00	98.4
Dermatitis	1	50.0	20.37	0.00	20.37	1.6
Sum:	**2**		**$20.37**	**$1,250.00**	**$1,270.37**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
61 - UVA Health - Digestive Health Ctr						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
14 - 16	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
40 - 44	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Patient / Inmate	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other than Physical Cause of Injury	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
624 - UVA Health - NEUROSCIENCE DEPARTM						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Cabinet	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Skull	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
626 - UVA Health - ORTHOPEDICS DEPARTME						
TYPE OF CLAIM						
Medical Only	1	50.0	214.34	0.00	214.34	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$214.34**	**$0.00**	**$214.34**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	214.34	0.00	214.34	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$214.34**	**$0.00**	**$214.34**	
LENGTH OF SERVICE						
6 - 8	1	50.0	214.34	0.00	214.34	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$214.34**	**$0.00**	**$214.34**	
Age of Claimant						
30 - 34	2	100.0	214.34	0.00	214.34	100.0
Totals:	**2**		**$214.34**	**$0.00**	**$214.34**	
SEX OF CLAIMANT						
Female	1	50.0	214.34	0.00	214.34	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$214.34**	**$0.00**	**$214.34**	
LOSS CAUSE						
Needle stick	1	50.0	214.34	0.00	214.34	100.0
Organic Material	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$214.34**	**$0.00**	**$214.34**	
ACCIDENT TYPE						
Other Injury NEC	1	50.0	214.34	0.00	214.34	100.0
Absorption, Ingestion or Inhalation NOC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$214.34**	**$0.00**	**$214.34**	
BODY PART						
Upper Extremities Finger(s)	1	50.0	214.34	0.00	214.34	100.0
Head Eye(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$214.34**	**$0.00**	**$214.34**	
INJURY						
Puncture	1	50.0	214.34	0.00	214.34	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$214.34**	**$0.00**	**$214.34**	

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
640 - UVA Health - RADIOLOGY						
TYPE OF CLAIM						
Indemnity	1	50.0	6,393.00	0.00	6,393.00	99.6
Medical Only	1	50.0	26.37	0.00	26.37	0.4
Totals:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	6,393.00	0.00	6,393.00	99.6
12PM - 1:59PM	1	50.0	26.37	0.00	26.37	0.4
Totals:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
LENGTH OF SERVICE						
12 - 14	1	50.0	6,393.00	0.00	6,393.00	99.6
0 - 2	1	50.0	26.37	0.00	26.37	0.4
Totals:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
Age of Claimant						
45 - 49	1	50.0	6,393.00	0.00	6,393.00	99.6
40 - 44	1	50.0	26.37	0.00	26.37	0.4
Totals:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
SEX OF CLAIMANT						
Female	2	100.0	6,419.37	0.00	6,419.37	100.0
Totals:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
LOSS CAUSE						
Patient / Inmate	1	50.0	6,393.00	0.00	6,393.00	99.6
Machine, not otherwise classified	1	50.0	26.37	0.00	26.37	0.4
Totals:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
ACCIDENT TYPE						
Holding or Carrying	1	50.0	6,393.00	0.00	6,393.00	99.6
Continual Noise	1	50.0	26.37	0.00	26.37	0.4
Sum:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	50.0	6,393.00	0.00	6,393.00	99.6
Head Multiple Head Injury	1	50.0	26.37	0.00	26.37	0.4
Sum:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	
INJURY						
Strain	1	50.0	6,393.00	0.00	6,393.00	99.6
No Physical Injury	1	50.0	26.37	0.00	26.37	0.4
Sum:	**2**		**$6,419.37**	**$0.00**	**$6,419.37**	

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Company: Commonwealth of Virginia

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
645 - UVA Health - SURGERY DEPARTMENT						
TYPE OF CLAIM						
Medical Only	3	60.0	1,063.43	1,226.13	2,289.56	100.0
Reporting Purposes Only	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
TIME OF INJURY						
6PM - 7:59PM	1	20.0	23.87	1,226.13	1,250.00	54.6
8AM - 9:59AM	1	20.0	1,039.56	0.00	1,039.56	45.4
12PM - 1:59PM	2	40.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
LENGTH OF SERVICE						
0 - 2	5	100.0	1,063.43	1,226.13	2,289.56	100.0
Totals:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
Age of Claimant						
20 - 24	1	20.0	23.87	1,226.13	1,250.00	54.6
55 - 59	1	20.0	1,039.56	0.00	1,039.56	45.4
30 - 34	1	20.0	0.00	0.00	0.00	0.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
40 - 44	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
SEX OF CLAIMANT						
Female	5	100.0	1,063.43	1,226.13	2,289.56	100.0
Totals:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	20.0	23.87	1,226.13	1,250.00	54.6
Cart	1	20.0	1,039.56	0.00	1,039.56	45.4
Cleaning Products	1	20.0	0.00	0.00	0.00	0.0
Metal items	1	20.0	0.00	0.00	0.00	0.0
Needle stick	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
ACCIDENT TYPE						
Object Being Lifted or Handled	1	20.0	23.87	1,226.13	1,250.00	54.6
Lifting	1	20.0	1,039.56	0.00	1,039.56	45.4
Needle Stick	1	20.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	20.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
BODY PART						
Upper Extremities Finger(s)	1	20.0	23.87	1,226.13	1,250.00	54.6
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	1,039.56	0.00	1,039.56	45.4
Lower Extremities Great Toe	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	40.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	
INJURY						
Puncture	2	40.0	23.87	1,226.13	1,250.00	54.6
Strain	1	20.0	1,039.56	0.00	1,039.56	45.4
Contusion (Bruise, Skin Surface)	1	20.0	0.00	0.00	0.00	0.0
Dermatitis	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,063.43**	**$1,226.13**	**$2,289.56**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
6 - UVA Health - 4 West-TCV						
TYPE OF CLAIM						
Indemnity	2	12.5	28,318.82	0.00	28,318.82	76.2
Medical Only	11	68.8	7,608.81	1,220.89	8,829.70	23.8
Reporting Purposes Only	3	18.8	0.00	0.00	0.00	0.0
Totals:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
TIME OF INJURY						
2PM - 3:59PM	2	12.5	28,318.82	0.00	28,318.82	76.2
8AM - 9:59AM	3	18.8	3,486.22	1,220.89	4,707.11	12.7
12AM - 1:59AM	2	12.5	2,856.61	0.00	2,856.61	7.7
2AM - 3:59AM	2	12.5	460.48	0.00	460.48	1.2
6PM - 7:59PM	3	18.8	439.22	0.00	439.22	1.2
8PM - 9:59PM	1	6.3	366.28	0.00	366.28	1.0
4AM - 5:59AM	1	6.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	12.5	0.00	0.00	0.00	0.0
Totals:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
LENGTH OF SERVICE						
22 - 24	1	6.3	28,318.82	0.00	28,318.82	76.2
0 - 2	5	31.3	3,787.79	0.00	3,787.79	10.2
12 - 14	2	12.5	2,892.21	0.00	2,892.21	7.8
20 - 22	1	6.3	29.11	1,220.89	1,250.00	3.4
8 - 10	2	12.5	460.48	0.00	460.48	1.2
2 - 4	3	18.8	439.22	0.00	439.22	1.2
6 - 8	2	12.5	0.00	0.00	0.00	0.0
Totals:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
Age of Claimant						
60 - 64	1	6.3	28,318.82	0.00	28,318.82	76.2
50 - 54	3	18.8	5,821.76	0.00	5,821.76	15.7
25 - 29	4	25.0	1,391.66	0.00	1,391.66	3.7
55 - 59	1	6.3	29.11	1,220.89	1,250.00	3.4
35 - 39	2	12.5	366.28	0.00	366.28	1.0
20 - 24	1	6.3	0.00	0.00	0.00	0.0
30 - 34	2	12.5	0.00	0.00	0.00	0.0
40 - 44	2	12.5	0.00	0.00	0.00	0.0
Totals:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	2	12.5	31,175.43	0.00	31,175.43	83.9
Female	14	87.5	4,752.20	1,220.89	5,973.09	16.1
Totals:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
LOSS CAUSE						
Water	2	12.5	28,318.82	0.00	28,318.82	76.2
Patient / Inmate	6	37.5	4,614.55	0.00	4,614.55	12.4
Furniture / fixtures	1	6.3	2,525.93	0.00	2,525.93	6.8
Cabinet	1	6.3	29.11	1,220.89	1,250.00	3.4
Sharp objects, not otherwise classified	1	6.3	439.22	0.00	439.22	1.2
Chair	1	6.3	0.00	0.00	0.00	0.0
Needle stick	2	12.5	0.00	0.00	0.00	0.0
Overhead Object	1	6.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
ACCIDENT TYPE						
Fall On the Same Level	1	6.3	28,318.82	0.00	28,318.82	76.2
Lifting	2	12.5	5,382.54	0.00	5,382.54	14.5
Other than Physical Cause of Injury	2	12.5	1,297.46	0.00	1,297.46	3.5
Struck/Injured By Object Being Lifted or	1	6.3	29.11	1,220.89	1,250.00	3.4
Slipped, Did Not Fall	1	6.3	460.48	0.00	460.48	1.2
Collision with a Fixed Object	1	6.3	439.22	0.00	439.22	1.2
Fall/Slip From a Different Level	1	6.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	6.3	0.00	0.00	0.00	0.0
Needle Stick	2	12.5	0.00	0.00	0.00	0.0
Pushing or Pulling	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
Strike Against Moving Parts of Machine	1	6.3	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
BODY PART						
Lower Extremities Knee	3	18.8	33,701.36	0.00	33,701.36	90.7
Multiple Body Parts No Physical Injury	2	12.5	1,297.46	0.00	1,297.46	3.5
Lower Extremities Foot	1	6.3	29.11	1,220.89	1,250.00	3.4
Upper Extremities Wrist	2	12.5	460.48	0.00	460.48	1.2
Lower Extremities Lower Leg	1	6.3	439.22	0.00	439.22	1.2
Lower Extremities Ankle	2	12.5	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	6.3	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	6.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	6.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Hand	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
Sum:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	
INJURY						
Sprain	3	18.8	28,779.30	0.00	28,779.30	77.5
Strain	3	18.8	5,382.54	0.00	5,382.54	14.5
Contagious Disease	2	12.5	1,297.46	0.00	1,297.46	3.5
Contusion (Bruise, Skin Surface)	2	12.5	29.11	1,220.89	1,250.00	3.4
Laceration	1	6.3	439.22	0.00	439.22	1.2
Concussion (Brain, Cerebral)	1	6.3	0.00	0.00	0.00	0.0
Inflammation	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	2	12.5	0.00	0.00	0.00	0.0
Sum:	**16**		**$35,927.63**	**$1,220.89**	**$37,148.52**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
72 - UVA Health - Orthopaedics						
TYPE OF CLAIM						
Medical Only	3	60.0	377.36	1,225.63	1,602.99	100.0
Reporting Purposes Only	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
TIME OF INJURY						
8AM - 9:59AM	2	40.0	24.37	1,225.63	1,250.00	78.0
4PM - 5:59PM	1	20.0	334.17	0.00	334.17	20.8
12PM - 1:59PM	1	20.0	18.82	0.00	18.82	1.2
6PM - 7:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
LENGTH OF SERVICE						
0 - 2	2	40.0	43.19	1,225.63	1,268.82	79.2
12 - 14	1	20.0	334.17	0.00	334.17	20.8
4 - 6	1	20.0	0.00	0.00	0.00	0.0
6 - 8	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
Age of Claimant						
30 - 34	2	40.0	24.37	1,225.63	1,250.00	78.0
35 - 39	1	20.0	334.17	0.00	334.17	20.8
20 - 24	1	20.0	18.82	0.00	18.82	1.2
25 - 29	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
SEX OF CLAIMANT						
Female	4	80.0	377.36	1,225.63	1,602.99	100.0
Male	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
LOSS CAUSE						
Cleaning Products	1	20.0	24.37	1,225.63	1,250.00	78.0
Machine, not otherwise classified	1	20.0	334.17	0.00	334.17	20.8
Patient / Inmate	1	20.0	18.82	0.00	18.82	1.2
Needle stick	1	20.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
ACCIDENT TYPE						
Other Injury NEC	1	20.0	24.37	1,225.63	1,250.00	78.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain By Using Tool or Machine	1	20.0	334.17	0.00	334.17	20.8
Pushing or Pulling	1	20.0	18.82	0.00	18.82	1.2
Fall/Slip From Liquid or Grease Spills	1	20.0	0.00	0.00	0.00	0.0
Needle Stick	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
BODY PART						
Upper Extremities Lower Arm	1	20.0	24.37	1,225.63	1,250.00	78.0
Upper Extremities Hand	1	20.0	334.17	0.00	334.17	20.8
Lower Extremities Knee	2	40.0	18.82	0.00	18.82	1.2
Upper Extremities Finger(s)	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	
INJURY						
Dermatitis	1	20.0	24.37	1,225.63	1,250.00	78.0
Strain	1	20.0	334.17	0.00	334.17	20.8
Sprain	1	20.0	18.82	0.00	18.82	1.2
Contusion (Bruise, Skin Surface)	1	20.0	0.00	0.00	0.00	0.0
Puncture	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$377.36**	**$1,225.63**	**$1,602.99**	

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DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
77 - UVA Health - HEART CENTER LABORAT						
TYPE OF CLAIM						
Medical Only	1	50.0	3,367.66	0.00	3,367.66	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	3,367.66	0.00	3,367.66	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
LENGTH OF SERVICE						
20 - 22	1	50.0	3,367.66	0.00	3,367.66	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
Age of Claimant						
50 - 54	1	50.0	3,367.66	0.00	3,367.66	100.0
30 - 34	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
SEX OF CLAIMANT						
Female	2	100.0	3,367.66	0.00	3,367.66	100.0
Totals:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
LOSS CAUSE						
Elevators, escalators	1	50.0	3,367.66	0.00	3,367.66	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	3,367.66	0.00	3,367.66	100.0
Needle Stick	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
BODY PART						
Upper Extremities Finger(s)	1	50.0	3,367.66	0.00	3,367.66	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	
INJURY						
Laceration	1	50.0	3,367.66	0.00	3,367.66	100.0
Puncture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$3,367.66**	**$0.00**	**$3,367.66**	

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
78 - UVA Health - HOME HEALTH						
TYPE OF CLAIM						
Indemnity	1	33.3	60,872.12	51,595.58	112,467.70	100.0
Medical Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
TIME OF INJURY						
4PM - 5:59PM	1	33.3	60,872.12	51,595.58	112,467.70	100.0
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
Totals:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
LENGTH OF SERVICE						
8 - 10	1	33.3	60,872.12	51,595.58	112,467.70	100.0
0 - 2	1	33.3	0.00	0.00	0.00	0.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
Age of Claimant						
50 - 54	2	66.7	60,872.12	51,595.58	112,467.70	100.0
55 - 59	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
SEX OF CLAIMANT						
Female	2	66.7	60,872.12	51,595.58	112,467.70	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
LOSS CAUSE						
Vehicle/car/truck	2	66.7	60,872.12	51,595.58	112,467.70	100.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	66.7	60,872.12	51,595.58	112,467.70	100.0
Lifting	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	33.3	60,872.12	51,595.58	112,467.70	100.0
Lower Extremities Hip	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
Sum:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Multiple Physical Injury Only	1	33.3	60,872.12	51,595.58	112,467.70	100.0
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
Sum:	**3**		**$60,872.12**	**$51,595.58**	**$112,467.70**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
7 - UVA Health - 5 CENTRAL						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Electrical equipment	1	50.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cumulative (All Other)	1	50.0	0.00	0.00	0.00	0.0
Lifting	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Foot	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	50.0	0.00	0.00	0.00	0.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
82 - UVA Health - INTERNAL MEDICINE DE						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
20 - 22	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chair	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
86 - UVA Health - LINEN SERVICES DEPAR						
TYPE OF CLAIM						
Indemnity	1	50.0	66.37	0.00	66.37	77.9
Medical Only	1	50.0	18.82	0.00	18.82	22.1
Totals:	**2**		**$85.19**	**$0.00**	**$85.19**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	66.37	0.00	66.37	77.9
2PM - 3:59PM	1	50.0	18.82	0.00	18.82	22.1
Totals:	**2**		**$85.19**	**$0.00**	**$85.19**	
LENGTH OF SERVICE						
0 - 2	1	50.0	66.37	0.00	66.37	77.9
2 - 4	1	50.0	18.82	0.00	18.82	22.1
Totals:	**2**		**$85.19**	**$0.00**	**$85.19**	
Age of Claimant						
25 - 29	1	50.0	66.37	0.00	66.37	77.9
35 - 39	1	50.0	18.82	0.00	18.82	22.1
Totals:	**2**		**$85.19**	**$0.00**	**$85.19**	
SEX OF CLAIMANT						
Male	1	50.0	66.37	0.00	66.37	77.9
Female	1	50.0	18.82	0.00	18.82	22.1
Totals:	**2**		**$85.19**	**$0.00**	**$85.19**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	50.0	66.37	0.00	66.37	77.9
Door	1	50.0	18.82	0.00	18.82	22.1
Totals:	**2**		**$85.19**	**$0.00**	**$85.19**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	66.37	0.00	66.37	77.9
Caught In, Under or Between, NOC	1	50.0	18.82	0.00	18.82	22.1
Sum:	**2**		**$85.19**	**$0.00**	**$85.19**	
BODY PART						
Lower Extremities Lower Leg	1	50.0	66.37	0.00	66.37	77.9
Upper Extremities Hand	1	50.0	18.82	0.00	18.82	22.1
Sum:	**2**		**$85.19**	**$0.00**	**$85.19**	
INJURY						
Contusion (Bruise, Skin Surface)	2	100.0	85.19	0.00	85.19	100.0
Sum:	**2**		**$85.19**	**$0.00**	**$85.19**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
8 - UVA Health - 5 EAST - PSYCH						
TYPE OF CLAIM						
Indemnity	2	33.3	6,507.45	26,717.31	33,224.76	96.4
Medical Only	1	16.7	0.00	1,250.00	1,250.00	3.6
Reporting Purposes Only	3	50.0	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
TIME OF INJURY						
12AM - 1:59AM	1	16.7	2,907.95	26,717.31	29,625.26	85.9
2AM - 3:59AM	2	33.3	3,599.50	0.00	3,599.50	10.4
2PM - 3:59PM	1	16.7	0.00	1,250.00	1,250.00	3.6
6AM - 7:59AM	1	16.7	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
LENGTH OF SERVICE						
0 - 2	5	83.3	2,907.95	27,967.31	30,875.26	89.6
2 - 4	1	16.7	3,599.50	0.00	3,599.50	10.4
Totals:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
Age of Claimant						
20 - 24	1	16.7	2,907.95	26,717.31	29,625.26	85.9
55 - 59	1	16.7	3,599.50	0.00	3,599.50	10.4
50 - 54	1	16.7	0.00	1,250.00	1,250.00	3.6
30 - 34	2	33.3	0.00	0.00	0.00	0.0
40 - 44	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
SEX OF CLAIMANT						
Female	5	83.3	6,507.45	27,967.31	34,474.76	100.0
Male	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
LOSS CAUSE						
Patient / Inmate	5	83.3	6,507.45	26,717.31	33,224.76	96.4
Sharp objects, not otherwise classified	1	16.7	0.00	1,250.00	1,250.00	3.6
Totals:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	3	50.0	6,507.45	26,717.31	33,224.76	96.4
Hand Tool, Utensil; Not Powered	1	16.7	0.00	1,250.00	1,250.00	3.6
Strain or Injury By, NOC	1	16.7	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck or Injury By, NOC	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
BODY PART						
Head Skull	1	16.7	2,907.95	26,717.31	29,625.26	85.9
Trunk Disc (Back)	1	16.7	3,599.50	0.00	3,599.50	10.4
Upper Extremities Finger(s)	1	16.7	0.00	1,250.00	1,250.00	3.6
Head Eye(s)	1	16.7	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	16.7	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	
INJURY						
Concussion (Brain, Cerebral)	1	16.7	2,907.95	26,717.31	29,625.26	85.9
Multiple Physical Injury Only	1	16.7	3,599.50	0.00	3,599.50	10.4
Laceration	1	16.7	0.00	1,250.00	1,250.00	3.6
Multiple Injury Inc. Physical & Psycholog	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
Sum:	**6**		**$6,507.45**	**$27,967.31**	**$34,474.76**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
91 - UVA Health - MEDICAL INTENSIVE CA						
TYPE OF CLAIM						
Medical Only	1	33.3	31.61	0.00	31.61	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$31.61**	**$0.00**	**$31.61**	
TIME OF INJURY						
4AM - 5:59AM	2	66.7	31.61	0.00	31.61	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$31.61**	**$0.00**	**$31.61**	
LENGTH OF SERVICE						
0 - 2	3	100.0	31.61	0.00	31.61	100.0
Totals:	**3**		**$31.61**	**$0.00**	**$31.61**	
Age of Claimant						
15 - 19	1	33.3	31.61	0.00	31.61	100.0
20 - 24	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$31.61**	**$0.00**	**$31.61**	
SEX OF CLAIMANT						
Female	3	100.0	31.61	0.00	31.61	100.0
Totals:	**3**		**$31.61**	**$0.00**	**$31.61**	
LOSS CAUSE						
Patient / Inmate	3	100.0	31.61	0.00	31.61	100.0
Totals:	**3**		**$31.61**	**$0.00**	**$31.61**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	2	66.7	31.61	0.00	31.61	100.0
Holding or Carrying	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$31.61**	**$0.00**	**$31.61**	
BODY PART						
Trunk Disc (Back)	1	33.3	31.61	0.00	31.61	100.0
Trunk Chest (Incl. Ribs, Sternum & Soft	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
Sum:	**3**		**$31.61**	**$0.00**	**$31.61**	
INJURY						
Multiple Physical Injury Only	1	33.3	31.61	0.00	31.61	100.0
Contusion (Bruise, Skin Surface)	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
Sum:	**3**		**$31.61**	**$0.00**	**$31.61**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
96 - UVA Health - Transplant						
TYPE OF CLAIM						
Medical Only	1	25.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	3	75.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	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
2PM - 3:59PM	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
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	50.0	0.00	0.00	0.00	0.0
2 - 4	1	25.0	0.00	0.00	0.00	0.0
8 - 10	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	25.0	0.00	0.00	0.00	0.0
25 - 29	1	25.0	0.00	0.00	0.00	0.0
30 - 34	1	25.0	0.00	0.00	0.00	0.0
50 - 54	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	4	100.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Organic Material	1	25.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
Stairs	1	25.0	0.00	0.00	0.00	0.0
Wheelchair	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	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
Other Injury NEC	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	1	25.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	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
Upper Extremities Hand	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	25.0	0.00	0.00	0.00	0.0
Fracture	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
Sum:	**4**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
98 - UVA Health - NEURO ICU NNICU						
TYPE OF CLAIM						
Indemnity	1	11.1	3,770.34	37,348.48	41,118.82	86.3
Medical Only	7	77.8	4,033.46	2,489.13	6,522.59	13.7
Reporting Purposes Only	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
TIME OF INJURY						
10AM - 11:59AM	2	22.2	3,770.34	37,348.48	41,118.82	86.3
4AM - 5:59AM	1	11.1	3,360.35	0.00	3,360.35	7.1
2AM - 3:59AM	1	11.1	10.87	1,239.13	1,250.00	2.6
6AM - 7:59AM	1	11.1	0.00	1,250.00	1,250.00	2.6
10PM - 11:59PM	1	11.1	627.91	0.00	627.91	1.3
12PM - 1:59PM	1	11.1	34.33	0.00	34.33	0.1
8AM - 9:59AM	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
LENGTH OF SERVICE						
2 - 4	2	22.2	3,770.34	37,348.48	41,118.82	86.3
0 - 2	5	55.6	3,999.13	2,489.13	6,488.26	13.6
6 - 8	1	11.1	34.33	0.00	34.33	0.1
4 - 6	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
Age of Claimant						
35 - 39	2	22.2	7,130.69	37,348.48	44,479.17	93.4
20 - 24	3	33.3	10.87	2,489.13	2,500.00	5.2
25 - 29	3	33.3	662.24	0.00	662.24	1.4
30 - 34	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
SEX OF CLAIMANT						
Female	9	100.0	7,803.80	39,837.61	47,641.41	100.0
Totals:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
LOSS CAUSE						
Patient / Inmate	7	77.8	7,803.80	38,587.61	46,391.41	97.4
Chair	1	11.1	0.00	1,250.00	1,250.00	2.6
Needle stick	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
ACCIDENT TYPE						

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Fellow Worker, Patient	4	44.4	7,769.47	38,587.61	46,357.08	97.3
Twisting	1	11.1	0.00	1,250.00	1,250.00	2.6
Pushing or Pulling	2	22.2	34.33	0.00	34.33	0.1
Lifting	1	11.1	0.00	0.00	0.00	0.0
Needle Stick	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
BODY PART						
Upper Extremities Finger(s)	2	22.2	3,770.34	37,348.48	41,118.82	86.3
Head Other facial soft tissue	2	22.2	3,988.26	0.00	3,988.26	8.4
Lower Extremities Knee	1	11.1	0.00	1,250.00	1,250.00	2.6
Trunk Chest (Incl. Ribs, Sternum & Soft	1	11.1	10.87	1,239.13	1,250.00	2.6
Trunk Low Back Area (Incl. Lumbar & Li	2	22.2	34.33	0.00	34.33	0.1
Upper Extremities Wrist	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	
INJURY						
Strain	4	44.4	3,804.67	37,348.48	41,153.15	86.4
Laceration	1	11.1	3,360.35	0.00	3,360.35	7.1
Contusion (Bruise, Skin Surface)	1	11.1	10.87	1,239.13	1,250.00	2.6
Sprain	1	11.1	0.00	1,250.00	1,250.00	2.6
Infection	1	11.1	627.91	0.00	627.91	1.3
Puncture	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$7,803.80**	**$39,837.61**	**$47,641.41**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
999 - UVA Health - ARCHIVE - PRIOR TO 2						
TYPE OF CLAIM						
Indemnity	1	100.0	15,102.33	0.00	15,102.33	100.0
Totals:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	15,102.33	0.00	15,102.33	100.0
Totals:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
LENGTH OF SERVICE						
0 - 2	1	100.0	15,102.33	0.00	15,102.33	100.0
Totals:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
Age of Claimant						
35 - 39	1	100.0	15,102.33	0.00	15,102.33	100.0
Totals:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
SEX OF CLAIMANT						
Male	1	100.0	15,102.33	0.00	15,102.33	100.0
Totals:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
LOSS CAUSE						
Patient / Inmate	1	100.0	15,102.33	0.00	15,102.33	100.0
Totals:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
ACCIDENT TYPE						
Holding or Carrying	1	100.0	15,102.33	0.00	15,102.33	100.0
Sum:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
BODY PART						
Neck Multiple Neck Injury	1	100.0	15,102.33	0.00	15,102.33	100.0
Sum:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	
INJURY						
Strain	1	100.0	15,102.33	0.00	15,102.33	100.0
Sum:	**1**		**$15,102.33**	**$0.00**	**$15,102.33**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
99 - UVA Health - NEUROLOGY DEPARTMENT						
TYPE OF CLAIM						
Medical Only	3	75.0	60.69	3,689.31	3,750.00	100.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
TIME OF INJURY						
8AM - 9:59AM	1	25.0	10.87	1,239.13	1,250.00	33.3
10AM - 11:59AM	1	25.0	27.45	1,222.55	1,250.00	33.3
2PM - 3:59PM	1	25.0	22.37	1,227.63	1,250.00	33.3
10PM - 11:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
LENGTH OF SERVICE						
2 - 4	1	25.0	10.87	1,239.13	1,250.00	33.3
4 - 6	1	25.0	27.45	1,222.55	1,250.00	33.3
18 - 20	1	25.0	22.37	1,227.63	1,250.00	33.3
26 - 28	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
Age of Claimant						
40 - 44	1	25.0	27.45	1,222.55	1,250.00	33.3
50 - 54	1	25.0	22.37	1,227.63	1,250.00	33.3
55 - 59	2	50.0	10.87	1,239.13	1,250.00	33.3
Totals:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
SEX OF CLAIMANT						
Female	3	75.0	33.24	2,466.76	2,500.00	66.7
Male	1	25.0	27.45	1,222.55	1,250.00	33.3
Totals:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
LOSS CAUSE						
Chair	1	25.0	10.87	1,239.13	1,250.00	33.3
Noise	1	25.0	27.45	1,222.55	1,250.00	33.3
Walking surface, inside, dry	1	25.0	22.37	1,227.63	1,250.00	33.3
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
ACCIDENT TYPE						
Continual Noise	1	25.0	27.45	1,222.55	1,250.00	33.3
Strain or Injury By, NOC	1	25.0	10.87	1,239.13	1,250.00	33.3
Struck or Injury By, NOC	1	25.0	22.37	1,227.63	1,250.00	33.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Fellow Worker, Patient	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
BODY PART						
Head Ear(s)	1	25.0	27.45	1,222.55	1,250.00	33.3
Lower Extremities Foot	1	25.0	22.37	1,227.63	1,250.00	33.3
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	10.87	1,239.13	1,250.00	33.3
Upper Extremities Lower Arm	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	
INJURY						
Hearing Loss or Impairment	1	25.0	27.45	1,222.55	1,250.00	33.3
Inflammation	1	25.0	22.37	1,227.63	1,250.00	33.3
Strain	1	25.0	10.87	1,239.13	1,250.00	33.3
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$60.69**	**$3,689.31**	**$3,750.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
9 - UVA Health - 5 WEST						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Cart	1	50.0	0.00	0.00	0.00	0.0
Patient / Inmate	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	50.0	0.00	0.00	0.00	0.0
Holding or Carrying	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Lower Leg	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
209 - UVA Health System						
S209 - UVA Health System						
TYPE OF CLAIM						
Indemnity	6	18.2	65,239.78	117,540.83	182,780.61	93.6
Medical Only	21	63.6	5,673.35	6,807.79	12,481.14	6.4
Reporting Purposes Only	6	18.2	0.00	0.00	0.00	0.0
Totals:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
TIME OF INJURY						
8AM - 9:59AM	7	21.2	35,550.14	70,653.44	106,203.58	54.4
6AM - 7:59AM	4	12.1	28,114.30	49,936.13	78,050.43	40.0
4AM - 5:59AM	3	9.1	870.12	2,509.05	3,379.17	1.7
12PM - 1:59PM	5	15.2	3,244.28	0.00	3,244.28	1.7
2AM - 3:59AM	4	12.1	2,261.47	0.00	2,261.47	1.2
6PM - 7:59PM	1	3.0	0.00	1,250.00	1,250.00	0.6
10AM - 11:59AM	4	12.1	753.34	0.00	753.34	0.4
10PM - 11:59PM	1	3.0	62.00	0.00	62.00	0.0
2PM - 3:59PM	4	12.1	57.48	0.00	57.48	0.0
Totals:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
LENGTH OF SERVICE						
2 - 4	7	21.2	34,405.50	70,113.75	104,519.25	53.5
0 - 2	12	36.4	34,141.31	49,936.13	84,077.44	43.1
16 - 18	2	6.1	501.26	3,048.74	3,550.00	1.8
30 - 32	1	3.0	0.00	1,250.00	1,250.00	0.6
4 - 6	2	6.1	1,234.76	0.00	1,234.76	0.6
6 - 8	3	9.1	273.41	0.00	273.41	0.1
22 - 24	2	6.1	251.15	0.00	251.15	0.1
38 - 40	1	3.0	61.05	0.00	61.05	0.0
10 - 12	1	3.0	25.87	0.00	25.87	0.0
14 - 16	1	3.0	18.82	0.00	18.82	0.0
12 - 14	1	3.0	0.00	0.00	0.00	0.0
Totals:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
Age of Claimant						
60 - 64	6	18.2	62,196.22	118,790.83	180,987.05	92.7
30 - 34	8	24.2	4,778.32	0.00	4,778.32	2.4
45 - 49	1	3.0	501.26	3,048.74	3,550.00	1.8
40 - 44	6	18.2	559.77	2,509.05	3,068.82	1.6
35 - 39	4	12.1	2,515.83	0.00	2,515.83	1.3
55 - 59	2	6.1	268.12	0.00	268.12	0.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	1	3.0	62.00	0.00	62.00	0.0
65 - 69	1	3.0	31.61	0.00	31.61	0.0
20 - 24	1	3.0	0.00	0.00	0.00	0.0
25 - 29	1	3.0	0.00	0.00	0.00	0.0
50 - 54	1	3.0	0.00	0.00	0.00	0.0
70 - 74	1	3.0	0.00	0.00	0.00	0.0
Totals:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
SEX OF CLAIMANT						
Female	24	72.7	69,758.51	121,839.57	191,598.08	98.1
Male	9	27.3	1,154.62	2,509.05	3,663.67	1.9
Totals:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
LOSS CAUSE						
Object on Floor	1	3.0	33,814.12	67,604.70	101,418.82	51.9
Floor	2	6.1	28,082.69	49,936.13	78,018.82	40.0
Patient / Inmate	5	15.2	3,037.90	3,048.74	6,086.64	3.1
Electricity	1	3.0	3,244.28	0.00	3,244.28	1.7
Walking surface, outside, wet	2	6.1	540.95	2,509.05	3,050.00	1.6
Metal items	1	3.0	0.00	1,250.00	1,250.00	0.6
Computer Work Station	1	3.0	1,234.76	0.00	1,234.76	0.6
Machine, not otherwise classified	1	3.0	273.41	0.00	273.41	0.1
Office equipment	1	3.0	241.57	0.00	241.57	0.1
Needle stick	4	12.1	219.54	0.00	219.54	0.1
Furniture / fixtures	1	3.0	62.00	0.00	62.00	0.0
Uneven Surface	1	3.0	61.05	0.00	61.05	0.0
Door	2	6.1	31.61	0.00	31.61	0.0
Elevators, escalators	1	3.0	31.61	0.00	31.61	0.0
N/A	1	3.0	18.82	0.00	18.82	0.0
Stairs	1	3.0	18.82	0.00	18.82	0.0
Chair	1	3.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.0	0.00	0.00	0.00	0.0
Cords	1	3.0	0.00	0.00	0.00	0.0
Outside Surface	2	6.1	0.00	0.00	0.00	0.0
Pipe	1	3.0	0.00	0.00	0.00	0.0
Razor blade	1	3.0	0.00	0.00	0.00	0.0
Totals:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
ACCIDENT TYPE						
Fall On the Same Level	5	15.2	61,896.81	118,790.83	180,687.64	92.5
Struck/Injured By Fellow Worker, Patient	4	12.1	2,769.78	3,048.74	5,818.52	3.0
Contact with Electrical Current	1	3.0	3,244.28	0.00	3,244.28	1.7
Fall/Slip on Ice or Snow	4	12.1	540.95	2,509.05	3,050.00	1.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary Objec	1	3.0	1,234.76	0.00	1,234.76	0.6
Other Injury NEC	3	9.1	300.36	0.00	300.36	0.2
Strike Against Moving Parts of Machine	1	3.0	273.41	0.00	273.41	0.1
Lifting	1	3.0	268.12	0.00	268.12	0.1
Struck/Injured By Falling or Flying Objec	1	3.0	241.57	0.00	241.57	0.1
Fall/Slip From a Different Level	1	3.0	61.05	0.00	61.05	0.0
Caught In, Under or Between, NOC	1	3.0	31.61	0.00	31.61	0.0
Collision with a Fixed Object	2	6.1	31.61	0.00	31.61	0.0
Fall/Slip on Stairs	1	3.0	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	1	3.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	6.1	0.00	0.00	0.00	0.0
Needle Stick	2	6.1	0.00	0.00	0.00	0.0
Pushing or Pulling	1	3.0	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	3.0	0.00	0.00	0.00	0.0
Sum:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
BODY PART						
Upper Extremities Shoulder(s)	3	9.1	33,814.12	67,604.70	101,418.82	51.9
Lower Extremities Knee	4	12.1	30,386.39	49,936.13	80,322.52	41.1
Trunk Low Back Area (Incl. Lumbar & Li	3	9.1	1,042.21	5,557.79	6,600.00	3.4
Trunk Chest (Incl. Ribs, Sternum & Soft	2	6.1	3,244.28	0.00	3,244.28	1.7
Multiple Body Parts Multiple Body Parts	2	6.1	0.00	1,250.00	1,250.00	0.6
Head Brain	1	3.0	1,234.76	0.00	1,234.76	0.6
Lower Extremities Foot	2	6.1	303.57	0.00	303.57	0.2
Head Nose	1	3.0	273.41	0.00	273.41	0.1
Upper Extremities Elbow	1	3.0	268.12	0.00	268.12	0.1
Upper Extremities Upper Arm (Incl. Clav	2	6.1	219.54	0.00	219.54	0.1
Upper Extremities Finger(s)	3	9.1	31.61	0.00	31.61	0.0
Upper Extremities Lower Arm	1	3.0	31.61	0.00	31.61	0.0
Neck Multiple Neck Injury	1	3.0	25.87	0.00	25.87	0.0
Lower Extremities Upper Leg	1	3.0	18.82	0.00	18.82	0.0
Multiple Body Parts Body Systems & Mu	1	3.0	18.82	0.00	18.82	0.0
Multiple Body Parts No Physical Injury	2	6.1	0.00	0.00	0.00	0.0
Trunk Buttocks	2	6.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	3.0	0.00	0.00	0.00	0.0
Sum:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	
INJURY						
Multiple Physical Injury Only	5	15.2	34,082.24	67,604.70	101,686.94	52.1
Fracture	2	6.1	28,101.51	49,936.13	78,037.64	40.0
Contusion (Bruise, Skin Surface)	9	27.3	2,882.85	1,250.00	4,132.85	2.1
Sprain	3	9.1	562.31	3,048.74	3,611.05	1.8
Electric Shock	1	3.0	3,244.28	0.00	3,244.28	1.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	4	12.1	566.82	2,509.05	3,075.87	1.6
Concussion (Brain, Cerebral)	1	3.0	1,234.76	0.00	1,234.76	0.6
Adverse reaction to a vaccination or inoc	1	3.0	219.54	0.00	219.54	0.1
No Physical Injury	1	3.0	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	3.0	0.00	0.00	0.00	0.0
Dust Disease NOC(All Other Pneumoco	1	3.0	0.00	0.00	0.00	0.0
Laceration	1	3.0	0.00	0.00	0.00	0.0
Puncture	3	9.1	0.00	0.00	0.00	0.0
Sum:	**33**		**$70,913.13**	**$124,348.62**	**$195,261.75**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
211 - VA MILITARY INSTITUTE						
S211 - VA MILITARY INSTITUTE						
TYPE OF CLAIM						
Medical Only	10	47.6	1,052.82	2,480.00	3,532.82	76.7
Indemnity	1	4.8	1,070.69	0.00	1,070.69	23.3
Reporting Purposes Only	10	47.6	0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
TIME OF INJURY						
12PM - 1:59PM	6	28.6	982.53	1,230.00	2,212.53	48.1
8AM - 9:59AM	5	23.8	0.00	1,250.00	1,250.00	27.2
10AM - 11:59AM	6	28.6	1,118.02	0.00	1,118.02	24.3
6AM - 7:59AM	3	14.3	22.96	0.00	22.96	0.5
2PM - 3:59PM	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
LENGTH OF SERVICE						
12 - 14	1	4.8	20.00	1,230.00	1,250.00	27.2
18 - 20	1	4.8	0.00	1,250.00	1,250.00	27.2
6 - 8	1	4.8	1,070.69	0.00	1,070.69	23.3
14 - 16	1	4.8	962.53	0.00	962.53	20.9
8 - 10	1	4.8	28.51	0.00	28.51	0.6
0 - 2	8	38.1	22.96	0.00	22.96	0.5
2 - 4	5	23.8	18.82	0.00	18.82	0.4
4 - 6	2	9.5	0.00	0.00	0.00	0.0
16 - 18	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
Age of Claimant						
30 - 34	2	9.5	20.00	1,230.00	1,250.00	27.2
75 - 79	1	4.8	0.00	1,250.00	1,250.00	27.2
55 - 59	2	9.5	1,070.69	0.00	1,070.69	23.3
35 - 39	1	4.8	962.53	0.00	962.53	20.9
25 - 29	2	9.5	47.33	0.00	47.33	1.0
45 - 49	2	9.5	22.96	0.00	22.96	0.5
20 - 24	2	9.5	0.00	0.00	0.00	0.0
50 - 54	1	4.8	0.00	0.00	0.00	0.0
60 - 64	7	33.3	0.00	0.00	0.00	0.0
65 - 69	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	13	61.9	42.96	2,480.00	2,522.96	54.8
Male	8	38.1	2,080.55	0.00	2,080.55	45.2
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
LOSS CAUSE						
Gas / Fumes	1	4.8	20.00	1,230.00	1,250.00	27.2
Walking surface, inside, dry	1	4.8	0.00	1,250.00	1,250.00	27.2
Stairs, steps	4	19.0	1,093.65	0.00	1,093.65	23.8
Chain Saw	1	4.8	962.53	0.00	962.53	20.9
Glass bottle / sheet	1	4.8	28.51	0.00	28.51	0.6
Environmental conditions	4	19.0	18.82	0.00	18.82	0.4
Furniture / fixtures	2	9.5	0.00	0.00	0.00	0.0
Metal items	1	4.8	0.00	0.00	0.00	0.0
Shovel	1	4.8	0.00	0.00	0.00	0.0
Trash receptacle	1	4.8	0.00	0.00	0.00	0.0
Uneven Surface	1	4.8	0.00	0.00	0.00	0.0
Walking surface, inside, wet	2	9.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	4.8	20.00	1,230.00	1,250.00	27.2
Fall On the Same Level	4	19.0	0.00	1,250.00	1,250.00	27.2
Strain or Injury By, NOC	3	14.3	1,070.69	0.00	1,070.69	23.3
Powered Hand Tool; Appliance	1	4.8	962.53	0.00	962.53	20.9
Broken Glass	1	4.8	28.51	0.00	28.51	0.6
Fall/Slip on Stairs	2	9.5	22.96	0.00	22.96	0.5
Other than Physical Cause of Injury	1	4.8	18.82	0.00	18.82	0.4
Fall/Slip From Liquid or Grease Spills	1	4.8	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	4.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	9.5	0.00	0.00	0.00	0.0
Lifting	1	4.8	0.00	0.00	0.00	0.0
Natural Disasters	1	4.8	0.00	0.00	0.00	0.0
Pushing or Pulling	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
Sum:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
BODY PART						
Lower Extremities Knee	4	19.0	2,033.22	0.00	2,033.22	44.2
Multiple Body Parts Multiple Body Parts	9	42.9	41.78	1,250.00	1,291.78	28.1
Multiple Body Parts Body Systems & Mu	1	4.8	20.00	1,230.00	1,250.00	27.2
Upper Extremities Finger(s)	1	4.8	28.51	0.00	28.51	0.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	4.8	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	1	4.8	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	4.8	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	
INJURY						
All Other (Specific) Injuries, NOC	2	9.5	20.00	2,480.00	2,500.00	54.3
Strain	4	19.0	1,070.69	0.00	1,070.69	23.3
Laceration	2	9.5	991.04	0.00	991.04	21.5
Sprain	5	23.8	22.96	0.00	22.96	0.5
Heat Prostration	1	4.8	18.82	0.00	18.82	0.4
Contusion (Bruise, Skin Surface)	6	28.6	0.00	0.00	0.00	0.0
Fracture	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$2,123.51**	**$2,480.00**	**$4,603.51**	

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DOI Period: 07/01/2024-06/30/2025
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
212 - Virginia State University						
S212 - Virginia State University						
TYPE OF CLAIM						
Medical Only	12	85.7	2,105.06	1,122.07	3,227.13	97.3
Indemnity	2	14.3	90.93	0.00	90.93	2.7
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
TIME OF INJURY						
10AM - 11:59AM	2	14.3	350.46	1,122.07	1,472.53	44.4
4PM - 5:59PM	2	14.3	899.73	0.00	899.73	27.1
12PM - 1:59PM	5	35.7	873.69	0.00	873.69	26.3
2PM - 3:59PM	2	14.3	72.11	0.00	72.11	2.2
8AM - 9:59AM	2	14.3	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
LENGTH OF SERVICE						
2 - 4	5	35.7	616.19	1,122.07	1,738.26	52.4
0 - 2	3	21.4	831.56	0.00	831.56	25.1
6 - 8	2	14.3	506.89	0.00	506.89	15.3
4 - 6	1	7.1	222.53	0.00	222.53	6.7
16 - 18	2	14.3	18.82	0.00	18.82	0.6
14 - 16	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
Age of Claimant						
55 - 59	2	14.3	127.93	1,122.07	1,250.00	37.7
25 - 29	1	7.1	488.26	0.00	488.26	14.7
20 - 24	1	7.1	464.95	0.00	464.95	14.0
30 - 34	2	14.3	434.78	0.00	434.78	13.1
50 - 54	3	21.4	366.61	0.00	366.61	11.0
35 - 39	1	7.1	222.53	0.00	222.53	6.7
45 - 49	2	14.3	72.11	0.00	72.11	2.2
65 - 69	1	7.1	18.82	0.00	18.82	0.6
70 - 74	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
SEX OF CLAIMANT						
Female	11	78.6	2,068.06	0.00	2,068.06	62.3
Male	3	21.4	127.93	1,122.07	1,250.00	37.7
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Vehicle/car/truck	2	14.3	200.04	1,122.07	1,322.11	39.8
Recreational equipment	2	14.3	899.73	0.00	899.73	27.1
Walking surface, outside, dry	4	28.6	607.96	0.00	607.96	18.3
Stairs, steps	2	14.3	488.26	0.00	488.26	14.7
Overhead Object	1	7.1	0.00	0.00	0.00	0.0
Steam / exhaust	1	7.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	7.1	127.93	1,122.07	1,250.00	37.7
Struck/Injured By Falling or Flying Objec	2	14.3	899.73	0.00	899.73	27.1
Fall/Slip on Stairs	1	7.1	488.26	0.00	488.26	14.7
Twisting	1	7.1	366.61	0.00	366.61	11.0
Fall On the Same Level	2	14.3	241.35	0.00	241.35	7.3
Vehicle Upset	1	7.1	72.11	0.00	72.11	2.2
Dust, Gases, Fumes or Vapors	1	7.1	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	14.3	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	2	14.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
BODY PART						
Multiple Body Parts Multiple Body Parts	6	42.9	441.39	1,122.07	1,563.46	47.1
Trunk Upper Back Area (Thoracic Area)	1	7.1	488.26	0.00	488.26	14.7
Head Brain	1	7.1	464.95	0.00	464.95	14.0
Head Multiple Head Injury	1	7.1	434.78	0.00	434.78	13.1
Lower Extremities Knee	1	7.1	366.61	0.00	366.61	11.0
Head Skull	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	7.1	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	
INJURY						
All Other (Specific) Injuries, NOC	4	28.6	494.54	1,122.07	1,616.61	48.7
Concussion (Brain, Cerebral)	2	14.3	899.73	0.00	899.73	27.1
Strain	1	7.1	488.26	0.00	488.26	14.7
All Other Cumulative Injury	2	14.3	294.64	0.00	294.64	8.9
Multiple Physical Injury Only	1	7.1	18.82	0.00	18.82	0.6
Contusion (Bruise, Skin Surface)	1	7.1	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	1	7.1	0.00	0.00	0.00	0.0
No Physical Injury	1	7.1	0.00	0.00	0.00	0.0
Sprain	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$2,195.99**	**$1,122.07**	**$3,318.06**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
213 - NORFOLK STATE UNIVERSITY						
S213 - NORFOLK STATE UNIVERSITY						
TYPE OF CLAIM						
Indemnity	8	24.2	116,075.59	134,948.51	251,024.10	92.0
Medical Only	23	69.7	12,198.90	9,762.03	21,960.93	8.0
Reporting Purposes Only	2	6.1	0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
TIME OF INJURY						
6PM - 7:59PM	3	9.1	111,249.98	85,054.79	196,304.77	71.9
4PM - 5:59PM	3	9.1	3,171.70	53,250.54	56,422.24	20.7
10AM - 11:59AM	7	21.2	4,858.57	1,250.00	6,108.57	2.2
10PM - 11:59PM	1	3.0	3,854.74	1,405.21	5,259.95	1.9
8AM - 9:59AM	7	21.2	2,697.55	2,500.00	5,197.55	1.9
6AM - 7:59AM	6	18.2	1,775.66	1,250.00	3,025.66	1.1
12PM - 1:59PM	3	9.1	628.65	0.00	628.65	0.2
12AM - 1:59AM	1	3.0	18.82	0.00	18.82	0.0
2PM - 3:59PM	2	6.1	18.82	0.00	18.82	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
LENGTH OF SERVICE						
2 - 4	5	15.2	111,249.98	87,554.79	198,804.77	72.8
10 - 12	2	6.1	75.10	51,143.72	51,218.82	18.8
0 - 2	9	27.3	5,201.48	1,405.21	6,606.69	2.4
4 - 6	2	6.1	4,962.07	0.00	4,962.07	1.8
18 - 20	2	6.1	1,582.00	3,356.82	4,938.82	1.8
8 - 10	1	3.0	2,321.21	0.00	2,321.21	0.9
6 - 8	4	12.1	28.82	1,250.00	1,278.82	0.5
16 - 18	2	6.1	919.39	0.00	919.39	0.3
26 - 28	1	3.0	917.42	0.00	917.42	0.3
36 - 38	1	3.0	573.46	0.00	573.46	0.2
24 - 26	2	6.1	424.74	0.00	424.74	0.2
48 - 50	1	3.0	18.82	0.00	18.82	0.0
22 - 24	1	3.0	0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
Age of Claimant						
35 - 39	6	18.2	116,175.07	85,054.79	201,229.86	73.7
45 - 49	1	3.0	75.10	49,893.72	49,968.82	18.3
55 - 59	9	27.3	2,924.16	7,106.82	10,030.98	3.7
50 - 54	2	6.1	3,854.74	1,405.21	5,259.95	1.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	2	6.1	2,321.21	1,250.00	3,571.21	1.3
40 - 44	2	6.1	1,880.94	0.00	1,880.94	0.7
60 - 64	3	9.1	602.28	0.00	602.28	0.2
70 - 74	4	12.1	422.17	0.00	422.17	0.2
25 - 29	1	3.0	18.82	0.00	18.82	0.0
20 - 24	3	9.1	0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
SEX OF CLAIMANT						
Male	14	42.4	117,061.42	137,603.72	254,665.14	93.3
Female	19	57.6	11,213.07	7,106.82	18,319.89	6.7
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
LOSS CAUSE						
Floor	14	42.4	119,332.27	142,055.33	261,387.60	95.8
Patient / Inmate	1	3.0	3,854.74	1,405.21	5,259.95	1.9
Overhead Object	1	3.0	1,533.42	0.00	1,533.42	0.6
Sockets	1	3.0	0.00	1,250.00	1,250.00	0.5
Walking surface, inside, wet	1	3.0	917.42	0.00	917.42	0.3
Training \ Drills	3	9.1	802.74	0.00	802.74	0.3
Chair	1	3.0	573.46	0.00	573.46	0.2
Metal items	1	3.0	516.04	0.00	516.04	0.2
Beam	1	3.0	347.52	0.00	347.52	0.1
N/A	1	3.0	340.42	0.00	340.42	0.1
Furniture / fixtures	1	3.0	18.82	0.00	18.82	0.0
Grease	1	3.0	18.82	0.00	18.82	0.0
Hand tool, not powered, NOC	1	3.0	18.82	0.00	18.82	0.0
Cleaning Products	2	6.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	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, dry	1	3.0	0.00	0.00	0.00	0.0
Totals:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spills	1	3.0	111,249.98	85,054.79	196,304.77	71.9
Fall On the Same Level	16	48.5	7,023.78	57,000.54	64,024.32	23.5
Pushing or Pulling	1	3.0	3,854.74	1,405.21	5,259.95	1.9
Fall/Slip From a Different Level	2	6.1	4,002.11	0.00	4,002.11	1.5
Strike Against/Step On Stationary Objec	1	3.0	1,533.42	0.00	1,533.42	0.6
Cumulative (All Other)	1	3.0	0.00	1,250.00	1,250.00	0.5
Collision with a Fixed Object	1	3.0	347.52	0.00	347.52	0.1
Twisting	1	3.0	206.48	0.00	206.48	0.1
Hand Tool, Utensil; Not Powered	2	6.1	18.82	0.00	18.82	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	3	9.1	18.82	0.00	18.82	0.0
Reaching	1	3.0	18.82	0.00	18.82	0.0
Fall, Slip or Trip, NOC	2	6.1	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	3.0	0.00	0.00	0.00	0.0
Sum:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
BODY PART						
Lower Extremities Knee	8	24.2	115,937.11	89,661.61	205,598.72	75.3
Lower Extremities Ankle	3	9.1	3,503.75	49,893.72	53,397.47	19.6
Upper Extremities Finger(s)	1	3.0	3,854.74	1,405.21	5,259.95	1.9
Upper Extremities Hand	4	12.1	403.35	2,500.00	2,903.35	1.1
Multiple Body Parts Multiple Body Parts	4	12.1	2,025.74	0.00	2,025.74	0.7
Neck Soft Tissue-Neck	2	6.1	1,552.24	0.00	1,552.24	0.6
Upper Extremities Elbow	1	3.0	0.00	1,250.00	1,250.00	0.5
Lower Extremities Hip	2	6.1	424.74	0.00	424.74	0.2
Head Brain	1	3.0	347.52	0.00	347.52	0.1
Lower Extremities Lower Leg	2	6.1	206.48	0.00	206.48	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	3.0	18.82	0.00	18.82	0.0
Head Eye(s)	1	3.0	0.00	0.00	0.00	0.0
Head Mouth	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
Sum:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	
INJURY						
Sprain	17	51.5	119,898.38	89,661.61	209,559.99	76.8
Dislocation	1	3.0	75.10	49,893.72	49,968.82	18.3
Strain	4	12.1	6,401.25	1,405.21	7,806.46	2.9
All Other (Specific) Injuries, NOC	3	9.1	0.00	2,500.00	2,500.00	0.9
Multiple Physical Injury Only	1	3.0	1,533.42	0.00	1,533.42	0.6
Contusion (Bruise, Skin Surface)	3	9.1	0.00	1,250.00	1,250.00	0.5
Crushing	2	6.1	347.52	0.00	347.52	0.1
Burn	1	3.0	18.82	0.00	18.82	0.0
Multiple Injury Inc. Physical & Psycholog	1	3.0	0.00	0.00	0.00	0.0
Sum:	**33**		**$128,274.49**	**$144,710.54**	**$272,985.03**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
214 - Longwood University						
S214 - Longwood University						
TYPE OF CLAIM						
Medical Only	5	41.7	1,463.59	1,300.00	2,763.59	69.6
Indemnity	1	8.3	1,208.10	0.00	1,208.10	30.4
Reporting Purposes Only	6	50.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
TIME OF INJURY						
4PM - 5:59PM	1	8.3	1,463.59	0.00	1,463.59	36.9
8PM - 9:59PM	1	8.3	0.00	1,300.00	1,300.00	32.7
8AM - 9:59AM	2	16.7	1,208.10	0.00	1,208.10	30.4
2AM - 3:59AM	1	8.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	16.7	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	16.7	0.00	0.00	0.00	0.0
2PM - 3:59PM	3	25.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
LENGTH OF SERVICE						
10 - 12	3	25.0	1,463.59	1,300.00	2,763.59	69.6
18 - 20	1	8.3	1,208.10	0.00	1,208.10	30.4
0 - 2	3	25.0	0.00	0.00	0.00	0.0
2 - 4	1	8.3	0.00	0.00	0.00	0.0
4 - 6	1	8.3	0.00	0.00	0.00	0.0
20 - 22	1	8.3	0.00	0.00	0.00	0.0
34 - 36	1	8.3	0.00	0.00	0.00	0.0
46 - 48	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
Age of Claimant						
40 - 44	2	16.7	1,463.59	0.00	1,463.59	36.9
55 - 59	1	8.3	0.00	1,300.00	1,300.00	32.7
60 - 64	1	8.3	1,208.10	0.00	1,208.10	30.4
25 - 29	1	8.3	0.00	0.00	0.00	0.0
30 - 34	1	8.3	0.00	0.00	0.00	0.0
35 - 39	3	25.0	0.00	0.00	0.00	0.0
50 - 54	1	8.3	0.00	0.00	0.00	0.0
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
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	9	75.0	2,671.69	1,300.00	3,971.69	100.0
Female	3	25.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
LOSS CAUSE						
Walking surface, inside, dry	1	8.3	1,463.59	0.00	1,463.59	36.9
Outside Surface	2	16.7	0.00	1,300.00	1,300.00	32.7
Machine, not otherwise classified	1	8.3	1,208.10	0.00	1,208.10	30.4
Dolly	1	8.3	0.00	0.00	0.00	0.0
Floor	3	25.0	0.00	0.00	0.00	0.0
Metal items	1	8.3	0.00	0.00	0.00	0.0
Uneven Surface	1	8.3	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	8.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
ACCIDENT TYPE						
Fall On the Same Level	3	25.0	1,463.59	0.00	1,463.59	36.9
Fall, Slip or Trip, NOC	3	25.0	0.00	1,300.00	1,300.00	32.7
Struck/Injured By Moving Parts of Machi	1	8.3	1,208.10	0.00	1,208.10	30.4
Cut, Punctured, Scraped, NOC	1	8.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	8.3	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	8.3	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	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
Sum:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
BODY PART						
Lower Extremities Knee	1	8.3	1,463.59	0.00	1,463.59	36.9
Multiple Body Parts Multiple Body Parts	6	50.0	0.00	1,300.00	1,300.00	32.7
Upper Extremities Hand	1	8.3	1,208.10	0.00	1,208.10	30.4
Lower Extremities Lower Leg	1	8.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	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
Upper Extremities Wrist(s) and Hand(s)	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	
INJURY						
Contusion (Bruise, Skin Surface)	4	33.3	1,463.59	0.00	1,463.59	36.9
Multiple Physical Injury Only	3	25.0	0.00	1,300.00	1,300.00	32.7
Fracture	1	8.3	1,208.10	0.00	1,208.10	30.4
Laceration	2	16.7	0.00	0.00	0.00	0.0
Sprain	1	8.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$2,671.69**	**$1,300.00**	**$3,971.69**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
215 - University of Mary Washington						
S215 - University of Mary Washington						
TYPE OF CLAIM						
Indemnity	2	11.8	339.80	16,629.10	16,968.90	55.7
Medical Only	10	58.8	8,160.54	5,336.37	13,496.91	44.3
Reporting Purposes Only	5	29.4	0.00	0.00	0.00	0.0
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
TIME OF INJURY						
10AM - 11:59AM	3	17.6	1,806.36	16,629.10	18,435.46	60.5
6AM - 7:59AM	2	11.8	2,354.01	4,016.42	6,370.43	20.9
2PM - 3:59PM	3	17.6	1,679.51	0.00	1,679.51	5.5
8AM - 9:59AM	3	17.6	1,576.07	50.00	1,626.07	5.3
6PM - 7:59PM	1	5.9	50.05	1,269.95	1,320.00	4.3
12PM - 1:59PM	2	11.8	713.36	0.00	713.36	2.3
4PM - 5:59PM	2	11.8	320.98	0.00	320.98	1.1
4AM - 5:59AM	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
LENGTH OF SERVICE						
2 - 4	3	17.6	1,444.40	16,629.10	18,073.50	59.3
6 - 8	2	11.8	2,354.01	4,016.42	6,370.43	20.9
0 - 2	5	29.4	3,305.63	1,319.95	4,625.58	15.2
18 - 20	3	17.6	1,034.34	0.00	1,034.34	3.4
20 - 22	1	5.9	361.96	0.00	361.96	1.2
4 - 6	1	5.9	0.00	0.00	0.00	0.0
10 - 12	1	5.9	0.00	0.00	0.00	0.0
12 - 14	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
Age of Claimant						
60 - 64	7	41.2	4,511.77	20,645.52	25,157.29	82.6
20 - 24	3	17.6	1,729.56	1,269.95	2,999.51	9.8
25 - 29	1	5.9	1,576.07	50.00	1,626.07	5.3
80 - 84	2	11.8	682.94	0.00	682.94	2.2
30 - 34	1	5.9	0.00	0.00	0.00	0.0
50 - 54	1	5.9	0.00	0.00	0.00	0.0
55 - 59	1	5.9	0.00	0.00	0.00	0.0
65 - 69	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	14	82.4	7,817.40	21,965.47	29,782.87	97.8
Male	3	17.6	682.94	0.00	682.94	2.2
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
LOSS CAUSE						
Walking surface, outside, dry	2	11.8	18.82	16,629.10	16,647.92	54.6
Furniture / fixtures	3	17.6	4,492.95	4,016.42	8,509.37	27.9
Nail Gun	1	5.9	1,679.51	0.00	1,679.51	5.5
Patient / Inmate	1	5.9	1,576.07	50.00	1,626.07	5.3
Animal, not otherwise classified	1	5.9	50.05	1,269.95	1,320.00	4.3
Dust	1	5.9	361.96	0.00	361.96	1.2
Outside Surface	1	5.9	320.98	0.00	320.98	1.1
Environmental conditions	3	17.6	0.00	0.00	0.00	0.0
Floor	1	5.9	0.00	0.00	0.00	0.0
Gas / Fumes	1	5.9	0.00	0.00	0.00	0.0
Knife, Utility	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
Totals:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
ACCIDENT TYPE						
Fall On the Same Level	4	23.5	732.18	16,629.10	17,361.28	57.0
Caught In/Between-Object Handled	1	5.9	2,354.01	4,016.42	6,370.43	20.9
Hand Tool, Utensil; Not Powered	2	11.8	1,679.51	0.00	1,679.51	5.5
Struck/Injured By Fellow Worker, Patient	1	5.9	1,576.07	50.00	1,626.07	5.3
Collision with a Fixed Object	1	5.9	1,425.58	0.00	1,425.58	4.7
Struck/Injured By Animal or Insect	1	5.9	50.05	1,269.95	1,320.00	4.3
Foreign Body in Eye	1	5.9	361.96	0.00	361.96	1.2
Fall/Slip From a Different Level	1	5.9	320.98	0.00	320.98	1.1
Bodily Reaction	1	5.9	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	5.9	0.00	0.00	0.00	0.0
Mold, Including Mildew	2	11.8	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
BODY PART						
Multiple Body Parts Multiple Body Parts	6	35.3	2,308.25	16,679.10	18,987.35	62.3
Upper Extremities Finger(s)	4	23.5	4,083.57	5,286.37	9,369.94	30.8
Lower Extremities Lower Leg	1	5.9	1,425.58	0.00	1,425.58	4.7
Head Eye(s)	1	5.9	361.96	0.00	361.96	1.2
Trunk Multiple Trunk	1	5.9	320.98	0.00	320.98	1.1
Lower Extremities Knee	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Lung(s)	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
Sum:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	
INJURY						
Multiple Physical Injury Only	3	17.6	732.18	16,629.10	17,361.28	57.0
Crushing	2	11.8	2,354.01	4,016.42	6,370.43	20.9
Contusion (Bruise, Skin Surface)	2	11.8	3,001.65	50.00	3,051.65	10.0
Puncture	1	5.9	1,679.51	0.00	1,679.51	5.5
Laceration	2	11.8	50.05	1,269.95	1,320.00	4.3
Foreign Body (Eye)	1	5.9	361.96	0.00	361.96	1.2
Sprain	1	5.9	320.98	0.00	320.98	1.1
Inflammation	1	5.9	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	5.9	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	2	11.8	0.00	0.00	0.00	0.0
Strain	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$8,500.34**	**$21,965.47**	**$30,465.81**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
216 - JAMES MADISON UNIVERSITY						
S216 - JAMES MADISON UNIVERSITY						
TYPE OF CLAIM						
Indemnity	8	7.9	76,575.60	278,886.13	355,461.73	85.0
Medical Only	55	54.5	30,153.94	32,537.84	62,691.78	15.0
Reporting Purposes Only	38	37.6	0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
TIME OF INJURY						
8PM - 9:59PM	1	1.0	7,678.50	143,672.32	151,350.82	36.2
2PM - 3:59PM	17	16.8	36,553.05	81,133.87	117,686.92	28.1
12PM - 1:59PM	12	11.9	25,619.67	16,687.63	42,307.30	10.1
4AM - 5:59AM	2	2.0	15,274.11	21,836.95	37,111.06	8.9
6AM - 7:59AM	15	14.9	7,633.33	28,595.13	36,228.46	8.7
4PM - 5:59PM	4	4.0	2,747.28	9,612.64	12,359.92	3.0
10AM - 11:59AM	23	22.8	7,252.63	3,607.01	10,859.64	2.6
8AM - 9:59AM	19	18.8	2,963.95	5,040.44	8,004.39	1.9
10PM - 11:59PM	3	3.0	285.37	1,094.63	1,380.00	0.3
6PM - 7:59PM	4	4.0	721.65	143.35	865.00	0.2
2AM - 3:59AM	1	1.0	0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
LENGTH OF SERVICE						
6 - 8	4	4.0	7,678.50	143,672.32	151,350.82	36.2
16 - 18	4	4.0	29,992.07	71,927.65	101,919.72	24.4
0 - 2	33	32.7	44,245.99	32,200.74	76,446.73	18.3
8 - 10	9	8.9	3,695.29	29,100.43	32,795.72	7.8
20 - 22	4	4.0	890.96	15,316.84	16,207.80	3.9
2 - 4	22	21.8	7,978.62	3,594.63	11,573.25	2.8
18 - 20	7	6.9	3,112.60	6,706.22	9,818.82	2.3
12 - 14	7	6.9	2,981.47	4,432.64	7,414.11	1.8
26 - 28	2	2.0	3,537.01	2,512.99	6,050.00	1.4
28 - 30	1	1.0	1,340.49	1,959.51	3,300.00	0.8
22 - 24	2	2.0	708.94	0.00	708.94	0.2
24 - 26	2	2.0	567.60	0.00	567.60	0.1
4 - 6	1	1.0	0.00	0.00	0.00	0.0
10 - 12	3	3.0	0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
Age of Claimant						
65 - 69	5	5.0	9,137.07	149,717.81	158,854.88	38.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
45 - 49	9	8.9	52,986.87	70,677.65	123,664.52	29.6
60 - 64	13	12.9	7,041.02	37,260.86	44,301.88	10.6
15 - 19	6	5.9	15,978.20	20,624.19	36,602.39	8.8
40 - 44	13	12.9	7,919.16	7,680.07	15,599.23	3.7
70 - 74	2	2.0	198.18	15,316.84	15,515.02	3.7
55 - 59	11	10.9	6,723.96	0.00	6,723.96	1.6
20 - 24	9	8.9	2,338.19	1,393.35	3,731.54	0.9
35 - 39	8	7.9	1,177.12	2,462.76	3,639.88	0.9
25 - 29	7	6.9	791.15	2,500.00	3,291.15	0.8
80 - 84	1	1.0	584.56	2,540.44	3,125.00	0.7
50 - 54	11	10.9	1,039.04	1,250.00	2,289.04	0.5
30 - 34	6	5.9	815.02	0.00	815.02	0.2
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
SEX OF CLAIMANT						
Male	45	44.6	34,906.40	194,434.67	229,341.07	54.8
Female	56	55.4	71,823.14	116,989.30	188,812.44	45.2
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
LOSS CAUSE						
Walking surface, outside, wet	3	3.0	10,772.28	150,378.54	161,150.82	38.5
Walking surface, inside, wet	3	3.0	29,691.67	70,677.65	100,369.32	24.0
Shovel	1	1.0	15,236.87	20,624.19	35,861.06	8.6
Trash receptacle	2	2.0	373.69	28,595.13	28,968.82	6.9
Furniture / fixtures	3	3.0	23,271.74	0.00	23,271.74	5.6
Blower 18"	1	1.0	198.18	15,316.84	15,515.02	3.7
Recreational equipment	2	2.0	2,125.76	5,682.64	7,808.40	1.9
Stairs, steps	5	5.0	621.52	6,430.00	7,051.52	1.7
Package	2	2.0	6,192.12	505.30	6,697.42	1.6
Walking surface, outside, dry	3	3.0	1,943.87	4,499.95	6,443.82	1.5
Outside Surface	5	5.0	3,939.03	1,647.50	5,586.53	1.3
Cleaning Products	5	5.0	1,896.33	0.00	1,896.33	0.5
Person	2	2.0	711.77	1,094.63	1,806.40	0.4
Machine, not otherwise classified	6	5.9	115.26	1,212.76	1,328.02	0.3
Boxes / containers	2	2.0	384.51	865.49	1,250.00	0.3
Door	4	4.0	0.00	1,250.00	1,250.00	0.3
Stairs	3	3.0	0.00	1,250.00	1,250.00	0.3
Work surface	1	1.0	0.00	1,250.00	1,250.00	0.3
Pallet Jack	1	1.0	1,119.82	0.00	1,119.82	0.3
Vehicle/car/truck	2	2.0	721.65	143.35	865.00	0.2
Animal / bee type	2	2.0	798.23	0.00	798.23	0.2
Hot/Cold Object, Liquid, Substance	2	2.0	723.25	0.00	723.25	0.2
Wood Items	2	2.0	720.72	0.00	720.72	0.2

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Grinder	1	1.0	692.78	0.00	692.78	0.2
Cords	1	1.0	567.60	0.00	567.60	0.1
Poisonous agent / plant	1	1.0	550.77	0.00	550.77	0.1
Blade	1	1.0	453.31	0.00	453.31	0.1
Brush / tree / log	1	1.0	452.54	0.00	452.54	0.1
Grease	1	1.0	383.90	0.00	383.90	0.1
Working Surface	2	2.0	380.03	0.00	380.03	0.1
Animal / insect, not otherwise classifie	1	1.0	338.61	0.00	338.61	0.1
Gun / gunshot	1	1.0	338.61	0.00	338.61	0.1
Mowers	1	1.0	300.40	0.00	300.40	0.1
Fencing	1	1.0	279.48	0.00	279.48	0.1
Hand tool, not powered, NOC	3	3.0	171.74	0.00	171.74	0.0
Press	1	1.0	130.00	0.00	130.00	0.0
Wires	1	1.0	112.68	0.00	112.68	0.0
Animal, not otherwise classified	1	1.0	18.82	0.00	18.82	0.0
Chair	1	1.0	0.00	0.00	0.00	0.0
Cone	2	2.0	0.00	0.00	0.00	0.0
Docks,Ramps,Loading Platforms	1	1.0	0.00	0.00	0.00	0.0
Floor	2	2.0	0.00	0.00	0.00	0.0
Foreign Object	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
Hose (indicator # carried)	1	1.0	0.00	0.00	0.00	0.0
Infectious agent	1	1.0	0.00	0.00	0.00	0.0
Ladder - Portable	1	1.0	0.00	0.00	0.00	0.0
Light cord and reel	1	1.0	0.00	0.00	0.00	0.0
Object on Floor	1	1.0	0.00	0.00	0.00	0.0
Paper cutter	1	1.0	0.00	0.00	0.00	0.0
Razor blade	1	1.0	0.00	0.00	0.00	0.0
Steam / exhaust	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
Wall	1	1.0	0.00	0.00	0.00	0.0
Water	2	2.0	0.00	0.00	0.00	0.0
Window frame	1	1.0	0.00	0.00	0.00	0.0
Totals:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
ACCIDENT TYPE						
Fall On the Same Level	17	16.8	9,797.36	161,529.60	171,326.96	41.0
Fall/Slip From Liquid or Grease Spills	1	1.0	29,691.67	70,677.65	100,369.32	24.0
Twisting	5	5.0	23,211.27	29,845.13	53,056.40	12.7
Lifting	3	3.0	21,240.69	20,624.19	41,864.88	10.0
Fall/Slip on Ice or Snow	5	5.0	6,955.22	8,353.72	15,308.94	3.7
Fall/Slip on Stairs	5	5.0	621.52	6,430.00	7,051.52	1.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	3	3.0	2,125.76	4,432.64	6,558.40	1.6
Fall/Slip From a Different Level	5	5.0	1,418.08	3,209.51	4,627.59	1.1
Struck/Injured By Object Being Lifted or	4	4.0	1,495.67	1,212.76	2,708.43	0.6
Object Being Lifted or Handled	8	7.9	1,652.07	865.49	2,517.56	0.6
Hand Tool, Utensil; Not Powered	5	5.0	625.05	1,250.00	1,875.05	0.4
Collision with a Fixed Object	4	4.0	130.00	1,250.00	1,380.00	0.3
Reaching	2	2.0	744.70	505.30	1,250.00	0.3
Struck/Injured By Fellow Worker, Patient	1	1.0	155.37	1,094.63	1,250.00	0.3
Struck/Injured By Animal or Insect	4	4.0	1,155.66	0.00	1,155.66	0.3
Caught In/Between-Machine or Machine	4	4.0	993.18	0.00	993.18	0.2
Struck/Injured By Motor Vehicle	1	1.0	721.65	143.35	865.00	0.2
Burn or Scald-Chemicals	2	2.0	779.91	0.00	779.91	0.2
Contact With Not Otherwise Classified	1	1.0	723.25	0.00	723.25	0.2
Caught In/Between-Object Handled	2	2.0	659.51	0.00	659.51	0.2
Other Injury NEC	1	1.0	550.77	0.00	550.77	0.1
Slipped, Did Not Fall	2	2.0	452.54	0.00	452.54	0.1
Jumping	1	1.0	383.90	0.00	383.90	0.1
Foreign Body in Eye	2	2.0	366.72	0.00	366.72	0.1
Holding or Carrying	1	1.0	78.02	0.00	78.02	0.0
Absorption, Ingestion or Inhalation NOC	1	1.0	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	1.0	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	1.0	0.00	0.00	0.00	0.0
Cumulative (All Other)	1	1.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	2.0	0.00	0.00	0.00	0.0
Pushing or Pulling	1	1.0	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	1.0	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	1.0	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Machine	1	1.0	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	1.0	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	1.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
BODY PART						
Lower Extremities Upper Leg	1	1.0	7,678.50	143,672.32	151,350.82	36.2
Upper Extremities Wrist	5	5.0	31,150.92	74,083.58	105,234.50	25.2
Lower Extremities Knee	12	11.9	26,439.59	35,301.35	61,740.94	14.8
Upper Extremities Shoulder(s)	3	3.0	21,305.81	25,804.19	47,110.00	11.3
Multiple Body Parts Multiple Body Parts	15	14.9	5,518.46	20,173.85	25,692.31	6.1
Head Skull	7	6.9	4,253.95	4,575.99	8,829.94	2.1
Lower Extremities Ankle	4	4.0	0.00	2,500.00	2,500.00	0.6
Upper Extremities Hand	5	5.0	1,072.81	1,250.00	2,322.81	0.6
Upper Extremities Thumb	6	5.9	887.39	1,094.63	1,982.02	0.5

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Foot	4	4.0	1,843.07	0.00	1,843.07	0.4
Upper Extremities Elbow	6	5.9	452.54	1,250.00	1,702.54	0.4
Trunk Low Back Area (Incl. Lumbar & Li	3	3.0	115.26	1,212.76	1,328.02	0.3
Neck Multiple Neck Injury	1	1.0	744.70	505.30	1,250.00	0.3
Head Eye(s)	5	5.0	1,146.63	0.00	1,146.63	0.3
Upper Extremities Finger(s)	5	5.0	925.45	0.00	925.45	0.2
Lower Extremities Great Toe	1	1.0	702.34	0.00	702.34	0.2
Trunk Upper Back Area (Thoracic Area)	2	2.0	556.40	0.00	556.40	0.1
Multiple Body Parts Whole Body	1	1.0	550.77	0.00	550.77	0.1
Upper Extremities Lower Arm	4	4.0	420.73	0.00	420.73	0.1
Head Ear(s)	1	1.0	338.61	0.00	338.61	0.1
Head Teeth	1	1.0	338.61	0.00	338.61	0.1
Trunk Abdomen Including Groin	1	1.0	268.18	0.00	268.18	0.1
Upper Extremities Upper Arm (Incl. Clav	1	1.0	18.82	0.00	18.82	0.0
Head Other facial soft tissue	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
Lower Extremities Multiple Lower Extrer	1	1.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	1.0	0.00	0.00	0.00	0.0
Trunk Buttocks	1	1.0	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	2	2.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	
INJURY						
Fracture	3	3.0	37,370.17	214,349.97	251,720.14	60.2
Strain	20	19.8	46,615.30	57,445.06	104,060.36	24.9
Contusion (Bruise, Skin Surface)	30	29.7	7,599.18	13,473.12	21,072.30	5.0
Sprain	7	6.9	582.69	18,682.33	19,265.02	4.6
Concussion (Brain, Cerebral)	4	4.0	3,633.94	4,575.99	8,209.93	2.0
No Physical Injury	3	3.0	3,152.50	1,647.50	4,800.00	1.1
Laceration	14	13.9	1,336.43	1,250.00	2,586.43	0.6
Burn	5	5.0	1,503.16	0.00	1,503.16	0.4
Puncture	2	2.0	1,145.32	0.00	1,145.32	0.3
Inflammation	2	2.0	798.23	0.00	798.23	0.2
Multiple Physical Injury Only	2	2.0	749.70	0.00	749.70	0.2
Foreign Body (Eye)	4	4.0	705.33	0.00	705.33	0.2
Dermatitis	1	1.0	550.77	0.00	550.77	0.1
Crushing	1	1.0	380.03	0.00	380.03	0.1
Infection	1	1.0	338.61	0.00	338.61	0.1
Hernia (Rupture)	1	1.0	268.18	0.00	268.18	0.1
Dislocation	1	1.0	0.00	0.00	0.00	0.0
Sum:	**101**		**$106,729.54**	**$311,423.97**	**$418,153.51**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
217 - RADFORD UNIVERSITY						
S217 - RADFORD UNIVERSITY						
TYPE OF CLAIM						
Indemnity	6	21.4	14,122.06	83,769.60	97,891.66	78.4
Medical Only	13	46.4	26,992.95	0.00	26,992.95	21.6
Reporting Purposes Only	9	32.1	0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
TIME OF INJURY						
8PM - 9:59PM	2	7.1	1,413.17	48,110.40	49,523.57	39.7
10AM - 11:59AM	10	35.7	4,605.73	35,659.20	40,264.93	32.2
4PM - 5:59PM	3	10.7	22,619.43	0.00	22,619.43	18.1
12PM - 1:59PM	5	17.9	8,611.29	0.00	8,611.29	6.9
8AM - 9:59AM	5	17.9	3,823.61	0.00	3,823.61	3.1
6PM - 7:59PM	1	3.6	22.96	0.00	22.96	0.0
2PM - 3:59PM	1	3.6	18.82	0.00	18.82	0.0
12AM - 1:59AM	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
LENGTH OF SERVICE						
0 - 2	12	42.9	1,687.07	48,110.40	49,797.47	39.9
22 - 24	1	3.6	4,559.62	35,659.20	40,218.82	32.2
14 - 16	2	7.1	19,325.68	0.00	19,325.68	15.5
34 - 36	2	7.1	7,624.03	0.00	7,624.03	6.1
36 - 38	1	3.6	3,480.88	0.00	3,480.88	2.8
2 - 4	4	14.3	3,312.57	0.00	3,312.57	2.7
8 - 10	2	7.1	1,100.92	0.00	1,100.92	0.9
20 - 22	1	3.6	24.24	0.00	24.24	0.0
4 - 6	2	7.1	0.00	0.00	0.00	0.0
16 - 18	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
Age of Claimant						
40 - 44	3	10.7	24,671.23	35,659.20	60,330.43	48.3
45 - 49	4	14.3	627.24	48,110.40	48,737.64	39.0
55 - 59	6	21.4	11,401.08	0.00	11,401.08	9.1
25 - 29	4	14.3	3,359.13	0.00	3,359.13	2.7
20 - 24	4	14.3	1,032.09	0.00	1,032.09	0.8
50 - 54	5	17.9	24.24	0.00	24.24	0.0
30 - 34	1	3.6	0.00	0.00	0.00	0.0
60 - 64	1	3.6	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
SEX OF CLAIMANT						
Male	13	46.4	39,697.13	83,769.60	123,466.73	98.9
Female	15	53.6	1,417.88	0.00	1,417.88	1.1
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
LOSS CAUSE						
Work surface	1	3.6	608.42	48,110.40	48,718.82	39.0
Pipe	2	7.1	4,559.62	35,659.20	40,218.82	32.2
Training \ Drills	1	3.6	19,306.86	0.00	19,306.86	15.5
Uneven Surface	3	10.7	7,648.27	0.00	7,648.27	6.1
Office equipment	1	3.6	3,480.88	0.00	3,480.88	2.8
Ladder - Portable	1	3.6	3,312.57	0.00	3,312.57	2.7
Door	1	3.6	987.26	0.00	987.26	0.8
Miscellaneous	1	3.6	804.75	0.00	804.75	0.6
Walking surface, outside, dry	3	10.7	296.17	0.00	296.17	0.2
Outside Surface	1	3.6	46.56	0.00	46.56	0.0
Metal items	2	7.1	22.96	0.00	22.96	0.0
Glass bottle / sheet	1	3.6	21.87	0.00	21.87	0.0
Chair	1	3.6	18.82	0.00	18.82	0.0
Boxes / containers	1	3.6	0.00	0.00	0.00	0.0
Floor	1	3.6	0.00	0.00	0.00	0.0
Foreign Object	1	3.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	7.1	0.00	0.00	0.00	0.0
Roller	1	3.6	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	3.6	0.00	0.00	0.00	0.0
Shelving	1	3.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	3.6	608.42	48,110.40	48,718.82	39.0
Caught In/Between-Machine or Machine	1	3.6	4,559.62	35,659.20	40,218.82	32.2
Jumping	1	3.6	19,306.86	0.00	19,306.86	15.5
Vehicle Upset	1	3.6	7,624.03	0.00	7,624.03	6.1
Pushing or Pulling	1	3.6	3,480.88	0.00	3,480.88	2.8
Fall/Slip From Ladder or Scaffolding	1	3.6	3,312.57	0.00	3,312.57	2.7
Caught In, Under or Between, NOC	1	3.6	987.26	0.00	987.26	0.8
Lifting	1	3.6	804.75	0.00	804.75	0.6
Fall, Slip or Trip, NOC	2	7.1	296.17	0.00	296.17	0.2
Fall/Slip From a Different Level	2	7.1	46.56	0.00	46.56	0.0
Fall On the Same Level	5	17.9	43.06	0.00	43.06	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	1	3.6	22.96	0.00	22.96	0.0
Broken Glass	2	7.1	21.87	0.00	21.87	0.0
Contact with Electrical Current	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
Hand Tool, Utensil; Not Powered	1	3.6	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	3.6	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	3.6	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	3.6	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	2	7.1	0.00	0.00	0.00	0.0
Sum:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
BODY PART						
Upper Extremities Shoulder(s)	2	7.1	8,232.45	48,110.40	56,342.85	45.1
Upper Extremities Hand	2	7.1	4,559.62	35,659.20	40,218.82	32.2
Lower Extremities Lower Leg	2	7.1	19,306.86	0.00	19,306.86	15.5
Upper Extremities Thumb	4	14.3	4,139.19	0.00	4,139.19	3.3
Trunk Upper Back Area (Thoracic Area)	1	3.6	3,480.88	0.00	3,480.88	2.8
Upper Extremities Finger(s)	3	10.7	987.26	0.00	987.26	0.8
Upper Extremities Wrist	1	3.6	296.17	0.00	296.17	0.2
Multiple Body Parts Body Systems & Mu	1	3.6	46.56	0.00	46.56	0.0
Lower Extremities Knee	3	10.7	24.24	0.00	24.24	0.0
Lower Extremities Great Toe	1	3.6	22.96	0.00	22.96	0.0
Lower Extremities Foot	2	7.1	18.82	0.00	18.82	0.0
Head Facial Bones	1	3.6	0.00	0.00	0.00	0.0
Head Mouth	1	3.6	0.00	0.00	0.00	0.0
Head Skull	1	3.6	0.00	0.00	0.00	0.0
Trunk Buttocks	2	7.1	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	
INJURY						
Strain	4	14.3	4,089.30	48,110.40	52,199.70	41.8
Fracture	4	14.3	4,921.17	35,659.20	40,580.37	32.5
Rupture	1	3.6	19,306.86	0.00	19,306.86	15.5
Dislocation	1	3.6	7,624.03	0.00	7,624.03	6.1
Sprain	2	7.1	4,117.32	0.00	4,117.32	3.3
Contusion (Bruise, Skin Surface)	5	17.9	1,034.46	0.00	1,034.46	0.8
Laceration	5	17.9	21.87	0.00	21.87	0.0
All Other (Specific) Injuries, NOC	2	7.1	0.00	0.00	0.00	0.0
Crushing	1	3.6	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	3.6	0.00	0.00	0.00	0.0
No Physical Injury	2	7.1	0.00	0.00	0.00	0.0
Sum:	**28**		**$41,115.01**	**$83,769.60**	**$124,884.61**	

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
218 - VA School for the Deaf & Blind 218						
S218 - VA School for the Deaf & Blind218						
TYPE OF CLAIM						
Indemnity	1	7.7	31,442.50	139,269.32	170,711.82	96.4
Medical Only	3	23.1	5,039.82	1,250.00	6,289.82	3.6
Reporting Purposes Only	9	69.2	0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
TIME OF INJURY						
2PM - 3:59PM	2	15.4	31,442.50	139,269.32	170,711.82	96.4
12PM - 1:59PM	5	38.5	5,011.37	0.00	5,011.37	2.8
10AM - 11:59AM	1	7.7	0.00	1,250.00	1,250.00	0.7
4PM - 5:59PM	2	15.4	28.45	0.00	28.45	0.0
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
6PM - 7:59PM	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
LENGTH OF SERVICE						
22 - 24	2	15.4	31,442.50	139,269.32	170,711.82	96.4
0 - 2	3	23.1	5,011.37	1,250.00	6,261.37	3.5
6 - 8	2	15.4	28.45	0.00	28.45	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
20 - 22	1	7.7	0.00	0.00	0.00	0.0
14 - 16	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
Age of Claimant						
55 - 59	4	30.8	31,470.95	139,269.32	170,740.27	96.5
50 - 54	2	15.4	5,011.37	0.00	5,011.37	2.8
40 - 44	4	30.8	0.00	1,250.00	1,250.00	0.7
45 - 49	1	7.7	0.00	0.00	0.00	0.0
60 - 64	2	15.4	0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
SEX OF CLAIMANT						
Female	11	84.6	36,482.32	139,269.32	175,751.64	99.3
Male	2	15.4	0.00	1,250.00	1,250.00	0.7
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
LOSS CAUSE						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle/car/truck	2	15.4	31,470.95	139,269.32	170,740.27	96.5
Cabinet	1	7.7	5,011.37	0.00	5,011.37	2.8
Screwdriver	1	7.7	0.00	1,250.00	1,250.00	0.7
Animal, not otherwise classified	1	7.7	0.00	0.00	0.00	0.0
Door	2	15.4	0.00	0.00	0.00	0.0
Electricity	1	7.7	0.00	0.00	0.00	0.0
Gas / Fumes	1	7.7	0.00	0.00	0.00	0.0
Person	1	7.7	0.00	0.00	0.00	0.0
Recreational equipment	1	7.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	15.4	0.00	0.00	0.00	0.0
Totals:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	15.4	31,470.95	139,269.32	170,740.27	96.5
Pushing or Pulling	1	7.7	5,011.37	0.00	5,011.37	2.8
Struck/Injured By Falling or Flying Objec	1	7.7	0.00	1,250.00	1,250.00	0.7
Bitten	1	7.7	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	7.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	7.7	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	2	15.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	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
Struck or Injury By, NOC	2	15.4	0.00	0.00	0.00	0.0
Sum:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
BODY PART						
Trunk Upper Back Area (Thoracic Area)	1	7.7	31,442.50	139,269.32	170,711.82	96.4
Trunk Low Back Area (Incl. Lumbar & Li	1	7.7	5,011.37	0.00	5,011.37	2.8
Lower Extremities Upper Leg	1	7.7	0.00	1,250.00	1,250.00	0.7
Lower Extremities Hip	1	7.7	28.45	0.00	28.45	0.0
Head Eye(s)	1	7.7	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	7.7	0.00	0.00	0.00	0.0
Head Skull	2	15.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	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
Trunk Lung(s)	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
Sum:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	
INJURY						
Fracture	1	7.7	31,442.50	139,269.32	170,711.82	96.4
Strain	1	7.7	5,011.37	0.00	5,011.37	2.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	3	23.1	0.00	1,250.00	1,250.00	0.7
Multiple Injury Inc. Physical & Psycholog	1	7.7	28.45	0.00	28.45	0.0
All Other (Specific) Injuries, NOC	1	7.7	0.00	0.00	0.00	0.0
Inflammation	3	23.1	0.00	0.00	0.00	0.0
No Physical Injury	2	15.4	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$36,482.32**	**$140,519.32**	**$177,001.64**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
221 - OLD DOMINION UNIVERSITY						
101 - ODU-EVMS						
TYPE OF CLAIM						
Medical Only	19	37.3	12,051.99	6,321.98	18,373.97	100.0
Reporting Purposes Only	32	62.7	0.00	0.00	0.00	0.0
Totals:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
TIME OF INJURY						
6AM - 7:59AM	5	9.8	5,771.28	1,217.17	6,988.45	38.0
12PM - 1:59PM	7	13.7	3,945.66	2,379.05	6,324.71	34.4
10AM - 11:59AM	13	25.5	469.73	1,250.00	1,719.73	9.4
4PM - 5:59PM	3	5.9	31.83	1,250.00	1,281.83	7.0
2PM - 3:59PM	8	15.7	1,024.24	225.76	1,250.00	6.8
8AM - 9:59AM	7	13.7	809.25	0.00	809.25	4.4
12AM - 1:59AM	1	2.0	0.00	0.00	0.00	0.0
2AM - 3:59AM	1	2.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	5.9	0.00	0.00	0.00	0.0
8PM - 9:59PM	3	5.9	0.00	0.00	0.00	0.0
Totals:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
LENGTH OF SERVICE						
0 - 2	50	98.0	6,313.54	6,321.98	12,635.52	68.8
16 - 18	1	2.0	5,738.45	0.00	5,738.45	31.2
Totals:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
Age of Claimant						
40 - 44	5	9.8	3,870.95	2,379.05	6,250.00	34.0
60 - 64	3	5.9	5,757.27	0.00	5,757.27	31.3
35 - 39	7	13.7	1,043.06	1,475.76	2,518.82	13.7
50 - 54	4	7.8	386.24	1,217.17	1,603.41	8.7
30 - 34	16	31.4	31.83	1,250.00	1,281.83	7.0
70 - 74	2	3.9	506.80	0.00	506.80	2.8
55 - 59	2	3.9	455.84	0.00	455.84	2.5
20 - 24	1	2.0	0.00	0.00	0.00	0.0
25 - 29	7	13.7	0.00	0.00	0.00	0.0
45 - 49	2	3.9	0.00	0.00	0.00	0.0
65 - 69	2	3.9	0.00	0.00	0.00	0.0
Totals:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	34	66.7	8,181.04	2,692.93	10,873.97	59.2
Male	17	33.3	3,870.95	3,629.05	7,500.00	40.8
Totals:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
LOSS CAUSE						
Person	5	9.8	3,536.85	2,713.15	6,250.00	34.0
Floor	3	5.9	6,194.29	0.00	6,194.29	33.7
Walking surface, outside, dry	5	9.8	69.90	1,217.17	1,287.07	7.0
Machine, not otherwise classified	5	9.8	1,043.06	225.76	1,268.82	6.9
Metal items	1	2.0	334.10	915.90	1,250.00	6.8
Needle stick	20	39.2	0.00	1,250.00	1,250.00	6.8
Package	1	2.0	469.73	0.00	469.73	2.6
Electrical equipment	1	2.0	353.41	0.00	353.41	1.9
Walking surface, inside, wet	1	2.0	31.83	0.00	31.83	0.2
Stairs, steps	1	2.0	18.82	0.00	18.82	0.1
Chair	1	2.0	0.00	0.00	0.00	0.0
Computer Work Station	1	2.0	0.00	0.00	0.00	0.0
Cords	1	2.0	0.00	0.00	0.00	0.0
Furniture / fixtures	1	2.0	0.00	0.00	0.00	0.0
Scalpel	3	5.9	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.0	0.00	0.00	0.00	0.0
Totals:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
ACCIDENT TYPE						
Fall On the Same Level	10	19.6	6,296.02	1,217.17	7,513.19	40.9
Strain or Injury By, NOC	1	2.0	3,536.85	1,463.15	5,000.00	27.2
Hand Tool, Utensil; Not Powered	7	13.7	334.10	2,165.90	2,500.00	13.6
Struck/Injured By Object Being Lifted or	2	3.9	1,377.65	225.76	1,603.41	8.7
Cut, Punctured, Scraped, NOC	1	2.0	0.00	1,250.00	1,250.00	6.8
Pushing or Pulling	1	2.0	469.73	0.00	469.73	2.6
Caught In/Between-Object Handled	2	3.9	18.82	0.00	18.82	0.1
Fall/Slip From a Different Level	1	2.0	18.82	0.00	18.82	0.1
Absorption, Ingestion or Inhalation NOC	1	2.0	0.00	0.00	0.00	0.0
Bitten	1	2.0	0.00	0.00	0.00	0.0
Caught In/Between-Machine or Machine	1	2.0	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	2.0	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	2.0	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.0	0.00	0.00	0.00	0.0
Needle Stick	17	33.3	0.00	0.00	0.00	0.0
Other Injury NEC	1	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	2.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Fellow Worker, Patient	1	2.0	0.00	0.00	0.00	0.0
Sum:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
BODY PART						
Head Other facial soft tissue	3	5.9	5,738.45	0.00	5,738.45	31.2
Lower Extremities Upper Leg	1	2.0	3,536.85	1,463.15	5,000.00	27.2
Multiple Body Parts Multiple Body Parts	8	15.7	1,512.91	1,442.93	2,955.84	16.1
Upper Extremities Finger(s)	16	31.4	352.92	915.90	1,268.82	6.9
Upper Extremities Hand	8	15.7	18.82	1,250.00	1,268.82	6.9
Upper Extremities Lower Arm	2	3.9	0.00	1,250.00	1,250.00	6.8
Trunk Low Back Area (Incl. Lumbar & Li	1	2.0	469.73	0.00	469.73	2.6
Lower Extremities Toe(s)	1	2.0	353.41	0.00	353.41	1.9
Upper Extremities Wrist	1	2.0	37.07	0.00	37.07	0.2
Multiple Body Parts Body Systems & Mu	1	2.0	31.83	0.00	31.83	0.2
Head Skull	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 Knee	2	3.9	0.00	0.00	0.00	0.0
Trunk Buttocks	1	2.0	0.00	0.00	0.00	0.0
Trunk Internal Organs	1	2.0	0.00	0.00	0.00	0.0
Upper Extremities Thumb	3	5.9	0.00	0.00	0.00	0.0
Sum:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	
INJURY						
Contusion (Bruise, Skin Surface)	9	17.6	6,566.52	0.00	6,566.52	35.7
Strain	2	3.9	4,006.58	1,463.15	5,469.73	29.8
Laceration	6	11.8	352.92	2,165.90	2,518.82	13.7
Multiple Physical Injury Only	5	9.8	32.83	1,217.17	1,250.00	6.8
Puncture	21	41.2	0.00	1,250.00	1,250.00	6.8
Sprain	2	3.9	1,024.24	225.76	1,250.00	6.8
Fracture	1	2.0	37.07	0.00	37.07	0.2
All Other (Specific) Injuries, NOC	2	3.9	31.83	0.00	31.83	0.2
Crushing	1	2.0	0.00	0.00	0.00	0.0
No Physical Injury	2	3.9	0.00	0.00	0.00	0.0
Sum:	**51**		**$12,051.99**	**$6,321.98**	**$18,373.97**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
221 - OLD DOMINION UNIVERSITY						
S221 - OLD DOMINION UNIVERSITY						
TYPE OF CLAIM						
Indemnity	6	14.0	46,738.45	72,808.19	119,546.64	73.9
Medical Only	34	79.1	26,894.72	15,234.27	42,128.99	26.1
Reporting Purposes Only	3	7.0	0.00	0.00	0.00	0.0
Totals:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
TIME OF INJURY						
10PM - 11:59PM	1	2.3	45,166.28	72,808.19	117,974.47	73.0
8AM - 9:59AM	6	14.0	13,642.27	0.00	13,642.27	8.4
2PM - 3:59PM	6	14.0	6,096.71	2,998.34	9,095.05	5.6
10AM - 11:59AM	9	20.9	1,071.66	7,275.00	8,346.66	5.2
2AM - 3:59AM	3	7.0	130.00	2,500.00	2,630.00	1.6
6PM - 7:59PM	3	7.0	1,259.73	1,210.93	2,470.66	1.5
4PM - 5:59PM	4	9.3	2,289.13	0.00	2,289.13	1.4
12PM - 1:59PM	7	16.3	2,205.10	0.00	2,205.10	1.4
6AM - 7:59AM	2	4.7	317.43	1,250.00	1,567.43	1.0
8PM - 9:59PM	1	2.3	1,092.04	0.00	1,092.04	0.7
4AM - 5:59AM	1	2.3	362.82	0.00	362.82	0.2
Totals:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
LENGTH OF SERVICE						
12 - 14	1	2.3	45,166.28	72,808.19	117,974.47	73.0
0 - 2	22	51.2	20,090.32	3,750.00	23,840.32	14.7
8 - 10	3	7.0	169.07	7,235.93	7,405.00	4.6
6 - 8	2	4.7	2,426.66	2,998.34	5,425.00	3.4
2 - 4	4	9.3	3,328.89	1,250.00	4,578.89	2.8
4 - 6	4	9.3	1,239.22	0.00	1,239.22	0.8
10 - 12	3	7.0	491.88	0.00	491.88	0.3
16 - 18	1	2.3	322.34	0.00	322.34	0.2
34 - 36	1	2.3	317.43	0.00	317.43	0.2
18 - 20	1	2.3	81.08	0.00	81.08	0.1
14 - 16	1	2.3	0.00	0.00	0.00	0.0
Totals:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
Age of Claimant						
65 - 69	5	11.6	45,936.32	74,019.12	119,955.44	74.2
30 - 34	5	11.6	13,867.00	0.00	13,867.00	8.6
60 - 64	7	16.3	452.34	7,275.00	7,727.34	4.8
35 - 39	4	9.3	3,881.01	2,998.34	6,879.35	4.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	5	11.6	5,568.02	0.00	5,568.02	3.4
40 - 44	2	4.7	2,166.00	0.00	2,166.00	1.3
50 - 54	2	4.7	130.00	1,250.00	1,380.00	0.9
75 - 79	2	4.7	18.82	1,250.00	1,268.82	0.8
20 - 24	2	4.7	0.00	1,250.00	1,250.00	0.8
45 - 49	2	4.7	1,066.16	0.00	1,066.16	0.7
55 - 59	5	11.6	315.79	0.00	315.79	0.2
70 - 74	2	4.7	231.71	0.00	231.71	0.1
Totals:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
SEX OF CLAIMANT						
Male	19	44.2	63,058.52	75,308.19	138,366.71	85.6
Female	24	55.8	10,574.65	12,734.27	23,308.92	14.4
Totals:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
LOSS CAUSE						
Floor	4	9.3	45,374.62	78,833.19	124,207.81	76.8
Door	3	7.0	14,938.84	0.00	14,938.84	9.2
Boxes / containers	5	11.6	3,376.43	1,748.34	5,124.77	3.2
Outside Surface	2	4.7	3,237.96	1,210.93	4,448.89	2.8
Vehicle/car/truck	4	9.3	86.69	2,500.00	2,586.69	1.6
Uneven Surface	3	7.0	577.57	1,250.00	1,827.57	1.1
Elevators, escalators	1	2.3	1,711.56	0.00	1,711.56	1.1
Overhead Object	2	4.7	1,428.57	0.00	1,428.57	0.9
Person	3	7.0	148.82	1,250.00	1,398.82	0.9
Machine, not otherwise classified	1	2.3	0.00	1,250.00	1,250.00	0.8
Cabinet	1	2.3	703.34	0.00	703.34	0.4
Walking surface, outside, wet	2	4.7	492.82	0.00	492.82	0.3
Electricity	1	2.3	454.44	0.00	454.44	0.3
Shelving	1	2.3	322.34	0.00	322.34	0.2
Chair	1	2.3	311.03	0.00	311.03	0.2
Sharp objects, not otherwise classified	1	2.3	233.69	0.00	233.69	0.1
N/A	1	2.3	153.37	0.00	153.37	0.1
Walking surface, inside, wet	1	2.3	81.08	0.00	81.08	0.1
Animal / insect, not otherwise classifie	1	2.3	0.00	0.00	0.00	0.0
Cleaning Products	1	2.3	0.00	0.00	0.00	0.0
Office equipment	1	2.3	0.00	0.00	0.00	0.0
Organic Material	1	2.3	0.00	0.00	0.00	0.0
Stairs, steps	2	4.7	0.00	0.00	0.00	0.0
Totals:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	2.3	45,166.28	72,808.19	117,974.47	73.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	4	9.3	12,774.96	0.00	12,774.96	7.9
Fall On the Same Level	9	20.9	3,968.41	7,235.93	11,204.34	6.9
Lifting	1	2.3	2,426.66	1,748.34	4,175.00	2.6
Strain or Injury By, NOC	3	7.0	1,946.27	0.00	1,946.27	1.2
Twisting	3	7.0	475.71	1,250.00	1,725.71	1.1
Broken Glass	2	4.7	1,454.35	0.00	1,454.35	0.9
Collision with a Fixed Object	2	4.7	1,428.57	0.00	1,428.57	0.9
Struck/Injured By Motor Vehicle	3	7.0	86.69	1,250.00	1,336.69	0.8
Collision with Another Vehicle	1	2.3	0.00	1,250.00	1,250.00	0.8
Fall, Slip or Trip, NOC	2	4.7	0.00	1,250.00	1,250.00	0.8
Strain By Using Tool or Machine	1	2.3	0.00	1,250.00	1,250.00	0.8
Caught In, Under or Between, NOC	1	2.3	1,092.04	0.00	1,092.04	0.7
Struck or Injury By, NOC	1	2.3	703.34	0.00	703.34	0.4
Fall/Slip into Openings	1	2.3	577.57	0.00	577.57	0.4
Contact with Electrical Current	1	2.3	454.44	0.00	454.44	0.3
Caught In/Between-Object Handled	1	2.3	397.63	0.00	397.63	0.2
Fall/Slip on Ice or Snow	1	2.3	362.82	0.00	362.82	0.2
Struck/Injured By Falling or Flying Objec	2	4.7	317.43	0.00	317.43	0.2
Fall/Slip on Stairs	1	2.3	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	2.3	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	2.3	0.00	0.00	0.00	0.0
Sum:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
BODY PART						
Lower Extremities Knee	4	9.3	45,488.62	72,808.19	118,296.81	73.2
Upper Extremities Thumb	2	4.7	12,859.83	0.00	12,859.83	8.0
Multiple Body Parts Multiple Body Parts	4	9.3	0.00	8,525.00	8,525.00	5.3
Upper Extremities Shoulder(s)	1	2.3	2,426.66	1,748.34	4,175.00	2.6
Neck Disc (Neck)	1	2.3	3,198.89	0.00	3,198.89	2.0
Upper Extremities Hand	2	4.7	2,932.22	0.00	2,932.22	1.8
Lower Extremities Ankle	4	9.3	746.64	1,210.93	1,957.57	1.2
Head Skull	4	9.3	1,655.91	0.00	1,655.91	1.0
Head Eye(s)	2	4.7	317.43	1,250.00	1,567.43	1.0
Upper Extremities Finger(s)	3	7.0	1,489.67	0.00	1,489.67	0.9
Head Other facial soft tissue	3	7.0	180.85	1,250.00	1,430.85	0.9
Upper Extremities Wrist	1	2.3	0.00	1,250.00	1,250.00	0.8
Lower Extremities Lower Leg	2	4.7	784.42	0.00	784.42	0.5
Trunk Low Back Area (Incl. Lumbar & Li	3	7.0	518.08	0.00	518.08	0.3
Multiple Body Parts Body Systems & Mu	2	4.7	454.44	0.00	454.44	0.3
Head Brain	1	2.3	362.82	0.00	362.82	0.2
Lower Extremities Upper Leg	1	2.3	148.82	0.00	148.82	0.1
Lower Extremities Foot	1	2.3	67.87	0.00	67.87	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts No Physical Injury	1	2.3	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.3	0.00	0.00	0.00	0.0
Sum:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	
INJURY						
Contusion (Bruise, Skin Surface)	6	14.0	46,120.95	80,083.19	126,204.14	78.1
Sprain	6	14.0	18,244.16	0.00	18,244.16	11.3
Strain	4	9.3	3,113.71	1,748.34	4,862.05	3.0
Multiple Physical Injury Only	3	7.0	0.00	2,500.00	2,500.00	1.5
Laceration	4	9.3	1,930.32	0.00	1,930.32	1.2
Concussion (Brain, Cerebral)	2	4.7	1,637.09	0.00	1,637.09	1.0
No Physical Injury	6	14.0	153.37	1,250.00	1,403.37	0.9
Fracture	3	7.0	188.02	1,210.93	1,398.95	0.9
Vision Loss	1	2.3	0.00	1,250.00	1,250.00	0.8
Inflammation	2	4.7	1,092.04	0.00	1,092.04	0.7
All Other (Specific) Injuries, NOC	3	7.0	699.07	0.00	699.07	0.4
Electric Shock	1	2.3	454.44	0.00	454.44	0.3
Contagious Disease	1	2.3	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	2.3	0.00	0.00	0.00	0.0
Sum:	**43**		**$73,633.17**	**$88,042.46**	**$161,675.63**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
223 - HEALTH PROFESSIONS DEPT.						
S223 - HEALTH PROFESSIONS DEPT.						
TYPE OF CLAIM						
Medical Only	4	57.1	881.50	830.05	1,711.55	72.4
Indemnity	2	28.6	654.03	0.00	654.03	27.6
Reporting Purposes Only	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
TIME OF INJURY						
8AM - 9:59AM	1	14.3	419.95	830.05	1,250.00	52.8
12PM - 1:59PM	3	42.9	946.99	0.00	946.99	40.0
10AM - 11:59AM	2	28.6	168.59	0.00	168.59	7.1
6AM - 7:59AM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
LENGTH OF SERVICE						
0 - 2	2	28.6	419.95	830.05	1,250.00	52.8
18 - 20	1	14.3	485.44	0.00	485.44	20.5
16 - 18	1	14.3	461.55	0.00	461.55	19.5
2 - 4	2	28.6	168.59	0.00	168.59	7.1
8 - 10	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
Age of Claimant						
60 - 64	1	14.3	419.95	830.05	1,250.00	52.8
65 - 69	2	28.6	485.44	0.00	485.44	20.5
55 - 59	2	28.6	461.55	0.00	461.55	19.5
40 - 44	1	14.3	168.59	0.00	168.59	7.1
50 - 54	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
SEX OF CLAIMANT						
Male	1	14.3	419.95	830.05	1,250.00	52.8
Female	6	85.7	1,115.58	0.00	1,115.58	47.2
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
LOSS CAUSE						
Boxes / containers	1	14.3	419.95	830.05	1,250.00	52.8
Chair	2	28.6	485.44	0.00	485.44	20.5
Cords	1	14.3	461.55	0.00	461.55	19.5
Cabinet	1	14.3	168.59	0.00	168.59	7.1
Elevators, escalators	1	14.3	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Floor	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
ACCIDENT TYPE						
Lifting	1	14.3	419.95	830.05	1,250.00	52.8
Fall, Slip or Trip, NOC	1	14.3	485.44	0.00	485.44	20.5
Fall On the Same Level	3	42.9	461.55	0.00	461.55	19.5
Struck/Injured By Object Being Lifted or	1	14.3	168.59	0.00	168.59	7.1
Fall/Slip on Stairs	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	14.3	419.95	830.05	1,250.00	52.8
Upper Extremities Wrist	1	14.3	485.44	0.00	485.44	20.5
Lower Extremities Knee	2	28.6	461.55	0.00	461.55	19.5
Upper Extremities Shoulder(s)	1	14.3	168.59	0.00	168.59	7.1
Lower Extremities Ankle	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
Sum:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	
INJURY						
Strain	3	42.9	881.50	830.05	1,711.55	72.4
Fracture	1	14.3	485.44	0.00	485.44	20.5
Contusion (Bruise, Skin Surface)	2	28.6	168.59	0.00	168.59	7.1
Sprain	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,535.53**	**$830.05**	**$2,365.58**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
229 - VPI Coop. Ext. and Ag. Exp. Stn.						
S229 - VPI Coop. Ext. and Ag. Exp. Stn.						
TYPE OF CLAIM						
Medical Only	2	50.0	2,332.81	10,681.39	13,014.20	100.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
TIME OF INJURY						
12AM - 1:59AM	1	25.0	1,837.43	10,681.39	12,518.82	96.2
12PM - 1:59PM	1	25.0	495.38	0.00	495.38	3.8
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
LENGTH OF SERVICE						
4 - 6	1	25.0	1,837.43	10,681.39	12,518.82	96.2
0 - 2	1	25.0	495.38	0.00	495.38	3.8
2 - 4	1	25.0	0.00	0.00	0.00	0.0
16 - 18	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
Age of Claimant						
60 - 64	2	50.0	1,837.43	10,681.39	12,518.82	96.2
25 - 29	1	25.0	495.38	0.00	495.38	3.8
65 - 69	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
SEX OF CLAIMANT						
Female	3	75.0	2,332.81	10,681.39	13,014.20	100.0
Unknown	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Outside Surface	1	25.0	495.38	0.00	495.38	3.8
Furniture / fixtures	1	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
ACCIDENT TYPE						
Other Injury NEC	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Fall, Slip or Trip, NOC	1	25.0	495.38	0.00	495.38	3.8
Fall On the Same Level	2	50.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
BODY PART						
Head Eye(s)	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Upper Extremities Wrist	1	25.0	495.38	0.00	495.38	3.8
Lower Extremities Foot	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
Sum:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	
INJURY						
No Physical Injury	1	25.0	1,837.43	10,681.39	12,518.82	96.2
Fracture	1	25.0	495.38	0.00	495.38	3.8
Contusion (Bruise, Skin Surface)	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
Sum:	**4**		**$2,332.81**	**$10,681.39**	**$13,014.20**	

