



NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07032B

16WC07032B	KURTZ, ALYSSA	11		147.47	243.00	0.00	0.00	0.00	0.00	0.00	390.47
PORT MONMOUTH ROAD ES	6/1/2016	6/1/2016	7/18/2016	147.47	243.00	0.00	0.00	0.00	0.00	0.00	390.47
STUDENT HAVING BEHAVIORAL ISSUE BIT HER R UPPER LEG				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				147.47	243.00	0.00	0.00	0.00	0.00	0.00	390.47
				147.47	243.00	0.00	0.00	0.00	0.00	0.00	390.47
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07037B

16WC07037B	UNKOW, SONAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DELSEA REG HS	6/1/2016	6/1/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
USING AN EXACTO KNIFE TO CUT OUT SHAPES USING A CARDBOARD KNIFE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07039Y

16WC07039Y	KOSTER, NANCY	11		1,740.88	243.00	0.00	0.00	0.00	0.00	0.00	1,983.88
WARREN DEVELOP. LEARNING CTI	6/1/2016	6/1/2016	9/13/2016	1,740.88	243.00	0.00	0.00	0.00	0.00	0.00	1,983.88
WORKING WITH A CHILD HAVING A BEHAVIORAL SHE WAS KICKED IN THE HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,740.88	243.00	0.00	0.00	0.00	0.00	0.00	1,983.88
				1,740.88	243.00	0.00	0.00	0.00	0.00	0.00	1,983.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07041K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07041K

16WC07041K	DIEZ, JANICE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PARKER ES	6/1/2016	6/1/2016	8/10/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHILD HAVING A BEHAVIORAL OUTBURST PUSHED CLMT CAUSING HER TO F.			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07042V

16WC07042V	BALOG, LISA	10	47,500.00	1,193.00	30,550.00	0.00	0.00	0.00	0.00	79,243.00
RIVER FRONT SCHOOL	6/1/2016	6/1/2016	Open	20,487.46	1,193.00	3,608.43	0.00	0.00	0.00	25,288.89
WHILE PLAYING FRISBEE WITH STUDENTS CLMT JUMPED AS SHE CAME DOW			27,012.54	0.00	26,941.57	0.00	0.00	0.00	0.00	53,954.11
Total by Claim Number 1 Claim			47,500.00	1,193.00	30,550.00	0.00	0.00	0.00	0.00	79,243.00
			20,487.46	1,193.00	3,608.43	0.00	0.00	0.00	0.00	25,288.89
			27,012.54	0.00	26,941.57	0.00	0.00	0.00	0.00	53,954.11

Claim Number: 16WC07043M

16WC07043M	MOORE, SUSAN	10	37,500.00	1,193.00	31,000.00	0.00	0.00	3,000.00	0.00	72,693.00
LAKESIDE MS	6/1/2016	6/1/2016	Open	3,425.28	1,193.00	0.00	0.00	0.00	0.00	4,618.28
REACHING FOR A CAN OF PEARS IN THE STOCK ROOM, CAN FELL INJURING I			34,074.72	0.00	31,000.00	0.00	0.00	3,000.00	0.00	68,074.72
Total by Claim Number 1 Claim			37,500.00	1,193.00	31,000.00	0.00	0.00	3,000.00	0.00	72,693.00
			3,425.28	1,193.00	0.00	0.00	0.00	0.00	0.00	4,618.28
			34,074.72	0.00	31,000.00	0.00	0.00	3,000.00	0.00	68,074.72

Claim Number: 16WC07044W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07044W

16WC07044W	KNIGHT, KEYSHA	11		1,141.05	243.00	0.00	0.00	0.00	0.00	0.00	1,384.05
COLUMBIA HIGH SCHOOL	6/1/2016	6/1/2016	8/23/2016	1,141.05	243.00	0.00	0.00	0.00	0.00	0.00	1,384.05
CLMT STOOD UP QUICKLY FROM HER DESK SHE DID NOT SEE THE DRAWER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,141.05	243.00	0.00	0.00	0.00	0.00	0.00	1,384.05
				1,141.05	243.00	0.00	0.00	0.00	0.00	0.00	1,384.05
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07049W

16WC07049W	GUERRA, MARIA	11		101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
EARLY CHILDHOOD PROGRAM	6/2/2016	6/2/2016	7/12/2016	101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
EXITING CLASSROOM CARRYING BOXES STRUCK R LOWER LEG ON CORNER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
				101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07050F

16WC07050F	VALDERRAMA, LEONOR	10		35,000.00	1,193.00	31,000.00	0.00	0.00	3,500.00	0.00	70,693.00
LINCOLN AVENUE SCHOOL	6/1/2016	6/2/2016	Open	9,694.17	1,193.00	4,365.51	0.00	0.00	0.00	0.00	15,252.68
WALKING THROUGH MAIN ENTRANCE SLIPPED ON WATER AND FELL INJUREI				25,305.83	0.00	26,634.49	0.00	0.00	3,500.00	0.00	55,440.32
Total by Claim Number 1 Claim				35,000.00	1,193.00	31,000.00	0.00	0.00	3,500.00	0.00	70,693.00
				9,694.17	1,193.00	4,365.51	0.00	0.00	0.00	0.00	15,252.68
				25,305.83	0.00	26,634.49	0.00	0.00	3,500.00	0.00	55,440.32

Claim Number: 16WC07051W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07051W

16WC07051W	GULYA, MICHELLE	11	985.78	243.00	0.00	0.00	0.00	0.00	0.00	1,228.78
PARK AVE ES	6/2/2016	6/2/2016	8/29/2016	985.78	243.00	0.00	0.00	0.00	0.00	1,228.78
CHILD HAVING BEHAVIORAL ISSUE PULLED HER HAIR, KICKED HER IN BOTH I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			985.78	243.00	0.00	0.00	0.00	0.00	0.00	1,228.78
			985.78	243.00	0.00	0.00	0.00	0.00	0.00	1,228.78
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07052Y

16WC07052Y	PANDURI, DIANE	11	240.77	243.00	0.00	0.00	0.00	0.00	0.00	483.77
LENNA W CONROW	6/2/2016	6/2/2016	6/30/2016	240.77	243.00	0.00	0.00	0.00	0.00	483.77
FIXING COPY MACHINE ATTEMPTED TO KNEEL AND LOST BALANCE LANDING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			240.77	243.00	0.00	0.00	0.00	0.00	0.00	483.77
			240.77	243.00	0.00	0.00	0.00	0.00	0.00	483.77
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07053B

16WC07053B	PINIZZOTTO, KAREN	11	272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
SOLVE E. D'IPPOLITO INTERMED S	6/1/2016	6/1/2016	7/18/2016	272.80	243.00	0.00	0.00	0.00	0.00	515.80
ASSISTING A CHILD TO HIS BUS & TRIPPED OVER A MAT, FELL TO GROUND IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
			272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07054K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07054K

16WC07054K	JOHNSTON, RONALD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INST.OF TECH - WESTAMPTON	6/1/2016	6/2/2016	Open	180.00	243.00	0.00	0.00	0.00	0.00	0.00	423.00
PLAYING A GAME WITH STUDENTS HE ROLLED HIS LT FOOT ON UNEVEN GR				2,320.00	2.00	0.00	0.00	0.00	0.00	0.00	2,322.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				180.00	243.00	0.00	0.00	0.00	0.00	0.00	423.00
				2,320.00	2.00	0.00	0.00	0.00	0.00	0.00	2,322.00

Claim Number: 16WC07056K

16WC07056K	MELCHIORRE, CHRISTINE	11		527.80	243.00	0.00	0.00	0.00	0.00	0.00	770.80
BRIDGETON SENIOR H.S.	6/2/2016	6/2/2016	8/ 4/2016	527.80	243.00	0.00	0.00	0.00	0.00	0.00	770.80
CLEANING CHICKEN FOR MOST OF THE MORNING OVER LOW SINK, FELT PAI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				527.80	243.00	0.00	0.00	0.00	0.00	0.00	770.80
				527.80	243.00	0.00	0.00	0.00	0.00	0.00	770.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07057M

16WC07057M	LATERZA, ANTONIA	10		6,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	22,193.00
GREGORY SCHOOL	6/1/2016	6/1/2016	Open	2,964.37	1,193.00	3,359.52	0.00	0.00	0.00	0.00	7,516.89
DURING LUNCH DUTY, SUPERVISING STUDENTS, A STUDENT SUDDENLY GO1				3,035.63	0.00	11,640.48	0.00	0.00	0.00	0.00	14,676.11
Total by Claim Number 1 Claim				6,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	22,193.00
				2,964.37	1,193.00	3,359.52	0.00	0.00	0.00	0.00	7,516.89
				3,035.63	0.00	11,640.48	0.00	0.00	0.00	0.00	14,676.11

Claim Number: 16WC07059W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07059W

16WC07059W	ABIODUN, ABIOLA	11		240.71	243.00	0.00	0.00	0.00	0.00	0.00	483.71
FANNY MEYER HILLERS	6/2/2016	6/2/2016	7/19/2016	240.71	243.00	0.00	0.00	0.00	0.00	0.00	483.71
ASSISTING STUDENT TO WRITE A THANK YOU LETTER GRABBED LEGS OF CHAIR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				240.71	243.00	0.00	0.00	0.00	0.00	0.00	483.71
				240.71	243.00	0.00	0.00	0.00	0.00	0.00	483.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07063B

16WC07063B	GREGORIN, MATHEW	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
LEROY GORDON COOPER ES	6/2/2016	6/2/2016	7/26/2016	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
HE PUT A LUNCH TABLE AGAINST THE WALL, HE TURNED AROUND TO WALK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07065P

16WC07065P	LOGAN, JAY	10		655.56	1,193.00	1,080.34	0.00	0.00	0.00	0.00	2,928.90
BUS GARAGE	6/2/2016	6/2/2016	9/ 6/2016	655.56	1,193.00	1,080.34	0.00	0.00	0.00	0.00	2,928.90
USING A DIE GRINDER TO CUT AN EXHAUST PIPE, HE CUT HIS RT-INDEX KNUCKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				655.56	1,193.00	1,080.34	0.00	0.00	0.00	0.00	2,928.90
				655.56	1,193.00	1,080.34	0.00	0.00	0.00	0.00	2,928.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07066K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07066K

16WC07066K	HALLER, DAISY	11		199.41	243.00	0.00	0.00	0.00	0.00	0.00	442.41
NORTHERN VALLEY OLD TAPPAN F	6/2/2016	6/2/2016	7/ 8/2016	199.41	243.00	0.00	0.00	0.00	0.00	0.00	442.41
REMOVING BOOKS FROM A SHELF, A BOOK FELL ON HER LT FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				199.41	243.00	0.00	0.00	0.00	0.00	0.00	442.41
				199.41	243.00	0.00	0.00	0.00	0.00	0.00	442.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07067W

16WC07067W	LYNARED, SHIKEENA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALEM H S	6/1/2016	6/2/2016	Open	119.60	243.00	0.00	0.00	0.00	0.00	0.00	362.60
PLAYING BASKETBALL TEACHERS/PARENTS PLANTED HER FOOT TWISTED L				2,380.40	2.00	0.00	0.00	0.00	0.00	0.00	2,382.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				119.60	243.00	0.00	0.00	0.00	0.00	0.00	362.60
				2,380.40	2.00	0.00	0.00	0.00	0.00	0.00	2,382.40

Claim Number: 16WC07069K

16WC07069K	PELLAGRINO, DONNA	11		190.64	243.00	0.00	0.00	0.00	0.00	0.00	433.64
ANGELO TOMASO ES	6/2/2016	6/2/2016	7/ 8/2016	190.64	243.00	0.00	0.00	0.00	0.00	0.00	433.64
SHE TRIPPED OVER ANOTHER STUDENT WHO WAS KNEELED OVER AND FEL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				190.64	243.00	0.00	0.00	0.00	0.00	0.00	433.64
				190.64	243.00	0.00	0.00	0.00	0.00	0.00	433.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07070W





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Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07070W

16WC07070W	KOSTELANSKY, BARBARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN CTY SPEC SVCS BOE	6/2/2016	6/2/2016	Open	2,245.21	243.00	0.00	0.00	0.00	0.00	0.00	2,488.21
RE-DIRECTING STUDENTS DURING LUNCH TIME, STUDENT STARTED HITTING				254.79	2.00	0.00	0.00	0.00	0.00	0.00	256.79
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,245.21	243.00	0.00	0.00	0.00	0.00	0.00	2,488.21
				254.79	2.00	0.00	0.00	0.00	0.00	0.00	256.79

Claim Number: 16WC07071K

16WC07071K	SAUERS, CHRISTINE	11		410.20	243.00	0.00	0.00	0.00	0.00	0.00	653.20
SAMUEL YELLIN SCHOOL	6/1/2016	6/2/2016	7/ 8/2016	410.20	243.00	0.00	0.00	0.00	0.00	0.00	653.20
CLEANING TABLES SLIPPED ON APPLE SAUCE FELL ON BUTTOCKS, L HIP, R F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				410.20	243.00	0.00	0.00	0.00	0.00	0.00	653.20
				410.20	243.00	0.00	0.00	0.00	0.00	0.00	653.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07072B

16WC07072B	GIBLOCK, SALLY	11		156.51	243.00	0.00	0.00	0.00	0.00	0.00	399.51
BUS GARAGE	6/1/2016	6/2/2016	7/18/2016	156.51	243.00	0.00	0.00	0.00	0.00	0.00	399.51
STEPPED DOWN FORGETTING BUS DID NOT HAVE RUNNING BOARD FELL TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				156.51	243.00	0.00	0.00	0.00	0.00	0.00	399.51
				156.51	243.00	0.00	0.00	0.00	0.00	0.00	399.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07073W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07073W

16WC07073W	SAVIDGE, ANDREA	11		1,827.21	243.00	0.00	0.00	0.00	0.00	2,070.21
CHERRY HILL HIGH WEST HS	6/1/2016	6/2/2016	8/9/2016	1,827.21	243.00	0.00	0.00	0.00	0.00	2,070.21
BENT OVER TO PICK UP CARDBOARD LIFTED HER HEAD STRUCK TOP LE SID				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,827.21	243.00	0.00	0.00	0.00	0.00	2,070.21
				1,827.21	243.00	0.00	0.00	0.00	0.00	2,070.21
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07076Y

16WC07076Y	WILEY, PATRICIA	11		119.36	243.00	0.00	0.00	0.00	0.00	362.36
OCEAN ACADEMY	6/2/2016	6/2/2016	7/5/2016	119.36	243.00	0.00	0.00	0.00	0.00	362.36
STUDENT HAVING A BEHAVIORAL BIT ON HER RT THUMB, BREAKING THE SKI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				119.36	243.00	0.00	0.00	0.00	0.00	362.36
				119.36	243.00	0.00	0.00	0.00	0.00	362.36
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07077K

16WC07077K	LITTLE, VICTORIA	11		161.23	243.00	0.00	0.00	0.00	0.00	404.23
PARK AVE ES	6/1/2016	6/3/2016	8/30/2016	161.23	243.00	0.00	0.00	0.00	0.00	404.23
MOVING XYLOPHONES FOR AN ART SHOW FELT PAIN IN NECK TO L SHOULDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				161.23	243.00	0.00	0.00	0.00	0.00	404.23
				161.23	243.00	0.00	0.00	0.00	0.00	404.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07080Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07080Y

16WC07080Y	OSWALD, ERIC	11	3,210.29	243.00	0.00	0.00	0.00	0.00	0.00	3,453.29
LUMBERTON CAMPUS	6/2/2016	6/2/2016	8/16/2016	3,210.29	243.00	0.00	0.00	0.00	0.00	3,453.29
ASSEMBLING A BRAKE BENCH FOR CLASS, WHILE SQUATTING HE FELT A PO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,210.29	243.00	0.00	0.00	0.00	0.00	3,453.29
				3,210.29	243.00	0.00	0.00	0.00	0.00	3,453.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07081B

16WC07081B	RAITE, MARIANN	11	2,222.52	243.00	0.00	0.00	0.00	0.00	0.00	2,465.52
SCHOOL #24 KENNEDY PARK	6/3/2016	6/3/2016	8/16/2016	2,222.52	243.00	0.00	0.00	0.00	0.00	2,465.52
WALKING IN THE LOBBY SHE FELL INJURING BOTH KNEES, FLOOR WAS WET				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,222.52	243.00	0.00	0.00	0.00	0.00	2,465.52
				2,222.52	243.00	0.00	0.00	0.00	0.00	2,465.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07082K

16WC07082K	TATUM, FRANCES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARK AVE ES	6/2/2016	6/3/2016	Open	1,922.19	243.00	0.00	0.00	0.00	0.00	2,165.19
SAFE GUARDING STUDENT HAVING BEHAVIORAL ISSUE FELT PULL IN LOWEF				577.81	2.00	0.00	0.00	0.00	0.00	579.81
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,922.19	243.00	0.00	0.00	0.00	0.00	2,165.19
				577.81	2.00	0.00	0.00	0.00	0.00	579.81

Claim Number: 16WC07083B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07083B

16WC07083B	HARRISON, CHARLES	11		217.02	243.00	0.00	0.00	0.00	0.00	460.02
LAWRENCE MS	6/3/2016	6/3/2016	7/18/2016	217.02	243.00	0.00	0.00	0.00	0.00	460.02
RESTRAINING STUDENT WAS BITTEN AND SCRATCHED ON L ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				217.02	243.00	0.00	0.00	0.00	0.00	460.02
				217.02	243.00	0.00	0.00	0.00	0.00	460.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07084W

16WC07084W	GIDDENS-GREEN, DEBORAH	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
JEFFERSON SCHOOL	6/3/2016	6/3/2016	7/15/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON WET FLOOR AND FELL INJURED L SIDE OF BACK AND R HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07085W

16WC07085W	OMRAN, NAGWA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
NUMBER 2 ES	6/1/2016	6/3/2016	7/ 8/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED IN WATER AND FELL LANDING ON BOTH HANDS, BOTH KNEES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07086F





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07086F

16WC07086F	IANNITELLI, GIOVANNA	15		1,220.30	243.00	533.00	0.00	0.00	0.00	0.00	1,996.30
WOODROW WILSON SCHOOL	6/3/2016	6/3/2016	9/15/2016	1,220.30	243.00	533.00	0.00	0.00	0.00	0.00	1,996.30
CHILD HAVING A BEHAVIORAL WAS RUNNING HOLDING A CONE & PUNCHED I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,220.30	243.00	533.00	0.00	0.00	0.00	0.00	1,996.30
				1,220.30	243.00	533.00	0.00	0.00	0.00	0.00	1,996.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07087K

16WC07087K	LAGRASSA, JENNIFER	11		4,232.68	243.00	0.00	0.00	0.00	0.00	0.00	4,475.68
JEFFERSON SCHOOL	6/2/2016	6/3/2016	9/13/2016	4,232.68	243.00	0.00	0.00	0.00	0.00	0.00	4,475.68
UNPLUGGING AN ELECTRIC PENCIL SHARPENER FROM WALL HOLDING SCIS:				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,232.68	243.00	0.00	0.00	0.00	0.00	0.00	4,475.68
				4,232.68	243.00	0.00	0.00	0.00	0.00	0.00	4,475.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07088Y

16WC07088Y	CORBETT, MELANIE	11		2,075.21	243.00	0.00	0.00	0.00	0.00	0.00	2,318.21
WDBG TRANSPORTATION DEPT	6/3/2016	6/3/2016	8/18/2016	2,075.21	243.00	0.00	0.00	0.00	0.00	0.00	2,318.21
EXITING VEHICLE STEPPED ON UNEVEN PAVEMENT TWISTED R ANKLE/FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,075.21	243.00	0.00	0.00	0.00	0.00	0.00	2,318.21
				2,075.21	243.00	0.00	0.00	0.00	0.00	0.00	2,318.21
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07090Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07090Y

16WC07090Y	CHAKRABORTY, MALABIKA	11		61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
ROUND VALLEY MS	6/2/2016	6/3/2016	6/29/2016	61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
STUDENT HAVING A BEHAVIORAL HIT HER IN THE RT HAND CAUSING INJURY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
				61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07092Y

16WC07092Y	HALLADAY, ROBERT	11		144.05	243.00	0.00	0.00	0.00	0.00	0.00	387.05
SCHOOL #28 MATTHEW JAGO	6/3/2016	6/3/2016	7/25/2016	144.05	243.00	0.00	0.00	0.00	0.00	0.00	387.05
STUDENT BE3CAME AGITATED BEGAN HITTING HIMSELF IN THE HEAD STUDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				144.05	243.00	0.00	0.00	0.00	0.00	0.00	387.05
				144.05	243.00	0.00	0.00	0.00	0.00	0.00	387.05
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07093W

16WC07093W	DWYER, ANGELA	11		804.06	243.00	0.00	0.00	0.00	0.00	0.00	1,047.06
CENTER FOR LIFE LONG LEARNIN	6/3/2016	6/3/2016	7/26/2016	804.06	243.00	0.00	0.00	0.00	0.00	0.00	1,047.06
TRYING TO PUT A STUDENT HAVING A BEHAVIORAL ON BUS CAUSED HER TC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				804.06	243.00	0.00	0.00	0.00	0.00	0.00	1,047.06
				804.06	243.00	0.00	0.00	0.00	0.00	0.00	1,047.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07094B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss		Status	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07094B

16WC07094B	RINALDI, CARMELA	11	754.00	243.00	0.00	0.00	0.00	0.00	0.00	997.00
SCHOOL #5 ES	6/3/2016	6/3/2016	9/ 6/2016	754.00	243.00	0.00	0.00	0.00	0.00	997.00
STUDENT HAVING A BEHAVIORAL THRE HIMSELF ON THE FLOOR, AS SHE TRI			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			754.00	243.00	0.00	0.00	0.00	0.00	0.00	997.00
			754.00	243.00	0.00	0.00	0.00	0.00	0.00	997.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07095V

16WC07095V	SHARKEY, DUSTIN	11	1,166.19	243.00	0.00	0.00	0.00	3,500.00	0.00	4,909.19
BUCKSHUTEM ROAD E.S.	6/2/2016	6/3/2016	Reopened	1,166.19	243.00	0.00	0.00	0.00	0.00	1,409.19
CLMT LIFTED A TRASH BAG THAT WAS TOO HEAVY FELT IMMEDIATE PAIN IN			0.00	0.00	0.00	0.00	0.00	3,500.00	0.00	3,500.00
Total by Claim Number 1 Claim			1,166.19	243.00	0.00	0.00	0.00	3,500.00	0.00	4,909.19
			1,166.19	243.00	0.00	0.00	0.00	0.00	0.00	1,409.19
			0.00	0.00	0.00	0.00	0.00	3,500.00	0.00	3,500.00

Claim Number: 16WC07096B

16WC07096B	GUAGLIARDI-MANUTTI, ANGELA	11	429.49	243.00	0.00	0.00	0.00	0.00	0.00	672.49
CARROLL ROBBINS	6/3/2016	6/6/2016	7/26/2016	429.49	243.00	0.00	0.00	0.00	0.00	672.49
WAS ACCIDENTLY STRUCK BY A CHAIR THAT FELL OVER HITTING R ANKLE			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			429.49	243.00	0.00	0.00	0.00	0.00	0.00	672.49
			429.49	243.00	0.00	0.00	0.00	0.00	0.00	672.49
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07097F





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07097F

16WC07097F	WOODWARD, BARBARA	10		5.63	1,193.00	0.00	0.00	0.00	0.00	0.00	1,198.63
CUMBERLAND REG HS	6/3/2016	6/3/2016	6/29/2016	5.63	1,193.00	0.00	0.00	0.00	0.00	0.00	1,198.63
WALKING OUTSIDE TO MEET CLASS, R KNEE GAVE OUT SHE FELL ON R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				5.63	1,193.00	0.00	0.00	0.00	0.00	0.00	1,198.63
				5.63	1,193.00	0.00	0.00	0.00	0.00	0.00	1,198.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07098K

16WC07098K	DALY, MARIE	11		157.64	243.00	0.00	0.00	0.00	0.00	0.00	400.64
WOODROW WILSON SCHOOL	6/2/2016	6/3/2016	7/ 8/2016	157.64	243.00	0.00	0.00	0.00	0.00	0.00	400.64
DIRECTING STUDENT TO TAKE TOY FROM TABLE STUDENT BIT R FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				157.64	243.00	0.00	0.00	0.00	0.00	0.00	400.64
				157.64	243.00	0.00	0.00	0.00	0.00	0.00	400.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07099B

16WC07099B	GRAVEN-EELLS, MAUREEN	11		347.61	243.00	0.00	0.00	0.00	0.00	0.00	590.61
WESTAMPTON	6/3/2016	6/3/2016	8/ 4/2016	347.61	243.00	0.00	0.00	0.00	0.00	0.00	590.61
WHILE WORKING WITH A SPEC ED STUDENT THE CHILD BIT HER LT SHOULDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				347.61	243.00	0.00	0.00	0.00	0.00	0.00	590.61
				347.61	243.00	0.00	0.00	0.00	0.00	0.00	590.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07102Z





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07102Z

16WC07102Z	AHRENS, JACQUELINE	10		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #5 ES	6/3/2016	6/3/2016	Open	1,812.73	243.00	0.00	0.00	0.00	0.00	0.00	2,055.73
STUDENT THREW HIMSELF @ HER & KICKED HER IN THE STOMACH, CAUSING				687.27	2.00	0.00	0.00	0.00	0.00	0.00	689.27
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,812.73	243.00	0.00	0.00	0.00	0.00	0.00	2,055.73
				687.27	2.00	0.00	0.00	0.00	0.00	0.00	689.27

