



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05000W

16WC05000W	DIAZ, JOANNE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARNIN	1/4/2016	1/4/2016	Open	420.60	243.00	0.00	0.00	0.00	0.00	0.00	663.60
STUDENT HAVING BEHAVIORAL OUTBURST AND GRABBED HIS R HAND/INDE				2,079.40	2.00	0.00	0.00	0.00	0.00	0.00	2,081.40
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				420.60	243.00	0.00	0.00	0.00	0.00	0.00	663.60
				2,079.40	2.00	0.00	0.00	0.00	0.00	0.00	2,081.40

Claim Number: 16WC05001Y

16WC05001Y	MARTINEZ, TARA		11	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
VINELAND SENIOR H.S. SOUTH 11	1/4/2016	1/4/2016	2/ 5/2016	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS UNDERNEATH CABINET PUTTING AWAY SUPPLIES WHEN SHE PUNCTUR				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: 16WC05002Y

16WC05002Y	MCARDLE, KATELYN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RIVER FRONT SCHOOL	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STEPPED IN HOLE IN UNEVEN PAVEMENT WALKED DOWN STAIRS STRAINED				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: 16WC05003K

16WC05003K	SCOTT, CHAD		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP M.S.	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON PAPER TOWEL AND FELL STRAINING L KNEE				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05004J										
16WC05004J	KAYE, DEBBIE	11		2,500.00	245.00	5,000.00	0.00	0.00	0.00	7,745.00
HOWARD B.BRUNNER ES	1/5/2016	1/5/2016	Open	14.67	243.00	817.99	0.00	0.00	0.00	1,075.66
WALKING IN CLASSROOM SLIPPED ON RICE AND FELL INJURED L KNEE TWIS				2,485.33	2.00	4,182.01	0.00	0.00	0.00	6,669.34
Total by Claim Number 1 Claim				2,500.00	245.00	5,000.00	0.00	0.00	0.00	7,745.00
				14.67	243.00	817.99	0.00	0.00	0.00	1,075.66
				2,485.33	2.00	4,182.01	0.00	0.00	0.00	6,669.34
Claim Number: 16WC05005B										
16WC05005B	KHULLAR, JUDITH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LEEDS AVENUE SCHOOL	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN STAIRS WITH STUDENTS SHE TRIPPED AND FELL ON STUDE				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: 16WC05006Y										
16WC05006Y	SCHILLING, CANDACE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
UNION-DEVEL LC (HUNT)	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS STANDING BY STUDENT WHO WENT TO HUG HER BUT SQUEEZED TO 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	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: 16WC05007K										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05007K

16WC05007K	FRIES, JUDITH		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PAULINE PETWAY ES	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS IN GYM DOING EXERCISES WITH STUDENTS WAS BITTEN ON L FOREARI				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: 16WC05008M

16WC05008M	GASKINS, DEBORAH		14	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
NORTH MAIN STREET SCHOOL	1/4/2016	1/5/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING IN BASEMENT WHERE HEAT WAS EXTREMELY HOT AND FELT DIZZ				0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00
Total by Claim Number 1 Claim				0.00	100.00	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
				0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00

Claim Number: 16WC05009W

16WC05009W	LOPEZ, KARELIS		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED UP STAIRS FALLING BACKWARDS INJURED L LEG, NECK, L SHOULDI				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: 16WC05010B

16WC05010B	FLANNERY, CAROLYN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	1/5/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTED TO BUCKLE A CHILDS SEAT BELT WAS BITTEN ON R FOREARM B				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05011Z										
16WC05011Z	HEANEY, ELIZABETH	10		34,468.00	1,193.00	25,068.00	0.00	0.00	0.00	60,729.00
J.F.K. MEMORIAL HIGH SCHOOL	1/2/2016	1/5/2016	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
WHILE PRACTICING WITH STUDENTS DURING BASKETBALL PRACTICE HYPEF				34,468.00	0.00	25,068.00	0.00	0.00	0.00	59,536.00
Total by Claim Number 1 Claim				34,468.00	1,193.00	25,068.00	0.00	0.00	0.00	60,729.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
				34,468.00	0.00	25,068.00	0.00	0.00	0.00	59,536.00
Claim Number: 16WC05013W										
16WC05013W	TORO, OMAR	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FRELINGHUYSEN MS	1/4/2016	1/6/2016	Open	1,588.16	243.00	0.00	0.00	0.00	0.00	1,831.16
TRYING TO CLOSE VALVE ON LEAKING PIPE WAS BURNED ON R ARM WITH H				911.84	2.00	0.00	0.00	0.00	0.00	913.84
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				1,588.16	243.00	0.00	0.00	0.00	0.00	1,831.16
				911.84	2.00	0.00	0.00	0.00	0.00	913.84
Claim Number: 16WC05014Y										
16WC05014Y	KENNEY, SANDRA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	1/4/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE PICKING UP A STUDENTF TO PUT HIM IN CAR SEAT FELT PAIN IN LOW				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: 16WC05015W										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05015W

16WC05015W	SHIVERS, KRISTIN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	1/5/2016	1/6/2016	Open	69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
STUDENT HAVING BEHAVIORAL OUTBURST THREW A METAL TOY CAR AT HE				2,430.46	2.00	0.00	0.00	0.00	0.00	0.00	2,432.46
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				69.54	243.00	0.00	0.00	0.00	0.00	0.00	312.54
				2,430.46	2.00	0.00	0.00	0.00	0.00	0.00	2,432.46

Claim Number: 16WC05016B

16WC05016B	FLOWERS, SAMANTHA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NUMBER 1 ES	1/5/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT HAVING AN OUTBURST GRABBED CLMT BY HAIR FROM BE				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: 16WC05017B

16WC05017B	MURRAY, BRANDI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SITTING IN CHAIR DURING FREE TIME TALKING WITH STUDENT, STUDENT BE				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: 16WC05018G

16WC05018G	SCHIRALDI, DONATO	10		10,000.00	1,193.00	0.00	0.00	0.00	0.00	0.00	11,193.00
TIMBER CREEK HIGH SCHOOL	1/5/2016	1/6/2016	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
CHANGING BASKETBALL NET, COMING DOWN LADDER LOST FOOTING AND F				10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				10,000.00	1,193.00	0.00	0.00	0.00	0.00	11,193.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	1,193.00
				10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00
Claim Number: 16WC05019K										
16WC05019K	WOJTOWICZ, MAGDELEA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
COPPERHILL ES	1/5/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS STRUCK IN BACK OF HEAD BY A BASKETBALL WHILE SUPERVISING STU				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: 16WC05020Y										
16WC05020Y	PALIATSAS-HAUGHEY, ELAINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
RIECK AVE ES	1/5/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REACHED OUT FROM HER WHEELCHAIR TO OPEN DOOR STRUCK HEAD ON I				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: 16WC05021Y										
16WC05021Y	TURKESHI, DZARIJE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #4 ES	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE OPENING A CAN OF FRUIT, CUT L INDEX FINGER ON LID OF CAN				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: 16WC05022K										



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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: 16WC05022K

16WC05022K	NIEVES, COSMITA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAKESIDE MS	1/6/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TURNED TO PROGRAM COMPUTER WHEN A STUDENT THREW A BROKEN PEI				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: 16WC05023W

16WC05023W	KURDES, CELIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATLANTIC HIGHLANDS ES	1/6/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PLUMBING ISSUES WATER LEAK TURNED TO ICE WALKING TO BLDG SLIPPEE				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: 16WC05024Z

16WC05024Z	MCKENNA, JOSEPHINE	10		2,500.00	1,193.00	1,369.00	0.00	0.00	0.00	0.00	5,062.00
PARK AVENUE SCHOOL	1/6/2016	1/7/2016	Open	320.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,513.00
CLMT WAS IN THE GYM WITH STUDENTS KICKED THE BALL SIDEWAYS FELT F				2,180.00	0.00	1,369.00	0.00	0.00	0.00	0.00	3,549.00
Total by Claim Number 1 Claim				2,500.00	1,193.00	1,369.00	0.00	0.00	0.00	0.00	5,062.00
				320.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,513.00
				2,180.00	0.00	1,369.00	0.00	0.00	0.00	0.00	3,549.00

Claim Number: 16WC05025B

16WC05025B	CONSTANTINO, LISA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON SCHOOL	1/5/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO SIT A STUDENT DOWN THAT WAS RESISTING, STUDENT BIT L FOF				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05026W										
16WC05026W	LIST, WENDY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PERRY L. DREW E.S.	1/5/2016	1/7/2016	Open	245.18	243.00	0.00	0.00	0.00	0.00	488.18
CLMT TRIPPED AND FELL ON THE SIDEWALK INJ RT KNEE				2,254.82	2.00	0.00	0.00	0.00	0.00	2,256.82
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				245.18	243.00	0.00	0.00	0.00	0.00	488.18
				2,254.82	2.00	0.00	0.00	0.00	0.00	2,256.82
Claim Number: 16WC05027Y										
16WC05027Y	ASTO, FLORENCIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN ES	1/6/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CLMT WENT TO PICK UP A SPEC ED STUDENT FROM THE FLOOR TO PUT HIM				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: 16WC05028B										
16WC05028B	DOUGHERTY, CHRISTINE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
DELSEA REG HS	1/6/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REACHING FOR AN ITEM IN CLASSROOM A WOODEN BOARD FELL HIT CLMT C				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: 16WC05029K										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05029K

16WC05029K	HARRIS, GEORGE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN VALLEY OLD TAPPAN F	1/7/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS SITTING AT DESK ON PHONE WHEN A 13LB METAL AIR CONDITIONER VE				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: 16WC05030K

16WC05030K	KOCHARIAN, KATAYOUN	14		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
EDISON SCHOOL	1/6/2016	1/7/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PLAYING BASKETBALL WITH STUDENTS IN GYM JUMPED & STEPPED ON A ST				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: 16WC05031Y

16WC05031Y	KANE, KAREN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FRANKLIN TWP (WAR)	1/5/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HIT HER DIRECTLY IN HER LT EYE WITH A PLASTIC TOY				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: 16WC05032B

16WC05032B	MELENDEZ, JOSHUA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT MORROW HS	1/5/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
HIT IN HIS RT EYE BY A STUDENT WHO WAS HAVING A BEHAVIORAL OUTBUR				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05033W										
16WC05033W	ORNELAS, BARBARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL BIT HER ON THE LT HAND & MIDDLE FINGE				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: 16WC05034K										
16WC05034K	CANNON, EMILY	11		3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00
BRIDGETON SENIOR H.S.	1/5/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LIFTING A STUDENT'S HEAVY BOOK BAG IN THE LIBRARY DROPPED IT FELT F				3,500.00	0.00	0.00	0.00	0.00	0.00	3,500.00
Total by Claim Number 1 Claim				3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				3,500.00	0.00	0.00	0.00	0.00	0.00	3,500.00
Claim Number: 16WC05035Y										
16WC05035Y	KOSTER, NANCY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	1/7/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HEADBUTTED & BIT ON HER RT ARM BY A STUDENT HAVING AN OUTBRUST, S				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: 16WC05036A										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05036A

16WC05036A	GIBBS, SHELEAH		10	2,500.00	245.00	0.00	0.00	0.00	3,500.00	0.00	6,245.00
DEPT OF TRANSPORTATION	1/4/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHEN SITTING IN BACK OF BUS 2 VEHICLES REAR-ENDED BUS WHILE MOVIN				2,500.00	2.00	0.00	0.00	0.00	3,500.00	0.00	6,002.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	3,500.00	0.00	6,245.00
				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	3,500.00	0.00	6,002.00

Claim Number: 16WC05037F

16WC05037F	FILGUEIRAS, JOHN		10	17,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	23,693.00
BURNETT JR. HIGH SCHOOL (UNIC	1/6/2016	1/6/2016	Open	125.00	1,193.00	1,031.91	0.00	0.00	0.00	0.00	2,349.91
ATTEMPTED TO SIT ON A ROLLER CHAIR, LEG OF CHAIR BROKE CAUSING HIM				17,375.00	0.00	3,968.09	0.00	0.00	0.00	0.00	21,343.09
Total by Claim Number 1 Claim				17,500.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	23,693.00
				125.00	1,193.00	1,031.91	0.00	0.00	0.00	0.00	2,349.91
				17,375.00	0.00	3,968.09	0.00	0.00	0.00	0.00	21,343.09

Claim Number: 16WC05038K

16WC05038K	KLEINSTEIN, MARY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BEDWELL ES	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT CAME @ HER & HIT HER HARD WITH A MATH BOARD ON HER RT HA				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: 16WC05039A

16WC05039A	PASCUAL, CLAUDIO		10	20,000.00	2,743.00	74,000.00	0.00	0.00	0.00	0.00	96,743.00
FRANKLIN NO. 3 ELEM.	1/6/2016	1/6/2016	Open	293.67	1,193.00	3,134.92	0.00	0.00	0.00	0.00	4,621.59
FELT STRAIN TO HIS LOWER BACK AS THE RESULT OF LIFTING A HEAVY CAF				19,706.33	1,550.00	70,865.08	0.00	0.00	0.00	0.00	92,121.41



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				20,000.00	2,743.00	74,000.00	0.00	0.00	0.00	96,743.00
				293.67	1,193.00	3,134.92	0.00	0.00	0.00	4,621.59
				19,706.33	1,550.00	70,865.08	0.00	0.00	0.00	92,121.41
Claim Number: 16WC05040B										
16WC05040B	EUSTIS, JACQUELINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TEAM ACADEMY CHARTER BOE	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DIRECTING SCHOOL BUSES WHEN COP ON A SCOOTER RAN INTO 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: 16WC05042Y										
16WC05042Y	JESBY, BRIAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
UNION TWP ES (HUNTERDON)	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPLICING A CABLE, CABLE SLIPPED & RAN ACROSS HIS HAND CUTTING HIS F				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: 16WC05043K										
16WC05043K	RILEY, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CEDAR CREEK E.S.	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CHASING AFTER A SPEC ED STUDENT TRYING TO RUN OUT OF BLDG TRIPPE				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: 16WC05044K										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05044K

16WC05044K	LEO-VANDINE, RENEE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND SENIOR H.S. SOUTH 11	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STRUCK IN THE HEAD BY A BASKETBALL DURING GYM CLASS				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: 16WC05045M

16WC05045M	WRIGHT, GREGORY	10	32,500.00	1,193.00	55,713.00	0.00	0.00	0.00	0.00	89,406.00
ADULT REGIONAL HS	1/6/2016	1/8/2016	Open	220.60	1,193.00	3,484.00	0.00	0.00	0.00	4,897.60
CLMT TRIPPED OVER CARPET FELL DOWN STAIRS INJ LT FOOT, SHIN, ANKLE				32,279.40	0.00	52,229.00	0.00	0.00	0.00	84,508.40
Total by Claim Number 1 Claim				32,500.00	1,193.00	55,713.00	0.00	0.00	0.00	89,406.00
				220.60	1,193.00	3,484.00	0.00	0.00	0.00	4,897.60
				32,279.40	0.00	52,229.00	0.00	0.00	0.00	84,508.40