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DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
234 - VSU Coop. Ext. & Ag. Research Svcs						
S234 - VSU Coop. Ext. & Ag. Research Svc						
TYPE OF CLAIM						
Indemnity	1	25.0	1,031.33	0.00	1,031.33	54.4
Medical Only	3	75.0	866.18	0.00	866.18	45.6
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
TIME OF INJURY						
6AM - 7:59AM	1	25.0	1,031.33	0.00	1,031.33	54.4
12PM - 1:59PM	3	75.0	866.18	0.00	866.18	45.6
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
LENGTH OF SERVICE						
20 - 22	1	25.0	1,031.33	0.00	1,031.33	54.4
0 - 2	2	50.0	866.18	0.00	866.18	45.6
10 - 12	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
Age of Claimant						
50 - 54	1	25.0	1,031.33	0.00	1,031.33	54.4
40 - 44	1	25.0	502.90	0.00	502.90	26.5
30 - 34	1	25.0	363.28	0.00	363.28	19.1
45 - 49	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
SEX OF CLAIMANT						
Male	3	75.0	1,897.51	0.00	1,897.51	100.0
Female	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
LOSS CAUSE						
Boxes / containers	1	25.0	1,031.33	0.00	1,031.33	54.4
Chemicals, not otherwise classified	1	25.0	502.90	0.00	502.90	26.5
Blade	1	25.0	363.28	0.00	363.28	19.1
Animal, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
ACCIDENT TYPE						
Twisting	1	25.0	1,031.33	0.00	1,031.33	54.4
Burn or Scald-Chemicals	1	25.0	502.90	0.00	502.90	26.5
Hand Tool, Utensil; Not Powered	1	25.0	363.28	0.00	363.28	19.1
Strain or Injury By, NOC	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Upper Extremities Elbow	1	25.0	1,031.33	0.00	1,031.33	54.4
Head Eye(s)	1	25.0	502.90	0.00	502.90	26.5
Upper Extremities Hand	1	25.0	363.28	0.00	363.28	19.1
Upper Extremities Wrist(s) and Hand(s)	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	
INJURY						
Strain	1	25.0	1,031.33	0.00	1,031.33	54.4
Vision Loss	1	25.0	502.90	0.00	502.90	26.5
Laceration	1	25.0	363.28	0.00	363.28	19.1
Sprain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,897.51**	**$0.00**	**$1,897.51**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
112 - VCU Education - Dean's Office						
TYPE OF CLAIM						
Medical Only	1	50.0	526.04	0.00	526.04	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$526.04**	**$0.00**	**$526.04**	
TIME OF INJURY						
2PM - 3:59PM	2	100.0	526.04	0.00	526.04	100.0
Totals:	**2**		**$526.04**	**$0.00**	**$526.04**	
LENGTH OF SERVICE						
2 - 4	1	50.0	526.04	0.00	526.04	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$526.04**	**$0.00**	**$526.04**	
Age of Claimant						
55 - 59	1	50.0	526.04	0.00	526.04	100.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$526.04**	**$0.00**	**$526.04**	
SEX OF CLAIMANT						
Male	1	50.0	526.04	0.00	526.04	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$526.04**	**$0.00**	**$526.04**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	50.0	526.04	0.00	526.04	100.0
Furniture / fixtures	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$526.04**	**$0.00**	**$526.04**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	2	100.0	526.04	0.00	526.04	100.0
Sum:	**2**		**$526.04**	**$0.00**	**$526.04**	
BODY PART						
Upper Extremities Finger(s)	2	100.0	526.04	0.00	526.04	100.0
Sum:	**2**		**$526.04**	**$0.00**	**$526.04**	
INJURY						
Laceration	1	50.0	526.04	0.00	526.04	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$526.04**	**$0.00**	**$526.04**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
124 - VCU EDUCATION DEV CENTERS						
TYPE OF CLAIM						
Medical Only	2	100.0	3,576.87	11,094.45	14,671.32	100.0
Totals:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	3,524.37	11,094.45	14,618.82	99.6
10AM - 11:59AM	1	50.0	52.50	0.00	52.50	0.4
Totals:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
LENGTH OF SERVICE						
2 - 4	2	100.0	3,576.87	11,094.45	14,671.32	100.0
Totals:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
Age of Claimant						
30 - 34	1	50.0	3,524.37	11,094.45	14,618.82	99.6
50 - 54	1	50.0	52.50	0.00	52.50	0.4
Totals:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
SEX OF CLAIMANT						
Female	2	100.0	3,576.87	11,094.45	14,671.32	100.0
Totals:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
LOSS CAUSE						
Patient / Inmate	1	50.0	3,524.37	11,094.45	14,618.82	99.6
Organic Material	1	50.0	52.50	0.00	52.50	0.4
Totals:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	3,524.37	11,094.45	14,618.82	99.6
Mold, Including Mildew	1	50.0	52.50	0.00	52.50	0.4
Sum:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
BODY PART						
Upper Extremities Multiple Upper Extrer	1	50.0	3,524.37	11,094.45	14,618.82	99.6
Multiple Body Parts Multiple Body Parts	1	50.0	52.50	0.00	52.50	0.4
Sum:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	
INJURY						
All Other (Specific) Injuries, NOC	1	50.0	3,524.37	11,094.45	14,618.82	99.6
Multiple Injury Inc. Physical & Psycholog	1	50.0	52.50	0.00	52.50	0.4
Sum:	**2**		**$3,576.87**	**$11,094.45**	**$14,671.32**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
133 - VCU Student Affairs						
TYPE OF CLAIM						
Medical Only	1	50.0	542.37	0.00	542.37	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$542.37**	**$0.00**	**$542.37**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	542.37	0.00	542.37	100.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$542.37**	**$0.00**	**$542.37**	
LENGTH OF SERVICE						
2 - 4	1	50.0	542.37	0.00	542.37	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$542.37**	**$0.00**	**$542.37**	
Age of Claimant						
60 - 64	1	50.0	542.37	0.00	542.37	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$542.37**	**$0.00**	**$542.37**	
SEX OF CLAIMANT						
Female	2	100.0	542.37	0.00	542.37	100.0
Totals:	**2**		**$542.37**	**$0.00**	**$542.37**	
LOSS CAUSE						
Floor	1	50.0	542.37	0.00	542.37	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$542.37**	**$0.00**	**$542.37**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	542.37	0.00	542.37	100.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$542.37**	**$0.00**	**$542.37**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	50.0	542.37	0.00	542.37	100.0
Upper Extremities Hand	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$542.37**	**$0.00**	**$542.37**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	542.37	0.00	542.37	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$542.37**	**$0.00**	**$542.37**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
137 - VCU UES/RECORDS & REGISTRATION						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Motor Vehicle, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Fracture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
140 - VCU UNIVERSITY LIBRARY SERVICES						
TYPE OF CLAIM						
Medical Only	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Totals:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Totals:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Totals:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
Age of Claimant						
30 - 34	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Totals:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
SEX OF CLAIMANT						
Female	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Totals:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
LOSS CAUSE						
Office equipment	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Totals:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
ACCIDENT TYPE						
Object Being Lifted or Handled	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Sum:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
BODY PART						
Lower Extremities Great Toe	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Sum:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	
INJURY						
No Physical Injury	1	100.0	4,163.08	1,836.92	6,000.00	100.0
Sum:	**1**		**$4,163.08**	**$1,836.92**	**$6,000.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
164 - VCU CAMPUS POLICE						
TYPE OF CLAIM						
Medical Only	8	40.0	9,161.72	1,250.00	10,411.72	100.0
Reporting Purposes Only	12	60.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
TIME OF INJURY						
8AM - 9:59AM	7	35.0	8,085.21	1,250.00	9,335.21	89.7
8PM - 9:59PM	3	15.0	628.22	0.00	628.22	6.0
4PM - 5:59PM	4	20.0	448.29	0.00	448.29	4.3
2AM - 3:59AM	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
2PM - 3:59PM	3	15.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
LENGTH OF SERVICE						
10 - 12	1	5.0	6,384.55	0.00	6,384.55	61.3
0 - 2	7	35.0	1,076.51	1,250.00	2,326.51	22.3
4 - 6	3	15.0	1,700.66	0.00	1,700.66	16.3
2 - 4	4	20.0	0.00	0.00	0.00	0.0
8 - 10	3	15.0	0.00	0.00	0.00	0.0
14 - 16	2	10.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
Age of Claimant						
45 - 49	1	5.0	6,384.55	0.00	6,384.55	61.3
25 - 29	6	30.0	1,700.66	1,250.00	2,950.66	28.3
20 - 24	3	15.0	1,076.51	0.00	1,076.51	10.3
30 - 34	4	20.0	0.00	0.00	0.00	0.0
35 - 39	3	15.0	0.00	0.00	0.00	0.0
40 - 44	2	10.0	0.00	0.00	0.00	0.0
55 - 59	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
SEX OF CLAIMANT						
Male	14	70.0	8,533.50	1,250.00	9,783.50	94.0
Female	6	30.0	628.22	0.00	628.22	6.0
Totals:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
LOSS CAUSE						
Patient / Inmate	12	60.0	8,085.21	0.00	8,085.21	77.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Gun / gunshot	1	5.0	0.00	1,250.00	1,250.00	12.0
Chemicals, not otherwise classified	1	5.0	628.22	0.00	628.22	6.0
Outside Surface	1	5.0	448.29	0.00	448.29	4.3
Object on Floor	1	5.0	0.00	0.00	0.00	0.0
Stairs, steps	1	5.0	0.00	0.00	0.00	0.0
Training \ Drills	3	15.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	10	50.0	6,384.55	0.00	6,384.55	61.3
Person in Act of Crime	1	5.0	1,700.66	0.00	1,700.66	16.3
Cut, Punctured, Scraped, NOC	1	5.0	0.00	1,250.00	1,250.00	12.0
Other Injury NEC	2	10.0	628.22	0.00	628.22	6.0
Fall On the Same Level	2	10.0	448.29	0.00	448.29	4.3
Bitten	1	5.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	5.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	5.0	0.00	0.00	0.00	0.0
Lifting	1	5.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
BODY PART						
Upper Extremities Finger(s)	1	5.0	6,384.55	0.00	6,384.55	61.3
Lower Extremities Foot	1	5.0	1,700.66	0.00	1,700.66	16.3
Head Other facial soft tissue	2	10.0	0.00	1,250.00	1,250.00	12.0
Upper Extremities Hand	3	15.0	628.22	0.00	628.22	6.0
Lower Extremities Ankle	2	10.0	448.29	0.00	448.29	4.3
Lower Extremities Knee	2	10.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	10.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	5.0	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	10.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	3	15.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	
INJURY						
Dislocation	2	10.0	6,384.55	0.00	6,384.55	61.3
Sprain	3	15.0	2,148.95	0.00	2,148.95	20.6
Laceration	6	30.0	0.00	1,250.00	1,250.00	12.0
No Physical Injury	3	15.0	628.22	0.00	628.22	6.0
Contusion (Bruise, Skin Surface)	3	15.0	0.00	0.00	0.00	0.0
Inflammation	1	5.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	5.0	0.00	0.00	0.00	0.0
Strain	1	5.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**20**		**$9,161.72**	**$1,250.00**	**$10,411.72**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
179 - VCU FMD/Administration						
TYPE OF CLAIM						
Medical Only	2	100.0	215.00	1,035.00	1,250.00	100.0
Totals:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	215.00	1,035.00	1,250.00	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
LENGTH OF SERVICE						
14 - 16	1	50.0	215.00	1,035.00	1,250.00	100.0
16 - 18	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
Age of Claimant						
45 - 49	1	50.0	215.00	1,035.00	1,250.00	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	50.0	215.00	1,035.00	1,250.00	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
LOSS CAUSE						
Electricity	1	50.0	215.00	1,035.00	1,250.00	100.0
Walking surface, outside, dry	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
ACCIDENT TYPE						
Other than Physical Cause of Injury	1	50.0	215.00	1,035.00	1,250.00	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
BODY PART						
Head Eye(s)	1	50.0	215.00	1,035.00	1,250.00	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	
INJURY						
Vision Loss	1	50.0	215.00	1,035.00	1,250.00	100.0
Laceration	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$215.00**	**$1,035.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
184 - VCU FMD/PPD/Control Center						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Wires	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
201 - VCU FMD/PPD/General Services						
TYPE OF CLAIM						
Indemnity	1	50.0	78,804.22	177,882.80	256,687.02	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	78,804.22	177,882.80	256,687.02	100.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
LENGTH OF SERVICE						
6 - 8	2	100.0	78,804.22	177,882.80	256,687.02	100.0
Totals:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
Age of Claimant						
55 - 59	1	50.0	78,804.22	177,882.80	256,687.02	100.0
70 - 74	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
SEX OF CLAIMANT						
Male	2	100.0	78,804.22	177,882.80	256,687.02	100.0
Totals:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
LOSS CAUSE						
Object on Floor	1	50.0	78,804.22	177,882.80	256,687.02	100.0
Ladder - Portable	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	50.0	78,804.22	177,882.80	256,687.02	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
BODY PART						
Lower Extremities Upper Leg	1	50.0	78,804.22	177,882.80	256,687.02	100.0
Lower Extremities Lower Leg	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	
INJURY						
All Other (Specific) Injuries, NOC	2	100.0	78,804.22	177,882.80	256,687.02	100.0
Sum:	**2**		**$78,804.22**	**$177,882.80**	**$256,687.02**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
205 - VCU FMD/PPD/Grounds						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Foreign Object	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Foreign Body in Eye	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
225 - VCU Off of VP for Student Affairs						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Bag Machine	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Moving Parts of Machi	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Great Toe	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
229 - VCU UNIVERISTY HOUSING						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
244 - VCU UES/FINANCIAL AID						
TYPE OF CLAIM						
Medical Only	1	100.0	113.46	0.00	113.46	100.0
Totals:	**1**		**$113.46**	**$0.00**	**$113.46**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	113.46	0.00	113.46	100.0
Totals:	**1**		**$113.46**	**$0.00**	**$113.46**	
LENGTH OF SERVICE						
0 - 2	1	100.0	113.46	0.00	113.46	100.0
Totals:	**1**		**$113.46**	**$0.00**	**$113.46**	
Age of Claimant						
20 - 24	1	100.0	113.46	0.00	113.46	100.0
Totals:	**1**		**$113.46**	**$0.00**	**$113.46**	
SEX OF CLAIMANT						
Male	1	100.0	113.46	0.00	113.46	100.0
Totals:	**1**		**$113.46**	**$0.00**	**$113.46**	
LOSS CAUSE						
N/A	1	100.0	113.46	0.00	113.46	100.0
Totals:	**1**		**$113.46**	**$0.00**	**$113.46**	
ACCIDENT TYPE						
Other than Physical Cause of Injury	1	100.0	113.46	0.00	113.46	100.0
Sum:	**1**		**$113.46**	**$0.00**	**$113.46**	
BODY PART						
Head Brain	1	100.0	113.46	0.00	113.46	100.0
Sum:	**1**		**$113.46**	**$0.00**	**$113.46**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	113.46	0.00	113.46	100.0
Sum:	**1**		**$113.46**	**$0.00**	**$113.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
256 - VCU PHYSICAL THERAPY						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Bodily Reaction	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Insufficient Info to Ic	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
262 - VCU Anatomy & Neurobiology						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
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
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	1,250.00	1,250.00	100.0
22 - 24	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
40 - 44	1	50.0	0.00	1,250.00	1,250.00	100.0
50 - 54	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	1,250.00	1,250.00	100.0
Needle stick	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Foreign Body in Eye	1	50.0	0.00	1,250.00	1,250.00	100.0
Cut, Punctured, Scraped, NOC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Head Eye(s)	1	50.0	0.00	1,250.00	1,250.00	100.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Foreign Body (Eye)	1	50.0	0.00	1,250.00	1,250.00	100.0
Puncture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
263 - VCU BIOCHEMISTRY & MOLECULAR						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Scalpel	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
266 - VCU MICROBIOLOGY & IMMUNOLOGY						
TYPE OF CLAIM						
Indemnity	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Totals:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Totals:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
LENGTH OF SERVICE						
28 - 30	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Totals:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
Age of Claimant						
45 - 49	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Totals:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
SEX OF CLAIMANT						
Female	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Totals:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
LOSS CAUSE						
N/A	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Totals:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Sum:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Sum:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	1,559.04	15,659.78	17,218.82	100.0
Sum:	**1**		**$1,559.04**	**$15,659.78**	**$17,218.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
267 - VCU PHARMACOLOGY & TOXICOLOGY						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
26 - VCU PRESIDENT'S OFFICE						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
14 - 16	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
274 - VCU DENISTRY/RESEARCH						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Laceration	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
302 - VCU INTERNAL MEDICINE						
TYPE OF CLAIM						
Medical Only	2	100.0	636.67	0.00	636.67	100.0
Totals:	**2**		**$636.67**	**$0.00**	**$636.67**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	636.67	0.00	636.67	100.0
Totals:	**2**		**$636.67**	**$0.00**	**$636.67**	
LENGTH OF SERVICE						
16 - 18	1	50.0	636.67	0.00	636.67	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$636.67**	**$0.00**	**$636.67**	
Age of Claimant						
60 - 64	1	50.0	636.67	0.00	636.67	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$636.67**	**$0.00**	**$636.67**	
SEX OF CLAIMANT						
Female	1	50.0	636.67	0.00	636.67	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$636.67**	**$0.00**	**$636.67**	
LOSS CAUSE						
Stairs	2	100.0	636.67	0.00	636.67	100.0
Totals:	**2**		**$636.67**	**$0.00**	**$636.67**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	50.0	636.67	0.00	636.67	100.0
Fall/Slip on Stairs	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$636.67**	**$0.00**	**$636.67**	
BODY PART						
Lower Extremities Ankle	2	100.0	636.67	0.00	636.67	100.0
Sum:	**2**		**$636.67**	**$0.00**	**$636.67**	
INJURY						
Sprain	2	100.0	636.67	0.00	636.67	100.0
Sum:	**2**		**$636.67**	**$0.00**	**$636.67**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
30 - VCU UNIV ADVANCEMENT SERVICES						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Needle stick	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Toe(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Puncture	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
323 - VCU NEUROLOGY						
TYPE OF CLAIM						
Medical Only	1	33.3	585.21	664.79	1,250.00	98.5
Indemnity	1	33.3	18.82	0.00	18.82	1.5
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	585.21	664.79	1,250.00	98.5
12PM - 1:59PM	2	66.7	18.82	0.00	18.82	1.5
Totals:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
LENGTH OF SERVICE						
0 - 2	2	66.7	585.21	664.79	1,250.00	98.5
2 - 4	1	33.3	18.82	0.00	18.82	1.5
Totals:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
Age of Claimant						
40 - 44	1	33.3	585.21	664.79	1,250.00	98.5
50 - 54	1	33.3	18.82	0.00	18.82	1.5
25 - 29	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
SEX OF CLAIMANT						
Male	2	66.7	585.21	664.79	1,250.00	98.5
Female	1	33.3	18.82	0.00	18.82	1.5
Totals:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
LOSS CAUSE						
Hot/Cold Object, Liquid, Substance	1	33.3	585.21	664.79	1,250.00	98.5
Walking surface, outside, dry	1	33.3	18.82	0.00	18.82	1.5
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
ACCIDENT TYPE						
Temperature Extremes	1	33.3	585.21	664.79	1,250.00	98.5
Fall On the Same Level	1	33.3	18.82	0.00	18.82	1.5
Bitten	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
BODY PART						
Upper Extremities Finger(s)	1	33.3	585.21	664.79	1,250.00	98.5
Lower Extremities Knee	1	33.3	18.82	0.00	18.82	1.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Hand	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$604.03**	**$664.79**	**$1,268.82**	
INJURY						
Freezing (Frostbite)	1	33.3	585.21	664.79	1,250.00	98.5
Multiple Physical Injury Only	1	33.3	18.82	0.00	18.82	1.5
No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$604.03**	**$664.79**	**$1,268.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
324 - VCU OB/GYN						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Nail	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Lifting	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Neck Multiple Neck Injury	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Hernia (Rupture)	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
327 - VCU PEDIATRICS						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Office equipment	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
332 - VCU SURGERY						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
6 - 8	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
35 - 39	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Female	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Nail	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Lower Extremities Ankle	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Fracture	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
335 - VCU PATHOLOGY						
TYPE OF CLAIM						
Indemnity	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Totals:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Totals:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
LENGTH OF SERVICE						
16 - 18	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Totals:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
Age of Claimant						
65 - 69	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Totals:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
SEX OF CLAIMANT						
Female	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Totals:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
LOSS CAUSE						
Uneven Surface	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Totals:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Sum:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
BODY PART						
Lower Extremities Hip	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Sum:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	16,342.47	30,876.35	47,218.82	100.0
Sum:	**1**		**$16,342.47**	**$30,876.35**	**$47,218.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
352 - VCU PHARMACY-DEAN'S OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
353 - VCU MEDICINAL CHEMISTRY						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Cleaning Products	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Foreign Body in Eye	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Eye(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
354 - VCU PHARMACEUTICS						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Organic Material	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Contact With Cold Object or Substance	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Other facial soft tissue	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
36 - VCU DIRECTOR OF ATHLETICS						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Miscellaneous	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Dislocation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
372 - VP for VCU Research						
TYPE OF CLAIM						
Medical Only	3	75.0	0.00	1,250.00	1,250.00	100.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	25.0	0.00	1,250.00	1,250.00	100.0
6AM - 7:59AM	1	25.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
6 - 8	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
2 - 4	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
30 - 34	2	50.0	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	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	4	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Metal items	1	25.0	0.00	1,250.00	1,250.00	100.0
Door	1	25.0	0.00	0.00	0.00	0.0
Foreign Object	1	25.0	0.00	0.00	0.00	0.0
N/A	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Lifting	1	25.0	0.00	1,250.00	1,250.00	100.0
Absorption, Ingestion or Inhalation NOC	1	25.0	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	25.0	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Trunk Upper Back Area (Thoracic Area)	1	25.0	0.00	1,250.00	1,250.00	100.0
Trunk Lung(s)	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
Sum:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Strain	2	50.0	0.00	1,250.00	1,250.00	100.0
Contusion (Bruise, Skin Surface)	1	25.0	0.00	0.00	0.00	0.0
Inhalation	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
377 - VCU ANIMAL RESOURCES						
TYPE OF CLAIM						
Medical Only	2	66.7	0.00	1,250.00	1,250.00	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	33.3	0.00	1,250.00	1,250.00	100.0
8AM - 9:59AM	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
4 - 6	1	33.3	0.00	1,250.00	1,250.00	100.0
0 - 2	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
20 - 24	1	33.3	0.00	1,250.00	1,250.00	100.0
30 - 34	1	33.3	0.00	0.00	0.00	0.0
35 - 39	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	33.3	0.00	1,250.00	1,250.00	100.0
Female	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Clothing / jewelry	1	33.3	0.00	1,250.00	1,250.00	100.0
Chemicals, not otherwise classified	1	33.3	0.00	0.00	0.00	0.0
Portable air tank	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	2	66.7	0.00	1,250.00	1,250.00	100.0
Twisting	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Neck Spinal Cord	1	33.3	0.00	1,250.00	1,250.00	100.0
Head Ear(s)	1	33.3	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Strain	2	66.7	0.00	1,250.00	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
37 - VCU Provost & VP Academic Affairs						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
40 - VCU ARTS-DEANS OFFICE						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
410 - VCU PARKING/TRANSPORTATION						
TYPE OF CLAIM						
Indemnity	1	33.3	0.00	1,250.00	1,250.00	100.0
Medical Only	1	33.3	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	0.00	1,250.00	1,250.00	100.0
4AM - 5:59AM	1	33.3	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	3	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
70 - 74	1	33.3	0.00	1,250.00	1,250.00	100.0
25 - 29	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Vehicle/car/truck	2	66.7	0.00	1,250.00	1,250.00	100.0
Noise	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Striking Against or Stepping On, NOC	1	33.3	0.00	1,250.00	1,250.00	100.0
Continual Noise	1	33.3	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Lower Arm	1	33.3	0.00	1,250.00	1,250.00	100.0
Head Ear(s)	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
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
No Physical Injury	2	66.7	0.00	1,250.00	1,250.00	100.0
Loss of Hearing	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
416 - VCU Rec Sports Cary St Complex						
TYPE OF CLAIM						
Indemnity	1	14.3	12,463.56	0.00	12,463.56	92.9
Medical Only	3	42.9	951.40	0.00	951.40	7.1
Reporting Purposes Only	3	42.9	0.00	0.00	0.00	0.0
Totals:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
TIME OF INJURY						
2PM - 3:59PM	3	42.9	13,044.63	0.00	13,044.63	97.2
6AM - 7:59AM	1	14.3	370.33	0.00	370.33	2.8
8AM - 9:59AM	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
12PM - 1:59PM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
LENGTH OF SERVICE						
0 - 2	4	57.1	12,463.56	0.00	12,463.56	92.9
4 - 6	2	28.6	581.07	0.00	581.07	4.3
2 - 4	1	14.3	370.33	0.00	370.33	2.8
Totals:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
Age of Claimant						
20 - 24	4	57.1	12,833.89	0.00	12,833.89	95.7
30 - 34	1	14.3	581.07	0.00	581.07	4.3
15 - 19	1	14.3	0.00	0.00	0.00	0.0
55 - 59	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
SEX OF CLAIMANT						
Male	1	14.3	12,463.56	0.00	12,463.56	92.9
Female	6	85.7	951.40	0.00	951.40	7.1
Totals:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
LOSS CAUSE						
Recreational equipment	1	14.3	12,463.56	0.00	12,463.56	92.9
Poisonous agent / plant	1	14.3	581.07	0.00	581.07	4.3
Stairs	1	14.3	370.33	0.00	370.33	2.8
Door	1	14.3	0.00	0.00	0.00	0.0
Food	1	14.3	0.00	0.00	0.00	0.0
N/A	1	14.3	0.00	0.00	0.00	0.0
Overhead Object	1	14.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
ACCIDENT TYPE						
Lifting	1	14.3	12,463.56	0.00	12,463.56	92.9
Contact With Not Otherwise Classified	1	14.3	581.07	0.00	581.07	4.3
Fall/Slip on Stairs	1	14.3	370.33	0.00	370.33	2.8
Bodily Reaction	1	14.3	0.00	0.00	0.00	0.0
Other Injury NEC	2	28.6	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled By Otl	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
BODY PART						
Upper Extremities Lower Arm	1	14.3	12,463.56	0.00	12,463.56	92.9
Lower Extremities Hip	1	14.3	581.07	0.00	581.07	4.3
Trunk Low Back Area (Incl. Lumbar & Li	1	14.3	370.33	0.00	370.33	2.8
Head Skull	2	28.6	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	2	28.6	0.00	0.00	0.00	0.0
Sum:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	
INJURY						
Strain	1	14.3	12,463.56	0.00	12,463.56	92.9
Poisoning-General (Not OD or Cum Injur	1	14.3	581.07	0.00	581.07	4.3
All Other (Specific) Injuries, NOC	5	71.4	370.33	0.00	370.33	2.8
Sum:	**7**		**$13,414.96**	**$0.00**	**$13,414.96**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
447 - VCU Human Resources Division						
TYPE OF CLAIM						
Medical Only	2	28.6	254.12	995.88	1,250.00	100.0
Reporting Purposes Only	5	71.4	0.00	0.00	0.00	0.0
Totals:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	14.3	254.12	995.88	1,250.00	100.0
8AM - 9:59AM	3	42.9	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	28.6	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
LENGTH OF SERVICE						
6 - 8	2	28.6	254.12	995.88	1,250.00	100.0
0 - 2	4	57.1	0.00	0.00	0.00	0.0
18 - 20	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
Age of Claimant						
55 - 59	1	14.3	254.12	995.88	1,250.00	100.0
25 - 29	3	42.9	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
Totals:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
SEX OF CLAIMANT						
Female	3	42.9	254.12	995.88	1,250.00	100.0
Male	4	57.1	0.00	0.00	0.00	0.0
Totals:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
LOSS CAUSE						
Uneven Surface	1	14.3	254.12	995.88	1,250.00	100.0
Chemicals, not otherwise classified	4	57.1	0.00	0.00	0.00	0.0
Object on Floor	1	14.3	0.00	0.00	0.00	0.0
Stairs	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	2	28.6	254.12	995.88	1,250.00	100.0
Absorption, Ingestion or Inhalation NOC	3	42.9	0.00	0.00	0.00	0.0
Fall On the Same Level	1	14.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Stairs	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	28.6	254.12	995.88	1,250.00	100.0
Head Brain	1	14.3	0.00	0.00	0.00	0.0
Head Eye(s)	1	14.3	0.00	0.00	0.00	0.0
Trunk Lung(s)	3	42.9	0.00	0.00	0.00	0.0
Sum:	**7**		**$254.12**	**$995.88**	**$1,250.00**	
INJURY						
Sprain	1	14.3	254.12	995.88	1,250.00	100.0
All Other (Specific) Injuries, NOC	1	14.3	0.00	0.00	0.00	0.0
Concussion (Brain, Cerebral)	1	14.3	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	1	14.3	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	3	42.9	0.00	0.00	0.00	0.0
Sum:	**7**		**$254.12**	**$995.88**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
53 - VCU PHOTOGRAPHY						
TYPE OF CLAIM						
Medical Only	1	100.0	4,136.95	0.00	4,136.95	100.0
Totals:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	4,136.95	0.00	4,136.95	100.0
Totals:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
LENGTH OF SERVICE						
24 - 26	1	100.0	4,136.95	0.00	4,136.95	100.0
Totals:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
Age of Claimant						
50 - 54	1	100.0	4,136.95	0.00	4,136.95	100.0
Totals:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
SEX OF CLAIMANT						
Male	1	100.0	4,136.95	0.00	4,136.95	100.0
Totals:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
LOSS CAUSE						
Office equipment	1	100.0	4,136.95	0.00	4,136.95	100.0
Totals:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	4,136.95	0.00	4,136.95	100.0
Sum:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
BODY PART						
Head Multiple Head Injury	1	100.0	4,136.95	0.00	4,136.95	100.0
Sum:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	
INJURY						
Laceration	1	100.0	4,136.95	0.00	4,136.95	100.0
Sum:	**1**		**$4,136.95**	**$0.00**	**$4,136.95**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
55 - VCU THEATRE DEPARTMENT						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Ladders, scaffolding	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From Ladder or Scaffolding	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Insufficient Info to Ic	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
598 - VCU FMD/PPD/Franklin Street Zone						
TYPE OF CLAIM						
Indemnity	1	100.0	20,908.46	0.00	20,908.46	100.0
Totals:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	20,908.46	0.00	20,908.46	100.0
Totals:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
LENGTH OF SERVICE						
4 - 6	1	100.0	20,908.46	0.00	20,908.46	100.0
Totals:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
Age of Claimant						
25 - 29	1	100.0	20,908.46	0.00	20,908.46	100.0
Totals:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
SEX OF CLAIMANT						
Male	1	100.0	20,908.46	0.00	20,908.46	100.0
Totals:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
LOSS CAUSE						
Hand Truck (2w)	1	100.0	20,908.46	0.00	20,908.46	100.0
Totals:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
ACCIDENT TYPE						
Caught In, Under or Between, NOC	1	100.0	20,908.46	0.00	20,908.46	100.0
Sum:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
BODY PART						
Upper Extremities Hand	1	100.0	20,908.46	0.00	20,908.46	100.0
Sum:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	20,908.46	0.00	20,908.46	100.0
Sum:	**1**		**$20,908.46**	**$0.00**	**$20,908.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
679 - VCU-Lib TML Administration						
TYPE OF CLAIM						
Medical Only	1	100.0	49.05	0.00	49.05	100.0
Totals:	**1**		**$49.05**	**$0.00**	**$49.05**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	49.05	0.00	49.05	100.0
Totals:	**1**		**$49.05**	**$0.00**	**$49.05**	
LENGTH OF SERVICE						
4 - 6	1	100.0	49.05	0.00	49.05	100.0
Totals:	**1**		**$49.05**	**$0.00**	**$49.05**	
Age of Claimant						
60 - 64	1	100.0	49.05	0.00	49.05	100.0
Totals:	**1**		**$49.05**	**$0.00**	**$49.05**	
SEX OF CLAIMANT						
Female	1	100.0	49.05	0.00	49.05	100.0
Totals:	**1**		**$49.05**	**$0.00**	**$49.05**	
LOSS CAUSE						
Gas / Fumes	1	100.0	49.05	0.00	49.05	100.0
Totals:	**1**		**$49.05**	**$0.00**	**$49.05**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	100.0	49.05	0.00	49.05	100.0
Sum:	**1**		**$49.05**	**$0.00**	**$49.05**	
BODY PART						
Neck Larynx	1	100.0	49.05	0.00	49.05	100.0
Sum:	**1**		**$49.05**	**$0.00**	**$49.05**	
INJURY						
Adverse reaction to a vaccination or inoc	1	100.0	49.05	0.00	49.05	100.0
Sum:	**1**		**$49.05**	**$0.00**	**$49.05**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
699 - VCU FMD/PPD/Marshall Street Zone						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Water	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Contact With Not Otherwise Classified	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Burn	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
706 - VCU FMD/PPD/General Services						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	50.0	0.00	0.00	0.00	0.0
14 - 16	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Uneven Surface	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip into Openings	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
708 - VCU FMD/PPD/Grounds East						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Brush / tree / log	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Twisting	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
747 - VCU Special Educ & Disability Plc						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
30 - 32	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Outside Surface	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
236 - VIRGINIA COMMONWEALTH UNIVERSI						
S236 - VIRGINIA COMMONWEALTH UNIVERSI						
TYPE OF CLAIM						
Medical Only	3	42.9	2,167.57	5,321.52	7,489.09	100.0
Reporting Purposes Only	4	57.1	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
TIME OF INJURY						
8AM - 9:59AM	1	14.3	1,728.48	5,321.52	7,050.00	94.1
2PM - 3:59PM	3	42.9	439.09	0.00	439.09	5.9
10AM - 11:59AM	2	28.6	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
LENGTH OF SERVICE						
2 - 4	2	28.6	2,148.84	5,321.52	7,470.36	99.7
4 - 6	2	28.6	18.73	0.00	18.73	0.3
0 - 2	3	42.9	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
Age of Claimant						
50 - 54	1	14.3	1,728.48	5,321.52	7,050.00	94.1
35 - 39	1	14.3	420.36	0.00	420.36	5.6
30 - 34	1	14.3	18.73	0.00	18.73	0.3
20 - 24	1	14.3	0.00	0.00	0.00	0.0
45 - 49	1	14.3	0.00	0.00	0.00	0.0
55 - 59	2	28.6	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
SEX OF CLAIMANT						
Female	2	28.6	1,728.48	5,321.52	7,050.00	94.1
Male	4	57.1	439.09	0.00	439.09	5.9
Unknown	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
LOSS CAUSE						
Vehicle/car/truck	1	14.3	1,728.48	5,321.52	7,050.00	94.1
Hand tool, not powered, NOC	1	14.3	420.36	0.00	420.36	5.6
Patient / Inmate	1	14.3	18.73	0.00	18.73	0.3
Chemicals, not otherwise classified	1	14.3	0.00	0.00	0.00	0.0
Insufficient data	1	14.3	0.00	0.00	0.00	0.0
Metal items	1	14.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Needle stick	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	14.3	1,728.48	5,321.52	7,050.00	94.1
Caught In/Between-Object Handled	1	14.3	420.36	0.00	420.36	5.6
Struck/Injured By Fellow Worker, Patient	1	14.3	18.73	0.00	18.73	0.3
Needle Stick	1	14.3	0.00	0.00	0.00	0.0
Other Injury NEC	2	28.6	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	14.3	1,728.48	5,321.52	7,050.00	94.1
Upper Extremities Finger(s)	2	28.6	420.36	0.00	420.36	5.6
Lower Extremities Ankle	1	14.3	18.73	0.00	18.73	0.3
Head Mouth	1	14.3	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info to Id	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
Sum:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	
INJURY						
Strain	1	14.3	1,728.48	5,321.52	7,050.00	94.1
Laceration	2	28.6	420.36	0.00	420.36	5.6
Sprain	1	14.3	18.73	0.00	18.73	0.3
All Other Cumulative Injury	1	14.3	0.00	0.00	0.00	0.0
All Other (Specific) Injuries, NOC	1	14.3	0.00	0.00	0.00	0.0
Puncture	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$2,167.57**	**$5,321.52**	**$7,489.09**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
238 - VA MUSEUM OF FINE ARTS						
S238 - VA MUSEUM OF FINE ARTS						
TYPE OF CLAIM						
Medical Only	17	68.0	4,723.88	7,500.00	12,223.88	100.0
Reporting Purposes Only	8	32.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
TIME OF INJURY						
8PM - 9:59PM	2	8.0	3,505.13	0.00	3,505.13	28.7
12PM - 1:59PM	8	32.0	618.95	2,500.00	3,118.95	25.5
2PM - 3:59PM	3	12.0	18.82	2,500.00	2,518.82	20.6
8AM - 9:59AM	7	28.0	580.98	1,250.00	1,830.98	15.0
10AM - 11:59AM	3	12.0	0.00	1,250.00	1,250.00	10.2
4AM - 5:59AM	1	4.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
LENGTH OF SERVICE						
0 - 2	12	48.0	4,221.01	2,500.00	6,721.01	55.0
2 - 4	6	24.0	484.05	3,750.00	4,234.05	34.6
32 - 34	1	4.0	0.00	1,250.00	1,250.00	10.2
30 - 32	1	4.0	18.82	0.00	18.82	0.2
4 - 6	1	4.0	0.00	0.00	0.00	0.0
10 - 12	2	8.0	0.00	0.00	0.00	0.0
20 - 22	1	4.0	0.00	0.00	0.00	0.0
14 - 16	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
Age of Claimant						
45 - 49	2	8.0	3,505.13	0.00	3,505.13	28.7
30 - 34	5	20.0	222.53	2,500.00	2,722.53	22.3
25 - 29	6	24.0	396.42	1,250.00	1,646.42	13.5
35 - 39	2	8.0	156.13	1,250.00	1,406.13	11.5
65 - 69	3	12.0	18.82	1,250.00	1,268.82	10.4
60 - 64	2	8.0	0.00	1,250.00	1,250.00	10.2
20 - 24	2	8.0	424.85	0.00	424.85	3.5
40 - 44	1	4.0	0.00	0.00	0.00	0.0
50 - 54	1	4.0	0.00	0.00	0.00	0.0
80 - 84	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	11	44.0	3,661.26	2,500.00	6,161.26	50.4
Male	14	56.0	1,062.62	5,000.00	6,062.62	49.6
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
LOSS CAUSE						
Walking surface, inside, wet	1	4.0	3,505.13	0.00	3,505.13	28.7
Gas / Fumes	1	4.0	0.00	1,250.00	1,250.00	10.2
Hot/Cold Object, Liquid, Substance	2	8.0	0.00	1,250.00	1,250.00	10.2
Knife, Utility	1	4.0	0.00	1,250.00	1,250.00	10.2
Office equipment	1	4.0	0.00	1,250.00	1,250.00	10.2
Uneven Surface	2	8.0	0.00	1,250.00	1,250.00	10.2
Walking surface, inside, dry	1	4.0	0.00	1,250.00	1,250.00	10.2
Dust	1	4.0	424.85	0.00	424.85	3.5
Blade	1	4.0	327.92	0.00	327.92	2.7
Knife, NOC	2	8.0	291.03	0.00	291.03	2.4
Dishes	1	4.0	156.13	0.00	156.13	1.3
Package	1	4.0	18.82	0.00	18.82	0.2
Boxes / containers	1	4.0	0.00	0.00	0.00	0.0
Ceiling	1	4.0	0.00	0.00	0.00	0.0
Electrical equipment	1	4.0	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	4.0	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	4.0	0.00	0.00	0.00	0.0
Stairs, steps	3	12.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
ACCIDENT TYPE						
Broken Glass	3	12.0	3,661.26	0.00	3,661.26	30.0
Fall On the Same Level	5	20.0	0.00	2,500.00	2,500.00	20.5
Hand Tool, Utensil; Not Powered	4	16.0	618.95	1,250.00	1,868.95	15.3
Contact With Not Otherwise Classified	1	4.0	0.00	1,250.00	1,250.00	10.2
Dust, Gases, Fumes or Vapors	1	4.0	0.00	1,250.00	1,250.00	10.2
Other Injury NEC	1	4.0	0.00	1,250.00	1,250.00	10.2
Foreign Body in Eye	1	4.0	424.85	0.00	424.85	3.5
Lifting	1	4.0	18.82	0.00	18.82	0.2
Contact with Electrical Current	1	4.0	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	4.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	4.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	3	12.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	4.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
BODY PART						
Upper Extremities Hand	3	12.0	3,505.13	0.00	3,505.13	28.7
Upper Extremities Finger(s)	3	12.0	378.66	1,250.00	1,628.66	13.3
Upper Extremities Thumb	2	8.0	327.92	1,250.00	1,577.92	12.9
Head Ear(s)	1	4.0	0.00	1,250.00	1,250.00	10.2
Multiple Body Parts Multiple Body Parts	1	4.0	0.00	1,250.00	1,250.00	10.2
Trunk Lung(s)	1	4.0	0.00	1,250.00	1,250.00	10.2
Upper Extremities Elbow	1	4.0	0.00	1,250.00	1,250.00	10.2
Head Eye(s)	1	4.0	424.85	0.00	424.85	3.5
Upper Extremities Lower Arm	1	4.0	68.50	0.00	68.50	0.6
Trunk Low Back Area (Incl. Lumbar & Li	2	8.0	18.82	0.00	18.82	0.2
Lower Extremities Ankle	1	4.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	4.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	3	12.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	4.0	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	4.0	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	4.0	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	
INJURY						
Laceration	3	12.0	3,727.66	1,250.00	4,977.66	40.7
Multiple Physical Injury Only	3	12.0	0.00	2,500.00	2,500.00	20.5
Foreign Body (Eye)	2	8.0	424.85	1,250.00	1,674.85	13.7
Burn	2	8.0	0.00	1,250.00	1,250.00	10.2
No Physical Injury	3	12.0	0.00	1,250.00	1,250.00	10.2
Contusion (Bruise, Skin Surface)	6	24.0	552.55	0.00	552.55	4.5
All Other (Specific) Injuries, NOC	2	8.0	18.82	0.00	18.82	0.2
Electric Shock	1	4.0	0.00	0.00	0.00	0.0
Inflammation	1	4.0	0.00	0.00	0.00	0.0
Sprain	1	4.0	0.00	0.00	0.00	0.0
Strain	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$4,723.88**	**$7,500.00**	**$12,223.88**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
239 - VA FRONTIER CULTURE MUSEUM						
S239 - VA FRONTIER CULTURE MUSEUM						
TYPE OF CLAIM						
Medical Only	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
LENGTH OF SERVICE						
0 - 2	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
Age of Claimant						
20 - 24	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
SEX OF CLAIMANT						
Female	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
LOSS CAUSE						
Door	1	100.0	632.38	0.00	632.38	100.0
Totals:	**1**		**$632.38**	**$0.00**	**$632.38**	
ACCIDENT TYPE						
Collision with a Fixed Object	1	100.0	632.38	0.00	632.38	100.0
Sum:	**1**		**$632.38**	**$0.00**	**$632.38**	
BODY PART						
Head Brain	1	100.0	632.38	0.00	632.38	100.0
Sum:	**1**		**$632.38**	**$0.00**	**$632.38**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	632.38	0.00	632.38	100.0
Sum:	**1**		**$632.38**	**$0.00**	**$632.38**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
241 - RICHARD BLAND COLLEGE						
S241 - RICHARD BLAND COLLEGE						
TYPE OF CLAIM						
Indemnity	4	66.7	26,584.33	94,195.46	120,779.79	99.7
Medical Only	2	33.3	412.67	0.00	412.67	0.3
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
TIME OF INJURY						
4PM - 5:59PM	2	33.3	23,157.91	53,596.74	76,754.65	63.3
8AM - 9:59AM	2	33.3	3,839.09	40,598.72	44,437.81	36.7
6AM - 7:59AM	1	16.7	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
LENGTH OF SERVICE						
4 - 6	1	16.7	9,907.33	53,596.74	63,504.07	52.4
0 - 2	5	83.3	17,089.67	40,598.72	57,688.39	47.6
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
Age of Claimant						
40 - 44	1	16.7	9,907.33	53,596.74	63,504.07	52.4
50 - 54	4	66.7	17,089.67	40,598.72	57,688.39	47.6
45 - 49	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
SEX OF CLAIMANT						
Male	3	50.0	23,570.58	53,596.74	77,167.32	63.7
Female	3	50.0	3,426.42	40,598.72	44,025.14	36.3
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	16.7	9,907.33	53,596.74	63,504.07	52.4
Cords	1	16.7	3,426.42	40,598.72	44,025.14	36.3
Wall	1	16.7	13,250.58	0.00	13,250.58	10.9
Electrical equipment	1	16.7	412.67	0.00	412.67	0.3
Door	1	16.7	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
ACCIDENT TYPE						
Burn or Scald-Chemicals	1	16.7	9,907.33	53,596.74	63,504.07	52.4
Fall, Slip or Trip, NOC	1	16.7	3,426.42	40,598.72	44,025.14	36.3
Struck/Injured By Animal or Insect	1	16.7	13,250.58	0.00	13,250.58	10.9

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lifting	1	16.7	412.67	0.00	412.67	0.3
Other Injury NEC	1	16.7	0.00	0.00	0.00	0.0
Twisting	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
BODY PART						
Upper Extremities Hand	1	16.7	9,907.33	53,596.74	63,504.07	52.4
Lower Extremities Knee	2	33.3	3,426.42	40,598.72	44,025.14	36.3
Lower Extremities Ankle	1	16.7	13,250.58	0.00	13,250.58	10.9
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	412.67	0.00	412.67	0.3
Lower Extremities Toe(s)	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	
INJURY						
Burn	1	16.7	9,907.33	53,596.74	63,504.07	52.4
All Other (Specific) Injuries, NOC	1	16.7	3,426.42	40,598.72	44,025.14	36.3
Sprain	2	33.3	13,663.25	0.00	13,663.25	11.3
Dislocation	1	16.7	0.00	0.00	0.00	0.0
Laceration	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$26,997.00**	**$94,195.46**	**$121,192.46**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
242 - CHRISTOPHER NEWPORT UNIVERSITY						
S242 - CHRISTOPHER NEWPORT UNIVERSITY						
TYPE OF CLAIM						
Indemnity	9	9.9	56,374.21	9,938.48	66,312.69	82.5
Medical Only	26	28.6	7,045.54	7,040.74	14,086.28	17.5
Reporting Purposes Only	56	61.5	0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
TIME OF INJURY						
8AM - 9:59AM	22	24.2	49,227.15	3,420.61	52,647.76	65.5
4PM - 5:59PM	5	5.5	929.16	9,938.48	10,867.64	13.5
10AM - 11:59AM	23	25.3	8,207.73	0.00	8,207.73	10.2
12PM - 1:59PM	17	18.7	1,384.93	2,500.00	3,884.93	4.8
10PM - 11:59PM	1	1.1	2,810.23	0.00	2,810.23	3.5
8PM - 9:59PM	2	2.2	129.87	1,120.13	1,250.00	1.6
2PM - 3:59PM	14	15.4	730.68	0.00	730.68	0.9
12AM - 1:59AM	1	1.1	0.00	0.00	0.00	0.0
6AM - 7:59AM	3	3.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	3.3	0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
LENGTH OF SERVICE						
2 - 4	25	27.5	55,972.10	1,891.28	57,863.38	72.0
12 - 14	2	2.2	878.52	9,938.48	10,817.00	13.5
0 - 2	37	40.7	1,264.71	3,560.39	4,825.10	6.0
8 - 10	6	6.6	2,542.99	1,120.13	3,663.12	4.6
16 - 18	5	5.5	1,821.21	468.94	2,290.15	2.8
22 - 24	1	1.1	634.16	0.00	634.16	0.8
10 - 12	5	5.5	287.24	0.00	287.24	0.4
6 - 8	3	3.3	18.82	0.00	18.82	0.0
4 - 6	4	4.4	0.00	0.00	0.00	0.0
18 - 20	1	1.1	0.00	0.00	0.00	0.0
20 - 22	1	1.1	0.00	0.00	0.00	0.0
14 - 16	1	1.1	0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
Age of Claimant						
55 - 59	11	12.1	47,478.23	0.00	47,478.23	59.1
45 - 49	5	5.5	1,389.06	10,579.76	11,968.82	14.9
60 - 64	17	18.7	9,940.58	1,718.94	11,659.52	14.5
40 - 44	8	8.8	1,995.20	1,071.26	3,066.46	3.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	10	11.0	1,460.48	1,239.13	2,699.61	3.4
20 - 24	14	15.4	1,007.51	1,250.00	2,257.51	2.8
65 - 69	4	4.4	129.87	1,120.13	1,250.00	1.6
75 - 79	2	2.2	18.82	0.00	18.82	0.0
15 - 19	3	3.3	0.00	0.00	0.00	0.0
25 - 29	6	6.6	0.00	0.00	0.00	0.0
30 - 34	6	6.6	0.00	0.00	0.00	0.0
50 - 54	4	4.4	0.00	0.00	0.00	0.0
70 - 74	1	1.1	0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
SEX OF CLAIMANT						
Female	43	47.3	58,536.25	3,431.48	61,967.73	77.1
Male	48	52.7	4,883.50	13,547.74	18,431.24	22.9
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
LOSS CAUSE						
Object on Floor	3	3.3	47,755.66	0.00	47,755.66	59.4
Chemicals, not otherwise classified	3	3.3	1,069.47	9,938.48	11,007.95	13.7
Electrical equipment	2	2.2	5,561.42	641.28	6,202.70	7.7
Walking surface, inside, wet	6	6.6	3,591.29	468.94	4,060.23	5.1
Hot/Cold Object, Liquid, Substance	5	5.5	178.74	2,321.26	2,500.00	3.1
Brush / tree / log	1	1.1	1,476.49	0.00	1,476.49	1.8
Electricity	1	1.1	10.87	1,239.13	1,250.00	1.6
Trash receptacle	2	2.2	129.87	1,120.13	1,250.00	1.6
Walking surface, outside, dry	3	3.3	0.00	1,250.00	1,250.00	1.6
Boxes / containers	2	2.2	1,040.15	0.00	1,040.15	1.3
Metal items	5	5.5	936.63	0.00	936.63	1.2
Walking surface, inside, dry	3	3.3	634.16	0.00	634.16	0.8
Machine, not otherwise classified	2	2.2	317.19	0.00	317.19	0.4
Pots/pans	1	1.1	260.64	0.00	260.64	0.3
Uneven Surface	2	2.2	157.24	0.00	157.24	0.2
Training \ Drills	1	1.1	98.18	0.00	98.18	0.1
Knife, Utility	3	3.3	77.70	0.00	77.70	0.1
N/A	7	7.7	37.64	0.00	37.64	0.0
Furniture / fixtures	5	5.5	29.95	0.00	29.95	0.0
Shovel	1	1.1	18.82	0.00	18.82	0.0
Stairs, steps	1	1.1	18.82	0.00	18.82	0.0
Vehicle/car/truck	5	5.5	18.82	0.00	18.82	0.0
Cart	1	1.1	0.00	0.00	0.00	0.0
Cords	1	1.1	0.00	0.00	0.00	0.0
Door	1	1.1	0.00	0.00	0.00	0.0
Grease	2	2.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, not powered, NOC	1	1.1	0.00	0.00	0.00	0.0
Insufficient data	1	1.1	0.00	0.00	0.00	0.0
Knife, NOC	1	1.1	0.00	0.00	0.00	0.0
Ladder - Portable	2	2.2	0.00	0.00	0.00	0.0
Minerals / dirt	1	1.1	0.00	0.00	0.00	0.0
Outside Surface	1	1.1	0.00	0.00	0.00	0.0
Overhead Object	2	2.2	0.00	0.00	0.00	0.0
Paper cutter	1	1.1	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	3	3.3	0.00	0.00	0.00	0.0
Tractor	1	1.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	6	6.6	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.1	0.00	0.00	0.00	0.0
Wrench	1	1.1	0.00	0.00	0.00	0.0
Totals:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
ACCIDENT TYPE						
Fall On the Same Level	14	15.4	48,120.87	1,718.94	49,839.81	62.0
Absorption, Ingestion or Inhalation NOC	3	3.3	1,069.47	9,938.48	11,007.95	13.7
Strain or Injury By, NOC	8	8.8	5,774.05	0.00	5,774.05	7.2
Fall/Slip From Liquid or Grease Spills	1	1.1	2,810.23	0.00	2,810.23	3.5
Collision with a Fixed Object	4	4.4	1,663.68	0.00	1,663.68	2.1
Cut, Punctured, Scraped, NOC	9	9.9	850.51	641.28	1,491.79	1.9
Contact with Electrical Current	1	1.1	10.87	1,239.13	1,250.00	1.6
Contact with Hot Object or Substance	4	4.4	178.74	1,071.26	1,250.00	1.6
Contact With Not Otherwise Classified	2	2.2	0.00	1,250.00	1,250.00	1.6
Lifting	1	1.1	129.87	1,120.13	1,250.00	1.6
Caught In, Under or Between, NOC	4	4.4	1,170.15	0.00	1,170.15	1.5
Struck or Injury By, NOC	3	3.3	793.02	0.00	793.02	1.0
Struck/Injured By Falling or Flying Objec	1	1.1	434.67	0.00	434.67	0.5
Hand Tool, Utensil; Not Powered	7	7.7	338.34	0.00	338.34	0.4
Other Injury NEC	11	12.1	37.64	0.00	37.64	0.0
Fall/Slip on Stairs	1	1.1	18.82	0.00	18.82	0.0
Motor Vehicle, NOC	4	4.4	18.82	0.00	18.82	0.0
Broken Glass	1	1.1	0.00	0.00	0.00	0.0
Contact With Cold Object or Substance	1	1.1	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 or Trip, NOC	7	7.7	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
Striking Against or Stepping On, NOC	2	2.2	0.00	0.00	0.00	0.0
Sum:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
BODY PART						
Upper Extremities Upper Arm (Incl. Cla\	1	1.1	47,320.99	0.00	47,320.99	58.9

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Lung(s)	3	3.3	780.34	9,938.48	10,718.82	13.3
Upper Extremities Thumb	3	3.3	4,952.70	0.00	4,952.70	6.2
Upper Extremities Finger(s)	14	15.4	2,475.85	641.28	3,117.13	3.9
Head Multiple Head Injury	1	1.1	2,810.23	0.00	2,810.23	3.5
Upper Extremities Lower Arm	4	4.4	431.40	2,310.39	2,741.79	3.4
Upper Extremities Wrist	2	2.2	0.00	2,500.00	2,500.00	3.1
Multiple Body Parts Multiple Body Parts	9	9.9	935.70	468.94	1,404.64	1.7
Upper Extremities Shoulder(s)	3	3.3	129.87	1,120.13	1,250.00	1.6
Lower Extremities Lower Leg	3	3.3	1,040.15	0.00	1,040.15	1.3
Lower Extremities Foot	2	2.2	694.84	0.00	694.84	0.9
Lower Extremities Knee	8	8.8	634.16	0.00	634.16	0.8
Lower Extremities Toe(s)	1	1.1	434.67	0.00	434.67	0.5
Head Eye(s)	3	3.3	289.13	0.00	289.13	0.4
Head Other facial soft tissue	5	5.5	187.19	0.00	187.19	0.2
Trunk Low Back Area (Incl. Lumbar & Li	4	4.4	157.24	0.00	157.24	0.2
Upper Extremities Hand	4	4.4	77.70	0.00	77.70	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	2	2.2	37.64	0.00	37.64	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	1.1	29.95	0.00	29.95	0.0
Head Skull	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	1.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	10	11.0	0.00	0.00	0.00	0.0
Trunk Buttocks	2	2.2	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	1.1	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	1.1	0.00	0.00	0.00	0.0
Sum:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	
INJURY						
Fracture	3	3.3	47,785.61	0.00	47,785.61	59.4
Respiratory Disorders(Gases,Fumes,Ch	1	1.1	780.34	9,938.48	10,718.82	13.3
Strain	9	9.9	6,914.12	1,120.13	8,034.25	10.0
Contusion (Bruise, Skin Surface)	29	31.9	3,180.57	468.94	3,649.51	4.5
Concussion (Brain, Cerebral)	1	1.1	2,810.23	0.00	2,810.23	3.5
Burn	6	6.6	178.74	2,321.26	2,500.00	3.1
Laceration	17	18.7	1,153.07	641.28	1,794.35	2.2
Electric Shock	1	1.1	10.87	1,239.13	1,250.00	1.6
Sprain	1	1.1	0.00	1,250.00	1,250.00	1.6
No Physical Injury	15	16.5	307.95	0.00	307.95	0.4
Puncture	1	1.1	241.79	0.00	241.79	0.3
All Other Cumulative Injury	1	1.1	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	3	3.3	18.82	0.00	18.82	0.0

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	2	2.2	18.82	0.00	18.82	0.0
Inhalation	1	1.1	0.00	0.00	0.00	0.0
Sum:	**91**		**$63,419.75**	**$16,979.22**	**$80,398.97**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
246 - UVA College at Wise						
71 - UVA-CLA CLINCH VALLEY-FACULTY						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
22 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Thumb	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
246 - UVA College at Wise						
73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF						
TYPE OF CLAIM						
Indemnity	1	20.0	27,212.39	127,935.51	155,147.90	98.4
Medical Only	4	80.0	37.64	2,500.00	2,537.64	1.6
Totals:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
TIME OF INJURY						
12PM - 1:59PM	1	20.0	27,212.39	127,935.51	155,147.90	98.4
10PM - 11:59PM	2	40.0	0.00	2,500.00	2,500.00	1.6
10AM - 11:59AM	2	40.0	37.64	0.00	37.64	0.0
Totals:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
LENGTH OF SERVICE						
16 - 18	1	20.0	27,212.39	127,935.51	155,147.90	98.4
0 - 2	3	60.0	37.64	1,250.00	1,287.64	0.8
2 - 4	1	20.0	0.00	1,250.00	1,250.00	0.8
Totals:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
Age of Claimant						
40 - 44	2	40.0	27,212.39	129,185.51	156,397.90	99.2
55 - 59	1	20.0	0.00	1,250.00	1,250.00	0.8
25 - 29	1	20.0	18.82	0.00	18.82	0.0
50 - 54	1	20.0	18.82	0.00	18.82	0.0
Totals:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
SEX OF CLAIMANT						
Male	4	80.0	27,250.03	129,185.51	156,435.54	99.2
Female	1	20.0	0.00	1,250.00	1,250.00	0.8
Totals:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
LOSS CAUSE						
Tractor trailer equipment	1	20.0	27,212.39	127,935.51	155,147.90	98.4
Person	2	40.0	0.00	2,500.00	2,500.00	1.6
Animal / bee type	2	40.0	37.64	0.00	37.64	0.0
Totals:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	20.0	27,212.39	127,935.51	155,147.90	98.4
Struck/Injured By Fellow Worker, Patient	2	40.0	0.00	2,500.00	2,500.00	1.6
Struck/Injured By Animal or Insect	2	40.0	37.64	0.00	37.64	0.0
Sum:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
BODY PART						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Multiple Lower Extrer	1	20.0	27,212.39	127,935.51	155,147.90	98.4
Head Other facial soft tissue	2	40.0	18.82	1,250.00	1,268.82	0.8
Upper Extremities Hand	1	20.0	0.00	1,250.00	1,250.00	0.8
Upper Extremities Finger(s)	1	20.0	18.82	0.00	18.82	0.0
Sum:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	
INJURY						
Sprain	1	20.0	27,212.39	127,935.51	155,147.90	98.4
Contagious Disease	2	40.0	0.00	2,500.00	2,500.00	1.6
Inflammation	2	40.0	37.64	0.00	37.64	0.0
Sum:	**5**		**$27,250.03**	**$130,435.51**	**$157,685.54**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
247 - GEORGE MASON UNIVERSITY						
S247 - GEORGE MASON UNIVERSITY						
TYPE OF CLAIM						
Indemnity	6	8.7	39,290.07	227,993.88	267,283.95	90.3
Medical Only	26	37.7	15,245.68	13,582.50	28,828.18	9.7
Reporting Purposes Only	37	53.6	0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
TIME OF INJURY						
2PM - 3:59PM	17	24.6	19,102.07	129,504.71	148,606.78	50.2
10AM - 11:59AM	12	17.4	33,178.59	104,654.04	137,832.63	46.5
12PM - 1:59PM	9	13.0	1,106.87	2,452.20	3,559.07	1.2
8AM - 9:59AM	7	10.1	588.62	2,500.00	3,088.62	1.0
8PM - 9:59PM	4	5.8	532.73	2,465.43	2,998.16	1.0
6PM - 7:59PM	4	5.8	26.87	0.00	26.87	0.0
12AM - 1:59AM	1	1.4	0.00	0.00	0.00	0.0
6AM - 7:59AM	2	2.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	8	11.6	0.00	0.00	0.00	0.0
10PM - 11:59PM	5	7.2	0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
LENGTH OF SERVICE						
6 - 8	3	4.3	18,556.80	128,265.58	146,822.38	49.6
8 - 10	4	5.8	17,609.12	67,254.75	84,863.87	28.7
2 - 4	14	20.3	7,337.33	39,851.49	47,188.82	15.9
0 - 2	31	44.9	9,451.59	3,704.56	13,156.15	4.4
10 - 12	1	1.4	0.00	1,250.00	1,250.00	0.4
14 - 16	3	4.3	0.00	1,250.00	1,250.00	0.4
12 - 14	3	4.3	1,207.16	0.00	1,207.16	0.4
18 - 20	3	4.3	373.75	0.00	373.75	0.1
4 - 6	5	7.2	0.00	0.00	0.00	0.0
16 - 18	1	1.4	0.00	0.00	0.00	0.0
22 - 24	1	1.4	0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
Age of Claimant						
60 - 64	6	8.7	22,959.78	135,643.52	158,603.30	53.6
50 - 54	6	8.7	19,185.54	66,052.55	85,238.09	28.8
45 - 49	4	5.8	2,543.07	33,675.75	36,218.82	12.2
40 - 44	5	7.2	7,268.83	0.00	7,268.83	2.5
20 - 24	21	30.4	1,098.08	3,704.56	4,802.64	1.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	7	10.1	420.26	2,500.00	2,920.26	1.0
35 - 39	5	7.2	577.41	0.00	577.41	0.2
30 - 34	5	7.2	343.33	0.00	343.33	0.1
15 - 19	2	2.9	102.54	0.00	102.54	0.0
70 - 74	1	1.4	18.82	0.00	18.82	0.0
25 - 29	5	7.2	18.09	0.00	18.09	0.0
65 - 69	1	1.4	0.00	0.00	0.00	0.0
80 - 84	1	1.4	0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
SEX OF CLAIMANT						
Male	38	55.1	20,126.22	128,265.58	148,391.80	50.1
Female	31	44.9	34,409.53	113,310.80	147,720.33	49.9
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
LOSS CAUSE						
Fire / Flame / Smoke	1	1.4	18,117.72	128,265.58	146,383.30	49.4
Walking surface, outside, dry	2	2.9	18,138.73	66,052.55	84,191.28	28.4
Person	3	4.3	2,543.07	33,675.75	36,218.82	12.2
Cart	1	1.4	4,794.26	4,925.74	9,720.00	3.3
Training \ Drills	1	1.4	7,268.83	0.00	7,268.83	2.5
Door	3	4.3	343.33	1,250.00	1,593.33	0.5
Floor	3	4.3	18.82	1,250.00	1,268.82	0.4
Boxes / containers	1	1.4	10.87	1,239.13	1,250.00	0.4
Chair	3	4.3	47.80	1,202.20	1,250.00	0.4
Ladder - Fixed	1	1.4	0.00	1,250.00	1,250.00	0.4
Roll cart	1	1.4	34.57	1,215.43	1,250.00	0.4
Walking surface, inside, dry	1	1.4	0.00	1,250.00	1,250.00	0.4
Blade	2	2.9	637.36	0.00	637.36	0.2
Metal items	2	2.9	573.83	0.00	573.83	0.2
Window frame	1	1.4	569.80	0.00	569.80	0.2
Sharp objects, not otherwise classified	1	1.4	554.48	0.00	554.48	0.2
Wrench	1	1.4	420.26	0.00	420.26	0.1
Wood Items	1	1.4	373.75	0.00	373.75	0.1
Furniture / fixtures	2	2.9	43.31	0.00	43.31	0.0
Stairs, steps	4	5.8	26.87	0.00	26.87	0.0
Vehicle, not otherwise classified	1	1.4	18.09	0.00	18.09	0.0
Air pressure	3	4.3	0.00	0.00	0.00	0.0
Animal / bee type	1	1.4	0.00	0.00	0.00	0.0
Cabinet	1	1.4	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	1.4	0.00	0.00	0.00	0.0
Dishes	1	1.4	0.00	0.00	0.00	0.0
Dolly	1	1.4	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Environmental conditions	1	1.4	0.00	0.00	0.00	0.0
Infectious agent	1	1.4	0.00	0.00	0.00	0.0
Ladder - Portable	1	1.4	0.00	0.00	0.00	0.0
Machine, not otherwise classified	4	5.8	0.00	0.00	0.00	0.0
N/A	2	2.9	0.00	0.00	0.00	0.0
Needle stick	1	1.4	0.00	0.00	0.00	0.0
Object on Floor	1	1.4	0.00	0.00	0.00	0.0
Office equipment	1	1.4	0.00	0.00	0.00	0.0
Outside Surface	2	2.9	0.00	0.00	0.00	0.0
Overhead Object	2	2.9	0.00	0.00	0.00	0.0
Patient / Inmate	4	5.8	0.00	0.00	0.00	0.0
Recreational equipment	1	1.4	0.00	0.00	0.00	0.0
Screw driver	1	1.4	0.00	0.00	0.00	0.0
Stairs	1	1.4	0.00	0.00	0.00	0.0
Tool Holder	1	1.4	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.4	0.00	0.00	0.00	0.0
Totals:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
ACCIDENT TYPE						
Struck/Injured By Explosion or Flare Bac	5	7.2	18,117.72	128,265.58	146,383.30	49.4
Fall On the Same Level	8	11.6	22,374.40	72,228.29	94,602.69	31.9
Pushing or Pulling	2	2.9	2,543.07	33,675.75	36,218.82	12.2
Holding or Carrying	3	4.3	7,344.50	0.00	7,344.50	2.5
Caught In/Between-Object Handled	3	4.3	354.20	2,489.13	2,843.33	1.0
Fall/Slip From a Different Level	3	4.3	47.80	1,202.20	1,250.00	0.4
Fall/Slip From Ladder or Scaffolding	2	2.9	0.00	1,250.00	1,250.00	0.4
Fall/Slip From Liquid or Grease Spills	1	1.4	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Hand Tool or Machine	1	1.4	34.57	1,215.43	1,250.00	0.4
Hand Tool, Utensil; Not Powered	5	7.2	1,011.11	0.00	1,011.11	0.3
Fall/Slip on Ice or Snow	1	1.4	577.41	0.00	577.41	0.2
Twisting	2	2.9	569.80	0.00	569.80	0.2
Cut, Punctured, Scraped, NOC	4	5.8	554.48	0.00	554.48	0.2
Struck/Injured By Object Being Lifted or	1	1.4	498.16	0.00	498.16	0.2
Repetitive Motion (after 7/1/94)	1	1.4	420.26	0.00	420.26	0.1
Strike Against/Step On Stationary Objec	2	2.9	43.31	0.00	43.31	0.0
Fall/Slip on Stairs	5	7.2	26.87	0.00	26.87	0.0
Motor Vehicle, NOC	1	1.4	18.09	0.00	18.09	0.0
Absorption, Ingestion or Inhalation NOC	1	1.4	0.00	0.00	0.00	0.0
Bitten	1	1.4	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	1.4	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	3	4.3	0.00	0.00	0.00	0.0
Needle Stick	1	1.4	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Other Injury NEC	8	11.6	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	1.4	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	1.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.4	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	1.4	0.00	0.00	0.00	0.0
Sum:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
BODY PART						
Multiple Body Parts Body Systems & Mu	1	1.4	18,117.72	128,265.58	146,383.30	49.4
Multiple Body Parts Multiple Body Parts	10	14.5	22,943.86	73,467.42	96,411.28	32.6
Upper Extremities Shoulder(s)	3	4.3	9,811.90	33,675.75	43,487.65	14.7
Upper Extremities Finger(s)	10	14.5	1,984.59	0.00	1,984.59	0.7
Head Skull	3	4.3	91.11	1,202.20	1,293.31	0.4
Lower Extremities Great Toe	1	1.4	34.57	1,215.43	1,250.00	0.4
Lower Extremities Knee	6	8.7	0.00	1,250.00	1,250.00	0.4
Lower Extremities Upper Leg	1	1.4	0.00	1,250.00	1,250.00	0.4
Upper Extremities Thumb	1	1.4	0.00	1,250.00	1,250.00	0.4
Upper Extremities Elbow	2	2.9	569.80	0.00	569.80	0.2
Lower Extremities Foot	2	2.9	498.16	0.00	498.16	0.2
Upper Extremities Hand	3	4.3	420.26	0.00	420.26	0.1
Lower Extremities Lower Leg	1	1.4	26.87	0.00	26.87	0.0
Head Other facial soft tissue	3	4.3	18.82	0.00	18.82	0.0
Lower Extremities Ankle	5	7.2	18.09	0.00	18.09	0.0
Head Eye(s)	1	1.4	0.00	0.00	0.00	0.0
Head Nose	1	1.4	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info to Ic	1	1.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	10	14.5	0.00	0.00	0.00	0.0
Trunk Heart	1	1.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Lı	2	2.9	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.4	0.00	0.00	0.00	0.0
Sum:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	
INJURY						
Myocardial Infarction (Heart Attack)	2	2.9	18,117.72	128,265.58	146,383.30	49.4
Sprain	7	10.1	17,561.32	66,052.55	83,613.87	28.2
Strain	8	11.6	3,690.28	36,175.75	39,866.03	13.5
Multiple Physical Injury Only	2	2.9	4,813.08	4,925.74	9,738.82	3.3
Dislocation	1	1.4	7,268.83	0.00	7,268.83	2.5
Contusion (Bruise, Skin Surface)	14	20.3	964.67	2,452.20	3,416.87	1.2
Crushing	2	2.9	354.20	1,239.13	1,593.33	0.5
Fracture	1	1.4	34.57	1,215.43	1,250.00	0.4
Rupture	1	1.4	0.00	1,250.00	1,250.00	0.4
Laceration	8	11.6	1,235.15	0.00	1,235.15	0.4

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Carpal Tunnel Syndrome	1	1.4	420.26	0.00	420.26	0.1
Puncture	2	2.9	75.67	0.00	75.67	0.0
All Other (Specific) Injuries, NOC	4	5.8	0.00	0.00	0.00	0.0
Contagious Disease	1	1.4	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	1.4	0.00	0.00	0.00	0.0
Mental Stress	4	5.8	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	1.4	0.00	0.00	0.00	0.0
No Physical Injury	9	13.0	0.00	0.00	0.00	0.0
Sum:	**69**		**$54,535.75**	**$241,576.38**	**$296,112.13**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
261 - COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	1	50.0	7,678.59	0.00	7,678.59	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	7,678.59	0.00	7,678.59	100.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
LENGTH OF SERVICE						
0 - 2	1	50.0	7,678.59	0.00	7,678.59	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
Age of Claimant						
60 - 64	1	50.0	7,678.59	0.00	7,678.59	100.0
50 - 54	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
SEX OF CLAIMANT						
Female	2	100.0	7,678.59	0.00	7,678.59	100.0
Totals:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
LOSS CAUSE						
Boxes / containers	1	50.0	7,678.59	0.00	7,678.59	100.0
Object on Floor	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
ACCIDENT TYPE						
Fall On the Same Level	2	100.0	7,678.59	0.00	7,678.59	100.0
Sum:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
BODY PART						
Upper Extremities Wrist	1	50.0	7,678.59	0.00	7,678.59	100.0
Lower Extremities Knee	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	
INJURY						
Fracture	1	50.0	7,678.59	0.00	7,678.59	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$7,678.59**	**$0.00**	**$7,678.59**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
275 - VCCS-NEW RIVER COMMUNITY COLLEGE						
TYPE OF CLAIM						
Indemnity	1	20.0	106,190.48	122,310.08	228,500.56	99.9
Medical Only	1	20.0	156.53	0.00	156.53	0.1
Reporting Purposes Only	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
TIME OF INJURY						
2PM - 3:59PM	1	20.0	106,190.48	122,310.08	228,500.56	99.9
8AM - 9:59AM	3	60.0	156.53	0.00	156.53	0.1
12PM - 1:59PM	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
LENGTH OF SERVICE						
42 - 44	1	20.0	106,190.48	122,310.08	228,500.56	99.9
0 - 2	1	20.0	156.53	0.00	156.53	0.1
6 - 8	1	20.0	0.00	0.00	0.00	0.0
12 - 14	1	20.0	0.00	0.00	0.00	0.0
38 - 40	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
Age of Claimant						
60 - 64	1	20.0	106,190.48	122,310.08	228,500.56	99.9
35 - 39	1	20.0	156.53	0.00	156.53	0.1
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
75 - 79	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
SEX OF CLAIMANT						
Male	1	20.0	106,190.48	122,310.08	228,500.56	99.9
Female	4	80.0	156.53	0.00	156.53	0.1
Totals:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
LOSS CAUSE						
Wrench	1	20.0	106,190.48	122,310.08	228,500.56	99.9
Water	2	40.0	156.53	0.00	156.53	0.1
Door	1	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
ACCIDENT TYPE						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From Ladder or Scaffolding	1	20.0	106,190.48	122,310.08	228,500.56	99.9
Fall/Slip From Liquid or Grease Spills	2	40.0	156.53	0.00	156.53	0.1
Fall/Slip From a Different Level	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
Sum:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
BODY PART						
Upper Extremities Shoulder(s)	1	20.0	106,190.48	122,310.08	228,500.56	99.9
Lower Extremities Knee	3	60.0	156.53	0.00	156.53	0.1
Upper Extremities Hand	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	
INJURY						
Multiple Physical Injury Only	1	20.0	106,190.48	122,310.08	228,500.56	99.9
Strain	2	40.0	156.53	0.00	156.53	0.1
All Other (Specific) Injuries, NOC	1	20.0	0.00	0.00	0.00	0.0
Sprain	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$106,347.01**	**$122,310.08**	**$228,657.09**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.						
TYPE OF CLAIM						
Medical Only	1	50.0	6,557.56	0.00	6,557.56	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	6,557.56	0.00	6,557.56	100.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
LENGTH OF SERVICE						
0 - 2	2	100.0	6,557.56	0.00	6,557.56	100.0
Totals:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
Age of Claimant						
15 - 19	1	50.0	6,557.56	0.00	6,557.56	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
SEX OF CLAIMANT						
Female	2	100.0	6,557.56	0.00	6,557.56	100.0
Totals:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
LOSS CAUSE						
Mowers	1	50.0	6,557.56	0.00	6,557.56	100.0
Cleaning Products	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	50.0	6,557.56	0.00	6,557.56	100.0
Fall/Slip From Liquid or Grease Spills	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
BODY PART						
Lower Extremities Knee	1	50.0	6,557.56	0.00	6,557.56	100.0
Upper Extremities Wrist	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	6,557.56	0.00	6,557.56	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$6,557.56**	**$0.00**	**$6,557.56**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	1	33.3	453.60	10,246.40	10,700.00	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	453.60	10,246.40	10,700.00	100.0
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
Totals:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
LENGTH OF SERVICE						
12 - 14	1	33.3	453.60	10,246.40	10,700.00	100.0
24 - 26	1	33.3	0.00	0.00	0.00	0.0
14 - 16	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
Age of Claimant						
60 - 64	1	33.3	453.60	10,246.40	10,700.00	100.0
50 - 54	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
SEX OF CLAIMANT						
Female	3	100.0	453.60	10,246.40	10,700.00	100.0
Totals:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
LOSS CAUSE						
Walking surface, inside, wet	1	33.3	453.60	10,246.40	10,700.00	100.0
Sprayer	1	33.3	0.00	0.00	0.00	0.0
Stairs, steps	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spills	1	33.3	453.60	10,246.40	10,700.00	100.0
Absorption, Ingestion or Inhalation NOC	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
Sum:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
BODY PART						
Head Skull	1	33.3	453.60	10,246.40	10,700.00	100.0
Head Eye(s)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	
INJURY						
Concussion (Brain, Cerebral)	1	33.3	453.60	10,246.40	10,700.00	100.0
Respiratory Disorders(Gases,Fumes,Ch	1	33.3	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$453.60**	**$10,246.40**	**$10,700.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Lower Arm	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
279 - VCCS-DANVILLE COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Sharp objects, not otherwise classified	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Upper Leg	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Puncture	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
280 - VCCS-NORTHERN VA COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	13	61.9	8,283.26	14,908.56	23,191.82	77.5
Indemnity	2	9.5	6,714.92	0.00	6,714.92	22.5
Reporting Purposes Only	6	28.6	0.00	0.00	0.00	0.0
Totals:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
TIME OF INJURY						
12PM - 1:59PM	4	19.0	9,126.23	7,917.09	17,043.32	57.0
4PM - 5:59PM	1	4.8	1,127.35	4,491.47	5,618.82	18.8
2PM - 3:59PM	5	23.8	3,602.17	1,250.00	4,852.17	16.2
6AM - 7:59AM	3	14.3	370.48	1,250.00	1,620.48	5.4
10AM - 11:59AM	4	19.0	712.88	0.00	712.88	2.4
8AM - 9:59AM	4	19.0	59.07	0.00	59.07	0.2
Totals:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
LENGTH OF SERVICE						
2 - 4	6	28.6	3,542.14	7,917.09	11,459.23	38.3
42 - 44	1	4.8	6,696.10	0.00	6,696.10	22.4
10 - 12	1	4.8	1,127.35	4,491.47	5,618.82	18.8
0 - 2	6	28.6	3,442.30	1,250.00	4,692.30	15.7
20 - 22	1	4.8	0.00	1,250.00	1,250.00	4.2
12 - 14	1	4.8	178.69	0.00	178.69	0.6
38 - 40	1	4.8	11.60	0.00	11.60	0.0
6 - 8	2	9.5	0.00	0.00	0.00	0.0
16 - 18	1	4.8	0.00	0.00	0.00	0.0
14 - 16	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
Age of Claimant						
25 - 29	2	9.5	2,448.95	7,917.09	10,366.04	34.7
60 - 64	7	33.3	9,282.03	0.00	9,282.03	31.0
45 - 49	1	4.8	1,127.35	4,491.47	5,618.82	18.8
55 - 59	2	9.5	278.85	1,250.00	1,528.85	5.1
20 - 24	2	9.5	0.00	1,250.00	1,250.00	4.2
35 - 39	1	4.8	849.15	0.00	849.15	2.8
50 - 54	2	9.5	481.50	0.00	481.50	1.6
30 - 34	1	4.8	351.66	0.00	351.66	1.2
65 - 69	1	4.8	178.69	0.00	178.69	0.6
70 - 74	1	4.8	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
75 - 79	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
SEX OF CLAIMANT						
Male	10	47.6	13,157.95	9,167.09	22,325.04	74.6
Female	11	52.4	1,840.23	5,741.47	7,581.70	25.4
Totals:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
LOSS CAUSE						
Outside Surface	2	9.5	2,430.13	9,167.09	11,597.22	38.8
Jack	1	4.8	6,696.10	0.00	6,696.10	22.4
Vehicle/car/truck	2	9.5	1,127.35	4,491.47	5,618.82	18.8
Ergonomic Conditions	1	4.8	2,574.33	0.00	2,574.33	8.6
Training \ Drills	1	4.8	0.00	1,250.00	1,250.00	4.2
Hand Truck (2w)	1	4.8	849.15	0.00	849.15	2.8
5 gallon can AFFF foam	1	4.8	422.43	0.00	422.43	1.4
Metal items	1	4.8	351.66	0.00	351.66	1.2
Furniture / fixtures	1	4.8	278.85	0.00	278.85	0.9
Blade	1	4.8	178.69	0.00	178.69	0.6
Wheel	1	4.8	59.07	0.00	59.07	0.2
Stairs, steps	1	4.8	18.82	0.00	18.82	0.1
Animal / bee type	1	4.8	11.60	0.00	11.60	0.0
Chair	1	4.8	0.00	0.00	0.00	0.0
Floor	3	14.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	4.8	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	5	23.8	2,708.98	9,167.09	11,876.07	39.7
Strain By Using Tool or Machine	1	4.8	6,696.10	0.00	6,696.10	22.4
Motor Vehicle, NOC	1	4.8	1,127.35	4,491.47	5,618.82	18.8
Fall On the Same Level	2	9.5	2,574.33	0.00	2,574.33	8.6
Strain or Injury By, NOC	1	4.8	0.00	1,250.00	1,250.00	4.2
Struck/Injured By Object Being Lifted or	1	4.8	849.15	0.00	849.15	2.8
Holding or Carrying	1	4.8	422.43	0.00	422.43	1.4
Cut, Punctured, Scraped, NOC	1	4.8	351.66	0.00	351.66	1.2
Hand Tool, Utensil; Not Powered	1	4.8	178.69	0.00	178.69	0.6
Object Being Lifted or Handled	1	4.8	59.07	0.00	59.07	0.2
Fall/Slip on Stairs	1	4.8	18.82	0.00	18.82	0.1
Struck/Injured By Animal or Insect	1	4.8	11.60	0.00	11.60	0.0
Bitten	1	4.8	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	4.8	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From a Different Level	1	4.8	0.00	0.00	0.00	0.0
Twisting	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
BODY PART						
Lower Extremities Ankle	1	4.8	2,430.13	7,917.09	10,347.22	34.6
Upper Extremities Lower Arm	3	14.3	6,696.10	0.00	6,696.10	22.4
Upper Extremities Finger(s)	3	14.3	1,479.01	4,491.47	5,970.48	20.0
Head Brain	1	4.8	2,574.33	0.00	2,574.33	8.6
Multiple Body Parts Multiple Body Parts	3	14.3	297.67	1,250.00	1,547.67	5.2
Lower Extremities Upper Leg	1	4.8	0.00	1,250.00	1,250.00	4.2
Head Skull	1	4.8	849.15	0.00	849.15	2.8
Lower Extremities Foot	1	4.8	422.43	0.00	422.43	1.4
Upper Extremities Thumb	1	4.8	178.69	0.00	178.69	0.6
Head Scalp	1	4.8	59.07	0.00	59.07	0.2
Head Mouth	1	4.8	11.60	0.00	11.60	0.0
Head Facial Bones	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	9.5	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	
INJURY						
Sprain	2	9.5	2,708.98	7,917.09	10,626.07	35.5
Strain	2	9.5	6,696.10	1,250.00	7,946.10	26.6
Fracture	1	4.8	1,127.35	4,491.47	5,618.82	18.8
Syncope	1	4.8	2,574.33	0.00	2,574.33	8.6
Multiple Physical Injury Only	3	14.3	18.82	1,250.00	1,268.82	4.2
Contusion (Bruise, Skin Surface)	2	9.5	849.15	0.00	849.15	2.8
Laceration	3	14.3	589.42	0.00	589.42	2.0
Crushing	1	4.8	422.43	0.00	422.43	1.4
All Other (Specific) Injuries, NOC	2	9.5	11.60	0.00	11.60	0.0
Inflammation	2	9.5	0.00	0.00	0.00	0.0
No Physical Injury	2	9.5	0.00	0.00	0.00	0.0
Sum:	**21**		**$14,998.18**	**$14,908.56**	**$29,906.74**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE						
TYPE OF CLAIM						
Indemnity	3	30.0	6,927.76	20,833.30	27,761.06	98.7
Medical Only	2	20.0	378.72	0.00	378.72	1.3
Reporting Purposes Only	5	50.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
TIME OF INJURY						
2PM - 3:59PM	2	20.0	6,832.10	12,867.90	19,700.00	70.0
12PM - 1:59PM	2	20.0	18.82	7,965.40	7,984.22	28.4
8AM - 9:59AM	2	20.0	455.56	0.00	455.56	1.6
4AM - 5:59AM	1	10.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	20.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
LENGTH OF SERVICE						
0 - 2	3	30.0	6,832.10	12,867.90	19,700.00	70.0
2 - 4	3	30.0	95.66	7,965.40	8,061.06	28.6
4 - 6	1	10.0	378.72	0.00	378.72	1.3
8 - 10	1	10.0	0.00	0.00	0.00	0.0
16 - 18	1	10.0	0.00	0.00	0.00	0.0
18 - 20	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
Age of Claimant						
40 - 44	1	10.0	6,832.10	12,867.90	19,700.00	70.0
50 - 54	4	40.0	18.82	7,965.40	7,984.22	28.4
60 - 64	1	10.0	378.72	0.00	378.72	1.3
45 - 49	1	10.0	76.84	0.00	76.84	0.3
55 - 59	2	20.0	0.00	0.00	0.00	0.0
65 - 69	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
SEX OF CLAIMANT						
Male	3	30.0	6,850.92	20,833.30	27,684.22	98.4
Female	7	70.0	455.56	0.00	455.56	1.6
Totals:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
LOSS CAUSE						
Stairs	2	20.0	7,210.82	12,867.90	20,078.72	71.4

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Floor	1	10.0	18.82	7,965.40	7,984.22	28.4
Outside Surface	1	10.0	76.84	0.00	76.84	0.3
Animal / bee type	1	10.0	0.00	0.00	0.00	0.0
Cabinet	1	10.0	0.00	0.00	0.00	0.0
Cart	2	20.0	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	10.0	0.00	0.00	0.00	0.0
Water	1	10.0	0.00	0.00	0.00	0.0
Totals:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
ACCIDENT TYPE						
Fall/Slip on Stairs	2	20.0	7,210.82	12,867.90	20,078.72	71.4
Other Injury NEC	1	10.0	18.82	7,965.40	7,984.22	28.4
Fall/Slip From a Different Level	1	10.0	76.84	0.00	76.84	0.3
Caught In, Under or Between, NOC	1	10.0	0.00	0.00	0.00	0.0
Fall On the Same Level	1	10.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	3	30.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
BODY PART						
Multiple Body Parts Multiple Body Parts	5	50.0	7,210.82	12,867.90	20,078.72	71.4
Lower Extremities Ankle	1	10.0	18.82	7,965.40	7,984.22	28.4
Lower Extremities Multiple Lower Extrer	1	10.0	76.84	0.00	76.84	0.3
Lower Extremities Foot	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
Upper Extremities Lower Arm	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	
INJURY						
Multiple Physical Injury Only	3	30.0	6,908.94	12,867.90	19,776.84	70.3
Fracture	1	10.0	18.82	7,965.40	7,984.22	28.4
Multiple Injury Inc. Physical & Psycholog	1	10.0	378.72	0.00	378.72	1.3
All Other (Specific) Injuries, NOC	1	10.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	10.0	0.00	0.00	0.00	0.0
Crushing	1	10.0	0.00	0.00	0.00	0.0
Inflammation	1	10.0	0.00	0.00	0.00	0.0
Sprain	1	10.0	0.00	0.00	0.00	0.0
Sum:	**10**		**$7,306.48**	**$20,833.30**	**$28,139.78**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
283 - VCCS-J SARGEANT REYNOLDS						
TYPE OF CLAIM						
Indemnity	2	18.2	37.64	20,740.00	20,777.64	96.4
Medical Only	8	72.7	770.56	0.00	770.56	3.6
Reporting Purposes Only	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
TIME OF INJURY						
10AM - 11:59AM	6	54.5	665.17	20,740.00	21,405.17	99.3
6AM - 7:59AM	1	9.1	105.39	0.00	105.39	0.5
8AM - 9:59AM	3	27.3	18.82	0.00	18.82	0.1
4PM - 5:59PM	1	9.1	18.82	0.00	18.82	0.1
Totals:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
LENGTH OF SERVICE						
0 - 2	3	27.3	37.64	20,740.00	20,777.64	96.4
2 - 4	3	27.3	770.56	0.00	770.56	3.6
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
12 - 14	1	9.1	0.00	0.00	0.00	0.0
16 - 18	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
Age of Claimant						
70 - 74	3	27.3	37.64	20,740.00	20,777.64	96.4
45 - 49	1	9.1	646.35	0.00	646.35	3.0
65 - 69	2	18.2	105.39	0.00	105.39	0.5
35 - 39	1	9.1	18.82	0.00	18.82	0.1
50 - 54	1	9.1	0.00	0.00	0.00	0.0
55 - 59	1	9.1	0.00	0.00	0.00	0.0
60 - 64	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
SEX OF CLAIMANT						
Female	6	54.5	770.56	20,740.00	21,510.56	99.8
Male	5	45.5	37.64	0.00	37.64	0.2
Totals:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
LOSS CAUSE						
Chair	1	9.1	18.82	20,740.00	20,758.82	96.3
Walking surface, outside, dry	1	9.1	646.35	0.00	646.35	3.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Door	1	9.1	105.39	0.00	105.39	0.5
Brush / tree / log	1	9.1	18.82	0.00	18.82	0.1
Vehicle, not otherwise classified	1	9.1	18.82	0.00	18.82	0.1
Chemicals, not otherwise classified	1	9.1	0.00	0.00	0.00	0.0
Floor	1	9.1	0.00	0.00	0.00	0.0
Furniture / fixtures	1	9.1	0.00	0.00	0.00	0.0
Lift	1	9.1	0.00	0.00	0.00	0.0
N/A	1	9.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	9.1	18.82	20,740.00	20,758.82	96.3
Fall, Slip or Trip, NOC	1	9.1	646.35	0.00	646.35	3.0
Cut, Punctured, Scraped, NOC	1	9.1	105.39	0.00	105.39	0.5
Collision with a Fixed Object	1	9.1	18.82	0.00	18.82	0.1
Strain or Injury By, NOC	3	27.3	18.82	0.00	18.82	0.1
Fall On the Same Level	2	18.2	0.00	0.00	0.00	0.0
Other Injury NEC	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
BODY PART						
Multiple Body Parts Body Systems & Mu	2	18.2	37.64	20,740.00	20,777.64	96.4
Multiple Body Parts Multiple Body Parts	1	9.1	646.35	0.00	646.35	3.0
Upper Extremities Lower Arm	1	9.1	105.39	0.00	105.39	0.5
Trunk Disc (Back)	1	9.1	18.82	0.00	18.82	0.1
Lower Extremities Knee	1	9.1	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	9.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	27.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	
INJURY						
Multiple Physical Injury Only	2	18.2	37.64	20,740.00	20,777.64	96.4
Strain	4	36.4	665.17	0.00	665.17	3.1
Laceration	1	9.1	105.39	0.00	105.39	0.5
Contusion (Bruise, Skin Surface)	1	9.1	0.00	0.00	0.00	0.0
No Physical Injury	3	27.3	0.00	0.00	0.00	0.0
Sum:	**11**		**$808.20**	**$20,740.00**	**$21,548.20**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
285 - VCCS-Patrick & Henry Comm. Coll.						
TYPE OF CLAIM						
Medical Only	2	100.0	674.81	1,250.00	1,924.81	100.0
Totals:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
TIME OF INJURY						
4PM - 5:59PM	1	50.0	0.00	1,250.00	1,250.00	64.9
8AM - 9:59AM	1	50.0	674.81	0.00	674.81	35.1
Totals:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
LENGTH OF SERVICE						
14 - 16	1	50.0	0.00	1,250.00	1,250.00	64.9
16 - 18	1	50.0	674.81	0.00	674.81	35.1
Totals:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
Age of Claimant						
45 - 49	2	100.0	674.81	1,250.00	1,924.81	100.0
Totals:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
SEX OF CLAIMANT						
Male	1	50.0	0.00	1,250.00	1,250.00	64.9
Female	1	50.0	674.81	0.00	674.81	35.1
Totals:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
LOSS CAUSE						
Recreational equipment	1	50.0	0.00	1,250.00	1,250.00	64.9
Floor	1	50.0	674.81	0.00	674.81	35.1
Totals:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	50.0	0.00	1,250.00	1,250.00	64.9
Fall/Slip into Openings	1	50.0	674.81	0.00	674.81	35.1
Sum:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
BODY PART						
Upper Extremities Hand	1	50.0	0.00	1,250.00	1,250.00	64.9
Lower Extremities Knee	1	50.0	674.81	0.00	674.81	35.1
Sum:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	
INJURY						
Multiple Physical Injury Only	1	50.0	0.00	1,250.00	1,250.00	64.9
Contusion (Bruise, Skin Surface)	1	50.0	674.81	0.00	674.81	35.1
Sum:	**2**		**$674.81**	**$1,250.00**	**$1,924.81**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
286 - VCCS-VA WESTERN COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	3	75.0	1,276.80	44,554.90	45,831.70	54.7
Indemnity	1	25.0	9,476.21	28,542.65	38,018.86	45.3
Totals:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
TIME OF INJURY						
2PM - 3:59PM	1	25.0	713.92	44,554.90	45,268.82	54.0
4PM - 5:59PM	1	25.0	9,476.21	28,542.65	38,018.86	45.3
8AM - 9:59AM	2	50.0	562.88	0.00	562.88	0.7
Totals:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
LENGTH OF SERVICE						
20 - 22	1	25.0	713.92	44,554.90	45,268.82	54.0
6 - 8	1	25.0	9,476.21	28,542.65	38,018.86	45.3
16 - 18	1	25.0	562.88	0.00	562.88	0.7
8 - 10	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
Age of Claimant						
60 - 64	2	50.0	10,190.13	73,097.55	83,287.68	99.3
40 - 44	1	25.0	562.88	0.00	562.88	0.7
45 - 49	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
SEX OF CLAIMANT						
Male	1	25.0	713.92	44,554.90	45,268.82	54.0
Female	3	75.0	10,039.09	28,542.65	38,581.74	46.0
Totals:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	25.0	713.92	44,554.90	45,268.82	54.0
Cords	1	25.0	9,476.21	28,542.65	38,018.86	45.3
Object on Floor	1	25.0	562.88	0.00	562.88	0.7
Hose / hydair H2O	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
ACCIDENT TYPE						
Fall On the Same Level	4	100.0	10,753.01	73,097.55	83,850.56	100.0
Sum:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
BODY PART						
Trunk Internal Organs	1	25.0	713.92	44,554.90	45,268.82	54.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Lower Leg	1	25.0	9,476.21	28,542.65	38,018.86	45.3
Lower Extremities Knee	1	25.0	562.88	0.00	562.88	0.7
Multiple Body Parts Multiple Body Parts	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	
INJURY						
Laceration	1	25.0	713.92	44,554.90	45,268.82	54.0
Fracture	1	25.0	9,476.21	28,542.65	38,018.86	45.3
Contusion (Bruise, Skin Surface)	2	50.0	562.88	0.00	562.88	0.7
Sum:	**4**		**$10,753.01**	**$73,097.55**	**$83,850.56**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
287 - VCCS-Mountain Gateway Comm. Coll.						
TYPE OF CLAIM						
Medical Only	1	100.0	1,178.91	0.00	1,178.91	100.0
Totals:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	1,178.91	0.00	1,178.91	100.0
Totals:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
LENGTH OF SERVICE						
14 - 16	1	100.0	1,178.91	0.00	1,178.91	100.0
Totals:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
Age of Claimant						
60 - 64	1	100.0	1,178.91	0.00	1,178.91	100.0
Totals:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
SEX OF CLAIMANT						
Male	1	100.0	1,178.91	0.00	1,178.91	100.0
Totals:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	1,178.91	0.00	1,178.91	100.0
Totals:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	1,178.91	0.00	1,178.91	100.0
Sum:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
BODY PART						
Lower Extremities Foot	1	100.0	1,178.91	0.00	1,178.91	100.0
Sum:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	
INJURY						
Strain	1	100.0	1,178.91	0.00	1,178.91	100.0
Sum:	**1**		**$1,178.91**	**$0.00**	**$1,178.91**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Excavations	1	50.0	0.00	0.00	0.00	0.0
Floor	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with a Fixed Object	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Nose	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	1	50.0	0.00	0.00	0.00	0.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
290 - VCCS-Brightpoint Community College						
TYPE OF CLAIM						
Medical Only	4	80.0	1,223.38	0.00	1,223.38	100.0
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
TIME OF INJURY						
8AM - 9:59AM	1	20.0	355.16	0.00	355.16	29.0
10AM - 11:59AM	2	40.0	326.34	0.00	326.34	26.7
12PM - 1:59PM	1	20.0	275.83	0.00	275.83	22.5
6AM - 7:59AM	1	20.0	266.05	0.00	266.05	21.7
Totals:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
LENGTH OF SERVICE						
0 - 2	3	60.0	868.22	0.00	868.22	71.0
14 - 16	1	20.0	355.16	0.00	355.16	29.0
24 - 26	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
Age of Claimant						
50 - 54	2	40.0	602.17	0.00	602.17	49.2
60 - 64	1	20.0	355.16	0.00	355.16	29.0
15 - 19	1	20.0	266.05	0.00	266.05	21.7
75 - 79	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
SEX OF CLAIMANT						
Male	4	80.0	957.33	0.00	957.33	78.3
Female	1	20.0	266.05	0.00	266.05	21.7
Totals:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
LOSS CAUSE						
Walking surface, outside, wet	1	20.0	355.16	0.00	355.16	29.0
Hand tool, not powered, NOC	1	20.0	326.34	0.00	326.34	26.7
Infectious agent	1	20.0	275.83	0.00	275.83	22.5
Overhead Object	1	20.0	266.05	0.00	266.05	21.7
Uneven Surface	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	20.0	355.16	0.00	355.16	29.0
Striking Against or Stepping On, NOC	1	20.0	326.34	0.00	326.34	26.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Absorption, Ingestion or Inhalation NOC	1	20.0	275.83	0.00	275.83	22.5
Struck/Injured By Falling or Flying Objec	1	20.0	266.05	0.00	266.05	21.7
Cut, Punctured, Scraped, NOC	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
BODY PART						
Upper Extremities Elbow	2	40.0	355.16	0.00	355.16	29.0
Head Other facial soft tissue	1	20.0	326.34	0.00	326.34	26.7
Multiple Body Parts Multiple Body Parts	1	20.0	275.83	0.00	275.83	22.5
Head Skull	1	20.0	266.05	0.00	266.05	21.7
Sum:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	
INJURY						
Contusion (Bruise, Skin Surface)	2	40.0	681.50	0.00	681.50	55.7
Poisoning-General (Not OD or Cum Injur	1	20.0	275.83	0.00	275.83	22.5
Concussion (Brain, Cerebral)	1	20.0	266.05	0.00	266.05	21.7
Laceration	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$1,223.38**	**$0.00**	**$1,223.38**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE						
TYPE OF CLAIM						
Indemnity	1	25.0	48,571.04	0.00	48,571.04	98.7
Medical Only	1	25.0	633.84	0.00	633.84	1.3
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
TIME OF INJURY						
12PM - 1:59PM	2	50.0	48,571.04	0.00	48,571.04	98.7
6PM - 7:59PM	2	50.0	633.84	0.00	633.84	1.3
Totals:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
LENGTH OF SERVICE						
28 - 30	1	25.0	48,571.04	0.00	48,571.04	98.7
0 - 2	2	50.0	633.84	0.00	633.84	1.3
8 - 10	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
Age of Claimant						
55 - 59	1	25.0	48,571.04	0.00	48,571.04	98.7
25 - 29	1	25.0	633.84	0.00	633.84	1.3
20 - 24	1	25.0	0.00	0.00	0.00	0.0
35 - 39	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
SEX OF CLAIMANT						
Male	2	50.0	48,571.04	0.00	48,571.04	98.7
Female	2	50.0	633.84	0.00	633.84	1.3
Totals:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
LOSS CAUSE						
Electricity	1	25.0	48,571.04	0.00	48,571.04	98.7
Sharp objects, not otherwise classified	1	25.0	633.84	0.00	633.84	1.3
Cart	1	25.0	0.00	0.00	0.00	0.0
Recreational equipment	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
ACCIDENT TYPE						
Contact with Electrical Current	1	25.0	48,571.04	0.00	48,571.04	98.7
Object Being Lifted or Handled	1	25.0	633.84	0.00	633.84	1.3
Reaching	1	25.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
BODY PART						
Upper Extremities Hand	1	25.0	48,571.04	0.00	48,571.04	98.7
Upper Extremities Thumb	1	25.0	633.84	0.00	633.84	1.3
Trunk Low Back Area (Incl. Lumbar & Li	1	25.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	
INJURY						
Burn	1	25.0	48,571.04	0.00	48,571.04	98.7
Laceration	1	25.0	633.84	0.00	633.84	1.3
Strain	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$49,204.88**	**$0.00**	**$49,204.88**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
292 - VCCS-CENTRAL VA COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Trash receptacle	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Lifting	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Wrist	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
293 - VCCS-VA Peninsula Community Coll.						
TYPE OF CLAIM						
Medical Only	1	33.3	0.00	1,250.00	1,250.00	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
4PM - 5:59PM	1	33.3	0.00	1,250.00	1,250.00	100.0
8AM - 9:59AM	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
18 - 20	1	33.3	0.00	1,250.00	1,250.00	100.0
0 - 2	1	33.3	0.00	0.00	0.00	0.0
22 - 24	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
55 - 59	1	33.3	0.00	1,250.00	1,250.00	100.0
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
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	2	66.7	0.00	1,250.00	1,250.00	100.0
Female	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Nail	1	33.3	0.00	1,250.00	1,250.00	100.0
Cabinet	1	33.3	0.00	0.00	0.00	0.0
Dolly	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	33.3	0.00	1,250.00	1,250.00	100.0
Fall/Slip From a Different Level	1	33.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Lower Extremities Foot	2	66.7	0.00	1,250.00	1,250.00	100.0
Lower Extremities Lower Leg	1	33.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Laceration	1	33.3	0.00	1,250.00	1,250.00	100.0
Crushing	1	33.3	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.						
TYPE OF CLAIM						
Reporting Purposes Only	8	100.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	12.5	0.00	0.00	0.00	0.0
8AM - 9:59AM	2	25.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	12.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	3	37.5	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	25.0	0.00	0.00	0.00	0.0
2 - 4	4	50.0	0.00	0.00	0.00	0.0
14 - 16	1	12.5	0.00	0.00	0.00	0.0
26 - 28	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	12.5	0.00	0.00	0.00	0.0
30 - 34	1	12.5	0.00	0.00	0.00	0.0
50 - 54	4	50.0	0.00	0.00	0.00	0.0
65 - 69	1	12.5	0.00	0.00	0.00	0.0
75 - 79	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	4	50.0	0.00	0.00	0.00	0.0
Male	4	50.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chair	1	12.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
Heating equipment	2	25.0	0.00	0.00	0.00	0.0
Pots/pans	1	12.5	0.00	0.00	0.00	0.0
Walking surface, inside, dry	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
Water	1	12.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**8**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	2	25.0	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	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
Fall/Slip From Liquid or Grease Spills	1	12.5	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	12.5	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	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
Sum:	**8**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Foot	1	12.5	0.00	0.00	0.00	0.0
Lower Extremities Knee	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	2	25.0	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
Trunk Lung(s)	2	25.0	0.00	0.00	0.00	0.0
Sum:	**8**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	12.5	0.00	0.00	0.00	0.0
Dermatitis	1	12.5	0.00	0.00	0.00	0.0
No Physical Injury	5	62.5	0.00	0.00	0.00	0.0
Syncope	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
295 - VCCS-TIDEWATER COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	4	80.0	589.73	1,250.00	1,839.73	100.0
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
TIME OF INJURY						
12PM - 1:59PM	4	80.0	300.60	1,250.00	1,550.60	84.3
8AM - 9:59AM	1	20.0	289.13	0.00	289.13	15.7
Totals:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
LENGTH OF SERVICE						
4 - 6	3	60.0	0.00	1,250.00	1,250.00	67.9
2 - 4	2	40.0	589.73	0.00	589.73	32.1
Totals:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
Age of Claimant						
45 - 49	1	20.0	0.00	1,250.00	1,250.00	67.9
20 - 24	1	20.0	300.60	0.00	300.60	16.3
60 - 64	2	40.0	289.13	0.00	289.13	15.7
55 - 59	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
SEX OF CLAIMANT						
Female	4	80.0	300.60	1,250.00	1,550.60	84.3
Male	1	20.0	289.13	0.00	289.13	15.7
Totals:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
LOSS CAUSE						
Machine, not otherwise classified	1	20.0	0.00	1,250.00	1,250.00	67.9
Door	1	20.0	300.60	0.00	300.60	16.3
Dust	1	20.0	289.13	0.00	289.13	15.7
Animal / tick, spider, etc.	1	20.0	0.00	0.00	0.00	0.0
Miscellaneous	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	20.0	0.00	1,250.00	1,250.00	67.9
Struck/Injured By Object Being Lifted or	2	40.0	300.60	0.00	300.60	16.3
Dust, Gases, Fumes or Vapors	1	20.0	289.13	0.00	289.13	15.7
Struck/Injured By Animal or Insect	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	20.0	0.00	1,250.00	1,250.00	67.9
Head Facial Bones	1	20.0	300.60	0.00	300.60	16.3
Neck Larynx	1	20.0	289.13	0.00	289.13	15.7
Lower Extremities Foot	1	20.0	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	
INJURY						
Strain	1	20.0	0.00	1,250.00	1,250.00	67.9
Contusion (Bruise, Skin Surface)	2	40.0	300.60	0.00	300.60	16.3
No Physical Injury	1	20.0	289.13	0.00	289.13	15.7
Inflammation	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$589.73**	**$1,250.00**	**$1,839.73**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
296 - VCCS-VA HIGHLANDS COMMUNITY COLL.						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
20 - 22	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
N/A	1	50.0	0.00	0.00	0.00	0.0
Trailer Flap	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cumulative (All Other)	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Multiple Head Injury	1	50.0	0.00	0.00	0.00	0.0
Trunk Heart	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
297 - VCCS-GERMANNA COMMUNITY COLLEGE						
TYPE OF CLAIM						
Medical Only	2	66.7	1,708.07	0.00	1,708.07	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	1,708.07	0.00	1,708.07	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
Totals:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
LENGTH OF SERVICE						
2 - 4	1	33.3	1,708.07	0.00	1,708.07	100.0
8 - 10	1	33.3	0.00	0.00	0.00	0.0
18 - 20	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
Age of Claimant						
35 - 39	1	33.3	1,708.07	0.00	1,708.07	100.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
85 - 89	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
SEX OF CLAIMANT						
Male	3	100.0	1,708.07	0.00	1,708.07	100.0
Totals:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
LOSS CAUSE						
Metal items	1	33.3	1,708.07	0.00	1,708.07	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
Totals:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	33.3	1,708.07	0.00	1,708.07	100.0
Fall/Slip From Liquid or Grease Spills	1	33.3	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
BODY PART						
Trunk Upper Back Area (Thoracic Area)	1	33.3	1,708.07	0.00	1,708.07	100.0
Head Eye(s)	1	33.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Other facial soft tissue	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	
INJURY						
Contusion (Bruise, Skin Surface)	2	66.7	1,708.07	0.00	1,708.07	100.0
Laceration	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,708.07**	**$0.00**	**$1,708.07**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
298 - VCCS-Laurel Ridge Community Coll.						
TYPE OF CLAIM						
Indemnity	1	25.0	4,626.45	0.00	4,626.45	81.5
Medical Only	3	75.0	1,049.20	0.00	1,049.20	18.5
Totals:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
TIME OF INJURY						
6AM - 7:59AM	2	50.0	4,626.45	0.00	4,626.45	81.5
12PM - 1:59PM	1	25.0	606.84	0.00	606.84	10.7
8AM - 9:59AM	1	25.0	442.36	0.00	442.36	7.8
Totals:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
LENGTH OF SERVICE						
0 - 2	2	50.0	5,068.81	0.00	5,068.81	89.3
2 - 4	2	50.0	606.84	0.00	606.84	10.7
Totals:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
Age of Claimant						
55 - 59	1	25.0	4,626.45	0.00	4,626.45	81.5
60 - 64	1	25.0	606.84	0.00	606.84	10.7
35 - 39	2	50.0	442.36	0.00	442.36	7.8
Totals:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
SEX OF CLAIMANT						
Female	3	75.0	5,068.81	0.00	5,068.81	89.3
Male	1	25.0	606.84	0.00	606.84	10.7
Totals:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
LOSS CAUSE						
Environmental conditions	1	25.0	4,626.45	0.00	4,626.45	81.5
Ladder, 8' step	1	25.0	606.84	0.00	606.84	10.7
Walking surface, outside, wet	1	25.0	442.36	0.00	442.36	7.8
Outside Surface	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	2	50.0	5,068.81	0.00	5,068.81	89.3
Fall/Slip From Ladder or Scaffolding	1	25.0	606.84	0.00	606.84	10.7
Fall, Slip or Trip, NOC	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
BODY PART						
Lower Extremities Knee	2	50.0	4,626.45	0.00	4,626.45	81.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	1	25.0	606.84	0.00	606.84	10.7
Lower Extremities Multiple Lower Extrer	1	25.0	442.36	0.00	442.36	7.8
Sum:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	
INJURY						
Strain	1	25.0	4,626.45	0.00	4,626.45	81.5
Laceration	1	25.0	606.84	0.00	606.84	10.7
Contusion (Bruise, Skin Surface)	1	25.0	442.36	0.00	442.36	7.8
Multiple Physical Injury Only	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$5,675.65**	**$0.00**	**$5,675.65**	

