



NEW CLAIMS

January 2017

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: 17WC01000W

17WC01000W	WOMBOUGH, JASON	11		140.00	243.00	0.00	0.00	0.00	0.00	383.00
KEANSBURG HS	1/2/2017	1/3/2017	2/16/2017	140.00	243.00	0.00	0.00	0.00	0.00	383.00
ROLLED HIS RT ANKLE WHILE COACHING WRESTLING IN THE HS GYM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				140.00	243.00	0.00	0.00	0.00	0.00	383.00
				140.00	243.00	0.00	0.00	0.00	0.00	383.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01001Y

17WC01001Y	HERZOG, CHRISTIAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PRINCETON HS	1/3/2017	1/3/2017	Open	366.13	243.00	0.00	0.00	0.00	0.00	609.13
WHILE IN THE BAKER RINK CLMT STEPPED ON A PUCK AND FELL ON THE ICE				2,133.87	2.00	0.00	0.00	0.00	0.00	2,135.87
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				366.13	243.00	0.00	0.00	0.00	0.00	609.13
				2,133.87	2.00	0.00	0.00	0.00	0.00	2,135.87

Claim Number: 17WC01002V

17WC01002V	FRIEDMAN, RACHEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH EAST HS	1/2/2017	1/3/2017	Open	166.95	243.00	0.00	0.00	0.00	0.00	409.95
WALKING INTO BUILDING WAS STRUCK BY A CAR INJ LT HIP, ELBOW AND NECK				2,333.05	2.00	0.00	0.00	0.00	0.00	2,335.05
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				166.95	243.00	0.00	0.00	0.00	0.00	409.95
				2,333.05	2.00	0.00	0.00	0.00	0.00	2,335.05

Claim Number: 17WC01003K





NEW CLAIMS

January 2017

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: 17WC01003K

17WC01003K	AVELAR, SARA	11		1,233.99	243.00	0.00	0.00	0.00	0.00	0.00	1,476.99
LEONARD V. MOORE SCHOOL	1/3/2017	1/3/2017	3/ 7/2017	1,233.99	243.00	0.00	0.00	0.00	0.00	0.00	1,476.99
SLIPPED & FELL ON WET FLOOR DUE TO RAIN INJURING HER RT KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,233.99	243.00	0.00	0.00	0.00	0.00	0.00	1,476.99
				1,233.99	243.00	0.00	0.00	0.00	0.00	0.00	1,476.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01004W

17WC01004W	PUSCHEL, DIANE	11		578.58	243.00	0.00	0.00	0.00	0.00	0.00	821.58
SCHOOL 2	1/3/2017	1/3/2017	2/28/2017	578.58	243.00	0.00	0.00	0.00	0.00	0.00	821.58
ATTEMPTING TO BREAK UP 2 STUDENT ALTERCATION SHE TWISTED HER LO'				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				578.58	243.00	0.00	0.00	0.00	0.00	0.00	821.58
				578.58	243.00	0.00	0.00	0.00	0.00	0.00	821.58
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01005M

17WC01005M	KOWALSKI, JULIE	10		7,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	13,693.00
SOUTH RIVER ELEMENTARY SCHC	1/3/2017	1/3/2017	Open	1,806.88	1,193.00	1,434.00	0.00	0.00	0.00	0.00	4,433.88
SLIPPED & FELL ON WATER IN HALLWAY FROM RAIN INJURING LOWER BACK				5,693.12	0.00	3,566.00	0.00	0.00	0.00	0.00	9,259.12
Total by Claim Number 1 Claim				7,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	13,693.00
				1,806.88	1,193.00	1,434.00	0.00	0.00	0.00	0.00	4,433.88
				5,693.12	0.00	3,566.00	0.00	0.00	0.00	0.00	9,259.12

Claim Number: 17WC01006K





NEW CLAIMS

January 2017

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: 17WC01006K

17WC01006K	WEGMAN, AMANDA	11	4,332.09	243.00	0.00	0.00	0.00	0.00	0.00	4,575.09
HAMILTON WEST WATSON H.S.	1/3/2017	1/3/2017	2/28/2017	4,332.09	243.00	0.00	0.00	0.00	0.00	4,575.09
STRUCK ON THE HEAD WHILE ATTEMPTING TO DIFFUSE ALTERCATION BETW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				4,332.09	243.00	0.00	0.00	0.00	0.00	4,575.09
				4,332.09	243.00	0.00	0.00	0.00	0.00	4,575.09
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01007W

17WC01007W	BAILEY, MIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GLASSBORO H.S.	1/3/2017	1/3/2017	Open	1,369.12	243.00	0.00	0.00	0.00	0.00	1,612.12
STEPPED BACKWARDS ONTO A METAL BAT CAUSING HER TO TWIST RT FOO				1,130.88	2.00	0.00	0.00	0.00	0.00	1,132.88
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,369.12	243.00	0.00	0.00	0.00	0.00	1,612.12
				1,130.88	2.00	0.00	0.00	0.00	0.00	1,132.88

Claim Number: 17WC01008M

17WC01008M	BROWN, BRANDI	10	2,500.00	1,193.00	15,000.00	0.00	0.00	3,000.00	0.00	21,693.00
BRIDGETON SENIOR H.S.	1/3/2017	1/3/2017	Open	787.62	1,193.00	0.00	0.00	0.00	0.00	1,980.62
FIRE ALARM WENT OFF GOING DOWN THE STEPS OUTSIDE FRONT OF SCHO				1,712.38	0.00	15,000.00	0.00	3,000.00	0.00	19,712.38
Total by Claim Number 1 Claim				2,500.00	1,193.00	15,000.00	0.00	3,000.00	0.00	21,693.00
				787.62	1,193.00	0.00	0.00	0.00	0.00	1,980.62
				1,712.38	0.00	15,000.00	0.00	3,000.00	0.00	19,712.38

Claim Number: 17WC01009K





NEW CLAIMS

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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: 17WC01009K

17WC01009K	GAMMEL, MOUMITA	11		368.28	243.00	0.00	0.00	0.00	0.00	0.00	611.28
VALLEY PROGRAM	1/3/2017	1/3/2017	3/ 7/2017	368.28	243.00	0.00	0.00	0.00	0.00	0.00	611.28
RESTRAINING A SPEC ED STUDENT HAVING A BEHAVIORAL OUTBURST REMC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				368.28	243.00	0.00	0.00	0.00	0.00	0.00	611.28
				368.28	243.00	0.00	0.00	0.00	0.00	0.00	611.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01010W

17WC01010W	DIPATRI, STEPHEN	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BRIDGETON SENIOR H.S.	1/3/2017	1/3/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
OPENING AN UMBREALL, THE WIRE FROM INSTIDE PUNCTURED HIS RT-HANC				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: 17WC01011B

17WC01011B	O'CONNELL, CHRISTOPHER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRITON HS	1/3/2017	1/4/2017	Open	1,033.64	243.00	0.00	0.00	0.00	0.00	0.00	1,276.64
FOLDING LUNCH TABLES IN LOWER GYM FELT A PULL IN HIS RT CHEST AREA				1,466.36	2.00	0.00	0.00	0.00	0.00	0.00	1,468.36
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,033.64	243.00	0.00	0.00	0.00	0.00	0.00	1,276.64
				1,466.36	2.00	0.00	0.00	0.00	0.00	0.00	1,468.36

Claim Number: 17WC01012W





NEW CLAIMS

January 2017

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: 17WC01012W

17WC01012W	LUDWIG, MEAGAN		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WOODS ROAD ES	1/3/2017	1/3/2017	2/14/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BITTEN ON HER RT WRIST BY A STUDENT THAT WAS OVERLY EXCITED				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: 17WC01013W

17WC01013W	FILLARI, ALICIA		11	694.45	243.00	0.00	0.00	0.00	0.00	937.45
KINGSWAY REG. MS	1/3/2017	1/3/2017	2/21/2017	694.45	243.00	0.00	0.00	0.00	0.00	937.45
STUDENT STRUCK HER CHEST USING FIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				694.45	243.00	0.00	0.00	0.00	0.00	937.45
				694.45	243.00	0.00	0.00	0.00	0.00	937.45
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01014W

17WC01014W	BRANDAO, PAIGE		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SHORE CENTER FOR AUTISM	1/3/2017	1/3/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HEAD BUTTED BY A STUDENT HAVING A BEHAVIORAL CRACKING HER FRONT				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: 17WC01015Y





NEW CLAIMS

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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	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: 17WC01015Y

17WC01015Y	PATERSON, COLLEEN	11	800.00	243.00	0.00	0.00	0.00	0.00	0.00	1,043.00
ACADAMY LEARNING CENTER	1/3/2017	1/3/2017	2/24/2017	800.00	243.00	0.00	0.00	0.00	0.00	1,043.00
BENT OVER TO HELP A STUDENT PICK UP A PEN WHEN SHE STRAINED LOW I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				800.00	243.00	0.00	0.00	0.00	0.00	1,043.00
				800.00	243.00	0.00	0.00	0.00	0.00	1,043.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01016G

17WC01016G	DUDZINSKI, DAVID	15	17,500.00	1,193.00	50,000.00	0.00	0.00	3,500.00	0.00	72,193.00
SHORE REG HS	1/4/2017	1/4/2017	Open	957.58	243.00	0.00	0.00	0.00	0.00	1,200.58
WHILE WALKING INTO ANOTHER CLASSROOM SLIPPED AND FELL ON WET FL				16,542.42	950.00	50,000.00	0.00	3,500.00	0.00	70,992.42
Total by Claim Number 1 Claim				17,500.00	1,193.00	50,000.00	0.00	3,500.00	0.00	72,193.00
				957.58	243.00	0.00	0.00	0.00	0.00	1,200.58
				16,542.42	950.00	50,000.00	0.00	3,500.00	0.00	70,992.42

Claim Number: 17WC01017G

17WC01017G	DELGUIDICE, EILEEN	10	15,000.00	245.00	10,000.00	0.00	0.00	0.00	0.00	25,245.00
JOHN M. BAILEY SCHOOL	1/3/2017	1/4/2017	Open	2,948.00	243.00	5,120.00	0.00	0.00	0.00	8,311.00
WHEN EXITING BUILDING CLMT'S FOOT GOT CAUGHT ON RUBBER DOOR STR				12,052.00	2.00	4,880.00	0.00	0.00	0.00	16,934.00
Total by Claim Number 1 Claim				15,000.00	245.00	10,000.00	0.00	0.00	0.00	25,245.00
				2,948.00	243.00	5,120.00	0.00	0.00	0.00	8,311.00
				12,052.00	2.00	4,880.00	0.00	0.00	0.00	16,934.00

Claim Number: 17WC01018Z





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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	Out Rsv

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 17WC01018Z

17WC01018Z	WOLSTEN, KELLI	10	7,500.00	1,193.00	17,000.00	0.00	0.00	0.00	0.00	25,693.00
LAMONTE ANNEX SCHOOL	1/4/2017	1/4/2017	Open	1,129.75	1,193.00	1,557.48	0.00	0.00	0.00	3,880.23
CHASING AFTER A STUDENT WHEN SHE TRIPPED & FELL ONTO HER RT ARM				6,370.25	0.00	15,442.52	0.00	0.00	0.00	21,812.77
Total by Claim Number 1 Claim			7,500.00	1,193.00	17,000.00	0.00	0.00	0.00	0.00	25,693.00
			1,129.75	1,193.00	1,557.48	0.00	0.00	0.00	0.00	3,880.23
			6,370.25	0.00	15,442.52	0.00	0.00	0.00	0.00	21,812.77

Claim Number: 17WC01019P

17WC01019P	VECCHIONE, GARY	10	75,000.00	1,193.00	129,000.00	0.00	0.00	0.00	0.00	205,193.00
MAINTENANCE SHOP	1/4/2017	1/4/2017	Open	18,170.66	1,193.00	6,912.00	0.00	0.00	0.00	26,275.66
TAKING PICTURES IN STAIRWELL HE FELL INTO HIS CO-WORKER FALLING DC				56,829.34	0.00	122,088.00	0.00	0.00	0.00	178,917.34
Total by Claim Number 1 Claim			75,000.00	1,193.00	129,000.00	0.00	0.00	0.00	0.00	205,193.00
			18,170.66	1,193.00	6,912.00	0.00	0.00	0.00	0.00	26,275.66
			56,829.34	0.00	122,088.00	0.00	0.00	0.00	0.00	178,917.34

Claim Number: 17WC01020K

17WC01020K	MEALIA, LINDA	11	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
WARREN DEVELOP. LEARNING CTI	1/4/2017	1/4/2017	2/10/2017	69.54	243.00	0.00	0.00	0.00	0.00	312.54
ATTEMPTED TO BRING STUDENT DOWN FROM A DESK, STUDENT STRUCK HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01021B





NEW CLAIMS

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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: 17WC01021B

17WC01021B	INDEDDI, ROBIN	11		302.01	243.00	0.00	0.00	0.00	0.00	0.00	545.01
JEFFERSON SCHOOL	1/4/2017	1/4/2017	2/ 8/2017	302.01	243.00	0.00	0.00	0.00	0.00	0.00	545.01
WHILE IN HALLWAY STUDENT KICKED HER LT KNEE CAUSING INJURY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				302.01	243.00	0.00	0.00	0.00	0.00	0.00	545.01
				302.01	243.00	0.00	0.00	0.00	0.00	0.00	545.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01022B

17WC01022B	KEENAN, LINDA	11		246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
THEUNIS DEY E.S.	1/2/2017	1/2/2017	2/28/2017	246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
SLIPPED & FELL ON WET FLOOR INJURING HER RT WRIST & RT HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
				246.00	243.00	0.00	0.00	0.00	0.00	0.00	489.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01023W

17WC01023W	DELORENZO, CATHERINE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SOUTH RIVER MIDDLE SCHOOL	1/4/2017	1/4/2017	2/14/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN THE HALLWAY & FELL INJURING BOTH KNEES				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: 17WC01024B





NEW CLAIMS

January 2017

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: 17WC01024B

17WC01024B	COLUCCI, MICHAEL	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
THE VILLAGE ES	1/4/2017	1/4/2017	2/10/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
SLICED HIS LT THUMB ON EDGE OF METAL CAN WHILE EMPTYING OUT RECY				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: 17WC01025K

17WC01025K	DANKO, VERONICA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HAMBURG ES	1/2/2017	1/2/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALL WHEN SHE TRIPPED OVER THE CARPET LANDING ON HER				2,500.00	2.00	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	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01026B

17WC01026B	MACK, JILL	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WINSLOW TWP H.S.	1/5/2017	1/5/2017	1/30/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
GOING UP STAIRS IN THE CENTER STAIRCASE TRIPPED UP A STEP FELL INJ 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: 17WC01028B





NEW CLAIMS

January 2017

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: 17WC01028B

17WC01028B	KOELLMANN, LISA	11		451.44	243.00	0.00	0.00	0.00	0.00	0.00	694.44
CHATHAM MS	1/5/2017	1/5/2017	3/ 7/2017	451.44	243.00	0.00	0.00	0.00	0.00	0.00	694.44
WHEN MOVING A TABLE TO JOIN WITH ANOTHER TABLE IT SLID RT INDEX FIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				451.44	243.00	0.00	0.00	0.00	0.00	0.00	694.44
				451.44	243.00	0.00	0.00	0.00	0.00	0.00	694.44
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01029B

17WC01029B	WATT, KAREN	11		249.38	243.00	0.00	0.00	0.00	0.00	0.00	492.38
GREEN GROVE SCHOOL	1/5/2017	1/5/2017	2/21/2017	249.38	243.00	0.00	0.00	0.00	0.00	0.00	492.38
TRIPPED ON CURB AND FELL INJURED R HAND, R BIG TOE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				249.38	243.00	0.00	0.00	0.00	0.00	0.00	492.38
				249.38	243.00	0.00	0.00	0.00	0.00	0.00	492.38
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01030Y

17WC01030Y	SEEMAN, HEATHER	11		283.32	243.00	0.00	0.00	0.00	0.00	0.00	526.32
JOYCE KILMER SCHOOL	1/5/2017	1/5/2017	2/28/2017	283.32	243.00	0.00	0.00	0.00	0.00	0.00	526.32
WAS GOING TO STAPLE A FLIP BOOK ACCIDENTALLY STAPLED L INDEX FINGI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				283.32	243.00	0.00	0.00	0.00	0.00	0.00	526.32
				283.32	243.00	0.00	0.00	0.00	0.00	0.00	526.32
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01031W





NEW CLAIMS

January 2017

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: 17WC01031W

17WC01031W	GOUVIEA, ANDREA		11	468.80	243.00	0.00	0.00	0.00	0.00	0.00	711.80
ADMIN OFFICE	1/3/2017	1/4/2017	2/21/2017	468.80	243.00	0.00	0.00	0.00	0.00	0.00	711.80
SLIPPED & FELL IN HALLWAY INJURING HER RT WRIST, SHOULDER, FOOT & T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				468.80	243.00	0.00	0.00	0.00	0.00	0.00	711.80
				468.80	243.00	0.00	0.00	0.00	0.00	0.00	711.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01032T

17WC01032T	EHEVARRIA, ENESTOR		14	78.25	0.00	0.00	0.00	0.00	0.00	0.00	78.25
PLEASANTVILLE MS	1/4/2017	1/5/2017	2/7/2017	78.25	0.00	0.00	0.00	0.00	0.00	0.00	78.25
TRIPPED & FELL OVER CEMENT ISLE/MEDIAN PUNCTURING HIS LT HAND PINI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				78.25	0.00	0.00	0.00	0.00	0.00	0.00	78.25
				78.25	0.00	0.00	0.00	0.00	0.00	0.00	78.25
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01034W

17WC01034W	VALLEJO, VERONICA		11	307.52	243.00	0.00	0.00	0.00	0.00	0.00	550.52
WASHINGTON NO 1 MS	1/4/2017	1/4/2017	2/21/2017	307.52	243.00	0.00	0.00	0.00	0.00	0.00	550.52
STUDENT HAVING A BEHAVIORAL ATTACKED HER & SCRATCHED HER FACE,				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				307.52	243.00	0.00	0.00	0.00	0.00	0.00	550.52
				307.52	243.00	0.00	0.00	0.00	0.00	0.00	550.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01035K





NEW CLAIMS

January 2017

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: 17WC01035K

17WC01035K	ELLIS, DEIRDRE		11	849.70	243.00	0.00	0.00	0.00	0.00	0.00	1,092.70
MADISON SCHOOL	1/4/2017	1/4/2017	2/27/2017	849.70	243.00	0.00	0.00	0.00	0.00	0.00	1,092.70
LIFTING HEAVY SALT BAGS, SHE FELT A PULL IN HER UPPER CHEST & BOTH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				849.70	243.00	0.00	0.00	0.00	0.00	0.00	1,092.70
				849.70	243.00	0.00	0.00	0.00	0.00	0.00	1,092.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01036Y

17WC01036Y	BROWN, GABRIELL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARION P THOMAS CHARTER SCH	1/5/2017	1/5/2017	Open	505.25	243.00	0.00	0.00	0.00	0.00	0.00	748.25
PHOTOCOPYING PAPERS SAT IN CHAIR THAT BROKE AND FELL INJURED R F				1,994.75	2.00	0.00	0.00	0.00	0.00	0.00	1,996.75
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				505.25	243.00	0.00	0.00	0.00	0.00	0.00	748.25
				1,994.75	2.00	0.00	0.00	0.00	0.00	0.00	1,996.75

Claim Number: 17WC01037Z

17WC01037Z	SYKES, AMY		10	1,069.29	1,193.00	6,400.00	0.00	0.00	0.00	0.00	8,662.29
MAYS LANDING CAMPUS	1/3/2017	1/4/2017	Reopened	1,069.29	1,193.00	6,400.00	0.00	0.00	0.00	0.00	8,662.29
ATTEMPTING TO KEEP STUDENT HAVING A BEHAVIORAL FROM HURTING OTF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,069.29	1,193.00	6,400.00	0.00	0.00	0.00	0.00	8,662.29
				1,069.29	1,193.00	6,400.00	0.00	0.00	0.00	0.00	8,662.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01039K





NEW CLAIMS

January 2017

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: 17WC01039K

17WC01039K	DESANCTIS, NICOLA		11	2,500.00	245.00	1,792.00	0.00	0.00	0.00	0.00	4,537.00
OCEAN TWP INTERMEDIATE M.S.	1/5/2017	1/5/2017	Open	580.88	243.00	1,792.00	0.00	0.00	0.00	0.00	2,615.88
WALKING ON SIDEWALK L ANKLE TWISTED SHE FELL				1,919.12	2.00	0.00	0.00	0.00	0.00	0.00	1,921.12
Total by Claim Number 1 Claim				2,500.00	245.00	1,792.00	0.00	0.00	0.00	0.00	4,537.00
				580.88	243.00	1,792.00	0.00	0.00	0.00	0.00	2,615.88
				1,919.12	2.00	0.00	0.00	0.00	0.00	0.00	1,921.12

Claim Number: 17WC01040A

17WC01040A	BENNETT, LINDA		11	2,500.00	2,743.00	0.00	0.00	0.00	0.00	0.00	5,243.00
JOSEPH M FERRAINA EARLY CH LE	1/5/2017	1/5/2017	Open	705.42	243.00	0.00	0.00	0.00	0.00	0.00	948.42
HOLDING HANDS WITH STUDENT, STUDENT DROPPED TO GROUND INJURED				1,794.58	2,500.00	0.00	0.00	0.00	0.00	0.00	4,294.58
Total by Claim Number 1 Claim				2,500.00	2,743.00	0.00	0.00	0.00	0.00	0.00	5,243.00
				705.42	243.00	0.00	0.00	0.00	0.00	0.00	948.42
				1,794.58	2,500.00	0.00	0.00	0.00	0.00	0.00	4,294.58

Claim Number: 17WC01041Y

17WC01041Y	ELIDIEU, COLLIN		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HUNTERDON COUNTY ED. SERVIC	1/5/2017	1/5/2017	2/15/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TOWARDS BUS TRIPPED AND FELL FORWARD OVER A ROCK INJUR				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: 17WC01042K





NEW CLAIMS

January 2017

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: 17WC01042K

17WC01042K	CRUTCHFIELDS, KAROLYN	11	305.92	243.00	0.00	0.00	0.00	0.00	0.00	548.92
JERSEY CITY COMMUNITY CHARTER	1/5/2017	1/5/2017	2/14/2017	305.92	243.00	0.00	0.00	0.00	0.00	548.92
ATTEMPTING TO DIFFUSE AN ALTERCATION SHE GRABBED ONE OF THE STUDENTS				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			305.92	243.00	0.00	0.00	0.00	0.00	0.00	548.92
			305.92	243.00	0.00	0.00	0.00	0.00	0.00	548.92
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01043B

17WC01043B	PIERCE, SALLY	11	479.29	243.00	0.00	0.00	0.00	0.00	0.00	722.29
BROAD STREET SCHOOL	1/5/2017	1/6/2017	2/24/2017	479.29	243.00	0.00	0.00	0.00	0.00	722.29
WALKING UP STAIRWELL TRIPPED AND FELL FORWARD INJURED R ELBOW AND T				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			479.29	243.00	0.00	0.00	0.00	0.00	0.00	722.29
			479.29	243.00	0.00	0.00	0.00	0.00	0.00	722.29
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01044W

17WC01044W	WICKS, MARGARET	11	12.44	243.00	0.00	0.00	0.00	0.00	0.00	255.44
FARMINGDALE E.S.	1/5/2017	1/6/2017	2/21/2017	12.44	243.00	0.00	0.00	0.00	0.00	255.44
TRYING TO MOVE R LEG WHEN HER R FOOT GOT CAUGHT ON CRACK ON ED				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			12.44	243.00	0.00	0.00	0.00	0.00	0.00	255.44
			12.44	243.00	0.00	0.00	0.00	0.00	0.00	255.44
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01045Y





NEW CLAIMS

January 2017

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: 17WC01045Y

17WC01045Y	CUCCHIA, ADRIANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JACKSON AVENUE	1/6/2017	1/6/2017	Open	1,461.46	243.00	0.00	0.00	0.00	0.00	0.00	1,704.46
THE STRAP ON BREAKFAST BIN CAUGHT FOOT AS THE STUDENT PULLED SH				1,038.54	2.00	0.00	0.00	0.00	0.00	0.00	1,040.54
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,461.46	243.00	0.00	0.00	0.00	0.00	0.00	1,704.46
				1,038.54	2.00	0.00	0.00	0.00	0.00	0.00	1,040.54

Claim Number: 17WC01047Z

17WC01047Z	MCCARTHY, DELIA	11		7,500.00	245.00	10,752.00	0.00	0.00	0.00	0.00	18,497.00
HACKENSACK MS	1/6/2017	1/6/2017	Open	2,757.44	243.00	7,680.00	0.00	0.00	0.00	0.00	10,680.44
PULLED HERSELF ON CHAIR CLOSER TO DESK THE CHAIR TOPPLED SHE FEL				4,742.56	2.00	3,072.00	0.00	0.00	0.00	0.00	7,816.56
Total by Claim Number 1 Claim				7,500.00	245.00	10,752.00	0.00	0.00	0.00	0.00	18,497.00
				2,757.44	243.00	7,680.00	0.00	0.00	0.00	0.00	10,680.44
				4,742.56	2.00	3,072.00	0.00	0.00	0.00	0.00	7,816.56

Claim Number: 17WC01048B

17WC01048B	SCHWARTZ, FRANK	11		334.61	243.00	0.00	0.00	0.00	0.00	0.00	577.61
KINGSWAY REG. MS	1/6/2017	1/6/2017	2/15/2017	334.61	243.00	0.00	0.00	0.00	0.00	0.00	577.61
STEPPED OUT OF TRUCK SLIPPED ON ICE TWISTED BODY INJURED LOWER E				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				334.61	243.00	0.00	0.00	0.00	0.00	0.00	577.61
				334.61	243.00	0.00	0.00	0.00	0.00	0.00	577.61
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01049Y





NEW CLAIMS

January 2017

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: 17WC01049Y

17WC01049Y	TAYLOR, MICKELL	11		225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
BAYONNE H.S. AND ADMIN. OFFICE	1/5/2017	1/6/2017	2/14/2017	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
SUSTAINED INJURY TO HIS RT KNEE WHILE ATTEMPTING TO DIFFUSE AN ALT				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: 17WC01051K

17WC01051K	FREDERICK, KEVIN	11		80.08	243.00	0.00	0.00	0.00	0.00	0.00	323.08
NEPTUNE HIGH SCHOOL	1/5/2017	1/6/2017	2/6/2017	80.08	243.00	0.00	0.00	0.00	0.00	0.00	323.08
DEMONSTRATING DIVING MOVES TO STUDENTS WHILE DIVING HEARD A POF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				80.08	243.00	0.00	0.00	0.00	0.00	0.00	323.08
				80.08	243.00	0.00	0.00	0.00	0.00	0.00	323.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01052B

17WC01052B	OLIVEIRA, CHERYL	11		267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
NUMBER 7 ES	1/6/2017	1/6/2017	2/24/2017	267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
WHILE ON LUNCH DUTY SLIPPED ON LIQUID AND FELL INJURED R HIP, ELBOV				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
				267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01053Z





NEW CLAIMS

January 2017

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: 17WC01053Z

17WC01053Z	DIFALCO, CHERYL		10	7,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	13,693.00
NUMBER 2 ES	1/5/2017	1/6/2017	Open	1,013.07	1,193.00	3,258.16	0.00	0.00	0.00	0.00	5,464.23
RUNNING AFTER STUDENT SHE TRIPPED OVER AREA RUG WHILE REACHING				6,486.93	0.00	1,741.84	0.00	0.00	0.00	0.00	8,228.77
Total by Claim Number 1 Claim				7,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	13,693.00
				1,013.07	1,193.00	3,258.16	0.00	0.00	0.00	0.00	5,464.23
				6,486.93	0.00	1,741.84	0.00	0.00	0.00	0.00	8,228.77

Claim Number: 17WC01054B

17WC01054B	ZACHARYCZUK, LINDA		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LAKEVIEW ES	1/6/2017	1/6/2017	2/ 8/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
R FOOT WAS CAUGHT BETWEEN CABLES UNDER COMPUTER DESK SHE TRIF				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: 17WC01055T

17WC01055T	HOBBS, JAMES		10	27,500.00	1,193.00	22,585.20	0.00	0.00	0.00	0.00	51,278.20
WESTAMPTON	1/5/2017	1/5/2017	Open	824.81	243.00	0.00	0.00	0.00	0.00	0.00	1,067.81
WAS STEPPING INTO COMPANY VAN TWISTED R KNEE				26,675.19	950.00	22,585.20	0.00	0.00	0.00	0.00	50,210.39
Total by Claim Number 1 Claim				27,500.00	1,193.00	22,585.20	0.00	0.00	0.00	0.00	51,278.20
				824.81	243.00	0.00	0.00	0.00	0.00	0.00	1,067.81
				26,675.19	950.00	22,585.20	0.00	0.00	0.00	0.00	50,210.39

Claim Number: 17WC01056M





NEW CLAIMS

January 2017

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: 17WC01056M

17WC01056M	MEYN, ARLENE		10	62,500.00	1,193.00	35,000.00	0.00	0.00	0.00	0.00	98,693.00
PARK MS	1/6/2017	1/6/2017	Open	7,722.07	1,193.00	1,912.00	0.00	0.00	0.00	0.00	10,827.07
WALKING UP RAMP SLIPPED IN WATER AND FELL INJURED L LOWER LEG				54,777.93	0.00	33,088.00	0.00	0.00	0.00	0.00	87,865.93
Total by Claim Number 1 Claim				62,500.00	1,193.00	35,000.00	0.00	0.00	0.00	0.00	98,693.00
				7,722.07	1,193.00	1,912.00	0.00	0.00	0.00	0.00	10,827.07
				54,777.93	0.00	33,088.00	0.00	0.00	0.00	0.00	87,865.93

Claim Number: 17WC01057K

17WC01057K	TRULL, STEPHANIE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SILVER RUN ES	1/5/2017	1/9/2017	Open	1,155.28	243.00	0.00	0.00	0.00	0.00	0.00	1,398.28
INJURED R SHOULDER AND BOTH FEET ATTEMPTING TO RESTRAIN STUDEN				1,344.72	2.00	0.00	0.00	0.00	0.00	0.00	1,346.72
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,155.28	243.00	0.00	0.00	0.00	0.00	0.00	1,398.28
				1,344.72	2.00	0.00	0.00	0.00	0.00	0.00	1,346.72

Claim Number: 17WC01058W

17WC01058W	SORKIN, CAROL		11	283.60	243.00	0.00	0.00	0.00	0.00	0.00	526.60
FROST E.S.	1/6/2017	1/9/2017	1/31/2017	283.60	243.00	0.00	0.00	0.00	0.00	0.00	526.60
SLIPPED ON ICE AND FELL HITTING HER L EYE AREA, L INDEX FINGER, L KNE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				283.60	243.00	0.00	0.00	0.00	0.00	0.00	526.60
				283.60	243.00	0.00	0.00	0.00	0.00	0.00	526.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01059B





NEW CLAIMS

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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: 17WC01059B

17WC01059B	HUMAN, JESSICA		11	283.98	243.00	0.00	0.00	0.00	0.00	0.00	526.98
FREEDOM PREP CHARTER SCHOC	1/6/2017	1/9/2017	2/28/2017	283.98	243.00	0.00	0.00	0.00	0.00	0.00	526.98
WAS INVOLVED IN SCUFFLE BETWEEN TWO STUDENTS WAS STRUCK ON SH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				283.98	243.00	0.00	0.00	0.00	0.00	0.00	526.98
				283.98	243.00	0.00	0.00	0.00	0.00	0.00	526.98
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01060Z