Claim Number: 16WC05046W

16WC05046W	CLAUDIA, DIAZ	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PISCATAWAY TWP H.S.	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WHILE LIFTING A FOLDING TABLE SHE FELT PAIN IN HER LOWER BACK				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: 16WC05047Y

16WC05047Y	GATTUSO, LAURI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GOVERNOR CHARLES C STRATTON	1/6/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
KICKED ON THE RT SIDE OF HER RIBS BY A STUDENT WHO WAS HAVING AN				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05048B										
16WC05048B	JAGHAB, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL SCRATCHED HIM ON LT FOREARM AFTER P				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 16WC05049Y										
16WC05049Y	DETIG, ALYSON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARTIN LUTHER KING E.S.	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL BIT ON HER RT THIGH BREAKING THE SKIN				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 16WC05050W										
16WC05050W	DENSTEN, DANA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP #3 E.S.	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO BREAK AWAY FROM STUDENT HAVING A BEHAVIORAL, HITTING 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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00
Claim Number: 16WC05051K										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05051K

16WC05051K	HESNEY, JONATHAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDISON SCHOOL	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP A FIGHT BETWEEN 2-3 STUDENTS WHEN A STUDENT PULLED A				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: 16WC05053W

16WC05053W	BALDANZA, SUZANNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	1/7/2016	1/7/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON A PAPER TOWEL & FELL FACE FIRST INTO THE SINK INJURING 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	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: 16WC05054B

16WC05054B	GARANJOST, BRITTON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TRENTON CENTRAL HS MAIN CAMI	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO STOP A STUDENT FROM ENTERING CLASSROOM, STUDENT PULL				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: 16WC05055B

16WC05055B	ABDALLAH, IBTISAM	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
INST.OF TECH - MEDFORD CAMPU:	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING INTO THE CLASSROOM SHE TRIPPED & FELL OVER A STUDENT'S B				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05056K										
16WC05056K	HOSACKER, LORI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
STERLING H.S.	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HIT HER RT ELBOW ON A DESK				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: 16WC05057Y										
16WC05057Y	MCCOMBS, KENDALL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL KICKED HER IN THE RT HAND				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: 16WC05058V										
16WC05058V	RAMIREZ-CUELLAR, MIRIAM	10		55,000.00	1,195.00	14,500.00	0.00	0.00	0.00	70,695.00
NUMBER 3 ES	1/8/2016	1/8/2016	Open	18.90	1,193.00	464.00	0.00	0.00	0.00	1,675.90
RUNNING TO GET A BALL, LOST HER BALANCE & FELL INJURING RT HAND, WI				54,981.10	2.00	14,036.00	0.00	0.00	0.00	69,019.10
Total by Claim Number 1 Claim				55,000.00	1,195.00	14,500.00	0.00	0.00	0.00	70,695.00
				18.90	1,193.00	464.00	0.00	0.00	0.00	1,675.90
				54,981.10	2.00	14,036.00	0.00	0.00	0.00	69,019.10
Claim Number: 16WC05059Y										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05059Y

16WC05059Y	WASHBURN, DAWN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HACKENSACK HS	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLICED HER LT SHIN ON OPEN BOTTOM DRAWER AS SHE WENT TO WALK & T			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: 16WC05060B

16WC05060B	MCNAMARA, KEVIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VILLAGE E.S.	1/4/2016	1/5/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LIFTING UP A LUNCH TABLE TO FOLD UP & PUT AWAY WHEN HE FELT A "TWE			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: 16WC05061B

16WC05061B	SANTIAGO, YAMIRA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMINISTRATIVE BUILDING	1/11/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
GETTING UP FROM HER DESK TOO FAST & HIT HER LT TOE/LT FOOT ON THE			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: 16WC05062W

16WC05062W	SHARPE, COURTNEY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HANNAH CALDWELL E.S. (UNION)	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT BIT HER LT FOREARM BREAKING THE SKIN			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05063V										
16WC05063V	WILSON, ALVIN	10		12,500.00	1,195.00	19,500.00	0.00	0.00	0.00	33,195.00
INST.OF TECH - WESTAMPTON	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED & FELL ON A PEAR THAT WAS LEFT ON THE FLOOR, INJURING LT KN				12,500.00	952.00	19,500.00	0.00	0.00	0.00	32,952.00
Total by Claim Number 1 Claim				12,500.00	1,195.00	19,500.00	0.00	0.00	0.00	33,195.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				12,500.00	952.00	19,500.00	0.00	0.00	0.00	32,952.00
Claim Number: 16WC05064B										
16WC05064B	FULMER, ANDREA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION DEPT	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STANDING UP TO ASSIST A STUDENT BUS MADE A SUDDEN STOP CAUSING F				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: 16WC05065Y										
16WC05065Y	CHESTNUTT, SHAQUON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MARION P THOMAS CHARTER SCH	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER A PIPE & FELL STRIKING HIS KNEE AGAINST THE SINK WHILE				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: 16WC05066Y										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05066Y

16WC05066Y	MOSER, ROBERT		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EISENHOWER E S	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CARRYING A FOOT LADDER WHEN HE DROPPED IT & JAMMED HIS RT WRIST IN				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: 16WC05067K

16WC05067K	USHAY, ELLEN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN ES	1/11/2016	1/11/2016	Open	266.90	243.00	0.00	0.00	0.00	0.00	0.00	509.90
HER LT HAND & PINKY FINGER WAS KICKED BY STUDENT WHO WAS TRYING				2,233.10	2.00	0.00	0.00	0.00	0.00	0.00	2,235.10
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
				266.90	243.00	0.00	0.00	0.00	0.00	0.00	509.90
				2,233.10	2.00	0.00	0.00	0.00	0.00	0.00	2,235.10

Claim Number: 16WC05068W

16WC05068W	AWICH, MARY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PISCATAWAY TWP H.S.	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON A FRENCH FRY, FALLING ONTO RT SIDE, STRAINING RT KNEE & I				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: 16WC05069B

16WC05069B	MCGARRIGAN, STEPHEN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRIPPED & FELL INJURING LT HAND, LT WRIST, RT FOOT & RT KNEE				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05070K										
16WC05070K	ZAZZARINO, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RARITAN VALLEY ES	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT JUMPED UP AND HIT HER IN THE JAW/CHIN WITH HEAD			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: 16WC05072W										
16WC05072W	TORO, MADELINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY ADULT SCHOOL	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REACHING & BENDING TRANSPORTING BOXES & FELT PAIN IN HER LOW BAC			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: 16WC05073Y										
16WC05073Y	SNYDER, DEBORAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KINGWOOD TWP ES	1/11/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT THREW HIMSELF DOWN ON HER ARM INJURING RT SHOULDER DUF			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: 16WC05074J										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05074J

16WC05074J	BRESS, KATHLEEN	10	37,500.00	1,195.00	12,000.00	0.00	0.00	0.00	0.00	50,695.00
CLAYTON BRD OF EDUC. & CLAYTON	1/11/2016	1/12/2016	Open	0.00	1,193.00	1,457.10	0.00	0.00	0.00	2,650.10
CONDUCTING A SCHOOL DANCE PROGRAM TRIPPED ON METAL MAT FELL LA				37,500.00	2.00	10,542.90	0.00	0.00	0.00	48,044.90
Total by Claim Number 1 Claim			37,500.00	1,195.00	12,000.00	0.00	0.00	0.00	0.00	50,695.00
			0.00	1,193.00	1,457.10	0.00	0.00	0.00	0.00	2,650.10
			37,500.00	2.00	10,542.90	0.00	0.00	0.00	0.00	48,044.90

Claim Number: 16WC05075K

16WC05075K	VIDAL, MARIA RAQUEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HENRY B. MILNES E.S.	1/12/2016	1/12/2016	Open	27.48	243.00	0.00	0.00	0.00	0.00	270.48
STUDENT THREW HIMSELF DOWN ON HER ARM INJURING RT SHOULDER				2,472.52	2.00	0.00	0.00	0.00	0.00	2,474.52
Total by Claim Number 1 Claim			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
			27.48	243.00	0.00	0.00	0.00	0.00	0.00	270.48
			2,472.52	2.00	0.00	0.00	0.00	0.00	0.00	2,474.52

Claim Number: 16WC05076Y

16WC05076Y	CIERI, KIM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JONATHAN DAYTON H.S.	1/11/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN THE MAIN OFFICE CLMT'S HEEL WENT OUT FROM UNDER HER FI				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05077F

16WC05077F	GREENE, CATHLEEN	10	17,500.00	1,193.00	21,000.00	0.00	0.00	0.00	0.00	39,693.00
COLONIA HIGH SCHOOL	1/11/2016	1/11/2016	Open	8.94	1,193.00	0.00	0.00	0.00	0.00	1,201.94
LOST HER BALANCE & FELL STRIKING HER HAND AGAINST A WOODEN CABIN				17,491.06	0.00	21,000.00	0.00	0.00	0.00	38,491.06



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				17,500.00	1,193.00	21,000.00	0.00	0.00	0.00	39,693.00
				8.94	1,193.00	0.00	0.00	0.00	0.00	1,201.94
				17,491.06	0.00	21,000.00	0.00	0.00	0.00	38,491.06
Claim Number: 16WC05079Z										
16WC05079Z	ARICO, ANNMARIE	14		2,500.00	1,193.00	1,866.42	0.00	0.00	0.00	5,559.42
STONY BROOK ES	1/12/2016	1/12/2016	Open	9.49	243.00	0.00	0.00	0.00	0.00	252.49
CHASING AFTER A STUDENT THAT RAN OUTSIDE HAVING AN OUTBURST, SHI				2,490.51	950.00	1,866.42	0.00	0.00	0.00	5,306.93
Total by Claim Number 1 Claim				2,500.00	1,193.00	1,866.42	0.00	0.00	0.00	5,559.42
				9.49	243.00	0.00	0.00	0.00	0.00	252.49
				2,490.51	950.00	1,866.42	0.00	0.00	0.00	5,306.93
Claim Number: 16WC05080B										
16WC05080B	KINDZIERSKI, VICKIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON IRVINGTON ES	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING UP THE STAIRS WHEN SHE STUMBLED ON THE LAST STEP & FELL I				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: 16WC05081B										
16WC05081B	RUFF, MARK	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LUMBERTON CAMPUS	1/8/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO DIRECT SPEC ED STUDENT THAT WAS IN THE WRONG AREA				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: 16WC05082FP										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05082FP

16WC05082FP	LAWTON, MEGHAN	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
IGNACIO CRUZ EARLY CHILDHOOD	1/12/2016	1/13/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT HAD A PANIC ATTACK DUE TO STUDENT HAVING A BEHAVIOR ISSUE W.				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: 16WC05083K

16WC05083K	RYAN, CHRISTINE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALBERT P TERHUNE E.S.	1/12/2016	1/12/2016	Open	265.63	243.00	0.00	0.00	0.00	0.00	508.63
STUDENT HAVING A BEHAVIORAL BIT HER ON THE LT FOREARM BREAKING T				2,234.37	2.00	0.00	0.00	0.00	0.00	2,236.37
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				265.63	243.00	0.00	0.00	0.00	0.00	508.63
				2,234.37	2.00	0.00	0.00	0.00	0.00	2,236.37

Claim Number: 16WC05084B

16WC05084B	COLLINS, ELIZABETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PINES LAKE E.S.	1/12/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING BACKWARDS ON MAT SHE TRIPPED OVER IT, FELL ON HARD FLOOR				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: 16WC05085W

16WC05085W	DAVIS, KARIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	1/11/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HEADBUTTED HER IN THE FACE, CAUSING BRUISING OF THE LT EY				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05086Y										
16WC05086Y	STERBACH, EDWARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SALEM CTY ALTERNATIVE	1/12/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP A FIGHT BETWEEN 2 SPEC ED STUDENTS WAS HIT IN THE NOS				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: 16WC05087Y										
16WC05087Y	ZINBERG, GREGORY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
STONY BROOK ES	1/12/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT HAVING AN OUTBURST BIT LT ARM				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: 16WC05088W										
16WC05088W	EDWARDS, VANDORA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	1/4/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BUS WAS A COMPLETE STOP WAS REARENDED BY ANOTHER VEHICLE STRA				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: 16WC05089Y										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05089Y

16WC05089Y	OPANEL, VINCENT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALEM CTY ALTERNATIVE	1/12/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP A FIGHT & INJURED LT ELBOW, LT JAW & LT EAR			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: 16WC05090K

16WC05090K	O'BRIEN-OESTERLE, ERIN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ANTHONY WAYNE MS	1/6/2016	1/6/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING IN THE HALLWAY, STUDENT ACCIDENTALLY TRIPPED CAUSING HEF			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: 16WC05091Z

16WC05091Z	KRISTENSEN, MEGAN	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
THE SHORE CENTER FOR STUDEN	1/12/2016	1/13/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING TO TRASH CAN IN CLASSROOM LT ANKLE ROLLED STRAINED LT AN			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: 16WC05092W

16WC05092W	BRUNETTO, LORI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	1/13/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL HIT HER ON THE BACK OF THE HEAD, SHO			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05093B										
16WC05093B	EICHLER, GWEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON AVE ES	1/12/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL KICKED HER IN THE NOSE, EYE & FACE AB				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: 16WC05094B										
16WC05094B	KOSTER, MEGAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NUVIEW ACADEMY	1/13/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL PUNCHED HER SEVERAL TIMES ON HER FA				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: 16WC05095K										
16WC05095K	MADORMA, JILLIAN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	1/13/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT ROCKING BACK & FORTH IN ROCKING CHAIR WHEN IT WENT OVER				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: 16WC05096K										



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred 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: 16WC05096K

16WC05096K	RIVERA-DEJIMENEZ, OLGA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RICHARD STOCKTON ES	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HER PARTNER CLOSED THE DOOR ON HER LT THUMB				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: 16WC05097W

16WC05097W	DEUTSCH, LISA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMBURG ES	1/12/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL OUTBURST BIT HER ON HER RT UPPER ARI				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: 16WC05098B

16WC05098B	SCHULTZ, KERRI	11	3,501.00	243.00	0.00	0.00	0.00	0.00	0.00	3,744.00
BRIDGEWATER-RARITAN M S	1/6/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MICROWAVE SMOKING IN GIRL'S LOCKER ROOM HIT SURGE PROTECTOR AN				3,501.00	0.00	0.00	0.00	0.00	0.00	3,501.00
Total by Claim Number 1 Claim				3,501.00	243.00	0.00	0.00	0.00	0.00	3,744.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				3,501.00	0.00	0.00	0.00	0.00	0.00	3,501.00