Claim Number: 16WC07103B

16WC07103B	GRAY, MARSHA	11		431.92	243.00	0.00	0.00	0.00	0.00	0.00	674.92
RAHWAY INTERMEDIATE SCHOOL	6/3/2016	6/3/2016	7/18/2016	431.92	243.00	0.00	0.00	0.00	0.00	0.00	674.92
TRIPPED ON AN EXPOSED CORD SHE FELL ON BUTTOCKS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				431.92	243.00	0.00	0.00	0.00	0.00	0.00	674.92
				431.92	243.00	0.00	0.00	0.00	0.00	0.00	674.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07104K

16WC07104K	ANDERSON, CLINTON	11		293.60	243.00	0.00	0.00	0.00	0.00	0.00	536.60
NORTH MAIN STREET SCHOOL	6/6/2016	6/6/2016	7/27/2016	293.60	243.00	0.00	0.00	0.00	0.00	0.00	536.60
CLOSING DOOR TO ALARM BOX CAUGHT R PINKY FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				293.60	243.00	0.00	0.00	0.00	0.00	0.00	536.60
				293.60	243.00	0.00	0.00	0.00	0.00	0.00	536.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07105Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss		Status	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07105Y

16WC07105Y	CANTALUPO, JEANNETTE	11	388.72	243.00	0.00	0.00	0.00	0.00	0.00	631.72
CENTER FOR LIFE LONG LEARNIN	6/2/2016	6/6/2016	7/25/2016	388.72	243.00	0.00	0.00	0.00	0.00	631.72
PLAYING VOLLEYBALL ON FIELD DAY WITH STUDENTS, STUDENT STEPPED C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			388.72	243.00	0.00	0.00	0.00	0.00	0.00	631.72
			388.72	243.00	0.00	0.00	0.00	0.00	0.00	631.72
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07106B

16WC07106B	NORELL, NANCY	11	106.66	243.00	0.00	0.00	0.00	0.00	0.00	349.66
MCCLLOUD ES	6/6/2016	6/6/2016	7/18/2016	106.66	243.00	0.00	0.00	0.00	0.00	349.66
MOVING FILE TRAY FROM DESK TO FILING CABINET, TRAY FELL ON CHEST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			106.66	243.00	0.00	0.00	0.00	0.00	0.00	349.66
			106.66	243.00	0.00	0.00	0.00	0.00	0.00	349.66
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07108W

16WC07108W	COOK, TAAJIA	11	228.63	243.00	0.00	0.00	0.00	0.00	0.00	471.63
TEAM ACADEMY CHARTER BOE	6/6/2016	6/6/2016	7/12/2016	228.63	243.00	0.00	0.00	0.00	0.00	471.63
ATTEMPTED TO PICK UP STUDENT FROM FLOOR STUDENT BIT L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			228.63	243.00	0.00	0.00	0.00	0.00	0.00	471.63
			228.63	243.00	0.00	0.00	0.00	0.00	0.00	471.63
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07109K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07109K

16WC07109K	LAURIA, DARLENE		11	211.44	243.00	0.00	0.00	0.00	0.00	0.00	454.44
THEODORE SCHOR M.S.	6/3/2016	6/6/2016	8/ 4/2016	211.44	243.00	0.00	0.00	0.00	0.00	0.00	454.44
SLIPPED ON FLOOR AND FELL INJURED L HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				211.44	243.00	0.00	0.00	0.00	0.00	0.00	454.44
				211.44	243.00	0.00	0.00	0.00	0.00	0.00	454.44
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07110V

16WC07110V	FLEURY, LISA		10	1,602.58	1,193.00	746.40	0.00	0.00	0.00	0.00	3,541.98
VALLEY PROGRAM	6/6/2016	6/6/2016	7/21/2016	1,602.58	1,193.00	746.40	0.00	0.00	0.00	0.00	3,541.98
STUDENT HEAD BUTTED HER IN HEAD, NAUSEA, DIZZINESS, BLURRED VISIO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,602.58	1,193.00	746.40	0.00	0.00	0.00	0.00	3,541.98
				1,602.58	1,193.00	746.40	0.00	0.00	0.00	0.00	3,541.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07111K

16WC07111K	WILSON, ANDRAY		11	1,993.81	243.00	0.00	0.00	0.00	0.00	0.00	2,236.81
MARION P THOMAS CHARTER SCH	6/6/2016	6/6/2016	9/12/2016	1,993.81	243.00	0.00	0.00	0.00	0.00	0.00	2,236.81
WORKING ON GYM STAGE LIFTED A 24 FT LADDER WITH NO HELP LADDER SI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,993.81	243.00	0.00	0.00	0.00	0.00	0.00	2,236.81
				1,993.81	243.00	0.00	0.00	0.00	0.00	0.00	2,236.81
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07112V





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07112V

16WC07112V	ZAHORBENSKI, SUSAN	10	2,898.71	1,193.00	1,085.10	0.00	0.00	0.00	0.00	5,176.81
NJ REG. DAY SCHOOL AT PISCATAWAY	6/6/2016	6/6/2016	9/15/2016	2,898.71	1,193.00	1,085.10	0.00	0.00	0.00	5,176.81
HELPING TEACHER LIFT A SPEC ED STUDENT WHO NEEDED TO BE CHANGED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			2,898.71	1,193.00	1,085.10	0.00	0.00	0.00	0.00	5,176.81
			2,898.71	1,193.00	1,085.10	0.00	0.00	0.00	0.00	5,176.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07113Y

16WC07113Y	WHALEN, VIVIAN	11	268.14	243.00	0.00	0.00	0.00	0.00	0.00	511.14
FRANKLIN NO. 3 ELEM.	6/6/2016	6/6/2016	7/25/2016	268.14	243.00	0.00	0.00	0.00	0.00	511.14
REMOVING STICKERS FROM BACK OF DOOR USING BLADE IT SLIPPED CUTTING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			268.14	243.00	0.00	0.00	0.00	0.00	0.00	511.14
			268.14	243.00	0.00	0.00	0.00	0.00	0.00	511.14
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07114B

16WC07114B	SPILLER, LAUREN	11	1,438.65	243.00	0.00	0.00	0.00	0.00	0.00	1,681.65
ANTHONY WAYNE MS	6/6/2016	6/6/2016	8/ 2/2016	1,438.65	243.00	0.00	0.00	0.00	0.00	1,681.65
WHILE WALKING WITH HER HEAD DOWN READING A POSTER SHE STRUCK HER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,438.65	243.00	0.00	0.00	0.00	0.00	0.00	1,681.65
			1,438.65	243.00	0.00	0.00	0.00	0.00	0.00	1,681.65
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07115W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07115W

16WC07115W	POPE, JERROLD	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CENTRAL HS	6/6/2016	6/6/2016	7/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REPAIRING BATHROOM SINK USING PLIERS CUT L THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07116J

16WC07116J	MEZZINA, ROSA	11		741.62	243.00	0.00	0.00	0.00	0.00	984.62
EAST BRUNSWICK TWP. BOARD OF	6/1/2016	6/7/2016	9/13/2016	741.62	243.00	0.00	0.00	0.00	0.00	984.62
HOT PAN FELL OFF OVEN WARMER BURNING HER L FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				741.62	243.00	0.00	0.00	0.00	0.00	984.62
				741.62	243.00	0.00	0.00	0.00	0.00	984.62
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07117T

16WC07117T	DILL-WHITE, YVONNE	10		140.00	1,193.00	0.00	0.00	0.00	0.00	1,333.00
SOUTH MAIN STREET SCHOOL	6/2/2016	6/7/2016	6/24/2016	140.00	1,193.00	0.00	0.00	0.00	0.00	1,333.00
WALKING SHE SLIPPED ON WATER AND FELL INJURED R KNEE, R HIP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				140.00	1,193.00	0.00	0.00	0.00	0.00	1,333.00
				140.00	1,193.00	0.00	0.00	0.00	0.00	1,333.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07118K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07118K

16WC07118K	SCHUSTER, NICOLLE	11	104.85	243.00	0.00	0.00	0.00	0.00	0.00	347.85
HUNTERDON CENTRAL REG HS	6/6/2016	6/7/2016	7/8/2016	104.85	243.00	0.00	0.00	0.00	0.00	347.85
CUTTING THROUGH GYM WAS STRUCK BY A STUDENT PLAYING BASKETBALL			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			104.85	243.00	0.00	0.00	0.00	0.00	0.00	347.85
			104.85	243.00	0.00	0.00	0.00	0.00	0.00	347.85
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07119C

16WC07119C	ILARDI, VANESSA	10	35,240.35	1,195.00	41,562.00	0.00	0.00	0.00	0.00	77,997.35
THOMAS JEFFERSON ES	6/2/2016	6/7/2016	Open	4,292.49	1,193.00	1,742.00	0.00	0.00	0.00	7,227.49
STUDENT HAVING BEHAVIORAL PUSHED, LEAN, RESISTED INJURED LOWER E			30,947.86	2.00	39,820.00	0.00	0.00	0.00	0.00	70,769.86
Total by Claim Number 1 Claim			35,240.35	1,195.00	41,562.00	0.00	0.00	0.00	0.00	77,997.35
			4,292.49	1,193.00	1,742.00	0.00	0.00	0.00	0.00	7,227.49
			30,947.86	2.00	39,820.00	0.00	0.00	0.00	0.00	70,769.86

Claim Number: 16WC07120Y

16WC07120Y	O'BRIEN, JANICE	11	1,116.74	243.00	0.00	0.00	0.00	0.00	0.00	1,359.74
BERNARDS HS	6/7/2016	6/7/2016	8/25/2016	1,116.74	243.00	0.00	0.00	0.00	0.00	1,359.74
PLACING BOOKS ON GLASS SHELF, LOCKS HOLDING SHELF BROKE GLASS P			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,116.74	243.00	0.00	0.00	0.00	0.00	0.00	1,359.74
			1,116.74	243.00	0.00	0.00	0.00	0.00	0.00	1,359.74
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07121Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07121Y

16WC07121Y	EZCURRA, JOANA	11		124.08	243.00	0.00	0.00	0.00	0.00	367.08
SIXTEENTH AVE ES	6/7/2016	6/7/2016	8/23/2016	124.08	243.00	0.00	0.00	0.00	0.00	367.08
WORKING WITH CHILD HAVING BEHAVIORAL ISSUE WAS HEAD BUTTED IN MC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				124.08	243.00	0.00	0.00	0.00	0.00	367.08
				124.08	243.00	0.00	0.00	0.00	0.00	367.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07122B

16WC07122B	FUERST, PERRI	11		1,863.66	243.00	0.00	0.00	0.00	0.00	2,106.66
CENTER FOR LIFE LONG LEARNIN	6/6/2016	6/7/2016	8/24/2016	1,863.66	243.00	0.00	0.00	0.00	0.00	2,106.66
LEAVING RESTROOM L PINKY FINGER CAUGHT IN CREASE OF DOOR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,863.66	243.00	0.00	0.00	0.00	0.00	2,106.66
				1,863.66	243.00	0.00	0.00	0.00	0.00	2,106.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07123I

16WC07123I	WEISS, LAURIE	10		50,000.00	1,193.00	21,676.00	0.00	0.00	3,500.00	76,369.00
BRET HARTE ES	6/6/2016	6/7/2016	Open	3,894.07	1,193.00	4,388.38	0.00	0.00	900.00	10,375.45
WALKING UP STAIRS TALKING TO STUDENT FELL FORWARD HITTING FOREHI				46,105.93	0.00	17,287.62	0.00	0.00	2,600.00	65,993.55
Total by Claim Number 1 Claim				50,000.00	1,193.00	21,676.00	0.00	0.00	3,500.00	76,369.00
				3,894.07	1,193.00	4,388.38	0.00	0.00	900.00	10,375.45
				46,105.93	0.00	17,287.62	0.00	0.00	2,600.00	65,993.55

Claim Number: 16WC07124W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07124W

16WC07124W	TANGO, ALISON	11		35.56	243.00	0.00	0.00	0.00	0.00	278.56
RIDGE HS	6/7/2016	6/7/2016	7/13/2016	35.56	243.00	0.00	0.00	0.00	0.00	278.56
HELPING A TEACHER WITH CHILD HAVING BEHAVIORAL ISSUE CHILD DUG NA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				35.56	243.00	0.00	0.00	0.00	0.00	278.56
				35.56	243.00	0.00	0.00	0.00	0.00	278.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07126B

16WC07126B	VANNORTWICK, TRACY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CEDAR CREEK E.S.	6/7/2016	6/7/2016	7/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL BIT HER R WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07127I

16WC07127I	HAYNES, RONALD	10		460.95	1,193.00	0.00	0.00	0.00	0.00	1,653.95
DUNELLEN HIGH SCHOOL	6/7/2016	6/7/2016	8/30/2016	460.95	1,193.00	0.00	0.00	0.00	0.00	1,653.95
CLIMBING DOWN LADDER FROM ROOF LADDER DETAHED HE FELL INJURED I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				460.95	1,193.00	0.00	0.00	0.00	0.00	1,653.95
				460.95	1,193.00	0.00	0.00	0.00	0.00	1,653.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07128W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07128W

16WC07128W	BERRYMAN, JOSEPH	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
PARK AVE ES	6/7/2016	6/7/2016	7/12/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLAMMED L RING FINGER IN GARAGE DOOR WHILE CLOSING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07131P

16WC07131P	FANNING, RICHARD	11		65,568.93	245.00	60,000.00	0.00	0.00	0.00	125,813.93
TRANSPORTATION DEPT	6/6/2016	6/7/2016	Open	716.43	243.00	0.00	0.00	0.00	0.00	959.43
WALKING OFF BUS SLIPPED AND FELL CAUGHT HIMSELF HOLDING ONTO DOOR				64,852.50	2.00	60,000.00	0.00	0.00	0.00	124,854.50
Total by Claim Number 1 Claim				65,568.93	245.00	60,000.00	0.00	0.00	0.00	125,813.93
				716.43	243.00	0.00	0.00	0.00	0.00	959.43
				64,852.50	2.00	60,000.00	0.00	0.00	0.00	124,854.50

Claim Number: 16WC07132Y

16WC07132Y	CAPIZZI, LAUREN	11		236.94	243.00	0.00	0.00	0.00	0.00	479.94
RIDGE HS	6/7/2016	6/7/2016	6/30/2016	236.94	243.00	0.00	0.00	0.00	0.00	479.94
STUDENT ATTEMPTING TO RUN AWAY SCRATCHED HER R UPPER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				236.94	243.00	0.00	0.00	0.00	0.00	479.94
				236.94	243.00	0.00	0.00	0.00	0.00	479.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07133M





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07133M

16WC07133M	FARRELL, EILEEN	15		2,245.59	243.00	21,000.00	0.00	0.00	3,500.00	0.00	26,988.59
PASSAIC COUNTY TECH. INSTITUT	6/7/2016	6/7/2016	Open	2,245.59	243.00	0.00	0.00	0.00	0.00	0.00	2,488.59
WALKING SHE SLIPPED FROM WATER IJURED L KNEE AND HIT HEAD ON WAL				0.00	0.00	21,000.00	0.00	0.00	3,500.00	0.00	24,500.00
Total by Claim Number 1 Claim				2,245.59	243.00	21,000.00	0.00	0.00	3,500.00	0.00	26,988.59
				2,245.59	243.00	0.00	0.00	0.00	0.00	0.00	2,488.59
				0.00	0.00	21,000.00	0.00	0.00	3,500.00	0.00	24,500.00

Claim Number: 16WC07134B

16WC07134B	FLORES, ADA	11		587.72	243.00	0.00	0.00	0.00	0.00	0.00	830.72
BRIGHT BEGINNINGS LEARNING CI	6/7/2016	6/7/2016	8/23/2016	587.72	243.00	0.00	0.00	0.00	0.00	0.00	830.72
ASSISTING STUDENT WITH HIS BELT STUDENT BIT HER HAND PALM AREA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				587.72	243.00	0.00	0.00	0.00	0.00	0.00	830.72
				587.72	243.00	0.00	0.00	0.00	0.00	0.00	830.72
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07136K

16WC07136K	EVANS, SHIRLEY	11		59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
ADMIN BLDG	6/2/2016	6/7/2016	7/21/2016	59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
BENDING OVER TO MOVE SHOES WAS POKED IN EYE BY CHILD STANDING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
				59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07137B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07137B

16WC07137B	BOSQUES, NUBIA	11		529.47	243.00	0.00	0.00	0.00	0.00	0.00	772.47
JAMES J. FLYNN E.S.	6/7/2016	6/7/2016	7/18/2016	529.47	243.00	0.00	0.00	0.00	0.00	0.00	772.47
REACHED UNDER LAMP SHADE BULB BLEW OUT CAUSING A BURN ON L THUI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				529.47	243.00	0.00	0.00	0.00	0.00	0.00	772.47
				529.47	243.00	0.00	0.00	0.00	0.00	0.00	772.47
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07138W

16WC07138W	GONZALEZ RIVERA, GISELL MAF	11		1,760.41	243.00	0.00	0.00	0.00	0.00	0.00	2,003.41
LEAP ACADEMY CHARTER SCHOOL	6/7/2016	6/7/2016	8/23/2016	1,760.41	243.00	0.00	0.00	0.00	0.00	0.00	2,003.41
SLIPPED ON WET FLOOR AND FELL ON L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,760.41	243.00	0.00	0.00	0.00	0.00	0.00	2,003.41
				1,760.41	243.00	0.00	0.00	0.00	0.00	0.00	2,003.41
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07139V

16WC07139V	GILLESPIE, ROBERT	10		52,500.00	1,193.00	36,000.00	0.00	0.00	0.00	0.00	89,693.00
GERALDINE FOSTER EARLY CHILD	6/7/2016	6/7/2016	Open	1,296.98	1,193.00	3,468.00	0.00	0.00	0.00	0.00	5,957.98
UNLOADING CHAIRS FROM TRUCK ONTO A HAND TRUCK CHAIRS SLID AND F				51,203.02	0.00	32,532.00	0.00	0.00	0.00	0.00	83,735.02
Total by Claim Number 1 Claim				52,500.00	1,193.00	36,000.00	0.00	0.00	0.00	0.00	89,693.00
				1,296.98	1,193.00	3,468.00	0.00	0.00	0.00	0.00	5,957.98
				51,203.02	0.00	32,532.00	0.00	0.00	0.00	0.00	83,735.02

Claim Number: 16WC07140Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07140Y

16WC07140Y	FENN, JULIA	11	1,160.48	243.00	0.00	0.00	0.00	0.00	0.00	1,403.48
RIVER FRONT SCHOOL	6/7/2016	6/8/2016	8/30/2016	1,160.48	243.00	0.00	0.00	0.00	0.00	1,403.48
LOST FOOTING ON UNEVEN SIDEWALK AND FELL ROLLED L FOOT AND INJUR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,160.48	243.00	0.00	0.00	0.00	0.00	1,403.48
				1,160.48	243.00	0.00	0.00	0.00	0.00	1,403.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07142K

16WC07142K	BOYKIN, JEPIERA	11	197.80	243.00	0.00	0.00	0.00	0.00	0.00	440.80
RED BANK PRIMARY	6/6/2016	6/8/2016	7/29/2016	197.80	243.00	0.00	0.00	0.00	0.00	440.80
LAMINATING CARDSTOCK PAPER, FLIPPED THE PAPER OVE HITTING R EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				197.80	243.00	0.00	0.00	0.00	0.00	440.80
				197.80	243.00	0.00	0.00	0.00	0.00	440.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07143Y

16WC07143Y	SEIBRING, KATHERINE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HIGH SCHOOL	6/8/2016	6/8/2016	7/25/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PASSED OUT AND HIT HEAD ON DESK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07144B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07144B

16WC07144B	SCOFIELD, ANTONEELA	11	268.95	243.00	0.00	0.00	0.00	0.00	0.00	511.95
VALLEY PROGRAM	6/8/2016	6/8/2016	7/26/2016	268.95	243.00	0.00	0.00	0.00	0.00	511.95
GETTING READY TO SIT DOWN IN CHAIR, CHILD PULLED CHAIR OUT SHE FEL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			268.95	243.00	0.00	0.00	0.00	0.00	0.00	511.95
			268.95	243.00	0.00	0.00	0.00	0.00	0.00	511.95
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07145K

16WC07145K	CIMINO, THOMAS	11	173.90	243.00	0.00	0.00	0.00	0.00	0.00	416.90
GARFIELD HS	6/3/2016	6/8/2016	7/22/2016	173.90	243.00	0.00	0.00	0.00	0.00	416.90
REMOVING ALUMINUM BRAKE FROM TRUCK, STRAINED R SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			173.90	243.00	0.00	0.00	0.00	0.00	0.00	416.90
			173.90	243.00	0.00	0.00	0.00	0.00	0.00	416.90
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07146W

16WC07146W	CONDARDO, NANCY	11	199.68	243.00	0.00	0.00	0.00	0.00	0.00	442.68
MANCHESTER TWP. MS	6/8/2016	6/8/2016	7/26/2016	199.68	243.00	0.00	0.00	0.00	0.00	442.68
PUTTING AWAY MUSIC SHEETS ON SHELF CUT HER R HAND ON A PIECE OF M				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			199.68	243.00	0.00	0.00	0.00	0.00	0.00	442.68
			199.68	243.00	0.00	0.00	0.00	0.00	0.00	442.68
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07147Z





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07147Z

16WC07147Z	REINHOLD, KARISSA	10	3,214.72	1,193.00	0.00	0.00	0.00	0.00	0.00	4,407.72
BASS RIVER TWP E.S.	6/8/2016	6/8/2016	9/15/2016	3,214.72	1,193.00	0.00	0.00	0.00	0.00	4,407.72
WHILE ON SWING WITH STUDENTS, A CHILD WALKED IN FRONT OF MOVING BUS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			3,214.72	1,193.00	0.00	0.00	0.00	0.00	0.00	4,407.72
			3,214.72	1,193.00	0.00	0.00	0.00	0.00	0.00	4,407.72
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07149Y

16WC07149Y	ARCHILA, DIANA	11	226.11	243.00	0.00	0.00	0.00	0.00	0.00	469.11
RED BANK MS	6/8/2016	6/8/2016	7/18/2016	226.11	243.00	0.00	0.00	0.00	0.00	469.11
STUDENT WAS EXCITED RAN UP AND HUGGED HER TIGHTLY LIFTING HER UP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			226.11	243.00	0.00	0.00	0.00	0.00	0.00	469.11
			226.11	243.00	0.00	0.00	0.00	0.00	0.00	469.11
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07150V

16WC07150V	RUSSELL, WINSOME	11	4,000.00	245.00	0.00	0.00	0.00	0.00	0.00	4,245.00
GREGORY SCHOOL (NEW)	6/8/2016	6/8/2016	Open	3,076.91	243.00	0.00	0.00	0.00	0.00	3,319.91
TRYING TO BREAK UP A FIGHT BETWEEN STUDENTS WAS PUNCHED IN FACE				923.09	2.00	0.00	0.00	0.00	0.00	925.09
Total by Claim Number 1 Claim			4,000.00	245.00	0.00	0.00	0.00	0.00	0.00	4,245.00
			3,076.91	243.00	0.00	0.00	0.00	0.00	0.00	3,319.91
			923.09	2.00	0.00	0.00	0.00	0.00	0.00	925.09

Claim Number: 16WC07151B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss		Status	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07151B

16WC07151B	PARRIS, TABITHA	11	276.44	243.00	0.00	0.00	0.00	0.00	0.00	519.44
FREEDOM PREP CHARTER SCHOC	6/8/2016	6/8/2016	7/28/2016	276.44	243.00	0.00	0.00	0.00	0.00	519.44
WORKING WITH CHILD HAVING BEHAVIORAL ISSUE WAS KICKED BY CHILD IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			276.44	243.00	0.00	0.00	0.00	0.00	0.00	519.44
			276.44	243.00	0.00	0.00	0.00	0.00	0.00	519.44
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07152W

16WC07152W	KENNEDY, CAREY	11	226.14	243.00	0.00	0.00	0.00	0.00	0.00	469.14
ANTHONY WAYNE MS	6/8/2016	6/8/2016	7/26/2016	226.14	243.00	0.00	0.00	0.00	0.00	469.14
SHOOTING BASKETBALLS WITH STUDENTS SHE COLLIDED WITH STUDENT F/				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			226.14	243.00	0.00	0.00	0.00	0.00	0.00	469.14
			226.14	243.00	0.00	0.00	0.00	0.00	0.00	469.14
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07153Y

16WC07153Y	BURNS, TERESA	11	106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
BEERS STREET MS	6/8/2016	6/8/2016	8/ 4/2016	106.08	243.00	0.00	0.00	0.00	0.00	349.08
WHILE PLAYING TENNIS WITH STUDENTS, STUDENT TOSSED RACKET ACCIDI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
			106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07154M





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07154M

16WC07154M	COFRANCESCO, JOSEPH	10		506.20	1,193.00	952.29	0.00	0.00	0.00	0.00	2,651.49
WESTWOOD JR/SR HS	6/6/2016	6/7/2016	7/21/2016	506.20	1,193.00	952.29	0.00	0.00	0.00	0.00	2,651.49
STACKING UP DESKS AND CHAIRS TO PREPARE FOR VOTING STRAINED BAC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				506.20	1,193.00	952.29	0.00	0.00	0.00	0.00	2,651.49
				506.20	1,193.00	952.29	0.00	0.00	0.00	0.00	2,651.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07155K

16WC07155K	TEWFIK, BEBA	11		113.25	243.00	0.00	0.00	0.00	0.00	0.00	356.25
WARREN DEVELOP. LEARNING CTI	6/8/2016	6/8/2016	7/ 8/2016	113.25	243.00	0.00	0.00	0.00	0.00	0.00	356.25
WALKING WITH CHILD WAS KICKED TWICE IN R SHIN CAUSING HER TO FALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				113.25	243.00	0.00	0.00	0.00	0.00	0.00	356.25
				113.25	243.00	0.00	0.00	0.00	0.00	0.00	356.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07156Y

16WC07156Y	SKINNER, MARY	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SCHOOL #28 MATTHEW JAGO	6/8/2016	6/8/2016	7/29/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CHILD FELL INTO HER R KNEE TO BUCKLE BACKWARDS SHE FELL INTO PRIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07157P