17WC01060Z	JONES, DAVID		10	45,000.00	1,193.00	26,000.00	0.00	0.00	0.00	0.00	72,193.00
HILLSIDE ES	1/9/2017	1/9/2017	Open	1,097.58	1,193.00	0.00	0.00	0.00	0.00	0.00	2,290.58
DEMONSTRATING A STRAIGHT ARM SQUAT WHEN HE FELT A POP IN R KNEE				43,902.42	0.00	26,000.00	0.00	0.00	0.00	0.00	69,902.42
Total by Claim Number 1 Claim				45,000.00	1,193.00	26,000.00	0.00	0.00	0.00	0.00	72,193.00
				1,097.58	1,193.00	0.00	0.00	0.00	0.00	0.00	2,290.58
				43,902.42	0.00	26,000.00	0.00	0.00	0.00	0.00	69,902.42

Claim Number: 17WC01061K

17WC01061K	ROLA, BEVERLY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	1/9/2017	1/9/2017	Open	387.61	243.00	0.00	0.00	0.00	0.00	0.00	630.61
PUTTING LUNCH IN FRIGE SLIPPED ON WET FLOOR AND FELL INJURED L KNE				2,112.39	2.00	0.00	0.00	0.00	0.00	0.00	2,114.39
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				387.61	243.00	0.00	0.00	0.00	0.00	0.00	630.61
				2,112.39	2.00	0.00	0.00	0.00	0.00	0.00	2,114.39

Claim Number: 17WC01062I





NEW CLAIMS

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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: 17WC01062I

17WC01062I	ANDERSON, MAGGIE	10		7,000.00	1,193.00	480.00	0.00	0.00	0.00	8,673.00
TRANSPORTATION DEPT	1/9/2017	1/9/2017	Open	1,405.94	1,193.00	0.00	0.00	0.00	0.00	2,598.94
WALKING IN BUS YARD SLIPPED ON ICE AN DFELL INJURED L HAND				5,594.06	0.00	480.00	0.00	0.00	0.00	6,074.06
Total by Claim Number 1 Claim				7,000.00	1,193.00	480.00	0.00	0.00	0.00	8,673.00
				1,405.94	1,193.00	0.00	0.00	0.00	0.00	2,598.94
				5,594.06	0.00	480.00	0.00	0.00	0.00	6,074.06

Claim Number: 17WC01063W

17WC01063W	VANDEBOE, SUMMER	11		4,500.00	245.00	0.00	0.00	0.00	0.00	4,745.00
FORREST DALE MS	1/9/2017	1/9/2017	Open	2,904.57	243.00	0.00	0.00	0.00	0.00	3,147.57
STEPPED OFF CARPET ONTO TILE FLOOR SLIPPED ON WET TILE AND FELL IN				1,595.43	2.00	0.00	0.00	0.00	0.00	1,597.43
Total by Claim Number 1 Claim				4,500.00	245.00	0.00	0.00	0.00	0.00	4,745.00
				2,904.57	243.00	0.00	0.00	0.00	0.00	3,147.57
				1,595.43	2.00	0.00	0.00	0.00	0.00	1,597.43

Claim Number: 17WC01064W

17WC01064W	MORGAN, RICHARD	11		2,500.00	245.00	790.87	0.00	0.00	0.00	3,535.87
AMERIGO A ANASTASIA	1/8/2017	1/9/2017	Open	107.30	243.00	790.87	0.00	0.00	0.00	1,141.17
SALTING AND REMOVING SNOW USING A SNOW BLOWER AND SHOVEL FELT				2,392.70	2.00	0.00	0.00	0.00	0.00	2,394.70
Total by Claim Number 1 Claim				2,500.00	245.00	790.87	0.00	0.00	0.00	3,535.87
				107.30	243.00	790.87	0.00	0.00	0.00	1,141.17
				2,392.70	2.00	0.00	0.00	0.00	0.00	2,394.70

Claim Number: 17WC01065Y





NEW CLAIMS

January 2017

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: 17WC01065Y

17WC01065Y	EARL, JOHN		11	271.26	243.00	0.00	0.00	0.00	0.00	0.00	514.26
WOODCREST ES	1/7/2017	1/9/2017	2/17/2017	271.26	243.00	0.00	0.00	0.00	0.00	0.00	514.26
UTILIZING A KNIFE TO CUT WIRES ON SPREADER HE CUT L THUMB				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				271.26	243.00	0.00	0.00	0.00	0.00	0.00	514.26
				271.26	243.00	0.00	0.00	0.00	0.00	0.00	514.26
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01066R

17WC01066R	BRAHMI, ELIA		10	15,000.00	1,193.00	7,066.75	0.00	0.00	0.00	0.00	23,259.75
VENTNOR CITY MS	1/6/2017	1/9/2017	Open	1,280.53	1,193.00	2,944.00	0.00	0.00	0.00	0.00	5,417.53
SLIPPED ON SLIPPERY FLOOR DUE TO SNOW/SALT AND FELL FX R ANKLE				13,719.47	0.00	4,122.75	0.00	0.00	0.00	0.00	17,842.22
Total by Claim Number 1 Claim				15,000.00	1,193.00	7,066.75	0.00	0.00	0.00	0.00	23,259.75
				1,280.53	1,193.00	2,944.00	0.00	0.00	0.00	0.00	5,417.53
				13,719.47	0.00	4,122.75	0.00	0.00	0.00	0.00	17,842.22

Claim Number: 17WC01067I

17WC01067I	CIALLELLA, ERINMARIE		14	55,000.00	0.00	42,500.00	0.00	0.00	0.00	0.00	97,500.00
NUVIEW ACADEMY	1/6/2017	1/9/2017	Open	6,136.35	0.00	7,168.00	0.00	0.00	0.00	0.00	13,304.35
WENT TO REAR OF CAR TO GET BELONGINGS FOR WORK FELL ON ICE FX L L				48,863.65	0.00	35,332.00	0.00	0.00	0.00	0.00	84,195.65
Total by Claim Number 1 Claim				55,000.00	0.00	42,500.00	0.00	0.00	0.00	0.00	97,500.00
				6,136.35	0.00	7,168.00	0.00	0.00	0.00	0.00	13,304.35
				48,863.65	0.00	35,332.00	0.00	0.00	0.00	0.00	84,195.65

Claim Number: 17WC01068P





NEW CLAIMS

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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: 17WC01068P

17WC01068P	CLARELLI, GIUSEPPI	10		12,500.00	1,193.00	8,000.00	0.00	0.00	0.00	0.00	21,693.00
MANCHESTER TWP. HS	1/7/2017	1/9/2017	Open	1,281.87	1,193.00	765.63	0.00	0.00	0.00	0.00	3,240.50
AFTER SHOVELING HE BECAME UNRESPONSIVE AND FELL TO GROUND INJ K				11,218.13	0.00	7,234.37	0.00	0.00	0.00	0.00	18,452.50
Total by Claim Number 1 Claim				12,500.00	1,193.00	8,000.00	0.00	0.00	0.00	0.00	21,693.00
				1,281.87	1,193.00	765.63	0.00	0.00	0.00	0.00	3,240.50
				11,218.13	0.00	7,234.37	0.00	0.00	0.00	0.00	18,452.50

Claim Number: 17WC01069A

17WC01069A	KOHLER, JOHN	10		35,500.00	3,745.00	22,000.00	0.00	0.00	0.00	0.00	61,245.00
NORTHERN VALLEY OLD TAPPAN H	1/4/2017	1/6/2017	Open	854.56	1,193.00	1,792.00	0.00	0.00	0.00	0.00	3,839.56
LIFTING CORAL RISERS AND FELT L KNEE GIVE OUT WALKING UP RISERS				34,645.44	2,552.00	20,208.00	0.00	0.00	0.00	0.00	57,405.44
Total by Claim Number 1 Claim				35,500.00	3,745.00	22,000.00	0.00	0.00	0.00	0.00	61,245.00
				854.56	1,193.00	1,792.00	0.00	0.00	0.00	0.00	3,839.56
				34,645.44	2,552.00	20,208.00	0.00	0.00	0.00	0.00	57,405.44

Claim Number: 17WC01070M

17WC01070M	SPEAKMAN, JACOB	10		2,501.00	3,000.00	7,500.00	0.00	0.00	0.00	0.00	13,001.00
TRITON HS	1/8/2017	1/9/2017	Open	1,124.97	2,843.00	0.00	0.00	0.00	0.00	0.00	3,967.97
SNOW BLOWING WALKWAY BLOWER KICKED OUT CAUSING R KNEE TO TWIS				1,376.03	157.00	7,500.00	0.00	0.00	0.00	0.00	9,033.03
Total by Claim Number 1 Claim				2,501.00	3,000.00	7,500.00	0.00	0.00	0.00	0.00	13,001.00
				1,124.97	2,843.00	0.00	0.00	0.00	0.00	0.00	3,967.97
				1,376.03	157.00	7,500.00	0.00	0.00	0.00	0.00	9,033.03

Claim Number: 17WC01071K





NEW CLAIMS

January 2017

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: 17WC01071K

17WC01071K	LWAYS, RANA	11	1,306.01	243.00	0.00	0.00	0.00	0.00	0.00	1,549.01
PASSAIC COUNTY TECH. INSTITUT	1/9/2017	1/9/2017	2/24/2017	1,306.01	243.00	0.00	0.00	0.00	0.00	1,549.01
SLIPPED ON WET FLOOR AND FELL LANDING ON R KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,306.01	243.00	0.00	0.00	0.00	0.00	1,549.01
				1,306.01	243.00	0.00	0.00	0.00	0.00	1,549.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01072B

17WC01072B	PLUMERI, BRITTANY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #11 ROSS ST SCHOOL	1/6/2017	1/9/2017	Open	431.22	243.00	0.00	0.00	0.00	0.00	674.22
SLIPPED ON WATER AND FELL INJURED R KNEE				2,068.78	2.00	0.00	0.00	0.00	0.00	2,070.78
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				431.22	243.00	0.00	0.00	0.00	0.00	674.22
				2,068.78	2.00	0.00	0.00	0.00	0.00	2,070.78

Claim Number: 17WC01073W

17WC01073W	CASTELLANOS, TAMMY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROBERT FULTON NO. 2 ELEM.	1/6/2017	1/9/2017	Open	544.85	243.00	0.00	0.00	0.00	0.00	787.85
WALKING UPSTAIRS SLIPPED AND FELL INJURED L KNEE, WRIST				1,955.15	2.00	0.00	0.00	0.00	0.00	1,957.15
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				544.85	243.00	0.00	0.00	0.00	0.00	787.85
				1,955.15	2.00	0.00	0.00	0.00	0.00	1,957.15

Claim Number: 17WC01074Y





NEW CLAIMS

January 2017

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: 17WC01074Y

17WC01074Y	GIBBONS, BEVERLY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
DONALD A QUARLES ES	1/9/2017	1/9/2017	2/14/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING TO CLASSROOM SLIPPED ON WET FLOOR AND FELL ATTEMPTED TO				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: 17WC01075K

17WC01075K	DALIE, KELSEY	11		177.54	243.00	0.00	0.00	0.00	0.00	420.54
VALLEY PROGRAM	1/6/2017	1/10/2017	3/ 2/2017	177.54	243.00	0.00	0.00	0.00	0.00	420.54
STUDENT HAVING BEHAVIORAL ISSUE BIT HER R FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				177.54	243.00	0.00	0.00	0.00	0.00	420.54
				177.54	243.00	0.00	0.00	0.00	0.00	420.54
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01076R

17WC01076R	VEGA, ELYSSA	10		10,000.00	1,193.00	98,758.91	0.00	0.00	0.00	109,951.91
SAMUEL E. SHULL M.S.	1/9/2017	1/9/2017	Open	446.07	1,193.00	2,165.09	0.00	0.00	0.00	3,804.16
WHILE IN THE GYM WITH STUDENTS WAS STRUCK ON HER HEAD BY A BASKE				9,553.93	0.00	96,593.82	0.00	0.00	0.00	106,147.75
Total by Claim Number 1 Claim				10,000.00	1,193.00	98,758.91	0.00	0.00	0.00	109,951.91
				446.07	1,193.00	2,165.09	0.00	0.00	0.00	3,804.16
				9,553.93	0.00	96,593.82	0.00	0.00	0.00	106,147.75

Claim Number: 17WC01077P





NEW CLAIMS

January 2017

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: 17WC01077P

17WC01077P	KOTWICKI, SHARON	10		100,000.00	1,193.00	82,150.00	0.00	0.00	0.00	0.00	183,343.00
PINELANDS JR HIGH SCHOOL	1/9/2017	1/10/2017	Open	46,785.67	1,193.00	4,916.24	0.00	0.00	0.00	0.00	52,894.91
FOOT CAUGHT ON PHONE CORD SHE FELL FRACTURED L HIP, INJURED KNEE				53,214.33	0.00	77,233.76	0.00	0.00	0.00	0.00	130,448.09
Total by Claim Number 1 Claim				100,000.00	1,193.00	82,150.00	0.00	0.00	0.00	0.00	183,343.00
				46,785.67	1,193.00	4,916.24	0.00	0.00	0.00	0.00	52,894.91
				53,214.33	0.00	77,233.76	0.00	0.00	0.00	0.00	130,448.09

Claim Number: 17WC01078W

17WC01078W	KELLY, LORI	11		258.00	243.00	0.00	0.00	0.00	0.00	0.00	501.00
WINSLOW TWP #3 E.S.	1/9/2017	1/10/2017	2/28/2017	258.00	243.00	0.00	0.00	0.00	0.00	0.00	501.00
ASSISTING IN PLACING STUDENT BACK TO CHAIR STUDENT PUSHED AGAINST				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				258.00	243.00	0.00	0.00	0.00	0.00	0.00	501.00
				258.00	243.00	0.00	0.00	0.00	0.00	0.00	501.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01079Y

17WC01079Y	SULLIVAN, MEGAN	11		390.29	243.00	0.00	0.00	0.00	0.00	0.00	633.29
ADMINISTRATIVE OFFICES	1/9/2017	1/10/2017	2/23/2017	390.29	243.00	0.00	0.00	0.00	0.00	0.00	633.29
FELL FROM SLIPPERY SUBSTANCE ON FLOOR AND FELL INJURED L KNEE, L I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				390.29	243.00	0.00	0.00	0.00	0.00	0.00	633.29
				390.29	243.00	0.00	0.00	0.00	0.00	0.00	633.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01080W





NEW CLAIMS

January 2017

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: 17WC01080W

17WC01080W	GONZALEZ, IVETTE	11	119.36	243.00	0.00	0.00	0.00	0.00	0.00	362.36
GLENWOOD ES	1/9/2017	1/9/2017	2/21/2017	119.36	243.00	0.00	0.00	0.00	0.00	362.36
GOING UP STAIRS WHEN SHE SLIPPED CAUSING LT KNEE & RT SHOULDER/EI				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: 17WC01081Y

17WC01081Y	MOORE, BRENNIA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CEDAR HILL ES	1/5/2017	1/5/2017	2/21/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HAVING A SEIZURE SHE FELL OUT OF CHAIR STRIKING HER LOWER BACK AG				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: 17WC01082K

17WC01082K	ELGAZZAR, NAGWA	11	200.23	243.00	0.00	0.00	0.00	0.00	0.00	443.23
SOUTH RIVER ELEMENTARY SCHC	1/9/2017	1/9/2017	3/ 7/2017	200.23	243.00	0.00	0.00	0.00	0.00	443.23
SITTING BEHIND STUDENT WHEN STUDENT LEANED BACK @ STRUCK HER O				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				200.23	243.00	0.00	0.00	0.00	0.00	443.23
				200.23	243.00	0.00	0.00	0.00	0.00	443.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01083B





NEW CLAIMS

January 2017

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: 17WC01083B

17WC01083B	LONGO, ROSEANN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT	1/9/2017	1/9/2017	Open	427.26	243.00	0.00	0.00	0.00	0.00	0.00	670.26
FELL ONTO BOTH OF HER KNEES WHILE RESTRAINING A KICKING STUDENT /				2,072.74	2.00	0.00	0.00	0.00	0.00	0.00	2,074.74
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				427.26	243.00	0.00	0.00	0.00	0.00	0.00	670.26
				2,072.74	2.00	0.00	0.00	0.00	0.00	0.00	2,074.74

Claim Number: 17WC01084Y

17WC01084Y	SEALER-SOCOLOF, LINDA	11		170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
PASSAIC COUNTY TECH. INSTITUT	1/9/2017	1/9/2017	3/ 9/2017	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
SLIPPED & FELL ON WET FLOOR LANDING ON HER RT KNEE				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: 17WC01085B

17WC01085B	MAMANGAKIS-EVAN, CHRISTINA	11		287.32	243.00	0.00	0.00	0.00	0.00	0.00	530.32
LIVINGSTON SENIOR HS	1/9/2017	1/10/2017	3/ 7/2017	287.32	243.00	0.00	0.00	0.00	0.00	0.00	530.32
GOING DOWN WING STEPS INSIDE, SHE SLIPPED FROM SALT ON STAIRS INJL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				287.32	243.00	0.00	0.00	0.00	0.00	0.00	530.32
				287.32	243.00	0.00	0.00	0.00	0.00	0.00	530.32
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01086K





NEW CLAIMS

January 2017

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: 17WC01086K

17WC01086K	DOUGHTY, MICHELLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT	1/9/2017	1/9/2017	Open	196.00	243.00	0.00	0.00	0.00	0.00	0.00	439.00
STUDENT HAVING A BEHAVIORAL GRABBED & TWISTED HER RT THUMB/HANI				2,304.00	2.00	0.00	0.00	0.00	0.00	0.00	2,306.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				196.00	243.00	0.00	0.00	0.00	0.00	0.00	439.00
				2,304.00	2.00	0.00	0.00	0.00	0.00	0.00	2,306.00

Claim Number: 17WC01087Y

17WC01087Y	KOCH-WOOD, LINDA	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
WESTAMPTON	1/9/2017	1/10/2017	2/15/2017	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
STUDENT HAVING A BEHAVIORAL STRUCK & SCRATCHED HER, SHE FELT A P				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: 17WC01088W

17WC01088W	POMA, STEPHANIE	11		222.59	243.00	0.00	0.00	0.00	0.00	0.00	465.59
CENTER FOR LIFE LONG LEARNIN	1/9/2017	1/9/2017	2/28/2017	222.59	243.00	0.00	0.00	0.00	0.00	0.00	465.59
STUDENT HAVING A BEHAVIORAL STRUCK HER ON THE NECK & GRABBED HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				222.59	243.00	0.00	0.00	0.00	0.00	0.00	465.59
				222.59	243.00	0.00	0.00	0.00	0.00	0.00	465.59
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01089B





NEW CLAIMS

January 2017

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: 17WC01089B

17WC01089B	VAZQUEZ, WILSON		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 7 E.S.	1/8/2017	1/10/2017	Open	604.85	243.00	0.00	0.00	0.00	0.00	0.00	847.85
WHEN COMING OUT OF BUILDING WITH SNOW BLOWER SLIPPED AND FELL C				1,895.15	2.00	0.00	0.00	0.00	0.00	0.00	1,897.15
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				604.85	243.00	0.00	0.00	0.00	0.00	0.00	847.85
				1,895.15	2.00	0.00	0.00	0.00	0.00	0.00	1,897.15

Claim Number: 17WC01090K

17WC01090K	D'ALESSANDRO, JOSEPH		11	14.05	243.00	0.00	0.00	0.00	0.00	0.00	257.05
SOMERVILLE HS	1/9/2017	1/10/2017	2/28/2017	14.05	243.00	0.00	0.00	0.00	0.00	0.00	257.05
SLIPPED ON WET FLOOR AND FELL LANDING ON R SIDE, R HIP, LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				14.05	243.00	0.00	0.00	0.00	0.00	0.00	257.05
				14.05	243.00	0.00	0.00	0.00	0.00	0.00	257.05
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01091Z

17WC01091Z	TVRDIK-GOUGH, JAMIE		14	5,000.00	245.00	4,000.00	0.00	0.00	0.00	0.00	9,245.00
LENNA W CONROW	1/9/2017	1/9/2017	Open	599.46	243.00	1,289.68	0.00	0.00	0.00	0.00	2,132.14
WENT AFTER STUDENT THAT RAN OUT, SLIPPED & FELL ON SALT RESIDUE IN				4,400.54	2.00	2,710.32	0.00	0.00	0.00	0.00	7,112.86
Total by Claim Number 1 Claim				5,000.00	245.00	4,000.00	0.00	0.00	0.00	0.00	9,245.00
				599.46	243.00	1,289.68	0.00	0.00	0.00	0.00	2,132.14
				4,400.54	2.00	2,710.32	0.00	0.00	0.00	0.00	7,112.86

Claim Number: 17WC01092Y





NEW CLAIMS

January 2017

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: 17WC01092Y

17WC01092Y	SEALER-SOCOLOF, LINDA	11	337.67	243.00	0.00	0.00	0.00	0.00	0.00	580.67
PASSAIC COUNTY TECH. INSTITUT	1/9/2017	1/10/2017	3/ 9/2017	337.67	243.00	0.00	0.00	0.00	0.00	580.67
WALKING IN BLDG SLIPPED ON WET SPOT AND FELL INJURED L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				337.67	243.00	0.00	0.00	0.00	0.00	580.67
				337.67	243.00	0.00	0.00	0.00	0.00	580.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01093Y

17WC01093Y	STEVENS, DREW	11	486.78	243.00	0.00	0.00	0.00	0.00	0.00	729.78
TRANSPORTATION DEPT	1/2/2017	1/2/2017	3/ 9/2017	486.78	243.00	0.00	0.00	0.00	0.00	729.78
OPENING THE BUS DOORS THAT WERE CLOSED WITH BUNJEE CORDS, CORI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				486.78	243.00	0.00	0.00	0.00	0.00	729.78
				486.78	243.00	0.00	0.00	0.00	0.00	729.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01094W

17WC01094W	NIEMCZAK, ANDREW	11	270.76	243.00	0.00	0.00	0.00	0.00	0.00	513.76
DELTRAN HIGH SCHOOL	1/9/2017	1/10/2017	2/21/2017	270.76	243.00	0.00	0.00	0.00	0.00	513.76
WALKING IN HIS CLASSROOM HE TRIPPED ON DESK LEG TWISTING HIS RT KT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				270.76	243.00	0.00	0.00	0.00	0.00	513.76
				270.76	243.00	0.00	0.00	0.00	0.00	513.76
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01095B





NEW CLAIMS

January 2017

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: 17WC01095B

17WC01095B	MERCADO, RAQUEL	11	279.56	243.00	0.00	0.00	0.00	0.00	0.00	522.56
VINELAND SENIOR H.S. NORTH 9 &	1/10/2017	1/10/2017	2/24/2017	279.56	243.00	0.00	0.00	0.00	0.00	522.56
SLIPPED ON WET FLOOR AND FELL LANDING ON BOTH KNEES TWISTED LOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			279.56	243.00	0.00	0.00	0.00	0.00	0.00	522.56
			279.56	243.00	0.00	0.00	0.00	0.00	0.00	522.56
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01096K

17WC01096K	BAZZEL, ROBIN	11	333.93	243.00	0.00	0.00	0.00	0.00	0.00	576.93
CLEARVIEW REGIONAL M S	1/3/2017	1/10/2017	2/17/2017	333.93	243.00	0.00	0.00	0.00	0.00	576.93
SLIPPED ON WET FLOOR AND FELL INJURED BOTH KNEES				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			333.93	243.00	0.00	0.00	0.00	0.00	0.00	576.93
			333.93	243.00	0.00	0.00	0.00	0.00	0.00	576.93
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01097B

17WC01097B	WOOTEN, SHERYL	11	283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
SALEM CAMPUS	1/9/2017	1/10/2017	2/24/2017	283.29	243.00	0.00	0.00	0.00	0.00	526.29
STUDENT PICKED UP BUCKET SHE WENT TO TAKE BUCKET FROM STUDENT I				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
			283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01099Y





NEW CLAIMS

January 2017

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: 17WC01099Y

17WC01099Y	LEUNG, ANGELA	11		220.81	243.00	0.00	0.00	0.00	0.00	0.00	463.81
GREENBROOK E S	1/9/2017	1/10/2017	2/24/2017	220.81	243.00	0.00	0.00	0.00	0.00	0.00	463.81
LINING UP KIDS TO GO ON BUS STUDENT BIT HER R MIDDLE FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				220.81	243.00	0.00	0.00	0.00	0.00	0.00	463.81
				220.81	243.00	0.00	0.00	0.00	0.00	0.00	463.81
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01100B

17WC01100B	DIBENEDETTO, ARMAND	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY TECH. INSTITUT	1/6/2017	1/10/2017	Open	998.14	243.00	0.00	0.00	0.00	0.00	0.00	1,241.14
WARMING UP BACKPACK BLOWER THROTTLE ON BLOWER WAS ALL THE WA				1,501.86	2.00	0.00	0.00	0.00	0.00	0.00	1,503.86
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				998.14	243.00	0.00	0.00	0.00	0.00	0.00	1,241.14
				1,501.86	2.00	0.00	0.00	0.00	0.00	0.00	1,503.86

Claim Number: 17WC01101V

17WC01101V	YODICE, CATHERINE	10		2,500.00	245.00	8,000.00	0.00	0.00	2,500.00	0.00	13,245.00
SHREWBURY E.S.	1/9/2017	1/10/2017	Open	621.14	243.00	0.00	0.00	0.00	0.00	0.00	864.14
STANDING WITH A SPEC ED CHILD WHEN ANOTHER CHILD CHARGED INTO CI				1,878.86	2.00	8,000.00	0.00	0.00	2,500.00	0.00	12,380.86
Total by Claim Number 1 Claim				2,500.00	245.00	8,000.00	0.00	0.00	2,500.00	0.00	13,245.00
				621.14	243.00	0.00	0.00	0.00	0.00	0.00	864.14
				1,878.86	2.00	8,000.00	0.00	0.00	2,500.00	0.00	12,380.86

Claim Number: 17WC01102Y





NEW CLAIMS

January 2017

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: 17WC01102Y

17WC01102Y	YESHOVA, DIALA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SIXTEENTH AVE ES	1/10/2017	1/10/2017	2/21/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT WAS GETTING MATERIAL FROM CLOSET ACCIDENTLY HIT TOP OF HEAD				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: 17WC01103K

17WC01103K	CROCETTI, DAWN	11	2,809.04	243.00	0.00	0.00	0.00	0.00	0.00	3,052.04
CATHERINE A DWYER ES	1/10/2017	1/10/2017	2/13/2017	2,809.04	243.00	0.00	0.00	0.00	0.00	3,052.04
WAS GETTING A PAPER TOWEL THAT FELL TOWARDS THE BACK OF COPIER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,809.04	243.00	0.00	0.00	0.00	0.00	3,052.04
				2,809.04	243.00	0.00	0.00	0.00	0.00	3,052.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01104B

17WC01104B	KETSCHKE, SUZANNE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LEEDS AVENUE SCHOOL	1/10/2017	1/10/2017	2/14/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BIT ON HER RT FOREARM BREAKING THE SKIN BY STUDENT HAVING A BEHAVIOR				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: 17WC01105B





NEW CLAIMS

January 2017

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: 17WC01105B

17WC01105B	FALLEN, SUSAN	11	190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
NETCONG E.S.	1/10/2017	1/10/2017	2/14/2017	190.00	243.00	0.00	0.00	0.00	0.00	433.00
WENT TO SIT IN AN INFLATABLE CHAIR, STARTED TO FALL, TRIED TO BREAK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
			190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01106W

17WC01106W	PEREZ, CARLOS	11	432.77	243.00	0.00	0.00	0.00	0.00	0.00	675.77
VINELAND MAINTENANCE	1/9/2017	1/10/2017	3/7/2017	432.77	243.00	0.00	0.00	0.00	0.00	675.77
CLMT WAS LOWERING A DESK FROM A PALLET WHEN IT SLIPPED AND BANGI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			432.77	243.00	0.00	0.00	0.00	0.00	0.00	675.77
			432.77	243.00	0.00	0.00	0.00	0.00	0.00	675.77
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01107Y

17WC01107Y	SIMPSON, WALTER	11	798.66	243.00	0.00	0.00	0.00	0.00	0.00	1,041.66
HILLSIDE HS	1/10/2017	1/10/2017	2/24/2017	798.66	243.00	0.00	0.00	0.00	0.00	1,041.66
RESTRAINING A STUDENT W/ A NOSE BLEED & WAS EXPOSED TO THEIR BLO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			798.66	243.00	0.00	0.00	0.00	0.00	0.00	1,041.66
			798.66	243.00	0.00	0.00	0.00	0.00	0.00	1,041.66
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01108W





NEW CLAIMS

January 2017

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: 17WC01108W

17WC01108W	WESTERBERG, WILLIAM	11		384.51	243.00	0.00	0.00	0.00	0.00	0.00	627.51
THORNE MS	1/7/2017	1/11/2017	2/28/2017	384.51	243.00	0.00	0.00	0.00	0.00	0.00	627.51
HAD DIFFICULTY KEEPING SNOW BLOWER STRAIGHT LOST BALANCE GOING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				384.51	243.00	0.00	0.00	0.00	0.00	0.00	627.51
				384.51	243.00	0.00	0.00	0.00	0.00	0.00	627.51
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01109Y

17WC01109Y	FARLEY, KELLY	11		155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
LADY LIBERTY ACADEMY CHARTE	1/10/2017	1/11/2017	2/23/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
ATTEMPTING TO SEPARATE TWO STUDENTS WAS ELBOWED IN JAW				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: 17WC01110W

17WC01110W	KLEPACKI, ROBERT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	1/10/2017	1/10/2017	Open	887.92	243.00	0.00	0.00	0.00	0.00	0.00	1,130.92
WORKING ON AN OLD WATER FOUNTAIN HE INJURED HIS RT MIDDLE FINGER				1,612.08	2.00	0.00	0.00	0.00	0.00	0.00	1,614.08
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				887.92	243.00	0.00	0.00	0.00	0.00	0.00	1,130.92
				1,612.08	2.00	0.00	0.00	0.00	0.00	0.00	1,614.08

Claim Number: 17WC01111Y





NEW CLAIMS

January 2017

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: 17WC01111Y

17WC01111Y	DALRYMPLE, JILLIAN	11	206.64	243.00	0.00	0.00	0.00	0.00	0.00	449.64
WARREN DEVELOP. LEARNING CTI	1/10/2017	1/11/2017	2/21/2017	206.64	243.00	0.00	0.00	0.00	0.00	449.64
STUDENT STRUCK HER IN FACE ON CHEEK AND ABOVE L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				206.64	243.00	0.00	0.00	0.00	0.00	449.64
				206.64	243.00	0.00	0.00	0.00	0.00	449.64
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01112W

17WC01112W	SPANNO, LARA	11	141.19	243.00	0.00	0.00	0.00	0.00	0.00	384.19
SCHOOL 2	1/10/2017	1/11/2017	3/ 2/2017	141.19	243.00	0.00	0.00	0.00	0.00	384.19
CLMT WAS PUNCHED SEVERAL TIMES BY A STUDENT HAVING A BEHAVIORAL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				141.19	243.00	0.00	0.00	0.00	0.00	384.19
				141.19	243.00	0.00	0.00	0.00	0.00	384.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01113W

17WC01113W	CAVAGNARO, DEBORAH	11	192.08	243.00	0.00	0.00	0.00	0.00	0.00	435.08
DANE BARSE E.S.	1/11/2017	1/11/2017	2/28/2017	192.08	243.00	0.00	0.00	0.00	0.00	435.08
WALKING IN THE WALLWAY BY THE KITCHEN SLIPPED AND FELL ON PUDDLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				192.08	243.00	0.00	0.00	0.00	0.00	435.08
				192.08	243.00	0.00	0.00	0.00	0.00	435.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01114B





NEW CLAIMS

January 2017

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: 17WC01114B

17WC01114B	CAROLAN, KEVIN	11		123.30	243.00	0.00	0.00	0.00	0.00	0.00	366.30
WOODBURY HIGH SCHOOL	1/6/2017	1/11/2017	2/24/2017	123.30	243.00	0.00	0.00	0.00	0.00	0.00	366.30
WAS STRUCK ON NECK AND BACK ATTEMPTING TO DIFFUSE AN ALTERCATIC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				123.30	243.00	0.00	0.00	0.00	0.00	0.00	366.30
				123.30	243.00	0.00	0.00	0.00	0.00	0.00	366.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01115K