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DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
299 - VCCS-Mountain Empire Comm. Coll.						
TYPE OF CLAIM						
Indemnity	1	20.0	26,770.60	47,151.28	73,921.88	96.8
Medical Only	3	60.0	1,204.37	1,250.00	2,454.37	3.2
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
TIME OF INJURY						
10AM - 11:59AM	1	20.0	26,770.60	47,151.28	73,921.88	96.8
2PM - 3:59PM	3	60.0	1,173.76	1,250.00	2,423.76	3.2
10PM - 11:59PM	1	20.0	30.61	0.00	30.61	0.0
Totals:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
LENGTH OF SERVICE						
26 - 28	1	20.0	26,770.60	47,151.28	73,921.88	96.8
8 - 10	1	20.0	0.00	1,250.00	1,250.00	1.6
6 - 8	1	20.0	1,173.76	0.00	1,173.76	1.5
24 - 26	1	20.0	30.61	0.00	30.61	0.0
22 - 24	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
Age of Claimant						
55 - 59	3	60.0	27,944.36	47,151.28	75,095.64	98.3
40 - 44	1	20.0	0.00	1,250.00	1,250.00	1.6
65 - 69	1	20.0	30.61	0.00	30.61	0.0
Totals:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
SEX OF CLAIMANT						
Male	4	80.0	27,974.97	48,401.28	76,376.25	100.0
Female	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
LOSS CAUSE						
Machine, not otherwise classified	1	20.0	26,770.60	47,151.28	73,921.88	96.8
Mowers	1	20.0	0.00	1,250.00	1,250.00	1.6
Chair	1	20.0	1,173.76	0.00	1,173.76	1.5
Door	1	20.0	30.61	0.00	30.61	0.0
Outside Surface	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
ACCIDENT TYPE						
Lifting	1	20.0	26,770.60	47,151.28	73,921.88	96.8

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Pushing or Pulling	1	20.0	0.00	1,250.00	1,250.00	1.6
Fall On the Same Level	2	40.0	1,173.76	0.00	1,173.76	1.5
Strike Against/Step On Stationary Objec	1	20.0	30.61	0.00	30.61	0.0
Sum:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
BODY PART						
Upper Extremities Upper Arm (Incl. Cla	1	20.0	26,770.60	47,151.28	73,921.88	96.8
Trunk Abdomen Including Groin	1	20.0	0.00	1,250.00	1,250.00	1.6
Multiple Body Parts Multiple Body Parts	1	20.0	1,173.76	0.00	1,173.76	1.5
Upper Extremities Hand	1	20.0	30.61	0.00	30.61	0.0
Lower Extremities Knee	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	
INJURY						
Strain	2	40.0	26,770.60	48,401.28	75,171.88	98.4
Multiple Physical Injury Only	2	40.0	1,204.37	0.00	1,204.37	1.6
All Other (Specific) Injuries, NOC	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$27,974.97**	**$48,401.28**	**$76,376.25**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
261 - VA COMMUNITY COLLEGE SYSTEM						
S261 - VA COMMUNITY COLLEGE SYSTEM						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Door	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Strike Against Moving Parts of Machine	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
262 - Dept of Aging and Rehab Service						
203 - Wilson Workforce and Rehab Center						
TYPE OF CLAIM						
Medical Only	9	81.8	5,186.00	3,275.45	8,461.45	99.3
Indemnity	1	9.1	60.27	0.00	60.27	0.7
Reporting Purposes Only	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
TIME OF INJURY						
8AM - 9:59AM	4	36.4	2,162.07	2,326.95	4,489.02	52.7
10AM - 11:59AM	3	27.3	1,774.95	0.00	1,774.95	20.8
12PM - 1:59PM	3	27.3	361.77	948.50	1,310.27	15.4
2PM - 3:59PM	1	9.1	947.48	0.00	947.48	11.1
Totals:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
LENGTH OF SERVICE						
2 - 4	4	36.4	2,399.04	1,100.00	3,499.04	41.1
22 - 24	3	27.3	354.41	1,226.95	1,581.36	18.6
8 - 10	1	9.1	301.50	948.50	1,250.00	14.7
40 - 42	1	9.1	1,243.84	0.00	1,243.84	14.6
0 - 2	1	9.1	947.48	0.00	947.48	11.1
14 - 16	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
Age of Claimant						
45 - 49	2	18.2	2,399.04	0.00	2,399.04	28.2
50 - 54	2	18.2	301.50	2,048.50	2,350.00	27.6
60 - 64	2	18.2	2,191.32	0.00	2,191.32	25.7
55 - 59	4	36.4	354.41	1,226.95	1,581.36	18.6
25 - 29	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
SEX OF CLAIMANT						
Female	7	63.6	2,393.43	2,326.95	4,720.38	55.4
Male	4	36.4	2,852.84	948.50	3,801.34	44.6
Totals:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
LOSS CAUSE						
Lift	1	9.1	1,603.86	0.00	1,603.86	18.8
Chemicals, not otherwise classified	1	9.1	123.05	1,226.95	1,350.00	15.8
Walking surface, outside, dry	1	9.1	301.50	948.50	1,250.00	14.7
Stairs, steps	1	9.1	1,243.84	0.00	1,243.84	14.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Person	2	18.2	0.00	1,100.00	1,100.00	12.9
Vehicle/car/truck	1	9.1	947.48	0.00	947.48	11.1
Metal items	1	9.1	795.18	0.00	795.18	9.3
Wheelchair	1	9.1	171.09	0.00	171.09	2.0
N/A	1	9.1	60.27	0.00	60.27	0.7
Machine, not otherwise classified	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
ACCIDENT TYPE						
Fall On the Same Level	2	18.2	1,664.13	0.00	1,664.13	19.5
Absorption, Ingestion or Inhalation NOC	1	9.1	123.05	1,226.95	1,350.00	15.8
Twisting	1	9.1	301.50	948.50	1,250.00	14.7
Fall/Slip on Stairs	1	9.1	1,243.84	0.00	1,243.84	14.6
Strain or Injury By, NOC	2	18.2	0.00	1,100.00	1,100.00	12.9
Motor Vehicle, NOC	1	9.1	947.48	0.00	947.48	11.1
Struck/Injured By Falling or Flying Objec	1	9.1	795.18	0.00	795.18	9.3
Reaching	2	18.2	171.09	0.00	171.09	2.0
Sum:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
BODY PART						
Lower Extremities Knee	1	9.1	1,603.86	0.00	1,603.86	18.8
Trunk Lung(s)	1	9.1	123.05	1,226.95	1,350.00	15.8
Trunk Low Back Area (Incl. Lumbar & Li	1	9.1	301.50	948.50	1,250.00	14.7
Upper Extremities Wrist	1	9.1	1,243.84	0.00	1,243.84	14.6
Neck Vertebrae	1	9.1	0.00	1,100.00	1,100.00	12.9
Multiple Body Parts Multiple Body Parts	1	9.1	947.48	0.00	947.48	11.1
Lower Extremities Ankle	1	9.1	795.18	0.00	795.18	9.3
Trunk Upper Back Area (Thoracic Area)	1	9.1	171.09	0.00	171.09	2.0
Trunk Internal Organs	1	9.1	60.27	0.00	60.27	0.7
Upper Extremities Shoulder(s)	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	
INJURY						
Strain	6	54.5	3,023.93	948.50	3,972.43	46.6
Contusion (Bruise, Skin Surface)	2	18.2	795.18	1,100.00	1,895.18	22.2
Respiratory Disorders(Gases,Fumes,Ch	1	9.1	123.05	1,226.95	1,350.00	15.8
Fracture	1	9.1	1,243.84	0.00	1,243.84	14.6
Adverse reaction to a vaccination or inoc	1	9.1	60.27	0.00	60.27	0.7
Sum:	**11**		**$5,246.27**	**$3,275.45**	**$8,521.72**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
262 - Dept of Aging and Rehab Service						
S262 - Dept of Aging and Rehab Service						
TYPE OF CLAIM						
Indemnity	1	11.1	18.82	9,600.00	9,618.82	88.4
Medical Only	5	55.6	10.87	1,250.00	1,260.87	11.6
Reporting Purposes Only	3	33.3	0.00	0.00	0.00	0.0
Totals:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
TIME OF INJURY						
12AM - 1:59AM	2	22.2	29.69	9,600.00	9,629.69	88.5
4PM - 5:59PM	2	22.2	0.00	1,250.00	1,250.00	11.5
6AM - 7:59AM	1	11.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	11.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	2	22.2	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
LENGTH OF SERVICE						
2 - 4	2	22.2	18.82	9,600.00	9,618.82	88.4
6 - 8	3	33.3	10.87	1,250.00	1,260.87	11.6
0 - 2	1	11.1	0.00	0.00	0.00	0.0
18 - 20	1	11.1	0.00	0.00	0.00	0.0
14 - 16	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
Age of Claimant						
50 - 54	3	33.3	18.82	10,850.00	10,868.82	99.9
60 - 64	2	22.2	10.87	0.00	10.87	0.1
35 - 39	1	11.1	0.00	0.00	0.00	0.0
55 - 59	2	22.2	0.00	0.00	0.00	0.0
65 - 69	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
SEX OF CLAIMANT						
Female	8	88.9	29.69	9,600.00	9,629.69	88.5
Male	1	11.1	0.00	1,250.00	1,250.00	11.5
Totals:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	11.1	18.82	9,600.00	9,618.82	88.4
Walking surface, inside, dry	1	11.1	0.00	1,250.00	1,250.00	11.5
Infectious agent	1	11.1	10.87	0.00	10.87	0.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Overhead Object	1	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	3	33.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
ACCIDENT TYPE						
Other Injury NEC	2	22.2	29.69	9,600.00	9,629.69	88.5
Fall On the Same Level	3	33.3	0.00	1,250.00	1,250.00	11.5
Fall/Slip From a Different Level	2	22.2	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	11.1	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
BODY PART						
Lower Extremities Lower Leg	1	11.1	18.82	9,600.00	9,618.82	88.4
Trunk Low Back Area (Incl. Lumbar & Li	2	22.2	0.00	1,250.00	1,250.00	11.5
Head Eye(s)	1	11.1	10.87	0.00	10.87	0.1
Head Other facial soft tissue	1	11.1	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	11.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	22.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	
INJURY						
Contusion (Bruise, Skin Surface)	3	33.3	18.82	10,850.00	10,868.82	99.9
Infection	1	11.1	10.87	0.00	10.87	0.1
Fracture	1	11.1	0.00	0.00	0.00	0.0
Strain	4	44.4	0.00	0.00	0.00	0.0
Sum:	**9**		**$29.69**	**$10,850.00**	**$10,879.69**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
268 - MARINE SCIENCE, VA INST. OF						
S268 - MARINE SCIENCE, VA INST. OF						
TYPE OF CLAIM						
Medical Only	7	77.8	1,977.65	1,250.00	3,227.65	100.0
Reporting Purposes Only	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
TIME OF INJURY						
12PM - 1:59PM	2	22.2	0.00	1,250.00	1,250.00	38.7
8AM - 9:59AM	2	22.2	1,060.41	0.00	1,060.41	32.9
10AM - 11:59AM	4	44.4	917.24	0.00	917.24	28.4
2PM - 3:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
LENGTH OF SERVICE						
2 - 4	2	22.2	223.80	1,250.00	1,473.80	45.7
0 - 2	3	33.3	1,157.06	0.00	1,157.06	35.8
16 - 18	2	22.2	596.79	0.00	596.79	18.5
6 - 8	1	11.1	0.00	0.00	0.00	0.0
20 - 22	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
Age of Claimant						
25 - 29	2	22.2	463.62	1,250.00	1,713.62	53.1
45 - 49	1	11.1	596.79	0.00	596.79	18.5
30 - 34	2	22.2	382.02	0.00	382.02	11.8
20 - 24	1	11.1	311.42	0.00	311.42	9.6
35 - 39	2	22.2	223.80	0.00	223.80	6.9
50 - 54	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
SEX OF CLAIMANT						
Female	5	55.6	978.81	1,250.00	2,228.81	69.1
Male	4	44.4	998.84	0.00	998.84	30.9
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
LOSS CAUSE						
Animal / insect, not otherwise classifie	1	11.1	0.00	1,250.00	1,250.00	38.7
Knife, Utility	1	11.1	596.79	0.00	596.79	18.5
Floor	1	11.1	463.62	0.00	463.62	14.4
Vehicle, not otherwise classified	1	11.1	382.02	0.00	382.02	11.8
Wires	1	11.1	311.42	0.00	311.42	9.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sharp objects, not otherwise classified	2	22.2	223.80	0.00	223.80	6.9
Rope, cord	1	11.1	0.00	0.00	0.00	0.0
Scalpel	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
ACCIDENT TYPE						
Other Injury NEC	1	11.1	0.00	1,250.00	1,250.00	38.7
Hand Tool, Utensil; Not Powered	2	22.2	596.79	0.00	596.79	18.5
Fall On the Same Level	1	11.1	463.62	0.00	463.62	14.4
Collision with a Fixed Object	1	11.1	382.02	0.00	382.02	11.8
Caught In, Under or Between, NOC	1	11.1	311.42	0.00	311.42	9.6
Cut, Punctured, Scraped, NOC	2	22.2	223.80	0.00	223.80	6.9
Strain By Using Tool or Machine	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
BODY PART						
Upper Extremities Hand	4	44.4	978.81	1,250.00	2,228.81	69.1
Multiple Body Parts Multiple Body Parts	1	11.1	463.62	0.00	463.62	14.4
Upper Extremities Finger(s)	1	11.1	311.42	0.00	311.42	9.6
Upper Extremities Wrist	1	11.1	223.80	0.00	223.80	6.9
Lower Extremities Foot	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla\	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	
INJURY						
Laceration	6	66.7	1,284.21	1,250.00	2,534.21	78.5
Contusion (Bruise, Skin Surface)	2	22.2	693.44	0.00	693.44	21.5
Strain	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$1,977.65**	**$1,250.00**	**$3,227.65**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
301 - AGRIC & CONSUMER SERVS, DEPT. OF						
S301 - AGRIC & CONSUMER SERVS, DEPT. OF						
TYPE OF CLAIM						
Indemnity	3	5.3	20,312.71	41,642.13	61,954.84	60.5
Medical Only	16	28.1	23,088.46	17,287.71	40,376.17	39.5
Reporting Purposes Only	38	66.7	0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
TIME OF INJURY						
8AM - 9:59AM	6	10.5	21,396.18	41,771.02	63,167.20	61.7
12PM - 1:59PM	8	14.0	18,333.61	15,908.82	34,242.43	33.5
10AM - 11:59AM	10	17.5	1,594.67	1,250.00	2,844.67	2.8
2PM - 3:59PM	13	22.8	1,685.85	0.00	1,685.85	1.6
4PM - 5:59PM	8	14.0	324.77	0.00	324.77	0.3
6AM - 7:59AM	9	15.8	47.27	0.00	47.27	0.0
8PM - 9:59PM	2	3.5	18.82	0.00	18.82	0.0
12AM - 1:59AM	1	1.8	0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
LENGTH OF SERVICE						
10 - 12	3	5.3	20,275.07	41,642.13	61,917.20	60.5
16 - 18	3	5.3	16,210.00	15,908.82	32,118.82	31.4
2 - 4	14	24.6	2,974.96	128.89	3,103.85	3.0
6 - 8	3	5.3	1,924.12	0.00	1,924.12	1.9
0 - 2	19	33.3	571.53	1,250.00	1,821.53	1.8
12 - 14	5	8.8	893.14	0.00	893.14	0.9
4 - 6	6	10.5	533.53	0.00	533.53	0.5
28 - 30	1	1.8	18.82	0.00	18.82	0.0
8 - 10	2	3.5	0.00	0.00	0.00	0.0
24 - 26	1	1.8	0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
Age of Claimant						
45 - 49	3	5.3	20,275.07	41,642.13	61,917.20	60.5
40 - 44	9	15.8	18,757.78	16,037.71	34,795.49	34.0
35 - 39	10	17.5	2,170.88	0.00	2,170.88	2.1
25 - 29	9	15.8	1,991.80	0.00	1,991.80	1.9
20 - 24	7	12.3	0.00	1,250.00	1,250.00	1.2
30 - 34	6	10.5	168.00	0.00	168.00	0.2
60 - 64	4	7.0	37.64	0.00	37.64	0.0
50 - 54	2	3.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	6	10.5	0.00	0.00	0.00	0.0
65 - 69	1	1.8	0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
SEX OF CLAIMANT						
Male	23	40.4	23,567.06	43,021.02	66,588.08	65.1
Female	34	59.6	19,834.11	15,908.82	35,742.93	34.9
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
LOSS CAUSE						
Package	1	1.8	20,275.07	41,642.13	61,917.20	60.5
Door	1	1.8	16,210.00	15,908.82	32,118.82	31.4
Pallet,Skid,Flat	2	3.5	1,876.85	0.00	1,876.85	1.8
Machine, not otherwise classified	2	3.5	1,835.03	0.00	1,835.03	1.8
Vehicle/car/truck	15	26.3	1,168.38	128.89	1,297.27	1.3
Animal, not otherwise classified	4	7.0	0.00	1,250.00	1,250.00	1.2
Floor	1	1.8	893.14	0.00	893.14	0.9
Sharp objects, not otherwise classified	2	3.5	533.53	0.00	533.53	0.5
Outside Surface	2	3.5	324.77	0.00	324.77	0.3
Fencing	1	1.8	246.76	0.00	246.76	0.2
Walking surface, inside, wet	2	3.5	18.82	0.00	18.82	0.0
Walking surface, outside, dry	3	5.3	18.82	0.00	18.82	0.0
Animal / bee type	2	3.5	0.00	0.00	0.00	0.0
Animal / insect, not otherwise classifie	1	1.8	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	5	8.8	0.00	0.00	0.00	0.0
Cart	1	1.8	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	2	3.5	0.00	0.00	0.00	0.0
Infectious agent	1	1.8	0.00	0.00	0.00	0.0
Knife, NOC	2	3.5	0.00	0.00	0.00	0.0
Object on Floor	1	1.8	0.00	0.00	0.00	0.0
Office equipment	1	1.8	0.00	0.00	0.00	0.0
Overhead Object	1	1.8	0.00	0.00	0.00	0.0
Sprayer	1	1.8	0.00	0.00	0.00	0.0
Stairs, steps	1	1.8	0.00	0.00	0.00	0.0
Uneven Surface	1	1.8	0.00	0.00	0.00	0.0
Vice Grip Straight	1	1.8	0.00	0.00	0.00	0.0
Totals:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
ACCIDENT TYPE						
Lifting	1	1.8	20,275.07	41,642.13	61,917.20	60.5
Caught In, Under or Between, NOC	1	1.8	16,210.00	15,908.82	32,118.82	31.4
Struck/Injured By Falling or Flying Objec	3	5.3	1,876.85	0.00	1,876.85	1.8
Contact with Electrical Current	1	1.8	1,667.03	0.00	1,667.03	1.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with Another Vehicle	4	7.0	1,121.11	128.89	1,250.00	1.2
Struck/Injured By Animal or Insect	11	19.3	0.00	1,250.00	1,250.00	1.2
Fall, Slip or Trip, NOC	2	3.5	893.14	0.00	893.14	0.9
Cut, Punctured, Scraped, NOC	3	5.3	533.53	0.00	533.53	0.5
Fall/Slip into Openings	1	1.8	324.77	0.00	324.77	0.3
Hand Tool, Utensil; Not Powered	4	7.0	246.76	0.00	246.76	0.2
Striking Against or Stepping On, NOC	1	1.8	168.00	0.00	168.00	0.2
Struck/Injured By Motor Vehicle	2	3.5	47.27	0.00	47.27	0.0
Fall On the Same Level	6	10.5	18.82	0.00	18.82	0.0
Fall/Slip From a Different Level	1	1.8	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	1	1.8	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	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
Jumping	1	1.8	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	6	10.5	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	1.8	0.00	0.00	0.00	0.0
Other Injury NEC	2	3.5	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	1.8	0.00	0.00	0.00	0.0
Vehicle Upset	2	3.5	0.00	0.00	0.00	0.0
Sum:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
BODY PART						
Upper Extremities Shoulder(s)	1	1.8	20,275.07	41,642.13	61,917.20	60.5
Upper Extremities Finger(s)	7	12.3	16,990.29	15,908.82	32,899.11	32.1
Multiple Body Parts Multiple Body Parts	5	8.8	1,895.67	0.00	1,895.67	1.9
Multiple Body Parts Whole Body	1	1.8	1,667.03	0.00	1,667.03	1.6
Lower Extremities Knee	8	14.0	18.82	1,250.00	1,268.82	1.2
Neck Soft Tissue-Neck	1	1.8	1,121.11	128.89	1,250.00	1.2
Upper Extremities Elbow	1	1.8	893.14	0.00	893.14	0.9
Lower Extremities Ankle	4	7.0	372.04	0.00	372.04	0.4
Head Multiple Head Injury	1	1.8	168.00	0.00	168.00	0.2
Head Eye(s)	1	1.8	0.00	0.00	0.00	0.0
Head Mouth	1	1.8	0.00	0.00	0.00	0.0
Lower Extremities Foot	2	3.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	3.5	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	3.5	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info to Ic	1	1.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	15	26.3	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 Lower Arm	1	1.8	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	1.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.8	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	
INJURY						
Strain	5	8.8	20,275.07	41,642.13	61,917.20	60.5
Contusion (Bruise, Skin Surface)	10	17.5	18,998.81	15,908.82	34,907.63	34.1
Electric Shock	1	1.8	1,667.03	0.00	1,667.03	1.6
Sprain	4	7.0	1,493.15	128.89	1,622.04	1.6
Inflammation	5	8.8	0.00	1,250.00	1,250.00	1.2
Laceration	6	10.5	533.53	0.00	533.53	0.5
Puncture	1	1.8	246.76	0.00	246.76	0.2
Concussion (Brain, Cerebral)	1	1.8	168.00	0.00	168.00	0.2
Fracture	1	1.8	18.82	0.00	18.82	0.0
Crushing	1	1.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	1.8	0.00	0.00	0.00	0.0
No Physical Injury	21	36.8	0.00	0.00	0.00	0.0
Sum:	**57**		**$43,401.17**	**$58,929.84**	**$102,331.01**	

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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
327 - Dept of Workforce Dev and Advancem						
S327 - Dept of Workforce Dev and Advance						
TYPE OF CLAIM						
Medical Only	2	28.6	1,252.50	0.00	1,252.50	100.0
Reporting Purposes Only	5	71.4	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
TIME OF INJURY						
10AM - 11:59AM	3	42.9	1,170.24	0.00	1,170.24	93.4
6AM - 7:59AM	2	28.6	82.26	0.00	82.26	6.6
8AM - 9:59AM	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
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
LENGTH OF SERVICE						
44 - 46	1	14.3	1,170.24	0.00	1,170.24	93.4
0 - 2	4	57.1	82.26	0.00	82.26	6.6
4 - 6	1	14.3	0.00	0.00	0.00	0.0
6 - 8	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
Age of Claimant						
65 - 69	3	42.9	1,170.24	0.00	1,170.24	93.4
45 - 49	1	14.3	82.26	0.00	82.26	6.6
50 - 54	1	14.3	0.00	0.00	0.00	0.0
60 - 64	1	14.3	0.00	0.00	0.00	0.0
70 - 74	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
SEX OF CLAIMANT						
Female	3	42.9	1,170.24	0.00	1,170.24	93.4
Male	4	57.1	82.26	0.00	82.26	6.6
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
LOSS CAUSE						
Paper / Pulp	1	14.3	1,170.24	0.00	1,170.24	93.4
Walking surface, outside, wet	2	28.6	82.26	0.00	82.26	6.6
Door	1	14.3	0.00	0.00	0.00	0.0
Floor	2	28.6	0.00	0.00	0.00	0.0
Outside Surface	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
ACCIDENT TYPE						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	1	14.3	1,170.24	0.00	1,170.24	93.4
Fall/Slip into Openings	1	14.3	82.26	0.00	82.26	6.6
Fall On the Same Level	4	57.1	0.00	0.00	0.00	0.0
Rubbed or Abraded, NOC	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
BODY PART						
Upper Extremities Wrist	1	14.3	1,170.24	0.00	1,170.24	93.4
Multiple Body Parts Multiple Body Parts	2	28.6	82.26	0.00	82.26	6.6
Lower Extremities Knee	2	28.6	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	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
Sum:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	
INJURY						
Contusion (Bruise, Skin Surface)	4	57.1	1,252.50	0.00	1,252.50	100.0
All Other (Specific) Injuries, NOC	2	28.6	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$1,252.50**	**$0.00**	**$1,252.50**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
350 - Dept of Small Bus. & Supplier Div.						
S350 - Dept of Small Bus. & Supplier Div						
TYPE OF CLAIM						
Medical Only	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
LENGTH OF SERVICE						
2 - 4	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
Age of Claimant						
40 - 44	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
SEX OF CLAIMANT						
Female	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	35.69	0.00	35.69	100.0
Totals:	**1**		**$35.69**	**$0.00**	**$35.69**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	35.69	0.00	35.69	100.0
Sum:	**1**		**$35.69**	**$0.00**	**$35.69**	
BODY PART						
Lower Extremities Multiple Lower Extrer	1	100.0	35.69	0.00	35.69	100.0
Sum:	**1**		**$35.69**	**$0.00**	**$35.69**	
INJURY						
No Physical Injury	1	100.0	35.69	0.00	35.69	100.0
Sum:	**1**		**$35.69**	**$0.00**	**$35.69**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
402 - MARINE RESOURCES COMMISSION						
S402 - MARINE RESOURCES COMMISSION						
TYPE OF CLAIM						
Medical Only	7	63.6	14,098.45	9,549.48	23,647.93	54.0
Indemnity	1	9.1	18.82	20,100.00	20,118.82	46.0
Reporting Purposes Only	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
TIME OF INJURY						
4PM - 5:59PM	1	9.1	18.82	20,100.00	20,118.82	46.0
2PM - 3:59PM	2	18.2	11,182.36	8,299.48	19,481.84	44.5
6PM - 7:59PM	1	9.1	1,622.36	0.00	1,622.36	3.7
12PM - 1:59PM	1	9.1	1,273.80	0.00	1,273.80	2.9
12AM - 1:59AM	1	9.1	0.00	1,250.00	1,250.00	2.9
8AM - 9:59AM	2	18.2	19.93	0.00	19.93	0.0
6AM - 7:59AM	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
LENGTH OF SERVICE						
0 - 2	2	18.2	18.82	21,350.00	21,368.82	48.8
2 - 4	2	18.2	11,182.36	8,299.48	19,481.84	44.5
8 - 10	1	9.1	1,622.36	0.00	1,622.36	3.7
4 - 6	1	9.1	1,273.80	0.00	1,273.80	2.9
10 - 12	2	18.2	19.93	0.00	19.93	0.0
6 - 8	1	9.1	0.00	0.00	0.00	0.0
20 - 22	1	9.1	0.00	0.00	0.00	0.0
30 - 32	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
Age of Claimant						
50 - 54	2	18.2	18.82	20,100.00	20,118.82	46.0
30 - 34	2	18.2	11,182.36	8,299.48	19,481.84	44.5
45 - 49	1	9.1	1,622.36	0.00	1,622.36	3.7
35 - 39	2	18.2	1,293.73	0.00	1,293.73	3.0
20 - 24	1	9.1	0.00	1,250.00	1,250.00	2.9
40 - 44	1	9.1	0.00	0.00	0.00	0.0
60 - 64	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	9	81.8	4,828.87	22,769.06	27,597.93	63.1
Female	2	18.2	9,288.40	6,880.42	16,168.82	36.9
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
LOSS CAUSE						
N/A	1	9.1	18.82	20,100.00	20,118.82	46.0
Vehicle/car/truck	3	27.3	11,182.36	8,299.48	19,481.84	44.5
Brush / tree / log	1	9.1	1,622.36	0.00	1,622.36	3.7
Sharp objects, not otherwise classified	1	9.1	1,273.80	0.00	1,273.80	2.9
Person	1	9.1	0.00	1,250.00	1,250.00	2.9
Walking surface, outside, wet	1	9.1	19.93	0.00	19.93	0.0
Pallet Jack	1	9.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	9.1	0.00	0.00	0.00	0.0
Water	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
ACCIDENT TYPE						
Other Injury NEC	1	9.1	18.82	20,100.00	20,118.82	46.0
Fall, Slip or Trip, NOC	4	36.4	9,308.33	8,130.42	17,438.75	39.8
Collision with Another Vehicle	1	9.1	1,893.96	1,419.06	3,313.02	7.6
Foreign Body in Eye	1	9.1	1,622.36	0.00	1,622.36	3.7
Striking Against or Stepping On, NOC	1	9.1	1,273.80	0.00	1,273.80	2.9
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
Vehicle Upset	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
BODY PART						
Trunk Lung(s)	1	9.1	18.82	20,100.00	20,118.82	46.0
Trunk Low Back Area (Incl. Lumbar & Li	1	9.1	9,288.40	6,880.42	16,168.82	36.9
Multiple Body Parts Multiple Body Parts	2	18.2	1,893.96	1,419.06	3,313.02	7.6
Head Eye(s)	1	9.1	1,622.36	0.00	1,622.36	3.7
Upper Extremities Finger(s)	1	9.1	1,273.80	0.00	1,273.80	2.9
Trunk Chest (Incl. Ribs, Sternum & Soft	1	9.1	0.00	1,250.00	1,250.00	2.9
Trunk Lumbar and/or Sacral Vertebrae	1	9.1	19.93	0.00	19.93	0.0
Multiple Body Parts No Physical Injury	2	18.2	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	
INJURY						
No Physical Injury	4	36.4	18.82	20,100.00	20,118.82	46.0
Contusion (Bruise, Skin Surface)	2	18.2	9,288.40	8,130.42	17,418.82	39.8
Strain	2	18.2	1,913.89	1,419.06	3,332.95	7.6
All Other (Specific) Injuries, NOC	1	9.1	1,622.36	0.00	1,622.36	3.7

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	2	18.2	1,273.80	0.00	1,273.80	2.9
Sum:	**11**		**$14,117.27**	**$29,649.48**	**$43,766.75**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
000 - DWR Headquarters						
TYPE OF CLAIM						
Medical Only	4	100.0	468.67	2,031.33	2,500.00	100.0
Totals:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
TIME OF INJURY						
8AM - 9:59AM	1	25.0	0.00	1,250.00	1,250.00	50.0
2PM - 3:59PM	1	25.0	468.67	781.33	1,250.00	50.0
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
Totals:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
LENGTH OF SERVICE						
0 - 2	1	25.0	468.67	781.33	1,250.00	50.0
14 - 16	1	25.0	0.00	1,250.00	1,250.00	50.0
18 - 20	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
Age of Claimant						
45 - 49	1	25.0	468.67	781.33	1,250.00	50.0
50 - 54	1	25.0	0.00	1,250.00	1,250.00	50.0
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
Totals:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
SEX OF CLAIMANT						
Male	4	100.0	468.67	2,031.33	2,500.00	100.0
Totals:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
LOSS CAUSE						
Knife, Utility	1	25.0	468.67	781.33	1,250.00	50.0
Training \ Drills	2	50.0	0.00	1,250.00	1,250.00	50.0
Vehicle, not otherwise classified	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	25.0	468.67	781.33	1,250.00	50.0
Other Injury NEC	1	25.0	0.00	1,250.00	1,250.00	50.0
Strain or Injury By, NOC	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
Sum:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
BODY PART						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Lung(s)	1	25.0	0.00	1,250.00	1,250.00	50.0
Upper Extremities Hand	1	25.0	468.67	781.33	1,250.00	50.0
Lower Extremities Lower Leg	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
Sum:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	
INJURY						
Laceration	2	50.0	468.67	781.33	1,250.00	50.0
Respiratory Disorders(Gases,Fumes,Ch	1	25.0	0.00	1,250.00	1,250.00	50.0
Strain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$468.67**	**$2,031.33**	**$2,500.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
001 - DWR Region 1						
TYPE OF CLAIM						
Medical Only	3	37.5	688.76	1,250.00	1,938.76	99.0
Indemnity	1	12.5	18.82	0.00	18.82	1.0
Reporting Purposes Only	4	50.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
TIME OF INJURY						
6PM - 7:59PM	1	12.5	0.00	1,250.00	1,250.00	63.9
10AM - 11:59AM	3	37.5	393.58	0.00	393.58	20.1
2PM - 3:59PM	1	12.5	314.00	0.00	314.00	16.0
6AM - 7:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	25.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
LENGTH OF SERVICE						
2 - 4	2	25.0	0.00	1,250.00	1,250.00	63.9
8 - 10	1	12.5	374.76	0.00	374.76	19.1
0 - 2	2	25.0	314.00	0.00	314.00	16.0
28 - 30	1	12.5	18.82	0.00	18.82	1.0
6 - 8	1	12.5	0.00	0.00	0.00	0.0
18 - 20	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
Age of Claimant						
40 - 44	3	37.5	0.00	1,250.00	1,250.00	63.9
30 - 34	1	12.5	374.76	0.00	374.76	19.1
25 - 29	2	25.0	314.00	0.00	314.00	16.0
55 - 59	1	12.5	18.82	0.00	18.82	1.0
35 - 39	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
SEX OF CLAIMANT						
Female	3	37.5	314.00	1,250.00	1,564.00	79.9
Male	5	62.5	393.58	0.00	393.58	20.1
Totals:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
LOSS CAUSE						
Uneven Surface	1	12.5	0.00	1,250.00	1,250.00	63.9
Animal / tick, spider, etc.	1	12.5	374.76	0.00	374.76	19.1
Poisonous agent / plant	1	12.5	314.00	0.00	314.00	16.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Noise	1	12.5	18.82	0.00	18.82	1.0
Environmental conditions	1	12.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	12.5	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
ACCIDENT TYPE						
Striking Against or Stepping On, NOC	1	12.5	0.00	1,250.00	1,250.00	63.9
Struck/Injured By Animal or Insect	1	12.5	374.76	0.00	374.76	19.1
Other Injury NEC	1	12.5	314.00	0.00	314.00	16.0
Cumulative (All Other)	1	12.5	18.82	0.00	18.82	1.0
Caught In/Between-Machine or Machine	1	12.5	0.00	0.00	0.00	0.0
Collision with Another Vehicle	1	12.5	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	12.5	0.00	0.00	0.00	0.0
Jumping	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
BODY PART						
Lower Extremities Knee	1	12.5	0.00	1,250.00	1,250.00	63.9
Trunk Abdomen Including Groin	1	12.5	374.76	0.00	374.76	19.1
Multiple Body Parts Whole Body	2	25.0	314.00	0.00	314.00	16.0
Head Ear(s)	1	12.5	18.82	0.00	18.82	1.0
Trunk Low Back Area (Incl. Lumbar & Li	1	12.5	0.00	0.00	0.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	
INJURY						
Sprain	2	25.0	0.00	1,250.00	1,250.00	63.9
Inflammation	1	12.5	374.76	0.00	374.76	19.1
Dermatitis	1	12.5	314.00	0.00	314.00	16.0
Loss of Hearing	1	12.5	18.82	0.00	18.82	1.0
Contusion (Bruise, Skin Surface)	1	12.5	0.00	0.00	0.00	0.0
No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Strain	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$707.58**	**$1,250.00**	**$1,957.58**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
002 - DWR Region 2						
TYPE OF CLAIM						
Indemnity	2	40.0	4,438.02	0.00	4,438.02	100.0
Medical Only	1	20.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
TIME OF INJURY						
4PM - 5:59PM	2	40.0	4,438.02	0.00	4,438.02	100.0
10AM - 11:59AM	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
LENGTH OF SERVICE						
6 - 8	1	20.0	4,438.02	0.00	4,438.02	100.0
0 - 2	1	20.0	0.00	0.00	0.00	0.0
2 - 4	1	20.0	0.00	0.00	0.00	0.0
8 - 10	1	20.0	0.00	0.00	0.00	0.0
18 - 20	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
Age of Claimant						
30 - 34	1	20.0	4,438.02	0.00	4,438.02	100.0
25 - 29	1	20.0	0.00	0.00	0.00	0.0
35 - 39	1	20.0	0.00	0.00	0.00	0.0
40 - 44	1	20.0	0.00	0.00	0.00	0.0
45 - 49	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
SEX OF CLAIMANT						
Female	2	40.0	4,438.02	0.00	4,438.02	100.0
Male	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
LOSS CAUSE						
Uneven Surface	1	20.0	4,438.02	0.00	4,438.02	100.0
Animal, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	20.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	20.0	0.00	0.00	0.00	0.0
Metal items	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
ACCIDENT TYPE						

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Pushing or Pulling	1	20.0	4,438.02	0.00	4,438.02	100.0
Cut, Punctured, Scraped, NOC	1	20.0	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	20.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	2	40.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
BODY PART						
Lower Extremities Ankle	1	20.0	4,438.02	0.00	4,438.02	100.0
Lower Extremities Foot	1	20.0	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	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 Hand	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	
INJURY						
Contusion (Bruise, Skin Surface)	1	20.0	4,438.02	0.00	4,438.02	100.0
Infection	1	20.0	0.00	0.00	0.00	0.0
Puncture	2	40.0	0.00	0.00	0.00	0.0
Strain	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$4,438.02**	**$0.00**	**$4,438.02**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
003 - DWR Region 3						
TYPE OF CLAIM						
Indemnity	1	9.1	1,214.85	33,903.97	35,118.82	81.8
Medical Only	7	63.6	7,806.74	0.00	7,806.74	18.2
Reporting Purposes Only	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
TIME OF INJURY						
2PM - 3:59PM	1	9.1	1,214.85	33,903.97	35,118.82	81.8
4PM - 5:59PM	3	27.3	5,316.75	0.00	5,316.75	12.4
10AM - 11:59AM	3	27.3	2,284.49	0.00	2,284.49	5.3
12PM - 1:59PM	3	27.3	205.50	0.00	205.50	0.5
8AM - 9:59AM	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
LENGTH OF SERVICE						
8 - 10	3	27.3	1,260.91	33,903.97	35,164.88	81.9
6 - 8	3	27.3	5,432.27	0.00	5,432.27	12.7
0 - 2	1	9.1	2,238.43	0.00	2,238.43	5.2
24 - 26	1	9.1	89.98	0.00	89.98	0.2
2 - 4	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
Age of Claimant						
35 - 39	2	18.2	3,857.92	33,903.97	37,761.89	88.0
30 - 34	4	36.4	5,027.63	0.00	5,027.63	11.7
50 - 54	1	9.1	89.98	0.00	89.98	0.2
45 - 49	1	9.1	46.06	0.00	46.06	0.1
25 - 29	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
SEX OF CLAIMANT						
Male	10	90.9	6,783.16	33,903.97	40,687.13	94.8
Female	1	9.1	2,238.43	0.00	2,238.43	5.2
Totals:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
LOSS CAUSE						
Person	1	9.1	1,214.85	33,903.97	35,118.82	81.8
Organic Material	3	27.3	5,316.75	0.00	5,316.75	12.4
Animal / bee type	1	9.1	2,238.43	0.00	2,238.43	5.2
Animal / tick, spider, etc.	1	9.1	115.52	0.00	115.52	0.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Water	1	9.1	89.98	0.00	89.98	0.2
Walking surface, outside, wet	1	9.1	46.06	0.00	46.06	0.1
Metal items	1	9.1	0.00	0.00	0.00	0.0
Outside Surface	1	9.1	0.00	0.00	0.00	0.0
Overhead Object	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	9.1	1,214.85	33,903.97	35,118.82	81.8
Other Injury NEC	3	27.3	5,316.75	0.00	5,316.75	12.4
Struck/Injured By Animal or Insect	2	18.2	2,353.95	0.00	2,353.95	5.5
Strain or Injury By, NOC	1	9.1	89.98	0.00	89.98	0.2
Fall/Slip From a Different Level	1	9.1	46.06	0.00	46.06	0.1
Fall On the Same Level	1	9.1	0.00	0.00	0.00	0.0
Holding or Carrying	1	9.1	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	9.1	1,214.85	33,903.97	35,118.82	81.8
Multiple Body Parts Whole Body	3	27.3	5,316.75	0.00	5,316.75	12.4
Upper Extremities Shoulder(s)	2	18.2	2,238.43	0.00	2,238.43	5.2
Trunk Low Back Area (Incl. Lumbar & Li	1	9.1	115.52	0.00	115.52	0.3
Upper Extremities Thumb	1	9.1	89.98	0.00	89.98	0.2
Lower Extremities Multiple Lower Extrer	1	9.1	46.06	0.00	46.06	0.1
Lower Extremities Hip	1	9.1	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	
INJURY						
Multiple Physical Injury Only	2	18.2	1,260.91	33,903.97	35,164.88	81.9
Infection	3	27.3	5,316.75	0.00	5,316.75	12.4
Inflammation	2	18.2	2,353.95	0.00	2,353.95	5.5
Strain	2	18.2	89.98	0.00	89.98	0.2
Contusion (Bruise, Skin Surface)	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$9,021.59**	**$33,903.97**	**$42,925.56**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
004 - DWR Region 4						
TYPE OF CLAIM						
Medical Only	7	77.8	6,792.85	2,856.95	9,649.80	100.0
Reporting Purposes Only	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
TIME OF INJURY						
6PM - 7:59PM	1	11.1	3,435.02	1,606.95	5,041.97	52.2
2PM - 3:59PM	4	44.4	2,136.16	1,250.00	3,386.16	35.1
12PM - 1:59PM	2	22.2	699.79	0.00	699.79	7.3
8PM - 9:59PM	1	11.1	521.88	0.00	521.88	5.4
4PM - 5:59PM	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
LENGTH OF SERVICE						
10 - 12	2	22.2	3,435.02	2,856.95	6,291.97	65.2
2 - 4	2	22.2	2,452.86	0.00	2,452.86	25.4
34 - 36	1	11.1	521.88	0.00	521.88	5.4
28 - 30	1	11.1	339.78	0.00	339.78	3.5
0 - 2	3	33.3	43.31	0.00	43.31	0.4
Totals:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
Age of Claimant						
35 - 39	1	11.1	3,435.02	1,606.95	5,041.97	52.2
40 - 44	2	22.2	1,796.38	1,250.00	3,046.38	31.6
25 - 29	1	11.1	656.48	0.00	656.48	6.8
60 - 64	1	11.1	521.88	0.00	521.88	5.4
50 - 54	1	11.1	339.78	0.00	339.78	3.5
20 - 24	3	33.3	43.31	0.00	43.31	0.4
Totals:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
SEX OF CLAIMANT						
Male	7	77.8	6,792.85	2,856.95	9,649.80	100.0
Female	2	22.2	0.00	0.00	0.00	0.0
Totals:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
LOSS CAUSE						
Water	1	11.1	3,435.02	1,606.95	5,041.97	52.2
Object on Floor	1	11.1	1,796.38	0.00	1,796.38	18.6
Animal / tick, spider, etc.	2	22.2	339.78	1,250.00	1,589.78	16.5
Fencing	1	11.1	656.48	0.00	656.48	6.8

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Scalpel	1	11.1	521.88	0.00	521.88	5.4
Animal, not otherwise classified	1	11.1	43.31	0.00	43.31	0.4
N/A	1	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
ACCIDENT TYPE						
Crash of Water Vehicle	1	11.1	3,435.02	1,606.95	5,041.97	52.2
Strain or Injury By, NOC	1	11.1	1,796.38	0.00	1,796.38	18.6
Struck/Injured By Animal or Insect	3	33.3	383.09	1,250.00	1,633.09	16.9
Fall/Slip on Ice or Snow	1	11.1	656.48	0.00	656.48	6.8
Hand Tool, Utensil; Not Powered	1	11.1	521.88	0.00	521.88	5.4
Collision with Another Vehicle	1	11.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
BODY PART						
Trunk Upper Back Area (Thoracic Area)	1	11.1	3,435.02	1,606.95	5,041.97	52.2
Upper Extremities Wrist	1	11.1	1,796.38	0.00	1,796.38	18.6
Lower Extremities Upper Leg	1	11.1	0.00	1,250.00	1,250.00	13.0
Lower Extremities Knee	2	22.2	699.79	0.00	699.79	7.3
Upper Extremities Finger(s)	1	11.1	521.88	0.00	521.88	5.4
Upper Extremities Lower Arm	1	11.1	339.78	0.00	339.78	3.5
Multiple Body Parts No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	
INJURY						
Strain	1	11.1	3,435.02	1,606.95	5,041.97	52.2
Sprain	1	11.1	1,796.38	0.00	1,796.38	18.6
Infection	2	22.2	339.78	1,250.00	1,589.78	16.5
Laceration	2	22.2	1,178.36	0.00	1,178.36	12.2
Puncture	1	11.1	43.31	0.00	43.31	0.4
Multiple Injury Inc. Physical & Psycholog	1	11.1	0.00	0.00	0.00	0.0
No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$6,792.85**	**$2,856.95**	**$9,649.80**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
403 - Department of Wildlife Resources						
S403 - Department of Wildlife Resources						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
18 - 20	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal / tick, spider, etc.	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Upper Leg	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
409 - Virginia Department of Energy						
12 - VDOE Division Of Mines						
TYPE OF CLAIM						
Medical Only	1	100.0	216.46	0.00	216.46	100.0
Totals:	**1**		**$216.46**	**$0.00**	**$216.46**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	216.46	0.00	216.46	100.0
Totals:	**1**		**$216.46**	**$0.00**	**$216.46**	
LENGTH OF SERVICE						
8 - 10	1	100.0	216.46	0.00	216.46	100.0
Totals:	**1**		**$216.46**	**$0.00**	**$216.46**	
Age of Claimant						
50 - 54	1	100.0	216.46	0.00	216.46	100.0
Totals:	**1**		**$216.46**	**$0.00**	**$216.46**	
SEX OF CLAIMANT						
Male	1	100.0	216.46	0.00	216.46	100.0
Totals:	**1**		**$216.46**	**$0.00**	**$216.46**	
LOSS CAUSE						
Stairs	1	100.0	216.46	0.00	216.46	100.0
Totals:	**1**		**$216.46**	**$0.00**	**$216.46**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	216.46	0.00	216.46	100.0
Sum:	**1**		**$216.46**	**$0.00**	**$216.46**	
BODY PART						
Lower Extremities Foot	1	100.0	216.46	0.00	216.46	100.0
Sum:	**1**		**$216.46**	**$0.00**	**$216.46**	
INJURY						
Sprain	1	100.0	216.46	0.00	216.46	100.0
Sum:	**1**		**$216.46**	**$0.00**	**$216.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
409 - Virginia Department of Energy						
24 - VDOE Administration, Division Of						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Stairs	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
411 - FORESTRY, DEPARTMENT OF						
S411 - FORESTRY, DEPARTMENT OF						
TYPE OF CLAIM						
Medical Only	14	87.5	7,376.90	3,731.18	11,108.08	99.8
Indemnity	1	6.3	18.82	0.00	18.82	0.2
Reporting Purposes Only	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
TIME OF INJURY						
8AM - 9:59AM	3	18.8	3,749.96	0.00	3,749.96	33.7
2PM - 3:59PM	3	18.8	1,849.85	0.00	1,849.85	16.6
12PM - 1:59PM	3	18.8	615.22	1,231.18	1,846.40	16.6
4PM - 5:59PM	3	18.8	203.62	1,250.00	1,453.62	13.1
6AM - 7:59AM	1	6.3	0.00	1,250.00	1,250.00	11.2
10AM - 11:59AM	3	18.8	977.07	0.00	977.07	8.8
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
LENGTH OF SERVICE						
0 - 2	8	50.0	3,297.29	1,250.00	4,547.29	40.9
2 - 4	1	6.3	1,849.85	0.00	1,849.85	16.6
22 - 24	1	6.3	1,280.43	0.00	1,280.43	11.5
8 - 10	1	6.3	18.82	1,231.18	1,250.00	11.2
10 - 12	1	6.3	0.00	1,250.00	1,250.00	11.2
14 - 16	1	6.3	596.40	0.00	596.40	5.4
32 - 34	1	6.3	334.11	0.00	334.11	3.0
12 - 14	1	6.3	18.82	0.00	18.82	0.2
6 - 8	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
Age of Claimant						
25 - 29	4	25.0	4,943.52	0.00	4,943.52	44.4
20 - 24	3	18.8	203.62	1,250.00	1,453.62	13.1
45 - 49	1	6.3	1,280.43	0.00	1,280.43	11.5
30 - 34	1	6.3	0.00	1,250.00	1,250.00	11.2
70 - 74	1	6.3	18.82	1,231.18	1,250.00	11.2
35 - 39	1	6.3	596.40	0.00	596.40	5.4
65 - 69	1	6.3	334.11	0.00	334.11	3.0
55 - 59	1	6.3	18.82	0.00	18.82	0.2
40 - 44	3	18.8	0.00	0.00	0.00	0.0
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	12	75.0	6,530.32	1,250.00	7,780.32	69.9
Female	4	25.0	865.40	2,481.18	3,346.58	30.1
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
LOSS CAUSE						
Gas / Fumes	1	6.3	2,450.71	0.00	2,450.71	22.0
Brush / tree / log	3	18.8	2,446.25	0.00	2,446.25	22.0
Metal items	1	6.3	1,280.43	0.00	1,280.43	11.5
Boxes / containers	1	6.3	18.82	1,231.18	1,250.00	11.2
Door	1	6.3	0.00	1,250.00	1,250.00	11.2
Vehicle/car/truck	1	6.3	0.00	1,250.00	1,250.00	11.2
Uneven Surface	1	6.3	642.96	0.00	642.96	5.8
Docks,Ramps,Loading Platforms	1	6.3	334.11	0.00	334.11	3.0
Animal / tick, spider, etc.	2	12.5	203.62	0.00	203.62	1.8
Wheel	1	6.3	18.82	0.00	18.82	0.2
Fire / Flame / Smoke	1	6.3	0.00	0.00	0.00	0.0
Pierce stinger nozzle	1	6.3	0.00	0.00	0.00	0.0
Wood Items	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	6.3	2,450.71	0.00	2,450.71	22.0
Fall, Slip or Trip, NOC	1	6.3	1,849.85	0.00	1,849.85	16.6
Cut, Punctured, Scraped, NOC	2	12.5	1,280.43	0.00	1,280.43	11.5
Motor Vehicle, NOC	1	6.3	0.00	1,250.00	1,250.00	11.2
Reaching	1	6.3	18.82	1,231.18	1,250.00	11.2
Striking Against or Stepping On, NOC	1	6.3	0.00	1,250.00	1,250.00	11.2
Fall On the Same Level	2	12.5	1,239.36	0.00	1,239.36	11.1
Lifting	2	12.5	352.93	0.00	352.93	3.2
Struck/Injured By Animal or Insect	2	12.5	203.62	0.00	203.62	1.8
Contact with Hot Object or Substance	1	6.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	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
Sum:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
BODY PART						
Multiple Body Parts No Physical Injury	1	6.3	2,450.71	0.00	2,450.71	22.0
Upper Extremities Hand	1	6.3	1,849.85	0.00	1,849.85	16.6
Upper Extremities Finger(s)	1	6.3	1,280.43	0.00	1,280.43	11.5
Head Skull	2	12.5	0.00	1,250.00	1,250.00	11.2
Trunk Low Back Area (Incl. Lumbar & Li	1	6.3	0.00	1,250.00	1,250.00	11.2
Upper Extremities Shoulder(s)	1	6.3	18.82	1,231.18	1,250.00	11.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	1	6.3	642.96	0.00	642.96	5.8
Upper Extremities Wrist	1	6.3	596.40	0.00	596.40	5.4
Neck Soft Tissue-Neck	2	12.5	334.11	0.00	334.11	3.0
Lower Extremities Upper Leg	1	6.3	203.62	0.00	203.62	1.8
Trunk Abdomen Including Groin	2	12.5	18.82	0.00	18.82	0.2
Head Eye(s)	1	6.3	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	
INJURY						
No Physical Injury	3	18.8	2,988.44	0.00	2,988.44	26.9
Strain	2	12.5	661.78	1,231.18	1,892.96	17.0
Contusion (Bruise, Skin Surface)	3	18.8	1,849.85	0.00	1,849.85	16.6
Laceration	1	6.3	1,280.43	0.00	1,280.43	11.5
Concussion (Brain, Cerebral)	1	6.3	0.00	1,250.00	1,250.00	11.2
Electric Shock	1	6.3	0.00	1,250.00	1,250.00	11.2
All Other (Specific) Injuries, NOC	1	6.3	596.40	0.00	596.40	5.4
Hernia (Rupture)	1	6.3	18.82	0.00	18.82	0.2
Burn	1	6.3	0.00	0.00	0.00	0.0
Inflammation	1	6.3	0.00	0.00	0.00	0.0
Puncture	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$7,395.72**	**$3,731.18**	**$11,126.90**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
423 - HISTORIC RESOURCE, DEPARTMENT OF						
S423 - HISTORIC RESOURCE, DEPARTMENT OF						
TYPE OF CLAIM						
Medical Only	2	100.0	120.22	6,177.78	6,298.00	100.0
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
TIME OF INJURY						
10AM - 11:59AM	2	100.0	120.22	6,177.78	6,298.00	100.0
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
LENGTH OF SERVICE						
2 - 4	2	100.0	120.22	6,177.78	6,298.00	100.0
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
Age of Claimant						
60 - 64	1	50.0	41.04	6,177.78	6,218.82	98.7
40 - 44	1	50.0	79.18	0.00	79.18	1.3
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
SEX OF CLAIMANT						
Female	1	50.0	41.04	6,177.78	6,218.82	98.7
Male	1	50.0	79.18	0.00	79.18	1.3
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	50.0	41.04	6,177.78	6,218.82	98.7
Stone / rock / brick	1	50.0	79.18	0.00	79.18	1.3
Totals:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	50.0	41.04	6,177.78	6,218.82	98.7
Lifting	1	50.0	79.18	0.00	79.18	1.3
Sum:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	50.0	41.04	6,177.78	6,218.82	98.7
Trunk Lumbar and/or Sacral Vertebrae	1	50.0	79.18	0.00	79.18	1.3
Sum:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	
INJURY						
Puncture	1	50.0	41.04	6,177.78	6,218.82	98.7
Strain	1	50.0	79.18	0.00	79.18	1.3
Sum:	**2**		**$120.22**	**$6,177.78**	**$6,298.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
425 - JAMESTOWN-YORKTOWN FOUNDATION						
S425 - JAMESTOWN-YORKTOWN FOUNDATION						
TYPE OF CLAIM						
Indemnity	2	9.5	125,571.57	152,264.76	277,836.33	99.0
Medical Only	10	47.6	2,763.71	0.00	2,763.71	1.0
Reporting Purposes Only	9	42.9	0.00	0.00	0.00	0.0
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
TIME OF INJURY						
10AM - 11:59AM	7	33.3	125,701.57	152,264.76	277,966.33	99.1
8AM - 9:59AM	2	9.5	2,221.75	0.00	2,221.75	0.8
2PM - 3:59PM	6	28.6	263.14	0.00	263.14	0.1
12PM - 1:59PM	4	19.0	148.82	0.00	148.82	0.1
4PM - 5:59PM	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
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
LENGTH OF SERVICE						
4 - 6	3	14.3	12,654.96	152,264.76	164,919.72	58.8
2 - 4	5	23.8	113,309.75	0.00	113,309.75	40.4
22 - 24	1	4.8	2,221.75	0.00	2,221.75	0.8
0 - 2	9	42.9	148.82	0.00	148.82	0.1
6 - 8	2	9.5	0.00	0.00	0.00	0.0
16 - 18	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
Age of Claimant						
65 - 69	1	4.8	12,524.96	152,264.76	164,789.72	58.7
75 - 79	2	9.5	113,065.43	0.00	113,065.43	40.3
60 - 64	2	9.5	2,221.75	0.00	2,221.75	0.8
35 - 39	2	9.5	263.14	0.00	263.14	0.1
40 - 44	1	4.8	130.00	0.00	130.00	0.0
70 - 74	2	9.5	130.00	0.00	130.00	0.0
15 - 19	2	9.5	0.00	0.00	0.00	0.0
20 - 24	1	4.8	0.00	0.00	0.00	0.0
25 - 29	3	14.3	0.00	0.00	0.00	0.0
30 - 34	2	9.5	0.00	0.00	0.00	0.0
45 - 49	1	4.8	0.00	0.00	0.00	0.0
50 - 54	2	9.5	0.00	0.00	0.00	0.0
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	12	57.1	15,006.71	152,264.76	167,271.47	59.6
Female	9	42.9	113,328.57	0.00	113,328.57	40.4
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
LOSS CAUSE						
Walking surface, outside, wet	1	4.8	12,524.96	152,264.76	164,789.72	58.7
Boxes / containers	1	4.8	113,046.61	0.00	113,046.61	40.3
Animal / insect, not otherwise classifie	2	9.5	2,221.75	0.00	2,221.75	0.8
Shovel	1	4.8	263.14	0.00	263.14	0.1
Animal, not otherwise classified	1	4.8	130.00	0.00	130.00	0.0
Axe, pickheaded	1	4.8	130.00	0.00	130.00	0.0
Floor	1	4.8	18.82	0.00	18.82	0.0
Dust	1	4.8	0.00	0.00	0.00	0.0
Hand tool, powered, NOC	1	4.8	0.00	0.00	0.00	0.0
Knife, Utility	2	9.5	0.00	0.00	0.00	0.0
Metal items	1	4.8	0.00	0.00	0.00	0.0
N/A	1	4.8	0.00	0.00	0.00	0.0
Outside Surface	1	4.8	0.00	0.00	0.00	0.0
Pots/pans	1	4.8	0.00	0.00	0.00	0.0
Stone / rock / brick	3	14.3	0.00	0.00	0.00	0.0
Wood Items	1	4.8	0.00	0.00	0.00	0.0
Working Surface	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	4.8	12,524.96	152,264.76	164,789.72	58.7
Fall On the Same Level	2	9.5	113,065.43	0.00	113,065.43	40.3
Struck/Injured By Animal or Insect	2	9.5	2,221.75	0.00	2,221.75	0.8
Pushing or Pulling	1	4.8	263.14	0.00	263.14	0.1
Hand Tool, Utensil; Not Powered	4	19.0	130.00	0.00	130.00	0.0
Strain or Injury By, NOC	1	4.8	130.00	0.00	130.00	0.0
Collision with a Fixed Object	1	4.8	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	4.8	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	4.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	4.8	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	4.8	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	4.8	0.00	0.00	0.00	0.0
Standing, Scraping, Cleaning Operations	2	9.5	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	4.8	0.00	0.00	0.00	0.0
Wielding or Throwing	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Upper Extremities Upper Arm (Incl. Cla\	2	9.5	12,524.96	152,264.76	164,789.72	58.7
Lower Extremities Knee	2	9.5	113,065.43	0.00	113,065.43	40.3
Upper Extremities Lower Arm	2	9.5	2,221.75	0.00	2,221.75	0.8
Upper Extremities Wrist(s) and Hand(s)	1	4.8	263.14	0.00	263.14	0.1
Lower Extremities Lower Leg	1	4.8	130.00	0.00	130.00	0.0
Upper Extremities Finger(s)	4	19.0	130.00	0.00	130.00	0.0
Head Eye(s)	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Ankle	2	9.5	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	9.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	14.3	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	
INJURY						
Fracture	1	4.8	12,524.96	152,264.76	164,789.72	58.7
Dislocation	1	4.8	113,046.61	0.00	113,046.61	40.3
Inflammation	5	23.8	2,221.75	0.00	2,221.75	0.8
Strain	2	9.5	263.14	0.00	263.14	0.1
Laceration	8	38.1	260.00	0.00	260.00	0.1
Sprain	2	9.5	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	4.8	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$128,335.28**	**$152,264.76**	**$280,600.04**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
440 - ENVIRONMENTAL QUALITY, DEPT OF						
S440 - ENVIRONMENTAL QUALITY, DEPT OF						
TYPE OF CLAIM						
Medical Only	8	57.1	906.94	1,231.18	2,138.12	100.0
Reporting Purposes Only	6	42.9	0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
TIME OF INJURY						
4PM - 5:59PM	3	21.4	77.04	1,231.18	1,308.22	61.2
8AM - 9:59AM	4	28.6	596.37	0.00	596.37	27.9
10AM - 11:59AM	4	28.6	233.53	0.00	233.53	10.9
6AM - 7:59AM	1	7.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	7.1	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
LENGTH OF SERVICE						
2 - 4	3	21.4	18.82	1,231.18	1,250.00	58.5
0 - 2	7	50.0	654.59	0.00	654.59	30.6
4 - 6	2	14.3	233.53	0.00	233.53	10.9
10 - 12	1	7.1	0.00	0.00	0.00	0.0
20 - 22	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
Age of Claimant						
65 - 69	1	7.1	18.82	1,231.18	1,250.00	58.5
20 - 24	3	21.4	654.59	0.00	654.59	30.6
50 - 54	2	14.3	233.53	0.00	233.53	10.9
25 - 29	3	21.4	0.00	0.00	0.00	0.0
45 - 49	1	7.1	0.00	0.00	0.00	0.0
55 - 59	1	7.1	0.00	0.00	0.00	0.0
60 - 64	3	21.4	0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
SEX OF CLAIMANT						
Male	7	50.0	673.41	1,231.18	1,904.59	89.1
Female	7	50.0	233.53	0.00	233.53	10.9
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
LOSS CAUSE						
Walking surface, outside, wet	1	7.1	18.82	1,231.18	1,250.00	58.5
Vehicle/car/truck	2	14.3	596.37	0.00	596.37	27.9

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Elevators, escalators	1	7.1	233.53	0.00	233.53	10.9
N/A	2	14.3	58.22	0.00	58.22	2.7
Animal / tick, spider, etc.	1	7.1	0.00	0.00	0.00	0.0
Environmental conditions	1	7.1	0.00	0.00	0.00	0.0
Fiberglass	2	14.3	0.00	0.00	0.00	0.0
Object on Floor	1	7.1	0.00	0.00	0.00	0.0
Outside Surface	1	7.1	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	2	14.3	252.35	1,231.18	1,483.53	69.4
Collision with Another Vehicle	2	14.3	596.37	0.00	596.37	27.9
Other Injury NEC	4	28.6	58.22	0.00	58.22	2.7
Bodily Reaction	2	14.3	0.00	0.00	0.00	0.0
Fall On the Same Level	2	14.3	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	7.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
BODY PART						
Lower Extremities Knee	2	14.3	18.82	1,231.18	1,250.00	58.5
Upper Extremities Shoulder(s)	1	7.1	298.68	0.00	298.68	14.0
Upper Extremities Elbow	1	7.1	297.69	0.00	297.69	13.9
Trunk Low Back Area (Incl. Lumbar & Li	1	7.1	233.53	0.00	233.53	10.9
Multiple Body Parts No Physical Injury	2	14.3	58.22	0.00	58.22	2.7
Head Other facial soft tissue	1	7.1	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	7.1	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	2	14.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	
INJURY						
Sprain	1	7.1	18.82	1,231.18	1,250.00	58.5
Contusion (Bruise, Skin Surface)	2	14.3	596.37	0.00	596.37	27.9
Strain	1	7.1	233.53	0.00	233.53	10.9
No Physical Injury	2	14.3	58.22	0.00	58.22	2.7
All Other (Specific) Injuries, NOC	2	14.3	0.00	0.00	0.00	0.0
Dermatitis	1	7.1	0.00	0.00	0.00	0.0
Inflammation	3	21.4	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	7.1	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$906.94**	**$1,231.18**	**$2,138.12**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
10000 - VDOT Central Office Orgs						
TYPE OF CLAIM						
Medical Only	7	53.8	37,286.37	37,822.93	75,109.30	85.6
Indemnity	2	15.4	81.45	12,506.19	12,587.64	14.4
Reporting Purposes Only	4	30.8	0.00	0.00	0.00	0.0
Totals:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	
TIME OF INJURY						
2PM - 3:59PM	5	38.5	36,842.18	34,295.46	71,137.64	81.1
12PM - 1:59PM	4	30.8	275.24	13,756.19	14,031.43	16.0
6AM - 7:59AM	1	7.7	222.53	1,027.47	1,250.00	1.4
8AM - 9:59AM	1	7.7	0.00	1,250.00	1,250.00	1.4
10AM - 11:59AM	1	7.7	27.87	0.00	27.87	0.0
4AM - 5:59AM	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	
LENGTH OF SERVICE						
0 - 2	4	30.8	12,602.89	32,062.62	44,665.51	50.9
6 - 8	3	23.1	24,310.97	15,989.03	40,300.00	46.0
12 - 14	1	7.7	0.00	1,250.00	1,250.00	1.4
20 - 22	1	7.7	222.53	1,027.47	1,250.00	1.4
2 - 4	2	15.4	212.61	0.00	212.61	0.2
8 - 10	1	7.7	18.82	0.00	18.82	0.0
14 - 16	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	
Age of Claimant						
40 - 44	2	15.4	24,338.84	14,739.03	39,077.87	44.6
35 - 39	2	15.4	12,512.39	20,806.43	33,318.82	38.0
45 - 49	3	23.1	81.45	13,756.19	13,837.64	15.8
55 - 59	2	15.4	222.53	1,027.47	1,250.00	1.4
20 - 24	1	7.7	212.61	0.00	212.61	0.2
50 - 54	2	15.4	0.00	0.00	0.00	0.0
60 - 64	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	
SEX OF CLAIMANT						
Female	9	69.2	24,624.00	30,772.69	55,396.69	63.2
Male	4	30.8	12,743.82	19,556.43	32,300.25	36.8
Totals:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Walking surface, inside, wet	1	7.7	24,310.97	14,739.03	39,050.00	44.5
Cart	1	7.7	12,512.39	19,556.43	32,068.82	36.6
Person	1	7.7	62.63	12,506.19	12,568.82	14.3
Floor	1	7.7	0.00	1,250.00	1,250.00	1.4
Object on Floor	1	7.7	222.53	1,027.47	1,250.00	1.4
Walking surface, inside, dry	1	7.7	0.00	1,250.00	1,250.00	1.4
Chemicals, not otherwise classified	1	7.7	212.61	0.00	212.61	0.2
Wall	1	7.7	27.87	0.00	27.87	0.0
Chair	1	7.7	18.82	0.00	18.82	0.0
Boxes / containers	1	7.7	0.00	0.00	0.00	0.0
Metal items	1	7.7	0.00	0.00	0.00	0.0
Stairs	1	7.7	0.00	0.00	0.00	0.0
Stairs, steps	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spills	1	7.7	24,310.97	14,739.03	39,050.00	44.5
Struck/Injured By Object Being Lifted or	1	7.7	12,512.39	19,556.43	32,068.82	36.6
Struck/Injured By Fellow Worker, Patient	1	7.7	62.63	12,506.19	12,568.82	14.3
Fall, Slip or Trip, NOC	3	23.1	222.53	2,277.47	2,500.00	2.9
Fall On the Same Level	2	15.4	27.87	1,250.00	1,277.87	1.5
Contact With Not Otherwise Classified	1	7.7	212.61	0.00	212.61	0.2
Strain or Injury By, NOC	1	7.7	18.82	0.00	18.82	0.0
Cut, Punctured, Scraped, NOC	1	7.7	0.00	0.00	0.00	0.0
Lifting	1	7.7	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	7.7	24,310.97	14,739.03	39,050.00	44.5
Trunk Lumbar and/or Sacral Vertebrae	1	7.7	12,512.39	19,556.43	32,068.82	36.6
Upper Extremities Shoulder(s)	2	15.4	62.63	13,756.19	13,818.82	15.8
Lower Extremities Knee	1	7.7	222.53	1,027.47	1,250.00	1.4
Upper Extremities Hand	1	7.7	0.00	1,250.00	1,250.00	1.4
Upper Extremities Upper Arm (Incl. Clav	1	7.7	212.61	0.00	212.61	0.2
Head Facial Bones	1	7.7	27.87	0.00	27.87	0.0
Trunk Low Back Area (Incl. Lumbar & Li	2	15.4	18.82	0.00	18.82	0.0
Head Multiple Head Injury	1	7.7	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	7.7	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Contusion (Bruise, Skin Surface)	3	23.1	36,851.23	34,295.46	71,146.69	81.1
Fracture	1	7.7	62.63	12,506.19	12,568.82	14.3
Multiple Physical Injury Only	2	15.4	222.53	2,277.47	2,500.00	2.9
No Physical Injury	1	7.7	0.00	1,250.00	1,250.00	1.4
Burn	1	7.7	212.61	0.00	212.61	0.2
Sprain	3	23.1	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	7.7	0.00	0.00	0.00	0.0
Strain	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$37,367.82**	**$50,329.12**	**$87,696.94**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
911000 - VDOT Bristol District Wide						
TYPE OF CLAIM						
Indemnity	8	17.4	70,270.82	235,937.44	306,208.26	83.6
Medical Only	20	43.5	46,755.39	13,446.64	60,202.03	16.4
Reporting Purposes Only	18	39.1	0.00	0.00	0.00	0.0
Totals:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
TIME OF INJURY						
2PM - 3:59PM	12	26.1	33,436.03	132,495.42	165,931.45	45.3
12PM - 1:59PM	5	10.9	19,813.14	74,042.50	93,855.64	25.6
10AM - 11:59AM	10	21.7	42,887.64	22,727.34	65,614.98	17.9
8AM - 9:59AM	13	28.3	20,870.58	13,100.00	33,970.58	9.3
4AM - 5:59AM	1	2.2	0.00	5,768.82	5,768.82	1.6
6AM - 7:59AM	2	4.3	0.00	1,250.00	1,250.00	0.3
2AM - 3:59AM	1	2.2	18.82	0.00	18.82	0.0
4PM - 5:59PM	1	2.2	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	2.2	0.00	0.00	0.00	0.0
Totals:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
LENGTH OF SERVICE						
10 - 12	3	6.5	10,991.68	131,289.84	142,281.52	38.8
0 - 2	10	21.7	34,140.52	32,658.63	66,799.15	18.2
34 - 36	2	4.3	5,445.74	35,203.66	40,649.40	11.1
36 - 38	2	4.3	38,218.68	0.00	38,218.68	10.4
6 - 8	4	8.7	1,374.48	36,373.92	37,748.40	10.3
26 - 28	2	4.3	18,328.79	1,205.58	19,534.37	5.3
12 - 14	2	4.3	899.35	10,269.47	11,168.82	3.0
8 - 10	7	15.2	7,458.78	0.00	7,458.78	2.0
30 - 32	4	8.7	117.02	2,382.98	2,500.00	0.7
4 - 6	4	8.7	40.30	0.00	40.30	0.0
18 - 20	2	4.3	10.87	0.00	10.87	0.0
2 - 4	2	4.3	0.00	0.00	0.00	0.0
16 - 18	1	2.2	0.00	0.00	0.00	0.0
22 - 24	1	2.2	0.00	0.00	0.00	0.0
Totals:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
Age of Claimant						
30 - 34	2	4.3	10,991.68	131,289.84	142,281.52	38.8
60 - 64	5	10.9	46,620.27	35,203.66	81,823.93	22.3
55 - 59	6	13.0	14,367.40	38,838.84	53,206.24	14.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	4	8.7	8,615.01	30,605.10	39,220.11	10.7
65 - 69	4	8.7	18,445.81	3,588.56	22,034.37	6.0
35 - 39	5	10.9	8,692.70	5,768.82	14,461.52	3.9
20 - 24	1	2.2	679.56	4,089.26	4,768.82	1.3
50 - 54	7	15.2	4,343.38	0.00	4,343.38	1.2
25 - 29	6	13.0	4,251.58	0.00	4,251.58	1.2
45 - 49	6	13.0	18.82	0.00	18.82	0.0
Totals:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
SEX OF CLAIMANT						
Male	44	95.7	112,693.70	249,384.08	362,077.78	98.8
Female	2	4.3	4,332.51	0.00	4,332.51	1.2
Totals:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
LOSS CAUSE						
Foreign Object	1	2.2	10,845.70	131,289.84	142,135.54	38.8
Vehicle/car/truck	7	15.2	64,166.25	6,974.40	71,140.65	19.4
Mechanic Trucks	1	2.2	13,468.05	28,569.37	42,037.42	11.5
Stairs, steps	3	6.5	5,445.74	35,203.66	40,649.40	11.1
Pipe	1	2.2	1,355.66	17,505.10	18,860.76	5.1
Walking surface, outside, dry	2	4.3	18.82	13,100.00	13,118.82	3.6
Tractor	1	2.2	899.35	10,269.47	11,168.82	3.0
Animal, not otherwise classified	1	2.2	6,051.26	0.00	6,051.26	1.7
Ladder - Portable	1	2.2	679.56	4,089.26	4,768.82	1.3
Floor	2	4.3	4,332.51	0.00	4,332.51	1.2
Person	1	2.2	3,851.85	0.00	3,851.85	1.1
Walking surface, outside, wet	5	10.9	2,955.85	0.00	2,955.85	0.8
Pressure vessels	1	2.2	2,471.02	0.00	2,471.02	0.7
Hoist / crane	1	2.2	117.02	1,132.98	1,250.00	0.3
Power tool (not hand)	1	2.2	0.00	1,250.00	1,250.00	0.3
Knife, Utility	1	2.2	170.42	0.00	170.42	0.0
Poisonous agent / plant	1	2.2	145.98	0.00	145.98	0.0
Metal items	2	4.3	21.48	0.00	21.48	0.0
N/A	3	6.5	18.82	0.00	18.82	0.0
Hand Truck (2w)	1	2.2	10.87	0.00	10.87	0.0
Blade	2	4.3	0.00	0.00	0.00	0.0
Brush / tree / log	1	2.2	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	2.2	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.2	0.00	0.00	0.00	0.0
Hose / hydair H2O	1	2.2	0.00	0.00	0.00	0.0
Miscellaneous	1	2.2	0.00	0.00	0.00	0.0
Mowers	1	2.2	0.00	0.00	0.00	0.0
Trash receptacle	1	2.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	2	4.3	10,845.70	131,289.84	142,135.54	38.8
Strike Against/Step On Stationary Objec	4	8.7	13,468.05	28,569.37	42,037.42	11.5
Fall, Slip or Trip, NOC	1	2.2	5,445.74	35,203.66	40,649.40	11.1
Slipped, Did Not Fall	1	2.2	38,218.68	0.00	38,218.68	10.4
Pushing or Pulling	3	6.5	2,035.22	21,594.36	23,629.58	6.4
Collision with Another Vehicle	2	4.3	15,844.42	6,974.40	22,818.82	6.2
Strain or Injury By, NOC	3	6.5	18.82	13,100.00	13,118.82	3.6
Lifting	1	2.2	899.35	10,269.47	11,168.82	3.0
Fall/Slip From a Different Level	4	8.7	7,240.53	0.00	7,240.53	2.0
Struck/Injured By Animal or Insect	1	2.2	6,051.26	0.00	6,051.26	1.7
Fall On the Same Level	3	6.5	4,332.51	0.00	4,332.51	1.2
Struck/Injured By Object Being Lifted or	2	4.3	3,873.33	0.00	3,873.33	1.1
Fall/Slip on Ice or Snow	3	6.5	2,955.85	0.00	2,955.85	0.8
Hand Tool, Utensil; Not Powered	4	8.7	2,641.44	0.00	2,641.44	0.7
Collision with a Fixed Object	1	2.2	2,484.37	0.00	2,484.37	0.7
Repetitive Motion (after 7/1/94)	1	2.2	0.00	1,250.00	1,250.00	0.3
Struck/Injured By Moving Parts of Machi	1	2.2	117.02	1,132.98	1,250.00	0.3
Motor Vehicle, NOC	1	2.2	378.25	0.00	378.25	0.1
Other Injury NEC	2	4.3	164.80	0.00	164.80	0.0
Object Being Lifted or Handled	3	6.5	10.87	0.00	10.87	0.0
Caught In/Between-Machine or Machine	1	2.2	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	2.2	0.00	0.00	0.00	0.0
Twisting	1	2.2	0.00	0.00	0.00	0.0
Sum:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
BODY PART						
Upper Extremities Shoulder(s)	5	10.9	55,189.68	170,582.76	225,772.44	61.6
Lower Extremities Knee	3	6.5	13,468.05	28,569.37	42,037.42	11.5
Trunk Low Back Area (Incl. Lumbar & L	5	10.9	1,752.73	30,605.10	32,357.83	8.8
Head Brain	1	2.2	15,844.42	1,205.58	17,050.00	4.7
Trunk Abdomen Including Groin	2	4.3	899.35	10,269.47	11,168.82	3.0
Head Other facial soft tissue	3	6.5	8,205.84	0.00	8,205.84	2.2
Multiple Body Parts Multiple Body Parts	3	6.5	7,386.51	0.00	7,386.51	2.0
Upper Extremities Hand	4	8.7	6,051.26	1,250.00	7,301.26	2.0
Multiple Body Parts No Physical Injury	1	2.2	0.00	5,768.82	5,768.82	1.6
Head Multiple Head Injury	1	2.2	2,955.85	0.00	2,955.85	0.8
Multiple Body Parts Body Systems & Mu	2	4.3	2,484.37	0.00	2,484.37	0.7
Upper Extremities Thumb	1	2.2	2,471.02	0.00	2,471.02	0.7
Upper Extremities Lower Arm	2	4.3	287.44	1,132.98	1,420.42	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.2	18.82	0.00	18.82	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	5	10.9	10.87	0.00	10.87	0.0
Lower Extremities Hip	1	2.2	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	3	6.5	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	2.2	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	2.2	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	2.2	0.00	0.00	0.00	0.0
Sum:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	
INJURY						
Sprain	3	6.5	24,313.75	159,859.21	184,172.96	50.3
Strain	13	28.3	43,154.16	34,694.36	77,848.52	21.2
No Physical Injury	3	6.5	5,445.74	40,972.48	46,418.22	12.7
Concussion (Brain, Cerebral)	1	2.2	15,844.42	1,205.58	17,050.00	4.7
Hernia (Rupture)	1	2.2	899.35	10,269.47	11,168.82	3.0
Laceration	10	21.7	7,123.32	1,132.98	8,256.30	2.3
Multiple Physical Injury Only	2	4.3	7,240.53	0.00	7,240.53	2.0
Puncture	2	4.3	6,051.26	0.00	6,051.26	1.7
All Other (Specific) Injuries, NOC	4	8.7	2,955.85	1,250.00	4,205.85	1.1
Contusion (Bruise, Skin Surface)	3	6.5	3,851.85	0.00	3,851.85	1.1
Dermatitis	1	2.2	145.98	0.00	145.98	0.0
Crushing	1	2.2	0.00	0.00	0.00	0.0
Inflammation	1	2.2	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	2.2	0.00	0.00	0.00	0.0
Sum:	**46**		**$117,026.21**	**$249,384.08**	**$366,410.29**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
912000 - VDOT Salem District Wide						
TYPE OF CLAIM						
Indemnity	10	15.4	29,673.23	260,878.23	290,551.46	94.7
Medical Only	27	41.5	8,749.31	7,643.97	16,393.28	5.3
Reporting Purposes Only	28	43.1	0.00	0.00	0.00	0.0
Totals:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
TIME OF INJURY						
4PM - 5:59PM	4	6.2	3,321.54	98,720.56	102,042.10	33.2
12PM - 1:59PM	18	27.7	17,228.66	62,409.93	79,638.59	25.9
10AM - 11:59AM	19	29.2	3,739.72	68,093.97	71,833.69	23.4
8AM - 9:59AM	11	16.9	5,390.67	19,497.74	24,888.41	8.1
6AM - 7:59AM	3	4.6	7,421.17	12,600.00	20,021.17	6.5
2PM - 3:59PM	8	12.3	1,144.70	7,200.00	8,344.70	2.7
8PM - 9:59PM	1	1.5	176.08	0.00	176.08	0.1
6PM - 7:59PM	1	1.5	0.00	0.00	0.00	0.0
Totals:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
LENGTH OF SERVICE						
0 - 2	23	35.4	18,755.62	117,309.93	136,065.55	44.3
38 - 40	1	1.5	18.82	98,720.56	98,739.38	32.2
12 - 14	4	6.2	7,421.17	31,600.00	39,021.17	12.7
4 - 6	8	12.3	3,347.00	19,497.74	22,844.74	7.4
2 - 4	12	18.5	3,859.94	1,393.97	5,253.91	1.7
20 - 22	3	4.6	2,465.46	0.00	2,465.46	0.8
6 - 8	5	7.7	1,022.55	0.00	1,022.55	0.3
46 - 48	1	1.5	837.26	0.00	837.26	0.3
10 - 12	2	3.1	411.86	0.00	411.86	0.1
14 - 16	1	1.5	282.86	0.00	282.86	0.1
8 - 10	2	3.1	0.00	0.00	0.00	0.0
18 - 20	1	1.5	0.00	0.00	0.00	0.0
22 - 24	1	1.5	0.00	0.00	0.00	0.0
34 - 36	1	1.5	0.00	0.00	0.00	0.0
Totals:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
Age of Claimant						
50 - 54	13	20.0	4,769.01	95,943.97	100,712.98	32.8
60 - 64	7	10.8	52.14	98,720.56	98,772.70	32.2
20 - 24	6	9.2	16,167.05	30,809.93	46,976.98	15.3
40 - 44	7	10.8	7,439.99	19,800.00	27,239.99	8.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	6	9.2	3,919.08	18,247.74	22,166.82	7.2
45 - 49	7	10.8	2,421.20	2,500.00	4,921.20	1.6
55 - 59	5	7.7	2,465.46	0.00	2,465.46	0.8
30 - 34	6	9.2	243.73	1,250.00	1,493.73	0.5
15 - 19	3	4.6	0.00	1,250.00	1,250.00	0.4
65 - 69	1	1.5	837.26	0.00	837.26	0.3
25 - 29	4	6.2	107.62	0.00	107.62	0.0
Totals:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
SEX OF CLAIMANT						
Male	61	93.8	38,394.06	268,522.20	306,916.26	100.0
Female	4	6.2	28.48	0.00	28.48	0.0
Totals:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
LOSS CAUSE						
Vehicle/car/truck	9	13.8	5,004.69	113,964.53	118,969.22	38.8
Stairs, steps	3	4.6	18.82	62,950.00	62,968.82	20.5
Brush / tree / log	3	4.6	16,783.18	32,059.93	48,843.11	15.9
Walking surface, inside, dry	1	1.5	18.82	30,350.00	30,368.82	9.9
Welding equipment	1	1.5	3,137.60	18,247.74	21,385.34	7.0
Chainsaw	1	1.5	7,402.35	0.00	7,402.35	2.4
Animal / tick, spider, etc.	3	4.6	38.82	7,200.00	7,238.82	2.4
Roll cart	1	1.5	2,465.46	0.00	2,465.46	0.8
Outside Surface	2	3.1	176.08	1,250.00	1,426.08	0.5
Crow Bar	1	1.5	0.00	1,250.00	1,250.00	0.4
Metal items	7	10.8	0.00	1,250.00	1,250.00	0.4
Environmental conditions	2	3.1	837.26	0.00	837.26	0.3
Roller	1	1.5	635.64	0.00	635.64	0.2
Uneven Surface	1	1.5	605.71	0.00	605.71	0.2
Poisonous agent / plant	2	3.1	470.14	0.00	470.14	0.2
Walking surface, outside, wet	3	4.6	411.86	0.00	411.86	0.1
Wood Items	1	1.5	243.73	0.00	243.73	0.1
Cone	1	1.5	87.62	0.00	87.62	0.0
Vehicle, not otherwise classified	2	3.1	33.32	0.00	33.32	0.0
Walking surface, outside, dry	3	4.6	28.48	0.00	28.48	0.0
Jack	1	1.5	22.96	0.00	22.96	0.0
Animal / bee type	2	3.1	0.00	0.00	0.00	0.0
Ceiling	1	1.5	0.00	0.00	0.00	0.0
Door	1	1.5	0.00	0.00	0.00	0.0
Floor	1	1.5	0.00	0.00	0.00	0.0
Foreign Object	1	1.5	0.00	0.00	0.00	0.0
Grinder	1	1.5	0.00	0.00	0.00	0.0
Hammer	1	1.5	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, not powered, NOC	1	1.5	0.00	0.00	0.00	0.0
Hose / hydair H2O	1	1.5	0.00	0.00	0.00	0.0
Minerals / dirt	1	1.5	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.5	0.00	0.00	0.00	0.0
Tire	1	1.5	0.00	0.00	0.00	0.0
Tire tool/bar	1	1.5	0.00	0.00	0.00	0.0
Tractor trailer equipment	1	1.5	0.00	0.00	0.00	0.0
Water	1	1.5	0.00	0.00	0.00	0.0
Totals:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
ACCIDENT TYPE						
Other Injury NEC	1	1.5	18.82	98,720.56	98,739.38	32.2
Strike Against/Step On Stationary Objec	3	4.6	52.14	62,950.00	63,002.14	20.5
Lifting	7	10.8	18,433.47	32,059.93	50,493.40	16.5
Fall, Slip or Trip, NOC	3	4.6	18.82	31,600.00	31,618.82	10.3
Strain By Using Tool or Machine	2	3.1	3,137.60	18,247.74	21,385.34	7.0
Collision with Another Vehicle	3	4.6	2,693.67	15,243.97	17,937.64	5.8
Powered Hand Tool; Appliance	2	3.1	7,402.35	0.00	7,402.35	2.4
Struck/Injured By Animal or Insect	5	7.7	38.82	7,200.00	7,238.82	2.4
Hand Tool, Utensil; Not Powered	2	3.1	2,009.34	1,250.00	3,259.34	1.1
Struck/Injured By Falling or Flying Objec	2	3.1	243.73	1,250.00	1,493.73	0.5
Fall/Slip From a Different Level	4	6.2	843.65	0.00	843.65	0.3
Strike Against/Step On Obj Being Lifted	2	3.1	837.26	0.00	837.26	0.3
Twisting	2	3.1	781.79	0.00	781.79	0.3
Vehicle Upset	1	1.5	635.64	0.00	635.64	0.2
Fall/Slip on Ice or Snow	3	4.6	411.86	0.00	411.86	0.1
Collision with a Fixed Object	1	1.5	282.86	0.00	282.86	0.1
Cut, Punctured, Scraped, NOC	3	4.6	282.76	0.00	282.76	0.1
Rubbed or Abraded, NOC	1	1.5	187.38	0.00	187.38	0.1
Holding or Carrying	1	1.5	87.62	0.00	87.62	0.0
Pushing or Pulling	1	1.5	22.96	0.00	22.96	0.0
Absorption, Ingestion or Inhalation NOC	1	1.5	0.00	0.00	0.00	0.0
Fall On the Same Level	2	3.1	0.00	0.00	0.00	0.0
Fall/Slip From Ladder or Scaffolding	1	1.5	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	1.5	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	1.5	0.00	0.00	0.00	0.0
Foreign Body in Eye	3	4.6	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	1.5	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	2	3.1	0.00	0.00	0.00	0.0
Struck/Injured By Hand Tool or Machine	2	3.1	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	2	3.1	0.00	0.00	0.00	0.0
Sum:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Trunk Heart	2	3.1	106.44	98,720.56	98,827.00	32.2
Trunk Low Back Area (Incl. Lumbar & Li	12	18.5	19,803.03	57,507.67	77,310.70	25.2
Lower Extremities Knee	6	9.2	47.30	64,200.00	64,247.30	20.9
Upper Extremities Shoulder(s)	3	4.6	833.99	30,350.00	31,183.99	10.2
Head Brain	1	1.5	18.82	12,600.00	12,618.82	4.1
Lower Extremities Foot	1	1.5	7,402.35	0.00	7,402.35	2.4
Trunk Upper Back Area (Thoracic Area)	3	4.6	2,850.93	1,393.97	4,244.90	1.4
Upper Extremities Upper Arm (Incl. Clav	1	1.5	2,465.46	0.00	2,465.46	0.8
Upper Extremities Hand	6	9.2	2,421.20	0.00	2,421.20	0.8
Multiple Body Parts Multiple Body Parts	4	6.2	187.38	1,250.00	1,437.38	0.5
Head Other facial soft tissue	2	3.1	0.00	1,250.00	1,250.00	0.4
Head Skull	1	1.5	0.00	1,250.00	1,250.00	0.4
Head Eye(s)	4	6.2	837.26	0.00	837.26	0.3
Lower Extremities Ankle	1	1.5	605.71	0.00	605.71	0.2
Lower Extremities Upper Leg	1	1.5	282.86	0.00	282.86	0.1
Upper Extremities Lower Arm	4	6.2	282.76	0.00	282.76	0.1
Lower Extremities Lower Leg	3	4.6	243.73	0.00	243.73	0.1
Upper Extremities Thumb	1	1.5	33.32	0.00	33.32	0.0
Lower Extremities Hip	1	1.5	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	1.5	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	1.5	0.00	0.00	0.00	0.0
Trunk Sacrum and Coccyx	1	1.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	4	6.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.5	0.00	0.00	0.00	0.0
Sum:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	
INJURY						
Strain	17	26.2	22,443.39	144,857.67	167,301.06	54.5
Angina Pectoris (Condition assc w/Heart	1	1.5	18.82	98,720.56	98,739.38	32.2
Concussion (Brain, Cerebral)	1	1.5	18.82	12,600.00	12,618.82	4.1
Laceration	9	13.8	9,445.01	1,250.00	10,695.01	3.5
Puncture	3	4.6	18.82	7,200.00	7,218.82	2.4
No Physical Injury	6	9.2	2,862.23	2,643.97	5,506.20	1.8
Sprain	7	10.8	1,420.88	0.00	1,420.88	0.5
Contusion (Bruise, Skin Surface)	5	7.7	1,363.85	0.00	1,363.85	0.4
Multiple Physical Injury Only	2	3.1	28.48	1,250.00	1,278.48	0.4
Fracture	1	1.5	411.86	0.00	411.86	0.1
Inflammation	3	4.6	282.76	0.00	282.76	0.1
Myocardial Infarction (Heart Attack)	1	1.5	87.62	0.00	87.62	0.0
All Other Occupational Disease	1	1.5	20.00	0.00	20.00	0.0
All Other Cumulative Injury	1	1.5	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other (Specific) Injuries, NOC	3	4.6	0.00	0.00	0.00	0.0
Crushing	2	3.1	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	1.5	0.00	0.00	0.00	0.0
Infection	1	1.5	0.00	0.00	0.00	0.0
Sum:	**65**		**$38,422.54**	**$268,522.20**	**$306,944.74**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
913000 - VDOT Lynchburg District Wide						
TYPE OF CLAIM						
Indemnity	4	14.3	28,712.71	60,327.65	89,040.36	83.4
Medical Only	13	46.4	13,390.58	4,332.98	17,723.56	16.6
Reporting Purposes Only	11	39.3	0.00	0.00	0.00	0.0
Totals:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
TIME OF INJURY						
8AM - 9:59AM	5	17.9	16,957.96	45,924.23	62,882.19	58.9
10AM - 11:59AM	8	28.6	11,865.95	14,403.42	26,269.37	24.6
12PM - 1:59PM	6	21.4	7,740.05	1,828.00	9,568.05	9.0
2PM - 3:59PM	4	14.3	4,088.55	1,254.98	5,343.53	5.0
6AM - 7:59AM	2	7.1	1,450.78	0.00	1,450.78	1.4
10PM - 11:59PM	1	3.6	0.00	1,250.00	1,250.00	1.2
4AM - 5:59AM	2	7.1	0.00	0.00	0.00	0.0
Totals:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
LENGTH OF SERVICE						
12 - 14	4	14.3	18,326.41	45,924.23	64,250.64	60.2
0 - 2	6	21.4	13,709.70	14,403.42	28,113.12	26.3
2 - 4	5	17.9	8,809.40	3,082.98	11,892.38	11.1
18 - 20	1	3.6	0.00	1,250.00	1,250.00	1.2
4 - 6	6	21.4	691.06	0.00	691.06	0.6
20 - 22	1	3.6	518.98	0.00	518.98	0.5
6 - 8	1	3.6	47.74	0.00	47.74	0.0
10 - 12	1	3.6	0.00	0.00	0.00	0.0
14 - 16	1	3.6	0.00	0.00	0.00	0.0
34 - 36	1	3.6	0.00	0.00	0.00	0.0
28 - 30	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
Age of Claimant						
50 - 54	4	14.3	18,615.75	45,924.23	64,539.98	60.5
30 - 34	7	25.0	12,392.81	14,403.42	26,796.23	25.1
55 - 59	3	10.7	6,740.82	1,828.00	8,568.82	8.0
45 - 49	3	10.7	1,450.78	1,250.00	2,700.78	2.5
60 - 64	4	14.3	913.84	1,254.98	2,168.82	2.0
35 - 39	3	10.7	1,380.40	0.00	1,380.40	1.3
40 - 44	3	10.7	608.89	0.00	608.89	0.6
65 - 69	1	3.6	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
SEX OF CLAIMANT						
Male	27	96.4	42,103.29	64,660.63	106,763.92	100.0
Female	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
LOSS CAUSE						
Outside Surface	5	17.9	17,329.43	45,924.23	63,253.66	59.2
Chainsaw	2	7.1	10,828.15	15,653.42	26,481.57	24.8
Blade	2	7.1	7,212.11	1,828.00	9,040.11	8.5
Vehicle/car/truck	2	7.1	2,587.40	1,254.98	3,842.38	3.6
Pipe	1	3.6	1,501.15	0.00	1,501.15	1.4
Metal items	1	3.6	1,450.78	0.00	1,450.78	1.4
Stone / rock / brick	1	3.6	518.98	0.00	518.98	0.5
Brush / tree / log	2	7.1	518.82	0.00	518.82	0.5
Poisonous agent / plant	1	3.6	89.91	0.00	89.91	0.1
Walking surface, outside, wet	2	7.1	47.74	0.00	47.74	0.0
Walking surface, outside, dry	1	3.6	18.82	0.00	18.82	0.0
Cart	1	3.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	3.6	0.00	0.00	0.00	0.0
Minerals / dirt	1	3.6	0.00	0.00	0.00	0.0
N/A	1	3.6	0.00	0.00	0.00	0.0
Pike pole 10'	1	3.6	0.00	0.00	0.00	0.0
Pots/pans	1	3.6	0.00	0.00	0.00	0.0
Shovel	1	3.6	0.00	0.00	0.00	0.0
Stairs, steps	1	3.6	0.00	0.00	0.00	0.0
Totals:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	2	7.1	16,875.63	45,924.23	62,799.86	58.8
Strain By Using Tool or Machine	3	10.7	10,828.15	15,653.42	26,481.57	24.8
Lifting	2	7.1	6,222.00	1,828.00	8,050.00	7.5
Struck/Injured By Motor Vehicle	2	7.1	2,587.40	1,254.98	3,842.38	3.6
Pushing or Pulling	2	7.1	1,501.15	0.00	1,501.15	1.4
Fall, Slip or Trip, NOC	5	17.9	1,475.83	0.00	1,475.83	1.4
Holding or Carrying	2	7.1	1,450.78	0.00	1,450.78	1.4
Struck/Injured By Falling or Flying Objec	2	7.1	990.11	0.00	990.11	0.9
Other Injury NEC	2	7.1	89.91	0.00	89.91	0.1
Fall On the Same Level	2	7.1	82.33	0.00	82.33	0.1
Broken Glass	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 on Ice or Snow	1	3.6	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Twisting	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
BODY PART						
Upper Extremities Shoulder(s)	6	21.4	29,673.54	61,577.65	91,251.19	85.5
Trunk Low Back Area (Incl. Lumbar & Li	3	10.7	7,723.15	1,828.00	9,551.15	8.9
Lower Extremities Knee	5	17.9	913.84	1,254.98	2,168.82	2.0
Trunk Chest (Incl. Ribs, Sternum & Soft	2	7.1	1,673.56	0.00	1,673.56	1.6
Lower Extremities Foot	1	3.6	990.11	0.00	990.11	0.9
Lower Extremities Ankle	2	7.1	909.11	0.00	909.11	0.9
Upper Extremities Lower Arm	1	3.6	89.91	0.00	89.91	0.1
Upper Extremities Multiple Upper Extrer	1	3.6	63.51	0.00	63.51	0.1
Head Other facial soft tissue	1	3.6	47.74	0.00	47.74	0.0
Head Eye(s)	1	3.6	18.82	0.00	18.82	0.0
Multiple Body Parts Body Systems & Mu	1	3.6	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	3.6	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	10.7	0.00	0.00	0.00	0.0
Sum:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	
INJURY						
Rupture	1	3.6	16,875.63	45,924.23	62,799.86	58.8
Strain	5	17.9	12,342.44	15,653.42	27,995.86	26.2
Sprain	4	14.3	6,612.29	1,828.00	8,440.29	7.9
Crushing	2	7.1	2,663.67	0.00	2,663.67	2.5
Contusion (Bruise, Skin Surface)	2	7.1	913.84	1,254.98	2,168.82	2.0
All Other (Specific) Injuries, NOC	3	10.7	2,038.79	0.00	2,038.79	1.9
Dislocation	2	7.1	518.98	0.00	518.98	0.5
Dermatitis	1	3.6	89.91	0.00	89.91	0.1
Laceration	4	14.3	47.74	0.00	47.74	0.0
Inflammation	1	3.6	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	3.6	0.00	0.00	0.00	0.0
No Physical Injury	1	3.6	0.00	0.00	0.00	0.0
Syncope	1	3.6	0.00	0.00	0.00	0.0
Sum:	**28**		**$42,103.29**	**$64,660.63**	**$106,763.92**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
914000 - VDOT Richmond District Wide						
TYPE OF CLAIM						
Indemnity	4	7.4	121,333.20	249,423.25	370,756.45	89.3
Medical Only	29	53.7	40,364.17	4,253.67	44,617.84	10.7
Reporting Purposes Only	21	38.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
TIME OF INJURY						
8AM - 9:59AM	11	20.4	62,997.13	228,259.72	291,256.85	70.1
2PM - 3:59PM	3	5.6	85,916.63	0.00	85,916.63	20.7
10AM - 11:59AM	21	38.9	6,377.40	24,167.20	30,544.60	7.4
12PM - 1:59PM	15	27.8	5,381.68	1,250.00	6,631.68	1.6
6PM - 7:59PM	2	3.7	1,024.53	0.00	1,024.53	0.2
4AM - 5:59AM	1	1.9	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	1.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
LENGTH OF SERVICE						
0 - 2	19	35.2	58,215.99	226,703.39	284,919.38	68.6
34 - 36	1	1.9	85,176.92	0.00	85,176.92	20.5
24 - 26	1	1.9	18.82	22,917.20	22,936.02	5.5
2 - 4	9	16.7	7,551.27	2,806.33	10,357.60	2.5
8 - 10	5	9.3	5,944.80	0.00	5,944.80	1.4
6 - 8	4	7.4	2,887.21	0.00	2,887.21	0.7
4 - 6	6	11.1	1,240.23	1,250.00	2,490.23	0.6
12 - 14	2	3.7	439.60	0.00	439.60	0.1
10 - 12	3	5.6	222.53	0.00	222.53	0.1
20 - 22	1	1.9	0.00	0.00	0.00	0.0
30 - 32	1	1.9	0.00	0.00	0.00	0.0
26 - 28	1	1.9	0.00	0.00	0.00	0.0
44 - 46	1	1.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
Age of Claimant						
35 - 39	4	7.4	32,920.90	224,949.72	257,870.62	62.1
55 - 59	10	18.5	89,557.76	23,420.87	112,978.63	27.2
30 - 34	8	14.8	25,191.34	1,250.00	26,441.34	6.4
60 - 64	8	14.8	6,103.77	2,806.33	8,910.10	2.1
40 - 44	5	9.3	4,282.27	0.00	4,282.27	1.0
25 - 29	4	7.4	1,980.87	0.00	1,980.87	0.5