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07157P

16WC07157P	VALENCIA, KRISTEN		11	2,751.80	0.00	0.00	0.00	0.00	0.00	2,751.80
WAYNE VALLEY H.S.	6/7/2016	6/8/2016	9/ 9/2016	2,751.80	0.00	0.00	0.00	0.00	0.00	2,751.80
WHILE ON SCHOOL BUS HEADING TO DORNEY PARK WAS INVOLVED IN MVA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,751.80	0.00	0.00	0.00	0.00	0.00	2,751.80
				2,751.80	0.00	0.00	0.00	0.00	0.00	2,751.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07158Y

16WC07158Y	CHAUDHARY, REHANA		11	2,501.00	243.00	0.00	0.00	0.00	0.00	2,744.00
WALLACE MIDDLE SCHOOL	6/8/2016	6/8/2016	Open	1,114.30	243.00	0.00	0.00	0.00	0.00	1,357.30
STANDING AND FELT WEAK, SHE FELL INJURED L KNEE				1,386.70	0.00	0.00	0.00	0.00	0.00	1,386.70
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	2,744.00
				1,114.30	243.00	0.00	0.00	0.00	0.00	1,357.30
				1,386.70	0.00	0.00	0.00	0.00	0.00	1,386.70

Claim Number: 16WC07159B

16WC07159B	BERTING, SUSAN		11	367.97	243.00	0.00	0.00	0.00	0.00	610.97
WOODBURY HIGH SCHOOL	6/8/2016	6/8/2016	9/ 6/2016	367.97	243.00	0.00	0.00	0.00	0.00	610.97
STEPPING FROM STEP STOOL ONTO COUNTER LOST BALANCE AND FELL INJ				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				367.97	243.00	0.00	0.00	0.00	0.00	610.97
				367.97	243.00	0.00	0.00	0.00	0.00	610.97
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07160G





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07160G

16WC07160G	DURKIN, LAURIE		10	10,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	26,193.00
ADMIN OFFICE	6/6/2016	6/8/2016	Open	2,514.73	1,193.00	993.15	0.00	0.00	0.00	0.00	4,700.88
WALKING DOWN STEPS MISSED A STEP AND FELL INJURED R FOREARM, HEA				7,485.27	0.00	14,006.85	0.00	0.00	0.00	0.00	21,492.12
Total by Claim Number 1 Claim				10,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	26,193.00
				2,514.73	1,193.00	993.15	0.00	0.00	0.00	0.00	4,700.88
				7,485.27	0.00	14,006.85	0.00	0.00	0.00	0.00	21,492.12

Claim Number: 16WC07162K

16WC07162K	WILLIAMS, COLLEEN		11	278.93	243.00	0.00	0.00	0.00	0.00	0.00	521.93
ALTERNATIVE ACADEMIC HS	6/8/2016	6/8/2016	7/21/2016	278.93	243.00	0.00	0.00	0.00	0.00	0.00	521.93
STUDENT HAVING A BEHAVIORAL BIT ON HER RT FOREARM, BREAKING THE S				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				278.93	243.00	0.00	0.00	0.00	0.00	0.00	521.93
				278.93	243.00	0.00	0.00	0.00	0.00	0.00	521.93
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07163Y

16WC07163Y	BALLARD, WILLIAM		11	914.40	243.00	0.00	0.00	0.00	0.00	0.00	1,157.40
LIVINGSTON PARK SCHOOL	6/8/2016	6/9/2016	7/29/2016	914.40	243.00	0.00	0.00	0.00	0.00	0.00	1,157.40
SUPERVISING THE DROP OFF FOUND A KITTEN IN HOOD OF CAR REACHED T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				914.40	243.00	0.00	0.00	0.00	0.00	0.00	1,157.40
				914.40	243.00	0.00	0.00	0.00	0.00	0.00	1,157.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07164K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07164K

16WC07164K	BURGO, ASHLEY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
JOHNSTONE E.S.	6/8/2016	6/9/2016	7/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS PUNCHED IN STOMACH BY A STUDENT HAVING BEHAVIORAL ISSUE 8 M				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07165W

16WC07165W	MAYFIELD, SCHMICA	11		146.91	243.00	0.00	0.00	0.00	0.00	389.91
P.J. HILL SCHOOL	6/7/2016	6/7/2016	7/26/2016	146.91	243.00	0.00	0.00	0.00	0.00	389.91
ON A FIELD TRIP, IN THE BATHROOM, SHE BURNED HER RT FOREARM ON TH				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				146.91	243.00	0.00	0.00	0.00	0.00	389.91
				146.91	243.00	0.00	0.00	0.00	0.00	389.91
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07166F

16WC07166F	MOJICA, JEANETTE	11		1,558.92	243.00	5,687.00	0.00	0.00	0.00	7,488.92
NJ REGIONAL DAY-JACKSON	6/8/2016	6/9/2016	8/11/2016	1,558.92	243.00	5,687.00	0.00	0.00	0.00	7,488.92
ATTEMPTING TO GET AWAY FROM STUDENT TRYING TO GRAB HER R ELBOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,558.92	243.00	5,687.00	0.00	0.00	0.00	7,488.92
				1,558.92	243.00	5,687.00	0.00	0.00	0.00	7,488.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07167Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07167Y

16WC07167Y	BALDESWEILER, AMY	11	1,514.93	243.00	0.00	0.00	0.00	0.00	0.00	1,757.93
CHURCHILL J.H.S.	6/8/2016	6/8/2016	8/9/2016	1,514.93	243.00	0.00	0.00	0.00	0.00	1,757.93
WALKING TO GET SUPPLIES WHEN SHE TRIPPED OVER A CO-WORKERS FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,514.93	243.00	0.00	0.00	0.00	0.00	0.00	1,757.93
			1,514.93	243.00	0.00	0.00	0.00	0.00	0.00	1,757.93
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07168K

16WC07168K	WEBB, HEATHER	11	1,681.80	243.00	0.00	0.00	0.00	0.00	0.00	1,924.80
CENTER FOR LIFE LONG LEARNING	6/8/2016	6/9/2016	7/19/2016	1,681.80	243.00	0.00	0.00	0.00	0.00	1,924.80
ASSISTING A STUDENT AND TRYING TO TAKE HIM FOR A WALK WAS HIT IN BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,681.80	243.00	0.00	0.00	0.00	0.00	0.00	1,924.80
			1,681.80	243.00	0.00	0.00	0.00	0.00	0.00	1,924.80
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07169K

16WC07169K	GALLO, DOMINIC	11	12.26	243.00	0.00	0.00	0.00	0.00	0.00	255.26
VINELAND TRANSPORTATION	6/8/2016	6/9/2016	7/19/2016	12.26	243.00	0.00	0.00	0.00	0.00	255.26
PULLING INTO DRIVEWAY PICKING UP STUDENT, STRUCK SEVERAL POTHOLES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			12.26	243.00	0.00	0.00	0.00	0.00	0.00	255.26
			12.26	243.00	0.00	0.00	0.00	0.00	0.00	255.26
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07170B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07170B

16WC07170B	GROTZ, DAVID	11		124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
JAMES MADISON SCHOOL	6/8/2016	6/9/2016	8/9/2016	124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
PLACED CHILD IN PROTECTIVE HOLD INJURED LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
				124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07171W

16WC07171W	CAULFIELD, GABRIELLE	11		359.70	243.00	0.00	0.00	0.00	0.00	0.00	602.70
BRIGHT BEGINNINGS LEARNING CI	6/8/2016	6/8/2016	7/21/2016	359.70	243.00	0.00	0.00	0.00	0.00	0.00	602.70
RESTRAINING A STUDENT HAVING A BEHAVIORAL, STUDENT'S CHAIR TIPPED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				359.70	243.00	0.00	0.00	0.00	0.00	0.00	602.70
				359.70	243.00	0.00	0.00	0.00	0.00	0.00	602.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07172M

16WC07172M	KALINOWSKI, THOMAS	11		306.14	243.00	1,244.26	0.00	0.00	0.00	0.00	1,793.40
HENRY B. MILNES E.S.	6/8/2016	6/9/2016	8/16/2016	306.14	243.00	1,244.26	0.00	0.00	0.00	0.00	1,793.40
WHILE REMOVING AN AC FROM A TRUCK FELT PAIN IN LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				306.14	243.00	1,244.26	0.00	0.00	0.00	0.00	1,793.40
				306.14	243.00	1,244.26	0.00	0.00	0.00	0.00	1,793.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07173K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss		Status	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07173K

16WC07173K	TARRICONE, VINCENT	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
HIGHLAND HS	6/8/2016	6/8/2016	7/26/2016	160.00	243.00	0.00	0.00	0.00	0.00	403.00
DRILLING COLUMNS, THE DRILL WENT THROUGH HIS LT FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07174W

16WC07174W	KULP, FRANCIS	11	1,288.29	243.00	0.00	0.00	0.00	0.00	0.00	1,531.29
LAWNSIDE PUBLIC ES	6/8/2016	6/9/2016	8/16/2016	1,288.29	243.00	0.00	0.00	0.00	0.00	1,531.29
LIFTING GARBAGE OUT OF DUMPSTER FELT PAIN IN GROIN AREA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,288.29	243.00	0.00	0.00	0.00	0.00	1,531.29
				1,288.29	243.00	0.00	0.00	0.00	0.00	1,531.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07175B

16WC07175B	WRUBLEVSKI, NICHOLE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
JOHN E. RILEY E.S.	6/9/2016	6/9/2016	7/14/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE PLAYING FOR FUN & FITNESS DAY, A CHILD RAN INTO HER RT LOWER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07176Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07176Y

16WC07176Y	BAVOSA-YAROSH, LINDA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ELYSIAN CHTR SCHOOL	6/9/2016	6/9/2016	7/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE DELIVERING LUNCHES, THE TOP OF THE WARMER FELL STRIKING THE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07177W

16WC07177W	NG, MAYERLIN	11		290.97	243.00	0.00	0.00	0.00	0.00	533.97
ADMINISTRATIVE BUILDING	6/2/2016	6/9/2016	7/26/2016	290.97	243.00	0.00	0.00	0.00	0.00	533.97
CLMT SLIPPED ON WET FLOOR IN THE BATHROOM TWIST LT KNEE DID NOT F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				290.97	243.00	0.00	0.00	0.00	0.00	533.97
				290.97	243.00	0.00	0.00	0.00	0.00	533.97
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07178F

16WC07178F	VENDEMIA, DIANE	11		1,413.66	243.00	10,000.00	0.00	0.00	1,140.00	12,796.66
GRIEBLING SCHOOL	6/9/2016	6/9/2016	9/ 6/2016	1,413.66	243.00	10,000.00	0.00	0.00	1,140.00	12,796.66
TRIPPED IN A POTHOLE AND FELL INTO DUMPSTER INJURED L UPPER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,413.66	243.00	10,000.00	0.00	0.00	1,140.00	12,796.66
				1,413.66	243.00	10,000.00	0.00	0.00	1,140.00	12,796.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07181Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07181Y

16WC07181Y	DAI, ZHENZHEN	11	654.90	243.00	0.00	0.00	0.00	0.00	0.00	897.90
NEW BRIDGES ES	6/3/2016	6/7/2016	8/ 5/2016	654.90	243.00	0.00	0.00	0.00	0.00	897.90
STUDENT HAVING A BEHAVIORAL KEPT HITTING HIS HELMET ON HIS HEAD, H				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				654.90	243.00	0.00	0.00	0.00	0.00	897.90
				654.90	243.00	0.00	0.00	0.00	0.00	897.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07182B

16WC07182B	LAWLOR, JEANNE	11	2,000.10	243.00	0.00	0.00	0.00	0.00	0.00	2,243.10
MEMORIAL SCHOOL	6/9/2016	6/9/2016	7/26/2016	2,000.10	243.00	0.00	0.00	0.00	0.00	2,243.10
STUDENT HAVING A BEHAVIORAL BIT HER LT UPPER ARM, HEAD-BUTTED HEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,000.10	243.00	0.00	0.00	0.00	0.00	2,243.10
				2,000.10	243.00	0.00	0.00	0.00	0.00	2,243.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07183F

16WC07183F	PETTIGREW, TIA	10	2,500.00	1,193.00	0.00	0.00	0.00	3,500.00	0.00	7,193.00
HIGH SCHOOL	6/1/2016	6/9/2016	Open	985.52	1,193.00	0.00	0.00	0.00	0.00	2,178.52
CHASING A STUDENT THAT STOLE SOMETHING FROM LOBBY INJURED R ANK				1,514.48	0.00	0.00	0.00	3,500.00	0.00	5,014.48
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	3,500.00	0.00	7,193.00
				985.52	1,193.00	0.00	0.00	0.00	0.00	2,178.52
				1,514.48	0.00	0.00	0.00	3,500.00	0.00	5,014.48

Claim Number: 16WC07184W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07184W

16WC07184W	HUMMER, ROSEMARIE	11		392.54	243.00	0.00	0.00	0.00	0.00	0.00	635.54
JOSEPH C. CARUSO ES	6/8/2016	6/9/2016	7/21/2016	392.54	243.00	0.00	0.00	0.00	0.00	0.00	635.54
EXITING STAGE FROM DANCE ROUTINE STEPPED ONTO WOODEN STAGE SP				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				392.54	243.00	0.00	0.00	0.00	0.00	0.00	635.54
				392.54	243.00	0.00	0.00	0.00	0.00	0.00	635.54
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07185Y

16WC07185Y	GRAHAM, SARAH	11		471.45	243.00	0.00	0.00	0.00	0.00	0.00	714.45
SCHOOL #22 LYNN CREST	6/9/2016	6/9/2016	7/26/2016	471.45	243.00	0.00	0.00	0.00	0.00	0.00	714.45
INSTRUCTED STUDENT TO PUT BACKPACK AWAY STUDENT STRUCK AND BIT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				471.45	243.00	0.00	0.00	0.00	0.00	0.00	714.45
				471.45	243.00	0.00	0.00	0.00	0.00	0.00	714.45
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07186B

16WC07186B	BROWN, ROSALIND	11		225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
WASHINGTON SCHOOL	6/9/2016	6/9/2016	8/ 4/2016	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
STUDENT SHOVED PASS HER CAUSING HER TO TIP OVER WITH CHILD STRIK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
				225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07187W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07187W

16WC07187W	SMITH, JOANNE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
PETER COOPER SCHOOL	6/9/2016	6/9/2016	7/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLEANING A GAME BOX, PUNCTURED HER LT THUMB WITH A NAIL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07189B

16WC07189B	PAZ, JUAN LUIS	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MAINTENANCE DEPT	6/8/2016	6/9/2016	7/13/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS MOVING BARS FROM THE FLOOR FELT PULL IN UPPER BACK SEARCHIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07190K

16WC07190K	HARRIS, BABI	11		247.51	243.00	0.00	0.00	0.00	0.00	490.51
MARTIN LUTHER KING MIDDLE SCH	6/9/2016	6/9/2016	7/21/2016	247.51	243.00	0.00	0.00	0.00	0.00	490.51
TRYING TO RESTRAIN STUDENT HAVING BEHAVIORAL STRAINED L SHOULDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				247.51	243.00	0.00	0.00	0.00	0.00	490.51
				247.51	243.00	0.00	0.00	0.00	0.00	490.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07191K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07191K

16WC07191K	SHARKEY, MICHAEL	11		45.30	243.00	0.00	0.00	0.00	0.00	0.00	288.30
THOMAS E. BOWE E.S.	6/9/2016	6/9/2016	7/22/2016	45.30	243.00	0.00	0.00	0.00	0.00	0.00	288.30
WHILE PLAYING IN FACULTY VS STUDENT FLOOR HOCKEY, HE FELT & HEARD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				45.30	243.00	0.00	0.00	0.00	0.00	0.00	288.30
				45.30	243.00	0.00	0.00	0.00	0.00	0.00	288.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07192F

16WC07192F	LAUGHLIN, CYNTHIA	10		32,500.00	1,193.00	32,000.00	0.00	0.00	0.00	0.00	65,693.00
MARGARET VETTER SCHOOL	6/3/2016	6/3/2016	Open	1,462.68	1,193.00	0.00	0.00	0.00	0.00	0.00	2,655.68
WALKING TOWARD LOUD SPEAKER TO DO ANNOUNCEMENTS SHE STRUCK H				31,037.32	0.00	32,000.00	0.00	0.00	0.00	0.00	63,037.32
Total by Claim Number 1 Claim				32,500.00	1,193.00	32,000.00	0.00	0.00	0.00	0.00	65,693.00
				1,462.68	1,193.00	0.00	0.00	0.00	0.00	0.00	2,655.68
				31,037.32	0.00	32,000.00	0.00	0.00	0.00	0.00	63,037.32

Claim Number: 16WC07193B

16WC07193B	AQUILINO, LISA	11		188.86	243.00	0.00	0.00	0.00	0.00	0.00	431.86
PORT MONMOUTH ROAD ES	6/9/2016	6/9/2016	8/ 4/2016	188.86	243.00	0.00	0.00	0.00	0.00	0.00	431.86
STUDENT HAVING A BEHAVIORAL BIT ON HER RT FOREARM CAUSING A BRUI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				188.86	243.00	0.00	0.00	0.00	0.00	0.00	431.86
				188.86	243.00	0.00	0.00	0.00	0.00	0.00	431.86
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07194W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07194W

16WC07194W	SAVACOO, GRETCHEN	11		166.00	243.00	0.00	0.00	0.00	0.00	0.00	409.00
ALEXANDRIA MS	6/9/2016	6/10/2016	7/19/2016	166.00	243.00	0.00	0.00	0.00	0.00	0.00	409.00
SLIPPED IN WATER AND FELL INJURED R WRIST, L FOOT BIG TOE, L HIP, L KN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.00	243.00	0.00	0.00	0.00	0.00	0.00	409.00
				166.00	243.00	0.00	0.00	0.00	0.00	0.00	409.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07195K

16WC07195K	TOUT, ELSIE	11		196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
TRANSPORTATION	6/10/2016	6/10/2016	7/21/2016	196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
WORKING ON THE BUS & WAS STRUCK IN THE HEAD BY A STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
				196.08	243.00	0.00	0.00	0.00	0.00	0.00	439.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07196Z

16WC07196Z	RABB, JENNIFER	10		32,500.00	1,193.00	9,000.00	0.00	0.00	0.00	0.00	42,693.00
DEVEL LC - NEW PROVIDENCE	6/9/2016	6/9/2016	Open	4,929.97	1,193.00	0.00	0.00	0.00	0.00	0.00	6,122.97
PLACED HER KNEE AGAINST A CHAIR TO PLACE STUDENT BACK INTO CHAIR				27,570.03	0.00	9,000.00	0.00	0.00	0.00	0.00	36,570.03
Total by Claim Number 1 Claim				32,500.00	1,193.00	9,000.00	0.00	0.00	0.00	0.00	42,693.00
				4,929.97	1,193.00	0.00	0.00	0.00	0.00	0.00	6,122.97
				27,570.03	0.00	9,000.00	0.00	0.00	0.00	0.00	36,570.03

Claim Number: 16WC07197W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07197W

16WC07197W	DAY, JENNIFER	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MILL LAKE ES	6/9/2016	6/10/2016	7/15/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED ON CURB SIDEWALK AND FELL INJURED R BIG TOE, R KNEE, R HANI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07198K

16WC07198K	FLANAGAN, THOMASINA	11		218.87	243.00	0.00	0.00	0.00	0.00	461.87
ACADAMY LEARNING CENTER	6/10/2016	6/10/2016	7/19/2016	218.87	243.00	0.00	0.00	0.00	0.00	461.87
WHILE WORKING WITH A STUDENT SHE WAS SCRATCHED & BIT ON HIS LT-HI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				218.87	243.00	0.00	0.00	0.00	0.00	461.87
				218.87	243.00	0.00	0.00	0.00	0.00	461.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07199B

16WC07199B	COLON, ROSIE	11		395.70	243.00	0.00	0.00	0.00	0.00	638.70
JOHNSTONE E.S.	6/10/2016	6/10/2016	8/26/2016	395.70	243.00	0.00	0.00	0.00	0.00	638.70
STANDING ON CHAIR TAKING BOOKS OUT STEPPED DOWN TWISTED L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				395.70	243.00	0.00	0.00	0.00	0.00	638.70
				395.70	243.00	0.00	0.00	0.00	0.00	638.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07200Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07200Y

16WC07200Y	MOLNAUR, HOLLY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
P.J. HILL SCHOOL	6/9/2016	6/10/2016	7/27/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ON CLASS TRIP WITH STUDENTS, SNEAKER CUAGHT ON FLOOR JERKING FO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07201W

16WC07201W	BEEBE, JOAN	11		1,275.23	243.00	0.00	0.00	0.00	0.00	1,518.23
GLASSBORO H.S.	6/8/2016	6/10/2016	8/24/2016	1,275.23	243.00	0.00	0.00	0.00	0.00	1,518.23
ON CLASS TRIP WITH STUDENTS STANDING ON WALL MOVED TO LEFT FALLII				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,275.23	243.00	0.00	0.00	0.00	0.00	1,518.23
				1,275.23	243.00	0.00	0.00	0.00	0.00	1,518.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07202Y

16WC07202Y	KELL, MAXINE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHITING ES	6/9/2016	6/10/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
L GREAT TOE STRUCK METAL DOOR NAIL BREAK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07203K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07203K

16WC07203K	WALKER, JOHNNIE	11		455.33	243.00	0.00	0.00	0.00	0.00	0.00	698.33
JAMES J. FLYNN E.S.	6/8/2016	6/10/2016	9/ 6/2016	455.33	243.00	0.00	0.00	0.00	0.00	0.00	698.33
DURING FIELD DAY STUDENTS SQUIRTED WATER IN CLMT'S LT EYE WITH SU				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				455.33	243.00	0.00	0.00	0.00	0.00	0.00	698.33
				455.33	243.00	0.00	0.00	0.00	0.00	0.00	698.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07204W

16WC07204W	ROJAS, JOHN	11		176.35	243.00	0.00	0.00	0.00	0.00	0.00	419.35
BANKBRIDGE REG DEVELOPMENT.	6/10/2016	6/10/2016	8/ 2/2016	176.35	243.00	0.00	0.00	0.00	0.00	0.00	419.35
ATTEMPTING TO PREVENT STUDENT FROM RUNNING AWAY GRABBED STUDI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				176.35	243.00	0.00	0.00	0.00	0.00	0.00	419.35
				176.35	243.00	0.00	0.00	0.00	0.00	0.00	419.35
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07205B

16WC07205B	GIACOMELLI, KARLYE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SABATER ES	6/10/2016	6/10/2016	8/ 3/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ON PLAYGROUND WITH STUDENTS SHE JUMPED LANDING FELT A POP IN L L				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07206Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07206Y

16WC07206Y	CLAPP, KATHERINE	11		304.72	243.00	0.00	0.00	0.00	0.00	0.00	547.72
MEMORIAL MS	6/10/2016	6/10/2016	8/ 9/2016	304.72	243.00	0.00	0.00	0.00	0.00	0.00	547.72
WHILE WALKING DOWN THE STEPS SHE MISSED THE LAST TWO STEPS FELL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				304.72	243.00	0.00	0.00	0.00	0.00	0.00	547.72
				304.72	243.00	0.00	0.00	0.00	0.00	0.00	547.72
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07207G

16WC07207G	MCKENNA, DANIEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATLANTIC CO VOTECH	6/10/2016	6/10/2016	Open	1,033.42	243.00	0.00	0.00	0.00	0.00	0.00	1,276.42
BREAKING UP FIGHT BETWEEN STUDENTS, CUT ABOVE L EYE, LOST BALANC				1,466.58	2.00	0.00	0.00	0.00	0.00	0.00	1,468.58
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,033.42	243.00	0.00	0.00	0.00	0.00	0.00	1,276.42
				1,466.58	2.00	0.00	0.00	0.00	0.00	0.00	1,468.58

Claim Number: 16WC07208Y

16WC07208Y	ENGLISH, BRADFORD	11		3,001.00	243.00	0.00	0.00	0.00	0.00	0.00	3,244.00
MARY SHOEMAKER ES	6/10/2016	6/10/2016	Open	587.21	243.00	0.00	0.00	0.00	0.00	0.00	830.21
CLIMBING UP INFLATABLE OBSTACLE ON FIELD DAY, JUMPED DOWN AND RO				2,413.79	0.00	0.00	0.00	0.00	0.00	0.00	2,413.79
Total by Claim Number 1 Claim				3,001.00	243.00	0.00	0.00	0.00	0.00	0.00	3,244.00
				587.21	243.00	0.00	0.00	0.00	0.00	0.00	830.21
				2,413.79	0.00	0.00	0.00	0.00	0.00	0.00	2,413.79

Claim Number: 16WC07209K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07209K

16WC07209K	POANDL, MARGARET	11		31.88	243.00	0.00	0.00	0.00	0.00	0.00	274.88
METUCHEN H.S.	6/10/2016	6/10/2016	7/21/2016	31.88	243.00	0.00	0.00	0.00	0.00	0.00	274.88
WHILE PUTTING A BOX INTO A METAL CABINET SHE CUT HER LT-HAND PINKY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				31.88	243.00	0.00	0.00	0.00	0.00	0.00	274.88
				31.88	243.00	0.00	0.00	0.00	0.00	0.00	274.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07210W

16WC07210W	BIONDO, LUCILLE	11		484.72	243.00	0.00	0.00	0.00	0.00	0.00	727.72
SCHOOL #28 MATTHEW JAGO	6/10/2016	6/10/2016	7/26/2016	484.72	243.00	0.00	0.00	0.00	0.00	0.00	727.72
WAS SUPERVISING AND ASSISTING A SPEC ED STUDENT ON HOW TO SWING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				484.72	243.00	0.00	0.00	0.00	0.00	0.00	727.72
				484.72	243.00	0.00	0.00	0.00	0.00	0.00	727.72
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07211B