Claim Number: 16WC05099Z

16WC05099Z	BONILLA, EUGENIA	10	2,500.00	1,193.00	5,226.00	0.00	0.00	0.00	0.00	8,919.00
SOEHL MIDDLE SCHOOL	1/13/2016	1/13/2016	Open	20.82	1,193.00	1,742.00	0.00	0.00	0.00	2,955.82
MOVING A DESK SHE TRIPPED ON A LOOSE TILE & FELL				2,479.18	0.00	3,484.00	0.00	0.00	0.00	5,963.18



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	1,193.00	5,226.00	0.00	0.00	0.00	0.00	0.00	0.00	8,919.00
	20.82	1,193.00	1,742.00	0.00	0.00	0.00	0.00	0.00	0.00	2,955.82
	2,479.18	0.00	3,484.00	0.00	0.00	0.00	0.00	0.00	0.00	5,963.18

Claim Number: 16WC05100F

16WC05100F	SYLVA, JENNIFER	10		2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
HACKENSACK HS	1/13/2016	1/13/2016	Open	170.27	1,193.00	0.00	0.00	0.00	0.00	1,363.27
DOING YOGA STRETCHES WITH THE STUDENTS SHE HAD PAIN IN HER LT KNI				2,329.73	0.00	0.00	0.00	0.00	0.00	2,329.73
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
				170.27	1,193.00	0.00	0.00	0.00	0.00	1,363.27
				2,329.73	0.00	0.00	0.00	0.00	0.00	2,329.73

Claim Number: 16WC05101V

16WC05101V	EYKYN, JANELLE	10		16,500.00	1,193.00	24,100.00	0.00	0.00	2,500.00	44,293.00
ELWOOD SCHOOL	1/12/2016	1/12/2016	Open	0.00	1,193.00	3,375.64	0.00	0.00	0.00	4,568.64
TRYING TO PREVENT A STUDENT FROM KILLING HIMSELF SHE WAS STABBEI				16,500.00	0.00	20,724.36	0.00	0.00	2,500.00	39,724.36
Total by Claim Number 1 Claim				16,500.00	1,193.00	24,100.00	0.00	0.00	2,500.00	44,293.00
				0.00	1,193.00	3,375.64	0.00	0.00	0.00	4,568.64
				16,500.00	0.00	20,724.36	0.00	0.00	2,500.00	39,724.36

Claim Number: 16WC05102Y

16WC05102Y	SOWELL, CAROLYN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHURCHILL J.H.S.	1/12/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT PULLED HER HAIR, SCRATCHED RT SIDE OF HER FACE & PULLED 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	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: 16WC05103Y



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05103Y

16WC05103Y	SAUNDERS, LORI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BATTLE HILL SCHOOL (UNION)	1/13/2016	1/14/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STANDING ON A CHAIR SHE FELL INJURING HER LT WRIST				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: 16WC05104W

16WC05104W	CLARKE, TAMMY	11		6,000.00	245.00	0.00	0.00	0.00	0.00	0.00	6,245.00
JOHN C. MILANESI ES	1/14/2016	1/14/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL HIT HER, INJURING HER RT HAND				6,000.00	2.00	0.00	0.00	0.00	0.00	0.00	6,002.00
Total by Claim Number 1 Claim				6,000.00	245.00	0.00	0.00	0.00	0.00	0.00	6,245.00
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				6,000.00	2.00	0.00	0.00	0.00	0.00	0.00	6,002.00

Claim Number: 16WC05105W

16WC05105W	SAMUELS, TROY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN DEVELOP. LEARNING CTI	1/12/2016	1/14/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE CHECKING LEAK IN DISHWASHER SOLUTION SANITIZER SPLASHED IN				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: 16WC05106B

16WC05106B	FERRER, GERARDO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ASSISTING A CO-WORKER WHO FELL, INJURED HIS LOWER BACK & HIPS				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05107G										
16WC05107G	ALMEYDA, ELIZABETH		10	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TRANSPORTATION	1/7/2016	1/7/2016	Open	194.14	243.00	0.00	0.00	0.00	0.00	437.14
WHILE DRIVING SCHOOL BUS WAS REAR ENDED BY ANOTHER CAR				2,305.86	2.00	0.00	0.00	0.00	0.00	2,307.86
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				194.14	243.00	0.00	0.00	0.00	0.00	437.14
				2,305.86	2.00	0.00	0.00	0.00	0.00	2,307.86
Claim Number: 16WC05108Y										
16WC05108Y	PARKS, DENNIS		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND MAINTENANCE	1/11/2016	1/12/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
LAYING ACROSS A ROCKER PANEL TO CHECK/CHANGE FUSES & INJURED HI				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: 16WC05109W										
16WC05109W	PIRES, SHANNON		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CENTER FOR LIFE LONG LEARNIN	1/13/2016	1/13/2016	Open	29.83	243.00	0.00	0.00	0.00	0.00	272.83
TRYING TO RESTRAIN STUDENT, STUDENT PUSHED HER INTO A WALL INJUR				2,470.17	2.00	0.00	0.00	0.00	0.00	2,472.17
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				29.83	243.00	0.00	0.00	0.00	0.00	272.83
				2,470.17	2.00	0.00	0.00	0.00	0.00	2,472.17
Claim Number: 16WC05110K										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05110K

16WC05110K	HULSE, CYNTHIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ATL CNTY SPEC SRV TRANSPORT/	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN BUS STEPS SHE MISSED A STEP & FELL, STRUCK THE BACK				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: 16WC05111B

16WC05111B	BROSCHARD, NICOLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP #3 E.S.	1/13/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL STRUCK HER IN THE FACE & NOSE, HER GL				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: 16WC05112Y

16WC05112Y	SANTOS, LEONIDES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GARFIELD AUXILLARY MS-HS	1/13/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SITTING IN CHAIR, CHAIR BROKE CAUSING HIM TO FALL ON THE FLOOR INJUI				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: 16WC05113W

16WC05113W	DEVITO, CAROL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BROOKSIDE ES	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAWS WALKING DOWN HALLWAY STUDENT RAN INTO HER SHE FELL INJURE				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	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	0.00	0.00	243.00
	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05114B

16WC05114B	FINLAY, RYAN	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	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRANSPORTING STUDENT WAS BITTEN ON TOP OF R WRIST				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: 16WC05115F

16WC05115F	FREEMAN, BETSY	10		12,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	38,693.00
THEUNIS DEY E.S.	1/14/2016	1/14/2016	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
WALKING INTO HALLWAY FROM CAFETERIA SLIPPED AND FELL ON A PENCIL				12,500.00	0.00	25,000.00	0.00	0.00	0.00	0.00	37,500.00
Total by Claim Number 1 Claim				12,500.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	38,693.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
				12,500.00	0.00	25,000.00	0.00	0.00	0.00	0.00	37,500.00

Claim Number: 16WC05116J

16WC05116J	ALONZO, JOSEPHINE	10		25,000.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	51,193.00
MILLBRIDGE SCHOOL	1/12/2016	1/15/2016	Open	0.00	1,193.00	464.00	0.00	0.00	0.00	0.00	1,657.00
WALKING ON SCHOOL HANDICAPPED SIDEWALK LOST HER FOOTING FELL IN				25,000.00	0.00	24,536.00	0.00	0.00	0.00	0.00	49,536.00
Total by Claim Number 1 Claim				25,000.00	1,193.00	25,000.00	0.00	0.00	0.00	0.00	51,193.00
				0.00	1,193.00	464.00	0.00	0.00	0.00	0.00	1,657.00
				25,000.00	0.00	24,536.00	0.00	0.00	0.00	0.00	49,536.00

Claim Number: 16WC05117K



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05117K

16WC05117K	CANOSE, JUDITH		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL ES	1/13/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DURING MANDATORY CROSS WALK DUTY, STEPPED ON TREE BRANCH AND I				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: 16WC05118M

16WC05118M	BROWN, BRANDI		14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ADMIN OFFICE	1/15/2016	1/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHANGING A PICTURE FRAME DROPPED GLASS CUTTING L UPPER LEG				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: 16WC05119K

16WC05119K	REILLEY, JEREMY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DURING BUS DUTY WAS SMACKED REPEATEDLY ON HEAD AND SHOULDERS				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: 16WC05120K

16WC05120K	MURT, IRENE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COMMUNITY SCHOOL	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON SLIPPERY FLOOR AND FELL LANDING ON BOTH KNEES				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05121K										
16WC05121K	SANTANGELO, SAMANTHA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ABRAHAM CLARK HIGH SCHOOL	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
COMPUTER FELL AND HIT HER ON L FOOT IN GYM				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: 16WC05122K										
16WC05122K	LOGAN, CASSANDRA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDISON SCHOOL	1/14/2016	1/14/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON SPILLED WATER & FELL CAUSING STRAIN TO HER LT ANKLE/FOC				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: 16WC05123W										
16WC05123W	CORRIELAN, NICOLLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE HS	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS SQUEEZING MOP HANDLE STRUCK CEILING LIGHT AND LIGHT COVER FI				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: 16WC05124K										



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred 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: 16WC05124K

16WC05124K	DISTLER, ALLISON	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BERKELEY ES	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS IN CLOSET WHEN THE DOOR SLAMMED ON R ELBOW				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: 16WC05125V

16WC05125V	MARQUEZ, JOSE A.	10	10,000.00	1,195.00	2,600.00	0.00	0.00	0.00	0.00	13,795.00
HIGH SCHOOL	1/14/2016	1/14/2016	Open	0.00	243.00	1,630.26	0.00	0.00	0.00	1,873.26
WHILE BREAKING UP A FIGHT, STUDENT CAUSED HIM TO FALL INJURING RT I				10,000.00	952.00	969.74	0.00	0.00	0.00	11,921.74
Total by Claim Number 1 Claim				10,000.00	1,195.00	2,600.00	0.00	0.00	0.00	13,795.00
				0.00	243.00	1,630.26	0.00	0.00	0.00	1,873.26
				10,000.00	952.00	969.74	0.00	0.00	0.00	11,921.74

Claim Number: 16WC05126W

16WC05126W	COOK, GAYLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RADBURN E. S.	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PLUGGING IN SCHOOL COMPUTER WHEN SHE WAS SHOCKED INJURED R HA				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: 16WC05127Y

16WC05127Y	WERNER, AMBER	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTHERN HILLS ACADEMY	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING AN OUTBURST KICKHER HER ON HER RT HIP				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05128K										
16WC05128K	BECKFORD-SMITH, JUNE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MONTGOMERY HS	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING ON SIDEWALK SHE TRIPPED AND FELL ON UNEVEN PAVEMENT INJI				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: 16WC05129B										
16WC05129B	LEWIS-DEACON, STEPHANIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MANSION AVE ES	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT PUSHED DOOR AND SLAMMED ON L HAND POINTER AND MIDDLE F				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: 16WC05130K										
16WC05130K	PORTER, CATHERINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HAMILTON EAST-STEINART H.S.	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PLAYING KICKBALL IN GYM WITH STUDENTS, LOST BALANCE WHILE KICKING				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: 16WC05131W										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05131W

16WC05131W	PHILHOWER, BETHANY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHURCHILL J.H.S.	1/7/2016	1/14/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PULLING OUT A STEREO CART FROM THE WALL, STEREO FELL FROM CART &				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: 16WC05132Y

16WC05132Y	BELLO, ESMERIS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VETERANS MEMORIAL	1/14/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING IN CAFETERIA, TRIPPED AND FELL OVER STUDENTS FOOT INJUREI				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: 16WC05133W

16WC05133W	CASTILLO, TULIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KNOLLWOOD E.S.	1/13/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STANDING ON TABLE TO CHANGE A LIGHT BULB LOST HER BALANCE AND FE				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: 16WC05134K

16WC05134K	SMITH, TRACY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIGHT BEGINNINGS LEARNING CI	1/14/2016	1/15/2016	Open	15.54	243.00	0.00	0.00	0.00	0.00	0.00	258.54
STUDENT HAVING A BEHAVIORAL HEADBUTTED HER IN THE HEAD, NECK ANI				2,484.46	2.00	0.00	0.00	0.00	0.00	0.00	2,486.46



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				15.54	243.00	0.00	0.00	0.00	0.00	258.54
				2,484.46	2.00	0.00	0.00	0.00	0.00	2,486.46
Claim Number: 16WC05135W										
16WC05135W	HEWITT, JAMES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND TRANSPORTATION	1/14/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CUTTING A PIECE OF HEATER HOSE AND CUT R THUMB WITH RAZOR BLADE				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: 16WC05136K										
16WC05136K	MENDEZ, MARTICELLY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
LAMONTE ANNEX SCHOOL	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING BEHAVIORAL BIT HER R ARM BY SHOULDER				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: 16WC05137A										
16WC05137A	ROTHMAN, SHANNON	10		20,000.00	3,693.00	69,500.00	0.00	0.00	0.00	93,193.00
LEEDS AVENUE SCHOOL	1/15/2016	1/19/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HER FEET WERE CAUGHT UNDER CARPET AND CAUSED HER TO FALL ON BC				20,000.00	3,693.00	69,500.00	0.00	0.00	0.00	93,193.00
Total by Claim Number 1 Claim				20,000.00	3,693.00	69,500.00	0.00	0.00	0.00	93,193.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				20,000.00	3,693.00	69,500.00	0.00	0.00	0.00	93,193.00
Claim Number: 16WC05138T										



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred 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: 16WC05138T

16WC05138T	GRIFFIN-HOWELL, CAROL	10	15,000.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	26,193.00
HUNTERDON COUNTY ED. SERVIC	1/12/2016	1/19/2016	Open	0.00	1,193.00	504.96	0.00	0.00	0.00	1,697.96
A MANNEQUIN FELL DURING COSMETOLOGY CLASS FRACTURING R 2ND TOE				15,000.00	0.00	9,495.04	0.00	0.00	0.00	24,495.04
Total by Claim Number 1 Claim			15,000.00	1,193.00	10,000.00	0.00	0.00	0.00	0.00	26,193.00
			0.00	1,193.00	504.96	0.00	0.00	0.00	0.00	1,697.96
			15,000.00	0.00	9,495.04	0.00	0.00	0.00	0.00	24,495.04

Claim Number: 16WC05139W

16WC05139W	ALBERT, SHARON	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:	1/14/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SPEC ED STUDENT WAS HAVING AN OUTBURST GRABBLT THUMB FINGER AN				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05140W

16WC05140W	SHUBERT, PRISCILLA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALMOND ROAD PRE SCHOOL	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
AT SINK WASHING HER HANDS WITH STUDENT, STUDENT PULLED OFF HER E				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05141Z