17WC01115K	DOVER, COURTNEY	11		466.90	243.00	0.00	0.00	0.00	0.00	0.00	709.90
ABRAHAM CLARK HIGH SCHOOL	1/10/2017	1/11/2017	2/23/2017	466.90	243.00	0.00	0.00	0.00	0.00	0.00	709.90
SLIPPED ON ICE AND FELL INJURED BUTTOCKS, LOWER BACK, NECK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				466.90	243.00	0.00	0.00	0.00	0.00	0.00	709.90
				466.90	243.00	0.00	0.00	0.00	0.00	0.00	709.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01116B

17WC01116B	FRIEHS, CAROLINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PRINCETON HS	1/10/2017	1/10/2017	Open	144.87	243.00	0.00	0.00	0.00	0.00	0.00	387.87
STUDENT HAD A NOSE BLEED & LEFT TRACES OF BLOOD WHICH SHE TOUCH-				2,355.13	2.00	0.00	0.00	0.00	0.00	0.00	2,357.13
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				144.87	243.00	0.00	0.00	0.00	0.00	0.00	387.87
				2,355.13	2.00	0.00	0.00	0.00	0.00	0.00	2,357.13

Claim Number: 17WC01117Y





NEW CLAIMS

January 2017

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: 17WC01117Y

17WC01117Y	GITTO, JOANNE	11	154.83	243.00	0.00	0.00	0.00	0.00	0.00	397.83
CLINTON TWP MS	1/11/2017	1/11/2017	2/28/2017	154.83	243.00	0.00	0.00	0.00	0.00	397.83
CLMT SLIPPED AND FELL ON ICE INJ BOTH KNEES, RT HAND, LT FOOT AND R				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			154.83	243.00	0.00	0.00	0.00	0.00	0.00	397.83
			154.83	243.00	0.00	0.00	0.00	0.00	0.00	397.83
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01118Y

17WC01118Y	MCCORMICK, JOYCE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ADMINISTRATION BUILDING	1/9/2017	1/11/2017	2/15/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TAKING STUDENTS OUT TOWARDS TRAILER SLIPPED ON ICE REACHED OUT				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: 17WC01119V

17WC01119V	SANTOS, LISA	14	40,000.00	0.00	15,000.00	0.00	0.00	0.00	0.00	55,000.00
RED BANK MS	1/11/2017	1/11/2017	Open	1,962.52	0.00	6,943.36	0.00	0.00	0.00	8,905.88
TRYING TO CLOSE BINDS SHE LOST HER BALANCE STANDING ON LEDGE SHI				38,037.48	0.00	8,056.64	0.00	0.00	0.00	46,094.12
Total by Claim Number 1 Claim			40,000.00	0.00	15,000.00	0.00	0.00	0.00	0.00	55,000.00
			1,962.52	0.00	6,943.36	0.00	0.00	0.00	0.00	8,905.88
			38,037.48	0.00	8,056.64	0.00	0.00	0.00	0.00	46,094.12

Claim Number: 17WC01120Y





NEW CLAIMS

January 2017

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: 17WC01120Y

17WC01120Y	SKORKA, MELISSA	11		0.00	243.00	384.30	0.00	0.00	0.00	0.00	627.30
GEORGE ES	1/9/2017	1/9/2017	2/21/2017	0.00	243.00	384.30	0.00	0.00	0.00	0.00	627.30
ROLLED HER LT ANKLE 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				0.00	243.00	384.30	0.00	0.00	0.00	0.00	627.30
				0.00	243.00	384.30	0.00	0.00	0.00	0.00	627.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01121K

17WC01121K	LAVIGNE, GEORGE	11		175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
MORRISTOWN H.S.	1/11/2017	1/11/2017	2/17/2017	175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
WHILE BACKSTAGE PUTTING AWAY ITEMS CLMT STEPPED ON A BOARD CAU:				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
				175.00	243.00	0.00	0.00	0.00	0.00	0.00	418.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01122W

17WC01122W	SANCHEZ, ORQUIDEA	11		490.18	243.00	0.00	0.00	0.00	0.00	0.00	733.18
ROBERT WATERS SCHOOL	1/11/2017	1/11/2017	2/28/2017	490.18	243.00	0.00	0.00	0.00	0.00	0.00	733.18
WHILE WALKING IN HALLWAY IN FRONT OF TEACHER'S LOUNGE SLIPPED ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				490.18	243.00	0.00	0.00	0.00	0.00	0.00	733.18
				490.18	243.00	0.00	0.00	0.00	0.00	0.00	733.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01123W





NEW CLAIMS

January 2017

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: 17WC01123W

17WC01123W	FLETCHER, CYNTHIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP M.S.	1/11/2017	1/11/2017	Open	399.87	243.00	0.00	0.00	0.00	0.00	0.00	642.87
SLIPPED ON SLIPPERY FLOOR AND FELL INJURED L KNEE, L HIP				2,100.13	2.00	0.00	0.00	0.00	0.00	0.00	2,102.13
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				399.87	243.00	0.00	0.00	0.00	0.00	0.00	642.87
				2,100.13	2.00	0.00	0.00	0.00	0.00	0.00	2,102.13

Claim Number: 17WC01124P

17WC01124P	MOSERA, KATIE	10		5,226.92	1,193.00	1,152.00	0.00	0.00	0.00	0.00	7,571.92
PORT MONMOUTH ES	1/11/2017	1/11/2017	3/7/2017	5,226.92	1,193.00	1,152.00	0.00	0.00	0.00	0.00	7,571.92
WHEN SUPERVISING STUDENTS CLMT WAS STRUCK BY A FLYING BALL ON TI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				5,226.92	1,193.00	1,152.00	0.00	0.00	0.00	0.00	7,571.92
				5,226.92	1,193.00	1,152.00	0.00	0.00	0.00	0.00	7,571.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01125Y

17WC01125Y	DEMARCO, NICHOLAS	11		482.11	243.00	0.00	0.00	0.00	0.00	0.00	725.11
WHITON ES	1/10/2017	1/11/2017	2/24/2017	482.11	243.00	0.00	0.00	0.00	0.00	0.00	725.11
WALKING IN HALLWAY FOOT GOT CAUGHT ON MAT CAUSING HIM TO FALL IN.				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				482.11	243.00	0.00	0.00	0.00	0.00	0.00	725.11
				482.11	243.00	0.00	0.00	0.00	0.00	0.00	725.11
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01126W





NEW CLAIMS

January 2017

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: 17WC01126W

17WC01126W	KEARNEY, MARY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLD SPRINGS ES	1/11/2017	1/11/2017	Open	1,100.83	243.00	0.00	0.00	0.00	0.00	0.00	1,343.83
WALKING WITH PENCILS/ERASERS SLIPPED ON WET FLOOR AND FELL INJUR				1,399.17	2.00	0.00	0.00	0.00	0.00	0.00	1,401.17
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,100.83	243.00	0.00	0.00	0.00	0.00	0.00	1,343.83
				1,399.17	2.00	0.00	0.00	0.00	0.00	0.00	1,401.17

Claim Number: 17WC01127V

17WC01127V	KNAPP, KAREN	10		14,500.00	1,193.00	2,500.00	0.00	0.00	0.00	0.00	18,193.00
CEDAR CREEK E.S.	1/11/2017	1/11/2017	Open	1,996.00	1,193.00	1,773.48	0.00	0.00	0.00	0.00	4,962.48
L HIP LOCKED CAUSING HER TO FALL INJURED L REAR THIGH PAIN RADIATIN				12,504.00	0.00	726.52	0.00	0.00	0.00	0.00	13,230.52
Total by Claim Number 1 Claim				14,500.00	1,193.00	2,500.00	0.00	0.00	0.00	0.00	18,193.00
				1,996.00	1,193.00	1,773.48	0.00	0.00	0.00	0.00	4,962.48
				12,504.00	0.00	726.52	0.00	0.00	0.00	0.00	13,230.52

Claim Number: 17WC01128K

17WC01128K	RINGER, ALLISON	11		170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
NEPTUNE TOWNSHIP BOARD OF E	1/11/2017	1/11/2017	2/28/2017	170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
HEAVY PLASTIC CHAIR FELL BACKWARDS STRIKING THE TOP OF HER LT FO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
				170.10	243.00	0.00	0.00	0.00	0.00	0.00	413.10
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01129B





NEW CLAIMS

January 2017

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: 17WC01129B

17WC01129B	NOLLKAMPER, LINDA	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
CEDAR HILL ES	1/11/2017	1/11/2017	2/24/2017	225.00	243.00	0.00	0.00	0.00	0.00	468.00
WALKING TO SCHOOL SHE SLIPPED & FELL ON BLACK ICE INJURING HER LO				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: 17WC01130K

17WC01130K	FERRIER, LISA	11	170.33	243.00	0.00	0.00	0.00	0.00	0.00	413.33
WOODBIDGE VOCATIONAL	1/11/2017	1/11/2017	3/7/2017	170.33	243.00	0.00	0.00	0.00	0.00	413.33
WALKING DOWN THE HALLWAY SHE SLIPPED & FELL INJURING KNEES, LT SH				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: 17WC01131B

17WC01131B	PRIMAVERA, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CAPE MAY CTY SPEC SERVICES H:	1/11/2017	1/12/2017	Open	86.87	243.00	0.00	0.00	0.00	0.00	329.87
SITTING BEHIND STUDENT, STUDENT STOOD UP TURNED AROUND ACCIDEN				2,413.13	2.00	0.00	0.00	0.00	0.00	2,415.13
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				86.87	243.00	0.00	0.00	0.00	0.00	329.87
				2,413.13	2.00	0.00	0.00	0.00	0.00	2,415.13

Claim Number: 17WC01132W





NEW CLAIMS

January 2017

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: 17WC01132W

17WC01132W	GLOVER, SHONTAYE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #5 ES	1/11/2017	1/12/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT TOSSED HIMSELF ONTO GROUND ATTEMPTED TO LIFT STUDENT IN				2,500.00	2.00	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	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01133A

17WC01133A	GANT, BRUCE	10		1,218.50	1,193.00	1,792.00	0.00	0.00	0.00	4,203.50
WOODLAND ES	1/11/2017	1/12/2017	2/23/2017	1,218.50	1,193.00	1,792.00	0.00	0.00	0.00	4,203.50
STORING AWAY MUSICAL EQUIPMENT ACCIDENTALLY STRUCK R ANKLE AGA				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,218.50	1,193.00	1,792.00	0.00	0.00	0.00	4,203.50
				1,218.50	1,193.00	1,792.00	0.00	0.00	0.00	4,203.50
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01134J

17WC01134J	HERNANDEZ, DEBRA	15		348.00	243.00	0.00	0.00	0.00	0.00	591.00
DANE BARSE E.S.	1/11/2017	1/12/2017	3/ 2/2017	348.00	243.00	0.00	0.00	0.00	0.00	591.00
SLIPPED IN WATER AND FELL INJURED L GIP, R SHOULDER, R KNEE, R ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				348.00	243.00	0.00	0.00	0.00	0.00	591.00
				348.00	243.00	0.00	0.00	0.00	0.00	591.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01135B





NEW CLAIMS

January 2017

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: 17WC01135B

17WC01135B	MIRANDA, DENISE	11		273.79	243.00	0.00	0.00	0.00	0.00	0.00	516.79
WOODBIDGE VOCATIONAL	1/6/2017	1/12/2017	3/ 7/2017	273.79	243.00	0.00	0.00	0.00	0.00	0.00	516.79
SLIPPED ON WET FLOOR INJURED BILATERAL KNEES, BILATERAL HAND, LOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				273.79	243.00	0.00	0.00	0.00	0.00	0.00	516.79
				273.79	243.00	0.00	0.00	0.00	0.00	0.00	516.79
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01136B

17WC01136B	SIPPEL, JANET	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRET HARTE ES	1/11/2017	1/12/2017	Open	176.23	243.00	0.00	0.00	0.00	0.00	0.00	419.23
SLIPPED ON DAMP FLOOR AND FELL LANDING ON BOTH KNEES				2,323.77	2.00	0.00	0.00	0.00	0.00	0.00	2,325.77
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				176.23	243.00	0.00	0.00	0.00	0.00	0.00	419.23
				2,323.77	2.00	0.00	0.00	0.00	0.00	0.00	2,325.77

Claim Number: 17WC01137Y

17WC01137Y	TAMBONE, ANGELA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HUDSON SCHOOL	1/11/2017	1/12/2017	Open	1,201.10	243.00	0.00	0.00	0.00	0.00	0.00	1,444.10
SLIPPED ON WET AREA AND FELL INJURED R HIP, SHOULDER, WRIST, NECK				1,298.90	2.00	0.00	0.00	0.00	0.00	0.00	1,300.90
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,201.10	243.00	0.00	0.00	0.00	0.00	0.00	1,444.10
				1,298.90	2.00	0.00	0.00	0.00	0.00	0.00	1,300.90

Claim Number: 17WC01138K





NEW CLAIMS

January 2017

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: 17WC01138K

17WC01138K	ALTIERI, RAYMOND	11	13,187.30	243.00	0.00	0.00	0.00	0.00	0.00	13,430.30
CENTRAL HS	1/10/2017	1/12/2017	3/7/2017	13,187.30	243.00	0.00	0.00	0.00	0.00	13,430.30
PRACTICING WITH STUDENTS WAS STRUCK ON BACK OF HEAD WITH A PUCK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			13,187.30	243.00	0.00	0.00	0.00	0.00	0.00	13,430.30
			13,187.30	243.00	0.00	0.00	0.00	0.00	0.00	13,430.30
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01139B

17WC01139B	DESTEFANO, MARIA	11	510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
MILL POND E.S.	1/11/2017	1/12/2017	2/24/2017	510.00	243.00	0.00	0.00	0.00	0.00	753.00
SLIPPED ON STICKY RESIDUE ON FLOOR AND FELL INJURED MOUTH/TEETH,				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
			510.00	243.00	0.00	0.00	0.00	0.00	0.00	753.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01140W

17WC01140W	KEATING, LINDA	11	602.38	243.00	0.00	0.00	0.00	0.00	0.00	845.38
ATCO ES	1/11/2017	1/13/2017	2/28/2017	602.38	243.00	0.00	0.00	0.00	0.00	845.38
SLIPPED ON APPLE SAUCE AND FELL INJURED R ELBOW, BILATERAL SHOUL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			602.38	243.00	0.00	0.00	0.00	0.00	0.00	845.38
			602.38	243.00	0.00	0.00	0.00	0.00	0.00	845.38
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01141W





NEW CLAIMS

January 2017

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: 17WC01141W

17WC01141W	GLASS, CATHERINE	11		389.00	243.00	0.00	0.00	0.00	0.00	632.00
MEMORIAL MIDDLE SCHOOL	1/12/2017	1/13/2017	2/28/2017	389.00	243.00	0.00	0.00	0.00	0.00	632.00
SWIPED ACCESS CARD DOOR WOULD NOT OPEN, SHE PULLED THE DOOR OI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				389.00	243.00	0.00	0.00	0.00	0.00	632.00
				389.00	243.00	0.00	0.00	0.00	0.00	632.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01142W

17WC01142W	ALEXANDER, KATIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP H.S.	1/12/2017	1/12/2017	Open	1,441.81	243.00	0.00	0.00	0.00	0.00	1,684.81
SLIPPED ON WET FLOOR INJURING LT ANKLE & RT KNEE				1,058.19	2.00	0.00	0.00	0.00	0.00	1,060.19
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,441.81	243.00	0.00	0.00	0.00	0.00	1,684.81
				1,058.19	2.00	0.00	0.00	0.00	0.00	1,060.19

Claim Number: 17WC01143Y

17WC01143Y	SURESH, JYOTI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LAND O PINES SCHOOL	1/12/2017	1/13/2017	Open	1,842.89	243.00	0.00	0.00	0.00	0.00	2,085.89
WALKING SHE SLIPPED AND FELL ON WET FLOOR HITTING HEAD AGAINST W.				657.11	2.00	0.00	0.00	0.00	0.00	659.11
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,842.89	243.00	0.00	0.00	0.00	0.00	2,085.89
				657.11	2.00	0.00	0.00	0.00	0.00	659.11

Claim Number: 17WC01144B





NEW CLAIMS

January 2017

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: 17WC01144B

17WC01144B	MALIK, MEERA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYVILLE ES	1/12/2017	1/13/2017	Open	780.00	243.00	0.00	0.00	0.00	0.00	0.00	1,023.00
SLIPPED ON WET FLOOR AND FELL INJURED R HIP AND WRIST				1,720.00	2.00	0.00	0.00	0.00	0.00	0.00	1,722.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				780.00	243.00	0.00	0.00	0.00	0.00	0.00	1,023.00
				1,720.00	2.00	0.00	0.00	0.00	0.00	0.00	1,722.00

Claim Number: 17WC01145Y

17WC01145Y	GEORGES, HUSSAM		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE WASHINGTON M.S.	1/12/2017	1/13/2017	Open	1,168.22	243.00	0.00	0.00	0.00	0.00	0.00	1,411.22
LIFTED A BOX TO REMOVE FROM OFFICE STRUCK L ELBOW AGAINST DOOR F				1,331.78	2.00	0.00	0.00	0.00	0.00	0.00	1,333.78
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,168.22	243.00	0.00	0.00	0.00	0.00	0.00	1,411.22
				1,331.78	2.00	0.00	0.00	0.00	0.00	0.00	1,333.78

Claim Number: 17WC01146B

17WC01146B	BROOKS, MONTY		11	293.14	243.00	0.00	0.00	0.00	0.00	0.00	536.14
LINDEN HIGH SCHOOL	1/11/2017	1/13/2017	2/27/2017	293.14	243.00	0.00	0.00	0.00	0.00	0.00	536.14
COMING DOWN STEPS MISJUDGED STEP 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				293.14	243.00	0.00	0.00	0.00	0.00	0.00	536.14
				293.14	243.00	0.00	0.00	0.00	0.00	0.00	536.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01147W





NEW CLAIMS

January 2017

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: 17WC01147W

17WC01147W	WILKINSON, KIM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION DEPT	1/6/2017	1/13/2017	Open	474.92	243.00	0.00	0.00	0.00	0.00	717.92
STEPPED DOWN AND MISSED STEP FALLING INJURED BILATERAL KNEE, R LE				2,025.08	2.00	0.00	0.00	0.00	0.00	2,027.08
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				474.92	243.00	0.00	0.00	0.00	0.00	717.92
				2,025.08	2.00	0.00	0.00	0.00	0.00	2,027.08

Claim Number: 17WC01148B

17WC01148B	LAMBOY, WALLY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BUCKSHUTEM ROAD E.S.	1/12/2017	1/13/2017	Open	334.05	243.00	0.00	0.00	0.00	0.00	577.05
WHEN LEAVING ROOM TO TAKE STUDENTS TO THE GYM TRIPPED OVER A CH				2,165.95	2.00	0.00	0.00	0.00	0.00	2,167.95
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				334.05	243.00	0.00	0.00	0.00	0.00	577.05
				2,165.95	2.00	0.00	0.00	0.00	0.00	2,167.95

Claim Number: 17WC01150K

17WC01150K	MCMILLAN, MICHELE	11	1,539.01	243.00	0.00	0.00	0.00	0.00	0.00	1,782.01
FAIRMOUNT	1/12/2017	1/13/2017	3/ 2/2017	1,539.01	243.00	0.00	0.00	0.00	0.00	1,782.01
WHILE WALKING UP STEPS TAKING STUDENTS TO LIBRARY FOOT GOT CAUG				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,539.01	243.00	0.00	0.00	0.00	0.00	1,782.01
				1,539.01	243.00	0.00	0.00	0.00	0.00	1,782.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01151W





NEW CLAIMS

January 2017

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: 17WC01151W

17WC01151W	BRUEN, JULIE		11	94.70	243.00	0.00	0.00	0.00	0.00	0.00	337.70
ETHEL HOPPOCK ELEMENTARY	1/11/2017	1/13/2017	2/28/2017	94.70	243.00	0.00	0.00	0.00	0.00	0.00	337.70
WHEN WALKING DOWN STEPS SLIPPED AND FELL ON SALT RESIDUE INJ LOW				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				94.70	243.00	0.00	0.00	0.00	0.00	0.00	337.70
				94.70	243.00	0.00	0.00	0.00	0.00	0.00	337.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01152Y

17WC01152Y	DOTO, LOIS		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GLOUCESTER COUNTY TECH & VC	1/11/2017	1/13/2017	Open	300.57	243.00	0.00	0.00	0.00	0.00	0.00	543.57
PULLING OUT THE BLEACHERS ON THE GYM FELT A PULL IN RT SHOULDER				2,199.43	2.00	0.00	0.00	0.00	0.00	0.00	2,201.43
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				300.57	243.00	0.00	0.00	0.00	0.00	0.00	543.57
				2,199.43	2.00	0.00	0.00	0.00	0.00	0.00	2,201.43

Claim Number: 17WC01153Z

17WC01153Z	CALLAHAN, KENNETH		15	5,000.00	245.00	9,000.00	0.00	0.00	0.00	0.00	14,245.00
HACKENSACK HS	1/12/2017	1/13/2017	Open	0.00	243.00	4,977.07	0.00	0.00	0.00	0.00	5,220.07
CLMT WAS TURNING HAND TRUCK AROUND WHEN IT TILTED AND STRUCK CI				5,000.00	2.00	4,022.93	0.00	0.00	0.00	0.00	9,024.93
Total by Claim Number 1 Claim				5,000.00	245.00	9,000.00	0.00	0.00	0.00	0.00	14,245.00
				0.00	243.00	4,977.07	0.00	0.00	0.00	0.00	5,220.07
				5,000.00	2.00	4,022.93	0.00	0.00	0.00	0.00	9,024.93

Claim Number: 17WC01154Z





NEW CLAIMS

January 2017

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: 17WC01154Z

17WC01154Z	DITUNNARIELLO, ANNUNZIATA	10		12,500.00	1,193.00	2,868.00	0.00	0.00	0.00	0.00	16,561.00
AUTEN ROAD ES	1/3/2017	1/13/2017	Open	1,534.28	1,193.00	1,434.00	0.00	0.00	0.00	0.00	4,161.28
WHILE IN LUNCH ROOM WALKING TOWARD TABLE SUPERVISING STUDENTS :				10,965.72	0.00	1,434.00	0.00	0.00	0.00	0.00	12,399.72
Total by Claim Number 1 Claim				12,500.00	1,193.00	2,868.00	0.00	0.00	0.00	0.00	16,561.00
				1,534.28	1,193.00	1,434.00	0.00	0.00	0.00	0.00	4,161.28
				10,965.72	0.00	1,434.00	0.00	0.00	0.00	0.00	12,399.72

Claim Number: 17WC01155W

17WC01155W	HARRIS, FREDERICK	11		283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
MEMORIAL INTERMEDIATE SCHOO	1/12/2017	1/13/2017	2/15/2017	283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
CLMT RAN AFTER A SPEC ED STUDENT RUNNING IN HALLWAY HAVING A BEH				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
				283.29	243.00	0.00	0.00	0.00	0.00	0.00	526.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01156K

17WC01156K	PACE, GINA	11		452.04	243.00	0.00	0.00	0.00	0.00	0.00	695.04
CUMBERLAND CAMPUS	1/11/2017	1/13/2017	3/ 7/2017	452.04	243.00	0.00	0.00	0.00	0.00	0.00	695.04
CHASING AFTER SPEC ED STUDENT TRIPPED OVER STUDENT FELL INJ LT KM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				452.04	243.00	0.00	0.00	0.00	0.00	0.00	695.04
				452.04	243.00	0.00	0.00	0.00	0.00	0.00	695.04
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01157W





NEW CLAIMS

January 2017

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: 17WC01157W

17WC01157W	FINNEGAN, CHRISTINA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
LAWNSIDE PUBLIC ES	1/12/2017	1/13/2017	2/28/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT RAN INTO CLMT'S ABDOMEN WITH THEIR FIST CLMT IS 18				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: 17WC01158B

17WC01158B	PADRON, JACQUELINE	11		225.00	243.00	0.00	0.00	0.00	0.00	468.00
WOODROW WILSON SCHOOL	1/12/2017	1/13/2017	2/24/2017	225.00	243.00	0.00	0.00	0.00	0.00	468.00
A STUDENT HAVING A BEHAVIORAL OUTBURST BIT CLMT'S ABDOMEN BREAK				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: 17WC01159W

17WC01159W	STEWART, HEATHER	11		309.72	243.00	0.00	0.00	0.00	0.00	552.72
DOROTHY L BULLOCK SCHOOL	1/11/2017	1/13/2017	2/28/2017	309.72	243.00	0.00	0.00	0.00	0.00	552.72
CLMT WAS WALKING IN HALL SHE SLIPPED AND FELL INJ RT SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				309.72	243.00	0.00	0.00	0.00	0.00	552.72
				309.72	243.00	0.00	0.00	0.00	0.00	552.72
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01160Y





NEW CLAIMS

January 2017

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: 17WC01160Y

17WC01160Y	LEEMING, NANCY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PARSONS SCHOOL	1/12/2017	1/13/2017	Open	498.37	243.00	0.00	0.00	0.00	0.00	741.37
WAS WALKING IN HALLWAY WHEN SHE LOST HER FOOTING SLIPPED AND FE				2,001.63	2.00	0.00	0.00	0.00	0.00	2,003.63
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				498.37	243.00	0.00	0.00	0.00	0.00	741.37
				2,001.63	2.00	0.00	0.00	0.00	0.00	2,003.63

Claim Number: 17WC01161B

17WC01161B	COVURN, JUDITH	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MAYS LANDING CAMPUS	1/12/2017	1/12/2017	2/15/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE IN THE CLASSROOM FELL TWISTING LOWER BACK, NECK, & LT KNEE				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: 17WC01162Y

17WC01162Y	PROCACCINO, JUSTIN	11	125.00	243.00	0.00	0.00	0.00	0.00	0.00	368.00
MARIA L. VARISCO-ROGERS CHAR	1/12/2017	1/12/2017	2/21/2017	125.00	243.00	0.00	0.00	0.00	0.00	368.00
DEMONSTRATING A JUMPING EXERCISE WHEN HE SLIPPED & PULLED HIS RT				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				125.00	243.00	0.00	0.00	0.00	0.00	368.00
				125.00	243.00	0.00	0.00	0.00	0.00	368.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01163B





NEW CLAIMS

January 2017

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: 17WC01163B

17WC01163B	CORTES, CYNTHYA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAMONTE ANNEX SCHOOL	1/12/2017	1/13/2017	Open	249.10	243.00	0.00	0.00	0.00	0.00	0.00	492.10
WAS WALKING DOWN STAIRS WITH A BULLETIN BOARD PAPER WHEN SHE FE				2,250.90	2.00	0.00	0.00	0.00	0.00	0.00	2,252.90
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				249.10	243.00	0.00	0.00	0.00	0.00	0.00	492.10
				2,250.90	2.00	0.00	0.00	0.00	0.00	0.00	2,252.90

Claim Number: 17WC01164Y

17WC01164Y	BILOTTI, MICHELE	11		162.65	243.00	0.00	0.00	0.00	0.00	0.00	405.65
FRANK J DUGAN E.S.	1/12/2017	1/17/2017	2/21/2017	162.65	243.00	0.00	0.00	0.00	0.00	0.00	405.65
WALKING IN CLASSROOM NEAR CLOSET TRIPPED OVER STUDENT'S COAT T				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				162.65	243.00	0.00	0.00	0.00	0.00	0.00	405.65
				162.65	243.00	0.00	0.00	0.00	0.00	0.00	405.65
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01165Z

17WC01165Z	GIDDENS-GREEN, DEBORAH	15		7,500.00	245.00	11,000.00	0.00	0.00	0.00	0.00	18,745.00
JEFFERSON SCHOOL	1/5/2017	1/5/2017	Open	499.83	243.00	3,584.00	0.00	0.00	0.00	0.00	4,326.83
STUDENT HAVING A BEHAVIORAL KICKED HER ON THE LT THIGH				7,000.17	2.00	7,416.00	0.00	0.00	0.00	0.00	14,418.17
Total by Claim Number 1 Claim				7,500.00	245.00	11,000.00	0.00	0.00	0.00	0.00	18,745.00
				499.83	243.00	3,584.00	0.00	0.00	0.00	0.00	4,326.83
				7,000.17	2.00	7,416.00	0.00	0.00	0.00	0.00	14,418.17

Claim Number: 17WC01167Y





NEW CLAIMS

January 2017

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: 17WC01167Y

17WC01167Y	DAISE, LESLIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GRANDVIEW E.S.	1/13/2017	1/13/2017	Open	602.96	243.00	0.00	0.00	0.00	0.00	0.00	845.96
ACCIDENTALLY STRUCK WITH DOOR CAUSING TO FALL INJURING LT SIDE OF				1,897.04	2.00	0.00	0.00	0.00	0.00	0.00	1,899.04
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				602.96	243.00	0.00	0.00	0.00	0.00	0.00	845.96
				1,897.04	2.00	0.00	0.00	0.00	0.00	0.00	1,899.04

Claim Number: 17WC01168W

17WC01168W	CIURLEO, JACQUELYN	11		279.90	243.00	0.00	0.00	0.00	0.00	0.00	522.90
JOHN F KENNEDY ES	1/12/2017	1/17/2017	2/21/2017	279.90	243.00	0.00	0.00	0.00	0.00	0.00	522.90
RESTRAINING STUDENT HAVING A BEHAVIORAL OUTBURST STUDENT BIT CL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				279.90	243.00	0.00	0.00	0.00	0.00	0.00	522.90
				279.90	243.00	0.00	0.00	0.00	0.00	0.00	522.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01169F

17WC01169F	BALDWIN, LAURA	10		5,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	11,193.00
WARREN DEVELOP. LEARNING CTI	1/13/2017	1/17/2017	Open	574.22	1,193.00	2,709.54	0.00	0.00	0.00	0.00	4,476.76
WHEN LINING UP STUDENTS TO GO TO THE GYM SPEC ED STUDENT PUNCHE				4,425.78	0.00	2,290.46	0.00	0.00	0.00	0.00	6,716.24
Total by Claim Number 1 Claim				5,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	11,193.00
				574.22	1,193.00	2,709.54	0.00	0.00	0.00	0.00	4,476.76
				4,425.78	0.00	2,290.46	0.00	0.00	0.00	0.00	6,716.24

Claim Number: 17WC01170B





NEW CLAIMS

January 2017

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: 17WC01170B

17WC01170B	ROSE, JAMES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GLOUCESTER COUNTY TECH & VC	1/17/2017	1/17/2017	Open	353.90	243.00	0.00	0.00	0.00	0.00	0.00	596.90
WENT TO LIFT UP A TEACHER'S DESK TO MOVE FROM ONE CLASS TO ANOTH				2,146.10	2.00	0.00	0.00	0.00	0.00	0.00	2,148.10
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				353.90	243.00	0.00	0.00	0.00	0.00	0.00	596.90
				2,146.10	2.00	0.00	0.00	0.00	0.00	0.00	2,148.10

Claim Number: 17WC01171W

17WC01171W	LOPEZ, ALBERTO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BELLEVILLE SENIOR HS	1/12/2017	1/17/2017	Open	393.92	243.00	0.00	0.00	0.00	0.00	0.00	636.92
CLMT WAS MOVING LUNCH TABLES INTO THE HALLWAY FELT PAIN IN LT SHC				2,106.08	2.00	0.00	0.00	0.00	0.00	0.00	2,108.08
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				393.92	243.00	0.00	0.00	0.00	0.00	0.00	636.92
				2,106.08	2.00	0.00	0.00	0.00	0.00	0.00	2,108.08

Claim Number: 17WC01172W

17WC01172W	BARCKLOW, STEVEN	11		324.13	243.00	0.00	0.00	0.00	0.00	0.00	567.13
CAMDEN CTY YOUTH DETENTION	1/12/2017	1/17/2017	2/28/2017	324.13	243.00	0.00	0.00	0.00	0.00	0.00	567.13
WHILE IN GYM WITH STUDENTS SHOWING BASKETBALL MOVES STEPPED AN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				324.13	243.00	0.00	0.00	0.00	0.00	0.00	567.13
				324.13	243.00	0.00	0.00	0.00	0.00	0.00	567.13
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01173K