16WC07211B	ALVAREZ, KATHRYN	11		286.31	243.00	0.00	0.00	0.00	0.00	0.00	529.31
PARK AVE ES	6/8/2016	6/10/2016	8/16/2016	286.31	243.00	0.00	0.00	0.00	0.00	0.00	529.31
STUDENT KICKED BALL TOWARD HER, SHE TRIED TO KICK BALL LOST HER F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				286.31	243.00	0.00	0.00	0.00	0.00	0.00	529.31
				286.31	243.00	0.00	0.00	0.00	0.00	0.00	529.31
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07212K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07212K

16WC07212K	COLLARS, PILAR	11		198.40	243.00	0.00	0.00	0.00	0.00	441.40
INTERMEDIATE MS	6/8/2016	6/10/2016	7/19/2016	198.40	243.00	0.00	0.00	0.00	0.00	441.40
TRIPPED OVER EXPOSED WIRES TWISTED R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				198.40	243.00	0.00	0.00	0.00	0.00	441.40
				198.40	243.00	0.00	0.00	0.00	0.00	441.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07213W

16WC07213W	WAGNER, COLLEEN	11		422.16	243.00	0.00	0.00	0.00	0.00	665.16
SCHOOL #11 ROSS ST SCHOOL	6/10/2016	6/10/2016	8/ 9/2016	422.16	243.00	0.00	0.00	0.00	0.00	665.16
WHILE PITCHING UNDERHAND BALL THAT A STUDENT HIT CLMT WENT TO CA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				422.16	243.00	0.00	0.00	0.00	0.00	665.16
				422.16	243.00	0.00	0.00	0.00	0.00	665.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07214M

16WC07214M	BRACEWELL, YVETTE	10		7,500.00	1,245.00	10,000.00	0.00	0.00	0.00	18,745.00
UNIVERSITY ES	6/10/2016	6/10/2016	Open	1,877.97	1,240.20	820.44	0.00	0.00	0.00	3,938.61
WAS STRUCK BY A BASKETBALL IN THE HEAD				5,622.03	4.80	9,179.56	0.00	0.00	0.00	14,806.39
Total by Claim Number 1 Claim				7,500.00	1,245.00	10,000.00	0.00	0.00	0.00	18,745.00
				1,877.97	1,240.20	820.44	0.00	0.00	0.00	3,938.61
				5,622.03	4.80	9,179.56	0.00	0.00	0.00	14,806.39

Claim Number: 16WC07216B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07216B

16WC07216B	BLAKE, MONICA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHERRY STREET E.S.	6/9/2016	6/10/2016	8/ 3/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SITTING IN DUNK TANKL DURING FIELD DAY, STUDENT STRUCK TARGET SHE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07217V

16WC07217V	INCORVAIA, JOSEPH	10		1,123.03	1,193.00	1,173.87	0.00	0.00	0.00	3,489.90
GREGORY SCHOOL	6/7/2016	6/10/2016	9/12/2016	1,123.03	1,193.00	1,173.87	0.00	0.00	0.00	3,489.90
DEFLATING AN LIFTING BOUNCE HOUSES INTO WORK TRUCK FELT PINCH IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,123.03	1,193.00	1,173.87	0.00	0.00	0.00	3,489.90
				1,123.03	1,193.00	1,173.87	0.00	0.00	0.00	3,489.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07218W

16WC07218W	ARCOS, LUIS	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
OCEAN TWP H.S.	6/9/2016	6/10/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUSHING A CART WITH 7-8 BOXES OF YEARBOOKS FELT PULL IN LOWER BAC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07219Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07219Y

16WC07219Y	ROCHFORD, WENDY	11	533.62	243.00	0.00	0.00	0.00	0.00	0.00	776.62
AUSTIN SCHOENLY SCHOOL	6/10/2016	6/10/2016	7/26/2016	533.62	243.00	0.00	0.00	0.00	0.00	776.62
WHILE MOVING A TABLE OUT OF HER CLASSROOM HER LT HAND POINTER FI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			533.62	243.00	0.00	0.00	0.00	0.00	0.00	776.62
			533.62	243.00	0.00	0.00	0.00	0.00	0.00	776.62
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07220K

16WC07220K	JOHNSEN, JENNA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LACEY TWP M.S.	6/10/2016	6/10/2016	7/21/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
GOT CHEMICALS IN BOTH EYES WHILE WASHING DISHES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07221W

16WC07221W	WELLNITZ, BARBARA	11	2,824.05	243.00	0.00	0.00	0.00	0.00	0.00	3,067.05
WILSON E S	6/10/2016	6/10/2016	Reopened	736.93	243.00	0.00	0.00	0.00	0.00	979.93
STUDENT BECAME IRRATE & STRUCK HER LT ARM, SHE LOST HER BALANCE				2,087.12	0.00	0.00	0.00	0.00	0.00	2,087.12
Total by Claim Number 1 Claim			2,824.05	243.00	0.00	0.00	0.00	0.00	0.00	3,067.05
			736.93	243.00	0.00	0.00	0.00	0.00	0.00	979.93
			2,087.12	0.00	0.00	0.00	0.00	0.00	0.00	2,087.12

Claim Number: 16WC07222W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07222W

16WC07222W	SADOWSKI, DIANE	11		850.00	243.00	0.00	0.00	0.00	0.00	1,093.00
CEDAR CREEK E.S.	6/8/2016	6/10/2016	8/30/2016	850.00	243.00	0.00	0.00	0.00	0.00	1,093.00
TRIPPED AND STUMBLE ON MULCH BARRIER INJURED R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				850.00	243.00	0.00	0.00	0.00	0.00	1,093.00
				850.00	243.00	0.00	0.00	0.00	0.00	1,093.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07223T

16WC07223T	MOSCA, DANA	10		25,000.00	1,193.00	16,615.00	0.00	0.00	0.00	42,808.00
BLAIRSTOWN ES	6/10/2016	6/10/2016	Open	9,835.19	1,193.00	0.00	0.00	0.00	0.00	11,028.19
PLAYING WITH STUDENTS SHE RAN AFTER A BALL, TRIPPED & FELL LANDING				15,164.81	0.00	16,615.00	0.00	0.00	0.00	31,779.81
Total by Claim Number 1 Claim				25,000.00	1,193.00	16,615.00	0.00	0.00	0.00	42,808.00
				9,835.19	1,193.00	0.00	0.00	0.00	0.00	11,028.19
				15,164.81	0.00	16,615.00	0.00	0.00	0.00	31,779.81

Claim Number: 16WC07224B

16WC07224B	HULLIHEN, KATHLEEN	11		171.11	243.00	0.00	0.00	0.00	0.00	414.11
JOHN H. WINSLOW E.S.	6/10/2016	6/10/2016	9/15/2016	171.11	243.00	0.00	0.00	0.00	0.00	414.11
TRIED TO BLOCK CHILD FROM THROWING OBJECTS IN TOILET SHE STUMBLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				171.11	243.00	0.00	0.00	0.00	0.00	414.11
				171.11	243.00	0.00	0.00	0.00	0.00	414.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07225Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07225Y

16WC07225Y	PAGAN, LUZ		11	326.85	243.00	0.00	0.00	0.00	0.00	0.00	569.85
EARLY CHILDHOOD ED CENTER	6/10/2016	6/10/2016	7/26/2016	326.85	243.00	0.00	0.00	0.00	0.00	0.00	569.85
WENT TO TOSS GARBAGE LOST HER BALANCE FELL BACKWARDS ON BUTTO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				326.85	243.00	0.00	0.00	0.00	0.00	0.00	569.85
				326.85	243.00	0.00	0.00	0.00	0.00	0.00	569.85
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07226B

16WC07226B	HRABAR, CLAUDIA		11	478.11	243.00	0.00	0.00	0.00	0.00	0.00	721.11
GRANDVIEW E.S.	6/10/2016	6/10/2016	7/18/2016	478.11	243.00	0.00	0.00	0.00	0.00	0.00	721.11
WHILE CUTTING PAPER SHE ACCIDENTALLY CUT HER LT THUMB WITH A MET				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				478.11	243.00	0.00	0.00	0.00	0.00	0.00	721.11
				478.11	243.00	0.00	0.00	0.00	0.00	0.00	721.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07228Y

16WC07228Y	PERNAL, THOMAS		11	1,249.77	243.00	0.00	0.00	0.00	0.00	0.00	1,492.77
TOMS RIVER CENTER	6/1/2016	6/13/2016	8/29/2016	1,249.77	243.00	0.00	0.00	0.00	0.00	0.00	1,492.77
INSECT BITE ON L LOWER BACK SIDE OF LEG				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,249.77	243.00	0.00	0.00	0.00	0.00	0.00	1,492.77
				1,249.77	243.00	0.00	0.00	0.00	0.00	0.00	1,492.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07229W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07229W

16WC07229W	RODINO, FARAH	11		160.69	243.00	0.00	0.00	0.00	0.00	403.69
NORTH BERGEN HIGH SCHOOL	6/13/2016	6/13/2016	7/19/2016	160.69	243.00	0.00	0.00	0.00	0.00	403.69
OPENING WINDOW THE POLE SHE WAS USING SLIPPED HITTING HER R FORE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.69	243.00	0.00	0.00	0.00	0.00	403.69
				160.69	243.00	0.00	0.00	0.00	0.00	403.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07230B

16WC07230B	PANICH, MICHELE	11		395.04	243.00	0.00	0.00	0.00	0.00	638.04
SCHOOL 10	6/10/2016	6/13/2016	7/18/2016	395.04	243.00	0.00	0.00	0.00	0.00	638.04
WALKING SHE TRIPPED OVER EDGE OF RUG AND FELL INJURED R LEG, R CA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				395.04	243.00	0.00	0.00	0.00	0.00	638.04
				395.04	243.00	0.00	0.00	0.00	0.00	638.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07231B

16WC07231B	DOSS, VAUGHN	11		664.13	243.00	0.00	0.00	0.00	0.00	907.13
BUCKSHUTEM ROAD E.S.	6/7/2016	6/13/2016	8/24/2016	664.13	243.00	0.00	0.00	0.00	0.00	907.13
MOVING TABLES, A TABLE FELL OFF A RACK REACHED TO CATCH IT INJUREE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				664.13	243.00	0.00	0.00	0.00	0.00	907.13
				664.13	243.00	0.00	0.00	0.00	0.00	907.13
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07233M





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07233M

16WC07233M	CHELDER, JESSICA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODLAND AVENUE ES	6/13/2016	6/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRAVELING FROM ONE SCHOOL TO ANOTHER WAS STRUCK BY VEHICLE NEC				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC07234Y

16WC07234Y	RUDD, LOUISE	11		3,384.47	243.00	0.00	0.00	0.00	0.00	0.00	3,627.47
RANDOLPHVILLE E.S.	6/10/2016	6/13/2016	9/13/2016	3,384.47	243.00	0.00	0.00	0.00	0.00	0.00	3,627.47
WAS HIT ON TOP OF HEAD WITH KICK BALL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,384.47	243.00	0.00	0.00	0.00	0.00	0.00	3,627.47
				3,384.47	243.00	0.00	0.00	0.00	0.00	0.00	3,627.47
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07235K

16WC07235K	MIEDOWICZ, STEVEN	11		624.22	243.00	0.00	0.00	0.00	0.00	0.00	867.22
CHITTICK E.S.	6/13/2016	6/13/2016	7/27/2016	624.22	243.00	0.00	0.00	0.00	0.00	0.00	867.22
A TABLE STRUCK R FOOT CAUSING HIS FOOT TO TWIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				624.22	243.00	0.00	0.00	0.00	0.00	0.00	867.22
				624.22	243.00	0.00	0.00	0.00	0.00	0.00	867.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07237W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07237W

16WC07237W	HERNANDEZ, AIDA	11	340.85	243.00	0.00	0.00	0.00	0.00	0.00	583.85
BATTLE HILL SCHOOL (UNION)	6/9/2016	6/13/2016	7/26/2016	340.85	243.00	0.00	0.00	0.00	0.00	583.85
WHILE ON PLAYGROUND SUPERVISING STUDENTS WHO RAN INTO HER CAUSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				340.85	243.00	0.00	0.00	0.00	0.00	583.85
				340.85	243.00	0.00	0.00	0.00	0.00	583.85
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07238Y

16WC07238Y	SCHAEFER, CLARE	11	1,750.94	243.00	0.00	0.00	0.00	0.00	0.00	1,993.94
LINCOLN SCHOOL	6/13/2016	6/13/2016	9/12/2016	1,750.94	243.00	0.00	0.00	0.00	0.00	1,993.94
STUDENT HAVING A BEHAVIORAL DROPPED TO THE FLOOR, SHE TRIPPED &				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,750.94	243.00	0.00	0.00	0.00	0.00	1,993.94
				1,750.94	243.00	0.00	0.00	0.00	0.00	1,993.94
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07239Y

16WC07239Y	KRISTOFICK, MARGARET	11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
WASHINGTON ES	6/10/2016	6/13/2016	Open	730.00	243.00	0.00	0.00	0.00	0.00	973.00
WALKING WITH STUDENTS DURING FIELD DAY FELT A TWITCH/PULL IN L KNE				1,771.00	0.00	0.00	0.00	0.00	0.00	1,771.00
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	2,744.00
				730.00	243.00	0.00	0.00	0.00	0.00	973.00
				1,771.00	0.00	0.00	0.00	0.00	0.00	1,771.00

Claim Number: 16WC07240F





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07240F

16WC07240F	MORRIS, LISA		10	37,000.00	1,193.00	40,000.00	0.00	0.00	0.00	0.00	78,193.00
SALEM M S	6/13/2016	6/13/2016	Open	16,032.43	1,193.00	0.00	0.00	0.00	0.00	0.00	17,225.43
PARTICIPATING IN FACULTY BASKETBALL GAME STOPPED RUNNING L KNEE				20,967.57	0.00	40,000.00	0.00	0.00	0.00	0.00	60,967.57
Total by Claim Number 1 Claim				37,000.00	1,193.00	40,000.00	0.00	0.00	0.00	0.00	78,193.00
				16,032.43	1,193.00	0.00	0.00	0.00	0.00	0.00	17,225.43
				20,967.57	0.00	40,000.00	0.00	0.00	0.00	0.00	60,967.57

Claim Number: 16WC07241W

16WC07241W	MERKER, ALYSSA		11	1,242.11	243.00	0.00	0.00	0.00	0.00	0.00	1,485.11
ARTHUR P SCHALICK HS	6/10/2016	6/13/2016	8/31/2016	1,242.11	243.00	0.00	0.00	0.00	0.00	0.00	1,485.11
WHILE CLEANING OUT CLOSET SHE PICKED UP A BAG & A METAL PIECE OF E				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,242.11	243.00	0.00	0.00	0.00	0.00	0.00	1,485.11
				1,242.11	243.00	0.00	0.00	0.00	0.00	0.00	1,485.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07242K

16WC07242K	SCHMOCKER, KRISTINE		11	223.14	243.00	0.00	0.00	0.00	0.00	0.00	466.14
CONOVER ROAD ES	6/13/2016	6/13/2016	7/27/2016	223.14	243.00	0.00	0.00	0.00	0.00	0.00	466.14
PUTTING PAPERS AWAY LOST BALANCE STRUCK HER BACK ON COUNTER EI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				223.14	243.00	0.00	0.00	0.00	0.00	0.00	466.14
				223.14	243.00	0.00	0.00	0.00	0.00	0.00	466.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07243W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07243W

16WC07243W	FREDERIQUE, DARCELE	11		226.43	243.00	0.00	0.00	0.00	0.00	0.00	469.43
UNION AVE MS	6/13/2016	6/13/2016	7/26/2016	226.43	243.00	0.00	0.00	0.00	0.00	0.00	469.43
STUDENT HAVING BEHAVIORAL ISSUE THREW HERSELF TO FLOOR ATTEMPT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				226.43	243.00	0.00	0.00	0.00	0.00	0.00	469.43
				226.43	243.00	0.00	0.00	0.00	0.00	0.00	469.43
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07244B

16WC07244B	AQUILINO, LISA	11		153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
PORT MONMOUTH ROAD ES	6/13/2016	6/13/2016	7/18/2016	153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
STUDENT HAVING A BEHAVIORAL BIT HER ON HER RT THIGH, CAUSING THE S				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
				153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07246K

16WC07246K	QUINTANA, JOHN	11		261.04	243.00	0.00	0.00	0.00	0.00	0.00	504.04
WILLIAM R. SATZ I.S.	6/13/2016	6/14/2016	7/29/2016	261.04	243.00	0.00	0.00	0.00	0.00	0.00	504.04
CLMT WAS PICKING UP CINDER BLOCK AND KICKED A BRANCH OUT OF WAY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				261.04	243.00	0.00	0.00	0.00	0.00	0.00	504.04
				261.04	243.00	0.00	0.00	0.00	0.00	0.00	504.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07247W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07247W

16WC07247W	KRAUS, BARBARA	11		65.16	243.00	0.00	0.00	0.00	0.00	308.16
BASS RIVER TWP E.S.	6/7/2016	6/7/2016	8/4/2016	65.16	243.00	0.00	0.00	0.00	0.00	308.16
WHILE PLAYING WITH CHILDREN SHE WAS STRUCK ON HER RT LOWER LEG \				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				65.16	243.00	0.00	0.00	0.00	0.00	308.16
				65.16	243.00	0.00	0.00	0.00	0.00	308.16
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07248Y

16WC07248Y	JABKOWSKI, DEBORAH	11		427.68	243.00	0.00	0.00	0.00	0.00	670.68
WESTAMPTON	6/13/2016	6/14/2016	7/25/2016	427.68	243.00	0.00	0.00	0.00	0.00	670.68
CLMT WAS WALKING DOWN HALLWAY WHEN SPEC ED STUDENT GRABBED A				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				427.68	243.00	0.00	0.00	0.00	0.00	670.68
				427.68	243.00	0.00	0.00	0.00	0.00	670.68
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07249G

16WC07249G	HABASHI, DEMIANA	10		8,108.56	1,193.00	630.54	0.00	0.00	0.00	9,932.10
BAYONNE H.S. AND ADMIN. OFFICE	6/13/2016	6/14/2016	8/23/2016	8,108.56	1,193.00	630.54	0.00	0.00	0.00	9,932.10
WHILE WALKING WITH CHILDREN TRIPPED OVER OWN FOOTING FELL INJ NEI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				8,108.56	1,193.00	630.54	0.00	0.00	0.00	9,932.10
				8,108.56	1,193.00	630.54	0.00	0.00	0.00	9,932.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07250K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07250K

16WC07250K	MCLAUGHLIN, JUSTIN	11		1,072.97	243.00	0.00	0.00	0.00	0.00	0.00	1,315.97
WALTER O KRUMBIEGEL ES	6/14/2016	6/14/2016	8/19/2016	1,072.97	243.00	0.00	0.00	0.00	0.00	0.00	1,315.97
CLMT WAS LIFTING A PLATFORM FOR THE METAL DETECTORS WHEN HE TUF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,072.97	243.00	0.00	0.00	0.00	0.00	0.00	1,315.97
				1,072.97	243.00	0.00	0.00	0.00	0.00	0.00	1,315.97
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07251T

16WC07251T	KULEN, MELISSA	10		15,000.00	1,193.00	47,664.00	0.00	0.00	2,500.00	0.00	66,357.00
RD WOOD ES	6/13/2016	6/13/2016	Open	986.17	1,193.00	0.00	0.00	0.00	0.00	0.00	2,179.17
CLIMBING OUT OF A DUNK, TANK A STUDENT THREW A BALL & ACCIDENTALL				14,013.83	0.00	47,664.00	0.00	0.00	2,500.00	0.00	64,177.83
Total by Claim Number 1 Claim				15,000.00	1,193.00	47,664.00	0.00	0.00	2,500.00	0.00	66,357.00
				986.17	1,193.00	0.00	0.00	0.00	0.00	0.00	2,179.17
				14,013.83	0.00	47,664.00	0.00	0.00	2,500.00	0.00	64,177.83

Claim Number: 16WC07253B

16WC07253B	MITCHELL, CAROLYN	11		112.80	243.00	0.00	0.00	0.00	0.00	0.00	355.80
BURLINGTON CO SPEC SER SCH V	6/14/2016	6/14/2016	7/19/2016	112.80	243.00	0.00	0.00	0.00	0.00	0.00	355.80
STUDENT ACCIDENTALLY STRUCK HER IN HER FOREHEAD WITH A WIFFLE B/				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				112.80	243.00	0.00	0.00	0.00	0.00	0.00	355.80
				112.80	243.00	0.00	0.00	0.00	0.00	0.00	355.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07254B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07254B

16WC07254B	MUCCI, MARC	11	665.30	243.00	0.00	0.00	0.00	0.00	0.00	908.30
ADMINISTRATION BUILDING	6/13/2016	6/13/2016	8/ 9/2016	665.30	243.00	0.00	0.00	0.00	0.00	908.30
PARTICIPATING IN FIELD DAY, RACING WHEN HE TRIPPED & FELL FORWARD				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			665.30	243.00	0.00	0.00	0.00	0.00	0.00	908.30
			665.30	243.00	0.00	0.00	0.00	0.00	0.00	908.30
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07255Y

16WC07255Y	CERCHIARO, SHARON	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
RIDGE HS	6/3/2016	6/13/2016	8/ 2/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
WALKING & SLIPPED FROM WATER ON THE FLOOR, FELL INJURING LT KNEE,				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
			225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07256Z

16WC07256Z	INGULLI, ANTOINETTE	10	10,000.00	1,195.00	8,000.00	0.00	0.00	0.00	0.00	19,195.00
TRANSPORTATION	6/13/2016	6/14/2016	Open	2,441.60	1,193.00	1,775.01	0.00	0.00	0.00	5,409.61
WHILE GETTING OFF BUS CLMT STEPPED DOWN ON UNEVEN PAVEMENT ANI				7,558.40	2.00	6,224.99	0.00	0.00	0.00	13,785.39
Total by Claim Number 1 Claim			10,000.00	1,195.00	8,000.00	0.00	0.00	0.00	0.00	19,195.00
			2,441.60	1,193.00	1,775.01	0.00	0.00	0.00	0.00	5,409.61
			7,558.40	2.00	6,224.99	0.00	0.00	0.00	0.00	13,785.39

Claim Number: 16WC07257B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07257B

16WC07257B	GOLDBECK, CHERYL	11	351.33	243.00	0.00	0.00	0.00	0.00	0.00	594.33
CENTER FOR LIFE LONG LEARNIN	6/3/2016	6/14/2016	7/26/2016	351.33	243.00	0.00	0.00	0.00	0.00	594.33
WHILE WORKING WITH A SPEC ED STUDENT CLMT WAS KICKED IN THE FACE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			351.33	243.00	0.00	0.00	0.00	0.00	0.00	594.33
			351.33	243.00	0.00	0.00	0.00	0.00	0.00	594.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07258W

16WC07258W	SCHEICK, STEPHANIE	11	290.48	243.00	0.00	0.00	0.00	0.00	0.00	533.48
BAYVIEW ES	6/13/2016	6/13/2016	8/18/2016	290.48	243.00	0.00	0.00	0.00	0.00	533.48
HOLDING A STUDENT, PREVENTING CHILD FROM HITTING OTHERS CAUSING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			290.48	243.00	0.00	0.00	0.00	0.00	0.00	533.48
			290.48	243.00	0.00	0.00	0.00	0.00	0.00	533.48
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07259Y

16WC07259Y	WARIAN, CHRISTINE	11	1,571.25	243.00	0.00	0.00	0.00	0.00	0.00	1,814.25
KNOLLWOOD E.S.	6/14/2016	6/14/2016	8/18/2016	1,571.25	243.00	0.00	0.00	0.00	0.00	1,814.25
WALKING BEHIND STAGE AFTER A PLAY & RT ANKLE GAVE OUT, SHE FELL OI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,571.25	243.00	0.00	0.00	0.00	0.00	0.00	1,814.25
			1,571.25	243.00	0.00	0.00	0.00	0.00	0.00	1,814.25
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07260K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07260K

16WC07260K	MCCALLUM, DIANE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MANCHESTER TWP. HS	6/14/2016	6/14/2016	7/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HANDING OUT EXAMS, TRIPPED OVER A STUDENT'S FOOT CAUSING HER LT I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07261W

16WC07261W	SHIPLEY, MICHELLE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WINSLOW TWP #6 E.S	6/14/2016	6/14/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING TOWARDS DESK SLIPPED AND FELL ON SLIPPERY FLOOR INJ WRIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07262W

16WC07262W	PLEVIER, NICHOLAS	11		149.48	243.00	0.00	0.00	0.00	0.00	392.48
MARKHAM PLACE E.S.	6/14/2016	6/14/2016	7/19/2016	149.48	243.00	0.00	0.00	0.00	0.00	392.48
CUTTING AND BLOWING BRANCHES HIT HORNET'S NEST WAS STUNG ON LT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				149.48	243.00	0.00	0.00	0.00	0.00	392.48
				149.48	243.00	0.00	0.00	0.00	0.00	392.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07263B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07263B

16WC07263B	SEVAST, ELIZABETH	11		166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
WOODCREST ES	6/14/2016	6/14/2016	7/19/2016	166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
WHILE CARRYING BOXES SHE ENTERED A STORAGE ROOM & TRIPPED OVER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				166.95	243.00	0.00	0.00	0.00	0.00	0.00	409.95
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07264Y

16WC07264Y	SCHNEBEL, CORY	11		287.65	243.00	0.00	0.00	0.00	0.00	0.00	530.65
MANASQUAN ES	6/13/2016	6/13/2016	8/15/2016	287.65	243.00	0.00	0.00	0.00	0.00	0.00	530.65
INJURED HIS RT KNEE CLIMBING DOWN FROM TRACTOR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				287.65	243.00	0.00	0.00	0.00	0.00	0.00	530.65
				287.65	243.00	0.00	0.00	0.00	0.00	0.00	530.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07265B