16WC05141Z	HICKS, PHYLLIS	10	2,500.00	1,193.00	1,160.00	0.00	0.00	0.00	0.00	4,853.00
TRANSPORTATION DEPT	1/19/2016	1/19/2016	Open	0.00	1,193.00	464.00	0.00	0.00	0.00	1,657.00
GETTING ON SCHOOL BUS, DOORS CLOSED ON HER CAUSING STRAIN TO HE				2,500.00	0.00	696.00	0.00	0.00	0.00	3,196.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 10 - WORKERS' COMPENSATION											
Total by Claim Number 1 Claim				2,500.00	1,193.00	1,160.00	0.00	0.00	0.00	0.00	4,853.00
				0.00	1,193.00	464.00	0.00	0.00	0.00	0.00	1,657.00
				2,500.00	0.00	696.00	0.00	0.00	0.00	0.00	3,196.00
Claim Number: 16WC05142K											
16WC05142K	TETTA, PATRICIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIVINGSTON SENIOR HS	1/13/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TO CLASS & SLIPPED ON THE TILE 7 HIT HER HEAD ON THE WALL				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: 16WC05143Y											
16WC05143Y	CHOWDHURY, NAIMAH	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BRUNSWICK TOWNSHIP BF	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STOPPING STUDENT FROM RUNNING L RING AND MIDDLE FINGERS STRUCK				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: 16WC05144B											
16WC05144B	BOWMAN, CHARAI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMINISTRATION BUILDING	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING HEAVY BOXES SHE FELT A PULL IN HER LT SHOULDER/ARM				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: 16WC05145P											



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05145P

16WC05145P	MACCAUSLAND, ROBERT	10	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLD SPRINGS ES	1/14/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTING TO LIFT UP A SPEC ED STUDENT THAT REFUSED TO GET OFF T				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05146Y

16WC05146Y	SHARICK, MARTHA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ACADAMY LEARNING CENTER	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT TRIED TO BITE HER GRAZING HER R HAND WITH TEETH				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05147C

16WC05147C	DIAZ, ANNETTE	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
ADMINISTRATION BUILDING	1/11/2016	1/19/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPOSED TO DUST BURNING EYES, MOUTH				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	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: 16WC05148T

16WC05148T	CASEY, PAULA	15	25,000.00	243.00	55,707.70	0.00	0.00	2,000.00	0.00	82,950.70
MAYS LANDING CAMPUS	1/6/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
USING AN UNBALANCED STROLLER WAS PUSHED AND PULLED INJURED LOV				25,000.00	0.00	55,707.70	0.00	0.00	2,000.00	82,707.70



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 10 - WORKERS' COMPENSATION											
Total by Claim Number 1 Claim				25,000.00	243.00	55,707.70	0.00	0.00	2,000.00	0.00	82,950.70
				0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
				25,000.00	0.00	55,707.70	0.00	0.00	2,000.00	0.00	82,707.70
Claim Number: 16WC05149K											
16WC05149K	WORMLEY, SONYA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GREGORY SCHOOL (NEW)	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
GOING GOWN STAIRS WITH STUDENTS, LOST BALANCE AND FELL INJURED F				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: 16WC05150K											
16WC05150K	MARTIN-STEWART, KRISTY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BANKBRIDGE REG DEVELOPMENT.	1/14/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WHILE ASSISTING STUDENT TO CHAIR, STUDENT WAS BEING NON COMPLIAN				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: 16WC05151Y											
16WC05151Y	NICOLINI, TAMMY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EAGLESWOOD TWP ES	1/14/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS EXITING GYM L ANKLE ROLLED AS SHE STEPPED DOWN TO GROUND				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: 16WC05152B											



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05152B

16WC05152B	BAILEY, GARNELL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PLEASANTVILLE MS	1/11/2016	1/13/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
UNCOVERED VENTS IN THE SCHOOL & EXPERIENCED A HEADACHE, RUNNY I				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: 16WC05153B

16WC05153B	DELANEY, TERRANCE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY ADULT SCHOOL	1/18/2016	1/18/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SALTING THE SIDEWALK HE SLIPPED ON BLACK ICE INJURING RT SHOULDER				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: 16WC05154B

16WC05154B	RICCI, KAREN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #28 MATTHEW JAGO	1/8/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CEILING COLLAPSED IN MUSIC ROOM SHE RAN DOWN HALLWAY PAIN IN L KM				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: 16WC05155W

16WC05155W	BARNES, TERRY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PLEASANTVILLE MS	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
BREAKING UP FIGHT INJURED RING FINGER ON L HAND				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	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	0.00	0.00	243.00
	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05156B

16WC05156B	SVAT, HELENE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STEPPED OFF SCHOOL CURB & TWISTED HER RT ANKLE CAUSING HER TO F				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: 16WC05157W

16WC05157W	ACQUAVIVA, JEANNE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILLIAM R. SATZ I.S.	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS STRUCK ON L SIDE OF HEAD WITH BASKETBALL				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: 16WC05158W

16WC05158W	AWAN, NAGINA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALTERNATIVE DESIGN ACADEMY	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANING & STANDING ON A CHAIR WHEN SHE STEPPED DOWN & FELL INJU				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: 16WC05159K



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05159K

16WC05159K	SCALA, JOSEPH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VILLAGE E.S.	1/18/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL CAUSING STRAIN TO R ARM/WRIST				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05160Y

16WC05160Y	ABREU, JACOBO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PERTH AMBOY H.S.	1/16/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON A PIECE OF WOOD CAUSING HIM TO ALL & INJURE HIS RT HAND				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05161B

16WC05161B	DECKMAN, SUSAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JUDD SCHOOL	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS PLAYING BASKETBALL WITH STUDENTS INJURED HER MOUTH AND L WF				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05162W

16WC05162W	COSTA, MICHELE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILLIAM A MILLER ES	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELL ON BLACK ICE INJURED R SHOULDER/BICEP, HIP				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred Paid	Inurred 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										
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: 16WC05163V										
16WC05163V	BLACKWELL, ROBERT	10	10,000.00	245.00	5,500.00	0.00	0.00	0.00	0.00	15,745.00
RAHWAY HIGH SCHOOL	1/14/2016	1/19/2016	Open	0.00	243.00	915.40	0.00	0.00	0.00	1,158.40
BOX FELL FROM SHELF HITTING L SHOULDER			10,000.00	2.00	4,584.60	0.00	0.00	0.00	0.00	14,586.60
Total by Claim Number 1 Claim			10,000.00	245.00	5,500.00	0.00	0.00	0.00	0.00	15,745.00
			0.00	243.00	915.40	0.00	0.00	0.00	0.00	1,158.40
			10,000.00	2.00	4,584.60	0.00	0.00	0.00	0.00	14,586.60
Claim Number: 16WC05164W										
16WC05164W	DOTRO, NICOLE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCHOOL #27 PENNSYLVANIA AVE	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT GRABBED HER HAIR AND PULLED DOWN HAR INJURED NECK AND :			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: 16WC05165T										
16WC05165T	PREVARD, ALI	10	25,000.00	1,193.00	18,604.00	0.00	0.00	0.00	0.00	44,797.00
SILVER RUN ES	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS SHOWING STUDENTS HOW TO JUMP ROPE L ANKLE GAVE OUT			25,000.00	950.00	18,604.00	0.00	0.00	0.00	0.00	44,554.00
Total by Claim Number 1 Claim			25,000.00	1,193.00	18,604.00	0.00	0.00	0.00	0.00	44,797.00
			0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
			25,000.00	950.00	18,604.00	0.00	0.00	0.00	0.00	44,554.00
Claim Number: 16WC05166K										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05166K

16WC05166K	MARKS, CATHERINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PHILIP VROOM SCHOOL	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS PUSHED FROM BEHIND BY A STUDENT AND FELL INJURED L KNEE				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: 16WC05167B

16WC05167B	JACOBINI, NICHOLAS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE BUILDING	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING ON DOOR KNIFE BROKE PUNCTURING HIS R HAND				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: 16WC05168B

16WC05168B	MOODY, ELIZABETH	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:	1/15/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT SWEEPING STRUCK R HAND WITH BROOM AND SLAPPED HER IN N				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: 16WC05169K

16WC05169K	VANTREASE, RICHARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LACEY TWP H.S	1/14/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
PULLING CHAIRS OUT FROM DESK THE BACK OF CHAIR CAME DOWN CAUSIN				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05170W										
16WC05170W	JACUNSKI, EDWARD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BRUNSWICK SENIOR HS	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PULLING A OVER LOADED BAG OF GARBAGE FELT A SHARP PAIN TO HIS L AF				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: 16WC05171Y										
16WC05171Y	RIZZO, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL MS	1/18/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUTTING UP A ROPE TO BLOCK OFF PLAYGROUND DUE TO BLACK ICE HE FE				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: 16WC05172B										
16WC05172B	MEDINA, MARCELLA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FRANKLIN NO. 3 ELEM.	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS OUTSIDE AND FELL OVER A RAMP INJURED L KNEE				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: 16WC05173W										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05173W

16WC05173W	CHIARELLO, ARMANDO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRENTON HS WEST	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
FELL AND STRUCK HIS HEAD AGAINST BOILER AS HE WAS CARRYING BUCKE			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: 16WC05174K

16WC05174K	LAUTERWASSER, PAOLA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN TWP H.S.	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE AND FELL INJURED LOWER BACK, BUTTOCKS, R HIP, R SIDE			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: 16WC05175K

16WC05175K	MCCORMACK, KERRI	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLETOWN-NORTH HS	1/14/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT BECAME ENRANGED & THREW A TABLE @ HER, SHE TWISTED 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: 16WC05176W

16WC05176W	ZWONAR, KAREN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WDBG TRANSPORTATION DEPT	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STEPPED IN A HOLE IN BUS YARD AND FELL ON R KNEE, R THUMB			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05177Y										
16WC05177Y	GENITO, ROBERT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
NORTH BRUNSWICK SENIOR HS	1/16/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REPAIRING LIGHTS, CUTTING THE CABLES WITH PLIERS WHEN HE FELT A PC				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: 16WC05178P										
16WC05178P	CLARK, ADDISON	10		7,500.00	0.00	8,710.00	0.00	0.00	0.00	16,210.00
TRANSPORTATION DEPT	1/15/2016	1/20/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONNECTING A FILLER HOSE TO FUEL TANK HE WAS TWISTING AND REACHI				7,500.00	0.00	8,710.00	0.00	0.00	0.00	16,210.00
Total by Claim Number 1 Claim				7,500.00	0.00	8,710.00	0.00	0.00	0.00	16,210.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				7,500.00	0.00	8,710.00	0.00	0.00	0.00	16,210.00
Claim Number: 16WC05179B										
16WC05179B	ZAIN, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WASHINGTON SCHOOL	1/15/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WENT TO PICK UP A PIECE OF PAPER OFF FLOOR FELT SHARP PAIN IN LOW I				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: 16WC05180Z										



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	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: 16WC05180Z

16WC05180Z	ANDERSON, SUSAN	10		13,540.00	1,193.00	17,930.00	0.00	0.00	0.00	0.00	32,663.00
PERTH AMBOY H.S.	1/19/2016	1/20/2016	Open	0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
LEAVING WORK TRIPPED ON UNEVEN CONCRETE AND FELL INJURED L ANKLE				13,540.00	0.00	17,930.00	0.00	0.00	0.00	0.00	31,470.00
Total by Claim Number 1 Claim				13,540.00	1,193.00	17,930.00	0.00	0.00	0.00	0.00	32,663.00
				0.00	1,193.00	0.00	0.00	0.00	0.00	0.00	1,193.00
				13,540.00	0.00	17,930.00	0.00	0.00	0.00	0.00	31,470.00

Claim Number: 16WC05181W

16WC05181W	CONCEPCION-MCGRATH, SABRI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OCEAN ACADEMY	1/20/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
ATTEMPTED TO MOVE STUDENT, STUDENT BECAME AGGRESSIVE AND BIT 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: 16WC05182K

16WC05182K	VICARO, MICHELLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHURCHILL J.H.S.	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STRUCK ON HER MOUTH, FOREHEAD, NECK & LT EYE BY A STUDENT				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: 16WC05183K

16WC05183K	BARNES, QUANA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HIGH SCHOOL	1/7/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
MOVING A TABLE, THE TABLE FLIPPED OVER & FELL ONTO HER RT LEG, BRU				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05184W										
16WC05184W	CONWAY, KAMALA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ESSEX JR ACADEMY	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STRUCK BY A BASKETBALL IN THE LT EYE & CHEEK				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: 16WC05185Y										
16WC05185Y	ARROYO, JOANN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDMUND HMIELESKI	1/19/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PULLING COTS DOWN FROM A STACK INJURED HER L HAND				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: 16WC05186W										
16WC05186W	BUCZYNSKI, MARY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MILL POND E.S.	1/12/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRYING TO HELP STUDENT ONTO BUS PULLING STUDENT UP INJURED HER N				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: 16WC05187B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05187B

16WC05187B	KORTLAND, MAGNOLIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
OLD BRIDGE HS	1/21/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED AND FELL FROM CONDENSATION INJURED R WRIST				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: 16WC05188Y

16WC05188Y	GROCE, RACHEL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
NORTH STAR ACADEMY BOE	1/12/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT, STUDENT PULLED BACK HER L RING FINGER				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: 16WC05189K

16WC05189K	REACH, LISA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
M SCOTT CARPENTER ES	1/20/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CARRYING TEACHING ITEMS HER FOOT WENT OUT FROM UNDER HER CAUSI				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: 16WC05190B

16WC05190B	KATES, RANDALL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGETON SENIOR H.S.	1/11/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
FELL WHILE BREAKING UP FIGHT HITTING TAILBONE STRAINED LOWER BACK				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05191W										
16WC05191W	FRIEDENREICH, LOIS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION DEPT	1/8/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PULLED BOTTOM OF BUS DOOR & FELT A STRAIN IN HER NECK			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: 16WC05192Y										
16WC05192Y	PENDLEBURY, MACHEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN E SOOY JR ES	1/19/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WENT TO SIT DOWN STUDENT PULLED CHAIR CAUSING HER TO FALL INJURE			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: 16WC05194W										
16WC05194W	KELLY, THOMAS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GLOUCESTER CO. TECH & VOC HS	1/19/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REMOVING GRAFFITI FROM LOCKER SCRUBBING REALLY HARD INJURED R 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: 16WC05195K



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05195K

16WC05195K	ZOYAC, TIMOTHY	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WEST AVENUE E.S.	1/20/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
INVOLVED IN MVA INJURED R ANKLE, LEG, L HIP				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: 16WC05196W

16WC05196W	ZAUGG, DONNA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CLINTON ES	1/20/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING DOWN HALLWAY, SLIPPED AND FELL INJURING BOTH KNEES, L WR				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: 16WC05198K

16WC05198K	GANESAN, JANET	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WOODROW WILSON SCOOOL	1/21/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
PUTTING ITEMS ON BULLETIN BOARD & FELL AS SHE STEPPED DOWN OFF OI				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: 16WC05200Y

16WC05200Y	VACCARO, THERESA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE SHORE CENTER FOR STUDEN	1/21/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING A BEHAVIORAL BIT ON HER LT ARM BY WRIST, BROKE SKI				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05201Y										
16WC05201Y	BOYLE, CHRISTINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WEST FREEHOLD E.S.	1/21/2016	1/21/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WALKING & FELL TO THE GROUND INJURING HER RT KNEE, ANKLE & 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: 16WC05202Y										
16WC05202Y	FERTIG, SUE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HAMMARSKJOLD M.S.	1/20/2016	1/20/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT ACCIDENTALLY CUT HER LT HAND INDEX FINGER WICH SCISSORS				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: 16WC05203B										
16WC05203B	SOKOLOVIC, MICHELE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WOODBURY HIGH SCHOOL	1/15/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OUTSIDE OVER HER OWN FEET AND FELL INJURING R ARM				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: 16WC05204Y										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05204Y