NEW CLAIMS

January 2017

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: 17WC01173K

17WC01173K	GREFE, DEBORAH	11	33.91	243.00	0.00	0.00	0.00	0.00	0.00	276.91
CLINTON TWP ADMIN BUILDING	1/11/2017	1/17/2017	3/2/2017	33.91	243.00	0.00	0.00	0.00	0.00	276.91
STEPPED OUT OF OFFICE SLIPPED ON WET FLOOR INJ RT KNEE, LT HIP AND				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			33.91	243.00	0.00	0.00	0.00	0.00	0.00	276.91
			33.91	243.00	0.00	0.00	0.00	0.00	0.00	276.91
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01174K

17WC01174K	EVERETT, MARYANN	11	320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
BOUND BROOK H.S.	1/13/2017	1/13/2017	2/24/2017	320.00	243.00	0.00	0.00	0.00	0.00	563.00
WALKING SHE SLIPPED, FALLING INJURING HER LT ANKLE & LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
			320.00	243.00	0.00	0.00	0.00	0.00	0.00	563.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01175W

17WC01175W	RODRIGUEZ, ROSA	11	158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
PARSONS SCHOOL	1/13/2017	1/13/2017	2/27/2017	158.83	243.00	0.00	0.00	0.00	0.00	401.83
PICKED UP A STUDENT'S USED LANCET & STRUCK HERSELF IN THE RT INDE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
			158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01176W





NEW CLAIMS

January 2017

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: 17WC01176W

17WC01176W	ZUCKER, NANCY	11		512.00	243.00	0.00	0.00	0.00	0.00	0.00	755.00
NJ REG. DAY SCHOOL AT PISCATAWAY	1/13/2017	1/17/2017	2/28/2017	512.00	243.00	0.00	0.00	0.00	0.00	0.00	755.00
CLMT CUT HER RT RING FINGER ON A FOIL BOX CUTTER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				512.00	243.00	0.00	0.00	0.00	0.00	0.00	755.00
				512.00	243.00	0.00	0.00	0.00	0.00	0.00	755.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01177B

17WC01177B	BROWNELL, JAQUELINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INST.OF TECH - WESTAMPTON	1/13/2017	1/17/2017	Open	407.33	243.00	0.00	0.00	0.00	0.00	0.00	650.33
WHILE IN HALLWAY SLIPPED AND FELL ON FLOOR LANDING ON LT KNEE				2,092.67	2.00	0.00	0.00	0.00	0.00	0.00	2,094.67
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				407.33	243.00	0.00	0.00	0.00	0.00	0.00	650.33
				2,092.67	2.00	0.00	0.00	0.00	0.00	0.00	2,094.67

Claim Number: 17WC01178Y

17WC01178Y	KRASKA, JAMIE	11		251.46	243.00	0.00	0.00	0.00	0.00	0.00	494.46
ANTHONY V. CERES SCHOOL	1/12/2017	1/17/2017	2/21/2017	251.46	243.00	0.00	0.00	0.00	0.00	0.00	494.46
WHEN REARRANGING A STUDENT'S DESK 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				251.46	243.00	0.00	0.00	0.00	0.00	0.00	494.46
				251.46	243.00	0.00	0.00	0.00	0.00	0.00	494.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01179C





NEW CLAIMS

January 2017

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	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred Paid	Incurred 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: 17WC01179C

17WC01179C	SINCHAK, LINDA	10		7,300.00	1,993.00	22,149.05	0.00	0.00	0.00	0.00	31,442.05
NJ REG. DAY SCHOOL AT PISCATAWAY	1/12/2017	1/12/2017	Open	548.97	1,193.00	639.05	0.00	0.00	0.00	0.00	2,381.02
OPENED THE DOOR & TRIPPED OVER A ROLLED MAT, FELL LANDING ON HER				6,751.03	800.00	21,510.00	0.00	0.00	0.00	0.00	29,061.03
Total by Claim Number 1 Claim				7,300.00	1,993.00	22,149.05	0.00	0.00	0.00	0.00	31,442.05
				548.97	1,193.00	639.05	0.00	0.00	0.00	0.00	2,381.02
				6,751.03	800.00	21,510.00	0.00	0.00	0.00	0.00	29,061.03

Claim Number: 17WC01180C

17WC01180C	LAW, TAMIKA	10		309.59	1,228.40	0.00	0.00	0.00	0.00	0.00	1,537.99
VILLAGE CHARTER SCHOOL	1/12/2017	1/17/2017	2/28/2017	309.59	1,228.40	0.00	0.00	0.00	0.00	0.00	1,537.99
REACHING FOR A BOX OF ENVELOPES IN ADMIN OFFICE WHILE STANDING ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				309.59	1,228.40	0.00	0.00	0.00	0.00	0.00	1,537.99
				309.59	1,228.40	0.00	0.00	0.00	0.00	0.00	1,537.99
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01181K

17WC01181K	CARNEY, NAKKIYAH	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WEST ORANGE TRANSPORTATION	1/12/2017	1/12/2017	2/13/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT PULLED HER FOOT IN FRONT OF HER 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				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: 17WC01182Y





NEW CLAIMS

January 2017

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: 17WC01182Y

17WC01182Y	CHRISTADORE, ANGELA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL MS	1/12/2017	1/17/2017	Open	781.60	243.00	0.00	0.00	0.00	0.00	0.00	1,024.60
WHILE WALKING ACROSS THE CLASSROOM SLIPPED AND FELL ONTO LT FOC				1,718.40	2.00	0.00	0.00	0.00	0.00	0.00	1,720.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				781.60	243.00	0.00	0.00	0.00	0.00	0.00	1,024.60
				1,718.40	2.00	0.00	0.00	0.00	0.00	0.00	1,720.40

Claim Number: 17WC01183K

17WC01183K	TOOMBS, WILLIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ESSEX CO. VOCATIONAL	1/13/2017	1/13/2017	2/13/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FIXING AN OVERHEAD HATCH ON A DESK, HATCH FELL ON HIS RT HAND				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: 17WC01184B

17WC01184B	LOFTUS, JEFFREY	11		211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
WAREHOUSE/BLDG & GROUNDS	1/17/2017	1/17/2017	2/15/2017	211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
UNLOADING A TRAILER, A LOG SLIPPED STRIKING HIS RT EYE & RT SIDE OF N				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
				211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01185K





NEW CLAIMS

January 2017

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: 17WC01185K

17WC01185K	PENN, CARRIE		11	4,500.00	245.00	0.00	0.00	0.00	0.00	0.00	4,745.00
HOWELL MS SOUTH	1/13/2017	1/13/2017	Open	2,212.74	243.00	0.00	0.00	0.00	0.00	0.00	2,455.74
CLEANING STRETCHER SHE FELT A POP IN RT MIDDLE FINGER				2,287.26	2.00	0.00	0.00	0.00	0.00	0.00	2,289.26
Total by Claim Number 1 Claim				4,500.00	245.00	0.00	0.00	0.00	0.00	0.00	4,745.00
				2,212.74	243.00	0.00	0.00	0.00	0.00	0.00	2,455.74
				2,287.26	2.00	0.00	0.00	0.00	0.00	0.00	2,289.26

Claim Number: 17WC01186K

17WC01186K	GRESHAM, MARK		11	587.28	243.00	0.00	0.00	0.00	0.00	0.00	830.28
VOTECH VS	1/13/2017	1/17/2017	2/24/2017	587.28	243.00	0.00	0.00	0.00	0.00	0.00	830.28
CLMT FLIPPED OVER A BOX IN THE COPY ROOM CLMT'S BADGE ON LANYARD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				587.28	243.00	0.00	0.00	0.00	0.00	0.00	830.28
				587.28	243.00	0.00	0.00	0.00	0.00	0.00	830.28
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01187Y

17WC01187Y	FLAHERTY, LYNN		11	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
LINWOOD MIDDLE SCHOOL	1/3/2017	1/13/2017	2/28/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
WALKING THROUGH A CROWD OF STUDENTS WHEN SHE WALKED INTO MET,				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: 17WC01188Z





NEW CLAIMS

January 2017

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: 17WC01188Z

17WC01188Z	ROSATO, BARBARA	10		7,500.00	1,193.00	26,000.00	0.00	0.00	0.00	0.00	34,693.00
LIVINGSTON SENIOR HS	1/13/2017	1/17/2017	Open	509.80	1,193.00	5,760.00	0.00	0.00	0.00	0.00	7,462.80
CLMT WAS WALKING UP STAIRS WHEN LT FOOT GOT CAUGHT ON RUBBER EI				6,990.20	0.00	20,240.00	0.00	0.00	0.00	0.00	27,230.20
Total by Claim Number 1 Claim				7,500.00	1,193.00	26,000.00	0.00	0.00	0.00	0.00	34,693.00
				509.80	1,193.00	5,760.00	0.00	0.00	0.00	0.00	7,462.80
				6,990.20	0.00	20,240.00	0.00	0.00	0.00	0.00	27,230.20

Claim Number: 17WC01190B

17WC01190B	KAUFMAN, ANGELA	11		2,127.66	243.00	0.00	0.00	0.00	0.00	0.00	2,370.66
BROOKSIDE UPPER ES	1/16/2017	1/16/2017	2/24/2017	2,127.66	243.00	0.00	0.00	0.00	0.00	0.00	2,370.66
WALKING IN BLDG, SHE SLIPPED & FELL ON ICE INJURING HEAD, LOWER BAC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,127.66	243.00	0.00	0.00	0.00	0.00	0.00	2,370.66
				2,127.66	243.00	0.00	0.00	0.00	0.00	0.00	2,370.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01191K

17WC01191K	REFSNIDER, JESSICA	11		355.69	243.00	0.00	0.00	0.00	0.00	0.00	598.69
LEAP ACADEMY CHARTER SCHOOL	1/17/2017	1/17/2017	2/28/2017	355.69	243.00	0.00	0.00	0.00	0.00	0.00	598.69
MISPLACED HER FOOT WHILE WALKING DOWN THE STEPS CAUSING HER TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				355.69	243.00	0.00	0.00	0.00	0.00	0.00	598.69
				355.69	243.00	0.00	0.00	0.00	0.00	0.00	598.69
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01193K





NEW CLAIMS

January 2017

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: 17WC01193K

17WC01193K	PANETTA-HAGAN, LENORA	11	112.97	243.00	0.00	0.00	0.00	0.00	0.00	355.97
WESTAMPTON	1/17/2017	1/18/2017	3/9/2017	112.97	243.00	0.00	0.00	0.00	0.00	355.97
SPEC ED STUDENT TACKLED CLMT TO THE GROUND CAUSING HER TO HIT TI				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			112.97	243.00	0.00	0.00	0.00	0.00	0.00	355.97
			112.97	243.00	0.00	0.00	0.00	0.00	0.00	355.97
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01194Y

17WC01194Y	EMLEY, JESSICA	11	493.08	243.00	0.00	0.00	0.00	0.00	0.00	736.08
GREGORY SCHOOL	1/17/2017	1/17/2017	2/24/2017	493.08	243.00	0.00	0.00	0.00	0.00	736.08
STUDENT BENT DOWN THEN LIFTED THEIR HEAD UP HEADBUTTING HER IN H				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			493.08	243.00	0.00	0.00	0.00	0.00	0.00	736.08
			493.08	243.00	0.00	0.00	0.00	0.00	0.00	736.08
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01195K

17WC01195K	OSHUST, PAUL	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
BAYONNE H.S. AND ADMIN. OFFICE	1/17/2017	1/17/2017	2/27/2017	225.00	243.00	0.00	0.00	0.00	0.00	468.00
WALKING DOWN STEPS, HE SLIPPED & FELL INJURING HIS LOWER BACK, TRU				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: 17WC01196B





NEW CLAIMS

January 2017

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: 17WC01196B

17WC01196B	MORRISON, HOLLIANN	11		180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
CLIFFWOOD AVENUE ES	1/17/2017	1/18/2017	2/24/2017	180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
SPEC ED STUDENT HAVING A BEHAVIORAL OUTBURST BIT CLMT'S LT HAND E				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
				180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01197K

17WC01197K	GIDDENS-GREEN, DEBORAH	11		700.00	243.00	0.00	0.00	0.00	0.00	0.00	943.00
JEFFERSON SCHOOL	1/17/2017	1/17/2017	3/ 2/2017	700.00	243.00	0.00	0.00	0.00	0.00	0.00	943.00
STUDENT STRUCK HER IN HER RT KNEE TWICE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				700.00	243.00	0.00	0.00	0.00	0.00	0.00	943.00
				700.00	243.00	0.00	0.00	0.00	0.00	0.00	943.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01198B

17WC01198B	MCDONNELL, PATTIANN	11		272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
BANKBRIDGE REG DEVELOPMENT	1/12/2017	1/12/2017	3/ 2/2017	272.80	243.00	0.00	0.00	0.00	0.00	0.00	515.80
RESTRAINING A STUDENT, BRINGING THE STUDENT DOWN & FELT A POP IN I				0.00	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: 17WC01199J





NEW CLAIMS

January 2017

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: 17WC01199J

17WC01199J	TERRAGLIA, CRISTINA	10		1,339.94	1,193.00	728.66	0.00	0.00	0.00	0.00	3,261.60
BEDWELL ES	1/17/2017	1/17/2017	3/ 1/2017	1,339.94	1,193.00	728.66	0.00	0.00	0.00	0.00	3,261.60
STUDENT HAVING A BEHAVIORAL HEADBUTTED HER ON HER FACE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				1,339.94	1,193.00	728.66	0.00	0.00	0.00	0.00	3,261.60
				1,339.94	1,193.00	728.66	0.00	0.00	0.00	0.00	3,261.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01200W

17WC01200W	MACKO, LAURIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN HILLS REG HS	1/17/2017	1/17/2017	Open	1,054.63	243.00	0.00	0.00	0.00	0.00	0.00	1,297.63
WALKING INTO ROOM, FLIPPED UP DOOR STOPPER & HER PANT LEG GOT ST				1,445.37	2.00	0.00	0.00	0.00	0.00	0.00	1,447.37
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,054.63	243.00	0.00	0.00	0.00	0.00	0.00	1,297.63
				1,445.37	2.00	0.00	0.00	0.00	0.00	0.00	1,447.37

Claim Number: 17WC01201V

17WC01201V	MONELL, KELLY	10		12,001.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	18,194.00
ATL CNTY SPEC SRV TRANSPORT/	1/13/2017	1/13/2017	Open	257.40	1,193.00	1,160.84	0.00	0.00	0.00	0.00	2,611.24
ATEMPTING TO GET ONTO SCHOOL BUS, A VEHICLE STRUCK HER ON HER LT				11,743.60	0.00	3,839.16	0.00	0.00	0.00	0.00	15,582.76
Total by Claim Number 1 Claim				12,001.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	18,194.00
				257.40	1,193.00	1,160.84	0.00	0.00	0.00	0.00	2,611.24
				11,743.60	0.00	3,839.16	0.00	0.00	0.00	0.00	15,582.76

Claim Number: 17WC01202K





NEW CLAIMS

January 2017

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: 17WC01202K

17WC01202K	SULTZER, HEATHER	11		428.89	243.00	0.00	0.00	0.00	0.00	671.89
MARGARET C CLIFFORD ES	1/17/2017	1/17/2017	2/27/2017	428.89	243.00	0.00	0.00	0.00	0.00	671.89
HOLDING A STUDENT'S HAND, STUDENT PULLED CALLING HER TO FALL TO T				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				428.89	243.00	0.00	0.00	0.00	0.00	671.89
				428.89	243.00	0.00	0.00	0.00	0.00	671.89
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01203F

17WC01203F	HINCHCLIFFE, CARLA	10		10,000.00	1,193.00	12,000.00	0.00	0.00	0.00	23,193.00
LINCOLN NO 3 ES	1/12/2017	1/12/2017	Open	181.39	1,193.00	5,236.00	0.00	0.00	0.00	6,610.39
WALKING UP STAIRS, SLIPPED & FELL INJURING LOWER BACK, LT HIP, SHOUL				9,818.61	0.00	6,764.00	0.00	0.00	0.00	16,582.61
Total by Claim Number 1 Claim				10,000.00	1,193.00	12,000.00	0.00	0.00	0.00	23,193.00
				181.39	1,193.00	5,236.00	0.00	0.00	0.00	6,610.39
				9,818.61	0.00	6,764.00	0.00	0.00	0.00	16,582.61

Claim Number: 17WC01205K

17WC01205K	JAKU, VALENTIN	11		957.15	243.00	0.00	0.00	0.00	0.00	1,200.15
MONROE TWP HS	1/17/2017	1/17/2017	2/21/2017	957.15	243.00	0.00	0.00	0.00	0.00	1,200.15
WHILE CLEANING HE BUMPED HIS HEAD AGAINST THE CORNER OF A CABINE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				957.15	243.00	0.00	0.00	0.00	0.00	1,200.15
				957.15	243.00	0.00	0.00	0.00	0.00	1,200.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01207K





NEW CLAIMS

January 2017

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: 17WC01207K

17WC01207K	ROMER, KATIE	11	124.08	243.00	0.00	0.00	0.00	0.00	0.00	367.08
WESTMORELAND E. S.	1/17/2017	1/19/2017	2/17/2017	124.08	243.00	0.00	0.00	0.00	0.00	367.08
WAS STANDING WITH A SPEC ED STUDENT THE CHILD BIT HER LT FOREARM				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: 17WC01208V

17WC01208V	CARUSO, CHERYL	10	12,000.00	1,193.00	14,500.00	0.00	0.00	0.00	0.00	27,693.00
ACADAMY LEARNING CENTER	1/17/2017	1/17/2017	Open	1,358.92	1,193.00	3,584.00	0.00	0.00	0.00	6,135.92
WALKING DOWN STEPS SHE SLIPPED & FELL INJURING LOW BACK & LT SHOULDER				10,641.08	0.00	10,916.00	0.00	0.00	0.00	21,557.08
Total by Claim Number 1 Claim			12,000.00	1,193.00	14,500.00	0.00	0.00	0.00	0.00	27,693.00
			1,358.92	1,193.00	3,584.00	0.00	0.00	0.00	0.00	6,135.92
			10,641.08	0.00	10,916.00	0.00	0.00	0.00	0.00	21,557.08

Claim Number: 17WC01209P

17WC01209P	JESBY, BRIAN	10	50,000.00	1,193.00	52,000.00	0.00	0.00	0.00	0.00	103,193.00
OLD TURNPIKE MS	1/17/2017	1/19/2017	Open	1,060.32	1,193.00	1,534.60	0.00	0.00	0.00	3,787.92
CLIMBING ON ROOF TO SEAL CRACK AROUND PIPE STEPPED ON WET SPOT				48,939.68	0.00	50,465.40	0.00	0.00	0.00	99,405.08
Total by Claim Number 1 Claim			50,000.00	1,193.00	52,000.00	0.00	0.00	0.00	0.00	103,193.00
			1,060.32	1,193.00	1,534.60	0.00	0.00	0.00	0.00	3,787.92
			48,939.68	0.00	50,465.40	0.00	0.00	0.00	0.00	99,405.08

Claim Number: 17WC01210W





NEW CLAIMS

January 2017

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: 17WC01210W

17WC01210W	HRINUK, JAMIE	11	237.62	243.00	0.00	0.00	0.00	0.00	0.00	480.62
EDISON SCHOOL	1/18/2017	1/19/2017	2/28/2017	237.62	243.00	0.00	0.00	0.00	0.00	480.62
CLMT WAS TRYING TO CALM DOWN A SPEC ED STUDENT HAVING A BEHAVIO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			237.62	243.00	0.00	0.00	0.00	0.00	0.00	480.62
			237.62	243.00	0.00	0.00	0.00	0.00	0.00	480.62
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01211I

17WC01211I	MERCADO, GLADYS	10	61,700.31	1,438.00	76,456.00	0.00	0.00	3,500.00	0.00	143,094.31
RD WOOD ES	1/17/2017	1/19/2017	Open	1,789.40	1,193.00	3,456.00	0.00	0.00	0.00	6,438.40
WHILE TEACHING CLMT TURNED BACK TO WALK TRIPPED OVER A STUDENT				59,910.91	245.00	73,000.00	0.00	3,500.00	0.00	136,655.91
Total by Claim Number 1 Claim			61,700.31	1,438.00	76,456.00	0.00	0.00	3,500.00	0.00	143,094.31
			1,789.40	1,193.00	3,456.00	0.00	0.00	0.00	0.00	6,438.40
			59,910.91	245.00	73,000.00	0.00	0.00	3,500.00	0.00	136,655.91

Claim Number: 17WC01212B

17WC01212B	CAVALIERO, MICHAEL	11	224.81	243.00	0.00	0.00	0.00	0.00	0.00	467.81
WESTAMPTON	1/11/2017	1/18/2017	3/ 2/2017	224.81	243.00	0.00	0.00	0.00	0.00	467.81
RUNNING AFTER STUDENT IN PLAYGROUND HE SLIPPED ON SNOW & FELL IN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			224.81	243.00	0.00	0.00	0.00	0.00	0.00	467.81
			224.81	243.00	0.00	0.00	0.00	0.00	0.00	467.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01213W





NEW CLAIMS

January 2017

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: 17WC01213W

17WC01213W	GARCES, MARNA	11	136.69	243.00	0.00	0.00	0.00	0.00	0.00	379.69
ROBERT WATERS SCHOOL	1/11/2017	1/11/2017	2/27/2017	136.69	243.00	0.00	0.00	0.00	0.00	379.69
REMOVING EQUIPMENT, A ROLL OF BULLETIN BOARD PAPER FELL STRIKING				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			136.69	243.00	0.00	0.00	0.00	0.00	0.00	379.69
			136.69	243.00	0.00	0.00	0.00	0.00	0.00	379.69
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01214K

17WC01214K	BORDZUK, KAREN	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MEMORIAL MS	1/11/2017	1/19/2017	2/21/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN HALLWAY CLMT FELL INJ LT HIP AND LT WRIST WET FLOOR FRO				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: 17WC01215Y

17WC01215Y	O'DONNELL, JILL	11	2,500.00	245.00	1,664.00	0.00	0.00	0.00	0.00	4,409.00
THOMAS RICHARDS SCHOOL	1/18/2017	1/19/2017	Open	665.07	243.00	1,664.00	0.00	0.00	0.00	2,572.07
CLMT WAS WALKING TOWARDS THE TRASH WHEN HER HEEL SLIPPED ON TF				1,834.93	2.00	0.00	0.00	0.00	0.00	1,836.93
Total by Claim Number 1 Claim			2,500.00	245.00	1,664.00	0.00	0.00	0.00	0.00	4,409.00
			665.07	243.00	1,664.00	0.00	0.00	0.00	0.00	2,572.07
			1,834.93	2.00	0.00	0.00	0.00	0.00	0.00	1,836.93

Claim Number: 17WC01216K





NEW CLAIMS

January 2017

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: 17WC01216K

17WC01216K	HAMMOND, JUDITH	11		758.00	243.00	0.00	0.00	0.00	0.00	0.00	1,001.00
ROUND VALLEY MS	1/17/2017	1/19/2017	2/28/2017	758.00	243.00	0.00	0.00	0.00	0.00	0.00	1,001.00
WALKING IN BOARD OFFICE FOR A MEETING SLIPPED ON WATER AND FELL II				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				758.00	243.00	0.00	0.00	0.00	0.00	0.00	1,001.00
				758.00	243.00	0.00	0.00	0.00	0.00	0.00	1,001.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01217Y

17WC01217Y	ULRICH, SARAH	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
LAKEVIEW ES	1/18/2017	1/19/2017	2/21/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLMT STEPPED ON A TOY TRUCK WHEN WALKING INTO CLASS FELL LANDED				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: 17WC01218Y

17WC01218Y	OESE, DARLENE	11		11.15	243.00	0.00	0.00	0.00	0.00	0.00	254.15
CROSSROADS M S	1/18/2017	1/18/2017	2/24/2017	11.15	243.00	0.00	0.00	0.00	0.00	0.00	254.15
STUDENT REACHED OUT & ACCIDENTALLY SCRATCHED HER IN HER LT EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				11.15	243.00	0.00	0.00	0.00	0.00	0.00	254.15
				11.15	243.00	0.00	0.00	0.00	0.00	0.00	254.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01219W





NEW CLAIMS

January 2017

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: 17WC01219W

17WC01219W	ZAHEER, ARIFA	11		166.55	243.00	0.00	0.00	0.00	0.00	0.00	409.55
JUDD SCHOOL	1/17/2017	1/17/2017	2/28/2017	166.55	243.00	0.00	0.00	0.00	0.00	0.00	409.55
SITTING IN A STUDENT CHAIR, CHAIR LEG BROKE CAUSING HER TO FALL INJI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				166.55	243.00	0.00	0.00	0.00	0.00	0.00	409.55
				166.55	243.00	0.00	0.00	0.00	0.00	0.00	409.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01220B

17WC01220B	HARRY, EILEEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MILDRED MAGOWAN ELEMENTARY	1/18/2017	1/19/2017	Open	249.10	243.00	0.00	0.00	0.00	0.00	0.00	492.10
A STUDENT HAD CROSSED IN FRONT OF CLMT CAUSING HER TO TRIP AND F,				2,250.90	2.00	0.00	0.00	0.00	0.00	0.00	2,252.90
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				249.10	243.00	0.00	0.00	0.00	0.00	0.00	492.10
				2,250.90	2.00	0.00	0.00	0.00	0.00	0.00	2,252.90

Claim Number: 17WC01221K

17WC01221K	SCHMEDING, LINDSEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLE SCHOOL	1/18/2017	1/18/2017	Open	696.47	243.00	0.00	0.00	0.00	0.00	0.00	939.47
CHASING AFTER A STUDENT SHE FELT A POP IN LT HIP & GROIN AREA				1,803.53	2.00	0.00	0.00	0.00	0.00	0.00	1,805.53
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				696.47	243.00	0.00	0.00	0.00	0.00	0.00	939.47
				1,803.53	2.00	0.00	0.00	0.00	0.00	0.00	1,805.53

Claim Number: 17WC01222Y





NEW CLAIMS

January 2017

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: 17WC01222Y

17WC01222Y	POTASH, NANCY	11		216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
KUSER E.S.	1/10/2017	1/19/2017	2/28/2017	216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
GETTING UP FROM DESK GOT CAUGHT IN WIRING FROM LAPTOP TRIPPED AT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
				216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01223Y

17WC01223Y	KRUSE, KEVIN	11		141.42	243.00	0.00	0.00	0.00	0.00	0.00	384.42
KAWAMEEH JR. HIGH SCHOOL (UN	1/17/2017	1/17/2017	2/28/2017	141.42	243.00	0.00	0.00	0.00	0.00	0.00	384.42
DIGGING A HOLE DUE TO A BROKEN PIPE IN SINK HOLE, HE STRAINED HIS LC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				141.42	243.00	0.00	0.00	0.00	0.00	0.00	384.42
				141.42	243.00	0.00	0.00	0.00	0.00	0.00	384.42
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01224K

17WC01224K	NOTARO, KAREN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
A. RUSSELL KNIGHT ES	1/17/2017	1/19/2017	Open	497.84	243.00	0.00	0.00	0.00	0.00	0.00	740.84
WHILE IN GYM PLAYING WITH CHILD DURING PE CLASS CAUGHT THE BALL IN				2,002.16	2.00	0.00	0.00	0.00	0.00	0.00	2,004.16
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				497.84	243.00	0.00	0.00	0.00	0.00	0.00	740.84
				2,002.16	2.00	0.00	0.00	0.00	0.00	0.00	2,004.16

Claim Number: 17WC01225B





NEW CLAIMS

January 2017

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: 17WC01225B

17WC01225B	CUTTS, DOUG		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DELTRAN HIGH SCHOOL	1/18/2017	1/19/2017	Open	538.64	243.00	0.00	0.00	0.00	0.00	0.00	781.64
INSTALLING A LIGHT MOUNT CLMT'S THUMB BECAME WEDGED BETWEEN PIE				1,961.36	2.00	0.00	0.00	0.00	0.00	0.00	1,963.36
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				538.64	243.00	0.00	0.00	0.00	0.00	0.00	781.64
				1,961.36	2.00	0.00	0.00	0.00	0.00	0.00	1,963.36

Claim Number: 17WC01226W

17WC01226W	GONZALEZ, ANGELO		11	309.22	243.00	0.00	0.00	0.00	0.00	0.00	552.22
STADIUM/FIELDHOUSE	1/18/2017	1/19/2017	2/28/2017	309.22	243.00	0.00	0.00	0.00	0.00	0.00	552.22
WHEN REMOVING SALTER OFF THE BACK OF A TRUCK FINGER GOT CAUGHT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				309.22	243.00	0.00	0.00	0.00	0.00	0.00	552.22
				309.22	243.00	0.00	0.00	0.00	0.00	0.00	552.22
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01227P

17WC01227P	SMARZ, ANNE		11	77,500.00	245.00	26,875.00	0.00	0.00	0.00	0.00	104,620.00
WOODROW WILSON SCHOOL	1/19/2017	1/19/2017	Open	381.94	243.00	2,088.06	0.00	0.00	0.00	0.00	2,713.00
SUPERVISING STUDENTS SHE SLIPPED & FELL INJURING HER RT ELBOW, UP				77,118.06	2.00	24,786.94	0.00	0.00	0.00	0.00	101,907.00
Total by Claim Number 1 Claim				77,500.00	245.00	26,875.00	0.00	0.00	0.00	0.00	104,620.00
				381.94	243.00	2,088.06	0.00	0.00	0.00	0.00	2,713.00
				77,118.06	2.00	24,786.94	0.00	0.00	0.00	0.00	101,907.00

Claim Number: 17WC01228Y





NEW CLAIMS

January 2017

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: 17WC01228Y

17WC01228Y	NOLAN, TAYLOR		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTHERN BLVD ES	1/18/2017	1/18/2017	Open	2,411.06	243.00	0.00	0.00	0.00	0.00	0.00	2,654.06
CHASING AFTER A STUDENT SHE FELL TWISTING HER LT KNEE WHILE TRYIN				88.94	2.00	0.00	0.00	0.00	0.00	0.00	90.94
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,411.06	243.00	0.00	0.00	0.00	0.00	0.00	2,654.06
				88.94	2.00	0.00	0.00	0.00	0.00	0.00	90.94

Claim Number: 17WC01229W

17WC01229W	BRIGANDI, MATTHEW		11	158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
PARSONS SCHOOL	1/17/2017	1/18/2017	2/28/2017	158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
ACCIDENTALLY STRUCK HIS RT RING FINGER WITH STUDENT'S NEEDLE WHIL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
				158.83	243.00	0.00	0.00	0.00	0.00	0.00	401.83
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01231W

17WC01231W	GAETA, ANITA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	1/17/2017	1/17/2017	Open	545.34	243.00	0.00	0.00	0.00	0.00	0.00	788.34
PULLING A PIECE OF CELIFAM PAPER FROM BOX, THE BOX FELL ONTO HER F				1,954.66	2.00	0.00	0.00	0.00	0.00	0.00	1,956.66
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				545.34	243.00	0.00	0.00	0.00	0.00	0.00	788.34
				1,954.66	2.00	0.00	0.00	0.00	0.00	0.00	1,956.66

Claim Number: 17WC01232B





NEW CLAIMS

January 2017

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: 17WC01232B

17WC01232B	FLAHERTY, MICHAEL	11		216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
TRENTON HS WEST	1/18/2017	1/18/2017	2/28/2017	216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
TRYING TO MOVE OUT OF THE WAY OF A FIGHT WHEN HE WAS PUSHED INTO				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
				216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01233K

17WC01233K	GAETA, ANITA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BAYONNE H.S. AND ADMIN. OFFICE	1/5/2017	1/5/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING WITH STUDENT WHEN SHE SLIPPED ON SAUCE & FELL INJURING B				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: 17WC01234Z