16WC07265B	GONZALEZ, WILLIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
QUIBBLETOWN M.S.	6/9/2016	6/14/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP A FIGHT BETWEEN STUDENTS INJ ABDOMEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07267Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07267Y

16WC07267Y	MOODY, ELIZABETH	11	1,990.00	243.00	0.00	0.00	0.00	0.00	0.00	2,233.00
CAPE MAY CTY SPEC SERVICES H	6/14/2016	6/14/2016	9/ 1/2016	1,990.00	243.00	0.00	0.00	0.00	0.00	2,233.00
STUDENT HAVING A BEHAVIORAL COMMENCED TO KICK HER ON HER RT LEG				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,990.00	243.00	0.00	0.00	0.00	0.00	0.00	2,233.00
			1,990.00	243.00	0.00	0.00	0.00	0.00	0.00	2,233.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07268Y

16WC07268Y	PHILLIPS, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BUILDING	6/6/2016	6/6/2016	Open	944.92	243.00	0.00	0.00	0.00	0.00	1,187.92
WALKING ON A PATHWAY, FOOT CAME OFF PATHWAY BETWEEN CEMENT & I				1,555.08	2.00	0.00	0.00	0.00	0.00	1,557.08
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			944.92	243.00	0.00	0.00	0.00	0.00	0.00	1,187.92
			1,555.08	2.00	0.00	0.00	0.00	0.00	0.00	1,557.08

Claim Number: 16WC07269K

16WC07269K	MORRISON, BRET	11	1,904.83	243.00	0.00	0.00	0.00	0.00	0.00	2,147.83
BLDGS & GRDS	6/9/2016	6/15/2016	9/13/2016	1,904.83	243.00	0.00	0.00	0.00	0.00	2,147.83
WHILE LOADING A DUMPSTER WITH A TV STAND THE STAND SNAPPED AND S				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,904.83	243.00	0.00	0.00	0.00	0.00	0.00	2,147.83
			1,904.83	243.00	0.00	0.00	0.00	0.00	0.00	2,147.83
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07270K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07270K

16WC07270K	PETRUZZIELLO, DANIELLE	11		212.96	243.00	0.00	0.00	0.00	0.00	0.00	455.96
HALEDON PUBLIC SCHOOL	6/15/2016	6/15/2016	8/30/2016	212.96	243.00	0.00	0.00	0.00	0.00	0.00	455.96
ENTERING HER CLASSROOM SHE ACCIDENTALLY STRUCK HER RT FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				212.96	243.00	0.00	0.00	0.00	0.00	0.00	455.96
				212.96	243.00	0.00	0.00	0.00	0.00	0.00	455.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07271K

16WC07271K	RIPOLL, ALLISON	11		152.18	243.00	0.00	0.00	0.00	0.00	0.00	395.18
JAMES A MCDIVITT ES	6/14/2016	6/14/2016	8/30/2016	152.18	243.00	0.00	0.00	0.00	0.00	0.00	395.18
STUDENT HAVING A BEHAVIORAL STRUCK HER ON THE BACK OF THE NECK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				152.18	243.00	0.00	0.00	0.00	0.00	0.00	395.18
				152.18	243.00	0.00	0.00	0.00	0.00	0.00	395.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07272B

16WC07272B	DEFROSCIA, LUIS	11		237.88	243.00	0.00	0.00	0.00	0.00	0.00	480.88
NUMBER 7 ES	6/13/2016	6/15/2016	8/23/2016	237.88	243.00	0.00	0.00	0.00	0.00	0.00	480.88
CLMT WAS CLEANING WENT TO RETRIEVE AN OBJECT FROM THE FLOOR ANI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				237.88	243.00	0.00	0.00	0.00	0.00	0.00	480.88
				237.88	243.00	0.00	0.00	0.00	0.00	0.00	480.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07273Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07273Y

16WC07273Y	BOROWSKI, KATHY	11		1,878.29	243.00	0.00	0.00	0.00	0.00	2,121.29
SCHOOL #23 WOODBINE AVE	6/15/2016	6/15/2016	8/16/2016	1,878.29	243.00	0.00	0.00	0.00	0.00	2,121.29
CLMT REACHED TO REARRANGE ARTWORK BROUGHT RT ARM DOWN FELT F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,878.29	243.00	0.00	0.00	0.00	0.00	2,121.29
				1,878.29	243.00	0.00	0.00	0.00	0.00	2,121.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07274B

16WC07274B	HONDROS, ELESTHERIA	11		131.56	243.00	0.00	0.00	0.00	0.00	374.56
PASSAIC ARTS & SCIENCES CHAR	6/13/2016	6/13/2016	8/ 2/2016	131.56	243.00	0.00	0.00	0.00	0.00	374.56
PLAYING FOOTBALL WITH STUDENTS WHEN SHE COLLIDED WITH A CHILD, C/				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				131.56	243.00	0.00	0.00	0.00	0.00	374.56
				131.56	243.00	0.00	0.00	0.00	0.00	374.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07275W

16WC07275W	CAPUANO, JUDY	11		1,774.64	243.00	0.00	0.00	0.00	0.00	2,017.64
JOHN F KENNEDY ES	6/14/2016	6/15/2016	8/30/2016	1,774.64	243.00	0.00	0.00	0.00	0.00	2,017.64
CLMT STOOD UP FROM HER FOOT WAS WRAPPED IN PHONE CORD TWISTED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,774.64	243.00	0.00	0.00	0.00	0.00	2,017.64
				1,774.64	243.00	0.00	0.00	0.00	0.00	2,017.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07276F





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07276F

16WC07276F	ANDRIULLI, TERESA	14		152.85	0.00	0.00	0.00	0.00	0.00	152.85
FRANKLIN SCHOOL (UNION)	6/15/2016	6/15/2016	7/26/2016	152.85	0.00	0.00	0.00	0.00	0.00	152.85
WHILE CUTTING A BAGEL ACCIDENTLY CUT LT POINTER FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				152.85	0.00	0.00	0.00	0.00	0.00	152.85
				152.85	0.00	0.00	0.00	0.00	0.00	152.85
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07277B

16WC07277B	D'AGOSTINO, DESIREE	11		187.98	243.00	0.00	0.00	0.00	0.00	430.98
SIXTEENTH AVE ES	6/15/2016	6/15/2016	7/18/2016	187.98	243.00	0.00	0.00	0.00	0.00	430.98
TRYING TO CALM A STUDENT HAVING AN OUTBURST, SHE WAS BIT HER ON F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				187.98	243.00	0.00	0.00	0.00	0.00	430.98
				187.98	243.00	0.00	0.00	0.00	0.00	430.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07278T

16WC07278T	DESANTO, SUSAN	11		2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
SCHOOL 10	6/13/2016	6/15/2016	Open	2,340.76	243.00	0.00	0.00	0.00	0.00	2,583.76
CLMT WAS ACCIDENTLY TRIPPED BY A STUDENT STRAINED HER RT KNEE				159.24	950.00	0.00	0.00	0.00	0.00	1,109.24
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
				2,340.76	243.00	0.00	0.00	0.00	0.00	2,583.76
				159.24	950.00	0.00	0.00	0.00	0.00	1,109.24

Claim Number: 16WC07279W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07279W

16WC07279W	WALLACE, EILEEN	11	224.50	243.00	0.00	0.00	0.00	0.00	0.00	467.50
MATAWAN REGIONAL HS	6/15/2016	6/15/2016	7/26/2016	224.50	243.00	0.00	0.00	0.00	0.00	467.50
SPEC ED STUDENT HAVING A BEHAVIORAL OUTBURST GRABBED AND SQUEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			224.50	243.00	0.00	0.00	0.00	0.00	0.00	467.50
			224.50	243.00	0.00	0.00	0.00	0.00	0.00	467.50
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07280V

16WC07280V	LOPEZ, CARLOS	10	2,733.25	1,193.00	1,443.72	0.00	0.00	0.00	0.00	5,369.97
CAMDEN CO. VOC-TECH V.S. (PENI	6/15/2016	6/15/2016	9/ 6/2016	2,733.25	1,193.00	1,443.72	0.00	0.00	0.00	5,369.97
TRYING TO FREE A BIRD FROM INSIDE THE SCHOOL OPENED WINDOW AND I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			2,733.25	1,193.00	1,443.72	0.00	0.00	0.00	0.00	5,369.97
			2,733.25	1,193.00	1,443.72	0.00	0.00	0.00	0.00	5,369.97
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07281W

16WC07281W	KIRK, PATRICIA	11	199.44	243.00	0.00	0.00	0.00	0.00	0.00	442.44
TRANSPORTATION	6/15/2016	6/15/2016	7/ 8/2016	199.44	243.00	0.00	0.00	0.00	0.00	442.44
WHILE IN STAFF LOUNGE OPENED DOOR TO FRIDGE AN EMPTY METAL COFF				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			199.44	243.00	0.00	0.00	0.00	0.00	0.00	442.44
			199.44	243.00	0.00	0.00	0.00	0.00	0.00	442.44
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07282B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07282B

16WC07282B	VERILE, LAURA	11		362.57	243.00	0.00	0.00	0.00	0.00	0.00	605.57
SCHOOL #28 MATTHEW JAGO	6/15/2016	6/15/2016	7/18/2016	362.57	243.00	0.00	0.00	0.00	0.00	0.00	605.57
WHILE WALKING BACK TO CLASSROOM FROM GYM WAS HOLDING A SPEC EI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				362.57	243.00	0.00	0.00	0.00	0.00	0.00	605.57
				362.57	243.00	0.00	0.00	0.00	0.00	0.00	605.57
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07283W

16WC07283W	PITTS, THERESA	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
SALEM H S	6/14/2016	6/15/2016	7/19/2016	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WALKING SLIPPED ON CARPET INJ LT KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07284B

16WC07284B	DOLBOW, JENNIFER	11		2,910.56	243.00	0.00	0.00	0.00	0.00	0.00	3,153.56
WINSLOW TWP #3 E.S.	6/15/2016	6/15/2016	9/13/2016	2,910.56	243.00	0.00	0.00	0.00	0.00	0.00	3,153.56
PUTTING UP BROWN PAPER ON WALLS THE LADDER CLM'T WAS ON COLLAP				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,910.56	243.00	0.00	0.00	0.00	0.00	0.00	3,153.56
				2,910.56	243.00	0.00	0.00	0.00	0.00	0.00	3,153.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07285Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07285Y

16WC07285Y	PRETTYMAN, LESLIE	11		394.12	243.00	0.00	0.00	0.00	0.00	0.00	637.12
LINCROFT ES	6/15/2016	6/15/2016	8/ 8/2016	394.12	243.00	0.00	0.00	0.00	0.00	0.00	637.12
WALKING ON PLAYGROUND SHE STEPPED INTO A HOLE CAUSING HER TO TV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				394.12	243.00	0.00	0.00	0.00	0.00	0.00	637.12
				394.12	243.00	0.00	0.00	0.00	0.00	0.00	637.12
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07286K

16WC07286K	MOSES, STACEY	11		288.28	243.00	0.00	0.00	0.00	0.00	0.00	531.28
OLV (OUR LADY OF VICTORIES)	6/15/2016	6/15/2016	8/29/2016	288.28	243.00	0.00	0.00	0.00	0.00	0.00	531.28
WALKING IN THE HALLWAY & HOLDING STUDENT'S HAND WHEN STUDENT BIT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				288.28	243.00	0.00	0.00	0.00	0.00	0.00	531.28
				288.28	243.00	0.00	0.00	0.00	0.00	0.00	531.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07287W

16WC07287W	ESTREMERA, ESTELA	11		170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
FRANKLIN NO. 3 ELEM.	6/15/2016	6/15/2016	7/26/2016	170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
EXITING CLASSROOM WHEN ANOTHER TEACHER FORCIBLY OPENED THE DC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
				170.00	243.00	0.00	0.00	0.00	0.00	0.00	413.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07288B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07288B

16WC07288B	MURPHY, LISA		11	62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
TRIANGLE ES	6/14/2016	6/14/2016	7/26/2016	62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
WHILE WALKING WITH A CHILD, CHILD JERKED HER ARM IN THE OPPOSITE D				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
				62.51	243.00	0.00	0.00	0.00	0.00	0.00	305.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07289W

16WC07289W	ALVARADO, JANETTE		11	198.62	243.00	0.00	0.00	0.00	0.00	0.00	441.62
MEMORIAL INTERMEDIATE SCHOO	6/14/2016	6/16/2016	7/19/2016	198.62	243.00	0.00	0.00	0.00	0.00	0.00	441.62
WORKING WITH A DEAF STUDENT THE CHILD SWUNG HER ARMS AND HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				198.62	243.00	0.00	0.00	0.00	0.00	0.00	441.62
				198.62	243.00	0.00	0.00	0.00	0.00	0.00	441.62
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07291B

16WC07291B	CAPUTO, JANETTE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLIFTON T BARKALOW E.S.	6/15/2016	6/15/2016	Open	502.35	243.00	0.00	0.00	0.00	0.00	0.00	745.35
DURING TUG OF WAR, A STUDENT PULLED CAUSING HER TO BE FLUNG IN TH				1,997.65	2.00	0.00	0.00	0.00	0.00	0.00	1,999.65
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				502.35	243.00	0.00	0.00	0.00	0.00	0.00	745.35
				1,997.65	2.00	0.00	0.00	0.00	0.00	0.00	1,999.65

Claim Number: 16WC07292B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07292B

16WC07292B	BOWEN-BROWN, BARBARA	11	434.48	243.00	0.00	0.00	0.00	0.00	0.00	677.48
MARY SHOEMAKER ES	6/16/2016	6/16/2016	7/26/2016	434.48	243.00	0.00	0.00	0.00	0.00	677.48
CLMT ATTEMPTED TO CATCH THE BUS TO OBTAIN A STUDENT'S CELL PHONE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				434.48	243.00	0.00	0.00	0.00	0.00	677.48
				434.48	243.00	0.00	0.00	0.00	0.00	677.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07293I

16WC07293I	BUFFALOE, MYRA	10	59,000.00	1,193.00	21,500.00	0.00	0.00	0.00	0.00	81,693.00
RED BANK REGIONAL HS	6/16/2016	6/16/2016	Open	12,241.56	1,193.00	0.00	0.00	0.00	0.00	13,434.56
WALKING FROM CAFETERIA TO HALLWAY SLIPPED AND FELL INJ LT HIP AND				46,758.44	0.00	21,500.00	0.00	0.00	0.00	68,258.44
Total by Claim Number 1 Claim				59,000.00	1,193.00	21,500.00	0.00	0.00	0.00	81,693.00
				12,241.56	1,193.00	0.00	0.00	0.00	0.00	13,434.56
				46,758.44	0.00	21,500.00	0.00	0.00	0.00	68,258.44

Claim Number: 16WC07294W

16WC07294W	DEFEX, PATRICIA	11	2,015.60	243.00	0.00	0.00	0.00	0.00	0.00	2,258.60
ANTHONY V. CERES SCHOOL	6/16/2016	6/16/2016	8/18/2016	2,015.60	243.00	0.00	0.00	0.00	0.00	2,258.60
WALKING ON SCHOOL SIDEWALK TRIPPED ON UNEVEN PAVEMENT FELL TO (0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,015.60	243.00	0.00	0.00	0.00	0.00	2,258.60
				2,015.60	243.00	0.00	0.00	0.00	0.00	2,258.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07295B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07295B

16WC07295B	D'ANGELO, SARAH	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
JOSEPH J CATENA E.S.	6/16/2016	6/16/2016	7/18/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE PACKING UP HER CLASS CLMT STEPPED ON A PENCIL INJ RT FOOT GI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07296B

16WC07296B	CURL, BRONSON	11		218.00	243.00	0.00	0.00	0.00	0.00	461.00
SEWELL ES	6/16/2016	6/16/2016	7/29/2016	218.00	243.00	0.00	0.00	0.00	0.00	461.00
WALKING DOWN STAIRWELL ACCIDENTLY MISSED A STEP TWISTED LT ANKLI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				218.00	243.00	0.00	0.00	0.00	0.00	461.00
				218.00	243.00	0.00	0.00	0.00	0.00	461.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07297K

16WC07297K	BOWE, JACOB	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
BANKBRIDGE REG DEVELOPMENT.	6/14/2016	6/14/2016	7/19/2016	160.00	243.00	0.00	0.00	0.00	0.00	403.00
WHILE BEHIND A STUDENT, STUDENT BACKED CHAIR INTO HIM CAUSING HIS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07298W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07298W

16WC07298W	KAISER, ERIN		11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
JOSEPH C. CARUSO ES	6/16/2016	6/16/2016	Open	75.00	243.00	0.00	0.00	0.00	0.00	0.00	318.00
HEADING TO HER CAR FOR A MEETING THAT WAS ACROSS THE STREET WHI				2,426.00	0.00	0.00	0.00	0.00	0.00	0.00	2,426.00
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				75.00	243.00	0.00	0.00	0.00	0.00	0.00	318.00
				2,426.00	0.00	0.00	0.00	0.00	0.00	0.00	2,426.00

Claim Number: 16WC07299B

16WC07299B	STENARD, JENNIFER		11	153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
HOWELL TWP MEMORIAL MS	6/16/2016	6/16/2016	7/18/2016	153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
ASSISTING IN HOLDING A SPEC ED STUDENT HAVING A BEHAVIORAL OUTBU				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
				153.66	243.00	0.00	0.00	0.00	0.00	0.00	396.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07300Y

16WC07300Y	ZINSMEISTER, JAMES		11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
SOUTH BRUNSWICK H S	6/16/2016	6/16/2016	7/25/2016	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
AT A PICNIC & WAS STRUCK WITH A WATER BALLOON, HAS AN ABRASION & C				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07301B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07301B

16WC07301B	KARLIN, DIANNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLONIA JUNIOR HIGH SCHOOL	6/16/2016	6/16/2016	Open	776.91	243.00	0.00	0.00	0.00	0.00	0.00	1,019.91
WAS ESCORTING A SPEC ED STUDENT TO BUS STUDENT BECAME UPSET AN				1,723.09	2.00	0.00	0.00	0.00	0.00	0.00	1,725.09
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				776.91	243.00	0.00	0.00	0.00	0.00	0.00	1,019.91
				1,723.09	2.00	0.00	0.00	0.00	0.00	0.00	1,725.09

Claim Number: 16WC07302W

16WC07302W	PARISI, CATHY	11		290.88	243.00	0.00	0.00	0.00	0.00	0.00	533.88
NUMBER 5 ES	6/16/2016	6/16/2016	7/28/2016	290.88	243.00	0.00	0.00	0.00	0.00	0.00	533.88
WHILE WORKING WITH A SPEC ED CHILD WAS HEADBUTTED IN THE NOSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				290.88	243.00	0.00	0.00	0.00	0.00	0.00	533.88
				290.88	243.00	0.00	0.00	0.00	0.00	0.00	533.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07303Y

16WC07303Y	ERSZKOWICZ, MICHELLE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EDMUND HMIELESKI	6/16/2016	6/16/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PUTTING AWAY A STACK OF PAPERS IN A FILING CABINET LEANED FORWARD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07304B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07304B

16WC07304B	LAWLOR, JEANNE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MEMORIAL SCHOOL	6/15/2016	6/16/2016	7/14/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE WORKING WITH A SPEC ED STUDENT CHILD BIT RT SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07305K

16WC07305K	PENN, KATHY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ABRAHAM LINCOLN ES	6/10/2016	6/16/2016	7/18/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS BOILER ROOM LOOKING FOR A DESK WHEN SHE TRIPPED AND FE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07306K

16WC07306K	PARTRIDGE, IAIN	11		11,494.34	243.00	0.00	0.00	0.00	0.00	11,737.34
TRENTON CENTRAL HS MAIN CAMI	6/15/2016	6/16/2016	8/23/2016	11,494.34	243.00	0.00	0.00	0.00	0.00	11,737.34
STUDENT STRUCK CLMT IN CHEST AND WRAPPED HANDS AROUND NECK FE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				11,494.34	243.00	0.00	0.00	0.00	0.00	11,737.34
				11,494.34	243.00	0.00	0.00	0.00	0.00	11,737.34
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07307K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07307K

16WC07307K	COHEN, BETH		11	649.06	243.00	0.00	0.00	0.00	0.00	0.00	892.06
EISENHOWER E S	6/15/2016	6/15/2016	8/10/2016	649.06	243.00	0.00	0.00	0.00	0.00	0.00	892.06
IN THE COURTYARD & ACCIDENTALLY TRIPPED OVER & ON GARDEN'S WOOD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				649.06	243.00	0.00	0.00	0.00	0.00	0.00	892.06
				649.06	243.00	0.00	0.00	0.00	0.00	0.00	892.06
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07308V

16WC07308V	DEVINE, PATRICIA		10	4,096.32	1,193.00	724.00	0.00	0.00	0.00	0.00	6,013.32
BAYSHORE MS	6/16/2016	6/16/2016	9/16/2016	4,096.32	1,193.00	724.00	0.00	0.00	0.00	0.00	6,013.32
WALKING OUT THE DOOR WHEN 2 STUDENTS RAN PAST & KNOCKED HER OVER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,096.32	1,193.00	724.00	0.00	0.00	0.00	0.00	6,013.32
				4,096.32	1,193.00	724.00	0.00	0.00	0.00	0.00	6,013.32
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07309W

16WC07309W	CANDELARIA, PASQUA		11	480.00	243.00	0.00	0.00	0.00	0.00	0.00	723.00
LILLIAN M. STEEN ES	6/16/2016	6/17/2016	8/16/2016	480.00	243.00	0.00	0.00	0.00	0.00	0.00	723.00
RAISED HER HAND TO DIRECT STUDENTS AT STAIRWELL DOOR OPENED UP				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				480.00	243.00	0.00	0.00	0.00	0.00	0.00	723.00
				480.00	243.00	0.00	0.00	0.00	0.00	0.00	723.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07310A





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07310A

16WC07310A	LUPO, GAIL		11	2,500.00	3,245.00	0.00	0.00	0.00	0.00	0.00	5,745.00
CENTRAL ES	6/14/2016	6/17/2016	Open	788.93	972.00	0.00	0.00	0.00	0.00	0.00	1,760.93
HOLDING ON TO RAIL GOING UP STAIRS FOOT GOT STUCK FELL FORWARD S				1,711.07	2,273.00	0.00	0.00	0.00	0.00	0.00	3,984.07
Total by Claim Number 1 Claim				2,500.00	3,245.00	0.00	0.00	0.00	0.00	0.00	5,745.00
				788.93	972.00	0.00	0.00	0.00	0.00	0.00	1,760.93
				1,711.07	2,273.00	0.00	0.00	0.00	0.00	0.00	3,984.07

Claim Number: 16WC07311K

16WC07311K	BROGAN, JAMES		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	6/16/2016	6/17/2016	Open	1,611.27	243.00	0.00	0.00	0.00	0.00	0.00	1,854.27
WIPING DOWN BUS SEATS L INDEX FINGER BECAME WEDGED BETWEEN SEA				888.73	2.00	0.00	0.00	0.00	0.00	0.00	890.73
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,611.27	243.00	0.00	0.00	0.00	0.00	0.00	1,854.27
				888.73	2.00	0.00	0.00	0.00	0.00	0.00	890.73

Claim Number: 16WC07312K

16WC07312K	CATTAU, LINDSEY		11	12.34	243.00	0.00	0.00	0.00	0.00	0.00	255.34
FOUNDATION ACADEMY CHAR SCH	6/17/2016	6/17/2016	7/27/2016	12.34	243.00	0.00	0.00	0.00	0.00	0.00	255.34
MOVING A TABLE FOR ACTIVITY MOVING THROUGH DOORWAY R HAND BECA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				12.34	243.00	0.00	0.00	0.00	0.00	0.00	255.34
				12.34	243.00	0.00	0.00	0.00	0.00	0.00	255.34
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07313W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07313W

16WC07313W	MORAN, MARIANN	11		647.01	243.00	0.00	0.00	0.00	0.00	0.00	890.01
NUMBER #10	6/16/2016	6/17/2016	8/ 8/2016	647.01	243.00	0.00	0.00	0.00	0.00	0.00	890.01
ENTER BLDG TRIPPED OVER RUG AND FELL INJURED NOSE, L KNEE, R WRIS'				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				647.01	243.00	0.00	0.00	0.00	0.00	0.00	890.01
				647.01	243.00	0.00	0.00	0.00	0.00	0.00	890.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07314B

16WC07314B	SALAZAR, JENNIFER	11		315.28	243.00	0.00	0.00	0.00	0.00	0.00	558.28
ALFRED VAIL E.S.	6/16/2016	6/17/2016	8/10/2016	315.28	243.00	0.00	0.00	0.00	0.00	0.00	558.28
FOOT WENT IN BETWEEN OPENING CAUSING HER TO FALL INJURED R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				315.28	243.00	0.00	0.00	0.00	0.00	0.00	558.28
				315.28	243.00	0.00	0.00	0.00	0.00	0.00	558.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07315Y

16WC07315Y	BORRUS, BETH	11		225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
THEODORE SCHOR M.S.	6/17/2016	6/17/2016	7/25/2016	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
SITTING ON BLEACHERS A STUDENT RAN INTO HER AND FELL ON TOP OF HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
				225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07317K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07317K

16WC07317K	DALIE, KELSEY	11	266.23	243.00	0.00	0.00	0.00	0.00	0.00	509.23
VALLEY PROGRAM	6/17/2016	6/17/2016	8/25/2016	266.23	243.00	0.00	0.00	0.00	0.00	509.23
WALKING CHILD INTO CLASS, STUDENT GRABBED & BIT HER ON HER RT BRE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				266.23	243.00	0.00	0.00	0.00	0.00	509.23
				266.23	243.00	0.00	0.00	0.00	0.00	509.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07318K