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 54	5	9.3	439.60	1,250.00	1,689.60	0.4
45 - 49	5	9.3	664.92	0.00	664.92	0.2
20 - 24	4	7.4	555.94	0.00	555.94	0.1
65 - 69	1	1.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
SEX OF CLAIMANT						
Male	53	98.1	160,957.66	253,676.92	414,634.58	99.8
Female	1	1.9	739.71	0.00	739.71	0.2
Totals:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
LOSS CAUSE						
Vehicle, not otherwise classified	1	1.9	32,920.90	224,949.72	257,870.62	62.1
Stairs, steps	3	5.6	85,195.74	22,917.20	108,112.94	26.0
Machine, not otherwise classified	2	3.7	22,992.70	0.00	22,992.70	5.5
Animal, not otherwise classified	1	1.9	3,216.56	1,556.33	4,772.89	1.1
Racks	1	1.9	3,615.69	0.00	3,615.69	0.9
Brush / tree / log	3	5.6	3,109.74	0.00	3,109.74	0.7
Outside Surface	3	5.6	0.00	2,500.00	2,500.00	0.6
Vehicle/car/truck	4	7.4	746.33	1,753.67	2,500.00	0.6
Shovel	2	3.7	2,329.11	0.00	2,329.11	0.6
Boxes / containers	1	1.9	1,413.33	0.00	1,413.33	0.3
Metal items	4	7.4	1,299.47	0.00	1,299.47	0.3
Hand tool, powered, NOC	1	1.9	1,024.53	0.00	1,024.53	0.2
Foreign Object	2	3.7	739.71	0.00	739.71	0.2
Ladder - Fixed	1	1.9	594.52	0.00	594.52	0.1
Pipe	1	1.9	567.54	0.00	567.54	0.1
Chainsaw	1	1.9	469.44	0.00	469.44	0.1
Razor blade	1	1.9	463.73	0.00	463.73	0.1
Wrench	1	1.9	442.39	0.00	442.39	0.1
Tractor	1	1.9	333.41	0.00	333.41	0.1
Glass bottle / sheet	1	1.9	222.53	0.00	222.53	0.1
Animal / bee type	1	1.9	0.00	0.00	0.00	0.0
Animal / tick, spider, etc.	1	1.9	0.00	0.00	0.00	0.0
Elevators, escalators	1	1.9	0.00	0.00	0.00	0.0
Ergonomic Conditions	1	1.9	0.00	0.00	0.00	0.0
Forklift	1	1.9	0.00	0.00	0.00	0.0
Gloves	1	1.9	0.00	0.00	0.00	0.0
Heating equipment	1	1.9	0.00	0.00	0.00	0.0
Mowers	1	1.9	0.00	0.00	0.00	0.0
Overhead Object	1	1.9	0.00	0.00	0.00	0.0
Power tool (not hand)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Stone / rock / brick	1	1.9	0.00	0.00	0.00	0.0
Tire	1	1.9	0.00	0.00	0.00	0.0
Trailer Landing Gear	2	3.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.9	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	3.7	0.00	0.00	0.00	0.0
Water	1	1.9	0.00	0.00	0.00	0.0
Totals:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	3	5.6	32,920.90	224,949.72	257,870.62	62.1
Fall, Slip or Trip, NOC	3	5.6	85,176.92	0.00	85,176.92	20.5
Strain or Injury By, NOC	6	11.1	352.93	25,417.20	25,770.13	6.2
Contact With Not Otherwise Classified	2	3.7	22,658.59	0.00	22,658.59	5.5
Struck/Injured By Animal or Insect	3	5.6	3,216.56	1,556.33	4,772.89	1.1
Object Being Lifted or Handled	3	5.6	4,183.23	0.00	4,183.23	1.0
Lifting	5	9.3	3,366.02	0.00	3,366.02	0.8
Twisting	2	3.7	2,887.21	0.00	2,887.21	0.7
Struck/Injured By Object Being Lifted or	3	5.6	1,599.58	0.00	1,599.58	0.4
Pushing or Pulling	1	1.9	1,413.33	0.00	1,413.33	0.3
Collision with Another Vehicle	1	1.9	746.33	503.67	1,250.00	0.3
Motor Vehicle, NOC	1	1.9	0.00	1,250.00	1,250.00	0.3
Powered Hand Tool; Appliance	1	1.9	1,024.53	0.00	1,024.53	0.2
Reaching	2	3.7	802.85	0.00	802.85	0.2
Cut, Punctured, Scraped, NOC	2	3.7	463.73	0.00	463.73	0.1
Holding or Carrying	2	3.7	439.60	0.00	439.60	0.1
Foreign Body in Eye	2	3.7	222.53	0.00	222.53	0.1
Other Injury NEC	2	3.7	222.53	0.00	222.53	0.1
Fall On the Same Level	1	1.9	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	1.9	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	2	3.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	1.9	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	3	5.6	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	2	3.7	0.00	0.00	0.00	0.0
Sum:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
BODY PART						
Lower Extremities Knee	5	9.3	32,939.72	247,866.92	280,806.64	67.6
Upper Extremities Shoulder(s)	2	3.7	85,616.52	0.00	85,616.52	20.6
Multiple Body Parts Multiple Body Parts	5	9.3	24,071.92	1,250.00	25,321.92	6.1
Upper Extremities Finger(s)	5	9.3	5,698.47	0.00	5,698.47	1.4
Head Other facial soft tissue	2	3.7	3,216.56	1,556.33	4,772.89	1.1
Lower Extremities Ankle	3	5.6	2,887.21	1,250.00	4,137.21	1.0
Upper Extremities Wrist	4	7.4	2,329.11	0.00	2,329.11	0.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Nose	2	3.7	1,427.41	0.00	1,427.41	0.3
Lower Extremities Hip	2	3.7	0.00	1,250.00	1,250.00	0.3
Upper Extremities Multiple Upper Extrer	1	1.9	746.33	503.67	1,250.00	0.3
Trunk Low Back Area (Incl. Lumbar & Li	7	13.0	1,136.96	0.00	1,136.96	0.3
Head Mouth	1	1.9	739.71	0.00	739.71	0.2
Lower Extremities Foot	1	1.9	442.39	0.00	442.39	0.1
Head Eye(s)	4	7.4	222.53	0.00	222.53	0.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	1.9	222.53	0.00	222.53	0.1
Head Skull	2	3.7	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	3.7	0.00	0.00	0.00	0.0
Neck Disc (Neck)	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
Upper Extremities Lower Arm	2	3.7	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	1.9	0.00	0.00	0.00	0.0
Sum:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	
INJURY						
Sprain	12	22.2	39,019.21	227,449.72	266,468.93	64.2
Contusion (Bruise, Skin Surface)	4	7.4	85,176.92	0.00	85,176.92	20.5
Strain	12	22.2	2,569.11	24,167.20	26,736.31	6.4
Burn	2	3.7	22,658.59	0.00	22,658.59	5.5
Laceration	9	16.7	8,458.04	1,556.33	10,014.37	2.4
Multiple Physical Injury Only	2	3.7	746.33	503.67	1,250.00	0.3
Puncture	2	3.7	1,024.53	0.00	1,024.53	0.2
Crushing	1	1.9	859.87	0.00	859.87	0.2
Fracture	1	1.9	739.71	0.00	739.71	0.2
All Other (Specific) Injuries, NOC	5	9.3	445.06	0.00	445.06	0.1
Infection	1	1.9	0.00	0.00	0.00	0.0
Inflammation	1	1.9	0.00	0.00	0.00	0.0
No Physical Injury	2	3.7	0.00	0.00	0.00	0.0
Sum:	**54**		**$161,697.37**	**$253,676.92**	**$415,374.29**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
915000 - VDOT HamptonRds District Wide						
TYPE OF CLAIM						
Indemnity	6	14.6	67,568.39	213,367.05	280,935.44	91.1
Medical Only	23	56.1	22,543.17	4,874.70	27,417.87	8.9
Reporting Purposes Only	12	29.3	0.00	0.00	0.00	0.0
Totals:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
TIME OF INJURY						
12PM - 1:59PM	5	12.2	69,640.87	175,623.23	245,264.10	79.5
8AM - 9:59AM	13	31.7	1,799.77	30,093.82	31,893.59	10.3
10AM - 11:59AM	10	24.4	9,332.95	10,150.00	19,482.95	6.3
12AM - 1:59AM	1	2.4	7,245.06	0.00	7,245.06	2.3
2PM - 3:59PM	4	9.8	1,292.93	1,124.70	2,417.63	0.8
6AM - 7:59AM	5	12.2	344.14	1,250.00	1,594.14	0.5
6PM - 7:59PM	2	4.9	455.84	0.00	455.84	0.1
4PM - 5:59PM	1	2.4	0.00	0.00	0.00	0.0
Totals:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
LENGTH OF SERVICE						
2 - 4	12	29.3	67,957.98	205,717.05	273,675.03	88.8
0 - 2	14	34.1	4,115.32	10,024.70	14,140.02	4.6
10 - 12	4	9.8	6,797.14	1,250.00	8,047.14	2.6
24 - 26	3	7.3	7,245.06	0.00	7,245.06	2.3
6 - 8	4	9.8	2,608.12	0.00	2,608.12	0.8
30 - 32	1	2.4	0.00	1,250.00	1,250.00	0.4
22 - 24	1	2.4	1,148.81	0.00	1,148.81	0.4
8 - 10	1	2.4	239.13	0.00	239.13	0.1
28 - 30	1	2.4	0.00	0.00	0.00	0.0
Totals:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
Age of Claimant						
50 - 54	6	14.6	73,231.26	175,623.23	248,854.49	80.7
45 - 49	6	14.6	257.95	30,093.82	30,351.77	9.8
40 - 44	4	9.8	2,509.67	8,774.70	11,284.37	3.7
55 - 59	8	19.5	8,616.55	1,250.00	9,866.55	3.2
30 - 34	5	12.2	2,870.45	0.00	2,870.45	0.9
35 - 39	4	9.8	920.94	1,250.00	2,170.94	0.7
20 - 24	4	9.8	1,667.10	0.00	1,667.10	0.5
60 - 64	3	7.3	18.82	1,250.00	1,268.82	0.4
65 - 69	1	2.4	18.82	0.00	18.82	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
SEX OF CLAIMANT						
Male	36	87.8	90,111.56	218,241.75	308,353.31	100.0
Female	5	12.2	0.00	0.00	0.00	0.0
Totals:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
LOSS CAUSE						
Floor	2	4.9	67,493.11	205,717.05	273,210.16	88.6
Outside Surface	2	4.9	4,450.41	7,650.00	12,100.41	3.9
Vehicle/car/truck	5	12.2	7,370.36	3,624.70	10,995.06	3.6
Wrench	1	2.4	2,365.55	0.00	2,365.55	0.8
Wood Items	1	2.4	1,345.50	0.00	1,345.50	0.4
Hand tool, not powered, NOC	1	2.4	0.00	1,250.00	1,250.00	0.4
Axe, pickheaded	1	2.4	1,241.49	0.00	1,241.49	0.4
Blade	1	2.4	1,211.26	0.00	1,211.26	0.4
N/A	5	12.2	1,167.63	0.00	1,167.63	0.4
Knife, NOC	1	2.4	1,020.20	0.00	1,020.20	0.3
Metal items	2	4.9	665.64	0.00	665.64	0.2
Assembly	1	2.4	455.84	0.00	455.84	0.1
Tractor trailer equipment	1	2.4	344.14	0.00	344.14	0.1
Stairs, steps	2	4.9	274.12	0.00	274.12	0.1
Animal / insect, not otherwise classifie	2	4.9	239.13	0.00	239.13	0.1
Wheel	1	2.4	160.61	0.00	160.61	0.1
Organic Material	1	2.4	136.62	0.00	136.62	0.0
Spool	1	2.4	130.00	0.00	130.00	0.0
Hose (indicator # carried)	1	2.4	21.13	0.00	21.13	0.0
Walking surface, outside, dry	2	4.9	18.82	0.00	18.82	0.0
Animal / bee type	1	2.4	0.00	0.00	0.00	0.0
Boxes / containers	1	2.4	0.00	0.00	0.00	0.0
Cart	1	2.4	0.00	0.00	0.00	0.0
Uneven Surface	1	2.4	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	2.4	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	4.9	0.00	0.00	0.00	0.0
Totals:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	2.4	67,493.11	175,623.23	243,116.34	78.8
Fall, Slip or Trip, NOC	2	4.9	18.82	37,743.82	37,762.64	12.2
Collision with a Fixed Object	2	4.9	7,245.06	1,250.00	8,495.06	2.8
Fall/Slip into Openings	2	4.9	4,431.59	0.00	4,431.59	1.4
Object Being Lifted or Handled	2	4.9	2,365.55	0.00	2,365.55	0.8
Lifting	4	9.8	1,989.95	0.00	1,989.95	0.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain By Using Tool or Machine	2	4.9	665.64	1,250.00	1,915.64	0.6
Strike Against/Step On Stationary Objec	2	4.9	1,345.50	0.00	1,345.50	0.4
Strain or Injury By, NOC	2	4.9	144.12	1,124.70	1,268.82	0.4
Struck/Injured By Hand Tool or Machine	1	2.4	0.00	1,250.00	1,250.00	0.4
Wielding or Throwing	1	2.4	1,241.49	0.00	1,241.49	0.4
Struck/Injured By Object Being Lifted or	1	2.4	1,211.26	0.00	1,211.26	0.4
Hand Tool, Utensil; Not Powered	1	2.4	1,020.20	0.00	1,020.20	0.3
Foreign Body in Eye	1	2.4	344.14	0.00	344.14	0.1
Struck/Injured By Animal or Insect	3	7.3	239.13	0.00	239.13	0.1
Strike Against Moving Parts of Machine	1	2.4	160.61	0.00	160.61	0.1
Rubbed or Abraded, NOC	1	2.4	136.62	0.00	136.62	0.0
Struck/Injured By Moving Parts of Machi	1	2.4	21.13	0.00	21.13	0.0
Holding or Carrying	1	2.4	18.82	0.00	18.82	0.0
Twisting	1	2.4	18.82	0.00	18.82	0.0
Cumulative (All Other)	1	2.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	2.4	0.00	0.00	0.00	0.0
Fall On the Same Level	4	9.8	0.00	0.00	0.00	0.0
Other Injury NEC	2	4.9	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	2.4	0.00	0.00	0.00	0.0
Sum:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
BODY PART						
Lower Extremities Knee	3	7.3	67,533.06	175,623.23	243,156.29	78.9
Multiple Body Parts Multiple Body Parts	3	7.3	4,431.59	30,093.82	34,525.41	11.2
Trunk Low Back Area (Incl. Lumbar & Li	8	19.5	3,245.56	10,024.70	13,270.26	4.3
Trunk Chest (Incl. Ribs, Sternum & Soft	3	7.3	7,263.88	0.00	7,263.88	2.4
Head Skull	1	2.4	2,365.55	0.00	2,365.55	0.8
Upper Extremities Hand	2	4.9	1,020.20	1,250.00	2,270.20	0.7
Lower Extremities Ankle	2	4.9	1,506.11	0.00	1,506.11	0.5
Upper Extremities Upper Arm (Incl. Clav	1	2.4	0.00	1,250.00	1,250.00	0.4
Lower Extremities Toe(s)	1	2.4	1,211.26	0.00	1,211.26	0.4
Upper Extremities Wrist(s) and Hand(s)	1	2.4	665.64	0.00	665.64	0.2
Head Eye(s)	2	4.9	480.76	0.00	480.76	0.2
Lower Extremities Hip	2	4.9	257.95	0.00	257.95	0.1
Trunk Abdomen Including Groin	1	2.4	130.00	0.00	130.00	0.0
Lower Extremities Foot	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
Multiple Body Parts Body Systems & Mu	1	2.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	4.9	0.00	0.00	0.00	0.0
Trunk Heart	2	4.9	0.00	0.00	0.00	0.0
Upper Extremities Elbow	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

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Thumb	1	2.4	0.00	0.00	0.00	0.0
Sum:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	
INJURY						
Sprain	7	17.1	70,064.28	184,397.93	254,462.21	82.5
Multiple Physical Injury Only	2	4.9	4,431.59	30,093.82	34,525.41	11.2
Contusion (Bruise, Skin Surface)	2	4.9	7,245.06	1,250.00	8,495.06	2.8
Strain	6	14.6	2,427.94	1,250.00	3,677.94	1.2
Laceration	6	14.6	3,406.88	0.00	3,406.88	1.1
Crushing	1	2.4	0.00	1,250.00	1,250.00	0.4
Fracture	1	2.4	1,211.26	0.00	1,211.26	0.4
Foreign Body (Eye)	2	4.9	480.76	0.00	480.76	0.2
All Other (Specific) Injuries, NOC	4	9.8	455.84	0.00	455.84	0.1
Infection	1	2.4	239.13	0.00	239.13	0.1
Burn	1	2.4	130.00	0.00	130.00	0.0
Myocardial Infarction (Heart Attack)	2	4.9	18.82	0.00	18.82	0.0
Inflammation	1	2.4	0.00	0.00	0.00	0.0
No Physical Injury	5	12.2	0.00	0.00	0.00	0.0
Sum:	**41**		**$90,111.56**	**$218,241.75**	**$308,353.31**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
916000 - VDOT Fredericksburg Dist. Wide						
TYPE OF CLAIM						
Indemnity	8	27.6	64,129.94	482,757.50	546,887.44	98.2
Medical Only	9	31.0	9,995.02	0.00	9,995.02	1.8
Reporting Purposes Only	12	41.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
TIME OF INJURY						
10PM - 11:59PM	1	3.4	4,061.89	215,550.81	219,612.70	39.4
4AM - 5:59AM	2	6.9	28,238.22	173,516.48	201,754.70	36.2
12PM - 1:59PM	7	24.1	15,758.81	55,221.65	70,980.46	12.7
2PM - 3:59PM	7	24.1	15,564.00	38,468.56	54,032.56	9.7
10AM - 11:59AM	8	27.6	9,768.91	0.00	9,768.91	1.8
8AM - 9:59AM	4	13.8	733.13	0.00	733.13	0.1
Totals:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
LENGTH OF SERVICE						
8 - 10	3	10.3	33,850.68	389,067.29	422,917.97	75.9
0 - 2	8	27.6	23,536.61	93,690.21	117,226.82	21.1
2 - 4	7	24.1	8,697.36	0.00	8,697.36	1.6
6 - 8	4	13.8	7,013.82	0.00	7,013.82	1.3
12 - 14	1	3.4	404.15	0.00	404.15	0.1
24 - 26	1	3.4	328.98	0.00	328.98	0.1
40 - 42	1	3.4	293.36	0.00	293.36	0.1
4 - 6	1	3.4	0.00	0.00	0.00	0.0
18 - 20	2	6.9	0.00	0.00	0.00	0.0
38 - 40	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
Age of Claimant						
45 - 49	1	3.4	4,061.89	215,550.81	219,612.70	39.4
50 - 54	2	6.9	28,238.22	173,516.48	201,754.70	36.2
40 - 44	5	17.2	21,789.44	38,468.56	60,258.00	10.8
25 - 29	2	6.9	1,747.17	55,221.65	56,968.82	10.2
55 - 59	8	27.6	15,213.05	0.00	15,213.05	2.7
60 - 64	3	10.3	2,248.08	0.00	2,248.08	0.4
20 - 24	3	10.3	808.29	0.00	808.29	0.1
35 - 39	3	10.3	18.82	0.00	18.82	0.0
30 - 34	2	6.9	0.00	0.00	0.00	0.0
Totals:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	

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Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	22	75.9	38,866.03	309,241.02	348,107.05	62.5
Female	7	24.1	35,258.93	173,516.48	208,775.41	37.5
Totals:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
LOSS CAUSE						
Brush / tree / log	5	17.2	41,739.75	389,067.29	430,807.04	77.4
Vehicle/car/truck	6	20.7	16,519.97	93,690.21	110,210.18	19.8
Water	1	3.4	7,016.64	0.00	7,016.64	1.3
Wood Items	1	3.4	6,691.73	0.00	6,691.73	1.2
Walking surface, outside, wet	4	13.8	714.60	0.00	714.60	0.1
Hose / hydair H2O	1	3.4	497.84	0.00	497.84	0.1
Furniture / fixtures	2	6.9	328.98	0.00	328.98	0.1
Animal / tick, spider, etc.	1	3.4	303.27	0.00	303.27	0.1
Jack	1	3.4	293.36	0.00	293.36	0.1
Metal items	2	6.9	18.82	0.00	18.82	0.0
4 way bar	1	3.4	0.00	0.00	0.00	0.0
Baggage/Luggage	1	3.4	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	3.4	0.00	0.00	0.00	0.0
Pipe	1	3.4	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	3	10.3	38,991.84	389,067.29	428,059.13	76.9
Collision with Another Vehicle	3	10.3	14,540.14	81,151.22	95,691.36	17.2
Struck/Injured By Motor Vehicle	2	6.9	1,979.83	12,538.99	14,518.82	2.6
Twisting	1	3.4	7,889.07	0.00	7,889.07	1.4
Fall, Slip or Trip, NOC	2	6.9	7,016.64	0.00	7,016.64	1.3
Foreign Body in Eye	1	3.4	1,550.57	0.00	1,550.57	0.3
Fall On the Same Level	5	17.2	826.82	0.00	826.82	0.1
Fall/Slip on Ice or Snow	3	10.3	714.60	0.00	714.60	0.1
Struck/Injured By Animal or Insect	1	3.4	303.27	0.00	303.27	0.1
Struck/Injured By Moving Parts of Machi	1	3.4	293.36	0.00	293.36	0.1
Cut, Punctured, Scraped, NOC	3	10.3	18.82	0.00	18.82	0.0
Bodily Reaction	1	3.4	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	3.4	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	2	6.9	11,078.53	215,550.81	226,629.34	40.7

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Lower Leg	1	3.4	28,238.22	173,516.48	201,754.70	36.2
Trunk Low Back Area (Incl. Lumbar & Li	4	13.8	10,134.08	55,221.65	65,355.73	11.7
Multiple Body Parts Multiple Body Parts	5	17.2	15,083.25	38,468.56	53,551.81	9.6
Head Skull	2	6.9	6,691.73	0.00	6,691.73	1.2
Head Eye(s)	1	3.4	1,550.57	0.00	1,550.57	0.3
Upper Extremities Shoulder(s)	3	10.3	404.15	0.00	404.15	0.1
Lower Extremities Knee	3	10.3	328.98	0.00	328.98	0.1
Trunk Abdomen Including Groin	1	3.4	303.27	0.00	303.27	0.1
Upper Extremities Finger(s)	1	3.4	293.36	0.00	293.36	0.1
Upper Extremities Thumb	2	6.9	18.82	0.00	18.82	0.0
Head Mouth	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.4	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	3.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	
INJURY						
Fracture	2	6.9	32,300.11	389,067.29	421,367.40	75.7
Sprain	6	20.7	2,573.99	55,221.65	57,795.64	10.4
Multiple Injury Inc. Physical & Psycholog	1	3.4	12,792.97	25,929.57	38,722.54	7.0
Strain	5	17.2	9,868.90	12,538.99	22,407.89	4.0
Contusion (Bruise, Skin Surface)	5	17.2	7,620.45	0.00	7,620.45	1.4
Concussion (Brain, Cerebral)	1	3.4	6,691.73	0.00	6,691.73	1.2
Laceration	5	17.2	1,569.39	0.00	1,569.39	0.3
All Other (Specific) Injuries, NOC	2	6.9	707.42	0.00	707.42	0.1
No Physical Injury	2	6.9	0.00	0.00	0.00	0.0
Sum:	**29**		**$74,124.96**	**$482,757.50**	**$556,882.46**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
917000 - VDOT Culpeper District Wide						
TYPE OF CLAIM						
Indemnity	7	21.9	144,732.01	311,305.53	456,037.54	94.5
Medical Only	11	34.4	25,412.25	1,351.88	26,764.13	5.5
Reporting Purposes Only	14	43.8	0.00	0.00	0.00	0.0
Totals:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
TIME OF INJURY						
10PM - 11:59PM	1	3.1	51,039.49	163,206.33	214,245.82	44.4
8AM - 9:59AM	10	31.3	95,002.32	84,247.88	179,250.20	37.1
10AM - 11:59AM	9	28.1	20,333.01	65,203.20	85,536.21	17.7
2PM - 3:59PM	4	12.5	3,243.52	0.00	3,243.52	0.7
6AM - 7:59AM	4	12.5	356.08	0.00	356.08	0.1
12PM - 1:59PM	2	6.3	151.02	0.00	151.02	0.0
12AM - 1:59AM	1	3.1	18.82	0.00	18.82	0.0
4PM - 5:59PM	1	3.1	0.00	0.00	0.00	0.0
Totals:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
LENGTH OF SERVICE						
30 - 32	2	6.3	51,039.49	163,206.33	214,245.82	44.4
8 - 10	4	12.5	5,428.08	82,896.00	88,324.08	18.3
2 - 4	4	12.5	19,945.34	55,353.20	75,298.54	15.6
6 - 8	4	12.5	70,454.07	0.00	70,454.07	14.6
4 - 6	3	9.4	17,588.33	10,384.55	27,972.88	5.8
24 - 26	1	3.1	3,243.52	0.00	3,243.52	0.7
0 - 2	9	28.1	2,025.89	817.33	2,843.22	0.6
14 - 16	1	3.1	268.52	0.00	268.52	0.1
12 - 14	1	3.1	151.02	0.00	151.02	0.0
20 - 22	1	3.1	0.00	0.00	0.00	0.0
32 - 34	1	3.1	0.00	0.00	0.00	0.0
34 - 36	1	3.1	0.00	0.00	0.00	0.0
Totals:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
Age of Claimant						
55 - 59	3	9.4	52,645.53	164,023.66	216,669.19	44.9
35 - 39	8	25.0	88,093.69	93,280.55	181,374.24	37.6
40 - 44	4	12.5	19,912.34	55,353.20	75,265.54	15.6
60 - 64	7	21.9	8,888.83	0.00	8,888.83	1.8
30 - 34	4	12.5	419.85	0.00	419.85	0.1
50 - 54	2	6.3	151.02	0.00	151.02	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	2	6.3	33.00	0.00	33.00	0.0
45 - 49	1	3.1	0.00	0.00	0.00	0.0
65 - 69	1	3.1	0.00	0.00	0.00	0.0
Totals:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
SEX OF CLAIMANT						
Male	31	96.9	170,144.26	312,657.41	482,801.67	100.0
Female	1	3.1	0.00	0.00	0.00	0.0
Totals:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
LOSS CAUSE						
Brush / tree / log	1	3.1	51,039.49	163,206.33	214,245.82	44.4
Vehicle/car/truck	8	25.0	89,662.09	1,351.88	91,013.97	18.9
Glass bottle / sheet	1	3.1	18.82	82,896.00	82,914.82	17.2
Excavations	1	3.1	19,912.34	55,353.20	75,265.54	15.6
Pipe	1	3.1	18.82	9,850.00	9,868.82	2.0
Walking surface, outside, wet	1	3.1	5,357.97	0.00	5,357.97	1.1
Hose (indicator # carried)	1	3.1	3,243.52	0.00	3,243.52	0.7
Door	1	3.1	356.08	0.00	356.08	0.1
Metal items	1	3.1	268.52	0.00	268.52	0.1
Shovel	1	3.1	151.02	0.00	151.02	0.0
Clothing / jewelry	1	3.1	63.77	0.00	63.77	0.0
Poisonous agent / plant	1	3.1	33.00	0.00	33.00	0.0
Organic Material	1	3.1	18.82	0.00	18.82	0.0
Animal / tick, spider, etc.	1	3.1	0.00	0.00	0.00	0.0
Bacteria	1	3.1	0.00	0.00	0.00	0.0
Gas / Fumes	1	3.1	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
N/A	1	3.1	0.00	0.00	0.00	0.0
Outside Surface	2	6.3	0.00	0.00	0.00	0.0
Stairs	1	3.1	0.00	0.00	0.00	0.0
Stairs, steps	1	3.1	0.00	0.00	0.00	0.0
Uneven Surface	1	3.1	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	3.1	0.00	0.00	0.00	0.0
Wood Items	1	3.1	0.00	0.00	0.00	0.0
Totals:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	3	9.4	51,395.57	163,206.33	214,601.90	44.4
Collision with Another Vehicle	4	12.5	89,357.01	1,351.88	90,708.89	18.8
Broken Glass	1	3.1	18.82	82,896.00	82,914.82	17.2
Fall/Slip into Openings	1	3.1	19,912.34	55,353.20	75,265.54	15.6
Lifting	3	9.4	3,413.36	9,850.00	13,263.36	2.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip on Ice or Snow	2	6.3	5,357.97	0.00	5,357.97	1.1
Pushing or Pulling	2	6.3	305.08	0.00	305.08	0.1
Object Being Lifted or Handled	1	3.1	268.52	0.00	268.52	0.1
Reaching	1	3.1	63.77	0.00	63.77	0.0
Absorption, Ingestion or Inhalation NOC	3	9.4	51.82	0.00	51.82	0.0
Cut, Punctured, Scraped, NOC	1	3.1	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.1	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	3.1	0.00	0.00	0.00	0.0
Holding or Carrying	1	3.1	0.00	0.00	0.00	0.0
Other Injury NEC	2	6.3	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	3.1	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	3.1	0.00	0.00	0.00	0.0
Twisting	1	3.1	0.00	0.00	0.00	0.0
Vehicle Upset	2	6.3	0.00	0.00	0.00	0.0
Sum:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	4	12.5	54,283.01	163,206.33	217,489.34	45.0
Upper Extremities Wrist(s) and Hand(s)	1	3.1	18.82	82,896.00	82,914.82	17.2
Multiple Body Parts Multiple Body Parts	5	15.6	77,432.26	817.33	78,249.59	16.2
Upper Extremities Elbow	2	6.3	19,912.34	55,353.20	75,265.54	15.6
Trunk Chest (Incl. Ribs, Sternum & Soft	1	3.1	17,264.43	534.55	17,798.98	3.7
Upper Extremities Hand	1	3.1	18.82	9,850.00	9,868.82	2.0
Upper Extremities Shoulder(s)	2	6.3	356.37	0.00	356.37	0.1
Lower Extremities Knee	2	6.3	356.08	0.00	356.08	0.1
Upper Extremities Finger(s)	1	3.1	268.52	0.00	268.52	0.1
Upper Extremities Lower Arm	1	3.1	151.02	0.00	151.02	0.0
Multiple Body Parts Body Systems & Mu	2	6.3	63.77	0.00	63.77	0.0
Head Eye(s)	1	3.1	18.82	0.00	18.82	0.0
Head Multiple Head Injury	1	3.1	0.00	0.00	0.00	0.0
Head Nose	1	3.1	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	3.1	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	3.1	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	6.3	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	3.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	3.1	0.00	0.00	0.00	0.0
Sum:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	
INJURY						
Multiple Physical Injury Only	3	9.4	52,645.53	164,023.66	216,669.19	44.9
Laceration	3	9.4	374.90	82,896.00	83,270.90	17.2
Contusion (Bruise, Skin Surface)	6	18.8	25,321.60	55,353.20	80,674.80	16.7

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	1	3.1	70,435.25	0.00	70,435.25	14.6
No Physical Injury	4	12.5	17,264.43	534.55	17,798.98	3.7
Sprain	2	6.3	18.82	9,850.00	9,868.82	2.0
Strain	6	18.8	3,699.62	0.00	3,699.62	0.8
Foreign Body (Eye)	1	3.1	268.52	0.00	268.52	0.1
All Other (Specific) Injuries, NOC	3	9.4	63.77	0.00	63.77	0.0
Dermatitis	2	6.3	51.82	0.00	51.82	0.0
Contagious Disease	1	3.1	0.00	0.00	0.00	0.0
Sum:	**32**		**$170,144.26**	**$312,657.41**	**$482,801.67**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
918000 - VDOT Staunton District Wide						
TYPE OF CLAIM						
Indemnity	3	8.8	51,028.69	92,517.06	143,545.75	92.4
Medical Only	14	41.2	7,171.11	4,654.96	11,826.07	7.6
Reporting Purposes Only	17	50.0	0.00	0.00	0.00	0.0
Totals:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
TIME OF INJURY						
12PM - 1:59PM	9	26.5	47,537.20	92,517.06	140,054.26	90.1
10AM - 11:59AM	8	23.5	7,917.04	0.00	7,917.04	5.1
2PM - 3:59PM	3	8.8	1,668.37	3,404.96	5,073.33	3.3
6AM - 7:59AM	6	17.6	151.85	1,250.00	1,401.85	0.9
8AM - 9:59AM	6	17.6	582.33	0.00	582.33	0.4
4PM - 5:59PM	1	2.9	317.64	0.00	317.64	0.2
8PM - 9:59PM	1	2.9	25.37	0.00	25.37	0.0
Totals:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
LENGTH OF SERVICE						
12 - 14	3	8.8	51,009.87	92,517.06	143,526.93	92.4
0 - 2	12	35.3	5,205.40	1,250.00	6,455.40	4.2
2 - 4	3	8.8	1,962.68	3,404.96	5,367.64	3.5
10 - 12	3	8.8	21.85	0.00	21.85	0.0
4 - 6	6	17.6	0.00	0.00	0.00	0.0
6 - 8	3	8.8	0.00	0.00	0.00	0.0
8 - 10	1	2.9	0.00	0.00	0.00	0.0
16 - 18	2	5.9	0.00	0.00	0.00	0.0
18 - 20	1	2.9	0.00	0.00	0.00	0.0
Totals:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
Age of Claimant						
50 - 54	8	23.5	51,539.96	95,922.02	147,461.98	94.9
40 - 44	3	8.8	4,158.61	0.00	4,158.61	2.7
15 - 19	1	2.9	1,662.95	0.00	1,662.95	1.1
25 - 29	2	5.9	0.00	1,250.00	1,250.00	0.8
35 - 39	5	14.7	667.61	0.00	667.61	0.4
30 - 34	3	8.8	130.00	0.00	130.00	0.1
70 - 74	1	2.9	21.85	0.00	21.85	0.0
45 - 49	5	14.7	18.82	0.00	18.82	0.0
55 - 59	6	17.6	0.00	0.00	0.00	0.0
Totals:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	30	88.2	55,872.76	97,172.02	153,044.78	98.5
Female	4	11.8	2,327.04	0.00	2,327.04	1.5
Totals:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
LOSS CAUSE						
Walking surface, outside, dry	4	11.8	46,913.78	92,517.06	139,430.84	89.7
Brush / tree / log	4	11.8	1,645.04	3,404.96	5,050.00	3.3
Floor	1	2.9	4,136.76	0.00	4,136.76	2.7
Hammer	1	2.9	2,098.51	0.00	2,098.51	1.4
Animal / tick, spider, etc.	3	8.8	447.64	1,250.00	1,697.64	1.1
Animal / bee type	5	14.7	1,662.95	0.00	1,662.95	1.1
Wrench	1	2.9	642.24	0.00	642.24	0.4
Broom	1	2.9	582.33	0.00	582.33	0.4
Hand tool, not powered, NOC	1	2.9	25.37	0.00	25.37	0.0
Racks	1	2.9	23.33	0.00	23.33	0.0
Chainsaw	1	2.9	21.85	0.00	21.85	0.0
Assembly	1	2.9	0.00	0.00	0.00	0.0
Blade	1	2.9	0.00	0.00	0.00	0.0
Outside Surface	1	2.9	0.00	0.00	0.00	0.0
Pipe	1	2.9	0.00	0.00	0.00	0.0
Stairs, steps	1	2.9	0.00	0.00	0.00	0.0
Tire	1	2.9	0.00	0.00	0.00	0.0
Tire tool/bar	1	2.9	0.00	0.00	0.00	0.0
Uneven Surface	1	2.9	0.00	0.00	0.00	0.0
Vehicle/car/truck	2	5.9	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.9	0.00	0.00	0.00	0.0
Totals:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	3	8.8	46,873.11	92,517.06	139,390.17	89.7
Lifting	4	11.8	1,645.04	3,404.96	5,050.00	3.3
Striking Against or Stepping On, NOC	1	2.9	4,136.76	0.00	4,136.76	2.7
Struck/Injured By Animal or Insect	8	23.5	2,110.59	1,250.00	3,360.59	2.2
Hand Tool, Utensil; Not Powered	1	2.9	2,098.51	0.00	2,098.51	1.4
Struck/Injured By Hand Tool or Machine	2	5.9	642.24	0.00	642.24	0.4
Twisting	2	5.9	582.33	0.00	582.33	0.4
Struck/Injured By Object Being Lifted or	2	5.9	45.18	0.00	45.18	0.0
Struck/Injured By Falling or Flying Objec	2	5.9	25.37	0.00	25.37	0.0
Fall On the Same Level	1	2.9	21.85	0.00	21.85	0.0
Strain or Injury By, NOC	1	2.9	18.82	0.00	18.82	0.0
Cut, Punctured, Scraped, NOC	1	2.9	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	1	2.9	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	2.9	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.9	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	2.9	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	2.9	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	1	2.9	0.00	0.00	0.00	0.0
Sum:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
BODY PART						
Upper Extremities Shoulder(s)	3	8.8	48,540.00	95,922.02	144,462.02	93.0
Lower Extremities Ankle	1	2.9	4,136.76	0.00	4,136.76	2.7
Upper Extremities Finger(s)	2	5.9	2,098.51	0.00	2,098.51	1.4
Multiple Body Parts Body Systems & Mu	2	5.9	1,662.95	0.00	1,662.95	1.1
Trunk Abdomen Including Groin	1	2.9	0.00	1,250.00	1,250.00	0.8
Trunk Low Back Area (Incl. Lumbar & Li	3	8.8	712.33	0.00	712.33	0.5
Multiple Body Parts Multiple Body Parts	3	8.8	642.24	0.00	642.24	0.4
Trunk Upper Back Area (Thoracic Area)	1	2.9	317.64	0.00	317.64	0.2
Lower Extremities Lower Leg	3	8.8	44.19	0.00	44.19	0.0
Upper Extremities Wrist	2	5.9	23.33	0.00	23.33	0.0
Lower Extremities Knee	4	11.8	21.85	0.00	21.85	0.0
Head Ear(s)	2	5.9	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.9	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	5.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	2.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	2	5.9	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	2.9	0.00	0.00	0.00	0.0
Sum:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	
INJURY						
Strain	11	32.4	49,141.15	95,922.02	145,063.17	93.4
Sprain	4	11.8	4,160.09	0.00	4,160.09	2.7
Laceration	5	14.7	2,120.36	0.00	2,120.36	1.4
Dermatitis	2	5.9	1,792.95	0.00	1,792.95	1.2
Infection	1	2.9	0.00	1,250.00	1,250.00	0.8
Contusion (Bruise, Skin Surface)	4	11.8	667.61	0.00	667.61	0.4
All Other (Specific) Injuries, NOC	1	2.9	317.64	0.00	317.64	0.2
Burn	1	2.9	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	2	5.9	0.00	0.00	0.00	0.0
Puncture	3	8.8	0.00	0.00	0.00	0.0
Sum:	**34**		**$58,199.80**	**$97,172.02**	**$155,371.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
501 - HIGHWAYS & TRANS, DEPT OF						
919000 - VDOT Northern VA Dist. Wide						
TYPE OF CLAIM						
Indemnity	6	13.3	44,435.47	274,960.89	319,396.36	89.8
Medical Only	20	44.4	17,913.39	18,505.95	36,419.34	10.2
Reporting Purposes Only	19	42.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
TIME OF INJURY						
12PM - 1:59PM	12	26.7	22,675.52	147,820.16	170,495.68	47.9
2PM - 3:59PM	9	20.0	23,886.85	133,892.00	157,778.85	44.3
10AM - 11:59AM	10	22.2	7,732.96	10,504.68	18,237.64	5.1
8AM - 9:59AM	8	17.8	6,892.50	1,250.00	8,142.50	2.3
4PM - 5:59PM	2	4.4	751.25	0.00	751.25	0.2
2AM - 3:59AM	1	2.2	387.41	0.00	387.41	0.1
6AM - 7:59AM	3	6.7	22.37	0.00	22.37	0.0
Totals:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
LENGTH OF SERVICE						
6 - 8	2	4.4	22,001.55	133,892.00	155,893.55	43.8
2 - 4	8	17.8	19,789.15	95,200.07	114,989.22	32.3
20 - 22	1	2.2	0.00	45,868.82	45,868.82	12.9
0 - 2	18	40.0	10,995.61	3,008.68	14,004.29	3.9
12 - 14	2	4.4	4,193.08	9,244.56	13,437.64	3.8
4 - 6	5	11.1	3,766.11	6,252.71	10,018.82	2.8
16 - 18	1	2.2	1,184.81	0.00	1,184.81	0.3
8 - 10	3	6.7	377.36	0.00	377.36	0.1
38 - 40	1	2.2	22.37	0.00	22.37	0.0
30 - 32	1	2.2	18.82	0.00	18.82	0.0
18 - 20	1	2.2	0.00	0.00	0.00	0.0
26 - 28	1	2.2	0.00	0.00	0.00	0.0
52 - 54	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
Age of Claimant						
55 - 59	4	8.9	21,646.48	133,892.00	155,538.48	43.7
30 - 34	6	13.3	23,932.62	100,202.78	124,135.40	34.9
60 - 64	8	17.8	1,347.90	49,612.11	50,960.01	14.3
65 - 69	2	4.4	2,867.55	6,751.27	9,618.82	2.7
25 - 29	3	6.7	5,688.87	0.00	5,688.87	1.6
40 - 44	5	11.1	2,641.32	1,758.68	4,400.00	1.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	3	6.7	2,259.19	1,250.00	3,509.19	1.0
50 - 54	5	11.1	1,577.52	0.00	1,577.52	0.4
45 - 49	7	15.6	387.41	0.00	387.41	0.1
35 - 39	1	2.2	0.00	0.00	0.00	0.0
70 - 74	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
SEX OF CLAIMANT						
Male	37	82.2	62,348.86	246,348.02	308,696.88	86.8
Female	8	17.8	0.00	47,118.82	47,118.82	13.2
Totals:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
LOSS CAUSE						
Chainsaw	1	2.2	21,627.66	133,892.00	155,519.66	43.7
Vehicle/car/truck	4	8.9	23,251.97	95,200.07	118,452.04	33.3
N/A	3	6.7	22.37	45,868.82	45,891.19	12.9
Walking surface, outside, dry	1	2.2	3,766.11	5,002.71	8,768.82	2.5
Outside Surface	1	2.2	2,867.55	5,501.27	8,368.82	2.4
Metal items	3	6.7	1,325.53	3,743.29	5,068.82	1.4
Stone / rock / brick	1	2.2	2,641.32	508.68	3,150.00	0.9
Wood Items	1	2.2	2,999.84	0.00	2,999.84	0.8
Trailer Flap	1	2.2	2,689.03	0.00	2,689.03	0.8
Excavations	1	2.2	0.00	1,250.00	1,250.00	0.4
Ladder - Portable	1	2.2	0.00	1,250.00	1,250.00	0.4
Mowers	1	2.2	0.00	1,250.00	1,250.00	0.4
Uneven Surface	1	2.2	387.41	0.00	387.41	0.1
Animal / bee type	2	4.4	377.36	0.00	377.36	0.1
Knife, Utility	1	2.2	373.89	0.00	373.89	0.1
Food	2	4.4	18.82	0.00	18.82	0.0
Animal / tick, spider, etc.	1	2.2	0.00	0.00	0.00	0.0
Boxes / containers	1	2.2	0.00	0.00	0.00	0.0
Brush / tree / log	4	8.9	0.00	0.00	0.00	0.0
Cleaning Products	1	2.2	0.00	0.00	0.00	0.0
Door	1	2.2	0.00	0.00	0.00	0.0
Floor	1	2.2	0.00	0.00	0.00	0.0
Hand Truck (2w)	1	2.2	0.00	0.00	0.00	0.0
Hose / hydair H2O	1	2.2	0.00	0.00	0.00	0.0
Object on Floor	1	2.2	0.00	0.00	0.00	0.0
Pipe	2	4.4	0.00	0.00	0.00	0.0
Poisonous agent / plant	1	2.2	0.00	0.00	0.00	0.0
Speed Handle	1	2.2	0.00	0.00	0.00	0.0
Tire	1	2.2	0.00	0.00	0.00	0.0
Trash receptacle	1	2.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Walking surface, outside, wet	1	2.2	0.00	0.00	0.00	0.0
Working Surface	1	2.2	0.00	0.00	0.00	0.0
Totals:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
ACCIDENT TYPE						
Strain By Using Tool or Machine	3	6.7	24,316.69	135,142.00	159,458.69	44.8
Struck/Injured By Motor Vehicle	3	6.7	22,067.16	95,200.07	117,267.23	33.0
Other Injury NEC	2	4.4	22.37	45,868.82	45,891.19	12.9
Fall On the Same Level	2	4.4	6,633.66	10,503.98	17,137.64	4.8
Object Being Lifted or Handled	4	8.9	2,510.34	3,743.29	6,253.63	1.8
Lifting	1	2.2	2,641.32	508.68	3,150.00	0.9
Hand Tool, Utensil; Not Powered	1	2.2	2,999.84	0.00	2,999.84	0.8
Cut, Punctured, Scraped, NOC	7	15.6	373.89	1,250.00	1,623.89	0.5
Fall/Slip From Ladder or Scaffolding	1	2.2	0.00	1,250.00	1,250.00	0.4
Fall/Slip From a Different Level	1	2.2	387.41	0.00	387.41	0.1
Struck/Injured By Animal or Insect	3	6.7	377.36	0.00	377.36	0.1
Fall, Slip or Trip, NOC	4	8.9	18.82	0.00	18.82	0.0
Absorption, Ingestion or Inhalation NOC	1	2.2	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	2.2	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	2	4.4	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.2	0.00	0.00	0.00	0.0
Holding or Carrying	4	8.9	0.00	0.00	0.00	0.0
Pushing or Pulling	1	2.2	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	2.2	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	2.2	0.00	0.00	0.00	0.0
Twisting	1	2.2	0.00	0.00	0.00	0.0
Sum:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
BODY PART						
Upper Extremities Shoulder(s)	3	6.7	21,627.66	133,892.00	155,519.66	43.7
Multiple Body Parts Multiple Body Parts	5	11.1	23,555.26	101,452.78	125,008.04	35.1
Trunk Heart	1	2.2	0.00	45,868.82	45,868.82	12.9
Lower Extremities Ankle	1	2.2	2,867.55	5,501.27	8,368.82	2.4
Upper Extremities Wrist	1	2.2	1,325.53	3,743.29	5,068.82	1.4
Trunk Low Back Area (Incl. Lumbar & Li	6	13.3	2,641.32	1,758.68	4,400.00	1.2
Head Multiple Head Injury	3	6.7	2,259.19	1,250.00	3,509.19	1.0
Upper Extremities Finger(s)	4	8.9	3,062.92	0.00	3,062.92	0.9
Lower Extremities Lower Leg	2	4.4	2,999.84	0.00	2,999.84	0.8
Upper Extremities Hand	1	2.2	1,184.81	0.00	1,184.81	0.3
Lower Extremities Knee	3	6.7	387.41	0.00	387.41	0.1
Upper Extremities Wrist(s) and Hand(s)	1	2.2	377.36	0.00	377.36	0.1
Trunk Lung(s)	1	2.2	22.37	0.00	22.37	0.0
Multiple Body Parts Whole Body	1	2.2	18.82	0.00	18.82	0.0

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	4	8.9	18.82	0.00	18.82	0.0
Head Eye(s)	1	2.2	0.00	0.00	0.00	0.0
Head Other facial soft tissue	1	2.2	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	2.2	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	4.4	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	1	2.2	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
Sum:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	
INJURY						
Sprain	3	6.7	24,495.21	140,643.27	165,138.48	46.4
Multiple Physical Injury Only	2	4.4	19,807.97	95,200.07	115,008.04	32.3
All Other (Specific) Injuries, NOC	5	11.1	3,018.66	45,868.82	48,887.48	13.7
Contusion (Bruise, Skin Surface)	5	11.1	7,592.24	5,511.39	13,103.63	3.7
Fracture	2	4.4	4,014.56	3,743.29	7,757.85	2.2
Concussion (Brain, Cerebral)	2	4.4	2,259.19	1,250.00	3,509.19	1.0
Strain	9	20.0	0.00	1,250.00	1,250.00	0.4
Inflammation	3	6.7	764.77	0.00	764.77	0.2
Laceration	5	11.1	373.89	0.00	373.89	0.1
Respiratory Disorders(Gases,Fumes,Ch	1	2.2	22.37	0.00	22.37	0.0
Crushing	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
Infection	1	2.2	0.00	0.00	0.00	0.0
No Physical Injury	3	6.7	0.00	0.00	0.00	0.0
Puncture	2	4.4	0.00	0.00	0.00	0.0
Sum:	**45**		**$62,348.86**	**$293,466.84**	**$355,815.70**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
505 - RAIL & PUBLIC TRANS, DEPT. OF						
S505 - RAIL & PUBLIC TRANS, DEPT. OF						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Uneven Surface	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
Inflammation	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
101 - VDH Office of Environ. Health Svc						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	0.00	0.00	0.00	0.0
26 - 28	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Vehicle Upset	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
11 - VDH Prince William Health District						
TYPE OF CLAIM						
Medical Only	3	75.0	1,189.08	0.00	1,189.08	100.0
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
TIME OF INJURY						
12PM - 1:59PM	1	25.0	711.85	0.00	711.85	59.9
10AM - 11:59AM	2	50.0	477.23	0.00	477.23	40.1
2PM - 3:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
LENGTH OF SERVICE						
2 - 4	2	50.0	711.85	0.00	711.85	59.9
6 - 8	1	25.0	477.23	0.00	477.23	40.1
8 - 10	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
Age of Claimant						
25 - 29	2	50.0	711.85	0.00	711.85	59.9
55 - 59	1	25.0	477.23	0.00	477.23	40.1
35 - 39	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
SEX OF CLAIMANT						
Male	1	25.0	711.85	0.00	711.85	59.9
Female	3	75.0	477.23	0.00	477.23	40.1
Totals:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
LOSS CAUSE						
Animal / insect, not otherwise classifie	1	25.0	711.85	0.00	711.85	59.9
Needle stick	1	25.0	477.23	0.00	477.23	40.1
Patient / Inmate	1	25.0	0.00	0.00	0.00	0.0
Stairs, steps	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	25.0	711.85	0.00	711.85	59.9
Other Injury NEC	1	25.0	477.23	0.00	477.23	40.1
Caught In, Under or Between, NOC	1	25.0	0.00	0.00	0.00	0.0
Fall On the Same Level	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Lower Extremities Upper Leg	1	25.0	711.85	0.00	711.85	59.9
Upper Extremities Thumb	1	25.0	477.23	0.00	477.23	40.1
Multiple Body Parts Multiple Body Parts	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
Sum:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	
INJURY						
Infection	1	25.0	711.85	0.00	711.85	59.9
Laceration	1	25.0	477.23	0.00	477.23	40.1
Multiple Physical Injury Only	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
Sum:	**4**		**$1,189.08**	**$0.00**	**$1,189.08**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
13 - VDH Central Virginia Health Dist.						
TYPE OF CLAIM						
Indemnity	1	14.3	18,325.79	59,321.83	77,647.62	89.9
Medical Only	5	71.4	6,186.67	2,500.00	8,686.67	10.1
Reporting Purposes Only	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
TIME OF INJURY						
10AM - 11:59AM	2	28.6	18,325.79	59,321.83	77,647.62	89.9
4PM - 5:59PM	1	14.3	6,186.67	0.00	6,186.67	7.2
12PM - 1:59PM	2	28.6	0.00	2,500.00	2,500.00	2.9
2PM - 3:59PM	2	28.6	0.00	0.00	0.00	0.0
Totals:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
LENGTH OF SERVICE						
36 - 38	1	14.3	18,325.79	59,321.83	77,647.62	89.9
16 - 18	1	14.3	6,186.67	0.00	6,186.67	7.2
0 - 2	3	42.9	0.00	1,250.00	1,250.00	1.4
2 - 4	1	14.3	0.00	1,250.00	1,250.00	1.4
38 - 40	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
Age of Claimant						
55 - 59	2	28.6	24,512.46	59,321.83	83,834.29	97.1
20 - 24	3	42.9	0.00	2,500.00	2,500.00	2.9
30 - 34	1	14.3	0.00	0.00	0.00	0.0
75 - 79	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
SEX OF CLAIMANT						
Male	1	14.3	18,325.79	59,321.83	77,647.62	89.9
Female	6	85.7	6,186.67	2,500.00	8,686.67	10.1
Totals:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
LOSS CAUSE						
Vehicle/car/truck	1	14.3	18,325.79	59,321.83	77,647.62	89.9
Ladder - Fixed	1	14.3	6,186.67	0.00	6,186.67	7.2
Needle stick	3	42.9	0.00	1,250.00	1,250.00	1.4
Scalpel	1	14.3	0.00	1,250.00	1,250.00	1.4
Patient / Inmate	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	14.3	18,325.79	59,321.83	77,647.62	89.9
Fall/Slip From Ladder or Scaffolding	1	14.3	6,186.67	0.00	6,186.67	7.2
Hand Tool, Utensil; Not Powered	1	14.3	0.00	1,250.00	1,250.00	1.4
Other Injury NEC	2	28.6	0.00	1,250.00	1,250.00	1.4
Foreign Body in Eye	1	14.3	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
BODY PART						
Head Other facial soft tissue	1	14.3	18,325.79	59,321.83	77,647.62	89.9
Multiple Body Parts Multiple Body Parts	1	14.3	6,186.67	0.00	6,186.67	7.2
Upper Extremities Finger(s)	3	42.9	0.00	1,250.00	1,250.00	1.4
Upper Extremities Hand	1	14.3	0.00	1,250.00	1,250.00	1.4
Head Eye(s)	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	
INJURY						
Concussion (Brain, Cerebral)	1	14.3	18,325.79	59,321.83	77,647.62	89.9
Multiple Physical Injury Only	1	14.3	6,186.67	0.00	6,186.67	7.2
Puncture	4	57.1	0.00	2,500.00	2,500.00	2.9
Foreign Body (Eye)	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$24,512.46**	**$61,821.83**	**$86,334.29**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
14 - VDH Cumberland Plateau Health Dist.						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	50.0	0.00	0.00	0.00	0.0
38 - 40	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	50.0	0.00	0.00	0.00	0.0
70 - 74	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Outside Surface	1	50.0	0.00	0.00	0.00	0.0
Overhead Object	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Body Systems & Mu	1	50.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	1	50.0	0.00	0.00	0.00	0.0
Rupture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
15 - VDH Pittsylvania/Danville Hlth Dist						
TYPE OF CLAIM						
Medical Only	3	100.0	1,719.59	0.00	1,719.59	100.0
Totals:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
TIME OF INJURY						
12PM - 1:59PM	1	33.3	1,194.37	0.00	1,194.37	69.5
8AM - 9:59AM	1	33.3	525.22	0.00	525.22	30.5
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
LENGTH OF SERVICE						
32 - 34	1	33.3	1,194.37	0.00	1,194.37	69.5
16 - 18	1	33.3	525.22	0.00	525.22	30.5
0 - 2	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
Age of Claimant						
65 - 69	1	33.3	1,194.37	0.00	1,194.37	69.5
60 - 64	2	66.7	525.22	0.00	525.22	30.5
Totals:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
SEX OF CLAIMANT						
Female	3	100.0	1,719.59	0.00	1,719.59	100.0
Totals:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
LOSS CAUSE						
Needle stick	1	33.3	1,194.37	0.00	1,194.37	69.5
Heating equipment	1	33.3	525.22	0.00	525.22	30.5
N/A	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
ACCIDENT TYPE						
Other Injury NEC	1	33.3	1,194.37	0.00	1,194.37	69.5
Fall On the Same Level	1	33.3	525.22	0.00	525.22	30.5
Strain or Injury By, NOC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	
BODY PART						
Upper Extremities Finger(s)	1	33.3	1,194.37	0.00	1,194.37	69.5
Lower Extremities Knee	1	33.3	525.22	0.00	525.22	30.5
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Puncture	1	33.3	1,194.37	0.00	1,194.37	69.5
Strain	2	66.7	525.22	0.00	525.22	30.5
Sum:	**3**		**$1,719.59**	**$0.00**	**$1,719.59**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
16 - VDH West Piedmont Health District						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
12 - 14	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Contagious Disease	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
17 - VDH Lenowisco Health Department						
TYPE OF CLAIM						
Medical Only	2	100.0	29.11	0.00	29.11	100.0
Totals:	**2**		**$29.11**	**$0.00**	**$29.11**	
TIME OF INJURY						
2PM - 3:59PM	2	100.0	29.11	0.00	29.11	100.0
Totals:	**2**		**$29.11**	**$0.00**	**$29.11**	
LENGTH OF SERVICE						
6 - 8	1	50.0	29.11	0.00	29.11	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$29.11**	**$0.00**	**$29.11**	
Age of Claimant						
40 - 44	1	50.0	29.11	0.00	29.11	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$29.11**	**$0.00**	**$29.11**	
SEX OF CLAIMANT						
Female	2	100.0	29.11	0.00	29.11	100.0
Totals:	**2**		**$29.11**	**$0.00**	**$29.11**	
LOSS CAUSE						
Ladders, scaffolding	1	50.0	29.11	0.00	29.11	100.0
Foreign Object	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$29.11**	**$0.00**	**$29.11**	
ACCIDENT TYPE						
Fall/Slip From Ladder or Scaffolding	1	50.0	29.11	0.00	29.11	100.0
Foreign Body in Eye	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$29.11**	**$0.00**	**$29.11**	
BODY PART						
Lower Extremities Foot	1	50.0	29.11	0.00	29.11	100.0
Head Eye(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$29.11**	**$0.00**	**$29.11**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	29.11	0.00	29.11	100.0
Foreign Body (Eye)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$29.11**	**$0.00**	**$29.11**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
18 - VDH Mount Rogers Health District						
TYPE OF CLAIM						
Medical Only	4	44.4	5,142.27	5,574.72	10,716.99	100.0
Reporting Purposes Only	5	55.6	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
TIME OF INJURY						
10AM - 11:59AM	2	22.2	5,142.27	5,574.72	10,716.99	100.0
8AM - 9:59AM	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	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
Totals:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
LENGTH OF SERVICE						
0 - 2	3	33.3	5,142.27	5,574.72	10,716.99	100.0
2 - 4	1	11.1	0.00	0.00	0.00	0.0
12 - 14	1	11.1	0.00	0.00	0.00	0.0
20 - 22	1	11.1	0.00	0.00	0.00	0.0
14 - 16	1	11.1	0.00	0.00	0.00	0.0
30 - 32	1	11.1	0.00	0.00	0.00	0.0
44 - 46	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
Age of Claimant						
50 - 54	1	11.1	5,142.27	5,574.72	10,716.99	100.0
25 - 29	1	11.1	0.00	0.00	0.00	0.0
30 - 34	1	11.1	0.00	0.00	0.00	0.0
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
55 - 59	2	22.2	0.00	0.00	0.00	0.0
65 - 69	1	11.1	0.00	0.00	0.00	0.0
70 - 74	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
SEX OF CLAIMANT						
Female	9	100.0	5,142.27	5,574.72	10,716.99	100.0
Totals:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
LOSS CAUSE						
Vehicle/car/truck	2	22.2	5,142.27	5,574.72	10,716.99	100.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal, not otherwise classified	2	22.2	0.00	0.00	0.00	0.0
Door	1	11.1	0.00	0.00	0.00	0.0
Floor	1	11.1	0.00	0.00	0.00	0.0
Food	1	11.1	0.00	0.00	0.00	0.0
N/A	1	11.1	0.00	0.00	0.00	0.0
Stairs, steps	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	22.2	5,142.27	5,574.72	10,716.99	100.0
Contact With Not Otherwise Classified	1	11.1	0.00	0.00	0.00	0.0
Fall On the Same Level	1	11.1	0.00	0.00	0.00	0.0
Fall/Slip into Openings	1	11.1	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	11.1	0.00	0.00	0.00	0.0
Lifting	1	11.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	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
Sum:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
BODY PART						
Head Multiple Head Injury	2	22.2	5,142.27	5,574.72	10,716.99	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
Multiple Body Parts Multiple Body Parts	2	22.2	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	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
Upper Extremities Hand	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	
INJURY						
All Other (Specific) Injuries, NOC	1	11.1	5,142.27	5,574.72	10,716.99	100.0
Burn	1	11.1	0.00	0.00	0.00	0.0
Inflammation	1	11.1	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	11.1	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	11.1	0.00	0.00	0.00	0.0
No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Puncture	1	11.1	0.00	0.00	0.00	0.0
Sprain	1	11.1	0.00	0.00	0.00	0.0
Strain	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$5,142.27**	**$5,574.72**	**$10,716.99**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
19 - VDH New River Health District						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
6 - 8	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	50.0	0.00	0.00	0.00	0.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Animal, not otherwise classified	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
1 - VDH Central Shenandoah Health Dist.						
TYPE OF CLAIM						
Medical Only	4	30.8	502.90	1,250.00	1,752.90	100.0
Reporting Purposes Only	9	69.2	0.00	0.00	0.00	0.0
Totals:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
TIME OF INJURY						
2PM - 3:59PM	4	30.8	0.00	1,250.00	1,250.00	71.3
8AM - 9:59AM	3	23.1	502.90	0.00	502.90	28.7
10AM - 11:59AM	3	23.1	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	15.4	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
LENGTH OF SERVICE						
0 - 2	7	53.8	502.90	1,250.00	1,752.90	100.0
2 - 4	1	7.7	0.00	0.00	0.00	0.0
6 - 8	2	15.4	0.00	0.00	0.00	0.0
18 - 20	1	7.7	0.00	0.00	0.00	0.0
20 - 22	1	7.7	0.00	0.00	0.00	0.0
38 - 40	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
Age of Claimant						
55 - 59	3	23.1	0.00	1,250.00	1,250.00	71.3
25 - 29	1	7.7	502.90	0.00	502.90	28.7
30 - 34	2	15.4	0.00	0.00	0.00	0.0
35 - 39	3	23.1	0.00	0.00	0.00	0.0
45 - 49	1	7.7	0.00	0.00	0.00	0.0
50 - 54	1	7.7	0.00	0.00	0.00	0.0
60 - 64	2	15.4	0.00	0.00	0.00	0.0
Totals:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
SEX OF CLAIMANT						
Female	9	69.2	0.00	1,250.00	1,250.00	71.3
Male	4	30.8	502.90	0.00	502.90	28.7
Totals:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
LOSS CAUSE						
Needle stick	2	15.4	0.00	1,250.00	1,250.00	71.3
Paper / Pulp	1	7.7	502.90	0.00	502.90	28.7

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Animal / bee type	1	7.7	0.00	0.00	0.00	0.0
Chair	1	7.7	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	7.7	0.00	0.00	0.00	0.0
Outside Surface	2	15.4	0.00	0.00	0.00	0.0
Shelving	1	7.7	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	7.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	2	15.4	0.00	0.00	0.00	0.0
Wires	1	7.7	0.00	0.00	0.00	0.0
Totals:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
ACCIDENT TYPE						
Other Injury NEC	2	15.4	0.00	1,250.00	1,250.00	71.3
Strain or Injury By, NOC	1	7.7	502.90	0.00	502.90	28.7
Bitten	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
Fall/Slip on Ice or Snow	3	23.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	7.7	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	7.7	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
BODY PART						
Upper Extremities Thumb	1	7.7	0.00	1,250.00	1,250.00	71.3
Lower Extremities Knee	2	15.4	502.90	0.00	502.90	28.7
Head Eye(s)	1	7.7	0.00	0.00	0.00	0.0
Head Multiple Head Injury	1	7.7	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	15.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	15.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	7.7	0.00	0.00	0.00	0.0
Upper Extremities Elbow	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 Hand	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	
INJURY						
Puncture	3	23.1	0.00	1,250.00	1,250.00	71.3
Inflammation	4	30.8	502.90	0.00	502.90	28.7
Contusion (Bruise, Skin Surface)	2	15.4	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	7.7	0.00	0.00	0.00	0.0
Laceration	2	15.4	0.00	0.00	0.00	0.0
No Physical Injury	1	7.7	0.00	0.00	0.00	0.0
Sum:	**13**		**$502.90**	**$1,250.00**	**$1,752.90**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
20 - VDH Roanoke City Health District						
TYPE OF CLAIM						
Medical Only	1	100.0	149.57	1,100.43	1,250.00	100.0
Totals:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	149.57	1,100.43	1,250.00	100.0
Totals:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	149.57	1,100.43	1,250.00	100.0
Totals:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
Age of Claimant						
50 - 54	1	100.0	149.57	1,100.43	1,250.00	100.0
Totals:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	149.57	1,100.43	1,250.00	100.0
Totals:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
LOSS CAUSE						
Office equipment	1	100.0	149.57	1,100.43	1,250.00	100.0
Totals:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	1	100.0	149.57	1,100.43	1,250.00	100.0
Sum:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
BODY PART						
Head Multiple Head Injury	1	100.0	149.57	1,100.43	1,250.00	100.0
Sum:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	149.57	1,100.43	1,250.00	100.0
Sum:	**1**		**$149.57**	**$1,100.43**	**$1,250.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
21 - VDH Chesterfield Health District						
TYPE OF CLAIM						
Indemnity	1	33.3	18.82	0.00	18.82	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
8AM - 9:59AM	1	33.3	18.82	0.00	18.82	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
2 - 4	1	33.3	18.82	0.00	18.82	100.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
14 - 16	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
65 - 69	1	33.3	18.82	0.00	18.82	100.0
50 - 54	1	33.3	0.00	0.00	0.00	0.0
60 - 64	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Female	3	100.0	18.82	0.00	18.82	100.0
Totals:	**3**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
N/A	1	33.3	18.82	0.00	18.82	100.0
Vehicle/car/truck	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
Totals:	**3**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Other than Physical Cause of Injury	1	33.3	18.82	0.00	18.82	100.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Vehicle Upset	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Multiple Body Parts No Physical Injury	2	66.7	18.82	0.00	18.82	100.0
Upper Extremities Elbow	1	33.3	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**3**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Syncope	1	33.3	18.82	0.00	18.82	100.0
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
Sum:	**3**		**$18.82**	**$0.00**	**$18.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
22 - VDH Crater Health District						
TYPE OF CLAIM						
Medical Only	2	66.7	10,978.48	0.00	10,978.48	100.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	5,599.63	0.00	5,599.63	51.0
8AM - 9:59AM	2	66.7	5,378.85	0.00	5,378.85	49.0
Totals:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
LENGTH OF SERVICE						
6 - 8	1	33.3	5,599.63	0.00	5,599.63	51.0
2 - 4	1	33.3	5,378.85	0.00	5,378.85	49.0
38 - 40	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
Age of Claimant						
50 - 54	1	33.3	5,599.63	0.00	5,599.63	51.0
70 - 74	1	33.3	5,378.85	0.00	5,378.85	49.0
55 - 59	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
SEX OF CLAIMANT						
Female	3	100.0	10,978.48	0.00	10,978.48	100.0
Totals:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
LOSS CAUSE						
Dolly	1	33.3	5,599.63	0.00	5,599.63	51.0
Floor	1	33.3	5,378.85	0.00	5,378.85	49.0
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
ACCIDENT TYPE						
Object Being Lifted or Handled	1	33.3	5,599.63	0.00	5,599.63	51.0
Fall On the Same Level	1	33.3	5,378.85	0.00	5,378.85	49.0
Strike Against/Step On Obj Being Lifted	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	66.7	10,978.48	0.00	10,978.48	100.0
Lower Extremities Foot	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Multiple Physical Injury Only	1	33.3	5,599.63	0.00	5,599.63	51.0
Sprain	2	66.7	5,378.85	0.00	5,378.85	49.0
Sum:	**3**		**$10,978.48**	**$0.00**	**$10,978.48**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
24 - VDH Henrico Health District						
TYPE OF CLAIM						
Medical Only	2	100.0	174.48	0.00	174.48	100.0
Totals:	**2**		**$174.48**	**$0.00**	**$174.48**	
TIME OF INJURY						
12PM - 1:59PM	2	100.0	174.48	0.00	174.48	100.0
Totals:	**2**		**$174.48**	**$0.00**	**$174.48**	
LENGTH OF SERVICE						
10 - 12	1	50.0	174.48	0.00	174.48	100.0
8 - 10	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$174.48**	**$0.00**	**$174.48**	
Age of Claimant						
60 - 64	1	50.0	174.48	0.00	174.48	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$174.48**	**$0.00**	**$174.48**	
SEX OF CLAIMANT						
Male	1	50.0	174.48	0.00	174.48	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$174.48**	**$0.00**	**$174.48**	
LOSS CAUSE						
Knife, Utility	1	50.0	174.48	0.00	174.48	100.0
Door	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$174.48**	**$0.00**	**$174.48**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	50.0	174.48	0.00	174.48	100.0
Caught In/Between-Object Handled	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$174.48**	**$0.00**	**$174.48**	
BODY PART						
Upper Extremities Thumb	1	50.0	174.48	0.00	174.48	100.0
Upper Extremities Elbow	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$174.48**	**$0.00**	**$174.48**	
INJURY						
Laceration	2	100.0	174.48	0.00	174.48	100.0
Sum:	**2**		**$174.48**	**$0.00**	**$174.48**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
26 - VDH Richmond City Health District						
TYPE OF CLAIM						
Medical Only	2	100.0	615.57	0.00	615.57	100.0
Totals:	**2**		**$615.57**	**$0.00**	**$615.57**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	615.57	0.00	615.57	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$615.57**	**$0.00**	**$615.57**	
LENGTH OF SERVICE						
0 - 2	1	50.0	615.57	0.00	615.57	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$615.57**	**$0.00**	**$615.57**	
Age of Claimant						
40 - 44	1	50.0	615.57	0.00	615.57	100.0
50 - 54	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$615.57**	**$0.00**	**$615.57**	
SEX OF CLAIMANT						
Female	2	100.0	615.57	0.00	615.57	100.0
Totals:	**2**		**$615.57**	**$0.00**	**$615.57**	
LOSS CAUSE						
Needle stick	1	50.0	615.57	0.00	615.57	100.0
Chair	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$615.57**	**$0.00**	**$615.57**	
ACCIDENT TYPE						
Other Injury NEC	1	50.0	615.57	0.00	615.57	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$615.57**	**$0.00**	**$615.57**	
BODY PART						
Upper Extremities Thumb	1	50.0	615.57	0.00	615.57	100.0
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$615.57**	**$0.00**	**$615.57**	
INJURY						
All Other (Specific) Injuries, NOC	1	50.0	615.57	0.00	615.57	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$615.57**	**$0.00**	**$615.57**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
27 - VDH Southside Health District						
TYPE OF CLAIM						
Indemnity	1	50.0	182.86	0.00	182.86	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$182.86**	**$0.00**	**$182.86**	
TIME OF INJURY						
10AM - 11:59AM	2	100.0	182.86	0.00	182.86	100.0
Totals:	**2**		**$182.86**	**$0.00**	**$182.86**	
LENGTH OF SERVICE						
0 - 2	1	50.0	182.86	0.00	182.86	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$182.86**	**$0.00**	**$182.86**	
Age of Claimant						
60 - 64	1	50.0	182.86	0.00	182.86	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$182.86**	**$0.00**	**$182.86**	
SEX OF CLAIMANT						
Female	2	100.0	182.86	0.00	182.86	100.0
Totals:	**2**		**$182.86**	**$0.00**	**$182.86**	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	182.86	0.00	182.86	100.0
Person	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$182.86**	**$0.00**	**$182.86**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	50.0	182.86	0.00	182.86	100.0
Person in Act of Crime	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$182.86**	**$0.00**	**$182.86**	
BODY PART						
Upper Extremities Shoulder(s)	1	50.0	182.86	0.00	182.86	100.0
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$182.86**	**$0.00**	**$182.86**	
INJURY						
Sprain	1	50.0	182.86	0.00	182.86	100.0
Multiple Injury Inc. Physical & Psycholog	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$182.86**	**$0.00**	**$182.86**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
28 - VDH Chesapeake Health District						
TYPE OF CLAIM						
Indemnity	1	16.7	15,319.34	48,731.48	64,050.82	99.2
Medical Only	3	50.0	506.14	0.00	506.14	0.8
Reporting Purposes Only	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
TIME OF INJURY						
4PM - 5:59PM	2	33.3	15,825.48	48,731.48	64,556.96	100.0
8AM - 9:59AM	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
6PM - 7:59PM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
LENGTH OF SERVICE						
2 - 4	2	33.3	15,319.34	48,731.48	64,050.82	99.2
0 - 2	2	33.3	506.14	0.00	506.14	0.8
4 - 6	1	16.7	0.00	0.00	0.00	0.0
8 - 10	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
Age of Claimant						
60 - 64	1	16.7	15,319.34	48,731.48	64,050.82	99.2
50 - 54	2	33.3	506.14	0.00	506.14	0.8
25 - 29	1	16.7	0.00	0.00	0.00	0.0
55 - 59	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
SEX OF CLAIMANT						
Female	6	100.0	15,825.48	48,731.48	64,556.96	100.0
Totals:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
LOSS CAUSE						
Walking surface, outside, dry	1	16.7	15,319.34	48,731.48	64,050.82	99.2
Boxes / containers	1	16.7	506.14	0.00	506.14	0.8
Animal, not otherwise classified	1	16.7	0.00	0.00	0.00	0.0
Miscellaneous	1	16.7	0.00	0.00	0.00	0.0
N/A	1	16.7	0.00	0.00	0.00	0.0
Totes	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
ACCIDENT TYPE						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	3	50.0	15,825.48	48,731.48	64,556.96	100.0
Other Injury NEC	2	33.3	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
Sum:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
BODY PART						
Lower Extremities Knee	1	16.7	15,319.34	48,731.48	64,050.82	99.2
Multiple Body Parts Multiple Body Parts	2	33.3	506.14	0.00	506.14	0.8
Lower Extremities Ankle	2	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	
INJURY						
Contusion (Bruise, Skin Surface)	1	16.7	15,319.34	48,731.48	64,050.82	99.2
Multiple Physical Injury Only	2	33.3	506.14	0.00	506.14	0.8
No Physical Injury	1	16.7	0.00	0.00	0.00	0.0
Sprain	2	33.3	0.00	0.00	0.00	0.0
Sum:	**6**		**$15,825.48**	**$48,731.48**	**$64,556.96**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
29 - VDH Eastern Shore Health District						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Gun / gunshot	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
2 - VDH Lord Fairfax Health District						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
30 - VDH Hampton Health District						
TYPE OF CLAIM						
Medical Only	1	100.0	3,312.84	0.00	3,312.84	100.0
Totals:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	3,312.84	0.00	3,312.84	100.0
Totals:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
LENGTH OF SERVICE						
2 - 4	1	100.0	3,312.84	0.00	3,312.84	100.0
Totals:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
Age of Claimant						
55 - 59	1	100.0	3,312.84	0.00	3,312.84	100.0
Totals:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
SEX OF CLAIMANT						
Female	1	100.0	3,312.84	0.00	3,312.84	100.0
Totals:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
LOSS CAUSE						
Patient / Inmate	1	100.0	3,312.84	0.00	3,312.84	100.0
Totals:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
ACCIDENT TYPE						
Twisting	1	100.0	3,312.84	0.00	3,312.84	100.0
Sum:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	3,312.84	0.00	3,312.84	100.0
Sum:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	
INJURY						
Sprain	1	100.0	3,312.84	0.00	3,312.84	100.0
Sum:	**1**		**$3,312.84**	**$0.00**	**$3,312.84**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
32 - VDH Norfolk Health District						
TYPE OF CLAIM						
Indemnity	1	12.5	2,410.23	0.00	2,410.23	74.6
Medical Only	4	50.0	821.24	0.00	821.24	25.4
Reporting Purposes Only	3	37.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
TIME OF INJURY						
10AM - 11:59AM	3	37.5	2,410.23	0.00	2,410.23	74.6
8AM - 9:59AM	1	12.5	612.28	0.00	612.28	18.9
12PM - 1:59PM	4	50.0	208.96	0.00	208.96	6.5
Totals:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
LENGTH OF SERVICE						
6 - 8	1	12.5	2,410.23	0.00	2,410.23	74.6
4 - 6	1	12.5	612.28	0.00	612.28	18.9
0 - 2	2	25.0	208.96	0.00	208.96	6.5
8 - 10	1	12.5	0.00	0.00	0.00	0.0
16 - 18	2	25.0	0.00	0.00	0.00	0.0
18 - 20	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
Age of Claimant						
40 - 44	3	37.5	3,231.47	0.00	3,231.47	100.0
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
55 - 59	1	12.5	0.00	0.00	0.00	0.0
65 - 69	1	12.5	0.00	0.00	0.00	0.0
75 - 79	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
SEX OF CLAIMANT						
Female	7	87.5	3,231.47	0.00	3,231.47	100.0
Male	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
LOSS CAUSE						
Totes	1	12.5	2,410.23	0.00	2,410.23	74.6
Shears	1	12.5	612.28	0.00	612.28	18.9
Floor	2	25.0	208.96	0.00	208.96	6.5
Patient / Inmate	1	12.5	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sharp objects, not otherwise classified	1	12.5	0.00	0.00	0.00	0.0
Training \ Drills	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
Totals:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
ACCIDENT TYPE						
Lifting	1	12.5	2,410.23	0.00	2,410.23	74.6
Object Being Lifted or Handled	1	12.5	612.28	0.00	612.28	18.9
Fall On the Same Level	1	12.5	208.96	0.00	208.96	6.5
Cut, Punctured, Scraped, NOC	1	12.5	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	12.5	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	12.5	0.00	0.00	0.00	0.0
Pushing or Pulling	1	12.5	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
BODY PART						
Upper Extremities Elbow	1	12.5	2,410.23	0.00	2,410.23	74.6
Upper Extremities Finger(s)	1	12.5	612.28	0.00	612.28	18.9
Multiple Body Parts Multiple Body Parts	1	12.5	208.96	0.00	208.96	6.5
Head Other facial soft tissue	1	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	25.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	
INJURY						
Strain	2	25.0	2,410.23	0.00	2,410.23	74.6
Laceration	2	25.0	612.28	0.00	612.28	18.9
Sprain	1	12.5	208.96	0.00	208.96	6.5
Contagious Disease	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
No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$3,231.47**	**$0.00**	**$3,231.47**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
34 - VDH Peninsula Health District						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Overhead Object	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
35 - VDH Western Tidewater Health Dist.						
TYPE OF CLAIM						
Medical Only	1	33.3	196.16	1,053.84	1,250.00	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	33.3	196.16	1,053.84	1,250.00	100.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	33.3	196.16	1,053.84	1,250.00	100.0
18 - 20	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
Age of Claimant						
30 - 34	1	33.3	196.16	1,053.84	1,250.00	100.0
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
Totals:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
SEX OF CLAIMANT						
Female	2	66.7	196.16	1,053.84	1,250.00	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	33.3	196.16	1,053.84	1,250.00	100.0
Boxes / containers	1	33.3	0.00	0.00	0.00	0.0
Infectious agent	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	1	33.3	196.16	1,053.84	1,250.00	100.0
Holding or Carrying	1	33.3	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
BODY PART						
Upper Extremities Upper Arm (Incl. Cla	1	33.3	196.16	1,053.84	1,250.00	100.0
Head Mouth	1	33.3	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Shoulder(s)	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	33.3	196.16	1,053.84	1,250.00	100.0
All Other Occupational Disease	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
Sum:	**3**		**$196.16**	**$1,053.84**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
36 - VDH Virginia Beach Health District						
TYPE OF CLAIM						
Medical Only	1	33.3	11,518.06	32,026.39	43,544.45	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
TIME OF INJURY						
10AM - 11:59AM	1	33.3	11,518.06	32,026.39	43,544.45	100.0
8AM - 9:59AM	1	33.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
LENGTH OF SERVICE						
2 - 4	1	33.3	11,518.06	32,026.39	43,544.45	100.0
0 - 2	1	33.3	0.00	0.00	0.00	0.0
6 - 8	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
Age of Claimant						
45 - 49	3	100.0	11,518.06	32,026.39	43,544.45	100.0
Totals:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
SEX OF CLAIMANT						
Female	3	100.0	11,518.06	32,026.39	43,544.45	100.0
Totals:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
LOSS CAUSE						
Vehicle/car/truck	1	33.3	11,518.06	32,026.39	43,544.45	100.0
N/A	1	33.3	0.00	0.00	0.00	0.0
Uneven Surface	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	33.3	11,518.06	32,026.39	43,544.45	100.0
Fall/Slip From a Different Level	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
Sum:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	66.7	11,518.06	32,026.39	43,544.45	100.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	
INJURY						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	33.3	11,518.06	32,026.39	43,544.45	100.0
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
Sum:	**3**		**$11,518.06**	**$32,026.39**	**$43,544.45**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
3 - VDH Rappahannock Health District						
TYPE OF CLAIM						
Medical Only	2	66.7	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	3	100.0	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	33.3	0.00	0.00	0.00	0.0
2 - 4	1	33.3	0.00	0.00	0.00	0.0
4 - 6	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	33.3	0.00	0.00	0.00	0.0
55 - 59	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	3	100.0	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Hazardous Material	1	33.3	0.00	0.00	0.00	0.0
Organic Material	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
Totals:	**3**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	2	66.7	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Body Systems & Mu	1	33.3	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Concussion (Brain, Cerebral)	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

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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
4 - VDH Rappahannock/Rapidan Health Dist						
TYPE OF CLAIM						
Medical Only	1	100.0	1,452.81	0.00	1,452.81	100.0
Totals:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	1,452.81	0.00	1,452.81	100.0
Totals:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
LENGTH OF SERVICE						
0 - 2	1	100.0	1,452.81	0.00	1,452.81	100.0
Totals:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
Age of Claimant						
50 - 54	1	100.0	1,452.81	0.00	1,452.81	100.0
Totals:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
SEX OF CLAIMANT						
Male	1	100.0	1,452.81	0.00	1,452.81	100.0
Totals:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	1,452.81	0.00	1,452.81	100.0
Totals:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	100.0	1,452.81	0.00	1,452.81	100.0
Sum:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
BODY PART						
Upper Extremities Hand	1	100.0	1,452.81	0.00	1,452.81	100.0
Sum:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	
INJURY						
Puncture	1	100.0	1,452.81	0.00	1,452.81	100.0
Sum:	**1**		**$1,452.81**	**$0.00**	**$1,452.81**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
517 - VDH Office of Emergency Med. Svcs						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Multiple Body Parts Body Systems & Mu	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
560 - VDH Office of Licensure & Certif.						
TYPE OF CLAIM						
Indemnity	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Totals:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Totals:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
LENGTH OF SERVICE						
0 - 2	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Totals:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
Age of Claimant						
55 - 59	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Totals:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
SEX OF CLAIMANT						
Male	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Totals:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
LOSS CAUSE						
Chair	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Totals:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Sum:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Sum:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	
INJURY						
Multiple Physical Injury Only	1	100.0	3,217.04	41,301.78	44,518.82	100.0
Sum:	**1**		**$3,217.04**	**$41,301.78**	**$44,518.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
584 - VDH Office of the Chief Med. Exam.						
TYPE OF CLAIM						
Medical Only	16	94.1	20,073.31	9,734.42	29,807.73	100.0
Reporting Purposes Only	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
TIME OF INJURY						
10AM - 11:59AM	10	58.8	9,372.07	8,288.83	17,660.90	59.2
12PM - 1:59PM	4	23.5	8,226.77	1,445.59	9,672.36	32.4
8AM - 9:59AM	1	5.9	2,474.47	0.00	2,474.47	8.3
2AM - 3:59AM	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
Totals:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
LENGTH OF SERVICE						
0 - 2	12	70.6	11,390.12	9,734.42	21,124.54	70.9
8 - 10	2	11.8	8,153.56	0.00	8,153.56	27.4
20 - 22	1	5.9	529.63	0.00	529.63	1.8
2 - 4	1	5.9	0.00	0.00	0.00	0.0
4 - 6	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
Age of Claimant						
25 - 29	8	47.1	5,785.54	2,026.23	7,811.77	26.2
20 - 24	2	11.8	4,162.30	3,406.56	7,568.86	25.4
35 - 39	1	5.9	6,695.13	0.00	6,695.13	22.5
30 - 34	1	5.9	1,047.37	3,446.54	4,493.91	15.1
40 - 44	3	17.6	2,382.97	855.09	3,238.06	10.9
45 - 49	2	11.8	0.00	0.00	0.00	0.0
Totals:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
SEX OF CLAIMANT						
Female	17	100.0	20,073.31	9,734.42	29,807.73	100.0
Totals:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
LOSS CAUSE						
Scalpel	6	35.3	12,009.78	5,283.84	17,293.62	58.0
Needle stick	4	23.5	5,017.80	4,450.58	9,468.38	31.8
Work surface	1	5.9	1,458.43	0.00	1,458.43	4.9
Sharp objects, not otherwise classified	2	11.8	980.07	0.00	980.07	3.3
Patient / Inmate	1	5.9	477.23	0.00	477.23	1.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cart	1	5.9	130.00	0.00	130.00	0.4
Environmental conditions	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
Totals:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	8	47.1	13,893.61	9,143.92	23,037.53	77.3
Strike Against/Step On Stationary Objec	1	5.9	2,474.47	0.00	2,474.47	8.3
Other Injury NEC	2	11.8	1,162.34	590.50	1,752.84	5.9
Strain or Injury By, NOC	1	5.9	1,458.43	0.00	1,458.43	4.9
Cut, Punctured, Scraped, NOC	1	5.9	477.23	0.00	477.23	1.6
Foreign Body in Eye	1	5.9	477.23	0.00	477.23	1.6
Rubbed or Abraded, NOC	1	5.9	130.00	0.00	130.00	0.4
Collision with Another Vehicle	1	5.9	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
BODY PART						
Upper Extremities Finger(s)	6	35.3	7,738.10	7,857.14	15,595.24	52.3
Upper Extremities Thumb	3	17.6	6,922.94	1,022.19	7,945.13	26.7
Upper Extremities Hand	3	17.6	3,346.61	855.09	4,201.70	14.1
Trunk Multiple Trunk	1	5.9	1,458.43	0.00	1,458.43	4.9
Head Eye(s)	1	5.9	477.23	0.00	477.23	1.6
Upper Extremities Lower Arm	1	5.9	130.00	0.00	130.00	0.4
Multiple Body Parts Body Systems & Mu	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
Sum:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	
INJURY						
Puncture	7	41.2	9,709.73	7,857.14	17,566.87	58.9
Laceration	6	35.3	8,427.92	1,877.28	10,305.20	34.6
Strain	1	5.9	1,458.43	0.00	1,458.43	4.9
All Other (Specific) Injuries, NOC	2	11.8	477.23	0.00	477.23	1.6
Heat Prostration	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$20,073.31**	**$9,734.42**	**$29,807.73**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
5 - Blue Ridge Health District						
TYPE OF CLAIM						
Medical Only	5	62.5	20,145.39	13,242.02	33,387.41	100.0
Reporting Purposes Only	3	37.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
TIME OF INJURY						
12PM - 1:59PM	3	37.5	17,459.79	13,242.02	30,701.81	92.0
10AM - 11:59AM	3	37.5	1,555.52	0.00	1,555.52	4.7
8AM - 9:59AM	1	12.5	1,130.08	0.00	1,130.08	3.4
2PM - 3:59PM	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
LENGTH OF SERVICE						
2 - 4	3	37.5	18,597.32	13,242.02	31,839.34	95.4
26 - 28	1	12.5	1,130.08	0.00	1,130.08	3.4
6 - 8	2	25.0	308.05	0.00	308.05	0.9
4 - 6	1	12.5	109.94	0.00	109.94	0.3
0 - 2	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
Age of Claimant						
40 - 44	2	25.0	17,151.74	13,242.02	30,393.76	91.0
45 - 49	1	12.5	1,445.58	0.00	1,445.58	4.3
55 - 59	3	37.5	1,240.02	0.00	1,240.02	3.7
50 - 54	1	12.5	308.05	0.00	308.05	0.9
35 - 39	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
SEX OF CLAIMANT						
Male	3	37.5	18,281.82	13,242.02	31,523.84	94.4
Female	5	62.5	1,863.57	0.00	1,863.57	5.6
Totals:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
LOSS CAUSE						
Vehicle/car/truck	3	37.5	18,281.82	13,242.02	31,523.84	94.4
Needle stick	2	25.0	1,555.52	0.00	1,555.52	4.7
Animal / insect, not otherwise classifie	2	25.0	308.05	0.00	308.05	0.9
Door	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
ACCIDENT TYPE						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with Another Vehicle	2	25.0	17,151.74	13,242.02	30,393.76	91.0
Other Injury NEC	2	25.0	1,555.52	0.00	1,555.52	4.7
Caught In, Under or Between, NOC	1	12.5	1,130.08	0.00	1,130.08	3.4
Struck/Injured By Animal or Insect	2	25.0	308.05	0.00	308.05	0.9
Striking Against or Stepping On, NOC	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
BODY PART						
Neck Multiple Neck Injury	1	12.5	17,151.74	13,242.02	30,393.76	91.0
Upper Extremities Thumb	3	37.5	2,685.60	0.00	2,685.60	8.0
Multiple Body Parts Body Systems & Mu	2	25.0	308.05	0.00	308.05	0.9
Multiple Body Parts No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	
INJURY						
Strain	1	12.5	17,151.74	13,242.02	30,393.76	91.0
Puncture	2	25.0	1,555.52	0.00	1,555.52	4.7
Crushing	1	12.5	1,130.08	0.00	1,130.08	3.4
All Other (Specific) Injuries, NOC	2	25.0	308.05	0.00	308.05	0.9
Laceration	1	12.5	0.00	0.00	0.00	0.0
No Physical Injury	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$20,145.39**	**$13,242.02**	**$33,387.41**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
6 - VDH Alexandria Health District						
TYPE OF CLAIM						
Medical Only	5	83.3	723.75	2,272.19	2,995.94	100.0
Reporting Purposes Only	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
TIME OF INJURY						
10AM - 11:59AM	2	33.3	227.81	2,272.19	2,500.00	83.4
8AM - 9:59AM	2	33.3	495.94	0.00	495.94	16.6
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
Totals:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
LENGTH OF SERVICE						
4 - 6	1	16.7	0.00	1,250.00	1,250.00	41.7
18 - 20	1	16.7	227.81	1,022.19	1,250.00	41.7
2 - 4	3	50.0	495.94	0.00	495.94	16.6
6 - 8	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
Age of Claimant						
35 - 39	3	50.0	0.00	1,250.00	1,250.00	41.7
45 - 49	1	16.7	227.81	1,022.19	1,250.00	41.7
50 - 54	1	16.7	495.94	0.00	495.94	16.6
30 - 34	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
SEX OF CLAIMANT						
Female	6	100.0	723.75	2,272.19	2,995.94	100.0
Totals:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
LOSS CAUSE						
Patient / Inmate	1	16.7	227.81	1,022.19	1,250.00	41.7
Vehicle/car/truck	2	33.3	0.00	1,250.00	1,250.00	41.7
Chair	1	16.7	495.94	0.00	495.94	16.6
Needle stick	1	16.7	0.00	0.00	0.00	0.0
Person	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
ACCIDENT TYPE						
Collision with Another Vehicle	2	33.3	0.00	1,250.00	1,250.00	41.7
Foreign Body in Eye	2	33.3	227.81	1,022.19	1,250.00	41.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	1	16.7	495.94	0.00	495.94	16.6
Other Injury NEC	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
BODY PART						
Head Eye(s)	2	33.3	227.81	1,022.19	1,250.00	41.7
Neck Disc (Neck)	1	16.7	0.00	1,250.00	1,250.00	41.7
Multiple Body Parts Multiple Body Parts	2	33.3	495.94	0.00	495.94	16.6
Upper Extremities Finger(s)	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	
INJURY						
Multiple Physical Injury Only	3	50.0	495.94	1,250.00	1,745.94	58.3
Foreign Body (Eye)	2	33.3	227.81	1,022.19	1,250.00	41.7
Puncture	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$723.75**	**$2,272.19**	**$2,995.94**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
601 - VA DEPARTMENT OF HEALTH						
760 - VDH- CENTRAL OFFICE						
TYPE OF CLAIM						
Medical Only	10	83.3	6,838.55	1,220.39	8,058.94	99.8
Indemnity	1	8.3	18.82	0.00	18.82	0.2
Reporting Purposes Only	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
TIME OF INJURY						
10AM - 11:59AM	3	25.0	3,386.50	0.00	3,386.50	41.9
4PM - 5:59PM	2	16.7	699.97	1,220.39	1,920.36	23.8
2PM - 3:59PM	3	25.0	1,817.71	0.00	1,817.71	22.5
12PM - 1:59PM	1	8.3	934.37	0.00	934.37	11.6
8AM - 9:59AM	2	16.7	18.82	0.00	18.82	0.2
6AM - 7:59AM	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
LENGTH OF SERVICE						
0 - 2	11	91.7	6,857.37	1,220.39	8,077.76	100.0
12 - 14	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
Age of Claimant						
35 - 39	3	25.0	3,855.17	0.00	3,855.17	47.7
45 - 49	4	33.3	1,634.34	1,220.39	2,854.73	35.3
30 - 34	1	8.3	1,349.04	0.00	1,349.04	16.7
40 - 44	1	8.3	18.82	0.00	18.82	0.2
25 - 29	1	8.3	0.00	0.00	0.00	0.0
50 - 54	2	16.7	0.00	0.00	0.00	0.0
Totals:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
SEX OF CLAIMANT						
Male	4	33.3	4,056.86	0.00	4,056.86	50.2
Female	8	66.7	2,800.51	1,220.39	4,020.90	49.8
Totals:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
LOSS CAUSE						
Cabinet	1	8.3	3,386.50	0.00	3,386.50	41.9
Boxes / containers	1	8.3	1,349.04	0.00	1,349.04	16.7
Door	1	8.3	29.61	1,220.39	1,250.00	15.5
Vehicle/car/truck	2	16.7	934.37	0.00	934.37	11.6
Walking surface, inside, wet	1	8.3	670.36	0.00	670.36	8.3

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Knife, Utility	1	8.3	468.67	0.00	468.67	5.8
N/A	2	16.7	18.82	0.00	18.82	0.2
Outside Surface	3	25.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	2	16.7	3,416.11	1,220.39	4,636.50	57.4
Lifting	1	8.3	1,349.04	0.00	1,349.04	16.7
Crash of Rail Vehicle	1	8.3	934.37	0.00	934.37	11.6
Fall/Slip From Liquid or Grease Spills	1	8.3	670.36	0.00	670.36	8.3
Hand Tool, Utensil; Not Powered	1	8.3	468.67	0.00	468.67	5.8
Other Injury NEC	2	16.7	18.82	0.00	18.82	0.2
Collision with Another Vehicle	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	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
BODY PART						
Lower Extremities Toe(s)	1	8.3	3,386.50	0.00	3,386.50	41.9
Upper Extremities Hand	1	8.3	1,349.04	0.00	1,349.04	16.7
Lower Extremities Foot	1	8.3	29.61	1,220.39	1,250.00	15.5
Multiple Body Parts Multiple Body Parts	3	25.0	934.37	0.00	934.37	11.6
Lower Extremities Lower Leg	1	8.3	670.36	0.00	670.36	8.3
Upper Extremities Finger(s)	1	8.3	468.67	0.00	468.67	5.8
Multiple Body Parts Body Systems & Mu	2	16.7	18.82	0.00	18.82	0.2
Lower Extremities Ankle	2	16.7	0.00	0.00	0.00	0.0
Sum:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	
INJURY						
Rupture	1	8.3	3,386.50	0.00	3,386.50	41.9
Strain	2	16.7	2,019.40	0.00	2,019.40	25.0
Inflammation	1	8.3	29.61	1,220.39	1,250.00	15.5
All Other (Specific) Injuries, NOC	5	41.7	953.19	0.00	953.19	11.8
Laceration	1	8.3	468.67	0.00	468.67	5.8
Sprain	2	16.7	0.00	0.00	0.00	0.0
Sum:	**12**		**$6,857.37**	**$1,220.39**	**$8,077.76**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
158 - VADOC-BASKERVILLE CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	2	18.2	18,342.75	21,507.09	39,849.84	95.9
Medical Only	6	54.5	1,304.31	417.88	1,722.19	4.1
Reporting Purposes Only	3	27.3	0.00	0.00	0.00	0.0
Totals:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
TIME OF INJURY						
12PM - 1:59PM	4	36.4	19,156.05	21,924.97	41,081.02	98.8
6AM - 7:59AM	3	27.3	472.19	0.00	472.19	1.1
8AM - 9:59AM	1	9.1	18.82	0.00	18.82	0.0
4AM - 5:59AM	1	9.1	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
LENGTH OF SERVICE						
20 - 22	2	18.2	18,342.75	21,507.09	39,849.84	95.9
16 - 18	1	9.1	832.12	417.88	1,250.00	3.0
2 - 4	4	36.4	472.19	0.00	472.19	1.1
0 - 2	1	9.1	0.00	0.00	0.00	0.0
6 - 8	2	18.2	0.00	0.00	0.00	0.0
18 - 20	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
Age of Claimant						
50 - 54	2	18.2	18,323.93	21,507.09	39,831.02	95.8
40 - 44	1	9.1	832.12	417.88	1,250.00	3.0
35 - 39	2	18.2	472.19	0.00	472.19	1.1
60 - 64	1	9.1	18.82	0.00	18.82	0.0
20 - 24	1	9.1	0.00	0.00	0.00	0.0
25 - 29	1	9.1	0.00	0.00	0.00	0.0
30 - 34	1	9.1	0.00	0.00	0.00	0.0
45 - 49	1	9.1	0.00	0.00	0.00	0.0
55 - 59	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
SEX OF CLAIMANT						
Female	7	63.6	18,796.12	21,507.09	40,303.21	96.9
Male	4	36.4	850.94	417.88	1,268.82	3.1
Totals:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Object on Floor	1	9.1	18,323.93	21,507.09	39,831.02	95.8
Floor	1	9.1	832.12	417.88	1,250.00	3.0
Walking surface, inside, wet	2	18.2	472.19	0.00	472.19	1.1
N/A	2	18.2	18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	9.1	0.00	0.00	0.00	0.0
Door	1	9.1	0.00	0.00	0.00	0.0
Organic Material	1	9.1	0.00	0.00	0.00	0.0
Stairs, steps	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
Totals:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
ACCIDENT TYPE						
Fall On the Same Level	6	54.5	18,796.12	21,507.09	40,303.21	96.9
Person in Act of Crime	1	9.1	832.12	417.88	1,250.00	3.0
Other Injury NEC	2	18.2	18.82	0.00	18.82	0.0
Caught In/Between-Object Handled	1	9.1	0.00	0.00	0.00	0.0
Vehicle Upset	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
BODY PART						
Lower Extremities Foot	1	9.1	18,323.93	21,507.09	39,831.02	95.8
Upper Extremities Elbow	1	9.1	832.12	417.88	1,250.00	3.0
Multiple Body Parts Multiple Body Parts	1	9.1	472.19	0.00	472.19	1.1
Multiple Body Parts Body Systems & Mu	1	9.1	18.82	0.00	18.82	0.0
Head Skull	1	9.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	18.2	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	9.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	18.2	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	
INJURY						
Fracture	1	9.1	18,323.93	21,507.09	39,831.02	95.8
Laceration	1	9.1	832.12	417.88	1,250.00	3.0
Multiple Physical Injury Only	1	9.1	472.19	0.00	472.19	1.1
Syncope	1	9.1	18.82	0.00	18.82	0.0
Contusion (Bruise, Skin Surface)	3	27.3	0.00	0.00	0.00	0.0
No Physical Injury	3	27.3	0.00	0.00	0.00	0.0
Strain	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$19,647.06**	**$21,924.97**	**$41,572.03**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
159 - VADOC-CAROLINE CORRECTION. UNIT #2						
TYPE OF CLAIM						
Medical Only	2	100.0	857.21	0.00	857.21	100.0
Totals:	**2**		**$857.21**	**$0.00**	**$857.21**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	534.33	0.00	534.33	62.3
6AM - 7:59AM	1	50.0	322.88	0.00	322.88	37.7
Totals:	**2**		**$857.21**	**$0.00**	**$857.21**	
LENGTH OF SERVICE						
0 - 2	1	50.0	534.33	0.00	534.33	62.3
10 - 12	1	50.0	322.88	0.00	322.88	37.7
Totals:	**2**		**$857.21**	**$0.00**	**$857.21**	
Age of Claimant						
25 - 29	1	50.0	534.33	0.00	534.33	62.3
50 - 54	1	50.0	322.88	0.00	322.88	37.7
Totals:	**2**		**$857.21**	**$0.00**	**$857.21**	
SEX OF CLAIMANT						
Female	1	50.0	534.33	0.00	534.33	62.3
Male	1	50.0	322.88	0.00	322.88	37.7
Totals:	**2**		**$857.21**	**$0.00**	**$857.21**	
LOSS CAUSE						
Training \ Drills	1	50.0	534.33	0.00	534.33	62.3
Shelving	1	50.0	322.88	0.00	322.88	37.7
Totals:	**2**		**$857.21**	**$0.00**	**$857.21**	
ACCIDENT TYPE						
Repetitive Motion (after 7/1/94)	1	50.0	534.33	0.00	534.33	62.3
Strain or Injury By, NOC	1	50.0	322.88	0.00	322.88	37.7
Sum:	**2**		**$857.21**	**$0.00**	**$857.21**	
BODY PART						
Lower Extremities Hip	1	50.0	534.33	0.00	534.33	62.3
Trunk Chest (Incl. Ribs, Sternum & Soft	1	50.0	322.88	0.00	322.88	37.7
Sum:	**2**		**$857.21**	**$0.00**	**$857.21**	
INJURY						
Sprain	1	50.0	534.33	0.00	534.33	62.3
Strain	1	50.0	322.88	0.00	322.88	37.7
Sum:	**2**		**$857.21**	**$0.00**	**$857.21**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
160 - VADOC-Central VA Corr. Unit #13						
TYPE OF CLAIM						
Medical Only	2	100.0	437.60	0.00	437.60	100.0
Totals:	**2**		**$437.60**	**$0.00**	**$437.60**	
TIME OF INJURY						
4AM - 5:59AM	1	50.0	437.60	0.00	437.60	100.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$437.60**	**$0.00**	**$437.60**	
LENGTH OF SERVICE						
2 - 4	1	50.0	437.60	0.00	437.60	100.0
0 - 2	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$437.60**	**$0.00**	**$437.60**	
Age of Claimant						
25 - 29	1	50.0	437.60	0.00	437.60	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$437.60**	**$0.00**	**$437.60**	
SEX OF CLAIMANT						
Female	2	100.0	437.60	0.00	437.60	100.0
Totals:	**2**		**$437.60**	**$0.00**	**$437.60**	
LOSS CAUSE						
Outside Surface	1	50.0	437.60	0.00	437.60	100.0
Floor	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$437.60**	**$0.00**	**$437.60**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	50.0	437.60	0.00	437.60	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$437.60**	**$0.00**	**$437.60**	
BODY PART						
Head Other facial soft tissue	2	100.0	437.60	0.00	437.60	100.0
Sum:	**2**		**$437.60**	**$0.00**	**$437.60**	
INJURY						
Contusion (Bruise, Skin Surface)	2	100.0	437.60	0.00	437.60	100.0
Sum:	**2**		**$437.60**	**$0.00**	**$437.60**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
251 - VADOC-Patrick Henry Corr. Unit #28						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
16 - 18	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Patient / Inmate	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Person in Act of Crime	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
257 - VADOC-RUSTBURG CORRECTION. UNIT #9						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Stairs, steps	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Claims added as of: 06/30/2025