16WC05204Y	DIADDEZIO, WILLIAM	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE SHOP	1/15/2016	1/15/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CARRYING A LADDER HE TRIPPED & SCRAPED LT EYE ON THE METAL UNIT				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: 16WC05206B

16WC05206B	CONTE, LORETTA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	1/20/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS SITTING AND STOOD UP TO SWEEP ON BUS HER FOOT WAS CAUGHT ON				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: 16WC05207Y

16WC05207Y	WIGGINS, YVETTE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MOTT SCHOOL (NEW)	1/20/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT HAVING BEHAVIORAL OUTBURST INJURED R WRIST				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: 16WC05208W

16WC05208W	SCARAFILLO, SORAYA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ROOSEVELT SCHOOL	1/20/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
RESTRAINING STUDENT DURING BEHAVIOR INJURED R THUMB				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05209Y										
16WC05209Y	DOSTER, BARBARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ALBERT P TERHUNE E.S.	1/21/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HANDING PAPERS TO STUDENT, STUDENT PULLED ON PAPERS CUTTING R P				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: 16WC05210K										
16WC05210K	HERNANDEZ, MINERVA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
EDMUND HMIELESKI	1/21/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON FOOD AND FELL INJURED HER HEAD, L SHOULDER AND KNEE				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: 16WC05212Y										
16WC05212Y	ONISCHUK, MICHAEL	14		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS JEFFERSON M.S.	1/22/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REACHING IN GYM BAG FOR DEODARANT CUT L MIDDLE FINGER ON HIS RAZ				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: 16WC05213P										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05213P

16WC05213P	CAMPISI, PETER		10	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MADISON PARK ES	1/21/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WORKING WITH CHILD, CHILD THREW TOY AND HIT HIM IN THE MOUTH				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: 16WC05214Y

16WC05214Y	AUSTIN, RUSSELL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTAMPTON	1/21/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WENT TO OPEN DOOR TO PUT TRASH CAN IN HALLWAY THE DOOR JAM HIT 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: 16WC05215W

16WC05215W	MORGAN, MELISSA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JOHNSTONE E.S.	1/21/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED AS A RESULT OF SALT BEING TRACED IN AND FELL CAUSING STRAI				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: 16WC05216K

16WC05216K	PROVOST, VICTORIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	1/20/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING FROM GYM HOLDING STUDENTS HAND, STUDENT BIT HER L BICEP				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	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	0.00	0.00	243.00
	2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05217K

16WC05217K	WHITEMAN, ROBYN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WINSLOW TWP #1 E.S.	1/19/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED OVER A CORD HANGING FROM CHROME BOOK CART AND FELL INJL				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05218Y

16WC05218Y	BERNARDO, ELEANOR	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JERSEY CITY COMMUNITY CHARTER	1/19/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WAS STRUCK IN FACE/JAW WHILE ATTEMPTING TO BREAK UP A FIGHT BETW				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	0.00	243.00
			2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00

Claim Number: 16WC05219Z

16WC05219Z	COBB, LISA	14	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00
JOYCE KILMER ES	1/20/2016	1/22/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PLAYING BASKETBALL WITH STUDENTS BALLS TRUCK R HAND INJURED FING				2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00
Total by Claim Number 1 Claim			2,500.00	0.00	0.00	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
			2,500.00	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00

Claim Number: 16WC05220K



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05220K

16WC05220K	JOHNSON, LARRY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HILLSBOROUGH MS	1/19/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
DOING CALISTHENICS WITH KIDS, FELT A PULL IN R KNEE				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: 16WC05221Y

16WC05221Y	KOCH, BRIDGET	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RAVINE DRIVE ES	1/22/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WAS PRICKED IN HER L HAND INDEX FINGER WHILE TREATING A DIABETIC 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: 16WC05222W

16WC05222W	PROL, STEPHANIE	11		3,500.00	243.00	0.00	0.00	0.00	0.00	0.00	3,743.00
ELEMENTARY SCHOOL	1/20/2016	1/22/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN GYM WEARING FLATS SHE KICKED AN EXERCISE BALL INJUREI				3,500.00	243.00	0.00	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	0.00	3,743.00
				0.00	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	0.00	3,743.00

Claim Number: 16WC05223W

16WC05223W	YU, JERRY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTFIELD SENIOR HS	1/16/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
CLEANING FLOOR, SLIPPED HITTING HIS R SIDE OF CHEST AREA ON CORNEF				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

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: 16WC05224K

16WC05224K	CATALANO, MARY ANN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VOTECH VS	1/20/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
MOVING A BOX IN KITCHEN FREEZER ANOTHER BOX FELL HITTING HER L EYI			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: 16WC05225B

16WC05225B	BOSCARINO, SANTO	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE WASHINGTON M.S.	1/22/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TAKING DOWN CHAIRS TO CLEAN OUT THAT WERE STUCK TOGETHER INJUR			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: 16WC05226K

16WC05226K	CALLAHAN, KENNETH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HACKENSACK HS	1/24/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SHOVELING SNOW INJURED L SHOULDER AND HAD SHORTNESS OF BREATH			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: 16WC05227Y



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05227Y

16WC05227Y	GRASSO, DONNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LANDIS INTERMEDIATE SCHOOL	1/21/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING SLIPPED ON OILY OR WATERY SUBSTANCE AND FELL ON L SIDE OF				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: 16WC05229T

16WC05229T	DUKES, CHARLES	14		25,000.00	0.00	46,082.18	0.00	0.00	0.00	0.00	71,082.18
HIGH SCHOOL	1/24/2016	1/25/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW FELT PAIN IN LOWER BACK ON R SIDE				25,000.00	0.00	46,082.18	0.00	0.00	0.00	0.00	71,082.18
Total by Claim Number 1 Claim				25,000.00	0.00	46,082.18	0.00	0.00	0.00	0.00	71,082.18
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				25,000.00	0.00	46,082.18	0.00	0.00	0.00	0.00	71,082.18

Claim Number: 16WC05230B

16WC05230B	HUBERT, COURTNEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BETTY MCELMON ES	1/21/2016	1/25/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
TRYING TO REDIRECT STUDENT DURING BEHAVIOR, STUDENT THREW HIMSE				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: 16WC05231K

16WC05231K	HATTON, LINDSEY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WEST END ELEMENTARY	1/22/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
STUDENT ACCIDENTALLY POKED HER IN HER RT EYE WITH HIS FINGER				2,500.00	2.00	0.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring	Incurring
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05232W										
16WC05232W	COBO, OSCAR	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS EDISON SCHOOL	1/22/2016	1/26/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
WENT TO SIT IN ROLLING CHAIR AND CHAIR ROLLED FROM UNDER HIM, FELL				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: 16WC05233B										
16WC05233B	TEEPLE, DANIELLE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
THE VILLAGE ES	1/22/2016	1/26/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
CUTTING VELCRO FOR CLASS PROJECT ACCIDENTLY CUT L HAND POINTER I				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: 16WC05235W										
16WC05235W	EISENHAUER, BARI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
KATHERINE D MALONE ES	1/19/2016	1/19/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT HAVING AN OUTBURST TRIED TO PINCH HER, SHE MOVED OUT OF				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: 16WC05236W										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05236W

16WC05236W	MARINO, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FREEHOLD TRANSPORTATION DEF	1/24/2016	1/24/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED & FELL ON SNOW WHILE LOADING A TRAILER INJURING BOTH KNEE				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: 16WC05237K

16WC05237K	COAKLEY, JAMES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	1/23/2016	1/24/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
SLIPPED & FELL ON SNOW INJURING HIS HEAD, RT ELBOW, RT HIP & BACK				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: 16WC05238W

16WC05238W	STONE, JACQUELINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
HACKENSACK HS	1/11/2016	1/11/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
TRIPPED & FELL OVER STUDENT'S BOOKBAG INJURING HER RT ANKLE & RT I				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: 16WC05239B

16WC05239B	ALSTON, JAMES	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MONTGOMERY HS	1/21/2016	1/22/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
REPORTING TO WORK HE SLIPPED & FELL IN PARKING LOT INJURING RT UPF				2,500.00	2.00	0.00	0.00	0.00	0.00	2,502.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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: 16WC05240Z										
16WC05240Z	RIZZO, FRANK		10	2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
COMMUNICATION HS	1/24/2016	1/24/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
DRIVING SNOW TRACTOR & INJURED HIS RT ARM				2,500.00	950.00	0.00	0.00	0.00	0.00	3,450.00
Total by Claim Number 1 Claim				2,500.00	1,193.00	0.00	0.00	0.00	0.00	3,693.00
				0.00	243.00	0.00	0.00	0.00	0.00	243.00
				2,500.00	950.00	0.00	0.00	0.00	0.00	3,450.00
Claim Number: 16WC05241K										
16WC05241K	GORDON, CHRISTINE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BRET HARTE ES	1/8/2016	1/8/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
STUDENT GRABBED HER LT HAND & SCRATCHED IT, BRAKINKG SKIN				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: 16WC05242B										
16WC05242B	CAPOZZI, KAREN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CENTRE CITY ES	1/26/2016	1/26/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	243.00
HEADBUTTED & HER NOSE WAS BLEEDING BY A STUDENT COMING @ HER F				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: 16WC05243B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05243B

16WC05243B	SMITH, TAMMY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HARDING E.S.	1/26/2016	1/26/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
SLIPPED ON ICE & FELL CAUSING INJURY TO THE RT ANKLE & RT THIGH				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: 16WC05244B

16WC05244B	VANDEGRIFT, STEVEN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LAWRENCE MS	1/25/2016	1/26/2016	Open	0.00	243.00	0.00	0.00	0.00	0.00	0.00	243.00
WALKING TO HIS CAR & SLIPPED ON ICE, INJURING HIS LT SHOULDER				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: 16WC05245K

16WC05245K	ANNAMANTHADO, DANIEL	11		3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
GRANDVIEW E.S.	1/15/2016	1/19/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE PLAYING ORGANIZED GAME IN THE GYM WITH STUDENTS HER RT FO				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
Total by Claim Number 1 Claim				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00

Claim Number: 16WC05246Y

16WC05246Y	LENARSKI, MARK	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MAINTENANCE DEPT	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LIFTING BAGS OF ROCK SALT FELT PAIN IN LOWER BACK				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05247G

16WC05247G	ROBINSON, JANELLE	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
PLEASANTVILLE MS	1/16/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CARRYING SNACK CART UP STAIRS DUE TO ELEVATOR OUT OF SERVICE, IN.				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: 16WC05248W

16WC05248W	BEAMER, LORETTA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARY F JANVIER E.S.	1/15/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT ATTEMPTING TO GET UP FROM FLOOR LOST HIS BALANCE AND LA				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05250F

16WC05250F	BELLER, LAURA	10	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FLORENCE M GAUDINEER M.S.	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL INJURED L SHOULDER				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05251V



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05251V

16WC05251V	KHUFU-RA-EL, AMUN		10	12,000.00	1,195.00	8,000.00	0.00	0.00	0.00	21,195.00
PERTH AMBOY VO-TECH	1/24/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND LANDED ON L SIDE INJURED L HIP, ARM AND LEG				12,000.00	1,195.00	8,000.00	0.00	0.00	0.00	21,195.00
Total by Claim Number 1 Claim				12,000.00	1,195.00	8,000.00	0.00	0.00	0.00	21,195.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				12,000.00	1,195.00	8,000.00	0.00	0.00	0.00	21,195.00

Claim Number: 16WC05252W

16WC05252W	DAVIS, TONY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BEVERLY ES	1/25/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL WHILE REMOVING SNOW INJURED L KNEE				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05253K

16WC05253K	WOLFE, THERESA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WARNSDORFER E.S.	1/22/2016	1/22/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PICKING UP A BOX SHE FELT PAIN ON RT SIDE OF LOWER BACK				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05254B

16WC05254B	GRECO, ANTONIO		11	2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
GARFIELD HS	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLEANING TABLE WHEN A FIGHT BROKE OUT WAS KNOCED INTO RABLE ANC				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05255Y										
16WC05255Y	LOPEZ, SANDRO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MEMORIAL HS	1/24/2016	1/24/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW & SLIPPED & FELL ON ICE, INJURING NECK & LT HIP				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05256B										
16WC05256B	CASTLE, TARA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MCCLOUD ES	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STAFF MEMBER WAS PASSING OUT PAPER WHEN PIECE OF PAPER SLIPPED				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05257Y										
16WC05257Y	HICKS, KAREN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
OLD BRIDGE HS	1/26/2016	1/26/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GETTING OUT OF VEHICLE SHE FELL ON SNOW COVERED ICE INJURING LT H				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05258V										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05258V

16WC05258V	SHAULHAMEED, RAMONA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BUILDING	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON SNOW COVERED ICE INJURED L SHOULDER/ARM				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05259B

16WC05259B	STORM, DAMARIS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLIN POWELL	1/24/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW FELT PULL IN R SHOULDER				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05260K

16WC05260K	GALVELIS, TODD	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BLDGS & GRDS	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL ON TAILBONE, NECK AND JAMMED L SHOULDER				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05261Y

16WC05261Y	GRAHAM, WILLIAM	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KUSER E.S.	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLEANING & MOVING FURNITURE HE INJURED HIS RT THUMB				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05262W										
16WC05262W	OWENS, CONNIE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ATLANTIC CO VOTECH	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS STRUCK IN FACE, L EYE WITH SNOWBALL THROWN BY STUDENT				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05263K										
16WC05263K	MCCONNELL, GREGORY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
FRANKLIN TWP E.S.	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SCOOPING UP SNOW USING TRACTOR, FELL OFF TRACTOR AND TRACTOR F				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05264W										
16WC05264W	MOR, WALTER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BUTLER HS	1/25/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SALTING PARKING LOT SLIPPED ON BLACK ICE AND FELL ON L ELBOW, LOW				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05265B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05265B

16WC05265B	WHITE, MELISSA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRAGG ES	1/26/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING WITH STUDENT HAVING A BEHAVIORAL ISSUE WAS BITTEN ON L W				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05266B

16WC05266B	WOOLFE, JESSICA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CUMBERLAND CAMPUS	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IN CHANGING ROOM WITH STUDENT, BENT OVER TO LIFT STUDENT OUT OF V				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05267K

16WC05267K	MOBLEY, GARY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
RAHWAY HIGH SCHOOL	1/21/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT LANDED ON HIS R LEG DURING A GAME				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05268Y

16WC05268Y	FEDERICO, PHILLIP		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS JEFFERSON M.S.	1/24/2016	1/24/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPEATEDLY PULLING THE SNOW BLOWER TO START INJURED R HAND/WRI				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05269M