16WC07318K	GURCZYNSKI, LAUREN	11	795.00	243.00	0.00	0.00	0.00	0.00	0.00	1,038.00
CAPE MAY CTY SPEC SERVICES H	6/17/2016	6/17/2016	7/28/2016	795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
STUDENT HAVING BEHAVIORAL ISSUE STRUCK HER IN THE NOSE WITH A TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
				795.00	243.00	0.00	0.00	0.00	0.00	1,038.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07321Y

16WC07321Y	JOST, RENEE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ARTHUR P SCHALICK HS	6/16/2016	6/17/2016	Open	2,292.06	243.00	0.00	0.00	0.00	0.00	2,535.06
CLMT WAS LEAVING BUILDING WITH GRADUATES MISSED A STEP FELL DOWI				207.94	2.00	0.00	0.00	0.00	0.00	209.94
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				2,292.06	243.00	0.00	0.00	0.00	0.00	2,535.06
				207.94	2.00	0.00	0.00	0.00	0.00	209.94

Claim Number: 16WC07322K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07322K

16WC07322K	LOGIVRATO, NANCY	11		472.64	243.00	0.00	0.00	0.00	0.00	0.00	715.64
INDIAN HILL MS	6/17/2016	6/17/2016	8/ 4/2016	472.64	243.00	0.00	0.00	0.00	0.00	0.00	715.64
CLMT REACHED DOWN TO RETRIEVE SPEC ED STUDENT'S FOLDER FROM BA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				472.64	243.00	0.00	0.00	0.00	0.00	0.00	715.64
				472.64	243.00	0.00	0.00	0.00	0.00	0.00	715.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07323B

16WC07323B	ESCOBEDO, NICOLE	11		350.00	243.00	0.00	0.00	0.00	0.00	0.00	593.00
FRELINGHUYSEN MS	6/17/2016	6/17/2016	7/26/2016	350.00	243.00	0.00	0.00	0.00	0.00	0.00	593.00
LEAVING SCHOOL BLDG FOR THE DAY, SHE TRIPPED & MISSED THE LAST ST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				350.00	243.00	0.00	0.00	0.00	0.00	0.00	593.00
				350.00	243.00	0.00	0.00	0.00	0.00	0.00	593.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07325W

16WC07325W	KOPCHA, CYNTHIA	11		432.55	243.00	0.00	0.00	0.00	0.00	0.00	675.55
OAKTREE ES	6/17/2016	6/20/2016	7/26/2016	432.55	243.00	0.00	0.00	0.00	0.00	0.00	675.55
STUDENT JUMPED ON COLLEAGUES BACK CAUSING THEM TO FALL HITTING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				432.55	243.00	0.00	0.00	0.00	0.00	0.00	675.55
				432.55	243.00	0.00	0.00	0.00	0.00	0.00	675.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07326Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07326Y

16WC07326Y	PENA, CONRADO	11		371.63	243.00	0.00	0.00	0.00	0.00	0.00	614.63
UNION CITY HIGH SCHOOL	6/17/2016	6/20/2016	7/26/2016	371.63	243.00	0.00	0.00	0.00	0.00	0.00	614.63
LIFTING HEAVY BAG OF BOOKS INJURED R WRIST AND FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				371.63	243.00	0.00	0.00	0.00	0.00	0.00	614.63
				371.63	243.00	0.00	0.00	0.00	0.00	0.00	614.63
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07327Y

16WC07327Y	PELAEZ, CARLOS	11		3,218.56	243.00	0.00	0.00	0.00	0.00	0.00	3,461.56
HACKENSACK MS	6/7/2016	6/20/2016	8/ 9/2016	3,218.56	243.00	0.00	0.00	0.00	0.00	0.00	3,461.56
WAS FOLDING UP BLEACHERS WAS STRUCK IN HEAD BY FALLING RAILING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,218.56	243.00	0.00	0.00	0.00	0.00	0.00	3,461.56
				3,218.56	243.00	0.00	0.00	0.00	0.00	0.00	3,461.56
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07328K

16WC07328K	COHEN, JEANNINE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PARK MS	6/17/2016	6/20/2016	7/25/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING THOURHG FIELD, STEPPED ON ROUGH PATCH HEARD A POP IN L C				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07329B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss		Status	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07329B

16WC07329B	MCKENNA, MICHAEL	11	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
LIVINGSTON SENIOR HS	6/20/2016	6/20/2016	9/15/2016	170.33	243.00	0.00	0.00	0.00	0.00	413.33
USING A BLOWING MACHINE TO CLEAN WALKUP STAIRS FOREIGN BODY FLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
			170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07330Y

16WC07330Y	HRDINA, DANIEL	11	913.81	243.00	0.00	0.00	0.00	0.00	0.00	1,156.81
CHATHAM MS	6/17/2016	6/20/2016	8/18/2016	913.81	243.00	0.00	0.00	0.00	0.00	1,156.81
PLAYING BASKETBALL WITH STUDENTS HE JUMPED INJURED L FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			913.81	243.00	0.00	0.00	0.00	0.00	0.00	1,156.81
			913.81	243.00	0.00	0.00	0.00	0.00	0.00	1,156.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07331G

16WC07331G	GALLAGHER, VINCENT	11	450.00	243.00	1,425.94	0.00	0.00	0.00	0.00	2,118.94
BAYONNE H.S. AND ADMIN. OFFICE	6/15/2016	6/20/2016	8/ 2/2016	450.00	243.00	1,425.94	0.00	0.00	0.00	2,118.94
PICKING UP GARBAGE BEHIND ICE SKATE RINK TRIPPED AND FELL HITTING L				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			450.00	243.00	1,425.94	0.00	0.00	0.00	0.00	2,118.94
			450.00	243.00	1,425.94	0.00	0.00	0.00	0.00	2,118.94
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07332W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07332W

16WC07332W	DUFFY, KIMBERLY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
TEAM ACADEMY CHARTER BOE	6/17/2016	6/20/2016	7/26/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
A LARGE CABINET FELL CAUSING INJURY TO HER HEAD CHILD PULLED DOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07333W

16WC07333W	TALARICO, DIANE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MONTGOMERY UPPER MS	6/20/2016	6/20/2016	7/21/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STANDING BY DOOR, CHILD EXITING PUSHED OOR HITTING HER R ELBOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07334W

16WC07334W	MCGOWAN, LYNN	11		459.19	243.00	0.00	0.00	0.00	0.00	702.19
RED BANK REGIONAL HS	6/20/2016	6/20/2016	8/ 9/2016	459.19	243.00	0.00	0.00	0.00	0.00	702.19
SLAMMED L INDEX FINGER INSIDE SAFE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				459.19	243.00	0.00	0.00	0.00	0.00	702.19
				459.19	243.00	0.00	0.00	0.00	0.00	702.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07335K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07335K

16WC07335K	SPEELMAN, WILLIAM	11	1,072.00	243.00	0.00	0.00	0.00	0.00	0.00	1,315.00
BAY HEAD E.S.	6/20/2016	6/20/2016	8/16/2016	1,072.00	243.00	0.00	0.00	0.00	0.00	1,315.00
THROWING A BALL TO STUDENTS, STEPPED IN HOLE IN GROUND R ANKLE IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,072.00	243.00	0.00	0.00	0.00	0.00	1,315.00
				1,072.00	243.00	0.00	0.00	0.00	0.00	1,315.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07336B

16WC07336B	GUNDLE, ROBERT	11	414.84	243.00	0.00	0.00	0.00	0.00	0.00	657.84
JR. & SR. HIGH SCHOOL	6/16/2016	6/20/2016	8/ 4/2016	414.84	243.00	0.00	0.00	0.00	0.00	657.84
TRYING TO RETRIEVE TRASH BAGS FROM CART ACCIDENTLY CUT L INDEX FI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				414.84	243.00	0.00	0.00	0.00	0.00	657.84
				414.84	243.00	0.00	0.00	0.00	0.00	657.84
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07337Y

16WC07337Y	ROTH, CHRISTOPHER	11	1,226.43	243.00	0.00	0.00	0.00	0.00	0.00	1,469.43
WARETOWN E.S.	6/20/2016	6/20/2016	8/25/2016	1,226.43	243.00	0.00	0.00	0.00	0.00	1,469.43
DURING STUDENT/FACULTY DYA WAS RUNNING BETWEEN BASES FELT POP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,226.43	243.00	0.00	0.00	0.00	0.00	1,469.43
				1,226.43	243.00	0.00	0.00	0.00	0.00	1,469.43
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07339Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07339Y

16WC07339Y	JACKSON, SHONDA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
JERSEY CITY GOLDEN DOOR CHAF	6/17/2016	6/17/2016	7/25/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHEN COMING DOWN STEPS, SHE FELL INJURING HER RT ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07340A

16WC07340A	LAROSA-LEEDY, GABRIELLA	10		40,000.00	3,693.00	20,500.00	0.00	0.00	0.00	64,193.00
WASHINGTON AVE ES	6/21/2016	6/21/2016	Open	19,732.21	1,193.00	1,583.50	0.00	0.00	0.00	22,508.71
STANDING ON CHAIR REMOVING MATERIALS OFF WALL, SHE FELL BACK FX I				20,267.79	2,500.00	18,916.50	0.00	0.00	0.00	41,684.29
Total by Claim Number 1 Claim				40,000.00	3,693.00	20,500.00	0.00	0.00	0.00	64,193.00
				19,732.21	1,193.00	1,583.50	0.00	0.00	0.00	22,508.71
				20,267.79	2,500.00	18,916.50	0.00	0.00	0.00	41,684.29

Claim Number: 16WC07342K

16WC07342K	JENSEN, ERIN	11		586.09	243.00	0.00	0.00	0.00	0.00	829.09
SAMUEL E. SHULL M.S.	6/20/2016	6/20/2016	8/ 9/2016	586.09	243.00	0.00	0.00	0.00	0.00	829.09
MOVING A RACK OF CHAIRS SHE ROLLED OVER HER R FOOT INJURED LAST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				586.09	243.00	0.00	0.00	0.00	0.00	829.09
				586.09	243.00	0.00	0.00	0.00	0.00	829.09
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07343K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07343K

16WC07343K	KOJAC, BRADLEY	11		101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
JOSE MARTI SCHOOL	6/21/2016	6/21/2016	7/29/2016	101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
LIFTING A BAG OF RECYCLING WHEN HE FELT A POP IN GROIN AREA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
				101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07344W

16WC07344W	ULSHAFFER, SYLVIA	11		302.13	243.00	0.00	0.00	0.00	0.00	0.00	545.13
TRANSPORTATION DEPARTMENT	6/20/2016	6/21/2016	7/28/2016	302.13	243.00	0.00	0.00	0.00	0.00	0.00	545.13
HELPING STUDENT FASTEN SEAT BELT DRIVER SUDDENLY STOPPED AND FE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				302.13	243.00	0.00	0.00	0.00	0.00	0.00	545.13
				302.13	243.00	0.00	0.00	0.00	0.00	0.00	545.13
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07345B

16WC07345B	DISANTO, PATRICIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COUNTY PREP HS	6/20/2016	6/21/2016	Open	554.00	243.00	0.00	0.00	0.00	0.00	0.00	797.00
WALKING IN CAFETERIA SLIPPED ON TOMATO AND FELL INJURED BOTH KNEI				1,946.00	2.00	0.00	0.00	0.00	0.00	0.00	1,948.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				554.00	243.00	0.00	0.00	0.00	0.00	0.00	797.00
				1,946.00	2.00	0.00	0.00	0.00	0.00	0.00	1,948.00

Claim Number: 16WC07346B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07346B

16WC07346B	AMANKWA, ABENA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ROOSEVELT SCHOOL	6/21/2016	6/21/2016	Open	591.39	243.00	0.00	0.00	0.00	0.00	834.39
LIFTING BOXES & STORING SUPPLIES WHEN HER RT THUMB GOT CAUGHT B				1,908.61	2.00	0.00	0.00	0.00	0.00	1,910.61
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				591.39	243.00	0.00	0.00	0.00	0.00	834.39
				1,908.61	2.00	0.00	0.00	0.00	0.00	1,910.61

Claim Number: 16WC07347W

16WC07347W	KUKAN, CHRISTA	11		576.77	243.00	0.00	0.00	0.00	0.00	819.77
ROOSEVELT SCHOOL	6/21/2016	6/21/2016	9/15/2016	576.77	243.00	0.00	0.00	0.00	0.00	819.77
WALKING WITH A STUDENT IN THE HALLWAY WHEN THE STUDENT BIT HER O				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				576.77	243.00	0.00	0.00	0.00	0.00	819.77
				576.77	243.00	0.00	0.00	0.00	0.00	819.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07348Y

16WC07348Y	DOMBROWSKI, MARIE	11		225.00	243.00	0.00	0.00	0.00	0.00	468.00
BAYONNE H.S. AND ADMIN. OFFICE	6/21/2016	6/21/2016	7/29/2016	225.00	243.00	0.00	0.00	0.00	0.00	468.00
STUDENT HAVING A BEHAVIORAL STRUCK HER IN THE NOSE CAUSING HER F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				225.00	243.00	0.00	0.00	0.00	0.00	468.00
				225.00	243.00	0.00	0.00	0.00	0.00	468.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07349G





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07349G

16WC07349G	SANCHEZ, VICTOR	10		2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
JOHN F. KENNEDY NO.7 ELEM.	6/17/2016	6/21/2016	Open	1,049.02	1,193.00	0.00	0.00	0.00	0.00	0.00	2,242.02
WALKING DOWN HALLWAY ACCIDENTLY STRUCK HIS R SHOULDER AGAINST				1,450.98	0.00	0.00	0.00	0.00	0.00	0.00	1,450.98
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	3,693.00
				1,049.02	1,193.00	0.00	0.00	0.00	0.00	0.00	2,242.02
				1,450.98	0.00	0.00	0.00	0.00	0.00	0.00	1,450.98

Claim Number: 16WC07350P

16WC07350P	FEINSTEIN, JOANN	10		15,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	31,193.00
WILLIAM J.MCGINN ES	6/20/2016	6/21/2016	Open	787.25	1,193.00	0.00	0.00	0.00	0.00	0.00	1,980.25
WALKING ON STAGE SHE FELL FRACTURED R SHOULDER				14,212.75	0.00	15,000.00	0.00	0.00	0.00	0.00	29,212.75
Total by Claim Number 1 Claim				15,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	31,193.00
				787.25	1,193.00	0.00	0.00	0.00	0.00	0.00	1,980.25
				14,212.75	0.00	15,000.00	0.00	0.00	0.00	0.00	29,212.75

Claim Number: 16WC07351Y

16WC07351Y	CARUSO, BRAD	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NUVIEW ACADEMY	6/21/2016	6/21/2016	8/16/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN GYM TRIPPED ON STUDENTS FOOT AND FELL FORWARD INJ R W				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07352W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07352W

16WC07352W	PEREZ, WILLIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLACKWOOD ES	6/21/2016	6/21/2016	7/21/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
UNLOADING HEAVY EQUIPMENT OUT OF TRUCK WHEN THE DOOR CLOSED C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07353W

16WC07353W	CRUZ, EDGAR	11		512.80	243.00	0.00	0.00	0.00	0.00	755.80
EDWARD J. PATTEN ES	6/21/2016	6/21/2016	8/24/2016	512.80	243.00	0.00	0.00	0.00	0.00	755.80
SETTING UP TRAFFIC CONES WHILE LIFTING CONES FELT PAIN IN R SHOULD				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				512.80	243.00	0.00	0.00	0.00	0.00	755.80
				512.80	243.00	0.00	0.00	0.00	0.00	755.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07354Y

16WC07354Y	STOFFERS, PAMELA	11		170.33	243.00	0.00	0.00	0.00	0.00	413.33
NUMBER 5 ES	6/21/2016	6/21/2016	7/26/2016	170.33	243.00	0.00	0.00	0.00	0.00	413.33
RESTRAINING STUDENT WHEN STUDENT HEAD-BUTTED HER CHIN CAUSING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.33	243.00	0.00	0.00	0.00	0.00	413.33
				170.33	243.00	0.00	0.00	0.00	0.00	413.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07355W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07355W

16WC07355W	RETTE, LINDA		11	147.44	243.00	0.00	0.00	0.00	0.00	390.44
EMILY C. REYNOLDS M.S.	6/21/2016	6/22/2016	7/28/2016	147.44	243.00	0.00	0.00	0.00	0.00	390.44
PLAYING WITH FELLOW STAFF MEMBERS RAN TO CATCH BALL HEARD A POP				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				147.44	243.00	0.00	0.00	0.00	0.00	390.44
				147.44	243.00	0.00	0.00	0.00	0.00	390.44
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07358K

16WC07358K	STREET, RONALD		15	977.42	243.00	1,468.86	0.00	0.00	0.00	2,689.28
ADMIN OFFICE	6/21/2016	6/22/2016	8/16/2016	977.42	243.00	1,468.86	0.00	0.00	0.00	2,689.28
TOSSING OUT GARBAGE INTO DUMPSTER HIT HIS L LOWER LEG AND FOOT C				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				977.42	243.00	1,468.86	0.00	0.00	0.00	2,689.28
				977.42	243.00	1,468.86	0.00	0.00	0.00	2,689.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07359I

16WC07359I	PENA, ANA		10	4,494.48	1,193.00	0.00	0.00	0.00	0.00	5,687.48
HUDSON CNTY VO-TECH	6/20/2016	6/22/2016	8/30/2016	4,494.48	1,193.00	0.00	0.00	0.00	0.00	5,687.48
REMOVING HOTF TRAY FROM OVEN LOST GRIP CAUSED TRAY TO FALL BURN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,494.48	1,193.00	0.00	0.00	0.00	0.00	5,687.48
				4,494.48	1,193.00	0.00	0.00	0.00	0.00	5,687.48
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07360B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07360B

16WC07360B	HARKER, COURTNEY	11	1,544.06	243.00	0.00	0.00	0.00	0.00	0.00	1,787.06
HEDGEPEETH-WILLIAMS MIDDLE SC	6/13/2016	6/22/2016	8/30/2016	1,544.06	243.00	0.00	0.00	0.00	0.00	1,787.06
EXITING DOOR SHE STEPPED OFF LAST STEP HER ANKLE ROLLED ON STICK			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,544.06	243.00	0.00	0.00	0.00	0.00	0.00	1,787.06
			1,544.06	243.00	0.00	0.00	0.00	0.00	0.00	1,787.06
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07361Y

16WC07361Y	CARUSO, JOHN	11	453.75	243.00	0.00	0.00	0.00	0.00	0.00	696.75
MAYS LANDING CAMPUS	6/22/2016	6/22/2016	8/ 2/2016	453.75	243.00	0.00	0.00	0.00	0.00	696.75
LOADING TOILETS HE FLIPPED THE PANEL ON A FRONT LOADER, IT KICKED E			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			453.75	243.00	0.00	0.00	0.00	0.00	0.00	696.75
			453.75	243.00	0.00	0.00	0.00	0.00	0.00	696.75
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07362Y

16WC07362Y	RATTIEN, PETER	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CONSTABLE E S	6/21/2016	6/22/2016	7/19/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DURING STUDENT VS FACULTY EVENT HE RAN & TOSSED BEAN BAGS FOR A			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07363K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07363K

16WC07363K	NATHAN, JOSEPH	11	101.90	243.00	0.00	0.00	0.00	0.00	0.00	344.90
CLEVELAND STREET SCHOOL	6/10/2016	6/10/2016	7/22/2016	101.90	243.00	0.00	0.00	0.00	0.00	344.90
CHAIR COLLAPSED CAUSING HIM TO FALL & STRUCK HIS HEAD AGAINST THE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				101.90	243.00	0.00	0.00	0.00	0.00	344.90
				101.90	243.00	0.00	0.00	0.00	0.00	344.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07364F

16WC07364F	RIVERA, MARITZA	14	0.00	0.00	5,000.00	0.00	0.00	2,500.00	0.00	7,500.00
PARKER ANNEX ES	6/1/2016	6/20/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING UP THE STAIRS HOLDING ONTO THE RAILING SHE HAD PAIN IN HER				0.00	0.00	5,000.00	0.00	2,500.00	0.00	7,500.00
Total by Claim Number 1 Claim				0.00	0.00	5,000.00	0.00	2,500.00	0.00	7,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	5,000.00	0.00	2,500.00	0.00	7,500.00

Claim Number: 16WC07366W

16WC07366W	TURRISI, EILEEN	11	423.71	243.00	0.00	0.00	0.00	0.00	0.00	666.71
WASHINGTON AVE ES	6/22/2016	6/22/2016	7/26/2016	423.71	243.00	0.00	0.00	0.00	0.00	666.71
BRINGING STUDENT TO PUBLIC LIBRARY ON A CLASS TRIP CLMT TRIPPED AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				423.71	243.00	0.00	0.00	0.00	0.00	666.71
				423.71	243.00	0.00	0.00	0.00	0.00	666.71
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07367B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07367B

16WC07367B	SCARBACI, DIANE	11	105.55	243.00	0.00	0.00	0.00	0.00	0.00	348.55
HUNTERDON CENTRAL REG HS	6/22/2016	6/23/2016	7/29/2016	105.55	243.00	0.00	0.00	0.00	0.00	348.55
WALKING OUTSIDE TRIPPED AND FELL OVER UNEVEN PAVEMENT INJ LT HAN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			105.55	243.00	0.00	0.00	0.00	0.00	0.00	348.55
			105.55	243.00	0.00	0.00	0.00	0.00	0.00	348.55
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07368W

16WC07368W	CHIU, KAREN	11	96.22	243.00	0.00	0.00	0.00	0.00	0.00	339.22
FRANKLIN TWP E.S.	6/22/2016	6/23/2016	9/13/2016	96.22	243.00	0.00	0.00	0.00	0.00	339.22
WHEN CLMT STEPPED ON A MAT THAT SLID FROM UNDER HER SIDEWAYS FE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			96.22	243.00	0.00	0.00	0.00	0.00	0.00	339.22
			96.22	243.00	0.00	0.00	0.00	0.00	0.00	339.22
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07369Y

16WC07369Y	CUSHINOTTO, NANCY	11	196.12	243.00	0.00	0.00	0.00	0.00	0.00	439.12
VOTECH VS	6/23/2016	6/23/2016	8/ 9/2016	196.12	243.00	0.00	0.00	0.00	0.00	439.12
WALKING AND TRIPPED OVER THE EDGE OF A BOX FELL TO THE FLOOR INJ F				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			196.12	243.00	0.00	0.00	0.00	0.00	0.00	439.12
			196.12	243.00	0.00	0.00	0.00	0.00	0.00	439.12
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07370B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07370B

16WC07370B	GIACONA, ANTHONY	11		441.73	243.00	0.00	0.00	0.00	0.00	0.00	684.73
ADMIN BLDG	6/23/2016	6/23/2016	8/19/2016	441.73	243.00	0.00	0.00	0.00	0.00	0.00	684.73
TRYING TO LIFT ROLLING BIN, HE LOST HANDLING, HIS LT RING FINGER GOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				441.73	243.00	0.00	0.00	0.00	0.00	0.00	684.73
				441.73	243.00	0.00	0.00	0.00	0.00	0.00	684.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07372T

16WC07372T	BERNSTEIN, CHERYL	10		35,001.00	1,193.00	21,924.00	0.00	0.00	0.00	0.00	58,118.00
RIDGEDALE M.S.	6/23/2016	6/23/2016	Open	27,179.36	1,193.00	871.00	0.00	0.00	0.00	0.00	29,243.36
PLAYING DODGEBALL AT WORKSHOP WHEN SHE FELT A POP IN L KNEE AND				7,821.64	0.00	21,053.00	0.00	0.00	0.00	0.00	28,874.64
Total by Claim Number 1 Claim				35,001.00	1,193.00	21,924.00	0.00	0.00	0.00	0.00	58,118.00
				27,179.36	1,193.00	871.00	0.00	0.00	0.00	0.00	29,243.36
				7,821.64	0.00	21,053.00	0.00	0.00	0.00	0.00	28,874.64

Claim Number: 16WC07373W

16WC07373W	HERNANDEZ, DOMINGO	11		277.87	243.00	0.00	0.00	0.00	0.00	0.00	520.87
LAWRENCE INTERMEDIATE SCHO	6/23/2016	6/23/2016	7/28/2016	277.87	243.00	0.00	0.00	0.00	0.00	0.00	520.87
MOVING A CONTAINER WENT TO GRAB AND PICK IT UP A SCRAPPER LAYING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				277.87	243.00	0.00	0.00	0.00	0.00	0.00	520.87
				277.87	243.00	0.00	0.00	0.00	0.00	0.00	520.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07374G





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07374G

16WC07374G	SANTANA, ROBERT	10		15,001.00	1,193.00	0.00	0.00	0.00	0.00	0.00	16,194.00
CLIFFSIDE PARK HIGH SCHOOL	6/22/2016	6/23/2016	Open	3,281.16	1,193.00	0.00	0.00	0.00	0.00	0.00	4,474.16
DRIVING BICYCLE HOME TO CHANGE HE FELL OFF FRONT CURB, INJURED KI				11,719.84	0.00	0.00	0.00	0.00	0.00	0.00	11,719.84
Total by Claim Number 1 Claim				15,001.00	1,193.00	0.00	0.00	0.00	0.00	0.00	16,194.00
				3,281.16	1,193.00	0.00	0.00	0.00	0.00	0.00	4,474.16
				11,719.84	0.00	0.00	0.00	0.00	0.00	0.00	11,719.84

Claim Number: 16WC07375W

16WC07375W	BARUTI, NOREEN	11		894.10	243.00	0.00	0.00	0.00	0.00	0.00	1,137.10
DEPARTMENT OF TRANSPORTATION	6/22/2016	6/23/2016	9/14/2016	894.10	243.00	0.00	0.00	0.00	0.00	0.00	1,137.10
WALKING IN PARKING LOT HER FOOT WHEN BETWEEN OPENINGS SHE FELL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				894.10	243.00	0.00	0.00	0.00	0.00	0.00	1,137.10
				894.10	243.00	0.00	0.00	0.00	0.00	0.00	1,137.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07376F