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
291 - VADOC-Appalachian Men's CCAP						
TYPE OF CLAIM						
Medical Only	2	100.0	1,056.57	0.00	1,056.57	100.0
Totals:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	660.12	0.00	660.12	62.5
2PM - 3:59PM	1	50.0	396.45	0.00	396.45	37.5
Totals:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
LENGTH OF SERVICE						
26 - 28	1	50.0	660.12	0.00	660.12	62.5
8 - 10	1	50.0	396.45	0.00	396.45	37.5
Totals:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
Age of Claimant						
45 - 49	1	50.0	660.12	0.00	660.12	62.5
65 - 69	1	50.0	396.45	0.00	396.45	37.5
Totals:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
SEX OF CLAIMANT						
Male	1	50.0	660.12	0.00	660.12	62.5
Female	1	50.0	396.45	0.00	396.45	37.5
Totals:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
LOSS CAUSE						
Hand Truck (2w)	1	50.0	660.12	0.00	660.12	62.5
Cabinet	1	50.0	396.45	0.00	396.45	37.5
Totals:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
ACCIDENT TYPE						
Object Being Lifted or Handled	1	50.0	660.12	0.00	660.12	62.5
Fall/Slip From a Different Level	1	50.0	396.45	0.00	396.45	37.5
Sum:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
BODY PART						
Upper Extremities Finger(s)	1	50.0	660.12	0.00	660.12	62.5
Upper Extremities Lower Arm	1	50.0	396.45	0.00	396.45	37.5
Sum:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	
INJURY						
Laceration	1	50.0	660.12	0.00	660.12	62.5
Sprain	1	50.0	396.45	0.00	396.45	37.5
Sum:	**2**		**$1,056.57**	**$0.00**	**$1,056.57**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
334 - VADOC-Chesterfield Women's CCAP						
TYPE OF CLAIM						
Indemnity	1	33.3	6,592.00	0.00	6,592.00	84.1
Medical Only	2	66.7	178.04	1,071.96	1,250.00	15.9
Totals:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
TIME OF INJURY						
12PM - 1:59PM	1	33.3	6,592.00	0.00	6,592.00	84.1
12AM - 1:59AM	1	33.3	178.04	1,071.96	1,250.00	15.9
6AM - 7:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
LENGTH OF SERVICE						
0 - 2	1	33.3	6,592.00	0.00	6,592.00	84.1
20 - 22	1	33.3	178.04	1,071.96	1,250.00	15.9
6 - 8	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
Age of Claimant						
55 - 59	2	66.7	6,592.00	0.00	6,592.00	84.1
45 - 49	1	33.3	178.04	1,071.96	1,250.00	15.9
Totals:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
SEX OF CLAIMANT						
Female	3	100.0	6,770.04	1,071.96	7,842.00	100.0
Totals:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
LOSS CAUSE						
Fencing	1	33.3	6,592.00	0.00	6,592.00	84.1
Object on Floor	1	33.3	178.04	1,071.96	1,250.00	15.9
Walking surface, inside, wet	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
ACCIDENT TYPE						
Caught In/Between-Object Handled	1	33.3	6,592.00	0.00	6,592.00	84.1
Fall On the Same Level	1	33.3	178.04	1,071.96	1,250.00	15.9
Fall/Slip From Liquid or Grease Spills	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	66.7	6,770.04	1,071.96	7,842.00	100.0
Lower Extremities Knee	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Multiple Physical Injury Only	2	66.7	6,770.04	1,071.96	7,842.00	100.0
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$6,770.04**	**$1,071.96**	**$7,842.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
357 - VADOC-COLD SPRINGS CORR. UNIT #10						
TYPE OF CLAIM						
Medical Only	3	60.0	7,990.02	0.00	7,990.02	99.8
Indemnity	1	20.0	18.82	0.00	18.82	0.2
Reporting Purposes Only	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
TIME OF INJURY						
8AM - 9:59AM	1	20.0	4,204.26	0.00	4,204.26	52.5
2PM - 3:59PM	1	20.0	2,858.06	0.00	2,858.06	35.7
4PM - 5:59PM	1	20.0	927.70	0.00	927.70	11.6
10AM - 11:59AM	2	40.0	18.82	0.00	18.82	0.2
Totals:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
LENGTH OF SERVICE						
2 - 4	1	20.0	4,204.26	0.00	4,204.26	52.5
0 - 2	2	40.0	3,785.76	0.00	3,785.76	47.3
18 - 20	1	20.0	18.82	0.00	18.82	0.2
12 - 14	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
Age of Claimant						
45 - 49	2	40.0	4,223.08	0.00	4,223.08	52.7
65 - 69	1	20.0	2,858.06	0.00	2,858.06	35.7
25 - 29	1	20.0	927.70	0.00	927.70	11.6
50 - 54	1	20.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
SEX OF CLAIMANT						
Female	4	80.0	7,990.02	0.00	7,990.02	99.8
Male	1	20.0	18.82	0.00	18.82	0.2
Totals:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
LOSS CAUSE						
Fire / Flame / Smoke	1	20.0	4,204.26	0.00	4,204.26	52.5
Step stool	1	20.0	2,858.06	0.00	2,858.06	35.7
Fencing	1	20.0	927.70	0.00	927.70	11.6
Walking surface, outside, dry	2	40.0	18.82	0.00	18.82	0.2
Totals:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	1	20.0	4,204.26	0.00	4,204.26	52.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall/Slip From a Different Level	1	20.0	2,858.06	0.00	2,858.06	35.7
Cut, Punctured, Scraped, NOC	1	20.0	927.70	0.00	927.70	11.6
Other Injury NEC	1	20.0	18.82	0.00	18.82	0.2
Fall On the Same Level	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
BODY PART						
Trunk Lung(s)	1	20.0	4,204.26	0.00	4,204.26	52.5
Multiple Body Parts Multiple Body Parts	2	40.0	2,858.06	0.00	2,858.06	35.7
Upper Extremities Finger(s)	1	20.0	927.70	0.00	927.70	11.6
Lower Extremities Knee	1	20.0	18.82	0.00	18.82	0.2
Sum:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	
INJURY						
Respiratory Disorders(Gases,Fumes,Ch	1	20.0	4,204.26	0.00	4,204.26	52.5
Contusion (Bruise, Skin Surface)	1	20.0	2,858.06	0.00	2,858.06	35.7
Laceration	1	20.0	927.70	0.00	927.70	11.6
Strain	2	40.0	18.82	0.00	18.82	0.2
Sum:	**5**		**$8,008.84**	**$0.00**	**$8,008.84**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
359 - VADOC-Harrisonburg Men's CCAP						
TYPE OF CLAIM						
Medical Only	2	50.0	621.14	0.00	621.14	97.1
Indemnity	1	25.0	18.82	0.00	18.82	2.9
Reporting Purposes Only	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$639.96**	**$0.00**	**$639.96**	
TIME OF INJURY						
6AM - 7:59AM	1	25.0	621.14	0.00	621.14	97.1
4AM - 5:59AM	1	25.0	18.82	0.00	18.82	2.9
10AM - 11:59AM	1	25.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$639.96**	**$0.00**	**$639.96**	
LENGTH OF SERVICE						
4 - 6	2	50.0	621.14	0.00	621.14	97.1
2 - 4	1	25.0	18.82	0.00	18.82	2.9
24 - 26	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$639.96**	**$0.00**	**$639.96**	
Age of Claimant						
30 - 34	1	25.0	621.14	0.00	621.14	97.1
65 - 69	1	25.0	18.82	0.00	18.82	2.9
45 - 49	1	25.0	0.00	0.00	0.00	0.0
55 - 59	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$639.96**	**$0.00**	**$639.96**	
SEX OF CLAIMANT						
Male	4	100.0	639.96	0.00	639.96	100.0
Totals:	**4**		**$639.96**	**$0.00**	**$639.96**	
LOSS CAUSE						
Stairs, steps	1	25.0	621.14	0.00	621.14	97.1
Vehicle/car/truck	1	25.0	18.82	0.00	18.82	2.9
Stairs	1	25.0	0.00	0.00	0.00	0.0
Training \ Drills	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$639.96**	**$0.00**	**$639.96**	
ACCIDENT TYPE						
Twisting	1	25.0	621.14	0.00	621.14	97.1
Collision with Another Vehicle	1	25.0	18.82	0.00	18.82	2.9
Fall/Slip on Stairs	1	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$639.96**	**$0.00**	**$639.96**	
BODY PART						
Lower Extremities Ankle	1	25.0	621.14	0.00	621.14	97.1
Multiple Body Parts Multiple Body Parts	1	25.0	18.82	0.00	18.82	2.9
Lower Extremities Knee	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$639.96**	**$0.00**	**$639.96**	
INJURY						
Sprain	1	25.0	621.14	0.00	621.14	97.1
Multiple Physical Injury Only	2	50.0	18.82	0.00	18.82	2.9
Strain	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$639.96**	**$0.00**	**$639.96**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
457 - VADOC-WISE CORRECTIONAL UNIT #18						
TYPE OF CLAIM						
Indemnity	1	12.5	59.13	0.00	59.13	100.0
Reporting Purposes Only	7	87.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$59.13**	**$0.00**	**$59.13**	
TIME OF INJURY						
6AM - 7:59AM	2	25.0	59.13	0.00	59.13	100.0
12AM - 1:59AM	1	12.5	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	12.5	0.00	0.00	0.00	0.0
12PM - 1:59PM	2	25.0	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
Totals:	**8**		**$59.13**	**$0.00**	**$59.13**	
LENGTH OF SERVICE						
4 - 6	2	25.0	59.13	0.00	59.13	100.0
0 - 2	1	12.5	0.00	0.00	0.00	0.0
6 - 8	1	12.5	0.00	0.00	0.00	0.0
10 - 12	2	25.0	0.00	0.00	0.00	0.0
20 - 22	1	12.5	0.00	0.00	0.00	0.0
34 - 36	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$59.13**	**$0.00**	**$59.13**	
Age of Claimant						
50 - 54	3	37.5	59.13	0.00	59.13	100.0
30 - 34	1	12.5	0.00	0.00	0.00	0.0
40 - 44	1	12.5	0.00	0.00	0.00	0.0
45 - 49	1	12.5	0.00	0.00	0.00	0.0
55 - 59	2	25.0	0.00	0.00	0.00	0.0
Totals:	**8**		**$59.13**	**$0.00**	**$59.13**	
SEX OF CLAIMANT						
Male	7	87.5	59.13	0.00	59.13	100.0
Female	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$59.13**	**$0.00**	**$59.13**	
LOSS CAUSE						
Insufficient data	1	12.5	59.13	0.00	59.13	100.0
Fencing	1	12.5	0.00	0.00	0.00	0.0
Glass bottle / sheet	2	25.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Needle stick	1	12.5	0.00	0.00	0.00	0.0
Stairs, steps	2	25.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	12.5	0.00	0.00	0.00	0.0
Totals:	**8**		**$59.13**	**$0.00**	**$59.13**	
ACCIDENT TYPE						
Other Injury NEC	1	12.5	59.13	0.00	59.13	100.0
Cut, Punctured, Scraped, NOC	1	12.5	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	12.5	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	2	25.0	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	12.5	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	2	25.0	0.00	0.00	0.00	0.0
Sum:	**8**		**$59.13**	**$0.00**	**$59.13**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	12.5	59.13	0.00	59.13	100.0
Multiple Body Parts Multiple Body Parts	2	25.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	37.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	25.0	0.00	0.00	0.00	0.0
Sum:	**8**		**$59.13**	**$0.00**	**$59.13**	
INJURY						
All Other (Specific) Injuries, NOC	1	12.5	59.13	0.00	59.13	100.0
Laceration	1	12.5	0.00	0.00	0.00	0.0
No Physical Injury	5	62.5	0.00	0.00	0.00	0.0
Puncture	1	12.5	0.00	0.00	0.00	0.0
Sum:	**8**		**$59.13**	**$0.00**	**$59.13**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
458 - VADOC-HALIFAX CORRECTION. UNIT #23						
TYPE OF CLAIM						
Indemnity	1	9.1	18.82	16,100.00	16,118.82	84.3
Medical Only	4	36.4	2,991.88	0.00	2,991.88	15.7
Reporting Purposes Only	6	54.5	0.00	0.00	0.00	0.0
Totals:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
TIME OF INJURY						
10AM - 11:59AM	1	9.1	18.82	16,100.00	16,118.82	84.3
12PM - 1:59PM	2	18.2	2,744.12	0.00	2,744.12	14.4
8AM - 9:59AM	3	27.3	149.17	0.00	149.17	0.8
6AM - 7:59AM	2	18.2	56.28	0.00	56.28	0.3
6PM - 7:59PM	2	18.2	42.31	0.00	42.31	0.2
2PM - 3:59PM	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
LENGTH OF SERVICE						
0 - 2	4	36.4	210.30	16,100.00	16,310.30	85.3
2 - 4	5	45.5	2,800.40	0.00	2,800.40	14.7
20 - 22	1	9.1	0.00	0.00	0.00	0.0
34 - 36	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
Age of Claimant						
50 - 54	2	18.2	18.82	16,100.00	16,118.82	84.3
55 - 59	4	36.4	2,800.40	0.00	2,800.40	14.7
40 - 44	1	9.1	149.17	0.00	149.17	0.8
20 - 24	2	18.2	42.31	0.00	42.31	0.2
30 - 34	1	9.1	0.00	0.00	0.00	0.0
45 - 49	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
SEX OF CLAIMANT						
Female	9	81.8	2,968.39	16,100.00	19,068.39	99.8
Male	2	18.2	42.31	0.00	42.31	0.2
Totals:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
LOSS CAUSE						
Door	1	9.1	18.82	16,100.00	16,118.82	84.3
Wires	1	9.1	2,744.12	0.00	2,744.12	14.4
Outside Surface	1	9.1	149.17	0.00	149.17	0.8

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
N/A	2	18.2	98.59	0.00	98.59	0.5
Animal, not otherwise classified	2	18.2	0.00	0.00	0.00	0.0
Fencing	1	9.1	0.00	0.00	0.00	0.0
Object on Floor	1	9.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	9.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
ACCIDENT TYPE						
Pushing or Pulling	1	9.1	18.82	16,100.00	16,118.82	84.3
Strike Against/Step On Stationary Objec	1	9.1	2,744.12	0.00	2,744.12	14.4
Strain or Injury By, NOC	1	9.1	149.17	0.00	149.17	0.8
Other Injury NEC	1	9.1	56.28	0.00	56.28	0.3
Other than Physical Cause of Injury	1	9.1	42.31	0.00	42.31	0.2
Fall On the Same Level	2	18.2	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	9.1	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	9.1	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	9.1	0.00	0.00	0.00	0.0
Vehicle Upset	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
BODY PART						
Upper Extremities Shoulder(s)	1	9.1	18.82	16,100.00	16,118.82	84.3
Upper Extremities Finger(s)	2	18.2	2,744.12	0.00	2,744.12	14.4
Lower Extremities Lower Leg	1	9.1	149.17	0.00	149.17	0.8
Lower Extremities Ankle	1	9.1	56.28	0.00	56.28	0.3
Multiple Body Parts No Physical Injury	4	36.4	42.31	0.00	42.31	0.2
Lower Extremities Knee	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	
INJURY						
Strain	2	18.2	167.99	16,100.00	16,267.99	85.1
Laceration	2	18.2	2,744.12	0.00	2,744.12	14.4
All Other (Specific) Injuries, NOC	1	9.1	56.28	0.00	56.28	0.3
No Physical Injury	5	45.5	42.31	0.00	42.31	0.2
Contusion (Bruise, Skin Surface)	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$3,010.70**	**$16,100.00**	**$19,110.70**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
701 - VADOC-CORRECTIONS ADMINISTRATION						
TYPE OF CLAIM						
Indemnity	2	16.7	50,499.58	0.00	50,499.58	70.6
Medical Only	7	58.3	15,029.15	6,048.48	21,077.63	29.4
Reporting Purposes Only	3	25.0	0.00	0.00	0.00	0.0
Totals:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
TIME OF INJURY						
8PM - 9:59PM	1	8.3	30,490.50	0.00	30,490.50	42.6
10AM - 11:59AM	2	16.7	23,844.47	0.00	23,844.47	33.3
2PM - 3:59PM	4	33.3	9,065.54	4,860.06	13,925.60	19.5
8AM - 9:59AM	2	16.7	1,661.51	50.00	1,711.51	2.4
6AM - 7:59AM	1	8.3	111.58	1,138.42	1,250.00	1.7
4PM - 5:59PM	2	16.7	355.13	0.00	355.13	0.5
Totals:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
LENGTH OF SERVICE						
2 - 4	3	25.0	50,499.58	0.00	50,499.58	70.6
16 - 18	1	8.3	7,583.00	4,860.06	12,443.06	17.4
0 - 2	3	25.0	3,835.39	0.00	3,835.39	5.4
22 - 24	1	8.3	1,661.51	50.00	1,711.51	2.4
6 - 8	1	8.3	1,482.54	0.00	1,482.54	2.1
26 - 28	1	8.3	111.58	1,138.42	1,250.00	1.7
24 - 26	1	8.3	355.13	0.00	355.13	0.5
12 - 14	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
Age of Claimant						
45 - 49	6	50.0	43,391.43	4,860.06	48,251.49	67.4
50 - 54	4	33.3	22,025.72	50.00	22,075.72	30.8
55 - 59	2	16.7	111.58	1,138.42	1,250.00	1.7
Totals:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
SEX OF CLAIMANT						
Female	9	75.0	45,164.52	6,048.48	51,213.00	71.5
Male	3	25.0	20,364.21	0.00	20,364.21	28.5
Totals:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
LOSS CAUSE						
Walking surface, outside, dry	1	8.3	30,490.50	0.00	30,490.50	42.6
Vehicle/car/truck	1	8.3	20,009.08	0.00	20,009.08	28.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Safety Inflation Cage	1	8.3	7,583.00	4,860.06	12,443.06	17.4
Walking surface, inside, dry	1	8.3	3,835.39	0.00	3,835.39	5.4
Walking surface, inside, wet	1	8.3	1,661.51	50.00	1,711.51	2.4
Boxes / containers	1	8.3	1,482.54	0.00	1,482.54	2.1
Walking surface, outside, wet	3	25.0	111.58	1,138.42	1,250.00	1.7
Aircraft	1	8.3	355.13	0.00	355.13	0.5
Hose / hydair H2O	1	8.3	0.00	0.00	0.00	0.0
Uneven Surface	1	8.3	0.00	0.00	0.00	0.0
Totals:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
ACCIDENT TYPE						
Fall On the Same Level	4	33.3	32,263.59	1,188.42	33,452.01	46.7
Caught In/Between-Machine or Machine	1	8.3	20,009.08	0.00	20,009.08	28.0
Collision with Another Vehicle	1	8.3	7,583.00	4,860.06	12,443.06	17.4
Fall/Slip on Ice or Snow	2	16.7	3,835.39	0.00	3,835.39	5.4
Lifting	1	8.3	1,482.54	0.00	1,482.54	2.1
Strain or Injury By, NOC	1	8.3	355.13	0.00	355.13	0.5
Cut, Punctured, Scraped, NOC	1	8.3	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
BODY PART						
Lower Extremities Lower Leg	1	8.3	30,490.50	0.00	30,490.50	42.6
Multiple Body Parts Multiple Body Parts	2	16.7	21,670.59	50.00	21,720.59	30.3
Upper Extremities Upper Arm (Incl. Clav	1	8.3	7,583.00	4,860.06	12,443.06	17.4
Lower Extremities Knee	3	25.0	3,946.97	1,138.42	5,085.39	7.1
Trunk Upper Back Area (Thoracic Area)	1	8.3	1,482.54	0.00	1,482.54	2.1
Trunk Chest (Incl. Ribs, Sternum & Soft	1	8.3	355.13	0.00	355.13	0.5
Lower Extremities Hip	1	8.3	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 Shoulder(s)	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	
INJURY						
Fracture	1	8.3	30,490.50	0.00	30,490.50	42.6
Multiple Physical Injury Only	1	8.3	20,009.08	0.00	20,009.08	28.0
Burn	2	16.7	7,583.00	4,860.06	12,443.06	17.4
Contusion (Bruise, Skin Surface)	3	25.0	5,496.90	50.00	5,546.90	7.7
Inflammation	2	16.7	466.71	1,138.42	1,605.13	2.2
Strain	1	8.3	1,482.54	0.00	1,482.54	2.1
Laceration	1	8.3	0.00	0.00	0.00	0.0
Sprain	1	8.3	0.00	0.00	0.00	0.0
Sum:	**12**		**$65,528.73**	**$6,048.48**	**$71,577.21**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
711 - VADOC-VIRGINIA CORR. ENTERPRISES						
TYPE OF CLAIM						
Indemnity	1	33.3	8,939.85	19,173.72	28,113.57	99.2
Medical Only	1	33.3	230.61	0.00	230.61	0.8
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
TIME OF INJURY						
4PM - 5:59PM	1	33.3	8,939.85	19,173.72	28,113.57	99.2
10AM - 11:59AM	1	33.3	230.61	0.00	230.61	0.8
2PM - 3:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
LENGTH OF SERVICE						
2 - 4	1	33.3	8,939.85	19,173.72	28,113.57	99.2
0 - 2	1	33.3	230.61	0.00	230.61	0.8
8 - 10	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
Age of Claimant						
50 - 54	2	66.7	8,939.85	19,173.72	28,113.57	99.2
45 - 49	1	33.3	230.61	0.00	230.61	0.8
Totals:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
SEX OF CLAIMANT						
Male	3	100.0	9,170.46	19,173.72	28,344.18	100.0
Totals:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
LOSS CAUSE						
Docks,Ramps,Loading Platforms	1	33.3	8,939.85	19,173.72	28,113.57	99.2
Hand tool, not powered, NOC	1	33.3	230.61	0.00	230.61	0.8
Walking surface, outside, dry	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	33.3	8,939.85	19,173.72	28,113.57	99.2
Hand Tool, Utensil; Not Powered	1	33.3	230.61	0.00	230.61	0.8
Twisting	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	33.3	8,939.85	19,173.72	28,113.57	99.2
Lower Extremities Lower Leg	1	33.3	230.61	0.00	230.61	0.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	
INJURY						
Contusion (Bruise, Skin Surface)	1	33.3	8,939.85	19,173.72	28,113.57	99.2
Puncture	1	33.3	230.61	0.00	230.61	0.8
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$9,170.46**	**$19,173.72**	**$28,344.18**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
716 - VADOC-VIRGINIA CORR. CTR FOR WOMEN						
TYPE OF CLAIM						
Indemnity	2	10.5	87,285.79	23,300.00	110,585.79	89.3
Medical Only	16	84.2	7,746.87	5,454.28	13,201.15	10.7
Reporting Purposes Only	1	5.3	0.00	0.00	0.00	0.0
Totals:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
TIME OF INJURY						
10AM - 11:59AM	4	21.1	88,144.59	0.00	88,144.59	71.2
8AM - 9:59AM	3	15.8	1,736.25	23,300.00	25,036.25	20.2
6AM - 7:59AM	2	10.5	1,912.21	2,637.79	4,550.00	3.7
2PM - 3:59PM	4	21.1	1,548.64	1,997.90	3,546.54	2.9
12PM - 1:59PM	4	21.1	1,690.97	818.59	2,509.56	2.0
4AM - 5:59AM	1	5.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	5.3	0.00	0.00	0.00	0.0
Totals:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
LENGTH OF SERVICE						
6 - 8	1	5.3	87,266.97	0.00	87,266.97	70.5
0 - 2	12	63.2	3,874.63	26,547.90	30,422.53	24.6
18 - 20	1	5.3	1,912.21	1,387.79	3,300.00	2.7
2 - 4	3	15.8	1,329.66	818.59	2,148.25	1.7
4 - 6	2	10.5	649.19	0.00	649.19	0.5
Totals:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
Age of Claimant						
25 - 29	4	21.1	87,594.89	1,250.00	88,844.89	71.8
20 - 24	1	5.3	18.82	23,300.00	23,318.82	18.8
30 - 34	5	26.3	2,327.61	1,566.49	3,894.10	3.1
40 - 44	1	5.3	1,912.21	1,387.79	3,300.00	2.7
50 - 54	2	10.5	1,327.62	1,250.00	2,577.62	2.1
35 - 39	3	15.8	1,288.95	0.00	1,288.95	1.0
45 - 49	1	5.3	389.81	0.00	389.81	0.3
55 - 59	2	10.5	172.75	0.00	172.75	0.1
Totals:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
SEX OF CLAIMANT						
Male	3	15.8	88,418.26	747.90	89,166.16	72.0
Female	16	84.2	6,614.40	28,006.38	34,620.78	28.0
Totals:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Vehicle/car/truck	3	15.8	88,555.92	0.00	88,555.92	71.5
Uneven Surface	1	5.3	18.82	23,300.00	23,318.82	18.8
Needle stick	3	15.8	2,845.72	2,954.28	5,800.00	4.7
Stairs, steps	2	10.5	516.48	1,250.00	1,766.48	1.4
Training \ Drills	1	5.3	1,327.62	0.00	1,327.62	1.1
Person	1	5.3	0.00	1,250.00	1,250.00	1.0
Metal items	1	5.3	649.19	0.00	649.19	0.5
Chemicals, not otherwise classified	1	5.3	389.81	0.00	389.81	0.3
Wires	1	5.3	327.92	0.00	327.92	0.3
Vehicle, not otherwise classified	1	5.3	228.43	0.00	228.43	0.2
Ladder - Portable	1	5.3	172.75	0.00	172.75	0.1
Chair	1	5.3	0.00	0.00	0.00	0.0
Ergonomic Conditions	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
Totals:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	5.3	87,266.97	0.00	87,266.97	70.5
Fall On the Same Level	2	10.5	18.82	23,300.00	23,318.82	18.8
Other Injury NEC	3	15.8	2,733.43	2,206.38	4,939.81	4.0
Cut, Punctured, Scraped, NOC	3	15.8	1,400.35	747.90	2,148.25	1.7
Fall/Slip on Stairs	2	10.5	516.48	1,250.00	1,766.48	1.4
Twisting	1	5.3	1,327.62	0.00	1,327.62	1.1
Struck/Injured By Fellow Worker, Patient	1	5.3	0.00	1,250.00	1,250.00	1.0
Struck or Injury By, NOC	1	5.3	718.62	0.00	718.62	0.6
Hand Tool, Utensil; Not Powered	1	5.3	649.19	0.00	649.19	0.5
Contact with Electrical Current	1	5.3	228.43	0.00	228.43	0.2
Striking Against or Stepping On, NOC	1	5.3	172.75	0.00	172.75	0.1
Cumulative (All Other)	1	5.3	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	5.3	0.00	0.00	0.00	0.0
Sum:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	5.3	87,266.97	0.00	87,266.97	70.5
Lower Extremities Foot	1	5.3	18.82	23,300.00	23,318.82	18.8
Upper Extremities Hand	2	10.5	2,414.31	2,135.69	4,550.00	3.7
Multiple Body Parts Multiple Body Parts	2	10.5	1,327.62	0.00	1,327.62	1.1
Lower Extremities Ankle	1	5.3	0.00	1,250.00	1,250.00	1.0
Neck Multiple Neck Injury	1	5.3	0.00	1,250.00	1,250.00	1.0
Upper Extremities Thumb	1	5.3	431.41	818.59	1,250.00	1.0
Lower Extremities Knee	1	5.3	718.62	0.00	718.62	0.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	1	5.3	649.19	0.00	649.19	0.5
Lower Extremities Lower Leg	1	5.3	570.33	0.00	570.33	0.5
Upper Extremities Lower Arm	2	10.5	556.35	0.00	556.35	0.4
Head Other facial soft tissue	1	5.3	516.48	0.00	516.48	0.4
Multiple Body Parts Body Systems & Mu	1	5.3	389.81	0.00	389.81	0.3
Head Skull	1	5.3	172.75	0.00	172.75	0.1
Upper Extremities Elbow	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
Sum:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	
INJURY						
Strain	3	15.8	88,594.59	0.00	88,594.59	71.6
Multiple Injury Inc. Physical & Psycholog	1	5.3	18.82	23,300.00	23,318.82	18.8
Puncture	4	21.1	3,494.91	2,954.28	6,449.19	5.2
Sprain	2	10.5	0.00	2,500.00	2,500.00	2.0
Laceration	3	15.8	1,414.73	0.00	1,414.73	1.1
Contusion (Bruise, Skin Surface)	2	10.5	891.37	0.00	891.37	0.7
Inflammation	1	5.3	389.81	0.00	389.81	0.3
Burn	1	5.3	228.43	0.00	228.43	0.2
Multiple Physical Injury Only	1	5.3	0.00	0.00	0.00	0.0
No Physical Injury	1	5.3	0.00	0.00	0.00	0.0
Sum:	**19**		**$95,032.66**	**$28,754.28**	**$123,786.94**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
718 - VADOC-BLAND CORRECTIONAL UNIT						
TYPE OF CLAIM						
Indemnity	6	31.6	34,504.52	108,170.53	142,675.05	97.5
Medical Only	9	47.4	2,362.44	1,250.00	3,612.44	2.5
Reporting Purposes Only	4	21.1	0.00	0.00	0.00	0.0
Totals:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
TIME OF INJURY						
2PM - 3:59PM	3	15.8	22,014.75	88,619.00	110,633.75	75.6
8PM - 9:59PM	1	5.3	6,817.29	19,551.53	26,368.82	18.0
10AM - 11:59AM	4	21.1	4,708.73	0.00	4,708.73	3.2
4PM - 5:59PM	2	10.5	1,892.04	1,250.00	3,142.04	2.1
6PM - 7:59PM	1	5.3	829.44	0.00	829.44	0.6
6AM - 7:59AM	2	10.5	334.17	0.00	334.17	0.2
12PM - 1:59PM	2	10.5	171.46	0.00	171.46	0.1
8AM - 9:59AM	4	21.1	99.08	0.00	99.08	0.1
Totals:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
LENGTH OF SERVICE						
2 - 4	4	21.1	12,758.25	58,578.16	71,336.41	48.8
10 - 12	1	5.3	11,977.98	30,040.84	42,018.82	28.7
8 - 10	2	10.5	7,147.33	19,551.53	26,698.86	18.3
0 - 2	7	36.8	4,102.33	1,250.00	5,352.33	3.7
34 - 36	1	5.3	334.17	0.00	334.17	0.2
36 - 38	1	5.3	276.36	0.00	276.36	0.2
20 - 22	1	5.3	171.46	0.00	171.46	0.1
6 - 8	2	10.5	99.08	0.00	99.08	0.1
Totals:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
Age of Claimant						
40 - 44	2	10.5	9,678.18	58,578.16	68,256.34	46.7
30 - 34	6	31.6	18,268.56	30,040.84	48,309.40	33.0
50 - 54	3	15.8	7,923.09	19,551.53	27,474.62	18.8
25 - 29	2	10.5	0.00	1,250.00	1,250.00	0.9
45 - 49	2	10.5	501.50	0.00	501.50	0.3
70 - 74	1	5.3	334.17	0.00	334.17	0.2
35 - 39	2	10.5	99.08	0.00	99.08	0.1
20 - 24	1	5.3	62.38	0.00	62.38	0.0
Totals:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	11	57.9	33,643.98	108,170.53	141,814.51	96.9
Female	8	42.1	3,222.98	1,250.00	4,472.98	3.1
Totals:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
LOSS CAUSE						
Metal items	3	15.8	9,849.64	58,578.16	68,427.80	46.8
Floor	1	5.3	11,977.98	30,040.84	42,018.82	28.7
Patient / Inmate	2	10.5	6,817.29	19,551.53	26,368.82	18.0
Outside Surface	1	5.3	4,039.95	0.00	4,039.95	2.8
Chemicals, not otherwise classified	1	5.3	1,892.04	0.00	1,892.04	1.3
Animal / insect, not otherwise classifie	1	5.3	0.00	1,250.00	1,250.00	0.9
Cords	1	5.3	829.44	0.00	829.44	0.6
Scrap, Debris, Waste Material	1	5.3	358.59	0.00	358.59	0.2
Vehicle/car/truck	1	5.3	334.17	0.00	334.17	0.2
Needle stick	1	5.3	330.04	0.00	330.04	0.2
Walking surface, outside, wet	1	5.3	276.36	0.00	276.36	0.2
Ergonomic Conditions	1	5.3	99.08	0.00	99.08	0.1
Object on Floor	1	5.3	62.38	0.00	62.38	0.0
Foreign Object	1	5.3	0.00	0.00	0.00	0.0
Office equipment	1	5.3	0.00	0.00	0.00	0.0
Stairs, steps	1	5.3	0.00	0.00	0.00	0.0
Totals:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
ACCIDENT TYPE						
Lifting	1	5.3	9,678.18	58,578.16	68,256.34	46.7
Fall/Slip From Liquid or Grease Spills	1	5.3	11,977.98	30,040.84	42,018.82	28.7
Person in Act of Crime	2	10.5	6,817.29	19,551.53	26,368.82	18.0
Fall On the Same Level	2	10.5	4,869.39	0.00	4,869.39	3.3
Absorption, Ingestion or Inhalation NOC	2	10.5	2,063.50	0.00	2,063.50	1.4
Struck/Injured By Animal or Insect	1	5.3	0.00	1,250.00	1,250.00	0.9
Hand Tool, Utensil; Not Powered	1	5.3	358.59	0.00	358.59	0.2
Fall/Slip From a Different Level	1	5.3	334.17	0.00	334.17	0.2
Other Injury NEC	2	10.5	330.04	0.00	330.04	0.2
Fall/Slip on Ice or Snow	1	5.3	276.36	0.00	276.36	0.2
Strain or Injury By, NOC	1	5.3	99.08	0.00	99.08	0.1
Holding or Carrying	2	10.5	62.38	0.00	62.38	0.0
Cut, Punctured, Scraped, NOC	1	5.3	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	5.3	0.00	0.00	0.00	0.0
Sum:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
BODY PART						
Upper Extremities Shoulder(s)	1	5.3	9,678.18	58,578.16	68,256.34	46.7

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	4	21.1	12,374.53	30,040.84	42,415.37	29.0
Head Other facial soft tissue	1	5.3	6,817.29	19,551.53	26,368.82	18.0
Head Skull	1	5.3	4,039.95	0.00	4,039.95	2.8
Trunk Lung(s)	1	5.3	1,892.04	0.00	1,892.04	1.3
Lower Extremities Lower Leg	1	5.3	0.00	1,250.00	1,250.00	0.9
Lower Extremities Toe(s)	1	5.3	829.44	0.00	829.44	0.6
Upper Extremities Finger(s)	2	10.5	688.63	0.00	688.63	0.5
Multiple Body Parts Multiple Body Parts	3	15.8	276.36	0.00	276.36	0.2
Head Mouth	1	5.3	171.46	0.00	171.46	0.1
Trunk Lumbar and/or Sacral Vertebrae	1	5.3	99.08	0.00	99.08	0.1
Head Eye(s)	1	5.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	5.3	0.00	0.00	0.00	0.0
Sum:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	
INJURY						
Strain	4	21.1	10,669.08	58,578.16	69,247.24	47.3
Sprain	1	5.3	11,977.98	30,040.84	42,018.82	28.7
Contusion (Bruise, Skin Surface)	4	21.1	7,427.82	19,551.53	26,979.35	18.4
Concussion (Brain, Cerebral)	1	5.3	4,039.95	0.00	4,039.95	2.8
Puncture	3	15.8	688.63	1,250.00	1,938.63	1.3
No Physical Injury	2	10.5	1,892.04	0.00	1,892.04	1.3
Foreign Body (Eye)	1	5.3	171.46	0.00	171.46	0.1
All Other (Specific) Injuries, NOC	1	5.3	0.00	0.00	0.00	0.0
Electric Shock	1	5.3	0.00	0.00	0.00	0.0
Inflammation	1	5.3	0.00	0.00	0.00	0.0
Sum:	**19**		**$36,866.96**	**$109,420.53**	**$146,287.49**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
733 - VADOC-SUSSEX I STATE PRISON						
TYPE OF CLAIM						
Indemnity	9	33.3	56,761.87	57,118.85	113,880.72	90.6
Medical Only	18	66.7	5,682.79	6,092.47	11,775.26	9.4
Totals:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
TIME OF INJURY						
12PM - 1:59PM	9	33.3	31,458.74	27,098.94	58,557.68	46.6
6AM - 7:59AM	2	7.4	19,230.63	30,019.91	49,250.54	39.2
8AM - 9:59AM	3	11.1	7,058.99	2,565.00	9,623.99	7.7
2PM - 3:59PM	4	14.8	1,906.15	1,250.00	3,156.15	2.5
6PM - 7:59PM	2	7.4	847.21	1,250.00	2,097.21	1.7
10AM - 11:59AM	2	7.4	550.45	1,027.47	1,577.92	1.3
2AM - 3:59AM	1	3.7	785.00	0.00	785.00	0.6
4PM - 5:59PM	4	14.8	607.49	0.00	607.49	0.5
Totals:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
LENGTH OF SERVICE						
2 - 4	4	14.8	20,174.00	28,348.94	48,522.94	38.6
16 - 18	1	3.7	6,098.91	30,019.91	36,118.82	28.7
0 - 2	18	66.7	24,518.00	3,815.00	28,333.00	22.5
4 - 6	1	3.7	10,584.01	0.00	10,584.01	8.4
6 - 8	1	3.7	222.53	1,027.47	1,250.00	1.0
10 - 12	2	7.4	847.21	0.00	847.21	0.7
Totals:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
Age of Claimant						
35 - 39	2	7.4	20,027.37	27,098.94	47,126.31	37.5
50 - 54	4	14.8	6,098.91	31,269.91	37,368.82	29.7
30 - 34	2	7.4	13,885.84	0.00	13,885.84	11.1
25 - 29	5	18.5	12,347.98	0.00	12,347.98	9.8
45 - 49	5	18.5	5,736.99	1,250.00	6,986.99	5.6
20 - 24	2	7.4	2,852.42	2,565.00	5,417.42	4.3
40 - 44	4	14.8	1,055.65	1,027.47	2,083.12	1.7
55 - 59	2	7.4	439.50	0.00	439.50	0.3
65 - 69	1	3.7	0.00	0.00	0.00	0.0
Totals:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	11	40.7	35,994.54	31,941.41	67,935.95	54.1
Female	16	59.3	26,450.12	31,269.91	57,720.03	45.9
Totals:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
LOSS CAUSE						
Animal, not otherwise classified	3	11.1	30,003.89	28,348.94	58,352.83	46.4
Cords	1	3.7	6,098.91	30,019.91	36,118.82	28.7
Ladder - Fixed	2	7.4	13,243.30	0.00	13,243.30	10.5
Stairs	4	14.8	4,835.24	2,565.00	7,400.24	5.9
Object on Floor	1	3.7	3,940.87	0.00	3,940.87	3.1
Patient / Inmate	6	22.2	1,157.94	1,027.47	2,185.41	1.7
Walking surface, inside, wet	1	3.7	0.00	1,250.00	1,250.00	1.0
Stairs, steps	1	3.7	957.24	0.00	957.24	0.8
Door	1	3.7	833.12	0.00	833.12	0.7
Needle stick	1	3.7	785.00	0.00	785.00	0.6
Paper / Pulp	1	3.7	567.42	0.00	567.42	0.5
Paper/Pulp items	1	3.7	21.73	0.00	21.73	0.0
Metal items	1	3.7	0.00	0.00	0.00	0.0
Package	1	3.7	0.00	0.00	0.00	0.0
Training \ Drills	1	3.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.7	0.00	0.00	0.00	0.0
Totals:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
ACCIDENT TYPE						
Other Injury NEC	7	25.9	31,378.04	28,348.94	59,726.98	47.5
Fall On the Same Level	3	11.1	10,039.78	30,019.91	40,059.69	31.9
Fall/Slip From Ladder or Scaffolding	1	3.7	13,131.72	0.00	13,131.72	10.5
Fall/Slip on Stairs	5	18.5	5,792.48	2,565.00	8,357.48	6.7
Person in Act of Crime	5	18.5	1,157.94	1,027.47	2,185.41	1.7
Fall/Slip From Liquid or Grease Spills	1	3.7	0.00	1,250.00	1,250.00	1.0
Caught In, Under or Between, NOC	1	3.7	833.12	0.00	833.12	0.7
Strain or Injury By, NOC	1	3.7	111.58	0.00	111.58	0.1
Absorption, Ingestion or Inhalation NOC	1	3.7	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	3.7	0.00	0.00	0.00	0.0
Twisting	1	3.7	0.00	0.00	0.00	0.0
Sum:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
BODY PART						
Upper Extremities Finger(s)	2	7.4	20,204.88	27,098.94	47,303.82	37.6
Upper Extremities Hand	5	18.5	10,064.24	32,584.91	42,649.15	33.9
Lower Extremities Lower Leg	2	7.4	14,088.96	0.00	14,088.96	11.2
Upper Extremities Lower Arm	2	7.4	11,151.43	0.00	11,151.43	8.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Vertebrae	1	3.7	3,940.87	0.00	3,940.87	3.1
Multiple Body Parts Multiple Body Parts	3	11.1	21.73	1,250.00	1,271.73	1.0
Head Nose	1	3.7	222.53	1,027.47	1,250.00	1.0
Upper Extremities Thumb	2	7.4	0.00	1,250.00	1,250.00	1.0
Lower Extremities Knee	2	7.4	1,060.49	0.00	1,060.49	0.8
Lower Extremities Foot	1	3.7	754.12	0.00	754.12	0.6
Head Other facial soft tissue	1	3.7	607.49	0.00	607.49	0.5
Upper Extremities Upper Arm (Incl. Cla\	1	3.7	327.92	0.00	327.92	0.3
Head Mouth	1	3.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	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
Trunk Chest (Incl. Ribs, Sternum & Soft	1	3.7	0.00	0.00	0.00	0.0
Sum:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	
INJURY						
Sprain	10	37.0	22,928.69	31,269.91	54,198.60	43.1
Fracture	2	7.4	21,704.88	29,663.94	51,368.82	40.9
Puncture	4	14.8	11,369.01	1,250.00	12,619.01	10.0
Strain	2	7.4	4,694.99	0.00	4,694.99	3.7
Contusion (Bruise, Skin Surface)	1	3.7	222.53	1,027.47	1,250.00	1.0
Contagious Disease	1	3.7	607.49	0.00	607.49	0.5
Inflammation	2	7.4	589.15	0.00	589.15	0.5
No Physical Injury	3	11.1	327.92	0.00	327.92	0.3
Crushing	1	3.7	0.00	0.00	0.00	0.0
Foreign Body (Eye)	1	3.7	0.00	0.00	0.00	0.0
Sum:	**27**		**$62,444.66**	**$63,211.32**	**$125,655.98**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
735 - VADOC-WALLENS RIDGE STATE PRISON						
TYPE OF CLAIM						
Indemnity	13	13.3	132,165.95	785,156.41	917,322.36	88.8
Medical Only	31	31.6	77,699.98	38,527.24	116,227.22	11.2
Reporting Purposes Only	54	55.1	0.00	0.00	0.00	0.0
Totals:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
TIME OF INJURY						
10AM - 11:59AM	17	17.3	69,393.10	561,509.29	630,902.39	61.0
8AM - 9:59AM	32	32.7	88,913.45	169,817.75	258,731.20	25.0
2PM - 3:59PM	10	10.2	34,271.00	51,961.93	86,232.93	8.3
12PM - 1:59PM	7	7.1	5,583.95	38,238.58	43,822.53	4.2
6AM - 7:59AM	6	6.1	6,309.18	0.00	6,309.18	0.6
8PM - 9:59PM	3	3.1	1,745.79	906.10	2,651.89	0.3
6PM - 7:59PM	4	4.1	2,517.51	0.00	2,517.51	0.2
4PM - 5:59PM	15	15.3	1,131.95	1,250.00	2,381.95	0.2
12AM - 1:59AM	1	1.0	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	1.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	2.0	0.00	0.00	0.00	0.0
Totals:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
LENGTH OF SERVICE						
0 - 2	48	49.0	49,308.72	232,519.79	281,828.51	27.3
26 - 28	2	2.0	14,393.37	228,425.45	242,818.82	23.5
18 - 20	1	1.0	25,409.71	156,909.11	182,318.82	17.6
2 - 4	11	11.2	59,429.48	54,017.68	113,447.16	11.0
4 - 6	12	12.2	26,936.55	54,962.16	81,898.71	7.9
8 - 10	3	3.1	10,079.36	48,539.46	58,618.82	5.7
24 - 26	3	3.1	3,836.42	38,238.58	42,075.00	4.1
6 - 8	8	8.2	7,624.59	5,114.19	12,738.78	1.2
22 - 24	2	2.0	6,163.54	2,457.23	8,620.77	0.8
16 - 18	3	3.1	3,169.47	1,250.00	4,419.47	0.4
12 - 14	3	3.1	1,767.19	0.00	1,767.19	0.2
20 - 22	1	1.0	1,747.53	0.00	1,747.53	0.2
14 - 16	1	1.0	0.00	1,250.00	1,250.00	0.1
Totals:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
Age of Claimant						
45 - 49	9	9.2	44,322.11	385,334.56	429,656.67	41.6
35 - 39	11	11.2	50,978.17	152,110.52	203,088.69	19.6

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	21	21.4	39,775.49	81,577.47	121,352.96	11.7
40 - 44	8	8.2	19,555.50	49,535.45	69,090.95	6.7
30 - 34	20	20.4	30,164.79	37,193.66	67,358.45	6.5
55 - 59	4	4.1	14,710.33	35,346.59	50,056.92	4.8
60 - 64	2	2.0	5,439.08	40,605.92	46,045.00	4.5
20 - 24	15	15.3	3,268.70	41,979.48	45,248.18	4.4
15 - 19	2	2.0	1,651.76	0.00	1,651.76	0.2
50 - 54	6	6.1	0.00	0.00	0.00	0.0
Totals:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
SEX OF CLAIMANT						
Male	90	91.8	180,956.01	721,432.03	902,388.04	87.3
Female	8	8.2	28,909.92	102,251.62	131,161.54	12.7
Totals:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
LOSS CAUSE						
Patient / Inmate	71	72.4	145,641.98	645,062.60	790,704.58	76.5
Walking surface, outside, dry	4	4.1	17,022.57	53,712.16	70,734.73	6.8
Animal, not otherwise classified	2	2.0	7,062.66	51,323.72	58,386.38	5.6
Walking surface, inside, dry	2	2.0	19,257.10	35,346.59	54,603.69	5.3
Wires	1	1.0	3,836.42	38,238.58	42,075.00	4.1
Rope, cord	1	1.0	12,491.42	0.00	12,491.42	1.2
Training \ Drills	1	1.0	2,771.50	0.00	2,771.50	0.3
Walking surface, inside, wet	2	2.0	1,749.95	0.00	1,749.95	0.2
Door	2	2.0	32.33	0.00	32.33	0.0
Building parts / doors	1	1.0	0.00	0.00	0.00	0.0
Cart	2	2.0	0.00	0.00	0.00	0.0
Chair	1	1.0	0.00	0.00	0.00	0.0
Metal items	1	1.0	0.00	0.00	0.00	0.0
Overhead Object	1	1.0	0.00	0.00	0.00	0.0
Pallet,Skid,Flat	1	1.0	0.00	0.00	0.00	0.0
Stairs, steps	1	1.0	0.00	0.00	0.00	0.0
Uneven Surface	1	1.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	1.0	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.0	0.00	0.00	0.00	0.0
Work surface	1	1.0	0.00	0.00	0.00	0.0
Totals:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
ACCIDENT TYPE						
Person in Act of Crime	65	66.3	145,641.98	645,062.60	790,704.58	76.5
Twisting	1	1.0	12,536.26	53,712.16	66,248.42	6.4
Other Injury NEC	7	7.1	7,062.66	51,323.72	58,386.38	5.6
Strain or Injury By, NOC	3	3.1	20,220.61	35,346.59	55,567.20	5.4

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Cut, Punctured, Scraped, NOC	2	2.0	3,836.42	38,238.58	42,075.00	4.1
Fall On the Same Level	7	7.1	14,271.28	0.00	14,271.28	1.4
Fall/Slip into Openings	2	2.0	4,546.77	0.00	4,546.77	0.4
Fall/Slip From Liquid or Grease Spills	1	1.0	1,749.95	0.00	1,749.95	0.2
Bitten	1	1.0	0.00	0.00	0.00	0.0
Caught In/Between-Object Handled	1	1.0	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	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 Not Otherwise Classified	1	1.0	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	1.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	1.0	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	2	2.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	1.0	0.00	0.00	0.00	0.0
Sum:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
BODY PART						
Multiple Body Parts Multiple Body Parts	23	23.5	130,309.40	579,468.49	709,777.89	68.7
Lower Extremities Knee	12	12.2	23,605.11	57,329.50	80,934.61	7.8
Upper Extremities Finger(s)	5	5.1	12,377.11	48,539.46	60,916.57	5.9
Upper Extremities Multiple Upper Extrer	2	2.0	7,388.57	51,480.25	58,868.82	5.7
Upper Extremities Hand	4	4.1	6,037.46	39,538.58	45,576.04	4.4
Upper Extremities Upper Arm (Incl. Cla\	6	6.1	3,108.11	41,010.71	44,118.82	4.3
Head Multiple Head Injury	1	1.0	12,491.42	0.00	12,491.42	1.2
Upper Extremities Shoulder(s)	2	2.0	2,289.44	4,160.56	6,450.00	0.6
Upper Extremities Lower Arm	10	10.2	1,745.79	2,156.10	3,901.89	0.4
Trunk Chest (Incl. Ribs, Sternum & Soft	4	4.1	2,771.50	0.00	2,771.50	0.3
Lower Extremities Foot	1	1.0	2,738.78	0.00	2,738.78	0.3
Head Ear(s)	2	2.0	1,767.19	0.00	1,767.19	0.2
Lower Extremities Ankle	1	1.0	1,747.53	0.00	1,747.53	0.2
Trunk Buttocks	2	2.0	767.56	0.00	767.56	0.1
Head Other facial soft tissue	6	6.1	720.96	0.00	720.96	0.1
Head Facial Bones	3	3.1	0.00	0.00	0.00	0.0
Head Skull	1	1.0	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	2.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	1.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	6	6.1	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	2	2.0	0.00	0.00	0.00	0.0
Trunk Pelvis	1	1.0	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.0	0.00	0.00	0.00	0.0
Sum:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	
INJURY						
Puncture	5	5.1	42,399.45	387,538.19	429,937.64	41.6

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Laceration	22	22.4	36,750.76	149,546.27	186,297.03	18.0
Sprain	9	9.2	27,279.06	142,225.04	169,504.10	16.4
Multiple Injury Inc. Physical & Psycholog	2	2.0	3,247.45	78,640.19	81,887.64	7.9
Multiple Physical Injury Only	6	6.1	50,996.76	22,173.61	73,170.37	7.1
Strain	4	4.1	17,449.11	39,696.59	57,145.70	5.5
Contusion (Bruise, Skin Surface)	19	19.4	16,915.85	3,707.23	20,623.08	2.0
Concussion (Brain, Cerebral)	1	1.0	12,491.42	0.00	12,491.42	1.2
Burn	2	2.0	1,093.47	156.53	1,250.00	0.1
Foreign Body (Eye)	10	10.2	1,242.60	0.00	1,242.60	0.1
All Other (Specific) Injuries, NOC	1	1.0	0.00	0.00	0.00	0.0
Inflammation	8	8.2	0.00	0.00	0.00	0.0
No Physical Injury	8	8.2	0.00	0.00	0.00	0.0
Syncope	1	1.0	0.00	0.00	0.00	0.0
Sum:	**98**		**$209,865.93**	**$823,683.65**	**$1,033,549.58**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
737 - VADOC-ST BRIDES CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	6	30.0	35,541.53	37,963.26	73,504.79	88.6
Medical Only	10	50.0	6,467.17	2,985.59	9,452.76	11.4
Reporting Purposes Only	4	20.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
TIME OF INJURY						
6PM - 7:59PM	3	15.0	27,910.60	30,548.52	58,459.12	70.5
2PM - 3:59PM	1	5.0	11,846.97	399.75	12,246.72	14.8
4PM - 5:59PM	4	20.0	791.97	7,931.18	8,723.15	10.5
6AM - 7:59AM	3	15.0	426.15	1,038.83	1,464.98	1.8
8AM - 9:59AM	5	25.0	238.25	1,030.57	1,268.82	1.5
12AM - 1:59AM	1	5.0	462.91	0.00	462.91	0.6
10AM - 11:59AM	1	5.0	331.85	0.00	331.85	0.4
4AM - 5:59AM	1	5.0	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
LENGTH OF SERVICE						
0 - 2	12	60.0	23,352.01	32,932.91	56,284.92	67.8
2 - 4	1	5.0	11,846.97	399.75	12,246.72	14.8
12 - 14	1	5.0	773.15	6,700.00	7,473.15	9.0
4 - 6	3	15.0	5,320.91	50.00	5,370.91	6.5
14 - 16	2	10.0	715.66	866.19	1,581.85	1.9
20 - 22	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
Age of Claimant						
20 - 24	4	20.0	23,103.20	30,662.90	53,766.10	64.8
30 - 34	5	25.0	17,167.88	449.75	17,617.63	21.2
45 - 49	1	5.0	773.15	6,700.00	7,473.15	9.0
25 - 29	4	20.0	37.64	1,231.18	1,268.82	1.5
35 - 39	1	5.0	211.17	1,038.83	1,250.00	1.5
40 - 44	3	15.0	383.81	866.19	1,250.00	1.5
60 - 64	1	5.0	331.85	0.00	331.85	0.4
55 - 59	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	13	65.0	41,334.62	39,910.02	81,244.64	97.9
Female	7	35.0	674.08	1,038.83	1,712.91	2.1
Totals:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
LOSS CAUSE						
Patient / Inmate	10	50.0	41,195.12	39,717.67	80,912.79	97.5
Training \ Drills	1	5.0	18.82	1,231.18	1,250.00	1.5
Stairs, steps	2	10.0	462.91	0.00	462.91	0.6
Clothing / jewelry	1	5.0	331.85	0.00	331.85	0.4
Door	4	20.0	0.00	0.00	0.00	0.0
Metal items	1	5.0	0.00	0.00	0.00	0.0
Stairs	1	5.0	0.00	0.00	0.00	0.0
Totals:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
ACCIDENT TYPE						
Person in Act of Crime	9	45.0	41,195.12	39,717.67	80,912.79	97.5
Strain or Injury By, NOC	2	10.0	18.82	1,231.18	1,250.00	1.5
Fall/Slip From a Different Level	1	5.0	462.91	0.00	462.91	0.6
Lifting	1	5.0	331.85	0.00	331.85	0.4
Caught In, Under or Between, NOC	1	5.0	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	10.0	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	2	10.0	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	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
Sum:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	5.0	22,668.79	29,632.33	52,301.12	63.0
Head Other facial soft tissue	1	5.0	11,846.97	399.75	12,246.72	14.8
Upper Extremities Elbow	1	5.0	773.15	6,700.00	7,473.15	9.0
Head Eye(s)	1	5.0	4,858.00	50.00	4,908.00	5.9
Lower Extremities Knee	5	25.0	565.65	1,231.18	1,796.83	2.2
Trunk Abdomen Including Groin	1	5.0	211.17	1,038.83	1,250.00	1.5
Trunk Upper Back Area (Thoracic Area)	1	5.0	219.43	1,030.57	1,250.00	1.5
Upper Extremities Lower Arm	1	5.0	383.81	866.19	1,250.00	1.5
Lower Extremities Ankle	2	10.0	462.91	0.00	462.91	0.6
Upper Extremities Shoulder(s)	1	5.0	18.82	0.00	18.82	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	5.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	10.0	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	10.0	0.00	0.00	0.00	0.0
Sum:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	
INJURY						

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	8	40.0	28,584.68	31,587.35	60,172.03	72.5
Concussion (Brain, Cerebral)	1	5.0	11,846.97	399.75	12,246.72	14.8
Laceration	4	20.0	773.15	6,700.00	7,473.15	9.0
Sprain	4	20.0	565.65	1,231.18	1,796.83	2.2
Strain	3	15.0	238.25	1,030.57	1,268.82	1.5
Sum:	**20**		**$42,008.70**	**$40,948.85**	**$82,957.55**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
741 - VADOC-RED ONION STATE PRISON						
TYPE OF CLAIM						
Indemnity	10	6.2	171,010.59	218,535.90	389,546.49	77.0
Medical Only	54	33.5	81,383.53	34,860.45	116,243.98	23.0
Reporting Purposes Only	97	60.2	0.00	0.00	0.00	0.0
Totals:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
TIME OF INJURY						
8AM - 9:59AM	45	28.0	140,500.95	156,909.12	297,410.07	58.8
10AM - 11:59AM	34	21.1	61,743.95	6,285.78	68,029.73	13.5
4PM - 5:59PM	10	6.2	1,662.91	61,516.54	63,179.45	12.5
2PM - 3:59PM	25	15.5	6,250.92	20,539.16	26,790.08	5.3
12PM - 1:59PM	18	11.2	16,114.73	8,145.75	24,260.48	4.8
6PM - 7:59PM	8	5.0	12,522.27	0.00	12,522.27	2.5
6AM - 7:59AM	11	6.8	9,100.37	0.00	9,100.37	1.8
2AM - 3:59AM	1	0.6	2,828.28	0.00	2,828.28	0.6
10PM - 11:59PM	2	1.2	1,669.74	0.00	1,669.74	0.3
4AM - 5:59AM	1	0.6	0.00	0.00	0.00	0.0
8PM - 9:59PM	6	3.7	0.00	0.00	0.00	0.0
Totals:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
LENGTH OF SERVICE						
0 - 2	70	43.5	83,669.22	44,281.04	127,950.26	25.3
16 - 18	1	0.6	24,608.32	75,346.66	99,954.98	19.8
8 - 10	8	5.0	21,625.99	70,367.13	91,993.12	18.2
10 - 12	1	0.6	61,900.60	29,235.56	91,136.16	18.0
2 - 4	44	27.3	17,592.44	21,817.85	39,410.29	7.8
4 - 6	22	13.7	23,781.31	9,848.11	33,629.42	6.6
18 - 20	2	1.2	16,617.25	0.00	16,617.25	3.3
6 - 8	11	6.8	2,229.09	2,500.00	4,729.09	0.9
12 - 14	2	1.2	369.90	0.00	369.90	0.1
Totals:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
Age of Claimant						
45 - 49	9	5.6	70,368.69	89,502.10	159,870.79	31.6
55 - 59	4	2.5	36,946.86	80,651.03	117,597.89	23.3
25 - 29	49	30.4	34,949.23	54,420.10	89,369.33	17.7
35 - 39	21	13.0	40,958.91	1,270.00	42,228.91	8.3
20 - 24	37	23.0	21,410.88	12,784.42	34,195.30	6.8
30 - 34	27	16.8	20,698.90	8,717.24	29,416.14	5.8

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	5	3.1	16,617.25	0.00	16,617.25	3.3
60 - 64	3	1.9	6,451.83	4,812.33	11,264.16	2.2
50 - 54	3	1.9	2,629.80	0.00	2,629.80	0.5
15 - 19	3	1.9	1,361.77	1,239.13	2,600.90	0.5
Totals:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
SEX OF CLAIMANT						
Male	146	90.7	244,938.58	193,079.81	438,018.39	86.6
Female	15	9.3	7,455.54	60,316.54	67,772.08	13.4
Totals:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
LOSS CAUSE						
Patient / Inmate	122	75.8	201,477.56	173,217.63	374,695.19	74.1
Floor	2	1.2	1,652.28	60,266.54	61,918.82	12.2
Animal, not otherwise classified	2	1.2	1,037.17	18,612.18	19,649.35	3.9
Boxes / containers	3	1.9	16,617.25	0.00	16,617.25	3.3
Foreign Object	3	1.9	12,522.27	0.00	12,522.27	2.5
Walking surface, inside, wet	2	1.2	4,829.70	0.00	4,829.70	1.0
Needle stick	3	1.9	4,097.25	50.00	4,147.25	0.8
Cart	3	1.9	3,238.73	0.00	3,238.73	0.6
Walking surface, outside, wet	2	1.2	2,828.28	0.00	2,828.28	0.6
Electrical equipment	3	1.9	2,368.80	0.00	2,368.80	0.5
Stairs, steps	2	1.2	1,350.90	0.00	1,350.90	0.3
Door	2	1.2	0.00	1,250.00	1,250.00	0.2
Metal items	7	4.3	355.11	0.00	355.11	0.1
N/A	1	0.6	18.82	0.00	18.82	0.0
Cabinet	1	0.6	0.00	0.00	0.00	0.0
Fencing	1	0.6	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	0.6	0.00	0.00	0.00	0.0
Paper / Pulp	1	0.6	0.00	0.00	0.00	0.0
Totals:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
ACCIDENT TYPE						
Person in Act of Crime	118	73.3	199,940.84	173,217.63	373,158.47	73.8
Fall On the Same Level	7	4.3	6,500.80	60,266.54	66,767.34	13.2
Other Injury NEC	4	2.5	3,874.09	18,662.18	22,536.27	4.5
Lifting	2	1.2	16,617.25	0.00	16,617.25	3.3
Absorption, Ingestion or Inhalation NOC	3	1.9	12,522.27	0.00	12,522.27	2.5
Caught In/Between-Object Handled	2	1.2	2,919.77	0.00	2,919.77	0.6
Twisting	2	1.2	2,887.62	0.00	2,887.62	0.6
Fall/Slip on Ice or Snow	1	0.6	2,828.28	0.00	2,828.28	0.6
Object Being Lifted or Handled	3	1.9	1,962.90	0.00	1,962.90	0.4
Cut, Punctured, Scraped, NOC	1	0.6	0.00	1,250.00	1,250.00	0.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Falling or Flying Objec	2	1.2	1,154.70	0.00	1,154.70	0.2
Struck/Injured By Animal or Insect	1	0.6	511.53	0.00	511.53	0.1
Holding or Carrying	1	0.6	355.11	0.00	355.11	0.1
Struck/Injured By Object Being Lifted or	2	1.2	318.96	0.00	318.96	0.1
Bitten	1	0.6	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	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
Other than Physical Cause of Injury	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	0.6	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	5	3.1	0.00	0.00	0.00	0.0
Struck/Injured By Moving Parts of Machi	2	1.2	0.00	0.00	0.00	0.0
Sum:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
BODY PART						
Multiple Body Parts Multiple Body Parts	29	18.0	138,451.84	179,693.88	318,145.72	62.9
Lower Extremities Knee	15	9.3	29,446.43	29,399.21	58,845.64	11.6
Upper Extremities Finger(s)	11	6.8	13,821.24	13,203.20	27,024.44	5.3
Upper Extremities Lower Arm	12	7.5	3,263.57	19,154.98	22,418.55	4.4
Upper Extremities Shoulder(s)	4	2.5	13,365.57	6,895.75	20,261.32	4.0
Upper Extremities Elbow	3	1.9	16,617.25	0.00	16,617.25	3.3
Multiple Body Parts No Physical Injury	9	5.6	12,541.09	0.00	12,541.09	2.5
Upper Extremities Hand	11	6.8	6,736.69	0.00	6,736.69	1.3
Upper Extremities Multiple Upper Extrer	7	4.3	2,350.67	3,799.33	6,150.00	1.2
Neck Vertebrae	1	0.6	4,829.70	0.00	4,829.70	1.0
Head Other facial soft tissue	15	9.3	2,003.46	1,250.00	3,253.46	0.6
Lower Extremities Foot	1	0.6	2,919.77	0.00	2,919.77	0.6
Trunk Chest (Incl. Ribs, Sternum & Soft	7	4.3	2,328.48	0.00	2,328.48	0.5
Head Facial Bones	5	3.1	1,778.30	0.00	1,778.30	0.4
Head Mouth	6	3.7	1,548.90	0.00	1,548.90	0.3
Lower Extremities Lower Leg	2	1.2	369.90	0.00	369.90	0.1
Neck Multiple Neck Injury	1	0.6	10.63	0.00	10.63	0.0
Upper Extremities Wrist	3	1.9	10.63	0.00	10.63	0.0
Head Multiple Head Injury	2	1.2	0.00	0.00	0.00	0.0
Head Nose	2	1.2	0.00	0.00	0.00	0.0
Head Skull	2	1.2	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	0.6	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	3	1.9	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	2	1.2	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	0.6	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	1.2	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla	3	1.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	0.6	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	
INJURY						
Multiple Physical Injury Only	9	5.6	120,564.44	109,394.55	229,958.99	45.5
Sprain	11	6.8	62,815.75	35,074.96	97,890.71	19.4
Contusion (Bruise, Skin Surface)	52	32.3	19,621.85	64,607.18	84,229.03	16.7
Puncture	8	5.0	12,911.96	29,166.91	42,078.87	8.3
No Physical Injury	40	24.8	14,092.67	1,250.00	15,342.67	3.0
Strain	14	8.7	9,620.64	5,345.38	14,966.02	3.0
Laceration	23	14.3	4,965.92	4,525.55	9,491.47	1.9
Concussion (Brain, Cerebral)	1	0.6	3,645.16	3,204.84	6,850.00	1.4
Fracture	1	0.6	2,133.45	826.98	2,960.43	0.6
Poisoning-General (Not OD or Cum Injur	1	0.6	2,003.46	0.00	2,003.46	0.4
Syncope	1	0.6	18.82	0.00	18.82	0.0
Sum:	**161**		**$252,394.12**	**$253,396.35**	**$505,790.47**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
742 - VADOC-ACADEMY FOR STAFF DEVELOPMNT						
TYPE OF CLAIM						
Indemnity	1	11.1	34,529.52	0.00	34,529.52	80.9
Medical Only	7	77.8	6,953.56	1,188.42	8,141.98	19.1
Reporting Purposes Only	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
TIME OF INJURY						
10AM - 11:59AM	4	44.4	37,135.28	1,188.42	38,323.70	89.8
2PM - 3:59PM	3	33.3	4,196.65	0.00	4,196.65	9.8
12PM - 1:59PM	1	11.1	111.58	0.00	111.58	0.3
4PM - 5:59PM	1	11.1	39.57	0.00	39.57	0.1
Totals:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
LENGTH OF SERVICE						
0 - 2	3	33.3	34,914.93	0.00	34,914.93	81.8
16 - 18	1	11.1	3,850.81	0.00	3,850.81	9.0
26 - 28	1	11.1	1,283.56	0.00	1,283.56	3.0
12 - 14	1	11.1	1,210.62	50.00	1,260.62	3.0
18 - 20	1	11.1	111.58	1,138.42	1,250.00	2.9
6 - 8	1	11.1	111.58	0.00	111.58	0.3
20 - 22	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
Age of Claimant						
55 - 59	1	11.1	34,529.52	0.00	34,529.52	80.9
40 - 44	1	11.1	3,850.81	0.00	3,850.81	9.0
60 - 64	3	33.3	457.42	1,138.42	1,595.84	3.7
45 - 49	1	11.1	1,283.56	0.00	1,283.56	3.0
65 - 69	1	11.1	1,210.62	50.00	1,260.62	3.0
35 - 39	2	22.2	151.15	0.00	151.15	0.4
Totals:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
SEX OF CLAIMANT						
Female	4	44.4	36,197.56	50.00	36,247.56	84.9
Male	5	55.6	5,285.52	1,138.42	6,423.94	15.1
Totals:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
LOSS CAUSE						
Floor	2	22.2	35,813.08	0.00	35,813.08	83.9
Person	2	22.2	3,850.81	0.00	3,850.81	9.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Training \ Drills	2	22.2	151.15	1,138.42	1,289.57	3.0
Food	1	11.1	1,210.62	50.00	1,260.62	3.0
Recreational equipment	2	22.2	457.42	0.00	457.42	1.1
Totals:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
ACCIDENT TYPE						
Fall On the Same Level	2	22.2	34,529.52	0.00	34,529.52	80.9
Struck/Injured By Fellow Worker, Patient	1	11.1	3,850.81	0.00	3,850.81	9.0
Twisting	2	22.2	457.42	1,138.42	1,595.84	3.7
Strain or Injury By, NOC	2	22.2	1,322.20	50.00	1,372.20	3.2
Fall, Slip or Trip, NOC	1	11.1	1,283.56	0.00	1,283.56	3.0
Cut, Punctured, Scraped, NOC	1	11.1	39.57	0.00	39.57	0.1
Sum:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
BODY PART						
Lower Extremities Knee	4	44.4	38,603.49	1,138.42	39,741.91	93.1
Lower Extremities Upper Leg	1	11.1	1,283.56	0.00	1,283.56	3.0
Upper Extremities Wrist(s) and Hand(s)	1	11.1	1,210.62	50.00	1,260.62	3.0
Lower Extremities Toe(s)	1	11.1	345.84	0.00	345.84	0.8
Head Mouth	1	11.1	39.57	0.00	39.57	0.1
Upper Extremities Elbow	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	
INJURY						
Dislocation	1	11.1	34,529.52	0.00	34,529.52	80.9
Sprain	4	44.4	5,284.59	1,188.42	6,473.01	15.2
Strain	1	11.1	1,283.56	0.00	1,283.56	3.0
Fracture	1	11.1	345.84	0.00	345.84	0.8
Puncture	1	11.1	39.57	0.00	39.57	0.1
Multiple Physical Injury Only	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$41,483.08**	**$1,188.42**	**$42,671.50**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
743 - VADOC-FLUVANNA CORRECTIONAL CENTER						
TYPE OF CLAIM						
Medical Only	25	62.5	18,203.15	2,122.78	20,325.93	64.8
Indemnity	4	10.0	11,065.34	0.00	11,065.34	35.2
Reporting Purposes Only	11	27.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
TIME OF INJURY						
8AM - 9:59AM	9	22.5	12,407.52	0.00	12,407.52	39.5
10AM - 11:59AM	5	12.5	7,616.66	0.00	7,616.66	24.3
12PM - 1:59PM	8	20.0	4,629.22	0.00	4,629.22	14.7
2PM - 3:59PM	9	22.5	2,397.64	1,219.89	3,617.53	11.5
4PM - 5:59PM	3	7.5	1,540.18	902.89	2,443.07	7.8
6PM - 7:59PM	1	2.5	347.93	0.00	347.93	1.1
10PM - 11:59PM	1	2.5	329.34	0.00	329.34	1.0
4AM - 5:59AM	1	2.5	0.00	0.00	0.00	0.0
6AM - 7:59AM	3	7.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
LENGTH OF SERVICE						
0 - 2	25	62.5	11,093.72	1,219.89	12,313.61	39.2
8 - 10	1	2.5	7,551.93	0.00	7,551.93	24.1
4 - 6	4	10.0	6,058.91	0.00	6,058.91	19.3
2 - 4	4	10.0	3,823.85	0.00	3,823.85	12.2
6 - 8	1	2.5	347.11	902.89	1,250.00	4.0
16 - 18	1	2.5	392.97	0.00	392.97	1.3
12 - 14	1	2.5	0.00	0.00	0.00	0.0
26 - 28	3	7.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
Age of Claimant						
40 - 44	4	10.0	7,700.82	0.00	7,700.82	24.5
25 - 29	5	12.5	5,084.55	2,122.78	7,207.33	23.0
50 - 54	4	10.0	6,036.62	0.00	6,036.62	19.2
35 - 39	9	22.5	4,831.15	0.00	4,831.15	15.4
30 - 34	4	10.0	2,288.48	0.00	2,288.48	7.3
55 - 59	3	7.5	1,756.53	0.00	1,756.53	5.6
45 - 49	7	17.5	985.64	0.00	985.64	3.1
20 - 24	3	7.5	584.70	0.00	584.70	1.9
15 - 19	1	2.5	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
SEX OF CLAIMANT						
Male	12	30.0	18,259.86	902.89	19,162.75	61.0
Female	28	70.0	11,008.63	1,219.89	12,228.52	39.0
Totals:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
LOSS CAUSE						
Person	2	5.0	7,551.93	0.00	7,551.93	24.1
Fire / Flame / Smoke	1	2.5	4,294.67	0.00	4,294.67	13.7
Hand tool, not powered, NOC	1	2.5	4,290.85	0.00	4,290.85	13.7
Patient / Inmate	8	20.0	3,357.90	902.89	4,260.79	13.6
Walking surface, inside, dry	4	10.0	3,025.78	0.00	3,025.78	9.6
Building parts / doors	2	5.0	2,104.46	0.00	2,104.46	6.7
Door	3	7.5	1,403.39	0.00	1,403.39	4.5
Training \ Drills	3	7.5	48.93	1,219.89	1,268.82	4.0
Boxes / containers	1	2.5	1,217.09	0.00	1,217.09	3.9
Sharp objects, not otherwise classified	1	2.5	911.84	0.00	911.84	2.9
Outside Surface	1	2.5	592.67	0.00	592.67	1.9
Cleaning Products	1	2.5	255.36	0.00	255.36	0.8
Animal / insect, not otherwise classifie	1	2.5	148.89	0.00	148.89	0.5
Cart	1	2.5	64.73	0.00	64.73	0.2
Chair	1	2.5	0.00	0.00	0.00	0.0
Fencing	1	2.5	0.00	0.00	0.00	0.0
Food	1	2.5	0.00	0.00	0.00	0.0
Gas / Fumes	1	2.5	0.00	0.00	0.00	0.0
Gun / gunshot	1	2.5	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	2.5	0.00	0.00	0.00	0.0
Machine, not otherwise classified	2	5.0	0.00	0.00	0.00	0.0
Metal items	1	2.5	0.00	0.00	0.00	0.0
Uneven Surface	1	2.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	2	5.0	7,551.93	0.00	7,551.93	24.1
Hand Tool, Utensil; Not Powered	2	5.0	5,202.69	0.00	5,202.69	16.6
Absorption, Ingestion or Inhalation NOC	3	7.5	4,550.03	0.00	4,550.03	14.5
Person in Act of Crime	7	17.5	3,357.90	902.89	4,260.79	13.6
Object Being Lifted or Handled	2	5.0	1,756.53	0.00	1,756.53	5.6
Other Injury NEC	3	7.5	1,738.06	0.00	1,738.06	5.5
Fall On the Same Level	6	15.0	1,280.01	0.00	1,280.01	4.1
Contact With Not Otherwise Classified	1	2.5	30.11	1,219.89	1,250.00	4.0
Lifting	1	2.5	1,217.09	0.00	1,217.09	3.9

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with a Fixed Object	1	2.5	800.10	0.00	800.10	2.5
Caught In, Under or Between, NOC	2	5.0	603.29	0.00	603.29	1.9
Fall/Slip on Ice or Snow	1	2.5	592.67	0.00	592.67	1.9
Caught In/Between-Object Handled	1	2.5	347.93	0.00	347.93	1.1
Struck/Injured By Animal or Insect	1	2.5	148.89	0.00	148.89	0.5
Struck or Injury By, NOC	1	2.5	64.73	0.00	64.73	0.2
Strain or Injury By, NOC	1	2.5	18.82	0.00	18.82	0.1
Twisting	1	2.5	7.71	0.00	7.71	0.0
Contact with Hot Object or Substance	1	2.5	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	2.5	0.00	0.00	0.00	0.0
Striking Against or Stepping On, 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
Sum:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
BODY PART						
Lower Extremities Knee	9	22.5	9,316.52	0.00	9,316.52	29.7
Trunk Lung(s)	2	5.0	4,294.67	0.00	4,294.67	13.7
Upper Extremities Thumb	1	2.5	4,290.85	0.00	4,290.85	13.7
Lower Extremities Foot	4	10.0	2,733.10	0.00	2,733.10	8.7
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.5	2,288.48	0.00	2,288.48	7.3
Upper Extremities Finger(s)	3	7.5	1,298.33	902.89	2,201.22	7.0
Multiple Body Parts Body Systems & Mu	1	2.5	1,280.01	0.00	1,280.01	4.1
Multiple Body Parts No Physical Injury	2	5.0	30.11	1,219.89	1,250.00	4.0
Upper Extremities Hand	2	5.0	1,217.09	0.00	1,217.09	3.9
Upper Extremities Elbow	2	5.0	800.10	0.00	800.10	2.5
Multiple Body Parts Multiple Body Parts	2	5.0	592.67	0.00	592.67	1.9
Lower Extremities Lower Leg	1	2.5	392.97	0.00	392.97	1.3
Trunk Abdomen Including Groin	2	5.0	329.34	0.00	329.34	1.0
Head Eye(s)	1	2.5	255.36	0.00	255.36	0.8
Head Multiple Head Injury	1	2.5	148.89	0.00	148.89	0.5
Head Other facial soft tissue	1	2.5	0.00	0.00	0.00	0.0
Head Teeth	1	2.5	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	2	5.0	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.5	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla	1	2.5	0.00	0.00	0.00	0.0
Sum:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	
INJURY						
Contusion (Bruise, Skin Surface)	5	12.5	10,234.48	0.00	10,234.48	32.6
Respiratory Disorders(Gases,Fumes,Ch	2	5.0	4,294.67	0.00	4,294.67	13.7
Laceration	3	7.5	4,290.85	0.00	4,290.85	13.7
Inflammation	6	15.0	2,793.52	0.00	2,793.52	8.9
Crushing	3	7.5	2,707.75	0.00	2,707.75	8.6

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	5	12.5	1,699.51	0.00	1,699.51	5.4
Fracture	2	5.0	347.11	902.89	1,250.00	4.0
Heat Prostration	1	2.5	30.11	1,219.89	1,250.00	4.0
Strain	3	7.5	1,217.09	0.00	1,217.09	3.9
All Other (Specific) Injuries, NOC	1	2.5	911.84	0.00	911.84	2.9
Multiple Physical Injury Only	5	12.5	592.67	0.00	592.67	1.9
Puncture	1	2.5	148.89	0.00	148.89	0.5
Burn	1	2.5	0.00	0.00	0.00	0.0
No Physical Injury	1	2.5	0.00	0.00	0.00	0.0
Syncope	1	2.5	0.00	0.00	0.00	0.0
Sum:	**40**		**$29,268.49**	**$2,122.78**	**$31,391.27**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
745 - VADOC-NOTTOWAY CORRECTIONAL CENTER						
TYPE OF CLAIM						
Indemnity	11	22.9	24,981.97	207,633.77	232,615.74	94.2
Medical Only	16	33.3	8,509.80	5,682.42	14,192.22	5.8
Reporting Purposes Only	21	43.8	0.00	0.00	0.00	0.0
Totals:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
TIME OF INJURY						
2PM - 3:59PM	5	10.4	8,794.08	192,410.60	201,204.68	81.5
10AM - 11:59AM	9	18.8	10,478.89	18,405.59	28,884.48	11.7
12AM - 1:59AM	2	4.2	12,201.14	0.00	12,201.14	4.9
8PM - 9:59PM	6	12.5	885.77	2,500.00	3,385.77	1.4
6PM - 7:59PM	6	12.5	609.97	0.00	609.97	0.2
12PM - 1:59PM	13	27.1	521.92	0.00	521.92	0.2
8AM - 9:59AM	3	6.3	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	4.2	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	4.2	0.00	0.00	0.00	0.0
Totals:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
LENGTH OF SERVICE						
0 - 2	18	37.5	6,187.48	80,978.89	87,166.37	35.3
12 - 14	1	2.1	18.82	79,650.00	79,668.82	32.3
4 - 6	3	6.3	7,635.24	36,214.13	43,849.37	17.8
2 - 4	19	39.6	19,508.47	16,473.17	35,981.64	14.6
28 - 30	1	2.1	85.30	0.00	85.30	0.0
6 - 8	4	8.3	56.46	0.00	56.46	0.0
8 - 10	1	2.1	0.00	0.00	0.00	0.0
20 - 22	1	2.1	0.00	0.00	0.00	0.0
Totals:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
Age of Claimant						
20 - 24	6	12.5	11,359.09	115,943.02	127,302.11	51.6
35 - 39	3	6.3	18.82	79,650.00	79,668.82	32.3
25 - 29	6	12.5	5,086.30	15,223.17	20,309.47	8.2
45 - 49	4	8.3	12,647.78	0.00	12,647.78	5.1
30 - 34	8	16.7	3,235.56	0.00	3,235.56	1.3
15 - 19	3	6.3	143.00	1,250.00	1,393.00	0.6
55 - 59	6	12.5	56.46	1,250.00	1,306.46	0.5
65 - 69	3	6.3	821.82	0.00	821.82	0.3
60 - 64	2	4.2	85.30	0.00	85.30	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	4	8.3	18.82	0.00	18.82	0.0
50 - 54	3	6.3	18.82	0.00	18.82	0.0
Totals:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
SEX OF CLAIMANT						
Female	27	56.3	28,637.53	132,416.19	161,053.72	65.3
Male	21	43.8	4,854.24	80,900.00	85,754.24	34.7
Totals:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
LOSS CAUSE						
Vehicle/car/truck	6	12.5	2,427.57	159,378.89	161,806.46	65.6
Patient / Inmate	11	22.9	9,027.37	33,031.71	42,059.08	17.0
Paper / Pulp	1	2.1	4,695.65	15,223.17	19,918.82	8.1
Fencing	1	2.1	12,201.14	0.00	12,201.14	4.9
Stairs, steps	2	4.2	2,071.73	3,182.42	5,254.15	2.1
Razor blade	1	2.1	0.00	1,250.00	1,250.00	0.5
Walking surface, inside, wet	2	4.2	0.00	1,250.00	1,250.00	0.5
Uneven Surface	1	2.1	821.82	0.00	821.82	0.3
Door	3	6.3	742.77	0.00	742.77	0.3
Fire / Flame / Smoke	1	2.1	572.33	0.00	572.33	0.2
Stone / rock / brick	1	2.1	446.64	0.00	446.64	0.2
Cart	1	2.1	390.65	0.00	390.65	0.2
Food	3	6.3	56.46	0.00	56.46	0.0
Foreign Object	1	2.1	18.82	0.00	18.82	0.0
Gas / Fumes	1	2.1	18.82	0.00	18.82	0.0
Animal, not otherwise classified	2	4.2	0.00	0.00	0.00	0.0
Battery	1	2.1	0.00	0.00	0.00	0.0
Building parts / doors	1	2.1	0.00	0.00	0.00	0.0
Chair	1	2.1	0.00	0.00	0.00	0.0
Floor	1	2.1	0.00	0.00	0.00	0.0
Gun / gunshot	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	1	2.1	0.00	0.00	0.00	0.0
Water	3	6.3	0.00	0.00	0.00	0.0
Totals:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
ACCIDENT TYPE						
Collision with Another Vehicle	5	10.4	2,408.75	159,378.89	161,787.64	65.6
Person in Act of Crime	11	22.9	9,027.37	33,031.71	42,059.08	17.0
Fall/Slip From a Different Level	2	4.2	4,695.65	15,223.17	19,918.82	8.1
Struck/Injured By Moving Parts of Machi	1	2.1	12,201.14	0.00	12,201.14	4.9
Fall/Slip on Stairs	3	6.3	2,071.73	4,432.42	6,504.15	2.6
Cut, Punctured, Scraped, NOC	3	6.3	18.82	1,250.00	1,268.82	0.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall On the Same Level	4	8.3	1,268.46	0.00	1,268.46	0.5
Caught In/Between-Object Handled	2	4.2	742.77	0.00	742.77	0.3
Other Injury NEC	5	10.4	628.79	0.00	628.79	0.3
Caught In, Under or Between, NOC	2	4.2	390.65	0.00	390.65	0.2
Dust, Gases, Fumes or Vapors	1	2.1	18.82	0.00	18.82	0.0
Strain or Injury By, NOC	1	2.1	18.82	0.00	18.82	0.0
Fall/Slip From Liquid or Grease Spills	1	2.1	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	4.2	0.00	0.00	0.00	0.0
Lifting	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
Struck/Injured By Animal or Insect	2	4.2	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
Sum:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
BODY PART						
Multiple Body Parts Multiple Body Parts	9	18.8	6,912.77	159,378.89	166,291.66	67.4
Multiple Body Parts Body Systems & Mu	1	2.1	5,563.51	33,031.71	38,595.22	15.6
Trunk Low Back Area (Incl. Lumbar & Li	1	2.1	4,695.65	15,223.17	19,918.82	8.1
Upper Extremities Hand	3	6.3	12,591.79	0.00	12,591.79	5.1
Upper Extremities Wrist	1	2.1	2,071.73	3,182.42	5,254.15	2.1
Upper Extremities Finger(s)	4	8.3	742.77	1,250.00	1,992.77	0.8
Upper Extremities Shoulder(s)	1	2.1	0.00	1,250.00	1,250.00	0.5
Multiple Body Parts No Physical Injury	8	16.7	572.33	0.00	572.33	0.2
Head Other facial soft tissue	5	10.4	143.00	0.00	143.00	0.1
Lower Extremities Lower Leg	1	2.1	85.30	0.00	85.30	0.0
Neck Larynx	3	6.3	56.46	0.00	56.46	0.0
Lower Extremities Ankle	2	4.2	18.82	0.00	18.82	0.0
Trunk Heart	1	2.1	18.82	0.00	18.82	0.0
Upper Extremities Lower Arm	1	2.1	18.82	0.00	18.82	0.0
Head Eye(s)	1	2.1	0.00	0.00	0.00	0.0
Head Facial Bones	1	2.1	0.00	0.00	0.00	0.0
Head Mouth	1	2.1	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	4.2	0.00	0.00	0.00	0.0
Multiple Body Parts Insufficient Info to Id	1	2.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	2.1	0.00	0.00	0.00	0.0
Sum:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	2	4.2	2,408.75	159,378.89	161,787.64	65.6
Laceration	5	10.4	5,648.81	34,281.71	39,930.52	16.2
Strain	3	6.3	4,695.65	16,473.17	21,168.82	8.6
Sprain	5	10.4	14,291.69	3,182.42	17,474.11	7.1
Contusion (Bruise, Skin Surface)	7	14.6	3,769.21	0.00	3,769.21	1.5

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	2.1	821.82	0.00	821.82	0.3
Crushing	2	4.2	742.77	0.00	742.77	0.3
No Physical Injury	16	33.3	572.33	0.00	572.33	0.2
Inflammation	1	2.1	446.64	0.00	446.64	0.2
Asphyxiation	3	6.3	56.46	0.00	56.46	0.0
Infection	1	2.1	18.82	0.00	18.82	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	2.1	18.82	0.00	18.82	0.0
Puncture	1	2.1	0.00	0.00	0.00	0.0
Sum:	**48**		**$33,491.77**	**$213,316.19**	**$246,807.96**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
747 - VADOC-MARION CORRECTIONAL TRMT CTR						
TYPE OF CLAIM						
Medical Only	5	35.7	4,976.34	1,980.58	6,956.92	87.6
Indemnity	1	7.1	982.80	0.00	982.80	12.4
Reporting Purposes Only	8	57.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
TIME OF INJURY						
12PM - 1:59PM	5	35.7	1,769.42	1,980.58	3,750.00	47.2
12AM - 1:59AM	1	7.1	2,204.43	0.00	2,204.43	27.8
6AM - 7:59AM	3	21.4	1,985.29	0.00	1,985.29	25.0
8AM - 9:59AM	2	14.3	0.00	0.00	0.00	0.0
10AM - 11:59AM	1	7.1	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	7.1	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
LENGTH OF SERVICE						
6 - 8	2	14.3	2,204.43	0.00	2,204.43	27.8
0 - 2	2	14.3	1,985.29	0.00	1,985.29	25.0
4 - 6	3	21.4	710.99	539.01	1,250.00	15.7
20 - 22	2	14.3	509.15	740.85	1,250.00	15.7
22 - 24	1	7.1	549.28	700.72	1,250.00	15.7
2 - 4	1	7.1	0.00	0.00	0.00	0.0
16 - 18	1	7.1	0.00	0.00	0.00	0.0
18 - 20	1	7.1	0.00	0.00	0.00	0.0
14 - 16	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
Age of Claimant						
30 - 34	5	35.7	1,713.48	539.01	2,252.49	28.4
35 - 39	1	7.1	2,204.43	0.00	2,204.43	27.8
55 - 59	2	14.3	549.28	700.72	1,250.00	15.7
60 - 64	1	7.1	509.15	740.85	1,250.00	15.7
45 - 49	3	21.4	982.80	0.00	982.80	12.4
40 - 44	1	7.1	0.00	0.00	0.00	0.0
50 - 54	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	11	78.6	4,956.65	1,980.58	6,937.23	87.4
Female	3	21.4	1,002.49	0.00	1,002.49	12.6
Totals:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
LOSS CAUSE						
Patient / Inmate	7	50.0	1,769.42	1,980.58	3,750.00	47.2
N/A	1	7.1	2,204.43	0.00	2,204.43	27.8
Door	1	7.1	1,002.49	0.00	1,002.49	12.6
Vehicle/car/truck	1	7.1	982.80	0.00	982.80	12.4
Cabinet	1	7.1	0.00	0.00	0.00	0.0
Cart	1	7.1	0.00	0.00	0.00	0.0
Person	1	7.1	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
ACCIDENT TYPE						
Person in Act of Crime	5	35.7	1,769.42	1,980.58	3,750.00	47.2
Strain or Injury By, NOC	1	7.1	2,204.43	0.00	2,204.43	27.8
Striking Against or Stepping On, NOC	1	7.1	1,002.49	0.00	1,002.49	12.6
Fall/Slip From a Different Level	1	7.1	982.80	0.00	982.80	12.4
Fall/Slip on Ice or Snow	1	7.1	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	7.1	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	7.1	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	2	14.3	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
BODY PART						
Head Skull	2	14.3	1,551.77	700.72	2,252.49	28.4
Trunk Low Back Area (Incl. Lumbar & Li	1	7.1	2,204.43	0.00	2,204.43	27.8
Head Multiple Head Injury	2	14.3	710.99	539.01	1,250.00	15.7
Upper Extremities Lower Arm	1	7.1	509.15	740.85	1,250.00	15.7
Upper Extremities Elbow	1	7.1	982.80	0.00	982.80	12.4
Head Other facial soft tissue	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
Multiple Body Parts No Physical Injury	2	14.3	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	
INJURY						
Contusion (Bruise, Skin Surface)	7	50.0	2,534.57	700.72	3,235.29	40.7

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain	1	7.1	2,204.43	0.00	2,204.43	27.8
Inflammation	1	7.1	710.99	539.01	1,250.00	15.7
Puncture	1	7.1	509.15	740.85	1,250.00	15.7
No Physical Injury	4	28.6	0.00	0.00	0.00	0.0
Sum:	**14**		**$5,959.14**	**$1,980.58**	**$7,939.72**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
749 - VADOC-BUCKINGHAM CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	3	9.7	8,280.14	28,113.88	36,394.02	76.9
Medical Only	15	48.4	8,441.42	2,489.13	10,930.55	23.1
Reporting Purposes Only	13	41.9	0.00	0.00	0.00	0.0
Totals:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
TIME OF INJURY						
8PM - 9:59PM	3	9.7	8,220.63	23,635.75	31,856.38	67.3
8AM - 9:59AM	5	16.1	170.31	4,478.13	4,648.44	9.8
6AM - 7:59AM	5	16.1	3,170.98	0.00	3,170.98	6.7
12PM - 1:59PM	4	12.9	1,268.46	1,250.00	2,518.46	5.3
2PM - 3:59PM	2	6.5	1,592.91	0.00	1,592.91	3.4
10PM - 11:59PM	2	6.5	1,264.99	0.00	1,264.99	2.7
2AM - 3:59AM	1	3.2	10.87	1,239.13	1,250.00	2.6
10AM - 11:59AM	2	6.5	640.85	0.00	640.85	1.4
4PM - 5:59PM	5	16.1	362.74	0.00	362.74	0.8
4AM - 5:59AM	1	3.2	18.82	0.00	18.82	0.0
6PM - 7:59PM	1	3.2	0.00	0.00	0.00	0.0
Totals:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
LENGTH OF SERVICE						
2 - 4	9	29.0	8,419.81	24,885.75	33,305.56	70.4
18 - 20	2	6.5	40.69	4,478.13	4,518.82	9.5
34 - 36	1	3.2	3,170.98	0.00	3,170.98	6.7
0 - 2	12	38.7	1,642.07	1,239.13	2,881.20	6.1
24 - 26	1	3.2	1,542.17	0.00	1,542.17	3.3
14 - 16	1	3.2	1,264.99	0.00	1,264.99	2.7
6 - 8	4	12.9	640.85	0.00	640.85	1.4
4 - 6	1	3.2	0.00	0.00	0.00	0.0
Totals:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
Age of Claimant						
20 - 24	1	3.2	8,220.63	23,635.75	31,856.38	67.3
55 - 59	2	6.5	3,211.67	4,478.13	7,689.80	16.2
30 - 34	6	19.4	1,909.31	1,250.00	3,159.31	6.7
25 - 29	10	32.3	572.79	1,239.13	1,811.92	3.8
45 - 49	2	6.5	1,542.17	0.00	1,542.17	3.3
50 - 54	2	6.5	1,264.99	0.00	1,264.99	2.7
35 - 39	4	12.9	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	3	9.7	0.00	0.00	0.00	0.0
60 - 64	1	3.2	0.00	0.00	0.00	0.0
Totals:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
SEX OF CLAIMANT						
Male	18	58.1	10,347.52	29,363.88	39,711.40	83.9
Female	13	41.9	6,374.04	1,239.13	7,613.17	16.1
Totals:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
LOSS CAUSE						
Patient / Inmate	12	38.7	10,178.03	29,353.01	39,531.04	83.5
Needle stick	1	3.2	3,170.98	0.00	3,170.98	6.7
Ceiling	1	3.2	1,542.17	0.00	1,542.17	3.3
Hot/Cold Object, Liquid, Substance	1	3.2	1,268.46	0.00	1,268.46	2.7
Step stool	1	3.2	0.00	1,250.00	1,250.00	2.6
Fencing	1	3.2	362.74	0.00	362.74	0.8
Animal, not otherwise classified	1	3.2	129.62	0.00	129.62	0.3
Person	2	6.5	69.56	0.00	69.56	0.1
Chair	2	6.5	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	3.2	0.00	0.00	0.00	0.0
Door	1	3.2	0.00	0.00	0.00	0.0
Floor	1	3.2	0.00	0.00	0.00	0.0
Metal items	1	3.2	0.00	0.00	0.00	0.0
Object on Floor	1	3.2	0.00	0.00	0.00	0.0
Sprayer	1	3.2	0.00	0.00	0.00	0.0
Stairs	1	3.2	0.00	0.00	0.00	0.0
Stairs, steps	1	3.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	3.2	0.00	0.00	0.00	0.0
Totals:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
ACCIDENT TYPE						
Person in Act of Crime	10	32.3	10,178.03	29,353.01	39,531.04	83.5
Other Injury NEC	2	6.5	3,170.98	0.00	3,170.98	6.7
Struck/Injured By Falling or Flying Objec	1	3.2	1,542.17	0.00	1,542.17	3.3
Foreign Body in Eye	1	3.2	1,268.46	0.00	1,268.46	2.7
Struck or Injury By, NOC	1	3.2	0.00	1,250.00	1,250.00	2.6
Cut, Punctured, Scraped, NOC	3	9.7	362.74	0.00	362.74	0.8
Struck/Injured By Animal or Insect	1	3.2	129.62	0.00	129.62	0.3
Struck/Injured By Fellow Worker, Patient	2	6.5	69.56	0.00	69.56	0.1
Burn or Scald-Chemicals	1	3.2	0.00	0.00	0.00	0.0
Fall On the Same Level	2	6.5	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.2	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	3.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	2	6.5	0.00	0.00	0.00	0.0
Lifting	1	3.2	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	3.2	0.00	0.00	0.00	0.0
Wielding or Throwing	1	3.2	0.00	0.00	0.00	0.0
Sum:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
BODY PART						
Head Other facial soft tissue	4	12.9	8,861.48	23,635.75	32,497.23	68.7
Upper Extremities Thumb	2	6.5	3,211.67	4,478.13	7,689.80	16.2
Upper Extremities Lower Arm	3	9.7	1,571.86	1,239.13	2,810.99	5.9
Head Eye(s)	3	9.7	2,533.45	0.00	2,533.45	5.4
Lower Extremities Toe(s)	1	3.2	0.00	1,250.00	1,250.00	2.6
Upper Extremities Finger(s)	1	3.2	362.74	0.00	362.74	0.8
Lower Extremities Upper Leg	1	3.2	129.62	0.00	129.62	0.3
Trunk Low Back Area (Incl. Lumbar & Li	1	3.2	50.74	0.00	50.74	0.1
Head Skull	1	3.2	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	3.2	0.00	0.00	0.00	0.0
Lower Extremities Knee	2	6.5	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	3.2	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	5	16.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	3.2	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	3.2	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	3.2	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	3.2	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	3.2	0.00	0.00	0.00	0.0
Sum:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	
INJURY						
Contusion (Bruise, Skin Surface)	9	29.0	9,792.49	24,874.88	34,667.37	73.3
Dislocation	1	3.2	40.69	4,478.13	4,518.82	9.5
Puncture	2	6.5	3,300.60	0.00	3,300.60	7.0
Foreign Body (Eye)	2	6.5	2,533.45	0.00	2,533.45	5.4
Fracture	1	3.2	0.00	1,250.00	1,250.00	2.6
No Physical Injury	7	22.6	640.85	0.00	640.85	1.4
Laceration	4	12.9	362.74	0.00	362.74	0.8
Strain	2	6.5	50.74	0.00	50.74	0.1
All Other (Specific) Injuries, NOC	1	3.2	0.00	0.00	0.00	0.0
Burn	1	3.2	0.00	0.00	0.00	0.0
Sprain	1	3.2	0.00	0.00	0.00	0.0
Sum:	**31**		**$16,721.56**	**$30,603.01**	**$47,324.57**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
752 - VADOC-State Farm Infirmary Annex						
TYPE OF CLAIM						
Medical Only	30	37.0	47,320.42	5,462.36	52,782.78	92.9
Indemnity	3	3.7	4,040.70	0.00	4,040.70	7.1
Reporting Purposes Only	48	59.3	0.00	0.00	0.00	0.0
Totals:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
TIME OF INJURY						
10PM - 11:59PM	2	2.5	15,314.13	0.00	15,314.13	27.0
4PM - 5:59PM	11	13.6	12,243.01	708.57	12,951.58	22.8
2PM - 3:59PM	11	13.6	11,915.27	312.39	12,227.66	21.5
8AM - 9:59AM	15	18.5	3,432.79	1,941.40	5,374.19	9.5
10AM - 11:59AM	13	16.0	3,943.18	0.00	3,943.18	6.9
6PM - 7:59PM	2	2.5	2,459.97	0.00	2,459.97	4.3
2AM - 3:59AM	2	2.5	569.88	1,250.00	1,819.88	3.2
4AM - 5:59AM	4	4.9	1,464.07	0.00	1,464.07	2.6
12PM - 1:59PM	8	9.9	0.00	1,250.00	1,250.00	2.2
6AM - 7:59AM	9	11.1	18.82	0.00	18.82	0.0
12AM - 1:59AM	2	2.5	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	2.5	0.00	0.00	0.00	0.0
Totals:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
LENGTH OF SERVICE						
2 - 4	11	13.6	17,727.28	1,250.00	18,977.28	33.4
4 - 6	7	8.6	11,944.88	312.39	12,257.27	21.6
0 - 2	34	42.0	7,808.90	2,649.97	10,458.87	18.4
14 - 16	1	1.2	6,507.81	0.00	6,507.81	11.5
10 - 12	4	4.9	2,944.58	0.00	2,944.58	5.2
6 - 8	7	8.6	2,478.79	0.00	2,478.79	4.4
18 - 20	3	3.7	797.55	1,250.00	2,047.55	3.6
26 - 28	1	1.2	823.41	0.00	823.41	1.4
8 - 10	6	7.4	327.92	0.00	327.92	0.6
16 - 18	1	1.2	0.00	0.00	0.00	0.0
20 - 22	3	3.7	0.00	0.00	0.00	0.0
22 - 24	1	1.2	0.00	0.00	0.00	0.0
24 - 26	1	1.2	0.00	0.00	0.00	0.0
28 - 30	1	1.2	0.00	0.00	0.00	0.0
Totals:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
Age of Claimant						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	15	18.5	20,565.80	1,941.40	22,507.20	39.6
30 - 34	8	9.9	11,864.18	0.00	11,864.18	20.9
50 - 54	9	11.1	6,537.42	1,250.00	7,787.42	13.7
25 - 29	7	8.6	4,766.85	708.57	5,475.42	9.6
35 - 39	8	9.9	4,483.35	312.39	4,795.74	8.4
55 - 59	11	13.6	797.55	1,250.00	2,047.55	3.6
45 - 49	9	11.1	1,393.29	0.00	1,393.29	2.5
70 - 74	1	1.2	614.13	0.00	614.13	1.1
65 - 69	1	1.2	327.92	0.00	327.92	0.6
40 - 44	8	9.9	10.63	0.00	10.63	0.0
15 - 19	2	2.5	0.00	0.00	0.00	0.0
60 - 64	2	2.5	0.00	0.00	0.00	0.0
Totals:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
SEX OF CLAIMANT						
Male	58	71.6	43,657.90	1,712.36	45,370.26	79.8
Female	23	28.4	7,703.22	3,750.00	11,453.22	20.2
Totals:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
LOSS CAUSE						
Animal, not otherwise classified	2	2.5	15,314.13	0.00	15,314.13	27.0
Patient / Inmate	15	18.5	10,704.24	2,962.36	13,666.60	24.1
Environmental conditions	2	2.5	11,197.66	0.00	11,197.66	19.7
Walking surface, inside, wet	5	6.2	4,774.25	0.00	4,774.25	8.4
Sharp objects, not otherwise classified	2	2.5	3,788.55	0.00	3,788.55	6.7
Door	6	7.4	821.16	1,250.00	2,071.16	3.6
N/A	3	3.7	29.61	1,250.00	1,279.61	2.3
Tractor trailer equipment	1	1.2	902.66	0.00	902.66	1.6
Uneven Surface	1	1.2	823.41	0.00	823.41	1.4
Walking surface, outside, wet	2	2.5	797.55	0.00	797.55	1.4
Building parts / doors	2	2.5	666.52	0.00	666.52	1.2
Chair	1	1.2	614.13	0.00	614.13	1.1
Animal / tick, spider, etc.	1	1.2	569.88	0.00	569.88	1.0
Nail	1	1.2	327.92	0.00	327.92	0.6
Gun / gunshot	4	4.9	18.82	0.00	18.82	0.0
Training \ Drills	1	1.2	10.63	0.00	10.63	0.0
Fencing	1	1.2	0.00	0.00	0.00	0.0
Forklift	1	1.2	0.00	0.00	0.00	0.0
Heating equipment	1	1.2	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	1	1.2	0.00	0.00	0.00	0.0
Metal items	1	1.2	0.00	0.00	0.00	0.0
Pike pole 8'	1	1.2	0.00	0.00	0.00	0.0
Stairs	1	1.2	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trailer Dolly	1	1.2	0.00	0.00	0.00	0.0
Trash receptacle	1	1.2	0.00	0.00	0.00	0.0
Vehicle/car/truck	20	24.7	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	1	1.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	1.2	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	1.2	0.00	0.00	0.00	0.0
Totals:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
ACCIDENT TYPE						
Motor Vehicle, NOC	6	7.4	15,314.13	0.00	15,314.13	27.0
Temperature Extremes	1	1.2	11,197.66	0.00	11,197.66	19.7
Person in Act of Crime	11	13.6	10,143.99	1,003.79	11,147.78	19.6
Fall/Slip From Liquid or Grease Spills	3	3.7	4,003.06	0.00	4,003.06	7.0
Hand Tool, Utensil; Not Powered	4	4.9	3,788.55	0.00	3,788.55	6.7
Caught In, Under or Between, NOC	4	4.9	666.52	1,250.00	1,916.52	3.4
Other Injury NEC	3	3.7	599.49	1,250.00	1,849.49	3.3
Fall On the Same Level	5	6.2	1,385.32	0.00	1,385.32	2.4
Dust, Gases, Fumes or Vapors	1	1.2	0.00	1,250.00	1,250.00	2.2
Struck/Injured By Fellow Worker, Patient	2	2.5	541.43	708.57	1,250.00	2.2
Fall/Slip From a Different Level	2	2.5	902.66	0.00	902.66	1.6
Fall/Slip into Openings	1	1.2	823.41	0.00	823.41	1.4
Caught In/Between-Object Handled	2	2.5	821.16	0.00	821.16	1.4
Fall/Slip on Ice or Snow	3	3.7	797.55	0.00	797.55	1.4
Cut, Punctured, Scraped, NOC	1	1.2	327.92	0.00	327.92	0.6
Other than Physical Cause of Injury	1	1.2	18.82	0.00	18.82	0.0
Struck/Injured By Falling or Flying Objec	1	1.2	18.82	0.00	18.82	0.0
Strain or Injury By, NOC	1	1.2	10.63	0.00	10.63	0.0
Collision with a Fixed Object	8	9.9	0.00	0.00	0.00	0.0
Collision with Another Vehicle	13	16.0	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	1.2	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	1.2	0.00	0.00	0.00	0.0
Gunshot	3	3.7	0.00	0.00	0.00	0.0
Lifting	1	1.2	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	1.2	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	1.2	0.00	0.00	0.00	0.0
Sum:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
BODY PART						
Multiple Body Parts Multiple Body Parts	4	4.9	16,987.98	0.00	16,987.98	29.9
Multiple Body Parts Body Systems & Mu	3	3.7	11,227.27	0.00	11,227.27	19.8
Head Other facial soft tissue	5	6.2	6,507.81	0.00	6,507.81	11.5
Upper Extremities Shoulder(s)	3	3.7	3,460.00	1,399.97	4,859.97	8.6
Lower Extremities Ankle	2	2.5	4,826.47	0.00	4,826.47	8.5