16WC05269M	BAKEY, MARY	14	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
WAREHOUSE/BLDG & GROUNDS	1/26/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING HER SHOE CAUGHT ON THE FLOOR TRIPPED AND FELL INJURED L				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	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: 16WC05270W

16WC05270W	LEWIS, MICAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE WASHINGTON M.S.	1/26/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING A BEHAVIORAL OUTBURST GRABBED HIS HEAD AND PULLI				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05271Y

16WC05271Y	LANDWEHRLE-DIAZ, ROSA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MARKHAM PLACE E.S.	1/24/2016	1/24/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING DOWN THE STAIRS AFTER SHOVELING SNOW SHE SLIPPED & FELL				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05272B



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05272B

16WC05272B	MEDINA, ABRAHAM	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
COLIN POWELL	1/23/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING WHEN HE SLIPPED & FELL ON SNOW/ICE			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05273K

16WC05273K	FRANCISCI, VALORIE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VINELAND SENIOR H.S. SOUTH 11	1/26/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON SLIPPERY SIDEWALK TWISTED L KNEE			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05274Y

16WC05274Y	MAILLEY, JAMES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ARTHUR P SCHALICK HS	1/23/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLEANING WINDSHIELD WHILE PLOWING SLIPPED AND FELL GETTING OUT O			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05275W

16WC05275W	MASSOUD, YOUNES	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
PASSAIC COUNTY TECH. INSTITUT	1/24/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL LANDING ON L SIDE, L KNEE, LOW BACK, L SHOUL			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05276F										
16WC05276F	CASSIDY, CHERYLE	10		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
ADMIN BLDG	1/26/2016	1/26/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STUDENT HAVING AN EPISODE PUNCHED HER IN FACE, INJURING RT EAR & F				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05277W										
16WC05277W	PEIFER, JENNIFER	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
CHERRY HILL HIGH EAST HS	1/26/2016	1/26/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAIR CAME OUT FROM UNDER HER CAUSING INJURY TO HER LT WRIST & H				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05278K										
16WC05278K	REYES, SHAUN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
THOMAS JEFFERSON M.S.	1/26/2016	1/26/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPLACING A PART IN PRINTER HE FELT A PAIN & HEARD A POPPING NOICE				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05279B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05279B

16WC05279B	DILTS, BARRY		11	2,500.00	488.00	0.00	0.00	0.00	0.00	0.00	2,988.00
JOHN HYDOCK E.S.	1/24/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLEANING SNOW BLOWER SHOOT STRUCK R KNUCKLE ON METAL SHELF				2,500.00	488.00	0.00	0.00	0.00	0.00	0.00	2,988.00
Total by Claim Number 1 Claim				2,500.00	488.00	0.00	0.00	0.00	0.00	0.00	2,988.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	488.00	0.00	0.00	0.00	0.00	0.00	2,988.00

Claim Number: 16WC05280W

16WC05280W	COOK, GLEN		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BELMAR ES	1/24/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW WAS MOVING SNOW WITH HIS LEG FELT PAIN IN R LEG				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05281V

16WC05281V	FRIEDLEY, SARAH		10	10,000.00	1,195.00	7,000.00	0.00	0.00	0.00	0.00	18,195.00
ATLANTIC COUNTY SPECIAL SERV	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LEANED OVER & PUT HER HANDS OUT TO STOP A STUDENT FROM RUNNING				10,000.00	1,195.00	7,000.00	0.00	0.00	0.00	0.00	18,195.00
Total by Claim Number 1 Claim				10,000.00	1,195.00	7,000.00	0.00	0.00	0.00	0.00	18,195.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,000.00	1,195.00	7,000.00	0.00	0.00	0.00	0.00	18,195.00

Claim Number: 16WC05282J

16WC05282J	PRICE, DEBRA		10	8,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	14,193.00
NJ REG. DAY SCHOOL AT PISCATW	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN PARKING LOT WHEN SHE SLIPPED & FELL ON ICE INJURING THE				8,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	14,193.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	8,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	14,193.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	8,000.00	1,193.00	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	14,193.00

Claim Number: 16WC05283Y

16WC05283Y	KLEIN, MICHAEL	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
CHATHAM HS	1/24/2016	1/24/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPERATING A BACK HOW WHILE TALKING ON THE RADIO & THE ANTENNA HI				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05284G

16WC05284G	HARPER-KLAW, GLORIAJEAN	10	2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
DEPT OF TRANSPORTATION (UNIC	1/25/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USING A SNOW BLOWER TO CLEAN PARKING SPACES, SHE FELL HITTING HE.				2,500.00	1,195.00	0.00	0.00	0.00	0.00	3,695.00
Total by Claim Number 1 Claim			2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	1,195.00	0.00	0.00	0.00	0.00	0.00	3,695.00

Claim Number: 16WC05285K

16WC05285K	LISI-NEUMANN, KATHLEEN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WARREN POINT E. S.	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED AND FELL IN HALLWAY DUE TO WATER INJURED L HIP, R THIGH, R F				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05286B



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05286B

16WC05286B	JOHNSON, SAMANTHA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
KINGSWAY REG. HS	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMOVING FULL USED COFFEE FILTER FROM COFFEE MACHINE BURNED L F				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05287Y

16WC05287Y	RICKANSRUD, HARRIET	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
A. RUSSELL KNIGHT ES	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING IN HALLWAY SHE FELL INJURING HER LT HIP				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05288B

16WC05288B	SENIUS, KIMBERLY	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WHIPPANY PARK HS	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING THROUGH THE GYM SLIPPED ON SALT THAT WAS ON THE FLOOR E				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05289K

16WC05289K	STOJKOVIC, ZORICA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HOWELL MS SOUTH	1/26/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING TO CAR SHE SLIPPED & FELL ON ICE INJURING BACK OF HEAD, LT F				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05290B										
16WC05290B	PILI-DEMONDO, SILVIA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PISCATAWAY TWP H.S.	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USING A BROOM TO GET THE ICE/SNOW OUT OF THE TIRES OF BUS HEARD A				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05291B										
16WC05291B	LOCASCIO, BRANDON	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BAYONNE H.S. AND ADMIN. OFFICE	1/21/2016	1/22/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING INTO WORK & SLIPPED ON ICE, INJURING HIS BACK				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05292B										
16WC05292B	O'NEILL, CHRISTINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
WESTWOOD JR/SR HS	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GETTING UP FROM STOOL WHEN HER FOOT GOT CAUGHT AND SHE FELL ON				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05293A										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05293A

16WC05293A	REGALADO, JERRY	14		1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
DWIGHT MORROW HS	1/19/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
THERE WAS A BOMB THREAT SCHOOL WAS EVACUATED HAD HEART PALPIT,				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: 16WC05294K

16WC05294K	EASTERLING, GEORGE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE TURNING ONTO MAIN ROAD AT INTERSECTION A VEHICLE STRUCK DF				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05295Y

16WC05295Y	GRIFFITH, RANDI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SALEM M S	1/26/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GOING DOWN A SMALL FLIGHT OF STAIRS FOOT SLIPPED ON METAL PIECE C				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05296B

16WC05296B	SMITH, MELVIN	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HACKETTSTOWN HS	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WAS IN PARKING LOT GETTING INTO HIS WHEELCHAIR SLIPPED ON ICE INJ R				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05297W										
16WC05297W	DEROGATIS, DARYL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
PISCATAWAY TWP H.S.	1/25/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING STAIRS FELT A PULLING SENSATION IN R HAND				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05298K										
16WC05298K	JACKSON, TIM	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
JEFFERSON SCHOOL (UNION)	1/26/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE STANDING ON A LADDER TO REPAIR THE WIRING IN CLASSROOM FELT				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05299Y										
16WC05299Y	ALLEN, SHARI	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IN CLASS AND SMELLED GAS PILOT LIGHT WAS OUT COMPLAINING OF LIGHT				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05300B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05300B

16WC05300B	MACDONALD, PATRICIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WDBG TRANSPORTATION DEPT	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING INTO BLDG TO START SHIFT SLIPPED ON A PATCH OF BLACK ICE IN				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05301W

16WC05301W	NORTON, NICHOLAS	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRISTOWN H.S.	1/29/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS EVACUATING STUDENTS DURING A FIRE ALARM SLIPPED AND FEI				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05302Y

16WC05302Y	IRVING, NAHEELAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ORANGE HIGH SCHOOL	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE ENTERING THE BLDG THROUGH THE BACK ENTRANCE SLIPPED ON IC				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05303W

16WC05303W	NORTON, ZAMEERAH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
THE SHORE CENTER FOR STUDEN	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPEC ED STUDENT WAS HAVING AN OUTBURST CLMT WAS KICKED IN THE N				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05304Y										
16WC05304Y	BASKINGER, BERNADETTE	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GARFIELD HS	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED AND FELL ON BLACK ICE HIT HEAD AGAINST THE PAVEMENT			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05305Y										
16WC05305Y	HOLUP, ANDREW	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SCOTCH PLAINS-FANWOOD HS	1/25/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DOING SNOW REMOVAL CLMT FELL DOWN ON THE SIDE OF THE BLDG INJ RT			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05306B										
16WC05306B	HALL, ALFURQUAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
FAIRMOUNT ES	1/27/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS SHOVELING SNOW AND LIFTING A STUDENT TO CROSS OVER THE			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05308Y										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05308Y

16WC05308Y	ACKERMAN, ROBERT	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TRANSPORTATION	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING UNDER TRUCK HIT HIS HEAD ON TRUCK FRAME				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05309B

16WC05309B	YORK, JANET	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
TIMBER CREEK HIGH SCHOOL	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON COOKING GREASE AND FELL ON R SHOULDER AND R UNDER AF				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05310K

16WC05310K	WILL, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
JR - SR H S	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING A BOARD AWAY ON SHELF, BOARD SLID OFF HITTING HER L FOOT				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05311W

16WC05311W	LEBOYITCH, JUDITH	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH BRUNSWICK H S	1/28/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS GETTING A RAZOR BLADE FROM THE DRAWER FOR HER SCIENCE				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05312K

16WC05312K	CAMISA, CHRISTINE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRISTOWN H.S.	1/29/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SITTING ON HIGH STOOL PUSHED BACK AND SWUNG AROUND HITTING L KNEE				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05313Y

16WC05313Y	MATLOCK, MONICA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
P.J. HILL SCHOOL	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPOSED TO GAS FROM THE PILOT LIGHT OUT ON FURNANCE HAS HEADACHE				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05314K

16WC05314K	RODRIGUEZ, FRANCISCO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WHIPPANY PARK HS	1/24/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16WC				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05315W



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05315W

16WC05315W	DEMOYA, SIXTA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
UNION CITY BOARD OF EDUCATIO	1/24/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW AND WOKE UP NEXT MORNING WITH HIP PAIN, BLOOD IN I				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05316K

16WC05316K	VIDAL, KAYRE		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MIDDLE SCHOOL	1/27/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING TO CAR SLIPPED AND FELL ON ICE INJ LT LEG				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05317W

16WC05317W	SOKOL-ORLANDO, PERI		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH BRUNSWICK H S	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS WALKING WHEN SOME BOOKS FELL OFF THE CART INJ LT FOOT				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05318Y

16WC05318Y	CHARLES, MARIA		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF TRANSPORTATION	1/28/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS PUNCHED BY A SPEC ED STUDENT HAVING A BEHAVIORAL OUTB				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05319B

16WC05319B	MANOVILL, DONYA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MANASQUAN HS	1/28/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LEAVING THE BLDG CLMT SLIPPED ON ICE FELL INJ RT KNEE AND RT ELBOW				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05320K

16WC05320K	SERPICO, RACHEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
E BRUNSWICK H. S.	1/27/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BENDING OVER TO PICK UP A DROPPED PIECE OF PAPER LOST BALANCE AN				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05321W

16WC05321W	COLON, MARISOL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
SABATER ES	1/28/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL INJURED UPPER BACK				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05322W



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05322W

16WC05322W	DAGNALL, BRETT	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BLDG & GROUNDS	1/24/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMOVING SNOW FELT PAIN IN MIDDLE TO UPERR BACK AREA				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05323B

16WC05323B	MUNSEY, JEFFREY	14		750.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00
OLD TURNPIKE MS	1/23/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW FOR AN EXTENDED TIME, MOVING BUSES BEGAN TO FEEI				750.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00
Total by Claim Number 1 Claim				750.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				750.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00

Claim Number: 16WC05324P

16WC05324P	LABRUZZO, MARIA	10		7,500.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	16,193.00
WAYSIDE E.S.	1/24/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW OFF SIDEWALK INJURED LOWER AND UPPER BACK				7,500.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	16,193.00
Total by Claim Number 1 Claim				7,500.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	16,193.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				7,500.00	1,193.00	7,500.00	0.00	0.00	0.00	0.00	16,193.00

Claim Number: 16WC05325B

16WC05325B	MARCHESI, RENATA	11		3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
SOEHL MIDDLE SCHOOL	1/29/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SLIPPED ON ICE AND FELL INJURING LUMBAR/SACRAL				3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss			Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim			3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			3,001.00	0.00	0.00	0.00	0.00	0.00	0.00	3,001.00
Claim Number: 16WC05326C										
16WC05326C	COLE, SUZAN	10	72,000.00	1,493.00	125,000.00	0.00	0.00	0.00	0.00	198,493.00
WAYSIDE E.S.	1/29/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED ON CHAIR AND FELL TO FLOOR INJURED R HIP, R LEG GROIN AREA			72,000.00	1,493.00	125,000.00	0.00	0.00	0.00	0.00	198,493.00
Total by Claim Number 1 Claim			72,000.00	1,493.00	125,000.00	0.00	0.00	0.00	0.00	198,493.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			72,000.00	1,493.00	125,000.00	0.00	0.00	0.00	0.00	198,493.00
Claim Number: 16WC05327C										
16WC05327C	STELLWAG, DENISE	10	39,920.00	1,193.00	29,355.60	0.00	0.00	0.00	0.00	70,468.60
DELTRAN HIGH SCHOOL	1/28/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FELL ON ICE R ANKLE FRACTURE WITH SURGERY			39,920.00	1,193.00	29,355.60	0.00	0.00	0.00	0.00	70,468.60
Total by Claim Number 1 Claim			39,920.00	1,193.00	29,355.60	0.00	0.00	0.00	0.00	70,468.60
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			39,920.00	1,193.00	29,355.60	0.00	0.00	0.00	0.00	70,468.60
Claim Number: 16WC05328Y										
16WC05328Y	DANE, BARBARA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DELTRAN MIDDLE SCHOOL	1/29/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TURNING TOWARDS A STUDENT, SHE TRIPPED ON A BACKPACK AND FELL HI			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05329B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05329B

16WC05329B	JONES, ROBERT		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
VALLEY PROGRAM	1/29/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ASSISTING STUDENT, WAS BITTEN ON UPPER ABDOMENT AREA				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05330K