17WC01234Z	MCKEE, ERIC	10		2,108.88	1,193.00	0.00	0.00	0.00	0.00	0.00	3,301.88
ALBERT E. GRICE M.S.	1/18/2017	1/19/2017	3/7/2017	2,108.88	1,193.00	0.00	0.00	0.00	0.00	0.00	3,301.88
SHOWING STUDENTS HOW TO PLAY VOLLEYBALL HE LANDED ON STUDENTS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				2,108.88	1,193.00	0.00	0.00	0.00	0.00	0.00	3,301.88
				2,108.88	1,193.00	0.00	0.00	0.00	0.00	0.00	3,301.88
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01235V





NEW CLAIMS

January 2017

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: 17WC01235V

17WC01235V	WOLFE, DENICE	10	12,000.00	1,193.00	16,500.00	0.00	0.00	2,500.00	0.00	32,193.00
CAPE MAY CTY SPEC SERVICES H	1/18/2017	1/20/2017	Open	69.50	1,193.00	0.00	0.00	0.00	0.00	1,262.50
WORKING WITH A STUDENT, THE STUDENT STRUCK HER L WRIST				11,930.50	0.00	16,500.00	0.00	2,500.00	0.00	30,930.50
Total by Claim Number 1 Claim			12,000.00	1,193.00	16,500.00	0.00	0.00	2,500.00	0.00	32,193.00
			69.50	1,193.00	0.00	0.00	0.00	0.00	0.00	1,262.50
			11,930.50	0.00	16,500.00	0.00	0.00	2,500.00	0.00	30,930.50

Claim Number: 17WC01236T

17WC01236T	FRYAR, CHARLES	11	15,000.00	245.00	31,125.84	0.00	0.00	0.00	0.00	46,370.84
HAMILTON NORTH NOTTINGHAM H	1/19/2017	1/20/2017	Open	1,542.36	243.00	0.00	0.00	0.00	0.00	1,785.36
ATTEMPTING TO DIFFUSE AN ALTERCATION HE TRIPPED OVER RUG AND FEL				13,457.64	2.00	31,125.84	0.00	0.00	0.00	44,585.48
Total by Claim Number 1 Claim			15,000.00	245.00	31,125.84	0.00	0.00	0.00	0.00	46,370.84
			1,542.36	243.00	0.00	0.00	0.00	0.00	0.00	1,785.36
			13,457.64	2.00	31,125.84	0.00	0.00	0.00	0.00	44,585.48

Claim Number: 17WC01237K

17WC01237K	COSTANZO, KIMBERLY	11	267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
LIVINGSTON SENIOR HS	1/19/2017	1/20/2017	2/22/2017	267.29	243.00	0.00	0.00	0.00	0.00	510.29
WAS EXPOSED TO CHEMICAL ODOR RESULTING IN DIFFICULTY BREATHING,				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
			267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01238B





NEW CLAIMS

January 2017

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: 17WC01238B

17WC01238B	GERMINARIO, LAURA	11		402.55	243.00	0.00	0.00	0.00	0.00	0.00	645.55
BROOKSIDE UPPER ES	1/18/2017	1/20/2017	2/24/2017	402.55	243.00	0.00	0.00	0.00	0.00	0.00	645.55
STUDENT RUNNING BACKWARDS RAN INTO HER SHE FELL INJURED R UPPEF				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				402.55	243.00	0.00	0.00	0.00	0.00	0.00	645.55
				402.55	243.00	0.00	0.00	0.00	0.00	0.00	645.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01239Y

17WC01239Y	CAMISA, CHRISTINA	11		209.29	243.00	0.00	0.00	0.00	0.00	0.00	452.29
SCHOOL #4 ES	1/19/2017	1/20/2017	2/28/2017	209.29	243.00	0.00	0.00	0.00	0.00	0.00	452.29
LIFTING STUDENT WHO THREW HIMSELF TO GROUND, FELT PAIN IN LOWER I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				209.29	243.00	0.00	0.00	0.00	0.00	0.00	452.29
				209.29	243.00	0.00	0.00	0.00	0.00	0.00	452.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01240B

17WC01240B	CHINNICI, DONNA	11		211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
BARCLAY EARLY CHILDHOOD CTR	1/19/2017	1/20/2017	2/15/2017	211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
HELPING A STUDENT PUT ON COAT WHEN STUDENT BIT HER R UPPER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
				211.40	243.00	0.00	0.00	0.00	0.00	0.00	454.40
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01241B





NEW CLAIMS

January 2017

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: 17WC01241B

17WC01241B	KUSYK, JESSICA	11		170.00	243.00	0.00	0.00	0.00	0.00	413.00
GRIEBLING SCHOOL	1/18/2017	1/20/2017	3/ 2/2017	170.00	243.00	0.00	0.00	0.00	0.00	413.00
BLOCKING AND REDIRECTING STUDENT HVING BEHAVIORAL FELT PAIN IN LC				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	413.00
				170.00	243.00	0.00	0.00	0.00	0.00	413.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01242W

17WC01242W	DUNSHEE, MARY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
HOWELL MS SOUTH	1/19/2017	1/20/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED AND FELL INJURED BOTH KNEES, L ANKLE, LOWER BACK				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: 17WC01243I

17WC01243I	DOBBS, SHARON	10		10,000.00	1,193.00	18,524.52	0.00	0.00	2,750.00	32,467.52
ATL CNTY SPEC SRV TRANSPORT/	1/19/2017	1/19/2017	Open	931.10	1,193.00	1,316.52	0.00	0.00	0.00	3,440.62
WHILE SITTING ON THE BUS A STUDENT STRUCK HER ON HE HEAD, EYES, &				9,068.90	0.00	17,208.00	0.00	0.00	2,750.00	29,026.90
Total by Claim Number 1 Claim				10,000.00	1,193.00	18,524.52	0.00	0.00	2,750.00	32,467.52
				931.10	1,193.00	1,316.52	0.00	0.00	0.00	3,440.62
				9,068.90	0.00	17,208.00	0.00	0.00	2,750.00	29,026.90

Claim Number: 17WC01244B





NEW CLAIMS

January 2017

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: 17WC01244B

17WC01244B	JUSTINIANO, NANCY	11	362.81	243.00	0.00	0.00	0.00	0.00	0.00	605.81
VINELAND SENIOR H.S. SOUTH 11	1/19/2017	1/20/2017	3/ 2/2017	362.81	243.00	0.00	0.00	0.00	0.00	605.81
WALKING DOWN HALLWAY STUDENT STOPPED SUDDENLY CAUSING HER TO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			362.81	243.00	0.00	0.00	0.00	0.00	0.00	605.81
			362.81	243.00	0.00	0.00	0.00	0.00	0.00	605.81
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01245Y

17WC01245Y	SCHWETJE, KURT	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DEVEL LC - NEW PROVIDENCE	1/18/2017	1/20/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TAKING STAIRS 2 STEPS AT A TIME HITTING HEAD ON CEILING CAUSING LACI				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: 17WC01246K

17WC01246K	GORMAN, PAULA	11	196.00	243.00	0.00	0.00	0.00	0.00	0.00	439.00
WOODSTOWN MS	1/11/2017	1/20/2017	3/ 7/2017	196.00	243.00	0.00	0.00	0.00	0.00	439.00
WALKING IN STAIRWELL, PASSED OUT FALLING INJURED R KNEE, SHIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			196.00	243.00	0.00	0.00	0.00	0.00	0.00	439.00
			196.00	243.00	0.00	0.00	0.00	0.00	0.00	439.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01247B





NEW CLAIMS

January 2017

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: 17WC01247B

17WC01247B	FADEL, LEENA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
MEMORIAL SR HS	1/19/2017	1/19/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED & FELL ON UNKNOWN SUBSTANCE LANDING ON HER RT SIDE INJUR				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: 17WC01248Y

17WC01248Y	ANDHAZY, ERIN	11		143.81	243.00	0.00	0.00	0.00	0.00	386.81
UNIVERSITY HTS/MORRISON E.S.	1/19/2017	1/19/2017	2/21/2017	143.81	243.00	0.00	0.00	0.00	0.00	386.81
STUDENT BIT HER RT FOREARM, BREAKING SKIN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				143.81	243.00	0.00	0.00	0.00	0.00	386.81
				143.81	243.00	0.00	0.00	0.00	0.00	386.81
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01249Y

17WC01249Y	GARRISON, PATRICIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL INTERMEDIATE SCHOO	1/9/2017	1/20/2017	Open	333.93	243.00	0.00	0.00	0.00	0.00	576.93
STEPPED DOWN OFF CURB SLIPPED ON ICE AND FELL INJURED BOTH KNEES				2,166.07	2.00	0.00	0.00	0.00	0.00	2,168.07
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				333.93	243.00	0.00	0.00	0.00	0.00	576.93
				2,166.07	2.00	0.00	0.00	0.00	0.00	2,168.07

Claim Number: 17WC01250K





NEW CLAIMS

January 2017

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: 17WC01250K

17WC01250K	HERRMANN, PATRICIA	11	205.07	243.00	0.00	0.00	0.00	0.00	0.00	448.07
WARREN DEVELOP. LEARNING CTI	1/18/2017	1/20/2017	2/22/2017	205.07	243.00	0.00	0.00	0.00	0.00	448.07
TRYING TO GUIDE STUDENT BACK TO DESK STUDENT HEAD BUTTED HER ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				205.07	243.00	0.00	0.00	0.00	0.00	448.07
				205.07	243.00	0.00	0.00	0.00	0.00	448.07
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01251B

17WC01251B	REUTER, ANTHONY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CEDAR CREEK E.S.	1/19/2017	1/20/2017	Open	340.00	243.00	0.00	0.00	0.00	0.00	583.00
OPENING SHED DOOR WHEN HE CUT L PONTER FINGER				2,160.00	2.00	0.00	0.00	0.00	0.00	2,162.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				340.00	243.00	0.00	0.00	0.00	0.00	583.00
				2,160.00	2.00	0.00	0.00	0.00	0.00	2,162.00

Claim Number: 17WC01252Y

17WC01252Y	AUTORE, BRYAN	11	267.29	243.00	0.00	0.00	0.00	0.00	0.00	510.29
WASHINGTON PARK ES	1/18/2017	1/20/2017	3/ 9/2017	267.29	243.00	0.00	0.00	0.00	0.00	510.29
WAS HEAD BUTTED BY STUDENT HAVING BEHAVIORAL CHEST, L WRIST				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				267.29	243.00	0.00	0.00	0.00	0.00	510.29
				267.29	243.00	0.00	0.00	0.00	0.00	510.29
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01253K





NEW CLAIMS

January 2017

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: 17WC01253K

17WC01253K	CUSMANO, GIOVANNI	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
GARFIELD AUXILLARY MS-HS	1/18/2017	1/20/2017	2/17/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
CLIMBING UP LADDER, THE LADDER SLIPPED HE FELL ONTO R WRIST, FORE/				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: 17WC01254V

17WC01254V	NURAL-ISLAM, WADUDAH	10	47,500.00	1,193.00	31,500.00	0.00	0.00	0.00	0.00	80,193.00
GERALDINE FOSTER EARLY CHILD	1/19/2017	1/20/2017	Open	177.10	1,193.00	5,376.00	0.00	0.00	0.00	6,746.10
TURNED AROUND TO HAND PAINT TO HER ASST. AND FOOT CAUGHT ON TAB				47,322.90	0.00	26,124.00	0.00	0.00	0.00	73,446.90
Total by Claim Number 1 Claim			47,500.00	1,193.00	31,500.00	0.00	0.00	0.00	0.00	80,193.00
			177.10	1,193.00	5,376.00	0.00	0.00	0.00	0.00	6,746.10
			47,322.90	0.00	26,124.00	0.00	0.00	0.00	0.00	73,446.90

Claim Number: 17WC01255B

17WC01255B	HARRIS, DELIA	11	2,590.35	243.00	0.00	0.00	0.00	0.00	0.00	2,833.35
MAYS LANDING CAMPUS	1/11/2017	1/19/2017	3/ 2/2017	2,590.35	243.00	0.00	0.00	0.00	0.00	2,833.35
TRIPPED & FELL OVER A RUBBER MAT INJURING HER LT RIB, LT SHOULDER &				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			2,590.35	243.00	0.00	0.00	0.00	0.00	0.00	2,833.35
			2,590.35	243.00	0.00	0.00	0.00	0.00	0.00	2,833.35
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01257Y





NEW CLAIMS

January 2017

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: 17WC01257Y

17WC01257Y	GERDING, CHRYSAL	11		609.49	243.00	0.00	0.00	0.00	0.00	852.49
THE SHORE CENTER FOR STUDEN	1/19/2017	1/19/2017	3/ 3/2017	609.49	243.00	0.00	0.00	0.00	0.00	852.49
STUDENT HAVING A BEHAVIORAL KICKED HER HAND CAUSING INJURY TO HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				609.49	243.00	0.00	0.00	0.00	0.00	852.49
				609.49	243.00	0.00	0.00	0.00	0.00	852.49
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01258K

17WC01258K	GOLDMAN, ARLENE	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WARREN DEVELOP. LEARNING CTI	1/18/2017	1/20/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING A STUDENT HAVING BEHAVIORAL INJURED L 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: 17WC01259Z

17WC01259Z	BASKERVILLE, JASON	15		5,000.00	245.00	5,000.00	0.00	0.00	0.00	10,245.00
LUMBERTON CAMPUS	1/19/2017	1/20/2017	Open	890.97	243.00	1,566.36	0.00	0.00	0.00	2,700.33
WALKING QUICKLY OUTSIDE L KNEE POPPED OUT TO TELL JOGGERS EXERC				4,109.03	2.00	3,433.64	0.00	0.00	0.00	7,544.67
Total by Claim Number 1 Claim				5,000.00	245.00	5,000.00	0.00	0.00	0.00	10,245.00
				890.97	243.00	1,566.36	0.00	0.00	0.00	2,700.33
				4,109.03	2.00	3,433.64	0.00	0.00	0.00	7,544.67

Claim Number: 17WC01260V





NEW CLAIMS

January 2017

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: 17WC01260V

17WC01260V	ROSADO, JESSICA	10		12,000.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	23,193.00
ARTHUR P SCHALICK HS	1/19/2017	1/20/2017	Open	396.47	1,193.00	2,063.16	0.00	0.00	0.00	0.00	3,652.63
BUS AXILE FELL ON R FOOT WHEN SHE PULLED IT WHILE CHANGING BUS FU				11,603.53	0.00	7,936.84	0.00	0.00	0.00	0.00	19,540.37
Total by Claim Number 1 Claim				12,000.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	23,193.00
				396.47	1,193.00	2,063.16	0.00	0.00	0.00	0.00	3,652.63
				11,603.53	0.00	7,936.84	0.00	0.00	0.00	0.00	19,540.37

Claim Number: 17WC01261W

17WC01261W	BEDELL, LINDA	11		350.00	243.00	0.00	0.00	0.00	0.00	0.00	593.00
FRELINGHUYSEN MS	1/19/2017	1/19/2017	2/28/2017	350.00	243.00	0.00	0.00	0.00	0.00	0.00	593.00
WAS ACCIDENTALLY KNOCKED OVER DIRECTORY SIGN HITTING HER NECK, I				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: 17WC01262R

17WC01262R	FRASCA, ANTONINETTE	10		7,450.00	1,193.00	3,920.00	0.00	0.00	0.00	0.00	12,563.00
TRANSPORTATION	1/19/2017	1/20/2017	Open	779.88	1,193.00	980.00	0.00	0.00	0.00	0.00	2,952.88
DRIVING SCHOOL BUS A PERSON WALKED OUT IN FRONT OF BUS SHE SLAMI				6,670.12	0.00	2,940.00	0.00	0.00	0.00	0.00	9,610.12
Total by Claim Number 1 Claim				7,450.00	1,193.00	3,920.00	0.00	0.00	0.00	0.00	12,563.00
				779.88	1,193.00	980.00	0.00	0.00	0.00	0.00	2,952.88
				6,670.12	0.00	2,940.00	0.00	0.00	0.00	0.00	9,610.12

Claim Number: 17WC01263R





NEW CLAIMS

January 2017

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: 17WC01263R

17WC01263R	WILLIAMS, CORNELIUS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE L CATRAMBONE ES	1/19/2017	1/20/2017	Open	59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
ACCIDENTALLY STRUCK BY A VEHICLE WHILE REMOVING A STUDENT INJURE				2,440.20	2.00	0.00	0.00	0.00	0.00	0.00	2,442.20
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				59.80	243.00	0.00	0.00	0.00	0.00	0.00	302.80
				2,440.20	2.00	0.00	0.00	0.00	0.00	0.00	2,442.20

Claim Number: 17WC01264B

17WC01264B	HABERSHAM, APRIL	11		218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
MEMORIAL INTERMEDIATE SCHOO	1/20/2017	1/20/2017	3/ 2/2017	218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
WAS BLOCKING STUDENT ATTEMPTING TO LEAVE CLASS STUDENT PUSHED				0.00	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	0.00	461.00
				218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01265V

17WC01265V	WITHERSPOON, LEROY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ESSEX HS	1/19/2017	1/20/2017	Open	734.00	243.00	0.00	0.00	0.00	0.00	0.00	977.00
TRIED TO SPLIT UP A FIGHT STUDENTS JUMPED ON TOP OF HIM INJURED L F				1,766.00	2.00	0.00	0.00	0.00	0.00	0.00	1,768.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				734.00	243.00	0.00	0.00	0.00	0.00	0.00	977.00
				1,766.00	2.00	0.00	0.00	0.00	0.00	0.00	1,768.00

Claim Number: 17WC01266K





NEW CLAIMS

January 2017

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: 17WC01266K

17WC01266K	MCGAYHEY, TERESA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE SHORE CENTER FOR STUDEN	1/20/2017	1/20/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REACHED TO CLOSE DOOR LOST BALANCE AND FELL OFF SCOOTER ONTO L				2,500.00	2.00	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	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01267W

17WC01267W	GROTKEWICZ, GRACE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	1/19/2017	1/20/2017	Open	799.60	243.00	0.00	0.00	0.00	0.00	1,042.60
TOSSING TRASH BAGS INTO THE DUMPSTER SHE INJURED HER LT SHOULDE				1,700.40	2.00	0.00	0.00	0.00	0.00	1,702.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				799.60	243.00	0.00	0.00	0.00	0.00	1,042.60
				1,700.40	2.00	0.00	0.00	0.00	0.00	1,702.40

Claim Number: 17WC01269Y

17WC01269Y	PHILLIPS, DAVID	11	228.67	243.00	0.00	0.00	0.00	0.00	0.00	471.67
JEFFERSON SCHOOL	1/19/2017	1/19/2017	3/ 3/2017	228.67	243.00	0.00	0.00	0.00	0.00	471.67
ATTEMPTING TO SCREEN A MOVIE FOR STUDENTS HE FELT A POP IN LT HAN				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				228.67	243.00	0.00	0.00	0.00	0.00	471.67
				228.67	243.00	0.00	0.00	0.00	0.00	471.67
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01270W





NEW CLAIMS

January 2017

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: 17WC01270W

17WC01270W	SOMERS, CRYSTAL	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
VIRGIL I GRISSOM ES	1/20/2017	1/23/2017	2/28/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REMOVING A STUDENT FROM GYM ANOTHER STUDENT ON SCOOTER STRUC				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: 17WC01271J

17WC01271J	ANDERSON, RUSSELL	10		26.01	1,193.00	0.00	0.00	0.00	0.00	1,219.01
TRANSPORTATION DEPT	1/7/2017	1/23/2017	2/28/2017	26.01	1,193.00	0.00	0.00	0.00	0.00	1,219.01
DRIVER TOOK OFF TO FAST WHILE SHE WAS ON BUS STRAINED HER NECK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				26.01	1,193.00	0.00	0.00	0.00	0.00	1,219.01
				26.01	1,193.00	0.00	0.00	0.00	0.00	1,219.01
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01272G

17WC01272G	ALPIZAR, JOSE	11		12,500.00	245.00	20,000.00	0.00	0.00	0.00	32,745.00
MIDDLE SCHOOL	1/20/2017	1/23/2017	Open	485.00	243.00	2,096.12	0.00	0.00	0.00	2,824.12
PULLING AWAY HEAVY CARPET IN GYM, FELT POP/PAIN IN L KNEE				12,015.00	2.00	17,903.88	0.00	0.00	0.00	29,920.88
Total by Claim Number 1 Claim				12,500.00	245.00	20,000.00	0.00	0.00	0.00	32,745.00
				485.00	243.00	2,096.12	0.00	0.00	0.00	2,824.12
				12,015.00	2.00	17,903.88	0.00	0.00	0.00	29,920.88

Claim Number: 17WC01273T





NEW CLAIMS

January 2017

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: 17WC01273T

17WC01273T	PINEIRO, RAMON		10	25,000.00	1,193.00	44,234.16	0.00	0.00	0.00	0.00	70,427.16
LINWOOD MIDDLE SCHOOL	1/20/2017	1/20/2017	Open	75.64	1,193.00	557.36	0.00	0.00	0.00	0.00	1,826.00
STUDENT HAVING A BEHAVIORAL HEAT BUTTED HIM ON THE RT SIDE OF HIS				24,924.36	0.00	43,676.80	0.00	0.00	0.00	0.00	68,601.16
Total by Claim Number 1 Claim				25,000.00	1,193.00	44,234.16	0.00	0.00	0.00	0.00	70,427.16
				75.64	1,193.00	557.36	0.00	0.00	0.00	0.00	1,826.00
				24,924.36	0.00	43,676.80	0.00	0.00	0.00	0.00	68,601.16

Claim Number: 17WC01274R

17WC01274R	SCANLON, LETITIA		10	2,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	8,693.00
BANKBRIDGE REG DEVELOPMENT.	1/23/2017	1/23/2017	Open	1,396.58	1,193.00	836.77	0.00	0.00	0.00	0.00	3,426.35
TRYING TO GET A STUDENT OUT OF BATHROOM, STUDENT BECAME UPSET I				1,103.42	0.00	4,163.23	0.00	0.00	0.00	0.00	5,266.65
Total by Claim Number 1 Claim				2,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	8,693.00
				1,396.58	1,193.00	836.77	0.00	0.00	0.00	0.00	3,426.35
				1,103.42	0.00	4,163.23	0.00	0.00	0.00	0.00	5,266.65

Claim Number: 17WC01275K

17WC01275K	FREES, HELEN		11	170.19	243.00	0.00	0.00	0.00	0.00	0.00	413.19
THOMAS EDISON INTERMEDIATE S	1/20/2017	1/23/2017	3/ 9/2017	170.19	243.00	0.00	0.00	0.00	0.00	0.00	413.19
ASSISTING STUDENT WHILE STANDING OVER HIM, STUDENT WITH CLAY ON F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				170.19	243.00	0.00	0.00	0.00	0.00	0.00	413.19
				170.19	243.00	0.00	0.00	0.00	0.00	0.00	413.19
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01276W





NEW CLAIMS

January 2017

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: 17WC01276W

17WC01276W	MOSS, AMANDA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN ACADEMY	1/23/2017	1/23/2017	Open	196.82	243.00	0.00	0.00	0.00	0.00	0.00	439.82
STUDENT HAVING BEHAVIORAL ISSUE GRABBED HER R HAND/THUMB				2,303.18	2.00	0.00	0.00	0.00	0.00	0.00	2,305.18
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				196.82	243.00	0.00	0.00	0.00	0.00	0.00	439.82
				2,303.18	2.00	0.00	0.00	0.00	0.00	0.00	2,305.18

Claim Number: 17WC01277B

17WC01277B	NGO, NHAN		11	202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
ALLEN W ROBERTS SCHOOL	1/20/2017	1/23/2017	2/24/2017	202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
TAKING TO STUDENTS DURING RECESS WHEN HE WAS STRUCK IN HEAD BY				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
				202.15	243.00	0.00	0.00	0.00	0.00	0.00	445.15
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01278Y

17WC01278Y	KETCHEL, CHRISTINE		11	206.55	243.00	0.00	0.00	0.00	0.00	0.00	449.55
TRANSPORTATION DEPT	1/11/2017	1/23/2017	2/24/2017	206.55	243.00	0.00	0.00	0.00	0.00	0.00	449.55
BUS IN MOTION, TRYING TO STRAP STUDENT IN SEAT STRUCK TOP OF HEAD				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				206.55	243.00	0.00	0.00	0.00	0.00	0.00	449.55
				206.55	243.00	0.00	0.00	0.00	0.00	0.00	449.55
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01279W





NEW CLAIMS

January 2017

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: 17WC01279W

17WC01279W	NUNEZ, AURORA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLARA BARTON ES	1/20/2017	1/23/2017	Open	340.24	243.00	0.00	0.00	0.00	0.00	0.00	583.24
REARRANGING/MOVING APPROX 20 TABLES AND VACUUMING INJURED R FO				2,159.76	2.00	0.00	0.00	0.00	0.00	0.00	2,161.76
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				340.24	243.00	0.00	0.00	0.00	0.00	0.00	583.24
				2,159.76	2.00	0.00	0.00	0.00	0.00	0.00	2,161.76

Claim Number: 17WC01280Y

17WC01280Y	TOMLIN, MARY		11	131.33	243.00	0.00	0.00	0.00	0.00	0.00	374.33
JEFFERSON SCHOOL	1/20/2017	1/23/2017	2/21/2017	131.33	243.00	0.00	0.00	0.00	0.00	0.00	374.33
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE STUDENT SPIT IN HER F				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				131.33	243.00	0.00	0.00	0.00	0.00	0.00	374.33
				131.33	243.00	0.00	0.00	0.00	0.00	0.00	374.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01281B

17WC01281B	BOWE, JACOB		11	148.20	243.00	0.00	0.00	0.00	0.00	0.00	391.20
BANKBRIDGE REG DEVELOPMENT	1/23/2017	1/23/2017	3/ 2/2017	148.20	243.00	0.00	0.00	0.00	0.00	0.00	391.20
STUDENT HAVING BEHAVIORAL ISSUE BIT HIM ON R SIDE OF CHEST, SHOULI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				148.20	243.00	0.00	0.00	0.00	0.00	0.00	391.20
				148.20	243.00	0.00	0.00	0.00	0.00	0.00	391.20
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01282W





NEW CLAIMS

January 2017

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: 17WC01282W

17WC01282W	COLLINS, REBECCA	11		72.90	243.00	0.00	0.00	0.00	0.00	0.00	315.90
FRANKLIN SCHOOL	1/23/2017	1/23/2017	2/28/2017	72.90	243.00	0.00	0.00	0.00	0.00	0.00	315.90
STUDENT HAVING BEHAVIORAL ISSUE FLIPPED DESK STRIKING L FOOT/TOES				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				72.90	243.00	0.00	0.00	0.00	0.00	0.00	315.90
				72.90	243.00	0.00	0.00	0.00	0.00	0.00	315.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01283K

17WC01283K	PAYNE, SUSAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EDISON SCHOOL	1/23/2017	1/23/2017	Open	1,099.43	243.00	0.00	0.00	0.00	0.00	0.00	1,342.43
STUDENT HAVING BEHAVIORAL ISSUE HIT SIDE OF NOSE KNOCKING HER GL				1,400.57	2.00	0.00	0.00	0.00	0.00	0.00	1,402.57
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				1,099.43	243.00	0.00	0.00	0.00	0.00	0.00	1,342.43
				1,400.57	2.00	0.00	0.00	0.00	0.00	0.00	1,402.57

Claim Number: 17WC01284Y

17WC01284Y	FALKOWSKI, JAMES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE DEPARTMENT	1/23/2017	1/23/2017	Open	440.95	243.00	0.00	0.00	0.00	0.00	0.00	683.95
SLIPPED IN WATER AND FELL INJURED L ELBOW, L SHOULDER, L UPPER ARM				2,059.05	2.00	0.00	0.00	0.00	0.00	0.00	2,061.05
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				440.95	243.00	0.00	0.00	0.00	0.00	0.00	683.95
				2,059.05	2.00	0.00	0.00	0.00	0.00	0.00	2,061.05

Claim Number: 17WC01285B





NEW CLAIMS

January 2017

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: 17WC01285B

17WC01285B	VALDIVIA, MARGARET	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
SUMMERFIELD SCHOOL INCLUDIN	1/23/2017	1/23/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS INTERACTING WITH STUDENTS WAS STRUCK IN HEAD WITH FRISBEE				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: 17WC01286P

17WC01286P	SUMAN, MARYJANE	10		7,500.00	1,193.00	1,024.00	0.00	0.00	0.00	9,717.00
EDISON SCHOOL	1/23/2017	1/23/2017	Open	3,223.51	1,193.00	1,024.00	0.00	0.00	0.00	5,440.51
TRIPPED OVER AREA RUG AND FELL INJURED HEAD, NOSE, FACE, TEETH				4,276.49	0.00	0.00	0.00	0.00	0.00	4,276.49
Total by Claim Number 1 Claim				7,500.00	1,193.00	1,024.00	0.00	0.00	0.00	9,717.00
				3,223.51	1,193.00	1,024.00	0.00	0.00	0.00	5,440.51
				4,276.49	0.00	0.00	0.00	0.00	0.00	4,276.49

Claim Number: 17WC01287K

17WC01287K	COLLINS, CYNTHIA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
NETCONG E.S.	1/23/2017	1/23/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MONITORING STUDENTS DURING RECESS WAS STRUCK IN BACK OF HEAD B'				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: 17WC01289Y





NEW CLAIMS

January 2017

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: 17WC01289Y

17WC01289Y	BERKMAN, DAWN	11		235.00	243.00	0.00	0.00	0.00	0.00	0.00	478.00
JOHN F KENNEDY E.S.	1/4/2017	1/4/2017	2/28/2017	235.00	243.00	0.00	0.00	0.00	0.00	0.00	478.00
TRIPPED OVER A STUDENT ON THE PLAYGROUND INJURING HER LT HAND				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				235.00	243.00	0.00	0.00	0.00	0.00	0.00	478.00
				235.00	243.00	0.00	0.00	0.00	0.00	0.00	478.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01290W

17WC01290W	SANDERS, RADEE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 2	1/23/2017	1/23/2017	Open	549.78	243.00	0.00	0.00	0.00	0.00	0.00	792.78
MISSED LAST STEP CAUSING HIM TO FALL & INJURE HIS RT ANKLE AS HE WA				1,950.22	2.00	0.00	0.00	0.00	0.00	0.00	1,952.22
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				549.78	243.00	0.00	0.00	0.00	0.00	0.00	792.78
				1,950.22	2.00	0.00	0.00	0.00	0.00	0.00	1,952.22

Claim Number: 17WC01292B

17WC01292B	STACEY, CHRISTIAN	11		121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
CONOVER ROAD ES	1/23/2017	1/23/2017	3/ 2/2017	121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
STUDENT HAVING A BEHAVIORAL BIT HIS RT MIDDLE FINGER, SKIN BROKEN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				121.14	243.00	0.00	0.00	0.00	0.00	0.00	364.14
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01293Y





NEW CLAIMS

January 2017

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: 17WC01293Y

17WC01293Y	SIMPSON, GAIL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIVINGSTON SENIOR HS	1/23/2017	1/23/2017	Open	596.17	243.00	0.00	0.00	0.00	0.00	0.00	839.17
WALKING DOWN THE STAIRS WHEN SHE TRIPPED ON LAST STEP, FALLING O				1,903.83	2.00	0.00	0.00	0.00	0.00	0.00	1,905.83
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				596.17	243.00	0.00	0.00	0.00	0.00	0.00	839.17
				1,903.83	2.00	0.00	0.00	0.00	0.00	0.00	1,905.83

Claim Number: 17WC01294K

17WC01294K	FIGUEROA, STEPHANIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TEAM ACADEMY CHARTER BOE	1/23/2017	1/23/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING STUDENT HAVING A SEIZURE TO THE FLOOR SHE STRAINED HER				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: 17WC01295W

17WC01295W	BAILEY, SARA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HIGH SCHOOL	1/24/2017	1/24/2017	2/28/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED & FELL OVER WET SURFACE CAUSING INJURY TO RT KNEE				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: 17WC01296B