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	7	8.6	4,455.07	0.00	4,455.07	7.8
Upper Extremities Hand	5	6.2	821.16	1,250.00	2,071.16	3.6
Multiple Body Parts Insufficient Info to Ic	1	1.2	0.00	1,250.00	1,250.00	2.2
Trunk Lung(s)	1	1.2	0.00	1,250.00	1,250.00	2.2
Trunk Chest (Incl. Ribs, Sternum & Soft	2	2.5	717.61	312.39	1,030.00	1.8
Lower Extremities Hip	1	1.2	797.55	0.00	797.55	1.4
Lower Extremities Knee	5	6.2	614.13	0.00	614.13	1.1
Lower Extremities Foot	1	1.2	569.88	0.00	569.88	1.0
Head Skull	2	2.5	327.92	0.00	327.92	0.6
Lower Extremities Upper Leg	2	2.5	29.45	0.00	29.45	0.1
Multiple Body Parts No Physical Injury	33	40.7	18.82	0.00	18.82	0.0
Head Multiple Head Injury	1	1.2	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	1.2	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	1	1.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.2	0.00	0.00	0.00	0.0
Sum:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	
INJURY						
Multiple Physical Injury Only	5	6.2	16,987.98	0.00	16,987.98	29.9
Heat Prostration	1	1.2	11,197.66	0.00	11,197.66	19.7
Sprain	7	8.6	8,286.47	1,399.97	9,686.44	17.0
Concussion (Brain, Cerebral)	1	1.2	6,507.81	0.00	6,507.81	11.5
Puncture	6	7.4	4,524.98	312.39	4,837.37	8.5
Contusion (Bruise, Skin Surface)	13	16.0	2,613.15	1,250.00	3,863.15	6.8
Inhalation	1	1.2	0.00	1,250.00	1,250.00	2.2
No Physical Injury	38	46.9	0.00	1,250.00	1,250.00	2.2
Strain	3	3.7	624.76	0.00	624.76	1.1
Inflammation	2	2.5	569.88	0.00	569.88	1.0
All Other (Specific) Injuries, NOC	1	1.2	29.61	0.00	29.61	0.1
Mental Stress	1	1.2	18.82	0.00	18.82	0.0
Burn	1	1.2	0.00	0.00	0.00	0.0
Syncope	1	1.2	0.00	0.00	0.00	0.0
Sum:	**81**		**$51,361.12**	**$5,462.36**	**$56,823.48**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
753 - VADOC-DEERFIELD CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	2	14.3	23,735.03	15,175.85	38,910.88	93.6
Medical Only	5	35.7	1,391.21	1,250.00	2,641.21	6.4
Reporting Purposes Only	7	50.0	0.00	0.00	0.00	0.0
Totals:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
TIME OF INJURY						
8PM - 9:59PM	1	7.1	4,592.97	15,175.85	19,768.82	47.6
10AM - 11:59AM	2	14.3	19,142.06	0.00	19,142.06	46.1
6AM - 7:59AM	1	7.1	0.00	1,250.00	1,250.00	3.0
12PM - 1:59PM	2	14.3	569.92	0.00	569.92	1.4
4PM - 5:59PM	1	7.1	498.09	0.00	498.09	1.2
2AM - 3:59AM	1	7.1	323.20	0.00	323.20	0.8
8AM - 9:59AM	3	21.4	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	7.1	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	14.3	0.00	0.00	0.00	0.0
Totals:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
LENGTH OF SERVICE						
0 - 2	7	50.0	20,035.18	0.00	20,035.18	48.2
28 - 30	1	7.1	4,592.97	15,175.85	19,768.82	47.6
4 - 6	2	14.3	0.00	1,250.00	1,250.00	3.0
30 - 32	1	7.1	498.09	0.00	498.09	1.2
2 - 4	3	21.4	0.00	0.00	0.00	0.0
Totals:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
Age of Claimant						
45 - 49	2	14.3	5,012.68	15,175.85	20,188.53	48.6
20 - 24	2	14.3	19,465.26	0.00	19,465.26	46.8
35 - 39	1	7.1	0.00	1,250.00	1,250.00	3.0
65 - 69	2	14.3	498.09	0.00	498.09	1.2
55 - 59	1	7.1	150.21	0.00	150.21	0.4
30 - 34	3	21.4	0.00	0.00	0.00	0.0
40 - 44	1	7.1	0.00	0.00	0.00	0.0
50 - 54	2	14.3	0.00	0.00	0.00	0.0
Totals:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	5	35.7	19,640.15	1,250.00	20,890.15	50.3
Female	9	64.3	5,486.09	15,175.85	20,661.94	49.7
Totals:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
LOSS CAUSE						
Door	2	14.3	5,012.68	15,175.85	20,188.53	48.6
Walking surface, inside, wet	3	21.4	19,142.06	0.00	19,142.06	46.1
Fencing	2	14.3	498.09	1,250.00	1,748.09	4.2
Vehicle, not otherwise classified	1	7.1	323.20	0.00	323.20	0.8
Walking surface, outside, dry	2	14.3	150.21	0.00	150.21	0.4
Animal / insect, not otherwise classifie	1	7.1	0.00	0.00	0.00	0.0
Cart	1	7.1	0.00	0.00	0.00	0.0
Chair	1	7.1	0.00	0.00	0.00	0.0
Outside Surface	1	7.1	0.00	0.00	0.00	0.0
Totals:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	7.1	4,592.97	15,175.85	19,768.82	47.6
Fall On the Same Level	4	28.6	19,142.06	0.00	19,142.06	46.1
Twisting	1	7.1	0.00	1,250.00	1,250.00	3.0
Caught In/Between-Machine or Machine	1	7.1	498.09	0.00	498.09	1.2
Caught In, Under or Between, NOC	2	14.3	419.71	0.00	419.71	1.0
Motor Vehicle, NOC	1	7.1	323.20	0.00	323.20	0.8
Fall, Slip or Trip, NOC	3	21.4	150.21	0.00	150.21	0.4
Bitten	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	7.1	4,592.97	15,175.85	19,768.82	47.6
Upper Extremities Shoulder(s)	1	7.1	19,142.06	0.00	19,142.06	46.1
Trunk Low Back Area (Incl. Lumbar & Li	1	7.1	0.00	1,250.00	1,250.00	3.0
Upper Extremities Lower Arm	1	7.1	498.09	0.00	498.09	1.2
Upper Extremities Hand	1	7.1	419.71	0.00	419.71	1.0
Head Skull	1	7.1	323.20	0.00	323.20	0.8
Lower Extremities Knee	2	14.3	150.21	0.00	150.21	0.4
Lower Extremities Foot	1	7.1	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	14.3	0.00	0.00	0.00	0.0
Trunk Buttocks	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	7.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	
INJURY						

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Company: Commonwealth of Virginia

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Contusion (Bruise, Skin Surface)	7	50.0	5,660.98	15,175.85	20,836.83	50.1
Dislocation	1	7.1	19,142.06	0.00	19,142.06	46.1
Strain	1	7.1	0.00	1,250.00	1,250.00	3.0
No Physical Injury	3	21.4	323.20	0.00	323.20	0.8
Inflammation	1	7.1	0.00	0.00	0.00	0.0
Laceration	1	7.1	0.00	0.00	0.00	0.0
Sum:	**14**		**$25,126.24**	**$16,425.85**	**$41,552.09**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
756 - VADOC-INSTITUTIONS ADMINISTRATION						
TYPE OF CLAIM						
Indemnity	9	21.4	85,738.81	494,276.48	580,015.29	97.3
Medical Only	20	47.6	7,420.12	8,677.73	16,097.85	2.7
Reporting Purposes Only	13	31.0	0.00	0.00	0.00	0.0
Totals:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
TIME OF INJURY						
10AM - 11:59AM	8	19.0	39,050.50	407,118.94	446,169.44	74.8
8AM - 9:59AM	11	26.2	48,805.92	26,835.80	75,641.72	12.7
4PM - 5:59PM	4	9.5	2,397.19	49,392.65	51,789.84	8.7
2PM - 3:59PM	5	11.9	1,849.64	18,356.82	20,206.46	3.4
12AM - 1:59AM	3	7.1	18.82	1,250.00	1,268.82	0.2
12PM - 1:59PM	7	16.7	408.07	0.00	408.07	0.1
6AM - 7:59AM	3	7.1	336.71	0.00	336.71	0.1
4AM - 5:59AM	1	2.4	292.08	0.00	292.08	0.0
Totals:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
LENGTH OF SERVICE						
24 - 26	1	2.4	36,190.52	405,868.94	442,059.46	74.2
0 - 2	16	38.1	5,890.67	63,829.90	69,720.57	11.7
6 - 8	2	4.8	17,210.49	25,808.33	43,018.82	7.2
4 - 6	5	11.9	31,775.16	0.00	31,775.16	5.3
18 - 20	1	2.4	18.82	5,000.00	5,018.82	0.8
2 - 4	9	21.4	1,343.42	1,250.00	2,593.42	0.4
16 - 18	3	7.1	711.03	1,197.04	1,908.07	0.3
30 - 32	1	2.4	18.82	0.00	18.82	0.0
12 - 14	1	2.4	0.00	0.00	0.00	0.0
20 - 22	1	2.4	0.00	0.00	0.00	0.0
14 - 16	1	2.4	0.00	0.00	0.00	0.0
26 - 28	1	2.4	0.00	0.00	0.00	0.0
Totals:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
Age of Claimant						
55 - 59	5	11.9	37,788.39	407,118.94	444,907.33	74.6
65 - 69	6	14.3	2,335.58	49,223.08	51,558.66	8.6
30 - 34	4	9.5	17,845.81	25,808.33	43,654.14	7.3
60 - 64	5	11.9	29,921.89	0.00	29,921.89	5.0
50 - 54	3	7.1	42.69	8,376.13	8,418.82	1.4
35 - 39	6	14.3	2,177.38	6,230.69	8,408.07	1.4

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
40 - 44	2	4.8	241.35	6,027.47	6,268.82	1.1
45 - 49	5	11.9	1,531.44	169.57	1,701.01	0.3
25 - 29	4	9.5	982.32	0.00	982.32	0.2
20 - 24	2	4.8	292.08	0.00	292.08	0.0
Totals:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
SEX OF CLAIMANT						
Male	26	61.9	89,640.97	473,930.90	563,571.87	94.5
Female	16	38.1	3,517.96	29,023.31	32,541.27	5.5
Totals:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
LOSS CAUSE						
Ladder - Fixed	1	2.4	36,190.52	405,868.94	442,059.46	74.2
Vehicle/car/truck	10	23.8	20,627.13	60,731.53	81,358.66	13.6
Wood Items	1	2.4	29,921.89	0.00	29,921.89	5.0
Animal, not otherwise classified	3	7.1	1,511.09	27,826.27	29,337.36	4.9
N/A	1	2.4	18.82	5,000.00	5,018.82	0.8
Vehicle, not otherwise classified	1	2.4	1,579.05	0.00	1,579.05	0.3
Chemicals, not otherwise classified	1	2.4	0.00	1,250.00	1,250.00	0.2
Door	1	2.4	0.00	1,250.00	1,250.00	0.2
Walking surface, inside, wet	3	7.1	222.53	1,027.47	1,250.00	0.2
Walking surface, outside, wet	1	2.4	1,066.56	0.00	1,066.56	0.2
Fencing	2	4.8	666.09	0.00	666.09	0.1
Cylinder	1	2.4	408.07	0.00	408.07	0.1
Outside Surface	1	2.4	336.71	0.00	336.71	0.1
Electric Drill	1	2.4	298.61	0.00	298.61	0.1
Needle stick	1	2.4	274.22	0.00	274.22	0.0
Insufficient data	1	2.4	18.82	0.00	18.82	0.0
Walking surface, inside, dry	2	4.8	18.82	0.00	18.82	0.0
Boxes / containers	1	2.4	0.00	0.00	0.00	0.0
Building parts / doors	1	2.4	0.00	0.00	0.00	0.0
Cart	1	2.4	0.00	0.00	0.00	0.0
Floor	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
Pallet,Skid,Flat	1	2.4	0.00	0.00	0.00	0.0
Person	1	2.4	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	2.4	0.00	0.00	0.00	0.0
Stairs, steps	1	2.4	0.00	0.00	0.00	0.0
Training \ Drills	1	2.4	0.00	0.00	0.00	0.0
Totals:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
ACCIDENT TYPE						
Fall/Slip From Ladder or Scaffolding	1	2.4	36,190.52	405,868.94	442,059.46	74.2

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with a Fixed Object	2	4.8	17,210.49	25,808.33	43,018.82	7.2
Fall On the Same Level	6	14.3	30,258.60	0.00	30,258.60	5.1
Collision with Another Vehicle	4	9.5	3,373.95	26,547.07	29,921.02	5.0
Struck/Injured By Animal or Insect	2	4.8	1,126.64	27,826.27	28,952.91	4.9
Struck/Injured By Motor Vehicle	1	2.4	42.69	8,376.13	8,418.82	1.4
Other Injury NEC	9	21.4	696.31	6,250.00	6,946.31	1.2
Contact with Hot Object or Substance	1	2.4	1,579.05	0.00	1,579.05	0.3
Fall/Slip From a Different Level	2	4.8	0.00	1,250.00	1,250.00	0.2
Fall/Slip From Liquid or Grease Spills	2	4.8	222.53	1,027.47	1,250.00	0.2
Fall/Slip on Ice or Snow	2	4.8	1,066.56	0.00	1,066.56	0.2
Struck/Injured By Falling or Flying Objec	1	2.4	408.07	0.00	408.07	0.1
Twisting	2	4.8	392.83	0.00	392.83	0.1
Object Being Lifted or Handled	1	2.4	298.61	0.00	298.61	0.1
Struck or Injury By, NOC	2	4.8	292.08	0.00	292.08	0.0
Contact With Not Otherwise Classified	1	2.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	2.4	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	2.4	0.00	0.00	0.00	0.0
Strike Against Moving Parts of Machine	1	2.4	0.00	0.00	0.00	0.0
Sum:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	
BODY PART						
Lower Extremities Ankle	4	9.5	36,569.92	414,245.07	450,814.99	75.6
Head Multiple Head Injury	1	2.4	17,210.49	25,808.33	43,018.82	7.2
Multiple Body Parts Multiple Body Parts	6	14.3	3,438.16	27,826.27	31,264.43	5.2
Upper Extremities Shoulder(s)	1	2.4	29,921.89	0.00	29,921.89	5.0
Upper Extremities Multiple Upper Extrer	2	4.8	1,524.21	21,396.81	22,921.02	3.8
Neck Soft Tissue-Neck	1	2.4	1,769.31	4,980.69	6,750.00	1.1
Multiple Body Parts No Physical Injury	8	19.0	37.64	5,000.00	5,037.64	0.8
Lower Extremities Knee	5	11.9	241.35	1,027.47	1,268.82	0.2
Head Eye(s)	1	2.4	0.00	1,250.00	1,250.00	0.2
Upper Extremities Elbow	1	2.4	0.00	1,250.00	1,250.00	0.2
Upper Extremities Hand	2	4.8	632.70	0.00	632.70	0.1
Lower Extremities Lower Leg	1	2.4	408.07	0.00	408.07	0.1
Upper Extremities Thumb	1	2.4	384.45	0.00	384.45	0.1
Trunk Low Back Area (Incl. Lumbar & Li	1	2.4	374.01	0.00	374.01	0.1
Head Nose	2	4.8	292.08	0.00	292.08	0.0
Upper Extremities Finger(s)	1	2.4	274.22	0.00	274.22	0.0
Trunk Upper Back Area (Thoracic Area)	1	2.4	80.43	169.57	250.00	0.0
Lower Extremities Foot	1	2.4	0.00	0.00	0.00	0.0
Trunk Buttocks	1	2.4	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	2.4	0.00	0.00	0.00	0.0
Sum:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Multiple Physical Injury Only	3	7.1	54,193.56	459,503.54	513,697.10	86.2
Strain	12	28.6	33,150.59	4,980.69	38,131.28	6.4
Multiple Injury Inc. Physical & Psycholog	2	4.8	1,604.64	21,566.38	23,171.02	3.9
Fracture	1	2.4	42.69	8,376.13	8,418.82	1.4
Mental Stress	1	2.4	18.82	5,000.00	5,018.82	0.8
Contusion (Bruise, Skin Surface)	6	14.3	1,641.22	2,277.47	3,918.69	0.7
Burn	2	4.8	1,579.05	0.00	1,579.05	0.3
All Other (Specific) Injuries, NOC	1	2.4	0.00	1,250.00	1,250.00	0.2
Puncture	3	7.1	572.83	0.00	572.83	0.1
Sprain	2	4.8	336.71	0.00	336.71	0.1
No Physical Injury	9	21.4	18.82	0.00	18.82	0.0
Sum:	**42**		**$93,158.93**	**$502,954.21**	**$596,113.14**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
757 - VADOC-PATRICK HENRY CORR. UNIT #28						
TYPE OF CLAIM						
Medical Only	1	33.3	189.60	0.00	189.60	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$189.60**	**$0.00**	**$189.60**	
TIME OF INJURY						
10AM - 11:59AM	3	100.0	189.60	0.00	189.60	100.0
Totals:	**3**		**$189.60**	**$0.00**	**$189.60**	
LENGTH OF SERVICE						
2 - 4	1	33.3	189.60	0.00	189.60	100.0
0 - 2	1	33.3	0.00	0.00	0.00	0.0
4 - 6	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$189.60**	**$0.00**	**$189.60**	
Age of Claimant						
55 - 59	1	33.3	189.60	0.00	189.60	100.0
40 - 44	1	33.3	0.00	0.00	0.00	0.0
45 - 49	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$189.60**	**$0.00**	**$189.60**	
SEX OF CLAIMANT						
Male	1	33.3	189.60	0.00	189.60	100.0
Female	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$189.60**	**$0.00**	**$189.60**	
LOSS CAUSE						
Stairs, steps	1	33.3	189.60	0.00	189.60	100.0
Floor	1	33.3	0.00	0.00	0.00	0.0
Patient / Inmate	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$189.60**	**$0.00**	**$189.60**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	33.3	189.60	0.00	189.60	100.0
Fall On the Same Level	1	33.3	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$189.60**	**$0.00**	**$189.60**	
BODY PART						
Lower Extremities Knee	2	66.7	189.60	0.00	189.60	100.0
Multiple Body Parts No Physical Injury	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$189.60**	**$0.00**	**$189.60**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Contusion (Bruise, Skin Surface)	1	33.3	189.60	0.00	189.60	100.0
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
Sum:	**3**		**$189.60**	**$0.00**	**$189.60**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
767 - VADOC -COMMUNITY CORRECTIONS ADMIN						
TYPE OF CLAIM						
Indemnity	5	17.2	53,064.57	44,424.09	97,488.66	83.8
Medical Only	14	48.3	8,819.52	10,051.38	18,870.90	16.2
Reporting Purposes Only	10	34.5	0.00	0.00	0.00	0.0
Totals:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	
TIME OF INJURY						
6AM - 7:59AM	3	10.3	47,696.77	44,424.09	92,120.86	79.2
8AM - 9:59AM	7	24.1	6,233.98	8,801.38	15,035.36	12.9
12PM - 1:59PM	2	6.9	5,637.08	0.00	5,637.08	4.8
2PM - 3:59PM	7	24.1	2,230.64	0.00	2,230.64	1.9
10AM - 11:59AM	3	10.3	0.00	1,250.00	1,250.00	1.1
4PM - 5:59PM	7	24.1	85.62	0.00	85.62	0.1
Totals:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	
LENGTH OF SERVICE						
6 - 8	6	20.7	49,559.86	45,674.09	95,233.95	81.8
0 - 2	10	34.5	6,209.99	7,249.94	13,459.93	11.6
12 - 14	1	3.4	5,637.08	0.00	5,637.08	4.8
2 - 4	4	13.8	217.38	1,551.44	1,768.82	1.5
4 - 6	4	13.8	201.89	0.00	201.89	0.2
18 - 20	1	3.4	39.07	0.00	39.07	0.0
8 - 10	1	3.4	18.82	0.00	18.82	0.0
10 - 12	2	6.9	0.00	0.00	0.00	0.0
Totals:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	
Age of Claimant						
45 - 49	5	17.2	47,428.92	44,424.09	91,853.01	78.9
25 - 29	4	13.8	6,036.26	8,801.38	14,837.64	12.8
55 - 59	2	6.9	5,637.08	0.00	5,637.08	4.8
30 - 34	4	13.8	2,348.91	0.00	2,348.91	2.0
50 - 54	4	13.8	306.92	1,250.00	1,556.92	1.3
35 - 39	4	13.8	84.19	0.00	84.19	0.1
60 - 64	4	13.8	41.81	0.00	41.81	0.0
65 - 69	2	6.9	0.00	0.00	0.00	0.0
Totals:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	9	31.0	49,640.74	44,424.09	94,064.83	80.8
Female	20	69.0	12,243.35	10,051.38	22,294.73	19.2
Totals:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	
LOSS CAUSE						
Training \ Drills	2	6.9	47,371.03	44,424.09	91,795.12	78.9
Vehicle/car/truck	4	13.8	6,055.08	8,801.38	14,856.46	12.8
Floor	3	10.3	7,825.91	1,250.00	9,075.91	7.8
Walking surface, outside, wet	3	10.3	348.73	0.00	348.73	0.3
Furniture / fixtures	3	10.3	160.08	0.00	160.08	0.1
N/A	2	6.9	57.89	0.00	57.89	0.0
Chair	2	6.9	46.55	0.00	46.55	0.0
Walking surface, outside, dry	2	6.9	18.82	0.00	18.82	0.0
Animal, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
Blade	1	3.4	0.00	0.00	0.00	0.0
Door	1	3.4	0.00	0.00	0.00	0.0
Paper/Pulp items	1	3.4	0.00	0.00	0.00	0.0
Person	2	6.9	0.00	0.00	0.00	0.0
Stairs, steps	1	3.4	0.00	0.00	0.00	0.0
Walking surface, inside, wet	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	
ACCIDENT TYPE						
Jumping	1	3.4	47,371.03	44,424.09	91,795.12	78.9
Collision with Another Vehicle	3	10.3	6,055.08	8,801.38	14,856.46	12.8
Fall/Slip From Liquid or Grease Spills	2	6.9	5,637.08	1,250.00	6,887.08	5.9
Fall On the Same Level	3	10.3	2,188.83	0.00	2,188.83	1.9
Slipped, Did Not Fall	1	3.4	306.92	0.00	306.92	0.3
Other Injury NEC	2	6.9	178.90	0.00	178.90	0.2
Twisting	2	6.9	46.55	0.00	46.55	0.0
Fall/Slip on Ice or Snow	2	6.9	41.81	0.00	41.81	0.0
Other than Physical Cause of Injury	1	3.4	39.07	0.00	39.07	0.0
Striking Against or Stepping On, NOC	1	3.4	18.82	0.00	18.82	0.0
Bitten	1	3.4	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	3	10.3	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	6.9	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	3.4	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	3.4	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	3.4	0.00	0.00	0.00	0.0
Person in Act of Crime	2	6.9	0.00	0.00	0.00	0.0
Sum:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
BODY PART						
Lower Extremities Knee	4	13.8	47,412.84	45,674.09	93,086.93	80.0
Multiple Body Parts Multiple Body Parts	7	24.1	11,710.98	8,801.38	20,512.36	17.6
Lower Extremities Multiple Lower Extrer	1	3.4	2,188.83	0.00	2,188.83	1.9
Upper Extremities Elbow	2	6.9	306.92	0.00	306.92	0.3
Multiple Body Parts No Physical Injury	3	10.3	199.15	0.00	199.15	0.2
Lower Extremities Ankle	1	3.4	46.55	0.00	46.55	0.0
Trunk Heart	1	3.4	18.82	0.00	18.82	0.0
Head Other facial soft tissue	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	3.4	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	3.4	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	3	10.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	3.4	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	3.4	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	
INJURY						
Sprain	5	17.2	47,743.32	44,424.09	92,167.41	79.2
Multiple Physical Injury Only	8	27.6	13,880.99	8,801.38	22,682.37	19.5
Strain	4	13.8	41.81	1,250.00	1,291.81	1.1
No Physical Injury	4	13.8	199.15	0.00	199.15	0.2
Mental Stress	1	3.4	18.82	0.00	18.82	0.0
Concussion (Brain, Cerebral)	1	3.4	0.00	0.00	0.00	0.0
Crushing	2	6.9	0.00	0.00	0.00	0.0
Laceration	3	10.3	0.00	0.00	0.00	0.0
Puncture	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$61,884.09**	**$54,475.47**	**$116,359.56**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
768 - VADOC-KEEN MOUNTAIN CORR. CNTR						
TYPE OF CLAIM						
Medical Only	20	50.0	27,599.65	24,221.75	51,821.40	59.5
Indemnity	5	12.5	34,046.04	1,231.18	35,277.22	40.5
Reporting Purposes Only	15	37.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
TIME OF INJURY						
8AM - 9:59AM	12	30.0	8,654.14	19,505.81	28,159.95	32.3
6AM - 7:59AM	8	20.0	23,253.32	965.94	24,219.26	27.8
2PM - 3:59PM	6	15.0	19,642.88	1,250.00	20,892.88	24.0
10AM - 11:59AM	3	7.5	6,283.38	0.00	6,283.38	7.2
12PM - 1:59PM	5	12.5	1,803.89	1,231.18	3,035.07	3.5
8PM - 9:59PM	2	5.0	2,008.08	0.00	2,008.08	2.3
4PM - 5:59PM	1	2.5	0.00	1,250.00	1,250.00	1.4
10PM - 11:59PM	1	2.5	0.00	1,250.00	1,250.00	1.4
2AM - 3:59AM	1	2.5	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	2.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
LENGTH OF SERVICE						
4 - 6	9	22.5	30,410.50	3,154.43	33,564.93	38.5
0 - 2	14	35.0	20,068.44	1,231.18	21,299.62	24.5
8 - 10	1	2.5	3,236.13	17,782.69	21,018.82	24.1
10 - 12	1	2.5	4,885.38	0.00	4,885.38	5.6
12 - 14	3	7.5	531.31	2,318.69	2,850.00	3.3
2 - 4	5	12.5	2,211.05	0.00	2,211.05	2.5
6 - 8	6	15.0	284.06	965.94	1,250.00	1.4
34 - 36	1	2.5	18.82	0.00	18.82	0.0
Totals:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
Age of Claimant						
30 - 34	9	22.5	15,293.16	18,437.12	33,730.28	38.7
60 - 64	2	5.0	24,976.56	0.00	24,976.56	28.7
20 - 24	8	20.0	13,270.74	1,231.18	14,501.92	16.6
35 - 39	6	15.0	1,992.15	3,568.69	5,560.84	6.4
50 - 54	1	2.5	3,513.66	0.00	3,513.66	4.0
25 - 29	7	17.5	2,050.31	965.94	3,016.25	3.5
40 - 44	3	7.5	530.29	1,250.00	1,780.29	2.0
65 - 69	1	2.5	18.82	0.00	18.82	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
15 - 19	1	2.5	0.00	0.00	0.00	0.0
45 - 49	1	2.5	0.00	0.00	0.00	0.0
55 - 59	1	2.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
SEX OF CLAIMANT						
Male	35	87.5	34,680.33	24,221.75	58,902.08	67.6
Female	5	12.5	26,965.36	1,231.18	28,196.54	32.4
Totals:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
LOSS CAUSE						
Patient / Inmate	22	55.0	12,785.41	23,153.06	35,938.47	41.3
Walking surface, outside, wet	4	10.0	22,969.26	0.00	22,969.26	26.4
Uneven Surface	1	2.5	9,031.84	0.00	9,031.84	10.4
Needle stick	2	5.0	5,416.69	1,068.69	6,485.38	7.4
Walking surface, outside, dry	1	2.5	3,513.66	0.00	3,513.66	4.0
Stairs, steps	1	2.5	2,212.00	0.00	2,212.00	2.5
Chemicals, not otherwise classified	1	2.5	2,007.30	0.00	2,007.30	2.3
Animal, not otherwise classified	1	2.5	1,766.25	0.00	1,766.25	2.0
Cart	1	2.5	1,460.84	0.00	1,460.84	1.7
Vehicle/car/truck	1	2.5	18.82	1,231.18	1,250.00	1.4
Trash receptacle	1	2.5	444.80	0.00	444.80	0.5
N/A	2	5.0	18.82	0.00	18.82	0.0
Metal items	1	2.5	0.00	0.00	0.00	0.0
Razor blade	1	2.5	0.00	0.00	0.00	0.0
Totals:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
ACCIDENT TYPE						
Person in Act of Crime	17	42.5	7,351.47	21,248.63	28,600.10	32.8
Fall/Slip on Ice or Snow	3	7.5	22,969.26	0.00	22,969.26	26.4
Fall On the Same Level	3	7.5	12,545.50	0.00	12,545.50	14.4
Object Being Lifted or Handled	1	2.5	4,885.38	0.00	4,885.38	5.6
Other than Physical Cause of Injury	1	2.5	2,895.57	654.43	3,550.00	4.1
Strain or Injury By, NOC	2	5.0	2,008.08	1,250.00	3,258.08	3.7
Fall/Slip on Stairs	1	2.5	2,212.00	0.00	2,212.00	2.5
Absorption, Ingestion or Inhalation NOC	1	2.5	2,007.30	0.00	2,007.30	2.3
Struck/Injured By Animal or Insect	1	2.5	1,766.25	0.00	1,766.25	2.0
Other Injury NEC	3	7.5	550.13	1,068.69	1,618.82	1.9
Caught In, Under or Between, NOC	1	2.5	1,460.84	0.00	1,460.84	1.7
Collision with Another Vehicle	1	2.5	18.82	1,231.18	1,250.00	1.4
Holding or Carrying	1	2.5	530.29	0.00	530.29	0.6
Striking Against or Stepping On, NOC	1	2.5	444.80	0.00	444.80	0.5
Cut, Punctured, Scraped, NOC	2	5.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Fellow Worker, Patient	1	2.5	0.00	0.00	0.00	0.0
Sum:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
BODY PART						
Multiple Body Parts Multiple Body Parts	6	15.0	26,205.39	17,782.69	43,988.08	50.5
Upper Extremities Hand	8	20.0	11,452.84	654.43	12,107.27	13.9
Lower Extremities Ankle	2	5.0	11,243.84	0.00	11,243.84	12.9
Trunk Abdomen Including Groin	1	2.5	3,831.28	0.00	3,831.28	4.4
Head Facial Bones	1	2.5	3,513.66	0.00	3,513.66	4.0
Upper Extremities Finger(s)	4	10.0	815.37	2,034.63	2,850.00	3.3
Lower Extremities Knee	3	7.5	2,008.08	0.00	2,008.08	2.3
Multiple Body Parts Whole Body	1	2.5	2,007.30	0.00	2,007.30	2.3
Trunk Low Back Area (Incl. Lumbar & Li	3	7.5	549.11	1,231.18	1,780.29	2.0
Upper Extremities Elbow	1	2.5	0.00	1,250.00	1,250.00	1.4
Upper Extremities Lower Arm	1	2.5	0.00	1,250.00	1,250.00	1.4
Upper Extremities Multiple Upper Extrer	1	2.5	0.00	1,250.00	1,250.00	1.4
Multiple Body Parts No Physical Injury	2	5.0	18.82	0.00	18.82	0.0
Head Other facial soft tissue	2	5.0	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	2.5	0.00	0.00	0.00	0.0
Neck Vertebrae	1	2.5	0.00	0.00	0.00	0.0
Upper Extremities Thumb	2	5.0	0.00	0.00	0.00	0.0
Sum:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	
INJURY						
Contusion (Bruise, Skin Surface)	6	15.0	26,482.92	1,250.00	27,732.92	31.8
Multiple Physical Injury Only	2	5.0	3,236.13	17,782.69	21,018.82	24.1
Strain	9	22.5	9,580.95	2,481.18	12,062.13	13.8
Puncture	3	7.5	7,182.94	1,068.69	8,251.63	9.5
No Physical Injury	6	15.0	2,914.39	1,904.43	4,818.82	5.5
Sprain	3	7.5	4,220.08	0.00	4,220.08	4.8
Inflammation	2	5.0	3,831.28	0.00	3,831.28	4.4
Syncope	1	2.5	2,007.30	0.00	2,007.30	2.3
Crushing	2	5.0	1,905.64	0.00	1,905.64	2.2
Fracture	1	2.5	284.06	965.94	1,250.00	1.4
All Other (Specific) Injuries, NOC	1	2.5	0.00	0.00	0.00	0.0
Laceration	3	7.5	0.00	0.00	0.00	0.0
Multiple Injury Inc. Physical & Psycholog	1	2.5	0.00	0.00	0.00	0.0
Sum:	**40**		**$61,645.69**	**$25,452.93**	**$87,098.62**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
769 - VADOC-GREENSVILLE CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	4	11.4	112,905.53	189,537.48	302,443.01	94.8
Medical Only	21	60.0	7,068.87	9,525.37	16,594.24	5.2
Reporting Purposes Only	10	28.6	0.00	0.00	0.00	0.0
Totals:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
TIME OF INJURY						
2PM - 3:59PM	7	20.0	113,475.24	189,537.48	303,012.72	95.0
6AM - 7:59AM	2	5.7	1,416.16	4,133.84	5,550.00	1.7
12AM - 1:59AM	2	5.7	2,932.05	757.99	3,690.04	1.2
4PM - 5:59PM	4	11.4	0.00	2,500.00	2,500.00	0.8
2AM - 3:59AM	1	2.9	366.46	883.54	1,250.00	0.4
10PM - 11:59PM	3	8.6	0.00	1,250.00	1,250.00	0.4
4AM - 5:59AM	1	2.9	1,171.61	0.00	1,171.61	0.4
12PM - 1:59PM	2	5.7	594.06	0.00	594.06	0.2
8AM - 9:59AM	5	14.3	18.82	0.00	18.82	0.0
10AM - 11:59AM	3	8.6	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	8.6	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	5.7	0.00	0.00	0.00	0.0
Totals:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
LENGTH OF SERVICE						
16 - 18	1	2.9	102,452.45	145,706.22	248,158.67	77.8
0 - 2	25	71.4	13,999.90	49,215.10	63,215.00	19.8
26 - 28	1	2.9	2,292.01	757.99	3,050.00	1.0
6 - 8	2	5.7	0.00	1,250.00	1,250.00	0.4
10 - 12	1	2.9	366.46	883.54	1,250.00	0.4
22 - 24	1	2.9	0.00	1,250.00	1,250.00	0.4
12 - 14	1	2.9	535.66	0.00	535.66	0.2
4 - 6	1	2.9	327.92	0.00	327.92	0.1
2 - 4	1	2.9	0.00	0.00	0.00	0.0
8 - 10	1	2.9	0.00	0.00	0.00	0.0
Totals:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
Age of Claimant						
45 - 49	3	8.6	102,505.32	145,706.22	248,211.54	77.8
25 - 29	6	17.1	11,914.97	43,831.26	55,746.23	17.5
35 - 39	4	11.4	1,416.16	5,383.84	6,800.00	2.1
55 - 59	7	20.0	2,827.67	2,007.99	4,835.66	1.5

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 54	2	5.7	366.46	883.54	1,250.00	0.4
65 - 69	4	11.4	0.00	1,250.00	1,250.00	0.4
30 - 34	3	8.6	925.00	0.00	925.00	0.3
20 - 24	5	14.3	18.82	0.00	18.82	0.0
15 - 19	1	2.9	0.00	0.00	0.00	0.0
Totals:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
SEX OF CLAIMANT						
Male	13	37.1	117,078.76	192,429.01	309,507.77	97.0
Female	22	62.9	2,895.64	6,633.84	9,529.48	3.0
Totals:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
LOSS CAUSE						
Patient / Inmate	9	25.7	115,854.28	193,679.01	309,533.29	97.0
Floor	3	8.6	1,416.16	4,133.84	5,550.00	1.7
Cart	2	5.7	0.00	1,250.00	1,250.00	0.4
Tractor trailer equipment	1	2.9	1,171.61	0.00	1,171.61	0.4
Door	3	8.6	640.04	0.00	640.04	0.2
Environmental conditions	1	2.9	535.66	0.00	535.66	0.2
Vehicle, not otherwise classified	2	5.7	266.14	0.00	266.14	0.1
Animal / insect, not otherwise classifie	1	2.9	52.87	0.00	52.87	0.0
N/A	2	5.7	37.64	0.00	37.64	0.0
Animal / bee type	1	2.9	0.00	0.00	0.00	0.0
Boxes / containers	1	2.9	0.00	0.00	0.00	0.0
Ceiling	1	2.9	0.00	0.00	0.00	0.0
Chair	1	2.9	0.00	0.00	0.00	0.0
Food	1	2.9	0.00	0.00	0.00	0.0
Hand tool, not powered, NOC	1	2.9	0.00	0.00	0.00	0.0
Needle stick	2	5.7	0.00	0.00	0.00	0.0
Object on Floor	1	2.9	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	2.9	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	2.9	0.00	0.00	0.00	0.0
Totals:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
ACCIDENT TYPE						
Person in Act of Crime	7	20.0	115,526.36	193,679.01	309,205.37	96.9
Fall/Slip From Ladder or Scaffolding	1	2.9	1,416.16	4,133.84	5,550.00	1.7
Fall/Slip From a Different Level	2	5.7	0.00	1,250.00	1,250.00	0.4
Struck/Injured By Falling or Flying Objec	2	5.7	1,171.61	0.00	1,171.61	0.4
Caught In/Between-Object Handled	2	5.7	640.04	0.00	640.04	0.2
Continual Noise	1	2.9	535.66	0.00	535.66	0.2
Other Injury NEC	1	2.9	327.92	0.00	327.92	0.1
Fall, Slip or Trip, NOC	1	2.9	266.14	0.00	266.14	0.1

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Animal or Insect	2	5.7	52.87	0.00	52.87	0.0
Fall On the Same Level	6	17.1	37.64	0.00	37.64	0.0
Absorption, Ingestion or Inhalation NOC	1	2.9	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	2.9	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	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
Holding or Carrying	1	2.9	0.00	0.00	0.00	0.0
Lifting	1	2.9	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	2	5.7	0.00	0.00	0.00	0.0
Strain or Injury By, NOC	1	2.9	0.00	0.00	0.00	0.0
Vehicle Upset	1	2.9	0.00	0.00	0.00	0.0
Sum:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
BODY PART						
Multiple Body Parts Multiple Body Parts	6	17.1	113,134.03	190,787.48	303,921.51	95.3
Lower Extremities Ankle	1	2.9	1,416.16	4,133.84	5,550.00	1.7
Upper Extremities Hand	2	5.7	2,932.05	757.99	3,690.04	1.2
Head Other facial soft tissue	2	5.7	366.46	2,133.54	2,500.00	0.8
Upper Extremities Lower Arm	1	2.9	0.00	1,250.00	1,250.00	0.4
Lower Extremities Foot	1	2.9	1,171.61	0.00	1,171.61	0.4
Head Ear(s)	1	2.9	535.66	0.00	535.66	0.2
Upper Extremities Upper Arm (Incl. Cla	3	8.6	380.79	0.00	380.79	0.1
Head Facial Bones	1	2.9	18.82	0.00	18.82	0.0
Multiple Body Parts No Physical Injury	5	14.3	18.82	0.00	18.82	0.0
Lower Extremities Hip	2	5.7	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	2.9	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	2.9	0.00	0.00	0.00	0.0
Multiple Body Parts Body Systems & Mu	1	2.9	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	2.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	4	11.4	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	2.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist(s) and Hand(s)	1	2.9	0.00	0.00	0.00	0.0
Sum:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	
INJURY						
Multiple Physical Injury Only	7	20.0	113,134.03	192,037.48	305,171.51	95.7
Sprain	2	5.7	2,056.20	4,133.84	6,190.04	1.9
Contusion (Bruise, Skin Surface)	7	20.0	2,658.47	1,641.53	4,300.00	1.3
No Physical Injury	6	17.1	18.82	1,250.00	1,268.82	0.4
Crushing	1	2.9	1,171.61	0.00	1,171.61	0.4
Hearing Loss or Impairment	1	2.9	535.66	0.00	535.66	0.2
Inflammation	2	5.7	327.92	0.00	327.92	0.1
All Other (Specific) Injuries, NOC	2	5.7	52.87	0.00	52.87	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fracture	1	2.9	18.82	0.00	18.82	0.0
Laceration	1	2.9	0.00	0.00	0.00	0.0
Puncture	2	5.7	0.00	0.00	0.00	0.0
Strain	3	8.6	0.00	0.00	0.00	0.0
Sum:	**35**		**$119,974.40**	**$199,062.85**	**$319,037.25**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
770 - VADOC-DILLWYN CORRECTIONAL CENTER						
TYPE OF CLAIM						
Indemnity	2	11.8	18,488.33	6,899.51	25,387.84	64.0
Medical Only	8	47.1	13,474.85	778.00	14,252.85	36.0
Reporting Purposes Only	7	41.2	0.00	0.00	0.00	0.0
Totals:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
TIME OF INJURY						
4AM - 5:59AM	2	11.8	9,516.92	6,899.51	16,416.43	41.4
8PM - 9:59PM	3	17.6	8,971.41	0.00	8,971.41	22.6
10AM - 11:59AM	3	17.6	4,824.96	778.00	5,602.96	14.1
10PM - 11:59PM	1	5.9	4,132.29	0.00	4,132.29	10.4
4PM - 5:59PM	2	11.8	4,040.91	0.00	4,040.91	10.2
2PM - 3:59PM	1	5.9	336.71	0.00	336.71	0.8
12AM - 1:59AM	1	5.9	139.98	0.00	139.98	0.4
6AM - 7:59AM	1	5.9	0.00	0.00	0.00	0.0
8AM - 9:59AM	3	17.6	0.00	0.00	0.00	0.0
Totals:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
LENGTH OF SERVICE						
0 - 2	6	35.3	9,516.92	6,899.51	16,416.43	41.4
2 - 4	4	23.5	15,649.82	0.00	15,649.82	39.5
12 - 14	1	5.9	4,132.29	0.00	4,132.29	10.4
8 - 10	3	17.6	2,561.98	778.00	3,339.98	8.4
4 - 6	2	11.8	102.17	0.00	102.17	0.3
14 - 16	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
Age of Claimant						
50 - 54	1	5.9	9,516.92	6,899.51	16,416.43	41.4
45 - 49	2	11.8	9,308.12	0.00	9,308.12	23.5
35 - 39	5	29.4	6,705.06	778.00	7,483.06	18.9
60 - 64	3	17.6	4,132.29	0.00	4,132.29	10.4
40 - 44	2	11.8	2,300.79	0.00	2,300.79	5.8
15 - 19	1	5.9	0.00	0.00	0.00	0.0
20 - 24	1	5.9	0.00	0.00	0.00	0.0
30 - 34	2	11.8	0.00	0.00	0.00	0.0
Totals:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	7	41.2	16,211.19	7,677.51	23,888.70	60.3
Male	10	58.8	15,751.99	0.00	15,751.99	39.7
Totals:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
LOSS CAUSE						
Chair	1	5.9	9,516.92	6,899.51	16,416.43	41.4
Fencing	1	5.9	8,971.41	0.00	8,971.41	22.6
Patient / Inmate	2	11.8	4,180.89	0.00	4,180.89	10.5
Door	2	11.8	4,132.29	0.00	4,132.29	10.4
Needle stick	1	5.9	2,422.00	778.00	3,200.00	8.1
Walking surface, outside, wet	3	17.6	2,402.96	0.00	2,402.96	6.1
Training \ Drills	1	5.9	336.71	0.00	336.71	0.8
Chemicals, not otherwise classified	1	5.9	0.00	0.00	0.00	0.0
Fire / Flame / Smoke	1	5.9	0.00	0.00	0.00	0.0
Floor	1	5.9	0.00	0.00	0.00	0.0
Machine, not otherwise classified	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
Walking surface, inside, dry	1	5.9	0.00	0.00	0.00	0.0
Totals:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
ACCIDENT TYPE						
Fall/Slip From a Different Level	1	5.9	9,516.92	6,899.51	16,416.43	41.4
Struck/Injured By Object Being Lifted or	1	5.9	8,971.41	0.00	8,971.41	22.6
Caught In, Under or Between, NOC	2	11.8	4,132.29	0.00	4,132.29	10.4
Pushing or Pulling	1	5.9	4,040.91	0.00	4,040.91	10.2
Other Injury NEC	2	11.8	2,422.00	778.00	3,200.00	8.1
Fall/Slip on Ice or Snow	2	11.8	2,402.96	0.00	2,402.96	6.1
Strain or Injury By, NOC	1	5.9	336.71	0.00	336.71	0.8
Person in Act of Crime	1	5.9	139.98	0.00	139.98	0.4
Absorption, Ingestion or Inhalation 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
Fall On the Same Level	2	11.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	2	11.8	0.00	0.00	0.00	0.0
Sum:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
BODY PART						
Lower Extremities Ankle	3	17.6	18,825.04	6,899.51	25,724.55	64.9
Upper Extremities Finger(s)	2	11.8	6,554.29	778.00	7,332.29	18.5
Multiple Body Parts Multiple Body Parts	4	23.5	6,341.70	0.00	6,341.70	16.0
Upper Extremities Lower Arm	1	5.9	139.98	0.00	139.98	0.4
Upper Extremities Wrist(s) and Hand(s)	1	5.9	102.17	0.00	102.17	0.3
Head Other facial soft tissue	1	5.9	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Body Systems & Mu	1	5.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	17.6	0.00	0.00	0.00	0.0
Upper Extremities Thumb	1	5.9	0.00	0.00	0.00	0.0
Sum:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	
INJURY						
Fracture	1	5.9	9,516.92	6,899.51	16,416.43	41.4
Crushing	2	11.8	8,971.41	0.00	8,971.41	22.6
Laceration	1	5.9	4,132.29	0.00	4,132.29	10.4
Multiple Physical Injury Only	1	5.9	4,040.91	0.00	4,040.91	10.2
Puncture	1	5.9	2,422.00	778.00	3,200.00	8.1
Multiple Injury Inc. Physical & Psycholog	1	5.9	2,300.79	0.00	2,300.79	5.8
Strain	1	5.9	336.71	0.00	336.71	0.8
Inflammation	1	5.9	139.98	0.00	139.98	0.4
Sprain	1	5.9	102.17	0.00	102.17	0.3
All Other (Specific) Injuries, NOC	2	11.8	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	5.9	0.00	0.00	0.00	0.0
No Physical Injury	4	23.5	0.00	0.00	0.00	0.0
Sum:	**17**		**$31,963.18**	**$7,677.51**	**$39,640.69**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
771 - VADOC-INDIAN CREEK CORRECTION. CTR						
TYPE OF CLAIM						
Indemnity	2	13.3	34,077.61	42,499.51	76,577.12	92.0
Medical Only	9	60.0	4,569.51	2,111.51	6,681.02	8.0
Reporting Purposes Only	4	26.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
TIME OF INJURY						
6AM - 7:59AM	2	13.3	34,359.39	42,698.91	77,058.30	92.6
12PM - 1:59PM	4	26.7	1,623.61	742.11	2,365.72	2.8
10PM - 11:59PM	1	6.7	1,572.45	0.00	1,572.45	1.9
2PM - 3:59PM	1	6.7	80.00	1,170.00	1,250.00	1.5
4AM - 5:59AM	1	6.7	527.55	0.00	527.55	0.6
10AM - 11:59AM	1	6.7	465.30	0.00	465.30	0.6
12AM - 1:59AM	1	6.7	18.82	0.00	18.82	0.0
8AM - 9:59AM	3	20.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
LENGTH OF SERVICE						
0 - 2	7	46.7	37,293.33	42,499.51	79,792.84	95.8
16 - 18	1	6.7	507.89	742.11	1,250.00	1.5
20 - 22	1	6.7	80.00	1,170.00	1,250.00	1.5
4 - 6	2	13.3	300.60	199.40	500.00	0.6
14 - 16	1	6.7	465.30	0.00	465.30	0.6
2 - 4	1	6.7	0.00	0.00	0.00	0.0
8 - 10	1	6.7	0.00	0.00	0.00	0.0
26 - 28	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
Age of Claimant						
25 - 29	2	13.3	34,077.61	42,499.51	76,577.12	92.0
45 - 49	3	20.0	1,464.74	742.11	2,206.85	2.7
55 - 59	3	20.0	545.30	1,170.00	1,715.30	2.1
50 - 54	1	6.7	1,572.45	0.00	1,572.45	1.9
30 - 34	3	20.0	686.42	0.00	686.42	0.8
35 - 39	1	6.7	300.60	199.40	500.00	0.6
20 - 24	1	6.7	0.00	0.00	0.00	0.0
60 - 64	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	7	46.7	35,070.46	42,499.51	77,569.97	93.2
Female	8	53.3	3,576.66	2,111.51	5,688.17	6.8
Totals:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
LOSS CAUSE						
Patient / Inmate	5	33.3	35,394.83	43,441.02	78,835.85	94.7
Cart	2	13.3	766.42	1,170.00	1,936.42	2.3
Walking surface, outside, dry	1	6.7	1,572.45	0.00	1,572.45	1.9
Chair	1	6.7	465.30	0.00	465.30	0.6
Needle stick	1	6.7	429.30	0.00	429.30	0.5
Vehicle/car/truck	4	26.7	18.82	0.00	18.82	0.0
Training \ Drills	1	6.7	0.00	0.00	0.00	0.0
Totals:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
ACCIDENT TYPE						
Person in Act of Crime	3	20.0	34,867.28	43,441.02	78,308.30	94.1
Other than Physical Cause of Injury	1	6.7	1,572.45	0.00	1,572.45	1.9
Fall, Slip or Trip, NOC	1	6.7	80.00	1,170.00	1,250.00	1.5
Caught In/Between-Object Handled	1	6.7	686.42	0.00	686.42	0.8
Struck/Injured By Fellow Worker, Patient	1	6.7	527.55	0.00	527.55	0.6
Fall/Slip From a Different Level	1	6.7	465.30	0.00	465.30	0.6
Other Injury NEC	1	6.7	429.30	0.00	429.30	0.5
Collision with a Fixed Object	2	13.3	18.82	0.00	18.82	0.0
Collision with Another Vehicle	1	6.7	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	6.7	0.00	0.00	0.00	0.0
Repetitive Motion (after 7/1/94)	1	6.7	0.00	0.00	0.00	0.0
Twisting	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
BODY PART						
Head Other facial soft tissue	1	6.7	34,058.79	42,499.51	76,558.30	92.0
Lower Extremities Knee	1	6.7	1,572.45	0.00	1,572.45	1.9
Trunk Disc (Back)	1	6.7	507.89	742.11	1,250.00	1.5
Upper Extremities Elbow	1	6.7	80.00	1,170.00	1,250.00	1.5
Multiple Body Parts Multiple Body Parts	2	13.3	765.90	199.40	965.30	1.2
Upper Extremities Hand	1	6.7	686.42	0.00	686.42	0.8
Head Facial Bones	1	6.7	527.55	0.00	527.55	0.6
Upper Extremities Finger(s)	1	6.7	429.30	0.00	429.30	0.5
Upper Extremities Wrist	1	6.7	18.82	0.00	18.82	0.0
Lower Extremities Lower Leg	1	6.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	20.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	6.7	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	
INJURY						
Contusion (Bruise, Skin Surface)	6	40.0	37,206.15	44,611.02	81,817.17	98.3
Multiple Physical Injury Only	1	6.7	527.55	0.00	527.55	0.6
Inflammation	1	6.7	465.30	0.00	465.30	0.6
Puncture	1	6.7	429.30	0.00	429.30	0.5
Sprain	2	13.3	18.82	0.00	18.82	0.0
No Physical Injury	3	20.0	0.00	0.00	0.00	0.0
Strain	1	6.7	0.00	0.00	0.00	0.0
Sum:	**15**		**$38,647.12**	**$44,611.02**	**$83,258.14**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
772 - VADOC-HAYNESVILLE CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	2	12.5	28,544.32	0.00	28,544.32	61.1
Medical Only	12	75.0	12,146.78	6,031.39	18,178.17	38.9
Reporting Purposes Only	2	12.5	0.00	0.00	0.00	0.0
Totals:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
TIME OF INJURY						
6AM - 7:59AM	5	31.3	29,933.42	0.00	29,933.42	64.1
8AM - 9:59AM	3	18.8	7,842.66	6,031.39	13,874.05	29.7
12PM - 1:59PM	2	12.5	2,095.97	0.00	2,095.97	4.5
4PM - 5:59PM	2	12.5	800.23	0.00	800.23	1.7
6PM - 7:59PM	1	6.3	18.82	0.00	18.82	0.0
4AM - 5:59AM	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
2PM - 3:59PM	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
LENGTH OF SERVICE						
6 - 8	1	6.3	28,525.50	0.00	28,525.50	61.1
2 - 4	6	37.5	6,985.98	6,031.39	13,017.37	27.9
26 - 28	1	6.3	3,716.14	0.00	3,716.14	8.0
0 - 2	8	50.0	1,463.48	0.00	1,463.48	3.1
Totals:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
Age of Claimant						
60 - 64	3	18.8	28,963.41	0.00	28,963.41	62.0
55 - 59	2	12.5	3,688.61	6,031.39	9,720.00	20.8
50 - 54	1	6.3	3,716.14	0.00	3,716.14	8.0
35 - 39	2	12.5	2,740.40	0.00	2,740.40	5.9
20 - 24	2	12.5	800.23	0.00	800.23	1.7
40 - 44	2	12.5	782.31	0.00	782.31	1.7
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
45 - 49	2	12.5	0.00	0.00	0.00	0.0
Totals:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
SEX OF CLAIMANT						
Female	8	50.0	32,084.95	0.00	32,084.95	68.7
Male	8	50.0	8,606.15	6,031.39	14,637.54	31.3
Totals:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Object on Floor	1	6.3	28,525.50	0.00	28,525.50	61.1
Walking surface, outside, wet	3	18.8	5,096.53	6,031.39	11,127.92	23.8
Ceiling	1	6.3	3,716.14	0.00	3,716.14	8.0
Metal items	1	6.3	2,095.97	0.00	2,095.97	4.5
Training \ Drills	2	12.5	800.23	0.00	800.23	1.7
Nail	1	6.3	437.91	0.00	437.91	0.9
Walking surface, outside, dry	1	6.3	18.82	0.00	18.82	0.0
Animal / insect, not otherwise classifie	1	6.3	0.00	0.00	0.00	0.0
Door	1	6.3	0.00	0.00	0.00	0.0
Insufficient data	1	6.3	0.00	0.00	0.00	0.0
Shelving	1	6.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	6.3	0.00	0.00	0.00	0.0
Water	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
ACCIDENT TYPE						
Fall On the Same Level	3	18.8	28,544.32	0.00	28,544.32	61.1
Fall/Slip on Ice or Snow	3	18.8	5,096.53	6,031.39	11,127.92	23.8
Cut, Punctured, Scraped, NOC	2	12.5	4,154.05	0.00	4,154.05	8.9
Object Being Lifted or Handled	1	6.3	2,095.97	0.00	2,095.97	4.5
Repetitive Motion (after 7/1/94)	1	6.3	800.23	0.00	800.23	1.7
Bitten	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
Other Injury NEC	2	12.5	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
Sum:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
BODY PART						
Upper Extremities Wrist	3	18.8	29,169.93	0.00	29,169.93	62.4
Multiple Body Parts Multiple Body Parts	1	6.3	3,688.61	6,031.39	9,720.00	20.8
Head Multiple Head Injury	1	6.3	3,716.14	0.00	3,716.14	8.0
Upper Extremities Thumb	1	6.3	2,095.97	0.00	2,095.97	4.5
Multiple Body Parts Body Systems & Mu	1	6.3	800.23	0.00	800.23	1.7
Upper Extremities Lower Arm	1	6.3	763.49	0.00	763.49	1.6
Lower Extremities Foot	1	6.3	437.91	0.00	437.91	0.9
Lower Extremities Knee	1	6.3	18.82	0.00	18.82	0.0
Head Skull	1	6.3	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	6.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	12.5	0.00	0.00	0.00	0.0
Multiple Body Parts Whole Body	1	6.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Hand	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	
INJURY						
Sprain	3	18.8	28,544.32	0.00	28,544.32	61.1
Contusion (Bruise, Skin Surface)	5	31.3	5,096.53	6,031.39	11,127.92	23.8
Laceration	1	6.3	3,716.14	0.00	3,716.14	8.0
Puncture	2	12.5	2,533.88	0.00	2,533.88	5.4
Syncope	1	6.3	800.23	0.00	800.23	1.7
All Other (Specific) Injuries, NOC	1	6.3	0.00	0.00	0.00	0.0
Inflammation	1	6.3	0.00	0.00	0.00	0.0
Strain	2	12.5	0.00	0.00	0.00	0.0
Sum:	**16**		**$40,691.10**	**$6,031.39**	**$46,722.49**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
773 - VADOC-COFFEEWOOD CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	2	6.9	32,317.01	69,733.94	102,050.95	88.8
Medical Only	16	55.2	9,176.62	3,725.50	12,902.12	11.2
Reporting Purposes Only	11	37.9	0.00	0.00	0.00	0.0
Totals:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
TIME OF INJURY						
2AM - 3:59AM	2	6.9	32,317.01	69,733.94	102,050.95	88.8
2PM - 3:59PM	5	17.2	5,500.81	1,225.50	6,726.31	5.9
12PM - 1:59PM	6	20.7	1,807.22	2,500.00	4,307.22	3.7
6AM - 7:59AM	3	10.3	797.18	0.00	797.18	0.7
10AM - 11:59AM	5	17.2	561.72	0.00	561.72	0.5
12AM - 1:59AM	2	6.9	484.82	0.00	484.82	0.4
6PM - 7:59PM	2	6.9	24.87	0.00	24.87	0.0
8AM - 9:59AM	1	3.4	0.00	0.00	0.00	0.0
8PM - 9:59PM	2	6.9	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
LENGTH OF SERVICE						
2 - 4	7	24.1	25,587.86	70,983.94	96,571.80	84.0
4 - 6	4	13.8	9,463.94	0.00	9,463.94	8.2
6 - 8	2	6.9	4,891.61	0.00	4,891.61	4.3
0 - 2	14	48.3	1,550.22	2,475.50	4,025.72	3.5
12 - 14	1	3.4	0.00	0.00	0.00	0.0
20 - 22	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
Age of Claimant						
30 - 34	7	24.1	25,375.38	69,733.94	95,109.32	82.7
55 - 59	5	17.2	9,876.66	0.00	9,876.66	8.6
35 - 39	3	10.3	4,891.61	0.00	4,891.61	4.3
20 - 24	5	17.2	499.24	2,475.50	2,974.74	2.6
40 - 44	3	10.3	509.69	1,250.00	1,759.69	1.5
25 - 29	2	6.9	341.05	0.00	341.05	0.3
45 - 49	1	3.4	0.00	0.00	0.00	0.0
50 - 54	1	3.4	0.00	0.00	0.00	0.0
60 - 64	2	6.9	0.00	0.00	0.00	0.0
Totals:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	

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Company: Commonwealth of Virginia
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Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	21	72.4	35,601.02	72,209.44	107,810.46	93.8
Female	8	27.6	5,892.61	1,250.00	7,142.61	6.2
Totals:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
LOSS CAUSE						
Vehicle/car/truck	5	17.2	24,213.66	69,733.94	93,947.60	81.7
Machine, not otherwise classified	1	3.4	8,900.53	0.00	8,900.53	7.7
Training \ Drills	3	10.3	5,500.81	1,225.50	6,726.31	5.9
Door	3	10.3	0.00	1,250.00	1,250.00	1.1
Needle stick	2	6.9	0.00	1,250.00	1,250.00	1.1
Floor	2	6.9	1,243.81	0.00	1,243.81	1.1
Walking surface, outside, wet	2	6.9	563.41	0.00	563.41	0.5
Person	1	3.4	484.82	0.00	484.82	0.4
Patient / Inmate	3	10.3	341.05	0.00	341.05	0.3
Miscellaneous	1	3.4	130.39	0.00	130.39	0.1
Animal, not otherwise classified	2	6.9	90.28	0.00	90.28	0.1
Ergonomic Conditions	1	3.4	24.87	0.00	24.87	0.0
Hot/Cold Object, Liquid, Substance	1	3.4	0.00	0.00	0.00	0.0
Overhead Object	1	3.4	0.00	0.00	0.00	0.0
Trash hook	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	3	10.3	23,979.89	69,733.94	93,713.83	81.5
Contact with Hot Object or Substance	2	6.9	8,900.53	0.00	8,900.53	7.7
Temperature Extremes	1	3.4	4,891.61	0.00	4,891.61	4.3
Cut, Punctured, Scraped, NOC	3	10.3	0.00	2,500.00	2,500.00	2.2
Other Injury NEC	3	10.3	114.78	1,225.50	1,340.28	1.2
Fall, Slip or Trip, NOC	1	3.4	1,243.81	0.00	1,243.81	1.1
Twisting	2	6.9	584.70	0.00	584.70	0.5
Fall/Slip From a Different Level	1	3.4	484.82	0.00	484.82	0.4
Pushing or Pulling	1	3.4	412.72	0.00	412.72	0.4
Motor Vehicle, NOC	3	10.3	384.46	0.00	384.46	0.3
Person in Act of Crime	2	6.9	341.05	0.00	341.05	0.3
Struck/Injured By Falling or Flying Objec	2	6.9	130.39	0.00	130.39	0.1
Bending	1	3.4	24.87	0.00	24.87	0.0
Caught In, Under or Between, NOC	2	6.9	0.00	0.00	0.00	0.0
Fall On the Same Level	1	3.4	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
BODY PART						

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Upper Arm (Incl. Clav	1	3.4	23,416.48	69,733.94	93,150.42	81.0
Lower Extremities Foot	1	3.4	8,900.53	0.00	8,900.53	7.7
Multiple Body Parts Body Systems & Mu	1	3.4	4,891.61	0.00	4,891.61	4.3
Trunk Lung(s)	1	3.4	24.50	1,225.50	1,250.00	1.1
Upper Extremities Finger(s)	4	13.8	0.00	1,250.00	1,250.00	1.1
Upper Extremities Hand	1	3.4	0.00	1,250.00	1,250.00	1.1
Lower Extremities Ankle	1	3.4	1,243.81	0.00	1,243.81	1.1
Upper Extremities Wrist	1	3.4	584.70	0.00	584.70	0.5
Lower Extremities Hip	1	3.4	563.41	0.00	563.41	0.5
Lower Extremities Knee	2	6.9	484.82	0.00	484.82	0.4
Upper Extremities Thumb	1	3.4	412.72	0.00	412.72	0.4
Upper Extremities Lower Arm	2	6.9	384.46	0.00	384.46	0.3
Head Eye(s)	1	3.4	341.05	0.00	341.05	0.3
Head Skull	1	3.4	130.39	0.00	130.39	0.1
Lower Extremities Lower Leg	1	3.4	90.28	0.00	90.28	0.1
Trunk Lumbar and/or Sacral Vertebrae	1	3.4	24.87	0.00	24.87	0.0
Head Other facial soft tissue	2	6.9	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	6.9	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	10.3	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	1	3.4	23,416.48	69,733.94	93,150.42	81.0
Burn	2	6.9	8,900.53	0.00	8,900.53	7.7
Heat Prostration	1	3.4	4,891.61	0.00	4,891.61	4.3
Strain	5	17.2	1,406.75	0.00	1,406.75	1.2
Puncture	3	10.3	90.28	1,250.00	1,340.28	1.2
Laceration	3	10.3	0.00	1,250.00	1,250.00	1.1
Respiratory Disorders(Gases,Fumes,Ch	1	3.4	24.50	1,225.50	1,250.00	1.1
Sprain	1	3.4	1,243.81	0.00	1,243.81	1.1
Contusion (Bruise, Skin Surface)	3	10.3	1,048.23	0.00	1,048.23	0.9
Multiple Physical Injury Only	2	6.9	341.05	0.00	341.05	0.3
Concussion (Brain, Cerebral)	1	3.4	130.39	0.00	130.39	0.1
Crushing	1	3.4	0.00	0.00	0.00	0.0
Inflammation	1	3.4	0.00	0.00	0.00	0.0
No Physical Injury	4	13.8	0.00	0.00	0.00	0.0
Sum:	**29**		**$41,493.63**	**$73,459.44**	**$114,953.07**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
774 - VADOC-LUNENBERG CORRECTIONAL CTR						
TYPE OF CLAIM						
Indemnity	1	4.8	177.85	11,240.97	11,418.82	79.0
Medical Only	16	76.2	543.22	2,487.50	3,030.72	21.0
Reporting Purposes Only	4	19.0	0.00	0.00	0.00	0.0
Totals:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
TIME OF INJURY						
4PM - 5:59PM	3	14.3	284.34	12,490.97	12,775.31	88.4
8AM - 9:59AM	1	4.8	12.50	1,237.50	1,250.00	8.7
12PM - 1:59PM	2	9.5	266.36	0.00	266.36	1.8
10PM - 11:59PM	2	9.5	157.87	0.00	157.87	1.1
12AM - 1:59AM	3	14.3	0.00	0.00	0.00	0.0
6AM - 7:59AM	4	19.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	2	9.5	0.00	0.00	0.00	0.0
2PM - 3:59PM	3	14.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
LENGTH OF SERVICE						
4 - 6	1	4.8	177.85	11,240.97	11,418.82	79.0
28 - 30	2	9.5	198.02	1,237.50	1,435.52	9.9
0 - 2	13	61.9	157.87	1,250.00	1,407.87	9.7
14 - 16	1	4.8	106.49	0.00	106.49	0.7
2 - 4	3	14.3	80.84	0.00	80.84	0.6
6 - 8	1	4.8	0.00	0.00	0.00	0.0
Totals:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
Age of Claimant						
35 - 39	2	9.5	177.85	11,240.97	11,418.82	79.0
55 - 59	2	9.5	198.02	1,237.50	1,435.52	9.9
30 - 34	3	14.3	0.00	1,250.00	1,250.00	8.7
25 - 29	6	28.6	157.87	0.00	157.87	1.1
45 - 49	1	4.8	106.49	0.00	106.49	0.7
40 - 44	1	4.8	80.84	0.00	80.84	0.6
20 - 24	6	28.6	0.00	0.00	0.00	0.0
Totals:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	10	47.6	190.35	13,728.47	13,918.82	96.3
Female	11	52.4	530.72	0.00	530.72	3.7
Totals:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
LOSS CAUSE						
Patient / Inmate	4	19.0	177.85	11,240.97	11,418.82	79.0
Needle stick	1	4.8	0.00	1,250.00	1,250.00	8.7
Pallet,Skid,Flat	1	4.8	12.50	1,237.50	1,250.00	8.7
Walking surface, outside, wet	1	4.8	185.52	0.00	185.52	1.3
Chemicals, not otherwise classified	3	14.3	157.87	0.00	157.87	1.1
Walking surface, outside, dry	2	9.5	106.49	0.00	106.49	0.7
Training \ Drills	1	4.8	80.84	0.00	80.84	0.6
Cart	1	4.8	0.00	0.00	0.00	0.0
Door	1	4.8	0.00	0.00	0.00	0.0
Fencing	1	4.8	0.00	0.00	0.00	0.0
Floor	1	4.8	0.00	0.00	0.00	0.0
N/A	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	2	9.5	0.00	0.00	0.00	0.0
Totals:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
ACCIDENT TYPE						
Person in Act of Crime	4	19.0	177.85	11,240.97	11,418.82	79.0
Other Injury NEC	1	4.8	0.00	1,250.00	1,250.00	8.7
Striking Against or Stepping On, NOC	1	4.8	12.50	1,237.50	1,250.00	8.7
Fall/Slip on Ice or Snow	1	4.8	185.52	0.00	185.52	1.3
Absorption, Ingestion or Inhalation NOC	3	14.3	157.87	0.00	157.87	1.1
Fall On the Same Level	2	9.5	106.49	0.00	106.49	0.7
Twisting	3	14.3	80.84	0.00	80.84	0.6
Caught In/Between-Object Handled	1	4.8	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	4.8	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	4.8	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	1	4.8	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	4.8	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
BODY PART						
Multiple Body Parts Body Systems & Mu	1	4.8	177.85	11,240.97	11,418.82	79.0
Trunk Upper Back Area (Thoracic Area)	3	14.3	93.34	1,237.50	1,330.84	9.2
Lower Extremities Lower Leg	2	9.5	0.00	1,250.00	1,250.00	8.7
Multiple Body Parts Whole Body	1	4.8	185.52	0.00	185.52	1.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Abdomen Including Groin	1	4.8	157.87	0.00	157.87	1.1
Multiple Body Parts Multiple Body Parts	1	4.8	106.49	0.00	106.49	0.7
Head Other facial soft tissue	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Ankle	2	9.5	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	4.8	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	4.8	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	9.5	0.00	0.00	0.00	0.0
Trunk Lung(s)	2	9.5	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	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 Multiple Upper Extrer	1	4.8	0.00	0.00	0.00	0.0
Sum:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	
INJURY						
Multiple Physical Injury Only	2	9.5	284.34	11,240.97	11,525.31	79.8
Contusion (Bruise, Skin Surface)	1	4.8	12.50	1,237.50	1,250.00	8.7
Puncture	1	4.8	0.00	1,250.00	1,250.00	8.7
Strain	3	14.3	266.36	0.00	266.36	1.8
No Physical Injury	7	33.3	157.87	0.00	157.87	1.1
Crushing	1	4.8	0.00	0.00	0.00	0.0
Inflammation	1	4.8	0.00	0.00	0.00	0.0
Laceration	2	9.5	0.00	0.00	0.00	0.0
Respiratory Disorders(Gases,Fumes,Ch	1	4.8	0.00	0.00	0.00	0.0
Sprain	2	9.5	0.00	0.00	0.00	0.0
Sum:	**21**		**$721.07**	**$13,728.47**	**$14,449.54**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
775 - VADOC-Pocahontas State Corr. Ctr						
TYPE OF CLAIM						
Indemnity	1	4.2	6,086.51	28,432.31	34,518.82	62.2
Medical Only	15	62.5	16,282.38	4,679.91	20,962.29	37.8
Reporting Purposes Only	8	33.3	0.00	0.00	0.00	0.0
Totals:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
TIME OF INJURY						
8AM - 9:59AM	5	20.8	7,319.92	28,432.31	35,752.23	64.4
10AM - 11:59AM	6	25.0	7,897.53	3,429.91	11,327.44	20.4
2PM - 3:59PM	7	29.2	3,387.55	1,250.00	4,637.55	8.4
12PM - 1:59PM	2	8.3	2,317.19	0.00	2,317.19	4.2
4PM - 5:59PM	1	4.2	1,138.14	0.00	1,138.14	2.1
6AM - 7:59AM	1	4.2	308.56	0.00	308.56	0.6
4AM - 5:59AM	1	4.2	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	4.2	0.00	0.00	0.00	0.0
Totals:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
LENGTH OF SERVICE						
2 - 4	3	12.5	8,596.89	28,432.31	37,029.20	66.7
0 - 2	14	58.3	8,325.86	4,679.91	13,005.77	23.4
6 - 8	3	12.5	5,137.58	0.00	5,137.58	9.3
16 - 18	1	4.2	308.56	0.00	308.56	0.6
4 - 6	2	8.3	0.00	0.00	0.00	0.0
8 - 10	1	4.2	0.00	0.00	0.00	0.0
Totals:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
Age of Claimant						
30 - 34	3	12.5	8,192.39	28,432.31	36,624.70	66.0
20 - 24	3	12.5	3,704.90	3,429.91	7,134.81	12.9
35 - 39	3	12.5	5,577.62	0.00	5,577.62	10.1
25 - 29	8	33.3	2,822.68	0.00	2,822.68	5.1
15 - 19	2	8.3	0.00	1,250.00	1,250.00	2.3
55 - 59	1	4.2	1,138.14	0.00	1,138.14	2.1
60 - 64	2	8.3	933.16	0.00	933.16	1.7
45 - 49	2	8.3	0.00	0.00	0.00	0.0
Totals:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	17	70.8	15,629.37	33,112.22	48,741.59	87.9
Female	7	29.2	6,739.52	0.00	6,739.52	12.1
Totals:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
LOSS CAUSE						
Patient / Inmate	8	33.3	10,068.35	33,112.22	43,180.57	77.8
Chemicals, not otherwise classified	6	25.0	4,651.62	0.00	4,651.62	8.4
Gas / Fumes	1	4.2	2,317.19	0.00	2,317.19	4.2
Fire / Flame / Smoke	1	4.2	2,027.02	0.00	2,027.02	3.7
Sharp objects, not otherwise classified	2	8.3	1,233.41	0.00	1,233.41	2.2
Electrical equipment	1	4.2	1,138.14	0.00	1,138.14	2.1
Training \ Drills	1	4.2	624.60	0.00	624.60	1.1
Walking surface, outside, dry	1	4.2	308.56	0.00	308.56	0.6
Needle stick	1	4.2	0.00	0.00	0.00	0.0
Recreational equipment	1	4.2	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	4.2	0.00	0.00	0.00	0.0
Totals:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
ACCIDENT TYPE						
Person in Act of Crime	8	33.3	10,068.35	33,112.22	43,180.57	77.8
Absorption, Ingestion or Inhalation NOC	7	29.2	6,678.64	0.00	6,678.64	12.0
Dust, Gases, Fumes or Vapors	1	4.2	2,317.19	0.00	2,317.19	4.2
Other Injury NEC	2	8.3	1,233.41	0.00	1,233.41	2.2
Striking Against or Stepping On, NOC	1	4.2	1,138.14	0.00	1,138.14	2.1
Twisting	1	4.2	624.60	0.00	624.60	1.1
Fall On the Same Level	1	4.2	308.56	0.00	308.56	0.6
Caught In, Under or Between, NOC	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
Struck or Injury By, NOC	1	4.2	0.00	0.00	0.00	0.0
Sum:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
BODY PART						
Upper Extremities Shoulder(s)	2	8.3	6,086.51	28,432.31	34,518.82	62.2
Upper Extremities Finger(s)	5	20.8	3,033.23	3,429.91	6,463.14	11.6
Trunk Lung(s)	4	16.7	4,132.90	0.00	4,132.90	7.4
Upper Extremities Lower Arm	2	8.3	2,086.75	1,250.00	3,336.75	6.0
Multiple Body Parts No Physical Injury	3	12.5	3,053.12	0.00	3,053.12	5.5
Multiple Body Parts Whole Body	1	4.2	1,809.81	0.00	1,809.81	3.3
Upper Extremities Thumb	1	4.2	1,233.41	0.00	1,233.41	2.2
Lower Extremities Knee	2	8.3	624.60	0.00	624.60	1.1
Lower Extremities Ankle	1	4.2	308.56	0.00	308.56	0.6
Head Other facial soft tissue	1	4.2	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Neck Soft Tissue-Neck	1	4.2	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	4.2	0.00	0.00	0.00	0.0
Sum:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	
INJURY						
Dislocation	1	4.2	6,086.51	28,432.31	34,518.82	62.2
Fracture	1	4.2	1,895.09	3,429.91	5,325.00	9.6
Poisoning - Chemical (Other than Metal)	2	8.3	3,836.83	0.00	3,836.83	6.9
No Physical Injury	5	20.8	3,053.12	0.00	3,053.12	5.5
Respiratory Disorders(Gases,Fumes,Ch	2	8.3	2,105.88	0.00	2,105.88	3.8
Contusion (Bruise, Skin Surface)	2	8.3	2,086.75	0.00	2,086.75	3.8
Laceration	2	8.3	0.00	1,250.00	1,250.00	2.3
Puncture	2	8.3	1,233.41	0.00	1,233.41	2.2
Inflammation	1	4.2	1,138.14	0.00	1,138.14	2.1
Sprain	4	16.7	933.16	0.00	933.16	1.7
Crushing	1	4.2	0.00	0.00	0.00	0.0
Strain	1	4.2	0.00	0.00	0.00	0.0
Sum:	**24**		**$22,368.89**	**$33,112.22**	**$55,481.11**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
776 - VADOC-Green Rock Correctional Ctr						
TYPE OF CLAIM						
Indemnity	2	4.7	12,640.41	44,876.16	57,516.57	61.5
Medical Only	31	72.1	24,935.44	11,134.71	36,070.15	38.5
Reporting Purposes Only	10	23.3	0.00	0.00	0.00	0.0
Totals:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
TIME OF INJURY						
10AM - 11:59AM	12	27.9	19,155.70	45,784.14	64,939.84	69.4
8AM - 9:59AM	11	25.6	7,139.22	5,387.73	12,526.95	13.4
12PM - 1:59PM	5	11.6	5,487.70	0.00	5,487.70	5.9
4PM - 5:59PM	4	9.3	1,501.78	1,604.51	3,106.29	3.3
2PM - 3:59PM	4	9.3	2,525.94	0.00	2,525.94	2.7
8PM - 9:59PM	2	4.7	824.75	1,675.25	2,500.00	2.7
6AM - 7:59AM	3	7.0	940.76	309.24	1,250.00	1.3
6PM - 7:59PM	2	4.7	0.00	1,250.00	1,250.00	1.3
Totals:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
LENGTH OF SERVICE						
6 - 8	6	14.0	13,993.80	44,876.16	58,869.96	62.9
0 - 2	21	48.8	9,543.05	6,110.83	15,653.88	16.7
2 - 4	6	14.0	4,152.36	4,500.70	8,653.06	9.2
10 - 12	2	4.7	7,332.07	0.00	7,332.07	7.8
8 - 10	4	9.3	1,305.88	523.18	1,829.06	2.0
16 - 18	3	7.0	802.17	0.00	802.17	0.9
4 - 6	1	2.3	446.52	0.00	446.52	0.5
Totals:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
Age of Claimant						
35 - 39	5	11.6	14,912.41	48,004.40	62,916.81	67.2
25 - 29	7	16.3	5,629.71	3,592.72	9,222.43	9.9
30 - 34	10	23.3	5,815.64	832.42	6,648.06	7.1
40 - 44	3	7.0	4,752.28	0.00	4,752.28	5.1
45 - 49	6	14.0	2,022.07	2,500.00	4,522.07	4.8
50 - 54	5	11.6	2,483.06	0.00	2,483.06	2.7
20 - 24	3	7.0	552.22	1,081.33	1,633.55	1.7
55 - 59	2	4.7	1,408.46	0.00	1,408.46	1.5
60 - 64	1	2.3	0.00	0.00	0.00	0.0
65 - 69	1	2.3	0.00	0.00	0.00	0.0
Totals:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	20	46.5	22,955.37	47,215.16	70,170.53	75.0
Female	23	53.5	14,620.48	8,795.71	23,416.19	25.0
Totals:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
LOSS CAUSE						
Patient / Inmate	11	25.6	17,105.65	48,123.14	65,228.79	69.7
Vehicle/car/truck	5	11.6	5,662.73	5,387.73	11,050.46	11.8
Door	4	9.3	4,752.28	1,250.00	6,002.28	6.4
Chemicals, not otherwise classified	3	7.0	2,666.17	0.00	2,666.17	2.8
Needle stick	3	7.0	2,619.51	0.00	2,619.51	2.8
Walking surface, outside, dry	1	2.3	1,347.75	0.00	1,347.75	1.4
Cabinet	1	2.3	0.00	1,250.00	1,250.00	1.3
Furniture / fixtures	1	2.3	802.17	0.00	802.17	0.9
Floor	1	2.3	674.32	0.00	674.32	0.7
Building parts / doors	1	2.3	606.29	0.00	606.29	0.6
Fencing	1	2.3	592.69	0.00	592.69	0.6
Razor blade	1	2.3	456.31	0.00	456.31	0.5
Water	2	4.7	289.98	0.00	289.98	0.3
Cart	1	2.3	0.00	0.00	0.00	0.0
Cords	1	2.3	0.00	0.00	0.00	0.0
N/A	1	2.3	0.00	0.00	0.00	0.0
Person	1	2.3	0.00	0.00	0.00	0.0
Stairs, steps	1	2.3	0.00	0.00	0.00	0.0
Uneven Surface	1	2.3	0.00	0.00	0.00	0.0
Walking surface, inside, wet	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
Totals:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
ACCIDENT TYPE						
Person in Act of Crime	11	25.6	17,105.65	48,123.14	65,228.79	69.7
Collision with Another Vehicle	4	9.3	5,662.73	5,387.73	11,050.46	11.8
Caught In, Under or Between, NOC	3	7.0	5,554.45	0.00	5,554.45	5.9
Absorption, Ingestion or Inhalation NOC	1	2.3	2,579.79	0.00	2,579.79	2.8
Cut, Punctured, Scraped, NOC	2	4.7	2,525.94	0.00	2,525.94	2.7
Other Injury NEC	5	11.6	469.93	1,250.00	1,719.93	1.8
Strain or Injury By, NOC	2	4.7	1,347.75	0.00	1,347.75	1.4
Strike Against/Step On Stationary Objec	1	2.3	0.00	1,250.00	1,250.00	1.3
Fall On the Same Level	3	7.0	674.32	0.00	674.32	0.7
Reaching	1	2.3	606.29	0.00	606.29	0.6
Caught In/Between-Machine or Machine	1	2.3	592.69	0.00	592.69	0.6
Hand Tool, Utensil; Not Powered	2	4.7	456.31	0.00	456.31	0.5

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In/Between-Object Handled	1	2.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	2	4.7	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
Fall/Slip on Stairs	1	2.3	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	2.3	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	2.3	0.00	0.00	0.00	0.0
Sum:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
BODY PART						
Multiple Body Parts Multiple Body Parts	3	7.0	13,803.74	48,468.88	62,272.62	66.5
Upper Extremities Finger(s)	7	16.3	8,005.04	1,773.18	9,778.22	10.4
Multiple Body Parts Body Systems & Mu	6	14.0	4,335.45	1,795.01	6,130.46	6.6
Lower Extremities Knee	3	7.0	1,347.75	1,250.00	2,597.75	2.8
Trunk Lung(s)	1	2.3	2,579.79	0.00	2,579.79	2.8
Upper Extremities Lower Arm	2	4.7	1,425.34	425.25	1,850.59	2.0
Head Other facial soft tissue	2	4.7	747.73	1,081.33	1,829.06	2.0
Upper Extremities Hand	4	9.3	1,655.29	0.00	1,655.29	1.8
Head Facial Bones	1	2.3	342.02	907.98	1,250.00	1.3
Trunk Upper Back Area (Thoracic Area)	1	2.3	940.76	309.24	1,250.00	1.3
Upper Extremities Thumb	1	2.3	802.17	0.00	802.17	0.9
Trunk Low Back Area (Incl. Lumbar & Li	1	2.3	674.32	0.00	674.32	0.7
Trunk Chest (Incl. Ribs, Sternum & Soft	1	2.3	446.52	0.00	446.52	0.5
Head Eye(s)	1	2.3	289.98	0.00	289.98	0.3
Trunk Buttocks	1	2.3	93.57	0.00	93.57	0.1
Multiple Body Parts No Physical Injury	2	4.7	86.38	0.00	86.38	0.1
Lower Extremities Ankle	1	2.3	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	4.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	2.3	0.00	0.00	0.00	0.0
Upper Extremities Elbow	2	4.7	0.00	0.00	0.00	0.0
Sum:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	2	4.7	11,292.66	44,876.16	56,168.82	60.0
Contusion (Bruise, Skin Surface)	19	44.2	9,829.21	9,104.95	18,934.16	20.2
Crushing	3	7.0	5,344.97	0.00	5,344.97	5.7
Puncture	3	7.0	3,350.69	425.25	3,775.94	4.0
No Physical Injury	4	9.3	2,759.74	0.00	2,759.74	2.9
Laceration	5	11.6	2,465.36	0.00	2,465.36	2.6
Inflammation	1	2.3	1,347.75	0.00	1,347.75	1.4
Burn	1	2.3	168.67	1,081.33	1,250.00	1.3
Fracture	1	2.3	726.82	523.18	1,250.00	1.3
Foreign Body (Eye)	1	2.3	289.98	0.00	289.98	0.3
Multiple Physical Injury Only	1	2.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sprain	2	4.7	0.00	0.00	0.00	0.0
Sum:	**43**		**$37,575.85**	**$56,010.87**	**$93,586.72**	

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Payments as of: 06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
784 - VADOC-Lawrenceville Correct'l Ctr						
TYPE OF CLAIM						
Medical Only	8	72.7	13,721.25	0.00	13,721.25	98.3
Indemnity	1	9.1	241.98	0.00	241.98	1.7
Reporting Purposes Only	2	18.2	0.00	0.00	0.00	0.0
Totals:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
TIME OF INJURY						
8AM - 9:59AM	2	18.2	8,010.67	0.00	8,010.67	57.4
4PM - 5:59PM	1	9.1	2,935.24	0.00	2,935.24	21.0
6AM - 7:59AM	5	45.5	2,775.34	0.00	2,775.34	19.9
12PM - 1:59PM	2	18.2	241.98	0.00	241.98	1.7
2PM - 3:59PM	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
LENGTH OF SERVICE						
4 - 6	2	18.2	8,010.67	0.00	8,010.67	57.4
16 - 18	1	9.1	2,935.24	0.00	2,935.24	21.0
2 - 4	2	18.2	2,639.34	0.00	2,639.34	18.9
0 - 2	6	54.5	377.98	0.00	377.98	2.7
Totals:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
Age of Claimant						
50 - 54	3	27.3	11,187.89	0.00	11,187.89	80.1
40 - 44	2	18.2	2,639.34	0.00	2,639.34	18.9
55 - 59	3	27.3	136.00	0.00	136.00	1.0
45 - 49	2	18.2	0.00	0.00	0.00	0.0
75 - 79	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
SEX OF CLAIMANT						
Female	7	63.6	11,081.91	0.00	11,081.91	79.4
Male	4	36.4	2,881.32	0.00	2,881.32	20.6
Totals:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
LOSS CAUSE						
Door	2	18.2	10,945.91	0.00	10,945.91	78.4
Building parts / doors	1	9.1	2,639.34	0.00	2,639.34	18.9
Training \ Drills	2	18.2	241.98	0.00	241.98	1.7
Walking surface, inside, wet	1	9.1	136.00	0.00	136.00	1.0
Gun / gunshot	1	9.1	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Uneven Surface	1	9.1	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	18.2	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	9.1	0.00	0.00	0.00	0.0
Totals:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
ACCIDENT TYPE						
Striking Against or Stepping On, NOC	1	9.1	8,010.67	0.00	8,010.67	57.4
Caught In/Between-Object Handled	2	18.2	5,574.58	0.00	5,574.58	39.9
Other Injury NEC	1	9.1	241.98	0.00	241.98	1.7
Fall, Slip or Trip, NOC	3	27.3	136.00	0.00	136.00	1.0
Fall/Slip on Ice or Snow	1	9.1	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	9.1	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	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
Sum:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
BODY PART						
Head Multiple Head Injury	1	9.1	8,010.67	0.00	8,010.67	57.4
Upper Extremities Finger(s)	2	18.2	5,574.58	0.00	5,574.58	39.9
Lower Extremities Lower Leg	2	18.2	241.98	0.00	241.98	1.7
Lower Extremities Knee	2	18.2	136.00	0.00	136.00	1.0
Lower Extremities Ankle	1	9.1	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	9.1	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	2	18.2	0.00	0.00	0.00	0.0
Sum:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	
INJURY						
Concussion (Brain, Cerebral)	1	9.1	8,010.67	0.00	8,010.67	57.4
Crushing	1	9.1	2,935.24	0.00	2,935.24	21.0
Fracture	1	9.1	2,639.34	0.00	2,639.34	18.9
Strain	2	18.2	241.98	0.00	241.98	1.7
Sprain	4	36.4	136.00	0.00	136.00	1.0
Multiple Physical Injury Only	1	9.1	0.00	0.00	0.00	0.0
No Physical Injury	1	9.1	0.00	0.00	0.00	0.0
Sum:	**11**		**$13,963.23**	**$0.00**	**$13,963.23**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
701 - DEPARTMENT OF CORRECTIONS						
785 - VADOC-River North Correctional Ctr						
TYPE OF CLAIM						
Medical Only	18	62.1	22,383.05	12,412.13	34,795.18	51.3
Indemnity	1	3.4	6,542.77	26,476.05	33,018.82	48.7
Reporting Purposes Only	10	34.5	0.00	0.00	0.00	0.0
Totals:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
TIME OF INJURY						
12PM - 1:59PM	1	3.4	6,542.77	26,476.05	33,018.82	48.7
2PM - 3:59PM	8	27.6	8,367.63	6,689.21	15,056.84	22.2
10AM - 11:59AM	6	20.7	5,373.55	2,950.00	8,323.55	12.3
8AM - 9:59AM	5	17.2	4,179.09	1,522.92	5,702.01	8.4
8PM - 9:59PM	3	10.3	3,999.97	0.00	3,999.97	5.9
6AM - 7:59AM	1	3.4	0.00	1,250.00	1,250.00	1.8
4AM - 5:59AM	1	3.4	462.81	0.00	462.81	0.7
4PM - 5:59PM	3	10.3	0.00	0.00	0.00	0.0
10PM - 11:59PM	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
LENGTH OF SERVICE						
0 - 2	13	44.8	19,410.75	34,328.49	53,739.24	79.2
2 - 4	7	24.1	4,412.85	1,650.00	6,062.85	8.9
10 - 12	6	20.7	2,672.78	2,500.00	5,172.78	7.6
8 - 10	3	10.3	2,429.44	409.69	2,839.13	4.2
Totals:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
Age of Claimant						
30 - 34	3	10.3	8,081.90	26,526.05	34,607.95	51.0
20 - 24	4	13.8	3,533.93	6,689.21	10,223.14	15.1
50 - 54	4	13.8	4,046.87	1,650.00	5,696.87	8.4
55 - 59	5	17.2	4,363.29	1,300.00	5,663.29	8.4
25 - 29	5	17.2	4,890.28	359.69	5,249.97	7.7
65 - 69	3	10.3	2,672.78	1,250.00	3,922.78	5.8
40 - 44	1	3.4	1,336.77	1,113.23	2,450.00	3.6
15 - 19	2	6.9	0.00	0.00	0.00	0.0
45 - 49	1	3.4	0.00	0.00	0.00	0.0
60 - 64	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Male	20	69.0	20,236.03	36,388.18	56,624.21	83.5
Female	9	31.0	8,689.79	2,500.00	11,189.79	16.5
Totals:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	3.4	6,542.77	26,476.05	33,018.82	48.7
Patient / Inmate	10	34.5	9,711.42	9,862.13	19,573.55	28.9
Walking surface, outside, dry	2	6.9	4,046.87	0.00	4,046.87	6.0
Needle stick	1	3.4	2,806.90	0.00	2,806.90	4.1
Ladder - Fixed	1	3.4	2,209.97	0.00	2,209.97	3.3
Fencing	1	3.4	1,539.13	50.00	1,589.13	2.3
Chemicals, not otherwise classified	1	3.4	0.00	1,250.00	1,250.00	1.8
Object on Floor	1	3.4	0.00	1,250.00	1,250.00	1.8
Door	2	6.9	1,193.07	0.00	1,193.07	1.8
Boxes / containers	1	3.4	462.81	0.00	462.81	0.7
Walking surface, inside, wet	1	3.4	412.88	0.00	412.88	0.6
Animal, not otherwise classified	1	3.4	0.00	0.00	0.00	0.0
N/A	1	3.4	0.00	0.00	0.00	0.0
Razor blade	1	3.4	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	2	6.9	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.4	0.00	0.00	0.00	0.0
Wires	1	3.4	0.00	0.00	0.00	0.0
Totals:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	3.4	6,542.77	26,476.05	33,018.82	48.7
Person in Act of Crime	9	31.0	9,711.42	9,862.13	19,573.55	28.9
Fall On the Same Level	3	10.3	4,459.75	1,250.00	5,709.75	8.4
Object Being Lifted or Handled	2	6.9	2,806.90	0.00	2,806.90	4.1
Fall/Slip From Ladder or Scaffolding	1	3.4	2,209.97	0.00	2,209.97	3.3
Struck/Injured By Moving Parts of Machi	1	3.4	1,539.13	50.00	1,589.13	2.3
Absorption, Ingestion or Inhalation NOC	1	3.4	0.00	1,250.00	1,250.00	1.8
Caught In, Under or Between, NOC	1	3.4	1,193.07	0.00	1,193.07	1.8
Lifting	1	3.4	462.81	0.00	462.81	0.7
Collision with Another Vehicle	1	3.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	6.9	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	3.4	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	3.4	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	1	3.4	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	1	3.4	0.00	0.00	0.00	0.0
Twisting	1	3.4	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Vehicle Upset	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
BODY PART						
Upper Extremities Shoulder(s)	4	13.8	9,116.37	33,165.26	42,281.63	62.3
Upper Extremities Finger(s)	6	20.7	7,105.94	1,163.23	8,269.17	12.2
Multiple Body Parts Multiple Body Parts	4	13.8	890.31	3,259.69	4,150.00	6.1
Lower Extremities Multiple Lower Extrer	1	3.4	4,046.87	0.00	4,046.87	6.0
Trunk Multiple Trunk	1	3.4	3,950.41	50.00	4,000.41	5.9
Trunk Chest (Incl. Ribs, Sternum & Soft	1	3.4	2,209.97	0.00	2,209.97	3.3
Multiple Body Parts Body Systems & Mu	2	6.9	412.88	1,250.00	1,662.88	2.5
Upper Extremities Thumb	2	6.9	1,193.07	0.00	1,193.07	1.8
Head Multiple Head Injury	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	3.4	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	3.4	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	3	10.3	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	
INJURY						
Strain	6	20.7	11,831.76	27,726.05	39,557.81	58.3
Contusion (Bruise, Skin Surface)	9	31.0	10,520.95	6,739.21	17,260.16	25.5
Multiple Physical Injury Only	2	6.9	890.31	2,009.69	2,900.00	4.3
Puncture	1	3.4	2,806.90	0.00	2,806.90	4.1
Sprain	2	6.9	1,336.77	1,113.23	2,450.00	3.6
Laceration	4	13.8	1,539.13	50.00	1,589.13	2.3
Respiratory Disorders(Gases,Fumes,Ch	1	3.4	0.00	1,250.00	1,250.00	1.8
No Physical Injury	3	10.3	0.00	0.00	0.00	0.0
Syncope	1	3.4	0.00	0.00	0.00	0.0
Sum:	**29**		**$28,925.82**	**$38,888.18**	**$67,814.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
702 - Dept For Blind & Vision Impaired						
702 - Virginia Industries for the Blind						
TYPE OF CLAIM						
Medical Only	5	71.4	2,140.19	1,250.00	3,390.19	99.4
Indemnity	1	14.3	18.82	0.00	18.82	0.6
Reporting Purposes Only	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
TIME OF INJURY						
12PM - 1:59PM	3	42.9	2,159.01	0.00	2,159.01	63.3
2PM - 3:59PM	1	14.3	0.00	1,250.00	1,250.00	36.7
10AM - 11:59AM	3	42.9	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
LENGTH OF SERVICE						
8 - 10	3	42.9	0.00	1,250.00	1,250.00	36.7
0 - 2	1	14.3	1,244.11	0.00	1,244.11	36.5
22 - 24	1	14.3	896.08	0.00	896.08	26.3
12 - 14	1	14.3	18.82	0.00	18.82	0.6
30 - 32	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
Age of Claimant						
35 - 39	1	14.3	0.00	1,250.00	1,250.00	36.7
55 - 59	1	14.3	1,244.11	0.00	1,244.11	36.5
65 - 69	1	14.3	896.08	0.00	896.08	26.3
60 - 64	1	14.3	18.82	0.00	18.82	0.6
40 - 44	2	28.6	0.00	0.00	0.00	0.0
70 - 74	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
SEX OF CLAIMANT						
Male	4	57.1	914.90	1,250.00	2,164.90	63.5
Female	3	42.9	1,244.11	0.00	1,244.11	36.5
Totals:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
LOSS CAUSE						
Knife, Utility	1	14.3	0.00	1,250.00	1,250.00	36.7
Cords	1	14.3	1,244.11	0.00	1,244.11	36.5
Furniture / fixtures	1	14.3	896.08	0.00	896.08	26.3
Door	1	14.3	18.82	0.00	18.82	0.6
Floor	1	14.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Package	1	14.3	0.00	0.00	0.00	0.0
Shelving	1	14.3	0.00	0.00	0.00	0.0
Totals:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	14.3	0.00	1,250.00	1,250.00	36.7
Fall On the Same Level	1	14.3	1,244.11	0.00	1,244.11	36.5
Struck/Injured By Falling or Flying Objec	1	14.3	896.08	0.00	896.08	26.3
Strike Against/Step On Stationary Objec	1	14.3	18.82	0.00	18.82	0.6
Cut, Punctured, Scraped, NOC	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
Lifting	1	14.3	0.00	0.00	0.00	0.0
Sum:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
BODY PART						
Upper Extremities Thumb	1	14.3	0.00	1,250.00	1,250.00	36.7
Upper Extremities Elbow	1	14.3	1,244.11	0.00	1,244.11	36.5
Multiple Body Parts Multiple Body Parts	1	14.3	896.08	0.00	896.08	26.3
Neck Multiple Neck Injury	1	14.3	18.82	0.00	18.82	0.6
Trunk Low Back Area (Incl. Lumbar & Li	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
Sum:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	
INJURY						
Fracture	2	28.6	1,262.93	0.00	1,262.93	37.0
Laceration	2	28.6	0.00	1,250.00	1,250.00	36.7
Contusion (Bruise, Skin Surface)	1	14.3	896.08	0.00	896.08	26.3
Strain	2	28.6	0.00	0.00	0.00	0.0
Sum:	**7**		**$2,159.01**	**$1,250.00**	**$3,409.01**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
702 - Dept For Blind & Vision Impaired						
S702 - Dept For Blind & Vision Impaired						
TYPE OF CLAIM						
Indemnity	1	16.7	42,863.74	20,485.08	63,348.82	96.1
Medical Only	3	50.0	121.66	2,471.63	2,593.29	3.9
Reporting Purposes Only	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
TIME OF INJURY						
6AM - 7:59AM	1	16.7	42,863.74	20,485.08	63,348.82	96.1
8AM - 9:59AM	2	33.3	93.29	1,250.00	1,343.29	2.0
6PM - 7:59PM	1	16.7	28.37	1,221.63	1,250.00	1.9
12PM - 1:59PM	1	16.7	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
LENGTH OF SERVICE						
6 - 8	2	33.3	42,863.74	20,485.08	63,348.82	96.1
4 - 6	1	16.7	0.00	1,250.00	1,250.00	1.9
28 - 30	1	16.7	28.37	1,221.63	1,250.00	1.9
2 - 4	1	16.7	93.29	0.00	93.29	0.1
0 - 2	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
Age of Claimant						
75 - 79	1	16.7	42,863.74	20,485.08	63,348.82	96.1
55 - 59	2	33.3	121.66	1,221.63	1,343.29	2.0
65 - 69	1	16.7	0.00	1,250.00	1,250.00	1.9
35 - 39	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
SEX OF CLAIMANT						
Male	3	50.0	42,957.03	21,735.08	64,692.11	98.1
Female	3	50.0	28.37	1,221.63	1,250.00	1.9
Totals:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
LOSS CAUSE						
Environmental conditions	1	16.7	42,863.74	20,485.08	63,348.82	96.1
Vehicle/car/truck	4	66.7	28.37	2,471.63	2,500.00	3.8
Animal, not otherwise classified	1	16.7	93.29	0.00	93.29	0.1
Totals:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
ACCIDENT TYPE						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strike Against/Step On Stationary Objec	1	16.7	42,863.74	20,485.08	63,348.82	96.1
Struck/Injured By Motor Vehicle	2	33.3	28.37	2,471.63	2,500.00	3.8
Struck/Injured By Animal or Insect	1	16.7	93.29	0.00	93.29	0.1
Collision with Another Vehicle	1	16.7	0.00	0.00	0.00	0.0
Other Injury NEC	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & L	2	33.3	42,863.74	21,735.08	64,598.82	98.0
Head Skull	1	16.7	28.37	1,221.63	1,250.00	1.9
Lower Extremities Ankle	1	16.7	93.29	0.00	93.29	0.1
Multiple Body Parts No Physical Injury	2	33.3	0.00	0.00	0.00	0.0
Sum:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	
INJURY						
Strain	2	33.3	42,863.74	21,735.08	64,598.82	98.0
Concussion (Brain, Cerebral)	1	16.7	28.37	1,221.63	1,250.00	1.9
Laceration	1	16.7	93.29	0.00	93.29	0.1
No Physical Injury	2	33.3	0.00	0.00	0.00	0.0
Sum:	**6**		**$42,985.40**	**$22,956.71**	**$65,942.11**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
703 - DBHDS \ Central State Hospital						
TYPE OF CLAIM						
Indemnity	18	16.8	171,454.27	510,984.94	682,439.21	79.8
Medical Only	60	56.1	90,750.03	81,963.22	172,713.25	20.2
Reporting Purposes Only	29	27.1	0.00	0.00	0.00	0.0
Totals:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	
TIME OF INJURY						
8AM - 9:59AM	27	25.2	91,305.16	165,500.97	256,806.13	30.0
4PM - 5:59PM	12	11.2	22,340.95	215,455.27	237,796.22	27.8
6PM - 7:59PM	15	14.0	70,949.79	138,808.50	209,758.29	24.5
10AM - 11:59AM	5	4.7	17,537.88	54,163.84	71,701.72	8.4
6AM - 7:59AM	5	4.7	12,091.53	15,369.51	27,461.04	3.2
10PM - 11:59PM	7	6.5	10,657.36	3,650.07	14,307.43	1.7
12AM - 1:59AM	5	4.7	11,661.93	0.00	11,661.93	1.4
2AM - 3:59AM	1	0.9	8,487.36	0.00	8,487.36	1.0
2PM - 3:59PM	12	11.2	7,535.76	0.00	7,535.76	0.9
8PM - 9:59PM	7	6.5	5,164.78	0.00	5,164.78	0.6
12PM - 1:59PM	8	7.5	4,389.23	0.00	4,389.23	0.5
4AM - 5:59AM	3	2.8	82.57	0.00	82.57	0.0
Totals:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	
LENGTH OF SERVICE						
0 - 2	48	44.9	148,283.58	403,888.27	552,171.85	64.6
2 - 4	29	27.1	42,565.45	77,065.43	119,630.88	14.0
8 - 10	7	6.5	43,944.95	27,734.40	71,679.35	8.4
12 - 14	2	1.9	1,109.58	47,424.44	48,534.02	5.7
14 - 16	5	4.7	4,298.65	21,013.82	25,312.47	3.0
16 - 18	4	3.7	8,468.17	10,821.80	19,289.97	2.3
38 - 40	1	0.9	8,487.36	0.00	8,487.36	1.0
6 - 8	4	3.7	542.48	5,000.00	5,542.48	0.6
4 - 6	6	5.6	4,504.08	0.00	4,504.08	0.5
24 - 26	1	0.9	0.00	0.00	0.00	0.0
Totals:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	
Age of Claimant						
50 - 54	16	15.0	55,732.61	218,371.11	274,103.72	32.1
45 - 49	14	13.1	51,221.27	137,538.18	188,759.45	22.1
25 - 29	19	17.8	61,592.02	76,507.10	138,099.12	16.1
35 - 39	14	13.1	34,368.20	56,202.36	90,570.56	10.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	9	8.4	26,678.92	36,183.10	62,862.02	7.4
60 - 64	6	5.6	2,501.78	47,424.44	49,926.22	5.8
55 - 59	13	12.1	15,084.11	20,721.87	35,805.98	4.2
40 - 44	11	10.3	8,399.58	0.00	8,399.58	1.0
30 - 34	5	4.7	6,625.81	0.00	6,625.81	0.8
Totals:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	
SEX OF CLAIMANT						
Female	71	66.4	190,842.10	280,216.70	471,058.80	55.1
Male	36	33.6	71,362.20	312,731.46	384,093.66	44.9
Totals:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	
LOSS CAUSE						
Patient / Inmate	76	71.0	187,761.00	385,724.25	573,485.25	67.1
Walking surface, outside, wet	3	2.8	17,145.86	74,244.72	91,390.58	10.7
Furniture / fixtures	2	1.9	11,520.16	33,227.45	44,747.61	5.2
Vehicle/car/truck	1	0.9	12,123.24	26,429.44	38,552.68	4.5
Walking surface, inside, dry	1	0.9	7,463.54	24,866.03	32,329.57	3.8
Walking surface, outside, dry	1	0.9	4,053.62	27,734.40	31,788.02	3.7
Cart	1	0.9	18.82	10,821.80	10,840.62	1.3
Door	6	5.6	4,934.50	3,650.07	8,584.57	1.0
Boxes / containers	1	0.9	8,487.36	0.00	8,487.36	1.0
N/A	1	0.9	18.82	5,000.00	5,018.82	0.6
Walking surface, inside, wet	1	0.9	3,878.66	0.00	3,878.66	0.5
Object on Floor	1	0.9	1,894.77	0.00	1,894.77	0.2
Miscellaneous	1	0.9	1,470.08	0.00	1,470.08	0.2
Animal / tick, spider, etc.	1	0.9	0.00	1,250.00	1,250.00	0.1
Step stool	1	0.9	1,010.73	0.00	1,010.73	0.1
Needle stick	3	2.8	372.32	0.00	372.32	0.0
Floor	1	0.9	50.82	0.00	50.82	0.0
Building parts / doors	1	0.9	0.00	0.00	0.00	0.0
Environmental conditions	1	0.9	0.00	0.00	0.00	0.0
Lift	1	0.9	0.00	0.00	0.00	0.0
Person	1	0.9	0.00	0.00	0.00	0.0
Window frame	1	0.9	0.00	0.00	0.00	0.0
Totals:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	46	43.0	114,452.65	123,466.22	237,918.87	27.8
Fall On the Same Level	6	5.6	16,768.54	160,011.47	176,780.01	20.7
Strain or Injury By, NOC	7	6.5	25,048.94	126,961.60	152,010.54	17.8
Fall/Slip on Ice or Snow	3	2.8	17,145.86	74,244.72	91,390.58	10.7
Striking Against or Stepping On, NOC	4	3.7	14,765.35	32,885.39	47,650.74	5.6