16WC05330K	ROHRBACH, JENNIFER		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WESTSIDE ES	1/28/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WALKING THROUGH PARKING LOT TOWARD SIDE ENTRANCE WAS BACKED II				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05331K

16WC05331K	CAMPIONE, FRANK		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
HAMILTON NORTH NOTTINGHAM H	1/14/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT SLIPPED ON FOOD IN HALLWAY AND FELL TO THE FLOOR INJ RT KNEE				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05332J

16WC05332J	GOLDBERG, LISA		10	10,500.00	1,195.00	10,000.00	0.00	0.00	0.00	0.00	21,695.00
CHITTICK E.S.	1/28/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPORTING TO WORK SHE SLIPPED & FELL ON ICE INJURING HER HEAD, BAC				10,500.00	1,195.00	10,000.00	0.00	0.00	0.00	0.00	21,695.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				10,500.00	1,195.00	10,000.00	0.00	0.00	0.00	21,695.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10,500.00	1,195.00	10,000.00	0.00	0.00	0.00	21,695.00
Claim Number: 16WC05333Y										
16WC05333Y	SETCAVAGE, DIANE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BRIDGEWATER-RARITAN HS	1/28/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REPORTING TO WORK SHE FELL ON ICE INJURING HER RT ANKLE & RT SHOL				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05334Y										
16WC05334Y	VARANYAK, BRUCE	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
KUSER E.S.	1/29/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIT HIS HEAD ON A DEFIBILATOR MACHINE & HAD A LACERATION				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05336Y										
16WC05336Y	ROBERTS, EDMUND	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
SOUTH MAIN STREET SCHOOL	1/24/2016	2/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PERFORMING CONSTANT SNOW REMOVAL, MOVING WATER, BIG CHUNKS OF				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05337B										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05337B

16WC05337B	RODRIGUEZ, JULIO	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LINCOLN NO. 5 ELEM.	1/29/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FELT A POP IN RT SHOULDER AS THE RESULT OF A DEFECTED WHEEL ON TI				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05338Y

16WC05338Y	CALEO, FRANK	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DWIGHT D EISENHOWER E.S.	1/25/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW, HE SLIPPED AND FELL INJURING R SHOULDER				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05341Y

16WC05341Y	MCKAY, MICHAEL	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYSHORE MS	1/29/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WORKING ON THE SCHOOL ROOF HE SLIPPED & FELL ON ICE				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05342K

16WC05342K	ERICKSON, MARISSA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
EMILY C. REYNOLDS M.S.	1/21/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS THROWING A BALL OVER HEAD AND FELT A PINCH IN THE LT SHO				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 10 - WORKERS' COMPENSATION										
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05343K										
16WC05343K	REHBEIN, DENNIS	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
MANASQUAN HS	1/26/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GOING TO DISPOSE GARBAGE, SLIPPED ON PATCH OF ICE AND FELL INJURE				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05344B										
16WC05344B	SPINA, ANNA	11		2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
BELLEVILLE SENIOR HS	1/29/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRIPPED OVER A BOX & FELL CAUSING STRAIN TO RT LEG, RT KNEE & RT PIN				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Total by Claim Number 1 Claim				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
Claim Number: 16WC05347Y										
16WC05347Y	BERRYHILL, LOUISE	11		3,500.00	243.00	0.00	0.00	0.00	0.00	3,743.00
MIDDLE SCHOOL	1/28/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SOMEONE CALLED HER NAME SHE TURNED AND TWISTED OFF CURB INJURE				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: 16WC05349Y										



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05349Y

16WC05349Y	KARLICKI, JAN		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	1/24/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FELT STRAIN TO L SHOULDER/ARM WHILE SHOVELING SNOW				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05352B

16WC05352B	GONZALEZ, ANGELO		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
GEORGE WASHINGTON ES	1/31/2016	2/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLEANING OUT SNOW WHEN HE LOST FOOTING ON LOOSE SNOW AND FELL				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05353Y

16WC05353Y	HILL, JANET		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DELSEA REG HS	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAKING A TRASH BAG FILLED WITH HEAVY PLASTER OUT OF CAN, SHE STRA				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05355K

16WC05355K	LOMBARDI-BALL, MANDI		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BAYSHORE MS	1/29/2016	2/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS TRANSPORTING A SPEC ED STUDENT FELL CAUSING PAIN IN LT S				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05357W

16WC05357W	GOTTSHALK, MEGHAN	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BEDMINSTER TWP E.S.	1/29/2016	2/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STAPLING TIEMS TO BULLETIN BOARD A METAL SIGN FELL HITTING HER NOS				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05363B

16WC05363B	MCNALLY, LINDA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
WILLIAM ANNIN MS	1/29/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUPERVISING STUDENTS IN THE GYM, A STUDENT RAN INTO HER KNOCKING				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05364Y

16WC05364Y	GOSS, MARGARET	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ALEXANDER HAMILTON E.S.	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PUTTING SUPPLIES IN CLOSET SHE TRIPPED OVER THE BUFFER & INJURED I				2,500.00	245.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05365K



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05365K

16WC05365K	ERNEST, CHERYL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
DEPT OF SPEC SVCS	1/27/2016	2/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT SLIPPED ON ICE ON THE ANNEX WALKWAY TWIST AND FELL INJ HER N				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05366Y

16WC05366Y	HAIL, AMY		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
STONY BROOK ES	1/28/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PULLING FILING CABINET OPEN, THE DOOR HANDLE BROKE CAUSING IT TO F				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05372B

16WC05372B	MORIZIO, JOSEPH		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ELEMENTARY SCHOOL	1/26/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WENT TO SHED TO RETRIEVE BAGS OF SALT FOOT GOT CAUGHT ON WOOD I				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05385W

16WC05385W	LOPEZ, ARNUL		11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MORRISTOWN H.S.	1/25/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE SHOVELING SNOW, SLIPPED AND FELL BACKWARDS PAIN ON ENTIRE				2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Total by Claim Number 1 Claim	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05387K

16WC05387K	CIBENKO, VIRGINIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
ELEANOR G. HEWITT SCHOOL	1/25/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHE FELL IN PARKING LOT INJURED HER L KNEE			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05388W

16WC05388W	MATOS, CASTURINA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
LIVINGSTON SENIOR HS	1/24/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SIDEWALK FELT PAIN IN L ARM, SHOULDER, ELBOW			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05390W

16WC05390W	ARORA, RUCHIKA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
INST.OF TECH - WESTAMPTON	1/26/2016	2/2/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HIT IN THE LT SHOULDER WITH THE DOOR AS SHE WAS TRYING TO ENTER AI			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05401Y



NEW CLAIMS

January 2016

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

Major Coverage: 10 - WORKERS' COMPENSATION

Claim Number: 16WC05401Y

16WC05401Y	GABRIEL, ZAYVIA	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
MT. PLEASANT MS	1/24/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHOVELING SNOW THROUGHOUT THE DAY HE DEVELOPED LOWER BACK PA			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Claim Number: 16WC05403B

16WC05403B	LONG, MATTHEW	11	2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
BRICKTOWN SCHOOL	1/25/2016	2/4/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLMT WAS SHOVELING SNOW FOR 3 DAYS STRAIGHT AND FELT A PAIN IN LT			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00
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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			2,500.00	245.00	0.00	0.00	0.00	0.00	0.00	2,745.00

Total by Major Coverage 345 Claims

1,376,189.00	114,935.00	741,991.90	0.00	0.00	8,000.00	0.00	2,241,115.90
4,325.36	70,096.00	19,486.18	0.00	0.00	0.00	0.00	93,907.54
1,371,863.64	44,839.00	722,505.72	0.00	0.00	8,000.00	0.00	2,147,208.36

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00104L

16GL00104L	JARA, AIDEN	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
PISCATAWAY TWP BOE	1/4/2016	1/6/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SCOOTER WAS ACCIDENTLY DROPPED ON STUDENT			0.00	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



NEW CLAIMS

January 2016

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

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00110L

16GL00110L	Imbalazano, Lauren	21		0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
BLDGS & GRDS	1/8/2016	1/8/2016	1/21/2016	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
STAFF DROPPED LADDERS OFF OF A TRUCK STRUCK CLMT'S 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: 16GL00117S

16GL00117S	LANGILLE, OLGA	20		15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
RUMSON-FAIR HAVEN REG HS	1/12/2016	1/12/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES INCIDENTS OF OFFICIAL MISCONDUCT BY TEACHER				15,000.00	0.00	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	0.00	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	15,000.00

Claim Number: 16GL00118L

16GL00118L	REYES, JOSE	22		0.00	0.00	0.00	0.00	0.00	0.00	67.47	67.47
ANTHONY ROSSI INTERMEDIATE S	1/7/2016	1/13/2016	1/19/2016	0.00	0.00	0.00	0.00	0.00	0.00	67.47	67.47
STUDENT WAS HIT IN THE FACE PLAYING BALL BROKEN GLASSES				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	0.00	0.00	0.00	0.00	67.47	67.47
				0.00	0.00	0.00	0.00	0.00	0.00	67.47	67.47
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Number: 16GL00120L

16GL00120L	HUSSAIN, IMANI	22		0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
VILLAGE CHARTER SCHOOL	1/15/2016	1/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SUSTAINED INJURIES DURING SOCCER				0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 20 - GENERAL LIABILITY										
Total by Claim Number 1 Claim			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: 16GL00125L										
16GL00125L	TULIPANI, MADELINE	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
MIDDLESEX REG ED. SERVICES CC	1/9/2016	1/19/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WHILE ON BIKE IN SPIN CLASS A SCREW WENT INTO CLMT SKIN				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: 16GL00130D										
16GL00130D	PREKO, DOM	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
PISCATAWAY TWP H.S.	1/21/2016	1/21/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PLAYING VOLLEYBALL & COLLIDED HE FELL FACE DOWN HITTING F				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: 16GL00140L										
16GL00140L	VENTURA, ROBERTO	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
PASSAIC HIGH SCHOOL	1/5/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT JUMPED OFF BOXES IN GYM INJURED KNEE				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: 16GL00141S										



NEW CLAIMS

January 2016

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

Major Coverage: 20 - GENERAL LIABILITY

Claim Number: 16GL00141S

16GL00141S	EWING, NATALIE	20	25,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	30,000.00
NORTHEAST ES	1/24/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CHILD SLEDDING ON HILL STRUCK WATER FOUNTAIN HIDDEN UNDI				25,000.00	0.00	0.00	0.00	0.00	5,000.00	30,000.00
Total by Claim Number 1 Claim			25,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	30,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			25,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	30,000.00

Claim Number: 16GL00142D

16GL00142D	LEONE, LISA	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
PASSAIC COUNTY TECH. INSTITUT	1/26/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SLIP AND FALL WHILE WALKING IN HALLWAY INJ LT KNEE & HIP				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: 16GL00158L

16GL00158L	ABREAU, LADWIN	22	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00
SCHOOL # 16	1/29/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES STUDENT FELL INJURED R ARM				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

Total by Major Coverage 11 Claims

40,000.00	0.00	500.00	0.00	0.00	0.00	0.00	0.00	40,067.47	80,567.47
0.00	0.00	500.00	0.00	0.00	0.00	0.00	0.00	67.47	567.47
40,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,000.00	80,000.00

Major Coverage: 30 - AUTO LIABILITY





NEW CLAIMS

January 2016

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

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00108L

16AL00108L	BERNAI-VALENCIA, MARIA	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
CLIFFSIDE PARK BOARD OF EDUC	1/13/2016	1/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV BACKING UP				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: 16AL00109D

16AL00109D	CARE, ARBOR	31	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
BRICK TWP. BOARD OF EDUCATIOI	1/11/2016	1/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV MISJUDGED THE HEIGHT OF AWNING HITTING STROBE LIGHT AND AWNING				0.00	0.00	10,000.00	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	10,000.00
				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	10,000.00

Claim Number: 16AL00110L

16AL00110L	Smith , Randall	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
HUNTERDON COUNTY ED. SERVIC	1/5/2016	1/8/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV'S MIRROR TOUCHED OV'S MIRROR				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: 16AL00111L

16AL00111L	DELUCA, RORY	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
SOMERSET CNTY ED.SERVICES CC	1/15/2016	1/19/2016	2/ 2/2016	0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
IV STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
Location	Loss Date	Rpt Date	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid
Description of Loss	Status		Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv
Major Coverage: 30 - AUTO LIABILITY										
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: 16AL00114L										
16AL00114L	WILLIAMS, AAMIR	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
HUDSON CNTY VO-TECH	1/19/2016	1/21/2016	Reopened	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV STRUCK IV				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	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: 16AL00116L										
16AL00116L	WATTS, TOVONYA	31	0.00	90.00	1,243.34	0.00	0.00	0.00	0.00	1,333.34
BURLINGTON COUNTY SPECIAL SE	1/20/2016	1/21/2016	2/ 2/2016	0.00	90.00	1,243.34	0.00	0.00	0.00	1,333.34
IV STRUCK PARKED VEHICLE				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total by Claim Number 1 Claim			0.00	90.00	1,243.34	0.00	0.00	0.00	0.00	1,333.34
			0.00	90.00	1,243.34	0.00	0.00	0.00	0.00	1,333.34
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Number: 16AL00124L										
16AL00124L	BLACK, DONALD	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
CARTERET BOROUGH	1/23/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CLEARING SNOW BACKED THE SNOW PLOW INTO A PARKED VEHICLE				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00
Total by Claim Number 1 Claim			0.00	0.00	1,000.00	0.00	0.00	0.00	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: 16AL00130L										



NEW CLAIMS

January 2016

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

Major Coverage: 30 - AUTO LIABILITY

Claim Number: 16AL00130L

16AL00130L	AROMANDO, JOSEPH	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
RED BANK REGIONAL HS	1/24/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WHILE PLOWING COLLIDED WITH OV				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: 16AL00134L

16AL00134L	ALAJI, AZIMAH	31	0.00	0.00	500.00	0.00	0.00	0.00	0.00	500.00
WINSLOW TWP BOE (CAMDEN)	1/5/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV STRUCK OV MAKING L TURN				0.00	0.00	500.00	0.00	0.00	0.00	500.00
Total by Claim Number 1 Claim				0.00	0.00	500.00	0.00	0.00	0.00	500.00
				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	500.00

Claim Number: 16AL00138L

16AL00138L	HICKS, SHANTA	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
JERSEY CITY PUBLIC SCHOOLS	1/26/2016	2/4/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV BACKED INTO STOPPED OV WHILE PLOWING PARKING LOT				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: 16AL00139L