NEW CLAIMS

January 2017

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: 17WC01296B

17WC01296B	CASAZZA, MARIE	11		306.58	243.00	0.00	0.00	0.00	0.00	0.00	549.58
EDISON SCHOOL	1/17/2017	1/17/2017	2/24/2017	306.58	243.00	0.00	0.00	0.00	0.00	0.00	549.58
STEPPING INTO SCHOOL BLDG, OUTDOOR STRUCH BACK SIDE OF HER RT FC				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				306.58	243.00	0.00	0.00	0.00	0.00	0.00	549.58
				306.58	243.00	0.00	0.00	0.00	0.00	0.00	549.58
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01297K

17WC01297K	ALBURTUS, MARGARET	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SUMMERFIELD SCHOOL INCLUDIN	1/24/2017	1/24/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING UP STEPS HER FOOT GOT CAUGHT, SHE TRIPPED & FELL INJURING				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: 17WC01298K

17WC01298K	ANDERSON, MARY	11		119.87	243.00	0.00	0.00	0.00	0.00	0.00	362.87
MANCHESTER TWP. ES	1/24/2017	1/24/2017	2/28/2017	119.87	243.00	0.00	0.00	0.00	0.00	0.00	362.87
REDIRECTING STUDENT, STUDENT BECAME UPSET PICKED UP CHAIR TOSSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				119.87	243.00	0.00	0.00	0.00	0.00	0.00	362.87
				119.87	243.00	0.00	0.00	0.00	0.00	0.00	362.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01299W





NEW CLAIMS

January 2017

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: 17WC01299W

17WC01299W	SWISHER, MICHELLE	11	419.08	243.00	0.00	0.00	0.00	0.00	0.00	662.08
WARREN DEVELOP. LEARNING CTI	1/24/2017	1/24/2017	2/28/2017	419.08	243.00	0.00	0.00	0.00	0.00	662.08
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE INJURED LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				419.08	243.00	0.00	0.00	0.00	0.00	662.08
				419.08	243.00	0.00	0.00	0.00	0.00	662.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01300K

17WC01300K	MCGLADE, STACI	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WINSLOW TWP #2 E.S.	1/23/2017	1/24/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING AGGRESSIVE STUDENT INJURED NECK, UPPER BACK, BILATEF				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: 17WC01301W

17WC01301W	SANCHEZ, JUAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN TWP H.S.	1/23/2017	1/24/2017	Open	302.39	243.00	0.00	0.00	0.00	0.00	545.39
CLEANING LOCKER ROOM, BENT DOWN TO CLOSE TO LOCKER DOOR STOOC				2,197.61	2.00	0.00	0.00	0.00	0.00	2,199.61
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				302.39	243.00	0.00	0.00	0.00	0.00	545.39
				2,197.61	2.00	0.00	0.00	0.00	0.00	2,199.61

Claim Number: 17WC01302Y





NEW CLAIMS

January 2017

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: 17WC01302Y

17WC01302Y	KATAT, YOUSEF	11	337.00	243.00	0.00	0.00	0.00	0.00	0.00	580.00
LAFAYETTE E.S.	1/6/2017	1/6/2017	3/ 7/2017	337.00	243.00	0.00	0.00	0.00	0.00	580.00
SLIPPED & FELL ON SNOW COVERED ICE HITTING THE BACK OF HIS HEAD ON				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				337.00	243.00	0.00	0.00	0.00	0.00	580.00
				337.00	243.00	0.00	0.00	0.00	0.00	580.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01303K

17WC01303K	VILLAGRAN, ERIK	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FROST E.S.	1/24/2017	1/24/2017	Open	435.92	243.00	0.00	0.00	0.00	0.00	678.92
A POLE USED TO HOLD VOLLEYBALL NET FELL STRIKING HIS R HAND				2,064.08	2.00	0.00	0.00	0.00	0.00	2,066.08
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				435.92	243.00	0.00	0.00	0.00	0.00	678.92
				2,064.08	2.00	0.00	0.00	0.00	0.00	2,066.08

Claim Number: 17WC01304B

17WC01304B	BERNSTEIN, CHERYL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BROOKLAKE E.S.	1/23/2017	1/24/2017	Open	136.98	243.00	0.00	0.00	0.00	0.00	379.98
SLIPPED AND FELL INJURED L ANKLE				2,363.02	2.00	0.00	0.00	0.00	0.00	2,365.02
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				136.98	243.00	0.00	0.00	0.00	0.00	379.98
				2,363.02	2.00	0.00	0.00	0.00	0.00	2,365.02

Claim Number: 17WC01305W





NEW CLAIMS

January 2017

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: 17WC01305W

17WC01305W	WENNER, MELISSA	11		21.80	243.00	0.00	0.00	0.00	0.00	264.80
TOLL GATE/GRAMMAR ES	1/23/2017	1/24/2017	3/ 7/2017	21.80	243.00	0.00	0.00	0.00	0.00	264.80
WALKING UP A WET RAMP SLIPPED AND FELL INJURED LOWER BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				21.80	243.00	0.00	0.00	0.00	0.00	264.80
				21.80	243.00	0.00	0.00	0.00	0.00	264.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01306Y

17WC01306Y	SUGGS, CLINTON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	1/23/2017	1/24/2017	Open	328.57	243.00	0.00	0.00	0.00	0.00	571.57
EXITING BUS WHEN BUS LIFT TIPPED OVER ATTEMPTED TO STOP STUDENT I				2,171.43	2.00	0.00	0.00	0.00	0.00	2,173.43
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				328.57	243.00	0.00	0.00	0.00	0.00	571.57
				2,171.43	2.00	0.00	0.00	0.00	0.00	2,173.43

Claim Number: 17WC01307C

17WC01307C	WYLER, LEAH	10		340.32	1,334.45	0.00	0.00	0.00	0.00	1,674.77
SPECIAL SERVICES	1/24/2017	1/24/2017	3/ 9/2017	340.32	1,334.45	0.00	0.00	0.00	0.00	1,674.77
SLIPPED ON WET SLIPPERY GRAVEL AND FELL INJURED R SIDE OF HEAD, JA'				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				340.32	1,334.45	0.00	0.00	0.00	0.00	1,674.77
				340.32	1,334.45	0.00	0.00	0.00	0.00	1,674.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01308W





NEW CLAIMS

January 2017

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: 17WC01308W

17WC01308W	LIPPINCOTT-MCGOLDRICK, DON	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
WASHINGTON SCHOOL	1/23/2017	1/24/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN PARKING LOT WAS STRUCK WITH THE GATE IN THE HEAD DUE T				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: 17WC01309B

17WC01309B	RODRIGUEZ, ALICIA	11		197.00	243.00	0.00	0.00	0.00	0.00	440.00
ROOSEVELT SCHOOL	1/24/2017	1/24/2017	3/ 2/2017	197.00	243.00	0.00	0.00	0.00	0.00	440.00
STUDENT BIT HER LT UPPER ARM CAUSING SKIN TO BREAK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				197.00	243.00	0.00	0.00	0.00	0.00	440.00
				197.00	243.00	0.00	0.00	0.00	0.00	440.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01310Y

17WC01310Y	PERAGINE, KIMBERLY	11		2,500.00	245.00	1,152.00	0.00	0.00	0.00	3,897.00
WASHINGTON SCHOOL	1/24/2017	1/24/2017	Open	585.23	243.00	1,152.00	0.00	0.00	0.00	1,980.23
WALKING IN CLASSROOM WHEN SHE ACCIDENTALLY STRUCK L ANKLE AGAIN				1,914.77	2.00	0.00	0.00	0.00	0.00	1,916.77
Total by Claim Number 1 Claim				2,500.00	245.00	1,152.00	0.00	0.00	0.00	3,897.00
				585.23	243.00	1,152.00	0.00	0.00	0.00	1,980.23
				1,914.77	2.00	0.00	0.00	0.00	0.00	1,916.77

Claim Number: 17WC01311K





NEW CLAIMS

January 2017

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: 17WC01311K

17WC01311K	MASSOTTO, CHRISTOPHER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BURNETT JR. HIGH SCHOOL (UNIC	1/24/2017	1/24/2017	Open	267.48	243.00	0.00	0.00	0.00	0.00	0.00	510.48
STUDENT LIFTED CHAIR CAUSING DESK TO TIP FORWARD HITTING HIS L FOC				2,232.52	2.00	0.00	0.00	0.00	0.00	0.00	2,234.52
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				267.48	243.00	0.00	0.00	0.00	0.00	0.00	510.48
				2,232.52	2.00	0.00	0.00	0.00	0.00	0.00	2,234.52

Claim Number: 17WC01312B

17WC01312B	SYRACUSE, KRISTINA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
OCEAN ACADEMY	1/24/2017	1/24/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL PINCHED HER RT WRIST HARD				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: 17WC01314K

17WC01314K	JOHNSON, CHERYL	11		314.39	243.00	0.00	0.00	0.00	0.00	0.00	557.39
JOHN F. KENNEDY MEMORIAL	1/12/2017	1/25/2017	2/27/2017	314.39	243.00	0.00	0.00	0.00	0.00	0.00	557.39
STUDENT ACCIDENTALLY BUMPED INTO HER SHE FELL INJURED L KNEE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				314.39	243.00	0.00	0.00	0.00	0.00	0.00	557.39
				314.39	243.00	0.00	0.00	0.00	0.00	0.00	557.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01315W





NEW CLAIMS

January 2017

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: 17WC01315W

17WC01315W	SEGARRA, TRAVIS		11	220.47	243.00	0.00	0.00	0.00	0.00	0.00	463.47
WESTWOOD JR/SR HS	1/24/2017	1/25/2017	2/28/2017	220.47	243.00	0.00	0.00	0.00	0.00	0.00	463.47
SLIPPED IN WATER TWISTED L ANKLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				220.47	243.00	0.00	0.00	0.00	0.00	0.00	463.47
				220.47	243.00	0.00	0.00	0.00	0.00	0.00	463.47
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01316B

17WC01316B	CRAVEN, SUSAN		11	61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
MONTGOMERY LOWER MS	1/24/2017	1/25/2017	3/ 2/2017	61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
UPSET STUDENT GRABBED HER R BREAST AND BEGAN TO SQUEEZE				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: 17WC01317K

17WC01317K	GRAY, ROBYN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLEARVIEW REGIONAL HS	1/25/2017	1/25/2017	Open	586.89	243.00	0.00	0.00	0.00	0.00	0.00	829.89
STUDENT RAN OFF COURT TO GET BALL AND RAN INTO BACK OF LEG INJURY				1,913.11	2.00	0.00	0.00	0.00	0.00	0.00	1,915.11
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				586.89	243.00	0.00	0.00	0.00	0.00	0.00	829.89
				1,913.11	2.00	0.00	0.00	0.00	0.00	0.00	1,915.11

Claim Number: 17WC01318Y





NEW CLAIMS

January 2017

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: 17WC01318Y

17WC01318Y	SOTO, TROY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	1/24/2017	1/25/2017	Open	216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
BREAKING UP STUDENT ALTERCATION PUT HIS ARMS OUT HARD TO SEPARA				2,283.33	2.00	0.00	0.00	0.00	0.00	0.00	2,285.33
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				216.67	243.00	0.00	0.00	0.00	0.00	0.00	459.67
				2,283.33	2.00	0.00	0.00	0.00	0.00	0.00	2,285.33

Claim Number: 17WC01319W

17WC01319W	BUCCOLA, JENNIFER		11	355.00	243.00	0.00	0.00	0.00	0.00	0.00	598.00
WESTWOOD JR/SR HS	1/24/2017	1/25/2017	2/27/2017	355.00	243.00	0.00	0.00	0.00	0.00	0.00	598.00
HEADING OUT FOR LUNCH MISSED CURB AND FELL ON R KNEE, SHOULDER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				355.00	243.00	0.00	0.00	0.00	0.00	0.00	598.00
				355.00	243.00	0.00	0.00	0.00	0.00	0.00	598.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01320B

17WC01320B	KAISER, ERIN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH C. CARUSO ES	1/24/2017	1/25/2017	Open	368.64	243.00	0.00	0.00	0.00	0.00	0.00	611.64
SITTING NEXT TO STUDENT IN BEAN BAG CHAIR SHE ACCIDETALLY SAT ON C				2,131.36	2.00	0.00	0.00	0.00	0.00	0.00	2,133.36
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				368.64	243.00	0.00	0.00	0.00	0.00	0.00	611.64
				2,131.36	2.00	0.00	0.00	0.00	0.00	0.00	2,133.36

Claim Number: 17WC01321Y





NEW CLAIMS

January 2017

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: 17WC01321Y

17WC01321Y	JOHNSON, JOAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	1/24/2017	1/25/2017	Open	397.24	243.00	0.00	0.00	0.00	0.00	640.24
LIFTING AND PUTTING KIDS INTO THEIR CAR SEATS ON BUS INJURED R WRIS				2,102.76	2.00	0.00	0.00	0.00	0.00	2,104.76
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				397.24	243.00	0.00	0.00	0.00	0.00	640.24
				2,102.76	2.00	0.00	0.00	0.00	0.00	2,104.76

Claim Number: 17WC01322W

17WC01322W	CASTALDO, LINDSEY	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
ROOSEVELT SCHOOL	1/25/2017	1/25/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING ON UNEVEN PAVEMENT SHOE BECAME CAUGHT SHE FELL INJUREI				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: 17WC01323K

17WC01323K	SHARKEY, DUSTIN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BUCKSHUTEM ROAD E.S.	1/24/2017	1/25/2017	Open	232.99	243.00	0.00	0.00	0.00	0.00	475.99
LIFTED AND FLIPPED TABLE OVER TO PUT LEG OF TABLE IN, PAIN IN LOWER				2,267.01	2.00	0.00	0.00	0.00	0.00	2,269.01
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				232.99	243.00	0.00	0.00	0.00	0.00	475.99
				2,267.01	2.00	0.00	0.00	0.00	0.00	2,269.01

Claim Number: 17WC01324W





NEW CLAIMS

January 2017

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: 17WC01324W

17WC01324W	MCCABE, ERIN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOWELL MS NORTH	1/25/2017	1/25/2017	Open	76.01	243.00	0.00	0.00	0.00	0.00	0.00	319.01
WORKING WITH STUDENT WHO BECAME UPSET AND STRUCK HER NOSE ANI				2,423.99	2.00	0.00	0.00	0.00	0.00	0.00	2,425.99
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				76.01	243.00	0.00	0.00	0.00	0.00	0.00	319.01
				2,423.99	2.00	0.00	0.00	0.00	0.00	0.00	2,425.99

Claim Number: 17WC01325B

17WC01325B	TUZENEU, JAMIE		11	157.23	243.00	0.00	0.00	0.00	0.00	0.00	400.23
GREEN GROVE SCHOOL	1/24/2017	1/25/2017	3/ 9/2017	157.23	243.00	0.00	0.00	0.00	0.00	0.00	400.23
STUDENT HAVING BEHAVIORAL ISSUE STRUCK R UPPER ARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				157.23	243.00	0.00	0.00	0.00	0.00	0.00	400.23
				157.23	243.00	0.00	0.00	0.00	0.00	0.00	400.23
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01326K

17WC01326K	SPECTOR, RYAN		11	132.39	243.00	0.00	0.00	0.00	0.00	0.00	375.39
JOHN WITHERSPOON MS	1/25/2017	1/25/2017	2/27/2017	132.39	243.00	0.00	0.00	0.00	0.00	0.00	375.39
TRIPPED OVER THE LEDGE OF STAGE AND FELL ONTO STAGE FLOOR INJURI				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				132.39	243.00	0.00	0.00	0.00	0.00	0.00	375.39
				132.39	243.00	0.00	0.00	0.00	0.00	0.00	375.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01327B





NEW CLAIMS

January 2017

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: 17WC01327B

17WC01327B	CATANZARO, EUGENE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLESEX CO. VO-TECH	1/25/2017	1/25/2017	Open	131.33	243.00	0.00	0.00	0.00	0.00	0.00	374.33
OPENING HEAVY SECURITY DOOR HE STRAINED HIS R HAND RING FINGER A				2,368.67	2.00	0.00	0.00	0.00	0.00	0.00	2,370.67
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				131.33	243.00	0.00	0.00	0.00	0.00	0.00	374.33
				2,368.67	2.00	0.00	0.00	0.00	0.00	0.00	2,370.67

Claim Number: 17WC01328Y

17WC01328Y	PIERCE, NELSON	11		165.00	243.00	0.00	0.00	0.00	0.00	0.00	408.00
BRIDGETON SENIOR H.S.	1/25/2017	1/25/2017	2/28/2017	165.00	243.00	0.00	0.00	0.00	0.00	0.00	408.00
ATTEMPTING TO DIFFUSE AN ALTERCATION WITH STUDENTS MALE STUDENT				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				165.00	243.00	0.00	0.00	0.00	0.00	0.00	408.00
				165.00	243.00	0.00	0.00	0.00	0.00	0.00	408.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01329W

17WC01329W	CHEN, ZHONG BO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KUSER E.S.	1/25/2017	1/25/2017	Open	2,045.34	243.00	0.00	0.00	0.00	0.00	0.00	2,288.34
OPENED CLOSET DOOR TO GET SUPPLIES THE LADDER FELL STRIKING FACE				454.66	2.00	0.00	0.00	0.00	0.00	0.00	456.66
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				2,045.34	243.00	0.00	0.00	0.00	0.00	0.00	2,288.34
				454.66	2.00	0.00	0.00	0.00	0.00	0.00	456.66

Claim Number: 17WC01330Y





NEW CLAIMS

January 2017

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: 17WC01330Y

17WC01330Y	STEIN, KATHERINE	11	94.70	243.00	0.00	0.00	0.00	0.00	0.00	337.70
HILLSBOROUGH MS	1/25/2017	1/25/2017	3/ 1/2017	94.70	243.00	0.00	0.00	0.00	0.00	337.70
WAS RUNNING FROM GYM TO HEALTH ROOM LOST HER BALANCE AND FELL				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				94.70	243.00	0.00	0.00	0.00	0.00	337.70
				94.70	243.00	0.00	0.00	0.00	0.00	337.70
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01331K

17WC01331K	ESKALINJOE, MARYVIKILA	11	61.80	243.00	0.00	0.00	0.00	0.00	0.00	304.80
HILLSBOROUGH MS	1/11/2017	1/25/2017	3/ 7/2017	61.80	243.00	0.00	0.00	0.00	0.00	304.80
WALKING TO SCHOOL SLIPPED AND FELL INJURED BACK AND BOTH LEGS				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	304.80
				61.80	243.00	0.00	0.00	0.00	0.00	304.80
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01332B

17WC01332B	FORNINO, GIOVANNI	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WILLIAM J.MCGINN ES	1/24/2017	1/25/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUTTING DESK BACK TOGETHER MIDDLE FINGER ON L HAND OGT CAUGHT B				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: 17WC01333K





NEW CLAIMS

January 2017

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: 17WC01333K

17WC01333K	HAUGE, KAREN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
KNOLLWOOD ES	1/25/2017	1/25/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LOOKING FOR LOOSE TABLE LEG, DROPPED TABLE ON R FOOT				2,500.00	2.00	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	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01334B

17WC01334B	FIGLER, CHARLENE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH PLAINFIELD M.S.	1/25/2017	1/25/2017	Open	524.00	243.00	0.00	0.00	0.00	0.00	767.00
SLIPPED WHAT SHE BELIEVES WATER AND FELL INJURED R WRIST				1,976.00	2.00	0.00	0.00	0.00	0.00	1,978.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				524.00	243.00	0.00	0.00	0.00	0.00	767.00
				1,976.00	2.00	0.00	0.00	0.00	0.00	1,978.00

Claim Number: 17WC01335Y

17WC01335Y	PARIS, RINA		11	264.77	243.00	0.00	0.00	0.00	0.00	507.77
MEMORIAL E.S.	1/25/2017	1/26/2017	2/24/2017	264.77	243.00	0.00	0.00	0.00	0.00	507.77
STUDENT HAVING BEHAVIORAL ISSUE BIT R FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				264.77	243.00	0.00	0.00	0.00	0.00	507.77
				264.77	243.00	0.00	0.00	0.00	0.00	507.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01336B





NEW CLAIMS

January 2017

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: 17WC01336B

17WC01336B	MCCULLOUGH, WILLIAM	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
RAHWAY HIGH SCHOOL	1/19/2017	1/26/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
USING SCISSORS TO TRIM PLASTIC 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: 17WC01337B

17WC01337B	KANZARIA, HANSA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH WEST HS	1/25/2017	1/26/2017	Open	252.06	243.00	0.00	0.00	0.00	0.00	495.06
REFILLING FILM USED FOR COPYMACHINE WHEN CARDBOARD BECAME CAU				2,247.94	2.00	0.00	0.00	0.00	0.00	2,249.94
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				252.06	243.00	0.00	0.00	0.00	0.00	495.06
				2,247.94	2.00	0.00	0.00	0.00	0.00	2,249.94

Claim Number: 17WC01338Y

17WC01338Y	VITOROULIS, PANAGIOTA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
SCHOOL 2	1/25/2017	1/26/2017	2/28/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUT HER R ARM OUT TO BLOCK STUDENT DESK WAS KNOCKED OVER INJUR				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: 17WC01339R





NEW CLAIMS

January 2017

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: 17WC01339R

17WC01339R	MOTTOLA, ANTHONY	10		25,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	41,193.00
NORTHERN VALLEY DEMAREST HS	1/26/2017	1/26/2017	Open	1,060.80	1,193.00	3,584.00	0.00	0.00	0.00	0.00	5,837.80
PRACTICING BASKETBALL WITH STUDENTS AND STAFF, JUMPED AND LANDED				23,939.20	0.00	11,416.00	0.00	0.00	0.00	0.00	35,355.20
Total by Claim Number 1 Claim				25,000.00	1,193.00	15,000.00	0.00	0.00	0.00	0.00	41,193.00
				1,060.80	1,193.00	3,584.00	0.00	0.00	0.00	0.00	5,837.80
				23,939.20	0.00	11,416.00	0.00	0.00	0.00	0.00	35,355.20

Claim Number: 17WC01340K

17WC01340K	TURLEY, STEVE	11		222.30	243.00	0.00	0.00	0.00	0.00	0.00	465.30
WEST FREEHOLD E.S.	1/25/2017	1/26/2017	3/ 3/2017	222.30	243.00	0.00	0.00	0.00	0.00	0.00	465.30
REMOVED OLD AC COMPRESSOR TO REPLACE NEW COMPRESSOR INJURED				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				222.30	243.00	0.00	0.00	0.00	0.00	0.00	465.30
				222.30	243.00	0.00	0.00	0.00	0.00	0.00	465.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01341Y

17WC01341Y	MOORE, EUCLES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARTIN LUTHER KING MIDDLE SCH	1/25/2017	1/26/2017	Open	937.69	243.00	0.00	0.00	0.00	0.00	0.00	1,180.69
ATTEMPTING TO FIX HIS CART DUE TO WHEEL FALLING OFF BENT DOWN ON				1,562.31	2.00	0.00	0.00	0.00	0.00	0.00	1,564.31
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				937.69	243.00	0.00	0.00	0.00	0.00	0.00	1,180.69
				1,562.31	2.00	0.00	0.00	0.00	0.00	0.00	1,564.31

Claim Number: 17WC01342W





NEW CLAIMS

January 2017

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: 17WC01342W

17WC01342W	THORNTON, MICHELLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RANOCAS VALLEY REG. HS	1/25/2017	1/26/2017	Open	164.13	243.00	0.00	0.00	0.00	0.00	0.00	407.13
WALKING DOWN STEPS, FELT A POP IN R LOWER LEG				2,335.87	2.00	0.00	0.00	0.00	0.00	0.00	2,337.87
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				164.13	243.00	0.00	0.00	0.00	0.00	0.00	407.13
				2,335.87	2.00	0.00	0.00	0.00	0.00	0.00	2,337.87

Claim Number: 17WC01344B

17WC01344B	PARKER, AILEEN	11		218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
KINGSWAY REG. MS	1/25/2017	1/25/2017	3/ 2/2017	218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
STRUCK ON HER CHEEK BONE WITH A STICK 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				218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
				218.00	243.00	0.00	0.00	0.00	0.00	0.00	461.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01345K

17WC01345K	PRELLER, GERALDINE	11		155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
BRUNSWICK ACRES E. S.	1/26/2017	1/26/2017	2/27/2017	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STUDENT HAVING BEHAVIORAL ISSUE BIT HER ON L THIGH				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: 17WC01346B





NEW CLAIMS

January 2017

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: 17WC01346B

17WC01346B	WALSH, NANCY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOYCE KILMER ES	1/23/2017	1/26/2017	Open	234.47	243.00	0.00	0.00	0.00	0.00	0.00	477.47
TRIPPED OVER WHEELS OF TABLE AND FELL INJURED RIBS, L ARM, R LEG				2,265.53	2.00	0.00	0.00	0.00	0.00	0.00	2,267.53
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				234.47	243.00	0.00	0.00	0.00	0.00	0.00	477.47
				2,265.53	2.00	0.00	0.00	0.00	0.00	0.00	2,267.53

Claim Number: 17WC01347M

17WC01347M	DANIELE, TERESA	10		2,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	8,693.00
TRANSPORTATION	1/26/2017	1/26/2017	Open	582.44	1,193.00	1,665.60	0.00	0.00	0.00	0.00	3,441.04
STANDING ATTENDING TO STUDENT ON BUS, BUS STOPPED SHORT TWISTEI				1,917.56	0.00	3,334.40	0.00	0.00	0.00	0.00	5,251.96
Total by Claim Number 1 Claim				2,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	8,693.00
				582.44	1,193.00	1,665.60	0.00	0.00	0.00	0.00	3,441.04
				1,917.56	0.00	3,334.40	0.00	0.00	0.00	0.00	5,251.96

Claim Number: 17WC01348Y

17WC01348Y	RUDNICK, DANIELLE	11		274.73	243.00	0.00	0.00	0.00	0.00	0.00	517.73
CHILDRENS CORNER PRESCHOOL	1/26/2017	1/26/2017	2/28/2017	274.73	243.00	0.00	0.00	0.00	0.00	0.00	517.73
STUDENT HAVING A BEHAVIORAL BIT HER ON HER RT FOREARM, SKIN BROK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				274.73	243.00	0.00	0.00	0.00	0.00	0.00	517.73
				274.73	243.00	0.00	0.00	0.00	0.00	0.00	517.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01349B





NEW CLAIMS

January 2017

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: 17WC01349B

17WC01349B	CHRISTAPHAKIS, NICHOLAS	11		180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
MATAWAN REGIONAL HS	1/26/2017	1/26/2017	3/ 2/2017	180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
STUDENT HAVING A BEHAVIORAL BIT HIM ON HIS LT WRIST, 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				180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
				180.87	243.00	0.00	0.00	0.00	0.00	0.00	423.87
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01350K

17WC01350K	SADIK, BLANCA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BARCLAY BROOK ES	1/26/2017	1/26/2017	Open	391.21	243.00	0.00	0.00	0.00	0.00	0.00	634.21
WORKING WITH STUDENT PLAYING HOCKEY SHE FELL STUDENT LANDED ON				2,108.79	2.00	0.00	0.00	0.00	0.00	0.00	2,110.79
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				391.21	243.00	0.00	0.00	0.00	0.00	0.00	634.21
				2,108.79	2.00	0.00	0.00	0.00	0.00	0.00	2,110.79

Claim Number: 17WC01351W

17WC01351W	GAVIN, CHRISTINE	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SCHOOL #28 MATTHEW JAGO	1/26/2017	1/26/2017	2/28/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL BIT HER ON THE RT SIDE CHEST AREA				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: 17WC01352T





NEW CLAIMS

January 2017

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: 17WC01352T

17WC01352T	OLD, LESLIE		10	25,000.00	1,193.00	51,642.00	0.00	0.00	0.00	0.00	77,835.00
NJ REGIONAL DAY-JACKSON	1/26/2017	1/26/2017	Open	59.80	1,193.00	2,304.00	0.00	0.00	0.00	0.00	3,556.80
HEADBUTTED BY A STUDENT ON HER HEAD				24,940.20	0.00	49,338.00	0.00	0.00	0.00	0.00	74,278.20
Total by Claim Number 1 Claim				25,000.00	1,193.00	51,642.00	0.00	0.00	0.00	0.00	77,835.00
				59.80	1,193.00	2,304.00	0.00	0.00	0.00	0.00	3,556.80
				24,940.20	0.00	49,338.00	0.00	0.00	0.00	0.00	74,278.20

Claim Number: 17WC01353B

17WC01353B	DEROSA, SEAN		11	5,000.00	243.00	0.00	0.00	0.00	0.00	0.00	5,243.00
PINELANDS JR HIGH SCHOOL	1/3/2017	1/26/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DEMONSTRATING GLIDE TECHNIQUE TO STUDENT L FOOT SLIPPED R KNEE				5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00
Total by Claim Number 1 Claim				5,000.00	243.00	0.00	0.00	0.00	0.00	0.00	5,243.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00

Claim Number: 17WC01354Y

17WC01354Y	THEN, ERICA		11	190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
STILLWATER TWP ES	1/26/2017	1/27/2017	2/28/2017	190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
WALKING IN THE BATHROOM METAL DOOR STRUCK AGAINST L RING FINGER				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
				190.00	243.00	0.00	0.00	0.00	0.00	0.00	433.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01355W





NEW CLAIMS

January 2017

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: 17WC01355W

17WC01355W	TUCKER, MICHAEL		10	415.76	243.00	0.00	0.00	0.00	0.00	0.00	658.76
HAZLET MIDDLE SCHOOL	1/19/2017	1/27/2017	3/ 8/2017	415.76	243.00	0.00	0.00	0.00	0.00	0.00	658.76
CAME IN CONTACT WITH CHEMICALS CLEANING PRODUCTS CAUSING HIM A I				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				415.76	243.00	0.00	0.00	0.00	0.00	0.00	658.76
				415.76	243.00	0.00	0.00	0.00	0.00	0.00	658.76
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01356B

17WC01356B	KLINE, RACHEL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DAYTON E S	1/26/2017	1/27/2017	Open	330.23	243.00	0.00	0.00	0.00	0.00	0.00	573.23
UPSET LAUNCHE HIMSELF ONTO HER CAUSING INJURY TO MOUTH/TEETH				2,169.77	2.00	0.00	0.00	0.00	0.00	0.00	2,171.77
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				330.23	243.00	0.00	0.00	0.00	0.00	0.00	573.23
				2,169.77	2.00	0.00	0.00	0.00	0.00	0.00	2,171.77

Claim Number: 17WC01357K

17WC01357K	PSAK, MARY LOU		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL ES	1/26/2017	1/27/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CLASS R FOOT CAUGHT ON LEDGE OF CHAIR SHE FELL INJUREC				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: 17WC01358W





NEW CLAIMS

January 2017

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: 17WC01358W

17WC01358W	DUGGAN, JAMES	14	215.02	0.00	0.00	0.00	0.00	0.00	0.00	215.02
BRIARWOOD E.S.	1/10/2017	1/27/2017	2/28/2017	215.02	0.00	0.00	0.00	0.00	0.00	215.02
WALKING OUTSIDE ON GRASSY AREA SLIPPED ON ICE INJURED MID BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				215.02	0.00	0.00	0.00	0.00	0.00	215.02
				215.02	0.00	0.00	0.00	0.00	0.00	215.02
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01359K

17WC01359K	WILLIAMSON, LAURA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	1/26/2017	1/27/2017	Open	27.73	243.00	0.00	0.00	0.00	0.00	270.73
WAS SITTING NEXT TO STUDENT WHEN STUDENT STOOD UP ACCIDENTALLY				2,472.27	2.00	0.00	0.00	0.00	0.00	2,474.27
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				27.73	243.00	0.00	0.00	0.00	0.00	270.73
				2,472.27	2.00	0.00	0.00	0.00	0.00	2,474.27