16WC07376F	BRENNER, JULIE	10		17,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	18,693.00
MONTGOMERY LOWER MS	6/21/2016	6/23/2016	Open	11,998.01	1,193.00	0.00	0.00	0.00	0.00	0.00	13,191.01
STANDING ON STOOL PACKING UP CLASSROOM SHE FELL OFF STOOL INJUR				5,501.99	0.00	0.00	0.00	0.00	0.00	0.00	5,501.99
Total by Claim Number 1 Claim				17,500.00	1,193.00	0.00	0.00	0.00	0.00	0.00	18,693.00
				11,998.01	1,193.00	0.00	0.00	0.00	0.00	0.00	13,191.01
				5,501.99	0.00	0.00	0.00	0.00	0.00	0.00	5,501.99

Claim Number: 16WC07377B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07377B

16WC07377B	BAEZ-BATISTA, HUGO		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WAYSIDE E.S.	6/16/2016	6/24/2016	Open	817.36	243.00	0.00	0.00	0.00	0.00	0.00	1,060.36
WHILE LIFTING HEAVY BOXES FELT PAIN IN MID BACK				1,682.64	2.00	0.00	0.00	0.00	0.00	0.00	1,684.64
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				817.36	243.00	0.00	0.00	0.00	0.00	0.00	1,060.36
				1,682.64	2.00	0.00	0.00	0.00	0.00	0.00	1,684.64

Claim Number: 16WC07378B

16WC07378B	COREY, RALPH		11	376.88	243.00	0.00	0.00	0.00	0.00	0.00	619.88
WESTFIELD SENIOR HS	6/24/2016	6/24/2016	8/30/2016	376.88	243.00	0.00	0.00	0.00	0.00	0.00	619.88
WHILE IN THE SOCCER FIELD DURING GRADUATION PRACTICE FELT AN INSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				376.88	243.00	0.00	0.00	0.00	0.00	0.00	619.88
				376.88	243.00	0.00	0.00	0.00	0.00	0.00	619.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07379W

16WC07379W	SEIJO, ROSALINA		11	663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
EDWARD J. PATTEN ES	6/23/2016	6/24/2016	8/ 5/2016	663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
TOOK STUDENTS TO PLAYGROUND STANDING THERE A CHILD CAME OVER A				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
				663.28	243.00	0.00	0.00	0.00	0.00	0.00	906.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07380M





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07380M

16WC07380M	ANDROVICH, CHRISTOPHER	10		37,500.00	1,193.00	20,000.00	0.00	0.00	2,500.00	0.00	61,193.00
CARTERET H. S.	6/21/2016	6/24/2016	Open	1,014.29	1,193.00	0.00	0.00	0.00	0.00	0.00	2,207.29
SITTING ON GROUND PUTTING TOGETHER A PODIUM FOR GRADUATION, STC				36,485.71	0.00	20,000.00	0.00	0.00	2,500.00	0.00	58,985.71
Total by Claim Number 1 Claim				37,500.00	1,193.00	20,000.00	0.00	0.00	2,500.00	0.00	61,193.00
				1,014.29	1,193.00	0.00	0.00	0.00	0.00	0.00	2,207.29
				36,485.71	0.00	20,000.00	0.00	0.00	2,500.00	0.00	58,985.71

Claim Number: 16WC07381K

16WC07381K	ROCKAL, EDWARD	11		470.76	243.00	0.00	0.00	0.00	0.00	0.00	713.76
ALBERT E. GRICE M.S.	6/24/2016	6/27/2016	9/15/2016	470.76	243.00	0.00	0.00	0.00	0.00	0.00	713.76
WORKING OUTSIDE AND CONTRACTED POISON IVY ON BOTH ARMS, BOTH LE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				470.76	243.00	0.00	0.00	0.00	0.00	0.00	713.76
				470.76	243.00	0.00	0.00	0.00	0.00	0.00	713.76
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07382K

16WC07382K	HOFFMAN, CHRISTIAN	11		796.55	243.00	0.00	0.00	0.00	0.00	0.00	1,039.55
STERLING H.S.	6/14/2016	6/14/2016	8/23/2016	796.55	243.00	0.00	0.00	0.00	0.00	0.00	1,039.55
WAS RUNNING ALONG SIDE A STUDENT AND TWISTED R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				796.55	243.00	0.00	0.00	0.00	0.00	0.00	1,039.55
				796.55	243.00	0.00	0.00	0.00	0.00	0.00	1,039.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07383G





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07383G

16WC07383G	SELVAGGIO, FRANCO	10	50,000.00	1,193.00	40,000.00	0.00	0.00	0.00	0.00	91,193.00
RIDGEFIELD PARK HIGH SCHOOL	6/23/2016	6/27/2016	Open	3,361.40	1,193.00	0.00	0.00	0.00	0.00	4,554.40
HELPING TEACHER PRUNE A PLANT ACCIDENTALLY CUT R WRIST WITH UTILI				46,638.60	0.00	40,000.00	0.00	0.00	0.00	86,638.60
Total by Claim Number 1 Claim			50,000.00	1,193.00	40,000.00	0.00	0.00	0.00	0.00	91,193.00
			3,361.40	1,193.00	0.00	0.00	0.00	0.00	0.00	4,554.40
			46,638.60	0.00	40,000.00	0.00	0.00	0.00	0.00	86,638.60

Claim Number: 16WC07384K

16WC07384K	MUELLER, KIM	11	811.88	243.00	0.00	0.00	0.00	0.00	0.00	1,054.88
DOROTHY L BULLOCK SCHOOL	6/23/2016	6/27/2016	8/24/2016	811.88	243.00	0.00	0.00	0.00	0.00	1,054.88
LIFTING BOXES ONTO A CART SHE BENT OVER AND FELT PAIN IN LOWER BA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			811.88	243.00	0.00	0.00	0.00	0.00	0.00	1,054.88
			811.88	243.00	0.00	0.00	0.00	0.00	0.00	1,054.88
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07385Y

16WC07385Y	ESCOBAR, VICTORIA	11	1,406.40	243.00	0.00	0.00	0.00	0.00	0.00	1,649.40
FRELINGHUYSEN MS	6/27/2016	6/27/2016	8/29/2016	1,406.40	243.00	0.00	0.00	0.00	0.00	1,649.40
TRIPPED OVER A PLASTIC COVER AND FELL INJURED R WRIST, BOTH KNEES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,406.40	243.00	0.00	0.00	0.00	0.00	0.00	1,649.40
			1,406.40	243.00	0.00	0.00	0.00	0.00	0.00	1,649.40
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07386B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07386B

16WC07386B	HARPER-KLAW, GLORIAJEAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION (UNIC	6/27/2016	6/27/2016	Open	773.32	243.00	0.00	0.00	0.00	0.00	1,016.32
MISSED STEP AND FELL ON BUS WHILE TRYING TO CLOSE DOOR INJURED L				1,726.68	2.00	0.00	0.00	0.00	0.00	1,728.68
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				773.32	243.00	0.00	0.00	0.00	0.00	1,016.32
				1,726.68	2.00	0.00	0.00	0.00	0.00	1,728.68

Claim Number: 16WC07387K

16WC07387K	LOMAKIN, DOUGLAS	11		490.01	243.00	0.00	0.00	0.00	0.00	733.01
BRADLEY GARDENS E S	6/24/2016	6/27/2016	9/13/2016	490.01	243.00	0.00	0.00	0.00	0.00	733.01
INSTALLING SHELVING BRACKET STRUCK R ELBOW ON BRACKET				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				490.01	243.00	0.00	0.00	0.00	0.00	733.01
				490.01	243.00	0.00	0.00	0.00	0.00	733.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07388W

16WC07388W	DEGENNARO, JOY ANN	11		201.08	243.00	0.00	0.00	0.00	0.00	444.08
FAIR LAWN H.S.	6/27/2016	6/27/2016	7/26/2016	201.08	243.00	0.00	0.00	0.00	0.00	444.08
CLEANING OFF HER DESK WITH CLEANING SOLUTION BOTTLE FELL SPLASHE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				201.08	243.00	0.00	0.00	0.00	0.00	444.08
				201.08	243.00	0.00	0.00	0.00	0.00	444.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07389B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07389B

16WC07389B	MARTIN, EDMUND	11		1,541.20	243.00	0.00	0.00	0.00	0.00	0.00	1,784.20
CUMBERLAND REG HS	6/27/2016	6/28/2016	8/18/2016	1,541.20	243.00	0.00	0.00	0.00	0.00	0.00	1,784.20
STRIPPING FLOORS, SLIPPED AND FELL CUTTING L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,541.20	243.00	0.00	0.00	0.00	0.00	0.00	1,784.20
				1,541.20	243.00	0.00	0.00	0.00	0.00	0.00	1,784.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07390Y

16WC07390Y	RAINER, DEBRA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GERALDINE FOSTER EARLY CHILD	6/27/2016	6/27/2016	7/29/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BENT DOWN TO MOVE AN AREA RUG ACCIDENTALLY STRUCK R HAND AGAIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07391Y

16WC07391Y	BIELSKI, CATHERINE	11		335.03	243.00	0.00	0.00	0.00	0.00	0.00	578.03
HATCHERY HILL ES	6/9/2016	6/27/2016	8/9/2016	335.03	243.00	0.00	0.00	0.00	0.00	0.00	578.03
STOCKING SHELF TRIPPED OVER MAT LANDED ON R KNEE, R ELBOW, R SHO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				335.03	243.00	0.00	0.00	0.00	0.00	0.00	578.03
				335.03	243.00	0.00	0.00	0.00	0.00	0.00	578.03
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07392W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07392W

16WC07392W	MORALES, SHEILA	11		955.22	243.00	0.00	0.00	0.00	0.00	0.00	1,198.22
NUMBER 9 ES	6/10/2016	6/28/2016	8/30/2016	955.22	243.00	0.00	0.00	0.00	0.00	0.00	1,198.22
06/28/16L FOOT CAUGHT IN METAL RAILING TWISTED L ELG, SLIPPED DOWN \				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				955.22	243.00	0.00	0.00	0.00	0.00	0.00	1,198.22
				955.22	243.00	0.00	0.00	0.00	0.00	0.00	1,198.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07393K

16WC07393K	GROTKEWICZ, GRACE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BAYONNE H.S. AND ADMIN. OFFICE	6/27/2016	6/28/2016	7/28/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
REMOVING DESK FROM CLASSROOM THE DESK STRUCK DOOR JAM DESK HI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07394K

16WC07394K	BARCA, DEBRA	11		106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
MIDDLETOWN-NORTH HS	6/23/2016	6/28/2016	8/ 4/2016	106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
WHILE CLEANING CUT HER R PINKY FINGER ON A PIECE OF METAL FROM CA				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
				106.08	243.00	0.00	0.00	0.00	0.00	0.00	349.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07395Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07395Y

16WC07395Y	MAZUCA, JOHN	11	179.29	243.00	0.00	0.00	0.00	0.00	0.00	422.29
ROUND VALLEY MS	6/13/2016	6/28/2016	8/11/2016	179.29	243.00	0.00	0.00	0.00	0.00	422.29
JUMPING OFF WORK TRUCK SPRAINED L WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				179.29	243.00	0.00	0.00	0.00	0.00	422.29
				179.29	243.00	0.00	0.00	0.00	0.00	422.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07396W

16WC07396W	RODRIGUEZ, GLORIA	11	3,358.80	243.00	0.00	0.00	0.00	0.00	0.00	3,601.80
ROOSEVELT SCHOOL	6/28/2016	6/28/2016	8/25/2016	3,358.80	243.00	0.00	0.00	0.00	0.00	3,601.80
MOPPING CLASSROOM WHEN MOP STRUCK OVERHEAD PROJECTOR, PROJE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				3,358.80	243.00	0.00	0.00	0.00	0.00	3,601.80
				3,358.80	243.00	0.00	0.00	0.00	0.00	3,601.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07397W

16WC07397W	BENBOW, ANITA	11	5,500.00	245.00	0.00	0.00	0.00	0.00	0.00	5,745.00
HIGH SCHOOL	6/28/2016	6/28/2016	Open	3,799.56	243.00	0.00	0.00	0.00	0.00	4,042.56
FEET SLID FROM MOISTURE ON FLOOR SHE FELL BACKWARDS LANDING ON				1,700.44	2.00	0.00	0.00	0.00	0.00	1,702.44
Total by Claim Number 1 Claim				5,500.00	245.00	0.00	0.00	0.00	0.00	5,745.00
				3,799.56	243.00	0.00	0.00	0.00	0.00	4,042.56
				1,700.44	2.00	0.00	0.00	0.00	0.00	1,702.44

Claim Number: 16WC07398W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07398W

16WC07398W	DEMBY, TYRONE	11		402.00	243.00	0.00	0.00	0.00	0.00	0.00	645.00
EVERGREEN SCHOOL	6/28/2016	6/28/2016	8/12/2016	402.00	243.00	0.00	0.00	0.00	0.00	0.00	645.00
MOVING BOOKSHELVES WHEN HE HEARD A POP IN HIS R SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				402.00	243.00	0.00	0.00	0.00	0.00	0.00	645.00
				402.00	243.00	0.00	0.00	0.00	0.00	0.00	645.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07400K

16WC07400K	ALFERES, JANINE	11		170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
LINCOLN NO 3 ES	6/20/2016	6/29/2016	8/ 9/2016	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
CORRECTING A CHILD ON BUS PLAYING LOUD MUSIC CHILD PUSHED HER DC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
				170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07401Y

16WC07401Y	SKIBITSKI, THOMAS	11		208.00	243.00	0.00	0.00	0.00	0.00	0.00	451.00
ADMIN BLDG	6/29/2016	6/29/2016	8/18/2016	208.00	243.00	0.00	0.00	0.00	0.00	0.00	451.00
ATTEMPTING TO LOAD BROKEN DOOR ONTO TRUCK FORCIBLY TRIED CROSS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				208.00	243.00	0.00	0.00	0.00	0.00	0.00	451.00
				208.00	243.00	0.00	0.00	0.00	0.00	0.00	451.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07403Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07403Y

16WC07403Y	ANDROVETTE, DEBRA	14		1,555.38	0.00	0.00	0.00	0.00	0.00	1,555.38
BRAGG ES	6/14/2016	6/29/2016	8/ 2/2016	1,555.38	0.00	0.00	0.00	0.00	0.00	1,555.38
WALKING IN HALLWAY SLIPPED ON ICE AND FELL INJURED L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,555.38	0.00	0.00	0.00	0.00	0.00	1,555.38
				1,555.38	0.00	0.00	0.00	0.00	0.00	1,555.38
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07404W

16WC07404W	JOHNSON, DARREN	11		173.74	243.00	0.00	0.00	0.00	0.00	416.74
CAPE MAY CITY E.S.	6/29/2016	6/30/2016	8/ 5/2016	173.74	243.00	0.00	0.00	0.00	0.00	416.74
PICKING UP FILE CABINET FELT SHARP PAIN IN L LOWER BACK AND TAILBON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				173.74	243.00	0.00	0.00	0.00	0.00	416.74
				173.74	243.00	0.00	0.00	0.00	0.00	416.74
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07405F

16WC07405F	DURA, ANTHONY	10		37,205.43	1,195.00	67,000.00	0.00	0.00	0.00	105,400.43
MIDDLETOWN SOUTH HS	6/29/2016	6/30/2016	Open	3,343.43	1,193.00	4,712.80	0.00	0.00	0.00	9,249.23
STRIPPING FLOORS SLIPPED ON STRIPPER AND FELL LANDING ON L SHOULI				33,862.00	2.00	62,287.20	0.00	0.00	0.00	96,151.20
Total by Claim Number 1 Claim				37,205.43	1,195.00	67,000.00	0.00	0.00	0.00	105,400.43
				3,343.43	1,193.00	4,712.80	0.00	0.00	0.00	9,249.23
				33,862.00	2.00	62,287.20	0.00	0.00	0.00	96,151.20

Claim Number: 16WC07406F





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07406F

16WC07406F	NEMEC, PETER	10	11,818.23	1,193.00	2,464.00	0.00	0.00	0.00	0.00	15,475.23
SOUTH HUNTERDON REGIONAL H.	6/30/2016	6/30/2016	9/ 9/2016	11,818.23	1,193.00	2,464.00	0.00	0.00	0.00	15,475.23
APPLYING STRIPPER TO FLOOR, SLIPPED AND FELL INJURED NOSE, FACE, H				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			11,818.23	1,193.00	2,464.00	0.00	0.00	0.00	0.00	15,475.23
			11,818.23	1,193.00	2,464.00	0.00	0.00	0.00	0.00	15,475.23
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07409C

16WC07409C	KACKOS'SMITH, JENNIFER	10	25,000.00	1,193.00	53,384.00	0.00	0.00	0.00	0.00	79,577.00
MONMOUTH REGIONAL H.S.	6/28/2016	6/30/2016	Open	21,873.06	1,193.00	0.00	0.00	0.00	0.00	23,066.06
SLIPPED IN WATER AND FELL LANDED ON L SIDE HEAD, HIP, SHOULDER, BAC				3,126.94	0.00	53,384.00	0.00	0.00	0.00	56,510.94
Total by Claim Number 1 Claim			25,000.00	1,193.00	53,384.00	0.00	0.00	0.00	0.00	79,577.00
			21,873.06	1,193.00	0.00	0.00	0.00	0.00	0.00	23,066.06
			3,126.94	0.00	53,384.00	0.00	0.00	0.00	0.00	56,510.94

Claim Number: 16WC07410Z

16WC07410Z	TURON, EDWARD	10	40,372.25	1,193.00	3,000.00	0.00	0.00	0.00	0.00	44,565.25
BURNET HILL ES	6/30/2016	6/30/2016	Open	701.41	1,193.00	2,187.40	0.00	0.00	0.00	4,081.81
COMING DOWN FROM LADDER FALLING BACKWARDS STRUCK HEAD AGAINST				39,670.84	0.00	812.60	0.00	0.00	0.00	40,483.44
Total by Claim Number 1 Claim			40,372.25	1,193.00	3,000.00	0.00	0.00	0.00	0.00	44,565.25
			701.41	1,193.00	2,187.40	0.00	0.00	0.00	0.00	4,081.81
			39,670.84	0.00	812.60	0.00	0.00	0.00	0.00	40,483.44

Claim Number: 16WC07412A





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07412A

16WC07412A	FONTEROSA, JOHN	10	512.38	1,756.88	0.00	0.00	0.00	0.00	0.00	2,269.26
GROUNDS OFFICE	6/29/2016	7/5/2016	8/11/2016	512.38	1,756.88	0.00	0.00	0.00	0.00	2,269.26
MOVING FURNITURE TO WORK TRUCK TURNED HIS NECK FELT PAIN IN NECK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			512.38	1,756.88	0.00	0.00	0.00	0.00	0.00	2,269.26
			512.38	1,756.88	0.00	0.00	0.00	0.00	0.00	2,269.26
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07415A

16WC07415A	HOKR, BRUCE	11	1,340.94	1,932.00	5,101.57	0.00	0.00	0.00	0.00	8,374.51
GROUNDS OFFICE	6/29/2016	7/5/2016	8/25/2016	1,340.94	1,932.00	5,101.57	0.00	0.00	0.00	8,374.51
WAS MOVING FURNITURE FELT PAIN IN L WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			1,340.94	1,932.00	5,101.57	0.00	0.00	0.00	0.00	8,374.51
			1,340.94	1,932.00	5,101.57	0.00	0.00	0.00	0.00	8,374.51
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07417P

16WC07417P	KOVACS, LINDA	10	44.69	1,193.00	0.00	0.00	0.00	0.00	0.00	1,237.69
HUNTERDON CENTRAL REG HS	6/17/2016	7/5/2016	9/13/2016	44.69	1,193.00	0.00	0.00	0.00	0.00	1,237.69
STATIONED NEAR FOOTBALL FIELD TO HELP WITH GRADUATION TRIPPED OV				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			44.69	1,193.00	0.00	0.00	0.00	0.00	0.00	1,237.69
			44.69	1,193.00	0.00	0.00	0.00	0.00	0.00	1,237.69
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07421W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07421W

16WC07421W	FLETCHER, NORRIS	11		2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
FREEDOM PREP CHARTER SCHOC	6/16/2016	7/6/2016	Open	908.70	243.00	0.00	0.00	0.00	0.00	0.00	1,151.70
MOVING FURNITURE DISPOSING RECYCLE PAPER FELT PAIN IN L SIDE OF BA				1,592.30	0.00	0.00	0.00	0.00	0.00	0.00	1,592.30
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				908.70	243.00	0.00	0.00	0.00	0.00	0.00	1,151.70
				1,592.30	0.00	0.00	0.00	0.00	0.00	0.00	1,592.30

Claim Number: 16WC07426K

16WC07426K	BUTTAFUOCO, JAMES	11		675.25	243.00	0.00	0.00	0.00	0.00	0.00	918.25
WAYNE HILLS H.S.	6/30/2016	7/6/2016	8/26/2016	675.25	243.00	0.00	0.00	0.00	0.00	0.00	918.25
USING PALLET JACK TO MOVE A PLATFORM HE HIT A DOOR KICK PLATE IN FI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				675.25	243.00	0.00	0.00	0.00	0.00	0.00	918.25
				675.25	243.00	0.00	0.00	0.00	0.00	0.00	918.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07435Y

16WC07435Y	BICKOFF, ROBBIN	11		231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
DONALD A QUARLES ES	6/30/2016	7/7/2016	8/16/2016	231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
WALKING IN CLASS STRUCK HER R HAND ON TABLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				231.53	243.00	0.00	0.00	0.00	0.00	0.00	474.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07439B





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07439B

16WC07439B	COMPETIELLO, FRANCESCO	11		112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
TRANSPORTATION	6/30/2016	7/7/2016	8/3/2016	112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
MULCHING AND PLANTING TREES BANGED R PINKY ON WALL WHILE DIGGINC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
				112.00	243.00	0.00	0.00	0.00	0.00	0.00	355.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07457B

16WC07457B	RIVOLI-VASQUEZ, VANESSA	11		2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
SCHOOL 5	6/21/2016	7/11/2016	Open	125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
SLIPPED ON WET FLOOR AND FELL INJURED L BIG TOE				2,376.00	0.00	0.00	0.00	0.00	0.00	0.00	2,376.00
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
				2,376.00	0.00	0.00	0.00	0.00	0.00	0.00	2,376.00

Claim Number: 16WC07460Y

16WC07460Y	STAFFORD, RUSSEL	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
NORTH MAIN STREET SCHOOL	6/23/2016	7/11/2016	7/29/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STRIPPING FLOORS HE ACCIDENTLY TRIPPED OVER MACHINE INJURED LOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07485W





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07485W

16WC07485W	O'NEILL, KAITLIN	11	573.59	243.00	0.00	0.00	0.00	0.00	0.00	816.59
HOPE COMMUNITY CHARTER	6/25/2016	7/15/2016	8/ 8/2016	573.59	243.00	0.00	0.00	0.00	0.00	816.59
PACKING AND MOVING DROPPED A BOX ON R FOOT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			573.59	243.00	0.00	0.00	0.00	0.00	0.00	816.59
			573.59	243.00	0.00	0.00	0.00	0.00	0.00	816.59
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07495B

16WC07495B	ISAMAILOFF, DENIZ	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PATERSON ARTS & SCIENCE CHAF	6/22/2016	7/18/2016	Open	707.12	243.00	0.00	0.00	0.00	0.00	950.12
PACKING AND MOVING THINGS, CARRYING THINGS TO CAR STEPPED OFF CL				1,792.88	2.00	0.00	0.00	0.00	0.00	1,794.88
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			707.12	243.00	0.00	0.00	0.00	0.00	0.00	950.12
			1,792.88	2.00	0.00	0.00	0.00	0.00	0.00	1,794.88

Claim Number: 16WC07496V

16WC07496V	LOPEZ, MICHAEL	10	37,500.00	1,193.00	13,000.00	0.00	0.00	0.00	0.00	51,693.00
ELEANOR VAN GELDER ES	6/30/2016	7/18/2016	Open	1,165.44	1,193.00	4,534.66	0.00	0.00	0.00	6,893.10
CARRYING AN EMPTY FLATBED UP STAIRWAY INJURED LOW BACK				36,334.56	0.00	8,465.34	0.00	0.00	0.00	44,799.90
Total by Claim Number 1 Claim			37,500.00	1,193.00	13,000.00	0.00	0.00	0.00	0.00	51,693.00
			1,165.44	1,193.00	4,534.66	0.00	0.00	0.00	0.00	6,893.10
			36,334.56	0.00	8,465.34	0.00	0.00	0.00	0.00	44,799.90

Claim Number: 16WC07516K





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07516K

16WC07516K	SAMUELS, LEON		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MEMORIAL SR HS	6/13/2016	7/20/2016	8/29/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE STUDENT STRUCK HIM IN HIS FACE, N				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07583Y

16WC07583Y	FABIAN, MATTHEW		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHATHAM MS	6/24/2016	8/2/2016	9/ 6/2016	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ENTERING CLASSROOM WHEN THE HEAVY DOOR CLOSED ON L INDEX FINGE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16WC07605W

16WC07605W	CARTER, DANIELLE		14	1,500.00	0.00	0.00	0.00	0.00	0.00	1,500.00
SILVER RUN ES	6/13/2016	8/4/2016	Open	164.41	0.00	0.00	0.00	0.00	0.00	164.41
JUMPING ROPE WITH STUDENTS FOOT GOT CAUGHT AND TANGLED IN ROPE				1,335.59	0.00	0.00	0.00	0.00	0.00	1,335.59
Total by Claim Number 1 Claim				1,500.00	0.00	0.00	0.00	0.00	0.00	1,500.00
				164.41	0.00	0.00	0.00	0.00	0.00	164.41
				1,335.59	0.00	0.00	0.00	0.00	0.00	1,335.59