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck or Injury By, NOC	4	3.7	10,411.77	33,227.45	43,639.22	5.1
Fall, Slip or Trip, NOC	6	5.6	32,611.09	10,821.80	43,432.89	5.1
Vehicle Upset	1	0.9	12,123.24	26,429.44	38,552.68	4.5
Caught In, Under or Between, NOC	5	4.7	5,024.70	3,650.07	8,674.77	1.0
Struck/Injured By Object Handled By Otl	3	2.8	4,453.78	0.00	4,453.78	0.5
Fall/Slip From Liquid or Grease Spills	2	1.9	3,929.48	0.00	3,929.48	0.5
Foreign Body in Eye	1	0.9	2,058.92	0.00	2,058.92	0.2
Cut, Punctured, Scraped, NOC	9	8.4	1,484.28	0.00	1,484.28	0.2
Struck/Injured By Animal or Insect	1	0.9	0.00	1,250.00	1,250.00	0.1
Struck/Injured By Object Being Lifted or	2	1.9	1,108.39	0.00	1,108.39	0.1
Other Injury NEC	4	3.7	792.31	0.00	792.31	0.1
Hand Tool, Utensil; Not Powered	1	0.9	25.00	0.00	25.00	0.0
Broken Glass	1	0.9	0.00	0.00	0.00	0.0
Pushing or Pulling	1	0.9	0.00	0.00	0.00	0.0
Sum:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	

BODY PART

Multiple Body Parts Multiple Body Parts	47	43.9	144,486.20	254,868.87	399,355.07	46.7
Upper Extremities Elbow	2	1.9	8,761.18	88,842.24	97,603.42	11.4
Upper Extremities Finger(s)	4	3.7	9,703.45	80,157.17	89,860.62	10.5
Trunk Low Back Area (Incl. Lumbar & Li	2	1.9	12,667.06	72,732.64	85,399.70	10.0
Upper Extremities Hand	9	8.4	12,044.86	34,477.45	46,522.31	5.4
Head Brain	1	0.9	6,233.43	32,885.39	39,118.82	4.6
Lower Extremities Ankle	1	0.9	4,053.62	27,734.40	31,788.02	3.7
Lower Extremities Knee	4	3.7	25,078.07	0.00	25,078.07	2.9
Head Multiple Head Injury	4	3.7	14,423.19	0.00	14,423.19	1.7
Head Skull	6	5.6	7,351.06	0.00	7,351.06	0.9
Head Ear(s)	1	0.9	6,239.14	0.00	6,239.14	0.7
Neck Soft Tissue-Neck	4	3.7	3,498.09	1,250.00	4,748.09	0.6
Head Eye(s)	3	2.8	2,888.59	0.00	2,888.59	0.3
Upper Extremities Wrist	1	0.9	1,299.59	0.00	1,299.59	0.2
Head Nose	1	0.9	1,108.39	0.00	1,108.39	0.1
Head Facial Bones	1	0.9	937.00	0.00	937.00	0.1
Lower Extremities Foot	1	0.9	669.19	0.00	669.19	0.1
Upper Extremities Thumb	1	0.9	335.00	0.00	335.00	0.0
Head Other facial soft tissue	3	2.8	212.28	0.00	212.28	0.0
Upper Extremities Lower Arm	3	2.8	123.90	0.00	123.90	0.0
Upper Extremities Upper Arm (Incl. Cla	2	1.9	82.57	0.00	82.57	0.0
Trunk Abdomen Including Groin	2	1.9	8.44	0.00	8.44	0.0
Multiple Body Parts No Physical Injury	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	3	2.8	0.00	0.00	0.00	0.0
Sum:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Multiple Injury Inc. Physical & Psycholog	28	26.2	110,660.98	236,347.84	347,008.82	40.6
Contusion (Bruise, Skin Surface)	32	29.9	70,738.84	184,681.53	255,420.37	29.9
Dislocation	1	0.9	6,989.82	76,507.10	83,496.92	9.8
All Other (Specific) Injuries, NOC	12	11.2	33,760.47	32,885.39	66,645.86	7.8
Sprain	2	1.9	4,072.44	38,556.20	42,628.64	5.0
Strain	9	8.4	14,070.26	22,720.10	36,790.36	4.3
Multiple Physical Injury Only	2	1.9	8,836.02	0.00	8,836.02	1.0
Laceration	6	5.6	4,561.73	0.00	4,561.73	0.5
Concussion (Brain, Cerebral)	1	0.9	2,897.28	0.00	2,897.28	0.3
Puncture	7	6.5	1,311.67	1,250.00	2,561.67	0.3
Foreign Body (Eye)	1	0.9	2,058.92	0.00	2,058.92	0.2
Crushing	2	1.9	1,633.87	0.00	1,633.87	0.2
Fracture	1	0.9	612.00	0.00	612.00	0.1
No Physical Injury	3	2.8	0.00	0.00	0.00	0.0
Sum:	**107**		**$262,204.30**	**$592,948.16**	**$855,152.46**	

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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
704 - DBHDS \ Eastern State Hospital						
TYPE OF CLAIM						
Indemnity	34	22.8	332,360.04	971,632.93	1,303,992.97	95.9
Medical Only	66	44.3	51,529.33	3,662.13	55,191.46	4.1
Reporting Purposes Only	49	32.9	0.00	0.00	0.00	0.0
Totals:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	
TIME OF INJURY						
12PM - 1:59PM	26	17.4	114,568.99	565,277.34	679,846.33	50.0
2PM - 3:59PM	21	14.1	64,165.72	131,772.62	195,938.34	14.4
10AM - 11:59AM	18	12.1	31,193.75	146,596.44	177,790.19	13.1
6PM - 7:59PM	9	6.0	78,086.51	39,519.59	117,606.10	8.7
8PM - 9:59PM	13	8.7	18,445.16	64,614.41	83,059.57	6.1
4PM - 5:59PM	14	9.4	24,666.19	12,502.02	37,168.21	2.7
8AM - 9:59AM	14	9.4	24,403.03	0.00	24,403.03	1.8
4AM - 5:59AM	7	4.7	6,953.80	13,018.82	19,972.62	1.5
6AM - 7:59AM	13	8.7	11,552.94	0.00	11,552.94	0.8
10PM - 11:59PM	5	3.4	2,419.51	1,993.82	4,413.33	0.3
12AM - 1:59AM	5	3.4	4,387.74	0.00	4,387.74	0.3
2AM - 3:59AM	4	2.7	3,046.03	0.00	3,046.03	0.2
Totals:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	
LENGTH OF SERVICE						
0 - 2	87	58.4	274,550.17	497,801.04	772,351.21	56.8
6 - 8	2	1.3	62,010.74	354,312.31	416,323.05	30.6
2 - 4	24	16.1	17,642.00	67,079.69	84,721.69	6.2
8 - 10	4	2.7	18.82	43,600.00	43,618.82	3.2
4 - 6	11	7.4	11,458.88	12,502.02	23,960.90	1.8
18 - 20	2	1.3	17,102.95	0.00	17,102.95	1.3
12 - 14	5	3.4	933.32	0.00	933.32	0.1
10 - 12	5	3.4	172.49	0.00	172.49	0.0
16 - 18	1	0.7	0.00	0.00	0.00	0.0
20 - 22	2	1.3	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
14 - 16	2	1.3	0.00	0.00	0.00	0.0
36 - 38	1	0.7	0.00	0.00	0.00	0.0
40 - 42	1	0.7	0.00	0.00	0.00	0.0
Totals:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Age of Claimant						
65 - 69	3	2.0	59,385.43	354,312.31	413,697.74	30.4
45 - 49	23	15.4	88,218.73	200,125.51	288,344.24	21.2
25 - 29	16	10.7	35,085.51	190,731.31	225,816.82	16.6
55 - 59	17	11.4	59,963.18	84,669.98	144,633.16	10.6
60 - 64	13	8.7	71,724.15	39,519.59	111,243.74	8.2
70 - 74	2	1.3	6,321.92	61,124.40	67,446.32	5.0
30 - 34	19	12.8	23,697.07	25,652.44	49,349.51	3.6
50 - 54	13	8.7	18,229.24	0.00	18,229.24	1.3
40 - 44	19	12.8	15,728.25	0.00	15,728.25	1.2
20 - 24	7	4.7	309.61	13,018.82	13,328.43	1.0
35 - 39	15	10.1	5,058.78	6,140.70	11,199.48	0.8
15 - 19	2	1.3	167.50	0.00	167.50	0.0
Totals:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	
SEX OF CLAIMANT						
Female	102	68.5	346,728.80	948,562.79	1,295,291.59	95.3
Male	47	31.5	37,160.57	26,732.27	63,892.84	4.7
Totals:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	
LOSS CAUSE						
Patient / Inmate	105	70.5	175,456.73	644,888.58	820,345.31	60.4
Furniture / fixtures	2	1.3	46,637.21	98,849.93	145,487.14	10.7
Walking surface, outside, dry	4	2.7	87,905.06	40,720.29	128,625.35	9.5
Wall	2	1.3	44,638.76	70,174.14	114,812.90	8.4
Floor	2	1.3	5,568.94	56,425.58	61,994.52	4.6
Person	1	0.7	18.82	43,600.00	43,618.82	3.2
Ladder, 8' step	1	0.7	6,346.84	12,502.02	18,848.86	1.4
Outside Surface	3	2.0	2,678.03	6,140.70	8,818.73	0.6
Walking surface, inside, dry	2	1.3	7,148.93	0.00	7,148.93	0.5
Door	2	1.3	3,046.03	0.00	3,046.03	0.2
Chair	2	1.3	107.31	1,993.82	2,101.13	0.2
Walking surface, outside, wet	2	1.3	1,942.50	0.00	1,942.50	0.1
Uneven Surface	1	0.7	784.11	0.00	784.11	0.1
Cart	4	2.7	377.08	0.00	377.08	0.0
Cleaning Products	1	0.7	311.19	0.00	311.19	0.0
Recreational equipment	1	0.7	260.00	0.00	260.00	0.0
Pallet Jack	1	0.7	225.63	0.00	225.63	0.0
Walking surface, inside, wet	1	0.7	169.07	0.00	169.07	0.0
Boxes / containers	1	0.7	167.50	0.00	167.50	0.0
Knife, NOC	1	0.7	45.24	0.00	45.24	0.0
Needle stick	3	2.0	35.57	0.00	35.57	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Hand tool, not powered, NOC	1	0.7	18.82	0.00	18.82	0.0
Chemicals, not otherwise classified	2	1.3	0.00	0.00	0.00	0.0
Metal items	1	0.7	0.00	0.00	0.00	0.0
Object on Floor	1	0.7	0.00	0.00	0.00	0.0
Office equipment	1	0.7	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	0.7	0.00	0.00	0.00	0.0
Totals:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	82	55.0	130,011.36	541,892.14	671,903.50	49.4
Fall, Slip or Trip, NOC	11	7.4	95,559.53	169,024.07	264,583.60	19.5
Fall On the Same Level	12	8.1	89,526.86	170,217.12	259,743.98	19.1
Fall/Slip From a Different Level	4	2.7	14,559.91	68,927.60	83,487.51	6.1
Strike Against/Step On Stationary Objec	2	1.3	13,493.13	25,234.13	38,727.26	2.8
Fall/Slip on Ice or Snow	2	1.3	16,913.45	0.00	16,913.45	1.2
Strain or Injury By, NOC	3	2.0	14,495.72	0.00	14,495.72	1.1
Struck or Injury By, NOC	5	3.4	3,729.78	0.00	3,729.78	0.3
Caught In, Under or Between, NOC	2	1.3	3,213.53	0.00	3,213.53	0.2
Other Injury NEC	10	6.7	1,267.66	0.00	1,267.66	0.1
Fall/Slip From Liquid or Grease Spills	2	1.3	480.26	0.00	480.26	0.0
Struck/Injured By Object Handled By Ott	1	0.7	260.00	0.00	260.00	0.0
Strike Against/Step On Obj Being Lifted	1	0.7	225.63	0.00	225.63	0.0
Striking Against or Stepping On, NOC	1	0.7	107.31	0.00	107.31	0.0
Cut, Punctured, Scraped, NOC	4	2.7	45.24	0.00	45.24	0.0
Bitten	4	2.7	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	0.7	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	0.7	0.00	0.00	0.00	0.0
Lifting	1	0.7	0.00	0.00	0.00	0.0
Sum:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	
BODY PART						
Upper Extremities Upper Arm (Incl. Clav	4	2.7	59,817.59	354,312.31	414,129.90	30.5
Lower Extremities Knee	13	8.7	66,938.41	253,199.67	320,138.08	23.6
Trunk Low Back Area (Incl. Lumbar & Li	6	4.0	62,263.60	98,849.93	161,113.53	11.9
Upper Extremities Hand	10	6.7	74,274.76	39,519.59	113,794.35	8.4
Upper Extremities Wrist	5	3.4	15,180.66	67,375.18	82,555.84	6.1
Head Eye(s)	12	8.1	11,291.00	62,335.83	73,626.83	5.4
Upper Extremities Finger(s)	14	9.4	26,484.96	23,240.31	49,725.27	3.7
Head Nose	6	4.0	171.01	43,600.00	43,771.01	3.2
Head Facial Bones	12	8.1	13,457.84	13,018.82	26,476.66	1.9
Head Multiple Head Injury	6	4.0	19,204.16	0.00	19,204.16	1.4
Lower Extremities Foot	2	1.3	6,537.44	12,502.02	19,039.46	1.4
Head Other facial soft tissue	20	13.4	16,192.08	0.00	16,192.08	1.2

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	7	4.7	3,779.71	7,341.40	11,121.11	0.8
Lower Extremities Great Toe	1	0.7	3,322.26	0.00	3,322.26	0.2
Lower Extremities Hip	2	1.3	2,644.13	0.00	2,644.13	0.2
Upper Extremities Lower Arm	7	4.7	785.62	0.00	785.62	0.1
Upper Extremities Elbow	2	1.3	784.11	0.00	784.11	0.1
Lower Extremities Upper Leg	1	0.7	311.19	0.00	311.19	0.0
Lower Extremities Lower Leg	1	0.7	153.67	0.00	153.67	0.0
Upper Extremities Wrist(s) and Hand(s)	2	1.3	146.35	0.00	146.35	0.0
Upper Extremities Shoulder(s)	5	3.4	130.00	0.00	130.00	0.0
Multiple Body Parts Multiple Body Parts	2	1.3	18.82	0.00	18.82	0.0
Head Mouth	1	0.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	5	3.4	0.00	0.00	0.00	0.0
Neck Trachea	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
Upper Extremities Thumb	1	0.7	0.00	0.00	0.00	0.0
Sum:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	

INJURY

Sprain	13	8.7	112,418.46	507,049.45	619,467.91	45.6
Contusion (Bruise, Skin Surface)	73	49.0	126,978.34	240,707.39	367,685.73	27.1
Strain	7	4.7	88,200.45	169,024.07	257,224.52	18.9
All Other (Specific) Injuries, NOC	2	1.3	57.39	44,811.43	44,868.82	3.3
Fracture	5	3.4	9,147.58	13,702.72	22,850.30	1.7
Laceration	15	10.1	19,041.05	0.00	19,041.05	1.4
Concussion (Brain, Cerebral)	4	2.7	14,934.04	0.00	14,934.04	1.1
Puncture	1	0.7	11,891.32	0.00	11,891.32	0.9
No Physical Injury	26	17.4	706.48	0.00	706.48	0.1
Burn	1	0.7	311.19	0.00	311.19	0.0
Crushing	1	0.7	167.50	0.00	167.50	0.0
Rupture	1	0.7	35.57	0.00	35.57	0.0
Sum:	**149**		**$383,889.37**	**$975,295.06**	**$1,359,184.43**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
705 - DBHDS \ SWVMHI						
TYPE OF CLAIM						
Indemnity	7	7.8	217,763.37	393,976.80	611,740.17	93.3
Medical Only	20	22.2	37,616.79	6,407.82	44,024.61	6.7
Reporting Purposes Only	63	70.0	0.00	0.00	0.00	0.0
Totals:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
TIME OF INJURY						
10AM - 11:59AM	11	12.2	103,742.05	201,925.03	305,667.08	46.6
2PM - 3:59PM	10	11.1	78,448.24	154,160.67	232,608.91	35.5
12PM - 1:59PM	6	6.7	13,503.74	39,141.10	52,644.84	8.0
6AM - 7:59AM	6	6.7	25,007.74	1,239.13	26,246.87	4.0
6PM - 7:59PM	9	10.0	11,237.51	1,250.00	12,487.51	1.9
8AM - 9:59AM	12	13.3	7,217.05	2,668.69	9,885.74	1.5
4PM - 5:59PM	14	15.6	5,578.36	0.00	5,578.36	0.9
12AM - 1:59AM	4	4.4	5,466.99	0.00	5,466.99	0.8
8PM - 9:59PM	12	13.3	3,899.37	0.00	3,899.37	0.6
4AM - 5:59AM	4	4.4	1,075.41	0.00	1,075.41	0.2
2AM - 3:59AM	1	1.1	184.88	0.00	184.88	0.0
10PM - 11:59PM	1	1.1	18.82	0.00	18.82	0.0
Totals:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
LENGTH OF SERVICE						
2 - 4	28	31.1	133,883.78	209,635.74	343,519.52	52.4
4 - 6	13	14.4	102,221.43	139,001.45	241,222.88	36.8
0 - 2	20	22.2	13,221.66	47,828.74	61,050.40	9.3
14 - 16	1	1.1	1,781.31	2,668.69	4,450.00	0.7
22 - 24	2	2.2	3,131.23	0.00	3,131.23	0.5
8 - 10	8	8.9	65.34	1,250.00	1,315.34	0.2
6 - 8	4	4.4	1,075.41	0.00	1,075.41	0.2
10 - 12	5	5.6	0.00	0.00	0.00	0.0
12 - 14	2	2.2	0.00	0.00	0.00	0.0
16 - 18	1	1.1	0.00	0.00	0.00	0.0
20 - 22	1	1.1	0.00	0.00	0.00	0.0
24 - 26	3	3.3	0.00	0.00	0.00	0.0
36 - 38	1	1.1	0.00	0.00	0.00	0.0
28 - 30	1	1.1	0.00	0.00	0.00	0.0
Totals:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
Age of Claimant						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	4	4.4	78,448.24	152,910.67	231,358.91	35.3
50 - 54	15	16.7	90,890.72	99,860.35	190,751.07	29.1
25 - 29	16	17.8	31,129.78	56,725.07	87,854.85	13.4
40 - 44	5	5.6	18,234.63	41,809.79	60,044.42	9.2
55 - 59	9	10.0	6,922.65	46,589.61	53,512.26	8.2
60 - 64	10	11.1	22,611.96	1,239.13	23,851.09	3.6
30 - 34	6	6.7	3,378.12	0.00	3,378.12	0.5
20 - 24	9	10.0	2,078.21	0.00	2,078.21	0.3
45 - 49	7	7.8	1,685.85	0.00	1,685.85	0.3
35 - 39	8	8.9	0.00	1,250.00	1,250.00	0.2
15 - 19	1	1.1	0.00	0.00	0.00	0.0
Totals:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
SEX OF CLAIMANT						
Female	67	74.4	138,526.40	296,605.58	435,131.98	66.4
Male	23	25.6	116,853.76	103,779.04	220,632.80	33.6
Totals:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
LOSS CAUSE						
Patient / Inmate	62	68.9	222,128.02	312,164.78	534,292.80	81.5
Object on Floor	1	1.1	13,503.74	39,141.10	52,644.84	8.0
Furniture / fixtures	1	1.1	2,716.01	46,589.61	49,305.62	7.5
Chair	2	2.2	5,466.99	0.00	5,466.99	0.8
Needle stick	1	1.1	5,370.40	0.00	5,370.40	0.8
N/A	1	1.1	2,946.35	0.00	2,946.35	0.4
Walking surface, inside, wet	2	2.2	2,078.21	0.00	2,078.21	0.3
Door	2	2.2	10.87	1,239.13	1,250.00	0.2
Hot/Cold Object, Liquid, Substance	1	1.1	0.00	1,250.00	1,250.00	0.2
Animal, not otherwise classified	1	1.1	1,075.41	0.00	1,075.41	0.2
Outside Surface	1	1.1	65.34	0.00	65.34	0.0
Uneven Surface	2	2.2	18.82	0.00	18.82	0.0
Cart	1	1.1	0.00	0.00	0.00	0.0
Ceiling	1	1.1	0.00	0.00	0.00	0.0
Cleaning Products	1	1.1	0.00	0.00	0.00	0.0
Electricity	1	1.1	0.00	0.00	0.00	0.0
Floor	3	3.3	0.00	0.00	0.00	0.0
Food	1	1.1	0.00	0.00	0.00	0.0
Knife, NOC	1	1.1	0.00	0.00	0.00	0.0
Pots/pans	1	1.1	0.00	0.00	0.00	0.0
Walking surface, inside, dry	2	2.2	0.00	0.00	0.00	0.0
Water	1	1.1	0.00	0.00	0.00	0.0
Totals:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	54	60.0	217,397.13	309,496.09	526,893.22	80.3
Fall On the Same Level	9	10.0	21,048.94	39,141.10	60,190.04	9.2
Pushing or Pulling	1	1.1	2,716.01	46,589.61	49,305.62	7.5
Other Injury NEC	1	1.1	5,370.40	0.00	5,370.40	0.8
Cut, Punctured, Scraped, NOC	1	1.1	1,781.31	2,668.69	4,450.00	0.7
Lifting	4	4.4	2,949.58	0.00	2,949.58	0.4
Strike Against/Step On Stationary Objec	1	1.1	2,946.35	0.00	2,946.35	0.4
Contact With Not Otherwise Classified	3	3.3	0.00	1,250.00	1,250.00	0.2
Strain or Injury By, NOC	1	1.1	10.87	1,239.13	1,250.00	0.2
Struck/Injured By Animal or Insect	1	1.1	1,075.41	0.00	1,075.41	0.2
Fall/Slip on Ice or Snow	2	2.2	84.16	0.00	84.16	0.0
Bitten	1	1.1	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	2	2.2	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	2.2	0.00	0.00	0.00	0.0
Contact with Electrical Current	1	1.1	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 From Liquid or Grease Spills	1	1.1	0.00	0.00	0.00	0.0
Foreign Body in Eye	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
Reaching	1	1.1	0.00	0.00	0.00	0.0
Twisting	1	1.1	0.00	0.00	0.00	0.0
Sum:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
BODY PART						
Upper Extremities Multiple Upper Extrer	1	1.1	78,448.24	152,910.67	231,358.91	35.3
Upper Extremities Shoulder(s)	7	7.8	83,155.74	101,099.48	184,255.22	28.1
Head Multiple Head Injury	4	4.4	45,398.68	55,475.07	100,873.75	15.4
Lower Extremities Multiple Lower Extrer	1	1.1	13,503.74	39,141.10	52,644.84	8.0
Lower Extremities Foot	3	3.3	2,716.01	47,839.61	50,555.62	7.7
Upper Extremities Thumb	4	4.4	2,856.72	2,668.69	5,525.41	0.8
Lower Extremities Upper Leg	2	2.2	5,370.40	0.00	5,370.40	0.8
Trunk Abdomen Including Groin	1	1.1	4,651.69	0.00	4,651.69	0.7
Upper Extremities Wrist(s) and Hand(s)	6	6.7	3,899.37	0.00	3,899.37	0.6
Head Brain	1	1.1	3,359.30	0.00	3,359.30	0.5
Neck Trachea	1	1.1	3,226.52	0.00	3,226.52	0.5
Multiple Body Parts Multiple Body Parts	9	10.0	2,965.17	0.00	2,965.17	0.5
Trunk Low Back Area (Incl. Lumbar & Li	4	4.4	2,949.58	0.00	2,949.58	0.4
Upper Extremities Elbow	2	2.2	2,078.21	0.00	2,078.21	0.3
Head Other facial soft tissue	7	7.8	0.00	1,250.00	1,250.00	0.2
Upper Extremities Lower Arm	5	5.6	550.57	0.00	550.57	0.1
Upper Extremities Finger(s)	5	5.6	184.88	0.00	184.88	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Knee	5	5.6	65.34	0.00	65.34	0.0
Head Ear(s)	1	1.1	0.00	0.00	0.00	0.0
Head Eye(s)	3	3.3	0.00	0.00	0.00	0.0
Head Facial Bones	1	1.1	0.00	0.00	0.00	0.0
Head Skull	2	2.2	0.00	0.00	0.00	0.0
Lower Extremities Ankle	1	1.1	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	2	2.2	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	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
Neck Spinal Cord	1	1.1	0.00	0.00	0.00	0.0
Trunk Buttocks	2	2.2	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 Pelvis	1	1.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	1	1.1	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	2	2.2	0.00	0.00	0.00	0.0
Upper Extremities Wrist	2	2.2	0.00	0.00	0.00	0.0
Sum:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	
INJURY						
Multiple Physical Injury Only	1	1.1	78,448.24	152,910.67	231,358.91	35.3
Rupture	1	1.1	83,144.87	99,860.35	183,005.22	27.9
Concussion (Brain, Cerebral)	4	4.4	43,290.99	55,475.07	98,766.06	15.1
Contusion (Bruise, Skin Surface)	46	51.1	17,656.14	46,589.61	64,245.75	9.8
Sprain	3	3.3	13,503.74	39,141.10	52,644.84	8.0
Puncture	2	2.2	7,151.71	2,668.69	9,820.40	1.5
All Other (Specific) Injuries, NOC	3	3.3	7,598.04	1,250.00	8,848.04	1.3
Strain	14	15.6	2,960.45	1,239.13	4,199.58	0.6
Burn	6	6.7	0.00	1,250.00	1,250.00	0.2
Foreign Body (Eye)	2	2.2	1,075.41	0.00	1,075.41	0.2
Laceration	6	6.7	550.57	0.00	550.57	0.1
Infection	1	1.1	0.00	0.00	0.00	0.0
No Physical Injury	1	1.1	0.00	0.00	0.00	0.0
Sum:	**90**		**$255,380.16**	**$400,384.62**	**$655,764.78**	

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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
706 - DBHDS \ Western State Hospital						
TYPE OF CLAIM						
Indemnity	33	12.2	513,346.57	1,353,909.57	1,867,256.14	89.7
Medical Only	143	52.8	161,193.29	52,463.38	213,656.67	10.3
Reporting Purposes Only	95	35.1	0.00	0.00	0.00	0.0
Totals:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
TIME OF INJURY						
10AM - 11:59AM	42	15.5	114,296.55	451,913.24	566,209.79	27.2
4PM - 5:59PM	40	14.8	113,949.41	237,071.53	351,020.94	16.9
6PM - 7:59PM	32	11.8	88,978.82	261,692.71	350,671.53	16.9
2PM - 3:59PM	37	13.7	62,972.70	203,951.85	266,924.55	12.8
6AM - 7:59AM	14	5.2	113,305.08	97,047.64	210,352.72	10.1
8PM - 9:59PM	25	9.2	69,098.14	111,523.61	180,621.75	8.7
8AM - 9:59AM	23	8.5	25,968.38	36,298.55	62,266.93	3.0
4AM - 5:59AM	14	5.2	35,606.54	4,668.61	40,275.15	1.9
12AM - 1:59AM	7	2.6	24,327.28	0.00	24,327.28	1.2
12PM - 1:59PM	27	10.0	21,666.99	2,205.21	23,872.20	1.1
2AM - 3:59AM	4	1.5	3,296.66	0.00	3,296.66	0.2
10PM - 11:59PM	6	2.2	1,073.31	0.00	1,073.31	0.1
Totals:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
LENGTH OF SERVICE						
0 - 2	155	57.2	444,273.49	848,422.79	1,292,696.28	62.1
2 - 4	39	14.4	86,905.22	294,838.99	381,744.21	18.3
4 - 6	30	11.1	78,086.23	109,081.92	187,168.15	9.0
6 - 8	22	8.1	9,389.94	97,523.16	106,913.10	5.1
10 - 12	3	1.1	8,624.56	49,367.82	57,992.38	2.8
8 - 10	5	1.8	39,382.27	4,668.61	44,050.88	2.1
16 - 18	3	1.1	4,887.83	0.00	4,887.83	0.2
12 - 14	5	1.8	30.34	1,219.66	1,250.00	0.1
14 - 16	4	1.5	0.00	1,250.00	1,250.00	0.1
20 - 22	2	0.7	1,195.08	0.00	1,195.08	0.1
38 - 40	1	0.4	904.24	0.00	904.24	0.0
22 - 24	1	0.4	860.66	0.00	860.66	0.0
18 - 20	1	0.4	0.00	0.00	0.00	0.0
Totals:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
Age of Claimant						
40 - 44	27	10.0	115,168.73	338,543.09	453,711.82	21.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
55 - 59	23	8.5	165,271.41	259,382.89	424,654.30	20.4
50 - 54	26	9.6	106,623.62	178,352.65	284,976.27	13.7
45 - 49	26	9.6	50,649.50	214,641.38	265,290.88	12.7
35 - 39	42	15.5	76,235.45	177,672.01	253,907.46	12.2
30 - 34	24	8.9	50,391.28	128,795.04	179,186.32	8.6
25 - 29	40	14.8	43,350.70	55,868.07	99,218.77	4.8
65 - 69	3	1.1	8,402.21	49,367.82	57,770.03	2.8
20 - 24	37	13.7	38,680.69	3,750.00	42,430.69	2.0
15 - 19	9	3.3	15,515.84	0.00	15,515.84	0.7
60 - 64	13	4.8	4,250.43	0.00	4,250.43	0.2
75 - 79	1	0.4	0.00	0.00	0.00	0.0
Totals:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
SEX OF CLAIMANT						
Female	178	65.7	539,179.47	1,075,449.93	1,614,629.40	77.6
Male	93	34.3	135,360.39	330,923.02	466,283.41	22.4
Totals:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
LOSS CAUSE						
Patient / Inmate	228	84.1	629,429.94	1,225,587.99	1,855,017.93	89.1
Wall	3	1.1	16,022.28	146,394.96	162,417.24	7.8
Step stool	1	0.4	64.40	21,354.42	21,418.82	1.0
Training \ Drills	2	0.7	13,050.78	0.00	13,050.78	0.6
Recreational equipment	2	0.7	3,198.32	6,245.50	9,443.82	0.5
Walking surface, outside, wet	4	1.5	3,534.38	5,190.37	8,724.75	0.4
Needle stick	4	1.5	3,953.08	349.71	4,302.79	0.2
Floor	4	1.5	375.00	1,250.00	1,625.00	0.1
Cart	3	1.1	1,606.39	0.00	1,606.39	0.1
Water	4	1.5	1,360.64	0.00	1,360.64	0.1
Chair	2	0.7	445.83	0.00	445.83	0.0
Door	5	1.8	437.88	0.00	437.88	0.0
Walking surface, inside, wet	1	0.4	372.00	0.00	372.00	0.0
Jack	1	0.4	329.01	0.00	329.01	0.0
Hot/Cold Object, Liquid, Substance	1	0.4	265.16	0.00	265.16	0.0
Trash receptacle	1	0.4	94.77	0.00	94.77	0.0
Cabinet	1	0.4	0.00	0.00	0.00	0.0
Metal items	1	0.4	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	0.4	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	0.7	0.00	0.00	0.00	0.0
Totals:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	231	85.2	650,908.23	1,322,615.13	1,973,523.36	94.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	5	1.8	7,911.52	49,367.82	57,279.34	2.8
Fall/Slip From a Different Level	4	1.5	180.56	26,544.79	26,725.35	1.3
Struck/Injured By Falling or Flying Objec	2	0.7	3,198.32	6,245.50	9,443.82	0.5
Other Injury NEC	3	1.1	3,953.08	349.71	4,302.79	0.2
Fall/Slip on Ice or Snow	2	0.7	3,418.22	0.00	3,418.22	0.2
Strain or Injury By, NOC	4	1.5	2,102.52	0.00	2,102.52	0.1
Contact With Not Otherwise Classified	3	1.1	1,625.80	0.00	1,625.80	0.1
Fall/Slip From Liquid or Grease Spills	2	0.7	372.00	1,250.00	1,622.00	0.1
Striking Against or Stepping On, NOC	3	1.1	329.01	0.00	329.01	0.0
Struck or Injury By, NOC	1	0.4	282.96	0.00	282.96	0.0
Caught In/Between-Object Handled	1	0.4	162.87	0.00	162.87	0.0
Struck/Injured By Object Being Lifted or	1	0.4	94.77	0.00	94.77	0.0
Contact with Hot Object or Substance	1	0.4	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	2	0.7	0.00	0.00	0.00	0.0
Fall On the Same Level	3	1.1	0.00	0.00	0.00	0.0
Needle Stick	1	0.4	0.00	0.00	0.00	0.0
Slipped, Did Not Fall	1	0.4	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	0.4	0.00	0.00	0.00	0.0
Sum:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	
BODY PART						
Head Skull	54	19.9	273,260.79	524,637.38	797,898.17	38.3
Upper Extremities Shoulder(s)	7	2.6	113,959.00	94,710.99	208,669.99	10.0
Head Eye(s)	13	4.8	30,417.31	108,732.21	139,149.52	6.7
Trunk Low Back Area (Incl. Lumbar & Li	15	5.5	20,438.83	92,859.83	113,298.66	5.4
Lower Extremities Hip	3	1.1	15,768.61	93,398.91	109,167.52	5.2
Head Other facial soft tissue	20	7.4	12,164.99	93,936.51	106,101.50	5.1
Upper Extremities Wrist	11	4.1	29,048.89	70,088.95	99,137.84	4.8
Head Nose	6	2.2	30,373.26	65,189.80	95,563.06	4.6
Lower Extremities Foot	5	1.8	9,910.89	79,852.23	89,763.12	4.3
Upper Extremities Hand	18	6.6	18,650.24	55,613.32	74,263.56	3.6
Trunk Upper Back Area (Thoracic Area)	4	1.5	27,220.76	35,396.13	62,616.89	3.0
Multiple Body Parts Multiple Body Parts	11	4.1	19,037.50	36,923.23	55,960.73	2.7
Head Mouth	5	1.8	8,056.51	41,853.95	49,910.46	2.4
Head Multiple Head Injury	3	1.1	20,350.69	0.00	20,350.69	1.0
Lower Extremities Knee	11	4.1	7,287.60	1,744.01	9,031.61	0.4
Lower Extremities Ankle	6	2.2	2,097.52	6,440.37	8,537.89	0.4
Upper Extremities Lower Arm	22	8.1	4,683.30	2,205.21	6,888.51	0.3
Neck Multiple Neck Injury	1	0.4	6,808.74	0.00	6,808.74	0.3
Lower Extremities Lower Leg	9	3.3	5,174.74	0.00	5,174.74	0.2
Trunk Chest (Incl. Ribs, Sternum & Soft	14	5.2	4,811.04	0.00	4,811.04	0.2
Upper Extremities Finger(s)	7	2.6	3,633.53	349.71	3,983.24	0.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Elbow	4	1.5	3,554.70	0.00	3,554.70	0.2
Upper Extremities Upper Arm (Incl. Cla	6	2.2	1,832.26	0.00	1,832.26	0.1
Upper Extremities Thumb	3	1.1	1,460.24	0.00	1,460.24	0.1
Trunk Lumbar and/or Sacral Vertebrae	1	0.4	1,146.44	103.56	1,250.00	0.1
Trunk Multiple Trunk	1	0.4	0.00	1,250.00	1,250.00	0.1
Trunk Spinal Cord	1	0.4	163.35	1,086.65	1,250.00	0.1
Upper Extremities Multiple Upper Extrer	1	0.4	1,063.62	0.00	1,063.62	0.1
Head Facial Bones	1	0.4	773.71	0.00	773.71	0.0
Lower Extremities Upper Leg	1	0.4	729.67	0.00	729.67	0.0
Multiple Body Parts No Physical Injury	2	0.7	378.17	0.00	378.17	0.0
Lower Extremities Great Toe	1	0.4	282.96	0.00	282.96	0.0
Neck Spinal Cord	1	0.4	0.00	0.00	0.00	0.0
Trunk Abdomen Including Groin	2	0.7	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	0.4	0.00	0.00	0.00	0.0
Sum:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	

INJURY

Contusion (Bruise, Skin Surface)	145	53.5	219,346.90	765,488.15	984,835.05	47.3
Strain	27	10.0	186,172.29	327,383.53	513,555.82	24.7
Concussion (Brain, Cerebral)	27	10.0	176,004.55	202,162.41	378,166.96	18.2
Sprain	30	11.1	36,568.45	77,779.32	114,347.77	5.5
Multiple Physical Injury Only	3	1.1	11,634.25	31,004.62	42,638.87	2.0
Contagious Disease	26	9.6	24,620.93	2,554.92	27,175.85	1.3
Fracture	2	0.7	8,741.20	0.00	8,741.20	0.4
Asphyxiation	1	0.4	6,808.74	0.00	6,808.74	0.3
Puncture	2	0.7	2,144.17	0.00	2,144.17	0.1
Laceration	2	0.7	1,855.05	0.00	1,855.05	0.1
No Physical Injury	2	0.7	378.17	0.00	378.17	0.0
Burn	3	1.1	265.16	0.00	265.16	0.0
All Other (Specific) Injuries, NOC	1	0.4	0.00	0.00	0.00	0.0
Sum:	**271**		**$674,539.86**	**$1,406,372.95**	**$2,080,912.81**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
708 - DBHDS \ CCCA (DeJarnette)						
TYPE OF CLAIM						
Indemnity	26	11.3	243,259.30	702,815.08	946,074.38	79.8
Medical Only	127	55.0	165,639.47	73,178.72	238,818.19	20.2
Reporting Purposes Only	78	33.8	0.00	0.00	0.00	0.0
Totals:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
TIME OF INJURY						
4PM - 5:59PM	32	13.9	99,015.44	214,881.40	313,896.84	26.5
8PM - 9:59PM	24	10.4	62,633.92	189,782.88	252,416.80	21.3
6PM - 7:59PM	47	20.3	87,815.13	118,222.83	206,037.96	17.4
12PM - 1:59PM	24	10.4	29,484.36	85,878.47	115,362.83	9.7
2PM - 3:59PM	32	13.9	31,239.99	63,127.73	94,367.72	8.0
8AM - 9:59AM	20	8.7	38,256.11	47,466.35	85,722.46	7.2
10AM - 11:59AM	19	8.2	18,019.41	52,664.71	70,684.12	6.0
4AM - 5:59AM	4	1.7	17,763.29	0.00	17,763.29	1.5
10PM - 11:59PM	15	6.5	12,115.52	0.00	12,115.52	1.0
12AM - 1:59AM	3	1.3	6,836.00	1,995.77	8,831.77	0.7
6AM - 7:59AM	8	3.5	4,004.52	1,250.00	5,254.52	0.4
2AM - 3:59AM	3	1.3	1,715.08	723.66	2,438.74	0.2
Totals:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
LENGTH OF SERVICE						
0 - 2	195	84.4	386,979.58	634,425.81	1,021,405.39	86.2
4 - 6	8	3.5	8,855.72	79,676.50	88,532.22	7.5
2 - 4	24	10.4	13,063.47	61,891.49	74,954.96	6.3
6 - 8	3	1.3	0.00	0.00	0.00	0.0
8 - 10	1	0.4	0.00	0.00	0.00	0.0
Totals:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
Age of Claimant						
50 - 54	6	2.6	53,236.13	195,892.78	249,128.91	21.0
25 - 29	44	19.0	82,479.18	146,294.06	228,773.24	19.3
20 - 24	65	28.1	100,922.78	124,638.43	225,561.21	19.0
30 - 34	34	14.7	34,684.36	122,010.24	156,694.60	13.2
15 - 19	17	7.4	34,816.11	59,398.85	94,214.96	8.0
35 - 39	18	7.8	25,166.08	60,533.49	85,699.57	7.2
60 - 64	7	3.0	27,501.99	57,650.11	85,152.10	7.2
55 - 59	10	4.3	36,641.62	7,062.08	43,703.70	3.7
40 - 44	26	11.3	11,974.36	2,513.76	14,488.12	1.2

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
45 - 49	4	1.7	1,476.16	0.00	1,476.16	0.1
Totals:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
SEX OF CLAIMANT						
Female	150	64.9	309,773.08	710,293.40	1,020,066.48	86.1
Male	81	35.1	99,125.69	65,700.40	164,826.09	13.9
Totals:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
LOSS CAUSE						
Patient / Inmate	221	95.7	386,615.53	684,897.53	1,071,513.06	90.4
Door	1	0.4	12,881.97	72,622.46	85,504.43	7.2
Person	3	1.3	5,379.03	17,223.81	22,602.84	1.9
Outside Surface	2	0.9	2,877.07	0.00	2,877.07	0.2
Totes	1	0.4	0.00	1,250.00	1,250.00	0.1
Needle stick	1	0.4	1,114.56	0.00	1,114.56	0.1
Food	1	0.4	30.61	0.00	30.61	0.0
Object on Floor	1	0.4	0.00	0.00	0.00	0.0
Totals:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	198	85.7	345,158.41	644,368.49	989,526.90	83.5
Caught In, Under or Between, NOC	2	0.9	12,881.97	72,622.46	85,504.43	7.2
Struck/Injured By Falling or Flying Objec	2	0.9	27,260.26	36,559.61	63,819.87	5.4
Fall On the Same Level	2	0.9	5,192.37	17,223.81	22,416.18	1.9
Other Injury NEC	11	4.8	10,371.79	3,969.43	14,341.22	1.2
Fall/Slip From a Different Level	1	0.4	2,877.07	0.00	2,877.07	0.2
Lifting	1	0.4	0.00	1,250.00	1,250.00	0.1
Hand Tool, Utensil; Not Powered	1	0.4	1,114.56	0.00	1,114.56	0.1
Holding or Carrying	1	0.4	1,037.43	0.00	1,037.43	0.1
Struck/Injured By Object Handled By Otl	1	0.4	919.78	0.00	919.78	0.1
Cumulative (All Other)	1	0.4	900.29	0.00	900.29	0.1
Pushing or Pulling	1	0.4	606.41	0.00	606.41	0.1
Fall, Slip or Trip, NOC	2	0.9	578.43	0.00	578.43	0.0
Bitten	2	0.9	0.00	0.00	0.00	0.0
Collision with a Fixed Object	1	0.4	0.00	0.00	0.00	0.0
Contact with Infectious Disease	1	0.4	0.00	0.00	0.00	0.0
Foreign Body in Eye	2	0.9	0.00	0.00	0.00	0.0
Strike Against/Step On Stationary Objec	1	0.4	0.00	0.00	0.00	0.0
Sum:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	
BODY PART						
Head Brain	20	8.7	110,828.25	259,550.36	370,378.61	31.3
Multiple Body Parts Multiple Body Parts	78	33.8	121,070.70	117,810.09	238,880.79	20.2
Trunk Pelvis	1	0.4	47,038.89	122,115.98	169,154.87	14.3

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Skull	2	0.9	7,680.81	88,542.05	96,222.86	8.1
Upper Extremities Hand	8	3.5	19,496.92	72,622.46	92,119.38	7.8
Head Facial Bones	8	3.5	8,630.83	55,100.00	63,730.83	5.4
Head Multiple Head Injury	23	10.0	20,484.15	29,851.32	50,335.47	4.2
Lower Extremities Knee	6	2.6	8,945.89	17,223.81	26,169.70	2.2
Upper Extremities Shoulder(s)	5	2.2	22,547.94	0.00	22,547.94	1.9
Upper Extremities Thumb	2	0.9	1,977.28	6,777.73	8,755.01	0.7
Upper Extremities Wrist	3	1.3	6,388.09	0.00	6,388.09	0.5
Trunk Abdomen Including Groin	3	1.3	5,785.75	0.00	5,785.75	0.5
Head Eye(s)	9	3.9	5,536.09	0.00	5,536.09	0.5
Multiple Body Parts Stress	1	0.4	18.82	5,150.00	5,168.82	0.4
Upper Extremities Lower Arm	12	5.2	3,981.72	0.00	3,981.72	0.3
Trunk Chest (Incl. Ribs, Sternum & Soft	6	2.6	3,963.56	0.00	3,963.56	0.3
Head Ear(s)	1	0.4	3,607.23	0.00	3,607.23	0.3
Upper Extremities Upper Arm (Incl. Clav	8	3.5	2,367.39	0.00	2,367.39	0.2
Trunk Low Back Area (Incl. Lumbar & Li	3	1.3	1,068.29	1,250.00	2,318.29	0.2
Head Other facial soft tissue	12	5.2	2,159.67	0.00	2,159.67	0.2
Lower Extremities Hip	3	1.3	1,774.64	0.00	1,774.64	0.1
Upper Extremities Finger(s)	4	1.7	1,114.56	0.00	1,114.56	0.1
Lower Extremities Foot	1	0.4	1,037.43	0.00	1,037.43	0.1
Trunk Multiple Trunk	1	0.4	783.30	0.00	783.30	0.1
Upper Extremities Multiple Upper Extrer	1	0.4	579.96	0.00	579.96	0.0
Multiple Body Parts Body Systems & Mu	1	0.4	30.61	0.00	30.61	0.0
Head Nose	2	0.9	0.00	0.00	0.00	0.0
Lower Extremities Lower Leg	1	0.4	0.00	0.00	0.00	0.0
Neck Multiple Neck Injury	2	0.9	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	0.4	0.00	0.00	0.00	0.0
Neck Vertebrae	1	0.4	0.00	0.00	0.00	0.0
Trunk Heart	1	0.4	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	0.4	0.00	0.00	0.00	0.0
Sum:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	

INJURY

Concussion (Brain, Cerebral)	47	20.3	186,229.52	461,502.64	647,732.16	54.7
Strain	8	3.5	51,026.25	123,365.98	174,392.23	14.7
Contusion (Bruise, Skin Surface)	99	42.9	60,648.90	51,280.16	111,929.06	9.4
Laceration	11	4.8	27,317.67	74,618.23	101,935.90	8.6
Multiple Physical Injury Only	37	16.0	29,310.11	30,942.63	60,252.74	5.1
Fracture	1	0.4	2,855.71	27,913.11	30,768.82	2.6
Sprain	7	3.0	14,551.60	0.00	14,551.60	1.2
Dislocation	1	0.4	14,535.20	0.00	14,535.20	1.2
Multiple Injury Inc. Physical & Psycholog	2	0.9	11,163.18	1,221.05	12,384.23	1.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Puncture	9	3.9	8,235.16	0.00	8,235.16	0.7
Mental Stress	1	0.4	18.82	5,150.00	5,168.82	0.4
Crushing	2	0.9	1,549.41	0.00	1,549.41	0.1
Infection	1	0.4	1,426.63	0.00	1,426.63	0.1
No Physical Injury	2	0.9	30.61	0.00	30.61	0.0
Asphyxiation	1	0.4	0.00	0.00	0.00	0.0
Foreign Body (Eye)	2	0.9	0.00	0.00	0.00	0.0
Sum:	**231**		**$408,898.77**	**$775,993.80**	**$1,184,892.57**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
720 - DBHDS - ADMIN, DEPT OF						
TYPE OF CLAIM						
Medical Only	1	100.0	26.66	0.00	26.66	100.0
Totals:	**1**		**$26.66**	**$0.00**	**$26.66**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	26.66	0.00	26.66	100.0
Totals:	**1**		**$26.66**	**$0.00**	**$26.66**	
LENGTH OF SERVICE						
0 - 2	1	100.0	26.66	0.00	26.66	100.0
Totals:	**1**		**$26.66**	**$0.00**	**$26.66**	
Age of Claimant						
65 - 69	1	100.0	26.66	0.00	26.66	100.0
Totals:	**1**		**$26.66**	**$0.00**	**$26.66**	
SEX OF CLAIMANT						
Male	1	100.0	26.66	0.00	26.66	100.0
Totals:	**1**		**$26.66**	**$0.00**	**$26.66**	
LOSS CAUSE						
Minerals / dirt	1	100.0	26.66	0.00	26.66	100.0
Totals:	**1**		**$26.66**	**$0.00**	**$26.66**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	26.66	0.00	26.66	100.0
Sum:	**1**		**$26.66**	**$0.00**	**$26.66**	
BODY PART						
Upper Extremities Thumb	1	100.0	26.66	0.00	26.66	100.0
Sum:	**1**		**$26.66**	**$0.00**	**$26.66**	
INJURY						
Sprain	1	100.0	26.66	0.00	26.66	100.0
Sum:	**1**		**$26.66**	**$0.00**	**$26.66**	

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Company: Commonwealth of Virginia
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
723 - DBHDS \Southeast VA Training Ctr						
TYPE OF CLAIM						
Indemnity	15	14.6	87,817.80	235,902.59	323,720.39	92.7
Medical Only	46	44.7	20,835.54	4,762.27	25,597.81	7.3
Reporting Purposes Only	42	40.8	0.00	0.00	0.00	0.0
Totals:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
TIME OF INJURY						
6AM - 7:59AM	11	10.7	67,584.11	63,144.37	130,728.48	37.4
6PM - 7:59PM	16	15.5	6,053.06	97,815.74	103,868.80	29.7
2PM - 3:59PM	12	11.7	8,656.57	65,915.58	74,572.15	21.3
4PM - 5:59PM	15	14.6	7,955.19	10,276.90	18,232.09	5.2
8AM - 9:59AM	18	17.5	2,992.24	2,805.12	5,797.36	1.7
8PM - 9:59PM	3	2.9	3,709.15	707.15	4,416.30	1.3
10AM - 11:59AM	7	6.8	4,263.91	0.00	4,263.91	1.2
4AM - 5:59AM	6	5.8	4,004.55	0.00	4,004.55	1.1
12PM - 1:59PM	13	12.6	2,798.62	0.00	2,798.62	0.8
2AM - 3:59AM	2	1.9	635.94	0.00	635.94	0.2
Totals:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
LENGTH OF SERVICE						
16 - 18	4	3.9	64,882.27	63,144.37	128,026.64	36.7
0 - 2	49	47.6	20,120.91	64,810.80	84,931.71	24.3
4 - 6	11	10.7	8,866.48	58,932.56	67,799.04	19.4
12 - 14	1	1.0	203.21	50,264.86	50,468.07	14.4
2 - 4	22	21.4	8,854.70	1,957.15	10,811.85	3.1
22 - 24	1	1.0	2,876.05	0.00	2,876.05	0.8
10 - 12	1	1.0	783.88	466.12	1,250.00	0.4
36 - 38	2	1.9	161.00	1,089.00	1,250.00	0.4
8 - 10	6	5.8	812.22	0.00	812.22	0.2
34 - 36	1	1.0	424.28	0.00	424.28	0.1
6 - 8	1	1.0	371.34	0.00	371.34	0.1
30 - 32	1	1.0	297.00	0.00	297.00	0.1
20 - 22	1	1.0	0.00	0.00	0.00	0.0
24 - 26	1	1.0	0.00	0.00	0.00	0.0
32 - 34	1	1.0	0.00	0.00	0.00	0.0
Totals:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
Age of Claimant						
65 - 69	6	5.8	67,549.52	63,144.37	130,693.89	37.4

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	11	10.7	10,921.82	64,810.80	75,732.62	21.7
40 - 44	13	12.6	3,922.83	50,264.86	54,187.69	15.5
60 - 64	9	8.7	2,498.02	47,389.88	49,887.90	14.3
50 - 54	8	7.8	5,127.67	14,588.83	19,716.50	5.6
30 - 34	11	10.7	5,231.87	0.00	5,231.87	1.5
45 - 49	13	12.6	4,003.16	466.12	4,469.28	1.3
55 - 59	11	10.7	4,431.19	0.00	4,431.19	1.3
20 - 24	12	11.7	2,787.29	0.00	2,787.29	0.8
70 - 74	2	1.9	1,831.07	0.00	1,831.07	0.5
35 - 39	7	6.8	348.90	0.00	348.90	0.1
Totals:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
SEX OF CLAIMANT						
Female	76	73.8	102,490.89	188,442.85	290,933.74	83.3
Male	27	26.2	6,162.45	52,222.01	58,384.46	16.7
Totals:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
LOSS CAUSE						
Patient / Inmate	66	64.1	95,857.21	181,663.81	277,521.02	79.4
Wheelchair	5	4.9	2,437.06	46,300.88	48,737.94	14.0
Mechanical powered	3	2.9	2,413.92	10,276.90	12,690.82	3.6
Floor	2	1.9	3,659.93	466.12	4,126.05	1.2
Uneven Surface	2	1.9	936.15	707.15	1,643.30	0.5
Person	2	1.9	0.00	1,250.00	1,250.00	0.4
Walking surface, outside, wet	4	3.9	1,133.12	0.00	1,133.12	0.3
Office equipment	1	1.0	1,013.39	0.00	1,013.39	0.3
Recreational equipment	1	1.0	916.08	0.00	916.08	0.3
Cart	1	1.0	206.48	0.00	206.48	0.1
Forklift	1	1.0	80.00	0.00	80.00	0.0
Animal, not otherwise classified	1	1.0	0.00	0.00	0.00	0.0
Chair	1	1.0	0.00	0.00	0.00	0.0
Lift	2	1.9	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
Trash receptacle	1	1.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	5	4.9	0.00	0.00	0.00	0.0
Vehicle, not otherwise classified	3	2.9	0.00	0.00	0.00	0.0
Totals:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	59	57.3	87,716.48	181,663.81	269,380.29	77.1
Strain or Injury By, NOC	6	5.8	6,972.50	56,577.78	63,550.28	18.2
Fall On the Same Level	2	1.9	2,876.05	0.00	2,876.05	0.8

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Pushing or Pulling	3	2.9	2,714.49	0.00	2,714.49	0.8
Cut, Punctured, Scraped, NOC	5	4.9	390.14	1,250.00	1,640.14	0.5
Lifting	3	2.9	1,415.00	0.00	1,415.00	0.4
Fall/Slip From a Different Level	1	1.0	542.85	707.15	1,250.00	0.4
Fall/Slip From Liquid or Grease Spills	1	1.0	783.88	466.12	1,250.00	0.4
Fall/Slip on Ice or Snow	4	3.9	1,133.12	0.00	1,133.12	0.3
Strike Against/Step On Obj Being Lifted	1	1.0	1,013.39	0.00	1,013.39	0.3
Holding or Carrying	1	1.0	916.08	0.00	916.08	0.3
Caught In, Under or Between, NOC	3	2.9	808.98	0.00	808.98	0.2
Fall, Slip or Trip, NOC	2	1.9	690.30	0.00	690.30	0.2
Other Injury NEC	1	1.0	473.60	0.00	473.60	0.1
Strain By Using Tool or Machine	1	1.0	206.48	0.00	206.48	0.1
Collision with Another Vehicle	3	2.9	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.0	0.00	0.00	0.00	0.0
Struck/Injured By Motor Vehicle	1	1.0	0.00	0.00	0.00	0.0
Vehicle Upset	4	3.9	0.00	0.00	0.00	0.0
Sum:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
BODY PART						
Multiple Body Parts Multiple Body Parts	19	18.4	75,268.33	122,000.20	197,268.53	56.5
Trunk Upper Back Area (Thoracic Area)	2	1.9	5,737.22	54,533.90	60,271.12	17.3
Lower Extremities Knee	3	2.9	839.15	50,264.86	51,104.01	14.6
Upper Extremities Shoulder(s)	3	2.9	2,771.22	10,276.90	13,048.12	3.7
Trunk Chest (Incl. Ribs, Sternum & Soft	11	10.7	3,625.17	2,339.00	5,964.17	1.7
Head Multiple Head Injury	5	4.9	4,530.34	0.00	4,530.34	1.3
Head Other facial soft tissue	5	4.9	4,145.60	0.00	4,145.60	1.2
Upper Extremities Wrist	5	4.9	2,281.39	1,250.00	3,531.39	1.0
Trunk Low Back Area (Incl. Lumbar & L	5	4.9	2,402.15	0.00	2,402.15	0.7
Upper Extremities Finger(s)	10	9.7	2,178.19	0.00	2,178.19	0.6
Trunk Abdomen Including Groin	2	1.9	1,162.05	0.00	1,162.05	0.3
Lower Extremities Great Toe	1	1.0	1,013.39	0.00	1,013.39	0.3
Lower Extremities Foot	1	1.0	808.98	0.00	808.98	0.2
Neck Disc (Neck)	2	1.9	424.28	0.00	424.28	0.1
Lower Extremities Ankle	1	1.0	393.30	0.00	393.30	0.1
Upper Extremities Hand	6	5.8	371.34	0.00	371.34	0.1
Lower Extremities Lower Leg	2	1.9	310.14	0.00	310.14	0.1
Upper Extremities Thumb	1	1.0	206.48	0.00	206.48	0.1
Head Facial Bones	2	1.9	85.80	0.00	85.80	0.0
Upper Extremities Upper Arm (Incl. Cla	1	1.0	80.00	0.00	80.00	0.0
Trunk Lumbar and/or Sacral Vertebrae	1	1.0	18.82	0.00	18.82	0.0
Head Eye(s)	1	1.0	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Nose	2	1.9	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 Injury	8	7.8	0.00	0.00	0.00	0.0
Neck Multiple Neck Injury	2	1.9	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	1.0	0.00	0.00	0.00	0.0
Sum:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	
INJURY						
Sprain	16	15.5	72,299.84	63,610.49	135,910.33	38.9
Contusion (Bruise, Skin Surface)	55	53.4	10,235.28	100,154.74	110,390.02	31.6
Strain	16	15.5	19,425.88	76,899.63	96,325.51	27.6
Multiple Physical Injury Only	4	3.9	3,734.41	0.00	3,734.41	1.1
Concussion (Brain, Cerebral)	1	1.0	2,484.33	0.00	2,484.33	0.7
All Other (Specific) Injuries, NOC	1	1.0	473.60	0.00	473.60	0.1
No Physical Injury	10	9.7	0.00	0.00	0.00	0.0
Sum:	**103**		**$108,653.34**	**$240,664.86**	**$349,318.20**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
724 - DBHDS \ Catawba Hospital						
TYPE OF CLAIM						
Indemnity	5	3.7	114,127.92	61,950.04	176,077.96	80.8
Medical Only	25	18.4	5,200.63	36,706.95	41,907.58	19.2
Reporting Purposes Only	106	77.9	0.00	0.00	0.00	0.0
Totals:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
TIME OF INJURY						
12PM - 1:59PM	18	13.2	64,111.75	61,950.04	126,061.79	57.8
8PM - 9:59PM	6	4.4	49,610.01	0.00	49,610.01	22.8
10PM - 11:59PM	4	2.9	176.57	24,742.25	24,918.82	11.4
8AM - 9:59AM	19	14.0	687.79	10,714.70	11,402.49	5.2
6PM - 7:59PM	19	14.0	2,011.23	0.00	2,011.23	0.9
4PM - 5:59PM	13	9.6	1,357.65	0.00	1,357.65	0.6
2AM - 3:59AM	2	1.5	0.00	1,250.00	1,250.00	0.6
10AM - 11:59AM	26	19.1	746.35	0.00	746.35	0.3
2PM - 3:59PM	13	9.6	563.26	0.00	563.26	0.3
4AM - 5:59AM	6	4.4	63.94	0.00	63.94	0.0
12AM - 1:59AM	2	1.5	0.00	0.00	0.00	0.0
6AM - 7:59AM	8	5.9	0.00	0.00	0.00	0.0
Totals:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
LENGTH OF SERVICE						
0 - 2	72	52.9	108,730.00	96,156.99	204,886.99	94.0
16 - 18	1	0.7	6,838.36	0.00	6,838.36	3.1
2 - 4	30	22.1	1,688.15	2,500.00	4,188.15	1.9
4 - 6	17	12.5	1,561.29	0.00	1,561.29	0.7
6 - 8	10	7.4	482.98	0.00	482.98	0.2
28 - 30	1	0.7	27.77	0.00	27.77	0.0
8 - 10	2	1.5	0.00	0.00	0.00	0.0
10 - 12	1	0.7	0.00	0.00	0.00	0.0
20 - 22	1	0.7	0.00	0.00	0.00	0.0
22 - 24	1	0.7	0.00	0.00	0.00	0.0
Totals:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
Age of Claimant						
40 - 44	13	9.6	57,284.20	71,414.74	128,698.94	59.0
45 - 49	13	9.6	51,351.08	0.00	51,351.08	23.6
15 - 19	8	5.9	176.57	24,742.25	24,918.82	11.4
60 - 64	11	8.1	6,866.13	0.00	6,866.13	3.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
25 - 29	21	15.4	209.90	1,250.00	1,459.90	0.7
35 - 39	6	4.4	1,397.95	0.00	1,397.95	0.6
30 - 34	24	17.6	1,370.25	0.00	1,370.25	0.6
20 - 24	17	12.5	35.24	1,250.00	1,285.24	0.6
50 - 54	13	9.6	482.98	0.00	482.98	0.2
55 - 59	10	7.4	154.25	0.00	154.25	0.1
Totals:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
SEX OF CLAIMANT						
Female	97	71.3	110,134.63	73,914.74	184,049.37	84.4
Male	39	28.7	9,193.92	24,742.25	33,936.17	15.6
Totals:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
LOSS CAUSE						
Training \ Drills	1	0.7	57,230.08	61,950.04	119,180.12	54.7
Patient / Inmate	93	68.4	52,443.31	25,992.25	78,435.56	36.0
Floor	7	5.1	196.84	9,464.70	9,661.54	4.4
Brush / tree / log	1	0.7	6,838.36	0.00	6,838.36	3.1
Outside Surface	3	2.2	1,561.29	0.00	1,561.29	0.7
Chair	1	0.7	0.00	1,250.00	1,250.00	0.6
Food	1	0.7	551.89	0.00	551.89	0.3
Metal items	1	0.7	350.80	0.00	350.80	0.2
Furniture / fixtures	2	1.5	115.68	0.00	115.68	0.1
Stairs, steps	1	0.7	40.30	0.00	40.30	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	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
Cleaning Products	2	1.5	0.00	0.00	0.00	0.0
Door	2	1.5	0.00	0.00	0.00	0.0
Dust	1	0.7	0.00	0.00	0.00	0.0
Foreign Object	1	0.7	0.00	0.00	0.00	0.0
Hot/Cold Object, Liquid, Substance	2	1.5	0.00	0.00	0.00	0.0
Knife, NOC	1	0.7	0.00	0.00	0.00	0.0
Lift	1	0.7	0.00	0.00	0.00	0.0
Office equipment	1	0.7	0.00	0.00	0.00	0.0
Organic Material	1	0.7	0.00	0.00	0.00	0.0
Overhead Object	1	0.7	0.00	0.00	0.00	0.0
Pipe	1	0.7	0.00	0.00	0.00	0.0
Stairs	1	0.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	4	2.9	0.00	0.00	0.00	0.0
Wheel	1	0.7	0.00	0.00	0.00	0.0
Window frame	1	0.7	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
ACCIDENT TYPE						
Twisting	5	3.7	57,433.72	61,950.04	119,383.76	54.8
Struck/Injured By Fellow Worker, Patient	56	41.2	51,790.02	25,992.25	77,782.27	35.7
Fall/Slip From Liquid or Grease Spills	1	0.7	54.12	9,464.70	9,518.82	4.4
Fall/Slip From a Different Level	2	1.5	6,878.66	0.00	6,878.66	3.2
Fall On the Same Level	6	4.4	1,538.94	0.00	1,538.94	0.7
Caught In/Between-Object Handled	1	0.7	0.00	1,250.00	1,250.00	0.6
Lifting	3	2.2	615.00	0.00	615.00	0.3
Other Injury NEC	5	3.7	551.89	0.00	551.89	0.3
Cut, Punctured, Scraped, NOC	10	7.4	350.80	0.00	350.80	0.2
Strike Against/Step On Stationary Objec	2	1.5	63.94	0.00	63.94	0.0
Foreign Body in Eye	6	4.4	29.61	0.00	29.61	0.0
Strain or Injury By, NOC	9	6.6	21.85	0.00	21.85	0.0
Bitten	10	7.4	0.00	0.00	0.00	0.0
Burn or Scald-Chemicals	1	0.7	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	2	1.5	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	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/Slip on Ice or Snow	2	1.5	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	0.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	5	3.7	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	1.5	0.00	0.00	0.00	0.0
Striking Against or Stepping On, NOC	3	2.2	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	0.7	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	0.7	0.00	0.00	0.00	0.0
Sum:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
BODY PART						
Lower Extremities Lower Leg	4	2.9	57,294.02	61,950.04	119,244.06	54.7
Trunk Low Back Area (Incl. Lumbar & Li	6	4.4	49,609.79	0.00	49,609.79	22.8
Multiple Body Parts Multiple Body Parts	18	13.2	7,278.11	34,206.95	41,485.06	19.0
Upper Extremities Thumb	1	0.7	1,464.08	0.00	1,464.08	0.7
Lower Extremities Knee	5	3.7	1,357.65	0.00	1,357.65	0.6
Upper Extremities Finger(s)	5	3.7	0.00	1,250.00	1,250.00	0.6
Upper Extremities Wrist	6	4.4	0.00	1,250.00	1,250.00	0.6
Upper Extremities Lower Arm	22	16.2	914.06	0.00	914.06	0.4
Multiple Body Parts Body Systems & Mu	1	0.7	551.89	0.00	551.89	0.3
Upper Extremities Shoulder(s)	6	4.4	482.98	0.00	482.98	0.2
Lower Extremities Ankle	4	2.9	243.94	0.00	243.94	0.1
Trunk Abdomen Including Groin	3	2.2	43.31	0.00	43.31	0.0
Head Brain	2	1.5	35.24	0.00	35.24	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Head Eye(s)	10	7.4	29.61	0.00	29.61	0.0
Head Other facial soft tissue	10	7.4	23.87	0.00	23.87	0.0
Head Facial Bones	2	1.5	0.00	0.00	0.00	0.0
Head Mouth	6	4.4	0.00	0.00	0.00	0.0
Head Multiple Head Injury	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	0.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	0.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	4	2.9	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.2	0.00	0.00	0.00	0.0
Trunk Pelvis	1	0.7	0.00	0.00	0.00	0.0
Upper Extremities Elbow	4	2.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	6	4.4	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	3	2.2	0.00	0.00	0.00	0.0
Sum:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	
INJURY						
Rupture	1	0.7	57,230.08	61,950.04	119,180.12	54.7
Strain	15	11.0	50,656.03	0.00	50,656.03	23.2
Contusion (Bruise, Skin Surface)	47	34.6	425.04	24,742.25	25,167.29	11.5
Multiple Physical Injury Only	2	1.5	6,892.48	9,464.70	16,357.18	7.5
Sprain	6	4.4	3,065.67	0.00	3,065.67	1.4
Laceration	36	26.5	442.51	1,250.00	1,692.51	0.8
Crushing	1	0.7	0.00	1,250.00	1,250.00	0.6
All Other (Specific) Injuries, NOC	1	0.7	551.89	0.00	551.89	0.3
Concussion (Brain, Cerebral)	1	0.7	35.24	0.00	35.24	0.0
Foreign Body (Eye)	8	5.9	29.61	0.00	29.61	0.0
Burn	4	2.9	0.00	0.00	0.00	0.0
Contagious Disease	3	2.2	0.00	0.00	0.00	0.0
No Physical Injury	10	7.4	0.00	0.00	0.00	0.0
Puncture	1	0.7	0.00	0.00	0.00	0.0
Sum:	**136**		**$119,328.55**	**$98,656.99**	**$217,985.54**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
728 - DBHDS \N. VA Mental Health Inst						
TYPE OF CLAIM						
Indemnity	8	7.4	224,408.66	180,893.47	405,302.13	93.1
Medical Only	24	22.2	26,346.80	3,482.75	29,829.55	6.9
Reporting Purposes Only	76	70.4	0.00	0.00	0.00	0.0
Totals:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	
TIME OF INJURY						
8AM - 9:59AM	15	13.9	67,988.43	118,654.10	186,642.53	42.9
2PM - 3:59PM	15	13.9	141,880.42	1,250.00	143,130.42	32.9
10PM - 11:59PM	13	12.0	25,683.66	42,039.37	67,723.03	15.6
8PM - 9:59PM	9	8.3	6,218.77	21,182.75	27,401.52	6.3
6AM - 7:59AM	8	7.4	2,987.06	1,250.00	4,237.06	1.0
12PM - 1:59PM	9	8.3	3,106.61	0.00	3,106.61	0.7
10AM - 11:59AM	13	12.0	1,249.89	0.00	1,249.89	0.3
6PM - 7:59PM	16	14.8	1,123.83	0.00	1,123.83	0.3
4AM - 5:59AM	3	2.8	516.79	0.00	516.79	0.1
12AM - 1:59AM	2	1.9	0.00	0.00	0.00	0.0
2AM - 3:59AM	1	0.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	4	3.7	0.00	0.00	0.00	0.0
Totals:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	
LENGTH OF SERVICE						
0 - 2	54	50.0	100,822.40	181,876.22	282,698.62	65.0
16 - 18	2	1.9	133,413.37	0.00	133,413.37	30.7
6 - 8	14	13.0	9,250.34	1,250.00	10,500.34	2.4
2 - 4	19	17.6	3,636.10	0.00	3,636.10	0.8
4 - 6	12	11.1	2,746.43	0.00	2,746.43	0.6
10 - 12	1	0.9	0.00	1,250.00	1,250.00	0.3
26 - 28	2	1.9	886.82	0.00	886.82	0.2
8 - 10	1	0.9	0.00	0.00	0.00	0.0
20 - 22	2	1.9	0.00	0.00	0.00	0.0
22 - 24	1	0.9	0.00	0.00	0.00	0.0
Totals:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	
Age of Claimant						
55 - 59	17	15.7	159,585.16	42,039.37	201,624.53	46.3
60 - 64	11	10.2	26,761.00	61,403.02	88,164.02	20.3
30 - 34	13	12.0	43,478.07	37,480.08	80,958.15	18.6
50 - 54	21	19.4	5,392.51	41,221.00	46,613.51	10.7

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	15	13.9	5,058.60	1,250.00	6,308.60	1.4
40 - 44	10	9.3	5,156.84	982.75	6,139.59	1.4
45 - 49	8	7.4	3,801.56	0.00	3,801.56	0.9
25 - 29	7	6.5	1,521.72	0.00	1,521.72	0.3
20 - 24	1	0.9	0.00	0.00	0.00	0.0
65 - 69	1	0.9	0.00	0.00	0.00	0.0
70 - 74	3	2.8	0.00	0.00	0.00	0.0
80 - 84	1	0.9	0.00	0.00	0.00	0.0
Totals:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	
SEX OF CLAIMANT						
Female	61	56.5	196,980.20	85,742.39	282,722.59	65.0
Male	47	43.5	53,775.26	98,633.83	152,409.09	35.0
Totals:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	
LOSS CAUSE						
Patient / Inmate	83	76.9	247,119.36	183,126.22	430,245.58	98.9
Trash receptacle	2	1.9	2,064.67	1,250.00	3,314.67	0.8
Training \ Drills	1	0.9	1,571.43	0.00	1,571.43	0.4
Chair	3	2.8	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	1	0.9	0.00	0.00	0.00	0.0
CO / 2 extinguisher	1	0.9	0.00	0.00	0.00	0.0
Door	1	0.9	0.00	0.00	0.00	0.0
Floor	5	4.6	0.00	0.00	0.00	0.0
Furniture / fixtures	1	0.9	0.00	0.00	0.00	0.0
Ground control unit/aerial	1	0.9	0.00	0.00	0.00	0.0
Hazardous Material	1	0.9	0.00	0.00	0.00	0.0
Knife, NOC	1	0.9	0.00	0.00	0.00	0.0
Needle stick	2	1.9	0.00	0.00	0.00	0.0
Object on Floor	1	0.9	0.00	0.00	0.00	0.0
Person	1	0.9	0.00	0.00	0.00	0.0
Walking surface, outside, dry	2	1.9	0.00	0.00	0.00	0.0
Wheelchair	1	0.9	0.00	0.00	0.00	0.0
Totals:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	68	63.0	239,655.33	181,876.22	421,531.55	96.9
Strain or Injury By, NOC	3	2.8	4,085.59	1,250.00	5,335.59	1.2
Struck or Injury By, NOC	1	0.9	3,106.61	0.00	3,106.61	0.7
Pushing or Pulling	2	1.9	2,064.67	0.00	2,064.67	0.5
Twisting	3	2.8	1,843.26	0.00	1,843.26	0.4
Cut, Punctured, Scraped, NOC	1	0.9	0.00	1,250.00	1,250.00	0.3
Bitten	3	2.8	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Caught In, Under or Between, NOC	1	0.9	0.00	0.00	0.00	0.0
Fall On the Same Level	7	6.5	0.00	0.00	0.00	0.0
Fall/Slip From a Different Level	1	0.9	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	1	0.9	0.00	0.00	0.00	0.0
Hand Tool, Utensil; Not Powered	2	1.9	0.00	0.00	0.00	0.0
Lifting	2	1.9	0.00	0.00	0.00	0.0
Needle Stick	1	0.9	0.00	0.00	0.00	0.0
Other Injury NEC	10	9.3	0.00	0.00	0.00	0.0
Pandemic	1	0.9	0.00	0.00	0.00	0.0
Strain By Using Tool or Machine	1	0.9	0.00	0.00	0.00	0.0
Sum:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	

BODY PART

Multiple Body Parts Body Systems & Mu	17	15.7	136,220.59	39,971.00	176,191.59	40.5
Trunk Low Back Area (Incl. Lumbar & Li	9	8.3	47,362.43	38,730.08	86,092.51	19.8
Head Skull	8	7.4	29,446.30	41,203.02	70,649.32	16.2
Lower Extremities Foot	1	0.9	21,283.93	42,039.37	63,323.30	14.6
Lower Extremities Knee	5	4.6	290.65	20,200.00	20,490.65	4.7
Trunk Upper Back Area (Thoracic Area)	1	0.9	3,837.33	0.00	3,837.33	0.9
Multiple Body Parts Multiple Body Parts	8	7.4	2,345.30	982.75	3,328.05	0.8
Head Other facial soft tissue	16	14.8	3,110.40	0.00	3,110.40	0.7
Upper Extremities Elbow	1	0.9	3,106.61	0.00	3,106.61	0.7
Trunk Chest (Incl. Ribs, Sternum & Soft	3	2.8	2,230.13	0.00	2,230.13	0.5
Head Eye(s)	6	5.6	0.00	1,250.00	1,250.00	0.3
Lower Extremities Hip	1	0.9	886.82	0.00	886.82	0.2
Lower Extremities Upper Leg	1	0.9	516.79	0.00	516.79	0.1
Upper Extremities Thumb	3	2.8	75.87	0.00	75.87	0.0
Head Facial Bones	3	2.8	42.31	0.00	42.31	0.0
Head Ear(s)	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
Multiple Body Parts No Physical Injury	1	0.9	0.00	0.00	0.00	0.0
Neck Disc (Neck)	1	0.9	0.00	0.00	0.00	0.0
Neck Soft Tissue-Neck	1	0.9	0.00	0.00	0.00	0.0
Trunk Lung(s)	2	1.9	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	6	5.6	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	2.8	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	2	1.9	0.00	0.00	0.00	0.0
Upper Extremities Shoulder(s)	1	0.9	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Cla	3	2.8	0.00	0.00	0.00	0.0
Upper Extremities Wrist	3	2.8	0.00	0.00	0.00	0.0
Sum:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	

INJURY

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
All Other Cumulative Injury	4	3.7	135,096.76	39,971.00	175,067.76	40.2
Contusion (Bruise, Skin Surface)	31	28.7	28,831.51	63,222.12	92,053.63	21.2
Strain	9	8.3	48,173.27	38,730.08	86,903.35	20.0
Concussion (Brain, Cerebral)	1	0.9	26,689.00	41,203.02	67,892.02	15.6
All Other (Specific) Injuries, NOC	19	17.6	5,408.76	1,250.00	6,658.76	1.5
Sprain	3	2.8	3,378.44	0.00	3,378.44	0.8
Multiple Physical Injury Only	5	4.6	1,249.89	0.00	1,249.89	0.3
Infection	19	17.6	1,123.83	0.00	1,123.83	0.3
Laceration	7	6.5	804.00	0.00	804.00	0.2
Crushing	1	0.9	0.00	0.00	0.00	0.0
Hearing Loss or Impairment	1	0.9	0.00	0.00	0.00	0.0
No Physical Injury	3	2.8	0.00	0.00	0.00	0.0
Poisoning - Chemical (Other than Metal)	2	1.9	0.00	0.00	0.00	0.0
Puncture	3	2.8	0.00	0.00	0.00	0.0
Sum:	**108**		**$250,755.46**	**$184,376.22**	**$435,131.68**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
729 - DBHDS \Piedmont Geriatric Hospital						
TYPE OF CLAIM						
Indemnity	5	9.6	50,841.01	111,209.70	162,050.71	89.1
Medical Only	16	30.8	6,328.01	13,571.43	19,899.44	10.9
Reporting Purposes Only	31	59.6	0.00	0.00	0.00	0.0
Totals:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
TIME OF INJURY						
8PM - 9:59PM	4	7.7	26,514.15	101,822.87	128,337.02	70.5
12PM - 1:59PM	6	11.5	24,705.05	20,458.26	45,163.31	24.8
6PM - 7:59PM	8	15.4	5,056.60	0.00	5,056.60	2.8
8AM - 9:59AM	6	11.5	373.12	1,250.00	1,623.12	0.9
4PM - 5:59PM	11	21.2	18.82	1,250.00	1,268.82	0.7
2AM - 3:59AM	1	1.9	248.87	0.00	248.87	0.1
2PM - 3:59PM	7	13.5	127.98	0.00	127.98	0.1
4AM - 5:59AM	1	1.9	124.43	0.00	124.43	0.1
12AM - 1:59AM	1	1.9	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	1.9	0.00	0.00	0.00	0.0
10AM - 11:59AM	4	7.7	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	3.8	0.00	0.00	0.00	0.0
Totals:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
LENGTH OF SERVICE						
0 - 2	32	61.5	52,927.63	112,459.70	165,387.33	90.9
28 - 30	4	7.7	3,849.27	12,321.43	16,170.70	8.9
2 - 4	7	13.5	248.87	0.00	248.87	0.1
4 - 6	2	3.8	124.43	0.00	124.43	0.1
8 - 10	2	3.8	18.82	0.00	18.82	0.0
6 - 8	2	3.8	0.00	0.00	0.00	0.0
10 - 12	1	1.9	0.00	0.00	0.00	0.0
12 - 14	1	1.9	0.00	0.00	0.00	0.0
14 - 16	1	1.9	0.00	0.00	0.00	0.0
Totals:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
Age of Claimant						
30 - 34	8	15.4	35,925.22	111,209.70	147,134.92	80.9
60 - 64	7	13.5	3,992.52	12,321.43	16,313.95	9.0
45 - 49	7	13.5	10,447.86	0.00	10,447.86	5.7
40 - 44	4	7.7	5,573.94	0.00	5,573.94	3.1
25 - 29	5	9.6	856.36	1,250.00	2,106.36	1.2

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
50 - 54	8	15.4	373.12	0.00	373.12	0.2
15 - 19	3	5.8	0.00	0.00	0.00	0.0
20 - 24	4	7.7	0.00	0.00	0.00	0.0
55 - 59	4	7.7	0.00	0.00	0.00	0.0
65 - 69	1	1.9	0.00	0.00	0.00	0.0
70 - 74	1	1.9	0.00	0.00	0.00	0.0
Totals:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
SEX OF CLAIMANT						
Female	44	84.6	56,795.90	124,781.13	181,577.03	99.8
Male	8	15.4	373.12	0.00	373.12	0.2
Totals:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
LOSS CAUSE						
Patient / Inmate	37	71.2	52,176.10	113,709.70	165,885.80	91.2
Package	1	1.9	3,849.27	11,071.43	14,920.70	8.2
Needle stick	3	5.8	996.85	0.00	996.85	0.5
Broom	1	1.9	127.98	0.00	127.98	0.1
Walking surface, inside, dry	2	3.8	18.82	0.00	18.82	0.0
Animal / bee type	1	1.9	0.00	0.00	0.00	0.0
Cart	2	3.8	0.00	0.00	0.00	0.0
Door	1	1.9	0.00	0.00	0.00	0.0
Floor	2	3.8	0.00	0.00	0.00	0.0
N/A	1	1.9	0.00	0.00	0.00	0.0
Training \ Drills	1	1.9	0.00	0.00	0.00	0.0
Totals:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	22	42.3	35,793.32	114,144.30	149,937.62	82.4
Fall, Slip or Trip, NOC	4	7.7	9,429.89	9,386.83	18,816.72	10.3
Strain or Injury By, NOC	7	13.5	10,820.98	1,250.00	12,070.98	6.6
Other Injury NEC	3	5.8	996.85	0.00	996.85	0.5
Repetitive Motion (after 7/1/94)	1	1.9	127.98	0.00	127.98	0.1
Bitten	1	1.9	0.00	0.00	0.00	0.0
Broken Glass	1	1.9	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	1	1.9	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	3.8	0.00	0.00	0.00	0.0
Contact with Hot Object or Substance	1	1.9	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	5	9.6	0.00	0.00	0.00	0.0
Fall On the Same Level	1	1.9	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	1.9	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	1.9	0.00	0.00	0.00	0.0
Struck or Injury By, NOC	1	1.9	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
BODY PART						
Head Skull	1	1.9	26,514.15	101,822.87	128,337.02	70.5
Upper Extremities Shoulder(s)	5	9.6	14,798.23	11,071.43	25,869.66	14.2
Lower Extremities Lower Leg	2	3.8	9,411.07	9,386.83	18,797.90	10.3
Head Facial Bones	4	7.7	4,822.41	0.00	4,822.41	2.7
Upper Extremities Finger(s)	8	15.4	996.85	1,250.00	2,246.85	1.2
Head Eye(s)	1	1.9	0.00	1,250.00	1,250.00	0.7
Upper Extremities Multiple Upper Extrer	4	7.7	607.49	0.00	607.49	0.3
Lower Extremities Knee	2	3.8	18.82	0.00	18.82	0.0
Head Mouth	1	1.9	0.00	0.00	0.00	0.0
Head Multiple Head Injury	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
Multiple Body Parts Multiple Body Parts	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 Multiple Neck Injury	2	3.8	0.00	0.00	0.00	0.0
Neck Vertebrae	1	1.9	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	2	3.8	0.00	0.00	0.00	0.0
Trunk Disc (Back)	1	1.9	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	2	3.8	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	4	7.7	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	5	9.6	0.00	0.00	0.00	0.0
Upper Extremities Upper Arm (Incl. Clav	1	1.9	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.9	0.00	0.00	0.00	0.0
Sum:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	
INJURY						
Concussion (Brain, Cerebral)	4	7.7	31,336.56	101,822.87	133,159.43	73.2
Strain	6	11.5	14,425.11	11,071.43	25,496.54	14.0
Sprain	4	7.7	9,784.19	10,636.83	20,421.02	11.2
All Other (Specific) Injuries, NOC	7	13.5	0.00	1,250.00	1,250.00	0.7
Puncture	7	13.5	996.85	0.00	996.85	0.5
Laceration	9	17.3	607.49	0.00	607.49	0.3
Contusion (Bruise, Skin Surface)	13	25.0	18.82	0.00	18.82	0.0
Burn	1	1.9	0.00	0.00	0.00	0.0
Inflammation	1	1.9	0.00	0.00	0.00	0.0
Sum:	**52**		**$57,169.02**	**$124,781.13**	**$181,950.15**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
739 - DBHDS \S. VA Mental Health Inst						
TYPE OF CLAIM						
Medical Only	15	25.0	13,242.83	693.62	13,936.45	100.0
Reporting Purposes Only	45	75.0	0.00	0.00	0.00	0.0
Totals:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
TIME OF INJURY						
2PM - 3:59PM	15	25.0	3,876.72	0.00	3,876.72	27.8
8PM - 9:59PM	5	8.3	2,669.85	0.00	2,669.85	19.2
12PM - 1:59PM	9	15.0	2,601.94	0.00	2,601.94	18.7
10AM - 11:59AM	8	13.3	1,808.93	693.62	2,502.55	18.0
4PM - 5:59PM	5	8.3	1,379.81	0.00	1,379.81	9.9
10PM - 11:59PM	4	6.7	905.58	0.00	905.58	6.5
2AM - 3:59AM	1	1.7	0.00	0.00	0.00	0.0
4AM - 5:59AM	1	1.7	0.00	0.00	0.00	0.0
6AM - 7:59AM	4	6.7	0.00	0.00	0.00	0.0
8AM - 9:59AM	5	8.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	3	5.0	0.00	0.00	0.00	0.0
Totals:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
LENGTH OF SERVICE						
0 - 2	31	51.7	5,542.92	693.62	6,236.54	44.7
6 - 8	5	8.3	3,876.72	0.00	3,876.72	27.8
12 - 14	4	6.7	1,708.06	0.00	1,708.06	12.3
16 - 18	1	1.7	1,252.55	0.00	1,252.55	9.0
8 - 10	2	3.3	555.88	0.00	555.88	4.0
2 - 4	11	18.3	306.70	0.00	306.70	2.2
4 - 6	2	3.3	0.00	0.00	0.00	0.0
10 - 12	1	1.7	0.00	0.00	0.00	0.0
14 - 16	2	3.3	0.00	0.00	0.00	0.0
30 - 32	1	1.7	0.00	0.00	0.00	0.0
Totals:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
Age of Claimant						
65 - 69	2	3.3	3,876.72	0.00	3,876.72	27.8
25 - 29	13	21.7	2,669.85	0.00	2,669.85	19.2
45 - 49	9	15.0	2,345.59	0.00	2,345.59	16.8
55 - 59	6	10.0	2,076.48	0.00	2,076.48	14.9
35 - 39	6	10.0	1,411.11	0.00	1,411.11	10.1
30 - 34	2	3.3	556.38	693.62	1,250.00	9.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
20 - 24	13	21.7	306.70	0.00	306.70	2.2
40 - 44	4	6.7	0.00	0.00	0.00	0.0
50 - 54	3	5.0	0.00	0.00	0.00	0.0
60 - 64	2	3.3	0.00	0.00	0.00	0.0
Totals:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
SEX OF CLAIMANT						
Female	43	71.7	10,549.77	0.00	10,549.77	75.7
Male	17	28.3	2,693.06	693.62	3,386.68	24.3
Totals:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
LOSS CAUSE						
Patient / Inmate	42	70.0	7,429.92	0.00	7,429.92	53.3
Door	3	5.0	3,876.72	0.00	3,876.72	27.8
Wood Items	1	1.7	556.38	693.62	1,250.00	9.0
Food	3	5.0	823.93	0.00	823.93	5.9
Vehicle/car/truck	1	1.7	555.88	0.00	555.88	4.0
Animal / insect, not otherwise classifie	1	1.7	0.00	0.00	0.00	0.0
Boxes / containers	1	1.7	0.00	0.00	0.00	0.0
Chair	1	1.7	0.00	0.00	0.00	0.0
Floor	2	3.3	0.00	0.00	0.00	0.0
Object on Floor	1	1.7	0.00	0.00	0.00	0.0
Outside Surface	2	3.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	1.7	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	1.7	0.00	0.00	0.00	0.0
Totals:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	33	55.0	6,810.95	0.00	6,810.95	48.9
Fall On the Same Level	3	5.0	3,876.72	0.00	3,876.72	27.8
Struck or Injury By, NOC	1	1.7	556.38	693.62	1,250.00	9.0
Object Being Lifted or Handled	2	3.3	823.93	0.00	823.93	5.9
Twisting	1	1.7	618.97	0.00	618.97	4.4
Striking Against or Stepping On, NOC	3	5.0	555.88	0.00	555.88	4.0
Bitten	1	1.7	0.00	0.00	0.00	0.0
Caught In, Under or Between, NOC	2	3.3	0.00	0.00	0.00	0.0
Fall/Slip From Liquid or Grease Spills	1	1.7	0.00	0.00	0.00	0.0
Fall/Slip on Ice or Snow	3	5.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	1.7	0.00	0.00	0.00	0.0
Natural Disasters	1	1.7	0.00	0.00	0.00	0.0
Other Injury NEC	2	3.3	0.00	0.00	0.00	0.0
Other than Physical Cause of Injury	2	3.3	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	1.7	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	2	3.3	0.00	0.00	0.00	0.0
Struck/Injured By Object Handled By Otl	1	1.7	0.00	0.00	0.00	0.0
Sum:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
BODY PART						
Head Skull	4	6.7	4,782.30	0.00	4,782.30	34.3
Multiple Body Parts Multiple Body Parts	17	28.3	3,800.48	0.00	3,800.48	27.3
Upper Extremities Hand	5	8.3	1,411.11	0.00	1,411.11	10.1
Head Eye(s)	2	3.3	1,252.55	0.00	1,252.55	9.0
Lower Extremities Foot	1	1.7	556.38	693.62	1,250.00	9.0
Trunk Chest (Incl. Ribs, Sternum & Soft	2	3.3	618.97	0.00	618.97	4.4
Lower Extremities Ankle	4	6.7	555.88	0.00	555.88	4.0
Upper Extremities Lower Arm	7	11.7	265.16	0.00	265.16	1.9
Head Facial Bones	1	1.7	0.00	0.00	0.00	0.0
Head Mouth	1	1.7	0.00	0.00	0.00	0.0
Head Nose	1	1.7	0.00	0.00	0.00	0.0
Head Other facial soft tissue	4	6.7	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	1.7	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	1.7	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	1	1.7	0.00	0.00	0.00	0.0
Trunk Buttocks	3	5.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	1.7	0.00	0.00	0.00	0.0
Trunk Upper Back Area (Thoracic Area)	1	1.7	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	2	3.3	0.00	0.00	0.00	0.0
Upper Extremities Wrist	1	1.7	0.00	0.00	0.00	0.0
Sum:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	
INJURY						
All Other (Specific) Injuries, NOC	60	100.0	13,242.83	693.62	13,936.45	100.0
Sum:	**60**		**$13,242.83**	**$693.62**	**$13,936.45**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
748 - DBHDS \ Hiram Davis Medical Center						
TYPE OF CLAIM						
Indemnity	4	18.2	25,397.83	14,059.80	39,457.63	91.2
Medical Only	10	45.5	1,548.31	2,277.47	3,825.78	8.8
Reporting Purposes Only	8	36.4	0.00	0.00	0.00	0.0
Totals:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
TIME OF INJURY						
2PM - 3:59PM	8	36.4	25,630.65	1,027.47	26,658.12	61.6
12PM - 1:59PM	3	13.6	75.85	14,059.80	14,135.65	32.7
4PM - 5:59PM	3	13.6	32.37	1,250.00	1,282.37	3.0
10AM - 11:59AM	4	18.2	1,207.27	0.00	1,207.27	2.8
2AM - 3:59AM	1	4.5	0.00	0.00	0.00	0.0
4AM - 5:59AM	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
6PM - 7:59PM	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
LENGTH OF SERVICE						
18 - 20	2	9.1	17,765.18	0.00	17,765.18	41.0
2 - 4	1	4.5	18.82	14,059.80	14,078.62	32.5
0 - 2	14	63.6	9,082.16	2,277.47	11,359.63	26.2
12 - 14	1	4.5	47.61	0.00	47.61	0.1
8 - 10	2	9.1	32.37	0.00	32.37	0.1
14 - 16	1	4.5	0.00	0.00	0.00	0.0
32 - 34	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
Age of Claimant						
60 - 64	6	27.3	16,846.87	15,087.27	31,934.14	73.8
45 - 49	1	4.5	6,174.06	0.00	6,174.06	14.3
40 - 44	3	13.6	2,599.43	0.00	2,599.43	6.0
25 - 29	2	9.1	0.00	1,250.00	1,250.00	2.9
55 - 59	4	18.2	1,239.64	0.00	1,239.64	2.9
15 - 19	3	13.6	86.14	0.00	86.14	0.2
35 - 39	1	4.5	0.00	0.00	0.00	0.0
50 - 54	1	4.5	0.00	0.00	0.00	0.0
65 - 69	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
SEX OF CLAIMANT						
Female	18	81.8	26,723.61	15,309.80	42,033.41	97.1
Male	4	18.2	222.53	1,027.47	1,250.00	2.9
Totals:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
LOSS CAUSE						
Patient / Inmate	11	50.0	2,949.87	16,337.27	19,287.14	44.6
Furniture / fixtures	2	9.1	16,605.52	0.00	16,605.52	38.4
Chair	1	4.5	6,174.06	0.00	6,174.06	14.3
Object on Floor	2	9.1	1,159.66	0.00	1,159.66	2.7
Chemicals, not otherwise classified	1	4.5	57.03	0.00	57.03	0.1
Cart	1	4.5	0.00	0.00	0.00	0.0
Door	1	4.5	0.00	0.00	0.00	0.0
Infectious agent	1	4.5	0.00	0.00	0.00	0.0
Ladder, 8' step	1	4.5	0.00	0.00	0.00	0.0
Wheelchair	1	4.5	0.00	0.00	0.00	0.0
Totals:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	2	9.1	16,605.52	0.00	16,605.52	38.4
Strain or Injury By, NOC	4	18.2	241.35	15,087.27	15,328.62	35.4
Fall On the Same Level	3	13.6	6,174.06	0.00	6,174.06	14.3
Pushing or Pulling	1	4.5	2,599.43	0.00	2,599.43	6.0
Other Injury NEC	5	22.7	1,296.67	0.00	1,296.67	3.0
Struck/Injured By Fellow Worker, Patient	5	22.7	29.11	1,250.00	1,279.11	3.0
Caught In, Under or Between, NOC	1	4.5	0.00	0.00	0.00	0.0
Cut, Punctured, Scraped, NOC	1	4.5	0.00	0.00	0.00	0.0
Sum:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
BODY PART						
Lower Extremities Knee	3	13.6	23,939.24	0.00	23,939.24	55.3
Multiple Body Parts Multiple Body Parts	6	27.3	75.85	15,309.80	15,385.65	35.5
Upper Extremities Upper Arm (Incl. Clav	1	4.5	2,599.43	0.00	2,599.43	6.0
Upper Extremities Elbow	1	4.5	222.53	1,027.47	1,250.00	2.9
Upper Extremities Finger(s)	2	9.1	79.98	0.00	79.98	0.2
Upper Extremities Lower Arm	1	4.5	29.11	0.00	29.11	0.1
Head Skull	1	4.5	0.00	0.00	0.00	0.0
Lower Extremities Foot	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 Hand	1	4.5	0.00	0.00	0.00	0.0
Upper Extremities Multiple Upper Extrer	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist(s) and Hand(s)	1	4.5	0.00	0.00	0.00	0.0
Sum:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	
INJURY						
Strain	5	22.7	9,014.84	15,087.27	24,102.11	55.7
Contusion (Bruise, Skin Surface)	6	27.3	16,653.13	0.00	16,653.13	38.5
Multiple Injury Inc. Physical & Psycholog	1	4.5	0.00	1,250.00	1,250.00	2.9
Sprain	1	4.5	1,159.66	0.00	1,159.66	2.7
Adverse reaction to a vaccination or inoc	1	4.5	57.03	0.00	57.03	0.1
Puncture	1	4.5	32.37	0.00	32.37	0.1
Laceration	3	13.6	29.11	0.00	29.11	0.1
Crushing	1	4.5	0.00	0.00	0.00	0.0
Dermatitis	1	4.5	0.00	0.00	0.00	0.0
Inflammation	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
Sum:	**22**		**$26,946.14**	**$16,337.27**	**$43,283.41**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
794 - DBHDS \VA Ctr for Behavioral Rehab						
TYPE OF CLAIM						
Medical Only	10	40.0	3,355.08	3,725.13	7,080.21	92.9
Indemnity	1	4.0	537.93	0.00	537.93	7.1
Reporting Purposes Only	14	56.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
TIME OF INJURY						
8AM - 9:59AM	7	28.0	3,330.21	0.00	3,330.21	43.7
2AM - 3:59AM	2	8.0	0.00	1,250.00	1,250.00	16.4
2PM - 3:59PM	2	8.0	0.00	1,250.00	1,250.00	16.4
4PM - 5:59PM	1	4.0	24.87	1,225.13	1,250.00	16.4
12PM - 1:59PM	1	4.0	537.93	0.00	537.93	7.1
12AM - 1:59AM	1	4.0	0.00	0.00	0.00	0.0
6AM - 7:59AM	1	4.0	0.00	0.00	0.00	0.0
10AM - 11:59AM	5	20.0	0.00	0.00	0.00	0.0
6PM - 7:59PM	2	8.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	1	4.0	0.00	0.00	0.00	0.0
10PM - 11:59PM	2	8.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
LENGTH OF SERVICE						
0 - 2	12	48.0	189.79	2,475.13	2,664.92	35.0
12 - 14	1	4.0	1,920.33	0.00	1,920.33	25.2
6 - 8	3	12.0	0.00	1,250.00	1,250.00	16.4
2 - 4	5	20.0	1,244.96	0.00	1,244.96	16.3
8 - 10	1	4.0	537.93	0.00	537.93	7.1
4 - 6	1	4.0	0.00	0.00	0.00	0.0
16 - 18	2	8.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
Age of Claimant						
40 - 44	3	12.0	1,920.33	1,250.00	3,170.33	41.6
25 - 29	2	8.0	0.00	1,250.00	1,250.00	16.4
45 - 49	3	12.0	24.87	1,225.13	1,250.00	16.4
55 - 59	2	8.0	1,244.96	0.00	1,244.96	16.3
50 - 54	2	8.0	537.93	0.00	537.93	7.1
35 - 39	2	8.0	164.92	0.00	164.92	2.2
15 - 19	3	12.0	0.00	0.00	0.00	0.0
20 - 24	3	12.0	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
30 - 34	4	16.0	0.00	0.00	0.00	0.0
60 - 64	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
SEX OF CLAIMANT						
Female	13	52.0	2,623.18	2,500.00	5,123.18	67.2
Male	12	48.0	1,269.83	1,225.13	2,494.96	32.8
Totals:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
LOSS CAUSE						
Needle stick	2	8.0	1,920.33	0.00	1,920.33	25.2
Patient / Inmate	5	20.0	537.93	1,250.00	1,787.93	23.5
Organic Material	1	4.0	24.87	1,225.13	1,250.00	16.4
Stairs	1	4.0	0.00	1,250.00	1,250.00	16.4
Shelving	1	4.0	1,244.96	0.00	1,244.96	16.3
Foreign Object	1	4.0	164.92	0.00	164.92	2.2
Animal, not otherwise classified	1	4.0	0.00	0.00	0.00	0.0
Cart	3	12.0	0.00	0.00	0.00	0.0
Chair	1	4.0	0.00	0.00	0.00	0.0
Person	1	4.0	0.00	0.00	0.00	0.0
Stairs, steps	1	4.0	0.00	0.00	0.00	0.0
Training \ Drills	2	8.0	0.00	0.00	0.00	0.0
Vehicle/car/truck	4	16.0	0.00	0.00	0.00	0.0
Water	1	4.0	0.00	0.00	0.00	0.0
Totals:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
ACCIDENT TYPE						
Other Injury NEC	4	16.0	1,945.20	1,225.13	3,170.33	41.6
Lifting	3	12.0	1,244.96	1,250.00	2,494.96	32.8
Fall/Slip on Stairs	2	8.0	0.00	1,250.00	1,250.00	16.4
Struck/Injured By Object Handled By Otl	1	4.0	537.93	0.00	537.93	7.1
Foreign Body in Eye	1	4.0	164.92	0.00	164.92	2.2
Contact With Not Otherwise Classified	1	4.0	0.00	0.00	0.00	0.0
Holding or Carrying	1	4.0	0.00	0.00	0.00	0.0
Jumping	1	4.0	0.00	0.00	0.00	0.0
Motor Vehicle, NOC	2	8.0	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	4.0	0.00	0.00	0.00	0.0
Stepping on Sharp Object	1	4.0	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	4	16.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	2	8.0	0.00	0.00	0.00	0.0
Twisting	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	

BODY PART

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	6	24.0	24.87	2,475.13	2,500.00	32.8
Upper Extremities Thumb	1	4.0	1,920.33	0.00	1,920.33	25.2
Lower Extremities Knee	2	8.0	0.00	1,250.00	1,250.00	16.4
Upper Extremities Shoulder(s)	2	8.0	1,244.96	0.00	1,244.96	16.3
Upper Extremities Hand	3	12.0	537.93	0.00	537.93	7.1
Head Eye(s)	1	4.0	164.92	0.00	164.92	2.2
Head Skull	1	4.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	2	8.0	0.00	0.00	0.00	0.0
Lower Extremities Upper Leg	1	4.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	4.0	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	4	16.0	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	4.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	
INJURY						
All Other (Specific) Injuries, NOC	10	40.0	2,648.05	2,475.13	5,123.18	67.2
Strain	5	20.0	0.00	1,250.00	1,250.00	16.4
Sprain	1	4.0	1,244.96	0.00	1,244.96	16.3
AIDS	1	4.0	0.00	0.00	0.00	0.0
Burn	2	8.0	0.00	0.00	0.00	0.0
Contusion (Bruise, Skin Surface)	1	4.0	0.00	0.00	0.00	0.0
No Physical Injury	5	20.0	0.00	0.00	0.00	0.0
Sum:	**25**		**$3,893.01**	**$3,725.13**	**$7,618.14**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
720 - Behavioral Health & Develop. Svcs.						
S720 - Behavioral Health & Developmental						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
15 - 19	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
765 - SOCIAL SERVICES, DEPT. OF						
11 - SOCIAL SRVS, DEPT OF - ESP WORK						
TYPE OF CLAIM						
Medical Only	1	100.0	533.25	0.00	533.25	100.0
Totals:	**1**		**$533.25**	**$0.00**	**$533.25**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	533.25	0.00	533.25	100.0
Totals:	**1**		**$533.25**	**$0.00**	**$533.25**	
LENGTH OF SERVICE						
46 - 48	1	100.0	533.25	0.00	533.25	100.0
Totals:	**1**		**$533.25**	**$0.00**	**$533.25**	
Age of Claimant						
70 - 74	1	100.0	533.25	0.00	533.25	100.0
Totals:	**1**		**$533.25**	**$0.00**	**$533.25**	
SEX OF CLAIMANT						
Male	1	100.0	533.25	0.00	533.25	100.0
Totals:	**1**		**$533.25**	**$0.00**	**$533.25**	
LOSS CAUSE						
Roll cart	1	100.0	533.25	0.00	533.25	100.0
Totals:	**1**		**$533.25**	**$0.00**	**$533.25**	
ACCIDENT TYPE						
Struck/Injured By Object Being Lifted or	1	100.0	533.25	0.00	533.25	100.0
Sum:	**1**		**$533.25**	**$0.00**	**$533.25**	
BODY PART						
Lower Extremities Foot	1	100.0	533.25	0.00	533.25	100.0
Sum:	**1**		**$533.25**	**$0.00**	**$533.25**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	533.25	0.00	533.25	100.0
Sum:	**1**		**$533.25**	**$0.00**	**$533.25**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
765 - SOCIAL SERVICES, DEPT. OF						
S765 - SOCIAL SERVICES, DEPT. OF						
TYPE OF CLAIM						
Indemnity	2	66.7	37.64	12,600.00	12,637.64	84.3
Medical Only	1	33.3	2,362.08	0.00	2,362.08	15.7
Totals:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
TIME OF INJURY						
10AM - 11:59AM	2	66.7	37.64	12,600.00	12,637.64	84.3
12PM - 1:59PM	1	33.3	2,362.08	0.00	2,362.08	15.7
Totals:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
LENGTH OF SERVICE						
16 - 18	1	33.3	18.82	12,600.00	12,618.82	84.1
0 - 2	1	33.3	2,362.08	0.00	2,362.08	15.7
38 - 40	1	33.3	18.82	0.00	18.82	0.1
Totals:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
Age of Claimant						
55 - 59	1	33.3	18.82	12,600.00	12,618.82	84.1
60 - 64	2	66.7	2,380.90	0.00	2,380.90	15.9
Totals:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
SEX OF CLAIMANT						
Female	3	100.0	2,399.72	12,600.00	14,999.72	100.0
Totals:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
LOSS CAUSE						
Straps	1	33.3	18.82	12,600.00	12,618.82	84.1
Floor	1	33.3	2,362.08	0.00	2,362.08	15.7
Boxes / containers	1	33.3	18.82	0.00	18.82	0.1
Totals:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
ACCIDENT TYPE						
Fall On the Same Level	2	66.7	2,380.90	12,600.00	14,980.90	99.9
Lifting	1	33.3	18.82	0.00	18.82	0.1
Sum:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	33.3	18.82	12,600.00	12,618.82	84.1
Lower Extremities Knee	1	33.3	2,362.08	0.00	2,362.08	15.7
Trunk Upper Back Area (Thoracic Area)	1	33.3	18.82	0.00	18.82	0.1
Sum:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	
INJURY						

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Company: Commonwealth of Virginia