Claim Number: 17WC01360K

17WC01360K	SERNOTTI, JENNIFER	11	394.73	243.00	0.00	0.00	0.00	0.00	0.00	637.73
ARBOR E.S.	1/26/2017	1/27/2017	3/ 7/2017	394.73	243.00	0.00	0.00	0.00	0.00	637.73
STUDENT HAVING BEHAVIOR ISSUE SCRATCHED HER ON BACK AND BIT L FC				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				394.73	243.00	0.00	0.00	0.00	0.00	637.73
				394.73	243.00	0.00	0.00	0.00	0.00	637.73
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01361W





NEW CLAIMS

January 2017

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: 17WC01361W

17WC01361W	KALES, DONNA	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
S. AMBOY ELEMENTARY SCHOOL /	1/27/2017	1/27/2017	2/28/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
STUDENT WOKE UP UPSET FROM NAP BEGAN TO STRIKE HER STOMACH ANI				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: 17WC01362W

17WC01362W	REMMERT, VERONICA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	1/21/2017	1/27/2017	Open	188.92	243.00	0.00	0.00	0.00	0.00	431.92
STANDING NEXT TO SEAT GIVING DIRECTIONS TO BUS DRIVER LOST BALANC				2,311.08	2.00	0.00	0.00	0.00	0.00	2,313.08
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			188.92	243.00	0.00	0.00	0.00	0.00	0.00	431.92
			2,311.08	2.00	0.00	0.00	0.00	0.00	0.00	2,313.08

Claim Number: 17WC01363P

17WC01363P	PARKER, DANA	10	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
TRANSPORTATION DEPT	1/26/2017	1/27/2017	3/ 1/2017	0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
BENT OVER TO RETRIEVE A STUDENTS WATER BOTTLE ON FLOOR BUS STO				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
			0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01364W





NEW CLAIMS

January 2017

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: 17WC01364W

17WC01364W	VINELLA, SHERRI		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALTERNATIVE ACADEMIC HS	1/26/2017	1/27/2017	Open	493.56	243.00	0.00	0.00	0.00	0.00	0.00	736.56
STANDING ON TOP OF CHAIR GETTING SUPPLIES CHAIR TIPPED OVER SHE F				2,006.44	2.00	0.00	0.00	0.00	0.00	0.00	2,008.44
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				493.56	243.00	0.00	0.00	0.00	0.00	0.00	736.56
				2,006.44	2.00	0.00	0.00	0.00	0.00	0.00	2,008.44

Claim Number: 17WC01365B

17WC01365B	REDDAN, DANIEL		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
JACKSON AVENUE	1/25/2017	1/27/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EXPOSED TO CARBON MONOXIDE IN CAFETERIA FELT LETHARGIC AND LIGH				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: 17WC01366Y

17WC01366Y	SAPATA, PATRICIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH RIVER ELEMENTARY SCHC	1/26/2017	1/27/2017	Open	385.41	243.00	0.00	0.00	0.00	0.00	0.00	628.41
WALKING ACROSS PLAY RUG STUDENT TRIED TO RUN A TOY BUS ACROSS R				2,114.59	2.00	0.00	0.00	0.00	0.00	0.00	2,116.59
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				385.41	243.00	0.00	0.00	0.00	0.00	0.00	628.41
				2,114.59	2.00	0.00	0.00	0.00	0.00	0.00	2,116.59

Claim Number: 17WC01367B





NEW CLAIMS

January 2017

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: 17WC01367B

17WC01367B	RECARET, SONIA	11		160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
JACKSON AVENUE	1/25/2017	1/25/2017	2/24/2017	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
EXPOSED TO CARBON MONOXIDE				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: 17WC01368B

17WC01368B	DARCY, MARY	11		20,000.00	2,500.00	0.00	0.00	0.00	0.00	0.00	22,500.00
LINDEN HIGH SCHOOL	1/27/2017	1/27/2017	Open	2,515.89	243.00	0.00	0.00	0.00	0.00	0.00	2,758.89
HAD AN APPOINTMENT WITH A STUDENT, SHE RAN TO HER CAR LOST HER B.				17,484.11	2,257.00	0.00	0.00	0.00	0.00	0.00	19,741.11
Total by Claim Number 1 Claim				20,000.00	2,500.00	0.00	0.00	0.00	0.00	0.00	22,500.00
				2,515.89	243.00	0.00	0.00	0.00	0.00	0.00	2,758.89
				17,484.11	2,257.00	0.00	0.00	0.00	0.00	0.00	19,741.11

Claim Number: 17WC01369Y

17WC01369Y	FABIANO, MARY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSEPH C. CARUSO ES	1/19/2017	1/27/2017	Open	526.94	243.00	0.00	0.00	0.00	0.00	0.00	769.94
WALKING ACROSS PARKING LOT, TWISTED L ANKLE ON SIDEWALK				1,973.06	2.00	0.00	0.00	0.00	0.00	0.00	1,975.06
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				526.94	243.00	0.00	0.00	0.00	0.00	0.00	769.94
				1,973.06	2.00	0.00	0.00	0.00	0.00	0.00	1,975.06

Claim Number: 17WC01370Y





NEW CLAIMS

January 2017

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: 17WC01370Y

17WC01370Y	NUNES, ESMAEL	11		340.77	243.00	0.00	0.00	0.00	0.00	0.00	583.77
UNION HIGH SCHOOL (UNION)	1/26/2017	1/30/2017	2/28/2017	340.77	243.00	0.00	0.00	0.00	0.00	0.00	583.77
REMOVING CHANGE FROM VENDING MACHINE, R PINKY FINGER BECAME WE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				340.77	243.00	0.00	0.00	0.00	0.00	0.00	583.77
				340.77	243.00	0.00	0.00	0.00	0.00	0.00	583.77
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01371K

17WC01371K	PALELLA, NANCY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL MIDDLE SCHOOL	1/26/2017	1/30/2017	Open	512.67	243.00	0.00	0.00	0.00	0.00	0.00	755.67
SUSTAINED INJURY TO R SHOULDER WHILE ATTEMPTING TO BLOCK A STUDENT				1,987.33	2.00	0.00	0.00	0.00	0.00	0.00	1,989.33
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				512.67	243.00	0.00	0.00	0.00	0.00	0.00	755.67
				1,987.33	2.00	0.00	0.00	0.00	0.00	0.00	1,989.33

Claim Number: 17WC01372B

17WC01372B	KRAFT, RENEE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RAYMOND E VOORHEES ES	1/25/2017	1/30/2017	Open	300.00	243.00	0.00	0.00	0.00	0.00	0.00	543.00
STUDENT WAS PUSHED INTO HER COLLAPSING ON TOP OF HER INJURED NE				2,200.00	2.00	0.00	0.00	0.00	0.00	0.00	2,202.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				300.00	243.00	0.00	0.00	0.00	0.00	0.00	543.00
				2,200.00	2.00	0.00	0.00	0.00	0.00	0.00	2,202.00

Claim Number: 17WC01373B





NEW CLAIMS

January 2017

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: 17WC01373B

17WC01373B	CASAIS, CHRISTINA	11	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
BAYONNE H.S. AND ADMIN. OFFICE	1/27/2017	1/30/2017	3/ 1/2017	225.00	243.00	0.00	0.00	0.00	0.00	468.00
BRINGING IN TWO TABLES TOGETHER ACCIDENTALLY WEDGED HER R PINKY				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: 17WC01374B

17WC01374B	DONATUCCIO, CHERYL	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
JACKSON AVENUE	1/9/2017	1/30/2017	2/24/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
EXPOSED TO CARBON MONOXIDE IN CAFETERIA, FEELING DIZZY, HAVING HE				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: 17WC01375W

17WC01375W	ALFUSO, LISA	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
VALLEY PROGRAM	1/27/2017	1/30/2017	2/27/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
RUSHING TO ASSIST STUDENT ACCIDENTALLY STRUCK HEAD AGAINST DOOI				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: 17WC01376K





NEW CLAIMS

January 2017

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: 17WC01376K

17WC01376K	CRISITELLO, MICHELE	11		317.00	243.00	0.00	0.00	0.00	0.00	560.00
BRIGHT BEGINNINGS LEARNING CI	1/26/2017	1/30/2017	3/ 7/2017	317.00	243.00	0.00	0.00	0.00	0.00	560.00
STUDENT HAVING A BEHAVIORAL ISSUE BIT HER R FOREARM				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				317.00	243.00	0.00	0.00	0.00	0.00	560.00
				317.00	243.00	0.00	0.00	0.00	0.00	560.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01377Y

17WC01377Y	DOMINGUEZ, RYAN	11		19.21	243.00	0.00	0.00	0.00	0.00	262.21
PARK MS	1/27/2017	1/30/2017	3/ 1/2017	19.21	243.00	0.00	0.00	0.00	0.00	262.21
CUTTING BRANCHES AND THE DEBRIS FROM CHAIN SAW FLEW INTO L EYE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				19.21	243.00	0.00	0.00	0.00	0.00	262.21
				19.21	243.00	0.00	0.00	0.00	0.00	262.21
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01379B

17WC01379B	KIM, JIN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JACKSON AVENUE	1/25/2017	1/30/2017	Open	160.00	243.00	0.00	0.00	0.00	0.00	403.00
EXPOSED TO CARBON MONOXIDE FEELING TIRED IN CLASS NEXT TO CAFETI				2,340.00	2.00	0.00	0.00	0.00	0.00	2,342.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				160.00	243.00	0.00	0.00	0.00	0.00	403.00
				2,340.00	2.00	0.00	0.00	0.00	0.00	2,342.00

Claim Number: 17WC01380Y





NEW CLAIMS

January 2017

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: 17WC01380Y

17WC01380Y	CAHN, JENNIFER	11	147.66	243.00	0.00	0.00	0.00	0.00	0.00	390.66
WARREN DEVELOP. LEARNING CTI	1/27/2017	1/27/2017	2/28/2017	147.66	243.00	0.00	0.00	0.00	0.00	390.66
RESTRAINING A STUDENT HAVING A BEHAVIORAL, STUDENT SCRATCHED HE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				147.66	243.00	0.00	0.00	0.00	0.00	390.66
				147.66	243.00	0.00	0.00	0.00	0.00	390.66
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01381K

17WC01381K	ROBINSON, SHAMIRA	11	2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
TRITON HS	1/26/2017	1/30/2017	Open	164.13	243.00	0.00	0.00	0.00	0.00	407.13
PERFORMING DANCE DEMOS WITH STUDENTS L KNEE GAVE OUT				2,336.87	0.00	0.00	0.00	0.00	0.00	2,336.87
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	2,744.00
				164.13	243.00	0.00	0.00	0.00	0.00	407.13
				2,336.87	0.00	0.00	0.00	0.00	0.00	2,336.87

Claim Number: 17WC01382W

17WC01382W	MEAUX, FRANCESCA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NELLIE K PARKER	1/26/2017	1/30/2017	Open	164.25	243.00	0.00	0.00	0.00	0.00	407.25
ASSISTING STUDENT WITH HIS COAT STUDENT STRUCK HER IN CHEST L SIDI				2,335.75	2.00	0.00	0.00	0.00	0.00	2,337.75
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				164.25	243.00	0.00	0.00	0.00	0.00	407.25
				2,335.75	2.00	0.00	0.00	0.00	0.00	2,337.75

Claim Number: 17WC01383F





NEW CLAIMS

January 2017

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: 17WC01383F

17WC01383F	WILDERMUTH, STEVEN	10		5,000.00	1,193.00	1,774.40	0.00	0.00	0.00	0.00	7,967.40
BELVIDERE HS	1/30/2017	1/30/2017	Open	120.29	1,193.00	1,774.40	0.00	0.00	0.00	0.00	3,087.69
WORKING ON SCAG MOWER WHEN A METAL PLATE FELL ON L HAND/FINGER				4,879.71	0.00	0.00	0.00	0.00	0.00	0.00	4,879.71
Total by Claim Number 1 Claim				5,000.00	1,193.00	1,774.40	0.00	0.00	0.00	0.00	7,967.40
				120.29	1,193.00	1,774.40	0.00	0.00	0.00	0.00	3,087.69
				4,879.71	0.00	0.00	0.00	0.00	0.00	0.00	4,879.71

Claim Number: 17WC01384B

17WC01384B	MONGE, ELIZABETH	11		226.08	243.00	0.00	0.00	0.00	0.00	0.00	469.08
ARDENA SCHOOL	1/27/2017	1/30/2017	3/ 2/2017	226.08	243.00	0.00	0.00	0.00	0.00	0.00	469.08
SCRAPED R ANKLE ON LEG OF CHAIR LATER ON STRAINED L ANKLE DURING				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				226.08	243.00	0.00	0.00	0.00	0.00	0.00	469.08
				226.08	243.00	0.00	0.00	0.00	0.00	0.00	469.08
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01385B

17WC01385B	GIVENS, LINDA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HALEYVILLE-MAURICETOWN E.S.	1/30/2017	1/30/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CUTTING PAPER FOR A PROJECT ACCIDENTALLY CUT L THUMB WITH PAPER				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: 17WC01386Y





NEW CLAIMS

January 2017

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: 17WC01386Y

17WC01386Y	CIGNA, ANNAMARIA	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
JACKSON AVENUE	1/6/2017	1/30/2017	2/21/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
EXPOSED TO CARBON MONOXIDE FEELING FAINT, NAUSEOUS, DIZZY, COUGI				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: 17WC01387V

17WC01387V	O'NEILL, JAYNE	15	1.00	0.00	6,000.00	0.00	0.00	2,500.00	0.00	8,501.00
PASSAIC COUNTY TECH. INSTITUT	1/26/2017	1/30/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MAKING OATMEAL OPENED MICROWAVE TO REMOVE OATMEAL, OATMEAL SI				1.00	0.00	6,000.00	0.00	2,500.00	0.00	8,501.00
Total by Claim Number 1 Claim			1.00	0.00	6,000.00	0.00	0.00	2,500.00	0.00	8,501.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	6,000.00	0.00	0.00	2,500.00	0.00	8,501.00

Claim Number: 17WC01388Y

17WC01388Y	GRAYSON, ELAINE	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HORACE MANN ES	1/27/2017	1/30/2017	3/ 1/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ASSISTING A STUDENT SPEC ED STUDENT HAVING A BEHAVIORAL OUTBURS				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: 17WC01389K





NEW CLAIMS

January 2017

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: 17WC01389K

17WC01389K	GONZALEZ, SILVIA	11		160.00	243.00	0.00	0.00	0.00	0.00	403.00
JACKSON AVENUE	1/6/2017	1/30/2017	2/27/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
EXPOSED TO CARBON MONOXIDE DIFFICULTY BREATHING, DIZZINESS, REDM				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: 17WC01390B

17WC01390B	ZADROGA, RICHARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CAMDEN CO. VOC-TECH V.S. (PENI	1/30/2017	1/30/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
KNELLING WORKING ON EQUIPMENT FELT POP ON R SIDE OF HIP AS HE STO				2,500.00	2.00	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	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01391B

17WC01391B	PEARSON, LEONORA	11		131.33	243.00	0.00	0.00	0.00	0.00	374.33
WALTER C. BLACK E.S.	1/27/2017	1/30/2017	3/ 2/2017	131.33	243.00	0.00	0.00	0.00	0.00	374.33
ATTEMPTING TO STOP A STUDENT FROM RUNNING, STUDENT THREW HIMSE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				131.33	243.00	0.00	0.00	0.00	0.00	374.33
				131.33	243.00	0.00	0.00	0.00	0.00	374.33
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01392K





NEW CLAIMS

January 2017

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: 17WC01392K

17WC01392K	LOVETT, RONI		11	0.00	243.00	0.00	0.00	0.00	0.00	243.00
JACKSON AVENUE	1/9/2017	1/30/2017	2/28/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
EXPOSED TO CARBON MONOXIDE FELT EXHAUSTION AND DIZZINESS				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: 17WC01393Y

17WC01393Y	RISK, MICHAEL		11	112.00	243.00	0.00	0.00	0.00	0.00	355.00
ASHER HOLMES E.S.	1/27/2017	1/30/2017	2/28/2017	112.00	243.00	0.00	0.00	0.00	0.00	355.00
WHILE IN THE BOILER ROOM WORKING ON A DOMESTIC REFRIGERATOR CLM				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	355.00
				112.00	243.00	0.00	0.00	0.00	0.00	355.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01394W

17WC01394W	SOLOMON, ROBYN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WESTFIELD SENIOR HS	1/27/2017	1/30/2017	Open	21.67	243.00	0.00	0.00	0.00	0.00	264.67
CLOSING WINDOW IN BATHROOM WINDOW SLAMMED DOWN IN R THUMB				2,478.33	2.00	0.00	0.00	0.00	0.00	2,480.33
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				21.67	243.00	0.00	0.00	0.00	0.00	264.67
				2,478.33	2.00	0.00	0.00	0.00	0.00	2,480.33

Claim Number: 17WC01395W





NEW CLAIMS

January 2017

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: 17WC01395W

17WC01395W	ADAIR, ANDREW	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP H.S.	1/26/2017	1/30/2017	Open	140.00	243.00	0.00	0.00	0.00	0.00	383.00
MONITORING DUTY WAS ASSAULTED BY STUDENT, STUDENT SPIT IN L EYE, I				2,360.00	2.00	0.00	0.00	0.00	0.00	2,362.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				140.00	243.00	0.00	0.00	0.00	0.00	383.00
				2,360.00	2.00	0.00	0.00	0.00	0.00	2,362.00

Claim Number: 17WC01397B

17WC01397B	SCHUSTER, JENNA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
SOUTH BRUNSWICK H S	1/30/2017	1/30/2017	2/24/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
UPSET SPEC ED STUDENT BIT CLMT'S LEFT BREAST				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: 17WC01398Y

17WC01398Y	GREENBLATT, ABBEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH EAST HS	1/17/2017	1/30/2017	Open	178.43	243.00	0.00	0.00	0.00	0.00	421.43
LIFTING A BOX TO STORE AWAY LOST FOOTING ATTEMPTING TO KEEP BOX F				2,321.57	2.00	0.00	0.00	0.00	0.00	2,323.57
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				178.43	243.00	0.00	0.00	0.00	0.00	421.43
				2,321.57	2.00	0.00	0.00	0.00	0.00	2,323.57

Claim Number: 17WC01399B





NEW CLAIMS

January 2017

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: 17WC01399B

17WC01399B	PIRO, LINDA	11	160.00	243.00	0.00	0.00	0.00	0.00	0.00	403.00
JACKSON AVENUE	1/25/2017	1/27/2017	2/24/2017	160.00	243.00	0.00	0.00	0.00	0.00	403.00
HER EYES WERE TEARING & THROAT STARTED TO FEEL SORE				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: 17WC01400K

17WC01400K	BENEDETTI, CORINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	1/30/2017	1/30/2017	Open	21.54	243.00	0.00	0.00	0.00	0.00	264.54
RESTRAINING STUDENT HAVING BEHAVIORAL ISSUE BUCKED HIS LEGS CAU:				2,478.46	2.00	0.00	0.00	0.00	0.00	2,480.46
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				21.54	243.00	0.00	0.00	0.00	0.00	264.54
				2,478.46	2.00	0.00	0.00	0.00	0.00	2,480.46

Claim Number: 17WC01401W

17WC01401W	RAHMAN, SALMA	11	3,487.56	245.00	0.00	0.00	0.00	0.00	0.00	3,732.56
GRACE NORTON ROGERS M.S.	1/27/2017	1/31/2017	Open	3,487.56	243.00	0.00	0.00	0.00	0.00	3,730.56
SITTING ON FLOOR WITH STUDENTS, ANOTHER STUDENT CHARGED AT HER				0.00	2.00	0.00	0.00	0.00	0.00	2.00
Total by Claim Number 1 Claim				3,487.56	245.00	0.00	0.00	0.00	0.00	3,732.56
				3,487.56	243.00	0.00	0.00	0.00	0.00	3,730.56
				0.00	2.00	0.00	0.00	0.00	0.00	2.00

Claim Number: 17WC01402Y





NEW CLAIMS

January 2017

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: 17WC01402Y

17WC01402Y	ALVARADO, VERONICA	11		315.52	243.00	0.00	0.00	0.00	0.00	0.00	558.52
VINELAND SENIOR H.S. SOUTH 11	1/30/2017	1/31/2017	2/23/2017	315.52	243.00	0.00	0.00	0.00	0.00	0.00	558.52
HOLDING BACK A STUDENT GOING TO FIGHT ANOTHER STUDENT, SHE AND 1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				315.52	243.00	0.00	0.00	0.00	0.00	0.00	558.52
				315.52	243.00	0.00	0.00	0.00	0.00	0.00	558.52
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01403K

17WC01403K	PELLIGRA, ANNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WAYNE HILLS H.S.	1/17/2017	1/31/2017	Open	92.00	243.00	0.00	0.00	0.00	0.00	0.00	335.00
STUDENT HAVING BEHAVIORAL ISSUE BIT L HAND, SQUEEZED L WRIST/FINGI				2,408.00	2.00	0.00	0.00	0.00	0.00	0.00	2,410.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				92.00	243.00	0.00	0.00	0.00	0.00	0.00	335.00
				2,408.00	2.00	0.00	0.00	0.00	0.00	0.00	2,410.00

Claim Number: 17WC01404B

17WC01404B	SAYELL, GREGORY	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
VINELAND MAINTENANCE	1/30/2017	1/31/2017	3/ 2/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING BLOWER MODE WHEN L RING FINGER WENT INTO FAN BLADE				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: 17WC01405Z





NEW CLAIMS

January 2017

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: 17WC01405Z

17WC01405Z	KELLY, JAMES	10		7,500.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	19,693.00
PERTH AMBOY ADMIN BLDG	1/30/2017	1/31/2017	Open	363.97	1,193.00	5,376.00	0.00	0.00	0.00	0.00	6,932.97
TRYING TO SLIDE A PIECE OF EQUIPMENT OUT OF TRUCK, FELT A POP IN R E				7,136.03	0.00	5,624.00	0.00	0.00	0.00	0.00	12,760.03
Total by Claim Number 1 Claim				7,500.00	1,193.00	11,000.00	0.00	0.00	0.00	0.00	19,693.00
				363.97	1,193.00	5,376.00	0.00	0.00	0.00	0.00	6,932.97
				7,136.03	0.00	5,624.00	0.00	0.00	0.00	0.00	12,760.03

Claim Number: 17WC01406K

17WC01406K	MANGAN, THOMAS	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BRIARWOOD E.S.	1/31/2017	1/31/2017	3/ 6/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLOSING LUNCH TABLES BENT HIS L THUMB BACKWARDS				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: 17WC01407Y

17WC01407Y	VERDE, VITA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
C RICHARD APPLGATE E.S.	1/11/2017	1/11/2017	Open	180.24	243.00	0.00	0.00	0.00	0.00	0.00	423.24
WALKING IN THE HALLWAY WHEN SHE SLIPPED & FELL INJURING LT ANKLE, F				2,319.76	2.00	0.00	0.00	0.00	0.00	0.00	2,321.76
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				180.24	243.00	0.00	0.00	0.00	0.00	0.00	423.24
				2,319.76	2.00	0.00	0.00	0.00	0.00	0.00	2,321.76

Claim Number: 17WC01408K





NEW CLAIMS

January 2017

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: 17WC01408K

17WC01408K	MACCAR, SHELBY	11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WESTAMPTON	1/31/2017	1/31/2017	3/ 2/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS HEADBUTTED ON HER HEAD BY STUDENT HAVING BEHAVIORAL ISSUE			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: 17WC01409V

17WC01409V	GREEN, CATHERINE	10	10,000.00	1,193.00	3,000.00	0.00	0.00	0.00	0.00	14,193.00
SAMUEL YELLIN SCHOOL	1/30/2017	1/30/2017	Open	526.84	1,193.00	1,083.12	0.00	0.00	0.00	2,802.96
PLAYING VOLLEYBALL SHE REACHED TO HIT BALL WHEN SHE FELL ON BUTT			9,473.16	0.00	1,916.88	0.00	0.00	0.00	0.00	11,390.04
Total by Claim Number 1 Claim			10,000.00	1,193.00	3,000.00	0.00	0.00	0.00	0.00	14,193.00
			526.84	1,193.00	1,083.12	0.00	0.00	0.00	0.00	2,802.96
			9,473.16	0.00	1,916.88	0.00	0.00	0.00	0.00	11,390.04

Claim Number: 17WC01410W

17WC01410W	OPAK, MICHELE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FROST E.S.	1/31/2017	1/31/2017	Open	264.63	243.00	0.00	0.00	0.00	0.00	507.63
GETTING STUDENTS OFF BUS SLIPPED ON STUDENTS HAT AND FELL INJURE			2,235.37	2.00	0.00	0.00	0.00	0.00	0.00	2,237.37
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			264.63	243.00	0.00	0.00	0.00	0.00	0.00	507.63
			2,235.37	2.00	0.00	0.00	0.00	0.00	0.00	2,237.37

Claim Number: 17WC01411B





NEW CLAIMS

January 2017

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: 17WC01411B

17WC01411B	SYVARTH, JENNIFER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLIN POWELL	1/31/2017	1/31/2017	Open	329.34	243.00	0.00	0.00	0.00	0.00	572.34
SLIPPED ON CHOCOLATE MILK AND FELL INJURED R FOOT			2,170.66	2.00	0.00	0.00	0.00	0.00	0.00	2,172.66
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			329.34	243.00	0.00	0.00	0.00	0.00	0.00	572.34
			2,170.66	2.00	0.00	0.00	0.00	0.00	0.00	2,172.66

Claim Number: 17WC01412K

17WC01412K	ORTIZ, MIRIAM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL 2	1/31/2017	1/31/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE BIT AND SCRATCHED HER ON BOTH H.			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: 17WC01413C

17WC01413C	SCATINA, ANTHONY	10	11,000.00	1,193.00	75,000.00	0.00	0.00	0.00	0.00	87,193.00
DEPARTMENT OF TRANS. (MAINTENANCE)	1/27/2017	1/31/2017	Open	96.96	1,193.00	3,226.44	0.00	0.00	0.00	4,516.40
GARAGE DOOR CABLE SNAPPED TRIED TO PULL THE GARAGE DOOR FELT P.			10,903.04	0.00	71,773.56	0.00	0.00	0.00	0.00	82,676.60
Total by Claim Number 1 Claim			11,000.00	1,193.00	75,000.00	0.00	0.00	0.00	0.00	87,193.00
			96.96	1,193.00	3,226.44	0.00	0.00	0.00	0.00	4,516.40
			10,903.04	0.00	71,773.56	0.00	0.00	0.00	0.00	82,676.60

Claim Number: 17WC01414Y





NEW CLAIMS

January 2017

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: 17WC01414Y

17WC01414Y	MAZZA, ANGELA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL SCHOOL	1/31/2017	1/31/2017	Open	133.15	243.00	0.00	0.00	0.00	0.00	0.00	376.15
PLAYING GAME WITH STUDENTS, STUDENT THREW A BALL STRIKING HER L 1				2,366.85	2.00	0.00	0.00	0.00	0.00	0.00	2,368.85
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				133.15	243.00	0.00	0.00	0.00	0.00	0.00	376.15
				2,366.85	2.00	0.00	0.00	0.00	0.00	0.00	2,368.85

Claim Number: 17WC01415K

17WC01415K	DOVI, JENNIFER		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATLANTIC COUNTY SPECIAL SERV	1/31/2017	2/1/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL ISSUE TOSSED INSTRUMENT EGG SHAKER S				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: 17WC01417B

17WC01417B	COGHLAN, MARY ANN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
APPLEBY SCHOOL	1/31/2017	1/31/2017	Open	155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
STUDENT TRIED TO LUNGE OUT OF CHAIR, SHE TRIED TO PULL STUDENT BA				2,344.77	2.00	0.00	0.00	0.00	0.00	0.00	2,346.77
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				155.23	243.00	0.00	0.00	0.00	0.00	0.00	398.23
				2,344.77	2.00	0.00	0.00	0.00	0.00	0.00	2,346.77

Claim Number: 17WC01419B





NEW CLAIMS

January 2017

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: 17WC01419B

17WC01419B	BOWLBY, JEFFREY	11		1.00	245.00	0.00	0.00	0.00	0.00	246.00
FREEDOM PREP CHARTER SCHOC	1/26/2017	1/31/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ICE SKATING WITH STUDENTS SLIPPED AND FELL HITTING HEAD ON ICE				1.00	2.00	0.00	0.00	0.00	0.00	3.00
Total by Claim Number 1 Claim				1.00	245.00	0.00	0.00	0.00	0.00	246.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				1.00	2.00	0.00	0.00	0.00	0.00	3.00

Claim Number: 17WC01420W

17WC01420W	MONTE, LAURA	11		0.00	243.00	0.00	0.00	0.00	0.00	243.00
JEFFERSON SCHOOL	1/31/2017	2/1/2017	3/9/2017	0.00	243.00	0.00	0.00	0.00	0.00	243.00
UPSET STUDENT BEGAN TO KICK AND PUNCH HER IN L ARM, BOTH LEGS, TR				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: 17WC01422Y

17WC01422Y	RILLO, RUTH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CENTRAL ES	1/9/2017	2/1/2017	Open	225.00	243.00	0.00	0.00	0.00	0.00	468.00
TRIPPED OVER A LIFTED FLOOR TILE CAUSING HER TO TURN PIVOTING TO L				2,275.00	2.00	0.00	0.00	0.00	0.00	2,277.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				225.00	243.00	0.00	0.00	0.00	0.00	468.00
				2,275.00	2.00	0.00	0.00	0.00	0.00	2,277.00

Claim Number: 17WC01423Y





NEW CLAIMS

January 2017

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: 17WC01423Y

17WC01423Y	SZCZESNIAK, EWA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHN M. BAILEY SCHOOL	1/31/2017	2/1/2017	Open	225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
TRIPPED OVER LIP OF DOOR AND FELL INJURED R HIP, KNEE, TRUNK				2,275.00	2.00	0.00	0.00	0.00	0.00	0.00	2,277.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				225.00	243.00	0.00	0.00	0.00	0.00	0.00	468.00
				2,275.00	2.00	0.00	0.00	0.00	0.00	0.00	2,277.00

Claim Number: 17WC01426W

17WC01426W	SUAZO, MANUEL	11		2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
ADMIN BLDG	1/30/2017	2/1/2017	Open	54.68	243.00	0.00	0.00	0.00	0.00	0.00	297.68
CLEANING HE TRIPPED AND FELL OVER VACUUM CLEANER HIT HEAD ON DE				2,446.32	0.00	0.00	0.00	0.00	0.00	0.00	2,446.32
Total by Claim Number 1 Claim				2,501.00	243.00	0.00	0.00	0.00	0.00	0.00	2,744.00
				54.68	243.00	0.00	0.00	0.00	0.00	0.00	297.68
				2,446.32	0.00	0.00	0.00	0.00	0.00	0.00	2,446.32

Claim Number: 17WC01427B

17WC01427B	CALLAHAN, WENDY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BELMAR ES	1/31/2017	2/1/2017	Open	141.94	243.00	0.00	0.00	0.00	0.00	0.00	384.94
PLAYING SCOOTER TAG AND PACMAN WITH STUDENT INJURED R KNEE				2,358.06	2.00	0.00	0.00	0.00	0.00	0.00	2,360.06
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				141.94	243.00	0.00	0.00	0.00	0.00	0.00	384.94
				2,358.06	2.00	0.00	0.00	0.00	0.00	0.00	2,360.06

Claim Number: 17WC01430W





NEW CLAIMS

January 2017

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: 17WC01430W

17WC01430W	CABOY, JEANMARIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CLARA B. WORTH ES	1/30/2017	2/1/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING STUDENT HAVING BEHAVIORAL ISSUE TO A SAFE PLACE INJURED L				2,500.00	2.00	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	2,745.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01433K

17WC01433K	VARNUM, BENSON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE TWP. BOARD OF EDUC	1/25/2017	2/1/2017	Open	382.72	243.00	0.00	0.00	0.00	0.00	625.72
CLEANING UP BATHROOM THAT HAD OVERFLOWED STRAINED LOWER BACK				2,117.28	2.00	0.00	0.00	0.00	0.00	2,119.28
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				382.72	243.00	0.00	0.00	0.00	0.00	625.72
				2,117.28	2.00	0.00	0.00	0.00	0.00	2,119.28