16AL00139L	HUDSON CTY VOC BOE	31	0.00	0.00	1,000.00	0.00	0.00	0.00	0.00	1,000.00
ENGLEWOOD BOARD OF EDUCATI	1/19/2016	2/4/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV BACKED INTO PARKED OV				0.00	0.00	1,000.00	0.00	0.00	0.00	1,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 30 - AUTO 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
Total by Major Coverage 11 Claims				0.00	90.00	19,743.34	0.00	0.00	0.00	0.00	19,833.34
				0.00	90.00	2,243.34	0.00	0.00	0.00	0.00	2,333.34
				0.00	0.00	17,500.00	0.00	0.00	0.00	0.00	17,500.00
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Claim Number: 16AL00101L											
16AL00101L	HUNTERDON CTY ESC BOE (BU: 40			0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
HUNTERDON COUNTY ED. SERVIC	1/8/2016	1/8/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUS 323 REARENDED BUS 318				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: 16AL00101L/01											
16AL00101L/01	HUNTERDON CTY ESC BOE (BU: 40			0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
HUNTERDON COUNTY ED. SERVIC	1/8/2016	1/8/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUS 323 REARENDED BUS 318				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: 16AL00102L											
16AL00102L	HUDSON CTY VOC BOE		40	0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
HUDSON CNTY VO-TECH	1/5/2016	1/8/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV CUT INTO IV PATH, STRIKING THE IV				0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Total by Claim Number 1 Claim				0.00	0.00	7,500.00	0.00	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	0.00	7,500.00	0.00	0.00	0.00	0.00	7,500.00
Claim Number: 16AL00103L											
16AL00103L	HUNTERDON CTY ESC BOE	40		0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
HUNTERDON COUNTY ED. SERVIC	1/11/2016	1/12/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV ALLEGELY STOPPED AT YIELD FOR TRAFFIC AND OV REAR-ENDED IV				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: 16AL00107L											
16AL00107L	WOODBRIIDGE TWP BOE	40		0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
WOODBRIIDGE BOARD OF EDUCAT	1/6/2016	1/14/2016	Open	0.00	0.00	36.00	0.00	0.00	0.00	0.00	36.00
IV WAS REARENDED				0.00	0.00	4,964.00	0.00	0.00	0.00	0.00	4,964.00
Total by Claim Number 1 Claim				0.00	0.00	5,000.00	0.00	0.00	0.00	0.00	5,000.00
				0.00	0.00	36.00	0.00	0.00	0.00	0.00	36.00
				0.00	0.00	4,964.00	0.00	0.00	0.00	0.00	4,964.00
Claim Number: 16AL00113L											
16AL00113L	ELIZABETH BOE	40		0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
ELIZABETH BOARD OF EDUCATION	1/8/2016	1/20/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV STRUCK IV				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: 16AL00117L											



NEW CLAIMS

January 2016

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

Major Coverage: 40 - AUTO PHYSICAL DAMAGE

Claim Number: 16AL00117L

16AL00117L	JERSEY CITY BOE	40	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
JERSEY CITY PUBLIC SCHOOLS	1/19/2016	1/21/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OV COLLIDED WITH IV				0.00	0.00	10,000.00	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: 16AL00121L

16AL00121L	MANCHESTER TWP BOE	40	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
MANCHESTER TWP BOARD OF EDU	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV INVOLVED IN ACCIDENT WITH OV				0.00	0.00	10,000.00	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: 16AL00126L

16AL00126L	BRICK TWP BOE	40	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00
TRANSPORTATION DEPT	1/26/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IV SCHOOL BUS CAUGHT FIRE DUE TO ELECTRICAL FIRE IN FUSE BOX				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	0.00	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	15,000.00

Claim Number: 16AL00128E

16AL00128E	FLORHAM PARK BOE	40	0.00	0.00	40,000.00	0.00	0.00	0.00	0.00	40,000.00
FLORHAM PARK BOE	1/23/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DISTRICT PICK UP TRUCK AFTER REPEATED HOURS OF PLOWING DEVELOPE				0.00	0.00	40,000.00	0.00	0.00	0.00	40,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 40 - AUTO PHYSICAL DAMAGE											
Total by Claim Number 1 Claim				0.00	0.00	40,000.00	0.00	0.00	0.00	0.00	40,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	
				0.00	0.00	40,000.00	0.00	0.00	0.00	40,000.00	
Claim Number: 16AL00131L											
16AL00131L	MATAWAN ABERDEEN REG BOE	40		0.00	0.00	7,500.00	0.00	0.00	0.00	7,500.00	
MATAWAN-ABERDEEN REG	1/20/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
OV BACKED INTO IV				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: 16AL00132L											
16AL00132L	PLAINFIELD BOE	40		0.00	250.00	10,000.00	0.00	0.00	0.00	10,250.00	
PLAINFIELD BOARD OF EDUCATIO	1/29/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
IV STRUCK OV				0.00	250.00	10,000.00	0.00	0.00	0.00	10,250.00	
Total by Claim Number 1 Claim				0.00	250.00	10,000.00	0.00	0.00	0.00	10,250.00	
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	
				0.00	250.00	10,000.00	0.00	0.00	0.00	10,250.00	
Total by Major Coverage 12 Claims				15,000.00	250.00	130,000.00	0.00	0.00	0.00	145,250.00	
				0.00	0.00	36.00	0.00	0.00	0.00	36.00	
				15,000.00	250.00	129,964.00	0.00	0.00	0.00	145,214.00	
Major Coverage: 70 - PROPERTY											
Claim Number: 16PR00100D											
16PR00100D	THE VILLAGE CHARTER BOE	70		0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00	
VILLAGE CHARTER SCHOOL	1/4/2016	1/4/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ALLEGES OVER BREAK AND FOUND THAT DUE TO LONG POWER OUTAGE ALI				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00	



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
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: 16PR00101E											
16PR00101E	ELIZABETH BOE		70	0.00	500.00	75,000.00	0.00	0.00	0.00	0.00	75,500.00
ELIZABETH BOARD OF EDUCATION	1/4/2016	1/5/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WATER INTRUSION				0.00	500.00	75,000.00	0.00	0.00	0.00	0.00	75,500.00
Total by Claim Number 1 Claim				0.00	500.00	75,000.00	0.00	0.00	0.00	0.00	75,500.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	500.00	75,000.00	0.00	0.00	0.00	0.00	75,500.00
Claim Number: 16PR00102E											
16PR00102E	BRIDGEWATER RARITAN REG B		70	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
BRIDGEWATER-RARITAN M S	1/5/2016	1/6/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES HEATING COILS RUPTURED CAUSING WATER DAMAGE				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Claim Number: 16PR00103L											
16PR00103L	BUENA REG BOE		70	0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
BUENA REGIONAL HS	1/4/2016	1/6/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FREEZER HAD DAMAGE CAUSING LOSS OF FOOD				0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
Total by Claim Number 1 Claim				0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	12,000.00	0.00	0.00	0.00	0.00	12,000.00
Claim Number: 16PR00104E											



NEW CLAIMS

January 2016

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

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00104E

16PR00104E	WOODBIDGE TWP BOE	70	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
SCHOOL #28 MATTHEW JAGO	1/11/2016	1/11/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
METAL STRIP FROM CEILING FELL AND STRUCK STUDENT RESULTING IN STI				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00

Claim Number: 16PR00105E

16PR00105E	OCEAN TWP BOE (MON)	70	0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
OCEAN TWP INTERMEDIATE M.S.	1/7/2016	1/11/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WATER DAMAGE TO GYM FLOOR				0.00	0.00	50,000.00	0.00	0.00	0.00	50,000.00
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	0.00	50,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	0.00	50,000.00

Claim Number: 16PR00106L

16PR00106L	CHESTER BOE	70	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
BLACK RIVER MS	1/9/2016	1/11/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FALLEN LIGHT POST DOWN AT SCHOOL				0.00	0.00	10,000.00	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	10,000.00
				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	10,000.00

Claim Number: 16PR00107E

16PR00107E	VINELAND CITY BOE	70	0.00	0.00	10,000.00	0.00	0.00	0.00	0.00	10,000.00
LANDIS INTERMEDIATE SCHOOL	1/2/2016	1/11/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SCHOOL BREAK IN KNOB WAS BROKEN OFF THE DOOR AND MONEY WAS ST				0.00	0.00	10,000.00	0.00	0.00	0.00	10,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
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: 16PR00108D											
16PR00108D	CAMDEN CTY VOC BOE		70	0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
CAMDEN COUNTY VOCATIONAL	1/2/2016	1/12/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WATER CAUSED DAMAGE TO CONFERENCE ROOM				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Claim Number: 16PR00109E											
16PR00109E	ELIZABETH BOE		70	0.00	0.00	175,000.00	0.00	0.00	0.00	0.00	175,000.00
EDISON SCHOOL	1/16/2016	1/19/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FIRE ORIGINATED FROM REFRIGERATOR				0.00	0.00	175,000.00	0.00	0.00	0.00	0.00	175,000.00
Total by Claim Number 1 Claim				0.00	0.00	175,000.00	0.00	0.00	0.00	0.00	175,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	175,000.00	0.00	0.00	0.00	0.00	175,000.00
Claim Number: 16PR00110E											
16PR00110E	LODI BOE		70	0.00	0.00	75,000.00	0.00	0.00	0.00	0.00	75,000.00
LODI BOE	1/18/2016	1/19/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES PIPE BREAK				0.00	0.00	75,000.00	0.00	0.00	0.00	0.00	75,000.00
Total by Claim Number 1 Claim				0.00	0.00	75,000.00	0.00	0.00	0.00	0.00	75,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	75,000.00	0.00	0.00	0.00	0.00	75,000.00
Claim Number: 16PR00111D											



NEW CLAIMS

January 2016

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

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00111D

16PR00111D	HOPEWELL VALLEY REG BOE	70	0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
TIMBERLANE MS	1/12/2016	1/15/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SCOREBOARD WAS DAMAGED BY FALLEN TREE KNOCKED DOWN E			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00

Claim Number: 16PR00113E

16PR00113E	BRANCHBURG BOE	70	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
BRANCHBURG BOARD OF EDUCAT	1/19/2016	1/22/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES FUEL TANK LEAKED AT KENBURY ROAD LOCATION			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00

Claim Number: 16PR00114E

16PR00114E	BARRINGTON BOE	70	0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
BARRINGTON BOARD OF EDUCATI	1/24/2016	1/25/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES SNOW CAUSED DAMAGE			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Total by Claim Number 1 Claim			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00

Claim Number: 16PR00115E

16PR00115E	STONE HARBOR BOE	70	0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
STONE HARBOR E.S.	1/24/2016	1/25/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DUE TO SNOW STORM COASTAL FLOODING CAUSING DAMAGE			0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Claim Number: 16PR00116D											
16PR00116D	TEWKSBURY TWP BOE	70		0.00	0.00	970.00	0.00	0.00	0.00	0.00	970.00
TEWKSBURY TWP BOE	1/27/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES MICROWAVE WAS PLACED ON TOP OF ELECTRIC STOVE, STOVE W				0.00	0.00	970.00	0.00	0.00	0.00	0.00	970.00
Total by Claim Number 1 Claim				0.00	0.00	970.00	0.00	0.00	0.00	0.00	970.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	970.00	0.00	0.00	0.00	0.00	970.00
Claim Number: 16PR00117D											
16PR00117D	BERNARDS TWP BOE	70		0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
MOUNT PROSPECT ES	1/24/2016	1/27/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WEIGHT OF SNOW DAMAGED CANOPY & STRUCTURE				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Claim Number: 16PR00118D											
16PR00118D	SOUTH BRUNSWICK BOE	70		0.00	0.00	15,000.00	0.00	0.00	0.00	0.00	15,000.00
SOUTH BRUNSWICK BOE	1/28/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WATER DAMAGE TO ROOF, AFFECTING ONE CLASSROOM				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: 16PR00119E											



NEW CLAIMS

January 2016

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

Major Coverage: 70 - PROPERTY

Claim Number: 16PR00119E

16PR00119E	HARRISON BOE		70	0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
HARRISON HS	1/23/2016	1/28/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DAMAGE TO ROOF & FAR BACK WALL DUE TO WEIGHT OF SNOW				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00

Claim Number: 16PR00121E

16PR00121E	WEST NEW YORK BOE		75	0.00	0.00	16,000.00	0.00	0.00	0.00	0.00	16,000.00
WEST NEW YORK BOARD OF EDUC	1/25/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES CRACK IN BOILER				0.00	0.00	16,000.00	0.00	0.00	0.00	0.00	16,000.00
Total by Claim Number 1 Claim				0.00	0.00	16,000.00	0.00	0.00	0.00	0.00	16,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	16,000.00	0.00	0.00	0.00	0.00	16,000.00

Claim Number: 16PR00122D

16PR00122D	SOUTH BRUNSWICK TWP BOE		70	0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
CAMBRIDGE E S	1/31/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES WATER MAIN BREAK				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00

Claim Number: 16PR00123E

16PR00123E	UPPER TWP BOE		70	0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
UPPER TOWNSHIP M.S.	1/23/2016	1/29/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DUE TO STORM ROOF ON DUGOUT BROKE FREE				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name	Cov	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total	
Location	Loss Date	Rpt Date	Status	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	Incurring Paid	
Description of Loss				Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	Out Rsv	
Major Coverage: 70 - PROPERTY											
Total by Claim Number 1 Claim				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Claim Number: 16PR00124D											
16PR00124D	WEST ORANGE BOE	70		0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
WEST ORANGE HS	1/23/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES AIR STRUCTURE AT THE HIGH SCHOOL COLLAPSED DAMAGES DUE				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Total by Claim Number 1 Claim				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	30,000.00	0.00	0.00	0.00	0.00	30,000.00
Claim Number: 16PR00125D											
16PR00125D	WEST ORANGE BOE	70		0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
ROOSEVELT SCHOOL	1/23/2016	2/1/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES ROOF LEAK DAMAGE TO FLOOR GYM DUE TO STORM				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Total by Claim Number 1 Claim				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	50,000.00	0.00	0.00	0.00	0.00	50,000.00
Claim Number: 16PR00126E											
16PR00126E	CAPE MAY CTY VOC BOE	70		0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
CAPE MAY COUNTY BRD OF VOC E	1/23/2016	2/3/2016	Open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLEGES DUE TO STORM JONAS DAMAGE TO DOCK				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
Total by Claim Number 1 Claim				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	25,000.00



NEW CLAIMS

January 2016

Claim Number	Claimant Name		Cov Status	Med/BI/Comp	Expense	Ind/Pd/Coll	Subrogation Recovery	Reinsurance Recovery	Legal	Rehab/Pmp/Pip Adj Exp	Total
	Loss Date	Rpt Date		Incurred Paid	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	Out Rsv
Total by Major Coverage 25 Claims				0.00	500.00	928,970.00	0.00	0.00	0.00	0.00	929,470.00
				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0.00	500.00	928,970.00	0.00	0.00	0.00	0.00	929,470.00
Grand Totals: 404 Claims				1,431,189.00	115,775.00	1,821,205.24	0.00	0.00	8,000.00	40,067.47	3,416,236.71
				4,325.36	70,186.00	22,265.52	0.00	0.00	0.00	67.47	96,844.35
				1,426,863.64	45,589.00	1,798,939.72	0.00	0.00	8,000.00	40,000.00	3,319,392.36