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Physical Injury Only	1	33.3	18.82	12,600.00	12,618.82	84.1
Contusion (Bruise, Skin Surface)	1	33.3	2,362.08	0.00	2,362.08	15.7
Strain	1	33.3	18.82	0.00	18.82	0.1
Sum:	**3**		**$2,399.72**	**$12,600.00**	**$14,999.72**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
510 - DJJ Central Offc.-Administration						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
26 - 28	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Water	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
540 - DJJ Central Offc.-Institutions						
TYPE OF CLAIM						
Medical Only	1	100.0	548.60	0.00	548.60	100.0
Totals:	**1**		**$548.60**	**$0.00**	**$548.60**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	548.60	0.00	548.60	100.0
Totals:	**1**		**$548.60**	**$0.00**	**$548.60**	
LENGTH OF SERVICE						
0 - 2	1	100.0	548.60	0.00	548.60	100.0
Totals:	**1**		**$548.60**	**$0.00**	**$548.60**	
Age of Claimant						
40 - 44	1	100.0	548.60	0.00	548.60	100.0
Totals:	**1**		**$548.60**	**$0.00**	**$548.60**	
SEX OF CLAIMANT						
Male	1	100.0	548.60	0.00	548.60	100.0
Totals:	**1**		**$548.60**	**$0.00**	**$548.60**	
LOSS CAUSE						
Patient / Inmate	1	100.0	548.60	0.00	548.60	100.0
Totals:	**1**		**$548.60**	**$0.00**	**$548.60**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	100.0	548.60	0.00	548.60	100.0
Sum:	**1**		**$548.60**	**$0.00**	**$548.60**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	548.60	0.00	548.60	100.0
Sum:	**1**		**$548.60**	**$0.00**	**$548.60**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	548.60	0.00	548.60	100.0
Sum:	**1**		**$548.60**	**$0.00**	**$548.60**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
712 - DJJ Bon Air Juvenile Crctnl Ctr						
TYPE OF CLAIM						
Indemnity	35	27.8	224,106.89	333,605.63	557,712.52	80.7
Medical Only	74	58.7	98,045.32	35,618.15	133,663.47	19.3
Reporting Purposes Only	17	13.5	0.00	0.00	0.00	0.0
Totals:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
TIME OF INJURY						
8PM - 9:59PM	15	11.9	83,855.57	129,825.76	213,681.33	30.9
8AM - 9:59AM	19	15.1	54,382.81	70,097.23	124,480.04	18.0
10AM - 11:59AM	23	18.3	55,623.10	59,029.76	114,652.86	16.6
2PM - 3:59PM	14	11.1	42,739.77	51,921.73	94,661.50	13.7
6PM - 7:59PM	19	15.1	15,414.57	28,525.23	43,939.80	6.4
12PM - 1:59PM	11	8.7	32,433.15	8,631.03	41,064.18	5.9
10PM - 11:59PM	6	4.8	27,174.48	1,740.84	28,915.32	4.2
4PM - 5:59PM	12	9.5	8,735.70	18,475.23	27,210.93	3.9
6AM - 7:59AM	5	4.0	1,364.78	976.97	2,341.75	0.3
4AM - 5:59AM	1	0.8	428.28	0.00	428.28	0.1
12AM - 1:59AM	1	0.8	0.00	0.00	0.00	0.0
Totals:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
LENGTH OF SERVICE						
0 - 2	56	44.4	171,997.57	224,861.46	396,859.03	57.4
8 - 10	6	4.8	21,588.38	43,613.67	65,202.05	9.4
16 - 18	10	7.9	33,458.18	24,877.12	58,335.30	8.4
24 - 26	3	2.4	26,661.82	30,502.00	57,163.82	8.3
4 - 6	9	7.1	19,001.26	26,675.14	45,676.40	6.6
34 - 36	3	2.4	16,176.91	2,179.85	18,356.76	2.7
18 - 20	12	9.5	9,027.22	8,004.90	17,032.12	2.5
22 - 24	2	1.6	8,463.33	8,459.64	16,922.97	2.4
2 - 4	6	4.8	9,698.20	0.00	9,698.20	1.4
26 - 28	4	3.2	1,662.98	50.00	1,712.98	0.2
10 - 12	5	4.0	1,433.09	0.00	1,433.09	0.2
12 - 14	3	2.4	1,196.85	0.00	1,196.85	0.2
14 - 16	1	0.8	794.52	0.00	794.52	0.1
20 - 22	1	0.8	557.08	0.00	557.08	0.1
6 - 8	5	4.0	434.82	0.00	434.82	0.1
Totals:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
Age of Claimant						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
35 - 39	22	17.5	105,143.88	170,979.52	276,123.40	39.9
45 - 49	15	11.9	55,439.54	75,450.45	130,889.99	18.9
50 - 54	17	13.5	45,787.68	45,458.71	91,246.39	13.2
40 - 44	22	17.5	33,265.81	34,600.00	67,865.81	9.8
55 - 59	13	10.3	29,124.67	35,555.25	64,679.92	9.4
30 - 34	6	4.8	17,762.45	0.00	17,762.45	2.6
20 - 24	10	7.9	12,628.56	3,750.00	16,378.56	2.4
25 - 29	12	9.5	13,147.44	1,250.00	14,397.44	2.1
60 - 64	6	4.8	9,345.12	2,179.85	11,524.97	1.7
65 - 69	3	2.4	507.06	0.00	507.06	0.1
Totals:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
SEX OF CLAIMANT						
Male	55	43.7	205,325.32	249,471.31	454,796.63	65.8
Female	71	56.3	116,826.89	119,752.47	236,579.36	34.2
Totals:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
LOSS CAUSE						
Patient / Inmate	71	56.3	261,647.61	338,979.37	600,626.98	86.9
Door	5	4.0	14,051.39	24,750.53	38,801.92	5.6
Person	21	16.7	37,770.14	50.00	37,820.14	5.5
Floor	6	4.8	4,791.22	1,250.00	6,041.22	0.9
Object on Floor	1	0.8	1,140.15	2,179.85	3,320.00	0.5
Walking surface, inside, dry	4	3.2	701.21	1,037.06	1,738.27	0.3
Vehicle/car/truck	2	1.6	436.83	976.97	1,413.80	0.2
Wall	2	1.6	588.99	0.00	588.99	0.1
Chemicals, not otherwise classified	1	0.8	536.62	0.00	536.62	0.1
Ladder - Portable	1	0.8	343.26	0.00	343.26	0.0
N/A	1	0.8	89.47	0.00	89.47	0.0
Sharp objects, not otherwise classified	1	0.8	36.50	0.00	36.50	0.0
Boxes / containers	2	1.6	18.82	0.00	18.82	0.0
Chair	1	0.8	0.00	0.00	0.00	0.0
Clothing / jewelry	1	0.8	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
Stairs, steps	2	1.6	0.00	0.00	0.00	0.0
Uneven Surface	1	0.8	0.00	0.00	0.00	0.0
Work surface	1	0.8	0.00	0.00	0.00	0.0
Totals:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
ACCIDENT TYPE						
Fall On the Same Level	14	11.1	93,664.87	159,523.01	253,187.88	36.6
Struck/Injured By Fellow Worker, Patient	45	35.7	121,591.12	100,591.95	222,183.07	32.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Strain or Injury By, NOC	14	11.1	38,079.67	41,252.80	79,332.47	11.5
Strike Against/Step On Stationary Objec	3	2.4	13,459.75	24,750.53	38,210.28	5.5
Striking Against or Stepping On, NOC	8	6.3	14,907.42	17,658.23	32,565.65	4.7
Pushing or Pulling	2	1.6	9,747.41	9,349.43	19,096.84	2.8
Collision with a Fixed Object	1	0.8	8,444.51	8,459.64	16,904.15	2.4
Caught In, Under or Between, NOC	7	5.6	12,140.82	0.00	12,140.82	1.8
Struck/Injured By Object Handled By Otl	2	1.6	3,609.16	1,740.84	5,350.00	0.8
Twisting	5	4.0	2,834.60	1,300.00	4,134.60	0.6
Other Injury NEC	11	8.7	2,170.67	1,120.38	3,291.05	0.5
Struck/Injured By Motor Vehicle	2	1.6	436.83	976.97	1,413.80	0.2
Fall/Slip From Liquid or Grease Spills	2	1.6	0.00	1,250.00	1,250.00	0.2
Struck or Injury By, NOC	2	1.6	0.00	1,250.00	1,250.00	0.2
Caught In/Between-Object Handled	2	1.6	703.30	0.00	703.30	0.1
Fall/Slip From a Different Level	1	0.8	343.26	0.00	343.26	0.0
Repetitive Motion	1	0.8	18.82	0.00	18.82	0.0
Burn or Scald-Chemicals	1	0.8	0.00	0.00	0.00	0.0
Contact With Not Otherwise Classified	1	0.8	0.00	0.00	0.00	0.0
Fall/Slip on Stairs	1	0.8	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	0.8	0.00	0.00	0.00	0.0
Sum:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	

BODY PART

Multiple Body Parts Multiple Body Parts	20	15.9	97,146.61	86,176.36	183,322.97	26.5
Upper Extremities Finger(s)	10	7.9	58,730.92	110,159.37	168,890.29	24.4
Upper Extremities Shoulder(s)	5	4.0	51,448.80	40,774.20	92,223.00	13.3
Head Skull	3	2.4	13,306.23	27,037.59	40,343.82	5.8
Upper Extremities Multiple Upper Extrer	4	3.2	13,466.28	25,936.15	39,402.43	5.7
Multiple Body Parts Body Systems & Mu	8	6.3	24,072.94	12,188.90	36,261.84	5.2
Upper Extremities Wrist(s) and Hand(s)	1	0.8	18.82	33,350.00	33,368.82	4.8
Lower Extremities Ankle	5	4.0	10,418.75	18,116.52	28,535.27	4.1
Lower Extremities Knee	15	11.9	17,012.26	1,250.00	18,262.26	2.6
Upper Extremities Hand	8	6.3	6,848.60	6,286.33	13,134.93	1.9
Lower Extremities Foot	1	0.8	5,052.44	0.00	5,052.44	0.7
Lower Extremities Lower Leg	6	4.8	2,773.25	2,179.85	4,953.10	0.7
Head Eye(s)	4	3.2	4,694.48	0.00	4,694.48	0.7
Head Mouth	2	1.6	1,595.44	2,879.56	4,475.00	0.6
Upper Extremities Elbow	6	4.8	2,785.63	1,632.52	4,418.15	0.6
Upper Extremities Thumb	3	2.4	4,067.78	0.00	4,067.78	0.6
Upper Extremities Wrist	4	3.2	2,941.76	0.00	2,941.76	0.4
Head Other facial soft tissue	1	0.8	2,433.13	0.00	2,433.13	0.4
Trunk Buttocks	1	0.8	63.57	1,256.43	1,320.00	0.2
Upper Extremities Upper Arm (Incl. Cla	3	2.4	1,102.24	0.00	1,102.24	0.2

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Chest (Incl. Ribs, Sternum & Soft	2	1.6	961.22	0.00	961.22	0.1
Lower Extremities Upper Leg	2	1.6	739.21	0.00	739.21	0.1
Head Facial Bones	3	2.4	366.46	0.00	366.46	0.1
Upper Extremities Lower Arm	1	0.8	105.39	0.00	105.39	0.0
Head Multiple Head Injury	1	0.8	0.00	0.00	0.00	0.0
Lower Extremities Hip	1	0.8	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	2	1.6	0.00	0.00	0.00	0.0
Multiple Body Parts No Physical Injury	2	1.6	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	2	1.6	0.00	0.00	0.00	0.0
Sum:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	
INJURY						
Contusion (Bruise, Skin Surface)	59	46.8	149,850.82	137,038.11	286,888.93	41.5
Fracture	4	3.2	53,858.26	85,823.09	139,681.35	20.2
Strain	14	11.1	63,318.91	54,379.07	117,697.98	17.0
Sprain	16	12.7	20,354.70	56,486.28	76,840.98	11.1
Concussion (Brain, Cerebral)	5	4.0	14,288.49	27,037.59	41,326.08	6.0
Multiple Physical Injury Only	4	3.2	16,402.10	8,459.64	24,861.74	3.6
No Physical Injury	10	7.9	1,530.87	0.00	1,530.87	0.2
Puncture	1	0.8	706.80	0.00	706.80	0.1
Laceration	2	1.6	639.27	0.00	639.27	0.1
Multiple Injury Inc. Physical & Psycholog	1	0.8	557.08	0.00	557.08	0.1
Poisoning - Chemical (Other than Metal)	1	0.8	536.62	0.00	536.62	0.1
All Other (Specific) Injuries, NOC	1	0.8	89.47	0.00	89.47	0.0
Infection	1	0.8	18.82	0.00	18.82	0.0
Burn	1	0.8	0.00	0.00	0.00	0.0
Crushing	2	1.6	0.00	0.00	0.00	0.0
Dislocation	1	0.8	0.00	0.00	0.00	0.0
Inflammation	3	2.4	0.00	0.00	0.00	0.0
Sum:	**126**		**$322,152.21**	**$369,223.78**	**$691,375.99**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
715 - DJJ Va Public Service Training Ctr						
TYPE OF CLAIM						
Medical Only	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
24 - 26	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
60 - 64	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Male	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Animal / bee type	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Upper Extremities Lower Arm	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Inflammation	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
848 - DJJ 8TH JUDICIAL DIST CSU-HAMPTON						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
849 - DJJ 7TH JUD DIST CSU-NEWPORT NEWS						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Neck Multiple Neck Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Strain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
852 - DJJ 3RD JUD DIST CSU-PORTSMOUTH						
TYPE OF CLAIM						
Medical Only	1	100.0	210.42	1,039.58	1,250.00	100.0
Totals:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	210.42	1,039.58	1,250.00	100.0
Totals:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	210.42	1,039.58	1,250.00	100.0
Totals:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
Age of Claimant						
40 - 44	1	100.0	210.42	1,039.58	1,250.00	100.0
Totals:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	210.42	1,039.58	1,250.00	100.0
Totals:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	210.42	1,039.58	1,250.00	100.0
Totals:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	210.42	1,039.58	1,250.00	100.0
Sum:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	210.42	1,039.58	1,250.00	100.0
Sum:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	
INJURY						
Puncture	1	100.0	210.42	1,039.58	1,250.00	100.0
Sum:	**1**		**$210.42**	**$1,039.58**	**$1,250.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
854 - DJJ 5th Judicial Dist CSU -Suffolk						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
18 - 20	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Head Skull	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
855 - DJJ 6TH JUDICIAL DIST CSU-HOPEWELL						
TYPE OF CLAIM						
Medical Only	2	100.0	3,873.19	13,201.81	17,075.00	100.0
Totals:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	3,873.19	11,951.81	15,825.00	92.7
6PM - 7:59PM	1	50.0	0.00	1,250.00	1,250.00	7.3
Totals:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	3,873.19	11,951.81	15,825.00	92.7
16 - 18	1	50.0	0.00	1,250.00	1,250.00	7.3
Totals:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
Age of Claimant						
30 - 34	1	50.0	3,873.19	11,951.81	15,825.00	92.7
40 - 44	1	50.0	0.00	1,250.00	1,250.00	7.3
Totals:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
SEX OF CLAIMANT						
Female	2	100.0	3,873.19	13,201.81	17,075.00	100.0
Totals:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
LOSS CAUSE						
Animal, not otherwise classified	1	50.0	3,873.19	11,951.81	15,825.00	92.7
Recreational equipment	1	50.0	0.00	1,250.00	1,250.00	7.3
Totals:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
ACCIDENT TYPE						
Other Injury NEC	1	50.0	3,873.19	11,951.81	15,825.00	92.7
Struck/Injured By Falling or Flying Objec	1	50.0	0.00	1,250.00	1,250.00	7.3
Sum:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	50.0	3,873.19	11,951.81	15,825.00	92.7
Head Multiple Head Injury	1	50.0	0.00	1,250.00	1,250.00	7.3
Sum:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	
INJURY						
Puncture	1	50.0	3,873.19	11,951.81	15,825.00	92.7
Contusion (Bruise, Skin Surface)	1	50.0	0.00	1,250.00	1,250.00	7.3
Sum:	**2**		**$3,873.19**	**$13,201.81**	**$17,075.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
857 - DJJ 10TH JUD DIST CSU-APPOMATTOX						
TYPE OF CLAIM						
Medical Only	1	50.0	137.00	0.00	137.00	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$137.00**	**$0.00**	**$137.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	137.00	0.00	137.00	100.0
Totals:	**2**		**$137.00**	**$0.00**	**$137.00**	
LENGTH OF SERVICE						
6 - 8	1	50.0	137.00	0.00	137.00	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$137.00**	**$0.00**	**$137.00**	
Age of Claimant						
30 - 34	2	100.0	137.00	0.00	137.00	100.0
Totals:	**2**		**$137.00**	**$0.00**	**$137.00**	
SEX OF CLAIMANT						
Female	2	100.0	137.00	0.00	137.00	100.0
Totals:	**2**		**$137.00**	**$0.00**	**$137.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	50.0	137.00	0.00	137.00	100.0
Vehicle/car/truck	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$137.00**	**$0.00**	**$137.00**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	50.0	137.00	0.00	137.00	100.0
Collision with Another Vehicle	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$137.00**	**$0.00**	**$137.00**	
BODY PART						
Multiple Body Parts Body Systems & Mı	1	50.0	137.00	0.00	137.00	100.0
Multiple Body Parts No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$137.00**	**$0.00**	**$137.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	137.00	0.00	137.00	100.0
No Physical Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$137.00**	**$0.00**	**$137.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
861 - DJJ 15TH JUD DST CSU-FREDERICKBURG						
TYPE OF CLAIM						
Medical Only	3	100.0	293.36	1,250.00	1,543.36	100.0
Totals:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
TIME OF INJURY						
4PM - 5:59PM	1	33.3	0.00	1,250.00	1,250.00	81.0
8AM - 9:59AM	1	33.3	293.36	0.00	293.36	19.0
10AM - 11:59AM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
LENGTH OF SERVICE						
4 - 6	1	33.3	0.00	1,250.00	1,250.00	81.0
22 - 24	1	33.3	293.36	0.00	293.36	19.0
10 - 12	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
Age of Claimant						
30 - 34	1	33.3	0.00	1,250.00	1,250.00	81.0
60 - 64	1	33.3	293.36	0.00	293.36	19.0
40 - 44	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
SEX OF CLAIMANT						
Female	2	66.7	293.36	1,250.00	1,543.36	100.0
Male	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
LOSS CAUSE						
Outside Surface	1	33.3	0.00	1,250.00	1,250.00	81.0
Cabinet	1	33.3	293.36	0.00	293.36	19.0
Walking surface, inside, dry	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	33.3	0.00	1,250.00	1,250.00	81.0
Strike Against/Step On Stationary Objec	1	33.3	293.36	0.00	293.36	19.0
Other Injury NEC	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	1,250.00	1,250.00	81.0
Upper Extremities Hand	1	33.3	293.36	0.00	293.36	19.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Lower Extremities Ankle	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	
INJURY						
Contusion (Bruise, Skin Surface)	2	66.7	293.36	1,250.00	1,543.36	100.0
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$293.36**	**$1,250.00**	**$1,543.36**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
862 - DJJ 16TH CSU-CHARLOTTESVILLE						
TYPE OF CLAIM						
Medical Only	1	100.0	705.16	0.00	705.16	100.0
Totals:	**1**		**$705.16**	**$0.00**	**$705.16**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	705.16	0.00	705.16	100.0
Totals:	**1**		**$705.16**	**$0.00**	**$705.16**	
LENGTH OF SERVICE						
0 - 2	1	100.0	705.16	0.00	705.16	100.0
Totals:	**1**		**$705.16**	**$0.00**	**$705.16**	
Age of Claimant						
45 - 49	1	100.0	705.16	0.00	705.16	100.0
Totals:	**1**		**$705.16**	**$0.00**	**$705.16**	
SEX OF CLAIMANT						
Female	1	100.0	705.16	0.00	705.16	100.0
Totals:	**1**		**$705.16**	**$0.00**	**$705.16**	
LOSS CAUSE						
Walking surface, outside, dry	1	100.0	705.16	0.00	705.16	100.0
Totals:	**1**		**$705.16**	**$0.00**	**$705.16**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	100.0	705.16	0.00	705.16	100.0
Sum:	**1**		**$705.16**	**$0.00**	**$705.16**	
BODY PART						
Lower Extremities Knee	1	100.0	705.16	0.00	705.16	100.0
Sum:	**1**		**$705.16**	**$0.00**	**$705.16**	
INJURY						
Strain	1	100.0	705.16	0.00	705.16	100.0
Sum:	**1**		**$705.16**	**$0.00**	**$705.16**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
869 - DJJ 26TH JUD DIST CSU-WINCHESTER						
TYPE OF CLAIM						
Medical Only	1	100.0	274.18	0.00	274.18	100.0
Totals:	**1**		**$274.18**	**$0.00**	**$274.18**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	274.18	0.00	274.18	100.0
Totals:	**1**		**$274.18**	**$0.00**	**$274.18**	
LENGTH OF SERVICE						
8 - 10	1	100.0	274.18	0.00	274.18	100.0
Totals:	**1**		**$274.18**	**$0.00**	**$274.18**	
Age of Claimant						
60 - 64	1	100.0	274.18	0.00	274.18	100.0
Totals:	**1**		**$274.18**	**$0.00**	**$274.18**	
SEX OF CLAIMANT						
Female	1	100.0	274.18	0.00	274.18	100.0
Totals:	**1**		**$274.18**	**$0.00**	**$274.18**	
LOSS CAUSE						
Object on Floor	1	100.0	274.18	0.00	274.18	100.0
Totals:	**1**		**$274.18**	**$0.00**	**$274.18**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	274.18	0.00	274.18	100.0
Sum:	**1**		**$274.18**	**$0.00**	**$274.18**	
BODY PART						
Upper Extremities Shoulder(s)	1	100.0	274.18	0.00	274.18	100.0
Sum:	**1**		**$274.18**	**$0.00**	**$274.18**	
INJURY						
Sprain	1	100.0	274.18	0.00	274.18	100.0
Sum:	**1**		**$274.18**	**$0.00**	**$274.18**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Striking Against or Stepping On, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
878 - DJJ 2ND JUD DIST CSU-VA. BEACH						
TYPE OF CLAIM						
Indemnity	1	50.0	18.82	0.00	18.82	100.0
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
2PM - 3:59PM	1	50.0	18.82	0.00	18.82	100.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
0 - 2	2	100.0	18.82	0.00	18.82	100.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
25 - 29	1	50.0	18.82	0.00	18.82	100.0
45 - 49	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Male	1	50.0	18.82	0.00	18.82	100.0
Female	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Vehicle/car/truck	1	50.0	18.82	0.00	18.82	100.0
Stairs, steps	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	50.0	18.82	0.00	18.82	100.0
Fall/Slip on Stairs	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	50.0	18.82	0.00	18.82	100.0
Lower Extremities Ankle	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	18.82	0.00	18.82	100.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$18.82**	**$0.00**	**$18.82**	

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Company: Commonwealth of Virginia

DOI Period: 07/01/2024-06/30/2025

Payments as of: 06/30/2025

Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
777 - DEPT. OF JUVENILE JUSTICE						
S777 - DEPT. OF JUVENILE JUSTICE						
TYPE OF CLAIM						
Indemnity	2	22.2	5,312.81	29,169.03	34,481.84	82.1
Medical Only	7	77.8	898.97	6,601.03	7,500.00	17.9
Totals:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
TIME OF INJURY						
6PM - 7:59PM	2	22.2	5,293.99	29,169.03	34,463.02	82.1
12PM - 1:59PM	4	44.4	524.30	4,475.70	5,000.00	11.9
4PM - 5:59PM	2	22.2	374.67	2,125.33	2,500.00	6.0
8AM - 9:59AM	1	11.1	18.82	0.00	18.82	0.0
Totals:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
LENGTH OF SERVICE						
0 - 2	7	77.8	6,211.78	34,520.06	40,731.84	97.0
4 - 6	1	11.1	0.00	1,250.00	1,250.00	3.0
18 - 20	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
Age of Claimant						
35 - 39	1	11.1	5,293.99	29,169.03	34,463.02	82.1
30 - 34	2	22.2	129.62	2,370.38	2,500.00	6.0
45 - 49	2	22.2	18.82	1,250.00	1,268.82	3.0
20 - 24	1	11.1	374.67	875.33	1,250.00	3.0
25 - 29	1	11.1	394.68	855.32	1,250.00	3.0
55 - 59	1	11.1	0.00	1,250.00	1,250.00	3.0
40 - 44	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
SEX OF CLAIMANT						
Male	5	55.6	6,192.96	32,020.06	38,213.02	91.0
Female	4	44.4	18.82	3,750.00	3,768.82	9.0
Totals:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
LOSS CAUSE						
Patient / Inmate	6	66.7	6,192.96	33,270.06	39,463.02	94.0
Floor	1	11.1	0.00	1,250.00	1,250.00	3.0
Stairs, steps	1	11.1	0.00	1,250.00	1,250.00	3.0
Environmental conditions	1	11.1	18.82	0.00	18.82	0.0
Totals:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
ACCIDENT TYPE						

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Struck/Injured By Fellow Worker, Patient	3	33.3	6,063.34	30,899.68	36,963.02	88.0
Fall On the Same Level	1	11.1	0.00	1,250.00	1,250.00	3.0
Fall, Slip or Trip, NOC	1	11.1	0.00	1,250.00	1,250.00	3.0
Other Injury NEC	1	11.1	129.62	1,120.38	1,250.00	3.0
Twisting	1	11.1	0.00	1,250.00	1,250.00	3.0
Absorption, Ingestion or Inhalation NOC	1	11.1	18.82	0.00	18.82	0.0
Struck or Injury By, NOC	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	22.2	5,293.99	30,419.03	35,713.02	85.1
Head Other facial soft tissue	1	11.1	394.68	855.32	1,250.00	3.0
Lower Extremities Knee	1	11.1	0.00	1,250.00	1,250.00	3.0
Lower Extremities Upper Leg	1	11.1	374.67	875.33	1,250.00	3.0
Trunk Low Back Area (Incl. Lumbar & L	1	11.1	0.00	1,250.00	1,250.00	3.0
Upper Extremities Lower Arm	1	11.1	129.62	1,120.38	1,250.00	3.0
Trunk Lung(s)	1	11.1	18.82	0.00	18.82	0.0
Head Eye(s)	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	
INJURY						
Contusion (Bruise, Skin Surface)	6	66.7	6,192.96	34,520.06	40,713.02	97.0
Dislocation	1	11.1	0.00	1,250.00	1,250.00	3.0
Respiratory Disorders(Gases,Fumes,Ch	1	11.1	18.82	0.00	18.82	0.0
All Other (Specific) Injuries, NOC	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$6,211.78**	**$35,770.06**	**$41,981.84**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
778 - Department of Forensic Science						
S778 - Department of Forensic Science						
TYPE OF CLAIM						
Medical Only	4	44.4	9,097.27	5,534.80	14,632.07	100.0
Reporting Purposes Only	5	55.6	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
TIME OF INJURY						
10AM - 11:59AM	3	33.3	8,355.92	5,534.80	13,890.72	94.9
12PM - 1:59PM	2	22.2	741.35	0.00	741.35	5.1
8AM - 9:59AM	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
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
LENGTH OF SERVICE						
0 - 2	5	55.6	9,097.27	5,534.80	14,632.07	100.0
2 - 4	1	11.1	0.00	0.00	0.00	0.0
4 - 6	1	11.1	0.00	0.00	0.00	0.0
6 - 8	1	11.1	0.00	0.00	0.00	0.0
30 - 32	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
Age of Claimant						
40 - 44	2	22.2	8,355.92	5,534.80	13,890.72	94.9
20 - 24	1	11.1	741.35	0.00	741.35	5.1
25 - 29	1	11.1	0.00	0.00	0.00	0.0
30 - 34	3	33.3	0.00	0.00	0.00	0.0
45 - 49	1	11.1	0.00	0.00	0.00	0.0
55 - 59	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
SEX OF CLAIMANT						
Male	4	44.4	8,355.92	5,534.80	13,890.72	94.9
Female	5	55.6	741.35	0.00	741.35	5.1
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
LOSS CAUSE						
N/A	1	11.1	8,034.02	5,534.80	13,568.82	92.7
Knife, Utility	1	11.1	741.35	0.00	741.35	5.1
Water	1	11.1	321.90	0.00	321.90	2.2
Chemicals, not otherwise classified	2	22.2	0.00	0.00	0.00	0.0
Glass bottle / sheet	1	11.1	0.00	0.00	0.00	0.0

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Organic Material	1	11.1	0.00	0.00	0.00	0.0
Vehicle/car/truck	1	11.1	0.00	0.00	0.00	0.0
Wrench	1	11.1	0.00	0.00	0.00	0.0
Totals:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
ACCIDENT TYPE						
Other Injury NEC	2	22.2	8,034.02	5,534.80	13,568.82	92.7
Cut, Punctured, Scraped, NOC	1	11.1	741.35	0.00	741.35	5.1
Other than Physical Cause of Injury	3	33.3	321.90	0.00	321.90	2.2
Broken Glass	1	11.1	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 Motor Vehicle	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
BODY PART						
Lower Extremities Lower Leg	1	11.1	8,034.02	5,534.80	13,568.82	92.7
Upper Extremities Finger(s)	3	33.3	741.35	0.00	741.35	5.1
Head Eye(s)	1	11.1	321.90	0.00	321.90	2.2
Multiple Body Parts No Physical Injury	1	11.1	0.00	0.00	0.00	0.0
Upper Extremities Hand	2	22.2	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	11.1	0.00	0.00	0.00	0.0
Sum:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	
INJURY						
All Other (Specific) Injuries, NOC	1	11.1	8,034.02	5,534.80	13,568.82	92.7
Puncture	2	22.2	741.35	0.00	741.35	5.1
No Physical Injury	6	66.7	321.90	0.00	321.90	2.2
Sum:	**9**		**$9,097.27**	**$5,534.80**	**$14,632.07**	

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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
841 - AVIATION, DEPT. OF						
S841 - AVIATION, DEPT. OF						
TYPE OF CLAIM						
Medical Only	5	83.3	6,854.54	1,527.18	8,381.72	100.0
Reporting Purposes Only	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
TIME OF INJURY						
10AM - 11:59AM	3	50.0	3,522.82	1,527.18	5,050.00	60.3
12PM - 1:59PM	1	16.7	3,331.72	0.00	3,331.72	39.7
12AM - 1:59AM	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
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
LENGTH OF SERVICE						
0 - 2	2	33.3	3,522.82	1,527.18	5,050.00	60.3
6 - 8	2	33.3	3,331.72	0.00	3,331.72	39.7
2 - 4	1	16.7	0.00	0.00	0.00	0.0
26 - 28	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
Age of Claimant						
55 - 59	1	16.7	3,522.82	1,527.18	5,050.00	60.3
45 - 49	1	16.7	3,331.72	0.00	3,331.72	39.7
25 - 29	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	1	16.7	0.00	0.00	0.00	0.0
65 - 69	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
SEX OF CLAIMANT						
Male	4	66.7	6,854.54	1,527.18	8,381.72	100.0
Female	2	33.3	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
LOSS CAUSE						
Vehicle/car/truck	3	50.0	3,522.82	1,527.18	5,050.00	60.3
Door	1	16.7	3,331.72	0.00	3,331.72	39.7
Floor	1	16.7	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	16.7	0.00	0.00	0.00	0.0
Totals:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
ACCIDENT TYPE						

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Collision with Another Vehicle	3	50.0	3,522.82	1,527.18	5,050.00	60.3
Striking Against or Stepping On, NOC	1	16.7	3,331.72	0.00	3,331.72	39.7
Fall/Slip From a Different Level	1	16.7	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	16.7	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	16.7	3,522.82	1,527.18	5,050.00	60.3
Head Facial Bones	1	16.7	3,331.72	0.00	3,331.72	39.7
Multiple Body Parts Body Systems & Mu	2	33.3	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
Sum:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	
INJURY						
Multiple Physical Injury Only	1	16.7	3,522.82	1,527.18	5,050.00	60.3
Contusion (Bruise, Skin Surface)	2	33.3	3,331.72	0.00	3,331.72	39.7
All Other (Specific) Injuries, NOC	3	50.0	0.00	0.00	0.00	0.0
Sum:	**6**		**$6,854.54**	**$1,527.18**	**$8,381.72**	

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Company: Commonwealth of Virginia
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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
848 - VA Indigent Defense Commission						
S848 - VA Indigent Defense Commission						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	50.0	0.00	0.00	0.00	0.0
Stairs	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	50.0	0.00	0.00	0.00	0.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	50.0	0.00	0.00	0.00	0.0
Trunk Lung(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Infection	1	50.0	0.00	0.00	0.00	0.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
912 - Department of Veterans Services						
128 - Davis & McDaniel Veterans Care Ctr						
TYPE OF CLAIM						
Medical Only	13	37.1	9,330.67	4,302.94	13,633.61	99.7
Indemnity	1	2.9	38.82	0.00	38.82	0.3
Reporting Purposes Only	21	60.0	0.00	0.00	0.00	0.0
Totals:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
TIME OF INJURY						
8AM - 9:59AM	5	14.3	6,015.68	3,052.94	9,068.62	66.3
10AM - 11:59AM	11	31.4	632.73	1,250.00	1,882.73	13.8
2PM - 3:59PM	9	25.7	1,822.88	0.00	1,822.88	13.3
8PM - 9:59PM	4	11.4	654.00	0.00	654.00	4.8
4AM - 5:59AM	2	5.7	244.20	0.00	244.20	1.8
6AM - 7:59AM	1	2.9	0.00	0.00	0.00	0.0
12PM - 1:59PM	1	2.9	0.00	0.00	0.00	0.0
4PM - 5:59PM	2	5.7	0.00	0.00	0.00	0.0
Totals:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
LENGTH OF SERVICE						
0 - 2	14	40.0	8,666.75	3,052.94	11,719.69	85.7
4 - 6	7	20.0	607.46	1,250.00	1,857.46	13.6
18 - 20	1	2.9	38.82	0.00	38.82	0.3
2 - 4	7	20.0	18.82	0.00	18.82	0.1
6 - 8	1	2.9	18.82	0.00	18.82	0.1
14 - 16	1	2.9	18.82	0.00	18.82	0.1
8 - 10	1	2.9	0.00	0.00	0.00	0.0
10 - 12	1	2.9	0.00	0.00	0.00	0.0
20 - 22	2	5.7	0.00	0.00	0.00	0.0
Totals:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
Age of Claimant						
50 - 54	3	8.6	6,259.88	3,052.94	9,312.82	68.1
30 - 34	4	11.4	1,170.27	1,250.00	2,420.27	17.7
20 - 24	3	8.6	1,196.60	0.00	1,196.60	8.8
60 - 64	8	22.9	626.28	0.00	626.28	4.6
45 - 49	2	5.7	38.82	0.00	38.82	0.3
25 - 29	4	11.4	20.00	0.00	20.00	0.1
40 - 44	4	11.4	20.00	0.00	20.00	0.1
35 - 39	2	5.7	18.82	0.00	18.82	0.1
55 - 59	4	11.4	18.82	0.00	18.82	0.1

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
65 - 69	1	2.9	0.00	0.00	0.00	0.0
Totals:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
SEX OF CLAIMANT						
Female	28	80.0	9,350.67	4,302.94	13,653.61	99.9
Male	7	20.0	18.82	0.00	18.82	0.1
Totals:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
LOSS CAUSE						
Patient / Inmate	8	22.9	6,776.15	3,052.94	9,829.09	71.9
Razor blade	1	2.9	0.00	1,250.00	1,250.00	9.1
Door	4	11.4	1,216.60	0.00	1,216.60	8.9
Needle stick	3	8.6	674.00	0.00	674.00	4.9
Floor	1	2.9	342.30	0.00	342.30	2.5
Chemicals, not otherwise classified	1	2.9	265.16	0.00	265.16	1.9
Person	4	11.4	95.28	0.00	95.28	0.7
Animal, not otherwise classified	1	2.9	0.00	0.00	0.00	0.0
Boxes / containers	2	5.7	0.00	0.00	0.00	0.0
Dishes	1	2.9	0.00	0.00	0.00	0.0
Furniture / fixtures	4	11.4	0.00	0.00	0.00	0.0
Lift	2	5.7	0.00	0.00	0.00	0.0
Shelving	1	2.9	0.00	0.00	0.00	0.0
Walking surface, outside, dry	1	2.9	0.00	0.00	0.00	0.0
Water	1	2.9	0.00	0.00	0.00	0.0
Totals:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	2.9	6,015.68	3,052.94	9,068.62	66.3
Cut, Punctured, Scraped, NOC	5	14.3	0.00	1,250.00	1,250.00	9.1
Caught In/Between-Object Handled	1	2.9	1,196.60	0.00	1,196.60	8.8
Other Injury NEC	3	8.6	1,190.27	0.00	1,190.27	8.7
Fall On the Same Level	7	20.0	362.30	0.00	362.30	2.6
Contact With Cold Object or Substance	1	2.9	265.16	0.00	265.16	1.9
Struck/Injured By Fellow Worker, Patient	4	11.4	244.20	0.00	244.20	1.8
Other than Physical Cause of Injury	5	14.3	95.28	0.00	95.28	0.7
Caught In, Under or Between, NOC	2	5.7	0.00	0.00	0.00	0.0
Collision with a Fixed Object	2	5.7	0.00	0.00	0.00	0.0
Foreign Body in Eye	1	2.9	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	2.9	0.00	0.00	0.00	0.0
Strike Against/Step On Obj Being Lifted	1	2.9	0.00	0.00	0.00	0.0
Struck/Injured By Animal or Insect	1	2.9	0.00	0.00	0.00	0.0
Sum:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	
BODY PART						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Trunk Low Back Area (Incl. Lumbar & Li	2	5.7	6,015.68	3,052.94	9,068.62	66.3
Upper Extremities Finger(s)	7	20.0	1,870.60	0.00	1,870.60	13.7
Upper Extremities Thumb	1	2.9	0.00	1,250.00	1,250.00	9.1
Upper Extremities Wrist	1	2.9	516.27	0.00	516.27	3.8
Lower Extremities Knee	1	2.9	342.30	0.00	342.30	2.5
Head Eye(s)	2	5.7	265.16	0.00	265.16	1.9
Upper Extremities Multiple Upper Extrer	2	5.7	244.20	0.00	244.20	1.8
Multiple Body Parts No Physical Injury	5	14.3	95.28	0.00	95.28	0.7
Multiple Body Parts Multiple Body Parts	5	14.3	20.00	0.00	20.00	0.1
Head Other facial soft tissue	2	5.7	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	2.9	0.00	0.00	0.00	0.0
Lower Extremities Great Toe	1	2.9	0.00	0.00	0.00	0.0
Lower Extremities Multiple Lower Extrer	1	2.9	0.00	0.00	0.00	0.0
Upper Extremities Hand	3	8.6	0.00	0.00	0.00	0.0
Upper Extremities Lower Arm	1	2.9	0.00	0.00	0.00	0.0
Sum:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	

INJURY

Contusion (Bruise, Skin Surface)	15	42.9	6,377.98	3,052.94	9,430.92	69.0
Laceration	6	17.1	20.00	1,250.00	1,270.00	9.3
Crushing	2	5.7	1,196.60	0.00	1,196.60	8.8
Puncture	3	8.6	1,170.27	0.00	1,170.27	8.6
Foreign Body (Eye)	1	2.9	265.16	0.00	265.16	1.9
Strain	2	5.7	244.20	0.00	244.20	1.8
Contagious Disease	5	14.3	95.28	0.00	95.28	0.7
No Physical Injury	1	2.9	0.00	0.00	0.00	0.0
Sum:	**35**		**$9,369.49**	**$4,302.94**	**$13,672.43**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
912 - Department of Veterans Services						
903 - Jones & Cabacoy Veterans Care Ctr						
TYPE OF CLAIM						
Medical Only	5	83.3	1,169.91	2,352.82	3,522.73	83.9
Indemnity	1	16.7	677.61	0.00	677.61	16.1
Totals:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
TIME OF INJURY						
2PM - 3:59PM	1	16.7	197.18	1,102.82	1,300.00	30.9
12PM - 1:59PM	1	16.7	0.00	1,250.00	1,250.00	29.8
8AM - 9:59AM	1	16.7	739.16	0.00	739.16	17.6
6PM - 7:59PM	1	16.7	677.61	0.00	677.61	16.1
8PM - 9:59PM	1	16.7	214.75	0.00	214.75	5.1
6AM - 7:59AM	1	16.7	18.82	0.00	18.82	0.4
Totals:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
LENGTH OF SERVICE						
0 - 2	6	100.0	1,847.52	2,352.82	4,200.34	100.0
Totals:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
Age of Claimant						
50 - 54	3	50.0	955.16	1,102.82	2,057.98	49.0
45 - 49	1	16.7	0.00	1,250.00	1,250.00	29.8
35 - 39	1	16.7	677.61	0.00	677.61	16.1
55 - 59	1	16.7	214.75	0.00	214.75	5.1
Totals:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
SEX OF CLAIMANT						
Female	6	100.0	1,847.52	2,352.82	4,200.34	100.0
Totals:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
LOSS CAUSE						
Floor	2	33.3	874.79	1,102.82	1,977.61	47.1
Pots/pans	1	16.7	0.00	1,250.00	1,250.00	29.8
Patient / Inmate	1	16.7	739.16	0.00	739.16	17.6
Person	1	16.7	214.75	0.00	214.75	5.1
Container Sort Platform	1	16.7	18.82	0.00	18.82	0.4
Totals:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
ACCIDENT TYPE						
Fall/Slip From Liquid or Grease Spills	1	16.7	197.18	1,102.82	1,300.00	30.9
Steam or Hot Fluids	1	16.7	0.00	1,250.00	1,250.00	29.8
Struck/Injured By Fellow Worker, Patient	1	16.7	739.16	0.00	739.16	17.6

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Fall, Slip or Trip, NOC	1	16.7	677.61	0.00	677.61	16.1
Strain or Injury By, NOC	1	16.7	214.75	0.00	214.75	5.1
Contact With Not Otherwise Classified	1	16.7	18.82	0.00	18.82	0.4
Sum:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
BODY PART						
Lower Extremities Knee	1	16.7	197.18	1,102.82	1,300.00	30.9
Upper Extremities Finger(s)	1	16.7	0.00	1,250.00	1,250.00	29.8
Multiple Body Parts Multiple Body Parts	1	16.7	739.16	0.00	739.16	17.6
Trunk Low Back Area (Incl. Lumbar & Li	1	16.7	677.61	0.00	677.61	16.1
Upper Extremities Shoulder(s)	1	16.7	214.75	0.00	214.75	5.1
Neck Soft Tissue-Neck	1	16.7	18.82	0.00	18.82	0.4
Sum:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	
INJURY						
Inflammation	1	16.7	197.18	1,102.82	1,300.00	30.9
Burn	2	33.3	18.82	1,250.00	1,268.82	30.2
Strain	2	33.3	892.36	0.00	892.36	21.2
Multiple Injury Inc. Physical & Psycholog	1	16.7	739.16	0.00	739.16	17.6
Sum:	**6**		**$1,847.52**	**$2,352.82**	**$4,200.34**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
912 - Department of Veterans Services						
922 - Sitter & Barfoot Veterans Care Ctr						
TYPE OF CLAIM						
Indemnity	9	30.0	79,253.80	60,656.32	139,910.12	94.5
Medical Only	15	50.0	4,061.22	4,050.00	8,111.22	5.5
Reporting Purposes Only	6	20.0	0.00	0.00	0.00	0.0
Totals:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
TIME OF INJURY						
12PM - 1:59PM	7	23.3	20,057.04	18,654.53	38,711.57	26.2
8AM - 9:59AM	3	10.0	14,373.03	18,921.80	33,294.83	22.5
10AM - 11:59AM	6	20.0	21,099.43	8,471.13	29,570.56	20.0
4PM - 5:59PM	1	3.3	10,143.40	17,408.86	27,552.26	18.6
6PM - 7:59PM	1	3.3	14,704.01	0.00	14,704.01	9.9
8PM - 9:59PM	5	16.7	1,648.20	1,250.00	2,898.20	2.0
2PM - 3:59PM	4	13.3	1,271.09	0.00	1,271.09	0.9
6AM - 7:59AM	3	10.0	18.82	0.00	18.82	0.0
Totals:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
LENGTH OF SERVICE						
0 - 2	15	50.0	27,887.27	39,130.66	67,017.93	45.3
4 - 6	1	3.3	19,357.19	15,854.53	35,211.72	23.8
10 - 12	3	10.0	33,382.58	0.00	33,382.58	22.6
8 - 10	2	6.7	2,047.69	9,721.13	11,768.82	8.0
2 - 4	4	13.3	367.81	0.00	367.81	0.2
6 - 8	2	6.7	272.48	0.00	272.48	0.2
12 - 14	1	3.3	0.00	0.00	0.00	0.0
16 - 18	1	3.3	0.00	0.00	0.00	0.0
14 - 16	1	3.3	0.00	0.00	0.00	0.0
Totals:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
Age of Claimant						
45 - 49	4	13.3	29,986.02	15,854.53	45,840.55	31.0
50 - 54	2	6.7	10,254.98	17,408.86	27,663.84	18.7
60 - 64	6	20.0	3,933.02	18,921.80	22,854.82	15.4
35 - 39	3	10.0	18,539.21	2,800.00	21,339.21	14.4
30 - 34	4	13.3	15,147.63	0.00	15,147.63	10.2
55 - 59	7	23.3	3,719.73	9,721.13	13,440.86	9.1
40 - 44	1	3.3	1,478.20	0.00	1,478.20	1.0
25 - 29	2	6.7	256.23	0.00	256.23	0.2
70 - 74	1	3.3	0.00	0.00	0.00	0.0

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Totals:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
SEX OF CLAIMANT						
Female	25	83.3	81,836.82	61,906.32	143,743.14	97.1
Male	5	16.7	1,478.20	2,800.00	4,278.20	2.9
Totals:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
LOSS CAUSE						
Patient / Inmate	14	46.7	65,002.37	18,654.53	83,656.90	56.5
Wheelchair	1	3.3	10,143.40	17,408.86	27,552.26	18.6
Boxes / containers	2	6.7	3,744.20	18,921.80	22,666.00	15.3
Cart	2	6.7	2,047.69	8,471.13	10,518.82	7.1
Object on Floor	1	3.3	1,478.20	0.00	1,478.20	1.0
Walking surface, outside, dry	1	3.3	0.00	1,250.00	1,250.00	0.8
Organic Material	1	3.3	512.53	0.00	512.53	0.3
Cleaning Products	1	3.3	256.23	0.00	256.23	0.2
Furniture / fixtures	2	6.7	111.58	0.00	111.58	0.1
Uneven Surface	1	3.3	18.82	0.00	18.82	0.0
Hot/Cold Object, Liquid, Substance	1	3.3	0.00	0.00	0.00	0.0
Outside Surface	1	3.3	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	3.3	0.00	0.00	0.00	0.0
Walking surface, outside, wet	1	3.3	0.00	0.00	0.00	0.0
Totals:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	8	26.7	44,759.08	0.00	44,759.08	30.2
Lifting	1	3.3	19,357.19	15,854.53	35,211.72	23.8
Fall On the Same Level	6	20.0	11,733.18	18,658.86	30,392.04	20.5
Twisting	1	3.3	3,744.20	18,921.80	22,666.00	15.3
Strain or Injury By, NOC	2	6.7	2,047.69	11,271.13	13,318.82	9.0
Foreign Body in Eye	2	6.7	768.76	0.00	768.76	0.5
Struck/Injured By Falling or Flying Objec	1	3.3	443.62	0.00	443.62	0.3
Cut, Punctured, Scraped, NOC	3	10.0	442.48	0.00	442.48	0.3
Fall, Slip or Trip, NOC	3	10.0	18.82	0.00	18.82	0.0
Fall/Slip on Ice or Snow	1	3.3	0.00	0.00	0.00	0.0
Object Being Lifted or Handled	1	3.3	0.00	0.00	0.00	0.0
Steam or Hot Fluids	1	3.3	0.00	0.00	0.00	0.0
Sum:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	2	6.7	20,835.39	15,854.53	36,689.92	24.8
Multiple Body Parts Multiple Body Parts	6	20.0	10,587.02	20,208.86	30,795.88	20.8
Lower Extremities Knee	5	16.7	21,212.34	8,471.13	29,683.47	20.1
Upper Extremities Wrist	2	6.7	3,914.20	18,921.80	22,836.00	15.4

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Wrist(s) and Hand(s)	1	3.3	14,704.01	0.00	14,704.01	9.9
Upper Extremities Shoulder(s)	1	3.3	10,628.83	0.00	10,628.83	7.2
Head Other facial soft tissue	1	3.3	0.00	1,250.00	1,250.00	0.8
Head Eye(s)	2	6.7	768.76	0.00	768.76	0.5
Upper Extremities Finger(s)	1	3.3	373.17	0.00	373.17	0.3
Upper Extremities Lower Arm	4	13.3	272.48	0.00	272.48	0.2
Lower Extremities Great Toe	1	3.3	18.82	0.00	18.82	0.0
Head Nose	1	3.3	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	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 Chest (Incl. Ribs, Sternum & Soft	1	3.3	0.00	0.00	0.00	0.0
Sum:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	
INJURY						
Contusion (Bruise, Skin Surface)	17	56.7	44,279.56	27,129.99	71,409.55	48.2
Strain	3	10.0	23,101.39	37,576.33	60,677.72	41.0
Multiple Physical Injury Only	1	3.3	14,704.01	0.00	14,704.01	9.9
Foreign Body (Eye)	2	6.7	768.76	0.00	768.76	0.5
Laceration	4	13.3	442.48	0.00	442.48	0.3
Fracture	1	3.3	18.82	0.00	18.82	0.0
Burn	1	3.3	0.00	0.00	0.00	0.0
No Physical Injury	1	3.3	0.00	0.00	0.00	0.0
Sum:	**30**		**$83,315.02**	**$64,706.32**	**$148,021.34**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
912 - Department of Veterans Services						
S912 - Department of Veterans Services						
TYPE OF CLAIM						
Indemnity	1	33.3	6,372.96	25,925.74	32,298.70	94.6
Medical Only	2	66.7	581.70	1,250.00	1,831.70	5.4
Totals:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
TIME OF INJURY						
8AM - 9:59AM	2	66.7	6,372.96	27,175.74	33,548.70	98.3
12PM - 1:59PM	1	33.3	581.70	0.00	581.70	1.7
Totals:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
LENGTH OF SERVICE						
8 - 10	1	33.3	6,372.96	25,925.74	32,298.70	94.6
2 - 4	1	33.3	0.00	1,250.00	1,250.00	3.7
14 - 16	1	33.3	581.70	0.00	581.70	1.7
Totals:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
Age of Claimant						
30 - 34	1	33.3	6,372.96	25,925.74	32,298.70	94.6
55 - 59	1	33.3	0.00	1,250.00	1,250.00	3.7
40 - 44	1	33.3	581.70	0.00	581.70	1.7
Totals:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
SEX OF CLAIMANT						
Male	2	66.7	6,954.66	25,925.74	32,880.40	96.3
Female	1	33.3	0.00	1,250.00	1,250.00	3.7
Totals:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
LOSS CAUSE						
Stone / rock / brick	1	33.3	6,372.96	25,925.74	32,298.70	94.6
Object on Floor	1	33.3	0.00	1,250.00	1,250.00	3.7
Poisonous agent / plant	1	33.3	581.70	0.00	581.70	1.7
Totals:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
ACCIDENT TYPE						
Lifting	1	33.3	6,372.96	25,925.74	32,298.70	94.6
Fall On the Same Level	1	33.3	0.00	1,250.00	1,250.00	3.7
Other Injury NEC	1	33.3	581.70	0.00	581.70	1.7
Sum:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	6,372.96	25,925.74	32,298.70	94.6
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	1,250.00	1,250.00	3.7

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Lower Arm	1	33.3	581.70	0.00	581.70	1.7
Sum:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	
INJURY						
Strain	1	33.3	6,372.96	25,925.74	32,298.70	94.6
Concussion (Brain, Cerebral)	1	33.3	0.00	1,250.00	1,250.00	3.7
All Other (Specific) Injuries, NOC	1	33.3	581.70	0.00	581.70	1.7
Sum:	**3**		**$6,954.66**	**$27,175.74**	**$34,130.40**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
937 - Southern VA Higher Education Ctr.						
S937 - Southern VA Higher Education Ctr.						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Stairs	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
948 - Southwest VA Higher Education Ctr.						
S948 - Southwest VA Higher Education Ctr						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
8 - 10	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
65 - 69	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Electricity	1	50.0	0.00	0.00	0.00	0.0
Machine, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Contact with Electrical Current	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Teeth	1	50.0	0.00	0.00	0.00	0.0
Upper Extremities Finger(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Electric Shock	1	50.0	0.00	0.00	0.00	0.0
Fracture	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
960 - FIRE PROGRAMS, DEPT. OF						
S960 - FIRE PROGRAMS, DEPT. OF						
TYPE OF CLAIM						
Indemnity	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
LENGTH OF SERVICE						
22 - 24	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
Age of Claimant						
60 - 64	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
SEX OF CLAIMANT						
Male	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
LOSS CAUSE						
Stairs, steps	1	100.0	2,209.08	0.00	2,209.08	100.0
Totals:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	2,209.08	0.00	2,209.08	100.0
Sum:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
BODY PART						
Lower Extremities Knee	1	100.0	2,209.08	0.00	2,209.08	100.0
Sum:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	
INJURY						
Strain	1	100.0	2,209.08	0.00	2,209.08	100.0
Sum:	**1**		**$2,209.08**	**$0.00**	**$2,209.08**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
961 - Capitol Police						
S961 - Capitol Police						
TYPE OF CLAIM						
Medical Only	2	50.0	459.86	790.14	1,250.00	100.0
Reporting Purposes Only	2	50.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
TIME OF INJURY						
4AM - 5:59AM	1	25.0	459.86	790.14	1,250.00	100.0
6AM - 7:59AM	1	25.0	0.00	0.00	0.00	0.0
8AM - 9:59AM	1	25.0	0.00	0.00	0.00	0.0
4PM - 5:59PM	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	3	75.0	459.86	790.14	1,250.00	100.0
6 - 8	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
Age of Claimant						
25 - 29	4	100.0	459.86	790.14	1,250.00	100.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
SEX OF CLAIMANT						
Female	3	75.0	459.86	790.14	1,250.00	100.0
Male	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
LOSS CAUSE						
Outside Surface	1	25.0	459.86	790.14	1,250.00	100.0
Stairs	1	25.0	0.00	0.00	0.00	0.0
Training \ Drills	1	25.0	0.00	0.00	0.00	0.0
Walking surface, inside, dry	1	25.0	0.00	0.00	0.00	0.0
Totals:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
ACCIDENT TYPE						
Fall/Slip on Stairs	2	50.0	459.86	790.14	1,250.00	100.0
Fall On the Same Level	1	25.0	0.00	0.00	0.00	0.0
Fall, Slip or Trip, NOC	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
BODY PART						
Upper Extremities Wrist	1	25.0	459.86	790.14	1,250.00	100.0
Lower Extremities Foot	1	25.0	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	2	50.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$459.86**	**$790.14**	**$1,250.00**	
INJURY						
Laceration	1	25.0	459.86	790.14	1,250.00	100.0
Contusion (Bruise, Skin Surface)	2	50.0	0.00	0.00	0.00	0.0
Multiple Physical Injury Only	1	25.0	0.00	0.00	0.00	0.0
Sum:	**4**		**$459.86**	**$790.14**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
047 - ABC Winchester						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Whole Body	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
048 - ABC Lightfoot						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Gas / Fumes	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
056 - ABC Winchester						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Inflammation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
062 - ABC Fredericksburg						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Gas / Fumes	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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Broken Glass	1	50.0	0.00	0.00	0.00	0.0
Dust, Gases, Fumes or Vapors	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Other facial soft tissue	1	50.0	0.00	0.00	0.00	0.0
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
063 - ABC Lorton						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Blade	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Hand	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
067 - ABC Christiansburg						
TYPE OF CLAIM						
Medical Only	1	100.0	1,587.49	0.00	1,587.49	100.0
Totals:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	1,587.49	0.00	1,587.49	100.0
Totals:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
LENGTH OF SERVICE						
2 - 4	1	100.0	1,587.49	0.00	1,587.49	100.0
Totals:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
Age of Claimant						
25 - 29	1	100.0	1,587.49	0.00	1,587.49	100.0
Totals:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
SEX OF CLAIMANT						
Male	1	100.0	1,587.49	0.00	1,587.49	100.0
Totals:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
LOSS CAUSE						
Metal items	1	100.0	1,587.49	0.00	1,587.49	100.0
Totals:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	1,587.49	0.00	1,587.49	100.0
Sum:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	1,587.49	0.00	1,587.49	100.0
Sum:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	
INJURY						
Laceration	1	100.0	1,587.49	0.00	1,587.49	100.0
Sum:	**1**		**$1,587.49**	**$0.00**	**$1,587.49**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
069 - ABC Chesapeake						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Lifting	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
Strain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
070 - ABC Ruckersville						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Roller	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Buttocks	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
080 - ABC Alexandria						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, inside, dry	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
098 - ABC Beach						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Elbow	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
101 - ABC Richmond						
TYPE OF CLAIM						
Medical Only	1	100.0	222.53	0.00	222.53	100.0
Totals:	**1**		**$222.53**	**$0.00**	**$222.53**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	222.53	0.00	222.53	100.0
Totals:	**1**		**$222.53**	**$0.00**	**$222.53**	
LENGTH OF SERVICE						
2 - 4	1	100.0	222.53	0.00	222.53	100.0
Totals:	**1**		**$222.53**	**$0.00**	**$222.53**	
Age of Claimant						
30 - 34	1	100.0	222.53	0.00	222.53	100.0
Totals:	**1**		**$222.53**	**$0.00**	**$222.53**	
SEX OF CLAIMANT						
Female	1	100.0	222.53	0.00	222.53	100.0
Totals:	**1**		**$222.53**	**$0.00**	**$222.53**	
LOSS CAUSE						
Boxes / containers	1	100.0	222.53	0.00	222.53	100.0
Totals:	**1**		**$222.53**	**$0.00**	**$222.53**	
ACCIDENT TYPE						
Lifting	1	100.0	222.53	0.00	222.53	100.0
Sum:	**1**		**$222.53**	**$0.00**	**$222.53**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	1	100.0	222.53	0.00	222.53	100.0
Sum:	**1**		**$222.53**	**$0.00**	**$222.53**	
INJURY						
Strain	1	100.0	222.53	0.00	222.53	100.0
Sum:	**1**		**$222.53**	**$0.00**	**$222.53**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
104 - ABC Woodlake						
TYPE OF CLAIM						
Indemnity	1	50.0	1,236.41	0.00	1,236.41	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	1,236.41	0.00	1,236.41	100.0
8AM - 9:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
LENGTH OF SERVICE						
2 - 4	1	50.0	1,236.41	0.00	1,236.41	100.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
Age of Claimant						
45 - 49	1	50.0	1,236.41	0.00	1,236.41	100.0
35 - 39	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
SEX OF CLAIMANT						
Male	2	100.0	1,236.41	0.00	1,236.41	100.0
Totals:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
LOSS CAUSE						
Boxes / containers	2	100.0	1,236.41	0.00	1,236.41	100.0
Totals:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
ACCIDENT TYPE						
Lifting	2	100.0	1,236.41	0.00	1,236.41	100.0
Sum:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	2	100.0	1,236.41	0.00	1,236.41	100.0
Sum:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	
INJURY						
Strain	2	100.0	1,236.41	0.00	1,236.41	100.0
Sum:	**2**		**$1,236.41**	**$0.00**	**$1,236.41**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
106 - ABC Beach						
TYPE OF CLAIM						
Medical Only	1	50.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
30 - 34	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Lifting	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Object Being Lifted or	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Chest (Incl. Ribs, Sternum & Soft	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
115 - ABC Roanoke						
TYPE OF CLAIM						
Medical Only	1	20.0	0.00	0.00	0.00	0.0
Reporting Purposes Only	4	80.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	20.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	20.0	0.00	0.00	0.00	0.0
8PM - 9:59PM	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	3	60.0	0.00	0.00	0.00	0.0
2 - 4	2	40.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	20.0	0.00	0.00	0.00	0.0
35 - 39	2	40.0	0.00	0.00	0.00	0.0
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
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	40.0	0.00	0.00	0.00	0.0
Male	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	2	40.0	0.00	0.00	0.00	0.0
Chemicals, not otherwise classified	3	60.0	0.00	0.00	0.00	0.0
Totals:	**5**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	3	60.0	0.00	0.00	0.00	0.0
Fall On the Same Level	1	20.0	0.00	0.00	0.00	0.0
Lifting	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Nose	1	20.0	0.00	0.00	0.00	0.0
Lower Extremities Knee	1	20.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Multiple Body Parts Multiple Body Parts	2	40.0	0.00	0.00	0.00	0.0
Upper Extremities Elbow	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	2	40.0	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
Sprain	1	20.0	0.00	0.00	0.00	0.0
Sum:	**5**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
119 - ABC Alexandria						
TYPE OF CLAIM						
Medical Only	1	100.0	115.70	0.00	115.70	100.0
Totals:	**1**		**$115.70**	**$0.00**	**$115.70**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	115.70	0.00	115.70	100.0
Totals:	**1**		**$115.70**	**$0.00**	**$115.70**	
LENGTH OF SERVICE						
6 - 8	1	100.0	115.70	0.00	115.70	100.0
Totals:	**1**		**$115.70**	**$0.00**	**$115.70**	
Age of Claimant						
80 - 84	1	100.0	115.70	0.00	115.70	100.0
Totals:	**1**		**$115.70**	**$0.00**	**$115.70**	
SEX OF CLAIMANT						
Male	1	100.0	115.70	0.00	115.70	100.0
Totals:	**1**		**$115.70**	**$0.00**	**$115.70**	
LOSS CAUSE						
Animal, not otherwise classified	1	100.0	115.70	0.00	115.70	100.0
Totals:	**1**		**$115.70**	**$0.00**	**$115.70**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	100.0	115.70	0.00	115.70	100.0
Sum:	**1**		**$115.70**	**$0.00**	**$115.70**	
BODY PART						
Lower Extremities Lower Leg	1	100.0	115.70	0.00	115.70	100.0
Sum:	**1**		**$115.70**	**$0.00**	**$115.70**	
INJURY						
Puncture	1	100.0	115.70	0.00	115.70	100.0
Sum:	**1**		**$115.70**	**$0.00**	**$115.70**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
125 - ABC Charlottesville						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	8,100.00	8,118.82	100.0
Totals:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	18.82	8,100.00	8,118.82	100.0
Totals:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
LENGTH OF SERVICE						
0 - 2	1	100.0	18.82	8,100.00	8,118.82	100.0
Totals:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
Age of Claimant						
60 - 64	1	100.0	18.82	8,100.00	8,118.82	100.0
Totals:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
SEX OF CLAIMANT						
Male	1	100.0	18.82	8,100.00	8,118.82	100.0
Totals:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
LOSS CAUSE						
Boxes / containers	1	100.0	18.82	8,100.00	8,118.82	100.0
Totals:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
ACCIDENT TYPE						
Lifting	1	100.0	18.82	8,100.00	8,118.82	100.0
Sum:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
BODY PART						
Trunk Pelvis	1	100.0	18.82	8,100.00	8,118.82	100.0
Sum:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	
INJURY						
Strain	1	100.0	18.82	8,100.00	8,118.82	100.0
Sum:	**1**		**$18.82**	**$8,100.00**	**$8,118.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
128 - ABC Norfolk						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	11,100.00	11,118.82	100.0
Totals:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	18.82	11,100.00	11,118.82	100.0
Totals:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
LENGTH OF SERVICE						
0 - 2	1	100.0	18.82	11,100.00	11,118.82	100.0
Totals:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
Age of Claimant						
25 - 29	1	100.0	18.82	11,100.00	11,118.82	100.0
Totals:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
SEX OF CLAIMANT						
Male	1	100.0	18.82	11,100.00	11,118.82	100.0
Totals:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	18.82	11,100.00	11,118.82	100.0
Totals:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
ACCIDENT TYPE						
Broken Glass	1	100.0	18.82	11,100.00	11,118.82	100.0
Sum:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
BODY PART						
Upper Extremities Hand	1	100.0	18.82	11,100.00	11,118.82	100.0
Sum:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	
INJURY						
Laceration	1	100.0	18.82	11,100.00	11,118.82	100.0
Sum:	**1**		**$18.82**	**$11,100.00**	**$11,118.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
129 - ABC Beach						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Ergonomic Conditions	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Strain or Injury By, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Knee	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
136 - ABC Leesburg						
TYPE OF CLAIM						
Indemnity	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Totals:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Totals:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
LENGTH OF SERVICE						
2 - 4	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Totals:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
Age of Claimant						
45 - 49	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Totals:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
SEX OF CLAIMANT						
Male	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Totals:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
LOSS CAUSE						
Boxes / containers	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Totals:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
ACCIDENT TYPE						
Pushing or Pulling	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Sum:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
BODY PART						
Upper Extremities Elbow	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Sum:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	
INJURY						
Strain	1	100.0	5,495.92	78,122.90	83,618.82	100.0
Sum:	**1**		**$5,495.92**	**$78,122.90**	**$83,618.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
139 - ABC Winchester						
TYPE OF CLAIM						
Indemnity	1	33.3	2,963.96	0.00	2,963.96	100.0
Reporting Purposes Only	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
TIME OF INJURY						
10AM - 11:59AM	1	33.3	2,963.96	0.00	2,963.96	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
Totals:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
LENGTH OF SERVICE						
6 - 8	1	33.3	2,963.96	0.00	2,963.96	100.0
0 - 2	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
Age of Claimant						
35 - 39	1	33.3	2,963.96	0.00	2,963.96	100.0
40 - 44	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
SEX OF CLAIMANT						
Female	1	33.3	2,963.96	0.00	2,963.96	100.0
Male	2	66.7	0.00	0.00	0.00	0.0
Totals:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
LOSS CAUSE						
Hand Truck (2w)	1	33.3	2,963.96	0.00	2,963.96	100.0
Floor	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
Totals:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
ACCIDENT TYPE						
Caught In/Between-Object Handled	1	33.3	2,963.96	0.00	2,963.96	100.0
Fall On the Same Level	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	
BODY PART						
Lower Extremities Toe(s)	1	33.3	2,963.96	0.00	2,963.96	100.0
Multiple Body Parts Multiple Body Parts	1	33.3	0.00	0.00	0.00	0.0
Trunk Low Back Area (Incl. Lumbar & Li	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
INJURY						
Sprain	1	33.3	2,963.96	0.00	2,963.96	100.0
Contusion (Bruise, Skin Surface)	2	66.7	0.00	0.00	0.00	0.0
Sum:	**3**		**$2,963.96**	**$0.00**	**$2,963.96**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
146 - ABC Danville						
TYPE OF CLAIM						
Indemnity	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Totals:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Totals:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
LENGTH OF SERVICE						
26 - 28	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Totals:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
Age of Claimant						
45 - 49	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Totals:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
SEX OF CLAIMANT						
Female	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Totals:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
LOSS CAUSE						
Hand Truck (2w)	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Totals:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
ACCIDENT TYPE						
Struck/Injured By Object Being Lifted or	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Sum:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
BODY PART						
Lower Extremities Foot	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Sum:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	
INJURY						
Strain	1	100.0	1,483.86	24,634.96	26,118.82	100.0
Sum:	**1**		**$1,483.86**	**$24,634.96**	**$26,118.82**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
158 - ABC Newport News						
TYPE OF CLAIM						
Medical Only	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Totals:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Totals:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
LENGTH OF SERVICE						
2 - 4	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Totals:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
Age of Claimant						
30 - 34	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Totals:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
SEX OF CLAIMANT						
Female	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Totals:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Totals:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
ACCIDENT TYPE						
Collision with Another Vehicle	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Sum:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
BODY PART						
Neck Vertebrae	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Sum:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	
INJURY						
Strain	1	100.0	5,017.38	3,351.44	8,368.82	100.0
Sum:	**1**		**$5,017.38**	**$3,351.44**	**$8,368.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
169 - ABC Richmond						
TYPE OF CLAIM						
Medical Only	1	100.0	422.49	446.13	868.62	100.0
Totals:	**1**		**$422.49**	**$446.13**	**$868.62**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	422.49	446.13	868.62	100.0
Totals:	**1**		**$422.49**	**$446.13**	**$868.62**	
LENGTH OF SERVICE						
0 - 2	1	100.0	422.49	446.13	868.62	100.0
Totals:	**1**		**$422.49**	**$446.13**	**$868.62**	
Age of Claimant						
45 - 49	1	100.0	422.49	446.13	868.62	100.0
Totals:	**1**		**$422.49**	**$446.13**	**$868.62**	
SEX OF CLAIMANT						
Male	1	100.0	422.49	446.13	868.62	100.0
Totals:	**1**		**$422.49**	**$446.13**	**$868.62**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	422.49	446.13	868.62	100.0
Totals:	**1**		**$422.49**	**$446.13**	**$868.62**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	422.49	446.13	868.62	100.0
Sum:	**1**		**$422.49**	**$446.13**	**$868.62**	
BODY PART						
Lower Extremities Foot	1	100.0	422.49	446.13	868.62	100.0
Sum:	**1**		**$422.49**	**$446.13**	**$868.62**	
INJURY						
Fracture	1	100.0	422.49	446.13	868.62	100.0
Sum:	**1**		**$422.49**	**$446.13**	**$868.62**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
177 - ABC Chincoteague						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
182 - ABC Richmond						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
187 - ABC Richmond						
TYPE OF CLAIM						
Indemnity	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Object on Floor	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
195 - ABC Christiansburg						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Dislocation	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
209 - ABC Fredericksburg						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
213 - ABC Hardy						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
20 - 24	1	50.0	0.00	0.00	0.00	0.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Dolly	1	50.0	0.00	0.00	0.00	0.0
N/A	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Repetitive Motion (after 7/1/94)	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Trunk Abdomen Including Groin	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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Inflammation	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
219 - ABC Vienna						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
16 - 18	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
55 - 59	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Other facial soft tissue	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
225 - ABC Beach						
TYPE OF CLAIM						
Medical Only	1	100.0	37.57	0.00	37.57	100.0
Totals:	**1**		**$37.57**	**$0.00**	**$37.57**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	37.57	0.00	37.57	100.0
Totals:	**1**		**$37.57**	**$0.00**	**$37.57**	
LENGTH OF SERVICE						
2 - 4	1	100.0	37.57	0.00	37.57	100.0
Totals:	**1**		**$37.57**	**$0.00**	**$37.57**	
Age of Claimant						
65 - 69	1	100.0	37.57	0.00	37.57	100.0
Totals:	**1**		**$37.57**	**$0.00**	**$37.57**	
SEX OF CLAIMANT						
Female	1	100.0	37.57	0.00	37.57	100.0
Totals:	**1**		**$37.57**	**$0.00**	**$37.57**	
LOSS CAUSE						
Blade	1	100.0	37.57	0.00	37.57	100.0
Totals:	**1**		**$37.57**	**$0.00**	**$37.57**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	37.57	0.00	37.57	100.0
Sum:	**1**		**$37.57**	**$0.00**	**$37.57**	
BODY PART						
Upper Extremities Hand	1	100.0	37.57	0.00	37.57	100.0
Sum:	**1**		**$37.57**	**$0.00**	**$37.57**	
INJURY						
Laceration	1	100.0	37.57	0.00	37.57	100.0
Sum:	**1**		**$37.57**	**$0.00**	**$37.57**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
246 - ABC Beach						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Facial Bones	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
249 - ABC Norfolk						
TYPE OF CLAIM						
Medical Only	1	100.0	34.57	1,215.43	1,250.00	100.0
Totals:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	34.57	1,215.43	1,250.00	100.0
Totals:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	34.57	1,215.43	1,250.00	100.0
Totals:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
Age of Claimant						
20 - 24	1	100.0	34.57	1,215.43	1,250.00	100.0
Totals:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	34.57	1,215.43	1,250.00	100.0
Totals:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
LOSS CAUSE						
Blade	1	100.0	34.57	1,215.43	1,250.00	100.0
Totals:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	34.57	1,215.43	1,250.00	100.0
Sum:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
BODY PART						
Upper Extremities Hand	1	100.0	34.57	1,215.43	1,250.00	100.0
Sum:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	
INJURY						
Laceration	1	100.0	34.57	1,215.43	1,250.00	100.0
Sum:	**1**		**$34.57**	**$1,215.43**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
254 - ABC Richmond						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
259 - ABC Roanoke						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8PM - 9:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Gas / Fumes	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Poisoning-General (Not OD or Cum Injur	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
263 - ABC Norfolk						
TYPE OF CLAIM						
Medical Only	1	100.0	41.31	0.00	41.31	100.0
Totals:	**1**		**$41.31**	**$0.00**	**$41.31**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	41.31	0.00	41.31	100.0
Totals:	**1**		**$41.31**	**$0.00**	**$41.31**	
LENGTH OF SERVICE						
0 - 2	1	100.0	41.31	0.00	41.31	100.0
Totals:	**1**		**$41.31**	**$0.00**	**$41.31**	
Age of Claimant						
25 - 29	1	100.0	41.31	0.00	41.31	100.0
Totals:	**1**		**$41.31**	**$0.00**	**$41.31**	
SEX OF CLAIMANT						
Male	1	100.0	41.31	0.00	41.31	100.0
Totals:	**1**		**$41.31**	**$0.00**	**$41.31**	
LOSS CAUSE						
Boxes / containers	1	100.0	41.31	0.00	41.31	100.0
Totals:	**1**		**$41.31**	**$0.00**	**$41.31**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	41.31	0.00	41.31	100.0
Sum:	**1**		**$41.31**	**$0.00**	**$41.31**	
BODY PART						
Head Brain	1	100.0	41.31	0.00	41.31	100.0
Sum:	**1**		**$41.31**	**$0.00**	**$41.31**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	41.31	0.00	41.31	100.0
Sum:	**1**		**$41.31**	**$0.00**	**$41.31**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
264 - ABC Dumfries						
TYPE OF CLAIM						
Medical Only	1	100.0	691.60	0.00	691.60	100.0
Totals:	**1**		**$691.60**	**$0.00**	**$691.60**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	691.60	0.00	691.60	100.0
Totals:	**1**		**$691.60**	**$0.00**	**$691.60**	
LENGTH OF SERVICE						
0 - 2	1	100.0	691.60	0.00	691.60	100.0
Totals:	**1**		**$691.60**	**$0.00**	**$691.60**	
Age of Claimant						
35 - 39	1	100.0	691.60	0.00	691.60	100.0
Totals:	**1**		**$691.60**	**$0.00**	**$691.60**	
SEX OF CLAIMANT						
Female	1	100.0	691.60	0.00	691.60	100.0
Totals:	**1**		**$691.60**	**$0.00**	**$691.60**	
LOSS CAUSE						
Shelving	1	100.0	691.60	0.00	691.60	100.0
Totals:	**1**		**$691.60**	**$0.00**	**$691.60**	
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	1	100.0	691.60	0.00	691.60	100.0
Sum:	**1**		**$691.60**	**$0.00**	**$691.60**	
BODY PART						
Upper Extremities Elbow	1	100.0	691.60	0.00	691.60	100.0
Sum:	**1**		**$691.60**	**$0.00**	**$691.60**	
INJURY						
Sprain	1	100.0	691.60	0.00	691.60	100.0
Sum:	**1**		**$691.60**	**$0.00**	**$691.60**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
269 - ABC Roanoke						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
0 - 2	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
25 - 29	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Male	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Hand Truck (2w)	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Pushing or Pulling	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Upper Extremities Shoulder(s)	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Strain	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
270 - ABC Richmond						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	1,250.00	1,250.00	100.0
Totals:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Lifting	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Strain	1	100.0	0.00	1,250.00	1,250.00	100.0
Sum:	**1**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
276 - ABC Danville						
TYPE OF CLAIM						
Medical Only	1	100.0	579.46	0.00	579.46	100.0
Totals:	**1**		**$579.46**	**$0.00**	**$579.46**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	579.46	0.00	579.46	100.0
Totals:	**1**		**$579.46**	**$0.00**	**$579.46**	
LENGTH OF SERVICE						
0 - 2	1	100.0	579.46	0.00	579.46	100.0
Totals:	**1**		**$579.46**	**$0.00**	**$579.46**	
Age of Claimant						
20 - 24	1	100.0	579.46	0.00	579.46	100.0
Totals:	**1**		**$579.46**	**$0.00**	**$579.46**	
SEX OF CLAIMANT						
Male	1	100.0	579.46	0.00	579.46	100.0
Totals:	**1**		**$579.46**	**$0.00**	**$579.46**	
LOSS CAUSE						
Boxes / containers	1	100.0	579.46	0.00	579.46	100.0
Totals:	**1**		**$579.46**	**$0.00**	**$579.46**	
ACCIDENT TYPE						
Lifting	1	100.0	579.46	0.00	579.46	100.0
Sum:	**1**		**$579.46**	**$0.00**	**$579.46**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	579.46	0.00	579.46	100.0
Sum:	**1**		**$579.46**	**$0.00**	**$579.46**	
INJURY						
Strain	1	100.0	579.46	0.00	579.46	100.0
Sum:	**1**		**$579.46**	**$0.00**	**$579.46**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
289 - ABC Roanoke						
TYPE OF CLAIM						
Medical Only	1	50.0	65.68	0.00	65.68	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$65.68**	**$0.00**	**$65.68**	
TIME OF INJURY						
6PM - 7:59PM	1	50.0	65.68	0.00	65.68	100.0
12PM - 1:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$65.68**	**$0.00**	**$65.68**	
LENGTH OF SERVICE						
0 - 2	2	100.0	65.68	0.00	65.68	100.0
Totals:	**2**		**$65.68**	**$0.00**	**$65.68**	
Age of Claimant						
20 - 24	2	100.0	65.68	0.00	65.68	100.0
Totals:	**2**		**$65.68**	**$0.00**	**$65.68**	
SEX OF CLAIMANT						
Female	2	100.0	65.68	0.00	65.68	100.0
Totals:	**2**		**$65.68**	**$0.00**	**$65.68**	
LOSS CAUSE						
Floor	2	100.0	65.68	0.00	65.68	100.0
Totals:	**2**		**$65.68**	**$0.00**	**$65.68**	
ACCIDENT TYPE						
Fall, Slip or Trip, NOC	1	50.0	65.68	0.00	65.68	100.0
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$65.68**	**$0.00**	**$65.68**	
BODY PART						
Head Facial Bones	1	50.0	65.68	0.00	65.68	100.0
Head Multiple Head Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$65.68**	**$0.00**	**$65.68**	
INJURY						
Contusion (Bruise, Skin Surface)	2	100.0	65.68	0.00	65.68	100.0
Sum:	**2**		**$65.68**	**$0.00**	**$65.68**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
298 - ABC Suffolk						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
25 - 29	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
303 - ABC Warrenton						
TYPE OF CLAIM						
Indemnity	1	100.0	9,630.28	0.00	9,630.28	100.0
Totals:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	9,630.28	0.00	9,630.28	100.0
Totals:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
LENGTH OF SERVICE						
0 - 2	1	100.0	9,630.28	0.00	9,630.28	100.0
Totals:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
Age of Claimant						
40 - 44	1	100.0	9,630.28	0.00	9,630.28	100.0
Totals:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
SEX OF CLAIMANT						
Male	1	100.0	9,630.28	0.00	9,630.28	100.0
Totals:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
LOSS CAUSE						
Object on Floor	1	100.0	9,630.28	0.00	9,630.28	100.0
Totals:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	9,630.28	0.00	9,630.28	100.0
Sum:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
BODY PART						
Lower Extremities Ankle	1	100.0	9,630.28	0.00	9,630.28	100.0
Sum:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	
INJURY						
Fracture	1	100.0	9,630.28	0.00	9,630.28	100.0
Sum:	**1**		**$9,630.28**	**$0.00**	**$9,630.28**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
306 - ABC Beach						
TYPE OF CLAIM						
Indemnity	1	33.3	0.00	1,250.00	1,250.00	100.0
Medical Only	1	33.3	0.00	0.00	0.00	0.0
Reporting Purposes Only	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
TIME OF INJURY						
10AM - 11:59AM	1	33.3	0.00	1,250.00	1,250.00	100.0
12PM - 1:59PM	1	33.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LENGTH OF SERVICE						
12 - 14	1	33.3	0.00	1,250.00	1,250.00	100.0
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
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
Age of Claimant						
50 - 54	1	33.3	0.00	1,250.00	1,250.00	100.0
25 - 29	1	33.3	0.00	0.00	0.00	0.0
45 - 49	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
SEX OF CLAIMANT						
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
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
LOSS CAUSE						
Boxes / containers	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
Person	1	33.3	0.00	0.00	0.00	0.0
Totals:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
ACCIDENT TYPE						
Struck/Injured By Object Being Lifted or	1	33.3	0.00	1,250.00	1,250.00	100.0
Strain or Injury By, NOC	1	33.3	0.00	0.00	0.00	0.0
Struck/Injured By Fellow Worker, Patient	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
BODY PART						

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Upper Extremities Finger(s)	1	33.3	0.00	1,250.00	1,250.00	100.0
Head Other facial soft tissue	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
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	
INJURY						
Crushing	1	33.3	0.00	1,250.00	1,250.00	100.0
Multiple Injury Inc. Physical & Psycholog	1	33.3	0.00	0.00	0.00	0.0
Sprain	1	33.3	0.00	0.00	0.00	0.0
Sum:	**3**		**$0.00**	**$1,250.00**	**$1,250.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
310 - ABC Hopewell						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
311 - ABC Portsmouth						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
8 - 10	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Broken Glass	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Laceration	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
328 - ABC Chesapeake						
TYPE OF CLAIM						
Indemnity	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Totals:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Totals:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
LENGTH OF SERVICE						
8 - 10	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Totals:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
Age of Claimant						
60 - 64	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Totals:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
SEX OF CLAIMANT						
Female	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Totals:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
LOSS CAUSE						
Metal items	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Totals:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Sum:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Sum:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	1	100.0	7,719.82	115,976.50	123,696.32	100.0
Sum:	**1**		**$7,719.82**	**$115,976.50**	**$123,696.32**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
332 - ABC Richmond						
TYPE OF CLAIM						
Medical Only	1	100.0	2,543.96	0.00	2,543.96	100.0
Totals:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	2,543.96	0.00	2,543.96	100.0
Totals:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
LENGTH OF SERVICE						
2 - 4	1	100.0	2,543.96	0.00	2,543.96	100.0
Totals:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
Age of Claimant						
60 - 64	1	100.0	2,543.96	0.00	2,543.96	100.0
Totals:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
SEX OF CLAIMANT						
Male	1	100.0	2,543.96	0.00	2,543.96	100.0
Totals:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
LOSS CAUSE						
Cart	1	100.0	2,543.96	0.00	2,543.96	100.0
Totals:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	2,543.96	0.00	2,543.96	100.0
Sum:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	2,543.96	0.00	2,543.96	100.0
Sum:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	1	100.0	2,543.96	0.00	2,543.96	100.0
Sum:	**1**		**$2,543.96**	**$0.00**	**$2,543.96**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
337 - ABC Vinton						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8PM - 9:59PM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	50.0	0.00	0.00	0.00	0.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Chemicals, not otherwise classified	1	50.0	0.00	0.00	0.00	0.0
Person	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Absorption, Ingestion or Inhalation NOC	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Nose	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
343 - ABC Bristol						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
8PM - 9:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall/Slip on Ice or Snow	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
Multiple Physical Injury Only	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
356 - ABC Radford						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
50 - 54	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Person in Act of Crime	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts No Physical Injury	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Mental Stress	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
363 - ABC Richmond						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
10AM - 11:59AM	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	0.00	0.00	0.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	0.00	0.00	0.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	50.0	0.00	0.00	0.00	0.0
Hand Truck (2w)	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Object Handled By Otr	1	50.0	0.00	0.00	0.00	0.0
Twisting	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	50.0	0.00	0.00	0.00	0.0
Lower Extremities Foot	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Sprain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
364 - ABC Daleville						
TYPE OF CLAIM						
Medical Only	2	100.0	334.39	0.00	334.39	100.0
Totals:	**2**		**$334.39**	**$0.00**	**$334.39**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	334.39	0.00	334.39	100.0
10PM - 11:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$334.39**	**$0.00**	**$334.39**	
LENGTH OF SERVICE						
12 - 14	1	50.0	334.39	0.00	334.39	100.0
2 - 4	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$334.39**	**$0.00**	**$334.39**	
Age of Claimant						
75 - 79	1	50.0	334.39	0.00	334.39	100.0
25 - 29	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$334.39**	**$0.00**	**$334.39**	
SEX OF CLAIMANT						
Female	1	50.0	334.39	0.00	334.39	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$334.39**	**$0.00**	**$334.39**	
LOSS CAUSE						
Hand tool, not powered, NOC	1	50.0	334.39	0.00	334.39	100.0
Metal items	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$334.39**	**$0.00**	**$334.39**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	50.0	334.39	0.00	334.39	100.0
Struck/Injured By Object Being Lifted or	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$334.39**	**$0.00**	**$334.39**	
BODY PART						
Upper Extremities Thumb	1	50.0	334.39	0.00	334.39	100.0
Head Multiple Head Injury	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$334.39**	**$0.00**	**$334.39**	
INJURY						
Laceration	1	50.0	334.39	0.00	334.39	100.0
Contusion (Bruise, Skin Surface)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$334.39**	**$0.00**	**$334.39**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
370 - ABC Beach						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
16 - 18	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Object on Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Ankle	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
374 - ABC Arlandria						
TYPE OF CLAIM						
Medical Only	1	100.0	40.81	0.00	40.81	100.0
Totals:	**1**		**$40.81**	**$0.00**	**$40.81**	
TIME OF INJURY						
8PM - 9:59PM	1	100.0	40.81	0.00	40.81	100.0
Totals:	**1**		**$40.81**	**$0.00**	**$40.81**	
LENGTH OF SERVICE						
4 - 6	1	100.0	40.81	0.00	40.81	100.0
Totals:	**1**		**$40.81**	**$0.00**	**$40.81**	
Age of Claimant						
30 - 34	1	100.0	40.81	0.00	40.81	100.0
Totals:	**1**		**$40.81**	**$0.00**	**$40.81**	
SEX OF CLAIMANT						
Male	1	100.0	40.81	0.00	40.81	100.0
Totals:	**1**		**$40.81**	**$0.00**	**$40.81**	
LOSS CAUSE						
Blade	1	100.0	40.81	0.00	40.81	100.0
Totals:	**1**		**$40.81**	**$0.00**	**$40.81**	
ACCIDENT TYPE						
Hand Tool, Utensil; Not Powered	1	100.0	40.81	0.00	40.81	100.0
Sum:	**1**		**$40.81**	**$0.00**	**$40.81**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	40.81	0.00	40.81	100.0
Sum:	**1**		**$40.81**	**$0.00**	**$40.81**	
INJURY						
Laceration	1	100.0	40.81	0.00	40.81	100.0
Sum:	**1**		**$40.81**	**$0.00**	**$40.81**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
376 - ABC Lake Anna						
TYPE OF CLAIM						
Reporting Purposes Only	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
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
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	50.0	0.00	0.00	0.00	0.0
4 - 6	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
60 - 64	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	2	100.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	50.0	0.00	0.00	0.00	0.0
Dolly	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	0.00	0.00	0.00	0.0
Struck/Injured By Falling or Flying Objec	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Contusion (Bruise, Skin Surface)	2	100.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$0.00**	**$0.00**	**$0.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
379 - ABC Beach						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Boxes / containers	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Neck Vertebrae	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Strain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
391 - ABC Carrollton						
TYPE OF CLAIM						
Medical Only	1	100.0	463.66	0.00	463.66	100.0
Totals:	**1**		**$463.66**	**$0.00**	**$463.66**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	463.66	0.00	463.66	100.0
Totals:	**1**		**$463.66**	**$0.00**	**$463.66**	
LENGTH OF SERVICE						
2 - 4	1	100.0	463.66	0.00	463.66	100.0
Totals:	**1**		**$463.66**	**$0.00**	**$463.66**	
Age of Claimant						
50 - 54	1	100.0	463.66	0.00	463.66	100.0
Totals:	**1**		**$463.66**	**$0.00**	**$463.66**	
SEX OF CLAIMANT						
Male	1	100.0	463.66	0.00	463.66	100.0
Totals:	**1**		**$463.66**	**$0.00**	**$463.66**	
LOSS CAUSE						
Conveyor	1	100.0	463.66	0.00	463.66	100.0
Totals:	**1**		**$463.66**	**$0.00**	**$463.66**	
ACCIDENT TYPE						
Reaching	1	100.0	463.66	0.00	463.66	100.0
Sum:	**1**		**$463.66**	**$0.00**	**$463.66**	
BODY PART						
Trunk Upper Back Area (Thoracic Area)	1	100.0	463.66	0.00	463.66	100.0
Sum:	**1**		**$463.66**	**$0.00**	**$463.66**	
INJURY						
Strain	1	100.0	463.66	0.00	463.66	100.0
Sum:	**1**		**$463.66**	**$0.00**	**$463.66**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
397 - ABC Alexandria						
TYPE OF CLAIM						
Medical Only	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
0 - 2	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
35 - 39	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Female	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Broken Glass	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Upper Extremities Thumb	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Laceration	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
404 - ABC City View Marketplace						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
6 - 8	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
30 - 34	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Door	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Strike Against/Step On Stationary Objec	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Lower Extremities Foot	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Sprain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
407 - ABC Chesterfield						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	5,200.00	5,218.82	100.0
Totals:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
TIME OF INJURY						
2PM - 3:59PM	1	100.0	18.82	5,200.00	5,218.82	100.0
Totals:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
LENGTH OF SERVICE						
6 - 8	1	100.0	18.82	5,200.00	5,218.82	100.0
Totals:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
Age of Claimant						
30 - 34	1	100.0	18.82	5,200.00	5,218.82	100.0
Totals:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
SEX OF CLAIMANT						
Male	1	100.0	18.82	5,200.00	5,218.82	100.0
Totals:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
LOSS CAUSE						
Floor	1	100.0	18.82	5,200.00	5,218.82	100.0
Totals:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	18.82	5,200.00	5,218.82	100.0
Sum:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
BODY PART						
Lower Extremities Ankle	1	100.0	18.82	5,200.00	5,218.82	100.0
Sum:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	
INJURY						
Fracture	1	100.0	18.82	5,200.00	5,218.82	100.0
Sum:	**1**		**$18.82**	**$5,200.00**	**$5,218.82**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
Payments as of: 06/30/2025
Claims added as of: 06/30/2025

Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
409 - ABC Norfolk						
TYPE OF CLAIM						
Indemnity	1	50.0	2,070.00	36,148.82	38,218.82	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
TIME OF INJURY						
12PM - 1:59PM	1	50.0	2,070.00	36,148.82	38,218.82	100.0
10AM - 11:59AM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
LENGTH OF SERVICE						
0 - 2	2	100.0	2,070.00	36,148.82	38,218.82	100.0
Totals:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
Age of Claimant						
40 - 44	1	50.0	2,070.00	36,148.82	38,218.82	100.0
55 - 59	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
SEX OF CLAIMANT						
Female	1	50.0	2,070.00	36,148.82	38,218.82	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
LOSS CAUSE						
Boxes / containers	2	100.0	2,070.00	36,148.82	38,218.82	100.0
Totals:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
ACCIDENT TYPE						
Fall On the Same Level	1	50.0	2,070.00	36,148.82	38,218.82	100.0
Repetitive Motion (after 7/1/94)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
BODY PART						
Lower Extremities Knee	1	50.0	2,070.00	36,148.82	38,218.82	100.0
Upper Extremities Shoulder(s)	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	
INJURY						
Contusion (Bruise, Skin Surface)	1	50.0	2,070.00	36,148.82	38,218.82	100.0
Strain	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$2,070.00**	**$36,148.82**	**$38,218.82**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
412 - ABC Stafford						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6PM - 7:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
2 - 4	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
40 - 44	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Metal items	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Cut, Punctured, Scraped, NOC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Foreign Body (Eye)	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

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
415 - ABC Beach						
TYPE OF CLAIM						
Medical Only	1	100.0	80.79	0.00	80.79	100.0
Totals:	**1**		**$80.79**	**$0.00**	**$80.79**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	80.79	0.00	80.79	100.0
Totals:	**1**		**$80.79**	**$0.00**	**$80.79**	
LENGTH OF SERVICE						
4 - 6	1	100.0	80.79	0.00	80.79	100.0
Totals:	**1**		**$80.79**	**$0.00**	**$80.79**	
Age of Claimant						
35 - 39	1	100.0	80.79	0.00	80.79	100.0
Totals:	**1**		**$80.79**	**$0.00**	**$80.79**	
SEX OF CLAIMANT						
Female	1	100.0	80.79	0.00	80.79	100.0
Totals:	**1**		**$80.79**	**$0.00**	**$80.79**	
LOSS CAUSE						
Boxes / containers	1	100.0	80.79	0.00	80.79	100.0
Totals:	**1**		**$80.79**	**$0.00**	**$80.79**	
ACCIDENT TYPE						
Struck or Injury By, NOC	1	100.0	80.79	0.00	80.79	100.0
Sum:	**1**		**$80.79**	**$0.00**	**$80.79**	
BODY PART						
Upper Extremities Elbow	1	100.0	80.79	0.00	80.79	100.0
Sum:	**1**		**$80.79**	**$0.00**	**$80.79**	
INJURY						
Inflammation	1	100.0	80.79	0.00	80.79	100.0
Sum:	**1**		**$80.79**	**$0.00**	**$80.79**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
426 - ABC Timberville						
TYPE OF CLAIM						
Indemnity	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
TIME OF INJURY						
10AM - 11:59AM	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LENGTH OF SERVICE						
0 - 2	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
Age of Claimant						
50 - 54	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
SEX OF CLAIMANT						
Female	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
LOSS CAUSE						
Glass bottle / sheet	1	100.0	18.82	0.00	18.82	100.0
Totals:	**1**		**$18.82**	**$0.00**	**$18.82**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
BODY PART						
Upper Extremities Finger(s)	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	
INJURY						
Fracture	1	100.0	18.82	0.00	18.82	100.0
Sum:	**1**		**$18.82**	**$0.00**	**$18.82**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
441 - ABC Richmond - Henrico County						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
45 - 49	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Person	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Struck/Injured By Fellow Worker, Patient	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Head Other facial soft tissue	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
No Physical Injury	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
444 - ABC Va Beach 17thaStreet						
TYPE OF CLAIM						
Indemnity	1	100.0	4,324.97	0.00	4,324.97	100.0
Totals:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	4,324.97	0.00	4,324.97	100.0
Totals:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
LENGTH OF SERVICE						
6 - 8	1	100.0	4,324.97	0.00	4,324.97	100.0
Totals:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
Age of Claimant						
65 - 69	1	100.0	4,324.97	0.00	4,324.97	100.0
Totals:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
SEX OF CLAIMANT						
Female	1	100.0	4,324.97	0.00	4,324.97	100.0
Totals:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
LOSS CAUSE						
Boxes / containers	1	100.0	4,324.97	0.00	4,324.97	100.0
Totals:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
ACCIDENT TYPE						
Lifting	1	100.0	4,324.97	0.00	4,324.97	100.0
Sum:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
BODY PART						
Trunk Low Back Area (Incl. Lumbar & Li	1	100.0	4,324.97	0.00	4,324.97	100.0
Sum:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	
INJURY						
Strain	1	100.0	4,324.97	0.00	4,324.97	100.0
Sum:	**1**		**$4,324.97**	**$0.00**	**$4,324.97**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
504 - ABC Retail Administration						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
4PM - 5:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
10 - 12	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
65 - 69	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Female	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Floor	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Fall On the Same Level	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
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**	
INJURY						
Contusion (Bruise, Skin Surface)	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
507 - ABC Warehouse						
TYPE OF CLAIM						
Medical Only	5	31.3	512.95	3,281.33	3,794.28	59.4
Indemnity	2	12.5	2,588.51	0.00	2,588.51	40.6
Reporting Purposes Only	9	56.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
TIME OF INJURY						
10AM - 11:59AM	5	31.3	2,613.97	1,250.00	3,863.97	60.5
2PM - 3:59PM	4	25.0	487.49	781.33	1,268.82	19.9
8AM - 9:59AM	5	31.3	0.00	1,250.00	1,250.00	19.6
12PM - 1:59PM	1	6.3	0.00	0.00	0.00	0.0
6PM - 7:59PM	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
LENGTH OF SERVICE						
0 - 2	4	25.0	3,038.36	781.33	3,819.69	59.8
2 - 4	4	25.0	18.82	1,250.00	1,268.82	19.9
18 - 20	1	6.3	0.00	1,250.00	1,250.00	19.6
4 - 6	2	12.5	44.28	0.00	44.28	0.7
6 - 8	1	6.3	0.00	0.00	0.00	0.0
8 - 10	1	6.3	0.00	0.00	0.00	0.0
12 - 14	2	12.5	0.00	0.00	0.00	0.0
14 - 16	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
Age of Claimant						
35 - 39	4	25.0	2,569.69	0.00	2,569.69	40.3
25 - 29	1	6.3	468.67	781.33	1,250.00	19.6
45 - 49	2	12.5	0.00	1,250.00	1,250.00	19.6
50 - 54	1	6.3	0.00	1,250.00	1,250.00	19.6
40 - 44	2	12.5	44.28	0.00	44.28	0.7
60 - 64	1	6.3	18.82	0.00	18.82	0.3
30 - 34	5	31.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
SEX OF CLAIMANT						
Male	13	81.3	3,082.64	3,281.33	6,363.97	99.7
Female	3	18.8	18.82	0.00	18.82	0.3
Totals:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
LOSS CAUSE						
Boxes / containers	4	25.0	2,632.79	0.00	2,632.79	41.2
Glass bottle / sheet	6	37.5	468.67	2,031.33	2,500.00	39.2
Pallet Jack	1	6.3	0.00	1,250.00	1,250.00	19.6
Blade	1	6.3	0.00	0.00	0.00	0.0
Forklift	1	6.3	0.00	0.00	0.00	0.0
Lift	1	6.3	0.00	0.00	0.00	0.0
Metal items	1	6.3	0.00	0.00	0.00	0.0
Sharp objects, not otherwise classified	1	6.3	0.00	0.00	0.00	0.0
Totals:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
ACCIDENT TYPE						
Struck/Injured By Falling or Flying Objec	1	6.3	2,569.69	0.00	2,569.69	40.3
Broken Glass	4	25.0	468.67	781.33	1,250.00	19.6
Cut, Punctured, Scraped, NOC	3	18.8	0.00	1,250.00	1,250.00	19.6
Hand Tool, Utensil; Not Powered	4	25.0	0.00	1,250.00	1,250.00	19.6
Repetitive Motion (after 7/1/94)	1	6.3	44.28	0.00	44.28	0.7
Lifting	2	12.5	18.82	0.00	18.82	0.3
Strike Against/Step On Stationary Objec	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	6.3	2,569.69	0.00	2,569.69	40.3
Lower Extremities Foot	1	6.3	0.00	1,250.00	1,250.00	19.6
Upper Extremities Finger(s)	7	43.8	0.00	1,250.00	1,250.00	19.6
Upper Extremities Hand	2	12.5	468.67	781.33	1,250.00	19.6
Upper Extremities Wrist	1	6.3	44.28	0.00	44.28	0.7
Trunk Low Back Area (Incl. Lumbar & Li	1	6.3	18.82	0.00	18.82	0.3
Head Other facial soft tissue	1	6.3	0.00	0.00	0.00	0.0
Lower Extremities Toe(s)	1	6.3	0.00	0.00	0.00	0.0
Trunk Chest (Incl. Ribs, Sternum & Soft	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	
INJURY						
Multiple Injury Inc. Physical & Psycholog	1	6.3	2,569.69	0.00	2,569.69	40.3
Crushing	1	6.3	0.00	1,250.00	1,250.00	19.6
Fracture	2	12.5	0.00	1,250.00	1,250.00	19.6
Laceration	9	56.3	468.67	781.33	1,250.00	19.6
Strain	2	12.5	63.10	0.00	63.10	1.0
Contusion (Bruise, Skin Surface)	1	6.3	0.00	0.00	0.00	0.0
Sum:	**16**		**$3,101.46**	**$3,281.33**	**$6,382.79**	

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Industrial Claims Report

7/1/2025 9:15:03 AM

Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
789 - ABC Int Audit - Info Security						
TYPE OF CLAIM						
Reporting Purposes Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
6AM - 7:59AM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
4 - 6	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
Walking surface, outside, wet	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Slipped, Did Not Fall	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
Strain	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	

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Company: Commonwealth of Virginia
DOI Period: 07/01/2024-06/30/2025
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Claims added as of: 06/30/2025

Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
811 - ABC Alexandria-region #4						
TYPE OF CLAIM						
Medical Only	2	100.0	0.00	2,500.00	2,500.00	100.0
Totals:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	0.00	1,250.00	1,250.00	50.0
10AM - 11:59AM	1	50.0	0.00	1,250.00	1,250.00	50.0
Totals:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
LENGTH OF SERVICE						
0 - 2	1	50.0	0.00	1,250.00	1,250.00	50.0
6 - 8	1	50.0	0.00	1,250.00	1,250.00	50.0
Totals:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
Age of Claimant						
25 - 29	1	50.0	0.00	1,250.00	1,250.00	50.0
35 - 39	1	50.0	0.00	1,250.00	1,250.00	50.0
Totals:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
SEX OF CLAIMANT						
Female	1	50.0	0.00	1,250.00	1,250.00	50.0
Male	1	50.0	0.00	1,250.00	1,250.00	50.0
Totals:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
LOSS CAUSE						
Animal / insect, not otherwise classifie	1	50.0	0.00	1,250.00	1,250.00	50.0
Person	1	50.0	0.00	1,250.00	1,250.00	50.0
Totals:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
ACCIDENT TYPE						
Struck/Injured By Animal or Insect	1	50.0	0.00	1,250.00	1,250.00	50.0
Struck/Injured By Fellow Worker, Patient	1	50.0	0.00	1,250.00	1,250.00	50.0
Sum:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	50.0	0.00	1,250.00	1,250.00	50.0
Upper Extremities Hand	1	50.0	0.00	1,250.00	1,250.00	50.0
Sum:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	
INJURY						
All Other (Specific) Injuries, NOC	1	50.0	0.00	1,250.00	1,250.00	50.0
Fracture	1	50.0	0.00	1,250.00	1,250.00	50.0
Sum:	**2**		**$0.00**	**$2,500.00**	**$2,500.00**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
813 - ABC Richmond-region #6						
TYPE OF CLAIM						
Medical Only	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
TIME OF INJURY						
12PM - 1:59PM	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LENGTH OF SERVICE						
0 - 2	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
Age of Claimant						
35 - 39	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
SEX OF CLAIMANT						
Male	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
LOSS CAUSE						
N/A	1	100.0	0.00	0.00	0.00	0.0
Totals:	**1**		**$0.00**	**$0.00**	**$0.00**	
ACCIDENT TYPE						
Other Injury NEC	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
BODY PART						
Multiple Body Parts Multiple Body Parts	1	100.0	0.00	0.00	0.00	0.0
Sum:	**1**		**$0.00**	**$0.00**	**$0.00**	
INJURY						
All Other Occupational Disease	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

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
815 - ABC Chesapeake-region #8						
TYPE OF CLAIM						
Medical Only	1	50.0	196.16	0.00	196.16	100.0
Reporting Purposes Only	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$196.16**	**$0.00**	**$196.16**	
TIME OF INJURY						
8AM - 9:59AM	1	50.0	196.16	0.00	196.16	100.0
2PM - 3:59PM	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$196.16**	**$0.00**	**$196.16**	
LENGTH OF SERVICE						
0 - 2	1	50.0	196.16	0.00	196.16	100.0
6 - 8	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$196.16**	**$0.00**	**$196.16**	
Age of Claimant						
35 - 39	1	50.0	196.16	0.00	196.16	100.0
50 - 54	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$196.16**	**$0.00**	**$196.16**	
SEX OF CLAIMANT						
Female	1	50.0	196.16	0.00	196.16	100.0
Male	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$196.16**	**$0.00**	**$196.16**	
LOSS CAUSE						
Grinder	1	50.0	196.16	0.00	196.16	100.0
Wall	1	50.0	0.00	0.00	0.00	0.0
Totals:	**2**		**$196.16**	**$0.00**	**$196.16**	
ACCIDENT TYPE						
Dust, Gases, Fumes or Vapors	1	50.0	196.16	0.00	196.16	100.0
Other Injury NEC	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$196.16**	**$0.00**	**$196.16**	
BODY PART						
Trunk Lung(s)	1	50.0	196.16	0.00	196.16	100.0
Head Other facial soft tissue	1	50.0	0.00	0.00	0.00	0.0
Sum:	**2**		**$196.16**	**$0.00**	**$196.16**	
INJURY						
Respiratory Disorders(Gases,Fumes,Ch	1	50.0	196.16	0.00	196.16	100.0
Inflammation	1	50.0	0.00	0.00	0.00	0.0

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
Sum:	**2**		**$196.16**	**$0.00**	**$196.16**	

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Industrial Claims Report

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Description	# Claims	%	Paid	Est. Future Cost	Incurred	%
999 - VA Alcoholic Beverage Control Auth						
S999 - VA Alcoholic Beverage Control Aut						
TYPE OF CLAIM						
Medical Only	1	100.0	25.37	1,224.63	1,250.00	100.0
Totals:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
TIME OF INJURY						
8AM - 9:59AM	1	100.0	25.37	1,224.63	1,250.00	100.0
Totals:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
LENGTH OF SERVICE						
28 - 30	1	100.0	25.37	1,224.63	1,250.00	100.0
Totals:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
Age of Claimant						
60 - 64	1	100.0	25.37	1,224.63	1,250.00	100.0
Totals:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
SEX OF CLAIMANT						
Female	1	100.0	25.37	1,224.63	1,250.00	100.0
Totals:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
LOSS CAUSE						
Vehicle/car/truck	1	100.0	25.37	1,224.63	1,250.00	100.0
Totals:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
ACCIDENT TYPE						
Struck/Injured By Motor Vehicle	1	100.0	25.37	1,224.63	1,250.00	100.0
Sum:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
BODY PART						
Head Other facial soft tissue	1	100.0	25.37	1,224.63	1,250.00	100.0
Sum:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	
INJURY						
Concussion (Brain, Cerebral)	1	100.0	25.37	1,224.63	1,250.00	100.0
Sum:	**1**		**$25.37**	**$1,224.63**	**$1,250.00**	

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