Claim Number: 16WC07812Y





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC07812Y

16WC07812Y	BIELICKY, LYNN		14	2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
SOMERVILLE HS	6/21/2016	9/8/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING SHE TRIPPED AND FELL OVER METAL OUTLINE UNATTACHED TO FI				2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
Total by Claim Number 1 Claim				2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,501.00	0.00	0.00	0.00	0.00	0.00	2,501.00
Total by Major Coverage 337 Claims				1,185,177.09	131,985.88	782,135.89	0.00	0.00	29,140.00	2,128,438.86
				419,853.75	126,212.08	74,170.69	0.00	0.00	2,040.00	622,276.52
				765,323.34	5,773.80	707,965.20	0.00	0.00	27,100.00	1,506,162.34

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00494D

16GL00494D	FITZGERALD, RAKEEM		20	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
JOHN L COSTLEY MS	6/7/2016	6/8/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT STRUCK BY VEHICLE				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 16GL00517E

16GL00517E	BEAUFORT, DONOVAN		20	20,000.00	0.00	0.00	0.00	20,000.00	0.00	40,000.00
DR CHARLES P DEFUCCIO ES #39	6/9/2016	6/20/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIB ALLEGATIONS				20,000.00	0.00	0.00	0.00	20,000.00	0.00	40,000.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 20 - GENERAL LIABILITY											
Total by Claim Number 1 Claim				20,000.00	0.00	0.00	0.00	0.00	20,000.00	0.00	40,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				20,000.00	0.00	0.00	0.00	0.00	20,000.00	0.00	40,000.00
Claim Number: 16GL00541L											
16GL00541L	ZANARA, LEONARD	21		0.00	0.00	283.55	0.00	0.00	0.00	0.00	283.55
GARFIELD HS	6/2/2016	6/27/2016	6/30/2016	0.00	0.00	283.55	0.00	0.00	0.00	0.00	283.55
ALLEGES WINDSHIELD DAMAGED FROM ERRANT ROCK THROWN FROM WEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	283.55	0.00	0.00	0.00	0.00	283.55
				0.00	0.00	283.55	0.00	0.00	0.00	0.00	283.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00544S											
16GL00544S	RICHARDSON, LORENZO	21		0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
JERSEY CITY PUBLIC SCHOOLS	6/15/2016	6/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TITLE 18 INVOLVMENT				0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 Claim				0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
Claim Number: 16GL00551E											
16GL00551E	FROMETA, HAYLEE	20		20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00
THOMAS EDISON SCHOOL	6/13/2016	7/6/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL FROM CARNIVAL SLIDES				20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim				20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00
Claim Number: 16GL00553L										
16GL00553L	BAXTER, ROBERT	21		0.00	0.00	389.37	0.00	0.00	0.00	389.37
OCEAN CITY	6/6/2016	7/6/2016	7/12/2016	0.00	0.00	389.37	0.00	0.00	0.00	389.37
ALLEGES BASEBALL STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	389.37	0.00	0.00	0.00	389.37
				0.00	0.00	389.37	0.00	0.00	0.00	389.37
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00559S										
16GL00559S	DENIZAD, BELLA	20		25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
HUDSON SCHOOL	6/3/2016	7/12/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CHILD FELL INTO WALL				25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
Total by Claim Number 1 Claim				25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				25,000.00	1,500.00	0.00	0.00	0.00	0.00	26,500.00
Claim Number: 16GL00565S										
16GL00565S	JOSEPH, REGINA	20		25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00
GRACE WILDAY SCHOOL	6/20/2016	7/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SLIPPED IN WATER AND FELL				25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim			25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 16GL00579L										
16GL00579L	HOPSIN, SHEILA	21	0.00	0.00	200.00	0.00	0.00	0.00	0.00	200.00
SOEHL MIDDLE SCHOOL	6/22/2016	7/21/2016	7/28/2016	0.00	0.00	200.00	0.00	0.00	0.00	200.00
ALLEGES ROCK BROKE WINSHIELD WHILE MAINTENANCE WAS CUTTING GR			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	200.00	0.00	0.00	0.00	0.00	200.00
			0.00	0.00	200.00	0.00	0.00	0.00	0.00	200.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16GL00583D										
16GL00583D	WEST, LATRINA	20	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
OLLIE E CULBRETH JR #14	6/16/2016	7/26/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SLIPPED ON BROKEN STEPS & FELL			10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim			10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Claim Number: 16GL00584D										
16GL00584D	PIZZARO, BRYAN	20	25,000.00	0.00	0.00	0.00	0.00	0.00	1,500.00	26,500.00
ELIZABETH BOARD OF EDUCATION	6/20/2016	7/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BROKEN ELBOW			25,000.00	0.00	0.00	0.00	0.00	0.00	1,500.00	26,500.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim				25,000.00	0.00	0.00	0.00	0.00	1,500.00	26,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				25,000.00	0.00	0.00	0.00	0.00	1,500.00	26,500.00
Claim Number: 16GL00588D										
16GL00588D	NARDONE, NATALIE	20		35,000.00	750.00	0.00	0.00	0.00	0.00	35,750.00
RAHWAY BOARD OF EDUCATION	6/23/2016	7/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES MINOR WAS MISDIAGNOSED IN HEARING TEST RESULTING IN HEAF				35,000.00	750.00	0.00	0.00	0.00	0.00	35,750.00
Total by Claim Number 1 Claim				35,000.00	750.00	0.00	0.00	0.00	0.00	35,750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				35,000.00	750.00	0.00	0.00	0.00	0.00	35,750.00
Claim Number: 16GL00605E										
16GL00605E	ISIDRO, JULIO	20		10,000.00	500.00	0.00	0.00	0.00	0.00	10,500.00
HIGH MOUNTAIN MS	6/21/2016	8/10/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FELL IN GYM SLIDING INTO ATTENDANCE LINE-UP TWISTED				10,000.00	500.00	0.00	0.00	0.00	0.00	10,500.00
Total by Claim Number 1 Claim				10,000.00	500.00	0.00	0.00	0.00	0.00	10,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	500.00	0.00	0.00	0.00	0.00	10,500.00
Claim Number: 16GL00610D										
16GL00610D	MOORE, DIVINE	20		15,000.00	500.00	0.00	0.00	0.00	0.00	15,500.00
JR. & SR. HIGH SCHOOL	6/14/2016	8/18/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT TRIPPED & FELL AT PRACTICE FIELD				15,000.00	500.00	0.00	0.00	0.00	0.00	15,500.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim				15,000.00	500.00	0.00	0.00	0.00	0.00	15,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				15,000.00	500.00	0.00	0.00	0.00	0.00	15,500.00
Claim Number: 16GL00620S										
16GL00620S	BAYLOR, JAVION	20		10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
JEFFERSON SCHOOL	6/6/2016	8/30/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGATIONS THAT SUB TEACHER ASSAULTED CLMNT/STUDENT				10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
Total by Claim Number 1 Claim				10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
Claim Number: 16GL00621E										
16GL00621E	HENRRIQUEZ, JULISSA	20		10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
NICHOLAS LACORTE #3	6/17/2016	9/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ANOTHER STUDENT PUSHED HER CAUSING HER TO FALL FRACTUF				10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
Total by Claim Number 1 Claim				10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	1,000.00	0.00	0.00	0.00	0.00	11,000.00
Claim Number: 16GL00624L										
16GL00624L	PARRY, IAN	22		0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
CENTRAL E S	6/9/2016	9/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT WAS PUSHED BY ANOTHER STUDENT				0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00	0.00	1,500.00	1,500.00
Claim Number: 16GL00630E										
16GL00630E	ADAMS, CHRISTIAN		20	10,000.00	750.00	0.00	0.00	0.00	0.00	10,750.00
FRANKLIN TWP BOE (SOMERSET)	6/20/2016	9/7/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ASSAULT/BULLYING				10,000.00	750.00	0.00	0.00	0.00	0.00	10,750.00
Total by Claim Number 1 Claim				10,000.00	750.00	0.00	0.00	0.00	0.00	10,750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	750.00	0.00	0.00	0.00	0.00	10,750.00
Claim Number: 16GL00641D										
16GL00641D	JAMES, ETHAN		20	1,000.00	500.00	0.00	0.00	0.00	1,000.00	2,500.00
JOHNNY COCHRANE SCHOOL	6/1/2016	9/14/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES INJURY TO FINGER ON SCHOOL PROPERTY				1,000.00	500.00	0.00	0.00	0.00	1,000.00	2,500.00
Total by Claim Number 1 Claim				1,000.00	500.00	0.00	0.00	0.00	1,000.00	2,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	500.00	0.00	0.00	0.00	1,000.00	2,500.00
Claim Number: 16GL00643S										
16GL00643S	HICKS, MELISSA		20	15,000.00	1,000.00	0.00	0.00	0.00	0.00	16,000.00
DR CHARLES P DEFUCCIO ES #39	6/20/2016	9/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ANOTHER STUDENT STRUCK HER IN THE FACE WITH A BASKETBAL				15,000.00	1,000.00	0.00	0.00	0.00	0.00	16,000.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim				15,000.00	1,000.00	0.00	0.00	0.00	0.00	16,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				15,000.00	1,000.00	0.00	0.00	0.00	0.00	16,000.00
Total by Major Coverage 20 Claims				246,000.00	7,500.00	5,872.92	0.00	0.00	20,000.00	283,372.92
				0.00	0.00	872.92	0.00	0.00	0.00	872.92
				246,000.00	7,500.00	5,000.00	0.00	0.00	20,000.00	282,500.00
Major Coverage: 30 - AUTO LIABILITY										
Claim Number: 16AL00346L										
16AL00346L	BILLIG, WENDY	31		0.00	90.00	3,267.31	0.00	0.00	0.00	3,357.31
EAST WINDSOR REGIONAL	6/7/2016	6/7/2016	6/28/2016	0.00	90.00	3,267.31	0.00	0.00	0.00	3,357.31
IV STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	90.00	3,267.31	0.00	0.00	0.00	3,357.31
				0.00	90.00	3,267.31	0.00	0.00	0.00	3,357.31
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00347S										
16AL00347S	WARDROP, KRISTEN	30		1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
WAYNE TWP BOE	6/7/2016	6/9/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDOR MVA INJURIES				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00347S/01





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00347S/01

16AL00347S/01	CORSIGLIA, SAMANTHA	30	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
WAYNE TWP BOE	6/7/2016	6/9/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDOR MVA INJURIES				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00347S/02

16AL00347S/02	DALY, EMILY	30	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
WAYNE TWP BOE	6/7/2016	6/9/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDOR MVA INJURIES				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00347S/03

16AL00347S/03	ESSEN, ALANA	30	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
ALBERT P TERHUNE E.S.	6/7/2016	6/9/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDOR MVA INJURIES				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00347S/04





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00347S/04

16AL00347S/04	CRANK, SAMANTHA	30		1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
WAYNE TWP BOE	6/7/2016	6/9/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDOR MVA INJURIES				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00347S/05

16AL00347S/05	DAVIS, MELYSSA	30		1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
WAYNE TWP BOE	6/7/2016	6/9/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDOR MVA INJURIES				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00366L

16AL00366L	SUCKIEL, CELINA	31		0.00	0.00	650.00	0.00	0.00	0.00	0.00	650.00
BRICK TWP. BOARD OF EDUCATIOI	6/7/2016	6/20/2016	8/11/2016	0.00	0.00	650.00	0.00	0.00	0.00	0.00	650.00
IV STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	650.00	0.00	0.00	0.00	0.00	650.00
				0.00	0.00	650.00	0.00	0.00	0.00	0.00	650.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00371L





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00371L

16AL00371L	MONTALVO, MIGUEL	31	0.00	197.80	344.54	0.00	0.00	0.00	0.00	542.34
HUDSON CNTY VO-TECH	6/16/2016	6/21/2016	8/23/2016	0.00	197.80	344.54	0.00	0.00	0.00	542.34
IV & OV SIDESWIPE EACH OTHER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	197.80	344.54	0.00	0.00	0.00	0.00	542.34
			0.00	197.80	344.54	0.00	0.00	0.00	0.00	542.34
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00374L

16AL00374L	NARCISE, GERARD	31	0.00	0.00	1,427.60	0.00	0.00	0.00	0.00	1,427.60
WEST ORANGE BOE	6/22/2016	6/27/2016	8/ 9/2016	0.00	0.00	1,427.60	0.00	0.00	0.00	1,427.60
IV BACKED INTO PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	1,427.60	0.00	0.00	0.00	0.00	1,427.60
			0.00	0.00	1,427.60	0.00	0.00	0.00	0.00	1,427.60
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00377L

16AL00377L	CARABELLO, HENRY	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
RINGWOOD BOARD OF EDUCATIO	6/10/2016	6/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV WHILE BACKING INTO PARKING SPOT				0.00	0.00	500.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00

Claim Number: 16AL00378L





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00378L

16AL00378L	BUFFINGTON, ARTHUR	31	0.00	0.00	1,750.00	0.00	0.00	0.00	0.00	1,750.00
CAMDEN COUNTY VOCATIONAL	6/6/2016	6/29/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV				0.00	0.00	1,750.00	0.00	0.00	0.00	1,750.00
Total by Claim Number 1 Claim				0.00	0.00	1,750.00	0.00	0.00	0.00	1,750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,750.00	0.00	0.00	0.00	1,750.00

Claim Number: 16AL00379L/01

16AL00379L/01	Pierre, Florence	31	0.00	82.50	2,578.75	0.00	0.00	0.00	0.00	2,661.25
ORANGE BOARD OF EDUCATION	6/21/2016	7/4/2016	8/ 2/2016	0.00	82.50	2,578.75	0.00	0.00	0.00	2,661.25
IV STRUCK TWO PARKED VEHICLES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	82.50	2,578.75	0.00	0.00	0.00	2,661.25
				0.00	82.50	2,578.75	0.00	0.00	0.00	2,661.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00385L

16AL00385L	CABINETS, DIRECT	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
EAST ORANGE COMMUNITY CHAR	6/24/2016	7/15/2016	7/28/2016	0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
IV BACKED INTO A PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16AL00390L





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00390L

16AL00390L	MECHANICAL, EPIC	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
TRANSPORTATION DEPT	6/24/2016	7/20/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK PARKED VEHICLE				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00

Claim Number: 16AL00401D

16AL00401D	MALLA, ROSA	31	0.00	0.00	250.00	0.00	0.00	0.00	0.00	250.00
WOODBIDGE BOARD OF EDUCAT	6/20/2016	7/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV MIRROR STRUCK OV MIRROR				0.00	0.00	250.00	0.00	0.00	0.00	250.00
Total by Claim Number 1 Claim				0.00	0.00	250.00	0.00	0.00	0.00	250.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	250.00	0.00	0.00	0.00	250.00

Claim Number: 16AL00407L

16AL00407L	MARTINEZ, RAMON	31	0.00	0.00	421.07	0.00	0.00	0.00	0.00	421.07
ESSEX REGIONAL ED SVC COM	6/15/2016	8/8/2016	8/23/2016	0.00	0.00	421.07	0.00	0.00	0.00	421.07
IV STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	421.07	0.00	0.00	0.00	421.07
				0.00	0.00	421.07	0.00	0.00	0.00	421.07
				0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Total by Major Coverage 17 Claims				6,000.00	370.30	13,189.27	0.00	0.00	0.00	0.00	19,559.57
				0.00	370.30	9,689.27	0.00	0.00	0.00	0.00	10,059.57
				6,000.00	0.00	3,500.00	0.00	0.00	0.00	0.00	9,500.00
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Claim Number: 16AL00333L											
16AL00333L	FRANKLIN TWP BOE		40	0.00	500.00	5,000.00	0.00	0.00	0.00	0.00	5,500.00
FRANKLIN TWP BOE (SOMERSET)	6/2/2016	6/3/2016	Reopened	0.00	295.00	111.15	0.00	0.00	0.00	0.00	406.15
OV STRUCK IV IN REAR				0.00	205.00	4,888.85	0.00	0.00	0.00	0.00	5,093.85
Total by Claim Number 1 Claim				0.00	500.00	5,000.00	0.00	0.00	0.00	0.00	5,500.00
				0.00	295.00	111.15	0.00	0.00	0.00	0.00	406.15
				0.00	205.00	4,888.85	0.00	0.00	0.00	0.00	5,093.85
Claim Number: 16AL00348L											
16AL00348L	HUNTERDON CTY ESC BOE		40	0.00	212.80	2,892.73	0.00	0.00	0.00	0.00	3,105.53
HUNTERDON COUNTY ED. SERVIC	6/9/2016	6/9/2016	6/23/2016	0.00	212.80	2,892.73	0.00	0.00	0.00	0.00	3,105.53
IV STRUCK STOP SIGN WITH REAR OF BUS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	212.80	2,892.73	0.00	0.00	0.00	0.00	3,105.53
				0.00	212.80	2,892.73	0.00	0.00	0.00	0.00	3,105.53
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00354L											
16AL00354L	EAST BRUNSWICK TWP BOE		40	0.00	263.50	2,497.41	0.00	0.00	0.00	0.00	2,760.91
EAST BRUNSWICK TWP. BOARD OF	6/9/2016	6/13/2016	6/21/2016	0.00	263.50	2,497.41	0.00	0.00	0.00	0.00	2,760.91
IV STRUCK ELECTRICAL GATE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Total by Claim Number 1 Claim				0.00	263.50	2,497.41	0.00	0.00	0.00	0.00	2,760.91
				0.00	263.50	2,497.41	0.00	0.00	0.00	0.00	2,760.91
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00363L											
16AL00363L	ROLON-SANABRIA, EILEEN	40		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
JERSEY CITY PUBLIC SCHOOLS	6/9/2016	6/17/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DEDUCTIBLE REIMBURSEMENT				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
Claim Number: 16AL00367L											
16AL00367L	WOODBRIIDGE TWP BOE	40		0.00	252.80	2,076.13	2,076.13	0.00	0.00	0.00	252.80
WOODBRIIDGE BOARD OF EDUCAT	6/10/2016	6/20/2016	9/13/2016	0.00	252.80	2,076.13	2,076.13	0.00	0.00	0.00	252.80
TRUCK STRUCK IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	252.80	2,076.13	2,076.13	0.00	0.00	0.00	252.80
				0.00	252.80	2,076.13	2,076.13	0.00	0.00	0.00	252.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00369L											
16AL00369L	PERTH AMBOY BOE	40		0.00	253.80	1,582.13	0.00	0.00	0.00	0.00	1,835.93
PERTH AMBOY	6/6/2016	6/20/2016	Open	0.00	253.80	1,582.13	0.00	0.00	0.00	0.00	1,835.93
UNKNOWN DRIVER OPENED DOOR & STRUCK IV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Total by Claim Number 1 Claim				0.00	253.80	1,582.13	0.00	0.00	0.00	0.00	1,835.93
				0.00	253.80	1,582.13	0.00	0.00	0.00	0.00	1,835.93
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00379L											
16AL00379L	ORANGE BOE		40	0.00	214.00	1,053.46	0.00	0.00	0.00	0.00	1,267.46
ORANGE BOARD OF EDUCATION	6/21/2016	7/4/2016	7/12/2016	0.00	214.00	1,053.46	0.00	0.00	0.00	0.00	1,267.46
IV STRUCK TWO PARKED VEHICLES				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	214.00	1,053.46	0.00	0.00	0.00	0.00	1,267.46
				0.00	214.00	1,053.46	0.00	0.00	0.00	0.00	1,267.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00386L											
16AL00386L	AZRIEL, GARY		40	500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
BEN FRANKLIN #13	6/27/2016	7/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DAMAGE TO VEHICLE IN PARKING LOT, DED REIMBURSEMTN				500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
Total by Major Coverage 8 Claims				500.00	1,696.90	15,601.86	2,076.13	0.00	0.00	0.00	15,722.63
				0.00	1,491.90	10,213.01	2,076.13	0.00	0.00	0.00	9,628.78
				500.00	205.00	5,388.85	0.00	0.00	0.00	0.00	6,093.85

Major Coverage: 70 - PROPERTY
Claim Number: 16PR00190E





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00190E

16PR00190E	BOGOTA BOE		70	0.00	0.00	0.00	0.00	0.00	745.38	745.38
BOGOTA HS	6/1/2016	6/1/2016	7/26/2016	0.00	0.00	0.00	0.00	0.00	745.38	745.38
ALLEGES WATER LEAK IN BATHROOM LEAKING INTO CLASSROOM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	745.38	745.38
				0.00	0.00	0.00	0.00	0.00	745.38	745.38
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00196D

16PR00196D	MIDDLESEX BORO BOE		71	0.00	1,000.00	25,000.00	0.00	0.00	0.00	26,000.00
MIDDLESEX BORO. BOARD OF EDL	6/7/2016	6/14/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COMPUTER VIRUS				0.00	1,000.00	25,000.00	0.00	0.00	0.00	26,000.00
Total by Claim Number 1 Claim				0.00	1,000.00	25,000.00	0.00	0.00	0.00	26,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	1,000.00	25,000.00	0.00	0.00	0.00	26,000.00

Claim Number: 16PR00197E

16PR00197E	SEA GIRT BOE		70	1,000.00	1,100.00	17,150.98	0.00	0.00	1,500.00	20,750.98
SEA GIRT E.S.	6/20/2016	6/20/2016	Reopened	1,000.00	0.00	17,149.98	0.00	0.00	0.00	18,149.98
ALLEGES WATER LEAK IN LAB				0.00	1,100.00	1.00	0.00	0.00	1,500.00	2,601.00
Total by Claim Number 1 Claim				1,000.00	1,100.00	17,150.98	0.00	0.00	1,500.00	20,750.98
				1,000.00	0.00	17,149.98	0.00	0.00	0.00	18,149.98
				0.00	1,100.00	1.00	0.00	0.00	1,500.00	2,601.00

Claim Number: 16PR00198E





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00198E

16PR00198E	ELIZABETH BOE	70		0.00	0.00	0.00	0.00	0.00	131.04	131.04
MONSIGNOR JOAO S ANTAO #31	6/21/2016	6/21/2016	8/11/2016	0.00	0.00	0.00	0.00	0.00	131.04	131.04
ALLEGES BALL STRUCK VALVE CAUSING WATER DAMAGE TO GYM FLOOR				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	131.04	131.04
				0.00	0.00	0.00	0.00	0.00	131.04	131.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16PR00199D

16PR00199D	UPPER PITTSBORO TWP BOE	71		0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00
UPPER PITTSBORO TWP BOE	6/17/2016	6/22/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WIND PERIL TO TELEPHONE LINES				0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00
Total by Claim Number 1 Claim				0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00

Claim Number: 16PR00200D

16PR00200D	SPRING LAKE BOE	70		0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
SPRING LAKE BOE	6/9/2016	6/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ELDERLY WOMAN LOST CONTROL OF HER VEHICLE CRASHED INTO				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00

Claim Number: 16PR00201E



The reports provided by NJSIG do not include all Errors and Omissions claims. You must combine the reports provided by NJSIG with the reports provided by Summit Risk Services to complete the actual Errors and Omissions claim counts, Paid amounts, reserved amounts and total incurred amounts with respect to the Errors and Omissions line of coverage. Any questions or concerns regarding the reports provided by Summit Risk Services should be addressed directly to Alice Ivers at ivers@summitrisk.com



NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00201E

16PR00201E	PLEASANTVILLE BOE	75		5,000.00	0.00	200,001.00	0.00	0.00	0.00	1,500.00	206,501.00
NORTH MAIN STREET SCHOOL	6/27/2016	6/28/2016	Reopened	5,000.00	0.00	186,967.81	0.00	0.00	0.00	0.00	191,967.81
ALLEGES LEAK IN HEATING UNIT COIL				0.00	0.00	13,033.19	0.00	0.00	0.00	1,500.00	14,533.19
Total by Claim Number 1 Claim				5,000.00	0.00	200,001.00	0.00	0.00	0.00	1,500.00	206,501.00
				5,000.00	0.00	186,967.81	0.00	0.00	0.00	0.00	191,967.81
				0.00	0.00	13,033.19	0.00	0.00	0.00	1,500.00	14,533.19

Claim Number: 16PR00202D

16PR00202D	BOUND BROOK BOE	70		5,000.00	1,000.00	140,000.00	0.00	0.00	0.00	2,000.00	148,000.00
BOUND BROOK H.S.	6/28/2016	6/29/2016	Open	5,000.00	0.00	137,420.27	0.00	0.00	0.00	1,919.10	144,339.37
ALLEGES WATER DAMAGE; UNK CAUSE				0.00	1,000.00	2,579.73	0.00	0.00	0.00	80.90	3,660.63
Total by Claim Number 1 Claim				5,000.00	1,000.00	140,000.00	0.00	0.00	0.00	2,000.00	148,000.00
				5,000.00	0.00	137,420.27	0.00	0.00	0.00	1,919.10	144,339.37
				0.00	1,000.00	2,579.73	0.00	0.00	0.00	80.90	3,660.63

Claim Number: 16PR00231L

16PR00231L	BOUND BROOK BOE	70		0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
BOUND BROOK BORO BOE	6/28/2016	8/10/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ROOFING COMPANY PARKED TRUCK DAMAGING PAVEMENT				0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
Total by Claim Number 1 Claim				0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	1,500.00	0.00	0.00	0.00	0.00	1,500.00





NEW CLAIMS

June 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Total by Major Coverage 9 Claims			11,000.00	3,100.00	428,651.98	0.00	0.00	0.00	5,876.42	448,628.40
			11,000.00	0.00	341,538.06	0.00	0.00	0.00	2,795.52	355,333.58
			0.00	3,100.00	87,113.92	0.00	0.00	0.00	3,080.90	93,294.82
Grand Totals: 391 Claims			1,448,677.09	144,653.08	1,245,451.92	2,076.13	0.00	49,140.00	9,876.42	2,895,722.38
			430,853.75	128,074.28	436,483.95	2,076.13	0.00	2,040.00	2,795.52	998,171.37
			1,017,823.34	16,578.80	808,967.97	0.00	0.00	47,100.00	7,080.90	1,897,551.01