Claim Number: 17WC01434V

17WC01434V	WILSON, RENEE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	1/31/2017	2/1/2017	Open	216.67	243.00	0.00	0.00	0.00	0.00	459.67
DISMISSING STUDENTS A PARENT INVOLVED IN VERBAL ALTERCATION STRU				2,283.33	2.00	0.00	0.00	0.00	0.00	2,285.33
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				216.67	243.00	0.00	0.00	0.00	0.00	459.67
				2,283.33	2.00	0.00	0.00	0.00	0.00	2,285.33

Claim Number: 17WC01436W





NEW CLAIMS

January 2017

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: 17WC01436W

17WC01436W	BLUTINGER, SHARON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLAYTON HS	1/25/2017	2/2/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO OPEN DOOR STUDENT HELD DOOR ON OTHER END LET GO				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: 17WC01437B

17WC01437B	RAVENTOS, KRISTIE	11		174.92	243.00	0.00	0.00	0.00	0.00	0.00	417.92
CRIM E S	1/31/2017	2/2/2017	3/ 7/2017	174.92	243.00	0.00	0.00	0.00	0.00	0.00	417.92
ASSISTING STUDENT WALK TO BATHROOM STRAINED MID BACK				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				174.92	243.00	0.00	0.00	0.00	0.00	0.00	417.92
				174.92	243.00	0.00	0.00	0.00	0.00	0.00	417.92
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17WC01438Y

17WC01438Y	PETTIGREW, TIA	11		0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HIGH SCHOOL	1/31/2017	2/2/2017	3/ 1/2017	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS RUNNING AFTER STUDENT TRYING TO ATTACK ANOTHER STUDENT TV				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: 17WC01439B





NEW CLAIMS

January 2017

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: 17WC01439B

17WC01439B	FUSCALDO, DONNA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JACKSON AVENUE	1/25/2017	2/2/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
EXPOSED TO CARBON MONOXIDE				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: 17WC01454Y

17WC01454Y	MOYA, TOMAS		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CUNNINGHAM E.S.	1/31/2017	2/3/2017	Open	304.97	243.00	0.00	0.00	0.00	0.00	0.00	547.97
WALKING DOWN STAIRS LOST HIS FOOTING TWISTED R FOOT				2,195.03	2.00	0.00	0.00	0.00	0.00	0.00	2,197.03
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				304.97	243.00	0.00	0.00	0.00	0.00	0.00	547.97
				2,195.03	2.00	0.00	0.00	0.00	0.00	0.00	2,197.03

Claim Number: 17WC01493Y

17WC01493Y	DUCKERS, JEFFREY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THORNE MS	1/31/2017	2/7/2017	Open	146.08	243.00	0.00	0.00	0.00	0.00	0.00	389.08
TRIPPED OVER STRAP OF STUDENT BACKPACK INJURED KNEES				2,353.92	2.00	0.00	0.00	0.00	0.00	0.00	2,355.92
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				146.08	243.00	0.00	0.00	0.00	0.00	0.00	389.08
				2,353.92	2.00	0.00	0.00	0.00	0.00	0.00	2,355.92

Claim Number: 17WC01506W





NEW CLAIMS

January 2017

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: 17WC01506W

17WC01506W	KOJAC, BRADLEY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOSE MARTI SCHOOL	1/31/2017	2/7/2017	Open	272.39	243.00	0.00	0.00	0.00	0.00	515.39
SHOVELING SNOW FELT PAIN IN HIS R SHOULDER				2,227.61	2.00	0.00	0.00	0.00	0.00	2,229.61
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				272.39	243.00	0.00	0.00	0.00	0.00	515.39
				2,227.61	2.00	0.00	0.00	0.00	0.00	2,229.61

Claim Number: 17WC01507I

17WC01507I	GALLAGHER, VINCENT	10	15,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	21,193.00
NEW REPAIR & TRANSPORTATION	1/30/2017	2/7/2017	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
DRIVING MATERIAL IN WORK TRUCK AND STRUCK PARKED VEHICLES INJURE				15,000.00	0.00	5,000.00	0.00	0.00	0.00	20,000.00
Total by Claim Number 1 Claim			15,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	21,193.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
				15,000.00	0.00	5,000.00	0.00	0.00	0.00	20,000.00

Claim Number: 17WC01537W

17WC01537W	BARBOSA, RUTH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL	1/26/2017	2/10/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE MOPPING BACKWARDS TRIPPED OVER A MAT AND FELL TWISTING R H				2,500.00	2.00	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	243.00
				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 17WC01563Y





NEW CLAIMS

January 2017

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: 17WC01563Y

17WC01563Y	SYED, SAADIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARNIN	1/31/2017	2/13/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO KEEP STUDENT HAVING BEHAVIORAL ISSUE AWAY FROM CI			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: 17WC01567B

17WC01567B	GOUDA, MERANDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PERRY L. DREW E.S.	1/27/2017	2/14/2017	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT KICKED BASKETBALL INTO HER FACE CAUSING DUST TO GET INTO			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: 17WC01605Z

17WC01605Z	RICE, CALVIN	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
SOUTH MAIN STREET SCHOOL	1/27/2017	2/15/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HELPING STUDENT WHO TRIED TO RUN AWAY FROM HIM, CAUGHT L MIDDLE			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 17WC01655R





NEW CLAIMS

January 2017

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: 17WC01655R

17WC01655R	BORRERO, ANTONIA MARTA	14		1.00	0.00	0.00	0.00	0.00	0.00	1.00
SOUTH CAMPUS	1/9/2017	2/13/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED IN PARKING LOT AND FELL INJURED L ARM				1.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				1.00	0.00	0.00	0.00	0.00	0.00	1.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1.00	0.00	0.00	0.00	0.00	0.00	1.00

Claim Number: 17WC01723K

17WC01723K	LEINBERGER, MARY JANE	14		3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00
ERNEST J FINIZIO - ALDENE E.S.	1/6/2017	1/6/2017	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING OUT OF MAIN OFFICE, SLIPPED & FELL ON LT KNEE				3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00
Total by Claim Number 1 Claim				3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00

Claim Number: 17WC01823R

17WC01823R	CHIANO, DEBORAH	14		1.00	0.00	0.00	0.00	0.00	0.00	1.00
ROSELLE PARK HS	1/19/2017	3/2/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING WITH STUDENTS, BENT DOWN TO CUT T SHIRT FELT PULL IN LOWE				1.00	0.00	0.00	0.00	0.00	0.00	1.00
Total by Claim Number 1 Claim				1.00	0.00	0.00	0.00	0.00	0.00	1.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				1.00	0.00	0.00	0.00	0.00	0.00	1.00





NEW CLAIMS

January 2017

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
Total by Major Coverage 420 Claims			1,534,059.00	159,171.85	1,262,241.66	0.00	0.00	20,250.00	0.00	2,975,722.51
			274,091.43	148,249.85	144,479.96	0.00	0.00	0.00	0.00	566,821.24
			1,259,967.57	10,922.00	1,117,761.70	0.00	0.00	20,250.00	0.00	2,408,901.27

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 17GL01002L

17GL01002L	HUBER, HOWARD	21	0.00	0.00	467.35	0.00	0.00	0.00	0.00	467.35
ISELIN JUNIOR HIGH SCHOOL	1/5/2017	1/5/2017	2/ 2/2017	0.00	0.00	467.35	0.00	0.00	0.00	467.35
ALLEGES TREE BRANCH FELL DAMAGING NEIGHBORING FENCE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	0.00	467.35	0.00	0.00	0.00	0.00	467.35
			0.00	0.00	467.35	0.00	0.00	0.00	0.00	467.35
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17GL01007N

17GL01007N	WARD, RAZMIRE	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
NEW HORIZON COMM CHARTER S	1/4/2017	1/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT FELL ON HIS LT KNEE WHILE PLAYING SOCCER IN THE GYM				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00

Claim Number: 17GL01022N

17GL01022N	GETOUTE, JAMESCEN	20	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
SOJOURNER TRUTH M.S.	1/10/2017	1/17/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FALLING IN THE HALLWAY ON A WET SPOT SUSTAINED INJURY				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00





NEW CLAIMS

January 2017

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			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: 17GL01026L										
17GL01026L	Lagman Lopez , Gabriel	22	0.00	0.00	0.00	0.00	0.00	0.00	500.00	500.00
NICHOLAS ORESKO	1/17/2017	1/18/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHEMICAL EMISSION				0.00	0.00	0.00	0.00	0.00	500.00	500.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	500.00	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	0.00	0.00	500.00	500.00
Claim Number: 17GL01028H										
17GL01028H	FRIGIOLA, RYAN	23	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
VILLAGE E.S.	1/15/2017	1/20/2017	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS STRUCK BY AN OLD LUNCH TABLE THAT FELL OFF THE WALL				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total by Claim Number 1 Claim			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Claim Number: 17GL01031H										
17GL01031H	PAGLIA, BOB	21	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
OCEAN TWP. BOARD OF EDUCATIC	1/23/2017	1/23/2017	1/26/2017	0.00	0.00	500.00	0.00	0.00	0.00	500.00
ALLEGES A POST LEANING AGAINST A POLE FELL ON CLMITS CAR				0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

January 2017

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	500.00	0.00	0.00	0.00	500.00
				0.00	0.00	500.00	0.00	0.00	0.00	500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17GL01043H										
17GL01043H	MARESCA, HAYLEY	22		0.00	0.00	0.00	0.00	0.00	264.60	264.60
LLOYD ROAD ES	1/11/2017	1/30/2017	2/ 2/2017	0.00	0.00	0.00	0.00	0.00	264.60	264.60
ALLEGES HER GLASSES WERE KNOCKED OFF HER HEAD PLAYING BASKETB,				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	264.60	264.60
				0.00	0.00	0.00	0.00	0.00	264.60	264.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17GL01058H										
17GL01058H	AMANTEA, TYLER	22		0.00	0.00	0.00	0.00	0.00	3,500.00	3,500.00
LODI H.S.	1/26/2017	2/2/2017	Open	0.00	0.00	0.00	0.00	0.00	1,171.65	1,171.65
ALLEGES INJ IN GYM FELL PLAYING VOLLEYBALL				0.00	0.00	0.00	0.00	0.00	2,328.35	2,328.35
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	3,500.00	3,500.00
				0.00	0.00	0.00	0.00	0.00	1,171.65	1,171.65
				0.00	0.00	0.00	0.00	0.00	2,328.35	2,328.35
Claim Number: 17GL01059L										
17GL01059L	ROBERTS, NASHECA	21		0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
PS 15	1/24/2017	2/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DAMAGE TO VEHICLE FROM A FALLEN GATE				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00





NEW CLAIMS

January 2017

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	1,000.00	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
				0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
Claim Number: 17GL01075N											
17GL01075N	CASCANTE, MATHIAS		22	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00	
WATSESSING SCHOOL	1/31/2017	2/9/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALLEGES STUDENT INJURY IN GYM CLASS				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00	
Total by Claim Number 1 Claim				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00	
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	
				0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00	
Claim Number: 17GL01078N											
17GL01078N	ITURNEY, DINA		20	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00	
ELIZABETH BOARD OF EDUCATION	1/12/2017	2/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALLEGES FELL DOWN BLEACHERS				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: 17GL01108Q											
17GL01108Q	MANN, JAMAL		20	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00	
RYERSON SCHOOL	1/13/2017	2/22/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALLEGES TRIPPED OVER ANOTHER STUDENT WHO WAS SITTING ON FLOOR				15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00	





NEW CLAIMS

January 2017

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: 20 - GENERAL LIABILITY

Total by Claim Number 1 Claim	15,000.00	0.00	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	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	0.00	15,000.00

Claim Number: 17GL01111Q

17GL01111Q	IZELO GUERRA, BRANDON	20		1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
PASSAIC BOARD OF EDUCATION	1/23/2017	2/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BEING LEFT BEHIND ON A BUS				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

Total by Major Coverage 13 Claims	41,000.00	0.00	1,967.35	0.00	0.00	0.00	0.00	0.00	19,264.60	62,231.95
	0.00	0.00	967.35	0.00	0.00	0.00	0.00	0.00	1,436.25	2,403.60
	41,000.00	0.00	1,000.00	0.00	0.00	0.00	0.00	0.00	17,828.35	59,828.35

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 17AL01002H

17AL01002H	CAMPUS EYE GROUP,	33		0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
PRINCETON BOE	1/4/2017	1/6/2017	2/16/2017	0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
OV MIRROR STRUCK IV MIRROR				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: 17AL01004H





NEW CLAIMS

January 2017

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: 30 - AUTO LIABILITY

Claim Number: 17AL01004H

17AL01004H	WILLIG, TIMOTHY		31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
WILLIAM R. SATZ I.S.	1/5/2017	1/9/2017	1/17/2017	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
IV SALTING SCHOOL DRIVEWAY BACKED UP HITTING OV				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	1,000.00	0.00	0.00	0.00	0.00	1,000.00
				0.00	0.00	1,000.00	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

Claim Number: 17AL01008H

17AL01008H	BUTLER, DESIREE		31	0.00	0.00	2,269.30	0.00	0.00	0.00	0.00	2,269.30
ELIZABETH BOARD OF EDUCATION	1/9/2017	1/10/2017	2/7/2017	0.00	0.00	2,269.30	0.00	0.00	0.00	0.00	2,269.30
IV STRUCK OV				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	2,269.30	0.00	0.00	0.00	0.00	2,269.30
				0.00	0.00	2,269.30	0.00	0.00	0.00	0.00	2,269.30
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17AL01014N

17AL01014N	HUNTERDON CTY ED SRVS COM		31	0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
HUNTERDON COUNTY ED. SERVIC	1/17/2017	1/18/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ROAD WAS CLOSED TURNED AROUND TIRES GOT CAUGHT ON GUARD RAIL				0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1 Claim				0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	2,500.00

Claim Number: 17AL01015H





NEW CLAIMS

January 2017

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: 17AL01015H

17AL01015H	BERNER, MICHELE	31	0.00	321.00	955.57	0.00	0.00	0.00	0.00	1,276.57
BRICK TWP. BOARD OF EDUCATIO	1/17/2017	1/18/2017	Open	0.00	320.80	955.57	0.00	0.00	0.00	1,276.37
IV STRUCK OV				0.00	0.20	0.00	0.00	0.00	0.00	0.20
Total by Claim Number 1 Claim				0.00	321.00	955.57	0.00	0.00	0.00	1,276.57
				0.00	320.80	955.57	0.00	0.00	0.00	1,276.37
				0.00	0.20	0.00	0.00	0.00	0.00	0.20

Claim Number: 17AL01019H/01

17AL01019H/01	TEMPLE BETH OR	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
BRICK TWP. BOARD OF EDUCATIO	1/19/2017	1/19/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LEAVING TEMPLE BETH OR PARKING LOT MISJUDGED HEIGHT STRUCK OVEF				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: 17AL01022L/01

17AL01022L/01	BARAHONA, ALEJANDRO	31	0.00	245.30	5,120.48	0.00	0.00	0.00	0.00	5,365.78
NORTH BERGEN BOARD OF EDUC	1/12/2017	1/23/2017	2/16/2017	0.00	245.30	5,120.48	0.00	0.00	0.00	5,365.78
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	245.30	5,120.48	0.00	0.00	0.00	5,365.78
				0.00	245.30	5,120.48	0.00	0.00	0.00	5,365.78
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17AL01022L/02





NEW CLAIMS

January 2017

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: 17AL01022L/02

17AL01022L/02	GLATTSTEIN, MELVYN	31		0.00	325.00	1,402.32	0.00	0.00	0.00	0.00	1,727.32
NORTH BERGEN BOARD OF EDUC/	1/17/2017	1/23/2017	2/16/2017	0.00	325.00	1,402.32	0.00	0.00	0.00	0.00	1,727.32
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	325.00	1,402.32	0.00	0.00	0.00	0.00	1,727.32
				0.00	325.00	1,402.32	0.00	0.00	0.00	0.00	1,727.32
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17AL01024N

17AL01024N	SORACCO, KELLY	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
VINELAND BOE OFFICE	1/6/2017	1/25/2017	3/ 2/2017	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
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	500.00	0.00	0.00	0.00	0.00	500.00
				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

Claim Number: 17AL01027N

17AL01027N	Drebby, Melissa	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
ATLANTIC COUNTY SPECIAL SERV	1/24/2017	1/25/2017	3/ 7/2017	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
IV STRUCK OV IN REAR				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	500.00	0.00	0.00	0.00	0.00	500.00
				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

Claim Number: 17AL01032L





NEW CLAIMS

January 2017

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: 30 - AUTO LIABILITY

Claim Number: 17AL01032L

17AL01032L	ENCALADA, WANDA	31		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
MANCHESTER TWP. HS	1/27/2017	1/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV				0.00	0.00	1,000.00	0.00	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	0.00	1,000.00
				0.00	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	0.00	1,000.00

Claim Number: 17AL01033L

17AL01033L	Y SU, JAMES	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
NORTHERN VALLEY REG BOE	1/25/2017	1/31/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV BACKED UP AND STRUCK OV				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: 17AL01036L/01

17AL01036L/01	TORAN, STEVEN	31		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
BAYONNE BOARD OF EDUCATION	1/31/2017	2/2/2017	2/23/2017	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
INSURED DRIVER HAD A SEIZURE WHILE DRIVING STRUCK 3 PARKED VEHICL				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	500.00	0.00	0.00	0.00	0.00	500.00
				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

Claim Number: 17AL01036L/02





NEW CLAIMS

January 2017

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: 17AL01036L/02

17AL01036L/02	DEROSA, MAURO	31		0.00	206.00	1,726.00	0.00	0.00	0.00	0.00	1,932.00
BAYONNE BOARD OF EDUCATION	1/31/2017	2/10/2017	2/23/2017	0.00	206.00	1,726.00	0.00	0.00	0.00	0.00	1,932.00
INSURED DRIVER HAD A SEIZURE WHILE DRIVING STRUCK 3 PARKED VEHICL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	206.00	1,726.00	0.00	0.00	0.00	0.00	1,932.00
				0.00	206.00	1,726.00	0.00	0.00	0.00	0.00	1,932.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17AL01053L

17AL01053L	DIXON, AMY	31		0.00	750.00	1,000.00	0.00	0.00	0.00	0.00	1,750.00
SOUTH BRUNSWICK BOE	1/31/2017	2/8/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV				0.00	750.00	1,000.00	0.00	0.00	0.00	0.00	1,750.00
Total by Claim Number 1 Claim				0.00	750.00	1,000.00	0.00	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	750.00	1,000.00	0.00	0.00	0.00	0.00	1,750.00

Claim Number: 17AL01064H

17AL01064H	ALVARADO-TAVAREZ, JA	33		0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
CLIFFSIDE PARK BOARD OF EDUC	1/27/2017	2/15/2017	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCKED PARKED OV				0.00	0.00	1,000.00	0.00	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	0.00	1,000.00
				0.00	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	0.00	1,000.00

Claim Number: 17AL01074H





NEW CLAIMS

January 2017

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: 17AL01074H

17AL01074H	CHAUHAM, SHRUTI	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
HUDSON CNTY VO-TECH	1/26/2017	2/22/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV TAKING OFF BUMPER & SCRAPING DRIVER SIDE			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: 17AL01077Q

17AL01077Q	ALVARADO, MARIA	30	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
ELIZABETH BOARD OF EDUCATION	1/6/2017	2/23/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PAX INJURY IN MVA			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: 17AL01087N

17AL01087N	ALIEV, JUMA	30	100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
TRANSPORTATION DEPT	1/13/2017	3/2/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONTRACT VENDOR MVA PAX INJURY			100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total by Claim Number 1 Claim			100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00

Claim Number: 17AL01089N





NEW CLAIMS

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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 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: 30 - AUTO LIABILITY

Claim Number: 17AL01089N

17AL01089N	WILSON, WILLIAM	30		10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00
TRENTON BOARD OF EDUCATION	1/23/2017	3/2/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MVA PAX INJURY				10,000.00	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	10,000.00
				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	10,000.00
Total by Major Coverage 20 Claims				20,100.00	1,847.30	22,473.67	0.00	0.00	0.00	44,420.97
				0.00	1,097.10	14,973.67	0.00	0.00	0.00	16,070.77
				20,100.00	750.20	7,500.00	0.00	0.00	0.00	28,350.20

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 17AL01000H

17AL01000H	SOUTH PLAINFIELD BOE	40		0.00	231.20	4,024.62	0.00	0.00	0.00	4,255.82
SOUTH PLAINFIELD	1/3/2017	1/4/2017	1/24/2017	0.00	231.20	4,024.62	0.00	0.00	0.00	4,255.82
OV STRUCK IV IN INTERSECTION				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	231.20	4,024.62	0.00	0.00	0.00	4,255.82
				0.00	231.20	4,024.62	0.00	0.00	0.00	4,255.82
				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 17AL01011N

17AL01011N	SOMERSET CTY ESC BOE	40		0.00	272.70	4,979.20	0.00	0.00	0.00	5,251.90
SOMERSET CNTY ED.SERVICES C	1/10/2017	1/11/2017	3/ 7/2017	0.00	272.70	4,979.20	0.00	0.00	0.00	5,251.90
IVD FOOT WAS WET WENT TO APPLY BRAKE FOOT SLIPPED OFF HITTING WA				0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

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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 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	272.70	4,979.20	0.00	0.00	0.00	0.00	5,251.90
				0.00	272.70	4,979.20	0.00	0.00	0.00	0.00	5,251.90
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17AL01016H											
17AL01016H	HUNTERDON CENTRAL/FLEMINC	40		0.00	300.00	5,000.00	0.00	0.00	0.00	0.00	5,300.00
HUNTERDON CENTRAL HS & FLEM	1/17/2017	1/18/2017	Open	0.00	293.80	1,146.88	0.00	0.00	0.00	0.00	1,440.68
OV STRUCK IV				0.00	6.20	3,853.12	0.00	0.00	0.00	0.00	3,859.32
Total by Claim Number 1 Claim				0.00	300.00	5,000.00	0.00	0.00	0.00	0.00	5,300.00
				0.00	293.80	1,146.88	0.00	0.00	0.00	0.00	1,440.68
				0.00	6.20	3,853.12	0.00	0.00	0.00	0.00	3,859.32
Claim Number: 17AL01017L											
17AL01017L	WOODBRIIDGE TWP BOE	40		0.00	225.30	5,000.00	0.00	0.00	0.00	0.00	5,225.30
WOODBRIIDGE BOARD OF EDUCAT	1/10/2017	1/18/2017	Open	0.00	225.30	1,450.84	0.00	0.00	0.00	0.00	1,676.14
OV STRUCK IV				0.00	0.00	3,549.16	0.00	0.00	0.00	0.00	3,549.16
Total by Claim Number 1 Claim				0.00	225.30	5,000.00	0.00	0.00	0.00	0.00	5,225.30
				0.00	225.30	1,450.84	0.00	0.00	0.00	0.00	1,676.14
				0.00	0.00	3,549.16	0.00	0.00	0.00	0.00	3,549.16
Claim Number: 17AL01036L											
17AL01036L	BAYONNE BOE	40		0.00	165.50	1,904.89	0.00	0.00	0.00	0.00	2,070.39
BAYONNE BOARD OF EDUCATION	1/31/2017	2/2/2017	2/14/2017	0.00	165.50	1,904.89	0.00	0.00	0.00	0.00	2,070.39
INSURED DRIVER HAD A SEIZURE WHILE DRIVING STRUCK 3 PARKED VEHICL				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00





NEW CLAIMS

January 2017

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	165.50	1,904.89	0.00	0.00	0.00	0.00	2,070.39
				0.00	165.50	1,904.89	0.00	0.00	0.00	0.00	2,070.39
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17AL01039L											
17AL01039L	JERSEY CITY BOE		40	0.00	159.50	2,432.10	0.00	0.00	0.00	0.00	2,591.60
JERSEY CITY PUBLIC SCHOOLS	1/29/2017	2/3/2017	2/16/2017	0.00	159.50	2,432.10	0.00	0.00	0.00	0.00	2,591.60
IV STRUCK GATE/POLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				0.00	159.50	2,432.10	0.00	0.00	0.00	0.00	2,591.60
				0.00	159.50	2,432.10	0.00	0.00	0.00	0.00	2,591.60
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17AL01060H											
17AL01060H	EAST BRUNSWICK TWP BOE		40	0.00	0.00	1,428.46	0.00	0.00	0.00	0.00	1,428.46
E BRUNSWICK TRANSPORTATION	1/27/2017	2/13/2017	2/16/2017	0.00	0.00	1,428.46	0.00	0.00	0.00	0.00	1,428.46
IV STRUCK TELEPHONE POLE DAMAGING BUS MIRROR				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	1,428.46	0.00	0.00	0.00	0.00	1,428.46
				0.00	0.00	1,428.46	0.00	0.00	0.00	0.00	1,428.46
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17AL01085L											
17AL01085L	SOUTH PLAINFIELD BOE		40	0.00	550.00	5,000.00	0.00	0.00	0.00	0.00	5,550.00
SOUTH PLAINFIELD	1/9/2017	3/1/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK FENCE POST AT MIDDLE SCHOOL				0.00	550.00	5,000.00	0.00	0.00	0.00	0.00	5,550.00





NEW CLAIMS

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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 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	550.00	5,000.00	0.00	0.00	0.00	0.00	5,550.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	550.00	5,000.00	0.00	0.00	0.00	0.00	5,550.00
Total by Major Coverage 8 Claims				0.00	1,904.20	29,769.27	0.00	0.00	0.00	0.00	31,673.47
				0.00	1,348.00	17,366.99	0.00	0.00	0.00	0.00	18,714.99
				0.00	556.20	12,402.28	0.00	0.00	0.00	0.00	12,958.48
Major Coverage: 70 - PROPERTY											
Claim Number: 17PR01000D											
17PR01000D	ELMWOOD PARK BOE	70		5,000.00	0.00	15,267.96	0.00	0.00	0.00	0.00	20,267.96
GANTNER AVE ES	1/3/2017	1/4/2017	3/ 7/2017	5,000.00	0.00	15,267.96	0.00	0.00	0.00	0.00	20,267.96
ALLEGES PIPE BURST IN THE CONCRETE WALL IN THE BATHROOM				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim				5,000.00	0.00	15,267.96	0.00	0.00	0.00	0.00	20,267.96
				5,000.00	0.00	15,267.96	0.00	0.00	0.00	0.00	20,267.96
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 17PR01001L											
17PR01001L	BERNARDS TWP BOE	70		0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
RIDGE HS	1/9/2017	1/9/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES EXPERIENCING FOUL SEWER ODOR FROM HS CAFETERIA KITCHEN				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim				0.00	0.00	15,000.00	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	0.00
				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
Claim Number: 17PR01002L											





NEW CLAIMS

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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: 70 - PROPERTY

Claim Number: 17PR01002L

17PR01002L	WAYNE TWP BOE		70	0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
ANTHONY WAYNE MS	1/9/2017	1/10/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WATER LEAK COMING FROM 2ND FLOOR FLOODED 1ST & 2ND FLOORS				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
Total by Claim Number 1 Claim				0.00	0.00	15,000.00	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	0.00
				0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00

Claim Number: 17PR01004D

17PR01004D	WESTFIELD BOE		70	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
THOMAS EDISON INTERMEDIATE S	1/6/2017	1/13/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ELECTRICAL MALFUNCTION				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	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
				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 17PR01005L

17PR01005L	BOUND BROOK BOE		70	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
LAMONTE ANNEX SCHOOL	1/17/2017	1/17/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES BOILER IS LEAKING RESULTANT IN WATER DAMAGES				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
Total by Claim Number 1 Claim				0.00	0.00	10,000.00	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
				0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00

Claim Number: 17PR01006L





NEW CLAIMS

January 2017

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: 70 - PROPERTY

Claim Number: 17PR01006L

17PR01006L	PRINCETON PUBLIC BOE	70		0.00	0.00	7,500.00	0.00	0.00	0.00	789.90	8,289.90
JOHN WITHERSPOON MS	1/13/2017	1/18/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	789.90	789.90
ALLEGES HEATING COIL SPLIT RESULTANT IN DAMAGES				0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
Total by Claim Number 1 Claim				0.00	0.00	7,500.00	0.00	0.00	0.00	789.90	8,289.90
				0.00	0.00	0.00	0.00	0.00	0.00	789.90	789.90
				0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00

Claim Number: 17PR01007L

17PR01007L	ORANGE BOE	70		0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
HEYWOOD AVENUE SCHOOL	1/23/2017	1/24/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DOWNED TREE FROM NEIGHBORS YARD DAMAGED FENCE				0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
Total by Claim Number 1 Claim				0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	3,500.00	0.00	0.00	0.00	0.00	3,500.00

Claim Number: 17PR01009D

17PR01009D	LEAP ACADEMY CHARTER BOE	70		1,000.00	0.00	67,951.20	0.00	0.00	0.00	3,500.00	72,451.20
LEAP ACADEMY CHARTER SCHOOL	1/23/2017	1/24/2017	Open	1,000.00	0.00	67,951.20	0.00	0.00	0.00	0.00	68,951.20
ALLEGES DAMAGE TO ROOF DUE TO HIGH WINDS				0.00	0.00	0.00	0.00	0.00	0.00	3,500.00	3,500.00
Total by Claim Number 1 Claim				1,000.00	0.00	67,951.20	0.00	0.00	0.00	3,500.00	72,451.20
				1,000.00	0.00	67,951.20	0.00	0.00	0.00	0.00	68,951.20
				0.00	0.00	0.00	0.00	0.00	0.00	3,500.00	3,500.00

Claim Number: 17PR01010E





NEW CLAIMS

January 2017

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: 70 - PROPERTY

Claim Number: 17PR01010E

17PR01010E	ESSEX CTY VOC BOE	70	0.00	2,500.00	50,000.00	0.00	0.00	0.00	0.00	52,500.00
ESSEX CO. VOCATIONAL	1/27/2017	1/27/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WINDSTORM DAMAGE				0.00	2,500.00	50,000.00	0.00	0.00	0.00	52,500.00
Total by Claim Number 1 Claim				0.00	2,500.00	50,000.00	0.00	0.00	0.00	52,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	2,500.00	50,000.00	0.00	0.00	0.00	52,500.00

Claim Number: 17PR01011N

17PR01011N	BAYONNE BOE	70	0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
MIDTOWN COMMUNITY	1/25/2017	2/3/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIT AND RUN STRUCK PERIMETER FENCE				0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00
Total by Claim Number 1 Claim				0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00

Claim Number: 17PR01013D

17PR01013D	VINELAND CITY BOE	70	0.00	2,500.00	25,000.00	0.00	0.00	0.00	0.00	27,500.00
VINELAND SENIOR H.S. NORTH 9 &	1/23/2017	2/9/2017	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WIND STORM DAMAGE TO ROOF				0.00	2,500.00	25,000.00	0.00	0.00	0.00	27,500.00
Total by Claim Number 1 Claim				0.00	2,500.00	25,000.00	0.00	0.00	0.00	27,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	2,500.00	25,000.00	0.00	0.00	0.00	27,500.00





NEW CLAIMS

January 2017

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 11 Claims			6,000.00	5,000.00	226,719.16	0.00	0.00	0.00	4,289.90	242,009.06
			6,000.00	0.00	83,219.16	0.00	0.00	0.00	789.90	90,009.06
			0.00	5,000.00	143,500.00	0.00	0.00	0.00	3,500.00	152,000.00
Grand Totals: 472 Claims			1,601,159.00	167,923.35	1,543,171.11	0.00	0.00	20,250.00	23,554.50	3,356,057.96
			280,091.43	150,694.95	261,007.13	0.00	0.00	0.00	2,226.15	694,019.66
			1,321,067.57	17,228.40	1,282,163.98	0.00	0.00	20,250.00	21,328.35	2,662,038.30

